

Drug Topics

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Patient counseling: How pharmacists can choose the most critical cases

By Kenneth R. Baker, BS Pharm, JD

Ken Baker In his book *Blink: The Power of Thinking Without Thinking*, Malcolm Gladwell tells how Cook County Hospital in Chicago solved the problem of determining which patients with chest pain were really having a heart attack and which were not and needed only minimum observation. After two years of studying patients with chest pain, the physicians discovered that a relatively simple "decision-tree" formula, termed Goldman's Algorithm after the cardiologist who designed it, was 70 to 95 percent more accurate than the standard diagnosis system used by almost every hospital in the United States. It saved time and money, and it got the right patients to ICU more quickly.

I am currently consulting with a board of pharmacy to determine whether and how counseling can be used to reduce medication errors. Because this board of pharmacy is several states away from where I live, I participate in most meetings by conference call. This is sometimes an advantage, because it allows me access to my library during meetings, and I can grab a book if something we are talking about sounds familiar. If I had attended a recent meeting in person, I never would have thought to bring the book *Blink* with me.

What connected the story of Goldman's Algorithm to questions involving counseling was the conversation between several of the pharmacists sitting at the table. One problem under discussion was, not surprisingly, "time." We also talked about which errors counseling was most likely to catch. Another topic was which medication errors required the greatest attention, as they would be most likely to result in harm if not caught and the medications were actually taken by the patient. Finally, we discussed what level of counseling might be required to catch certain errors.

The Pharmacists Mutual Claims Study tells us that more than 80 percent of the claims against pharmacies involve either the wrong drug or the wrong directions. It was agreed that if counseling could catch this 80 percent of errors serious enough to result in a claim for injury, it was worth figuring out how to make such counseling doable. If time forces us to choose when to counsel, how do we make that decision? The group agreed that the counseling that is most effective for catching most errors is a combination of Show & Tell and the Indian Health Service counseling techniques, using open-ended questions to determine what the patient already knows, so the pharmacist can fill in the blanks.

Most pharmacists would agree that this combination of counseling techniques is ideal. The problem is that a pharmacist in a busy pharmacy cannot do this every time or even with every new prescription. Perhaps we need to look at the Cook County Hospital solution. Pharmacists could develop a simple decision tree that would allow them to instantly decide which prescriptions present the greatest danger and for which detailed counseling is most necessary. What we need might be a counseling algorithm.

If pharmacists could quickly decide which prescriptions needed extended counseling — which would usually amount to no more than an additional few minutes of counseling time — they would be more

likely to use Show & Tell Plus for these few prescriptions dispensed during the day. To design a quick decision-tree algorithm, we need only look at information readily available: the drugs and the patient. The algorithm might suggest Show & Tell Plus counseling if:

- The drug is especially dangerous if a mistake is made (i.e., warfarin or other Common Narrow Therapeutic Index Drugs).
- The drug is on the list of most-common drugs involved in claims (see the Pharmacists Mutual Insurance Company lists at www.phmic.com or the ISMP list of higher-risk drugs at www.ismp.org).
- The drug is for a few selected conditions, which the pharmacists at this pharmacy agree would particularly benefit from Show & Tell Plus counseling (e.g., high blood pressure, diabetes, etc.)
- The patient is older than 65 years of age and takes more than five medications.


If you try this algorithm, let me know how it worked and how you modified it, if you did. Perhaps we can then recommend a modified, tested algorithm for everyday use.

This article is not intended as legal advice; it is intended to promote thought about ways to reduce medication errors. For legal advice, consult your own attorney.

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