



**California State Board of Pharmacy**  
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Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



## **MEDICATION ERROR REDUCTION AND WORKFORCE CHAIR REPORT**

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

During the meeting members will review a summary of the Committee's work at its March 8, 2023, meeting as well as updates for discussion and action as necessary

### **a. Presentation, Alliance for Quality Improvement and Patient Safety, on Patient Safety Organizations**

#### Background

Federal law established the patient Safety and Quality Improvement Act (Patient Safety Act) of 2005 and authorized the Secretary of the U.S. Department of Health and Human Services to implement and enforce the Patient Safety Act.

The Agency for Healthcare Research and Quality (AHRQ) is the lead federal agency in implementing the Patient Safety Act and Patient Safety Rules related to patient safety organizations and the network of patient safety databases (NPSD).

#### Summary of Committee Discussion

During the meeting members received a presentation from Peggy Binzer, Executive Director with the Alliance for Quality Improvements and Patient Safety (AQIPS). AQIPS is the nonprofit professional association for Patient Safety Organizations (PSOs) and their healthcare providers.

Ms. Binzer advised members that PSOs were established as part of the federal response to medication errors and were established as part of the Patient Safety Act. Members were advised that the statute is a disclosure statute to allow protected collaborative efforts across the continuum of care for the benefit of patients. PSOs are approved by Agency for Healthcare Research

and Quality (AHRQ), housed within the US Department of Health and Human Services.

Ms. Binzer shared that in a report to Congress, AHRQ found that work of federally listed PSOs and healthcare providers reduce medical errors and increase patient safety in various clinical settings and specialties and was highly valued, successful and thriving. Further an example was cited of a study of a sample of Medicare-participating acute-care hospitals.

As part of the presentation Ms. Binzer advised members that Pharmacy PSOs evaluate quality related events through a variety of means to minimize patient risk and prevent events from reoccurring across the nation. The presentation included actions taken by PSOs to facilitate change through coaching pharmacist while also allowing for sharing of information.

Members were advised that Pharmacy PSOs began the AQIPS National Safe-Table Program in 2017 to create a national learning system to solve industry-wide problems and share best practices. Further, Ms. Binzer reported that as part of the PSO Pharmacy collaboration, PSOs compiled the top four most important issues. Members were also advised that PSOs come together to improve processes for all sectors of health care and shared an example from Hospital PSOs.

Ms. Binzer shared her opinion that there are unintended consequences of mandatory state reporting of medication errors including that collecting events are just numbers - - reports are a signal that require investigation of proprietary processes. Ms. Binzer indicated that mandatory reporting to outside organizations will chill reporting by pharmacists in fear of reprisal and state that the proposal moves the community back to a shame and blame environment. Ms. Binzer also shared some other unintended consequences she foresees with small pharmacies which may not be able to afford continuing to work with a PSO to meet a state reporting requirement and suggested a loss to the learning system.

Following the presentation members asked a number of questions including information about the learning systems. Members were advised that there were ongoing programs provided including an annual summit, monthly call, best practices and contracts to allow information sharing. Members also asked about the top four most important issues identified as part of the PSO Pharmacy collaboration but were advised that the information could not be provided unless approved by the PSOs.

Members also asked about Just Culture and was advised that antidotally, when a Just Culture is implemented, there is an enhancement in well-being

and increase in reporting from pharmacists. Members also asked if the data from pharmacy PSOs is aggregated to identify trends and were advised that was not the role of the organization.

Members also sought information about patient safety work product (PSWP) and its restrictions. Members were advised that PSWP must be created using specific processes and if done so, protections such as confidentiality of the information is granted.

Members were advised that PSOs who have tried to collect data and identify trends from a market standpoint have not survived; however, PSOs who provide safety tables, facilitate change, find best practices are the ones that succeed and have been found effective.

