COMPASS Consultations

Summary

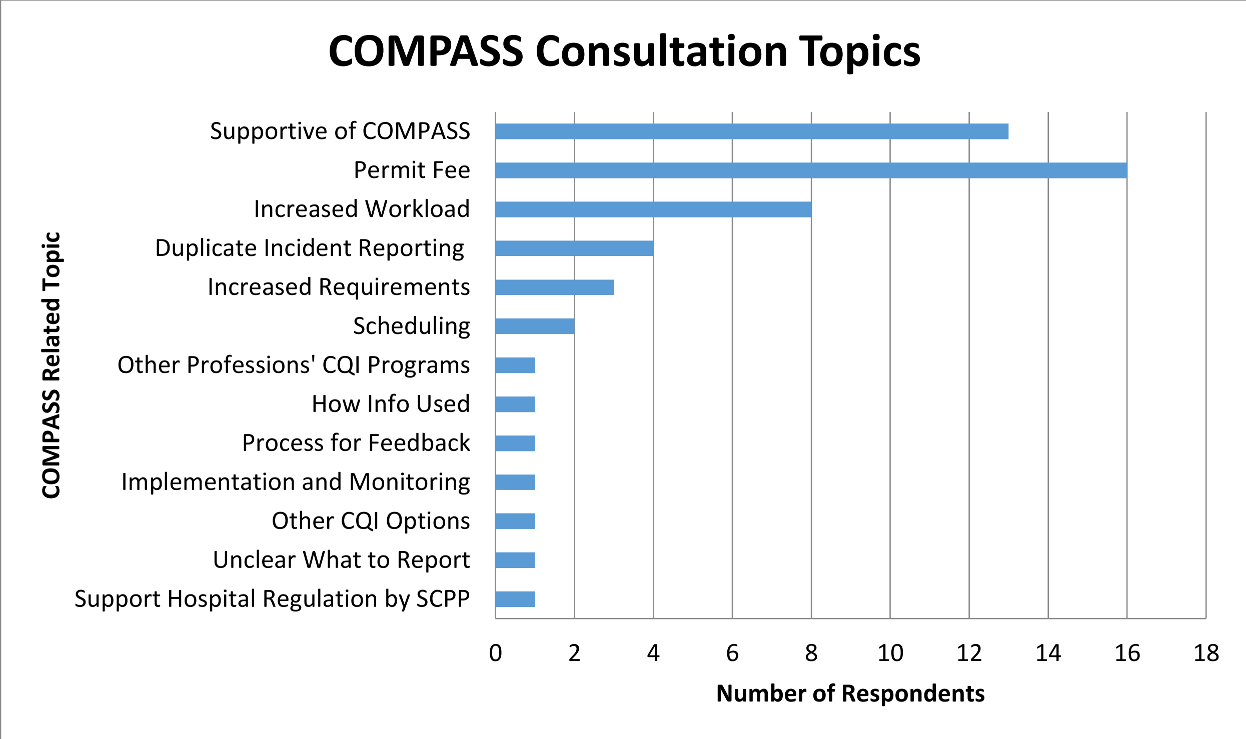
On March 15, 2017, the College sent an invitation to 1,742 people to provide feedback for consultation on the Continuous Quality Improvement Bylaw. The stakeholders included all Saskatchewan pharmacists and pharmacy technicians, the Pharmacy Association of Saskatchewan (PAS), Canadian Society of Hospital Pharmacists—Saskatchewan Branch (CSHP-SK), Ministry of Health via the Drug Plan and Extended Benefits Branch, Health Quality Council and selected regulatory bodies, including the College of Physicians and Surgeons (CPSS), Saskatchewan Registered Nurses' Association (SRNA), the College of Dental Surgeons of Saskatchewan (CDSS), the Saskatchewan Association of Optometrists (SAO) and the Saskatchewan College of Midwives (SCM). Community pharmacy managers were invited to extend this invitation for feedback to officials within their corporate environment.

The breakdown included:

- 1638 practising pharmacists
- 4 conditional practising pharmacists
- 91 practising pharmacy technicians
- 9 stakeholders

There was a 2% (n= 34) response rate. With such a low response rate, there is the potential for response bias. One cannot assume the respondents are representative of the pharmacy community at large. Most non-respondents may have nothing to say because they agree with COMPASS requirements. The responses received may be due to people who felt strongly against COMPASS.

Some of the replies touched on multiple topics and so the responses had to be divided into respective topics (see chart on following page).



