



MEDICATION ERROR REDUCTION AND WORKFORCE REPORT

Nicole Thibeau, Licensee Member, Chairperson
Seung Oh, Licensee Member, Vice-Chairperson
Jessica Crowley, Licensee Member
Kula Koenig, Public Member
Jignesh Patel, Licensee Member

The Board will review a summary of the committee's work at its June 22, 2022, meeting and updates for discussion and action as necessary.

a. Presentation by the National Association of Boards of Pharmacy on its Workforce Task Force Report and National Perspective of Workforce Related Issues Including Discussion and Consideration

During the meeting members received a presentation from Bill Cover, Associate Executive Director, State Pharmacy Affairs, National Association of Boards of Pharmacy (NABP) on the NABP Task Force Report and national perspective.

As part of the presentation members were advised that the taskforce was charged with examining topics of pharmacy workplace safety and pharmacist well-being and their effects of patient safety. Members were advised of the taskforce recommendations:

1. Collaborate with relevant stakeholders including the Agency for Healthcare Research and Quality (AHRQ) and Institute of Safe Medication Practices (ISMP) and others to develop standardized continuous quality improvement program for board to recommend for use by licensees.
2. Collaborate with AHRQ to provide a platform to obtain de-identified medication error data that can be shared with boards and licensees.
3. Explore the development of a medication safety training academy.
4. Endorse the APhA/NASPA Pharmacist's Fundament Responsibilities and Rights.
5. Collaborate with other organization to emphasize the importance of mental well-being and the dissemination of information regarding the correlation between a poor well-being index and increased medication errors.
6. Review the NABP Model Act for possible changes including definitions related to errors, adverse events, missed error; addition a provision for

mandated break periods; adding a provision for anti-retaliatory protections.

The presentation also included suggested approaches for pharmacy workforce issues.

Public comment spoke in support of the presentation. Public comment also advised members that corporations don't allow for staffing to be listed on medication error report and suggest that statistics from these reports would be misleading because staff was not included as a factor.

Attachment 1 includes the presentation slides and the Report of the Task Force on Workplace Safety and Well-Being.

b. Presentation by the American Pharmacists Association on the Well-Being Index, Pharmacist's Fundamental Responsibilities and Rights and Survey Results including Discussion and Consideration.

Members also received a presentation from April Shaughnessy, with the American Pharmacists Association. Members were provided with an overview of the Well-Being index and information that suggests pharmacist at risk of high distress are, among other things, at a 2-fold higher risk of medication errors.

The presentation included a history of the development of the tool that was developed in collaboration with the Mayo Clinic in 2019. Ms. Shaughnessy described how the tool can be used by pharmacists.

The presentation also includes a review of the Pharmacist's Fundamental Responsibilities and Rights developed by APhA and NASPA. The document outlines fundamental responsibilities that are required for pharmacists, builds on the principles of the Oath of a Pharmacist and Pharmacist Code of Ethics and certain workplace expectations that are needed to fulfill these responsibilities.

The presentation also included review of APhA Workplace Reports and Data, where survey results suggested that pharmacy personnel reported harassment and bullying from patients without support of their employers. Members were advised that this is a real concern for pharmacists and likely a cause of medication errors. It was also noted that pharmacists do not feel valued by their employers. Ms. Shaughnessy report that positive experiences have a long-term positive effect on well-being.

Members suggested and a public relations campaign regarding the value of pharmacists. Members noted that as an industry pharmacy does not do a great job in looking at diversity and how negative outcome impacts different marginalized groups.

Attachment 2 includes several items from the meeting:

- 2a. Presentation Slides for the meeting.
- 2b. Well-being Index for Pharmacy Personnel, State Report for State Boards of Pharmacy, NABP District Eight States, June 2022.
- 2c. The Pharmacist's Fundamental Responsibilities and Rights

In addition to the attachments, APhA has several documents related to this the issues available on its website including:

- [Workplace survey initial findings](#)
- [Workplace survey final report](#)
- [Community Pharmacy Summit](#)

c. Presentation by the Nova Scotia College of Pharmacists on the Nova Scotia Workplace Conditions Strategic Work

During the meeting members received a presentation from Beverly Zwicker, CEO and Registrar, Nova Scotia College of Pharmacists on their workplace conditions strategic work.

The Nova Scotia College of Pharmacists (NSCP) is the regulatory authority for the practice of pharmacy in Nova Scotia. NSCP is concerned with the rise of medication errors that is evidence that there is a failure in the mandate of ensuring pharmacies provide optimal care.

NSCP is initiating work with a contractor to review literature; interview pharmacy practitioners, validate survey of pharmacy practitioners, interview with sector stakeholders and survey pharmacy managers. Members were advised that the literature was clear that there is a link between the state of the pharmacy workforce and the quality of practice that they provide and risk of errors.

As part of its process NSCP evaluated the various factors and determined that staffing levels created by business models is the primary factor that should be the focus to make a meaningful impact on current practice conditions. NSCP's next steps include a short list of potential interventions developed based on identified barriers and multisector research including a staffing formula.

As part of the presentation members were advised that in Nova Scotia there is a requirement that pharmacy managers ensure that a staffing plan is commensurate with the needs of the patient in the pharmacy. When staffing issues are related to errors, NSCP can require the pharmacy owners and managers to show proof of how they insured the regulatory environment has been met.

Following the presentation members questioned if similar research could be conducted in California. Members expressed interest in the staffing model as corporate staff models are solely dependent on the number of prescriptions sold, with no accounting for the prescriptions processed and not picked up or other patient care services including vaccines, birth control, naloxone, etc.

Members of the public commented on the strategy to put the onus on the corporate to provide documentation that current staffing is adequate, noting it is important to protect pharmacy staff from intimidation and retaliation. Public comment also emphasized the important of staffing, that corporation are looking to increase profits and that pharmacy is a profession where knowledge is given away for free.

Attachment 3 includes a copy of the presentation slides.

Attachment 1



NABP

National Association of
Boards of Pharmacy

Report of the Task Force on

WORKPLACE SAFETY AND WELL-BEING

Report of the Task Force on Workplace Safety and Well-Being

Members Present

John Kirtley, (AR), *chair*; Ashley Duggins (NC); Diane Halvorson (ND); Marty Hendrick (OK); Kevin Morgan (MD); Carrie Phillips (VT); Kristopher “Kris” Ratliff (VA); Kari Shanard-Koenders (SD); Ellen Shinaberry (VA); Jeffrey “Jeff” Sinko (NJ); Joanne Trifone (MA); Tim Tucker (TX); Keith Vance (NC); Barbara Ellen Vick (NC).

Others Present

Shane Wendel, *Executive Committee liaison*; Mitch Rothholz, American Pharmacists Association, *Guest*; Lemrey “Al” Carter; William “Bill” Cover, Melissa Madigan; Eileen Lewalski; Maureen Schanck; Cameron Orr; and Andrea Busch, *NABP staff*.

Introduction

The task force met on November 18-19, 2021, at NABP Headquarters in Mount Prospect, IL. This task force was established pursuant to Resolution 117-4-21, Task Force on Workplace Safety and Well-Being, which was approved by the NABP membership during the Association’s 117th Annual Meeting that was held virtually in May 2021.

Review of the Task Force Charge

Task force members reviewed their charge and accepted it as follows:

1. Examine the topics of pharmacy workplace safety and pharmacist well-being and their effects on patient safety.
2. Review existing guidelines and objective tools that address these issues and make recommendations regarding their use.
3. Amend, if necessary, the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* to reflect the work of this task force.

Background and Discussion

The meeting began with the guest from the American Pharmacists Association (APhA) describing APhA’s collaboration with the National Alliance of State Pharmacy Associations (NASPA) to develop the *Pharmacist’s Fundamental Responsibilities and Rights*, which focusses on pharmacists’ responsibilities and the workplace expectation needed to fulfil those responsibilities. Members reviewed the document’s principles that “were established as a guide for pharmacists, pharmacy personnel, employers, patients, health professionals, and those that govern pharmacy practice and healthcare delivery and to facilitate meaningful discussions.” The guest stressed that workplace demands have significantly increased, caused in large part by the coronavirus disease 2019 (COVID-19) with an unprecedented demand to test and vaccinate, compounded by the stress

caused by patient demands to dispense medication against the pharmacist's professional judgment. These issues are further worsened by staffing shortages and require additional management and technology support to maintain patient safety standards and safe working conditions while continuing to provide quality care. Ultimately, the task force agreed that NABP should endorse the APhA/NASPA principles acknowledging, however, that certain provisions pertaining to specific business models may fall outside of the regulatory purview of the boards of pharmacy.

The task force discussed medication errors and continuous quality improvement (CQI) programs at great length. In discussing medication errors, members referenced various workplace safety issues that may play a role in causing them. The task force voiced concern regarding vital staffing issues, particularly in light of the fact that COVID-19 has increased workload demands; however, staffing levels have either stagnated or, worse-case scenario, decreased. Several members shared that some pharmacies have had to significantly reduce services and have, on some occasions, been unable to accept new prescriptions over the phone or have had to leave prescriptions on hold because of insufficient time to contact the prescriber for clarification. Pharmacies have also cut business hours due to staffing shortages, thereby impacting patient access for those who depend on their pharmacy being open nights and weekends. Members also discussed the safety concerns of working understaffed or with unqualified personnel as another contributing factor to medication errors. It was noted that in many instances pharmacy technicians can earn substantially more from other potential employers, such as fast-food restaurants and grocery stores, and that, in addition to pharmacy technician education and training requirements, makes it especially difficult to recruit and retain qualified individuals to work in pharmacies. Members lauded the efforts of the Oklahoma State Board of Pharmacy, which developed the Inadequate Staffing Report to investigate pharmacy understaffing that may compromise public safety. The task force encouraged such reporting to the boards of pharmacy to help facilitate communication between the pharmacy permit holder and licensees to resolve staffing issues and improve working conditions. Overall, members voiced their concern that the current model for community pharmacy practice needs to be changed, not only for the mental well-being of pharmacy staff, but for overall public protection.

Although several states have established mandatory CQI provisions for pharmacies to address and prevent medication errors, often times medication errors are reported to patient safety organizations, which makes it impossible for boards of pharmacy to access any of the reported information. Members agreed that this lack of access to error reports and any aggregate data hampers the ability of a board of pharmacy to conduct a full analysis to detect trends and subsequently, could negate implementing meaningful change. The task force also pondered if pharmacy staff have adequate time to report significant occurrences to CQI programs to assist with error prevention. Members agreed nevertheless that CQI programs can be instrumental in changing the status quo by illuminating problematic workplace safety issues that affect patient safety; therefore, they recommended that NABP collaborate with various stakeholders, such as the Agency for Healthcare Research and Quality (AHRQ), the Pharmacy Quality Alliance (PQA), and the Institute for Safe Medication Practices (ISMP) to develop a standardized CQI program. Such

program should include training for boards of pharmacy staff on developing and implementing the program for the boards to recommend to their licensees. Being cognizant that developing and implementing a standardized CQI program will not automatically guarantee its success, the task force also recommended that the program must include ongoing annual monitoring to ensure that it is being used effectively. Along those lines, the task force also recommended that NABP collaborate with AHRQ to provide a platform to obtain de-identified aggregate data on medication errors that can be shared with boards of pharmacy, pharmacies or pharmacy chains, and other industry specialists so the data can be further analyzed to ascertain actual error rates in various settings and their attributing factors, such as staffing levels and prescription volume.

Several of the task force members conveyed that board of pharmacy inspectors, when investigating a medication error complaint, attempt to gather as much objective evidence as possible to ascertain whether workplace issues played a role in the error. Members discussed the fact that not all pharmacy inspectors are adequately trained in this regard, which can play a role in affecting positive change and ultimately increasing safety. NABP staff shared that the recent Task Force on Safety Sensitive Measures to Review Medication Errors recommended that NABP explore the development of a medication safety training academy that would train board members and compliance officers, as well as NABP accreditation surveyors, in applying just culture approaches to medication errors, including root cause analyses. Members unanimously agreed that developing a safety training academy could be extremely beneficial for increasing patient safety by shifting away from the current model and decided to endorse that recommendation.

After discussing workplace safety conditions that may be a factor in medication errors, the task force members focused on environmental issues that affect the well-being of pharmacists and pharmacy staff. Members noted that the current model has increased customer expectations, but drive-throughs and patients' expectations for short prescription wait times have created unattainable goals, especially combined with responsibilities for providing immunizations and additional clinical services that constantly interrupt workflow and increase stress levels. Members deemed that reaffirming pharmacists' access to care for mental health that is non-retaliatory was vitally important and noted that mental health and burnout has been a recent topic that has been addressed during various meetings and in publications. The task force agreed that NABP should collaborate with organizations, particularly those treating impaired pharmacists, to emphasize the importance of mental well-being and care, specifically for mental health. Additionally, it was recommended that NABP develop webinars that focus on burnout, well-being, and stress management. The APhA guest shared that his association has been surveying its members to determine well-being indices on a state-by-state basis and that there appears to be a correlation with a poor well-being index and an increased number of medication errors. The members recommended that NABP disseminate this information to further increase awareness of the problems associated with on-the-job stress.

