



Patient Safety with a Focus on "Patient"

Amy Bochywicz, PharmD
 Julie Borjesson, PharmD Candidate
 Lance Carlton, PharmD Candidate
 Carlisle Stewart, PharmD Candidate
 Zachary Rivera, PharmD Candidate

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OBJECTIVES

- ▣ Review patient safety cases and scenarios in various chronic conditions, and also specific to opioid and naloxone therapy.
- ▣ Enhance skills for helping patients with patient safety concerns in chronic conditions while improving the patient experience.
- ▣ Implementation of suggested step-by-step instructions and frameworks for the design and documentation of a patient safety plan both for provider and patient.
- ▣ Review support techniques available such as shared decision-making tools, communication about patients' specific health goals, and other various validated measures for patient safety.
- ▣ Review state laws in patient safety, opioid therapy, naloxone therapy and other relevant areas.

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PATIENT SAFETY CASE, CONDITIONS, AND INTERVENTION(S) MADE

- ▣ **Case:** 21 year old male receiving alprazolam and oxycodone/APAP 5/325. Has been getting this regimen for the past 5 years from various providers in the same practice.
- ▣ **Condition(s):** Intermittent Right Knee Pain, Anxiety, PTSD
- ▣ **Intervention Made:** Naloxone standing order completed, patient informed of zero copay, patient discussion regarding risks of combination medication(s).
- ▣ **Supporting Info:** What is the FDA doing?
 ▣ FDA supports programs that allow for increased access to naloxone.
 ▣ FDA is requiring manufacturers of opioid pain relievers and medicines to treat opioid use disorder, add new recommendations about naloxone to the prescribing information. Patient Medication Guides must be updated.



Resource: <https://www.fda.gov/media/140360/download>

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PATIENT SAFETY CASE, CONDITIONS, AND INTERVENTION(S) MADE

- ▣ **Case:** A 10 year-old child (opioid naïve) was prescribed oxycodone 5mg/5mL, diazepam 5mg, ibuprofen 100mg/5mL, acetaminophen 160mg/5mL, Narcan 4mg/10 mL.
- ▣ **Condition(s):** Patient broke his arm, and was in just released from the ER emergency room in a cast.
- ▣ **Intervention Made:** Naloxone standing order filed. Parents came in to pick up medications & initially denied the narcan due to the cost of \$30.00 copay. Counseled parents on the importance of narcan and having immediately available in case of an accidental overdose.
- ▣ **Supporting Info:** Went through possible ways accidental use could occur (i.e. friend over, pets getting into med, younger siblings getting into bottle). Printed out literature for parents which included how to recognize an opioid overdose and the steps to take in case of an overdose.
- ▣ Counseled parents on step by step on how to administer narcan, especially since the patient had never taken any opioids previously.



Resource: <https://www.nmhealth.org/publication/view/guide/6152/>

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PATIENT SAFETY CASE, CONDITIONS, AND INTERVENTION(S) MADE


- ▣ **Case:** A 65 year old male comes to the pharmacy with a box of Tylenol PM to pick up his medications: methocarbamol, tamoxifen, & oxycodone 5mg take 1-2 tablets by mouth every 6 hours as needed for pain. Patient was also newly prescribed Narcan by his provider was caught off guard by having an "extra" medication than he expected and now has a higher total at the counter.
- ▣ **Condition(s):** Chronic Lower Back Pain, Benign Prostatic Hyperplasia
- ▣ **Intervention Made:** Discussed patient risk factors for opioid-induced respiratory depression: Age ≥ 65, chronic opioid therapy, other CNS depressants, total daily MME ≥ 50. Discussed if he had someone else at home who could assist him if needed. After discussing risks and benefits, patient was interested in having Narcan on hand.
- ▣ **Supporting Info:**
 - ▣ CDC Calculating total daily dose MME https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf
 - ▣ CDC Identifying Risk Factors for Overdose <https://www.cdc.gov/drugoverdose/pdf/Opioid-Risk-Factors.pdf>



