



Pharmacy Focus: Patient Safety; Reduce Medication Errors

by Ken Baker, B.S.Pharm, JD, Consultant to Pharmacists Mutual Insurance Company

Within its Masters of Science in Pharmacy program, the University of Florida is now offering a part-time online [major in Patient Safety and Risk Management](#). This masters level program is specifically designed to provide students with the knowledge, skills and ability to develop comprehensive clinical risk management and patient safety programs. David Brushwood, Program Director for the University of Florida's Masters of Science in Pharmacy curriculum, explained that the University was responding to student demand for a major in patient safety. Professor Brushwood added, "This major provides students with the opportunity to enter the growing field of health care risk management."

The University of Florida's timing is excellent. Several states now require pharmacies to implement continuous quality improvement programs as part of their prescription workflow. Additional states are considering legislation or are in the process of finalizing similar rules. Within a few years most pharmacies in the United

States will be developing, implementing, or using organized systems designed to reduce medication errors and improve patient safety. The demand for trained experts in the field of risk management in pharmacy will grow to meet the need.

The need will continue to grow over the next several years as the state boards of pharmacy begin to realize that merely having a quality assurance plan is not enough. Regulators, pharmacy and hospital executives, insurance companies, and patients will demand proof that the pharmacy's system actually reduces the number of medication errors. Quality judged by outcomes will further push the profession to recognize the need for specialists trained to design, implement and continuously improve healthcare delivery.

In the last several years, the profession has struggled to keep ahead of the changes in pharmacy. As profit margins have decreased, demand for services have skyrocketed. Prescription volume has multiplied in every pharmacy op-

eration. Pharmacists and pharmacy technicians have been filling more prescriptions while the number of available staff has remained almost level. As prescription volume in the community market approached and surpassed three billion annually, [it is not surprising that the number of medication errors and the number of pharmacy malpractice claims have risen along with the demand for a quality solution.](#)

No one applauds these efforts to train tomorrow's patient safety and risk management experts more than Pharmacists Mutual Insurance Company. Few others are in a better position to recognize the importance of these future graduates for the profession of pharmacy.

The University of Florida is not alone in its efforts to train specialists in risk

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PCAB Initiates Review Process, Seeks Public Comment

WASHINGTON DC, September 29, 2008 - The PCAB Board of Directors have initiated the process of revising the PCAB Standards and Principles. The PCAB Principles and Standards were developed by a panel of pharmacy compounding experts to provide compounding pharmacies, prescribers, and patients with a set of national best practices in pharmacy compounding.


PCAB will receive comments on the existing Standards including suggestions for revised language from stakeholders until December 31, 2008. Comments may be e-mailed to – tom@pcab.org, or mailed to: 109 Church Street; Chapel Hill, North Carolina 27516.

"PCAB is committed to patient safety and quality compounding and we greatly value the input of patients, practitioners, and regulators on the PCAB Principles and Standards," said Tom Murry, PCAB Executive Director. "[We encourage everyone interested in pharmacy compounding to submit feedback to the PCAB Standards Committee.](#)"

Current versions of these materials may be viewed online:

- PCAB Standards may be viewed at: <http://www.pcab.info/downloads/pcab-standards.pdf>
- Labeling standards may be viewed at: <http://www.pcab.info/labeling-requirements.shtml>

- PCAB Principles may be viewed at: <http://www.pcab.info/principles.shtml>

The PCAB Standards Committee will review all comments received in early 2009 to formulate the revision. The revised principles and standards will be circulated for public comment for sixty (60) days after they are released. Comments on the revision will be considered by the PCAB Standards Committee and the final version will be forwarded to the PCAB Board of Directors for adoption in Summer 2009. The effective date for the revision will be in September 2009. 

Business Continuation Planning - The Unexpected Risk


No one expects to become disabled or to die prematurely, but more businesses are closed and/or sold due to death or disability than many of the other risks businesses face. Statistics show:

- Three out of ten workers will become disabled for three or more months prior to retirement.
- One out of five will become disabled for a year or more.
- One in seven disabled workers are disabled for five years or more.

Business owners are prudent about purchasing the appropriate insurance coverage to protect against losses of equipment, buildings, inventory and em-

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management and patient safety. Temple University School of Pharmacy has a certificate program for pharmacists and a masters program, training experts primarily for the pharmaceutical industry. St. Johns University and Purdue University also have programs that emphasize quality assurance in the pharmacy industry.

