

RISK MANAGEMENT

2016

Commercial Lines Edition I

Who Are They? What Are They Thinking? Offenders and Pharmacy Robbery & Burglary

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Pharmacists Mutual has been tracking pharmacy crime statistics for over five years in order to develop effective measures to address a growing problem in the United States. We asked Dr. Tara Shelley to share some findings from her groundbreaking research on pharmacy crime from the offender's perspective. The multi-year study conducted at 32 prisons looked at the diversion of controlled prescription drugs (CPDs) by burglary or robbery. Her research confirms many of the results we've discovered, and provides the pharmacist with information he or she can use when considering protective measures.

The Offender – Pharmacy robbers and burglars are most often white (90%), male (96%) and older than the typical offender (i.e., mid-20s to mid-40s, average 34). The majority has a high school education (40%) and were employed (61%) at the time of the crime. 78% of offenders had a prior criminal history of which 38% involved a pharmaceutical nexus.

How They View Pharmacies – Offenders viewed pharmacies as banks. Given a limited supply and a high street value for CPDs, the rewards that one received from the crime outweighed perceived risks. As one offender put it, "...to be honest with you, pharmacies are better than banks. They are. They're better than banks. It's the only place of business in today's society that you can go in and steal the product that it offers and get more than what it's worth."

The Pharmacies They Target – 42% of the offenders targeted a locally owned or "mom-and-pop" store. The majority (72%) reported they had visited the targeted pharmacy before the crime and most did so while filling a prescription.

This is consistent with other research indicating that criminals will visit a pharmacy multiple times before a robbery. For the pharmacist — watch for suspicious behavior, people avoiding eye contact, and folks who have an unusual interest in the cameras, motion detectors and layout behind the counter. – PMC

When asked how they viewed locally owned pharmacies, 62% of offenders reported that a locally owned pharmacy "was an encouraging target"—given their perceived lack of security. Though security at "mom-and-pop stores" was viewed as

"lax" by most offenders, there was still a perception among some (i.e., 22%) that the owners of "mom-and-pop" pharmacies are armed, dangerous and unpredictable: "I wouldn't hit none of the mom and pops...there's a possibility that they'd have a gun. I didn't have a gun, and I definitely didn't want to get shot."

Conversely, more experienced offenders reported that locally owned pharmacies "do not have enough product" to make it worth their while **and if staff were to resist, it would actually escalate the crime** "... the way you look at staff is, if they're stupid, you're just gonna shoot 'em."

Several messages here. When criminals visit the pharmacy, they are looking for vulnerabilities. Encountering a "hardened target" with obvious security and alert staff can discourage the criminal. While criminals may fear a gun, be aware of the risks as well as the ability to prevent robberies. – PMC



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Security & Deterrence – When asked about alarm systems, offenders were divided regarding their deterrence. Robbers indicated that alarm systems were irrelevant if they can get a quick getaway while alarms are routine procedure for the burglars. Most offenders (97%) viewed the use of bullet-resistant barriers as an effective deterrent. An overwhelming majority of offenders (76%) indicated time-delay safes were an effective deterrent; however, most agreed that they could pose substantial safety risks to staff and customers if an offender was “dope sick” and/or upset. Bottle tracking technology was also an effective deterrent. As one offender explains, “If they could design some kind of sensor on the pharmaceutical bottles, that would be like On-Star in the car. If they could put it on the bottles, and only the pharmacist could remove those from the bottles, and once they left that store, that sensor would go off, that would discourage just about everybody, once they knew about that. I don’t see where that would be much of a problem doin’ it with all the technology they’ve got out there now.”

Pharmacists Mutual provides discount opportunities for member purchases of verified alarm systems designed to encourage quick police response and tracking devices to apprehend criminals. For additional information, contact us at risk.mgmt@phmic.com. – PMC

Training & Education – The majority of offenders reported that pharmacy staff members were uninformed and untrained to handle robbery and burglary for CPDs. Offenders reported that the staff was often distracted and unaware of their surroundings, did not take offenders seriously and some attempted to confront, chase or even fight off offenders. While some were skeptical about crime prevention training for pharmacists, most pointed out that pharmacy staff is in clear need of it: “It’s a shame that a pharmacist would have to attend classes or do things to prevent crime from happening or even to turn him from wantin’ to even enter that profession. It’s a twisted situation.”

One of the things we’ve learned over the years is that most pharmacies do not provide training for employees in burglary and robbery. Training on what to do in a situation where you are face to face with an armed robber is critical and available at no cost through RxPATROL and at www.phmic.com. – PMC

Interested in reading the full report? Go to RxPATROL, Training Videos and select the report (<http://www.rxpatrol.com/TrainingVideos/>).