Lastly, several regulatory issues arose during the task force's discussion that could be addressed by amendments to the *Model Act*. Members concurred that the definitions pertaining to errors, adverse events, and missed errors should be reviewed to mirror those used by the Centers for

Medicaid and Medicare Services and be added and/or amended accordingly. Staffing levels was one reoccurring issue that the task force discussed throughout the meeting. While several members mentioned pharmacy technician-to-pharmacist ratios and several states' efforts to address them, the task force made no formal recommendation for NABP to act regarding the issue. It should be noted that NABP policy has consistently been silent on the issue of ratios. After discussing various state- and corporate-based mandatory break provisions, members agreed that, although in some instances taking breaks may cause workflow backlogs, a provision for mandated breaks should be added to help alleviate physical and mental stressors. Additionally, members decided that an anti-retaliatory or whistleblower provision should be added to encourage pharmacy personnel to report unsafe working conditions to boards of pharmacy without concern for retaliatory action. Specific language regarding the above recommendations will be provided to the Committee on Law Enforcement/Legislation and ultimately the NABP Executive Committee for consideration.

After careful review and consideration, the task force recommended that:

1. NABP collaborate with relevant stakeholders, including AHRQ, PQA, ISMP, and others, to develop a standardized CQI program that boards of pharmacy can recommend to their licensees and includes:
 - a. training on developing and implementing the program; and
 - b. monitoring on an annual basis to ensure it is effectively being used.
2. NABP collaborate with AHRQ to provide a platform to obtain de-identified aggregate medication error data that can be shared with boards of pharmacy, pharmacies or pharmacy chains, and other industry specialists.
3. NABP endorse the recommendation of the Task Force on Safety Sensitive Measures to Review Medication Errors to explore the development of a medication safety training academy.
4. NABP endorse the *APhA/NASPA Pharmacist's Fundamental Responsibilities and Rights* while acknowledging that certain provisions pertaining specifically to business models may fall outside the boards of pharmacy's regulatory purview.
5. NABP collaborate with other organizations, such as impaired pharmacist programs, to emphasize the importance of mental well-being and care for mental health through the development of webinars for burnout, well-being, and stress management and the dissemination of information regarding the correlation between a poor well-being index and increased medication errors.
6. NABP review the *Model Act* and, if necessary, consider the following:
 - a. adding or further amending the definitions pertaining to errors, adverse events, and missed errors that mirror those used by the Centers for Medicaid and Medicare Services;
 - b. adding a provision for mandated break periods; and
 - c. adding a provision for anti-retaliatory (whistleblower) protections.

Attachment 2a



Well-Being Index, Pharmacist's Fundamental Responsibilities and Rights and Survey/Summit Results including Discussion and Consideration

Presentation to the
California Board of Pharmacy Medication Error Reduction and Workforce Ad Hoc Committee
June 22, 2022

April Shaughnessy, RPh, CAE
Project Manager
Well-being and Workplace Initiative
American Pharmacists Association

Promoting Pharmacist Well-Being

By JOHN-HENRY PFIFFERLING and FRED M. ECKEL



Job stress, loneliness, boredom, fatigue—all are factors contributing to the destructive processes of burnout and impairment. Recent media reports of the high rate of burnout and impairment among physicians and other health professionals is leading pharmacy to take a closer look at the problem with an eye toward preventing, recognizing and treating its own members.

Increased expectations from other health professionals and the general public, supported by "idealized" pharmacy education, are generating increasing role conflicts for pharmacists. These conflicts together with the stresses and frustrations of the profession, if left unaddressed, can lead to burnout.

Process of Burnout

What is burnout?

Pharmacists and all other health professionals are exposed to crises of morale symptomatically demonstrated as "burnout." Human burnout is a process that seems to occur in stages, although how long one stays in each stage has not been determined.

The early stage usually involves a discrepancy between those resources one has and the demands placed on the person (stress overload).

The second stage is characterized by behavioral and physical responses that may include anxiety,

tension, fatigue (unrelieved by time off), exhaustion, and negative attitudes toward work activities. When this occurs in pharmacists, fellow workers and patients often bear the brunt of the burning-out person's defensive reaction to this stage.

In the third stage, behavior and attitudes change and the burning-out person emotionally detaches from his or her commitment to the profession. Withdrawal from involvement, cynical behavior, rigid responses to routine job demands, and mechanical problem-solving occur. The burned-out pharmacist has lost touch with his or her commitment to pharmacy as a profession and is trigger-ready to blame everyone else for any discomfort.

As Cherniss describes burnout, it is a transactional process.¹ There is job stress, professional strain and psychological accommodation. Disengagement becomes the common response to the perceived intolerable situation.

Each step in disengagement reinforces the self-perception that the pharmacist is less successful at coping. Blaming the system, the management, or the government serves a defensive function. As one withdraws from goals, one feels guilty, and the guilt is reduced by blaming the system. The person unknowingly enters a hopelessness-oriented cycle.

However, each component of the disengagement cycle can be identified, processed, reevaluated as to its meaning, and creatively used to reframe priorities.

High achievers are more prone to burnout than those with low ex-

*Recently, a few state pharmacy associations have been concerned with burnout and have established task forces on the subject. Many programs for date are working in conjunction with the state medical societies' committees on impaired physicians. We are aware of activities underway in Iowa, Maryland, Ohio, Georgia, and California.

Pharmacist Well-being is Not New

Article published in May 1982 issue of *American Pharmacy*

In 2018, APhA's Board issued a statement with its renewed commitment to pharmacists' well-being.

In 2020-2021, well-being and workplace concerns were magnified by the Pandemic.



Well-being Index for Pharmacy Personnel



WELL-BEING
index

Well-being Index for Pharmacy Personnel

Research-validated online tool invented by Mayo Clinic

- Pharmacist tool launched July 2019
- 100% anonymous
- Free/Do not have to be an APhA member
- Assess through **website** or **mobile app**; retake over time and track progress

How

- 9-question assessment; takes just five minutes to complete
- APhA added 3 optional questions on:
 - engagement with profession
 - workplace support of patient care services
 - what APhA could do to help

Measures dimensions of distress and well-being

- Likelihood of Burnout
- Meaning in Work
- Severe Fatigue
- Work-Life Integration
- Suicidal Ideation
- Risk of Medical Error
- Quality of Life
- Risk of Leaving Job
- Overall Well-Being



<https://app.mywellbeingindex.org/signup>
Invitation Code: APhA

Report After Assessment

WELL-BEING
index for Pharmacists

- [Dashboard](#)
- [Certificate](#)
- [Articles of Research](#)
- [Resources](#)
- [Give Feedback](#)
- [My Account](#) [Help](#) [Logout](#)

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<https://www.mywellbeingindex.org/user/dashboard#scoreonscale-modal>

Your Well-Being Index Score Is:

Above Average

[View on Scale vs Other Healthcare Professionals](#)

Your Well-Being Index Score Is:

Above 90% of US pharmacists

Meaning In Work

Based on scores in pharmacists

Avg

Low Very Low High Very High

Likelihood of Burnout

Average prevalence among pharmacists

Higher risk Lower risk

Likelihood of Severe Fatigue

Average prevalence among pharmacist

Higher risk Lower risk

Overall Quality of Life

Average among pharmacists

Higher QOL

Satisfaction with Work-life Balance

Based on scores in pharmacists

Very Poor Excellent

Likelihood of Medication Error

Average risk among pharmacists

Less safe More safe

WBI Assessor Resources

The screenshot shows a dashboard interface for the WBI Assessor. At the top, a notification bar states "You have 1 unread support ticket responses." with a "View Tickets" button. Below this, the "Resources" section is displayed, featuring a grid of seven blue cards with white icons and text. The cards are: "Stress & Resiliency" (thermometer icon), "Fatigue" (person at desk icon), "Emotional Concerns" (two people icon), "Suicidal Thoughts" (thought bubble icon), "Health Behavior" (heart with pulse icon), "Money" (stack of coins icon), "Alcohol / Substance Abuse" (pill bottle icon), and "Career & Professional Development" (gear icon). A larger card for "Relationship & Work-Life Balance" (two people icon) is positioned below the first two cards of the second row. On the left side, a vertical sidebar contains navigation icons for: Dashboard, Starter Kit, Campaign Manager, Manage Admins, Invite Participants, Reminders / Notifications, Manage Resources, Signup Questions, Process Improvement, and Reports. In the bottom right corner of the dashboard area, there is a green "SUPPORT" button.

What is the WBI for Pharmacy Personnel's Distress Percent?

Distress Percent: percentage of individuals with a WBI score \geq 5; the validated score that indicates risk of high distress.

- Distress Percent is defined as the percentage of those whose WBI scores indicate that they are at *risk of high distress*.

Why is this Important?

Pharmacists identified as being at a *risk of high distress* are at a:

- 3-fold higher risk of low quality of life
- 8-fold higher risk of burnout
- 2.5-fold higher risk of high fatigue
- 2.5-fold higher risk of intent to leave their current job
- **2-fold higher risk of medication error**

As of May 30, 2022, the overall Distress Percent was 32.01% (n=8457)

Pharmacists * Student Pharmacists * Pharmacy Technicians

As of May 30, 2022



**STUDENT
PHARMACISTS**
26.28% (n=1596)
California
30.48% (n=164)



PHARMACISTS
33.38% (n=6240)
California
28.40% (n=401)



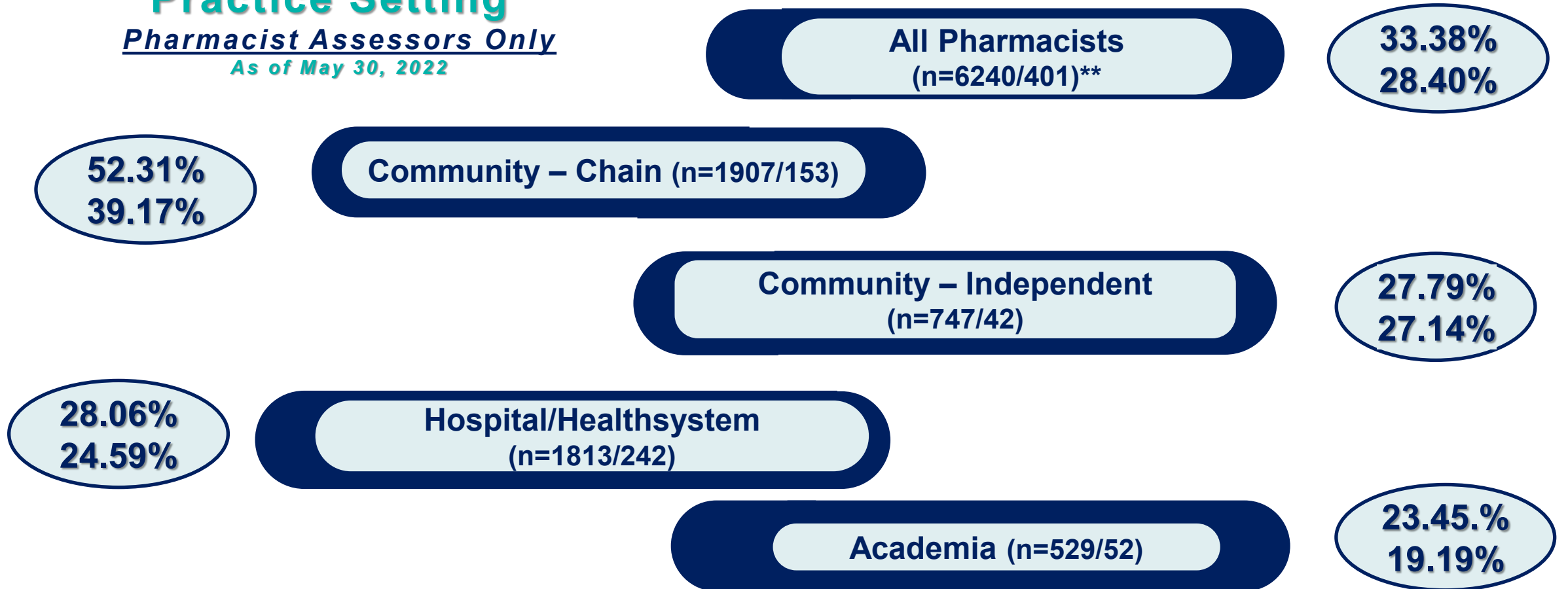
PHARMACY TECHNICIANS
45.39% (n=404)
California
52.00% (n=19)

All National Assessors Distress Percent 32.01% (n=8457)
All California Assessors 29.16% (n=601)

WBI Distress Percent By Practice Setting*

Pharmacist Assessors Only

As of May 30, 2022



*There are eight additional practice settings.

** National Distress Percent/California Distress Percent

Sample Monthly Report
(May 6, 2022)

PHARMACISTS WELL-BEING INDEX

State Distress Percent*

may 2022

As of May 6, 2022, the California distress percent was 29.36% (ranked 44/52) with 599 assessors.