**Attachment 1** includes the presentation slides.

## **b. Discussion and Consideration of Pharmacist Well-Being Index State Report**

### Background

As part of the January 27, 2022, members reviewed the January 2022 Pharmacist Well-being Index (Index) State Report. More recently as part of the June 2022 meeting, members received a presentation on Well-Being Index.

### Summary of Committee Discussion

During the meeting members reviewed the most recent report of the Well-Being Index. California's current distress rank is 40. Members were advised that a request has been made to determine if information can be further broken down based on demographic information. The Committee will review this information at its next meeting if available.

**Attachment 2** includes a copy of the report.

# **Attachment 1**



**Patient Safety Organizations**  
**California Board of Pharmacy,**  
**Medical Error Reduction and Workforce**  
**Committee**

March 8, 2023

# Alliance for Quality Improvement and Patient Safety

- AQIPS is the nonprofit professional association for PSOs and their healthcare providers. Over half of the PSOs are members of AQIPS.
- AQIPS mission is to lead efforts to improve patient safety and the quality of patient care delivery to implement a confidential safety culture and high reliability for the benefit of patients. AQIPS leads the National Safe-Table program; the PSO Workforce Certification program, education on innovative strategies to improve patient safety and the quality of patient care delivery, PSO Best Practice Collaborative, and developing a high reliability institute (focusing on systems assessment).
- AQIPS and member PSOs develop programs drawing from FAA and Nuclear energy and other high reliability industries (safety culture, safe-tables, creating IT barriers so events can never reoccur – confidential reporting).
- Peggy Binzer, J.D. – Executive Director since 2011, served in the FDA MedWatch program for ten years, served as lead counsel for the Senate HELP Committee spearheading the Patient Safety and Quality Improvement Act of 2005. Served as partner in several prestigious national law firms.
- ECRI and ISMP PSO and Enterprise PSO are members of AQIPS Board. AQIPS Board has 11 members, including Hospital PSOs, specialty PSOs, physicians, safety and engineering experts and a Patient Representative from the World Health Organization (WHO) Patients for Patient Safety group.

# PSOs are the Federal Response to Medication Errors

- In 1999, the IOM published the report “To err is Human”, which found an alarming number of preventable medical errors in hospitals. One of the report’s main conclusions, is that the majority of medical errors do not result from individual recklessness rather most errors are the result of faulty systems. Therefore, mistakes can best be prevented by designing the health care systems at all levels to make it harder to do something wrong. IOM also found that a shame and blame environment causes errors to be hidden for fear of reprisal.
- Federal response to medical errors is the Patient Safety Act, which established PSOs and national peer protections for all providers (including pharmacies/pharmacists) and Patient Safety Work Product (PSWP). The statute is a disclosure statute to allow protected collaborative efforts across the continuum of care for the benefit of patients. Congress recognized that healthcare is a continuum and provided protections to follow a patient’s journey through the healthcare continuum.

# Federally Listed (“Approved”) Pharmacy PSOs

- PSOs are federally certified by an agency of HHS, AHRQ. In a report to Congress, AHRQ found ***“the work of federally listed PSOs and healthcare providers to reduce medical errors and increase patient safety in various clinical settings and specialties is highly valued, successful, and thriving.”*** A study of a sample of Medicare-participating acute-care hospitals conducted by the Office of the Inspector General of the U.S. Department of Health and Human Services in 2018 concluded that of hospitals that work with a PSO, nearly all (97 percent) find it valuable, and half rated it as very valuable in improving patient safety. Over 99% find the protections to be important.
- PSO are not federally funded and require significant capital and operational costs. PSOs are supported by Pharmacy leadership.



