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California State Board of Pharmacy
Sacramento, California

RE: Senate Concurrent Resolution 49, Medication Errors Report

The full report of the SCR 49 Panel on Medication Errors has been forwarded by email to your Executive Director, as well as a summary report prepared by the California Pharmacists Association.

On behalf of the Panel, I would like to thank the Board's past and present executive directors, Ms Patricia Harris and Ms Virginia Herold, for their valuable testimony to the Panel, and also Dr. Susan Ravnan, a member of your Board, for her participation as one of 17 individuals appointed to serve on the Panel.

The SCR 49 Report contains findings and recommendations that are particularly relevant to the mission and program of the Board of Pharmacy. I would like to summarize these issues for your consideration.

- In the community pharmacy setting, the three general types of errors and their order of occurrence are:
  - Consumer self administration errors—50 percent
  - Prescribing errors—39 percent
  - Dispensing errors—11 percent

- The Board of Pharmacy should develop strategies to address each type of medication error, taking into account that most errors are made by consumers and prescribers.

- The Board of Pharmacy should review its cite and fine policy to make sure that it promotes a "culture of safety" in pharmacies. Health professionals must be encouraged to report errors, and know that reporting will lead to better procedures and not punishment. In general, errors should not be cited or fined unless other factors are involved. (See testimony of Dr. Eleanor Vogt, UCSF School of Pharmacy, and Dr. Michael Cohen on this issue.)

- The Board of Pharmacy should seek ways to improve the Quality Assurance Program for pharmacies that was established by SB 1339 in 2000.
    - The Board should begin to request and review the error reports that pharmacies now write pursuant to SB 1339, but which remain filed onsite.
    - Regarding the many error reports consumers send to the Board each year, these reports should be tabulated and analyzed on a regular basis in order to spot error trends and enforcement problems.
    - The Board should accept the offer from the Institute for Safe Medication Practices (ISMP) to provide free safety assessments for all pharmacies in the state. This is a proven tool for improving safety procedures in pharmacies and would raise awareness of the issue.

- Patient consultation is the most important means of help consumers take their medicines correctly. The Board should seek ways to enforce and incentivize patient consultation. Fifty percent of errors are made by consumers.

- Consultation with prescribers is an important means of addressing the 39 percent of errors that are made by prescribers. E-prescribing and access to Electronic Health Records would insure pharmacists a future role in the drug therapy process.

- Consumers do not know the basic concepts concerning drug administration, including when to take their medicine, proper dosage, contra-indications, drug-drug interactions. Consumer education, including public education campaigns, must therefore be a high program priority for the Board. Board staffing and budget should fully support the public education program.

- Pediatric patients, seniors, non-readers, and non-English speakers present communication challenges for pharmacist consultation.

- The presentation of information on drug container labels needs to be reorganized and vastly improved for consumer safety.

- Drug labels should include the diagnosis or indication of the medication.

- The Board should establish standards for Medication Therapy Management programs and create incentives for their implementation by pharmacists.

- E-prescribing is a key means of reducing prescribing errors and dispensing errors. Unfortunately, adoption of this technology is lagging in California. The Board could work with the Medical Board to introduce incentives to promote this technology. There are many benefits to e-prescribing, including:

- Eliminates prescriber handwriting issues.
- Saves pharmacists time by not having to re-enter data from faxes.

- The Board should facilitate the pharmacy profession's participation in Electronic Health Records (EHRs) by working with organizations in California that are developing regulations and incentives. This will be the way that health information is communicated in the future and the protocols that are now being developed have no provision for access by pharmacists.

- As more health professionals gain prescribing privileges, it is important for pharmacists to consult with prescribers to prevent errors involving an unsafe drug selection.

Thank you very much for your consideration of these issues.

Sincerely,

Sandra K. Bauer