



# Medication Safety Self-Assessment® (MSSA®) Quick Start Guide

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## Table of Contents

<b>Section 1</b>	Introduction	Page 1
<b>Section 2</b>	Accessing your Online MSSA Account	Page 3
<b>Section 3</b>	Analyzing your MSSA Data	Page 8

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## 1 Introduction

The Medication Safety Self-Assessment (MSSA) is a checklist of items, encompassing all aspects of safe medication usage. The self-assessment characteristics in the MSSA are not purported to represent a minimum standard of practice and should not be considered as such. MSSA findings are intended for internal use and become more useful as repeat assessments are performed to see where improvements have been achieved over time. No pharmacy should expect to score high in all areas.

### 1.1 Completing the MSSA Handbook

Assemble a team from your pharmacy staff members to complete the 89 Medication Safety Self-Assessment (MSSA) items. At a minimum, MSSA team members should include a pharmacist, a pharmacy technician, and the pharmacy manager. Because medication use and dispensing are complex processes that involve more than one person, the value and accuracy of the self-assessment will be enhanced if it is completed by a number of members of the pharmacy team.

The estimated time to complete the MSSA Handbook is about three hours. ISMP Canada recommends three team meetings of one hour each. The team and group discussions often lead to talk about possible changes in practice and how to make them. Hopefully the staff did not make ranking decisions too quickly or fall into line with a manager's viewpoint or any one pharmacist's, before a discussion was possible. Such results tend to reflect one person's practice, rather than the pharmacy's activities in general. An alternative would be to get everyone's rankings off-line and summarize them, and then plan a meeting to discuss only those items that have received a range of rankings (i.e., items that are inconsistently ranked).

When a decision is made about the level of implementation for each self-assessment item, mark one of the following choices next to each item:

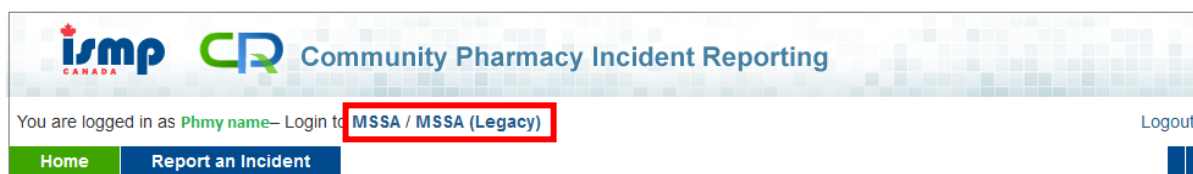


Score	Description
A	There has been no activity to implement this item
B	This item has been discussed for possible implementation in the pharmacy but has not been implemented at this time
C	This item has been partially implemented for some or all patients, prescriptions, drugs or staff
D	This item is fully implemented for some patients, prescriptions, drugs, or staff
E	This item is fully implemented for all patients, prescriptions, drugs, and staff

Please keep in mind that some of the MSSA items may refer to systems not currently in place at your store, yet these systems could be applicable to the scope of service provided and may reflect opportunities to enhance future medication safety. These items should be scored A or B, not E. That is, some of the self-assessment parameters may not yet be widely implemented, but they nonetheless reflect a level of practice to which all pharmacies should aspire. A rating of A indicates that the item is applicable to the store, but there has been no activity to implement it. An A rating identifies an opportunity for future quality and safety enhancements to the store systems. Please refer to Page 5 to Page 9 of your MSSA Handbook for further details and instructions for conducting the self-assessment.

## 1.2 MSSA Updates

Upon logging into your pharmacy’s CPhIR account, you will notice that there are two MSSA links at the top of the home page:



### What is the difference?

“**MSSA**” – ISMP Canada has launched a new version of the online MSSA platform. Going forward, please use this link to access or enter your pharmacy’s MSSA data online. This platform allows for complete data entry of all self-assessment items, including items 66 to 89.

“**MSSA Legacy**” – This is a link to the old MSSA platform. If you need to retrieve your pharmacy’s MSSA data and results from previous years (i.e. prior to 2018), you can still access them through this link as a read-only webpage. This link will not enable users to enter MSSA data, as it is to be used only to view the pharmacy’s historic MSSA data.



