

2014 Washington Pharmacy Survey – Structured Questions *Preliminary Results (Draft)* Pharmacy Quality Assurance Commission Pharmacy Business Practices Committee Rev. January 9, 2014

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2014 Washington Pharmacy Survey

- Conducted August 1 – September 19, 2014
- 23 questions drawn from 2011 Oregon Workplace Survey and Westat/AHRQ survey of community pharmacies (initiated 2012)
- 3200 + responses; the 10/23 Survey “Progress Report” noted that of 2638 “substantially complete,”
 - 1967 were Pharmacists – of which
 - 78% “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 Technicians.
- A number of written comments pointed out that some questions do not apply well to all pharmacy settings.

Information on Preliminary Results

- This preliminary presentation relies on data from all respondents who answered each question.
- A more complex procedure is needed to analyze only the 2638 “substantially complete” survey responses (most or almost all structured questions were completed) reported on the previous slide.
- This report groups structured questions by themes:
 - Questions on workload, pace of work, interruptions, staffing and related.
 - Questions on quality improvement processes and response to errors in the worksite.
 - Other questions.
- Interpretive comments are **DRAFT** and come from Dan Rubin, Committee Chair. Interpretation is subject to changed based on additional analysis.

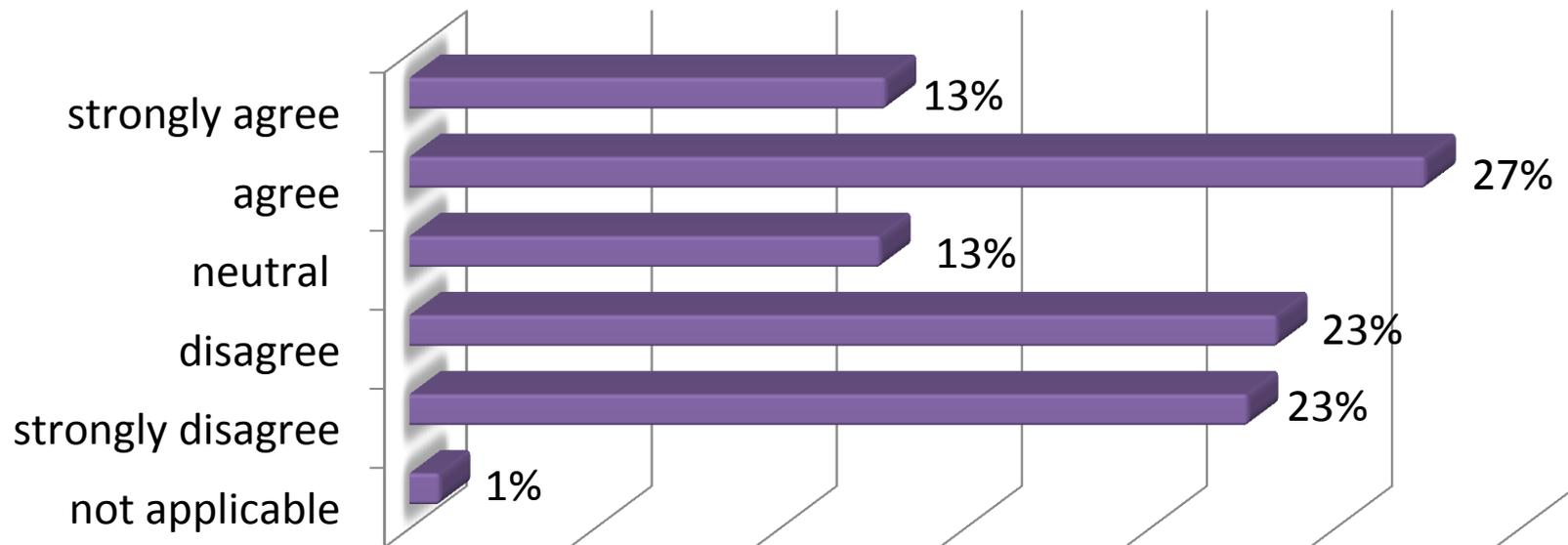
Not Addressed: Questions Primarily Useful in Multivariate Analysis

- Questions 1, 2 and 22 identify each respondent's primary role (e.g., line pharmacist) and primary practice site (e.g., institutional).
- Q 22 addresses years in practice.
- Questions 16 – 21 provide data on hours worked, typical site staffing and prescriptions filled (an aspect of workload). These data are not useful unless used in multivariate analysis with Q 3 – 15.
- Further survey analysis will use data from these questions to better interpret patterns of information.

Group A: Workload, Staffing, Pacing, Interruptions

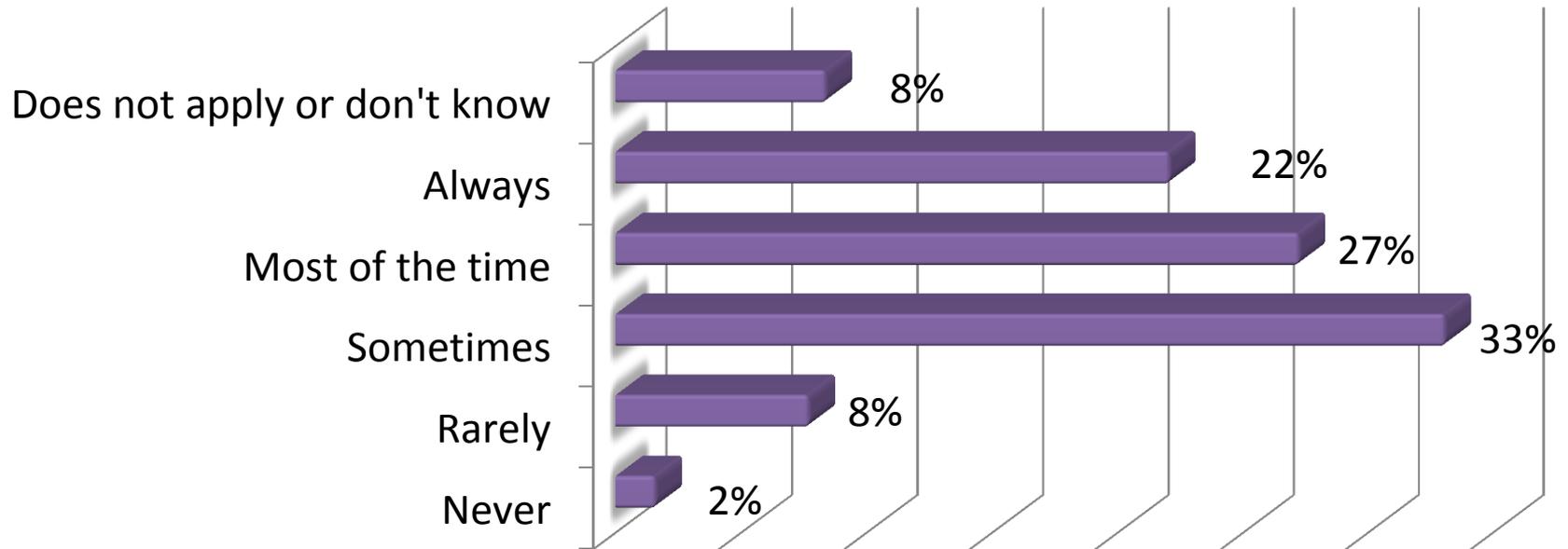
- Most questions addressed in this group were drawn from the Oregon survey

I am satisfied with the amount of time I have to do my job (Q 3b).



