

Practice Sting Still awaiting collection? Prevent missed medication

This Practice Pearl is relevant to pharmacists and pharmacy technicians

Proactively contact patients who do not collect high-risk medicines in a timely manner.

Incident reports

Medicines prepared for dispensing are regularly left uncollected at the pharmacy. Incident reports include the following examples:

1. Clopidogrel: A patient collects an initial one-month supply but does not return for a repeat supply.
2. Clindamycin: The pharmacist prepares a course of oral treatment. The patient does not collect it and consequently receives no antibiotic treatment.
3. Nadroparin: A patient is discharged from hospital on a Tuesday. The pharmacy does not call until Saturday to explain that the medicine has been awaiting collection for several days. The patient has gone without the medicine throughout this period.

Recommendations

- Establish a policy for medicines that may pose a high risk to patients if treatment is not started promptly.
- Set up a dedicated follow-up tray. Set aside prescriptions for these medicines, such as initial supplies of antibiotics or antithrombotic agents. If the medicines remain uncollected, contact the patient by the following day at the latest.
- Check uncollected medicines weekly. Make it a routine team task to check the collection shelves, cupboards and refrigerator each week. Use the Track and Trace system where available.
- Contact vulnerable patients proactively. Do not assume that patients no longer need medicines they have not collected. Call the patient to establish whether there has been a misunderstanding, concern about side effects or a lack of awareness of the prescription.
- Pay particular attention to first and second supplies: identify initial supplies that remain uncollected and cases where a second supply is not requested after one month.

Analysis

In the Netherlands, prescriptions are routinely sent via electronic pathways to the community pharmacies. The pharmacy technicians prepare the prescription for dispensing. However, Dutch patients do not collect 11.5% of medicines newly prescribed by their GP, according to a Dutch study. A lack of knowledge or communication often underlies non-collection. Patients may not fully understand how to use their medicines, for example the distinction between short-term and long-term treatment, may already feel better, or may simply be unaware that a prescription is awaiting collection following hospital discharge. Without proactive checks by the pharmacy, this directly results in non-adherence and serious health risks, particularly when prompt treatment with antithrombotic agents or antibiotics is required.

The KNMP guideline Ter hand stellen (Dispensing) advises pharmacists to assess, on a case-by-case basis, whether the pharmacy team should contact the patient to make further arrangements for collection or delivery of the medicine. Patients also have a clear responsibility in this regard.

For medicines that need to be started promptly, such as antibiotics and antithrombotic agents, the pharmacy can set up a dedicated follow-up tray. This provides a quick overview of patients who may need to be contacted. In the second and third cases described above, this could have helped mitigate the incident.

To identify repeat supplies that have not been requested shortly after treatment initiation, special services offers web-based reports “Uitgifte gemist” (Missed dispensing). This enables pharmacists to identify patients who do not return for a second or third supply of long-term medication. This could have helped in the first case described above.