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American Pharmacists Association
Improving medication use. Advancing patient care.

Are You Ready for the New Anticoagulant Program Requirements?

It's not too soon to think about the New Year, which will mark the implementation date of the Joint Commission's National Patient Safety Goals for 2009. It's likely you already have January 1, 2009 on your radar because hospitals, critical-access hospitals, and ambulatory, home care, and long-term care organizations are



required to have an anticoagulation safety program in place by that date.

The goal is to establish a program for patients receiving warfarin, heparin, or low-molecular-weight heparin, and who are fully anticoagulated, rather than those receiving short-term therapy.

Program checklist

What can you do to be sure you have an effective program in place? First, appoint a pharmacist-led, multidisciplinary team. Include nurses, physicians, and patient safety representatives. If your organization includes inpatient and outpatient settings, add pharmacists from both settings to the team to keep protocols consistent. Don't forget dietitians; dietary services must be notified of all patients receiving warfarin so they can create a food/medication interaction program. In addition, establish processes for educating prescribers, staff, patients, and families.

Align your protocols for dosing and monitoring patients with the evidence-based thrombolytic guidelines from the American College of Chest Physicians. The most recent guidelines, released in July 2008, clarify some important issues, particularly in the area of perioperative anticoagulation management.

Do your due diligence by monitoring for patient safety issues. One resource is the Institute for Safe Medication Practices, which offers safety tools and newsletters that alert pharmacists to actual or potential problems. Other resources include the American Pharmacists Association (www.pharmacist.com) and the American Society of

Health-System Pharmacists (www.ashp.org).

Process improvement potential

Other ways to improve patient safety are to use root cause analysis, failure mode and effects analysis, or other process improvement tools to proactively identify potential areas of risk.

If you work in a small hospital or organization that's part of a larger system, tap into the system's resources rather than reinvent the wheel. Automate processes as much as possible. For example, you can ask for a computer-generated report of all patients receiving anticoagulants and their most recent lab values.

If you are a retail pharmacist, automated systems may be helpful to you too. You could generate a list of all your patients who receive anticoagulants and offer education, such as a list of food interactions. This also provides an easy way to check for possible interactions with other drugs the patient has been prescribed.

It's no surprise that anticoagulants remain a high priority for the Joint Commission. Despite their benefits, these high-alert drugs can cause plenty of problems for patients. Having a safety program in place helps protect patients from harm and can reduce your liability risks.

What triggers a claim?

According to our underwriting partner CNA, the source of claims involved the following:

- ▶ 62%-Medication error or misfilled prescription.
 - ▶ 9%-Disciplinary defense claims
 - ▶ 5%-Unprofessional conduct
 - ▶ 3%-Phen-Fen/Vioxx/Herbal Class Action
 - ▶ 2%-Failure to advise or instruct
- All other claims accounted for less than 2 percent.

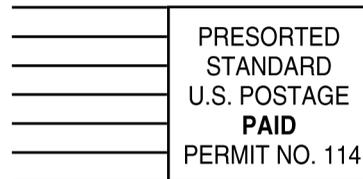
*CNA Claims Data Fall 2007. These statistics are unique to CNA and may not reflect national or regional litigation trends.

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Prevent Errors Through Communication

Effective communication can mean the difference between a positive outcome and a tragic medication error—and subsequent lawsuit. Pharmacists need to hear what the patient is saying—and not saying, and the patient needs to hear and understand the pharmacist's instructions. This might seem simple, but medication errors are often a result of communication breakdowns on either side of the pharmacy counter.

Tips for effective communication:

Make eye contact. This demonstrates your attention is focused on the patient or family member. However, patients in some cultures may consider eye contact impolite. If you think that might be the case with a patient, verify your perception. If correct, avoid direct eye contact, but be sure to ask questions to ensure understanding.

Ask for feedback. Questions can reveal untoward adverse effects or gaps in understanding

the effects of medications and how to take them. For example, find out if the patient has noticed any changes since beginning the prescribed medication.

Create a comfortable and private environment. Patients should feel welcomed and able to discuss their medications without fear of being overheard or observed.

Listen with empathy. Patients may feel overwhelmed by a recent diagnosis or the cost of prescriptions. Knowing you are listening lowers their anxiety and makes it easier to understand what you're saying.

Assess the patient's level of understanding. Are there barriers such as language, culture, memory, vision, or hearing? Don't assume that a patient's nod or smile indicates comprehension. Ask questions to be sure the patient understands what's being said. Also, remember the majority of Americans read at an 8th grade level, so be sure any education materials you hand out are written at a 6th grade level to reach a wide audience.

Repeat instructions. Even better, reinforce instructions using words and simple diagrams or drawings. Break the information down into small sections. Have him repeat back what you said. Remember to tell patients to contact the prescribing practitioner if any problems occur.

Follow up with the patient. In the case of an anxious or confused patient, a simple phone call can help head off a medication error. This call gives you the opportunity to find out if the medication is working and if there are any questions. Always contact the prescribing practitioner if there are any problems or concerns you can't address.

Studies show that patients only need about 2 minutes to express their questions and concerns. Effective communication doesn't take a lot of time, but it can save a lot of headaches. Use these effective communication techniques to help you prevent medication errors—and reduce the chances of liability.

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