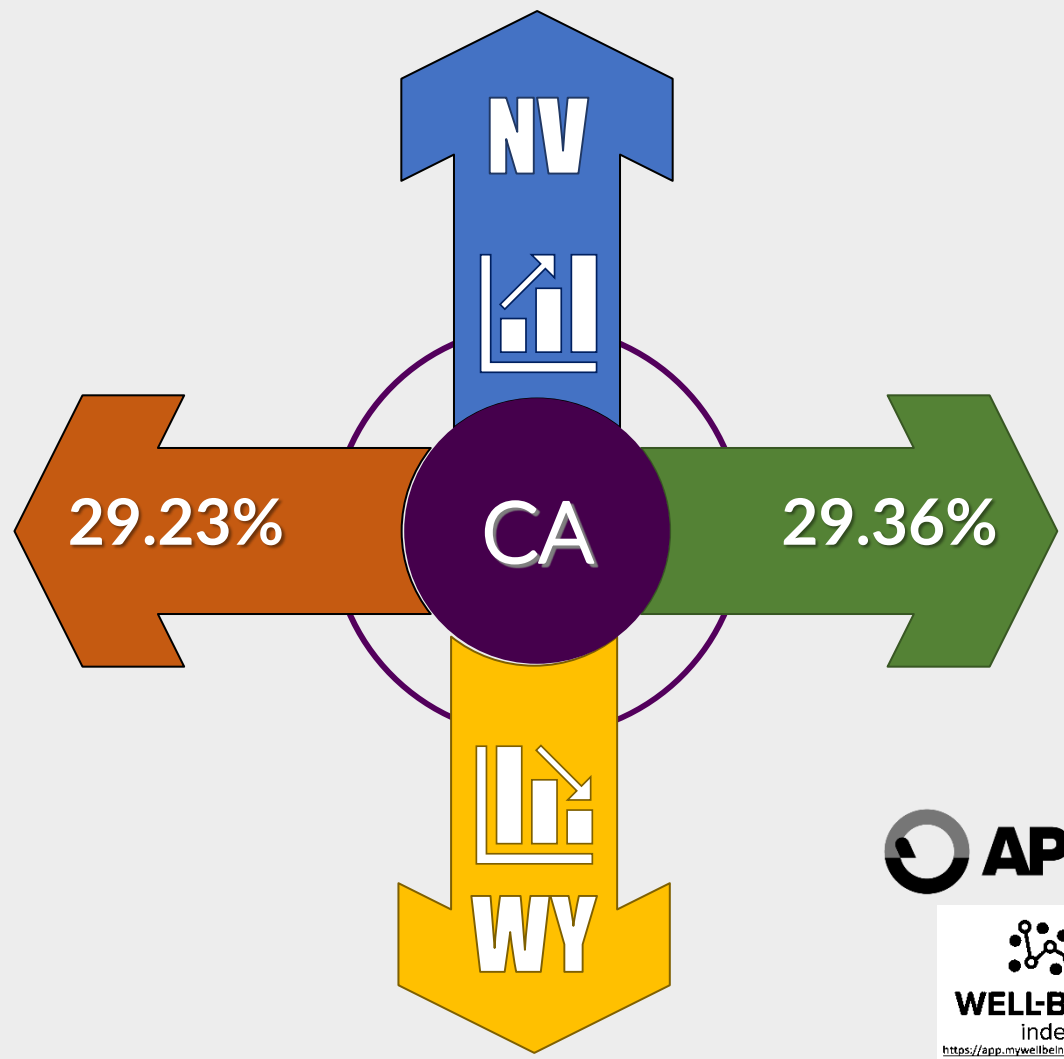
april 2022

As of April 6, 2022, the California distress percent was 29.23% (ranked 44/52) with 587 assessors.

State Comparison

As of May 6, 2022

- Nevada is the highest at 57.81% (n=26)
- Wyoming has the lowest 17.39% (n=16)



*Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥ 5 . It measures the percent of individuals that are at a high level of distress.



Pharmacist's Fundamental Responsibilities and Rights

www.pharmacist.com/pharmacistsresponsibilities

Developed by APhA and NASPA

Pharmacist's Fundamental Responsibilities & Rights

What is it?

- Outlines fundamental responsibilities that are required of each pharmacist
- Built on principles in Oath of a Pharmacist and Pharmacist Code of Ethics
- To fulfill these responsibilities, certain workplace expectations are needed

How can it be used?

- Use as a platform to start meaningful discussions with leadership
- A tool to initiate a discussion of issues and solutions
- Use in discussions with state board of pharmacy about workplace conditions
- Use in meetings state legislators to address laws and regulations affecting practice

Organizational Support

- Since APhA and NASPA approval in June 2021 more than 35 organizations, schools, state boards, and pharmacies have issued support of the *Fundamentals* – including NABP.
- Individual organizations can now support the *Fundamentals* through an online submission

Where can you find it?

- www.pharmacist.com/pharmacistsresponsibilities



Fundamentals Organizational Support

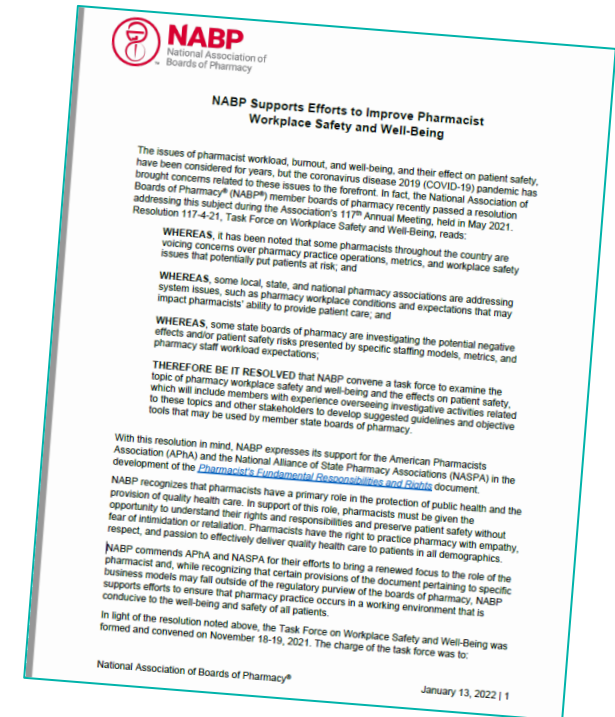
In January 2022, NABP issued a resolution to support the Fundamentals.

The Resolution included the following statement:

NABP recognizes that pharmacists have a primary role in the protection of public health and the provision of quality health care. In support of this role, pharmacists must be given the opportunity to understand their rights and responsibilities and preserve patient safety without fear of intimidation or retaliation. Pharmacists have the right to practice pharmacy with empathy, respect, and passion to effectively deliver quality health care to patients in all demographics.

Full state can be found at <https://nabp.pharmacy/news/news-releases/nabp-supports-efforts-to-improve-pharmacist-workplace-safety>

Or by using this QR code:





Workplace Reports and Data

- APhA/NASPA 2021 National State-based Pharmacy Workplace Survey*
- Pharmacy Workplace and Well-being Reporting (PWWR)*
- Pulse Survey on COVID affects of vaccine administration and other workplace issues
- APhA Community Pharmacy Workplace Summit

** Developed by APhA and NASPA*

2021 APhA/NASPA National Pharmacy Workplace Survey

Final Report Highlights

Nearly 7,000 respondents from 17 different practice settings were received.

- Pharmacy workplaces were so stressful in 2021 that personnel were unable to meet both clinical and non-clinical duties.
- The majority of pharmacy workplaces have cultures for patient safety. However, pharmacy personnel are at a breaking point where adjustments to team training, roles, and responsibilities are not able to be made quickly enough to adapt to change and meet all of their responsibilities.
- Time allocation, workflow, staffing, policies, payment, and patient expectations/demands are contributors to workplace situations that increase the risk of medication errors or near misses - stressful conditions are creating threats to patient safety.
- Employers need support, especially now, from insurers, lawmakers, educators, and the public to address patient safety issues, reduce stress, and increase satisfaction of pharmacy personnel now and in the future.

2021 APhA/NASPA National Pharmacy Workplace Survey

Final Report Highlights Continued

- Pharmacy personnel are encountering patients/customers who are perceived to be threatening or harassing and are not feeling supported by their employers to step away from the situation.
- Pharmacists utilize professional judgement in addressing clinical and workflow issues at-hand but those decisions are often not supported by their managers.
- Most of the factors of concern identified relate to work systems and processes of care, which are under the direct control of the employer and management.
- For the profession, the stress and workplace conditions are having a negative impact on the ability to recruit, train, and retain pharmacy personnel.
- Pharmacists don't feel valued by their employers.

2021 APhA/NASPA National Pharmacy Workplace Survey

What contributes to not feeling valued?

Survey Item	% Disagree
My employer actively seeks my opinion.	64%
My employer respects and values my input.	62%
My employer supports (financially or with time off) my professional engagement and education.	59%
Management is available for and open to discussing issues impacting patient care.	56%
Communication channels exist to enable me to voice ideas and suggestions for process improvement.	53%

Final report can be found on APhA’s website at <https://www.pharmacist.com/pharmacistsresponsibilities> under *Reference Information*.

Pharmacy Workplace and Well-being Reporting (PWWR)

What is it?

- Developed by APhA and NASPA to address pharmacists desire to have a safe space to tell their practice experience stories.
- Report both positive and negative workplace experiences to a secure, confidential online portal.
- Reports are collected and analyze by a Patient Safety Organization (PSO) affording the reports all the legal confidentiality protections provided by national PSO laws and regulations.
- Aggregated data reports and findings are generated approximately each quarter and can be found at www.pharmacist.com/pwwr



PWWR REPORT I and II

December 2021 and February 2022

Report I - 440 Reports Submitted and Analyzed

Report II – 528 Reports Submitted and Analyzed

Key Takeaways

Harassment of pharmacy personnel by patients and consumers is real (Report I and II)

- Consumers are the primary offenders of harassment and physical harm (threat or real)

Two-way lines of communication are not perceived to be open (Report I)

- Respondents did not believe they were heard or that their workplace recommendations were valued
- 71% of those who had a negative experience indicated that they offered recommendations, but a majority also reported their recommendations were neither considered or applied

Positive Experiences have a long-term positive effect on well-being (Report I and II)

- Positive experiences = regularly checking on staff, asking for input, helping patients

Did you experience any of the following before the COVID-19 pandemic compared to during the COVID-19 pandemic?

Question	Prior to COVID-19		During COVID-19		Total
Exhausted from excessive pandemic workload	21.76%	114	78.24%	410	524
A sense of dread when I think about the <u>work</u> I have to do	24.72%	111	75.28%	338	449
Feeling physically exhausted at work	27.13%	143	72.87%	384	527
Lacking enthusiasm at work	25.89%	109	74.11%	312	421
Feeling empathetic to my colleagues	44.48%	286	55.52%	357	643
Feeling sensitive to others' feelings / emotions	51.81%	315	48.19%	293	608
Feeling interested in talking to patients	63.77%	352	36.23%	200	552
Feeling connected with patients	63.77%	345	36.23%	196	541
Feeling connected with my colleagues	54.55%	342	45.45%	285	627
Other	23.08%	3	76.92%	10	13

Provision of Pharmacy Services During COVID-19

Ready, Willing, and Able BUT Stressed & Stretched

January.....December

Continuity of Patient Care (medications, MTM and other services)

Year-round offering of vaccinations (Adult / Adolescent / Pediatric)

Flu-vaccination

Flu-vaccination

COVID-19 Testing (sample collection, rapid PCR and antigen tests, OTC antigen tests, etc.)

COVID-19 Vaccination: Adult / Adolescent / Pediatric; Primary dose(s), Additional doses, Boosters

COVID-19 Therapeutics (Monoclonal antibodies (IV, SQ, Oral), other therapeutics)

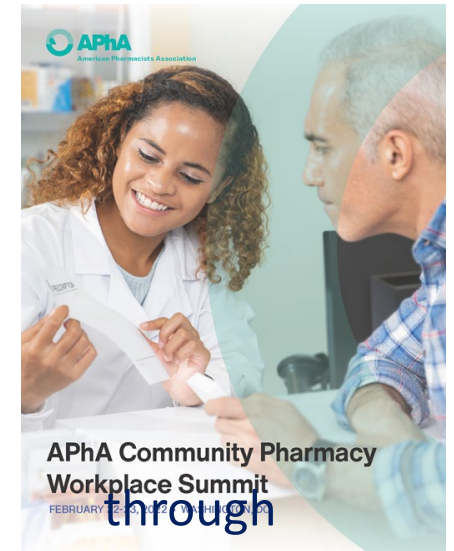
Payment > PBM Policies > Access & Recognition >
Authority > Phone Call Inquiries > staffing shortages >



COMMUNITY PHARMACY WORKPLACE SUMMIT

Summit Bright Ideas and Next Steps included

- Identify mechanisms to eliminate distractions in the pharmacy.
- Provide education/training on technology available in the pharmacy.
- Engage pharmacists at local pharmacies in the development of site-specific measures.
- Develop tools to facilitate discussions between staff and management.
- Encourage employer organizations to support their pharmacy personnel campaigns to educate the public on the role of the pharmacists and challenges faced in community pharmacy practice.
- Provide breaks and other necessary uninterrupted times to de-stress, prepare for incoming patients and catch up on work.
- Address payment, reimbursement, and access to care challenges.
- Analyze workplace and well-being status of pharmacy teams in states that have progressive and permissive pharmacist's authority or regulation versus those that don't.
- Encourage corporate-based management to spend time in their pharmacies to observe what pharmacy teams deal with and then have open and safe discussions with pharmacy team members.