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PATIENT SAFETY CASE, CONDITIONS, AND INTERVENTION(S) MADE

- ▣ **Case:** A woman comes into the pharmacy to pick up fentanyl patches for her husband who has severe chronic pain. He used to take oral opioids but the regimen was becoming very complex and the doctor decided a patch would be easier. She has heard a lot on the news lately that fentanyl is very dangerous and is contemplating if it is even worth getting.
- ▣ **Condition(s):** Chronic Cancer Related Pain
- ▣ **Intervention Made:** Counseled patient on using the fentanyl patches correctly and correct disposal. Informed patient about the signs and symptoms of opioid induced respiratory depression. Recommended and used standing order to dispense Narcan and counseled on recognizing the signs of opioid overdose.



CDC Recognize the Signs of Overdose: <https://www.cdc.gov/drugoverdose/pdf/patients/Preventig-an-Opioid-Overdose-Tip-Card-a.pdf>

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PATIENT SAFETY CASE, CONDITIONS, AND INTERVENTION(S) MADE


Case: A teenage girl and her mother come to the pharmacy to ask about Floxase. They wanted the Floxase because they heard that there's a nasal spray that can help treat opioid overdoses that people can get without a prescription at pharmacies but it didn't seem right.

Condition(s): Possible opioid overdose risk from non-prescribed opioid use of a friend in the girls bathroom at school.

Intervention Made: Admired them for being proactive. Let them know that it was still a behind the counter product but that we could use the standing order to prescribe it for them. Counselor on Norcan use in opioid induced respiratory depression.

Supporting Info:

- Good Samaritan Laws <https://www.networkforph.org/wp-content/uploads/2020/11/essential-questions-to-ask-about-overdose.pdf>
- Information for users of illicit substances, <https://onathetoxynm.org/fentanyl-facts-materials-resources>



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PATIENT SAFETY CASE, CONDITIONS, AND INTERVENTION(S) MADE

Case: 76 year old male appeared in the pharmacy medication therapy management (MTM) for duplicate therapy (opioid – tramadol). Patient has been on long term oxycodone therapy x 2 years with tramadol as new medication added from a new provider he saw.

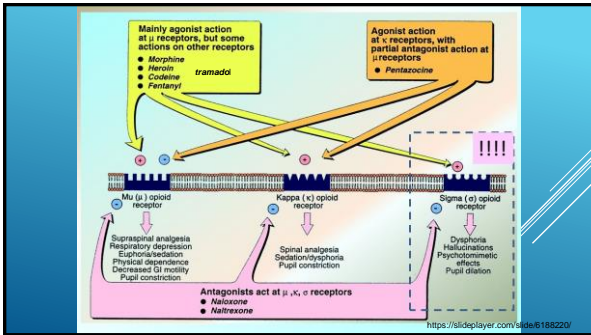
Condition(s): Asthma, CVD, Chest pain, Constipation, Depression, Diabetes, BPH, Heart Disease, Heart Event, GERD, High blood pressure, High Cholesterol.

Intervention Made: Oxycodone 5 mg tablets and Tramadol 50 mg tablet both work on 1 of the same pain receptors (mu) and with no Naloxone on patient profile. Called new provider to confirm addition of new therapy along with constipation risk (tramadol add on therapy confirmed). Discussed with patient the significance of Naloxone specifically with new tramadol therapy. Discussed bowel maintenance goals.

Supporting Info: <https://www.fda.gov/drugs/drug-safety-and-availability/new-recommendations-naloxone>



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PATIENT SAFETY CASE, CONDITIONS, AND INTERVENTION(S) MADE

Case: 33 year old woman post root canal procedure prescribed Hydrocodone/Acetaminophen 5/325mg for pain. The prescriber instructed the patient to take 1 tablet every 6 hours as needed for pain. Narcan was covered in its entirety by the patient's insurance. The patient is opioid naive and her wife comes to the pharmacy to pick up the prescription. She expresses concern over the opioid containing medication and its potential for overdose from what she's heard in the news.