# PSO's Spurred a Revolution in Medication Safety by Community Pharmacy

- Pharmacy PSOs evaluate quality related events using causal and other analysis, systems assessments, peer to peer reviews and peer discussions (safe-tables) to facilitate change, including IT systems process changes, to minimize patient risk and prevent events from reoccurring across the nation.
- PSOs also facilitate change by coaching pharmacists –pharmacists can also share their stories and best practices within the learning system so the same events do not occur over again in different pharmacies across the country – pharmacists are part of the solution.
- PSOs encourage a culture of safety and just culture to empower pharmacists to do the right thing.
- Pharmacy PSOs create a learning system to facilitate change.

# Pharmacy PSO National Learning System

- Safety is not proprietary among pharmacies. Pharmacy PSOs began the AQIPS National Safe-table Program in 2017 to create a national learning system to solve industry-wide problems and share best practices. Evidence of widespread meaningful improvement is manifest.
- As part of the PSO Pharmacy collaboration, PSOs compiled the top four most important issues – suggesting that number counting is not necessary to know the top issues most important to Patient Safety.
- PSOs come together to improve the processes of all sectors of healthcare. For example, Hospital PSOs are conducting a national safe-table on innovative causal analysis techniques requested by the one of the pharmacy PSOs. The learning system includes sharing among different healthcare sectors, to help all sectors improve.

# Unintended Consequence to State Reporting

- Collecting events is just numbers – difficult to make meaningful improvements. Reports are a signal that require investigation of proprietary processes.
- The best prevention is changes in pharmacy IT systems and pharmacist learning system – outside organizations who do not operate the pharmacies and proprietary dispensing systems cannot facilitate meaningful change .
- Mandatory reporting to outside organizations will chill reporting by pharmacists in fear of reprisal. The proposal moves the community back to a shame and blame environment; a step backward in creating a safety culture.
- Small pharmacies may not be able to afford continuing to work with a PSO and meet state reporting requirements – loss of the learning system.
- The resources required of this proposal do not make sense given that pharmacies are already struggling with workforce shortage and poor economy.

# Take Aways

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- Pharmacy PSOs work with pharmacies and the pharmacy industry to facilitate change to improve medication safety, including making changes to IT systems, and creating learning systems for pharmacists.
- The pharmacy PSOs and other Healthcare PSOs share best practices and safety programs to improve the continuum of care. Those with great resources and expertise share with other PSOs who may not.
- Other State Boards of Pharmacy recognize the value of PSOs and have included Pharmacy PSOs in their medication safety programs.



# Questions

 Peggy Binzer  
 [Pbinzer@aqips.org](mailto:Pbinzer@aqips.org)  
 703.581.9285  
[www.AQIPS.org](http://www.AQIPS.org)

# **Attachment 2**



# Well-being Index For Pharmacy Personnel

State Report  
For  
NABP District Eight States

February 2023

*For Every Pharmacist. For All of Pharmacy.*

pharmacist.com

# Assessments and Reassessments

## July 19, 2019 through February 6, 2023



**WELL-BEING**  
index

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

Invitation Code: APhA



## WBI Assessments and Reassessments

***Why is a state's Distress Percent different this month over last month even though the number of assessors has not changed?***

**It's due to those who are reassessing!**

***As of February 6, 2023:***

- ❖ **The percentage of first-time assessments and reassessments is equal.**
- ❖ **There are 2812 unique assessors who have completed the 9567 reassessments. Some assessors have reassessed more than one time.**
- ❖ **The Distress Percent for all assessors is 31.45% (1<sup>st</sup> time and reassessments combined)**
- ❖ **The Distress Percent for first-time assessors only is 36.29%. The Distress Percent for first time assessors has been higher than when combined with reassessments. Likely indicating that those that reassess are taking some measures to address their well-being and distress.**

# Assessment and Reassessments in District Eight

As of February 6, 2023

	First Time Assessment	Reassessments	Unique Number of Reassessment Assessors	Total Assessments
Arizona	194	185	47	379
California	799	713	318	1512
Colorado	227	245	67	472
Hawaii	29	68	11	97
Nevada	34	47	7	81
New Mexico	52	22	9	74
Utah	74	66	23	140

