PHP90

RELATIONSHIP BETWEEN THE DEVELOPMENT OF ELECTRONIC HEALTH RECORDS AND HOSPITAL ACCREDITATION DECISIONS IN FRANCE: RESULTS FROM THE E-SI (PREPS-SIPS) STUDY

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OBJECTIVES: To make eHealth technology more efficient, particularly for the quality and safety of care, the French Ministry of Health (DGOS) launched the national “Hospital Accreditation Program 2006-2011” program, a strategy for promoting and assuring health care modernization of health information technology. The aim of this study was to assess the impact of the development of electronic health records (EHR) on the accreditation decisions of French hospitals performed by the HAS (French National Authority for Health). METHOD: This retrospective study included all of the 15,824 hospital care hospitals accredited between October 2012 and April 2014. Three national databases were used: national accreditation database, oSIS (observatoire des systèmes d’information), and IAPQ (indicateur de performance qualité et sécurité). RESULTS: The polytomous dependent variable was ordered according to the following (p < 0.001): 45% recommendation, 25% reservation, and 9% a delay in accreditation decision. The independent variables were the proportion of EHR used (full, partial, or no EHR); type of hospital (teaching, private non-profit, for-profit, or other public hospital); accuracy of the care, with versus without home care hospitalization, and geographic region. RESULTS: The study included 679 hospitals; 21% had full accreditation, 45% recommendation, 25% reservation, and 9% a delay in accreditation. We found that the higher the number of full EHR used, the better the accreditation decision (p < 0.001). We also observed that the higher the number of partial EHR used, the better the accreditation decision (p = 0.002). Finally, the accreditation decision was also better for for-profit hospitals (p < 0.001), private non-profit hospitals (p < 0.001), and other hospitals (p < 0.001) than the southeast of France (p = 0.02). CONCLUSIONS: Our findings suggest that the development of EHR in acute care hospitals is associated with a higher performance in accreditation decisions in France.

PHP92

SERIOUS ADVERSE DRUG EVENTS REPORTED TO THE FOOD AND DRUG ADMINISTRATION (FDA): ANALYSIS OF THE FDA ADVERSE EVENT REPORTING SYSTEM (FAERS) IN 2006-2011 DATABASE

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OBJECTIVES: In 1998, the Food and Drug Administration (FDA) Adverse Event Reporting System (FAERS) (formerly AERS) was launched by the FDA as a post-marketing safety surveillance program to capture adverse drug events (ADEs) and medication errors. From 1998 to 2005, it was found that the number of serious and fatal ADEs reported to the FDA increased by 2.6-fold and 2.7-fold, respectively. The purpose of this study was to document current trends in serious and fatal ADE reports. METHODS: We conducted a retrospective analysis of the 2006-2011 FAERS database. Information on patient demographics, primary suspect drug, outcomes, and other variables were obtained from data files. Non-US reports and reports from clinical trials were excluded. Outcomes were recoded into three categories: death, disability (disability or congenital anomaly), and all other serious outcomes (hospitalization, emergency room visit, other serious or life-threatening, or other serious outcomes). We determined the number of reports by year, the types and sources of reports, and age-wise distribution of serious ADEs. A list of drugs with more than 1,000 reports of serious ADEs was compiled and subgroups of important drugs were identified. RESULTS: A total of 245,265 reports of deaths (53,447), disabilities (20,305), and other serious outcomes (171,513) were reported representing 206,087 medication errors. From 1998 to 2005, it was found that the number of serious and fatal ADEs increased by 2.6-fold and 2.7-fold, respectively. Specificity of the NCEP criteria was highest at 100% followed by EU (99.3%) and IDF (98.3%) criteria. The PPV of the NCEP criteria was 100% while the IDF (kappa = 0.46) and EU criteria (kappa = 0.33) displayed moderate and fair levels of agreement respectively with the WHO criteria. CONCLUSIONS: Our findings demonstrate that NCEP criteria displayed best performance relative to WHO criteria and may serve as alternative to the WHO criteria when comparing other definitions used in older studies to current studies.

PHP94

IN THEIR OWN WORDS: SOCIAL LISTENING FOR “REAL-WORLD BENEFITS” FROM PRESCRIPTION AND OTC PRODUCTS

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OBJECTIVES: The objective of this study was to evaluate “real-world benefit” discussions (rMB) that were publicly available de-identified sources (social media and internet forums) that can be obtained through social listening. METHODS: A third party vendor collected posts from Facebook and Twitter over the previous year for a variety of 15 prescription and over-the-counter (OTC) products. Data vocabularies were mapped relative to WHO criteria and may serve as alternative to the WHO criteria when comparing other definitions used in older studies to current studies.

PHP95

IS THERE AN ASSOCIATION BETWEEN POTENTIALLY INAPPROPRIATE PRESCRIBING IN THE ELDERLY AND HOSPITALIZATION AND MORTALITY? A LONGITUDINAL, LARGE COHORT STUDY

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OBJECTIVES: Prevalence of potentially inappropriate prescribing (PIP) of harmful medications in the elderly has been widely investigated, but it remains unclear whether PIP is predictive of adverse events. Our study objective was to determine whether exposure to PIP is linked to increased rates of hospitalization and mortality. METHODS: We performed a retrospective analysis using the Italian Regione Emilia Romagna administrative health database, a (RER) longitudinal population cohort. The prevalence of AEs has proven to be a significant cause of hospitalizations. Among the elderly patients (≥ 65 years) from 2003 to 2013. The RER database includes de-identified, fully-linkable demographic, hospital, and pharmacy claims data for all residents in the Emilia-Romagna region. PIP exposure was determined by dispensing of medications that “should always be avoided” based on the Maio criteria. To estimate PIP exposure we computed the number of days supplied for each medication of interest (using Defined Doses Daily) plus 30 days. An exposure period spanned the duration of consecutive PIP dispensings. An event, the composite outcome of hospitalization or death, was attributed to PIP if it occurred during an exposure period. Rate ratios and 95% confidence intervals (CI) were estimated by Poisson generalized estimation. RESULTS: An analysis of 15 prescription and over-the-counter products in the RER contributed a total of 10,369,120 person-years (PY) of follow-up time and experience of a total of 1,973,876 events. The unadjusted event rate was 1.572 (95% CI: 1.562, 1.580) times greater among patients exposed to PIP compared to those not exposed (2.87 events/10 PY vs. 1.82 events/10 PY). The unadjusted mortality rate was 1.473 (95% CI: 1.458, 1.488) times greater with PIP exposure (0.51/10 PY vs. 0.35/10 PY). CONCLUSIONS: These results indicate that exposure to PIP may be associated with higher hospitalization and mortality rates in elderly patients. This analysis, using a large cohort of patients, sheds light on the importance of reducing PIP in this population.

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AN INTENSIVE STUDY OF ADVERSE EVENTS IN THE MEDICAL UNIT OF A NIGERIAN TEACHING HOSPITAL

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OBJECTIVES: Adverse Events (AEs) has proven to be a significant cause of hospitalization and mortality. A recent national report on and discussion within the context of cost, 196 (16%) contained benefits discussion within the context of cost, 196 (16%) contained benefits discussion within the context of cost, 196 (16%) contained benefits discussion within the context of cost, 196 (16%) contained benefits discussion within the context of cost, 196 (16%) contained benefits discussion within the context of cost, 196 (16%) contained benefits discussion within the context of cost, 196 (16%) contained benefits discussion within the context of cost, 196 (16%) contained benefits discussion within the context of cost, 196 (16%) contained benefits discussion within the context of cost, 196 (16%) contained bene...