Pharmacy Drug Procedures and Proper Documentation

Ana Fernandez, CPhT
Northwestern Memorial Hospital
Department of Investigational Drug
Chicago, Illinois

The speaker has no conflicts to disclose.

Audience Poll Questions

- Has anyone ever participated on an investigational study?
- How many of you are familiar with NCI?
- How many are familiar with the process or procedures when handling investigational drug?

Handling Investigational Product

- Receipt of drug shipment
- Order and maintain drug
- Prepare and dispense drug

Receipt of Drug Shipment

- Confirm drug and packing slip match
- Sign drug received on accountability log
- Confirm drug via fax/phone or electronically
- Label drug if necessary
- Store at proper temperature

Order and Maintain Drug

- Ordering drug from sponsor
- Proper drug supply for studies/sites
- Expired (if applicable)/Damaged drug

Prepare and Dispense Drug

- Enter written prescription order electronically
- Sign out drug on accountability log
- Enter patient instructions
- Label drug for patients

Prescription Order Forms

- Patient name/registration number
- Protocol number
- Dose information
- Cycle/Visit number (if applicable)
- Investigator’s name printed/signed
- Coordinator’s nurse’s name and contact information

NMH Investigational Drug Order Form

INVESTIGATIONAL DRUG ORDER FORM

INSTRUCTIONS:
Completed forms should be faxed to the Investigational Pharmacy attention Jane Regalado at 312-926-7956. Please call the pharmacy at 312-926-0747 to inform them of the fax as soon as possible.

Patient Name Ana Fernandez Sex: F DOB: 08/27/1976

MRN: 123456789 Allergies Winter

Address 251 E Huron Chicago, IL Zip Code: 60611

Weight 25.1 kg Height m BSA (M²)

Fellow/Attending Dr. Drury Lane

Diagnosis Metastatic Breast Cancer

Study Protocol Name/Number NU 05B5 Cycle Number 10

Sequence or Registration Number 01-01

Date drug needed 9/22/11 Time drug needed: 8:30am

Drug Lapatinib Strength 250mg Quantity 140

Dose 1250 mg QD Maximum or standard dose per protocol 1500mgQD

Directions Take 5 pills once per day, on an empty stomach, either 1 hour before or 2 hours after meals

Syringes needed YES/NO (if YES what kind?) NO

Diluent needed: YES/NO (if YES what kind?) NO

Days Supply 28 Next Visit

In case of problems with this order, please contact:
Coordinator Ana Fernandez Phone/pager 51387/57833 pg

SIGNATURE OF PHYSICIAN DATE

Proper Documentation

- Monthly audits
- Dispensing or returning drug
- Destruction of drug
- Making a correction on a document
- Signing and dating

NCI Accountability Log

Investigational Agent Accountability Record

PAGE NO.
CONTROL RECORD
SATELLITE RECORD

Communication

- Monitor visits
- Clinical coordinators
- Clinical pharmacists
- Clinical assistants

Q & A

Thank You!

When a shipment of investigational product is received, what is the first step?

A. Store at proper temperature

B. Confirm via fax/phone or electronically

C. Confirm drug and packing slip match

D. Label drug if necessary

Audits are done,

A. Weekly

B. Bi-Weekly

C. Only when drug is used

D. Monthly

Which one of the following statements is true?

A. Dose of drug is not necessary for investigational prescription orders.

B. Patient's name/registration number are required on an investigational prescription order.

C. Physician signature can be left blank on an investigational prescription order.

D. A protocol number is only needed if it is applicable.

When dispensing investigational product to another pharmacy satelite ;

A. The product is not signed out of the control pharmacy log but is signed into the satelite pharmacy log with an initial and date.

B. The product is signed out of the control pharmacy log and transported to the satelite pharmacy without an initial or date.

C. The product is signed out of control pharmacy log with a date and initial and then signed into the satelite pharmacy log with a date and initial.

D. The product is signed out of the control pharmacy log and signed into the satelite pharmacy log.

Technician Role In Managing Drug Shortages

ICHP 2011 Annual Meeting

Christina Cieslicki CPhT
Pharmacy Buyer
Kishwaukee Community Hospital

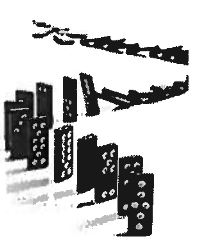
The speaker has no conflicts to disclose.

A Likely Situation . . .

It is late on Friday afternoon, and a pharmacy technician notices that the hospital's current supply of a critical medication will not last through the weekend. Additional supply is unattainable. How will this shortage affect the hospital's clinical routine and patient care?

A Chain Reaction Occurs . . .

- Pharmacy staff must devise A plan to compensate for the unavailable medication.
- Physicians & other health care providers may be obligated to use unfamiliar treatments for patients.
- Patients are unable to continue prescribed therapy and/or may be denied further treatment.



