



Watch out for these drug names!

by Don McGuire, R.Ph., J.D., Pharmacists Mutual Insurance Company

Pharmacists do a very good job in protecting the health of their patients by making sure that as many prescriptions as possible are filled correctly. The goal is 100% perfection, but that isn't possible when there are people involved in the dispensing process. Errors can occur. At the time of discovery, one of the calls the pharmacist must make is to their insurance company. Recently I was listening to a report from a pharmacist that had dispensed clonidine instead of clonazepam, and it reminded me of a short warning that was published in this newsletter in 1998. (see *Risk Management in Pharmacy Newsletter*, Summer 1998, p.4.) That particular report dealt with the opposite of this recent report; a child received clonazepam instead of clonidine. This reminder made me think it was time to alert Pharmacists Mutual policyholders about the latest findings in the Pharmacists Mutual Claims Study.

The Claims Study started analyzing claims data in 1989. One of the newer components of the study is a review of the drugs most commonly involved in mechanical error claims. Mechanical error claims are those in which the patient receives the **wrong drug, the wrong strength of the right drug, or the wrong directions on their label**. Mechanical errors make up 82% of all claims reported to Pharmacists Mutual. The Top 11 list of the drugs involved in mechanical error claims accounts for almost one-quarter of these. The clonidine/clonazepam pair mentioned above just missed the Top 11 list.

By far the leading offender is **warfarin**, accounting for 5.4% of the mechanical error claims alone. Pharmacists don't have to be told how important it is to assure accuracy when dispensing warfarin. Many of these claims involve serious patient injuries. The list has been changing since the data was first exam-

ined. Warfarin has consistently stayed on top. It is involved in more than twice as many claims as the second place entrant, **antidiabetic agents**. These claims mostly involve sulfonylureas, with most of them involving glyburide specifically. Again, pharmacists are very aware of the potential hazards when these medications are not dispensed correctly.

The main thrust of this article is to alert pharmacists to the newest entrants to the Top 11 list. At number 8 is **Prozac®**. This drug is typically confused with Prilosec®, especially the 20mg strengths. **Zyprexa®** makes the list at number 10. This drug is often dispensed instead of Zyrtec®. Most patients or caregivers notice this difference right away because of the side effects of Zyprexa®. Last on the list is **Seroquel®**. It is most often mixed up with Serzone®, or occasionally with Serentil®. This mix-up can be devastating for patients that are already being treated for psychological conditions.

Prozac®, Zyprexa®, and Seroquel® were not on the list as recently as 2 years ago. As the volume of prescriptions for these products continues to grow, the errors have been occurring at such rates that they are displacing other drugs in the Top 11 list. I suspect that the clonidine/clonazepam pair will join the list soon.

What can a pharmacist do to minimize the chance of one of these errors occurring in their pharmacy? The first suggestion is to do an NDC check. Checking the stock bottle's NDC against your computer listing is a very effective tool if done routinely. However, this will not help if the prescription is entered incorrectly into the computer and the prescription is filled from the label. For new prescriptions, pull all stock bottles from

the original prescription, not from the printed label. A second suggestion is to segregate the least used drug. For example, in many pharmacies, Zyprexa® would be used many times less than Zyrtec®. By placing Zyprexa® in the "O's" for olanzapine, it is more difficult to accidentally pull the similar sounding drug when filling the prescription. Another suggestion would be to use sleeves or "shelf shouters" to differentiate the two products. These are labels or stickers that highlight the differences in the drug names rather than the similarities.

Of course, a thorough drug review before dispensing a prescription should help the pharmacist detect new prescriptions for Prozac® when the patient has had previous prescriptions for Prilosec®. Knowing what these problem combinations are can increase the chance that the pharmacist will detect an erroneous entry. Knowledge of the patient's conditions will also be helpful in this regard. Some of our claims involve dispensing Zyprexa® to children with allergies where Zyrtec® was the intended drug. Our last, but not least, technique is patient counseling, including "show and tell" with the medication itself. This will give the pharmacist one last chance to find an error before the prescription leaves the store. This can also be very valuable if the patient states during the "show and tell" that the drug does not look the same as it previously did.

The rest of the list? **Levothyroxine (2.4%), amitriptyline, digoxin, carbamazepine (2% each), prednisone (1.9%), and Cortisporin® Otic drops (1.6%).**



Mold: the best solution is prevention

During the past few years, a growing number of policyholders have become concerned about mold in their homes or businesses. You may be asking yourself, “Just how serious is this problem?” The fact is, mold can be found in the cleanliest of homes.

Not all mold is bad. Some molds are used in making food products like cheese. Although a few types may be harmful for some people, most are not. The mold that grows on the grout in your bathroom shouldn't be harmful. According to the Centers for Disease Control, there is always a little mold everywhere, including fresh air. Most kinds of mold, if they are not allowed to build up, can be prevented and are harmless to most people.