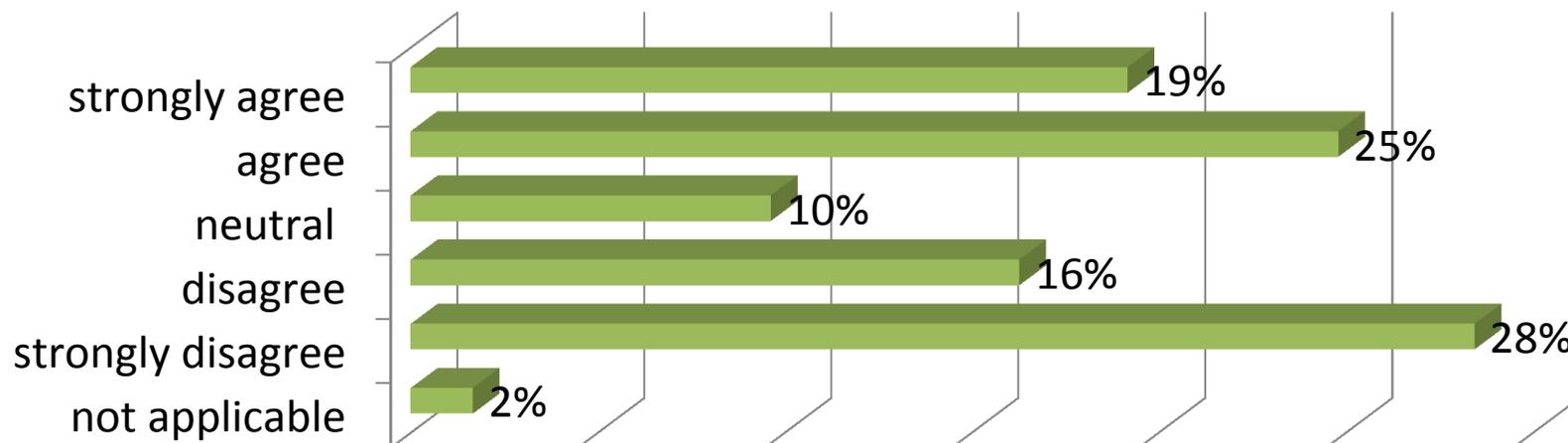
- 46% of respondents disagreed or strongly disagreed with the statement, indicating significant concern with time available to complete job tasks

I feel rushed when processing prescriptions (Q 13).



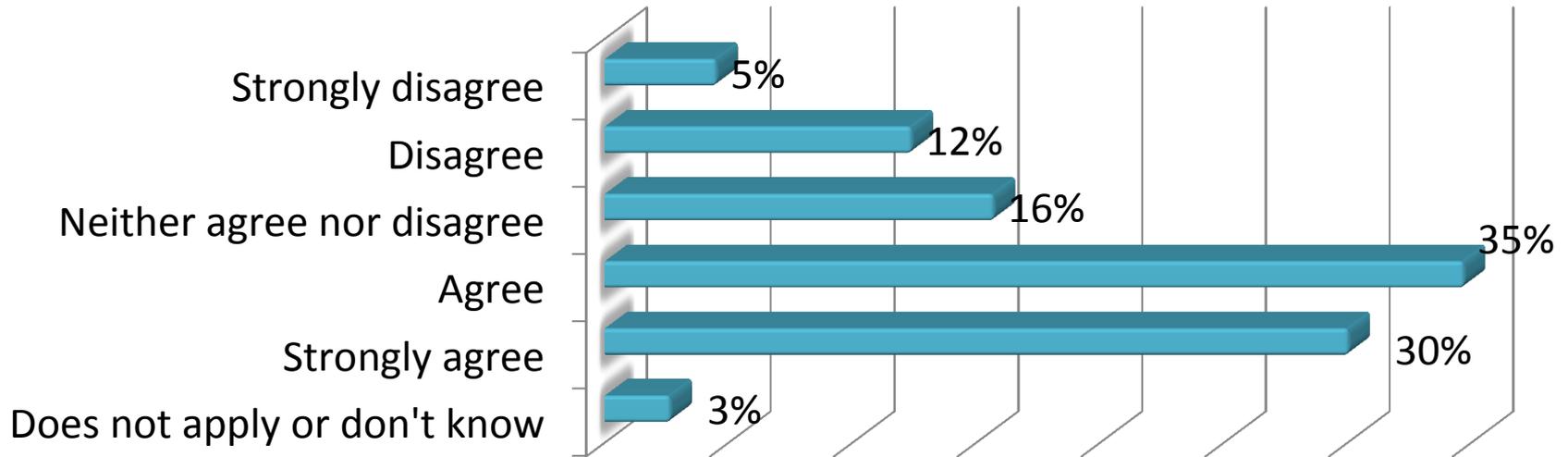
- 49% of respondents said they feel rushed most of the time or always, and another third, “sometimes,” indicating significant concern.
- The 8% responding “does not apply or don’t know” may reflect respondents whose practice is clinical in nature and who don’t process prescriptions.

I have adequate time for breaks/lunches at my primary practice site (Survey Q 3a).



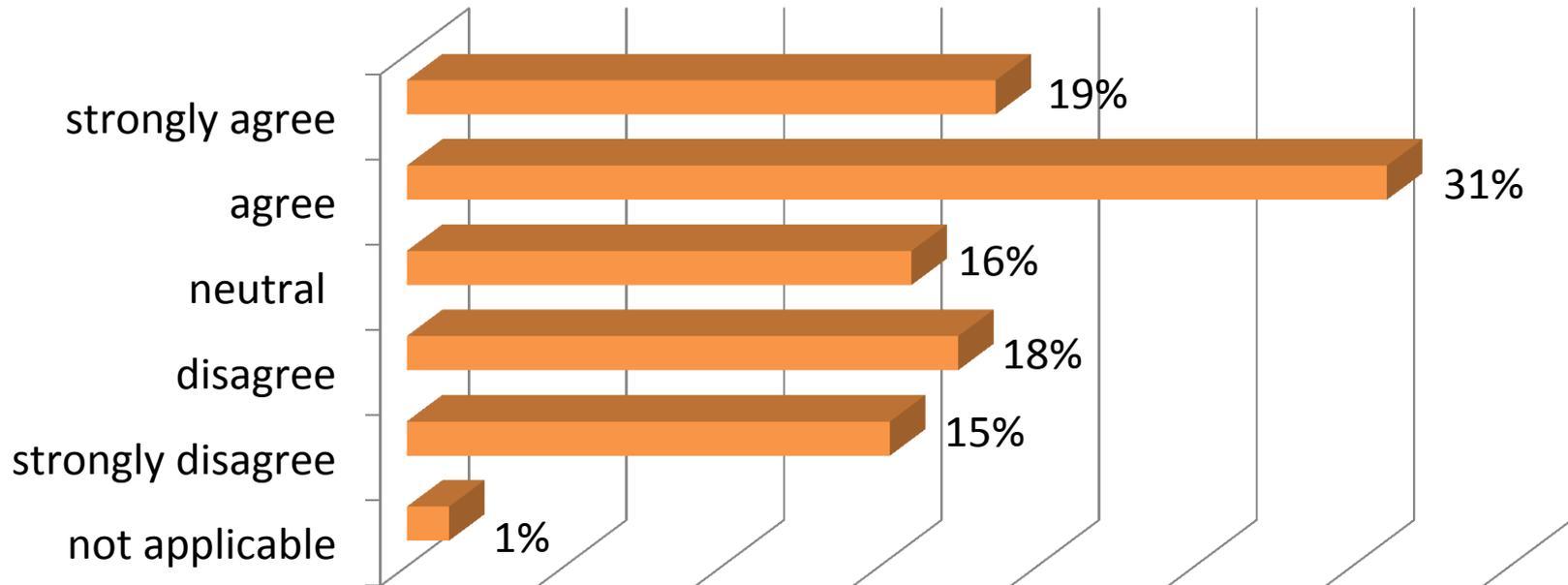
- 45% of respondents disagree or strongly disagree with this statement, indicating significant concern.
- This is the most common problem reported in the survey's open-ended (text field) question, Q 23. This was mentioned by 536 respondents or over half of the 1078 who answered this question. (See the preliminary report on survey comments released on December 8, 2014.)

