

# **THE BUSINESS CASE**

**for**

## **A Standardized Continuous Quality Assurance Program in Saskatchewan Pharmacies - COMPASS™**

**by the**

**Saskatchewan College of Pharmacy Professionals**



Submitted to the Council of the  
Saskatchewan College of Pharmacy Professionals

COMPASS™ Steering Committee

Approved by the SCPP Council December 14, 2016

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The Saskatchewan College of Pharmacy Professionals would like to extend sincere appreciation to all the community pharmacies and participating individuals for their involvement and contribution during the three phases of the Community Pharmacists Advancing Safety in Saskatchewan (COMPASS) Continuous Quality Assurance (CQA) Pilot Project.

A complete list of the participating community pharmacies and other individuals are listed on pages 32-34 of this document.

## EXECUTIVE SUMMARY

The COMPASS™ Steering Committee has been tasked with developing a business case and implementation plan, as well as determining the program requirements for COMPASS™ as a standardized continuous quality improvement process for Saskatchewan pharmacies.

In 2013, when the SPP Council decided to test the feasibility of a standardized continuous quality improvement program in Saskatchewan community pharmacies through a pilot project, there were three objectives of the pilot; 1) to align with Saskatchewan health system planning around patient and medication safety; 2) to replace our current pharmacy practice review rating system with more meaningful and credible measures of quality, 3) to support our standards of practice by emphasizing medication safety for patients and safe medication practices within the pharmacy.

During professional practice reviews, it was identified within Saskatchewan pharmacies that not all pharmacies had a quality assurance program and not all pharmacists and pharmacy technicians were participating in quality assurance and continuous quality improvement activities as outlined in the NAPRA Model Standards of Practice for Pharmacists and Pharmacy Technicians.

A pilot project was started in September 2013 based on the SafetyNET-Rx pilot projects from Nova Scotia. During the first phase, the pilot project was branded as COMPASS™ – Community Pharmacists Advancing Safety in Saskatchewan. In total, there were three phases of the pilot project with each providing positive results that indicated further phases should be undertaken. Overall, there was very strong evidence that the COMPASS™ program should be implemented in all Saskatchewan pharmacies. Some of this evidence was the opportunity for shared learning amongst all Saskatchewan pharmacies. Through ISMP Canada newsletters and ability to access information regarding other incidents reported on the CPhIR database community pharmacy staff will have the opportunity to learn from each other.

Further support for widespread implementation is the fact that Nova Scotia College of Pharmacists has required mandatory participation in a standardized quality assurance and have realized many benefits around patient safety since the program was implemented in 2010. The quality assurance program in Nova Scotia is SafetyNET-Rx.

Specific program requirements have been proposed for the COMPASS™ program, which include anonymous reporting of incidents (errors and near misses) to a central database –Community Pharmacy Incident Reporting (CPhIR) tool and the biennial completion of the Medication Safety Self-Assessment (MSSA). Other program requirements include discussing specific incidents and improvement strategies at continuous quality improvement (CQI) meetings and designating at least one individual from the pharmacy staff to be the Quality Improvement (QI) Coordinator. The strength of the COMPASS™ program comes in part from pharmacies contributing to a national database (CPhIR) for shared learning, the ability to proactively identify potential safety issues through the MSSA and the fact that all the tools and processes for COMPASS™ are

provided and supported by ISMP Canada, which is a safety focused, evidence based national organization.

To ensure the QI Coordinator(s) understand their role and other pharmacy staff members become familiar with the tools and processes, in-person education sessions are being planned and will be mandatory for all QI Coordinators. There will be four education sessions held one in April in Regina and one in May 2017 in Saskatoon and two sessions held in September 2017 (one in Regina and one in Saskatoon).

To finance the costs associated with each pharmacy having a CPhIR subscription through ISMP (Institute for Safe Medication Practices) Canada, as well as implementation and compliance costs, a permit fee increase has been proposed. The permit fee increase that has been recommended is \$500.00/pharmacy.

Communication with all stakeholders will be paramount to ensure the success of the implementation of COMPASS™ in all Saskatchewan community pharmacies. Therefore a communication strategy will be developed to ensure all essential information is circulated in a timely manner, and each stakeholder is provided with the necessary messaging.

Lastly, the ultimate goal for implementing COMPASS in all Saskatchewan community pharmacies is to increase the safety of the medication dispensing system and achieve a culture of safety where all pharmacy staff members feel safe to report and discuss errors and are continually looking for ways to improve the safety within the pharmacy.

## **BACKGROUND**

The NAPRA Model Standards of Practice, which SCPP (Saskatchewan College of Pharmacy Professionals) has been adopted as the standard of practice, states that all pharmacists and pharmacy technicians are expected to participate in quality assurance and quality improvement activities. However, it was realized during professional practice reviews, that not all Saskatchewan pharmacies have in place a formal quality assurance process. As well, SCPP has had in its strategic plan for several cycles, a vision, mission, goals and objectives that specially address public safety and ensuring safe medication practices within Saskatchewan community pharmacies to protect the public. One of the primary goals within the current strategic plan is Goal #1 – Advancing public safety in pharmacy services; with one of the objectives within this goal to “Increase the use of a standardized quality assurance process by 2018.” ,

As a result, in 2013, the SCPP Council decided to commission a study to understand the key factors impacting the reporting and learning from quality related events in community pharmacies in Saskatchewan. Researchers, Todd Boyle, Andrea Bishop, et. al. from St Xavier University in Nova Scotia, who were heavily involved with the development of the SafetyNET-Rx program, were asked to conduct the study.

The findings of the study were many, but most importantly it was determined that only a few pharmacies had a formal quality assurance process in place for reporting and discussing incidents, and thus limited shared learning was occurring. As well, there was evidence that a shame and blame culture still existed within some pharmacies which reduced the comfort level of those pharmacy staff members to report and discuss errors. As a result of the study, it was decided by the SCPP Council to participate in a pilot project to test the feasibility of a standardized quality assurance process in Saskatchewan community pharmacies, as well as attempt to change the culture of safety within community pharmacies to one of shared learning and blame-free reporting. That standardized quality assurance process became COMPASS™ (Community Pharmacists Advancing Safety in Saskatchewan). The objectives of the pilot were the following; 1) to align with Saskatchewan health system planning around patient and medication safety; 2) to replace our current pharmacy practice review rating system with more meaningful and credible measures of quality, 3) to support our standards of practice by emphasizing medication safety for patients and safe medication practices within the pharmacy.

From September 2013 to the present time, three phases of COMPASS™ have occurred. The first phase had 10 pharmacies participate, the second had 87 pharmacies and the third phase consisted of 119 pharmacies. With each phase, there were more Saskatchewan pharmacies accessing and utilizing the three COMPASS™ tools. The tools that were used in the three phases of the pilot were through subscriptions to CPhIR (Community Pharmacy Incident Reporting) through ISMP Canada. The tools were specifically an incident reporting tool, the CPhIR tool; a tool to proactively identify potential areas where errors could occur, which was the MSSA (Medication Safety Self-Assessment) tool; and thirdly the QI (Quality Improvement) tool, which was used to document improvement activities and set agendas for the quarterly meetings.

In order to assess the changes that had occurred within Saskatchewan pharmacies through the use of the COMPASS™ quality improvement program and to determine if these changes warranted continued support of the COMPASS™ project, a second study was commissioned by the SCPP Council, after the second phase of COMPASS. This study was again conducted by Todd Boyle and his researchers at St. Xavier University. The findings of the study were very positive with regards to organizational learning with COMPASS™. There were perceived changes by the COMPASS pharmacies with a reduction in blame culture, increased discussion on ways to prevent errors and staff constantly assessing risks and looking for ways to improve. The study also provided some recommendations to improve COMPASS™'s processes to make it more suitable for Saskatchewan pharmacies. Overall, the recommendations from the study were that there was strong support for COMPASS™ to be rolled out to all Saskatchewan pharmacies. The recommendations can be reviewed in the attached Appendix B.