Condition(s): Post Dental surgery pain

Intervention Made: Narcan education and administration display, opioid naive patient counseling, designating harmful stereotypes

Supporting Info: Medication Counseling points derived from Micromedex

- Tell patient or caregiver to seek emergency medical care immediately after use
- Advise patient and caregiver that symptoms of opioid withdrawal may occur in physically dependent patients, including nausea.
- Injection side effects may include dizziness, injection site erythema, dyspnea, pulmonary edema, and cardiac arrest, which can progress to coma and death.
- Intranasal side effects may include hypertension, musculoskeletal pain, headache, abdominal pain, asthma, diarrhea, headache, erythema, and nasal discomfort, dryness, edema, congestion, and inflammation
- Teach patient or caregiver proper technique and placement of injection.
- Instruct caregiver to keep the patient under continued surveillance and to administer additional doses every 2 to 3 minutes, if necessary, until emergency care arrives.




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SKILLS FOR HELPING PATIENTS WITH PATIENT SAFETY CONCERNS


- Communication made simple
 - Teach back method
 - Open-ended questions
- Thorough on patient history, include supplements/OTCs and new or existing allergies
- Shared decision making, be sure patient is aware of their personal situation and discuss their treatment options
- Establishing patient trust

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UNDERSTANDING HEALTH LITERACY

Pharmacy health literacy is the degree to which individuals are able to obtain, process, and understand basic health and medication information and pharmacy services needed to make appropriate health decisions.

- Only 12% of adults have proficient health literacy (i.e. can interpret the prescription label correctly).
- Medication errors are likely higher with patients with limited health literacy, as they are more likely to misinterpret the prescription label information and any auxiliary labels.
- Studies document an association between low literacy and poor health outcomes.



9/10 PEOPLE
Look into needed to improve health care delivery.

Agency for Healthcare Research and Quality: <https://www.ahrq.gov/health-literacy/improve/pharmacy/index.html>

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WHY IS HEALTH LITERACY IMPORTANT TO PHARMACIES?

- ☐ Pharmacies are responsible for making sure patients obtain the maximum positive health outcomes from their medications.
- ☐ Pharmacies care for patients with low to high education levels, low to high incomes, and multiple races of people; all of whom may have limited health literacy.
- ☐ Medication errors are likely higher with patients with limited health literacy.
- ☐ Pharmacies are one of the most accessible health care providers.
- ☐ Addressing literacy is an important quality improvement effort.

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AHRQ Health Literacy Tools for Use in Pharmacies

The Agency for Healthcare Research and Quality (AHRQ) has developed six health literacy tools for pharmacy:

- ☐ 1. Pharmacy Health Literacy Assessment Tool & User's Guide.
- ☐ 2. Training Program for Pharmacy Staff on Communication.
- ☐ 3. Guide on How to Create a Pill Card.
- ☐ 4. Telephone Reminder Tool To Help Refill Medicines On Time.
- ☐ 5. Explicit and Standardized Prescription Medicine Instructions.
- ☐ 6. How to Conduct a Postdischarge Followup Phone Call.
- ☐ 7. Health Literacy Tools to Improve Communication for Providers of Medication Therapy Management.