Interruptions/distractions in my pharmacy (from phone calls, faxes, customers, etc.) make it difficult for staff to work accurately (Q 5).



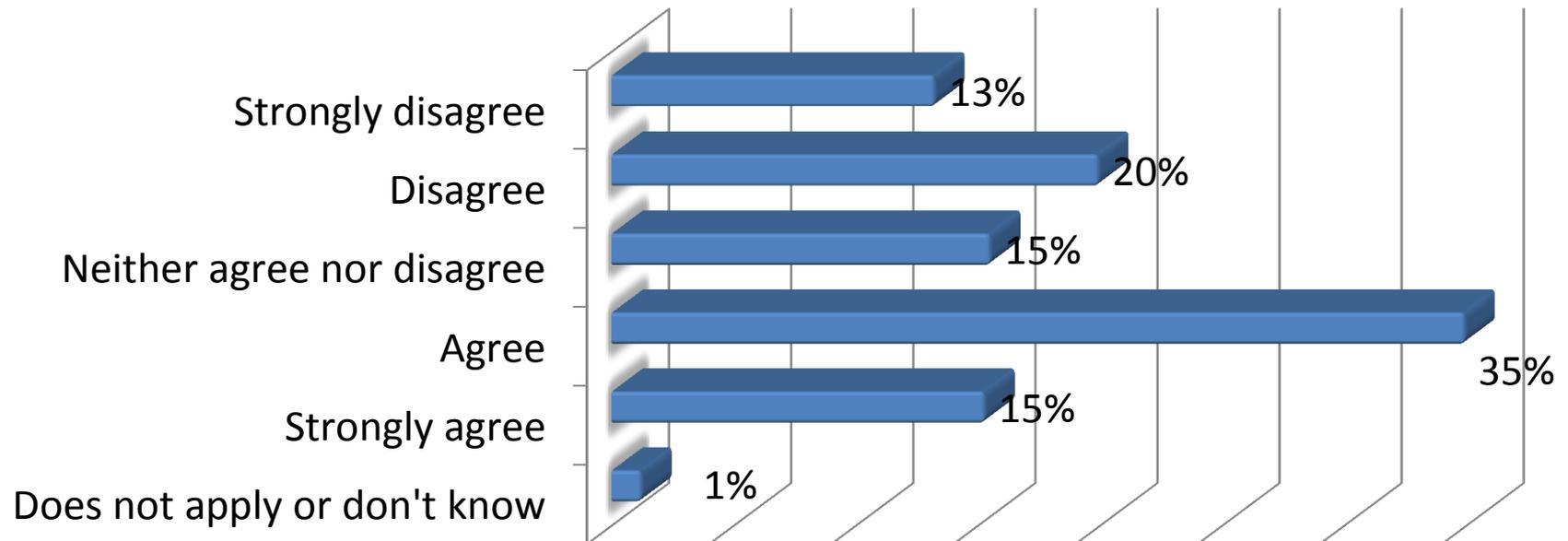
- 65% of respondents agree or strongly agree, indicating an especially high level of concern.
- This is one of the ten most common problems mentioned in the 1078 responses to the survey’s open-ended (text field) question, Q 23. See the preliminary report on survey comments .

My employer provides a work environment that is conducive to providing safe and effective patient care (Q 3c).



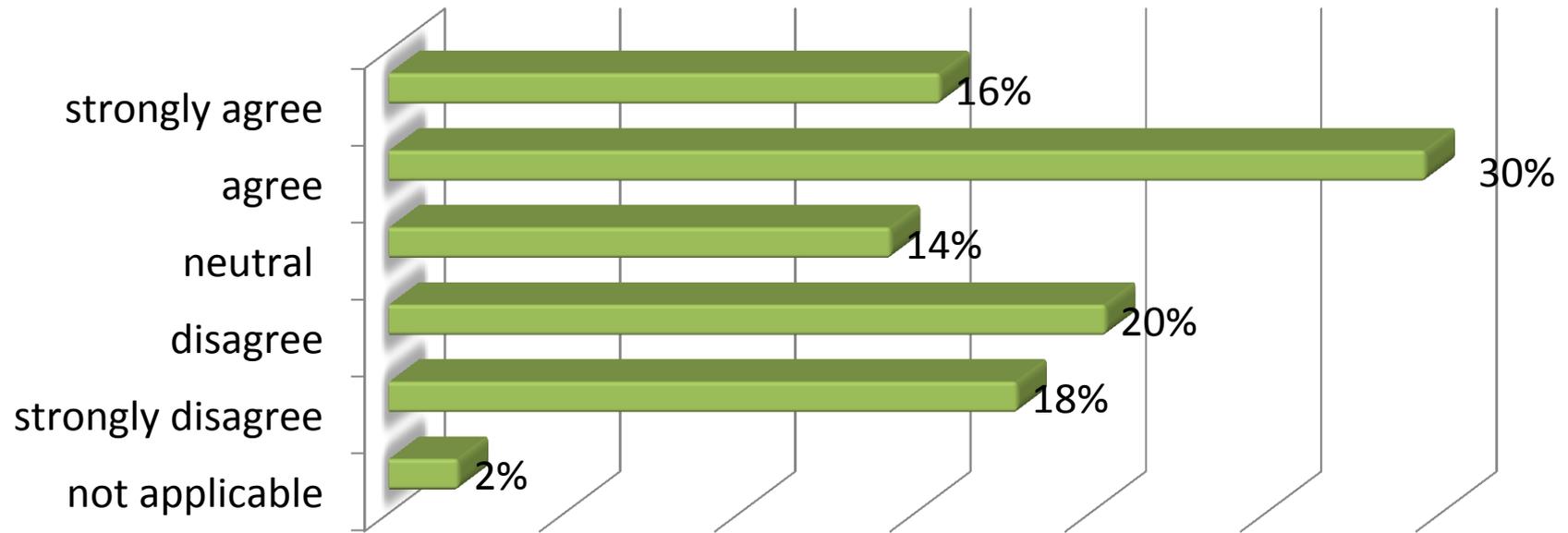
- Q 3c is drawn from the Oregon survey. Q 11 (next slide) is the same question, drawn from the Westat/AHRQ survey.
- The slides differ in what end of the scale is “up”, but both show about 50% agreed with the statement and about 33% disagreed.