## **ENVIROMENTAL OVERVIEW**

Recent highly publicized medication errors in Saskatchewan and Ontario show how important it is for community pharmacies to have continuous quality improvement systems in place to ensure medication safety and safe medication practice. With each report in the media regarding a serious medication error, the public has the potential to have less trust in pharmacy care and increased fear that dispensing systems are not safe. As well, the public is demanding

more transparency regarding errors and want to know that pharmacies are taking specific steps to prevent errors and harm.

Although pharmacy staff members are always striving to ensure no errors occur within the pharmacy, sometimes due to system issues, they do happen. As pharmacies get busier and busier due to an increase in prescription volumes (aging population) and additional clinical services e.g. Saskatchewan Medication Assessment Program (SMAP) and injections, there needs to be specific strategies to ensure a continuous quality improvement process is in place.

The SafetyNET-Rx Project at St. Xavier University in Nova Scotia, as explained on the SafetyNET-Rx website, “is a quality improvement program designed to help pharmacies reduce and learn from medication errors and near misses, collectively known as Quality Related Events (QRE). More specifically, the objective of SafetyNET-Rx is to enhance patient safety through a community pharmacy-based quality management program. The program encourages pharmacies to apply a set of standardized business processes, quality management practices, and integrated information technologies (IT) to identify, report, analyze and learn from QREs.”

The Nova Scotia College of Pharmacists was involved in a two-phase pilot project with SafetyNET-Rx and as a result required all Nova Scotia pharmacies to have a standardized quality assurance program within their pharmacy in 2010. The Board of Pharmacy in New Brunswick, and the College of Pharmacists in Prince Edward Island all have been involved in similar pilots. The Colleges of Pharmacy in Manitoba and Ontario are currently looking at possible options for a formal quality assurance process in their provinces. To date the Nova Scotia College of Pharmacists is the only one that has made having a standardized quality assurance program mandatory. The other provinces have strongly encouraged pharmacies to participate but have not yet made their program mandatory.

The three COMPASS™ pilot project phases were modelled after the Nova Scotia College of Pharmacist and SafetyNET-Rx pilot project, due to the positive outcomes that were realized in Nova Scotia pharmacies around increase patient and medication safety.

As was mentioned previously, during professional practice reviews in Saskatchewan community pharmacies, it was determined by the field officers that although quality assurance and quality improvement activities by pharmacists and pharmacy technicians is part of our standard of practice, this was not always occurring on a consistent basis. Research completed for the Saskatchewan College of Pharmacy Professionals in 2015 showed that 37.8% of community pharmacies in Saskatchewan had no formal error reporting system. Of the pharmacies that reported having a formal system the majority 42.7% had a manual system, and 9% only reported incidents to their head offices. No community pharmacy had in place a way to proactively look at processes and systems within the pharmacy to see if any of the processes or systems had the potential to cause errors.

Currently, there is no way to quantify the number and types of incidents that are occurring within Saskatchewan pharmacies. Up until now there has been no central database in which pharmacy staff could report incidents. All reporting was done internally with no opportunity for

the information to be pooled to get an idea of the extent of medication incidents in Saskatchewan. There was also no opportunity for pharmacy staff members to learn from other pharmacies errors, so no shared learning.

With the COMPASS™ quality assurance program, there is a central database (CPhIR) where pharmacies can anonymously report actual errors and significant near misses, and a process (MSSA) for proactively looking at systems within the pharmacy to identify those they may have the potential to cause errors. Additionally, there would be an opportunity to quantify the number of errors that are occurring within pharmacies and thus understand the extent of the problem. As well, through newsletters, and the CPhIR database there is an opportunity for shared learning, so that pharmacies can learn from each other's errors and hopefully prevent them from occurring in their pharmacy.

## **PROGRAM OVERVIEW**

The proposed components of the COMPASS™ quality assurance program are the following;

- Managing known, alleged and suspected medication errors that reach the patient consistent with the best practices.
- Reporting anonymously of quality related events (QREs) to an independent, objective third party organization for population of a national aggregate database.
- Reviewing and discussing QREs between pharmacy staff and management through review of the pharmacy's aggregate QRE data (e.g. total number of incidents, type of incidents, etc.).
- Completing of a medication safety self-assessment biennially.
- Developing and monitoring of the progress of an improvement plan at CQI meetings.
- Documenting of quality improvements discussed at CQI meetings of staff. Discussion and outcomes of the CQI meetings are to be documented using the quality improvement tool in CPhIR.
- Holding of CQI meetings for the purpose of providing staff education, discussing of QRE's, completing of the MSSA, and developing and monitoring of the improvement plan. It is recommended that pharmacy staff meet no less than annually.
- Providing ongoing education to the pharmacy staff on the current best practices in QRE management.
- Designating an individual to be the QI coordinator at each pharmacy. Recommend having two co-coordinators but will depend on the size of the safety workload within the pharmacy.

The proposed date for mandatory implementation of the COMPASS™ CQI program within all Saskatchewan pharmacies will be November 1, 2017. Therefore, all pharmacies during the permit renewal process for the 2017-2018 permit year will have included in their permit fee, the fee for a CPhIR subscription. As well, to meet the permit requirements regarding COMPASS each pharmacy manager will be required to have completed a COMPASS program application which is to be submitted to SCPP and provide to ISMP Canada a signed data-sharing agreement



(DSA). All pharmacies will be required to participate including dispensing physicians. It has been proposed that if dispensing physicians must meet the other requirements for a pharmacy permit then they should be required to meet this requirement as well.

After December 1, 2017, in order to allow pharmacy staff members to become familiar with the tools, it has been proposed that the use of the COMPASS™ tools will be through staggered implementation dates. Each pharmacy will have two months (until February 1, 2018) to start entering incidents and near misses, four months (until April 1, 2018) to complete the MSSA, and six months (until June 1, 2018) to have held their first CQI meeting to develop their improvement plan and strategies.

To ensure compliance with the COMPASS™ program and to encourage the use of the tools, there will be an assessment of COMPASS™ use included on the self-assessment as well as during professional practice reviews. SCPP will also have access to information through ISMP Canada regarding the number of incidents reported by each pharmacy and whether an MSSA has been completed. Also on-site pharmacy visits through professional practice reviews and other visits will be utilized to confirm compliance. Lastly, an annual declaration by the pharmacy manager regarding quality assurance and improvement activities will be implemented as a part of the permit renewal process.

## **IMPLEMENTATION PLAN**

The details of implementation of the COMPASS program are highlighted in the attached Appendix A.

## **HUMAN RESOURCES PLAN**

It is being proposed that each pharmacy have at least one designated person within the pharmacy to be the Quality Improvement (QI) Coordinator. The pharmacy could designate an additional person if the safety workload of the pharmacy warrants it. The QI Coordinator could be a staff pharmacist or pharmacy technician. While it is recommended that the quality improvement (QI) coordinator oversees the activities described below, it is still the responsibility of the pharmacy manager to ensure that the pharmacy complies with the program requirements.

The responsibilities of the QI Coordinator are the following;

- participating in the in-person COMPASS™ training
- training the other pharmacy staff members on the tools and processes of COMPASS™
- ensuring all pharmacy staff members are identifying, reporting and discussing incidents, and are aware of all incidents that have occurred in the pharmacy.