AHRQ RESOURCE: [HTTPS://WWW.AHRQ.GOV/HEALTH-LITERACY/IMPROVE/PHARMACY/INDEX.HTML](https://www.ahrq.gov/health-literacy/improve/pharmacy/index.html)

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SKILLS FOR HELPING PATIENTS WITH PATIENT SAFETY CONCERNS

- ☐ **Case:** A 55-year-old man presented to his oncologist's office for a follow-up. He had just completed cycle 2 of EOX chemotherapy and reported feeling well. He reported feeling some fatigue, but his abdominal and bony pain due to metastases was well controlled with opioid therapy (200 morphine equivalents/day). At the end of his oncology visit, naloxone was ordered as a best practice alert that auto prompted. The oncologist followed the prompt but did not inform the patient of this new medication/indication. The patient picked up the medication, but no additional naloxone education was provided.
- ☐ **Condition(s):** Metastatic Gastric Cancer
- ☐ **Intervention Made:** Patient took the naloxone and in minutes developed severe abdominal & bone pain. The cancer center diagnosed the patient as having developed a severe pain crisis due to the effects of the naloxone and advised to visit urgent care, where IV opioids were administered for uncontrolled pain. He was monitored for a few hours, and his home pain regimen was reinstated.
- ☐ Root cause analysis revealed that pharmacists were tasked with reviewing naloxone prescriptions and providing education for patients within the health system's, but no such mechanism existed for "outside pharmacies." They identified a need for alternative, proactive education plans for situations in which prescriptions are sent to pharmacies outside the health system.

Commonly used medications for colorectal cancer

Chemotherapy	Brand Name	Other Names	Administration
5-Fluorouracil	Adrucil™	5-FU	Intravenous
Irinotecan	Oncoquin™	Opel	Intravenous
Oxaliplatin	Eloxatin™	OPR 11, Oxali	Intravenous
Cisplatin	Cisplatin™	Cisplatin	Intravenous
Acetaminophen	Tylenol™	Ace	Intravenous
Hydrocodone	Hydrocodone™	Hydro	Oral
Opioids	Naloxone™	Nalox	Oral

Commonly used antibiotics:

- ◻ Nitrofurantoin (Macrobid™) - Outpatient
- ◻ Nitrofurantoin (Macrodantin™) - Outpatient
- ◻ Levofloxacin (Levaquin™) - Outpatient
- ◻ Ciprofloxacin (Cipro™) - Outpatient

Resource: <https://www.ahrq.gov/health-literacy/improve/pharmacy/medication-mgt.html>

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ADDITIONAL TOOLS TOWARDS IMPROVING THE PATIENT EXPERIENCE

Review: Therapy Management (TM) is a patient-centric and comprehensive approach to improve medication use, reduce the risk of adverse events, and improve medication adherence.

Comprehensive Medication Review (CMR) – an interactive person-to-person or telehealth medication review and consultation conducted in real time between the patient and/or other authorized individual, such as prescriber or caregiver, and the pharmacist or other qualified provider. CMR is designed to improve patients' knowledge of their prescriptions, over-the-counter (OTC) medications, herbal therapies, and dietary supplements; identify and address problems or concerns that patients may have; and empower patients to self-manage their medications and their health conditions.

Evidence-based guidance is essential to ensure that systems are in place to promote better understanding by patients.

- ◻ Conduct Brown Bag Medicine Reviews
- ◻ Communicate Clearly
- ◻ Use the Teach-Back Method
- ◻ Encourage Questions
- ◻ Address Language Differences
- ◻ Consider Culture, Customs, and Beliefs
- ◻ Connect Patients with Literacy and Math

Resource: <https://www.ahrq.gov/health-literacy/improve/pharmacy/medication-mgt.html>

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Example:
Hi Ms. Smith, my name is XX and I am a Pharmacist with XX Pharmacy. I am calling you to go over your medications with you, answer any questions you may have, and discuss your medication action plan (MAP). This is a service covered by your health insurance. Do you have some time to discuss with me now?

- 1) Any new allergies?
- 2) Any over the counter medications or herbal supplements you maybe taking?
- 3) Medications, directions, conditions, and concerns discussion?
- 4) Write up medication action plan and ask to send MAP to her!

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ADDITIONAL TOOLS TOWARDS IMPROVING THE PATIENT EXPERIENCE

Targeted Medication Review (TMR) – ongoing medication monitoring that may address specific or potential medication-related problems. CMR may have multiple TMRs identified.