My employer provides a work environment that is conducive to providing safe and effective patient care (Q 11).



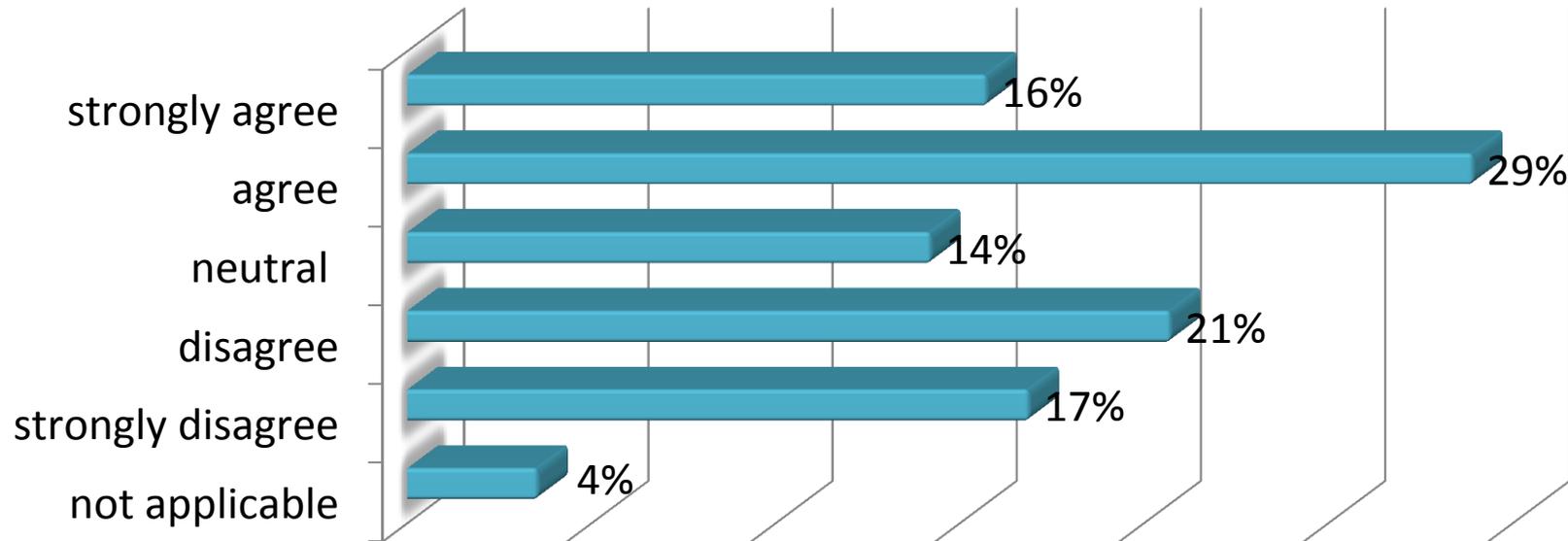
- See comments on previous slide (Q 3 c).

My site has adequate Pharmacist staff to provide safe and effective patient care (Q 3d).



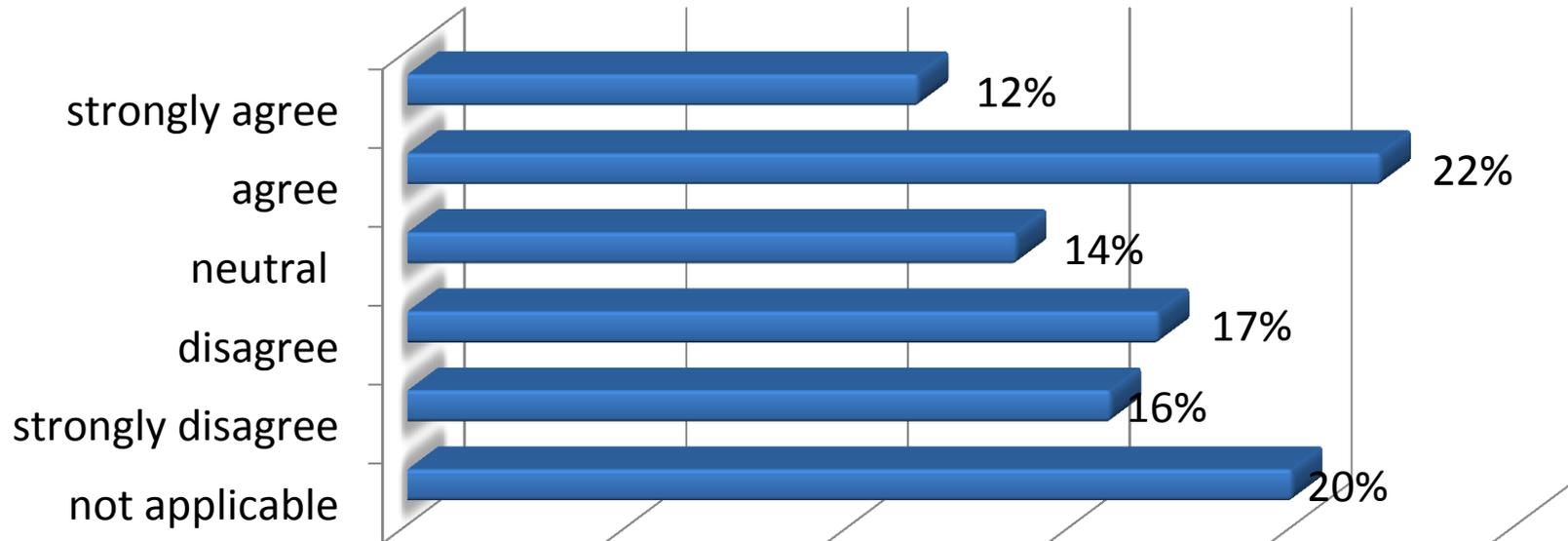
- About 38% of respondents disagreed or strongly disagreed with the statement.
- Lack of proper staffing for the amount of work was the third most common problem (151 mentions) in the 1078 responses to the survey's open-ended (text field) question, Q 23). Comments dealt with all types of staff.

My site has adequate Technician staff to provided safe and effective patient care Q 3e).



- About 38% of responses disagreed or strongly disagreed with the statement. This highly consistent with answers to Q 3 d (Pharmacists).
- Lack of proper staffing for the amount of work was the third most common problem (151 mentions) in the 1078 responses to the survey's open-ended (text field) question, Q 23). Comments dealt with all types of staff.

My site has adequate Clerk staff to provide safe and effective patient care (Q 3f).