**The Summit Report
is available on the APhA website at
<https://www.pharmacist.com/pharmacistsresponsibilities>
*Under Reference Information***



QUESTIONS and COMMENTS

Attachment 2b



Well-being Index For Pharmacy Personnel

State Report
for State Boards of Pharmacy
NABP District Eight States

JUNE 2022

For Every Pharmacist. For All of Pharmacy.

pharmacist.com

DISTRESS PERCENT CHANGES

National and District

May 2022 versus June 2022

Changes in Distress Levels

As of June 2022

State	Change in Distress % May 2022 vs June 2022	Distress % June 2022	State Rank for Distress Percent June 2022
Largest Increase in Distress Percent			
Iowa	0.64%	29.73%	41
Washington	0.57%	41.95%	8
Kansas	0.36%	38.82%	14
Texas	0.31%	34.26%	24
Arizona	0.30%	39.03%	13
Largest Decrease in Distress Percent			
Colorado	-1.48%	31.58%	35
Hawaii	-0.90%	39.33%	12
Virginia	-0.68%	40.13%	11
Alaska	-0.44%	30.99%	38
Arkansas	-0.39%	33.14%	29



Changes in Distress Levels – District Eight

As of June 2022

	Change in Distress % May 2022 vs Jun 2022	Distress % Jun 2022	Distress % State Rank Jun 2022	Change in Distress % Apr 2022 vs May 2022	Distress % State Rank May 2022	Distress % State Rank Apr 2022	Distress % State Rank Mar 2022	Distress % State Rank Feb 2022	Distress % State Rank Jan 2022	Distress % State Rank Dec 2021	Distress % State Rank Nov 2021	Distress % State Rank Sep 2021	Distress % State Rank Apr 2021	Distress % State Rank May 2020	Distress % State Rank Apr 2020
Arizona	0.30%	39.03%	13	0.09%	13	13	13	13	13	14	14	15	13	16	17
California	-0.23%	29.13%	45	0.13%	44	44	44	43	41	40	39	39	38	35	35
Colorado	-1.48%	31.58%	35	-0.18%	30	28	27	27	27(T)	25	23 (T)	25	23	14	19
Hawaii	-0.90%	39.33%	12	-0.47%	12	10	9	8	8	7	7	7	6	2	2
Nevada	0.16%	57.97%	1	-0.25%	1	1	1	1	1	1	1	1	1	18	11
New Mexico	No Change	29.58%	43	-0.72%	42	3	36	33	36	42	43	44	44	39	39
Utah	-0.15%	29.60%	42	-0.50%	41	39	40	39	38	37	38	31	32	27	31

T=Tied in rank with another state.

Note: Historic data from 2020/2021 has been removed to allow space for current month.

Refer to previous months' reports or contact ashaughnessy@aphanet.org for data.

DISTRESS PERCENT MONTHLY REPORTS

State-Specific

May 2022 versus June 2022

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

JUNE 2022

As of June 6, 2022, the Arizona distress percent was 39.03% (ranked 13/52) with 190 assessors.

MAY 2022

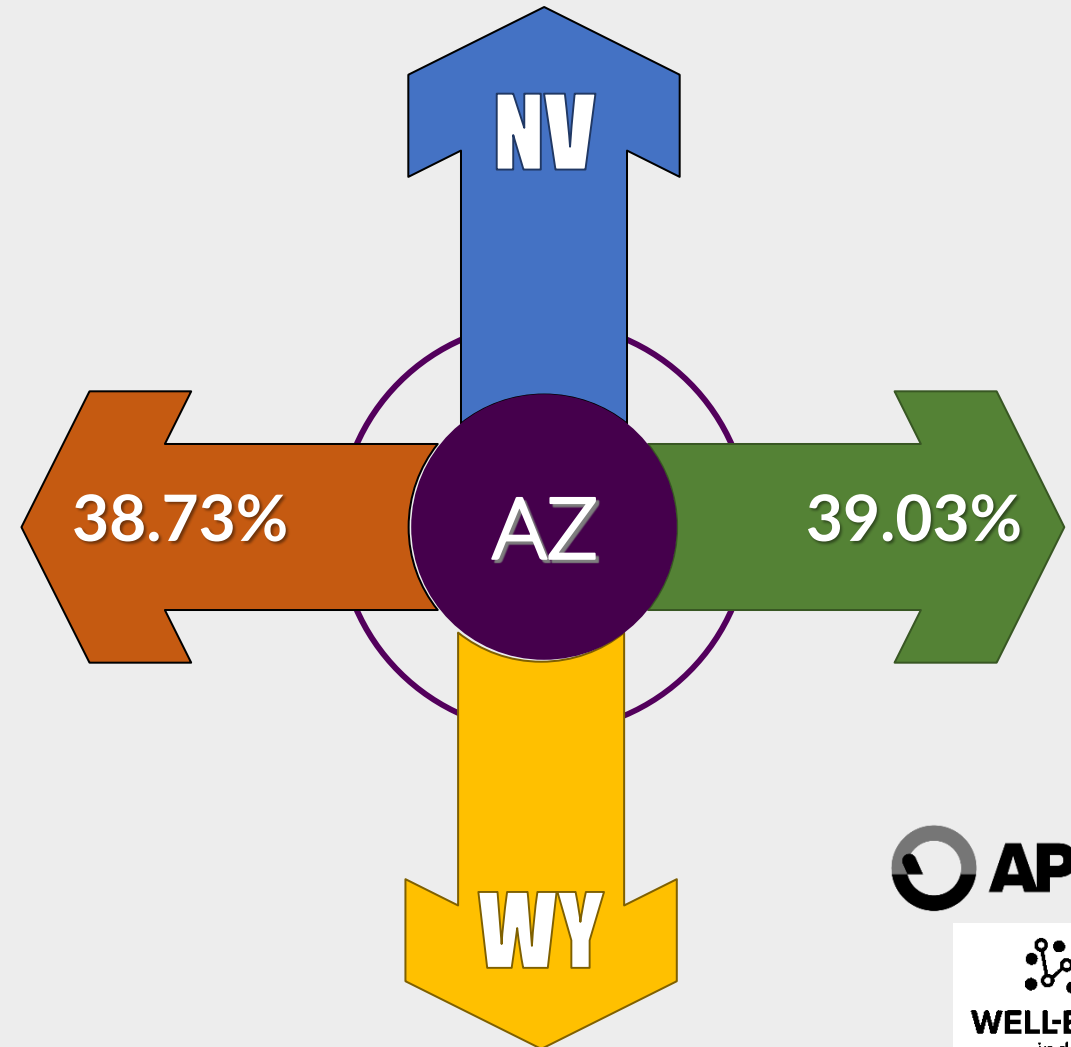
As of May 6, 2022, the Arizona distress percent was 38.73% (ranked 13/52) with 189 assessors.

STATE COMPARISON

As of June 6, 2022

Nevada is the highest at 57.97% (n=30)

Wyoming has the lowest 17.39% (n=16)



*Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥ 5 . It measures the percent of individuals that are at a high level of distress.

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

JUNE 2022

As of June 6, 2022, the California distress percent was 29.13% (ranked 45/52) with 602 assessors.

MAY 2022

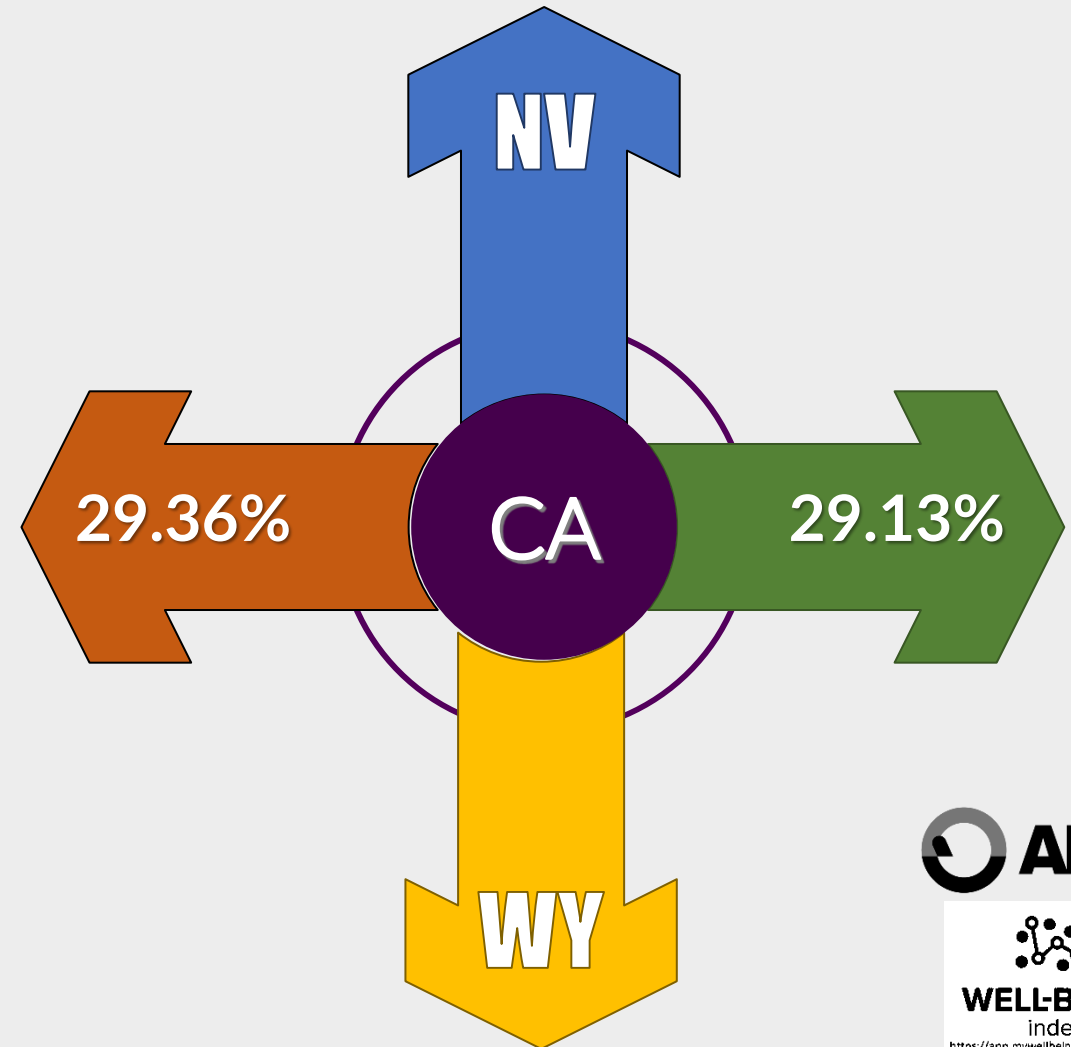
As of May 6, 2022, the California distress percent was 29.36% (ranked 44/52) with 599 assessors.

STATE COMPARISON

As of June 6, 2022

Nevada is the highest at 57.97% (n=30)

Wyoming has the lowest 17.39% (n=16)



*Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥ 5 . It measures the percent of individuals that are at a high level of distress.

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

JUNE 2022

As of June 6, 2022, the Colorado distress percent was 31.58% (ranked 35/52) with 202 assessors.

MAY 2022

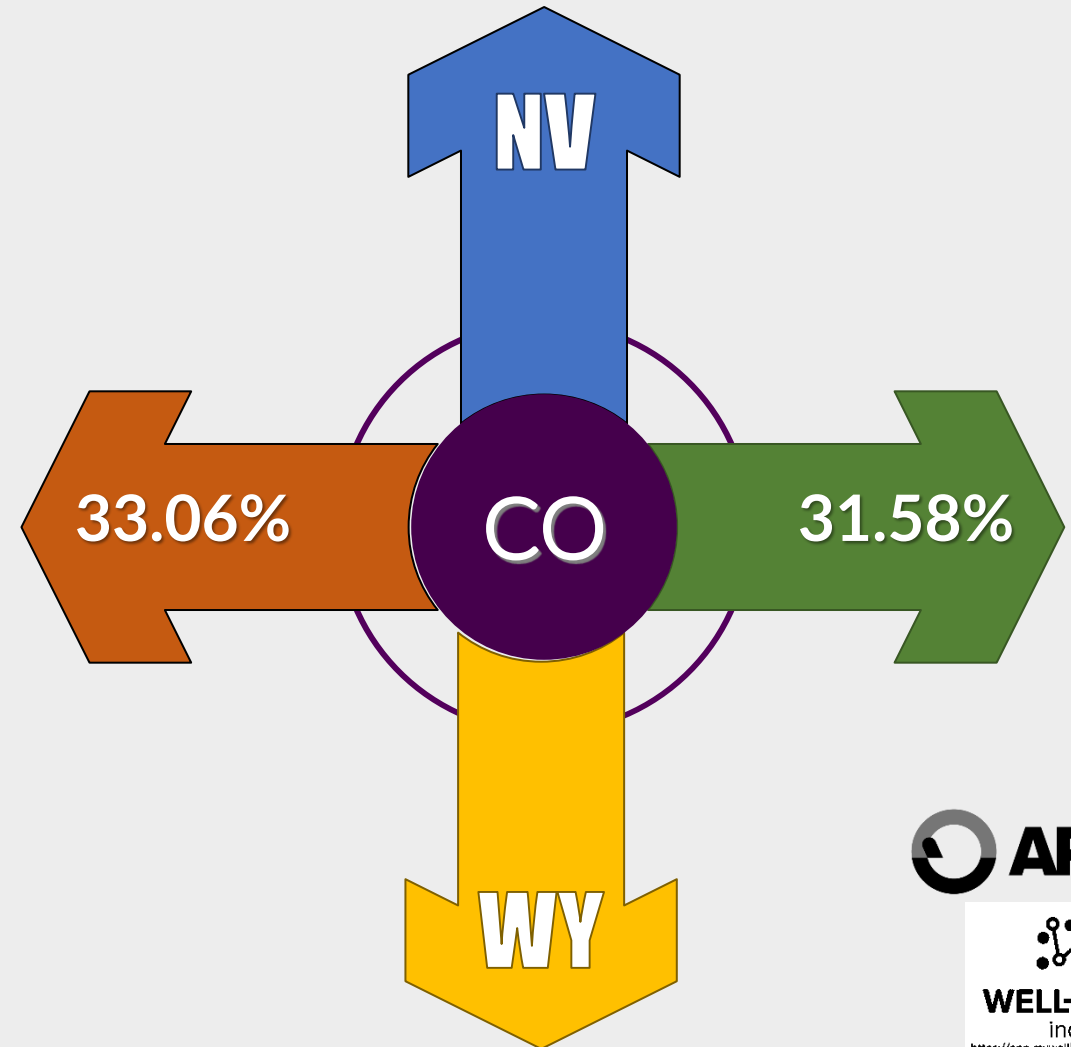
As of May 6, 2022, the Colorado distress percent was 33.06% (ranked 30/52) with 175 assessors.

