Medication Safety Initiatives in Support of Promoting Patient Safety

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CPE Information and Disclosures

The American Pharmacist Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

COL Gwendolyn Thompson and Keith Trettin declare no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

CPE Information

• Target Audience: Pharmacists & Technicians
• ACPE#: 0202-0000-15-212-L05-P/T
• Activity Type: Knowledge-based

Learning Objectives

1. Describe the impact the Department of Veterans Affairs’ (VA) Prescription labeling initiative had on patient safety.

2. State collaborative Department of Defense (DoD) initiatives that improved safety and quality of care.

3. Discuss DoD policy changes that have been made in support of patient safety.

Self-Assessment Question 1

Name the first initiated policy from Defense Health Agency to standardize pharmacy practice across the Military Health System.

A. TRICARE FOR LIFE
B. Prescription Transfer
C. Polypharmacy
D. Sole Provider

Self-Assessment Question 2

Name the pilot project which utilized the TriService Workflow (TSWF) Clinical Pharmacy form to show economic and clinical outcome.

A. Polypharmacy Project
B. Medical Management Project
C. Medication Therapy Management Project
D. Essentris Update Project
DoD Medication Safety Initiatives

- Defense Health Agency (DHA) Policy
- Programs
  - TriService WorkFlow (TSWF) Form
  - Medication Therapy Management (MTM) Pilot Study
  - Esssentris Updates
  - Medical Management Advisory Board (MMAB)
  - Extension for Community Healthcare Outcomes (ECHO)
  - Polypharmacy Medication Analysis and Reporting Tool (MART)
  - Electronic Prescribing (eRx)
  - DoD Electronic Health Record (EHR)

MHS Prescription Transfer Policy

- July 1, 2014
- Move prescriptions between military and civilian pharmacies
- First initiative between Defense Health Agency (DHA) and military surgeon generals
- Standardized pharmacy practice across MHS
- TriCare for Life Pharmacy Pilot Program
  - 500,000 beneficiaries impacted
  - Move maintenance medications to either retail or home delivery

TriService Workflow (TSWF) Forms

- Core
  - Nursing Services
  - Pediatrics
  - Procedures
- Clinical Practice Guideline (CPG)-Based
  - Chronic Opioid Therapy
  - Cardiovascular
  - Low Back Pain
  - Metabolic Disorders
  - Pulmonary Disorders
- Behavioral Health
  - Behavioral Health
  - Integrated Behavioral Health Care
- Miscellaneous
  - Case Management
  - Clinical Pharmacy
  - In/Out Processing
  - Population Health Portal
  - Separation History and Physical

Core and CPG forms are all Copy Forward compatible

Medication Therapy Management (MTM) Pilot Project

<table>
<thead>
<tr>
<th>Count and percent of clinical pharmacist encounters using TSWF Clin Pharm AIM Template, 1 Apr 2014-31 Mar 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of encounters</td>
</tr>
<tr>
<td>----------------------------</td>
</tr>
<tr>
<td>24,106</td>
</tr>
<tr>
<td>% of Total Encounters</td>
</tr>
<tr>
<td>% Encounters using TSWF Clin Pharm Template</td>
</tr>
</tbody>
</table>

Thanks to COL Cheryl Filby, LCDR Mark Mariscal, Dr. Brian Wilke and the Clinical Pharmacy team at Tripler Army Medical Center (TAMC), HI
Pharmacist intervention counts and costs avoided at Tripler Army Medical Center, 1 April 2014 through 31 March 2015