The most commonly mentioned topics were permit fee increase, support for the COMPASS program and increased workload complaints. A list of questions arose from the consultations. They are addressed below:

Questions Arising from the Consultation:

1. Will SCPP bring COMPASS to hospital pharmacies?

The COMPASS program is designed to be used by community pharmacy professionals and other pharmacy staff members, to assist them to recognize, report and prevent medication incidents. As well, to identify other potential safety issues within the pharmacy. In the 2001-2002 annual report, CSHP reported 92% of hospital pharmacies have an incident-reporting tool within their facilities.[1] Seventy-three percent (73%) of hospitals use an internal reporting system while 25% use an external form of reporting system.[2] Thus, hospital pharmacies already have their own incident-reporting systems.

2. How will SCPP be monitoring COMPASS?

Monitoring of COMPASS will occur through the COMPASS Committee and the field officers. The COMPASS Committee will be responsible for the quality improvement of the COMPASS program. They will provide oversight and direction in order to resolve any program issues.

[1] "Impact of Hospital Pharmacists on Patient Safety" Background paper Canadian Society of Hospital Pharmacists (CSHP). December, 2003. P11
[2] http://www.lillyhospitalsurvey.ca/hpc2/content/Rep2002.pdf

Through collaboration with ISMP Canada, SCPP will be able to identify those pharmacy staffs that may be experiencing difficulties implementing the tools. The pharmacies which are experiencing difficulties will receive a phone call or visit from one of the field officers. The field officers will also be monitoring for compliance with COMPASS during pharmacy inspections.

3. How will the patient, health professional or health region be notified of the outcome? Is the COMPASS program supposed to be punitive?

The information related to medication incidents is submitted anonymously to the Community Pharmacy Incident Reporting (CPhIR) system. Therefore, the individual that committed the incident, the individual that reports the error and the patient's name will all remain anonymous. Only ISMP Canada will know the details of the incident and the name of the pharmacy that submitted the information. Due to the data sharing agreement that the pharmacy manager signs, ISMP Canada cannot provide any of the details of a specific incident to anyone, including SCPP, other than in an aggregate format. The pharmacy will be responsible for contacting the patient and discussing any outcomes of the incident with them. Any information provided to others will be in an aggregate format unless the pharmacy staff choose to provide the information. The SCPP may publish a brief summary of the aggregate data in the newsletter and in the annual report.

The COMPASS program is not intended to be used in a punitive way against pharmacists or pharmacy technicians. SCPP reasons for implementing COMPASS program include[3]:

- Aligns with health system expectations for safe patients and workplaces, including medication safety
- Replaces our current pharmacy rating system with more meaningful and credible measures of quality of pharmacy services
- Supports our standards of practice by emphasizing medication safety for patients and safe medication practices within the pharmacy
- Helps safe practices become safer/better
- Helps lower performing practices to reach measurable performance benchmarks
- Meets all of the continuous quality improvement requirements proposed in the new regulatory bylaw.

4. Is there a way I don't have to double report (to both COMPASS and the corporation headquarters)?

Reporting of medication incidents to CPhIR will be a bylaw requirement and therefore mandatory. SCPP does recognize that some companies already have their pharmacy staff report incidents to their regional manager &/or head office. To assist with streamlining the process and avoid duplicate reporting, the CPhIR system has the functionality to print a copy of each incident entered in order to fax it to a head office or generate an excel document to email. That way, the same data can be used for both COMPASS and company headquarters. However, it will be the corporation's decision whether or not they

[3] http://scp.in1touch.org/uploaded/web/site/SK_CQA_Pilot_Project_Discussion_20140312.pdf

find this process acceptable for reporting of incidents to the regional manager &/or head office.

5. Can SCPP raise the dispensing fees instead of permit fees?

PAS negotiates dispensing fees with the Drug Plan. The SCPP would not be involved with increasing dispensing fees.

6. Why can't the SCPP just implement COMPASS in pharmacies that are doing poorly instead of implementing COMPASS in all pharmacies?

In the report, *An Assessment of the COMPASS Quality Improvement Initiative: A Summary of Key Findings*, it was discovered that 37.8% of pharmacies in Saskatchewan do not have a formal reporting system in place. Of the pharmacies that do have a reporting process, most processes were inconsistent. Therefore a standardized quality improvement process that includes a medication incident reporting system, and which allows for shared learning between all pharmacies in Saskatchewan is being implemented.

7. Why can't pharmacies pick their incident reporting provider?

Currently the only program that meets bylaw requirements for a CQI program is COMPASS.

8. Is there any way the reporting process can be less time-consuming?

The reporting of an incident generally takes 2-3 minutes. Other procedures could be utilized to make reporting easier. For example, some pharmacies have been collecting incidents in a basket and then batch entering the incidents at a later time when the pharmacy is less busy. Suggestions from pharmacies that are succeeding on this front may also be collected to help other pharmacies that are struggling.

