

Med Safety Exchange

Webinar Series

Evaluation of the Med Safety Exchange Webinar Series (Year 2)

After the success of Year 1 of the Med Safety Exchange webinars, the 6 bimonthly webinars were scheduled between May 2018 and March 2019 of Year 2. Prior to implementation of the webinars in September 2017, the logic model for this initiative outlined five key outcomes:

- Enhanced network of collaborating organizations sharing medication incident learning
- Increased capacity for safety improvements and risk reduction across Canada
- Increased national awareness of mitigating strategies and recommendations from medication incident data
- Increased national awareness of medication-related safety initiatives, updates, and research
- Improved appreciation of the value of incident reporting and enhanced reporting quality

The accomplishment of these goals was extrapolated from the pan-Canadian involvement in the Med Safety Exchange webinar series as presenters and/or participants (reflecting national awareness and a collaborating network), as well as the responses to the post-webinar survey questions regarding medication safety culture (reflecting the perceived utility of the medication safety-related learnings and the value of reporting). Recommendations for improvement are included with relevant findings below.

Pan-Canadian Support

Over Year 2 of the Med Safety Exchange webinar series, the number of participants averaged 368 per webinar and ranged from 173 to 739 (Figure 1). The total number of participants was determined by combining two figures: the number of WebEx phone lines during the webinar, which was identified by the system; and the number of individuals ‘in the room’ per phone line, which was identified by (and therefore limited to) responses to the post-webinar survey. Since the number of people ‘in the room’ for every WebEx phone line is unknown for those not responding these values are conservative estimates.

Compared to Year 1, the average number of participants per webinar in Year 2 increased from 237 to 337. This was largely due to the unusually high number of attendees for the first webinar (n = 739) in which one survey respondent noted that 500 individuals were ‘in the room’. However, even when excluding this outlier from the first webinar (n = 239) in Year 2, the average per webinar was still higher in Year 2 vs. Year 1 (i.e., n = 253 vs. n = 237). This indicates that the Med Safety Exchange is growing its audience.

The lowest number of participants in both years occurred around the holiday period with the fourth webinar: December 13, 2017 in Year 1 and November 28, 2018 in Year 2. In Year 2, the decision was made to schedule the webinar in November instead of December to overcome this low participation, but the late November date may have still been too close to the holidays (i.e., American Thanksgiving) to significantly impact attendance. To encourage more participation in Year 3’s fourth webinar, it should be scheduled even earlier in November to avoid all holidays.

