Current Pharmacy Challenges
Ambulatory Surgery Centers

Tom Simpleman
Registered Pharmacist
Board Certified Geriatric Pharmacist
Certified Professional in Healthcare Quality

Independent Consultant Pharmacist
Current Pharmacy Challenges
Ambulatory Surgery Centers

Hazardous Waste
Medication Errors in ASCs
Controlled drugs – when to report and to whom
  DEA compliance
  Reverse Distributors – what are the issues?
Facility DEA license – shift the liability from the medical director
Medication Errors in ASCs

Department of Defense 2002-2003 inpatient study

Products that reached the patient to cause harm
- Morphine Sulfate
- Insulin
- Fentanyl
- Heparin
- Meperidine
- Potassium Chloride
- Methadone
- Hydromorphone
Medication Errors in ASCs
Frequency by age group
MedMarx 2014

- > 65 YEARS: 28%
- 46-64 YEARS: 24%
- 18-45 YEARS: 24%
- 6-17 YEARS: 6%
- <5 YEARS: 18%
Medication Errors in ASCs
MedMarx 2014

- Geriatric records
  - Unauthorized/wrong drug

Hand-offs and loss of information through incomplete or adequate documentation

- Available 2002 MEDMARX national data indicate that approximately
- 35.5% of actual events occurred in patients 65 years of age and older.
- Of the total events that indicated possible patient harm, 36.4% occurred in this population

the Fawks company
8 Steps to prevent Medication Errors in ASCs

• 1. Obtain patient-specific information. Obtain and have available the patient's age, weight and clinical information at time of medication prescribing.

• 2. Acquire a “drug book” and make sure it's readily available.
  • (epocrates)

• 3. Ensure a medication order is complete and clearly written. "Miscommunication is a common cause of medication errors," Clarify all orders and verbal orders must be written down and read back. Follow guidelines for approved 'abbreviations' when documenting dosages.

  • Becker's ASC Review August 29, 2011
8 Steps to prevent Medication Errors in ASCs

• **4. Use labels and follow rules.** Make sure to appropriately label and follow the proper use of unit dose systems.

• **5. Work to standardize.** Standardize drug administration times, drug concentrations and limit the dose concentration of drugs available in patient care areas.

• **6. Educate and perform competency assessments of nurses who prepare medications.** "These need to be done regularly," "Also, educate patients about the medications they are receiving so they can play a role in preventing medication errors."

  Becker's ASC Review August 29, 2011
8 Steps to prevent Medication Errors in ASCs

• 7. Assess and ensure an appropriate environment when preparing medications. "Environmental factors include poor lighting, noise, interruptions and a significant workload," "Nurses need to be mindful when administering medications; they need to avoid complacency and step away from the distractions of a busy work place to give due attention to the serious job of medication administration. There is a limit to the sensory input a person can handle. Nurses have the right to stop, think and give medication administration their full attention."
Hazardous Waste
P-Listed – Black container
Acute Hazardous waste

• Nicotine
• Phyostigmine
• Glycopyrrolate (Robinul) is a non-hazardous med – not P listed as mentioned in the session

• **ONLY for P listed waste any packaging (eg med card bubbles, patch backing) that have housed the drug must be handled and disposed of as p-listed acute hazardous waste. Tools of administration (spoons, cups, applesauce, containers used to crush medications, etc) are not considered hazardous waste.
Hazardous Waste
U-Listed
NOT acute hazardous waste

- Selenium Sulfide
- Ignitable – Diazepam injection
- Thimerosal - preservative for some multi-dose vaccines, ophthalmic drops, and nasal sprays
- Silver – Silver Nitrate applicator sticks (unused), Silver Sulfadiazine cream
- M-cresol Insulins
**Hazardous Waste**

**U-Listed**

**NOT acute hazardous waste**

- **For U and D listed waste, only bottles with the drug remaining need to be disposed of as hazardous; empty bottles can go into the trash.**
- **Aerosols (such as hurricane spray and inhaler canisters) should be in their own black hazardous bin labeled “aerosols only” per DOT**
- Mitomycin, Phenol
Colorado
Medical and pharmaceutical waste

• Internet reference for waste

• https://www.colorado.gov/pacific/cdphe/medicalwaste
Drug Waste Needs Proper Disposal

NOT DOWN THE DRAIN. Federal Guidelines say “Do not flush prescriptions down the toilet or drain unless the label specifically instructs you to do so.”

NOT IN THE TRASH Without secured dumpsters, risks for tampering with waste is always present.

• NOT WITH YOUR MEDICAL WASTE Regulated Medical Waste treatment relies on a water-based steam sterilization process, while pharmaceutical waste is treated via incineration.
Compounding Pharmacies

• Verify license
  – Out of state
    • Colorado License
• 503B and 503A
• Sterile compounding
• Research the company
• Controlled drug “requirements”
• Testing documentation
Compounding
Not allowed by USP 797 in an ASC

- Two punctures into one container (three products)
  - Use within an hour
- Elastomerics
  - Implantable
Controlled Drugs
DEA

• Biennial inventory
• CSOS
  – Electronic ordering
• Separate records by
  – Schedule ii
  – Schedule iii-v

Destruction
Reverse distributor
On site

Hazardous waste destruction

– https://www.deadiversion.usdoj.gov/

the Fawks company
Controlled Drugs
DEA

- Biennial inventory
- CSOS
  - Electronic ordering
- Separate records by
  - Schedule ii
  - Schedule iii-v

Destruction
- Reverse distributor
- On site (DEA way – irretrievable)
- Hazardous waste destruction

Diversion – when to report and to whom
Facility Pharmacy and DEA License

Other Outlet

- Shift liability to the consultant pharmacist and facility
Facility DEA License

- Pharmacy Other Outlet License
- What is it?
- Facility DEA License
- Board of Pharmacy inspections
- Other Outlet Protocols