Anyone interested in more information on the University of Florida Masters in Science programs, including its Patient Safety and Risk Management major may visit <http://pharmreg.dce.ufl.edu/> or contact the Program Director, Professor David Brushwood at brushwood@cop.ufl.edu or (352) 273-6255. You may also contact Program Consultant Ken Baker at ken@kenbakerconsulting.com. 

ployment related injuries. Losses of these items due to an unforeseen event can be covered by insurance, rebuilt or replaced and the business can continue.

However, **loss of a pharmacist/owner or other key person within a business can have a devastating impact on the business' ability to offer the products and services** that the customers have come to expect. In extreme cases, the business can be forced to suspend operations or even close permanently.

What is Business Continuation Planning?

Business continuation planning is a process of looking at the risks that a business can face from the loss of an owner or key person for a limited time or even permanently. There are two programs that can assist business owners in offsetting this risk. They are:

- Key Person Insurance—Life insurance and/or disability income insurance that covers the additional cost for the replacement of a key person resulting from a disability or untimely death.
- Buy Sell Agreements – agreements between co-owners of a business or future owners that establishes an appropriate price for the business interest. These agreements are usually funded by life insurance, disability income insurance, or both, and can be owned either by the business or


the individuals involved in the agreement.

A business owner has some very affordable, benefit-laden alternatives to fund these programs.

Term Insurance—Like other insurance coverage, you pay to cover the risk at a guaranteed premium for a stated period of time.

Permanent Insurance (Whole Life Insurance)—can offer cash values that can be used to provide additional benefits to the policy owner at retirement. These values are often used to fund Deferred Retirement Benefits for their insured person should they live to retirement age.

Disability Income Insurance – this insurance provides income to the business to offset increased overhead expenses resulting from the disability of a key person/owner of the business.

Like other insurance coverages, these insurance products should be combined with other risk management techniques such as the training of replacements to minimize any transition time and, perhaps, a wellness program to promote good health in general. And, like most other insurance products, you hope you will not need them, but in the event of an unfortunate death or disability, these products can help secure the future of the business, and help attain financial peace of mind. 

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Medicaid Tamper-Resistant Prescription Pads

As you all are aware, the CMS requires that all Medicaid prescriptions must be written on tamper-resistant prescription pads. The law was to become effective October 1, 2007, however, congressional action delayed the implementation until April 1, 2008.

Tamper-resistant prescription pads means that the blank prescription forms must meet at least one of the following requirements; they contain one or more features designed to prevent unauthorized photocopying of the blank, they contain one or more features designed to prevent erasure or modification of the information written by the prescriber, or they contain one or more features designed to prevent the use of counterfeit prescription forms.

The law requires that tamper-resistant prescription pads contain all three requirements by October 1, 2008.

There are exceptions to the law for e-prescriptions that are transmitted to the pharmacy, for prescriptions faxed to the pharmacy or for prescriptions that are phoned into the pharmacy. If a pharmacy receives a Medicaid prescription that is not compliant, the pharmacy is required to obtain a compliant written prescription, an e-prescription, a faxed prescription or a phoned-in prescription within 72 hours of filling the non-compliant prescription.

It is not known at this time if there will be any further action to expand this requirement to prescriptions other than Medicaid prescriptions. 

Close Calls Call for Quick Action

All too often workplace close calls, or “near misses,” are ignored or downplayed, usually because workers fear getting into trouble. Here are some tips for turning near misses into opportunities for instructive and preventive action.

On a summer morning in 2006, in Brooklyn, N.Y., OSHA compliance officer Bob Stewart requested that six construction employees be removed from a deep excavation because of a hazardous 10-ton concrete abutment hanging above it. Fifteen minutes later, the overhang collapsed and fell, landing in the exact spot in which the employees had been working.

That is an unusually dramatic example of a workplace close call, made rarer still in that an OSHA inspector happened to be on hand just moments before. But close calls, or “near misses,” are a part of everyday life.

Most employers take care to remind workers of the dangers that can lead to accidents and injuries and provide training on how to avoid accidents. And when an accident does occur, there is immediate response, followed by an investigation, so that similar accidents can be prevented in the future.