9. Can the QI training be a webinar for those people who've participated in the pilot?

An online version of the COMPASS training will be available once in-person training sessions are complete.

10. The increase in permit fees is too unaffordable for small, independent pharmacies. Why can't larger pharmacies carry the burden of paying for COMPASS?

To calculate a lower permit fee cost for small-volume pharmacies would require SCPP to acquire proprietary information (i.e. number of prescriptions filled per week). SCPP is not authorized to obtain such information.

The following is the breakdown of the $500.00 permit fee increase:

Expenses	Cost
CPhIR/MSSA subscription	$ 340.00*
Implementation, Compliance assurance and Administrative costs	$ 160.00**
Total fee increase	**$ 500.00**

**SCPP will absorb the $170.00 cost (half of a full pharmacy) of the subscription for satellite pharmacies.*

The Community Pharmacy Incident Reporting System (CPhIR)/ Medication Safety Self-Assessment (MSSA) subscription is the largest portion of the $500.00 cost. The rest of the cost goes towards training, compliance and monitoring.

For added clarify, the $340.00 subscription fee is paid to ISMP Canada for use by participating pharmacies of their CPhIR system and MSSA tools, along with other resources intended to enhance the usefulness of these tools. For this year, the $160.00 implementation fee is directed towards providing training to every pharmacy's Quality Improvement (QI) Coordinator, and pharmacy manager or other staff and interested parties, as space permits.

***If the QI Coordinator at the satellite pharmacy is the same person as in the base pharmacy, no training fee will be charged.*

11. COMPASS requires too much work to implement. We are already overwhelmed with all the injections and extra duties that pharmacists have to do nowadays. It is difficult to schedule staff members for quarterly meetings. Why should I support COMPASS?

The time invested with implementing COMPASS and using the tools, will have a beneficial effect on patients by making pharmacy systems safer. With respect to the workload, initially there will be an increase in workload to implement COMPASS and integrate it into the workflow. Some pharmacies may be short-staffed for the workload. This is problematic because this can be unsafe for patients. Therefore, this may mean adjusting staffing to have the right staffing level or adding staff during times when errors are most likely to occur. Some pharmacies have found meeting outside of work hours helps accommodate their staff schedules.

By recognizing deficiencies and implementing changes, COMPASS may save time because fewer errors are occurring and efficiencies may be found by having the correct process in place. By reducing the number of errors there will be less time spent fixing errors and costs can decrease.

12. Pharmacists fix an alarming amount of physician prescription errors. Are there similar programs in place for physicians, nurses and other professionals?

Due to the diligence of pharmacists and pharmacy technicians, many errors are caught prior to the dispensing process.

With respect to quality improvement programs and other professionals, all health care professionals have an ethical duty to ensure patient safety regardless of the format of the program. SCPP is not aware of what specific quality improvement processes are required of other health care professionals.

Comments Regarding Specific Issues with COMPASS:

13. **"I was part of the COMPASS pilot project for 2 years. I had myself removed from the pilot because the amount of time wasted entering "near misses" and filling out needless forms was astronomical."**

The COMPASS Committee appreciates your diligent contribution to our data. SCPP has not had the opportunity to fully analyze all the data. However, the College knows that research from the USA shows that hospitals that report the most near misses may be safer hospitals because they over-report incidents and are keen at correcting them:

"There might be more events at one hospital [compared to another hospital] because the people there are working very hard to find problems and fix them. If they look hard for these events, they will probably find more. So a bigger number can mean that a facility is safer, not less safe." [4]

It may not be necessary or useful to report all near misses, if reporting them all becomes too overwhelming. Near misses that should be reported are those that if not caught would have caused harm to the patient; if the near miss continues to occur; or if the pharmacy staff member feels it is important to report.

Documenting near misses is important to us for several reasons:

- It could point to areas that require improvement
- It could be used to generate ideas for improving pharmacy workflow
- It could point to hidden problems

Although near misses can be tedious to report, it will ultimately result in improved patient safety.