- 33% of respondents were concerned about adequacy of “clerk” (Pharmacy Assistant) staff , only slightly lower than for Pharmacists and Techs.
- Lack of proper staffing for the amount of work was the third most common problem (151 mentions) in the 1078 responses to the survey’s open-ended (text field) question, Q 23). Comments dealt with all types of staff.
- The high percent “not applicable” may reflect sites such as hospitals that may not use Assistants.

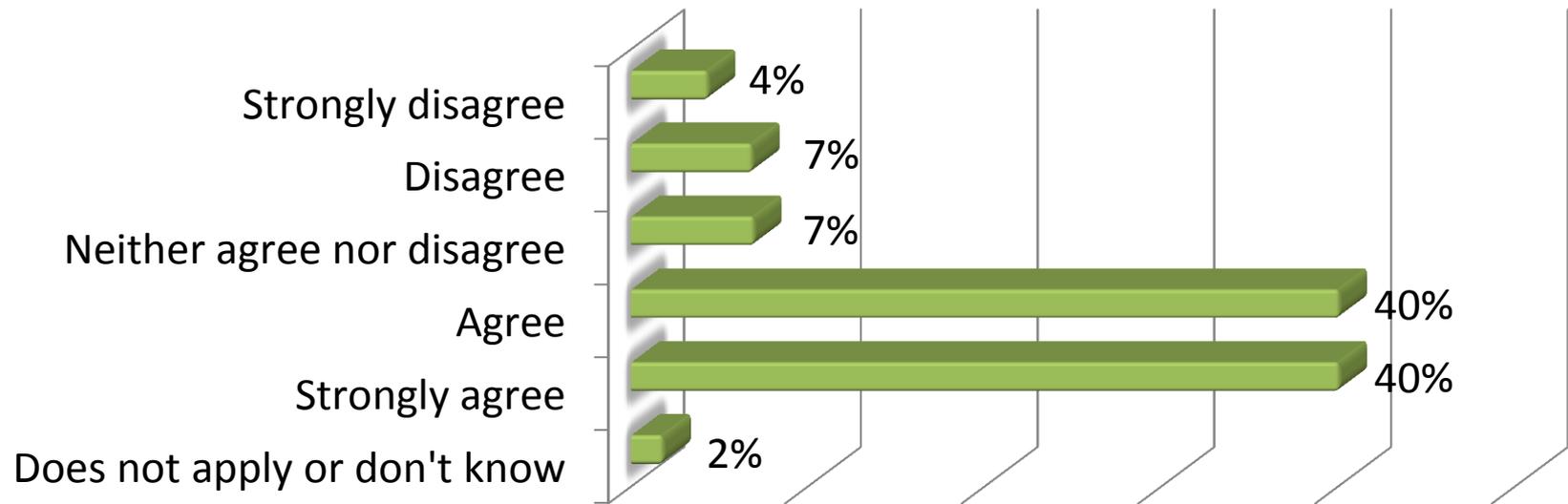
Summary: Workload, Staffing, Pacing, Interruptions

- 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.

Group B: Quality Improvement Processes, Response to Errors

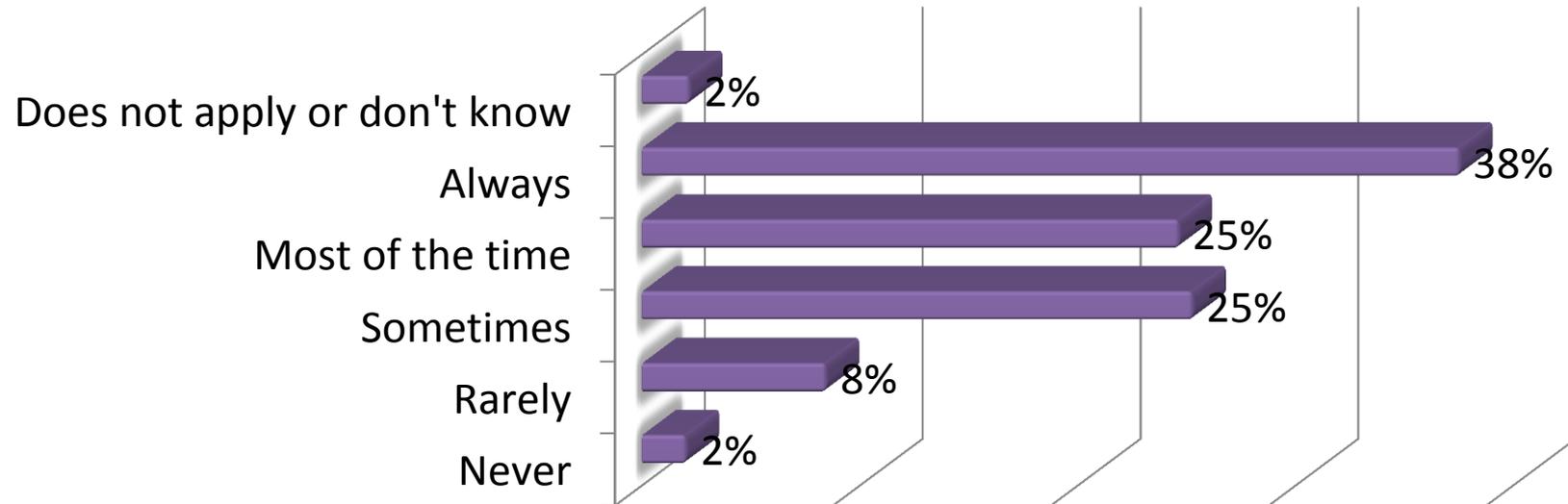
- All questions addressed in this group were drawn from the Westat/AHRQ survey

When a mistake happens, we try to figure out what problems in the work process led to the mistake (Q 6).