Examples:
Opioid early fills
Covid vaccine needed
Suboptimal therapy (diabetes/statin)
Adherence education

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ADDITIONAL TOOLS TOWARDS IMPROVING THE PATIENT EXPERIENCE

Medication Action Plan (MAP) – a description of the specific action items resulting from the interactive CDMR consultation, the beneficiary's responsibilities, and the health care provider activities that may affect the beneficiary's tasks

Best Practices:
 MAP includes a Personal Medication List (PML) or a reconciled list of all the medicines the beneficiary uses (i.e., active medicines).
 Use every day language.
 Stick to the essentials.
 Address the beneficiary directly when possible.
 Provide simple instructions and examples.
 Use explicit and standard medication directions.
 These tested instructions for pills follow the Universal Medication Schedule (UMS), which simplifies complex medicine regimens by using standard time periods for administration (morning, noon, evening, and bedtime).
 Make available in other languages.

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MAP-1

MAP-2

MAP-3

MAP-4

MAP-5

MAP-1

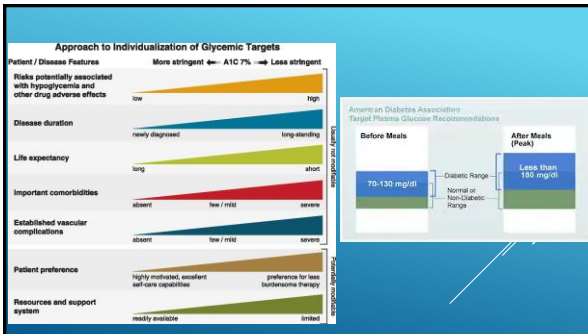
MAP-2

MAP-3

MAP-4

MAP-5

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MAP-1

MAP-2

MAP-3

MAP-4

MAP-5

MAP-1

MAP-2

MAP-3

MAP-4

MAP-5

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PHARMACY TECHNICIANS' ROLES IN MTM FOLLOW-UP

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ONE OF THE MAJOR GOALS OF MEDICATION THERAPY MANAGEMENT (MTM) IS TO PREVENT AND RESOLVE ERRORS AND SAFETY RISKS ASSOCIATED WITH MEDICATION USE. AN IMPORTANT GOAL OF THE PHARMACIST IS TO IDENTIFY AND ADDRESS POTENTIAL ERRORS INVOLVING MEDICATIONS. THEREFORE, PHARMACISTS SERVE AS ESSENTIAL RESOURCES IN REDUCING AND PREVENTING AVOIDABLE ERRORS AND OTHER SAFETY RISKS IN HEALTHCARE DELIVERY AND IMPROVING THE OVERALL PATIENT EXPERIENCE.

Resource: <https://www.powerpak.com/course/content/118506>

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EXAMPLES OF IMPROVED PATIENT EXPERIENCE


- ▶ New to therapy
- ▶ Patient education
- ▶ Overcoming barriers
- ▶ Providing reminders for adherence



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TOOLS TOWARDS IMPROVING THE PATIENT EXPERIENCE

- Educate and train all team members on the services provided (cross-train)
- Pre-print out forms ready in the pharmacy (i.e. naloxone standing order, TB consent forms)
- Have covid testing kits and record cards ready to go so there no additional wait times (preparation)
- Show care and concern over situations patients explain
- Demonstrate an interest in that patient
- **Example:** Got 1st covid shot in prison, no record, here for 2nd covid shot (first brand received unknown)
- **Resolution:** Check the NMSIS system, lookup patient, document first dose and lot, give appropriate shot, provide new record card with ALL information
- NMSIS sign on site: <https://www.nmhealth.org/about/phd/db/mp/sis/sis/train/>



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TOOLS TOWARDS IMPROVING THE PATIENT EXPERIENCE USING DESTIGMATIZING LANGUAGE