STATE COMPARISON

As of June 6, 2022

Nevada is the highest at 57.97% (n=30)

Wyoming has the lowest 17.39% (n=16)



*Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥ 5 . It measures the percent of individuals that are at a high level of distress.

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

JUNE 2022

As of June 6, 2022, the Hawaii distress percent was 39.33% (ranked 12/52) with 29 assessors.

MAY 2022

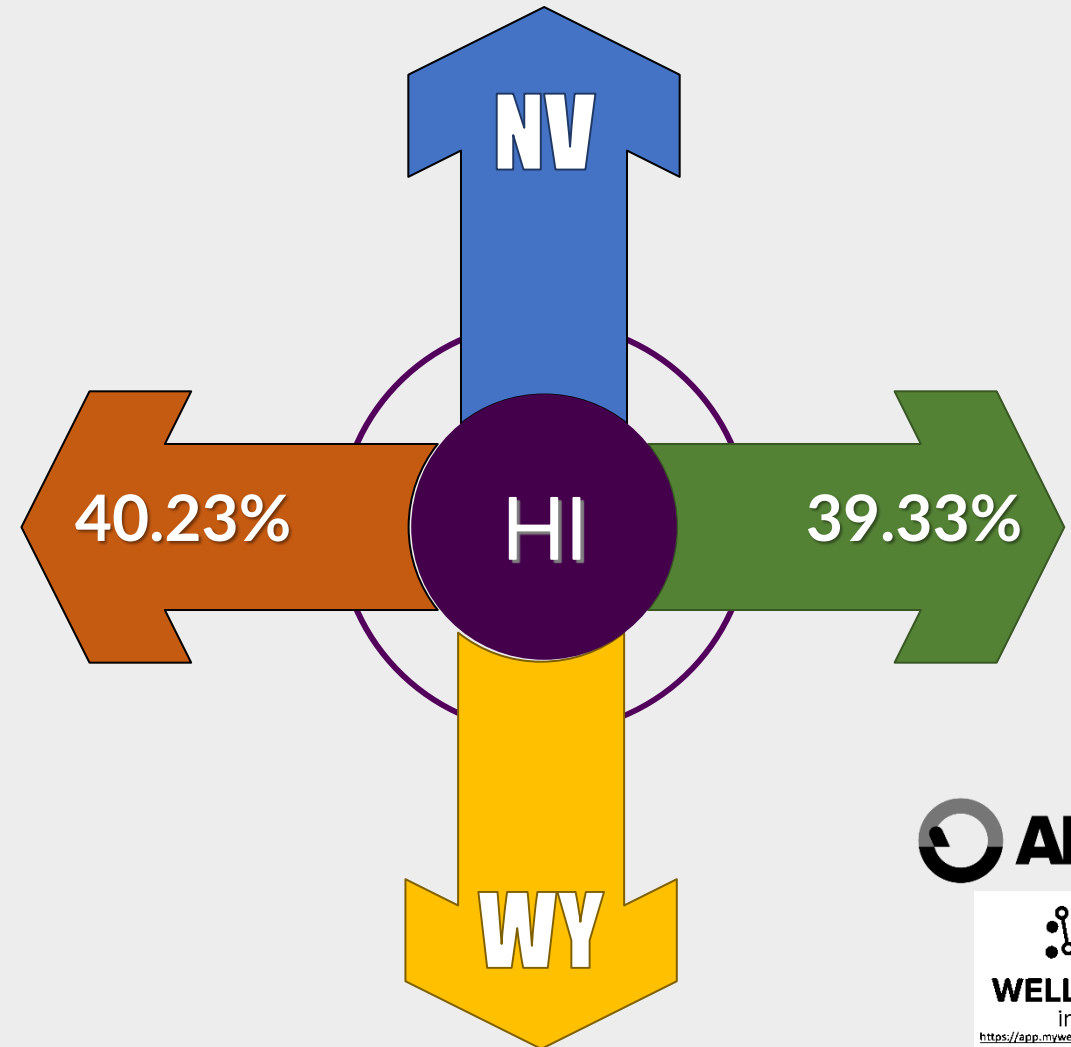
As of May 6, 2022, the Hawaii distress percent was 40.23% (ranked 12/52) with 28 assessors.

STATE COMPARISON

As of June 6, 2022

Nevada is the highest at 57.97% (n=30)

Wyoming has the lowest 17.39% (n=16)



*Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥ 5 . It measures the percent of individuals that are at a high level of distress.

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

JUNE 2022

As of June 6, 2022, the Nevada distress percent was 57.97% (ranked 1/52) with 30 assessors.

MAY 2022

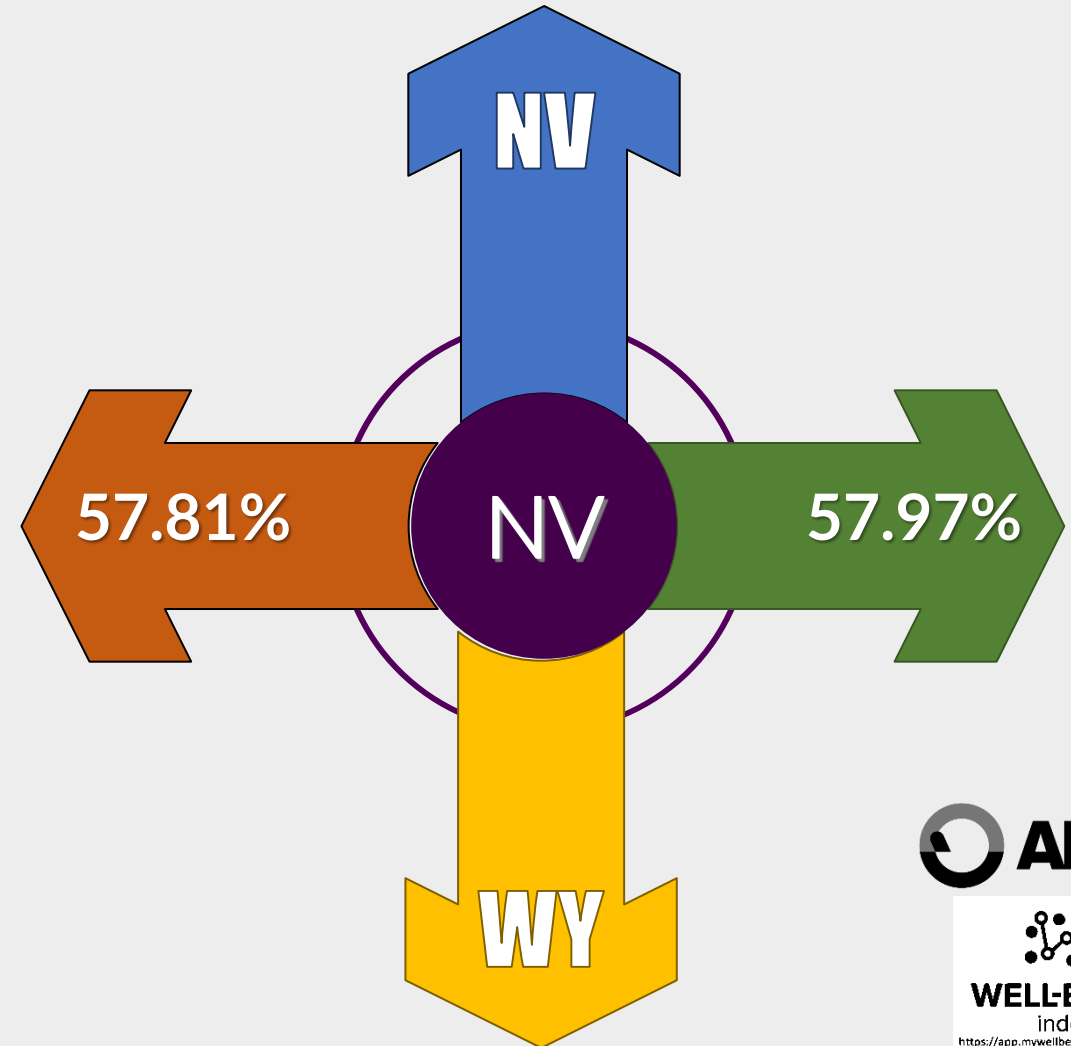
As of May 6, 2022, the Nevada distress percent was 57.81% (ranked 1/52) with 26 assessors.

STATE COMPARISON

As of June 6, 2022

Nevada is the highest at 57.97% (n=30)

Wyoming has the lowest 17.39% (n=16)



*Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥ 5 . It measures the percent of individuals that are at a high level of distress.

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

JUNE 2022

As of June 6, 2022, the New Mexico distress percent was 29.58% (ranked 43/52) with 50 assessors.

MAY 2022

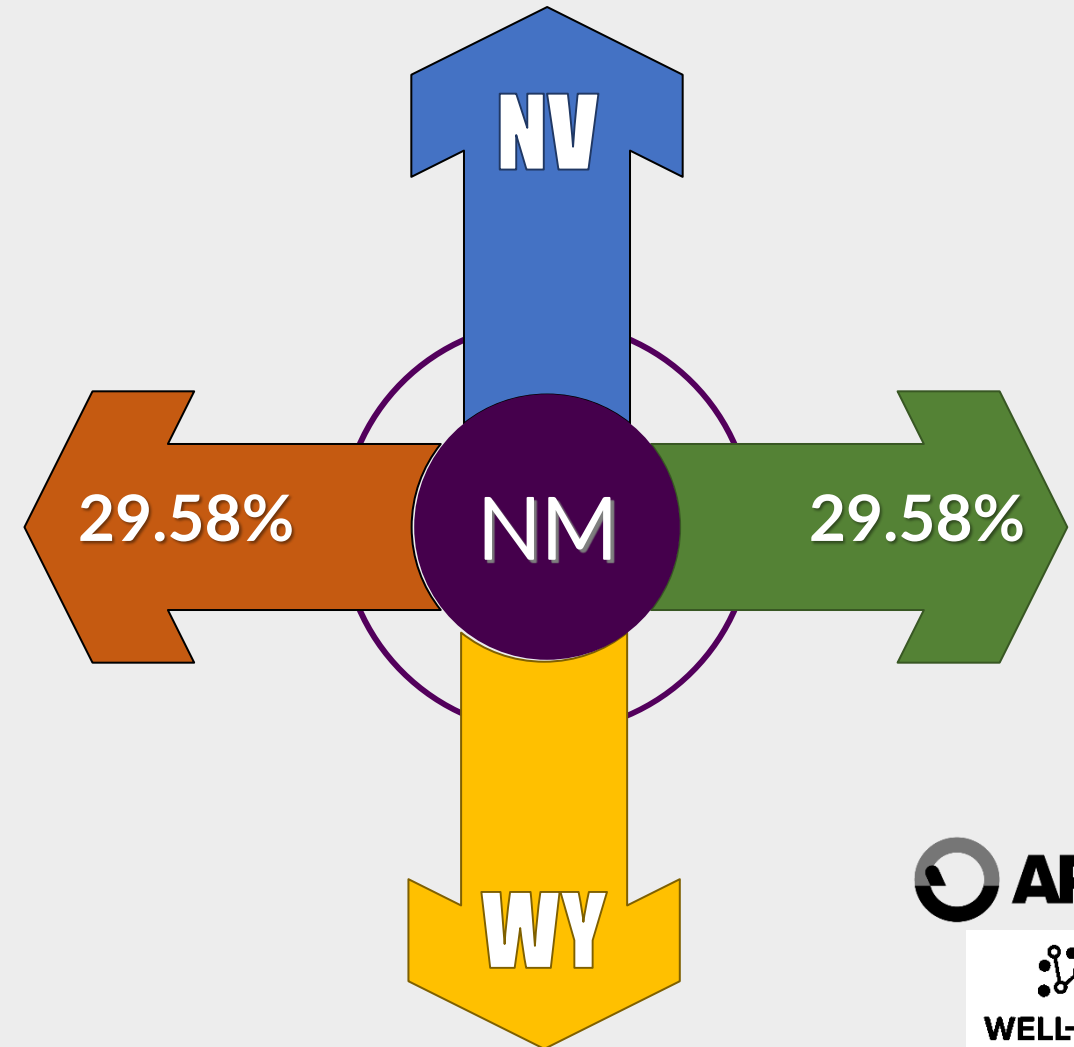
As of May 6, 2022, the New Mexico distress percent was 29.58% (ranked 42/52) with 50 assessors.

