

HEALTH DIGEST

Preventing medication errors

Clients needed for Medication Management

BY JANICE GIBBS
TELEGRAM STAFF WRITER

Unintentional mistakes with prescription medicine happen to people of all ages, but those errors happen more frequently with older residents who use more drug-related products than any other segment of society.

For seniors, the aftereffect of medication errors can be more serious, because their ability to recover is not as vigorous as it is for the young.

The Area Agency on Aging of Central Texas is seeking individuals, age 60 and older, to participate in a pilot project, Medication Management Program.

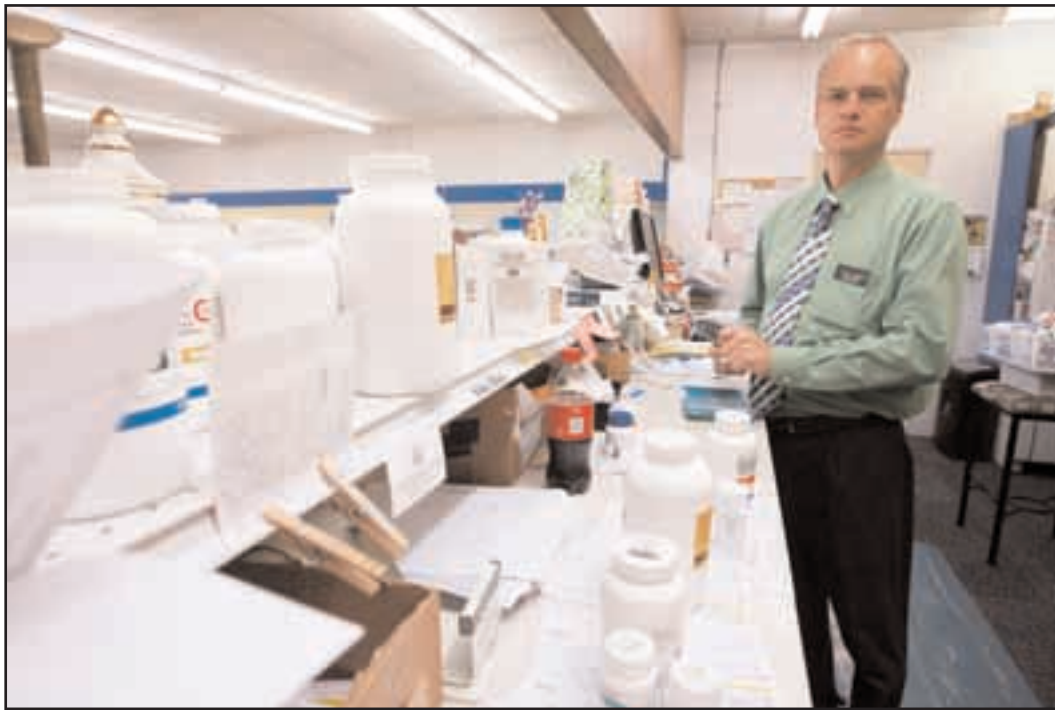
The Medication Management Improvement System is a software program that allows a trained Area Agency on Aging of Central Texas staff member to input an individual's medications. The software will monitor for any potential medication problems and/or errors.

The program is a partnership between the Area Agency on Aging and Partners in Care Foundation and there is no cost to the participant.

Partners in Care is a nationally recognized leader in promoting innovative community and home approaches to health care and introducing positive practice change.

"We're looking for clients to participate in our pilot program," said Peggy Naugle, Area Agency on Aging of Central Texas Health & Wellness Program Specialist.

Somebody may be doubling up on the same medication and not even know it, she said.



Mitch Green/Telegram

Stanley P. Drake, pharmacist at Westside Drug in Temple, is working with the Area Medication Management Program.

What do we know about medication errors?

Serious: There are at least 1.5 million preventable adverse drug events that occur each year in the U.S., resulting in 7,000 deaths.

Frequent: Up to 48% of community-dwelling elders have medication-related problems

Costly: Drug-related morbidity and mortality costs exceed \$170 billion

Preventable: About 25% of adverse drug events in ambulatory settings are preventable

Source: Partners in Care Foundation

"They may have a pill bottle with the brand name of the drug and another with the generic name," Naugle said.

The goal is to sign up people who are taking four or more drugs and would like to be monitored, she said.

"It's just another tool that will help folks remain independent and in their home," Naugle said. "It's especially helpful for caregivers who are not in the home."

The program focuses on four common medication errors:

■ Unnecessary therapeutic duplications.

■ Cardiovascular medication problems related to dizziness, continued high blood pressure, low blood pressure, substantial (20-point drop) in blood pressure upon standing and low pulse.

■ Falls, dizziness or confusion possibly caused by inappropriate psychotropic drugs.

■ Inappropriate use of non-steroid anti-inflammatory drugs in those with risk factors for peptic ulcers.

If the software spots risks in the way a person is taking medication it will issue an alert. The information will then be sent to Temple pharmacist Stan Drake, who will use his expertise to determine if there is a problem and if the client's doctor should be notified.

There will be monthly follow-ups to check in with the client and to find out if additional medications have been prescribed, Naugle said.