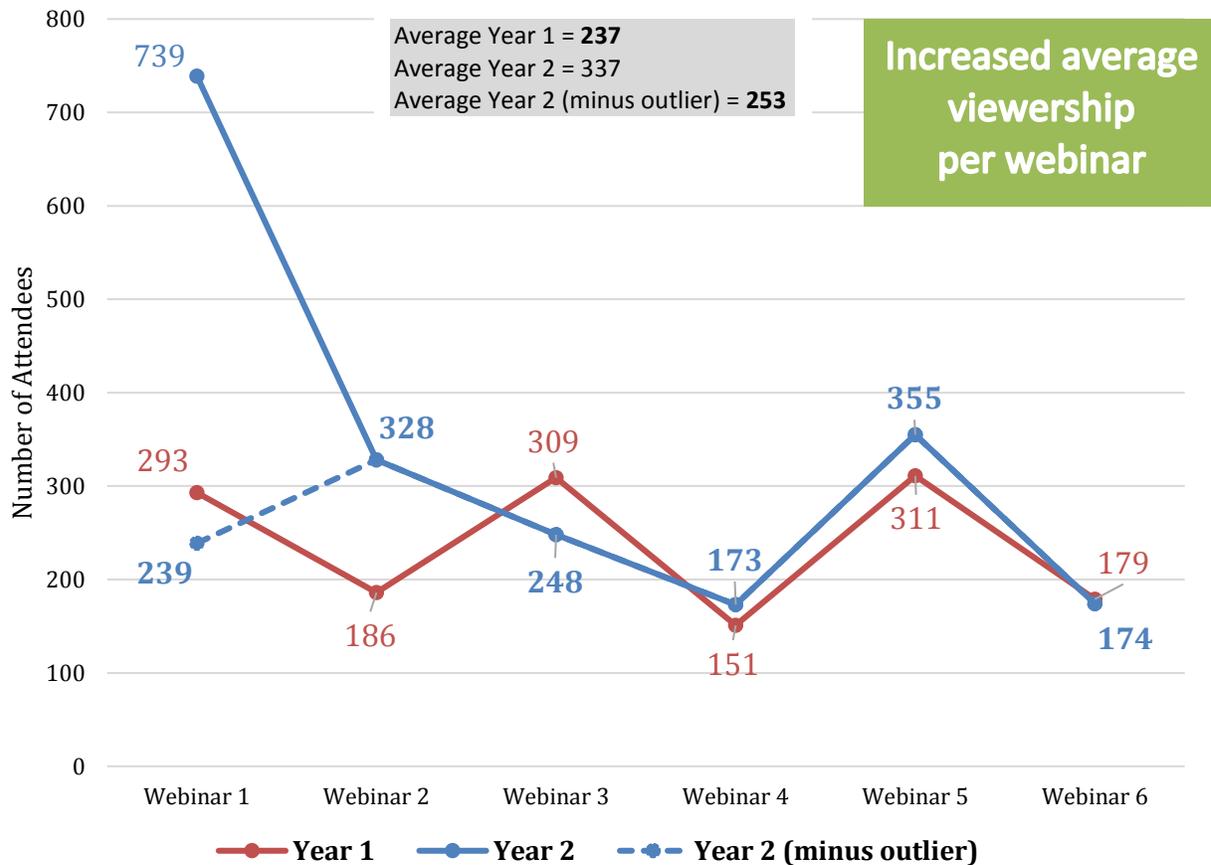
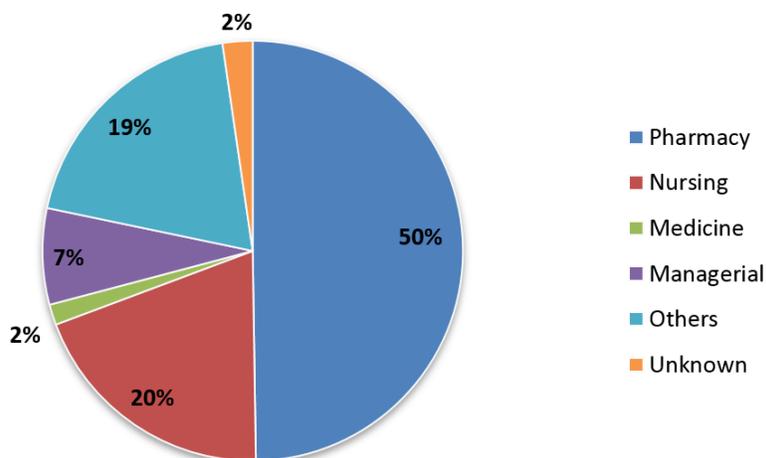


Figure 1. Graphical representation of the number of attendees per webinar in the Med Safety Exchange’s Year 1 (red) and Year 2 (blue).

The participant data collected during registration for the live webinars in Year 2 indicated that half of the participants were in pharmacy (including pharmacists, pharmacy technicians, and pharmacy assistants, in multiple healthcare settings) and one-fifth of the participants were in nursing (Figure 2). This is similar to Year 1 where pharmacy accounted for almost 50% of participants, and nursing for 25%. This finding suggests that marketing for the webinar series should continue to encourage participation from those in the pharmacy and nursing fields, but also expand to physicians (currently 2%), administrators (e.g., risk managers, policymakers) and other allied health professionals. This could be done by partnering with various national professional associations (e.g., Royal College of Physicians and Surgeons of Canada) and healthcare student programs (e.g., undergraduate, residency) to promote the webinars.



Multidisciplinary participation in webinars

Figure 2. Graphical representation of the percentage of participants by profession types in the Med Safety Exchange series for Year 2.

