

Medication Management and Errors

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Right Dose - A Guardian Pharmacy



Partnerships for Medication Error Reduction

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Disclosures

Rockford serves as the President of Right Dose Pharmacies here in Iowa.

Megan is the Director of Clinical Services of Right Dose Pharmacies here in Iowa



Definition of a Medication Error

“A Medication Error is ANY preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient or consumer.”



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Medication Safety is Important

- 82% of American adults take at least one medication and 29% take 5 or more a day.
- ADE's cause approximately 1.3 million ER visits and 350,000 hospitalizations annually
- \$3.5 billion is spent on excess medical costs of ADE's annually.
- More than 40% of costs related to ambulatory (non-hospital) ADE's might have been PREVENTABLE.



Today's Objectives

- Medication Administration challenges and success
- How to handle significant medication changes
- Communication
- Transitions of Care
- Root Cause Analysis

7 Medication Rights

Triple-check your Medication using the following RIGHTS:

1. Right RESIDENT
2. Right MEDICATION
3. Right DOSE
4. Right TIME
5. Right ROUTE
6. Right to REFUSE
7. Right DOCUMENTATION

1. Right Resident

- Compare the patient's name on the prescription label to the MAR
- Identify residents by picture if available.
- Have another staff identify the person if needed/family member.
- If the label and mar do not match, STOP and investigate.

2. Right Medication

- Read the label carefully (remember that some meds have more than one name)
- If needed, clarify medication with the medication order making sure that the name of the medication matches the medication name on the label.
- Look at the medication. If it's a different color, size or shape than what you remember, just to see if there is a sticker on the card. It could be that you have been given a different generic brand of the medication—vendors change all the time.
- But, sometimes, having a different looking medication means that you might have the wrong medication.
- STOP and investigate before administering.



3. Right Dose

- The right dose is how much of the medication you are to give the patient at one time.
- To determine the dose, you need to know the strength of the medication. In the case of liquid medications, you need to know the strength of the medication in each liquid measure.

Ex: The strength of each Valproic acid pill is 250mg.

- The dose is 500mg bid
- Strength (250mg/pill) x Amount (2 tabs) = 500mg.
- Compare the dose on the label with the medication order. If they do not match, STOP and investigate.

4. Right Time

- Medications need to be administered at the time of day the is written on the order.
- Some medications must be administered at very specific times of the day for them to work appropriately (Fosamax, GERD, Levothyroxine, etc.)
- Other meds aren't time-specific but due to safety reasons are given at facility-specific times (Warfarin)
- Compare the time on the prescription label with the medication order. If they do not match, STOP and investigate.

5. Right Route

- The route means how and where the medication goes into the body.
- Most medications are given orally, but others enter the body through the skin, rectum, vagina, eyes, ears, nose, lungs, injection, g-tube.
- Compare the route on the label and the medication order. If they do not match, STOP and investigate.
- ALERT: Mistakes can happen when you are giving several medications by different routes at the same scheduled time, ie: you may be given an eye drop and an ear drop to the same person. It's easy to pick up the wrong bottle if you don't look at the bottle before administering it or become distracted.
- To avoid this type of error by administering either the ear drop/eye drops first and then putting that bottle away before administering the next medication.

6. Right to Refuse

- Patients do have the right to refuse.
- We have the obligation to teach, inform, try again, and investigate why.
- Talk to your supervisor about repetitive refusals.
- Correct documentation about any refusal.

7. Right Documentation

- It's not over until it's over!
- Each time a medication is administered, it must be documented. Let's all say it together...
- Follow your facility's procedure for documentation of all scheduled, prn's, late meds, out of the facility meds.
- Double check your documentation at the end of each administration time and at the end of your shift.
- Use technology that's available to make sure nothing is missed

How do Medication Errors Happen?

Errors can occur at any step along the way, from prescribing to administering.

