

EVALUATING EFFECT OF CLINICAL SPECIALIST INTERVENTION ON ANTIRETROVIRAL MEDICATION ERRORS IN HOSPITALIZED

PATIENTS (A1), Jessica Morris, Deborah Anderson.

Denver Health Medical Center, Denver, CO

(Jessica.morris@dhha.org) IRB pending

Objective Medication errors in hospitalized HIV patients on antiretroviral (ARV) therapy have been reported between 5% and 30% of admissions, with one study reporting an error rate of 72%. Care for HIV patients is complicated by drug-drug interactions, drug-disease state interactions, and adverse effects of these drugs, making HIV care a highly specialized field. Patients admitted to the hospital on ARV therapy are at an increased risk of prescribing errors. **Methods** The Denver Health infectious diseases team initiated an intervention on October 1, 2008, to provide rapid notification of HIV positive admissions. This was a retrospective chart review of all non-pregnant, adult, HIV-infected patients receiving ARV therapy during admission from July 1 to December 31, 2008. Patients' medical records were evaluated to identify drug-related problems (DRPs) such as delays in therapy, significant drug interactions, incorrect ARV dosing or regimen. **Results** In the pre-intervention group, there were 38 patients with 57 admissions. The post-intervention group had 38 patients with 43 admissions. The groups exhibited similar demographics. Preliminary results have identified several DRPs. Final results will be presented. **Conclusions** Studies have shown that the best way to optimize medical care for HIV patients involves utilizing expert care

providers who specialize in HIV. Early input from these experts when patients are being managed by non-expert care providers may help reduce ARV therapy error rates.