- ensuring that biennially the medication safety self-assessment is completed and that there is a team of pharmacy staff members involved in the completion.
- ensuring there are CQI meetings when appropriate e.g. to develop and monitor improvement plans, when a harm incident occurs, to complete the MSSA, when staff education is required.
- identifying education needs of the pharmacy staff with respect to safe medication practice, medication safety and other safety related issues.

With the introduction of another regulated health care profession, pharmacy technicians, there is an opportunity for increased safety within community pharmacies. The role of the pharmacist and pharmacy technician within the COMPASS program will be the same with respect to ensuring safe medication practices. All regulated members will be required to ensure they are participating in quality assurance and quality improvement activities as outlined in the NAPRA Model Standards of Practice and the program requirements.

In order for the QI Coordinator(s) to understand their role and other pharmacy staff members to become familiar with the tools and processes, mandatory in-person education sessions are being planned for all QI Coordinators. There will be two education sessions held in the Spring April & May 2017 and two sessions held in September 2017. The education sessions will be available for QI Coordinators and pharmacy managers. In conjunction with one of the in-person sessions, there will be a recording made in order to be able to offer an online education session at a later date.

There will also be ongoing planning in an effort to incorporate patient/medication safety education for students at the U of S College of Pharmacy and Nutrition and Saskatchewan Polytechnic. This education will include training on the COMPASS™ tools and processes.

Introducing a standardized continuous quality improvement process in Saskatchewan community pharmacies is recognized by the Saskatchewan College of Pharmacy Professionals to initially take additional staff time that may have been used for other functions. Time is needed to train staff to become familiar with the tools, complete the MSSA and hold CQI meetings. However, it has been shown that the time invested in incorporating such a process in the pharmacy, once it is accepted as a normal part of dispensing /work process, will actually save time in the long term. Analysis of the research completed after the second phase of the COMPASS pilot project showed that the following benefits for the pharmacy staff were realized through COMPASS use.

- Increased awareness of safety issues
- Improved discussion of near misses
- Reduction in the blame and fear of discussing medication incidents
- Perceived reduction on the number of incidents that were occurring in the pharmacy

As staff become more aware of safety issues and are able to identify and resolve the systems and processes that lead to time consuming errors there should be less time spent correcting errors and thus more time for specific patient centered activities.

## MARKETING /COMMUNICATION PLAN

Ensuring patient and medication safety is of paramount importance within a community pharmacy. Having a standardized continuous quality improvement process, such as COMPASS™ may initially be seen as just adding to the workload and that it will be just one more thing to do in the pharmacy. However, research has shown that as the culture changes within the pharmacy and pharmacy staff members are constantly looking for potentially unsafe practices and assessing their processes and workflow to ensure they are safe, there is actually less time spent resolving errors and more time spent on patient focused activities.

Those pharmacies that already have a more formal quality assurance process in place or feel their practice is safe, may question the need to participate in COMPASS™. However, by participating in a standardized continuous quality improvement program by utilizing the tools of COMPASS™, it allows those pharmacies to maintain their level of safety but also to identify areas in which they could improve. As well, information regarding performance from those pharmacies can be used as a benchmark for lower performing pharmacies to achieve.

In order for pharmacies to understand the importance of adopting COMPASS™ processes and tools within their pharmacies, communication and marketing strategies will include the benefits of COMPASS™ as a standardized CQI process, as well as the other potential value they will receive in addition to the use of the tools. Some of the additional benefits are listed below;

- central database of errors and near misses, for shared learning through bulletins, newsletter and search functions within the database.
- increased openness and comfort with reporting and discussing errors and near misses, which leads to heightened awareness regarding potential errors.
- decreased costs due to medications having to be replaced in the event of an error, and less time spent fixing errors.
- improved pharmacy staff satisfaction and increased moral from decreased medication errors.
- opportunity to ensure safety processes are in place when implementing expanded scope
- justifies the reassignment or addition of staff to ensure a safe staffing level and complement
- opportunity to collaborate with other health care providers and others in the health system regarding common patient safety related issues.
- Opportunity to integrate and resolve data quality related events into the safety agenda
- Shift from ensuring the quality of the output to the quality of the process
- increased communication to and awareness by the public regarding safety priorities within the pharmacy leads to maintaining confidence in pharmacy staff and dispensing processes within the pharmacy.
- enhanced accountability to the public arising from increasing public expectations of safety
- opportunity to decrease complaints due to quality related events

- opportunity to incorporate with competency assurance by allowing for non-accredited learning for completion of program requirements e.g. completion of MSSA, CQI meetings, etc.

To ensure that all stakeholders are made aware of the benefits of a standardized CQI program, as well as the proposed implementation plan, communication strategies will be developed for the following stakeholders;

- Pharmacy staff – pharmacists, pharmacy technicians and assistants, pharmacy managers, owners and corporate head offices.
- Public – COMPASS branded posters in pharmacies, with ability to add pharmacy brand e.g. ISMP Canada – 5 Questions to Ask Your Pharmacies –with COMPASS and Pharmacy logo
- Others- PAS, , University of Saskatchewan, College of Pharmacy and Nutrition and Sask. Polytechnic, Health Quality Council, Regional Health Authorities, Sask. Prescription Drug Plan, Sask. Health, e-Health and other health care professional organizations (CPSS and SRNA).

During the COMPASS pilot phases, the newsletter, *Directions*, was established as a key communication tool with COMPASS pharmacies. The newsletter was used to inform COMPASS pharmacies of specific information regarding the pilot, upcoming deadlines, education sessions, newsletter articles, shared learning opportunities, etc. The newsletter was considered very useful by COMPASS pharmacies because it provided safety specific information as well as information regarding the pilot.

Due to the success of the *Directions* newsletter, it will continue to be used as the primary source of safety specific information for the COMPASS program. Information that will be provided in this newsletter will include; shared learning opportunities, reminders, safety specific education sessions, helpful hints, examples of innovative practices, etc. The *Directions* newsletter will also be utilized as the key communication tool as COMPASS is implemented in Saskatchewan pharmacies.

Another key communication tool will be the “COMPASS” tab on the Saskatchewan College of Pharmacy Professionals website. It will be where all research results, *Directions* newsletter editions, program requirements, etc. will be accessible. Anything that relates to the COMPASS program will be accessible in this area of the website.

Resources will also be made available for pharmacy staff members to assist in answering questions that the public may have about COMPASS and the implementation of a standardized continuous quality improvement program in community pharmacies. Resources will include safety related pamphlets, FAQs, appropriate messaging. The focus of messaging to the public is that the COMPASS program is intended to make a safe system even safer.

In order to facilitate the changes that will need to occur within all Saskatchewan pharmacy systems; a change management strategy will be developed. The strategy will utilize the philosophy and tools of the ADKAR™ change management system. The change management strategy will outline the need for change, why the change is important to pharmacy staff and how it positively impacts them, how to change (information on the tools), how the change will be maintain.

## FINANCIAL PLAN

In order to fund the ISMP Canada CPhIR subscriptions in community pharmacies, it is being proposed that there be a permit increase to cover the cost of the subscription and offset the costs to SPCP for implementation and compliance assurance. The permit fee increase that is being proposed is \$500.00/pharmacy.