Common causes are:

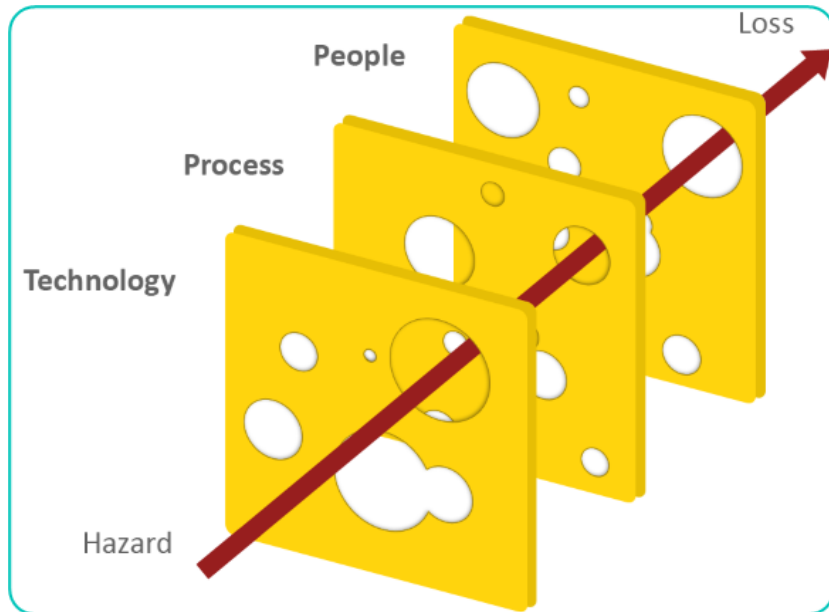
- incorrect diagnosis
- prescribing errors
- dose miscalculations
- poor drug distribution practices
- drug and drug device related problems
- incorrect drug administration
- failed communication



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One of the most important ways to prevent med errors is to learn from errors that have occurred. Use that information to identify potential risk points or practices to prevent similar errors from happening.

Swiss Cheese Theory



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Significant Medication Changes



How to handle these changes



Problems that can occur

Duplicate meds

Missing Med

Wrong dosage

Technology to assist with accuracy



Transitions of Care

***Patient is admitted to the hospital and medication is changed per formulary in the hospital**

- Medications may be changed to promote stability in hospital stay. Each hospital has formularies and medications may be changed. It is important to know what is being changed and replaced.
- Visits to PCP post-hospital stay are key to determining if the hospital regimen will stay or if we will transition back to original medications.
- Make sure old medication is disposed of appropriately to avoid error.

***Patient transitions to a long-term care facility**

- Medications may be changed again due to facility protocol.
- Drug Regimen reviews required by CMS in these facilities to reduce medication-associated issues.

Requirements for Monthly Drug Regimen Reviews per CMS Guidelines in Long Term Care Settings



- 1) The pharmacist performing the monthly DRR must review the resident's medical record to appropriately monitor the medication regimen and ensure that the medications each resident receives are clinically indicated.
- 2) Certain circumstances which may include residents who have multiple medical conditions, concurrent administration of certain medications, administration of medications which require close monitoring through lab work, and transitions of care may also increase the risk of adverse consequences.
- 3) Review of the medical record as part of the MRR may prevent errors due to drug-drug interactions, omissions, duplication of therapy, or miscommunication during the transition from one team of care providers to another.

Correct Administration and Dosing

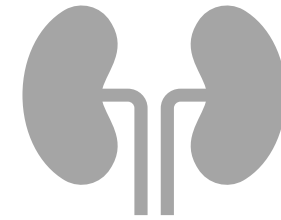


Appropriate administration times of medications

Lasix in morning or afternoon
(NOT bedtime)

Singulair in the evening

Thyroid medication in the morning and not with Calcium supplements



Using lab results to Calculate Creatinine Clearance

Affects dosing of medication (ie Macrobid, Tamiflu, Gabapentin, Famotidine)