STATE COMPARISON

As of June 6, 2022

Nevada is the highest at 57.97% (n=30)

Wyoming has the lowest 17.39% (n=16)



*Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥ 5 . It measures the percent of individuals that are at a high level of distress.

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

JUNE 2022

As of June 6, 2022, the Utah distress percent was 29.60% (ranked 42/52) with 67 assessors.

MAY 2022

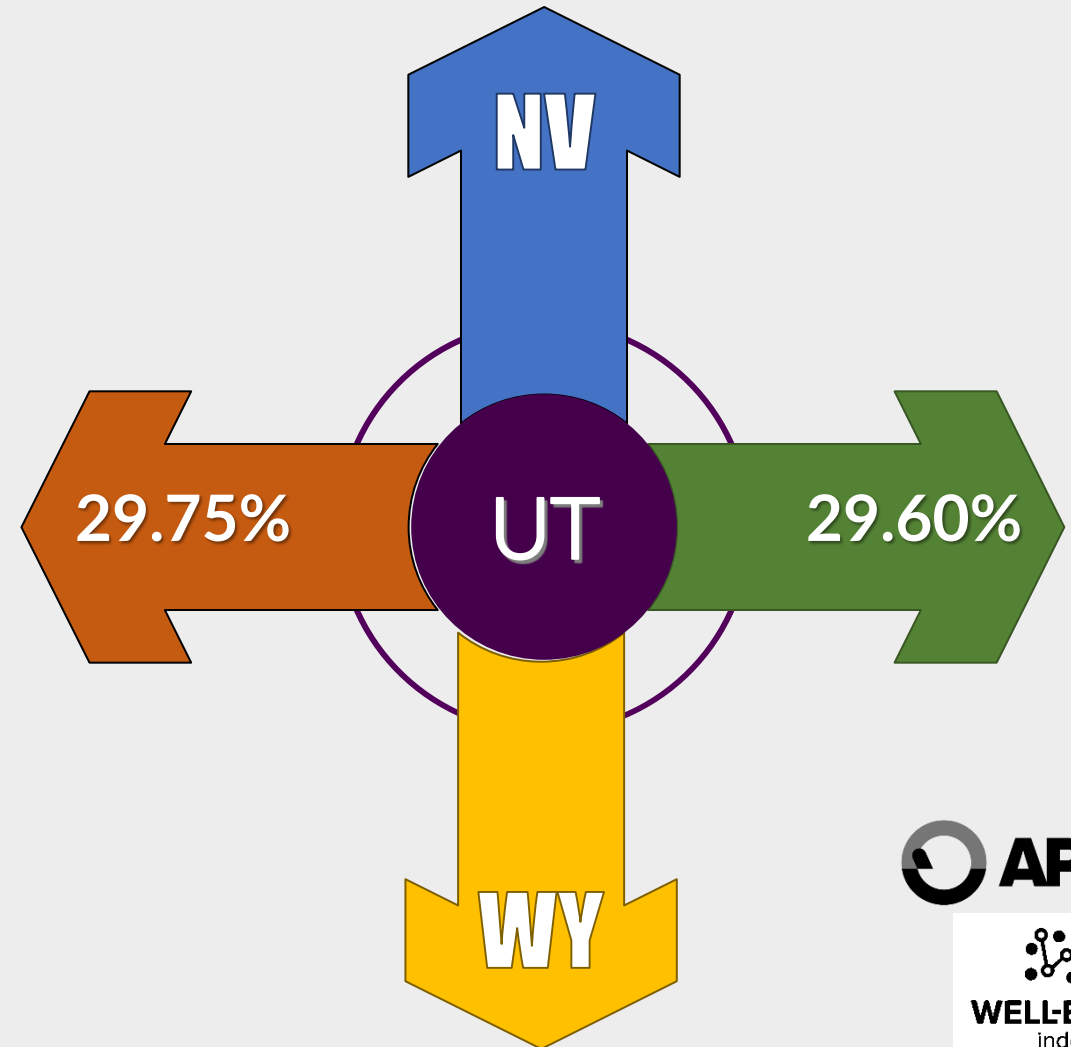
As of May 6, 2022, the Utah distress percent was 29.75% (ranked 41/52) with 64 assessors.

STATE COMPARISON

As of June 6, 2022

Nevada is the highest at 57.97% (n=30)

Wyoming has the lowest 17.39% (n=16)



*Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥ 5 . It measures the percent of individuals that are at a high level of distress.

Well-being Resources Promo Slides*

For Your Use in State Social Media and Periodicals

**Please do not change the content of these promotional slides*



Your experiences – positive and negative – tell a powerful story!

Your experience can be the spark that helps change and enhance the pharmacy workplace, pharmacy personnel well-being, and patient safety.

Submit your experience report to
Pharmacy Workplace and Well-being Reporting.
www.pharmacist.com/pwwr

Your report is confidential, anonymous, and protected by the Alliance for Patient Medication Safety - a recognized national patient safety organization.

Share the PWWR link with your colleagues!



Burnout is real.

Take advantage of APhA's online screening tool, invented by the Mayo Clinic, to evaluate your fatigue, depression, burnout, anxiety, and stress and assess your well-being.

It takes less than 5 minutes to answer 9 short questions.

It's 100% anonymous, free, and you do not need to be an APhA member.

Resources are available once you submit your assessment.

Well-being Index for Pharmacists, Student Pharmacists, & Pharmacy Technicians

<https://app.mywellbeingindex.org/signup>

Invitation Code: APhA

Or Scan



You're committed to pharmacy.
We're committed to your well-being.
www.pharmacist.com/wellbeing

Attachment 2c

THE PHARMACIST'S FUNDAMENTAL RESPONSIBILITIES AND RIGHTS

*Approved by the Boards of the
American Pharmacists Association and the National Alliance of State Pharmacy Associations (June 2021)*

*A list of organizations in support of the Pharmacist's Fundamental Responsibilities and Rights
can be found at www.pharmacist.com/pharmacistsresponsibilities.*

PREAMBLE

As members of the patient-centered health care team, pharmacists are accountable for the appropriate use of medications to treat acute and chronic conditions and population health-programs that work to prevent medication and health related misadventures. Pharmacists improve patient outcomes by assuming responsibility for:

- Appropriate use of medications using evidence-based guidelines.
- Facilitating achievement of patients' health and medication-related goals.
- Promoting prevention and wellness strategies that improve patient health and overall health outcomes.
- Designing and overseeing safe, accurate, and timely medication distribution systems.
- Providing high-quality, compassionate, cost-effective care.¹

These principles and the document as a whole, prepared and supported by pharmacists, are intended to state publicly the fundamental rights that are essential to fulfill their professional responsibilities as outlined in the *Oath of a Pharmacist* and the *Pharmacist Code of Ethics* and states' scope of pharmacy practice. These principles are established to guide pharmacists in relationships with employers, patients, and health professionals; and, guide those individuals responsible for establishing federal and state laws/regulations/guidance that govern pharmacy practice and healthcare delivery. These principles were developed as a tool to initiate and facilitate conversations between pharmacy staff and their employers.

PRINCIPLES

PHARMACISTS HAVE THE FUNDAMENTAL RESPONSIBILITY:

I. To practice with honesty and integrity.

A pharmacist places the health and well-being of the patient and community at the center of their professional practice. A pharmacist has a duty to fulfill their professional responsibilities as outlined in the *Oath of a Pharmacist*, *Pharmacist Code of Ethics*, and scope of practice requirements.

II. To seek employment that aligns with their professional goals and personal values and needs.

Pharmacists must be thoughtful when considering their personal professional goals, values, needs as they explore and review *potential* career opportunities. Pharmacists must also research and consider the work environment, values, and organizational goals of potential employers to understand how well they align with their own when *evaluating* employment opportunities.

III. To be lifelong learners to maintain professional competency and engage in the profession.

Recognizing that health care practice and therapeutics are constantly evolving, pharmacists have an obligation to pursue meaningful continuing professional development and education in order to maintain and optimize their clinical knowledge and abilities. Pharmacists must also have the support of their employer in order to pursue these opportunities.

IV. To educate their patients and the public to enhance public health.

Pharmacists are often the most accessible health care professionals in their communities and are essential to help educate patients to optimize use of their medications and achieve optimal health outcomes. Pharmacists bridge gaps in patient care throughout the health care delivery system. Pharmacists also play an active role in reinforcing consistent and reliable public health messages while helping to provide accurate health-related information to our patients in an era of abundantly available misinformation.

V. To make decisions and seek resolutions regarding workplace concerns without fear of intimidation or retaliation from their employer or supervisors.

Pharmacists have the responsibility to identify, address, and when needed elevate concerns regarding workplace issues that may compromise the safety, health or well-being of the pharmacy personnel or patients they serve. Employers and supervisors have a corresponding responsibility to encourage pharmacists and other pharmacy personnel to raise concerns about, and offer solutions to, maintain high-quality patient care and working conditions without fear of retaliation or intimidation from employers or supervisors.

-CONTINUED-

¹ Based on the Joint Commission of Pharmacy Practitioners Vision for Pharmacy Practice (Adopted 2014).

PHARMACISTS HAVE THE FUNDAMENTAL RIGHT:

- I. To practice pharmacy in the best interest of patient and community health and well-being.**
A pharmacist must consider the rules and regulations intended to protect the health and well-being of patients and communities while also using professional judgment in their decision making process.
- II. To exercise professional judgment under the auspices of their license when delivering care to patients.**
Pharmacists must have the independence to use their education and knowledge to make professional clinical decisions in the best interest of their patients. To mitigate incidents of moral distress², pharmacists should never be placed in a situation where they are forced to take part in patient care activities or decisions that they do not believe are in the best interest of the patient's health and/or well-being or that are in violation of pharmacy laws and/or regulations.
- III. To be treated in a considerate, respectful, and professional manner by patients and supported by employers and supervisors.**
Pharmacists should not be subject to behavior or work conditions that impede their independent professional judgment, or actions that compromise the best interests of the health and well-being of their patients or their status as a healthcare professional.
- IV. To a workplace free of racism, discrimination, bullying, or harassment, as well as physical, verbal, or emotional abuse.**
Pharmacists' workplaces should be free of discriminatory practices including but not limited to, physical abuse, emotional abuse, verbal abuse, racism, discrimination, harassment, or bullying.
- V. To a working environment where the necessary resources are allocated to provide both legally required patient care services, as well as any additional enhanced patient care services offered.**
Pharmacy is a highly-regulated profession which includes specific state and federal legal requirements that must be met when taking care of patients. At a minimum, sufficient time and adequate staffing are needed to safely adhere to the basic legal requirements before adding enhanced patient care services (e.g., vaccine administration, Medication Therapy Management (MTM), collaborative practice services). In addition, pharmacists should have ready access to current information and appropriate clinical and therapeutic references to support their delivery of patient care.
- VI. To reasonable working hours and conditions.**
Pharmacists must be permitted and encouraged to take needed breaks as well as sufficient, appropriate staff to safely complete the tasks at hand. Pharmacists should have access to tools when needed to promote and maintain physical and mental health (i.e., ergonomic work tools, stool or chair, cushioned floor mat when standing for long periods, appropriate lighting, access to appropriate restroom and lactation facilities, access to sustenance throughout the day).
- VII. To have a voice in the development of metrics, and how those metrics are used as criteria for performance evaluations of all pharmacy staff.**
Pharmacists should be evaluated fairly, with performance metrics and indicators that are focused on quality patient care while assuring adequate staffing is provided to meet those metrics and ensure patient safety by preventing medication errors. Meaningful performance metrics should address the quality of care provided to patients that pharmacists can directly impact and not only the cost or efficiency of services or operations.

###

² In 1984, Andrew Jameton coined the term *moral distress* to describe the negative feelings a nurse feels when one knows the morally correct action to take but is constrained in some way from taking this action. It is different from burnout because it deals with your moral responsibility in a situation that you evaluate and determine the right course of action and then are prevented from doing it. *The American Journal of Nursing* (July 2016) suggests that moral distress can lead to "debilitating frustration, anger, and guilt." This article indicates that system-based sources of moral distress include "restrictive institutional policies, power structures, and regulatory practices, as well as limited human and material resources." Only in the last few years have publications explored moral distress in other health care professionals.