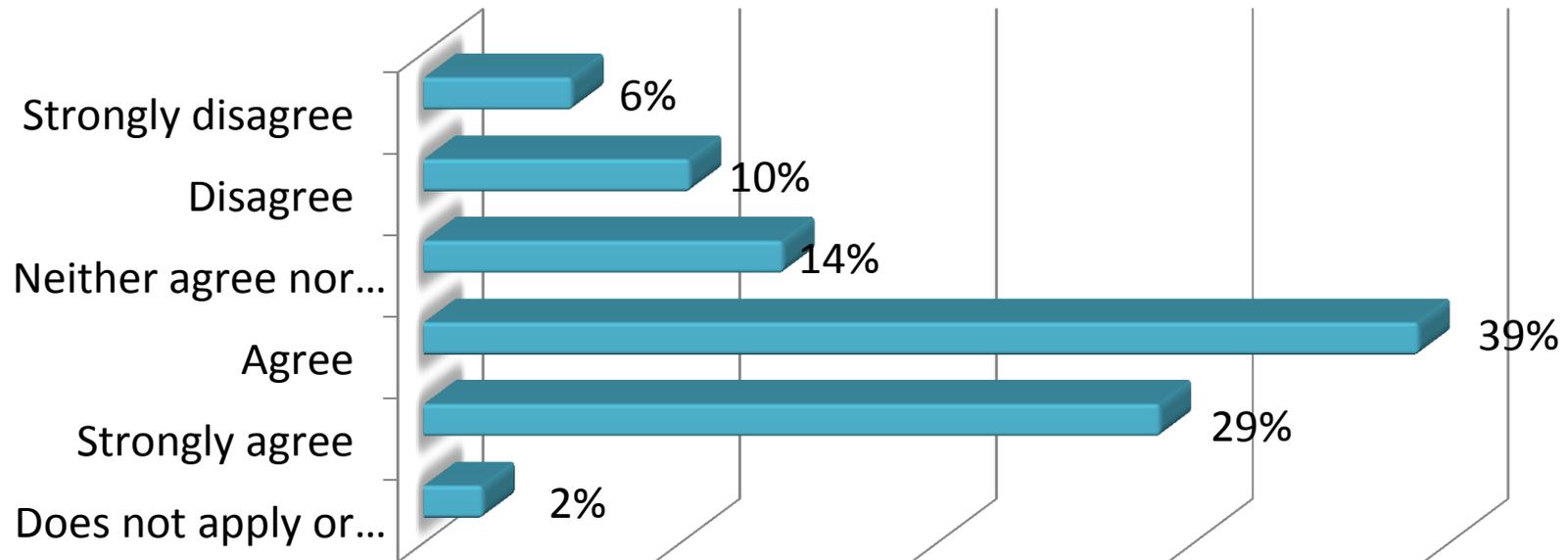
- 80% agreed or strongly agreed with this statement (positive assessment), and 11% disagreed or strongly disagreed (negative).
- The wording of this question focuses on problem identification but does not as clearly address action to prevent reoccurrence.
- Responses show high agreement that there are meaningful efforts to identify causes of mistakes, but the term “mistake” is not defined and this is probed in later questions.

In my pharmacy, we talk about ways to prevent mistakes from happening again (Q 4).



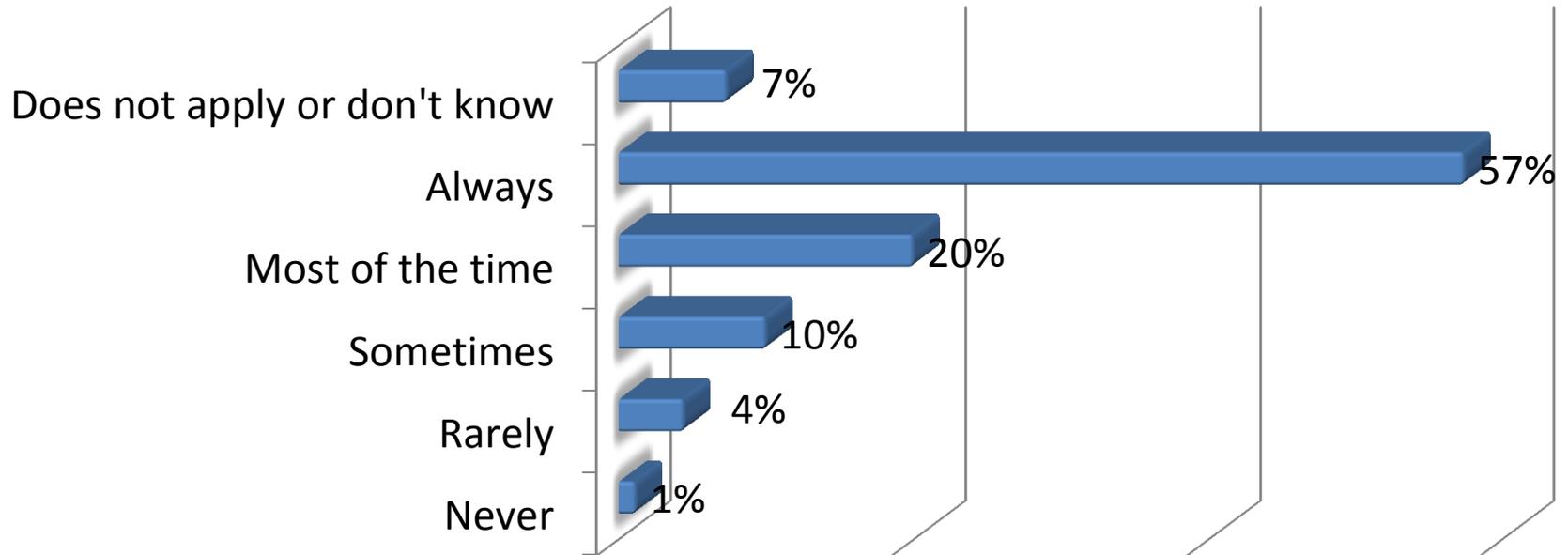
- The wording of this question focuses on efforts to prevent reoccurrence of problems, once identified.
- 62% agreed that this is mostly or always true (positive assessment), and 10% believed it is never or rarely true (negative).
- Agreement with this statement (62%) was lower than on the preceding question focused on problem identification (80%). This raises questions about what happens between problem identification and action.

My pharmacy helps staff learn from their mistakes rather than punishing them (Q 7).



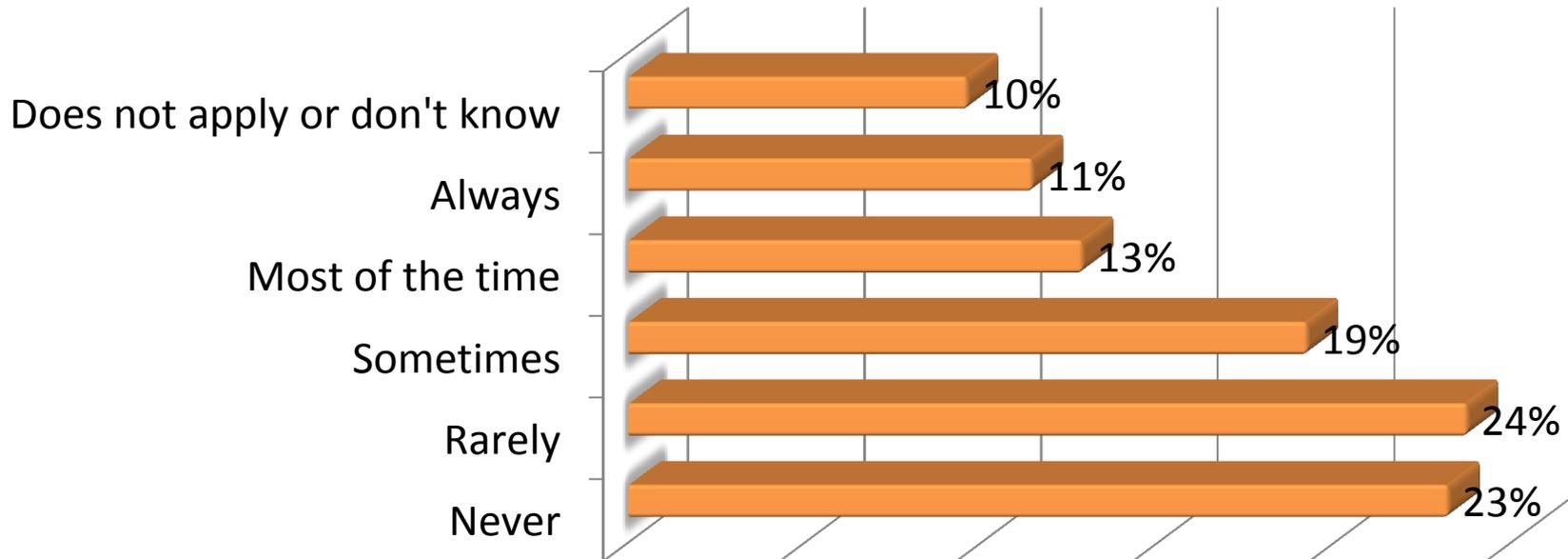
- 68% agreed or strongly agreed with this statement (positive assessment), and 16% disagreed or strongly disagreed (negative).
- Comparing this with the 80% who believe that problem identification is taking place (slide 17), there is somewhat less confidence in the consistency of prevention-oriented QI once mention of punishment is included in the question wording.

