PHP90

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

Perrier L., Havet N., Durand T., Caquet N., Amaz C., Binon P., Philip P.

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 for the 2012-2013” program, a strategy preventing and favoring information system 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). METHODS: This retrospective study included all of the 679 hospitals that cared hospitals accredited between October 2012 and April 2014. Three national databases were used: national accreditation database, oSIS (observatoire des systèmes d’information sanitaire) and IPQS (university hospitals). RESULTS: The proportion of EHR used bases were used: national accreditation database, oSIS (observatoire des systèmes d’information sanitaire) and IPQS (university hospitals). The independent variables were the proportion of EHR used, the partial 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 for-profit hospitals of 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) DATABASE 2006-2011 DATABASE

Sonawane KB, Hansen RA

Auburn University, Auburn, AL, USA

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 reports increased. 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 for the 2012-2013” program, a strategy preventing and favoring information system 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). The independent variables were the proportion of EHR used, the partial 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 for-profit hospitals of 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.

PHP93

SENSITIVITY, SPECIFICITY AND LEVEL OF AGREEMENT BETWEEN DIFFERENT CRITERIA USED TO DIAGNOSE THE METABOLIC SYNDROME

B loosune P1, Peterson AM2

1University of the Sciences in Philadelphia, Philadelphia, PA, USA, 2University of the Sciences, Philadelphia, PA, USA

OBJECTIVES: Numerous diagnostic criteria of the metabolic syndrome exist including the recent 2009 World Health Organization definition, criteria for National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III), International Diabetes Federation (IDF) and European Group for Study of Insulin Resistance (EGIR). The multiplicity of definitions makes comparing studies with older criteria difficult. Our objective was to compute sensitivity, specificity, positive and negative predictive values of the WHO standard and other definitions to determine which criteria performs best when comparing estimates from previous studies. METHODS: The NHANES 2009-10 and 2011-2012 databases, examination and laboratory data were used to develop prevalence estimates using all criteria were calculated. Sensitivity, specificity, PPV and NPV of all criteria keeping the WHO criteria as good standard were computed. Kendall statistics to determine strength of agreement between WHO criteria relative to other definitions was estimated. RESULTS: Sensitivity of the WHO criteria was highest at 86.2% followed by IFD (38.6%) and EU (59.5%) criteria. Specificity of the NCEP criteria was highest at 86.2% followed by IFD (98.3%) and IDY (98.3%) criteria. The PPV of the NCEP criteria was 100% while those of EU and IDY criteria were 91.8% and 86.9% respectively. Similarly the NPV was highest for the NCEP criteria followed by the EU (99.3%) and IDY (98.9%) criteria. The kappa-statistics showed highest agreement with the NCEP criteria (kappa = 0.90) while the IDY (kappa = 0.46) and EU criteria (kappa = 0.33) displayed moderate and fair levels of agreement respectively with the WHO criteria. CONCLUSIONS: Our findings indicate that NCEP criteria displayed the 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

Towell EG, Duke SE, Bell HG, Anderson LS, Metcalfe MA

GSK, RTP, NC, USA

OBJECTIVES: The objective of this study was to evaluate “real-world benefit” discussions from health information and pharmaceutical sales representatives. The NCEP (National Cholesterol Education Program Adult Treatment Panel III, 2004) and 91.8% while the IDY (kappa = 0.46) and EU criteria (kappa = 0.33) displayed moderate and fair levels of agreement respectively with the WHO criteria. CONCLUSIONS: Our findings indicate that NCEP criteria displayed the 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.

PHP95

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

Del Canale S1, Alcusky MJ2, Kesten S3, Lindberg SE1, Del Canale S3, Lombardi M3, Maico V1, Thomas Jefferson University, Philadelphia, PA, USA, 2Pharma Local Health Authority, Parma, Italy

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 Regional like (PIT) administrative health-care database, a national (RER) longitudinal database, and a cohort of 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 region. PIP exposure was defined as the dispensing of medications that “should always be avoided” based on the Maico criteria. To estimate PIP exposure we computed the number of days supplied for each medication of interest (using Defined Daily Doses) plus 30 days. An exposure period spanned the duration of continuous dispensing and was defined as the RER observation period from the date an exposure was attributed to PIP if it occurred during an exposure period. Rate ratios and 95% confidence intervals (CI) were estimated by Poisson generalized estimating equations modeling. RESULTS: A total of 1,120,197 exposed patients (exposed 2.87 events/10 PY vs. 1.82 events/10 PY). The unadjusted mortality rate was 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 1,471, 1,173, 1,580 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.

PHP96

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

Suseebi IA1, Buda SC2, Chika-Ekwe V2

1University of Lagos, Lagos, Nigeria

OBJECTIVES: Adverse Events (AEs) have proven to be a significant cause of hospital mortality from 2011 to 2013. The study aim was to characterize a significant problem with serious consequences and a challenge for public health. This intensive study is aimed at determining the prevalence of AEs as well as to determine and document the mechanism of occurrence of AEs in a Nigerian teaching hospital and to determine the class of suspected drugs most commonly implicated. METHODS: A three months observational study of 221 consecutive adult patients of the Lagos University Teaching Hospital medical in-patient ward and out-patient ward of the department of Medicine. Data were collected prospectively using the consumers’ own voice. This is the first step in understanding how Social Listening can contribute to better characterization of benefit/risk profiles using the consumers’ own voice.