In addition to participation in the live webinar, participants were able to view a recording on the Med Safety Exchange website within one week of the webinar. The average number of views per webinar in Year 2 has been 86 as of April 15, 2019, ranging from 35 (webinar 6) to 115 (webinar 2), therefore the amount of time that the recording has been available for viewing may be a factor (Figure 3). This is a conservative estimate, however, as it is not possible to determine the number of people listening to the recording per single view.

However, there has been a decrease in the number of views per webinar, from 226 in Year 1 to 86 in Year 2; again, this may be related to the amount of time that the recordings have been available, but the difference is quite high. Explaining how to access the recordings during the live webinars and using social media to advertise when the recorded webinars are available may help to increase the awareness and number of views. In addition, the recorded webinars are titled, “Med Safety Exchange webinar – [Date]” on YouTube; including the specific topics in the description box and/or using key terms to ‘tag’ the video may help attract a greater audience.



Continued viewership after each webinar

Figure 3. Graphical representation of the number of views for each webinar in Year 2, as of April 15, 2019.

Year 2 of the Med Safety Exchange webinar series has successfully achieved pan-Canadian participation, with representation from all provinces and most territories (except for the Northwest Territories) (Figure 4). Relative to the general populations of each province and territory, PEI, Yukon, and Saskatchewan were well-represented, but British Columbia, Quebec and Newfoundland and Labrador should be targeted for more participation. In Year 2, more participants from Ontario tuned in to the live webinar compared to Year 1. Despite pan-Canadian participation, more efforts are needed to further engage participants throughout the country.

One suggestion to increase participation from other provinces is to schedule the webinar at a different time of day. Currently, the webinar is broadcasted from 12:05 – 12:55 pm ET, which is aligned with a lunch break for those in Ontario. This would be 9:00 am PST for British Columbia, which may have contributed to the low turnout from British Columbia. Therefore, varying the times in which the webinar is broadcasted may increase attendance from other provinces. If rescheduling is not feasible, however, another potential solution is to rebroadcast the webinar at various times during the day to match the availabilities of attendees across the country.

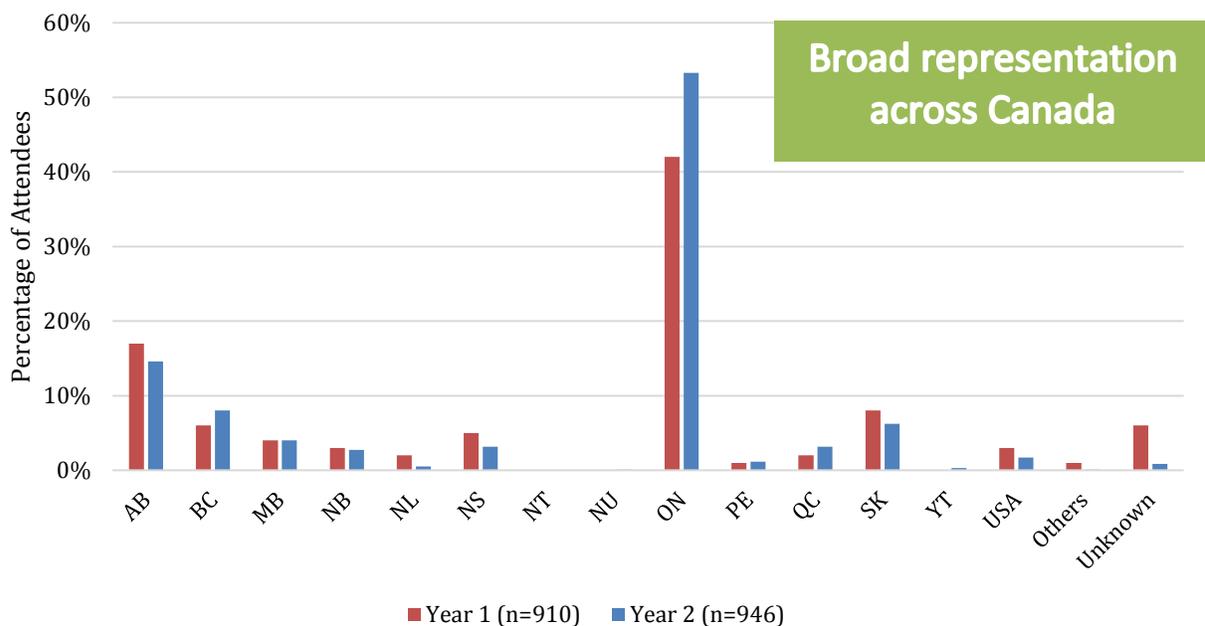


Figure 4. Graphical representation of the percentage of attendees by geographical location for Year 1 and Year 2.

