**Law: "A Danger to the Public"--Would that be me?**

**Learning Objectives:**

**•** Review the most common errors made by healthcare practitioners including pharmacy staff

• Identify the factors contributing to the occurrence of errors

• Describe the process of reporting errors

• Characterize modifications in the workplace intended to reduce errors.

**Posttest Pharmacist**

**1. Which of the following elements must be present for an incident to meet the standard definition of a medical error?**

1. It causes harm
2. It is identified by the patient
3. It is preventable

**2. Approximately how many reports of a suspected medication error does the U.S. Food and Drug Administration (FDA) receive annually?**

1. 10,000
2. 100,000
3. 1,000,000

**3. Estimates of the frequency of pharmacy errors are inconsistent. However, what is a generally accepted rate of errors?**

1. 1 per thousand.
2. 1-2%
3. 5%

**4. What is the (approximate) estimated annual number of pharmacy errors (using the generally accepted rate) in the U.S.?**

1. 1 million
2. 22.5 million
3. 44 million
4. 100 million

**5. What is the most frequently reported dispensing error?**

1. Dispensing the wrong dose
2. Dispensing the wrong drug
3. Incorrect directions on the label

**6. Why do error rate statistics reported by different organizations and researchers vary?**

1. Patients are more likely to report errors to researchers than to government agencies that collect data.
2. Researchers develop better methodologies to gather data and are more diligent than other statisticians.
3. Statisticians use only clinically significant errors (which are subject to interpretation) to analyze data.

**7. Which of the following is an error of omission?**

1. Dispensing the wrong drug
2. Misreading a prescription due to illegible writing
3. Failing to counsel

**8. What does the FDA do with respect to drug names that may contribute to errors?**

1. The FDA examines a drug name if the manufacturer requests that it do so.
2. The FDA may request that a drug name be changed after it has been marketed.
3. The FDA does not regulate drug names; a “watch dog” group performs that function.

**9. What did a study examining community pharmacy errors reported to the New Hampshire Board of Pharmacy find?**

1. The largest number of errors occurred during the data entry phase, especially if the pharmacy was too hot or too cold.
2. More errors occurred when a single pharmacist was on duty compared with having more than one pharmacist on duty.
3. The type of error that generated the most complaints to the board was different from the most common error found in research studies.

**10. What do most Boards of Pharmacy in the U.S. typically do when a pharmacy error is brought to their attention?**

1. Boards of pharmacy refer to a federal table of penalties and select the appropriate action.
2. Boards of pharmacy apply inconsistent standards when making a decision on a sanction.
3. Boards of pharmacy investigate all errors thoroughly and require corrective action plans.

**11. What is the most common sanction applied by state Boards of Pharmacy for prescription errors?**

1. Mandated continuing education on safety practices
2. Mandated implementation of a board-approved CQI program
3. Suspension or revocation of pharmacist licenses.

**12. The *Chicago Tribune* conducted an investigation to see what would happen if a person presented a pharmacist with two prescriptions that would produce a dangerous interaction. How often did the pharmacist fill both prescriptions without offering a warning to the “patient”?**

1. Less than 1% of the time
2. Approximately 10% of the time
3. More than 50% of the time

**13. What position has the American Pharmacists Association (APhA) taken on workplace issues?**

1. They oppose the setting and use of operational quotas or time-oriented metrics.
2. They support increasing the technician to pharmacist ratio to at least 5:1.
3. They refused to take a position, indicating this is a decision for individual states.

**14. Which of the following is a part of the new Illinois practice act that was revised as a response to pharmacy errors?**

1. It lengthens the typical pharmacist work shift and requires hourly breaks.
2. It provides protection for whistle-blowers who report safety violations.
3. It limits the number of prescriptions a pharmacist may fill per hour.

**15. Which of the following situations is correct regarding breaks under the new Illinois practice act?**

1. The pharmacy must be closed and empty of employees if the pharmacist is on a break.
2. If pharmacists are on duty for more than 7 hours, they must have a meal break.
3. Pharmacists can forgo their breaks and leave early if they would like.

**16. The new Illinois practice act changes the requirements for technicians. Which of the following is a part of the Act?**

1. Pharmacies must have at least one pharmacy technician on duty whenever the practice of pharmacy is conducted.
2. Two technicians (with one a certified technician) plus the pharmacist must check a prescription before it may be dispensed.
3. Pharmacies must provide staffing of at least 5 pharmacy technician hours per 500 prescriptions filled.

**17. What changes did Idaho implement for technicians as part of its program to increase technician responsibilities?**

1. Passed a regulation that would discipline technicians in the same way they do pharmacists in the case of an error
2. Permits technicians to provide completed prescriptions to patients while the pharmacist is on a break
3. Mandated continuing education for technicians and required all technicians to be certified

**18. Some states have adopted the tech-check-tech program. What does tech-check-tech allow?**

1. Allows a technician to enter prescriptions into the system remotely.
2. Permits a technician to perform the final validation of a prescription.
3. Requires technicians re-check prescriptions after pharmacists perform their final check.

**19. What did Illinois Senator Richard Durbin do in response to the *Chicago Tribune* investigation of pharmacy patient safety?**

1. He asked the CDC to examine how workload and company performance metrics that track prescriptions impact patient safety and pharmacist errors.
2. He invited pharmacy chain executives form the top 3 chains to a Congressional hearing to explain pharmacist work practices.
3. He proposed that all non-emergency prescriptions through Medicare be filled by mail order pharmacies to reduce community pharmacy workload.

**20. Recently, Oklahoma took an uncommon step in response to pharmacy errors. What did the state do?**

1. Required pharmacists to obtain 2 CE hours on patient safety annually
2. Required pharmacists to document every drug interaction over-ride
3. Fined an employer for inadequate staffing and prescription errors