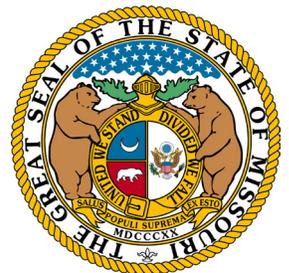


STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
MISSOURI BOARD OF PHARMACY



March is
NATIONAL PATIENT SAFETY MONTH

“Patient safety is more than just providing the right drug and the right dose to the right patient.”



The Board of Pharmacy joins the National Patient Safety Foundation and the Center for Patient Safety in recognizing March as National Patient Safety Month! The Board will be sponsoring a series of patient safety educational and awareness activities in March as part of the Board’s MoSafeRx patient safety campaign. Patient safety is everyone’s responsibility. Visit the Board’s website to learn how you can help ensure “Safe Practice, Safe Patients and a Safe Missouri.”

NOT JUST A COMMITMENT BUT A CULTURE

In 1990, the Institute of Medicine published its nationally recognized findings “To Err is Human” calling for a national focus on patient safety.(1) Since that time, significant strides have been made towards increasing patient safety in all healthcare settings, including, pharmacy. However, there is still work to be done.

Researchers have uniformly acknowledged that “preventing errors and improving safety for patients require a systems approach in order to modify the conditions that contribute to errors.” [Kohn, et al., 2000, p. 49]. In other words, patient safety is more than just providing the right drug and the right dose to the right patient. Instead, pharmacy must adopt a **culture of safety** that establishes a clear commitment to enhancing and ensuring patient safety on a daily basis.

Simply punishing people when errors are detected will not work. As recognized by the Institute of Medicine:

“The common initial reaction when an error occurs is to find and blame someone. However, even apparently single events or errors are due most often to the convergence of multiple contributing factors. Blaming an individual does not change these factors and the same error is likely to recur. Preventing errors and improving safety for patients require a systems approach in order to modify the conditions that contribute to errors. People working in health care are among the most educated and dedicated workforce in any industry. . . the problem is that the system needs to be safer.” [Kohn, et al., 2000, p. 49]

What is the culture of your pharmacy?

Research suggests one of the best ways to truly gauge a pharmacy’s culture is to ask pharmacy staff.

There are differences in perceptions of safety culture between healthcare leaders and staff. Evidence suggests that an organization’s actual safety performance is more closely reflected in staff perceptions suggesting that frontline staff may be more aware than the leadership of actual patient safety challenges within their organization. Closing the perception gap between healthcare leaders and staff is critical to aligning the resources and strategies required to create a true culture of safety.(2)

The message of patient safety must extend beyond management and involve all pharmacy staff, including, pharmacy technicians.

What are the hallmarks of a “patient safety culture”? As recognized by the World Health Organization, a “patient safety culture” exhibits:

- (1) A culture where all healthcare workers accept responsibility for the safety of themselves, their coworkers, patients, and visitors;
- (2) A culture that prioritizes safety above financial and operational goals;
- (3) A culture that encourages and rewards the identification, communication, and resolution of safety issues;
- (4) A culture that provides for organizational learning from accidents, and;
- (5) A culture that provides appropriate resources, structure, and accountability to maintain effective safety systems.(3)

Start National Patient Safety Month by assessing the culture in your pharmacy. The “Pharmacy Survey on Patient Safety” is a free tool developed by the U.S. Agency for Healthcare Research and Quality (AHRQ) that can be used to assess patient safety awareness in your pharmacy. The Survey is available online at <http://www.ahrq.gov/qual/pharmsurvey/pharmsopsform.pdf> along with a companion User Guide for interpreting results.

Did you know. . .

- ✓ 700,000 emergency department visits and 120,000 hospitalizations are due to adverse drug events annually?
- ✓ \$ 3.5 billion is spent each year on extra medical costs of adverse drug events?
- ✓ At least 40% of ambulatory (non-hospital settings) adverse drug events are estimated to be preventable?

WANT TO LEARN MORE ABOUT CREATING A CULTURE OF SAFETY?