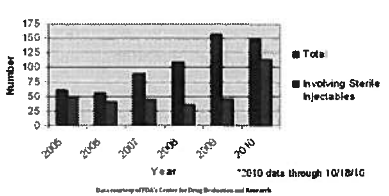
Causes of Shortages:

- •Increased demand
- •Product discontinuation
- •Manufacturing issues
- •Lack of raw materials
- •Limited number of suppliers
- •Regulatory rulings in the US

Bad News . . .

- Over the past five years, the number of documented drug shortages has nearly quadrupled.
- The number of sterile injectables in short supply increased dramatically from 2009 to 2010, including several commonly used chemotherapy medications.

U.S. Shortages



Good News!

There are efficient ways to prepare, valuable resources available, and even better:

Technicians Can Help!

Where to begin

- Transition from a reactive approach toward a proactive one .
- Accept that shortages are part of the daily routine rather than unusual events.

What Technicians Can Do:

Technician Buyer

Designated to manage inventory control and communication within the department

Implement shortage status/updates into daily workflow

- Contact Wholesalers and Manufacturers
- Utilize available online resources such as:
  - ASHP-*www.ashp.org* & FDA-*www.fda.gov* websites
    (American Society of Health-System Pharmacists and Food and Drug Association)
- Post/email a future ship list and prospective release dates weekly
- Monitor stock levels
- Order alternate therapies as researched and determined by the Pharmacist

What Not To Do . . .

- Ignore the issue
- Wait until your stock has been depleted
- Stock Pile Medication

Communication is the Key!

Technicians

* Patients *

Pharmacists

Doctors

Where to Go From Here

- Evaluate current pharmacy operations for managing shortages
- Implement a plan of action involving communication
- Create a standardized checklist for staff to manage shortages
- Designate one person to follow shortage status *(per staffing resources)*

ICHP 2011 Annual Meeting
Pharmacy Practice Model Initiative (PPMI) Pearls for Technicians
Christina Cieslicki
121-000-11-041-L01-P & T

Post Test Questions:

1. When a product/medication is currently on a shortage, which of the following should a technician be responsible for?

A. Contacting physicians to inform them of the shortage.
B. Researching alternate therapies to use while the product/medication is unavailable.
C. Monitoring, updating and communicating the status of the shortage when new information becomes available.
D. Ordering as much stock as possible from the wholesaler to prevent running out of the product/medication.

2. What steps can be taken to provide better control and organization of drug shortages within the pharmacy department?

A. Create a standard checklist to record status/availability changes of products/medications currently on shortage.
B. Communicate the details of the shortage to pharmacists as well as doctors to provide alternate medication therapies.
C. Order sufficient quantities of alternate therapies before current stock of medication/product on shortage runs out.
D. All of the above.

Pharmacy Technician Career Ladders

Jamie Brockhouse R.Ph.
Brett Barker Pharm.D.
St. John's Hospital
Springfield, Illinois

The speaker has no conflicts to disclose.

Learning Objectives

- Identify opportunities for technicians in your organization
- Identify the resources needed to develop a technician career ladder
- Define the skills and qualifications of career ladder levels
- Discuss the benefits of a career ladder worksheet and checklist

St. John's Hospital

- Located in Springfield, Illinois
- 450 bed teaching hospital
  - Women and Children Center
  - Neonatal Unit (NICU)
  - Prairie Heart Institute
  - Level 1 Trauma Center
- Pharmacy Department
  - 24/7 service
  - 25 pharmacist FTE
  - 26 technician FTE
  - 3 Pharmacy Residents

Question

Does your institution currently have a technician career ladder?

Potential Benefits of a Technician Career Ladder

- Pharmacy Practice Model Initiative (PPMI)
  - Expand technician responsibilities
  - Promote pharmacist clinical services
- Increase department productivity
- Financial savings
- Provide personal and financial incentives to gain new skills
- **Increase job satisfaction**

Identify Opportunities for Technicians in Your Organization

- Are you utilizing your staff appropriately?
- Identify new roles and future opportunities
- Opportunities identified at our institution:
  - IV Department
    - Added a Lead Technician and reallocated pharmacists
    - Chemotherapy preparation
  - Automated dispensing machines (ADM)
    - Goal of over 90% of medications from ADM
    - Medications direct from wholesaler to ADM
    - Technician administrative role over ADM
    - Tech check tech

Identify Opportunities for Technicians in Your Organization

Opportunities identified (cont'd):

- Auditing
- Phone triage
- Technology (development and maintenance)
- Purchasing/Inventory Control
- Pharmacy student mentorship
- Staff education and in-services

Identify the Resources Needed to Develop a Technician Career Ladder

- Technician input and support
- Pharmacist input and support
- Pharmacy Administration support
- Human Resources involvement
  - Position approval and wage modification
- Review existing career ladders
  - Your institution and others
- Time

Define the Skills and Qualifications of Career Ladder Levels

- Reward loyalty and longevity
  - Years of service required to ascend
- Objective measurements
- Allow for addition of new roles
- Require skills to be maintained
- Behavior
  - Disciplinary action may result in demotion or prevent progress
- Assessed at annual evaluation
- Advance at individual pace