Problems can occur, however, when molds are allowed to grow in moist conditions in your residence. Though the health effects of mold are not fully understood by medical professionals, some people claim to experience hay fever-like allergic symptoms when exposed to mold. Mold growth can damage carpets, sofas, and cabinets. In time, unchecked mold growth can even damage the structural elements of your home. While there is no practical way to eliminate all molds in homes, keeping your residence clean and dry can prevent mold growth and damage.

This fact sheet provided by Pharmacists Mutual is designed to help you understand the mold problem and what you as a policyholder can do about it.

How Does Mold Grow?

Mold can grow anywhere water is allowed to collect or moisture is present. In most homes and commercial buildings it can be found under sinks, behind wallpaper, under floorboards, between

walls ... anywhere water or moisture can collect. It can grow from a sudden and accidental release of water, or it may result from a slow and steady leak lasting days, months or even years. All mold needs moisture to grow.

Buildings are particularly susceptible to mold in the aftermath of floods. In houses, mold grows best on wood and drywall surfaces, which can soak up and retain water like a sponge.

Where Should I Inspect for Moisture?

Inspect your home regularly for signs and sources of indoor moisture. Check the following places:

- Hot water heaters – Check for rust or cracks. Inspect the water pan for water and make sure the drain line is not clogged.
- Air conditioner drain lines – Look over the drain line for clogs and the drip pan for water.
- Appliance hoses – regularly inspect for broken, kinked, cracked, or bulging hoses and fittings on washing machines, ice-makers, and dishwashers.
- Showers, tubs, sinks, and toilets – Make sure that you have a continuous watertight seal of caulk around the edges of sinks, toilets, tubs, and shower stalls.
- Visible piping – Examine piping under cabinets and sinks for leaks, rust and evidence of deterioration.
- Garbage disposals – Inspect for cracking.
- Caulking around windows and doors – Windows and doors should have a continuous bead of caulk sealing them to the exterior surface of the home. Pipes, conduit, and phone or cable lines should also be caulked. However, drain holes at the bottom of storm windows should be left unobstructed.
- Attics and ceilings – Check for wet insulation and water stains.
- Wallpaper – Look for bubbling and peeling, as well as pink or black stains.
- Roofs – Trim tree branches to prevent them from rubbing and damaging the roof. Repair missing or damaged shingles. Seal cracks around chimneys, skylights, and vents. Check flashing for holes and cracks.
- Landscaping – Yards should slope away from the house to ensure proper drainage.

- Sprinklers and irrigation systems – Don't let sprinklers soak the exterior of your home.

What Can I Do to Prevent Water Damage?

Since water damage can result in mold growth, the best thing that you can do to prevent mold is to prevent excess moisture in your home or business. Here is a list of tips about how to prevent water damage:

- Maintain levels of humidity below 60 percent. Meters that gauge humidity sell at electronics stores for about \$30.
- Use air conditioners and dehumidifiers.
- Don't carpet your bathrooms.
- Immediately repair leaking roofs.
- Vent your clothes dryer and bathroom to outside of your home.
- Do not allow your shower exhaust to vent into your attic.
- Install attic vents into the soffits of your roof.
- Make sure that your air conditioner's drainage line isn't clogged and its vents aren't blocked.
- Inspect exposed pipes to make certain they aren't leaking. If they are, call a plumber.
- Use exhaust fans when cooking, dishwashing, and cleaning.
- Make sure that everyone in your home knows where the main water valve is located and how to turn off the water.
- Keep rain gutters clear and downspouts positioned to carry water away from your home.
- Minimize the potential for water damage from frozen, broken pipes by insulating water supply lines.
- Consider purchasing a battery-powered sump pump back up or an electric generator to safeguard against sump pump failure.
- Before you travel, turn the water off at the main valve or at major appliances.

Steps You Should Take If You Discover Mold

Often, mold-related problems start out only as minor water damage from a leaky pipe, sewage backup, or wind-driven rain. Usually the problem is made worse by the homeowner who doesn't do anything about it right away. Mold can start to grow 24–48 hours after a water

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problem occurs. Mold will probably not develop if you clean up the water immediately and stop the source of the leak. When water damage is not cleaned up or repaired, however, mold can gain a foothold.

For these reasons, it is important to immediately clean up all water damage and phone your insurance company; there's nothing your insurance company can do until they know that there is a problem. When you call, have your policy number handy. Be ready to answer questions about when you noticed the water damage, plus where and what you observed. In any event, whether the damage is covered or not it should be properly and quickly repaired. You are in the best position to prevent your water damage from turning into a mold.

Steps You Should Take to Clean Up Mold

The sooner the affected areas dry out and the source of the leak is repaired, the better are your chances of minimizing damage to your property. It is important to immediately clean up and dry out the water. According to the Texas Department of Insurance, the Texas Department of Health, and the Connecticut Department of Public Health, the following steps can be taken to clean up mold:

- Immediately stop the source of leak or flooding.
- Remove excess water with mops or a wet vacuum.
- Remove the furniture from the room. Whenever possible, move wet items to a secure, dry and well-ventilated area or outside to expedite drying.

