ONTARIO PHARMACISTS ASSOCIATION

May 5, 2017

Ms Nancy Lum-Wilson
Registrar
Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

Dear Ms Lum-Wilson:

Re: Proposed Continuous Quality Assurance Program in Pharmacies

On behalf of the Board of Directors and members of the Ontario Pharmacists Association ('OPA', the 'Association'), we welcome the opportunity to comment on the proposed Continuous Quality Assurance ('CQA') Program and its phased implementation process. The Association is pleased to provide its general support and collaboration to the Ontario College of Pharmacists ('OCP', the 'College') as it moves forward with a process for continuous quality improvement ('CQI') in pharmacy. This support is consistent with the OPA's mission and vision:

> ***OPA Mission***
> *We enable and inspire our members and the profession by evolving the practice of pharmacy, advocating for professional excellence, and providing the innovative tools, education and services needed to deliver high quality patient-focused care.*
>
> ***OPA Vision***
> *We envision a province with a collaborative healthcare system, where all Ontarians trust, utilize and support the role of pharmacists and pharmacy services as integral parts of their everyday health and wellness.*

Continuous quality improvement and mandatory error reporting by healthcare providers are reasonable expectations of every Ontarian, particularly in the wake of the tragic death of Andrew Sheldrick in 2016. While OPA acknowledges and supports these initiatives, it also recognizes the challenges and complexities associated with the implementation of a provincial program. It is true that every effort must be taken to mitigate patient risk and pharmacist/technician errors; however, it is equally important for the College to acknowledge the technical and logistical components of implementation as well as potential unintended consequences associated with the tracking of both system and clinical errors. It is with these views that OPA offers its comments and recommendations.

The following comments have been informed by consultation with the Association's Pharmacist Practice Committee.

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1. Do you see the CQA program benefiting practice in your own pharmacy?

The Ontario Pharmacists Association submits that a CQA program can only be beneficial to pharmacy professionals – pharmacists, pharmacy students and pharmacy technicians – if learnings can be derived from the program and conveyed effectively and appropriately back to practitioners. For this to occur, it will be critical for the CQA program to provide access to relevant de-identified data to pharmacy stakeholders, including OPA, in some format in order to establish best practices. The act of reporting alone is not beneficial – the information must be shared back to practitioners and include actionable items to prevent the error from re-occurring.

2. What would support successful implementation?

As with most initiatives that require documentation, CQA reporting will need to be simple, intuitive and supported by the electronic submission of data. There is already an extremely high level of documentation associated with many aspects of pharmacy practice; therefore, the CQA initiative should be minimally time-consuming (e.g. no more than three to five minutes for most submissions).

In addition, OPA supports a process that is standardized across the profession and to which all pharmacy professionals must subscribe. With the assumption that any new system will involve the electronic submission of information to a neutral third party, it will be critical for pharmacy software vendors to have sufficient time and full access to the technical specifications to support timely and successful implementation.

Lastly, and consistent with the intent of CQA to be educational and informative rather than punitive, OPA supports a de-identified mechanism of reporting by members of the College to the neutral third party. In this way, neither the College or nor the pharmacy employer will be able to use the data in punitive manner.

3. How could the College help with the implementation?

It will be critical to look at current and past experiences with CQA programs in other provincial jurisdictions, such as Nova Scotia's 'SafetyNetRx' program, the Community Pharmacists Advancing Safety in Saskatchewan ('COMPASS') program, and Ontario's voluntary Community Pharmacy Incident Reporting ('CPhIR') program, for best practices and lessons learned.

A standardized approach to any mandatory CQA program will be necessary, particularly since many pharmacy professionals work in multiple locations. Therefore, it will be critical for the College to engage early on with all involved stakeholders, including the pharmacy software vendor community, to ensure buy-in to the approach and to confirm that that pharmacy systems will be able to appropriately incorporate the changes necessary to drive compliance.