Discuss the Benefits of a Career Ladder Worksheet and Checklist

- Self monitoring
  - Know what you have accomplished and what you need to work towards
- Self advocation
  - Responsible for own documentation
  - "This is why I deserve a promotion"
- Objective measurement
  - Easier for administration to fairly evaluate

Summary of Career Ladder Development at St. John's Hospital

- Formed a committee
- Discussed with Human Resources
- Researched
- Defined tiers and criteria
- Developed career ladder worksheet
- Developed annual checklist for evaluation
- Submitted for approval

Question

1. Whose support is not required to successfully implement a technician career ladder?
   A. Human Resources Department
   B. Pharmacy Director
   C. Pharmacy Technicians
   D. Nursing Services

Question

2. True or False. Financial incentives should be included in a technician career ladder.
   A. True
   B. False

Questions and Discussion

References

1. Strozyk RS, Underwood DA. Development and benefits of a pharmacy technician career ladder. Am J Hosp Pharm. 1994; 51:666-9.
2. *Allied Health Project on Career Ladders: Health Career Path Mapping and Worksite Training Development Project*. Shirley Ware Education Center; 2002.
3. Mckee J, Zimmerman M. Tech-Check-Tech Pilot in a Regional Public Psychiatric Inpatient Facility. Hosp Pharm. 2011; 46:501-11.

PHARMACY TECHNICIAN CAREER LADDER WORKSHEET

NAME: ________________________________

Document involvement in three or more of the following activities

COMPETENCY

- Preparing IV chemotherapy (must actively prepare chemotherapy throughout the year)

- Purchasing and inventory control management activities (including maintaining and updating inventory shelf labels, processing vendor returns and recalls, processing charges/credits, and ordering inventory)

- Operate DS packaging equipment with knowledge of maintenance

- PARx and Pyxis administrative duties

PROFESSIONAL SKILLS DEVELOPMENT

- Active membership and participation with Pharmacy or Hospital Committee(s)

EDUCATION

- Providing one educational service yearly (i.e. teaching in-services, writing newsletters, or writing Tech Letter)

PHARMACY TECHNICIAN CAREER LADDER WORKSHEET

LEADERSHIP

- Teaching and training Pharmacy Technician students as a preceptor (reports to Facilitator of Staff Development and Education)
- Mentor for new technician colleague
- Interviewing Pharmacy Department applicants
- CE credits in leadership topics

QUALITY IMPROVEMENT/ASSURANCE

- Developing and implementing new policies or procedure

MISC. - brief description of approved activity

Attach copies of all supportive documentation and submit to Operations Manager no later than one week prior to yearly evaluation.

Pharmacy Technician Career Ladder Annual Checklist

Name: ______________________________ Years in Hospital Pharmacy: ___________________

Current Level: ______________________ Years at Current Level: _______________________

Scheduled: FT: _____ PT: _____ Date: ____________

Annual Community Service Hours

Tech 1	6 hours
Tech II	8 hours
Tech III	12 hours

Minimum Hospital Years of Service

Tech II	2 years
Tech III	5 years

Minimum Years in Level II to advance to Level III

3 years

- ☐ Community service hours: ____
- ☐ Departmental competencies
- ☐ Hospital CBLs
- ☐ Tech-check-Tech qualified
- ☐ No disciplinary action in last 12 months
- ☐ Hospital / Department committee member. Name of committee: ________________________________
- ☐ In-service/ education. Date, topic and audience of in-service: ________________________________
- ☐ Quality Improvement Project: ________________________________
- ☐ Mentor
- ☐ CE credits in Leadership: _______

To be completed by Operations Manager

Technician meets all criteria to advance to new level: _________

Comments:

____

____

____

Manager's Signature: ____

Pill Police

Pharmacy Technician Audits of
Controlled Substance Distribution

Rachel Bacher, CPhT
September 17, 2011

The speaker has no conflicts to disclose.

Learning Objectives

- Explain the significance of standard deviations among healthcare providers
- Identify at least three data collection points needed in auditing to analyze trends