Looking over a person's medication habits will hopefully result in fewer errors and a better understanding of the medications, said Drake, Westside Drug pharmacist.

Drake along with Area Agency on Aging of Central Texas staff will work together to provide:

■ Risk screening to identify

potential errors and medication-related problems.

■ Assessment of the client's conditions and adherence based on established guidelines.

■ Consultation between staff and pharmacist to develop a plan of action based on protocols.

■ Follow-up with physician and client to improve medication use.

"Medicine is a very inexpensive way to treat diseases, but medication errors are one of the main causes of hospital admissions," said Drake.

Medicare has decided that health care needs to be proactive about examining medications individuals are taking as a means of keeping costs down by preventing errors, he said.

It's also a quality of life issue, Drake said. If a person takes a medication that makes them drowsy they may fall and break a hip, which could land them in a nursing home.

It's not uncommon for older residents to eventually need assistance in managing their lives — paying bills, keeping up with prescriptions, managing their diet — and this is an effort that has been coming for a long time, he said.

The more medications a person is taking the more opportunities for mistakes.

Some individuals have more than one doctor, all prescribing medications and commonly duplicating prescriptions with similar products. Also, some people hang on to medications, and a drug prescribed a few years ago may be metabolized differently today, Drake said.

It's well worth the time to monitor prescription changes and ask some questions, he said.

For information on the program, contact Naugle at 770-2339.

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ER doctors: Lawsuit fears lead to overtesting

EDITOR'S NOTE: Too much medical treatment is making many Americans sicker. This is the fifth story in an Associated Press six-part series that examines the phenomenon of overtreatment.

LINDSEY TANNER
AP MEDICAL WRITER

CHICAGO — Fast decisions on life-and-death cases are the bread and butter of hospital emergency rooms. Nowhere do doctors face greater pressures to overtest and overtreat.

The fear of missing something weighs heavily on every doctor's mind. But the stakes are highest in the ER, and that fear often leads to extra blood tests and imaging scans for what may be harmless chest pains, run-of-the-mill head bumps, and non-threatening stomachaches.

Many ER doctors say the No. 1 reason is fear of malpractice lawsuits. "It has everything to do with it," said Dr. Angela Gardner, president of the American College of Emergency Physicians.

The fast ER pace plays a role, too: It's much quicker to order

a test than to ask a patient lots of questions to make sure that test is really needed.

"It takes time to explain pros and cons. Doctors like to check a box that orders a CT scan and go on to the next patient," said Dr. Jeffrey Kline, an emergency physician at Carolinas Medical Center in Charlotte, N.C.

Patients' demands drive overtreatment, too. Many think every ache and pain deserves a high-tech test.

"Our society puts more weight on technology than on physical exams," Gardner said. "In other words, why would you believe a doctor who only examines you when you can get an X-ray that can tell something for sure?"

Refusing those demands creates unhappy patients. And concern that unhappy patients will sue remains the elephant in the emergency room.

ER physicians are among the top 10 specialists most likely to be sued for malpractice, according to leading doctor and insurers groups.

The Physicians Insurers Association of America, which

Why go to the ER?

Wondering whether an illness or injury warrants a trip to the emergency room is a common quandary. With severe, life-threatening conditions, call 911. Here are some symptoms experts say require an ER visit:

■ Difficulty breathing or shortness of breath

■ Chest or upper abdominal pain or pressure lasting two minutes or more

■ Severe persistent abdominal pain

■ Loss of consciousness, or sudden dizziness and weakness

■ Sudden changes in vision or difficulty speaking

■ Confusion or changes in mental status

■ Severe or persistent vomiting or diarrhea

■ Severe sprain or suspected broken bone, usually involving more pain and swelling than a minor sprain, which doesn't merit emergency care.

represents almost two-thirds of private practice doctors, lists more than 600 lawsuits against ER doctors nationwide between 2006-08. That's about 3 percent of their clients.

Statistics vary by region, and chances of being sued generally are greater for several other specialties, including obstetricians, surgeons and internists.

Still, the risk for a malpractice suit remains high in the ER

because of the unique setting.

In a busy emergency room, "when all hell is breaking loose, not a lot of doctors feel they can take the time to sit down with the patient" and build rapport, said Texas family physician Dr. Howard Brody, an outspoken critic of excessive medical care.

The result can be extra costs, and potential harm — including side effects from unneeded

drugs and increased chances for future cancer from excessive radiation.

No one tells patients after a CT scan that the test "just imparted three years of radiation to your body as well as significant stress on your kidney, and Medicare just got charged lots of money," Kline said.

Gardner, who works in a Dallas emergency room, said she tries to talk patients out of tests she thinks they don't need, but usually without success.

There are more than 116 million ER visits each year nationwide, national data suggest, and research suggests the number of visits is rising.

The most common reasons adults go to emergency departments are abdominal or chest pain. Both can mean something harmless, or deadly.

To determine which it is, ER doctors turn to X-rays, CT scans and other imaging tests. In 2006, these were done for almost half of all emergency visits; blood tests were ordered for more than a third of ER visits; medicine, including antibiotics, was given to 75 percent of patients.



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