- ▶ "Overdose" → **Respiratory Emergency**
- ▶ "Addictive medication" → **Pharmaceutical Addictive** if used incorrectly or not as directed
- ▶ "Overdose medication (Narcan)" → **Fire extinguisher**
- ▶ "Street drugs" → **Effective severe pain medications**



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TOOLS TOWARDS IMPROVING THE PATIENT EXPERIENCE

- ▶ Medication Synchronization
- ▶ Medication Therapy Management Experience
- ▶ 90 day Fills
- ▶ Automatic Fills
- ▶ Text Message or Email Refill Reminders



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PATIENT ADVOCACY AND PATIENT SAFETY GO HAND IN HAND

- ▶ Pharmacists and Nurses have described patient advocacy as promoting patient safety and quality care which includes the following; protecting patients, being patients' voice, provision of quality care and interpersonal relationship as well as educating patients.
- ▶ Suggested role-play exercise at the pharmacy, practice counseling the "patient" using the clear health communication techniques covered in the presentation.
- ▶ Use an example of a patient ask or reported adverse event and academically educated how you would handle that.
- ▶ Example, VAERS:
 - ▶ <https://www.youtube.com/watch?v=5bCWhQADFE>



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The SHARE Approach

5 Essential Steps of Shared Decision Making

1. **S** Seek your patient's participation.
2. **H** Help your patient explore & compare treatment options.
3. **A** Assess your patient's values & preferences.
4. **R** Reach a decision with your patient.
5. **E** Evaluate your patient's decision.

"Clear Communication" initiative/tool, focuses on achieving two key objectives of health literacy: 1) Providing information in the form and with the content that is accessible to specific audiences based on cultural respect, 2) Incorporating plain language approaches and new technologies.

Prevnar: 13 serotypes (1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F) plus seven additional serotypes (8, 10A, 11A, 12F, 15B, 22F and 33F).
 Pneumovax: 23 serotypes (1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19F, 19A, 20, 22F, 23F, and 33F).
 Trivia: How many serotypes have been identified throughout the world?



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Adherence Assessment
Ask generally for all oral antidiabetics.

1. Please tell me what medications you take for blood sugar and how you take them.	Yes?	Notes.
2. Do you sometimes forget to take your medications on "busy" days?	A	
3. Do you sometimes forget to take your medications on "non-busy" days?	A	
4. Are there any diabetes medications you feel are not helping you?	B	
5. What concerns do you have about side effects to your diabetes medications?	B	
6. How is the cost of your diabetes medications for you?	C	
7. What strategies do you use to remind yourself to take your medications?	A	
8. What tools do you use to remind you to refill your prescriptions?	A	

Possible recommendations:

- A. Reminder Tools: Medication box, smart phone reminder, reminder calls/texts, medication synchronization, HealthMinder, blister packs
- B. Patient education: Positive outcomes associated with diabetes maintenance and control, tips for minimizing side effects, exercise activity and diet counseling.
- C. Cost reduction: Alternative medications, generics, assistance programs, tablet splitting

Pharmacist Interventions are to be documented into the eNGAGE® platform. Please circle the above interventions you recommended, performed, or enrolled the patient in.

DRAW TOOL
Drug Adherence Work-up (DRAW) tool, which was developed to guide pharmacists when addressing non-adherence during MTM.

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D. Prospective Drug Review

(1) Prior to dispensing any prescription, a pharmacist shall review the patient profile for the purpose of identifying:

- (a) clinical abuse misuse;
- (b) therapeutic duplication;
- (c) drug-disease contraindications;
- (d) drug-drug interactions;
- (e) incorrect drug dosage;
- (f) incorrect duration of drug treatment;
- (g) drug-allergy interactions;
- (h) appropriate medication indication.

(2) Upon recognizing any of the above, a pharmacist, using professional judgment, shall take appropriate steps to avoid or resolve the potential problem. These steps may include requesting and reviewing a controlled substance prescription monitoring report or another states' reports if applicable and available, and consulting with the prescriber and counseling the patient. The pharmacist shall document steps taken to resolve the potential problem.