Join us for a **FREE** webinar:

“Developing a Patient Safety Culture in Pharmacy Practice”

March 15, 2013 @ 11:30a.m. – 12:45 p.m.

*Presenter: Dr. Terry Seaton, RPh
St. Louis College of Pharmacy*

Register online at:

<http://www.pr.mo.gov/pharmacists-MOSAFERX.asp>.

****Approved by the Board for 1.25 hours
of pharmacist continuing education (CE) credit.****

NATIONAL PATIENT SAFETY MONTH ACTIVITIES SPONSORED BY THE CENTER FOR PATIENT SAFETY:

Webinars have been approved by the Board of Pharmacy for 1.5 pharmacist CE hours.

Webinars are sponsored by the Center for Patient Safety. Register online at <http://www.centerforpatientsafety.org/7th-annual-patient-safety-conference-2013>. Registrations fees will apply. Webinars have been approved by the Board for 1.5 hours of pharmacist continuing education (CE) credit.



Christopher Jerry

The Emily Jerry Story (*)BOARD RECOMMENDED(***)**

Date: March 14, 2013 @ 12 p.m. (webinar)

Speaker: Christopher Jerry
The Emily Jerry Foundation

Focus: Mr. Jerry will share his personal story about a tragic, preventable medication error that resulted in the loss of Chris's daughter and significantly impacted the pharmacist involved in the mistake (who was criminally convicted and incarcerated). (The session will focus on how the tragedy and collaboration between family and professionals is positively improving medication safety.)



James Conway, MS

The More Things Change...The More They Stay The Same

Date: March 20, 2013 @ 12 p.m. (webinar)

Speaker: James Conway, MS
Adjunct Lecturer
Harvard School of Public Health,
Governance and Leadership

Focus: Sharing the role of governance, management and front-line staff in providing safe care.

FRAUDULENT PRESCRIPTION ALERT

The Board has received multiple reports of suspected fraudulent prescriptions presented by “patients” from Kentucky, Florida and Georgia. The following information from the Drug Enforcement Administration (DEA) has been provided for additional guidance:

[Excerpts from the DEA Pharmacy Manual]

Pharmacist’s Guide to Prescription Fraud

The purpose of this guide is to ensure that controlled substances continue to be available for legitimate medical and scientific purposes while preventing diversion into the illicit market. It is not the intent of this publication to discourage or prohibit the use of controlled substances where medically indicated. However, nothing in this guide should be construed as authorizing or permitting any person to conduct any act that is not authorized or permitted under federal or state laws.

Pharmacist’s Responsibilities:

The abuse of prescription drugs—especially controlled substances—is a serious social and health problem in the United States today. As a healthcare professional, pharmacists share responsibility for preventing prescription drug abuse and diversion.

- Pharmacists have a personal responsibility to protect their practice from becoming an easy target for drug diversion. They need to know of the potential situations where drug diversion can occur, and establish safeguards to prevent drug diversion.
- The dispensing pharmacist must maintain a constant vigilance against forged or altered prescriptions. The CSA holds the pharmacist responsible for knowingly dispensing a prescription that was not issued in the usual course of professional treatment.

Types of Fraudulent Prescriptions:

Pharmacists should be aware of the various kinds of forged prescriptions that may be presented for dispensing. Some patients, in an effort to obtain additional amounts of legitimately prescribed drugs,



alter the practitioner’s prescription. They may have prescription pads printed using a legitimate doctor’s name, but with a different call back number that is answered by an accomplice to verify the prescription. Drug seeking individuals may also call in their own prescriptions and give their own telephone number as a call-back for confirmation. Drug abusers sometimes steal legitimate prescription pads from practitioner’s offices and/or hospitals and prescriptions are written using fictitious patient names and addresses.

In addition, individuals may go to emergency rooms complaining of pain in the hopes of receiving a controlled substance prescription. The prescription can then be altered or copied to be used again. Computers are often used to create prescriptions for nonexistent doctors or to copy legitimate doctors’ prescriptions. The quantity of drugs prescribed and frequency of prescriptions filled are not lone indications of fraud or improper prescribing, especially if a patient is being treated with opioids for pain management. Pharmacists should also recognize that drug tolerance and physical dependence may develop as a consequence of a patient’s sustained use of opioid analgesics for the legitimate treatment of chronic pain.