The breakdown of the fee increase is as follows;

CPhIR/MSSA subscription	\$ 340.00
Implementation, Compliance assurance and Administrative costs	\$ 160.00
	_____
Total fee increase	\$ 500.00

Some of the implementation and compliance costs are related to increased visits to pharmacies by the field officers as well as other costs for implementation. It is anticipated that when a pharmacy is experiencing challenges implementing and using the tools that a visit will be scheduled by the field officer to assist the pharmacy. Although, no additional fee will be charged to the pharmacy for additional COMPASS™ visits, it is important to consider as a comparison the fees that are currently charged when a second visit is required for other situations e.g. pre-opening inspection. When a new pharmacy opens there is a pre-opening inspection. Currently, the pharmacy is not charged a fee for a pre-opening inspection, as it is included in a new pharmacy permit. However if a re-visit is required there is a fee of \$755.00. The costs associated with additional COMPASS™ visits will be included in the \$160.00 (no extra fee will be charged), which is much less than the current POI re-visits fee.

In addition, to the costs incurred from additional COMPASS™ visits, it is anticipated that there will be costs incurred due to modifications that will need to be made to the current In1Touch database in order to keep track of COMPASS™ related information. As well as other costs ensuring compliance during permit renewal, development of an annual declaration template, etc.

Costs will also be incurred by SPCP for the training of the quality improvement coordinators and pharmacy managers prior to implementation. It is anticipated that quality improvement

coordinators and pharmacy manager will not be required to pay a fee to attend the training sessions.

The additional permit fee increase to cover the costs of implementation and compliance was considered to be quite modest in comparison to the costs it is being used to offset including pharmacies being revisited.

#### **ROLE OF THE FIELD OFFICER**

Currently, the field officers' roles have been more of an enforcement role to ensure compliance with all pharmacy related legislation and standards of practice during the professional practice review process. The expectation for the future role of the field officer in the future will be more of coach/facilitator role to assist all pharmacy staff to utilize effectively the COMPASS™ tools but also to assist pharmacies in identifying opportunities for improvement in order to provide the safest environment for staff and patients. The outcome will not be a pass or fail but rather an ability to improve practice. The role of the field officers may also be in some circumstances as a liaison with ISMP Canada, in order to facilitate exchange and review of aggregate information.

Additional processes will be considered aside from in- person pharmacy visits, in order to provide opportunities for shared education and learning.

#### **RISKS/VARIABLE FACTORS**

It is important to consider the risks or variables that may impact the successful implementation of COMPASS™ as a standardized quality improvement program in Saskatchewan pharmacies, as well as the risks of not implementing such a program. There may be many more risks and variables however these are the ones identified.

Some of the risks/variables that were identified that could impact the implementation are the following;

- Company pushback or refusal to participate
- Lack of pharmacy staff engagement
- Resistance by individual pharmacy staff members
- Lack of awareness of the requirement to implement COMPASS™
- Lack of dedicated time by management for the pharmacy staff to implement and use the tools
- Limited number of pharmacy staff to complete all the requirements of the program
- Decrease in collaboration with physicians if they think pharmacists are reporting their errors
- Public wanting more information on the actual number of errors pharmacy report.

Some of the risks of not implementing a standardized continuous quality assurance program were identified as the following;

- Potential increase in errors and patient harm
- Decrease in public trust in pharmacy systems
- Appearance that patient safety and medication errors are not a priority
- Lost momentum in pharmacies already utilizing the tools effectively
- Loss of advances already realized with regards to the culture of safety in pharmacies
- Loss of shared learning amongst Saskatchewan pharmacies and across Canada
- Field officers not having the appropriate tools and therefore not being able to assess whether current quality assurance and improvement activities are effective
- Inability of regulated pharmacy staff to meet the requirement of involvement in quality assurance and improvement activities

## **CONCLUSION**

The NAPRA Model Standards of Practice of which SCPP has adopted as the standard of practice, states that all pharmacists and pharmacy technicians are expected to participate in quality assurance and quality improvement activities. Currently in Saskatchewan there is evidence of a lack of involvement in required quality assurance and quality improvement activities by some pharmacists and pharmacy technicians. The need for participation in such activities not only assists with ensuring safe medication practice but it is also a standard of practice.

There has been a great deal of evidence that participating in a standardized continuous quality improvement process enhances patient safety and allows for blame free reporting and discussion amongst pharmacy staff. By reporting to a central database there is a greater opportunity for shared learning through the publication of newsletters and bulletins related to incidents reported. As well, access to the CPhIR database search function, allows for pharmacy staffs to search for incidents related to a number of different fields e.g. by drug, type of incident, degree of harm, contributing factors, etc. By being aware of other errors, it assists the pharmacy staff in preventing the same medication errors, which ultimately increases patient safety.

Through the three phases of the COMPASS™ pilot project, there has been strong evidence of an improvement in participating pharmacies with advancing a culture of safety. Pharmacy staff members are more aware of errors; they are more comfortable with reporting and discussing errors, as well as resolving and preventing medication errors. By making the COMPASS program mandatory in all Saskatchewan community pharmacies, safety will just become part of everything pharmacy staff members do in pharmacies, and thus changing the culture of safety in pharmacies.

As more serious medication errors come to light in the media, more needs to be done to ensure that the processes and procedures within pharmacies are supporting safe medication practices

and ultimately safe patient care. There is a quote attributed to Paul Bataldon – IHI Senior Fellow and Founding Chair of the IHI Board of Directors that “Every system is perfectly designed to get the results it gets”. If we want to ensure that the systems within pharmacies are as safe as possible for patients then we need to ensure that they are designed to get that result.



COMPASS  
Implementation Plan

The following proposed implementation plan is intended to provide more specific details concerning the implementation of the COMPASS Continuous Quality Improvement (CQI) program in all community pharmacies as a permit requirement starting December. 1, 2017, as presented in the COMPASS Business Plan.

**A. CQI Program Requirements and Bylaw**

The following is the proposed program requirements;

- 1) Requires anonymous reporting of quality related events (QREs) to an independent, objective third party organization for population of a national aggregate database from which learnings arising from trends and patterns can be communicated across the profession.
- 2) Requires completion of a medication safety self-assessment biennially.
- 3) Requires development and monitoring of the progress of an improvement plan at CQI meetings.
- 4) Requires CQI meetings to be held for the purpose of providing staff education, discussing of QRE's, completing of the MSSA, and developing and monitoring of the improvement plan. The number of CQI meetings held per year will be determined by the quality assurance coordinator and pharmacy manager in order to meet the above requirements. Recommended to meet no less than annually.
- 5) Requires documentation of quality improvements discussed at CQI meetings. Discussion and outcomes of the CQI meetings are to be documented using the quality improvement tool in CPHIR.
- 6) Requires each pharmacy to have designated at least one QI coordinator. Recommend to have two to be co-coordinators but will depend on the size of the safety workload within the pharmacy.

Other components of the program;

- 7) Manages known, alleged and suspected medication errors that reach the patient consistent with the best practices for this activity.
- 8) Encourages open dialogue on QREs between pharmacy staff and management through review of the pharmacy's aggregate QRE data (e.g. total number of incidents, type of incidents, etc.).
- 9) Achieves the purposes of an effective CQI program through ongoing education of pharmacy staff on the current best practices in QRE management and adoption of these practices, with the goal of discouraging punitive identification or other approaches that is detrimental to reporting and learning.

From these programs requirements, the regulatory bylaw will be drafted.

## **B. Timeline for Implementation**

### **2016**

Dec Implementation Plan and Business Case presented to SCPP Council for review and approval.

### **2017**

Jan Communication to COMPASS pharmacies regarding CPhIR subscriptions being continued and ability to continue to use tools.

Feb Initial communication to pharmacies regarding the program requirements, permit requirements, tentative training dates and responsibilities of the quality improvement coordinator.

Regulatory bylaw finalized and approved by SCPP Council at meeting.

