



PHARMACEUTICAL CARE NETWORK EUROPE

Working Conference 2013 – Abstract

Collaborative pharmaceutical care in research and practice

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The above mentioned participant in the PCNE WC 2013 wishes to submit following abstract for a poster or oral communication. If accepted and presented, the abstract will be published in the International Journal of Clinical Pharmacy. Please make sure the abstract is no longer than 350 words, excl. author-details.

Title Determination of risk factors for drug-related problems – A multidisciplinary triangulation process
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Type of abstract X Research <input type="checkbox"/> Practice development <input type="checkbox"/> Practice implementation
Aim of project/study Detecting patients at risk for drug related problems (DRPs) may help pharmacists to apply intensive pharmaceutical care where it is needed most. The aim of this study was to determine evidence-based risk factors for DRPs. The results shall serve as a basis for the development of a prospective patient risk-assessment tool.
Method We used a triangulation process: a) We conducted a multidisciplinary expert panel using the method of the nominal group technique (NGT). The panel consisted of ten healthcare providers: one clinical pharmacologist, three senior hospital physicians (geriatrics, emergency, internal medicine), one general practitioner, two nurses (acute hospital care, home care), two community pharmacists and one clinical pharmacist. During a structured discussion, all participants had to write down as many risk factors as possible from their professional experience and rank them by their importance. b) The subsequent discussion was audio-taped and we retrieved additional factors from a qualitative analysis. c) We performed a literature search in PubMed and Embase. Titles and abstracts were screened for the terms “risk factors”, “high risk”, “predictors” combined with “drug-related problems” or sub terms of its definition. Finally, we compiled a questionnaire to validate the risk factors with the Delphi technique. We addressed the same participants as in our first expert panel.
Result(s) a) The first expert panel resulted in 33 items. b) Fourteen additional risk factors were extracted from the qualitative analysis of the NGT-discussion. c) Literature research resulted in 39 additional items. From this total of 86 risk factors we excluded 40 factors that were compliant to exclusion criteria (such

as factors mentioned in only one publication, set in the lowermost quartile of our NGT's ranking list, representing an unpredictable event or circumstance, interventions to improve seamless care, issues of seamless care). We eliminated 5 synonyms and split one risk factor into two components. Thus, 42 factors were implemented in the Delphi questionnaire.

Panellists judged 28 risk factors as "important" or "rather important". The consensus list contains patient-associated (e.g. dementia) as well as drug-related (e.g. anticoagulants) and disease-related (e.g. visual impairment) risk factors.

+++ NB: PhD students still pay the early bird fee for their abstract if their abstract is accepted ++++