# **DISTRESS PERCENT CHANGES**

## ***National and District***

### **January 2023 versus February 2023**

# Changes in Distress Levels

As of February 2023

State	Change in Distress % January 2023 vs February 2023	State Rank for Distress Percent February 2023	Distress Percent February 2023
<b>Largest Increase in Distress Percent</b>			
North Dakota	<b>2.67%</b>	17	36.00%
New Hampshire	<b>0.70%</b>	2	47.37%
Louisiana	<b>0.47%</b>	3	47.32%
Massachusetts	<b>0.40%</b>	9	41.80%
Oregon	<b>0.32%</b>	19	34.62%
<b>Largest Decrease in Distress Percent</b>			
Florida	<b>-0.55%</b>	23	33.77%
Mississippi	<b>-0.53%</b>	30	32.80%
Wisconsin	<b>-0.44%</b>	47	24.84%
Idaho	<b>-0.44%</b>	11	40.22%
New Mexico	<b>-0.39%</b>	44	28.38%



# Changes in Distress Levels – District Eight

As of February 2023

	Change in Distress % Jan 2023 vs Feb 2023	Distress % Feb 2023	Distress % State Rank Feb 2023	Change in Distress % Dec 2022 vs Jan 2023	Distress % State Rank Jan 2023	Distress % State Rank Dec 2022	Distress % State Rank Nov 2022	Distress % State Rank Oct 2022	Distress % State Rank Sep 2022	Distress % State Rank Jul 2022	Distress % State Rank Apr 2022	Distress % State Rank Dec 2021	Distress % State Rank Apr 2021	Distress % State Rank May 2020	Distress % State Rank Apr 2020
<b>Arizona</b>	No Change	<b>39.84%</b>	<b>12</b>	No Change	12	12	12	12	12	12	13	14	13	16	17
<b>California</b>	<b>-0.11%</b>	<b>29.50%</b>	<b>40</b>	-0.12%	40	40	40	43	44	45	44	40	38	35	35
<b>Colorado</b>	<b>-0.12%</b>	<b>31.78%</b>	<b>33</b>	-0.62%	33	33	34	34	34	34	28	25	23	14	19
<b>Hawaii</b>	<b>-0.39%</b>	<b>37.11%</b>	<b>15</b>	-0.39%	14	14	15	15	14	13	10	7	6	2	2
<b>Nevada</b>	No Change	<b>60.49%</b>	<b>1</b>	No Change	1	1	1	1	1	1	1	1	1	18	11
<b>New Mexico</b>	<b>-0.39%</b>	<b>28.38%</b>	<b>44</b>	No Change	43	44	45	44	43	43	3	42	44	39	39
<b>Utah</b>	<b>-0.21%</b>	<b>28.57%</b>	<b>42</b>	-0.42%	42	41	41	40	39	42	39	37	32	27	31

T=Tied in rank with another state.

Note: Some historic data from 2020/2021/2022 has been removed to allow space for current month. Refer to previous months' reports or contact [ashaughnessy@aphanet.org](mailto:ashaughnessy@aphanet.org) for data.

# **DISTRESS PERCENT MONTHLY REPORTS**

## **State-Specific**

### **January 2023 versus February 2023**

# WELL-BEING INDEX FOR PHARMACY PERSONNEL

## STATE DISTRESS PERCENT\*

### FEBRUARY 2023

As of February 6, 2023, the Arizona distress percent was 39.84% (ranked 12/52) with 197 assessors.