Agenda

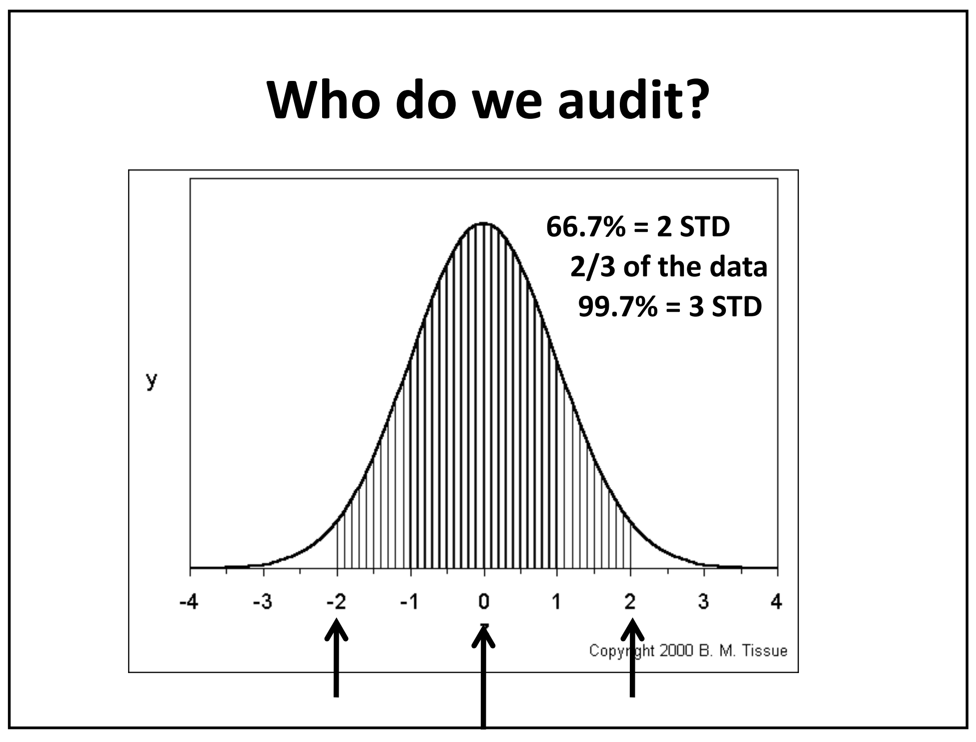
- Why do we audit?
- Who do we audit?
- How do we audit?
- Audit Outputs
- Auditing Tips (One Tech to Another)

Why do we audit?

- Patient Safety
- Charge Capture
- Accountability

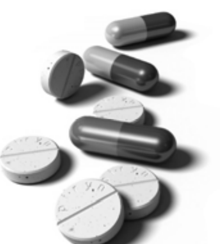
- MM.01.01.03
  - CMS and TJC requirement
  - The hospital reports abuses and losses of controlled substances, …

Who do we audit?



Who do we audit?

- Proactive diversion search tools
  - Monthly Hot List
  - Transaction Drug Report
  - Drug Audit Report

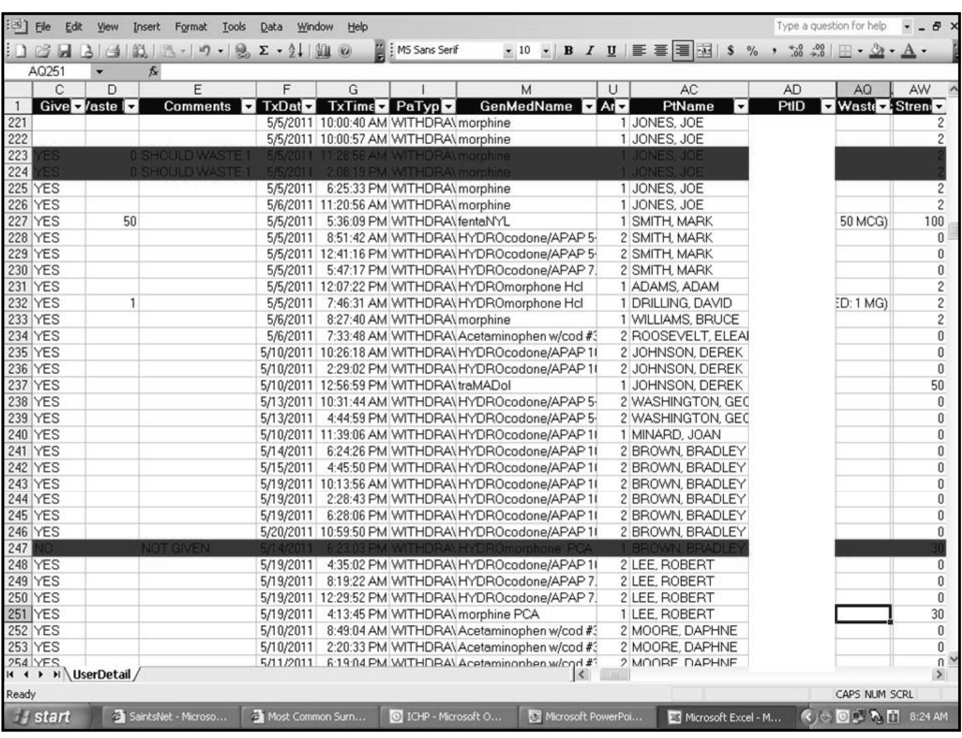


How do we audit?

- Excel spreadsheet is generated
- Contains data to guide the auditor
- Supplement with information from medical record system

How do we audit?