4. What are you already doing in your pharmacy around CQI and CQA?

Despite the lack of a mandatory protocol for reporting medication incidents, various protocols (electronic and/or manual) have been put in place for CQI and/or CQA by community pharmacies. The Association believes that there may be opportunities for existing pharmacy systems to be leveraged in order to mitigate or avoid unneeded system redesign altogether. However, OPA would fully support a multi-stakeholder approach to ensure that all pharmacy systems can effectively deliver the information to the neutral third party agency assigned to oversee the CQA program and to ultimately convey the lessons learned from mandatory reporting in a standardized fashion.

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The Association is also aware that the current obligation lies with the designated manager of a pharmacy to ensure that "the delivery of patient care within the pharmacy is continuously evaluated through a quality improvement process during which errors are detected and corrected and practice improvements are initiated."[1] This obligation is intended to apply to both the pharmacy professional and the pharmacy owner to ensure that clinical and operational errors are averted. Creation of a pharmacy-informed, patient-focused CQA model across the profession in Ontario is the objective, and based on preliminary comments submitted and posted online with the College, such a model will provide the clarity that pharmacy professionals seem to want.

5. Is it reasonable to implement the CQA program in two phases?

It is the opinion of OPA that a phased implementation approach is appropriate for this type of program. Enlisting the support and participation of volunteer pharmacies (and pharmacy professionals) to participate in a pilot phase would allow the College to assess the program in a real-world setting before rolling it out across the province. To that end, the Association's Pharmacist Practice Committee ('PPC') and Pharmacy Software Vendor Working Group ('SVWG') will be able to offer their support and collaboration both toward the initial rollout and the eventual evaluation of the first phase of implementation.

As implementation moves into its second phase, OPA will once again offer the support and collaboration of its PPC and SVWG to inform OCP on the final integration of the CQA program into the pharmacy workflow with the goal of a December 2018 launch. We envision a smooth rollout with an appropriate degree of program testing across all pharmacy software programs and mapped to a thorough set of technical specifications.

6. Additional Considerations and Questions

The Ontario Pharmacists Association acknowledges that there are many other considerations and questions that will be raised through the public consultation process. As the association representing pharmacy professionals in the province, we look forward to continuing discussions with OCP on next steps, and hope to gain more clarity on the following:

i. *What would encourage/enforce reporting?*
ii. *Will it be "all or none" or will a clinical threshold be established, below which an "error" is deemed to be an administrative oversight and therefore not subject to mandatory reporting?*
iii. *Who bears the responsibility for the costs associated with system redesign*
iv. *Will the neutral, independent third party communicate de-identified data to OCP for eventual sharing with the broader pharmacy population?*
v. *Will there be a clearer set of definitions in terms of what constitutes an "error" and a "near miss"?*
vi. *If a pharmacy professional chooses not to report, would that be grounds for professional misconduct?*
vii. *Will a requirement be established whereby the individual responsible for oversight of the CQA program at a pharmacy must be a member of the College?*
viii. *Will errors from prescribers identified by the pharmacy professional before the prescription was even processed be captured in the final protocol?*
ix. *How much information will be visible to the general public?*
x. *Will mandatory medication error have any impact on professional liability insurance premiums?*

[1] http://www.ocpinfo.com/regulations-standards/policies-guidelines/supervising-personnel/

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Conclusion

The Ontario Pharmacists Association commends the Ontario College of Pharmacists on their initiation of the CQA consultation and eventual rollout. The Association believes that mandatory reporting of medication incidents is essential to our profession. However, this is only one part of the answer to the question of how to best prevent patient harm. Reporting is only valuable if lessons from system and/or clinical errors (real or near-miss) can be learned and are conveyed to practitioners. We are fully committed to working together with OCP on this process with a view toward mitigating medication errors and negative health outcomes. Should you have any comments or questions regarding this submission, please do not hesitate to contact me at your earliest convenience.

Respectfully submitted,

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SVP, Professional Affairs

cc: Sean Simpson, Chair of the Board, Ontario Pharmacists Association
Andrew D. Gall, Chief Executive Officer, Ontario Pharmacists Association