<table>
<thead>
<tr>
<th>Pharmacists Medication Therapy Interventions</th>
<th># of Interventions</th>
<th>Total Cost Avoided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy/adverse drug reaction</td>
<td>$675 91</td>
<td>$61,390</td>
</tr>
<tr>
<td>Therapeutic duplication</td>
<td>$170 209</td>
<td>$35,511</td>
</tr>
<tr>
<td>Drug-drug interaction/contraindication</td>
<td>$399 343</td>
<td>$136,847</td>
</tr>
<tr>
<td>Drug-disease interaction/contraindication</td>
<td>$399 73</td>
<td>$29,125</td>
</tr>
<tr>
<td>Drug not indicated (inappropriate therapy)</td>
<td>$92 175</td>
<td>16,079</td>
</tr>
<tr>
<td>Modify medication dose and/or schedule</td>
<td>$364 3,917</td>
<td>$1,424,730</td>
</tr>
<tr>
<td>Initiate new medication</td>
<td>$1,861 2,339</td>
<td>$4,353,955</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>$6,057,637</td>
</tr>
<tr>
<td>Costs avoided</td>
<td></td>
<td>$6,057,637</td>
</tr>
<tr>
<td>Investment</td>
<td></td>
<td>$1,385,417</td>
</tr>
<tr>
<td>Return on investment</td>
<td></td>
<td>4.4</td>
</tr>
</tbody>
</table>

Clinical Outcome Improvement in Diabetics Seen by PCMH Clinical Pharmacists Over 1 Year, TAMC 1Apr14- 31 Mar15

<table>
<thead>
<tr>
<th># of Diabetic Pts</th>
<th>All Diabetics who were not a CPG Goal and had opportunity to improve</th>
<th>Subset of All Diabetics who Achieved CPG Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>364</td>
<td>121</td>
<td></td>
</tr>
<tr>
<td>Baseline Hgb A1C (avg)</td>
<td>8.7</td>
<td>8.1</td>
</tr>
<tr>
<td>Follow-up Hgb A1C (avg)</td>
<td>8.0</td>
<td>6.9</td>
</tr>
<tr>
<td>Absolute Hgb A1C reduction (avg)</td>
<td>0.7</td>
<td>1.2</td>
</tr>
<tr>
<td>Avg Absolute HgbA1C Reduction Needed to Achieve Goal</td>
<td>1.7</td>
<td>1.1</td>
</tr>
<tr>
<td>% Closure of HgbA1C to Goal</td>
<td>41% (=0.7/1.7)</td>
<td>100%</td>
</tr>
<tr>
<td>% of Pts Achieving CPG Goal</td>
<td>33%</td>
<td></td>
</tr>
</tbody>
</table>

ESSENTRIS 3.0
Pharmacy Metrics

- Intervention Type
  - Chart review
  - Consultation
  - Continue medication
  - Discontinue medication
  - Initiate new medication
  - Medication recommendation
  - Non-medication recommendation
  - Modify dose/route/ form/ frequency and/or duration of medication

- Intervention Reason
  - Adverse drug reaction
  - Allergy
  - Clarification of orders
  - Drug information
  - Drug-Disease interaction
  - Drug-Drug interaction
  - Drug-Food interaction
  - Education/counseling
  - Lack of effectiveness
  - Medication reconciliation
  - Parenteral nutrition

ESSENTRIS 3.0
Pharmacy Update

- Reason for Note
  - Antimicrobial stewardship
  - Other (MTM, Hem/Onc, Pain management)
  - Pharmacotherapy
  - PDF file upload

- Status Board
  - Precaution
  - Command Interest
  - Height (in or cm)
  - Weight (kg)
  - Serum creatinine

- Displays 500 patients/page
- Unit census, patient, clinical information
- Admit date
- # of Orders and # of STAT
- Pharmacy comments
- Tech comments
- RN comments
- Discharge med status
- Admit MedRec reviewed
- Discharge MedRec reviewed

Essentris 3.0
Pharmacy Updates- Reports

- Real Time Reports
  - Anticoagulation
  - Master
  - Renal
  - Utilization- top 100
  - Utilization- provider
  - Workload

- Pharmacy Workload Report
  - Lists patients by discharge diagnosis
  - Clinical Services education
    - Medication reconciliation
    - Discharge education
    - Medication compliance
    - Discharge interventions