## 2 Accessing your Online MSSA Account

**Step 1:** Log in to the **Community Pharmacy Incident Reporting (CPhIR)** Program:



**Secure Sign In**

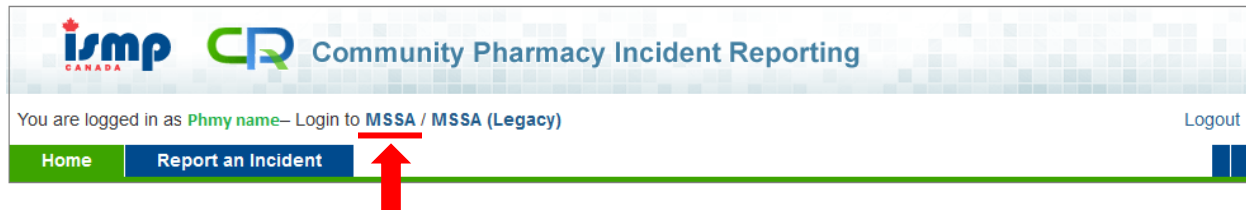
Username:

Password:

Remember Me

CPhIR (Community Pharmacy Incident Reporting) is an anonymous reporting program designed to empower pharmacies for **Continuous Quality Improvement**.

**Step 2:** Click on the “MSSA” icon where it says “Login to MSSA” beside the pharmacy’s username:



ismp CANADA CR Community Pharmacy Incident Reporting

You are logged in as Phmy name– Login to **MSSA / MSSA (Legacy)** Logout

Home Report an Incident **MSSA / MSSA (Legacy)**

**Step 3:** Click on the “OK” button when the message box appears



From secure.ismp-canada.org

You are now exiting the CPhIR Program. Click ok to continue to MSSA.

### 2.1 Entering your MSSA data online

**Step 1:** Click on “**Begin a new assessment**” under the section titled, “Comm/Amb Pharmacy” and under the sub-heading “Assessments”



Institute for Safe Medication Practices Canada  
Medication Safety Self-Assessment

Account Settings | Logout

Community/Ambulatory Pharmacy Medication Safety Self-Assessment  
Introduction

Comm/Amb Pharmacy

- Introduction
- Instructions
- FAQ
- Assessments

**Begin a new assessment**

**Step 2:** The first page that will appear is the “Demographics” section.

\*\*\* **Note:** For Question #2 under Demographics – If “**Pharmacy**” is selected, an answer for each type of personnel listed from 2b to 2f is required, even if a certain type of personnel was not involved or not applicable. For example, if a pharmacy student and the Chain pharmacy executive were not involved, they should be marked as “0” from the drop-down list

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Account Settings

Community/Ambulatory Pharmacy Medication Safety Self-Assessment  
Demographics

Demographics I II III IV V VI VII VIII IX X

1. Province:  
Ontario

2. Please indicate if you are submitting the data on behalf of your pharmacy or as an individual submission.

Individual  
 Pharmacy

2b. Number of individuals who participated - Pharmacist (staff)  
▼

2c. Pharmacist (manager or owner)  
▼

2d. Pharmacy technician  
▼

2e. Pharmacy student  
0 ▼

2f. Chain pharmacy executive  
0 ▼

**Step 3:** Complete the data entry of the self-assessment items for each of the 10 tabs along the top. A check mark beside each of the tabs indicates if all items in that tab have been answered. Rankings from A to E within the core characteristic box on the right side corresponds with the ranking description at the top of the page.



Key Section IV

- Demographics I II III IV V VI VII VIII IX X

Drug Labelling, Packaging, and Nomenclature

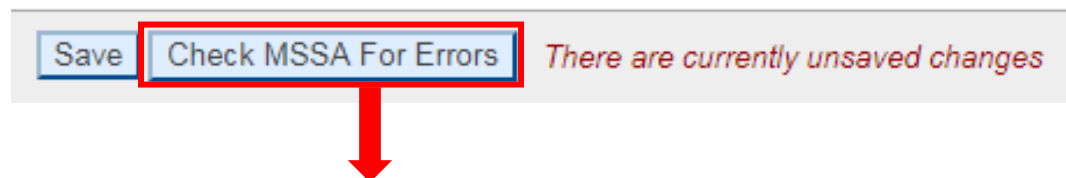
- A There has been no activity to implement this item
- B This item has been discussed for possible implementation in the pharmacy but has not been implemented at this time
- C This item has been partially implemented for some or all patients, prescriptions, drugs or staff
- D This item is fully implemented for some patients, prescriptions, drugs, or staff
- E This item is fully implemented for all patients, prescriptions, drugs, and staff

This item is fully implemented for all patients, prescriptions, drugs, and staff

**Core characteristic 5:** Strategies are undertaken to minimize the possibility of errors with drug products that have similar or confusing manufacturer labelling/packaging or have drug names that look or sound alike.