Dr. Tara O’Connor Shelley is an Associate Professor in the Department of Sociology at Colorado State University and serves as Co-Director of the Center for the Study of Crime and Justice. She received her Ph.D. in Criminology and Criminal Justice at Florida State University and her MS in Justice, Law and Society from the American University. Prior to joining academia, Professor Shelley worked for the Florida Department of Law Enforcement (FDLE), the Police Executive Research Forum (PERF), and the Justice Research and Statistics Association (JRSA). She has recently been published in *Critical Criminology*, *Social Psychology Quarterly*, *Deviant Behavior* and *Violence and Victims*. She is also the co-editor of *Problem Oriented Policing: Crime-Specific Problems, Critical Issues and Making POP Work*.



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Naloxone – Cautions for the Pharmacist

Kristen Jones, PharmD, Risk Management Consultant

In 2013 alone, legal and illegal opioid drugs killed 24,492 people nationwide, including 16,235 who used synthetic opioid drugs such as oxycodone or hydrocodone, and 8,257 others dying from heroin, the CDC reports. **Overdose is the number one cause of accidental death surpassing automobile accidents.**

In the mid-1990s, community based programs recognized the increasing amount of drug abuse and began offering opioid prevention services to drug abusers, their families, friends and service providers. In 1996, many of these programs added naloxone administration kits and training to their services. Over time, naloxone distribution has increased due to the success of these prevention programs. Naloxone is a non-selective, short-acting opioid receptor antagonist that has a long clinical history (about 35 years) of successful use and is presently considered a safe drug over a wide dose range. It takes effect in three to five minutes and its effects last 30-90 minutes.

Risk Management Considerations for Pharmacists When Dispensing Naloxone

Current models for prescribing naloxone fit into one of three categories: prescriber writes a prescription and patient fills it at a pharmacy, prescriber writes prescription and dispenses a prepackaged kit, or the pharmacy provides naloxone directly to customer under a collaborative practice agreement, standing order or in a few states prescribing authority.

The rationale for dispensing naloxone kits is simple. First, most opioid abusers do not use drugs alone and most bystanders (family and friends) are trainable to recognize and respond to drug overdose. Prescribers and pharmacists can identify known risk factors of opioid abusers including history of mixing substances or prior overdose, chronic illness affecting drug metabolism, abstinence (recent drug rehab program) or use of opioids alone. The use of naloxone kits takes advantage of the opportunity window of overdose. The overdose can often take minutes to hours, which can be reversed almost immediately with the administration of naloxone. Lastly, the availability of the naloxone and these education programs can help eliminate bystanders from avoiding reaching out for help in the event of an overdose because of the fear of arrest. Many states have even passed Good Samaritan laws to protect bystanders from arrest in the event of an overdose and naloxone treatment.

When dispensing and subsequently counseling about naloxone for overdose it is important to educate all parties about the risks associated with its use. Risks related to naloxone use in opioid-dependent patients are:

- The induction of an acute withdrawal syndrome, which may cause nausea and vomiting resulting in aspiration or choking.

- The effect of naloxone may wear off prematurely when used for treatment of opioid-induced respiratory depression especially when long acting opioids are the cause of the overdose.
- Less commonly in patients treated for severe pain with an opioid, high-dose naloxone and/or rapidly infused naloxone may cause catecholamine release and consequently pulmonary edema and cardiac arrhythmias.

Because of these risks it is important that all patients, family, friends and caregivers understand the important steps in the event of an overdose. These steps should be communicated upon dispensing all naloxone kits.

1. Recognize the overdose
2. Call 911 for help
3. Initiate rescue breathing
4. Administer naloxone and continue rescue breathing, re-administer dose if no response in 3-5 minutes
5. Wait for help to arrive

More detailed patient counseling information can be found at opioidprescribing.com.

Naloxone kits have the potential to save thousands of lives each year. Rules differ from state to state in terms of prescribing, dispensing, third party dispensing and reporting. It is important to review the current status of naloxone distribution in your state.



“It’s Self-Evident – Equip All Technicians with Scan Verification Software”

Michael Stotz, Senior Marketing Manager, Kirby Lester

Pharmacy today operates in the midst of a litigious society. Coupled with a steady increase in the number and types of drugs, the probability of an error continues to increase. Technology provides an opportunity to reduce the chances of a mistake reaching a patient. This article from Mike Stotz provides some perspectives on technology as a risk management tool. – PMC

At its December 2015 meeting, the Minnesota Board of Pharmacy hosted a spirited public dialogue on mandating breaks for community pharmacy staff members. The Board was rightly concerned about errors directly or indirectly caused by hunger, long shifts, eye strain and physical discomfort. Public Radio, national newspapers, *Pharmacy Times* and a host of social media chatter followed, most of the “self-evident” variety: if a known problem can cause grievous errors, pharmacy management has a responsibility to do everything reasonable and practical to fix it. Pharmacists, as stressed and pressured as technicians, are challenged to catch errors that may be made. Technology, in the form of scan-verification software, is available to help.

