

## Poster 15

### Development of a Medication Therapy Management Falls Risk Reduction (MTM FRR) Clinic Staffed by an ASCP Student Chapter

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**OBJECTIVE:** To describe the creation and development of a Medication Therapy Management Falls Risk Reduction (MTM FRR) clinic that utilizes student conducted MTM to identify the risk for falls associated with medication use in the elderly population.

**METHODS:** The MTM FRR clinic has evolved from a "brown bag" style review to a communitybased mobile clinic which supplies participants with a Medicare Part D required Personal Medication Record (PMR) and Medication Action Plan (MAP) in addition to a Medication Report Card (MaRCs) fall grade. During the 2015-16 academic year, 9 sites were served by the MTM FRR clinic. Reviews were conducted on 64 participants by student pharmacists supervised by a geriatrics specialized pharmacist. A point system was used to assign a numerical value to each fall risk increasing drug (FRID) based on published medical literature that correlates to its potential to increase the risk of falls in elderly patients. A "grading system" was used to provide feedback to the patient on their overall falls risk and education was provided in order to further reduce the risk for falls. The MAPs included recommendations for alternatives if a patient's regimen contained medications with a high risk of causing falls that could easily be replaced with a similarly efficacious agent with less risk.

**RESULTS:** Descriptive data gathered including numbers of participants and students involved will be presented. Additionally, descriptive statistics will be presented on the participants' demographics, MaRCs fall grade and information on the use of high risk meds. Descriptive statistics on the types of recommendations included on the MAP will be included.

**CONCLUSIONS:** Participants were educated on their medications and were provided with information to identify FRIDs and guidance via the MAP to address these risks. Students gained experience in conducting MTM reviews and in identifying FRIDs.

*Authors acknowledge that there was no funding accepted for this study.*

## Poster 16

### Case Report—Real Life Errors Related to Systems Failure

Cynthia Solomon

**OBJECTIVE:** To elucidate the important role of pharmacy support in evaluating the system failures that may be associated with repetitive medication errors in long term care; and to improve the systems, heightening the understanding of staff to avoid repeated, unnecessary risks to patients, when better, more effective methods exist.

**METHODS:** Medical record review of one specific patient who experienced multiple medication errors over the course of 24 months in a long term care unit.

**RESULTS:** One patient's medical record documents more than 150 medication-related errors over a two-year period, many unnecessary and repetitive. Patient, an 85-year-old widow, SD, arrives at facility from hospital stay with written prescriptions in hand. These are ignored, with nurse inputting incorrect orders, without second employee confirming orders (standard operating procedure), or medical director verifying orders, leading to 40 medication errors over the next 10 days. The additional 100+ errors found in real time and documented by consulting pharmacist, stemming from nursing errors, where orders were not read accurately, and were inputted inaccurately on numerous occasions. Also, problems arise from an ineffective policy for travel prescriptions, with staff unable to provide prescriptions labelled accurately in compliance with laws, and additionally, staff not effectively securing medications in medication cart, later found in patient's walker.

**CONCLUSIONS:** Real-life examples can help us recognize when systems are broken. Luckily, this patient did not expire from the many, unnecessary errors. But the edict that errors not be reported, not examined for system failures, where either the working systems are being overridden repetitively, or the system is not failsafe to protect the patient, requires attention and evaluation. When management is presented with repetitive errors, making few improvements, the system fails. This jeopardizes patients, despite real-time pharmacy involvement.

*Author acknowledges that there was no funding accepted for this study.*