- Outcome data
  - Adverse events during or after hospitalization
  - Readmission w/ 30 days
TSWF Disease Management

**Referral reason**
- Asthma
- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Coronary heart disease (CAD)
- Heart Failure

**Referral reason**
- Depression
- Anxiety
- High blood pressure
- Obesity
- Hyperlipidemia
- Pain
- Other

**Referral from**
- PCM
- Case management
- Self referral
- Behavioral health

**Level of referral**
- Inpatient
- Post inpatient
- Post ER
- Outpatient
- Post rehab

**Co-Managing Team**
- Bariatric surgery
- Behavioral health
- Cardiology
- Chaplain
- Endocrinology
- Exercise physiology
- Family advocacy
- Lifestyle modification class
- Neurology

**Co-Managing Team**
- Nurse case management
- Nutrition
- Pain Management
- Pharmacy
- Pulmonology
- Rheumatology
- Vascular surgery
- Sleep study
- Social work
- Wellness center

**Type of encounter**
- Initial assessment
- Post-hospital assessment
- Continuation of care
- Completion/PCM notification
- Post-completion

**Activities of daily living**
- Ambulation
- Bathing
- Eating
- Dressing
- Toileting
- Transferring

**Extension for Community Healthcare Outcomes (ECHO)**

**Asthma**
- Severity level
- Actionable data
- Self-management education
- Precipitating factors
- Impact of disease
- Goals
- Interim goals
- Goals for next visit

**Asthma education**
- Pathophysiology
- Triggers
- Treatment
- Emergency treatment indicators
- Lifestyle impact
- Symptom Prevention and Lifestyle Modification
- Meter-dose inhalers

**Knowledge-sharing networks**
- Led by expert teams
- Virtual training to a learning community
- Mentoring and feedback from specialists
- Exponentially increases specialty treatment
- Reduces health disparities

**Polypharmacy Medication Analysis & Report Tool (Poly-MART)**

- Identify enrolled members for direct care
- Comprehensive prescription data from MTF, Mail Order, and Retail network
- Analysis of data to identify high risk individuals
- Report generated monthly
- Email sent when monthly database available
Polypharmacy and Clinical Pharmacy Technician Documentation

- **Asutype Short Code**
- Telephone consult for medication review
  - Polypharmacy (Bucket 5)
- **History of Present Illness**
  - Patient was identified by DHA Pharmacy Operations Division generated report base on M2, PDTS prescription data and meets the polypharmacy criteria for:
    - Opioid Prescription Use (4 or more medications)
    - Multiple Psychotropic and/or CNS Depressant Prescriptions
    - Utilization of Care (3 or more ED visits involving opioids)

Thanks to Sal Tranam, CPhT and Dr. Jennifer Evans, Kimbrough Army Community Clinic.

Electronic Prescribing (eRx)

- **Meaningful Use Objective**
  - Generate and transmit permissible prescriptions electronically (eRx)
- **Measure**
  - Greater than 40% of all permissible Rxs transmitted electronically
- **Permissible prescriptions**
  - Restriction by Dept of Justice on electronic prescribing for controlled substances in Schedule II-V
  - Any Rx not in restriction is permissible
- **MHS deployment completed December 2014**

- **Stage 1**
  - Data capture and sharing
- **Stage 2**
  - Advance clinical processes
- **Stage 3**
  - Improved outcomes

Trends in eRX as a % of Civilian Scripts by Service: January - July 2015

New eRX script counts from Emdeon. New civilian script counts from CHCS as of 8/17/15. Limited to consolidated sites with >200 civilian scripts per month.