The software forces a technician to use a computer to match a patient’s prescription information to the medication stock bottle/box. If the technician has the wrong medication or strength in hand, the scan-verification software halts the technician in his or her tracks, ideally with both visual and audible alerts. The software is available as either part of a pharmacy management system (PMS), or onboard an automated counting device like a tabletop pill counter or robot. As part of PMS software, scan-verification may be available at no cost or as an add-on module, but can be cumbersome and ignored. While the software ensures the right medication and strength, the technician can still make counting errors, and there is no record of how much medication was actually dispensed.

The other option is to include scan-verification technology as part of an automated counting device. It operates in a similar mode as the PMS module, with the added benefit of physically counting the medication. This eliminates the manual tray’s inaccuracy, ensures the technician reaches the exact quantity, and provides an indisputable record of what was dispensed. A counting device can take two forms. Fully automated robots completely handle the vial selection, labeling and filling of a pharmacy’s most frequently dispensed medications. Tabletop counting + verification devices can be deployed in pharmacies without robots. These small devices handle the verification and counting of 100% of orders (not just high movers), including unit-of-use. Counting devices (robot or tabletop) can either augment a PMS suite, or act as a stand-alone technician station.



The benefits of scan-verification technology are proven. For example, a 2015 Kirby Lester study measured community pharmacies’ usage of a tabletop counting-plus-verification device and found:

- 2.7 errors/week on average were prevented.
- 72% of pharmacy owners/managers reported their technicians’ awareness of the potential for medication errors significantly increased after using the device.

It’s time to start questioning the wisdom of allowing technicians to fill scripts without a technology safety net. Whether scan-verification software is used as part of the PMS or onboard a counting device, this technology is affordable, easy to use and proven to prevent errors and will even free up time for that much-needed lunch break.

For additional information about this article, contact Michael Stotz at mstotz@kirbylester.com or 847.984.0320.

For information about Kirby Lester, visit www.kirbylester.com or 800.641.3961.

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Veterinary Prescriptions... Are You Prepared?

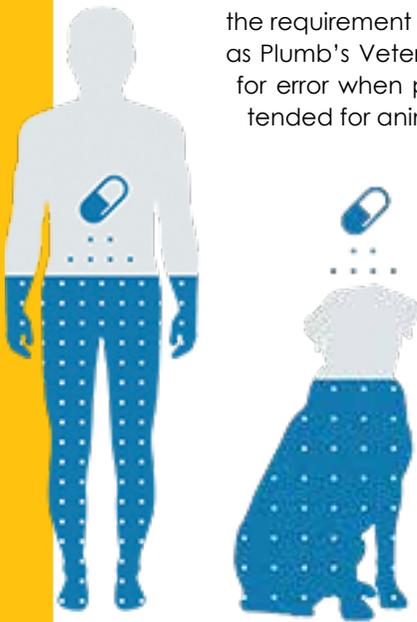
Plumb's Veterinary Drugs

Community pharmacists face a growing challenge: They are being asked to fill an increasing number of veterinary prescriptions. This trend is here to stay, and the challenges pharmacists face in filling pet prescriptions will be compounded if the Fairness to Pet Owners Act of 2015 is enacted as law. This Act would require veterinarians to provide a prescription, up front, for pet owners to fill either at their veterinary practice or at a pharmacy of their choice.

Is our pharmacy profession ready for this influx of veterinary prescriptions?

In 2013, the Food and Drug Administration issued a warning about a pattern of veterinary prescription mistakes. In 2014, the *Journal of the American Veterinary Medical Association (JAVMA)* printed an article about substitution errors made by pharmacists when dispensing veterinary prescriptions. In the *JAVMA* article, a startling 10% of veterinarians polled stated that their patients have been harmed when pharmacies made substitutions in filling pet prescriptions.

Recognizing the need for veterinary pharmacy education, the National Association of Boards of Pharmacy amended the Model State Pharmacy Act in 2015 to include the requirement of a veterinary reference, such as Plumb's Veterinary Drugs, to reduce the risk for error when pharmacies fill prescriptions intended for animals.



