

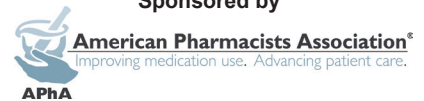
Healthcare Providers Service Organization Risk Advisor for Pharmacists

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Assessing safe practice in a community pharmacy

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Community pharmacists have unique needs when it comes to safe practice. They deal with an ambulatory clientele, often in a setting within a noisy retail store. Output demands, in terms of filling prescriptions, are high, and space is limited.

One way pharmacists can ensure they're practicing safely in this environment is to routinely assess their practice. Such an assessment can lead to changes and fine-tuning of procedures that can protect you and your pharmacy from errors and subsequent legal action.

Conducting an assessment

One resource for a formal assessment is the Institute for Safe Medication Practices, which produced the *ISMP Medication Safety Self Assessment for Community/Ambulatory Pharmacy*. You can complete the assessment on your own, but to gain full value, submit it for scoring. All data is confidential.

Use a team approach for your assessment. The

team should include pharmacists, pharmacy technicians, and owners/managers, as appropriate.

Another ISMP resource is *Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change*, which helps pharmacists make organizational improvements based on assessment results.

You will also want to examine past malpractice claims and/or client complaints to identify any trends. For example, if most involved misreading the label, you would want to focus on making labels clearer.

Make assessment an integral part of your daily operations by conducting routine audits of documentation. The audit checklist could include how customer complaints were resolved and if protocols were followed for handling prescriptions for out-of-stock medications.

A culture of safety

An integral part of assessment is determining the pharmacy's culture. Do staff feel they can report

Elements for self-assessment of community pharmacy practices

The *ISMP Medication Safety Self Assessment for Community/Ambulatory Pharmacy* includes several elements for assessment, and each element has a list of distinguishing characteristics. For a complete list of assessment characteristics, access www.ismp.org/selfassessments/Book.pdf. A question is provided below to illustrate each element.

- **Patient information.** Are patient comorbidities entered into the computer system?
- **Drug information.** Does a pharmacist review computer warnings of potential contraindications?
- **Communication of drug orders and other drug information.** Can the pharmacy accept electronic prescriptions?
- **Drug labeling, packaging, and nomenclature.** Do all labels include an expiration date?
- **Drug standardization, storage, and distribution.** Is drug inventory organized according to frequency and volume?
- **Environmental factors.** Do telephones have adjustable volume to avoid confusion?
- **Staff competency and education.** Do those who train new staff have a reduced workload?
- **Patient education.** Is there a private area for patient counseling?
- **Quality process and risk management.** Do pharmacists and technicians know how to respond to a serious medication error?

Assessing safe practice *continued*

errors or near misses without fear of reprisals? Does the pharmacy staff and management use root cause analysis and other quality tools to analyze errors rather than focus on blaming the individual? Encouraging open discussion and focusing on procedural issues will encourage a culture of safety.

However, lack of blame must be balanced with accountability. If, for example, a pharmacy technician shows a pattern of errors that seems unrelated to any systems problem, you need to take corrective action to hold the employee accountable. Document what occurred in each instance, including who was involved, what action was taken to mitigate patient harm, and how you counseled the employee.

Create a performance improvement plan with specific objectives and deadlines and have the employee sign

to acknowledge receipt of the plan. If the employee does not improve, the next step may be termination. Failure to terminate leaves you vulnerable to legal liability because you failed to protect patients.

Consult with human resources staff when dealing with these types of situations to ensure you are adhering to state and federal employee-related regulations as well as your facility's policies and procedures.

Be proactive

Don't wait until an error occurs before conducting an assessment. Use the tools discussed here to identify areas of weakness and take corrective action as needed.

REFERENCE

ISMP. Community pharmacy medication safety tools and resources. <http://www.ismp.org/tools/communitySafetyProgram.asp>.

Prevent prescription fraud

Prescription fraud—the diversion of prescription drugs for personal use or profit—is a growing crime in the United States. Factors contributing to fraud include abuse of and addiction to prescription drugs and a desire to profit by selling a drug on the black market. Actions community pharmacists can take to be vigilant to fraud involve prescribers, patients, and pharmacy staff.

Prescribers

Prescribers can commit fraud or unwittingly abet a patient's drug diversion. Chances are, you have a cadre of regular prescribers. Be aware of each one's prescribing habits so you notice a change in practice.

Patients

Get to know patients who are frequent customers to your pharmacy. If you have any doubt as to their identity, ask to see some identification.

Carefully examine written prescriptions. Is there any evidence of attempts to change the prescription, particularly numbers? Are abbreviations not used when they normally would be? Has it been a long time between when the prescription was written and when it's being filled? These questions can help alert you to fraudulent prescriptions.

Keep track of refills. One red flag is multiple refill requests far in advance of when the patient should

need it. Another is the patient with prescriptions from multiple prescribers—he or she may be “doctor hopping” to obtain prescriptions.

