

Pharmacy Quality Assurance Commission Pharmacy Business Practices Committee – January 15, 2015 Presentation Slides

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HEALTHIER COMMUNITY



Agenda

- Objectives and Process
- Draft Business Practices Committee “Road Map”
- 2014 WA Pharmacy Survey: Preliminary Results
 - “Structured” (Multiple Choice) Questions
 - Narrative Comments from Survey
- Open Discussion of Evidence (with Focus Qs)
- Threshold Q (Committee discussion/action)
 - Sufficient confirmation of perceived problems re: workload, staffing, pace of work and interruptions?
- Next Steps

Draft Committee “Road Map”

- Distributed with agenda as separate full-page document
- Intent: high-level logic for Committee’s consideration of topics and moving from early exploration to rule drafts and adoption

Major Stages (May Overlap/Iterate)	Issues (Examples)	Information Sources (Examples)
A. Problem Identification <ul style="list-style-type: none"> Issues Magnitude of Impact/Risk 	<ul style="list-style-type: none"> Prioritized highest: Workload/ staffing; Rx transfers/solicitations; environment for clinical functions Also prioritized: business accountability/contributory responsibility; quality improvement expectations Others: per 8/7/14 meeting or added within scope 	<ul style="list-style-type: none"> 2014 comments on scope WA Pharmacy Survey (2014): structured questions, comments Compliance: inspections, investigations Published research/analysis Public comments Data acquired from QI or other business processes Other: Welcome help identifying
B. Review of Current Rules <ul style="list-style-type: none"> Add to problems: any rule and process deficiencies that impair enforcement of enunciated standards/expectations 	<ul style="list-style-type: none"> Shared understanding of both safeguards and possible deficiencies in current PQAC rules What other agency rules (e.g., L&I) have bearing on topics? 	<ul style="list-style-type: none"> Focused review of rules Presentations: state lawyers Committee Q & A Public comments Clarifications
C. Possible Remedies <ul style="list-style-type: none"> Prescriptive Quality Improvement Hybrids and Other 	<ul style="list-style-type: none"> What types of remedies are in WA rules? Other jurisdictions' rules? What other options exist? (e.g., "problem-triggered standards") 	<ul style="list-style-type: none"> Other jurisdictions' rules Policy literature/ideas related to regulation, safety, quality Discussion
D. Drill Down <ul style="list-style-type: none"> Pros and Cons Critiques and Adjustments 	<ul style="list-style-type: none"> What possible remedies will be prioritized based on assessment of relative impact and feasibility? 	<ul style="list-style-type: none"> Committee deliberation (using available resources) Public comments
E. Trial Balloons ("Chunked Out") <ul style="list-style-type: none"> Committee-approved concepts Not rule proposals Public comment 	<ul style="list-style-type: none"> How to recognize problems and potential remedies that are ripe for committee to put out for reactions? Reassuring public this is exploratory 	<ul style="list-style-type: none"> Committee consideration and analysis (iterative) Public comment Refinement of concepts
F. Integration and Iterative Drafting		
G. Formal Rule Processes <ul style="list-style-type: none"> CR-102, SBEIS, CR-103, etc. 	<ul style="list-style-type: none"> How to stage rules (may be more than one formal proposal) 	