Defense Health Agency, Pharmacy Operations Division (POD)
DoD Awards Cerner, Leidos, Accenture
Electronic Health Record (EHR) Contract

- $35 million obligated at time of award
- 2 year initial contract
  - $4.3 billion
- 10 year contract period
  - 2 additional three-year options
  - Value at $9 billion
- Completion by Sep 2025

- Deploy to 1,000 DoD sites
  - 55 hospitals
  - Over 600 clinics
- Replaces over 50 legacy systems
  - Transition plans differ
- Implementation to take 6-7 years
- Deployment and testing
  - 8 MTFs in Pacific Northwest
  - Running by end of 2016

- Accenture
  - Federal health insurance
- Cerner
  - MHS laboratory contract
- Leidos
  - 2014, won $70 million bridge-contract to support AHLTA and CHCS
  - Science Applications International Corporation (SAIC)
- Minimum modification
- Interoperability with private sector systems
- MHS right to software and technical data

Key Points

- Resources available to aid in keeping patient safe
  - Several advances in technology to assist us in our workflow process
  - Subject matter experts willing to collaborate and share their practices
  - Pharmacy analytic support team to provide data analysis

Answer to Self-Assessment Question 1
Name the first initiated policy from Defense Health Agency to standardize pharmacy practice across the Military Health System.

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Closing Remarks
COL Gwendolyn Thompson, PharmD, MPA, BCPS
Medication Safety Manager
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Medication Safety- VA Prescription label Initiative
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Program Manager
VA National Center for Patient Safety

Learning Objectives
Pharmacist and Pharmacy Technician
Learning Objective:
• Describe the impact the Department of Veteran Affairs Prescription labeling initiative had on patient safety.

Self-Assessment Question 1
Why did the VA evaluate the format of their prescription labels?
A) Veteran Service organizations asked the VA to make the font size larger.
B) The to make DOD and VA Prescription labels look the same.
C) VA NCPS received 100's of incident reports indicating the Veterans could not correctly interpret their prescription labels.
D. Make the label format consistent with local retail pharmacies.

Self-Assessment Question 2
Veterans feel which of the following is the most important information on the prescription label?
A) Refill Information
B) Pictures (relating to take w/food, etc.)
C) Dosage instructions
D) Doctors Name

Self-Assessment Question 3
Veterans and VA Pharmacy Staff prefer the following information at the top of the RX Label.
A. Pharmacy Name
B. Directions for Use
C. Veteran’s Name
D. Drug Name

Test Your Knowledge
• HOW MANY PRESCRIPTIONS DOES THE VA FILL DAILY?
  ■ 3,917
  ■ 39,170
  ■ 391,700
  ■ 3,917,000
  ■ Too many to count.

VA 391,700
DOD 365,196
VA RX Benefit! FY13

- 24 Million Vets, 4.87 Million used RX benefit. DOD 7.1 Million
- 142,986,291 VA OP Rx filled at a cost of $3.3 B
- CMOPS filled 77% of all VA Rxs DOD 8%
- 7,276 Pharmacists and 4,149 Pharmacy Techs are employed by VA.
- VA Rx labels are not standardized.

Others have Identified a need for a patient centric label

- American College of Physicians Foundation (ACPF) 2007: Improving Prescription Drug Container labeling in the United States
- USP, “Standardizing Medication Label, Confusing Patients Less” 2008
- NABP Model State Act, Aug 2009

Adherence With Medications Associated with Improved Outcomes

- Nonadherence causes $100 Billion in annual wasteful health care spending*
- Aren’t VA Labels Clear Already?

Health Literacy, and Prescription labels, Why should we be concerned?

- 12% of adults have proficient health literacy and can interpret a Rx label correctly!
- AHRQ Pharmacy Health Literacy Center
- 30% of patients inadequate health literacy were able to state how many pills of a prescription should be taken. *
- 54% of patients can interpret primary label Wolf, et al. Ann Intern Med 2004
- 75% of patients with inadequate health literacy were able to correctly state how to take a medication four times a day*


Adherence With Medications Associated with Improved Outcomes

- P. Michael Ho, et al. Medication nonadherence is associated with a broad range of adverse outcomes in patients with coronary artery disease
  American Heart Journal Vol. 155, Issue 4, Pages 772-779
  [Ho et al; Am Heart J 2008](http://www.nap.edu/catalog.php?record_id=12077)