The following criteria may indicate that a prescription was not issued for a legitimate medical purpose:

- The prescriber writes significantly more prescriptions (or in larger quantities) compared to other practitioners in the area.
- The patient appears to be returning too frequently. A prescription which should last for a month in legitimate use is being refilled on a biweekly, weekly or even a daily basis.
- The prescriber writes prescriptions for antagonistic drugs, such as depressants and stimulants, at the same time. Drug abusers often request prescriptions

for "uppers and downers" at the same time.

- The patient presents prescriptions written in the names of other people.
- A number of people appear simultaneously, or within a short time, all bearing similar prescriptions from the same physician.
- People who are not regular patrons or residents of the community, show up with prescriptions from the same physician.

The following criteria may indicate a forged prescription:

- Prescription looks "too good". The prescriber's handwriting is too legible.
- Quantities, directions, or dosages differ from usual medical usage.
- Prescription does not comply with the acceptable standard abbreviations or appears to be textbook presentations.
- Prescription appears to be photocopied.
- Directions are written in full with no abbreviations.
- Prescription is written in different color inks or written in different handwriting.

Prevention Techniques

- Know the prescriber and his/her signature.
- Know the prescriber's DEA registration number.
- Know the patient.
- Check the date on the prescription order to determine if it has been presented in a reasonable length of time since being issued by the prescriber.

When there is a question about any aspect of the prescription order, the pharmacist should contact the prescriber for verification or clarification.

If at any time a pharmacist is in doubt, he /she should require proper identification. Although this procedure is not foolproof (identification papers can also be stolen/ forged), it does increase the drug abuser's risk. If a pharmacist believes the prescription is forged or altered, he/she should not dispense it and call the local police. If a pharmacist believes he/she has discovered a pattern of prescription abuse, he/she should contact the state Board of Pharmacy or the local DEA Diversion Field Office...Both DEA and state authorities consider retail-level diversion a priority issue.

Proper Controls:

Dispensing procedures without control and professional caution are an invitation to the drug abuser. Proper controls can be accomplished by following common sense, sound professional practice, and proper dispensing procedures. In addition, pharmacy staff should have knowledge of these safeguards, as it will help prevent and protect the pharmacy from becoming a source of diversion.

Most drug abusers seek out areas where communication and cooperation between health care professionals are minimal because it makes the drug abuser's work easier. Thus, a pharmacist should encourage other local pharmacists and physicians to develop a working relationship which will promote teamwork and camaraderie. In addition, the pharmacist should become familiar with those controlled substances that are popular for abuse and resale on the streets in the area and should discuss those findings with other pharmacists and practitioners in the community.

Ways to Recognize National Patient Safety Month

- Register now for the Board's patient safety webinar on 3/15. *
- Watch "Medication Safety: A Patient's Perspective" to hear the poignant story of how medication errors can change a life.*
- Visit the Institute of Safe Medication Practices website at <http://www.ismp.org/> to find more patient safety resources and tools.
- Watch the FDA patient safety videos made specifically for pharmacists on the Board's website.*
- Start a discussion on patient safety at your pharmacy.

*Videos are available on the Board's website at: <http://www.pr.mo.gov/pharmacists-MOSAFERX>.



REFERENCES:

1. Kohn L T, Corrigan J M., Donaldson MS (Eds.). (2000). *To Err is Human: Building a Safer Health System*. Washington, DC: National Academy Press.
2. Griffith, S, Miller, B., Scott-Cawiezell, Jill, Vogelsmeier, Amy (2010). *Influencing Leadership Perceptions of Patient Safety Through Just Culture Training [Abstract]*. *Journal of Nursing Care Quality*, 25(4), 288-294. Retrieved online at http://journals.lww.com/jncqjournal/Abstract/2010/10000/Influencing_Leadership_Perceptions_of_Patient.3.aspx.
3. *WHO Patient Safety Curriculum Guide*. Geneva, World Health Organization (2011), p. 81. Retrieved online at http://whqlibdoc.who.int/publications/2011/9789241501958_eng.pdf.



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