Pets are not small humans. Medication doses and toxicities for pets may or may not correlate with human prescribing information. For example, a prescription for tramadol 50 mg TID would be reasonable for a 60-kg woman, but a 60-kg bitch (female canine, that is) would more likely be prescribed tramadol, 300 mg TID. Acetaminophen is toxic to cats, and xylitol (an excipient) is toxic to dogs.

There are other differences between human and veterinary prescriptions as well.

Abbreviations vary. For example, "SID" is used to denote "once daily" on veterinary prescriptions. Because most veterinarians provide handwritten prescriptions, there have been cases of "SID" being misinterpreted as "BID" and even "QID." The result of such a misinterpretation can be devastating.

Further complicating matters, veterinarians write medication concentrations on their prescriptions in a different

manner than their counterparts in human medicine. Veterinarians typically combine active ingredients for medications and dosing by the milliliter rather than by the teaspoon. For example, the following might be prescribed for a rabbit: "sulfamethoxazole/trimethoprim 48 mg/mL susp. Give 1.2 mL PO BID." The pediatric suspension is labeled 200 mg/40 mg/5 mL. Veterinarians combine active ingredients so that "200 mg/40 mg/5 mL" becomes "240 mg/5 mL" or simply "48 mg/mL."

In order to avoid potentially tragic mistakes, a trusted veterinary reference must be available to pharmacists when dispensing prescriptions for veterinary patients. Dianna M. Black, RPh, FSVHP, states, "As a practicing veterinary pharmacist, I recommend Plumb's Veterinary Drugs (plumbsveterinarydrugs.com). This online resource allows pharmacists to search quickly for drug dosing, interactions and adverse effects. It is easy to navigate and covers multiple species." Mistakes happen, but you can reduce your risk for error and negligence by investing in a trusted veterinary drug resource to protect yourself, your pharmacy, and your patients.

Visit www.plumbsveterinarydrugs.com/pharmacy to learn more about this reliable resource and the growing trend of filling veterinary prescriptions at the pharmacy.



By adding Plumb's Veterinary Drugs to your pharmacy, you can rest assured your pharmacists are correctly dispensing medications for animals, with a drug resource that veterinarians trust most.*

To learn more, visit our website:
plumbsveterinarydrugs.com/pharmacy

* The Use of Drug Formularies in Veterinary Practice Survey, 2014.

Your Risk Management Newsletter – This issue – Naloxone – Cautions for the Pharmacist

When Supreme Court Decisions Go the Wrong Way

Wendy Guthrie, ARM, Professional Liability Claims Manager

Pharmacists Mutual handles a wide variety of claims across the country. When we defend our members in lawsuits, the result is sometimes dependent on the judgment of the supreme court of the individual states. Sometimes they get it right, sometimes they do not.

Eight lawsuits were filed in Mingo County, West Virginia on behalf of 29 individual plaintiffs against three pharmacies and four physicians. The plaintiffs alleged that in filling the prescriptions for controlled substances the pharmacists should have known that the plaintiffs were addicted to the prescriptions. There were no allegations in the lawsuits that the pharmacies misfilled any of the prescriptions.

The plaintiffs admitted to possession of pain medications; criminal distribution, purchase and receipt of pain medications; criminally acquiring and obtaining narcotics through misrepresentation, fraud, forgery, deception, and subterfuge; obtaining narcotics from multiple doctors; and abusing pain medication. Most of the plaintiffs even went so far as to assert their Fifth Amendment privileges against self-incrimination.

At Pharmacists Mutual's direction, the defense moved for dismissal through summary judgment, arguing to the Circuit Court that the plaintiffs' claims should be barred under the "wrongful conduct rule," which states that a person may not recover damages from a

defendant when his or her own unlawful conduct or immoral act caused or contributed to their injuries. The Circuit Court did not rule, but deferred to the West Virginia Supreme Court of Appeals to decide.

The West Virginia Supreme Court of Appeals returned a split decision, with the majority refusing to adopt the "wrongful conduct rule" and concluding that any wrongdoing on the part of the plaintiffs does not completely bar their causes of action. Instead, the majority opinion of the court was that the plaintiffs be allowed to continue to pursue their claims.

In one of the two dissenting opinions one Justice declared that "in a state where drug abuse is so prevalent... it is simply unconscionable to me that the majority would permit admitted criminal drug abusers to manipulate our justice system to obtain monetary damages to further fund their abuse and addiction." Their fear is that this ruling will encourage other criminals to file similar lawsuits in an attempt to profit from their criminal behavior.

While this decision is discouraging, decisions like these are subject to challenge, and the good news is that most state courts don't hold this view. Follow professional practice guidelines and rely on professional judgment in filling prescriptions. When you know it's not right, don't fill. If you have questions, document your decision.

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