Crushed Medications



We will review medications to ensure safe administration as certain medications cannot be crushed without altering the absorption or distribution in the body:

REASONS FOR MEDS NOT TO BE CRUSHED

- ▶ Enteric Coated Formulation (aspirin, Bisacodyl, Diclofenac)
- ▶ Time Release Formulation (Depakote, Flomax, Tegretol XR)
- ▶ Unpleasant Taste (Cefuroxime, Keppra)
- ▶ Product is designed to dissolve in the mouth
- ▶ Women who are or may become pregnant should not handle crushed or broken tablets (Finasteride)

Deprescribing

New onset medical condition

New script

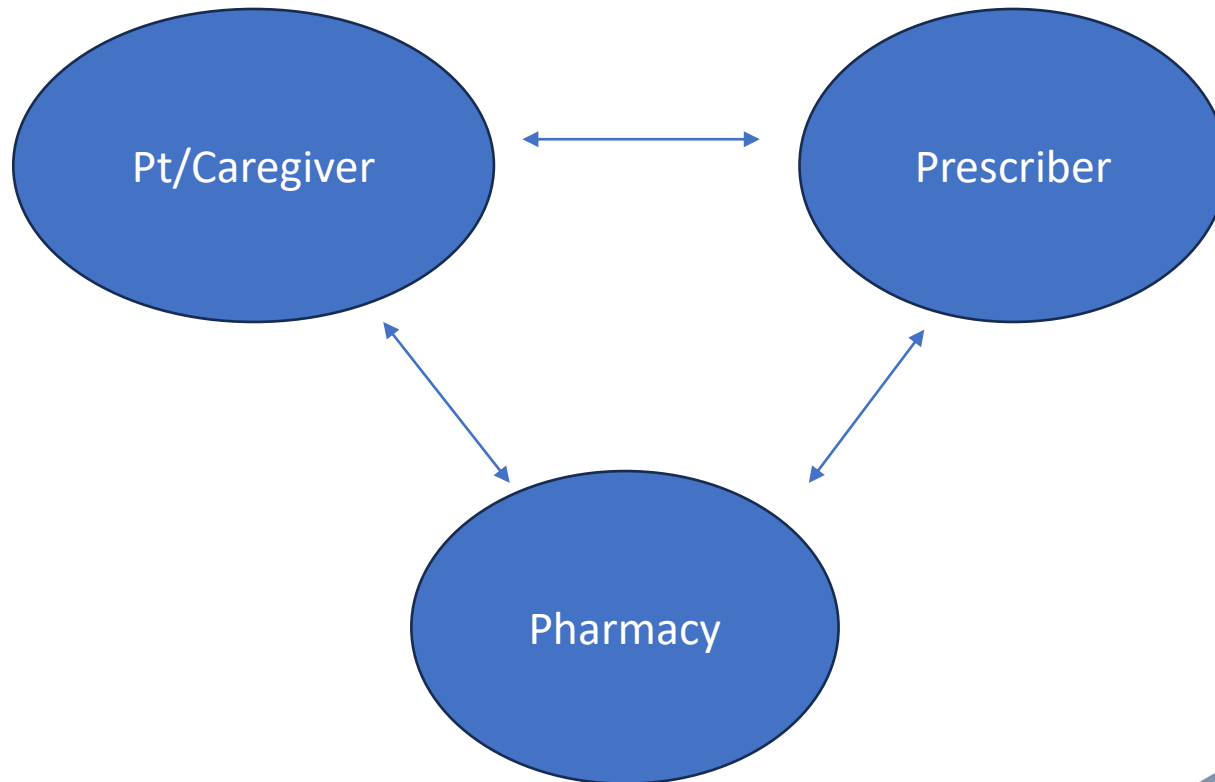
When to stop?