- Data collection points can include
  - Given
  - Wasted correctly
  - Scanned
  - Charged
  - Pain Scale
  - Followed instructions



	C	D	E	F	G	I	M	U	AC	AD	AQ	AW
1	Give	/aste	Comments	TxDat	TxTime	PaTyp	GenMedName	Ar	PtName	PtID	Wast	Stren
221				5/5/2011	10:00:40 AM	WITHDRA\	morphine	1	JONES, JOE			2
222				5/5/2011	10:00:57 AM	WITHDRA\	morphine	1	JONES, JOE			2
223	YES	0	SHOULD WASTE 1	5/5/2011	11:28:56 AM	WITHDRA\	morphine	1	JONES, JOE			2
224	YES	0	SHOULD WASTE 1	5/5/2011	2:08:19 PM	WITHDRA\	morphine	1	JONES, JOE			2
225	YES			5/5/2011	6:25:33 PM	WITHDRA\	morphine	1	JONES, JOE			2
226	YES			5/6/2011	11:20:56 AM	WITHDRA\	morphine	1	JONES, JOE			2
227	YES	50		5/5/2011	5:36:09 PM	WITHDRA\	fentaNYL	1	SMITH, MARK		50 MCG)	100
228	YES			5/5/2011	8:51:42 AM	WITHDRA\	HYDROcodone/APAP 5-	2	SMITH, MARK			0
229	YES			5/5/2011	12:41:16 PM	WITHDRA\	HYDROcodone/APAP 5-	2	SMITH, MARK			0
230	YES			5/5/2011	5:47:17 PM	WITHDRA\	HYDROcodone/APAP 7.	2	SMITH, MARK			0
231	YES			5/5/2011	12:07:22 PM	WITHDRA\	HYDROmorphone Hcl	1	ADAMS, ADAM			2
232	YES	1		5/5/2011	7:46:31 AM	WITHDRA\	HYDROmorphone Hcl	1	DRILLING, DAVID		ED: 1 MG)	2
233	YES			5/6/2011	8:27:40 AM	WITHDRA\	morphine	1	WILLIAMS, BRUCE			2
234	YES			5/6/2011	7:33:48 AM	WITHDRA\	Acetaminophen w/cod #3	2	ROOSEVELT, ELEAI			0
235	YES			5/10/2011	10:26:18 AM	WITHDRA\	HYDROcodone/APAP 1(	2	JOHNSON, DEREK			0
236	YES			5/10/2011	2:29:02 PM	WITHDRA\	HYDROcodone/APAP 1(	2	JOHNSON, DEREK			0
237	YES			5/10/2011	12:56:59 PM	WITHDRA\	traMADol	1	JOHNSON, DEREK			50
238	YES			5/13/2011	10:31:44 AM	WITHDRA\	HYDROcodone/APAP 5-	2	WASHINGTON, GEC			0
239	YES			5/13/2011	4:44:59 PM	WITHDRA\	HYDROcodone/APAP 5-	2	WASHINGTON, GEC			0
240	YES			5/10/2011	11:39:06 AM	WITHDRA\	HYDROcodone/APAP 1(	1	MINARD, JOAN			0
241	YES			5/14/2011	6:24:26 PM	WITHDRA\	HYDROcodone/APAP 1(	2	BROWN, BRADLEY			0
242	YES			5/15/2011	4:45:50 PM	WITHDRA\	HYDROcodone/APAP 1(	2	BROWN, BRADLEY			0
243	YES			5/19/2011	10:13:56 AM	WITHDRA\	HYDROcodone/APAP 1(	2	BROWN, BRADLEY			0
244	YES			5/19/2011	2:28:43 PM	WITHDRA\	HYDROcodone/APAP 1(	2	BROWN, BRADLEY			0
245	YES			5/19/2011	6:28:06 PM	WITHDRA\	HYDROcodone/APAP 1(	2	BROWN, BRADLEY			0
246	YES			5/20/2011	10:59:50 PM	WITHDRA\	HYDROcodone/APAP 1(	2	BROWN, BRADLEY			0
247	NO		NOT GIVEN	5/14/2011	6:23:03 PM	WITHDRA\	HYDROmorphone PCA	1	BROWN, BRADLEY			30
248	YES			5/19/2011	4:35:02 PM	WITHDRA\	HYDROcodone/APAP 1(	2	LEE, ROBERT			0
249	YES			5/19/2011	8:19:22 AM	WITHDRA\	HYDROcodone/APAP 7.	2	LEE, ROBERT			0
250	YES			5/19/2011	12:29:52 PM	WITHDRA\	HYDROcodone/APAP 7.	2	LEE, ROBERT			0
251	YES			5/19/2011	4:13:45 PM	WITHDRA\	morphine PCA	1	LEE, ROBERT			30
252	YES			5/10/2011	8:49:04 AM	WITHDRA\	Acetaminophen w/cod #3	2	MOORE, DAPHNE			0
253	YES			5/10/2011	2:20:33 PM	WITHDRA\	Acetaminophen w/cod #3	2	MOORE, DAPHNE			0
254	YES			5/11/2011	6:19:04 PM	WITHDRA\	Acetaminophen w/cod #3	2	MOORE, DAPHNE			0

Audit Outputs

- Important issues are detailed in an incident report
- Managers receive reports of high risk healthcare providers

