

# Learning from Our Mistakes:

## Perceptions and Implementation of Continuous Quality Improvement in Ontario Community Pharmacies

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## Results

### Objectives

- Despite the potential and significant benefits to overall patient care associated with continuous quality improvement (CQI) programs, the only Canadian province that has successfully implemented a standardized community pharmacy CQI program is Nova Scotia.
- The Ontario College of Pharmacists (OCP) highlighted the need for continuous quality improvement (CQI) and expected CQI program adoption by community pharmacies.<sup>1</sup>
- The objective of this study was to explore the current perceptions and implementation of CQI programs in Ontario community pharmacies.

### Methodology

- We administered a 28-item online questionnaire to community pharmacists and pharmacy technicians in Ontario who have provided consent to the Ontario College of Pharmacists (OCP) to be contacted for research purposes during their annual registration.
- Responses were collected through a 5-point Likert scale (from 1 = strongly disagree to 5 = strongly agree) and open-ended questions.
- We performed quantitative and qualitative thematic analysis, accordingly, on the collected data.

- We collected 299 responses.
- Pharmacy professionals had a fairly positive perception of CQI programs and the associated benefits to patient care and safety (Table 1 and Table 2).
- The concern of blame and shame associated with medication incident reporting and discussion was still dominant.
- CQI program was perceived as a platform for communication and shared learning with an ultimate goal of preventing medication incidents (MIs).
- A CQI program should include the following parameters:
  - Monitoring performance of staff, equipment, and facilities
  - A reporting program that is user-friendly and supporting anonymous reporting to a third party
  - Education materials on MI examples, MI management and prevention strategies
- With respect to CQI program implementation, time was considered to be the greatest challenge (Table 3).
- CQI program adoption ranged from “10+ years ago”, to “in the process of implementation” and “no program in place”.
- Of those who implemented a CQI program, common elements include discussions, staff meetings, education, documentation and MI reporting.
- Pharmacy owners and managers were the most commonly listed personnel responsible for CQI program coordination, illustrating the crucial role that management plays in program implementation.
- OCP and the Institute for Safe Medication Practices Canada (ISMP Canada) were perceived as the most common sources for additional guidance on CQI.

## Conclusion

- The great variations in responses implied that individual pharmacy is currently at different stages with respect to CQI implementation.
- There is a lack of a standardized, formal CQI process in place in Ontario.
- Although the benefits of CQI programs are resonated with the pharmacy professionals, the current landscape is a reminder that there is still a long way to go for implementing a standardized CQI program across the province of Ontario.

#### References

1. Ontario College of Pharmacists (OCP). CQI benefits patients in community pharmacies. *Pharmacy Connection* 2015 Winter; 12-15.

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### Table 1

#### CQI Perception

Mean\*

1

**Community pharmacy CQI programs should enable** community pharmacies to widely and rapidly communicate medication incident (MI) details (e.g. contributing factors, outcomes) across multiple pharmacies, given the communicated information will be anonymized, even if they are business competitors.

4.02

**Community pharmacy CQI programs should engage** all staff, including those working at multiple pharmacies (e.g. relief pharmacists), in MI reporting and learning.

4.38

**Community pharmacy CQI programs should identify** common and severe MIs occurring and make changes to prevent similar scenarios in the future.

4.48

### Table 2

#### CQI Program Enablers

Mean\*

2

**A CQI program will allow** my pharmacy to openly discuss errors in a supportive and blame-free environment.

4.20

**A CQI program will increase** my understanding of how workflow and dispensing processes can contribute to or help to mitigate (or reduce) errors.

4.44

**A CQI program will allow** me to learn from the mistakes that have occurred within the pharmacy.

4.45

**A CQI program will improve** my awareness and caution against MIs when dispensing medications.

4.46

**A CQI program will allow** me to explore MI trends occurring across pharmacies and assess the likelihood of a similar error occurring in my pharmacy.

4.47

### Table 3

#### CQI Program Barriers

Mean\*

3

**Additional staff education and training** (e.g. familiarization of online medication incident reporting systems) is a barrier to the implementation of a CQI program at my pharmacy.

3.34

**Apprehensiveness with MI reporting** (e.g. perceptions of negative business implications) is a barrier to the implementation of a CQI program at my pharmacy.

3.53

**Cost** (e.g. subscription to an online medication incident reporting system) is a barrier to the implementation of a CQI program at my pharmacy.

3.58

**Increased staffing requirements/involvement** (e.g. MI reporting and discussion in addition to regular responsibilities) is a barrier to the implementation of a CQI program at my pharmacy.

3.61

**Time** (e.g. time to report MIs or having a staff meeting to discuss MIs) is a barrier to the implementation of a CQI program at my pharmacy.

3.81



5 Strongly Agree

4 Somewhat Agree

3 Neither Agree Nor Disagree

2 Somewhat Disagree

1 Strongly Disagree