The Med Safety Exchange webinar presenters were also representative of Canada with national organizations such as the Canadian Patient Safety Institute (CPSI), Health Canada, the Institute for Safe Medication Practices Canada (ISMP Canada), the Canadian Nurses Association (CNA), and the Canadian Institute for Health Information (CIHI). The province-specific webinar presenters were from Ontario, British Columbia, Quebec, and PEI (Figure 5). British Columbia and Quebec had an increased number of attendees in Year 2 compared to Year 1, which may be attributed to an increased number of presenters from these provinces.

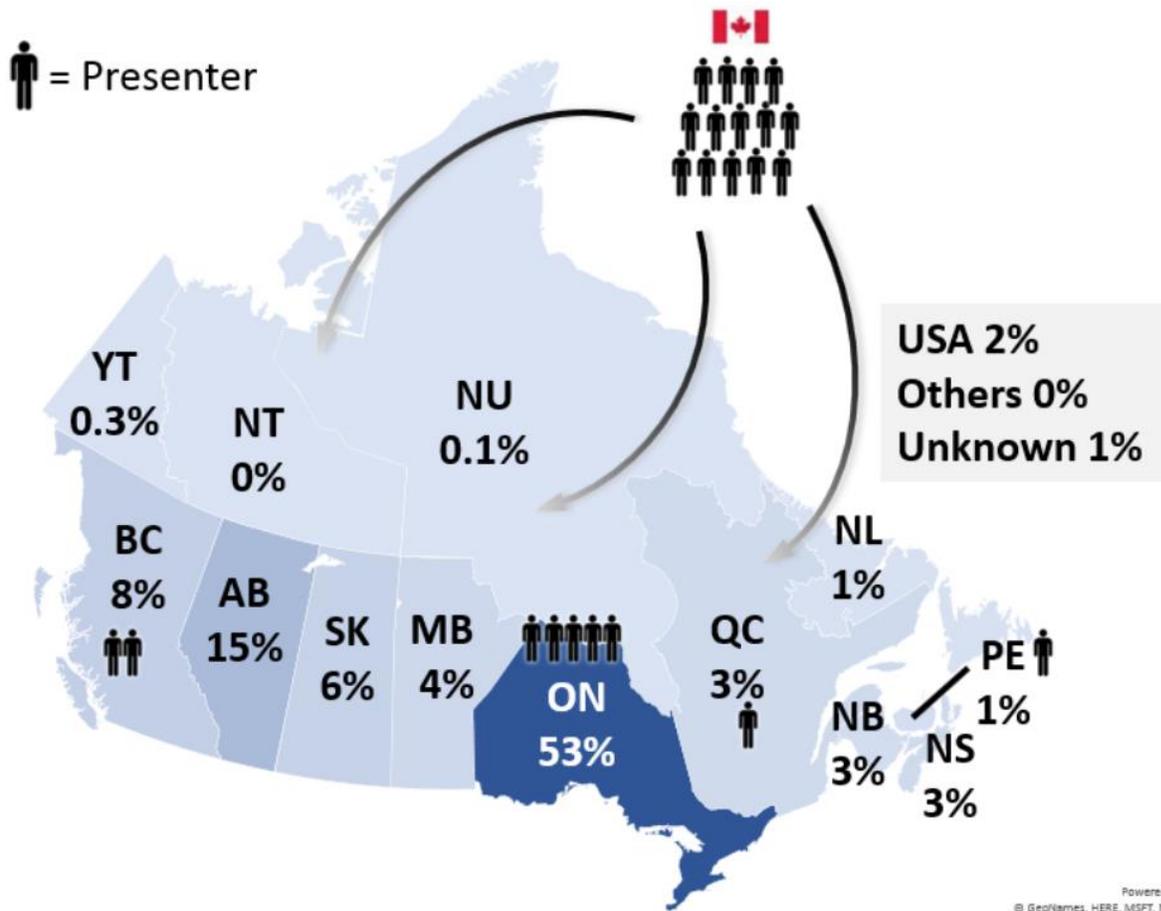


Figure 5. Geographical illustration of pan-Canadian involvement in the Med Safety Exchange’s Year 2. Participation rates are depicted as a percentage per province, and presenters are depicted as an icon per presenter.