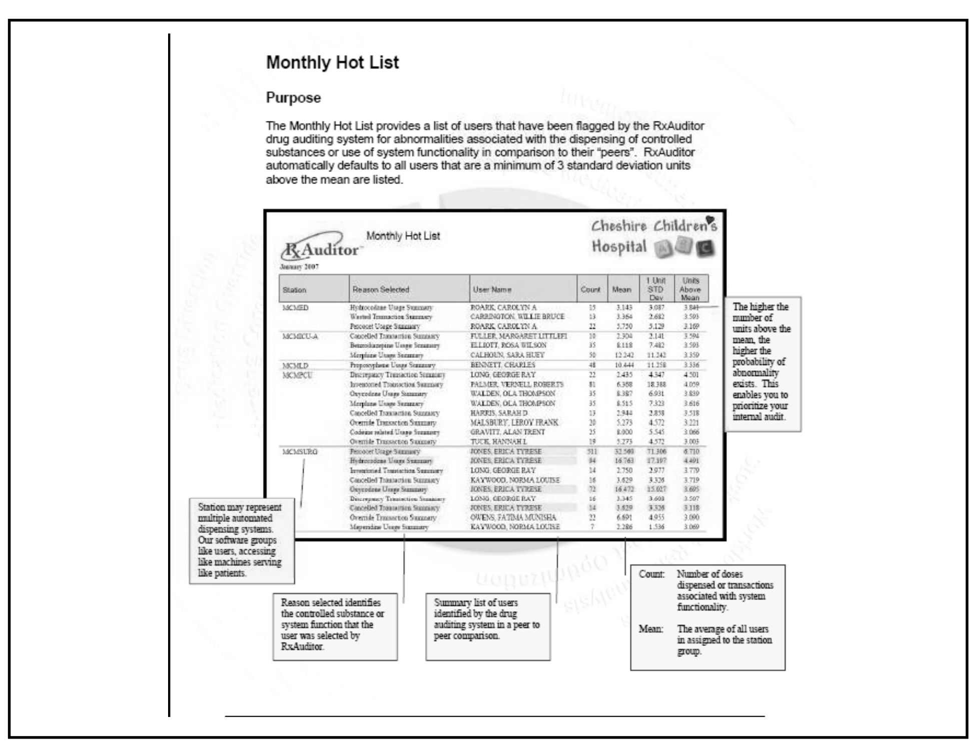
Auditing Tips

- Watch for large gaps in time
- Take note of any differences between the user you are auditing and other users
- Look at order instructions
- Watch for coworkers who may remove or waste for one another
- You will find "frequent fliers"
- Realize that many providers are not necessarily diverting – some simply document incorrectly

Process Policy

- Standard
- Consistent
- Objective

Thank you



Monthly Hot List

Purpose

The Monthly Hot List provides a list of users that have been flagged by the RxAuditor drug auditing system for abnormalities associated with the dispensing of controlled substances or use of system functionality in comparison to their "peers". RxAuditor automatically defaults to all users that are a minimum of 3 standard deviation units above the mean are listed.

RxAuditor Monthly Hot List — Cheshire Children's Hospital

January 2007

Station	Reason Selected	User Name	Count	Mean	1 Unit STD Dev	Units Above Mean
MCMED	Hydrocodone Usage Summary	ROARK, CAROLYN A	15	3.143	3.087	3.844
	Wasted Transaction Summary	CARRINGTON, WILLIE BRUCE	13	3.364	2.682	3.593
	Percocet Usage Summary	ROARK, CAROLYN A	22	5.750	5.129	3.169
MCMICU-A	Cancelled Transaction Summary	FULLER, MARGARET LITTLEFI	10	2.304	2.141	3.594
	Benzodiazepine Usage Summary	ELLIOTT, ROSA WILSON	35	8.118	7.482	3.593
	Morphine Usage Summary	CALHOUN, SARA HUEY	50	12.242	11.242	3.359
MCMLD	Propoxyphene Usage Summary	BENNETT, CHARLES	48	10.444	11.258	3.336
MCMPCU	Discrepancy Transaction Summary	LONG, GEORGE RAY	22	2.435	4.347	4.501
	Inventoried Transaction Summary	PALMER, VERNELL ROBERTS	81	6.368	18.388	4.059
	Oxycodone Usage Summary	WALDEN, OLA THOMPSON	35	8.387	6.931	3.839
	Morphine Usage Summary	WALDEN, OLA THOMPSON	35	8.515	7.323	3.616
	Cancelled Transaction Summary	HARRIS, SARAH D	13	2.944	2.858	3.518
	Override Transaction Summary	MALSBURY, LEROY FRANK	20	5.273	4.572	3.221
	Codeine related Usage Summary	GRAVITT, ALAN TRENT	25	8.000	5.545	3.066
	Override Transaction Summary	TUCK, HANNAH L	19	5.273	4.572	3.003
MCMSURG	Percocet Usage Summary	JONES, ERICA TYRESE	511	32.500	71.306	6.710
	Hydrocodone Usage Summary	JONES, ERICA TYRESE	84	16.763	17.197	4.491
	Inventoried Transaction Summary	LONG, GEORGE RAY	14	2.750	2.977	3.779
	Cancelled Transaction Summary	KAYWOOD, NORMA LOUISE	16	3.629	3.326	3.719
	Oxycodone Usage Summary	JONES, ERICA TYRESE	72	16.472	15.027	3.695
	Discrepancy Transaction Summary	LONG, GEORGE RAY	16	3.345	3.608	3.507
	Cancelled Transaction Summary	JONES, ERICA TYRESE	14	3.629	3.326	3.118
	Override Transaction Summary	OWENS, FATIMA MUNISHA	22	6.691	4.955	3.090
	Meperidine Usage Summary	KAYWOOD, NORMA LOUISE	7	2.286	1.536	3.069

The higher the number of units above the mean, the higher the probability of abnormality exists. This enables you to prioritize your internal audit.

