

PCNE 2016

Workshop 2

Revising the DRP-classification

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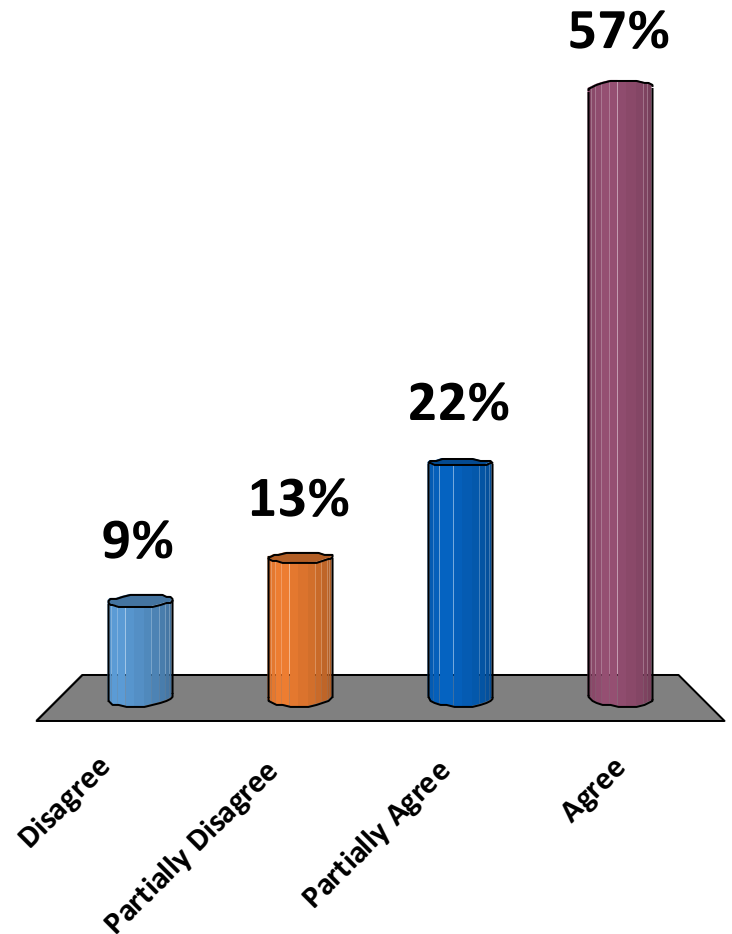
Eighteen suggested changes



- 4 changes in the problems section
- 6 in the causes
- 5 in the interventions
- 3 in the outcomes

Do you agree with the suggested change?

1. Disagree
2. Partially Disagree
3. Partially Agree
4. Agree



Mean = 3,26

Section Problems

- Suggestion; skip domain “Treatment Costs”
=> move to section of causes
 - Rationale;
 - it is not a patient related DRP -> it could be problem for the hospital or for insurance companies (e.g. to save money)

Section Causes

- Suggestion
 - Add “Inappropriate drug according to guidelines” (like type of drug or dose)
- Rational
 - Should Not be included in inappropriate drug

Section Interventions

Suggestion:

- Add a domain with „Independent intervention by pharmacist/pharaconomist“

Rationale:

- In some countries the pharmacist/pharmaconomist are allowed to change drugs independently

Section Outcomes

Possible to register whether an intervention is implemented or not
=> “Implementation” a new section

Rationale:

The lack of implementation may be the underlying reason for not solving a DRP.

The overall rate of implementation is a measure of the process of CMR.

One problem -> multiple interventions, each intervention should have a “result”

- ▶ Due to several structural changes
=> no compatibility
between Version 6.2 and 7

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