Taken from 16.19.4.16; Responsibilities of Pharmacist and Pharmacist Interns

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Health Insurance Portability and Accountability Act of 1996 (HIPAA)
[Confidentiality-N.M. Code R. 8.7.1.12.18](#)

"The Health Insurance Portability and Accountability Act (HIPAA) is a national standard that protects sensitive patient health information from being disclosed without the patient's consent or knowledge. Via the Privacy Rule, the main goal is to:

Ensure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being."

<https://www.cdc.gov/php/publications/topic/healthinformationprivacy.html>

LAWS IN PATIENT SAFETY

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House Bill (HB) 370 – Opioid Overdose Education: (2017)

Increase access to naloxone and provide opioid overdose education. This will be done in three ways:

- 1. Opioid treatment centers that provide methadone or other narcotic treatment to patients will be required to also provide naloxone to patients and provide education on opioid overdose.
- 2. State and local law enforcement will be required to possess naloxone. Each law enforcement officer will receive education in overdose, including mouth-to-mouth resuscitation.
- 3. Inmates with a diagnosed substance abuse disorder will receive naloxone and opioid overdose education upon their release.

LAWS IN PATIENT SAFETY

Resource: <https://nmielgic.gov/Sessions/17%20Reg/Id/bills/house/HB0370.pdf>

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16.19.29 Controlled Substance Prescription Monitoring Program

- Information about controlled substance prescriptions is available to healthcare providers to make informed decisions by knowing a patient's opioid history and current opioid medications
- The information is used by the Board of Pharmacy along with the Department of Health to help track unusual prescribing and usage of opioids, and overdoses with a goal to help determine causes of and solutions to opioid misuse

LAWS IN PATIENT SAFETY

Resource: <http://16.64.110.134/paris/html/16.19.29.029.html>

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Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act.

Federal requirement: Effective January 1, 2021 the SUPPORT Act requires electronic prescribing of controlled substance prescriptions under Medicare Part D, subject to any exceptions which the U.S. Department of Health & Human Services may apply.

State requirement: Effective April 1, 2021, pursuant to 16.19.20.42 NMAC, all controlled substance prescriptions in New Mexico must be electronically prescribed, unless an exception applies:

LAWS IN PATIENT SAFETY

<http://www.id.state.nm.us/uploads/files/Decr%20Prescriber.pdf>

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16.19.4.16
Responsibilities of Pharmacist and Pharmacy Intern

E. Prescription monitoring program (PMP) report for opioid prescriptions. When presented with an opioid prescription for a patient, obtaining and reviewing a PMP report for that patient can be an important tool that assists the pharmacist in identifying issues or problems that put his or her patient at risk of prescription drug abuse, overdose, or diversion. A pharmacist shall use professional judgment based on prevailing standards of practice in determining whether to obtain and review a PMP report before dispensing an opioid prescription to that patient, and shall document his or her action regarding such reports.

F. Counseling. Upon receipt of a new prescription drug order and following a review of the patient's record, a pharmacist or pharmacist intern shall personally offer to counsel on matters which will enhance or optimize drug therapy with each patient or the patient's agent. Upon receipt of a refill prescription drug order a pharmacy technician may query the patient or patient's agent regarding counseling by the pharmacist or pharmacist intern concerning drug therapy. Such counseling shall be in person, whenever practicable, or by telephone, and shall include appropriate elements of patient counseling which may include, in their professional judgement, one or more of the following:

LAWS IN OPIOID THERAPY

Source: <http://164.44.110.134/part/rh16/16.019.0004.html>

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Section 24-23-1 NMSA 1978 Subsection A

People eligible for dispensing an opioid agent:

1. Person at risk of experiencing an overdose
2. Family member, friend or person with close contact with person at risk of overdose
3. Employee or Volunteer
4. First responder