- Nonadherence causes $100 Billion in annual wasteful health care spending*
- Aren’t VA Labels Clear Already?
NCPS Database

- 644 Cases involving Rx + label 2000-2011
  - "Glyburide 5mg tablets take two tablets by mouth twice a day (half an hour before a meal)". Prescription written for glyburide 10mg BID AC. Patient misunderstood directions and was taking his glyburide before every meal three times a day resulting in hypoglycemia. Label changed to read twice a day half an hour before breakfast and dinner.
  - "Take one tablet by mouth every day for heart give x 2 doses only (start 8 hours after the initial 250mcg dose is given)." Asked pt how he was taking his digoxin and pt reported "twice daily just as the label says".

- 1229 Cases involving ½ tablet incidents 2005-2009
  - "Take one half tablet daily for blood pressure". Pt called the pharmacy stating he would run out of lisinopril before the refill date. The prescription was for lisinopril 10mg tablet, in talking to the pt it was found he had been taking a whole tablet instead of splitting the tablet and taking only one half daily. Pt was instructed to take just half of the tablet for each dose.

446 Veterans at 11 Survey Sites & 697 Pharmacist/Technician Participated

Typical VA Prescription Label

Vets Don’t read the Rx label Everytime

<table>
<thead>
<tr>
<th>VETERANS REFERENCED INFORMATION ON THE PRESCRIPTION LABEL</th>
<th>Never</th>
<th>Once</th>
<th>Sometimes</th>
<th>Every time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug name</td>
<td>1%</td>
<td>10%</td>
<td>17%</td>
<td>72%</td>
</tr>
<tr>
<td>Instructions</td>
<td>1%</td>
<td>17%</td>
<td>27%</td>
<td>55%</td>
</tr>
<tr>
<td>Veteran’s name</td>
<td>4%</td>
<td>25%</td>
<td>15%</td>
<td>56%</td>
</tr>
<tr>
<td>Doctor’s name</td>
<td>8%</td>
<td>28%</td>
<td>29%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Test Your Knowledge

- Chew before swallowing
  - Veterans rated pictures as the LEAST Understood & LEAST Important part of the Rx label.
- Do not refrigerate.
  - Avoid the sun while taking this medicine.
- Dissolve in full glass of water.
Test Your Knowledge
How many do you take in a day?

If you said “1” you and 42% of Veterans Answered Correctly

NUMBER OF PILLS IN 1 DAY
% of respondents
One 42%
Two 3%
Three 38%
Depends on how many meals I eat 13%
Don’t know 4%

More words do not always increase understanding.

Prescription label | Grade level to understand
--- | ---
Take one capsule by mouth three times a day for pain. | 1.5
Take one capsule by mouth three times a day for pain and spasticity. | 4.9
Take one capsule by mouth three times a day for pain and spasticity. (Approved by Chief of staff) | 6.5
Take one tablet by mouth at bedtime and take one tablet at bedtime as needed. | 5.9
Take one tablet by mouth at bedtime and take one tablet at bedtime as needed for depression & mood. | 7.8