Vitamins and Supplements

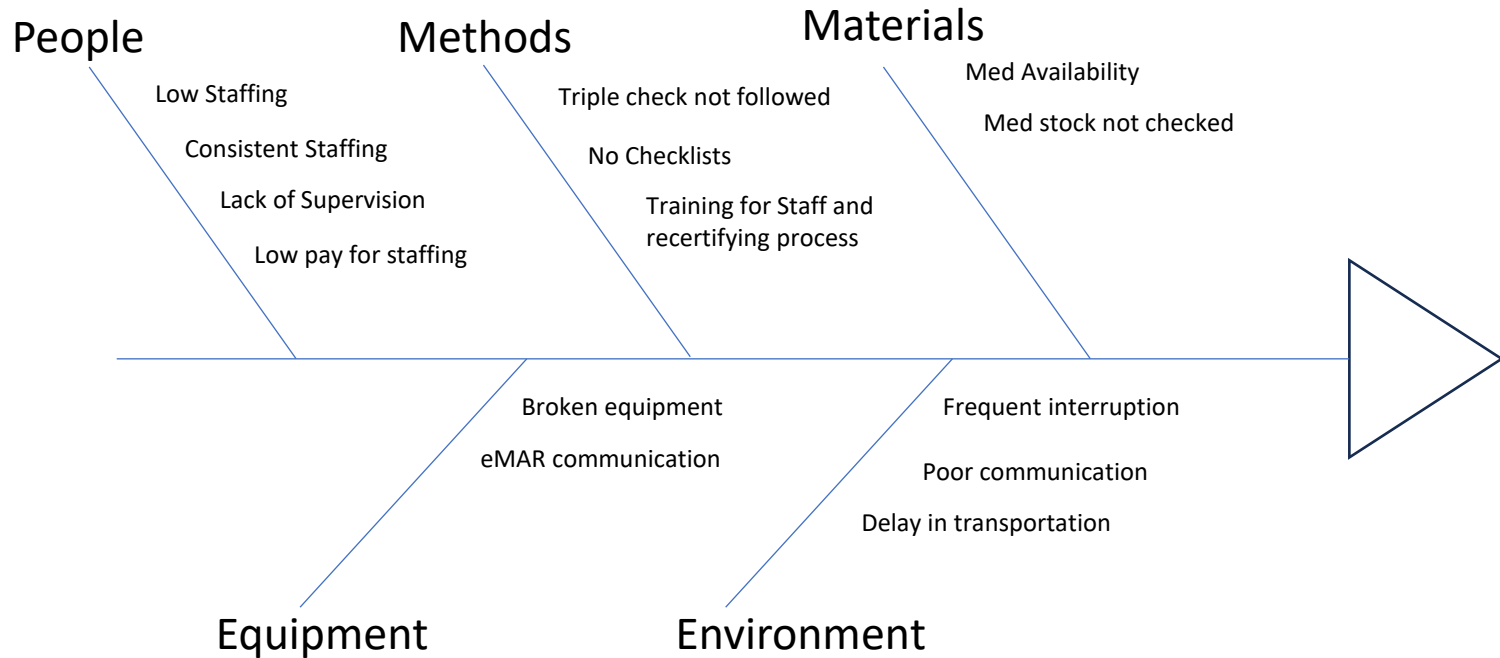
Improving symptoms?

Need Lab Work?