Development and accreditation of COMPASS training

Mar Communication to regional managers and corporate head offices regarding the bylaw requirements (after Council meeting)

Pharmacies can start signing up for COMPASS

Meet with regional pharmacy managers and other stakeholders regarding the bylaw requirements (possibly teleconference). Main purpose is to provide information on COMPASS and possibility of amalgamating their CQI process with COMPASS to avoid duplication of reporting

Pharmacy manager to consider who the QI Coordinator(s) will be in their pharmacy.

Registration for COMPASS training – by CPDPP

Determine and start implementing database requirements (SCPP)

SCOPE newsletter article – introducing Directions

Apr COMPASS Training sessions– 1 in Regina, 1 in Saskatoon (tentative dates -Apr 23 & May 28)

Special edition of Directions newsletter regarding quality improvement/ COMPASS, bylaw requirements, program requirements, and QI Coordinator responsibilities.

Communication to U of S, CoP&N and Sask Polytechnic regarding COMPASS and training of students.

May Official announcement of COMPASS being a permit requirement and proposed fee increase at PAS Conference.

Finalize database requirements for SCPP (SCPP staff) and change permit renewal process.

- Change permit renewal process to incorporate new fees and QA Coordinators
- COMPASS Training sessions– 1 in Regina, 1 in Saskatoon (tentative date May 28)
- SCOPE newsletter article
- June
  - Directions newsletter
- July
  - Communication updating pharmacies regarding timelines and pertinent information.
- Aug
  - Start of formal registration of pharmacies into COMPASS
  - ISMP Canada to collect data-sharing agreements – (60 -70 pharmacies)
- Sept
  - Pharmacy permit renewal notices sent out – COMPASS fee included
  - Pharmacy manager to submit name of QI Coordinator(s) with permit renewal.
  - ISMP Canada continue to collect data-sharing agreements (60-70 pharmacies)
  - Second training session – 1 in Saskatoon and 1 in Regina (tentative dates – Sept 17 & 24)
  - Directions newsletter
- Oct
  - ISMP Canada continue to collect data-sharing agreements (60-70 pharmacies)
  - ISMP Canada to provide SCPP with list of names of pharmacies not yet registered.
  - SCOPE newsletter article
- Nov
  - Nov 1<sup>st</sup> – all pharmacies are signed up for COMPASS and data sharing agreements signed
  - Directions newsletter
- 2018**
- Feb
  - Pharmacy staff to be entering errors and near misses regularly
- Apr
  - Pharmacy staff to have completed MSSA
- June
  - Pharmacy staff to have developed improvement plan (specific initiatives for improvement)

## C. Education/Training

The following outlines the education and training planned for pharmacy staff, specifically QI Coordinators and Pharmacy Managers. The training will be mandatory for QI Coordinators.

### 1. In-person sessions

- 2 training sessions will be held – April and May (Saskatoon and Regina) and Sept. (Saskatoon and Regina).

Registration for education session will be through CPDPP with the instructors provided through ISMP Canada

### 2. Online training session

A recording will be made of one of the in-person sessions to be used at a later date for online education sessions. This is similar to privacy officer training.

There will be a requirement that QI Coordinator (s) attend one of the training sessions. The QI Coordinator will then train the rest of the pharmacy staff.

It is anticipated that the in –person education sessions will include the following information;

- COMPASS – history and rationale for development
- program requirements
- bylaw requirement
- Tools – CPhIR, MSSA and CQI meetings and utilizing the QI Tool
- Tips and Tricks on how to implement into workflow e.g. batched or hybrid forms of med error reporting , and documenting of improvement plans

### 3. PAS Conference / Pharm Tech Conference

Explore with the Conference committees the idea of having a plenary or lunch session during the conference to introduce safety, COMPASS and the tools and the bylaw requirements.

### 4. Future training

Online modules – Todd Boyle has funding approved to develop online modules. The modules can be adapted to be specific to COMPASS but there will be more information to follow. Modules could be used for ongoing training of new pharmacy staff and/or as a refresher course.

### 5. Training of pharmacy and pharmacy technician students

Collaboration with College of Pharmacy and Nutrition and Sask. Polytechnic regarding adding patient & medication safety and COMPASS specific training to curriculum. College of Pharmacy and Nutrition currently is providing a lab on medication error management for 4<sup>th</sup> year pharmacy students – encourage addition of information on COMPASS to be included. In collaboration with ISMP Canada allow access to CPhIR training site for all College of Pharmacy and Nutrition and Sask. Polytechnic students through a lab.

6. Ongoing CE's

-As per recommendation # 14 of *An Assessment of the COMPASS Quality Improvement Initiative* Document, SPCP will collaborate with ISMP Canada and CPDPP to provide annual CE's related to safety including patient safety and safe medication practices.

**D. Communication Plan/Timeline**

- Jan 2017
  - Communication to COMPASS pharmacies (pharmacists, pharmacy techs, pharmacy managers), regarding continued subscription and ability to continue to use tools.
- Feb 2017
  - Communication to pharmacies (pharmacists, pharmacy techs, pharmacy managers) regarding the program requirements, permit requirements, tentative training dates and responsibilities of the quality improvement coordinator
- Mar 2017
  - Communication to regional managers and corporations regarding bylaw requirements (after Council meeting).
  - Meet with regional managers and other stakeholders regarding the bylaw requirements. Main purpose is to provide information on the COMPASS program and discuss possibility of amalgamating their CQI processes with COMPASS to avoid duplication of reporting.
  - Official announcement of COMPASS being a permit requirement and proposed fee increase
  - SCOPe newsletter article regarding – introducing Directions as the main communication tool regarding continuous quality improvement and COMPASS.
- April 2017
  - Special Edition of Directions regarding continuous quality improvement/COMPASS and bylaw requirements, program requirements, QI Coordinators responsibilities and information regarding training sessions.
  - Formal communication and discussion with U of S, CoP&N and Sask. Polytechnic regarding training for students.
- May
  - Communications (via mail outs &/or emails) updating pharmacies regarding timelines and pertinent information

- Formal announcement of implementation of COMPASS in all community pharmacies to community pharmacists at PAS conference.
- Formal communication to other stakeholders including Sask. Health, RHA, etc.
- SCOPe newsletter article
- June
  - Directions newsletter
- July
  - Communications (via mail outs &/or emails) updating pharmacies regarding timelines and pertinent information
- August
  - Communications (via mail outs &/or emails) updating pharmacies regarding timelines and pertinent information
- September
  - Directions newsletter
- October
  - SCOPe newsletter article
- November
  - Directions newsletter
- December
  - SCOPe newsletter article

#### Focus of all Communications / Messages

- Program focus is on increasing safety and ensuring patient safety
- Learn from what happened
- Not punitive
- No shame and blame
- Learning focus - feedback
- Corporations – cost savings – not duplicating work
- Data does not “die” - data is useful for positive change and shared learning
- Quality improvements within the pharmacy
- Proactive assessments to promote why it is important
- Focus on changing the culture
- Why this change is necessary
- Benefits of COMPASS

## **E. Field Officer Evaluation /Assessment Plan /Compliance**

1. Online tool will be utilized via In1Touch
2. Results of Continuous Quality Assurance section of PPR will be forwarded to ISMP Canada to make available to pharmacy staff in a format similar to MSSA results (graphs, etc.).
3. Will focus on extent of a culture change to a culture of safety and as well as what learning has occurred from reviewing incidents and completing MSSA.
4. Review the improvement plan and any monitoring of improvements. (discussion at CQI meetings – minutes and improvement plans).
5. Initially will be assisting pharmacies to use the tools and become engaged in the process (experience in Nova Scotia) and will transition to a coaching role to ensure improvement plans are being monitored. Will ask to see how the pharmacy can show that their practice is safe.
6. To ensure compliance with the bylaw requirements – the pharmacy manager /QI Coordinator may be asked to provide evidence of entering incidents, the date of their last MSSA and examples of improvement initiative that have been undertaken in the pharmacy. This information may also be requested when their pharmacy permit is renewed.