Over the two years, there has been pan-Canadian participation from presenters in multiple provinces, including British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia, and PEI; that represents 8 out of the 10 provinces in Canada. It is important to involve other provinces and territories in the Med Safety Exchange, as it provides an opportunity to engage and partner with practitioners in potentially remote areas. This could be done by requesting presenters for identified topics of interest during the live webinars, instead of passively waiting for medication incident reports and analyses to be submitted.

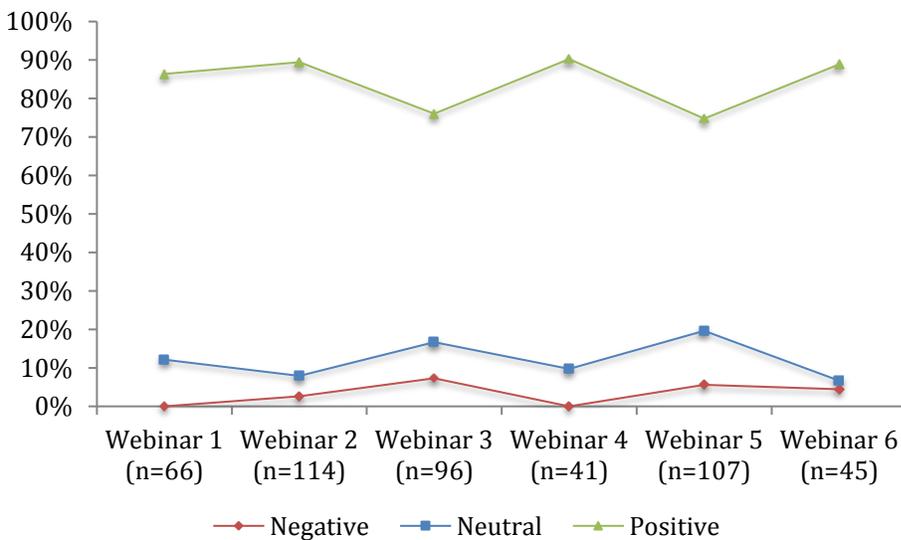
Improvement in Medication Safety Culture

Participants had an opportunity to respond to a post-webinar survey on three occasions (and were asked to complete only one): first, a poll available to participants within the last 10 minutes of the live webinar; second, a WebEx survey available once the live webinar ended; and third, an email survey within one week of the live webinar. The average response rate was 52%, ranging from 37% to 63%.

The survey consisted of five questions, three of which were related to medication safety culture and used a 5-point Likert scale: 1, strongly disagree; 2, disagree; 3, neutral; 4, agree; 5, strongly agree. To simplify the data, responses were grouped as negative (1 and 2), neutral (3), and positive (4 and 5), in

the graphs below. The survey also asked participants the number of individuals ‘in the room’ with them, and for any additional comments they wanted to share.

