

Clinical Pharmacist Reduces Prescribing Errors for HIV Patients

An HIV clinical pharmacist detected and significantly reduced the median time a hospital's prescribing error occurred for inpatient highly active antiretroviral therapy (HAART), according to an October 1, 2007, article in the American Journal of Health-System Pharmacy.

HIV patients are often on numerous, complex medications and therefore are susceptible to medication errors. Medication errors include incorrect dosing or incomplete drug regimens, which can go undetected and impact patient outcomes.

The median length of HAART prescribing errors was 84 hours between January 2 and June 30, 2005 (the preintervention phase) when special pharmacy services were not available for HIV inpatients. The median length of these errors fell to 15.5 hours between August 4, 2005 and February 4, 2006 (the intervention phase) when patients ages 18 and older who were admitted to the hospital and prescribed HAART were identified by an HIV clinical pharmacist.

The study, conducted in a 651-bed tertiary care teaching hospital in Springfield, Massachusetts, identified 199 admissions for patients with an order for HAART: 99 in the preintervention phase and 100 in the intervention phase. "Seventy-three HAART errors were confirmed in 41 patients." With pharmacist intervention, most patients were identified as experiencing one or more errors, with 45% having an incomplete regimen and 30% incorrect dosage.

The complete research results are available at
http://www.ashp.org/s_ashp/docs/files/advocacy/policy_alert/AJHP_HAART_Prescribing_Errors_10_1_07.pdf

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ASHP Health Policy Alerts are synopses of new studies highlighting the medication-use process in health care, especially studies assessing contemporary pharmacists' role in improving medication-use outcomes. The American Society of Health-System Pharmacists encourages recipients to keep a copy of this synopsis for future reference.