## **F. Budget / Financial Plan**

The main costs anticipated for SCPP will be for implementation, training, communication, assessment and compliance. It is anticipated that to ensure compliance and to assist pharmacies with implementation, the field officers may have to make more frequent visits than the usual PPR visits to pharmacies. To take into consideration these costs the following has been proposed as the pharmacy permit fee increase. The anticipated fee increase to pharmacies is \$500.00/pharmacy. The breakdown of the fee increase is the following;

CPhIR/MSSA subscription	\$ 340.00
Implementation, Compliance assurance and Administrative costs	\$ 160.00

From Nov. 1, 2016 until permit renewal, ISMP Canada has agreed to cover the cost of CPhIR subscriptions for all current COMPASS pharmacies. Any non-COMPASS community pharmacy that signs up for a CPhIR subscription between Dec. 1, 2016 and Oct 31, 2017, the following pro-rated fees may apply.

COMPASS Pharmacy Sign-up Period (Ending Oct 31, 2017)	Subscription Fee (Pro-rated (Excluding HST))
From Dec 1, 2016 to Dec 31, 2017	\$ 311.67
From Jan 1, 2017 to Jan 31, 2017	\$ 283.33
From Feb 1, 2017 to Feb 28, 2017	\$ 255.00

From Mar 1, 2017 to Mar 31, 2017	\$ 226.67
From Apr 1, 2017 to Apr 30, 2017	\$ 198.33
From May 1, 2017 to May 31, 2017	\$ 170.00
From Jun 1, 2017 to Jun 30, 2017	\$ 141.67
From Jul 1, 2017 to Jul 31, 2017	\$ 113.33
From Aug 1, 2017 to Aug 31, 2017	\$ 0.00
From Sep 1, 2017 to Sep 30, 2017	\$ 0.00
From Oct 1, 2017 to Oct 31, 2017	\$ 0.00

**G. Goals /Measures of Success**

1. All community pharmacies will have incorporated continuous quality improvement processes into their daily workflow by May 2018
2. Positive changes to the culture of safety within Sask. pharmacies will start to be evident by Nov 2018, via survey of pharmacies.
3. There is evidence of improvement with respect to preventing and dealing with harm related errors by Jan 2020.
4. Review of trends as evidenced within the aggregate database.
5. Review of success stories shared by pharmacies.



## Recommendations

**(According to “AN ASSESSMENT OF THE COMPASS QUALITY IMPROVEMENT INITIATIVE” – prepared by the SafetyNET-Rx Research Team – June 26, 2016)**

### Overall Recommendation

Thirty pharmacists (38%) indicated that prior to COMPASS they had no formal policy in place for reporting and discussing medication incidents, while another 33 (42%) highlighted that they had only limited manual procedures. Such limited reporting prevents the pharmacy from fully learning from medication incidents and deprives other pharmacies (by not reporting to a centralized database) of the opportunity to proactively learn and prevent similar incidents from occurring in their pharmacy.

Community pharmacy practice in Canada is currently undergoing significant changes. Expanded pharmacist services, coupled with the regulation of pharmacy technicians, means major changes are occurring to the key processes within community pharmacies. It is critical that formal quality improvement programs be developed to support such efforts and to establish and maintain public trust in the ability of community pharmacies to deliver these new services.

COMPASS is a turn-key quality improvement program that allows pharmacies with no, or a limited, quality improvement program to implement one very quickly. COMPASS is built upon the best and state-of-the-art quality improvement practices occurring in both community pharmacy and other high-reliability industrial sectors.

The research literature supports the benefits of a quality improvement program (e.g., same tools, processes, and requirements across multiple pharmacy types, sizes, and locations) such as COMPASS. For example, key benefits experienced with the adoption of the SafetyNET-Rx quality improvement program included<sup>7</sup>:

- Transition from a shame culture of medication incident reporting to an open and supportive culture;
- Increase understanding of the circumstances where incidents are most likely to occur, as well as shortcomings in the existing dispensing process;
- Increased awareness/confidence of individual actions. Staff are more mindful of their individual actions and confident that the dispensing process is safe;
- Perceived reduction in the number of common or similar incidents that are occurring in the pharmacy; and
- The CQI process is followed on a day-to-day basis and accepted as a normal part of the dispensing/work process.

7 Boyle T. A., Bishop A., Duggan K., et al. (2014) "Keeping the "continuous" in continuous quality improvement: Exploring perceived outcomes of CQI program use in community pharmacy" Research in Social & Administrative Pharmacy, 10(1), pp. 45-57.

Results from both the quantitative and qualitative data in this study indicate that many similar improvements are being experienced with COMPASS use. The most significant improvements have been an increase in the openness of discussing medication incidents and the development of a supportive (versus blame) culture of reporting. For example, the quantitative and qualitative data highlight that the most significant improvements during COMPASS use were culture based and included: more openness in talking about medication incidents; staff routinely discussing ways to prevent medication incidents from happening again; and staff adopting the view that incident discussions are learning, and not blame and shame, opportunities. In addition to cultural changes, improvements have occurred that are more process focused, such as a better understanding of where medication incidents are most likely to occur and the feeling of enhanced safety. One important benefit of pharmacy CQI programs identified in the research literature is that these programs become accepted as a normal part of one's work day.<sup>8</sup> However, results of this study suggest that this benefit has not yet been fully realized with the COMPASS program. While pharmacists have been discussing medication incidents informally during COMPASS use, the more formal and time-costly tools, such as CPhIR and MSSA, are not fully used. The following verbatim comments from pharmacists clearly highlight this issue:

- *"Medication incidents have always been handled in a professional + nonjudgmental manner. Entering all this insignificant data into a computer does nothing to improve safety"*
- *"Discussions are always happening, involving everyone but the discussions are informal and don't involve "meetings" just with our hours of operation and small staff, it's not really necessary"*

The research literature highlights that for programs such as COMPASS, using the technology tools (e.g., CPhIR, MSSA), and finding the time to formally report and discuss medication incidents, are the two biggest factors limiting full program use.<sup>8</sup> Encouraging pharmacy staff to use the formal tools and techniques of COMPASS is the most immediate challenge facing this initiative.

Given the benefits realized by COMPASS pharmacies so far (e.g. improved safety focus, decreased blame culture, increased organizational learning from incidents), the survey results provide strong support for a rollout of COMPASS to all pharmacies in Saskatchewan. Prior to such an initiative, however, a strategy must be developed, with representation from pharmacy managers, staff pharmacists, and pharmacy technicians, to better engage community pharmacy staff in the formal tools and techniques of COMPASS.

### **Recommendation 1**

- Rollout the COMPASS quality improvement program to all community pharmacies in Saskatchewan.

### **Recommendation 2**

- Develop a strategy to better engage community pharmacy staff in the formal tools and techniques of COMPASS.

<sup>8</sup> Boyle T. A., MacKinnon, N., Mahaffey T., Duggan K., Dow, N. (2012) "Challenges of standardized continuous quality improvement programs in community pharmacies: The case of SafetyNET-Rx", *Research in Social & Administrative Pharmacy*, 8(6), pp.499-508.