Communication



Root Cause Analysis

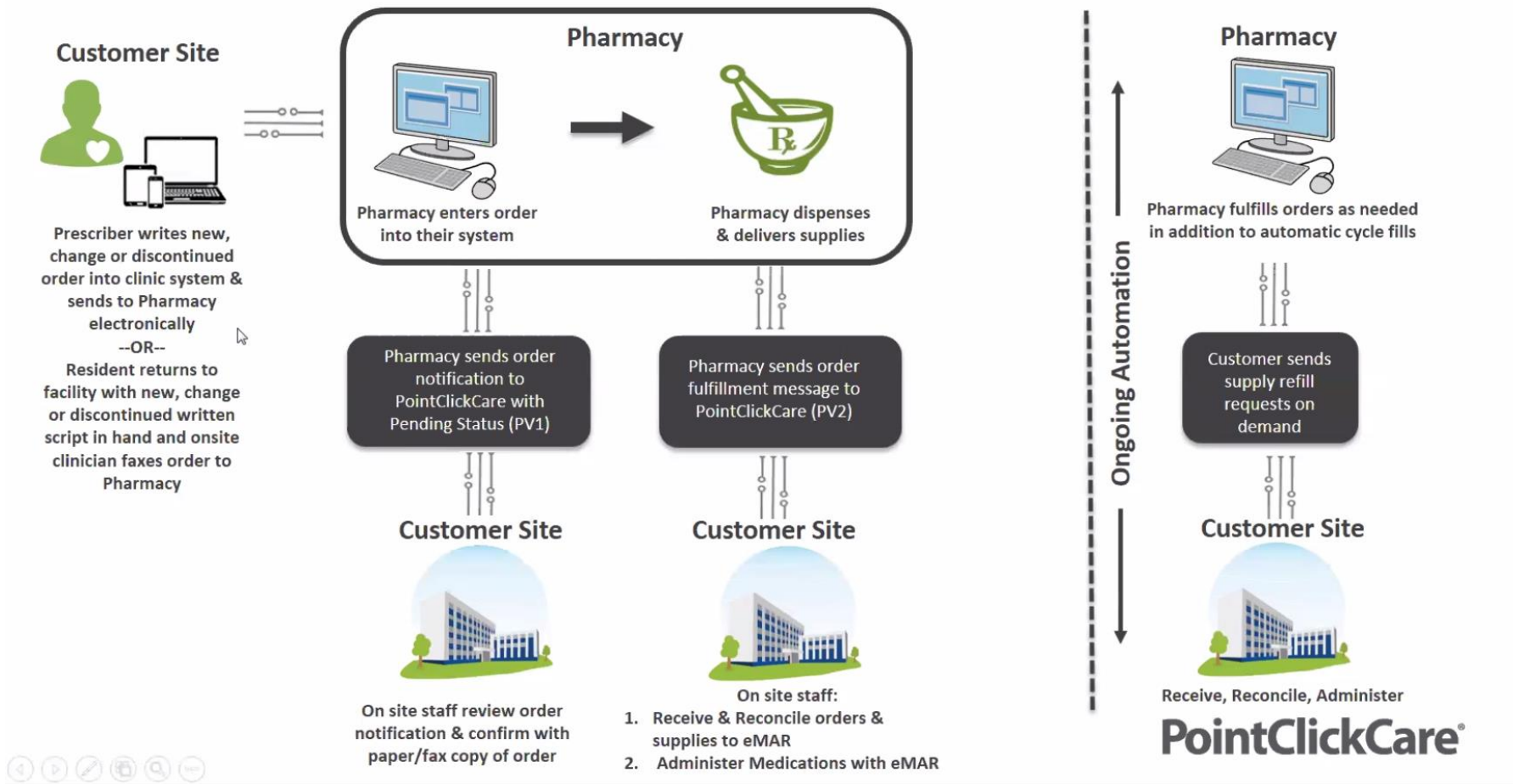


Technology Options

- Pharmacy Integrations
- Medication assist and reminder systems
- Med Pass systems