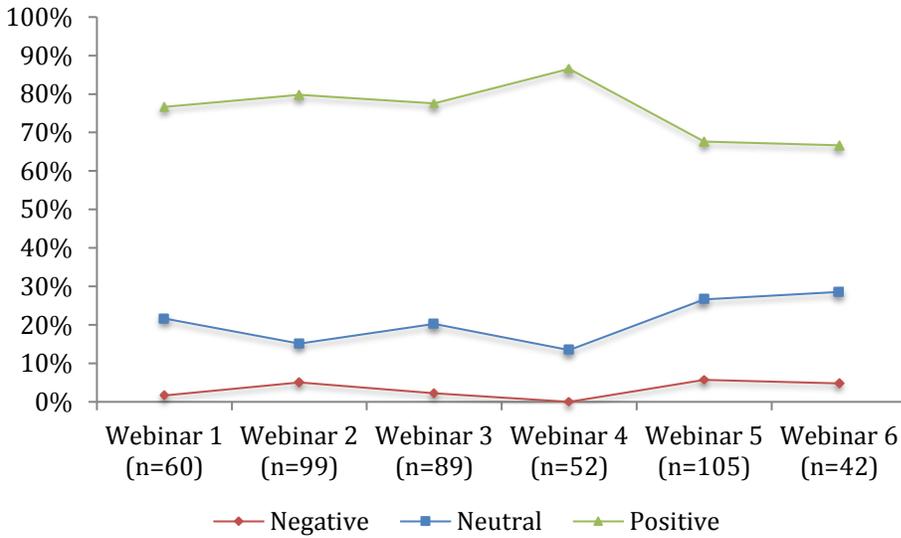
Firstly, participants were asked if the presented strategies, recommendations, and/or medication safety-related research would be valuable in improving their practice (Figure 6). More than 80% of respondents consistently selected positive statements for this question in each webinar. Additionally, only a small number of participants selected negative statements. This indicates that the learning presented in each webinar has been appreciated by participants and needs to continue.



**Webinars
continue to
remain relevant**

Figure 6. Graphical representation of the responses to the first question related to medication safety culture: *The presented strategies, recommendations, and/or medication safety-related research will be valuable in improving my practice.*

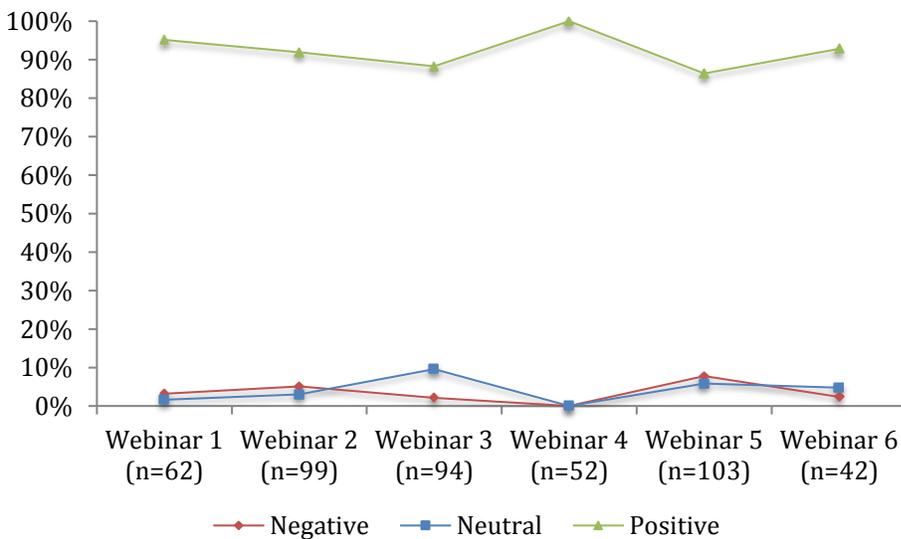
Secondly, participants were asked if they would implement one or more recommendations in their practice to optimize medication safety (Figure 7). Almost 80% of respondents consistently selected positive statements for this question in each webinar. This is a smaller proportion of positive responses compared to the previous statement, as implementation of a recommendation is more difficult and time-consuming than recognizing the value of that recommendation. Additionally, only a small number of participants selected negative statements. This indicates that the learning presented in each webinar can be applied to practice, although comments from participants suggest that incidents from even more types of care sites (i.e., long-term care homes, ambulatory clinics, etc.) would be appreciated, to broaden that applicability.



Strategies continue to spur action

Figure 7. Graphical representation of the responses to the second question related to medication safety culture: *I will try to implement one or more recommendations in my practice to optimize medication safety.*

Thirdly, participants were asked if the webinar demonstrated the value and importance of medication incident reporting (Figure 8). More than 90% of respondents consistently selected positive statements for this question in each webinar. Additionally, only a small number of participants selected negative statements. This indicates that the shared learning presented in each webinar has shown participants the value of incident reporting and analysis. It is difficult to ascertain whether incident reporting rates were influenced by the Med Safety Exchange webinar series, but the importance of reporting has been recognized.