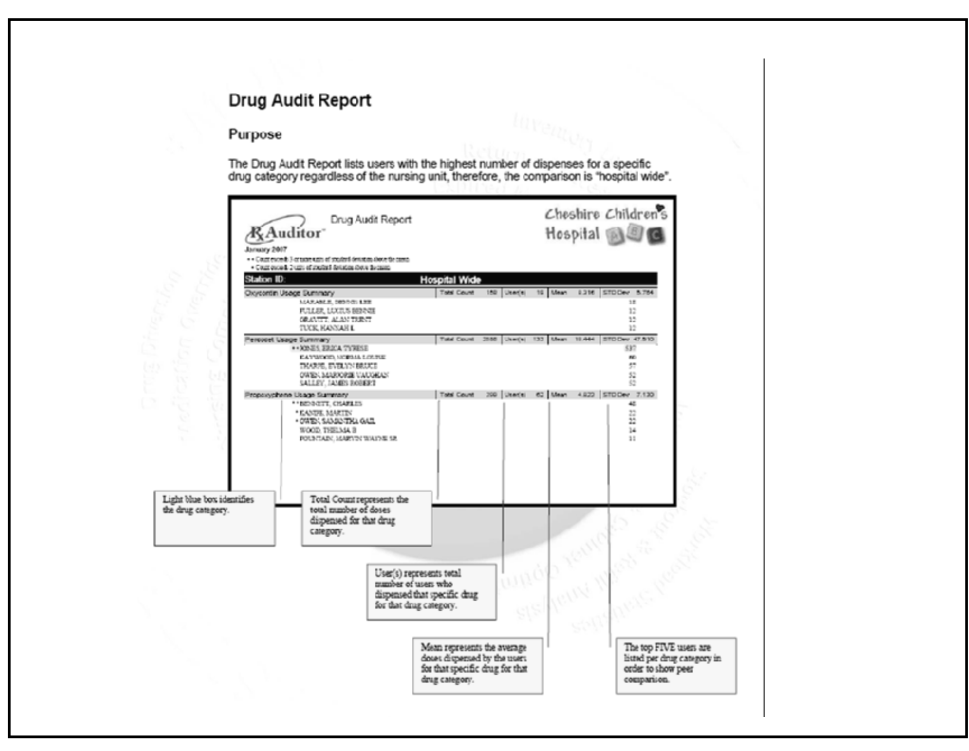
Station may represent multiple automated dispensing systems. Our software groups like users, accessing like machines serving like patients.

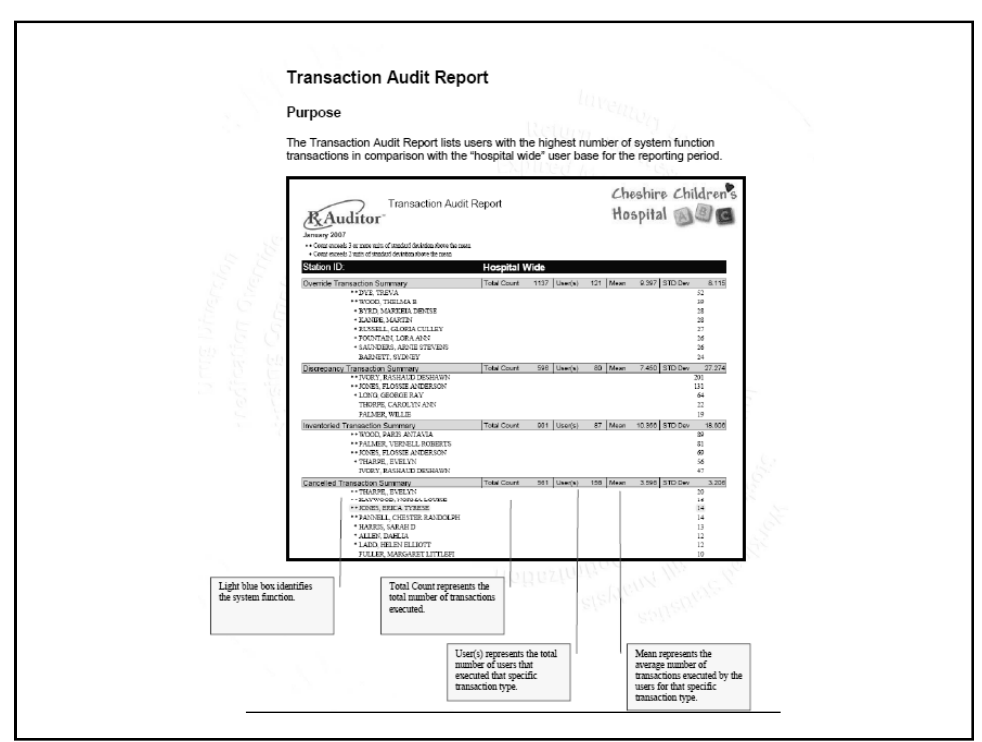
Reason selected identifies the controlled substance or system function that the user was selected by RxAuditor.

