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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
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?
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.
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?