When a mistake reaches the patient and could cause harm but does not, how often is it documented (Q 8)?



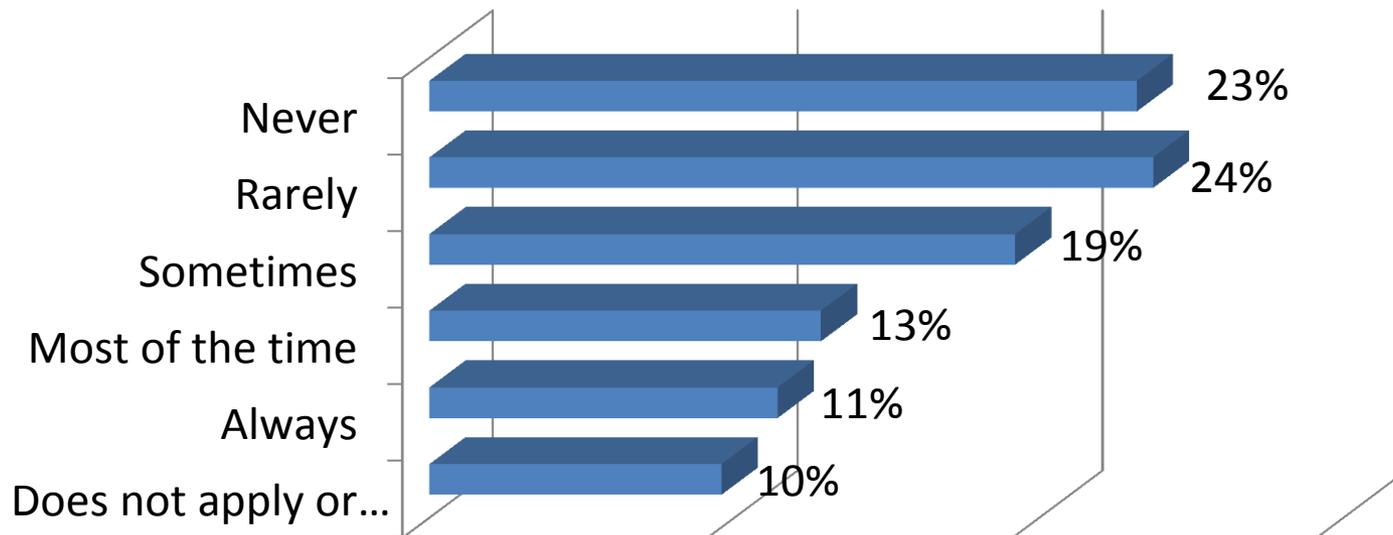
- 77% agreed such mistakes are mostly or always documented (positive assessment), and 5% said they never or rarely are (negative assessment).
- Responses show high though not absolute confidence among respondents that the most serious known errors (error detected, reached patient, and could cause harm) are tracked in some fashion within the organization.
- Discussion at the 1/6/15 committee meeting noted that discovery of errors itself is lower without universal counseling.

When a mistake reaches the patient but has no potential to harm the patient, how often is it documented (Q 9)?



- 24% agreed this category of mistake is mostly or always recorded (positive assessment), as opposed to 47% who said it never or rarely is (negative).
- Comparison with the previous slide suggests a dramatic drop-off in use of QI approaches when errors reach the patient but have low risk. Such errors still might show process issues that could cause harm another day.
- Perhaps more complete QI implementation might disclose process issues that could cause harm another time. Committee discussion acknowledged that recording minor events may not always be the best use of scarce time

When a mistake that could have harmed a patient is corrected BEFORE the medication leaves the pharmacy, how often is it documented (Q 10)?



- 24% agreed that mistakes of this kind (potential to harm) are mostly or always recorded (positive assessment), as opposed to 47% who said they never or rarely are documented (negative).
- The high level of disagreement suggests significant concern about whether QI processes are completely implemented.

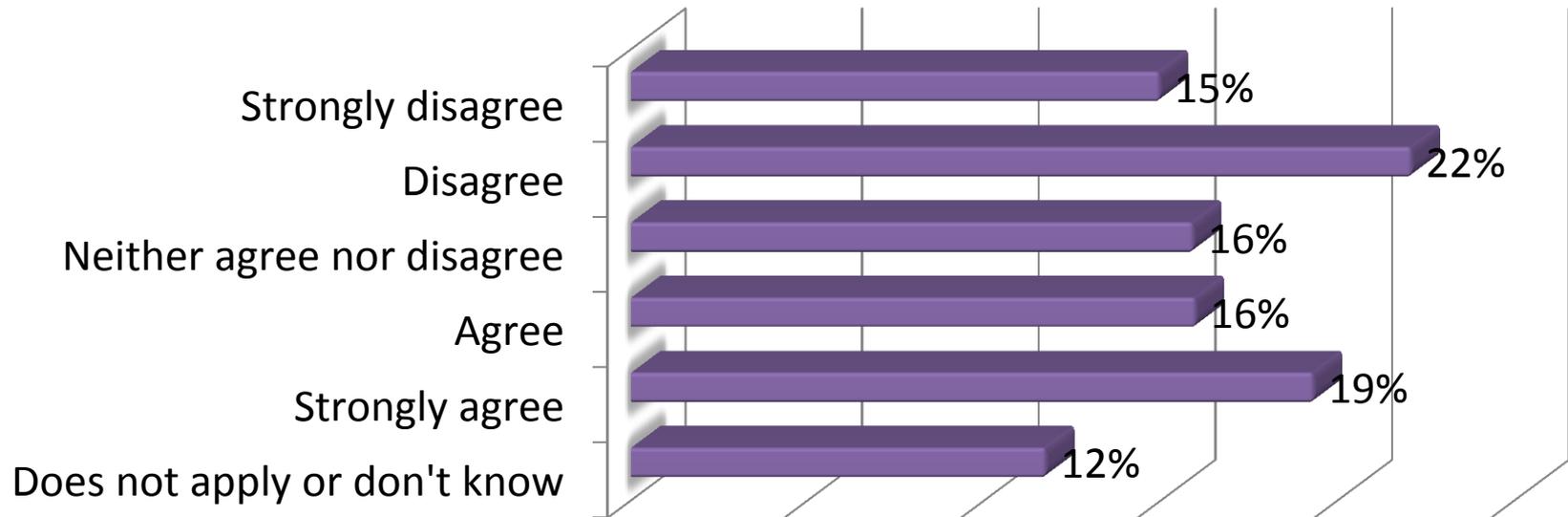
Summary: Quality Improvement Processes, Response to Errors

- 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.