Patients may also bring in prescriptions in other people's names for filling, or people who aren't regular customers of the pharmacy might show up with prescriptions from the same physician.

Pharmacists

Put systems in place that will help you identify if staff is deviating from standard procedure. Have a system that tracks who had access to what drugs. Be aware that Medicaid fraud can include but is not limited to substituting generic drugs for name brands, not filling the full amount of the prescription, and billing for drugs not dispensed. Encourage the use of electronic prescriptions, which are transmitted directly from the prescriber to the pharmacist.

Medicare fraud

To reduce the risk of fraud, be sure pharmacists have completed the required annual training in Medicare Part D fraud, waste, and abuse prevention. Such training should include laws and regulations, protections for employees who report suspected fraud, and policies relating to fraud.

Those who engage in fraud face stiff penalties. For example, under the False Claims Act, civil penalties can

be up to \$11,000 per claim, plus up to three times the amount claimed if the person knows of an overpayment and fails to report and return it in a timely fashion.

Tips for preventing prescription fraud

Prescriber-related

- Be familiar with the prescribers you encounter, including their DEA numbers.
- If in doubt about the authenticity of a prescription, call the prescriber.
- Avoid call-in prescriptions unless the patient will present a written prescription when picking up the medication.
- Be vigilant for prescribers who seem to write significantly more prescriptions than others in your area.

Patient-related

- If in doubt as to the identity of the patient, ask for identification.
- Be familiar with the prescription histories of the patients you commonly see.
- Examine written prescriptions carefully.

Pharmacist-related

- Monitor who has access to which drugs.
- Have a system that tracks prescriber, name of patient, and drug prescribed, including dosage and the number of pills given to the patient.
- Document any suspected case of fraud and take appropriate steps.

A kickback is a type of bribery where someone receives payment in return for patient referrals for services covered by Medicare. Kickbacks are punishable by a fine of up to \$25,000, five years in prison, and exclusion from participating in Medicare.

The government has increased resources available to identify potential fraud. For example, recovery audit contracts now include Medicare Part D and Medicaid. Overall, there has been an increased focus on improper payments and compliance failures. To avoid accidental fraud, provide detailed policies for how to process a claim and who to call if there is a question, rather than simply completing the claim to “get it done.”

A watchful eye

If you suspect fraud, document the events and what you reported. The DEA recommends pharmacists notify the local police if they suspect a prescription has been forged. If a pharmacist detects a potential pattern indicating prescription fraud, he or she should contact the state board of pharmacy or the local DEA Diversion Field Office. Document the steps you take to prevent fraud and actions taken in response to suspected fraud.

Pharmacists are part of the first line of defense against prescription fraud. Take action to protect yourself—and your license.

REFERENCES

American Pharmacists Association. Election Update and Review of the New Health Care Law's Fraud, Waste, and Abuse Provisions. Nov. 16, 2010 webinar.

Drug Enforcement Agency. Pharmacist's Manual: An Informational Outline of the Controlled Substance Act, revised 2010. http://www.deadiversion.usdoj.gov/pubs/manuals/pharm2/pharm_manual.pdf.

Pharmacists and medical malpractice: A case study with risk management strategies

Medical malpractice claims can be asserted against any healthcare provider, including pharmacists. Although there may be a perception that physicians are held responsible for the majority of lawsuits, the reality is that pharmacists are more frequently finding themselves defending the care they provide.

In this case, the defendant pharmacist received the order for the patient to receive intravenous Amphotericin Lipid Complex, but incorrectly supplied Am-

photericin B. The co-defendant pharmacy technician produced the correct labels, but placed them on the incorrectly selected medication. The co-defendant second pharmacist checked the labeled medication and approved it for release to the nursing unit for administration to the patient....

To read the full case with risk management recommendations, go to: www.hpsso.com/case-studies/casestudy-article/341.jsp.

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Caution: Telephone advice

Pharmacists give telephone advice in a variety of settings. The pharmacist who responds to a patient's question about a prescription renewal or who takes a patient's concerned call about new symptoms is in a position to provide valuable information and make important assessments. But in their eagerness to help patients, pharmacists must be careful not to expose themselves to legal risks. Here are some tips to protect yourself while providing patients with quality information.

Consistency counts

Consistency helps ensure that questions are answered completely and effectively. Algorithms, protocols, and responses to frequently asked questions are useful tools that also reduce legal risk. Tools should be predicated on current standards and evidence, so be sure to review them on a regular basis and update as needed. Pharmacists who will

be responding to questions should receive special training in how to conduct an assessment over the phone.

If it isn't written...

In the hectic rush of the day, it's easy to neglect documenting telephone calls. Treat each clinically related telephone call the same way you would a face-to-face visit: Document the assessment, the advice given, and any follow-up instructions given to the patient. Conducting a regular review of documentation will help maintain quality and identify areas of improvement.

Pharmacist-patient relationship

Remember that giving advice over the phone establishes a pharmacist-patient relationship. Keep your telephone skills sharp so the relationship yields positive results.