The *OSHA Compliance Advisor* notes that far too often insufficient attention is paid to near misses in which no accident occurs, or where an accident is so minor that there is no damage to persons

or property. Some examples:

- A worker trips over an extension cord that lies across the floor, but avoids a fall by grabbing the corner of a nearby desk.
- An outward opening door nearly hits a worker, who jumps back just in time.
- The second rung of a ladder breaks, but the employee maintains his balance and steps safely to the floor.
- Using the wrong tool to remove the steel strapping from a crate results in a fiercely lashing length of metal, which only by sheer luck manages to keep from causing dreadful cuts.

Failure to take these incidents seriously is begging for trouble, because it is almost inevitable that, sooner or later, a tripping worker will fall, another will be struck by that door, the damaged rung of a ladder will cause a serious fall, and improper handling of strapping will result in dire injury.

What Should Be Done?

Rather than ignoring close calls, consider them an opportunity for instructive and preventive action.


The first step: Make it clear that workers are expected to report near misses—and that the purpose is not to place blame but to figure out how to prevent an accident next time.



As the training opportunity will likely be greatest while the close call is still on everyone’s mind, right after the incident, deliver a toolbox or tailgate talk on what did happen, what could have happened, and how to make sure it doesn’t happen again.

It may even be helpful to conduct a training session on close calls in general. The trainer or safety committee member might start by mentioning examples that have occurred in your operation. Workers could then be asked to add examples from their own recollection.

Then the session should focus on causes and, finally, on corrective action. By recognizing the “almost-accident” as a warning and encouraging safety awareness on everyone’s part, you’ll not only reduce the number of near misses but—far more important—also the number of real accidents.

Even with the best planning and training, however, workplace accidents are going to occur. But, training focused on close calls might mitigate, or even prevent, losses. 

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Protect Your Family: Carbon Monoxide Alarm

According to the U.S. Consumer Product Safety Commission, over 200 people in the United States die annually from carbon monoxide poisoning, usually due to faulty gas appliances. Other organizations, such as the American Medical Association (AMA), estimate much higher rates of death. The AMA has reported that carbon monoxide poisoning is the leading cause of accidental poisoning deaths in the United States.

Carbon monoxide alarms are essential protective devices in homes with gas appliances, gas heaters, and fireplaces.

It is recommended that these alarms be connected to the smoke alarm system so that any alarm in the house becomes activated if a problem arises. These alarms should be periodically tested according to the manufacturer’s instructions. The average life span of carbon monoxide alarms is relatively short, averaging from 2 to 3 years.

For more information, check out the Environmental Protection Agency’s website at <http://www.epa.gov/iaq/co.html>. 

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IRMI Electrical Safety in the Home

The International Risk Management Institute (IRMI) offers these thoughts on electrical safety in your homes and/or businesses.

Defective electrical wiring systems cause approximately 40,000 residential fires annually, according to a United States Consumer Product Safety Commission (CPSC) study. In addition, electric cords and plugs are involved in about 7,000 fires annually. The National Electrical Safety Foundation offers numerous tips to safeguard the home against electrical fire and related losses, including the following.

- * Verify that outlets and extension cords are not overloaded.

- * Examine electrical cords to ensure they are not frayed, damaged, or placed

under rugs or carpets.


- * Verify that the proper wattage bulbs are being used in light fixtures and lamps.

- * Consider installing ground fault circuit interrupters (GFCI) in bathrooms, utility rooms, and kitchens. This device protects people against electrocution by shutting down the electrical system if it detects any imbalance in the electricity.

- * Take steps to safeguard electrical appliances from power surges. A power surge is a sudden rise of current or voltage in an electrical circuit that can last up to several seconds and can ruin electrical appliances and equipment, such as computers. You can purchase surge protection devices to safeguard against the problem.

- * Consider updating the entire electrical system if the home is over 40 years old. Older homes are more susceptible to electrical fire. For example, many older homes contain aluminum wiring, which is much more susceptible to starting fires than the copper wire required by modern building codes.

- * Install child tamper-resistant electrical outlets to prevent a child from inserting something into the outlet holes.

- * Install arc fault circuit interrupters (AFCI) to avoid fires caused by arc faults. An arc fault is a discharge of electric current across a gap. This can be caused by improper electrical connections, pinched wire insulation, and overheated wires. 

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