Webinars continue to validate and support a culture of safety

Figure 8. Graphical representation of the responses to the third question related to medication safety culture: *This webinar demonstrates the value and importance of medication incident reporting.*

Qualitative Analysis and Discussion

The last question of the survey requested free-text comments to supplement the responses to the three statements outlined above, as well as suggestions for future webinars. These comments were added to the unsolicited feedback from participants and presenters via email or phone as qualitative data, analyzed and discussed here.

Over the 6 webinars from Year 2, there were 74 responses to the free-text question on the survey. A thematic categorization of responses (where some comments belonged to multiple categories), found clarifications (7%), complaints (7%), “no comment” (12%), positive statements (35%), and suggestions (47%). Further details are provided below for the complaints, positive statements, and suggestions:

- Complaints included some technical difficulties, topics not being relevant to the viewer’s practice, unclear objectives and no takeaway points, and safety data that was not implementable (which likely refers to facts/findings without recommendations).
- Positive statements included many “thank you” and “great presentation” comments, as well as praise for sharing the learning from interesting medication incidents and making valuable resources accessible.
- Suggestions were further sub-divided into practical tips and content ideas.
 - Practical tips included audio access from the computer (vs. phone), clearer advertising of the availability of PDF slides, giving more examples, using less abbreviations or explaining them in detail, and speaking at a slower rate [although it is unclear which speaker(s) this refers to].
 - Content ideas included a wider variety of practice settings (i.e., community and long-term care) and practitioner perspectives (i.e., nursing), as well as possible topics (i.e., CPSI alerts, insulins, blister packs, cytotoxic medications, etc.). Interestingly, Year 2 presenters included one family health team pharmacist and two nurses [in response to similar feedback about variety from Year 1], but additional efforts are needed to engage non-hospital presenters.

Throughout Year 2, Med Safety Exchange emails were frequently received; somewhat similar to the free-text comments in the survey responses, these emails included clarifications/requests and positive statements.

- Following the offer of a Certificate of Attendance for a small fee, several emails inquired about the accreditation status of the Med Safety Exchange. As stated in a subsequent live webinar, the series remains unaccredited as not to specify a healthcare professional group or province/territory. Following a statement during the live webinar that the PDF version of the slides were available upon request, the most common correspondence has been to request a copy. This request implies that the learning was deemed valuable to the participant and would potentially be shared with his/her colleagues.
- Many emails conveyed appreciation and praise, highlighting the quality and relevance of the webinar series. Some correspondence was even used to connect a presenter with a participant to continue and enhance the shared learning. Feedback from presenters via email was always positive, with gratitude for both the collaborative analysis and development of the presentation slides, as well as the opportunity to present their findings to a broader audience.

Continuous engagement with presenters and participants demonstrates the ongoing dedication and commitment to safe medication practices and shared learning from medication incidents and medication safety-related data.

Conclusion

The overarching goal proposed by the Medication Safety Summit was to develop a new platform for effectively sharing and learning from medication incidents reported across Canada. The subsequent Med Safety Exchange webinar series allowed healthcare practitioners to present incident analyses, recommendations, and medication safety-related learning to their peers in order to prevent error recurrence and encourage a culture of safety.

As with the previous year, participants found:

- 1) the presentations were worthwhile;
- 2) the presented strategies influenced safety practices;
- 3) the webinars reaffirmed the value of reporting, sharing and learning; and
- 4) the Med Safety Exchange webinar series should continue.

Suggestions for improvement for Year 3:

- Focus objectives of the presentations and provide takeaway points to the audience.
- Expand marketing of the webinars to underrepresented audience groups.
- Include and highlight specific topics in the description box of the posted webinar recordings.
- Actively recruit presenters on various topics from various regions rather than passively waiting for medication incident reports and analyses to be submitted.

The continued success in Year 2 has demonstrated that the Med Safety Exchange is a valuable, practical, and beneficial program to promote reporting, sharing, and learning for all healthcare practitioners across Canada.



Disclaimer

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