Pharmacy Interfaces

'Pharmacy Entered Orders' Fulfillment Workflow

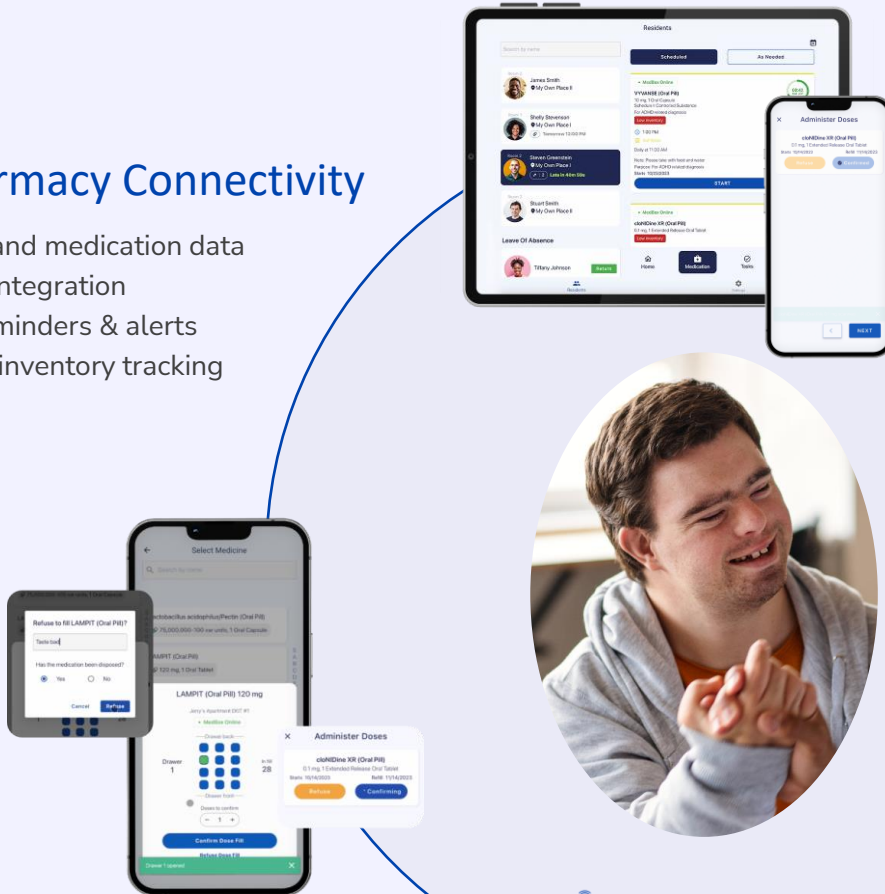


Significant Medication Changes



24/7 Pharmacy Connectivity

- Individual and medication data
- Seamless integration
- SMART reminders & alerts
- Automatic inventory tracking



 ImpruvonHealth

Impruvon Software

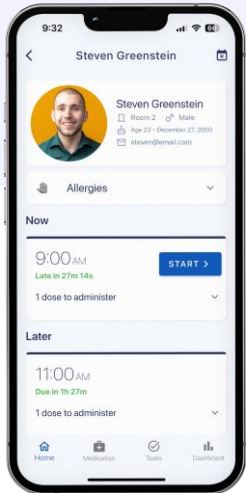
- Guided rights of med administration
- No manual keys / paper records
- Automated documentation & reporting
- Improved compliance



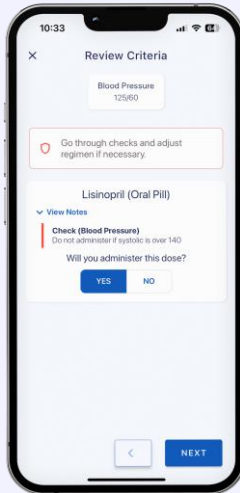
Impruvon Medbox

- Only access right meds at right times
- Integrated with software
- Double lock safety features
- WiFi and Cellular connectivity

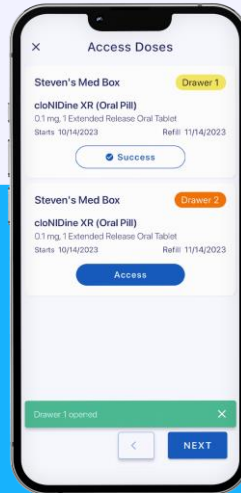
Proactive, Error Free, Stress Free, Guided Rights of Med Administration



