We hypothesize that results of clinical interventions will allow us to adjust DUR alert sensitivities based on drug interaction severity.

Information software needs to be able to determine which DDIs are significant and preventable to prevent alert fatigue and therefore, inform patient care and desensitization from repeated exposure to the same alert over time.

Reduction of alert fatigue is expected to improve patient safety in the long term.

We hypothesize that results of clinical interventions will allow us to adjust DUR alert sensitivities based drug interaction severity. Informative from uninformative alerts, and desensitization from repeated exposure to the same alert over time.

Decision Making defined alert fatigue as “cognitive overload associated with amount of work, complexity of work, and effort distinguishing may reduce the risk of clinically significant drug interactions to update the patient’s care plan. Since there are many different areas of a pharmacist workflow which involve a DUR screening, it will be difficult to determine if there is a necessity for a clinical intervention which may result in communication with a provider of another organization’s DUR screening program and improve patient safety.

Methods

This project is a retrospective case series study analyzing the amount of DUR alerts classified as drug interactions compared to the number of clinical intervention assessments completed by pharmacists. Data reports were collected through the organization’s main pharmacy software between January 2020 and December 2020. Drug interaction DUR alerts were classified by severity for moderate and major interactions. Clinical intervention assessments were analyzed from each quarter to include interventions classified in “Drug therapy problem detected – DDI.” The organization used for this study includes over 100 home infusion pharmacies across 48 states. There were approximately 4.8 million home infusion pharmacy prescriptions over the year 2020. Examining the amount of alerts shows more moderate compared to major severity drug interactions which was anticipated. This statistical difference represents the number of clinical intervention alerts that may need to be filtered by the organization’s electronic health record for increased patient safety.

Over 7 million DUR alerts were prompted over the entire organization over the year 2020. Examining the amount of alerts shows more moderate compared to major severity drug interactions which was anticipated. This statistical difference represents the number of clinical intervention alerts that may need to be filtered by the organization’s electronic health record for increased patient safety.

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A statistical significant difference was seen between the clinical interventions for moderate versus major drug interactions but this data showed there were more clinical interventions completed for moderate than major severity alerts. However, there are more clinical interventions since there are more moderate alerts, but this data shows the amount of clinical interventions that may be missed if DUR alert fatigue is not prevented.

The conclusions of this study were that the practitioners using medication to reduce alert fatigue demonstrates a challenge to balance effectiveness, efficiency, and clinical consequences when adopting pharmacy software programs. The conclusions of this study were that the practitioners using medication to reduce alert fatigue demonstrates a challenge to balance effectiveness, efficiency, and clinical consequences when adopting pharmacy software programs.

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