Summary list of users identified by the drug auditing system in a peer to peer comparison.

Count: Number of doses dispensed or transactions associated with system functionality.

Mean: The average of all users in assigned to the station group.


Drug Audit Report
Purpose
The Drug Audit Report lists users with the highest number of dispenses for a specific drug category regardless of the nursing unit, therefore, the comparison is "hospital wide".
Drug Audit Report
Cheshire Children's Hospital
Hospital Wide
Light blue box identifies the drug category.
Total Count represents the total number of doses dispensed for that drug category.
User(s) represents total number of users who dispensed that specific drug for that drug category.
Mean represents the average doses dispensed by the users for that specific drug for that drug category.
The top FIVE users are listed per drug category in order to show peer comparison.


Transaction Audit Report
Purpose
The Transaction Audit Report lists users with the highest number of system function transactions in comparison with the "hospital wide" user base for the reporting period.
Transaction Audit Report
Cheshire Children's Hospital
Hospital Wide
Light blue box identifies the system function.
Total Count represents the total number of transactions executed.
User(s) represents the total number of users that executed that specific transaction type.
Mean represents the average number of transactions executed by the users for that specific transaction type.

ICHP 2011 Annual Meeting
PPMI Pearls for Technicians
Rachel Bacher, CPhT

Post Test:

1. At three standard deviations, a common point at which healthcare providers are flagged as overly frequent users what percent of the population is outlying?
   a. 50%
   b. 0.3%
   c. 2%
   d. 10

2. Which of the following is not a data collection point common in auditing to analyze trends?
   a. Whether a med was administered
   b. Whether a med was charged correctly
   c. Whether the correct amount of a med was wasted
   d. Whether or not the med was unit dose

Medication Reconciliation in a Small Rural Community Hospital

John Foust
Medication Reconciliation Tech
CGH Medical Center, Sterling, IL

The speaker has no conflicts to disclose.

- Purpose

  The purpose is to provide a brief over view of a Pharmacy Tech Managed Medication Reconciliation Process in a Small Rural Hospital

Med Rec Continued

- Learning Objective:
  - Describe the medication reconciliation process using a pharmacy technician
- Goals
  - Understand the rationale for Med Reconciliation
  - Understand various steps involved in the process.
  - Understand the role of physicians, nurses, pharmacists and pharmacy technicians

Med Rec Continued

- Med Rec is really one component of a broader concept of continuum of care.
- This concept of continuum of care requires care givers to maintain elements of responsibility for patient's care as they transition from one setting to another, including their home.

Med Rec Continued

- One of the primary elements supporting the continuum of care is the maintenance and oversight of medications that patients receive in an earlier setting now to be continued or modified as necessary in their new setting – simply put "Med Rec"

Med Rec Continued

- The Medication Reconciliation process is so important in patient care that if the process does not occur *in a standardized way*, medication errors will occur and may lead to serious adverse drug events and harm.
- So, the big question is how does this all happen at CGH?

Med Rec Continued

- About CGH Medical Center
  - A small rural Community Hospital with 99 licensed beds
  - Has 14 clinics, employs 62 physicians and 113 credentialed physicians on staff.
  - Has very active Cath lab
  - Average daily census of 55 patients
  - Average daily admission is 16
  - Hospital Information System is Cerner

Med Rec Continued

- Med Rec Process
  - Who does the initial Admission Med Rec for Direct Admits?
  - Who does the Med Rec for patients admitted from ED?
  - What is my role in the Med Rec Process?
  - Who does Transfer/Different level of care Med Reconciliation?
  - Who does the Discharge Reconciliation?

Med Rec Continued

- What are some of the issues that come up when comparing medication lists from systems?
- What questions should you ask patients about their medications?

Med Rec Continued

Med Rec Continued

Med Rec Continued

- Most Common Med Reconciliation Errors
  - Missing Frequency
  - Incorrect Frequency
  - Missing Dose/Strength
  - Incorrect Dose/Strength
  - Incorrect Drug/Drug Form
  - Missing Last Dose taken
  - Incorrect Last Dose taken
  - Drug on Admit Med Rec that patient does not take

Med Rec Continued

- Top Three Med Rec Issues
  - 50% of the time Missing Frequency & Incorrect Frequency
  - 20% of the time Dose/Strength & Incorrect Dose/Strength
  - 20% of the time Incorrect Drug/Drug Form

Med Rec Continued

Questions?