	A	B	C	D	E
20 Pharmacists regularly review current professional literature (including at the corporate level) to identify drug labelling, packaging, and nomenclature problems and action is taken to prevent errors with these drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Computer mnemonics are designed to minimize selection of the wrong medication or strength (e.g., arranged to prevent look-alike drug names from appearing in alphabetical order on the computer screen at the same time, or differentiated from one another through use of font enhancements, such as TALL-man lettering, on the computer screen).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Products with known look-alike drug names are stored separately and not alphabetically, or are otherwise clearly differentiated from one another if they remain next to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 Pharmacists regularly examine the package and label of new drugs that are being considered for inventory addition (also at the corporate level if applicable) to identify any potential for confusion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Step 4:** When you are finished entering your pharmacy’s MSSA data, click on the “Check MSSA For Errors” button at the bottom of the page, to double-check whether there are any items that were missed or unsaved. In doing so, any incomplete categories will be specified in a separate pop-up window. Once these have been addressed, click on the “Save” button





Medication Safety Self-Assessment Account Settings | Logout

Community/Ambulatory Pharmacy Medication Safety Self-Assessment

**Key Section X**

Demographics ✓ I ✓ II ✓ III ✓ IV ✓ V ✓ VI VII VIII IX ✓ X ✓

**Quality Processes and Risk Management**

A There has been no activity to implement this item  
 B This item has been discussed for possible implementation in the pharmacy but has not been implemented at this time  
 C This item has been partially implemented for some or all patients, prescriptions, drugs or staff  
 D This item is fully implemented for some patients, prescriptions, drugs, or staff  
 E This item is fully implemented for all patients, prescriptions, drugs, and staff

**Core characteristic 18:** A nonpunitive, system-based approach to error reduction is in place and is supported by pharmacy owners and senior management.

	A	B	C	D	E
66 Error prevention strategies in the pharmacy target the system, not individual practitioners (e.g., in addressing problems, a change in the pharmacy's process or practice is sought, rather than focusing on the role of the specific individual(s) involved).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
67 Practitioners and other staff report and openly discuss errors without undue embarrassment or fear of reprisal from pharmacy management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
68 Pharmacists and technicians are trained in the clinical and administrative procedures for responding to a serious medication error.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
69 If the pharmacy discovers that an error has led to improper medication dispensing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
70 There are unanswered questions in the following sections: VI, VII, VIII	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
71 In the post-event process, no disciplinary action is taken against practitioners who make an error. Exceptions: malicious or illegal behaviour that results in an error; drug diversion; chemical dependence; intentional breach of confidentiality; other egregious behaviour.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
72 In the individual pharmacy or for chains of pharmacies, error rates are not determined or calculated from practitioner error reports and are not used for internal (pharmacist-to-pharmacist) or external (pharmacy-to-pharmacy) comparisons. <a href="#">FAQ</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
73 Pharmacists and technicians involved in serious errors that cause patient harm are emotionally supported by their colleagues and offered psychological counselling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
74 Management actively demonstrates its commitment to patient safety (and safe medication practices) by approving a patient safety plan, encouraging pharmacist/technician error reporting, and supporting system enhancements, including technology, that are likely to reduce errors. <a href="#">FAQ</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
75 Specific medication safety objectives (e.g., staff reporting without fear of punishment; careful analysis of the system-based causes of errors), are included in the management's strategic plans, directly communicated to all staff, and acknowledged in a positive manner when met. <a href="#">FAQ</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**The MSSA contains the following errors:**

There are unanswered questions in the following sections:  
VI, VII, VIII

**Step 5:** Once all of the missing information has been completed, the message below will appear; select **“OK”** to continue the submission process or **“Cancel”** to edit your MSSA responses:



Institute for Safe Medication Practices Canada

From mssa.ismp-canada.org

Community/Am...  
Key Secti...  
The MSSA is now complete. Do you want to submit the results to ISMP Canada?

