

## Compliance Today – July 2023



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### Top risks for pharmacists

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When I speak to my fellow pharmacists, I ask, “What keeps you up at night?” The consistent replies I hear are, “I cannot remember if I dispensed the correct drug; was the information accurate on the label; I had to dispense over 400 scripts today without a break or lunch; and giving immunizations on top of my daily duties can be quite stressful.” These are the thoughts of pharmacists nationwide, which can be attributed to the stress at home and during personal time. Could you imagine having these reoccurring thoughts over 20 years of practice? Many pharmacists get burned out or lack care due to the constant demand. Unfortunately, many pharmacists cannot leave work at work due to the persistent stress. We will explore the top risks identified for pharmacists and how these opportunities can improve the overall profession.

#### **Lack of transparency**

One major risk and area of opportunity is the lack of transparency. In our current environment, other industries—including banking and casinos—have surveillance throughout their workflow. Cameras are positioned over the employee to ensure that currency is counted accurately. Regrettably, we do not apply this same model to the care of our patients when handling dangerous drugs. It is imperative that we incorporate surveillance throughout our pharmacies, especially in areas where IV medications are compounded. In a study conducted in the United Kingdom evaluating IV medication errors, it was concluded that of all the IV medication errors identified, the intravenous preparation medication errors were determined at 8.65% (range 1%–31%), which is a significant risk to patient care.<sup>[1]</sup>

Rates of error at different stages of the intravenous administration process (% expressed as proportion of er

Author	Number of included infusions	Prescribing (%)	Preparation (%)	Administration (%)
Cousins	273		3 (1)	182 (66.7)
Ghaleb*	1,554			85 (5.5)
Narula	46	14 (30.4)	18 (39.1)	14 (30.4)
O'Hare	291		25 (8.6)	266 (91.4)
Taxis	430		62 (14.4)	155 (36)
Thomas	699	147 (21.1)	172 (24.6)	385 (55.1)
Wirtz	140		17/77 (22)	17/63 (26.9)
<b>Total</b>	<b>3,433</b>	<b>161 (0.05)</b>	<b>297 (8.65)</b>	<b>1,104 (32.1)</b>

In another study, a pediatric hospital implemented an IV workflow automation system requiring each IV room hood be equipped with a workstation, printer, and camera. The workstation screen guides the pharmacy technician through each step of the IV preparation. In the first three months a total of 113,617 doses were dispensed and 682 errors were identified, 542 were identified from the IV workflow automation system, and 140 were identified by the registered pharmacist. This shift in identifying mistakes is significant, which enhances the quality of drugs dispensed and reduces the pharmacist's burden by 80%. This is substantial in a pediatric hospital because of the vulnerability of the patient population; the smallest mistake can have detrimental consequences.<sup>[2]</sup>

When I work in a hospital environment, I elect to mix my own IV medications due to this lack of transparency. Every medication dispensed from a pharmacy must be verified by a pharmacist, who holds the ultimate liability. There are numerous examples where a pharmacist has been disciplined due to a medication error made by a technician. One technician made a fatal error that led to the pharmacist losing their license and freedom by being incarcerated.<sup>[3]</sup> This is unfortunate; however, placing cameras in IV hoods and rooms can reduce these error rates drastically and ensure safe products are being dispensed to our patients.

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