Attachment 3

NSCP Prioritization of Workplace Environment Challenges



Nova Scotia
College of
Pharmacists

Governing the practice of pharmacy in Nova Scotia in the interest of the health and well being of the public

NSCP Work to Address Pharmacy Practice Environment Challenges



Literature Review

Supported linkage between pharmacy practitioners feeling overwhelmed and negative outcomes related to: professional burnout and job dissatisfaction, diminishing service quality, reduced service offerings, unmet patient expectations and health needs, and an increased risk for errors and omissions.



Interviews with Pharmacy Practitioners

Identified five themes: (1) Pharmacy Practitioner Workloads/Demand for Pharmacy Services, (2) Accessibility of Pharmacy Professionals (i.e., on-demand services), (3) Scope of Practice, (4) Labour Models, (5) Staffing Levels



Pharmacy Practitioner Validation Survey

Established that pharmacy practitioners are burnt out and feel that current staffing levels/pharmacy practice environment challenges are unsustainable and leading to a reduced standard of care and risks to patient safety



Interviews with Sector Stakeholders

Established general consensus from those interviewed that there are significant challenges related workload and HR capacity and acknowledgment of the importance of this work and willingness to cooperate and collaborate.



Pharmacy Manager Survey

Identified a perceived link between current staffing issues/pharmacy practice environment challenges and employee burnout, as well as negative impacts on the quality of services provided and patient safety.



Literature Review

This research established the **linkage between professional burnout / job dissatisfaction** and how it can compound into negative system outcomes, such as an **increased risk to patient safety**.



Pharmacy Practitioner Interviews

Themes:

1. Pharmacy Practitioner Workloads / Demand for Pharmacy Services
2. Accessibility of Pharmacy Professionals (i.e., on-demand services)
3. Scope of Practice
4. Labour Models
5. Staffing Levels



Validation Survey

85% of survey participants indicated that their current **workload levels are unsustainable**

71% of survey participants indicated they felt their pharmacy's **staffing levels are inadequate** to meet patient demands for services

81% of survey participants indicated they **feel burnt out** because of their work

76% of survey participants indicated that **current pharmacy practice challenges** are resulting in a **reduced standard of care** at their pharmacy

75% of survey participants indicated that **current pharmacy practice challenges** are resulting in a **risk to patient safety** at their pharmacy

Key Sector Interviews

Highlights:

- There was general **consensus** from those interviewed that there are **significant challenges related workload and HR capacity**
- **Not all** participants **acknowledged** that these conditions are **impacting patient safety**.
- There was also **acknowledgment** of the **importance** of this **work** and **willingness** to cooperate and **collaborate** with the NSCP from many of those interviewed.



Pharmacy Manager Survey

24.3% indicated they are always or often **unable to provide a full scope of practice**

15.5% indicated that **standards of practice always or often cannot be met**

45.6% strongly agreed that staffing challenges at their pharmacy are **contributing to employee burnout**

68.0% strongly agreed or agreed that the **quality of services provided at their pharmacy are impacted**

42.7% indicated that **patient safety is negatively impacted**

Practice Site Conditions

What? Where?

External Contributors*



Current State:

- Interruptions / disruptions
- Workflow centered on prescription verification and release
- Decreased time with patients
- Multi-tasking
- Working long hours
- Having to say "no" to patients (even if service is in scope)
- Rushed patient interactions
- Owner focus on business need more than patient need
- Lack of role clarity
- Prioritization of services based on targets / quotas
- On-demand services (e.g., OTC consult)

HR Capacity

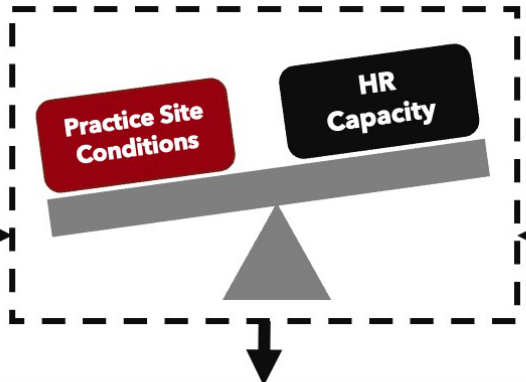
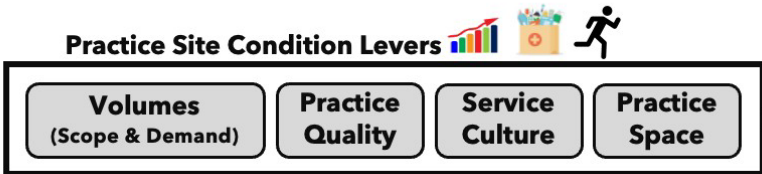
Who? How?

External Contributors*



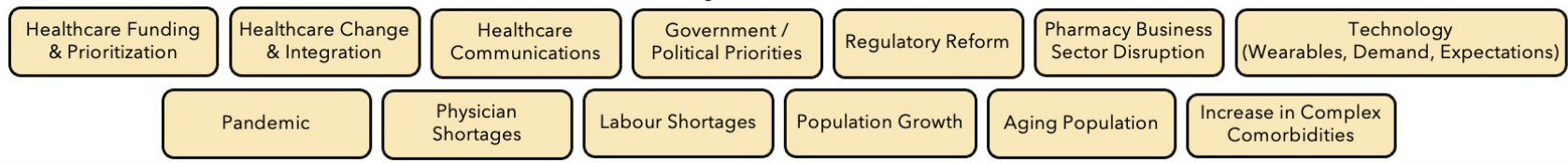
Current State:

- Insufficient staff for service volume (dispensing & clinical services)
- Insufficient staff for administrative activities
- No overlap / handover time
- No lunches/breaks (rest/refresh)
- Limited vacation / sick leave
- Limited overtime funding
- Corporate disconnect with staffing needs
- Insufficient support staff
 - Under trained
 - Inability to delegate tasks
- Professional identity
 - Lack of role clarity
 - Underutilized skills
 - Confidence of pharmacy professionals (education/skills)



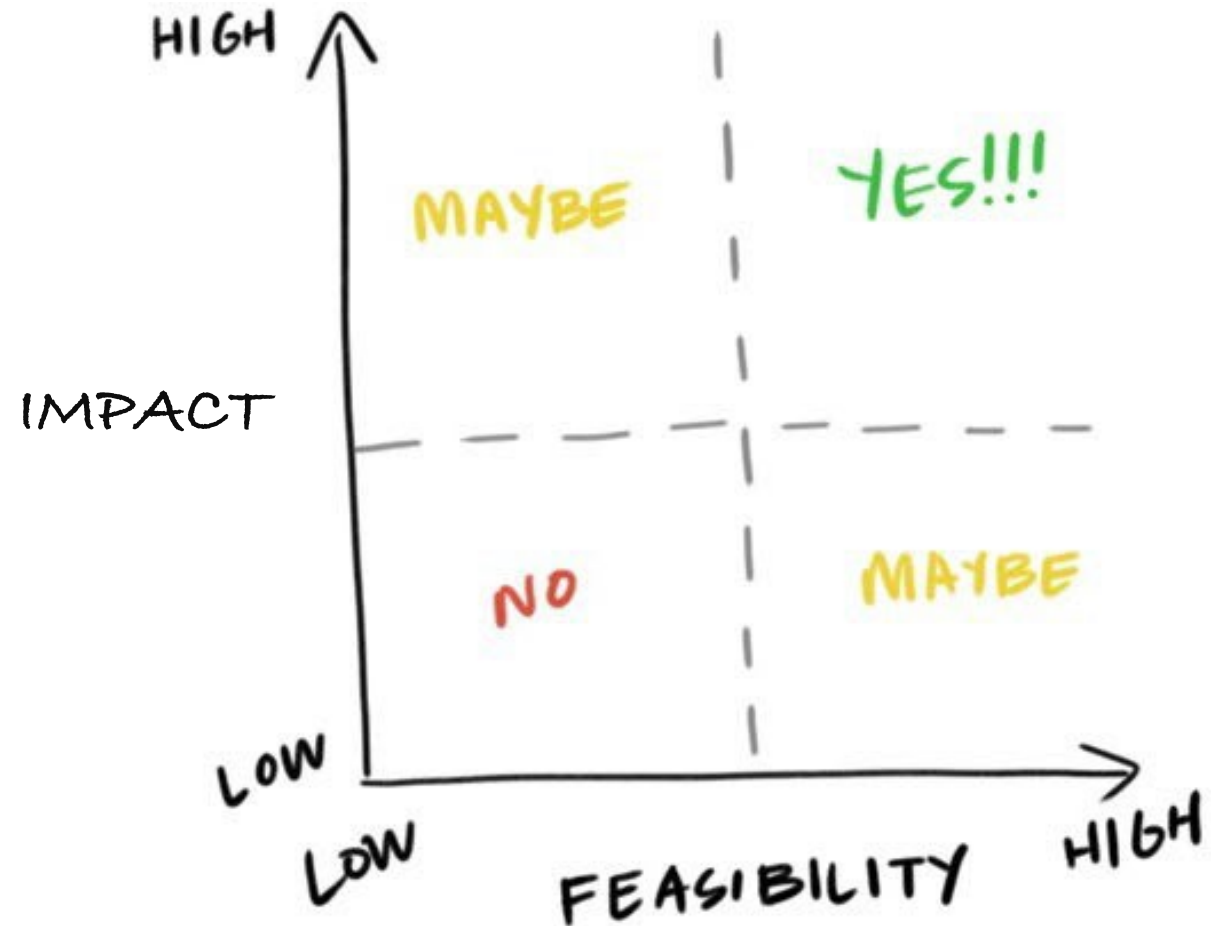
Risk to patient safety (e.g. errors/omissions)	Burnout & job dissatisfaction	Unmet patient expectations
Unmet patient health needs	Reduced service quality & standard of care	Reduced service offering

System Context



Prioritization Framework

- **Appropriateness:** Ability of the NSCP to address factor given its legislative authority and its budget, with consideration to ongoing pharmacy business viability, and efficient use of regulatory power.
- **Dependencies:** Identification of other work (planned or underway) by key sector players that could influence the extent of impact the NSCP could have on specific factors.
- **Alignment with Other Sectors:** Lessons learned from similar challenges/factors addressed by other sectors/industries and insights on barriers/facilitators.
- **Assumptions & Limitations:** Identification of assumptions made that underpin the feasibility/impact assessments of each factor.
- **Unintended Consequences:** Potential unintended consequences if NSCP were to select a specific factor as an area of strategic focus moving forward.



SPAG Recommended Factors for Strategic Focus:

1. Staffing Levels & Mix

- Includes factors: lack of overlap and handover time, pharmacists working alone

2. Business Model Misalignment

- Includes factors: workload centred on volume vs. quality, lack of professional autonomy



“Staffing Levels Established by Business Staffing Models”

Given the inherent interconnectedness of these two factors,
**it was recommended that Council focus its work on the intersection of
the two factors.**



Setting a Revised Objective

Current Objective (50,000 ft level)

“The pharmacy practice environment optimizes the quality of healthcare provided by pharmacy practitioners”

Recommended Objective (25,000 ft level)

"Staffing levels are not a detriment to the public receiving quality pharmacy care"

Next Steps



A short list of potential interventions will be developed based on identified barriers and multisectoral research



NSCP will engage a multistakeholder steering group to recommend intervention(s)



NSCP Council and staff will work to refine recommended intervention(s) and begin to design intervention components

Questions?





NSCP Approach to Addressing Pharmacy Practice Environment Challenges

The NSCP initiated work in 2019 (with further updates in 2020 and 2021) to better understand existing research regarding practice environment challenges and their links to patient safety. A literature review was conducted to synthesize available evidence to support and further understand the current pharmacy practice context, and to explore the linkage between workplace environment challenges/burnout and negative outcomes for pharmacy practitioners and patients.

Subsequently, the NSCP sought to explore the current state of the community pharmacy practice environment in Nova Scotia, including insights from key sector stakeholders about their opinion of current conditions and what opportunities for positive improvement are underway or planned. Interviews were conducted with 20 pharmacy practitioners in late 2021 to provide further Nova Scotia context and gain first-hand understanding of the current state of the provincial community pharmacy practice environment.

Additionally, nine key sector stakeholders were interviewed in early 2022 for further insights from the following areas: retail pharmacy businesses (RPB), insurance/third party payers (TPP), pharmacy regulatory authorities (PRA), and non-pharmacy regulatory authorities (NPRA).

Finally, a pharmacy manager survey was also conducted in early 2022 to explore manager perceptions of current workplace environment challenges, including their impact on standards of practice and patient safety.

Literature Review Findings

The literature review summarized three main topics related to the changing pharmacy environment and the impacts on pharmacy professionals and subsequently the care received by the public:

- Topic 1 describes research on professional burnout and job dissatisfaction, as well as the various operations and human resource challenges that exacerbate high workloads and overwhelming work environments.
- Topic 2 describes changes to the pharmacy practice environment and their impact on pharmacists' burnout and job dissatisfaction, and ultimately practice quality and patient safety.
- Topic 3 describes how workplace factors impact patient safety, service quality, errors and omissions, and other various factors.

