

**POSTER ABSTRACTS**  
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**The Detection of Preventable Adverse Drug Events Among  
Ambulatory Geriatric Patients**

Jerry H. Gurwitz, MD - Meyers Primary Care Institute/Fallon Healthcare System  
Terry Field, DSc - Meyers Primary Care Institute/Fallon Healthcare System  
Leslie Harrold, MD - Meyers Primary Care Institute/Fallon Healthcare System  
Jeffrey Rothschild, MD - Brigham and Women's Hospital  
Kristin Debellis, PharmD - Meyers Primary Care Institute/Fallon Healthcare System  
Andrew Seger, RPh - Meyers Primary Care Institute/Fallon Healthcare System  
Cynthia Cadoret - Meyers Primary Care Institute/Fallon Healthcare System  
Leslie Fish, PharmD - Meyers Primary Care Institute/Fallon Healthcare System  
Lawrence Garber, MD - Meyers Primary Care Institute/Fallon Healthcare System  
Jackie Cernieux, MPH - Meyers Primary Care Institute/Fallon Healthcare System  
David Bates, MD - Meyers Primary Care Institute/Fallon Healthcare System

**Background:** System-level efforts to reduce the occurrence of preventable adverse drug events (ADEs) require the ability to efficiently identify such events so that their causes can be analyzed. **Methods:** We performed a study of HMO enrollees aged 65 or older (n=27,526) over a 1-year period. Potential drug-related incidents were detected through a variety of approaches including review of hospital discharges, review of emergency room notes, reports of healthcare providers, computer-generated signals (based on laboratory results, medications, and diagnoses), and automated review of electronic clinic notes. Medical record reviews were performed by trained clinical pharmacists, with subsequent classification of incidents by physician reviewers.

**Results:** Of 1202 confirmed ADEs, 166 were ascertained from hospital discharge summaries, 188 from emergency room notes, 168 through reports by healthcare providers, 460 from computer-generated signals, and 220 from electronic clinic notes. The yield of preventable ADEs was highest for events ascertained from emergency room notes (37%), automated signals (37%), and hospital discharges (35%). Yields of preventable ADEs were lower for clinic notes (19%) and lowest for spontaneous reports by healthcare providers (15%). There was little overlap of detected events across these various ascertainment strategies.

**Conclusions:** Multiple strategies must be employed in detecting preventable ADEs in ambulatory geriatric patients.