- Protect repairable and undamaged items from further damage.
- Remove and replace flooded carpets.
- Clean your tile, wood, and concrete floors and walls with a bleach mixture (One part bleach to ten parts water). Wear gloves and eye protection and don't mix the solution with ammonia since the vapors would be toxic. The solution will kill the mold with which it comes into contact within ten minutes.
- Get the air circulating. Open closet and cabinet doors. Move furniture away from walls. Use fans and a dehumidifier. Open the windows.
- Dry any damp or wet building materials and furnishings within 24-28 hours.
- Open the blinds. Mold hates sunlight.
- Keep all receipts, photos, and other relevant documents.

If you have a chronic illness, such as asthma or emphysema, you probably should not perform any of the clean up yourself. If you wish to hire a remediation expert to clean up the mold, be sure to ask your insurance company or agent for recommendations, and get references from the service you hire.

Do Insurance Policies Cover Mold Damage?

Most insurance policies do not cover mold. Many policies include endorsements that have specific coverage limitations. Mold is usually not covered when it is caused by a maintenance problem. Read your policy before you ever even have a loss. If you would like some help from someone more familiar with insur-

ance policy wording, call us.

A Simple Way to Tell Whether the Water Has Been Cleaned Up Sufficiently to Prevent Mold


If a couple days after you suffer water damage, the air in your home smells dank and unpleasant, it is likely that mold is starting to grow. You need to clean up mold as soon as it appears.

Final Points to Remember

After a water loss, it might be tempting to cash the check your insurance company gives you and not fix the damage. It might be tempting to sit back and hope that the water will dry out on its own and to let nature take its course. This is definitely not a wise idea. Your first priority should be to repair the damage. If nature takes its course in a moist house, the owner will wind up with a house full of mold.

Where Can I Get More Information?

You might check out these websites:

- Connecticut Department of Public Health: <http://www.dph.state.ct.us/Publications/BCH/EEOH/mold.pdf>
- Virginia Department of Health: <http://www.vdh.state.va.us/HHControl/moldQ&A.pdf>
- EPA's Mold Remediation in Schools and Commercial Buildings: <http://www.epa.gov/iaq/molds/index.html>
- Center for Disease Control: <http://www.cdc.gov/nceh/airpollution/mold/stachy.htm>
- New York City Department of Health: <http://www.ci.nyc.ny.us/html/doh/html/epi/moldrpt1.html> 


Recent additions to the Risk Management section of phmic.com

If you haven't visited the Risk Management section of our website lately, check it out at phmic.com and then click on the Risk Management title. You will find:

1. A new link to the **Lending Library** list for policyholder in-service training assistance in the areas of driver training, workers comp injury prevention, general liability, property protection, and OSHA compliance.
2. A new link to **Employment Practices Liability (EPLI)** forms and templates for policies and procedures, such as hiring policies, job descriptions, employee handbook,

supervisor's guides to EPL issues, etc.

3. A new link to a template **Driver / Fleet Policy**.
4. A new link to a comprehensive set of **Risk Assessment checklists**.

This, along with the information that is already on the site; the Alarm System White Paper, the past issues of *Risk Management in Pharmacy*, etc. is there for your use. **Please take advantage of what's there.** If you have a question about something not covered, click the e-mail link at the bottom of the section or call Jack Williams, 800-247-5930 ext. 229. 

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Business continuation -- plan ahead

Pharmacists Mutual recently completed a **Business Continuity / Disaster Recovery Plan** (BCP) . The process was set in motion before 9-11 of last year, but the events of that day and beyond have certainly pointed out the need for such a plan. Those directly affected companies

with a plan in place were able to resume operations much more quickly and efficiently than those that didn't have a plan. Some of those never made it back at all. The aftermath of the tragedy is filled with miraculous recovery stories and gut-wrenching stories of not being prepared. Studies have shown that **those without proper planning are 4 times as likely to fail** completely after a disaster than those with a BCP in place.

Speaking from first hand experience, the amount of background work, fact-finding, and decision making that goes into compiling a Plan is monumental. That's true for an insurance company or a pharmacy. Ask a fellow pharmacist who may have been through a smoke damage situation from a neighboring fire, just how disruptive even such a relatively minor interruption can be.

Are your records backed up sufficiently? Can those back-ups be accessed readily if needed? Do you have plans to restore your computer system(s)? Hardware? Software? Operating systems?

Reloading and testing time? How many days do you think you could be **"out-of-business" before your loyal customers begin shopping somewhere else** for their prescription needs? Where would you "recover?" Could the commercial real estate industry in your city find you a temporary site on short notice? Do you have plans in place to restock your new location with the medications and OTC products you will need? Will the necessary staffing be available when and where you need it?

And, that's just the tip of the iceberg. The point is – you need to be **proactive** in planning for a disaster so you are not overwhelmed by the details should one occur. Depending on the size and scope of your operations, you may be able to put together a plan yourself. Another option could be the purchase and use of BCP and/or DR software to help you through the process. If the task seems too daunting, there are many companies and consultants willing to help you for a fee.

BE A SURVIVOR! Plan ahead. 📧

Do you have any questions or requests concerning

- ✓ **The contents of this newsletter?**
- ✓ **Safety Consultation Services?**

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