Real-Time SMART
Reminders & Alerts



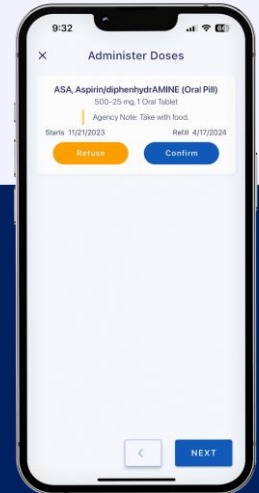
Pre-Med Guided Vitals
and Bowel Movement
Tracking



Right Meds, Right Time,
Right People



Bar Code Scan Confirms
Right Medications

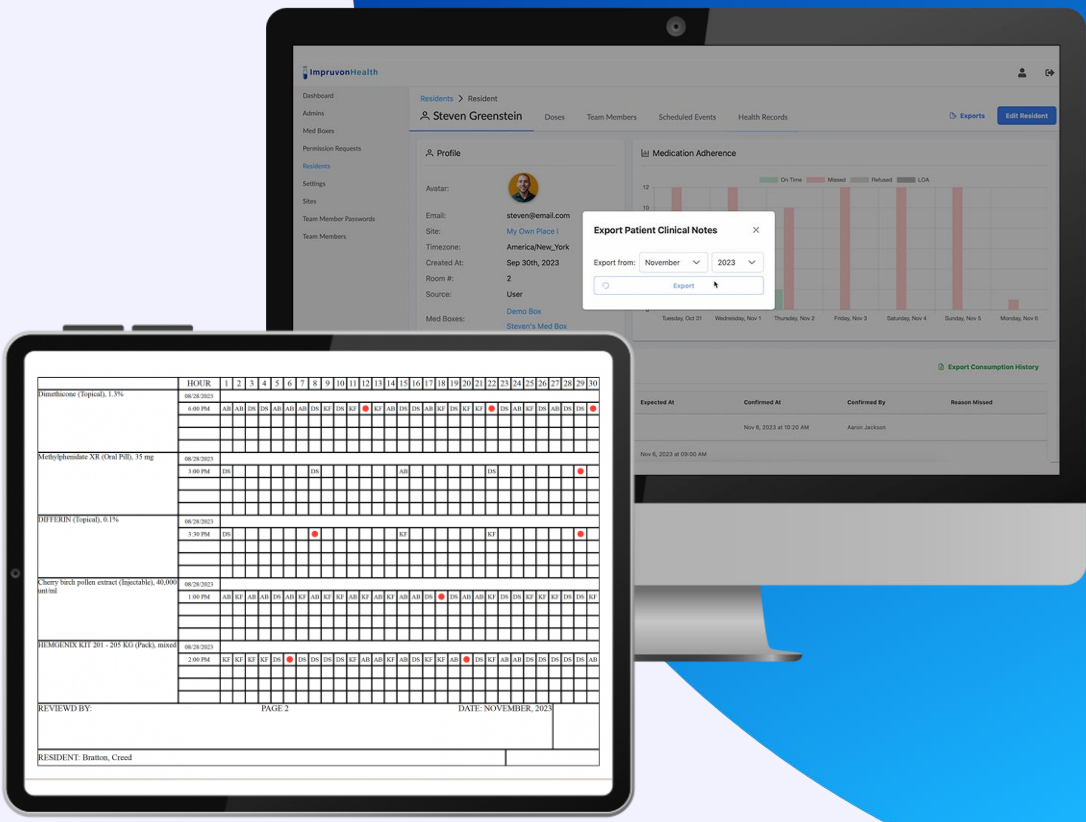


1-Click
Administration
Confirmation to eMAR



Automated eMAR Documentation

- ✓ Standard MAR & PRN MAR
- ✓ Medication Error Report
- ✓ Physician's Orders
- ✓ Staff Compliance Reports
- ✓ Bowel Movement Tracker
- ✓ Exclusive HRST Automation
- ✓ Therap eMAR Import



QUESTIONS?

THANK YOU FOR YOUR TIME!