

Interviews of COMPASS Champions: A Summary

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Background

Saskatchewan recently launched Phase III of COMPASS to community pharmacies across the province. Interviews were conducted with COMPASS champions to receive feedback about their experience with the program. A selected number of users (5 of 7 COMPASS Champions, as per suggestions by SCP) were interviewed and each interviewee was presented with the following questions:

1. *COMPASS consists of 3 main components: (1) Incident Reporting & Analysis; (2) Medication Safety Self-Assessment; and (3) Continuous Quality Improvement Documentation. What specific features did you like about COMPASS? Please explain.*
2. *From your experience, what has been working well with COMPASS?*
3. *How did COMPASS change your pharmacy practice?*
4. *What challenges did you encounter with COMPASS?*
5. *How did you overcome these challenges?*
6. *How would you recommend or encourage other pharmacies to be part of COMPASS?*
7. *Is there anything else you'd like to suggest to SCP?*
8. *Is there anything else you'd like to suggest to ISMP Canada?*

Provided below is a summary of the interviews conducted with the COMPASS champions.

The 3 Main Components of COMPASS

COMPASS users found the 3 main features - (1) Incident Reporting & Analysis; (2) Medication Safety Self-Assessment (MSSA); and (3) Continuous Quality Improvement Documentation - to be very good. Incident Reporting allowed users to develop a better strategy to document medication incidents and subsequently reduce their occurrence. This feature was effective in making pharmacy staff more aware of incidents that most commonly occurred in their dispensary. However, users most appreciated the MSSA, as it was a very effective tool to identify areas of improvement. One user even claimed the MSSA was the best component to COMPASS. Pharmacists would refer to the self-assessment as a means to understand where their pharmacy stood with regards to medication safety. Not only did the MSSA provide a baseline for their pharmacy, but users would compare their pharmacy data to aggregate data to determine which processes could be made better. Thus, in many instances, the MSSA was used to formalize processes that were not standardized before, simply because the significance of those processes in medication safety had not been identified prior to the MSSA. For example, one pharmacy implemented a more standardized procedure to checking the DIN of a medication being dispensed,

while another pharmacy developed a more stringent independent double check process. Also, COMPASS pharmacies would participate in more regular meetings to see their trends/progress since performing the MSSA. And an overall consensus by users was that COMPASS promoted an easy strategy to enforce blameless improvement.

What has been working well with COMPASS? Any practice changes?

Since participating in COMPASS, pharmacies have noticed many changes. That is, pharmacy personnel are more cognizant of medication incidents, communication among team members has improved, and system processes have been changed to reduce the frequency of incidents. Users have really taken action to the statistics gathering section made available on the CPhIR website. This feature allowed users to consider staffing, workflow limitations, designation of pharmacy tasks and has provided an understanding of when incidents occur often. Essentially, users have taken advantage of the statistics gathering section to determine some of the most important trends in their pharmacy. Overall, COMPASS has worked well to formalize the manner in which pharmacies report incidents, aided with streamlining pharmacy workflow and encouraged better record-keeping practices. Consequently, users have noticed an improvement upon participating in their second MSSA; fewer incidents during the prescription preparation stage and fewer incidents reaching the patient.

Challenges with COMPASS

Pharmacies have encountered a few challenges when working with COMPASS. Many of the users do not find enough time in a day to enter all the medication incidents – especially the near misses – while also catering to other vital pharmacy tasks. Consistently, users are falling behind with incident reporting and one user mentioned that data entry has become the biggest bottleneck with the program. With repetitive incident reporting, users are finding their time is stretched and is taking away from dispensing. To resolve this issue some users have trained more pharmacy staff to help with incident reporting and staff are reminded to prioritize this task. Another challenge for users is the MSSA. Although users see the value of performing the MSSA, they also find the tool quite lengthy and cumbersome to complete. Pharmacies have combined MSSA meetings with staff meetings in the interest of time, while another pharmacy proposed repeat meetings with staggered staff attendance.

Recommendations to Other Pharmacies

All champion users highly recommended other pharmacies to participate in COMPASS, as the program has proved to be very beneficial to their practice. The program has allowed pharmacies to run an operation with fewer incidents through enhanced communication and documentation, increased awareness of existing policies/procedures, and through greater participation in solution development. Users appreciate the opportunity to meet more frequently with pharmacy staff to discuss medication incidents from a system-standpoint. Many users agreed that COMPASS is an invaluable program to enhance patient safety and improve pharmacy workflow by eliminating many of the previously existing challenges. Unanimously, users want to encourage other pharmacies to join COMPASS.

Suggestions to SCP

On many occasions users suggested that COMPASS be mandated by SCP. Alternatively, users often found it redundant to report near misses and instead suggested that SCP mandate the reporting of incidents that only caused harm. Users understand the importance of reporting near misses but question its long-term feasibility. Pharmacies participating in COMPASS did not receive much correspondence from the college and urge the college to follow-up with participants to see how their experience is going. This follow-up would serve as a form of encouragement to the users to continue to participate in the program. Lastly, it was suggested that SCP provide COMPASS pharmacies with a newsletter or a reference source that includes information regarding some tips/tricks that can be used when navigating the program. For example, the newsletter can provide information about techniques other pharmacies have used to complete the MSSA in a timelier manner.

Suggestions to ISMP Canada

With regards to ISMP Canada, it was suggested that the organization consider the feasibility of reporting all medication incidents due its timely nature. Users see the benefit of reporting all incidents, but the task at hand has become inessential in many pharmacy settings. In addition, users would like a point-of-contact at ISMP Canada should they experience any difficulties while working with COMPASS. One user noted that the “type of incident” section on CPhIR is limited by the options provided, and suggested that an “other” category be provided for incidents that do not fall into the options listed. ISMP Canada was commended for the layout of CPhIR, the learning opportunities provided by their safety bulletins and finally for their ongoing support of COMPASS users.