The findings support the linkage between pharmacy professionals feeling overwhelmed and overworked and negative outcomes related to: professional burnout and job dissatisfaction, diminishing service quality, reduced service offerings, unmet patient expectations and health needs, and an increased risk for errors and omissions and patient safety.

Pharmacy Practitioner Interview Findings

Interviews with 20 Nova Scotian pharmacy practitioners provided a better understanding of how these factors were at play currently in the province and further supported literature review findings. Interview findings identified practice environment challenges impacting patient safety related to five main themes:

1. Pharmacy Practitioner Workloads/Demand for Pharmacy Services
2. Accessibility of Pharmacy Professionals (i.e., on-demand services)
3. Scope of Practice
4. Labour Models
5. Staffing Levels

Findings were validated through engagement with original interview participants, and more broadly through a survey to 70 additional pharmacy practitioners in Nova Scotia. Notable validation survey results are outlined below:

- 84% of participants indicated that their current workload levels are unsustainable
- 70% of participants indicated they felt their pharmacy's staffing levels are inadequate to meet patient demands for services
- 80% of participants indicated they feel burnt out because of their work
- 77% of survey participants indicated that current pharmacy practice challenges are resulting in a reduced standard of care at their pharmacy
- 75% indicated that current pharmacy practice challenges are resulting in a risk to patient safety at their pharmacy

Sector Stakeholder Interview Findings

Interviews were conducted with key sector stakeholders from retail pharmacy businesses, insurance/third party payers, pharmacy regulatory authorities, and non-pharmacy regulatory authorities (NPRA) to gain additional perspectives on factors impacting current conditions and insight into improvement initiatives underway or planned. There was general consensus from those interviewed that there are significant challenges related workload and HR capacity; however, not all participants acknowledged that these conditions are impacting patient safety. There was also acknowledgment of the importance of this work and willingness to cooperate and collaborate with the NSCP from many of those interviewed.

Pharmacy Manager Survey Findings

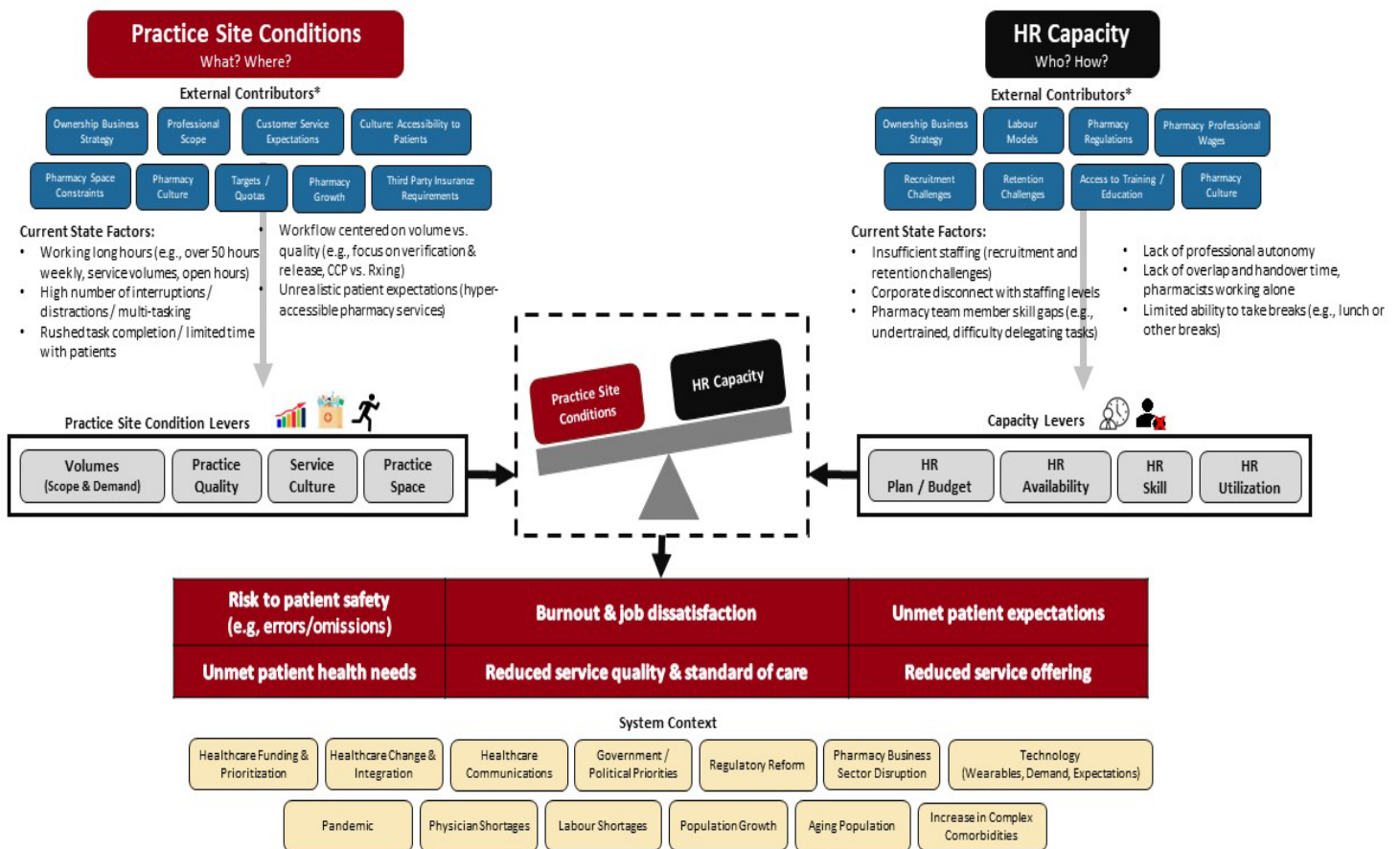
The NSCP conducted a survey with pharmacy managers in January 2022 to assess perceptions of whether managers felt they were able to meet their responsibilities under the Pharmacy Act and regulations to ensure adequate staffing levels to meet the needs of their patients, as well as current pharmacy practice environment challenges (particularly HR capacity). The findings from the survey give further validation and weight to issues regarding HR recruitment and retention. Of note:

- While most pharmacy managers indicated that they were able to meet their responsibilities under the Pharmacy Act and regulations, nearly one quarter of respondents (24.3%) indicated that their pharmacy is always or often unable to provide a full scope of practice due to staffing levels with another 15.5% indicating that standards of practice always or often cannot be met due to inadequate staffing levels.

- Nearly half (45.6%) of respondents strongly agreed that staffing challenges at their pharmacy are contributing to employee burnout.
- Over half (68.0%) of respondents strongly agreed or agreed that the quality of services provided at their pharmacy are impacted by staffing levels.
- Over one third (42.7%) of respondents indicated that patient safety is negatively impacted by staffing levels at their store.

Visual Summary of Findings

The cumulative findings from this work were then used to develop a visual summary of the current practice environment state. The visual summary provides a categorization of the factors into two major buckets: (1) practice site conditions and (2) human resource (HR) capacity.



The visual summary includes:

- the external contributors to the two primary categories of factors that are relevant but outside the NSCP's control or impact (blue boxes);

- a description of current state factors at play in community pharmacies that we heard throughout our data gathering stage;
- the resultant negative outcomes / risks relevant to the public interest (red boxes); and
- the relevant broader system factors that are constantly changing and that collectively create the context in which this challenge exists (yellow boxes).

On the whole, the visual summary reflects an imbalance between practice site conditions and HR capacity, wherein there currently there is insufficient staffing to meet current demands, which is ultimately leading to: (1) risks to patient safety, (2) burnout and job dissatisfaction, (3) unmet patient expectations, (4) unmet patient health needs, (5) reduced service quality and standard of care, and (6) reduced service offering.

The visual summary also identifies the levers that could be used by the NSCP to impact the factors (thereby improving the above outcomes), as well as the system context in which the NSCP and pharmacy is operating.

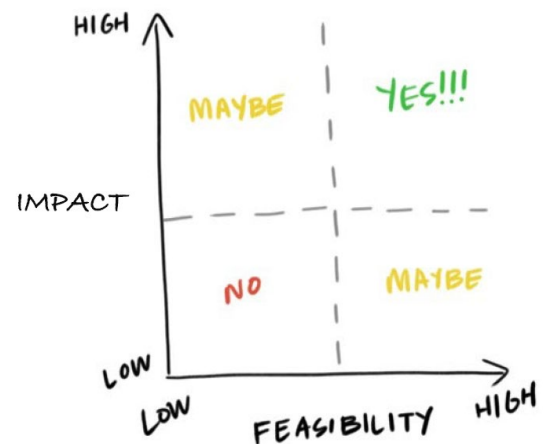
Strategic Planning Advisory Group

The Strategic Planning Advisory Group (SPAG) was convened in March 2022. Members of the NSCP SPAG included:

- NSCP Council: Lynn Corkum, Jon Wright
- NSCP EDI Advisory Committee: Tunde Awoyiga
- NSCP Senior Management/Staff: Bev Zwicker, Sue Sampson, Kate Wall, Andrea Bishop
- External Stakeholders/Consultants: Mike Davis (CEO, Davis Pier Consulting), Susan MacDougall (CEO, Windsor Elms), Sam Lanctin (Sam Lanctin Consultant), Tony Case (Case Associates)

The SPAG used a structured approach to assess the feasibility of the NSCP impacting the identified current state factors (see visual summary above) from the following perspectives:

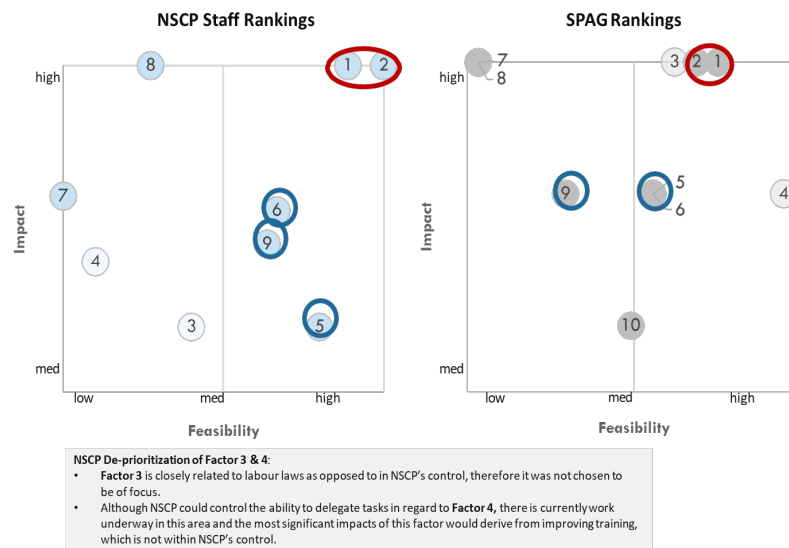
- Appropriateness: Ability of the NSCP to address factor given its legislative authority and its budget, with consideration to ongoing pharmacy business viability, and efficient use of regulatory power.
- Dependencies: Identification of other work (planned or underway) by key sector players that could influence the extent of impact the NSCP could have on specific factors.
- Alignment with Other Sectors: Lessons learned from similar challenges/factors addressed by other sectors/industries and insights on barriers/facilitators.
- Assumptions & Limitations: Identification of assumptions made that underpin the feasibility/impact assessments of each factor.
- Unintended Consequences: Potential unintended consequences if NSCP were to select a specific factor as an area of strategic focus moving forward.



The SPAG members' feasibility assessment was used to establish SPAG's ranking of the factors. A similar feasibility assessment and ranking process was also conducted with the NSCP staff. The findings from both the SPAG and NSCP staff processes were combined and provided to SPAG for feedback. Further

discussion about these factors took place, including a further exploration of the assumptions made in being able to address them and the potential unintended consequences, with SPAG ultimately recommending two factors that were considered to be both of high impact and high feasibility.

#	Factor
1	Staffing levels
2	Business model misalignment
3	Working long hours (e.g., 50+ hours weekly, high service volumes, operating hours)
4	Pharmacy team member skill gaps (e.g., undertrained, difficulty delegating tasks)
5	Lack of overlap and handover time, pharmacists working alone
6	Workflow centered on volume vs. quality (e.g., focus on verification & release; CCP vs. Rxing)
7	Frequent interruptions, distractions, and multi-tasking
8	Rushed task completion and/or limited time with patients
9	Lack of professional autonomy



Recommended Pharmacy Practice Environment Factor

The SPAG ultimately recommended two factors be brought forth to Council as part of its strategic prioritization work:

1. Staffing Levels and Mix: This factor refers to both number of staff (labour hours), as well as having the right staffing composition in pharmacies to meet patient care needs.
2. Business Model Misalignment: This factor refers to the misalignment between what businesses and pharmacy professionals deem the necessary amount of labour hours to adequately staff pharmacies. This challenge focuses on the disconnect between the staffing levels business owners deem necessary vs. what pharmacy managers/staff believe is required, ultimately limiting the hiring of more staff or increasing of labour hours and resulting in understaffed pharmacies.

Given the **inherent interconnectedness** of these two factors, the **current opportunities that can be leveraged** to impact these factors, and **current threats that can be mitigated**, it was recommended that an intersection of these two factors be the focus of the NSCP's strategic work.

"Staffing Levels Established by Business Workforce Models"