Group C: Other Questions

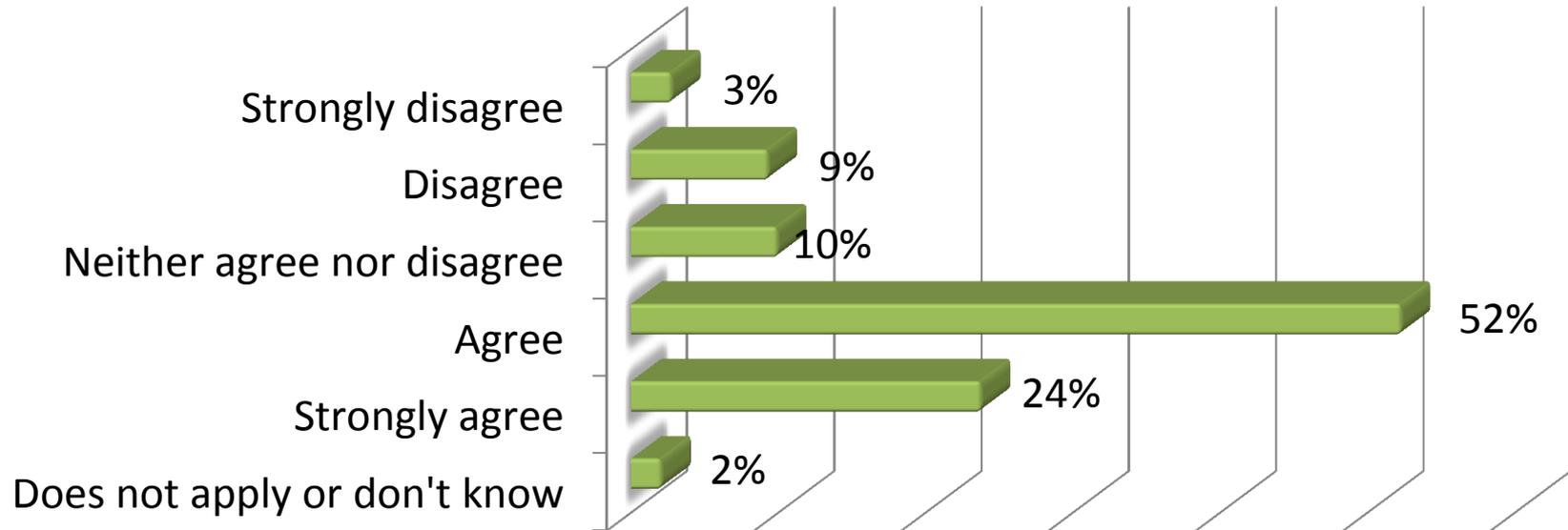
- All questions addressed in this group were drawn from the Westat/AHRQ survey

My current pharmacy places more emphasis on sales than on patient safety (Q 14).



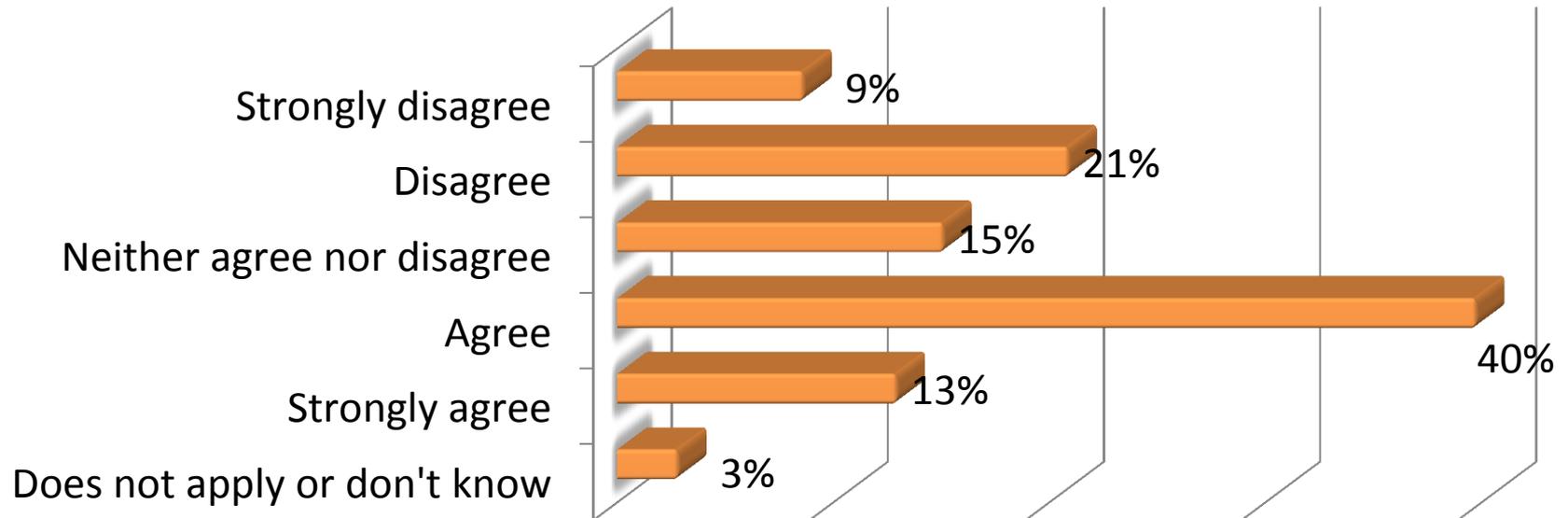
- 35% of respondents agreed or strongly agreed with this view.
- This question is strongly worded. However, it comes from the Westat/AHRQ survey, which was professionally developed by survey research specialists who pay attention to the literature on question wording and response. This lends greater credibility to the responses than if the question were “casually” written by amateurs.

Staff in my pharmacy clearly understands their roles and responsibilities (Q 15).



- 12% of respondents disagreed or strongly disagreed with this statement, suggesting lower concern for role confusion than other potential problems probed in the survey.

The pharmacy I currently work in is free of clutter (Q 12).



- Clutter is both a potentially unsafe working condition (error, sanitation) and a form of distraction.
- About 29% of respondents indicated some degree of clutter.

Next Steps

- There will be further analysis of the survey's structured questions, probing patterns of response by role, site and indicators of workload and staffing (Q 1, 2 and 16 – 21).
- Questions for discussion to guide analysis:
 - What patterns or possible interpretations of results do you see?
 - Do they seem consistent with survey comments?
 - Do they seem consistent with results of surveys elsewhere?
 - What additional analysis is needed to have more assurance about interpretation?
- Broader public discussion will occur during a multi-site teleconference on January 15, 2015, covering initial analysis of structured question plus the previously released report on comments.