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KY Pharmacists’ Perceptions on Medication Errors (ME): A Tool For Legitimate Discussions with the Kentucky Board of Pharmacy?

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Why Do the Study?

*To Err is Human: Building a Safer Healthcare System*

- Report issued by the Institute of Medicine in late 1999
- Highlighted the alarming frequency of ME

*Source: http://www.iom.edu*
Implications of *To Err*

- Outlined a series of broad policy recommendations to improve patient safety & reduce medical error which includes ME

- Call to action for state and federal agencies regarding ME
KY Board of Pharmacy Response

- Concerned about KY Pharmacists’ contributions to the error statistics
- Appointed a Statewide ME Task Force
  - Analyze the current status of ME in KY
  - Evaluate the KY Board’s response to ME
Task Force Considerations

Historically, the KY Board
- Imposed actions on individual pharmacist in the event of ME
- Provided no clear guidance on or consideration of ME Prevention (QA) programs

Vs.

Expert Counsel
- System failures responsible for most ME
- QA programs within organizations key
Task Force Consensus

- Important to first examine systems in which pharmacists are functioning

- Report to BOP in terms of guidance in regards to ME and patient safety
Study Aims

Determine pharmacists perceptions on:
- Factors most associated with ME
- Presence of ME tracking systems
- Most common types of ME

Determine if there is a difference between perceptions of Hospital vs. Community pharmacists
- $H_0: \mu_1 = \mu_2$
Study Results

- **3511 surveys mailed**
  - 34.1% response rate (n=1198)
  - 87.4% (n=918) were Hospital or Community pharmacists

- **Academia 1%**
- **Industry <1%**
- **LTC 4%**
- **Other 8%**
- **Chain 43%**
- **Independent 26%**
- **Hospital 18%**

- **Female 43%**
- **Male 57%**
What are the Most Common Causes/Types of Medication Errors?

Perceptions from both groups indicate:

- Poor Handwriting
- Prescription Volume
- Pharmacist Overwork
- Pharmacist Fatigue
- Noise, Distractions or Interruptions

Most Common Types of ME

- Technical in nature
  - Incorrect medicine, Incorrect Strength, Wrong Patient
Factors Associated w/ME: Practically Significant?

- Insurance Processing

[Graph showing response means for factors assessed in hospital and community settings, with a highlighted area around Insurance Processing factor.]
Presence of ME Tracking Systems

KY law requires pharmacist-in-charge to implement and maintain QA Programs (ME Tracking/Reporting Systems)

Over 90% of pharmacists in both groups felt that the risk of ME is increasing
Are ME Tracking Systems in Place?

- Only 80% of community pharmacists perceive they have such systems in place.
- 95% of hospital pharmacists perceive they do as well.
- P-value = <0.001
Implications of these Findings

- Three most common types of ME are technical in nature as opposed to knowledge deficiencies.
- Supports the expert panels’ position that most ME are due to system failures.
Implications of Findings continued

- The goal should be and the mandate is that 100% of pharmacies at least have a ME tracking system in place
  - Learning from ME begins with reporting them

- In this regard, the findings suggest:
  - KY BOP does not provide enough guidance for meaningful QA in pharmacies
  - Hesitancy: current mandate does not protect ME data from discovery in court of law
Recommendations

I. Re-evaluate 201 KAR 2:225 (QA in pharmacies)
   a) Include peer review protection
   b) Provide sufficient detail for meaningful programs

II. Re-examine Board procedures that currently classify ME as unprofessional conduct
   a) Consider presence of QA when acting on a ME case
   b) Actively educate pharmacists on importance of QA via continuing education programs, periodic newsletter and inspections
Questions?