Examples of Naloxone therapy:

- IN: Naloxone solution and Narcan
- IM: Evzio



LAWS IN NALOXONE THERAPY

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Virtual Coffee Break

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Connecting Patients with Care

Free/Low-Cost Counseling
 Maraziti Counseling- 505-277-7311
 UNM Psychology Clinic- 505-277-5164

Abuse Support
 Albuquerque Family Advocacy Center (Domestic Abuse/ Sexual Assault)- 505-243-2255
 Department of Senior Affairs/ Adult Protective Services- 505-764-6400
 Child Protective Services- 505-841-6100
 Rape Crisis- 505-266-7711

LGBTQ+ Resource Centers
 Transgender Resource Center- www.tgrcm.org
 PFLAG- www.pflag.org
 Equality New Mexico (Legal Service)- 505-872-2099
 LGBTQ Resource Center at UNM- 505-277-5428
 New Day Youth and Family Services- 505-260-9912

Senior Citizens
 Department of Senior Affairs- 505-764-6400

Immigrant Support
 Immigrant Law Center- 505-247-1023
 Catholic Charities Center for Immigration & Citizenship
 Albuquerque/ Santa Fe- 505-424-9789

Veteran
 Rural Veterans Coordination Pilot- 800-672-7009
 Women Veterans of New Mexico- 505-358-0859
 National Call Center for the Homeless Veterans- 877-424-3838

Transportation for ALL Veterans:
 Albuquerque- 505-265-1711 ext. 1053, 1052, or 3705
 Santa Fe- 505-414-0421

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Connecting Patients with Care

Food
 Road Runner Food Bank- 505-247-2052
 Joy Junction- 505-877-6967
 Project Share- 505-242-5677

Domestic Violence
 Albuquerque Safe House- 505-247-4219
 Haven House- 505-896-4889
 Albuquerque SANE (605) 883-8720

Housing
 Center of Hope- 505-243-3310
 Barratt House- 505243-4887
 Rescue Mission- 505-346-4619
 Good Shepherd- 505-243-2527
 Joy Junction (24 Hour Intake) - 800-924-0559
 Noonday Ministries- 505-246-8001

Health
 Health Care for the Homeless- 505-766-5197
 Dental- 505-242-8288
 La Familia INC.- 505-766-9361

- HIV prevention, testing and treatment <https://nmhivguide.org/>
- List of NM Department of Health Public Health Office locations (Services offer vary based on locations) <https://nmhealth.org/location/public/>

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Patient came in to pick up 2 prescriptions.

Only 1 ready, other was OTC, not covered.

OTC isle.

Asked patient what she was using it for.

Data entry error.

Potentially save patient from angina leading to further complications.




FOCUS ON "PATIENT"

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Addressing misconceptions and perception of need:

- A patient had been on opioid therapy but only recently was prescribed naloxone.
- Patient was unsure of the need since he was taking the medication as prescribed from a doctor
- He thought overdoses only happened to "addicts"
- Discussed with patient that accidents can happen where they maybe take more than they should
- Discussed that maybe someone else in the household might get into their medication and need naloxone
- What finally sold the patient was that it could be helpful for his dog who sometimes tries to eat his medications when he drops them



FOCUS ON "PATIENT"

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- ▣ Examples of patient safety and advocacy
- ▣ Discussion of patient safety and accessibility



FOCUS ON "PATIENT"

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"I've been taking Morphine for pain for 5 years, it works great!"



"Naloxone? I've never heard of it"

FOCUS ON "PATIENT"

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- Patient safety measures should be and are performed in the pharmacy every day. Every condition. Every patient. Every employee.
- Many patient safety measures are part of our standard of care, but additional measures can be utilized.
- It is important to reiterate patient safety significance regularly to continue to members all the various tools available.
- Medication therapy management helps patient safety helps avoid or decrease errors and assists in positive outcomes and experiences

SUMMARY

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