Pharmacist Patient Care Process and Medication Error Prevention

Pharmacists Society of the State of New York,

Albany, NY

January 2017
Karl Williams

Professor of Pharmacy Ethics and Law
Wegmans School of Pharmacy
St John Fisher College
and
PSR Region 10 Representative to PSSNY Board of Directors

kwilliams@sjfc.edu
Objectives
At the end of this program you should be able to:

• Define preventable adverse events and the impact on professionals and patients

• Review process-related approach to preventable adverse events (or errors)

• Discuss the evolution of the Pharmacist Patient Care Process (PCPP)

• List the steps in the Pharmacist Patient Care Process (PCPP)

• Compare PCPP to current counseling law in New York

• Discuss recent case law in New York through the filter of PCPP
Focus: preventable adverse events
Kinds of PAEs

• Omission
  – Fail to do something that should be done

• Commission
  – Failure to do something correctly
  – Failure to devise an adequate plan
To Err is Human

• Institute of Medicine Report (2000)
• PAEs flow primarily from system-related flaws
• The greatest impact can be obtained by addressing the processes associated with medication utilization
  – Patient assessment
  – Prescribing
  – Dispensing
  – Consumption
  – Evaluation and reassessment
Medication Use Process

• Contemplated by the NCCMERP diagram

• *Systems* point of view

• Question: which steps are more, or less, prone to error?

• The BEST question: how do we address the circumstances that have the capacity to cause error?
Goals of the *Pharmacist Patient Care Process*

• Consistency across the profession

• Framework for delivering patient care

• Contemporary and comprehensive approach to patient-centered care in collaboration with other members of the health care team

• Applicable to a variety of services, including MTM
Evolution of PPCP


The Joint Commission of Pharmacy Practitioners
Foundations

• Establishment of patient-pharmacist relationship
• Engagement and effective communication with patient, family, and caregivers
• Continually collaborate, document, and communicate with other health care providers
• Process enhanced by interoperable information technology systems that facilitate effective and efficient communication
PPCP

- Collect
- Assess
- Plan
- Implement
- Follow-up: Monitor and Evaluate

Patient-Centered Care
ACPE Standards 2016

• “Standards and Key Elements”
• **Standard 10.8. Pharmacists’ Patient Care Process** – The curriculum prepares students to provide patient-centered collaborative care as described in the *Pharmacists’ Patient Care Process* model endorsed by the Joint Commission of Pharmacy Practitioners.

PPCP

• Collect
• Assess
• Plan
• Implement
• Follow-up
Collect

The pharmacist assures the collection of necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient. Information may be gathered and verified from multiple sources.

Collect:

• A current medication list and medication use history for prescription and nonprescription medications, herbal products, and other dietary supplements
• Relevant health data that may include medical history, health and wellness information, biometric test results, and physical assessment findings
• Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that impact access to medications and other aspects of care
New York Law: Patient Profiles

• Regulations of the Commissioner of Education
  8 NYCRR §63.6(a)7

• Patient information:
  – Name, address, telephone #, age/date of birth, gender
  – Allergies/sensitivities, chronic diseases
  – Comprehensive list of medications, devices

• “for the purpose of counseling”
Assess

The pharmacist assesses the information collected and analyzes the clinical effects of the patient’s therapy in the context of the patient’s overall health goals in order to identify and prioritize problems and achieve optimal care. Assess:

- Each medication for appropriateness, effectiveness, safety, and patient adherence
- Health and functional status, risk factors, health data, cultural factors, health literacy, and access to medications or other aspects of care
- Immunization status and the need for preventive care and other health care services, where appropriate

- NY Law: “Prospective drug use review”
  - Duplications, interactions, dose, duration, allergy, misuse
Plan

The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient … that is evidence-based and cost-effective.

The plan:

• Addresses medication-related problems and optimizes medication therapy
• Sets goals of therapy for achieving clinical outcomes in the context of the patient’s overall health care goals and access to care
• Engages the patient through education, empowerment, and self-management
• Supports care continuity, including follow-up and transitions of care as appropriate
Implement

The pharmacist implements the care plan *in collaboration with other health care professionals and the patient*…

The pharmacist:

- Addresses medication- and health-related problems, and engages in preventive care strategies, including vaccine administration
- Initiates, modifies, discontinues, or administers medication therapy as authorized
- Provides education and self-management training to the patient or caregiver
- Contributes to coordination of care, including the referral or transition of the patient to another health care professional
- Schedules follow-up care as needed to achieve goals of therapy
Counseling

• Outgrowth of a “condition of participation” in Medicaid attached to OBRA-90

• In New York it is contained in 8 NYCRR 63.6(b)(8)

• (“on-premises”) Prior to dispensing the pharmacist/intern
  • Shall conduct prospective drug use review (PDUR)
    – Duplication, D-DI, dosage, duration, allergy, mis/abuse
  • If it is a new prescription…counsel
  • If it is a refill…offer to counsel
8 NYCRR 63.6(b)(8)

- (a) Prior to dispensing a prescription for the first time for a
- new patient,
- new medication
- change in the dose, strength, route of administration or directions for use[…],
- a pharmacist or pharmacy intern providing prescription services shall be required to personally counsel each patient […], matters which in the exercise of the pharmacist's or pharmacy intern's professional judgment, the pharmacist or pharmacy intern deems appropriate, which may include:
Subject Matter of Counseling

• In professional judgment may include:
  » Name, description, known indications,
  » Dosage form, dose, route, and duration of Tx
  » Special directions
  » Adverse effects, contraindications, mitigation
  » Self-monitoring
  » Storage and refill information
  » Action to take in event of missed dose
  » Other relevant information

• Counseling may only be made by a pharmacist or intern

• Refusal to accept counseling must be documented
Follow-up: Monitor and Evaluate

The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

Monitor and evaluate:

- Medication appropriateness, effectiveness, and safety and patient adherence through available health data, biometric test results and patient feedback
- Clinical endpoints that contribute to the patient’s overall health
- Outcomes of care, including progress toward or the achievement of goals of therapy
Pharmacy practice in New York State

- Is there any aspect of the ‘law’ of practice that would prevent implementation PCPP right away?
Case studies

• Opioid overdose death

• Post-op out-patient
  – Received 6mg hydromorphone while in hospital
  – Prescription for hydromorphone, up to 8mg, by mouth every three hours, as needed
Case study, continued

• Approximately one hour after the first dose, the patient was found gasping for breath

• The patient died shortly before the ambulance arrived

• The pharmacist and the pharmacy were sued for negligence
Theory of the case

• To prove negligence against the pharmacist:
  • Establish that the pharmacist owes a duty
  • Prove that the duty was not fulfilled (a “breach”)
• In this case, did the pharmacist breach a duty?
What do you think?

• Should the pharmacist have:
  
  • A. Dispense the prescription
  • B. Refuse to fill
  • C. Contact the prescriber
  • D. Warn about the possible risks
Duty of the pharmacist

• A professional is: “held to the level of skill and care used by others … who practice the same profession”

• Duty to intervene when the prescription “so greatly deviates from normal medical practice”
Which PPCP steps may have influenced the outcome?

- Collect information
- Assess
- Plan
- Implement
- Follow-up
Questions?

• Karl G Williams, R.Ph., Esq.
  St John Fisher College
  kwilliams@sjfc.edu
  585-385-5298