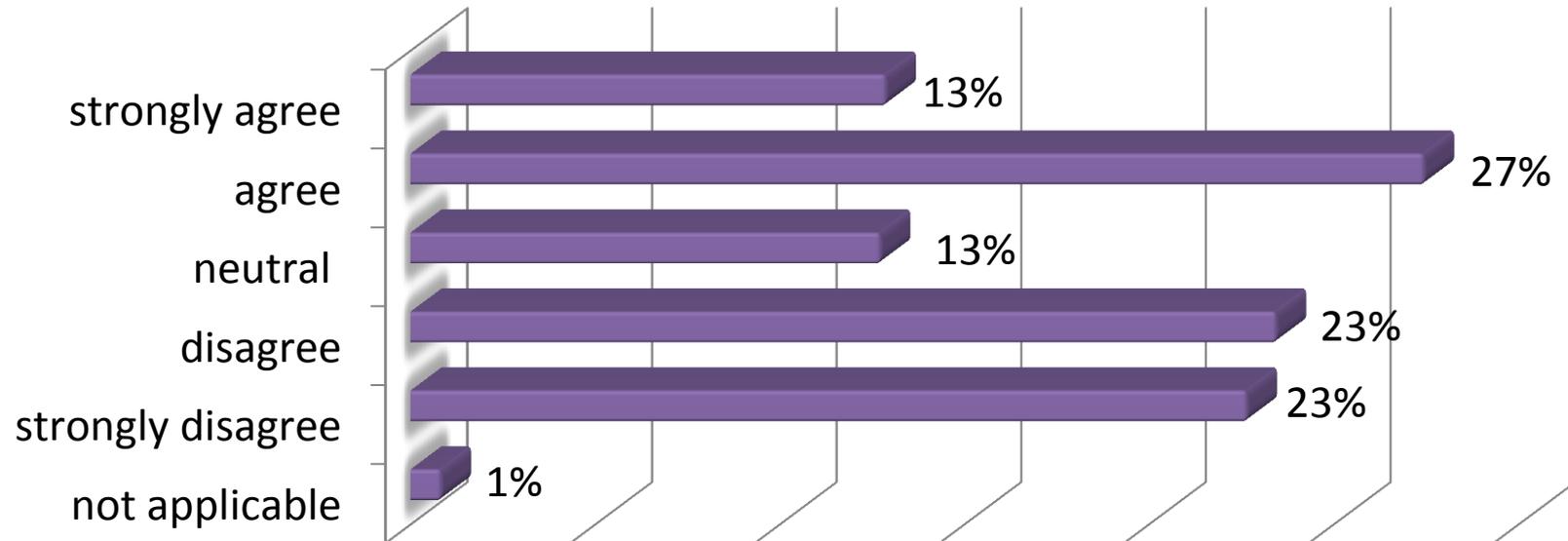
2014 Washington Pharmacy Survey

- Conducted August 1 – September 19, 2014 with notification to every Pharmacist and Technician by letter
 - Also publicized via PQAC listserve and PQAC and WSPA websites
- 23 questions drawn from
 - 2011 Oregon Workplace Survey and
 - Westat/AHRQ survey of community pharmacies (initiated 2012)
- 3200 + responses; of the 2638 “substantially complete”:
 - 1967 were Pharmacists (29% of all licensed) – of which
 - 78% were “line pharmacists” (staff RPh, intern, PIC); 5% pharmacy senior managers; 17% specialty pharmacists)
 - 58% work in community pharmacy, 34% in institutional pharmacies, 8% in mail order or other.
 - 671 were Technicians (8% of all licensed)
- Some questions do not apply well to all pharmacy settings.

Structured (Multiple Choice) Questions

- Preliminary results presented at the Committee's January 6 Webinar meeting (Power Point slides) were slightly revised and sent out with today's agenda packet
- Data from all respondents who answered each question
- Simple analysis (not grouped or multivariate)
- Questions are based on experience/perceptions of respondent.
- Structured questions are grouped by themes:
 - Questions on workload, pace of work, interruptions, staffing.
 - Questions on quality improvement processes and response to errors in the worksite.
 - Other questions.
- At this point interpretive comments are **DRAFT**
 - Primarily from Dan Rubin, Committee Chair
 - Some additions from discussion at January 6 meeting
 - Interpretation is subject to change based on additional analysis

SAMPLE FROM FULL SLIDES: I am satisfied with the amount of time I have to do my job (Q 3b).



- 46% of respondents disagreed or strongly disagreed with the statement, indicating significant concern with time available to complete job tasks

Workload, Staffing, Pacing, Interruptions (Most Qs from OR survey)

- Satisfaction with amount of time to do job
- Whether feel rushed processing prescriptions
- Adequate time for breaks/lunches
- Whether interruptions/distractions (phone calls, faxes, customers, etc.) make it difficult to work accurately
- Whether work environment is perceived as conducive to providing safe and effective patient care
- Adequate staff to provide safe/effective patient care
 - Separate Qs: Pharmacists, Technicians, Clerks/Assistants

Summary: Workload, Staffing, Pacing, Interruptions

- 46% of respondents express concern with time available to do their job, 49% feel rushed and 45% report inadequate time for breaks/lunch.
- 65% report concern that interruptions and distractions make it hard to work accurately.
- 35% agree that the work environment is conducive to safe and effective patient care, but 50% disagree.
- 38% think Pharmacist and Technician staffing is inadequate for safe and effective patient care, and 33% think “Clerk” (Assistant) staffing is inadequate.
- These answers in combination show significant concern with workload, staffing and interruptions. Write-in comments (separate report) reinforce this conclusion.