Demogra...  
Once the MSSA results have been submitted you will no longer be able to edit them. Are you sure you want to continue?

Use of De...  
OK Cancel

A There has been no activity to implement this item  
B This item has been discussed for possible implementation in the pharmacy but has not been implemented at this time  
C This item has been partially implemented for some or all patients, prescriptions, drugs or staff  
D This item is fully implemented for some patients, prescriptions, drugs, or staff  
E This item is fully implemented for all patients, prescriptions, drugs, and staff

Core characteristic 10: Sanitary practices are followed when using devices and equipment to store and prepare medications.		A	B	C	D
32	Staff members use appropriate hand washing procedures prior to compounding any prescription products (e.g., liquids, ointments, capsules).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	Dispensing and measuring devices (e.g., counting trays, mortar and pestle, measuring cylinders, scales) are washed after being used to prepare chemotherapy, penicillin, sulfonamide, opiate/methadone, or NSAID prescriptions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	Staff are aware of and comply with the relevant provincial pharmacy regulatory infection control guidelines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Step 6:** When you are ready to submit your MSSA results, click on the “Submit MSSA Results” button at the bottom of the page:

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Save **Submit MSSA Results** « Previous Section Next Section »

**Step 7:** The following message will then appear, providing a final opportunity to edit your MSSA responses:

From mssa.ismp-canada.org

Once the MSSA results have been submitted you will no longer be able to edit them. Are you sure you want to continue?

OK Cancel

**Step 8:** Click “OK” to submit your MSSA results. A confirmation message will then appear, as shown in the image below, indicating the final submission and completion of the MSSA.

**\*\*\*Note:** After final submission of the MSSA, you will no longer be able to edit your responses. Any changes or updates to your MSSA responses can be documented during the next annual MSSA.