## **Enhancing COMPASS use**

The most significant challenge limiting COMPASS use is finding time to report incidents as they occur. While the online tool (i.e., CPhIR) itself is efficient, pharmacists are finding it difficult to take the time to report medication incidents due to an already busy work schedule, many interruptions, and the sheer volume (e.g., all near misses) of reporting.

Time issues can be reduced through a number of changes to COMPASS. For example, during the implementation of the SafetyNET-Rx quality improvement program, a number of pharmacies developed a SafetyNET-Rx basket, where incident details would be manually recorded on a standardized form, placed into the SafetyNET-Rx basket, and then entered online as batches during a quiet period or near the end of one's shift. While this approach may reduce the ability of the individual to recall all the events surrounding the incident, it may help to ease workload with entering incidents and reduce the likelihood of incidents going unreported. Likewise, another option could include a small recorder, where details of the incident could be audio recorded, and then used to help pharmacy staff recall the incident as they enter it at a less busy time during the day. Regardless of the approach, it is recommended that batched or hybrid (combination of manual and online forms) reporting methods be explored to enable pharmacies to better level the additional workload caused by reporting medication incidents.

### ***Recommendation 3***

- Explore (and, if selected, widely communicate) batched or hybrid forms of medication incident reporting that enable pharmacies to better level the additional workload caused by reporting medication incidents.

Related to time, it appears that community pharmacists have been overwhelmed by the volume of medication incidents to report. This has been driven mainly by efforts to report all near misses. Near miss reporting is important for patient safety, represents excellent learning opportunities, and may be less stressful for participants to discuss than an incident that reaches the patient. However, a balance must be struck. While not reporting near misses reduces potential learning opportunities, reporting too many may cause the pharmacy to get overwhelmed and stop reporting near misses all together. To help pharmacies obtain an incident reporting-workload balance it is recommended that the Saskatchewan College of Pharmacy Professionals develop and widely communicate guidelines with respect to what constitutes the bar for a reportable near miss.

### ***Recommendation 4***

- The Saskatchewan College of Pharmacy Professionals develop and widely communicate guidelines for what constitutes the bar for a reportable near miss.

It is expected that challenges related to time will be faced by most of the pharmacies that adopt the COMPASS program. As such, many of these pharmacies may develop innovative or unique ways to address such challenges. Such innovative approaches should be identified and recognized by the Saskatchewan College of Pharmacy Professionals and communicated to all COMPASS pharmacies. As a result, it is recommended that the Saskatchewan College of Pharmacy Professionals implement

a program that recognizes community pharmacies that have implemented a unique or innovative practice/tip that has enhanced the use of COMPASS in their pharmacy. Such recognition could range from a simple discussion of the practice/tip in the College's print and online literature, to providing funds and support for the pharmacy to present the practice and their use of COMPASS as a poster at the Canadian Pharmacists Association annual conference.

#### **Recommendation 5**

- The Saskatchewan College of Pharmacy Professionals implement a program that recognizes community pharmacies that have implemented a unique or innovating practice that has enhanced their use of COMPASS.

Pharmacists using formal medication incident reporting systems prior to COMPASS highlighted less value in COMPASS versus those in pharmacies with limited or no reporting processes in place:

- *"None [when asked of the benefits of COMPASS] – medication incidents have always been handled in a professional + nonjudgmental manner. Entering all this insignificant data into a computer does nothing to improve safety"*
- *"Because we routinely reported errors before COMPASS I can't say we specifically have benefitted from it. We aim to communicate fully with one another of any incidences – this has remained constant"*
- *"I haven't noticed any huge benefits after enrolling with COMPASS. The pharmacy I currently work with does a thorough write up of incidents & this was implemented before we enrolled with COMPASS. These write ups have always been posted on our pharmacy bulletin board"*
- *"While the initial reporting of incidents was somewhat interesting and informative, the process has become redundant, and as you can see from our "lack of reporting" lately we don't do much anymore. It's not that we don't have any to report, it's that it doesn't hold much value. If we were meant to report just actual incidents, that would be one thing, but I bet 95% of reporting for things like forgetting refills, or forgetting to switch a doctor over on a new fill. For us, this certainly doesn't form the basis of trying to minimize true errors"*

While such comments are by no means justification for an exemption from COMPASS, it does highlight the need to better communicate the benefits of COMPASS beyond the internal reporting and discussion of medication incidents. What makes COMPASS unique from the reporting processes that pharmacies may currently have in place is the reporting of incidents to a national database. In theory, the primary reason for doing this is to aggregate data to allow pharmacies to proactively learn from incidents occurring elsewhere and make changes before a similar incident happens to them (i.e., an evolution from reactive to proactive learning from medication incidents). To help pharmacies with already established reporting process in place fully use COMPASS, it is key to better market the proactive learning capabilities of COMPASS so that these pharmacies, and all COMPASS pharmacies, will see true value in the program and continue to be engaged.

### **Recommendation 6**

- Explore with ISMP Canada new ways that the CPHIR data generated by COMPASS participants can be used to better enable proactive learning (e.g., learning from incidents occurring in pharmacies elsewhere in Saskatchewan).

To formalize Recommendation 6 and help pharmacies think about how to use COMPASS more efficiently (e.g., help address concerns raised in Recommendations 3-5), it is suggested that the focus of the quarterly meetings be revised. Currently, the main goal of the COMPASS quarterly meeting is to discuss key medication incidents that have happened since the last meeting and plan and implement subsequent process-based changes. While this should still remain a key goal of quarterly meetings, it is suggested that the COMPASS literature on quarterly meetings be revised to include two other formal objectives: (1) discussions of incidents that are happening elsewhere to assess the likelihood of them occurring in their pharmacy; and (2) discussions on ways to enhance the use and efficiency of COMPASS in their pharmacy.

### **Recommendation 7**

- Revise the COMPASS literature to state three main goals of the quarterly meetings: (1) discuss key medication incidents that have occurred since the last meeting and plan and implement process-based changes; (2) review medication incidents occurring elsewhere; and (3) explore ways to enhance the use and efficiency of COMPASS in the pharmacy.

The open-ended data highlights the impact that the pharmacy manager has on the success, or failure, of COMPASS in the pharmacy. Example verbatim comments from pharmacists include:

- *“The process was not clearly defined – staff had to figure out what to do and how to do it on their own”*
- *“Documentation ended when management changed and there was no involvement / guidance from new management. We saw no benefits”*
- *“Right now only the pharmacy manager has login access to report on COMPASS”*
- *“Pharmacy owner/manager has no interest in using the system, as well as one staff pharmacist. Assistants either see it as pointless or do not know about it”*

To ensure the sustainability of COMPASS, community pharmacies should transfer the day-to-day operation of COMPASS from the pharmacy manager to pharmacy staff. This will help pharmacy staff feel a sense of ownership of the process, as well as help ensure program sustainability if the manager leaves the pharmacy. One way of doing this is by creating COMPASS facilitators. COMPASS facilitators are pharmacy staff (i.e., not managers or owners) that are the COMPASS champions in the pharmacy. In pharmacies that are large enough, two COMPASS facilitators (e.g., one staff pharmacist and one pharmacy technician) would help to promote COMPASS, assist with the training of new staff on COMPASS use, and serve as contact

with whom other staff (such as pharmacy technicians) could discuss unsafe acts that they may not be comfortable identifying at a staff meeting.

### **Recommendation 8**

- Revise COMPASS to require the appointment of two COMPASS facilitators: one staff pharmacist and one pharmacy technician.

While this report did not explore the perceptions of pharmacy technicians, these individuals are critical to enhancing patient safety in community pharmacies and meeting Recommendation 2. Important for full COMPASS use is the engagement of pharmacy technicians in discussions of medication incidents, as they are also impacted by changes resulting from COMPASS use. While the creation of pharmacy technician COMPASS facilitators will help with such efforts, there are other changes that should occur to better engage this key pharmacy staff group.