Quality Improvement Processes, Response to Errors (Qs from Westat/AHRQ)

- “When mistake happens, we try to figure out what problems in work process led to mistake”
- “We talk about ways to prevent mistakes from happening again”
- “Pharmacy helps staff learn from their mistakes rather than punishing them”
- How often mistakes are documented when:
 - Reaches patient: could cause harm but does not
 - Reaches patient: no potential to harm patient
 - Could have harmed patient but corrected before medication leaves pharmacy

Summary: Quality Improvement Processes, Response to Errors

- 80% of respondents agree or strongly agree that when mistakes happen, there are efforts to identify why; but agreement falls to 68% when the question asks about learning from mistakes “rather than punishing them,” and only 62% say there mostly or always is discussion on how to prevent recurrence. Questions do not define “mistake.”
- 77% agree that mistakes are documented when they reach the patient and could cause harm, but only 24% say documentation occurs if mistakes reach the patient/could not cause harm, or if they could cause harm but are corrected before dispensing. Nuances in these questions illustrate the importance of defining what is an error.
- Response patterns suggest incomplete execution of QI approaches.
- Committee discussion on 1/6/15 acknowledged that:
 - Documentation takes time and for minor errors, this time may not be well spent; and
 - Discovery of errors (baseline for any response) is lower without universal counseling.

Other Questions (Westat/AHRQ)

- “More emphasis on sales than patient safety”
 - 35% agreed or strongly agreed, suggesting fairly widespread perception
- “Staff clearly understand roles/responsibilities”
 - 12% disagreed/strongly disagreed; does not suggest perception of pervasive problem
- Pharmacy is free of clutter
 - 29% indicated some degree of clutter

Narrative Comments from Survey

- Out of more than 3,200 survey responses, 1078 respondents filled out Q 23 (open comments field).
- Of these, approximately 997 comments related to community pharmacy practice settings and 81 related to institutional pharmacy practice.
- 97% of comments were by line pharmacy staff members (pharmacists; technicians; PIC/managers; externs/interns).
- Preliminary report of 12/8/14 included full text of all comments (edited to remove potential identifiers).

Topics with the Most Comments

- Appropriate breaks and lunches for all line staff: 536 mentions (50%)
- Maximum ratio of technicians to pharmacists: 152
 - About 50/50 split to maintain/tighten ratio versus loosen ratio for greater workload capability or staff flexibility
- Lack of proper staffing for amount of work: 151
- Concerns about shift length and support staff: 101
- Prescription time guarantees and production metrics: 83
- Providing required clinical services without sufficient staff support: 71
- Distractions and interruptions during prescription processing: 49
- Prescription transfer coupons/incentives: 44
- Hospital systems beginning to see changes in staffing and technology replacement of pharmacists (telepharmacy/remote order entry): 34
- Prescription and immunization quotas: 26
- Pharmacy technology issues/concerns: 8
- Cautions to the Commission related to avoiding over-regulating: 11
- Miscellaneous other comments

Further Analysis of Survey

- Multivariate analysis of the structured questions is planned
 - Differences/patterns by respondent role and site
 - By reported workload measures, if feasible
- Timing for this level of analysis is dependent on technical resources (professional epidemiologist)
- Relevant narrative comments can be summarized in greater depth as work proceeds, topic by topic

Discussion of Evidence

Suggested Focus Questions

- What patterns and possible interpretations of preliminary survey data stand out to you?
- Do you doubt validity of some seemingly apparent patterns? Why? *(Input for threshold question)*
- What additional analysis and feasible data acquisition would provide more assurance about interpretation?
- What other specific sources of evidence can we examine? Can you provide copies/other access?
- What more should we find out about QI processes and standards in pharmacy and other health care?

Threshold Question (for Committee Decision)

- In scoping the committee's work (2012-14), issues related to workload, staffing, pace of work and interruptions received top priority
- Survey responses (structured questions and comments) appear to confirm widespread concern among pharmacy personnel
- ***Do we have sufficient confirmation of broadly perceived problems related to this area to move into deeper exploration of public impact/risk and other stages of work?***

Next Steps

- Further analysis/use of survey – timing driven by technical resources
- Prioritize Next Steps Re: Workload, Staffing, Pacing, Interruptions
 - Acquire/review published research (focusing safety/health impacts)
 - Compliance information: inspections, investigations
 - Meet with L&I representative on labor law (breaks, etc.)
 - Focused review of current PQAC rules on business practices
 - Begin review of other jurisdictions' rules and standards
 - Other?
- Next Steps Related to Other Topics?
 - E.g.: QI? Prescription transfer incentives?
- Upcoming Committee Meetings
 - Thursday, January 29, 2015 at 4:30 to 6 pm
 - Thursday, February 10, 2015 at 7:30 to 9 am
 - Thursday, February 26, 2015 at 7:30 to 9 am