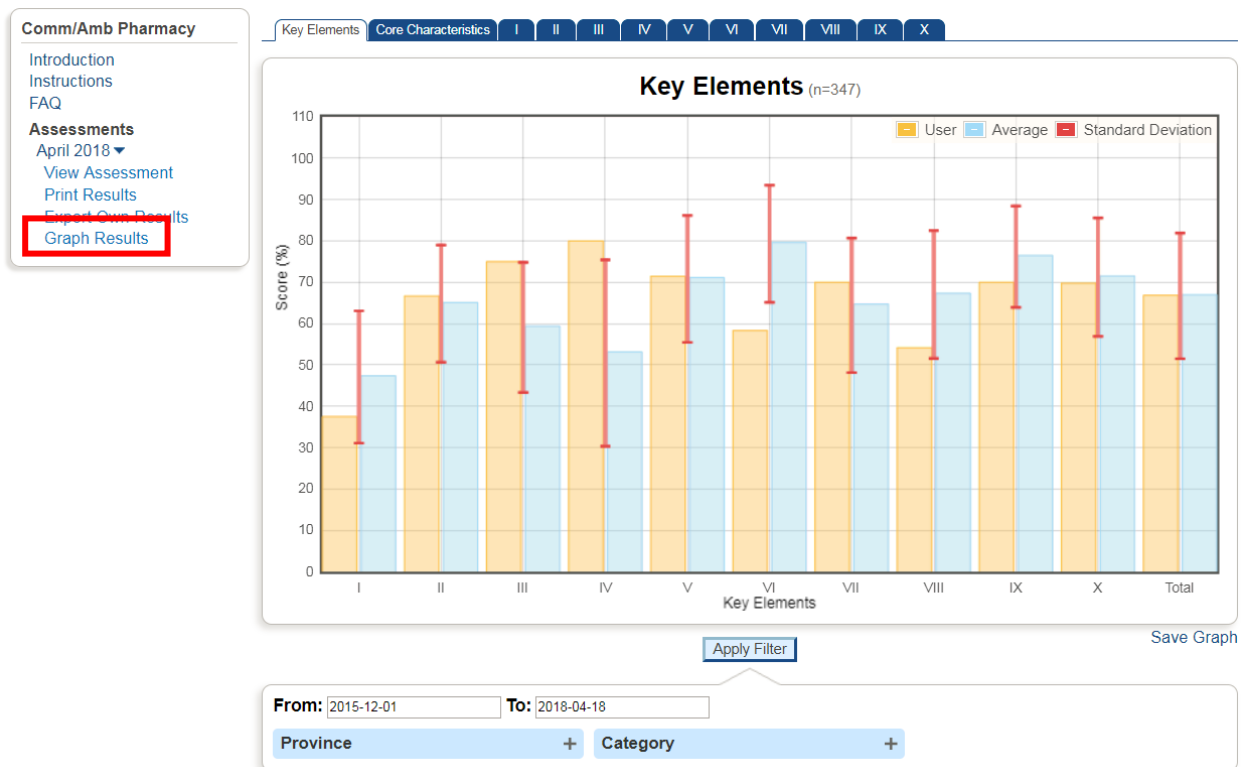
**MSSA Finalized**

The MSSA has been finalized. You may still view your responses but can no longer edit them.

[View a printable summary of the MSSA.](#)

### 3 Analyzing your MSSA Data

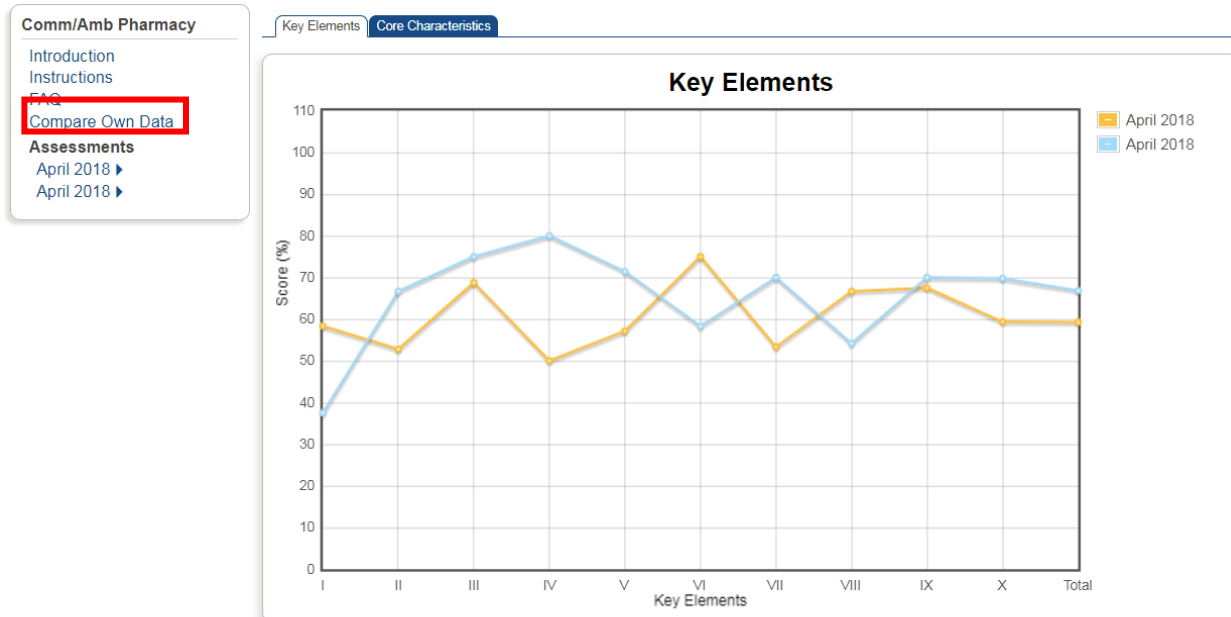
You can compare your aggregate scores by selecting the annual assessment you wish to analyze on the left-hand side of the page under “Assessments” and click “**Graph Results**”. This function allows you to compare your MSSA scores with other users nationally and/or provincially. Your aggregate score can be filtered by different parameters you want to compare, such as Province or Pharmacy Category. Once you have selected your parameters, click “**Apply Filter**.” The screenshot below illustrates the layout of an aggregate analysis graph:







Alternatively, you can compare your MSSA data and trends over time by clicking on the “Compare Own Data” tab on the left panel of the MSSA homepage which produces a graph similar to the screenshot below:



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For assistance with interpretation or use of your MSSA results, or for information on how other facilities have made use of their MSSAs, please feel free to contact ISMP Canada at [mssa@ismp-canada.org](mailto:mssa@ismp-canada.org).