WHAT VETERANS IDENTIFIED AS MOST IMPORTANT

% VETERAN IMPORTANCE OF LABEL INFORMATION

<table>
<thead>
<tr>
<th></th>
<th>Not Important</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very Important</th>
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<tr>
<td>N= 446</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Dosage instructions</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Drug name</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>10</td>
<td>85</td>
</tr>
<tr>
<td>Veteran’s name</td>
<td>3</td>
<td>6</td>
<td>16</td>
<td>32</td>
<td>84</td>
</tr>
<tr>
<td>Fill number (2 of 3)</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>16</td>
<td>72</td>
</tr>
<tr>
<td>Number of refills left</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>18</td>
<td>71</td>
</tr>
<tr>
<td>RX number</td>
<td>4</td>
<td>7</td>
<td>11</td>
<td>16</td>
<td>81</td>
</tr>
<tr>
<td>Quantity of pills</td>
<td>4</td>
<td>10</td>
<td>12</td>
<td>20</td>
<td>82</td>
</tr>
<tr>
<td>VA/DMC phone number</td>
<td>6</td>
<td>6</td>
<td>9</td>
<td>18</td>
<td>81</td>
</tr>
<tr>
<td>Discard date</td>
<td>7</td>
<td>10</td>
<td>12</td>
<td>16</td>
<td>55</td>
</tr>
<tr>
<td>Written warnings (take w/food, etc.)</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>12</td>
<td>84</td>
</tr>
<tr>
<td>Doctor’s name</td>
<td>5</td>
<td>6</td>
<td>16</td>
<td>24</td>
<td>52</td>
</tr>
<tr>
<td>Description of pills (shape, color)</td>
<td>7</td>
<td>8</td>
<td>14</td>
<td>21</td>
<td>50</td>
</tr>
<tr>
<td>VA/DMC facility name</td>
<td>11</td>
<td>12</td>
<td>14</td>
<td>15</td>
<td>86</td>
</tr>
</tbody>
</table>
| Pictures (relating to take w/food, etc.) | 17 | 12 | 18 | 16 | 57

WHAT PHARMACY STAFF IDENTIFIED AS MOST IMPORTANT
### Test Your Knowledge

- **HOW MANY ½ TABLET PRESCRIPTIONS DID THE VA FILL IN FY 2011?**

8,068,401

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### 8 Million ½ Tab Prescriptions

- **2.9 Million Veterans**
- **59.2% of all Veterans**
- **VAMC Variance 25-75%**

Many different ½ tablet Sig codes

- **TAKE ½ TO 1 TABLET BY MOUTH AS DIRECTED TAKE ONE TABLET IN AM ONLY**
- **TAKE ½ TO 1 TABLET BY MOUTH IN THE MORNING AND IN THE EVENING**
- **TAKE ONE AND ONE-HALF TABLETS AT BEDTIME**
- **TAKE ONE AND ONE-HALF TABLETS BY DISSOLVING UNDER THE TONGUE EVERY DAY**
- **TAKE ONE AND ONE-HALF TABLETS BY MOUTH AT BEDTIME - MAY CAUSE DROWSINESS - DO NOT DRINK ALCOHOL**

**TEST Your Knowledge: How many ½ tablet Sig Codes were used in FY11?**

18,414

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### ½ Tab Education Differences

People with educations of some college or more were more likely than those with educations of high school or less to respond correctly to these questions:

- **Take ½ (one half) tablet by mouth in the morning and the evening (92% vs. 78%)** \(P=.001\)
- **Take one-half tablet by mouth in the morning and in the evening (93% vs. 74%)** \(P=.001\)
- **Take one-half (12.5 MG) tablet by mouth in the morning and in the evening (88% vs. 71%)** \(P=.001\)
- **Take ½ tablet by mouth in the morning and in the evening (86% vs. 66%)** \(P=.001\)
Veteran Trial of Patient Centric Prescription label

- Veterans were consistently positive in their ratings of the new labels
- The vast majority of respondents rated the new label favorably compared to the old label

Veteran Survey Results

- Pharmacies were more variable in their responses to the survey items than were Veterans, though still primarily positive
Next Steps

This is how the Veteran receives PMI from the VA.

Key Points

- Veterans interpret drug labels differently based on their age, education and culture.
- Drug information can be presented to increase comprehension and user acceptance.
- Patient Medication Information (PMI) is the next area of study.

Answer to Self-Assessment Question 1

Why did the VA evaluate the format of their prescription labels?
A. Veteran Service organizations asked the VA to make the font size larger.
B. The VA wants DOD and VA Prescription labels to look the same.
C. VA NCPS received 100’s of incident reports indicating the Veterans could not correctly interpret their prescription labels.
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C. Veteran’s Name
D. Drug Name

Closing Remarks

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