14. **"I understand that the profession as a whole is constantly looking to improve itself, both from an internal perspective, as well as a public perspective. But the last time I checked, the public still viewed pharmacy as one of the most trusted professions. Thus I don't completely buy into the fact that the public is demanding a more open and transparent profession."**

The following are all news articles on pharmacist-generated medication incidents:

Jan. 21, 2015:
http://www.cbc.ca/news/health/pharmacy-errors-how-often-do-they-happen-nobody-knows-1.2920158

[4] http://www.health.state.mn.us/patientsafety/publications/consumerguide15.pdf

Jun. 14, 2016:
http://www.citynews.ca/2016/06/14/bad-medicine-no-system-in-place-to-track-pharmacist-errors-in-ontario/

Oct. 17, 2016:
http://www.cbc.ca/news/canada/saskatoon/4-year-old-acting-like-a-slobbering-drunk-after-pharmacy-dispenses-wrong-dose-of-antipsychotic-drug-1.3801461

Oct. 20, 2016
http://www.cbc.ca/news/canada/toronto/go-public-sleep-medication-accidentally-switched-1.3811972

Jan. 13, 2017:
https://www.thestar.com/news/canada/2017/01/13/nova-scotia-pharmacists-suspended-for-drug-errors-linked-to-deaths.html

For the past few years, pharmacy incidents have been a trending topic. It is the duty of pharmacists, according to *NAPRA's Professional Competencies for Canadian Pharmacists at Entry to Practice*, to strive for continuous quality improvement[5]:

"Contribute to continuous quality improvement and risk management activities related to pharmacy practice.

9.2.1 Apply principles of continuous quality improvement to practice.

9.2.2 Apply principles of risk management to practice by anticipating, recognizing and managing situations that place the patient at risk.

9.2.3 Identify the occurrence of a medication incident, adverse drug event or close call and respond effectively to mitigate harm and prevent reoccurrence.

9.2.4 Identify high-alert drugs and high-risk processes in order to respond effectively."

It is also a standard of practice for pharmacists and pharmacy technicians to participate in quality assurance and quality improvement as per the *NAPRA Model Standards of Practice for Pharmacists:*

3. Safety and Quality

General Standard

Pharmacists undertake continuing professional development, quality assurance and quality improvement.[6]

and the *NAPRA Model Standards of Practice for Pharmacy Technicians:*

3. Safety and Quality

General Standard

Pharmacy technicians undertake continuing professional development, quality assurance and quality improvement activities[7]

[5] http://napra.ca/Content_Files/Files/Comp_for_Cdn_PHARMACISTS_at_EntrytoPractice_March2014_b.pdf

[6] http://napra.ca/Content_Files/Files/Model_Standards_of_Prac_for_Cdn_Pharm_March09_Final_b.pdf

Thus, COMPASS is a standardized program designed to meet NAPRA's quality improvement competencies and ensure all pharmacies in Saskatchewan are on the same page with respect to patient safety.

15. "I know the SCPP is in place to protect the public, but forcing inappropriate programs that does not actually improve patient safety is a concern."

The following table shows the results of the COMPASS pilot project[8]:

Table 4. Organizational Learning	N	Pre COMPASS Mean	Post COMPASS Mean	Diff (Pre minus Post)*
Staff routinely discuss ways to prevent medication incidents from happening again	79	2.91	3.80	-.89
All staff are constantly assessing risks and looking for improvements	78	3.06	3.91	-.85
Staff are routinely informed about medication incidents that happen in the pharmacy	78	3.19	3.91	-.72
The culture is one of continuous improvement	76	3.41	3.92	-.51
The effectiveness of any changes made following a medication incident are evaluated	77	2.52	3.23	-.71
The pharmacy learns and shares information about safety with staff and other pharmacies	74	2.95	3.47	-.53
The team has a shared understanding and vision about safety issues; everyone is equally valued and feels free to contribute	78	3.21	3.77	-.56
Following a medication incident, there is a real commitment to change throughout the pharmacy	76	3.22	3.84	-.62
Staff will freely speak up if they see something that may negatively affect patient care	78	3.77	4.12	-.35
Medication incident discussions are seen as learning opportunities	77	3.26	3.99	-.73
Medication incident discussions aim to learn from errors and communicate the findings widely	76	3.08	3.92	-.84
The pharmacy manager/owner seriously considers staff suggestions for improving patient safety	79	4.11	4.37	-.25
All staff have education and training in safety	73	2.93	3.52	-.59

** Given the wording of the questions, a negative difference indicates an improvement in performance*

[7] http://napra.ca/Content_Files/Files/Model_Standards_of_Prac_for_Cdn_PharmTechs_Nov11.pdf

[8] http://scp.in1touch.org/uploaded/web/files/SCPP-COMPASS%20Report-2016-FINAL-%20PHARMV2.pdf

The chart on the preceding page shows that implementing COMPASS has resulted in significant changes to staff attitudes and workplace culture towards medication incidents. SCPP has not only quantified the medication incidents (near misses, no harm and harm) but also discovered the most problematic aspects of the dispensing process. Please see the supporting documents on the SCPP webpage under COMPASS: http://saskpharm.ca/site/cqa_pp?nav=03

The College will continue to monitor the results of COMPASS on reducing medication incidents in community pharmacies.