The COMPASS full title (i.e., Community **Pharmacists** Advancing Safety in Saskatchewan) is exclusive of pharmacy technicians and runs counter to such engagement efforts. As part of a full rollout of COMPASS across Saskatchewan it is recommended that the acronym remain the same, but the full title of COMPASS be changed to Community **Pharmacies** Advancing Safety in Saskatchewan. In addition, where possible in the COMPASS literature and standards, references to pharmacists should be changed to pharmacy staff (or some other, more inclusive, term). Furthermore, it is recommended that standards of practice for regulated pharmacy technicians with respect to COMPASS be considered in order to help clarify and formalize their role in the initiative.

### **Recommendation 9**

- Revise the full title of COMPASS to Community **Pharmacies** Advancing Safety in Saskatchewan.

### **Recommendation 10**

- In the COMPASS literature and standards of practice, references to pharmacists should be changed to pharmacy staff where possible.

### **Recommendation 11**

- COMPASS-related standards of practice for regulated pharmacy technicians should be considered.

A number of pharmacists were excluded from the analysis as they had recently joined the pharmacy and were unaware of their pharmacy's use of COMPASS. It is critical that new staff and relief/locum pharmacists be properly trained on COMPASS, so that they can contribute to enhanced patient safety right away. To ensure that training remains a critical component of COMPASS, it is recommended that COMPASS require pharmacies have in place a formal COMPASS training policy for new and relief/locum staff. This policy could include, for example, required reading on the COMPASS initiative (e.g., a formal documents developed on the background, value, tools, and techniques), broader reading on the value of these programs in general, and the pharmacy manager

or a COMPASS facilitator taking the new hire through the process of reporting and discussing an error that they, the pharmacy manager or COMPASS facilitator, may have made. Such a training package should also be made available to both university (i.e., pharmacist) and college (i.e., pharmacy technician) programs to allow pharmacy students to contribute to medication incident reporting and discussions as soon as they graduate. To ensure that pharmacy staff remain up-to-date on COMPASS changes and to sustain program momentum, a similar training program should also be made available to staff pharmacists and managers and counted towards their continuing education requirements.

***Recommendation 12***

- Include, as part of COMPASS, the requirement that community pharmacies implement a training policy for new staff and relief pharmacists.

***Recommendation 13***

- Work with ISMP Canada to develop and deliver a short COMPASS training program that could be used by university and college programs in pharmacy.

***Recommendation 14***

- Work with ISMP Canada to develop and deliver a COMPASS training program that could be used by staff pharmacists and pharmacy managers as part of their annual continuing education requirements.

## Acknowledgements

### COMPASS Steering Committee ( Phase 1-3)

Jeannette Sandiford	SCPP
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Diane Boulanger	Public member
Gillian Elizabeth	Public member

### COMPASS Steering Committee (Business Case/Implementation Plan)

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### COMPASS Community Pharmacies

Baber's Pharmasave	Discover Co-op Pharmacy
Balfour Drugs Ltd	Drugstore Pharmacy # 6760
Brunskill Pharmacy	Drugstore Pharmacy # 9069
Canora Pharmacy	Earl's Pharmacy
Central Plains Co-op Pharmacy	Fisher's Drug Store
College Ave Drugs	Galloway's Pharmacy Ltd.
Community Clinic Pharmacy	Gray Chemists Ltd.
Co-op Stonebridge Pharmacy	Gordon Road Pharmacy
Crescent Heights Pharmacy	GT Pharmacy # 405
Davis Rexall Drugs	Harbour Pharmacy
Hearn's Westview Pharmacy	Pharmsave # 408
Jae's Pharmacy	Pharmasave # 418
Kamsack Rexall # 7302	Pharmasave # 421
Kelvington Rx Pharmachoice	Pharmasave # 427
Lacroix Drugs	Pharmasave # 430



Lakeshore Pharmacy  
 Lanigan Pharmacy  
 Leader Pharmacy  
 Loblaw Pharmacy # 1535  
 Loblaw Pharmacy # 1581  
 Loblaw Pharmacy # 1583  
 Loblaw Pharmacy # 1585  
 Loblaw Pharmacy # 4375  
 Loblaw Pharmacy # 4377  
 London Drugs # 63  
 Lumsden Drugs  
 Madill's Drugs  
 McKay's Arcola Pharmacy  
 Meadow Lake Co-op Pharmacy  
 Medi-Center Pharmacy  
 Medicine Shoppe # 121  
 Medicine Shoppe # 165  
 Medicine Shoppe # 203  
 Medicine Shoppe # 293  
 Medicine Shoppe # 300  
 Medicine Shoppe # 304  
 Moose Jaw Co-op Pharmacy  
 Moose Jaw Main Street Pharmacy  
 Moose Jaw Rexall Drug Store  
 Northern Pharmacy – Buffalo Narrows  
 Northern Pharmacy – La Loche  
 Northern Pharmacy – Ile a la Crosse  
 Pacific Ave Pharmacy  
 Pasqua South Wellness Pharmacy  
 Pharmacy First  
 Pharmasave # 416  
 Pharmasave # 423  
 Pharmasave # 403  
 Pharmasave # 406  
 Shopper's Drug Mart # 2462  
 Pharmacy Ltd.  
 Sobey's Pharmacy # 3140  
 Spiritwood Pharmacy  
 St. Walburg  
 Stueck Pharmacy Ltd./Dirk's Family Pharmacy  
 Tower's Pharmacy  
 Transcona IDA Pharmacy  
 University Park Pharmacy  
 Victoria Square Compounding Pharmacy  
 Wall Street Pharmacy  
 Pharmasave # 432  
 Pharmasave # 439  
 Pharmasave # 445 Dragan Drugs  
 Pharmasave # 405  
 Pharmasave # 420  
 Pharmasave # 438  
 Pharmasave # 442  
 Pioneer Co-op # 3  
 Pioneer Co-op # 4  
 Pioneer Village Pharmacy  
 Prairie Sky Co-op Pharmacy  
 Prescription Works Pharmacy  
 Prince Albert Co-op Pharmacy #1  
 Queen City Wellness Pharmacy  
 Rexall Saskatoon 8<sup>th</sup> St  
 Rexall # 7308  
 Rexall # 7314  
 Rexall # 7317  
 Riverbend Co-op Pharmacy  
 River Heights Drugs  
 Safeway # 4881  
 Saskatoon Co-op Circle Park  
 Sherwood Co-op – South Albert  
 Shopper's Drug Mart # 2456  
 Shopper's Drug Mart # 2465  
 Shopper's Drug Mart # 402  
 Shopper's Drug Mart # 405  
 Shopper's Drug Mart # 412  
 Shopper's Drug Mart # 420  
 Shopper's Drug Mart # 421  
 Shopper's Drug Mart # 424  
 Shopper's Drug Mart # 427  
 Shopper's Drug Mart # 429  
 Shopper's Drug Mart # 434  
 Shopper's Drug Mart # 413 Slobodian  
 Wal-Mart Pharmacy – Estevan  
 Wellive Pharmacy Services  
 Wellness Pharmacy Canterbury Park  
 West-Side Pharmacy  
 Weyburn Health Centre Pharmacy  
 Wynyard Pharmacy  
 Delta Co-op Macklin Pharmacy  
 Pharmacy First at Lifebridge  
 Wal-Mart Pharmacy – North Battleford  
 GT Pharmacy- La Ronge

**Other Contributors/Participants**

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