### JANUARY 2023

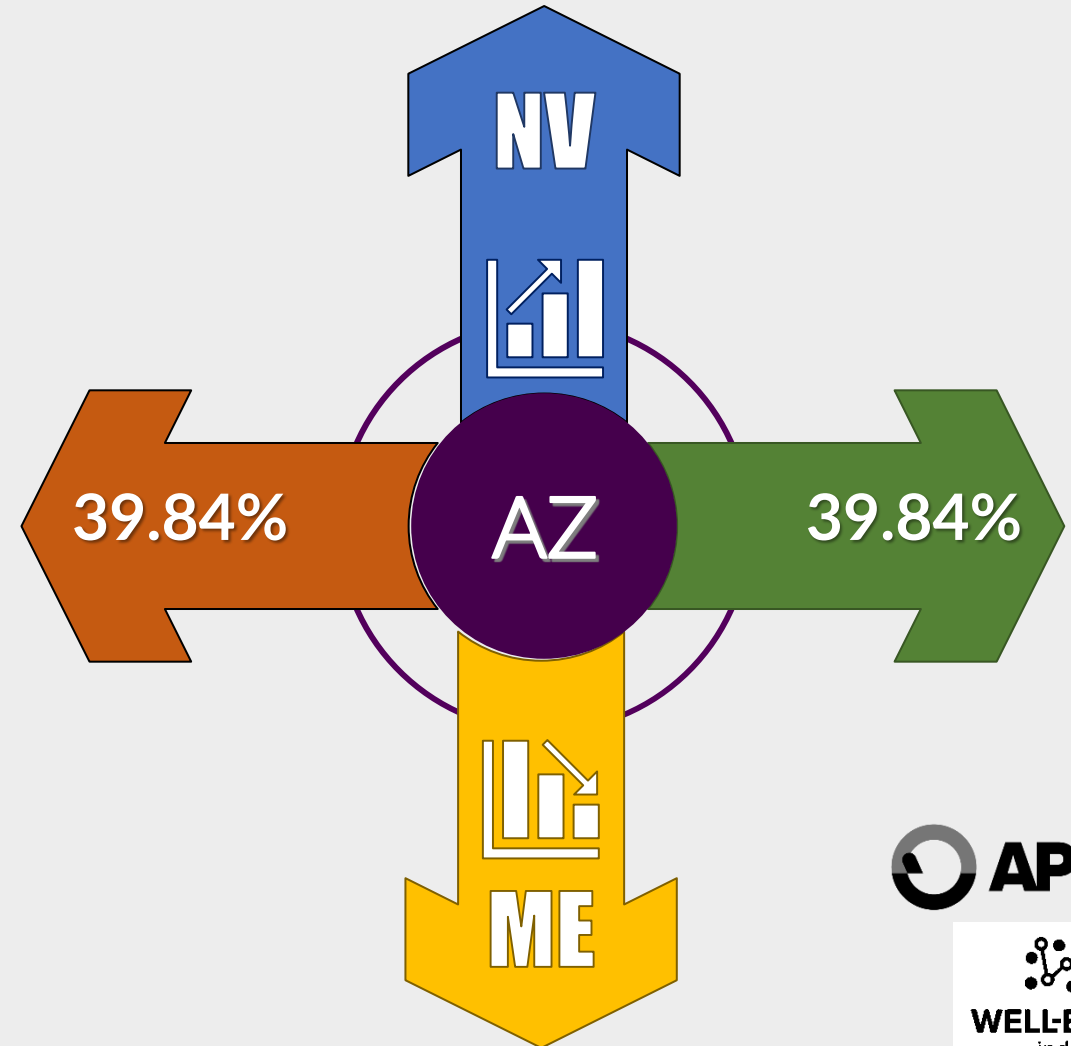
As of January 6, 2023, the Arizona distress percent was 39.84% (ranked 12/52) with 195 assessors.

### STATE COMPARISON

As of February 6, 2023

Nevada is the highest at 60.49% (n=34)

Maine has the lowest 18.18% (n=27)



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

# WELL-BEING INDEX FOR PHARMACY PERSONNEL

## STATE DISTRESS PERCENT\*

### FEBRUARY 2023

As of February 6, 2023, the California distress percent was 29.50% (ranked 40/52) with 803 assessors.

### JANUARY 2023

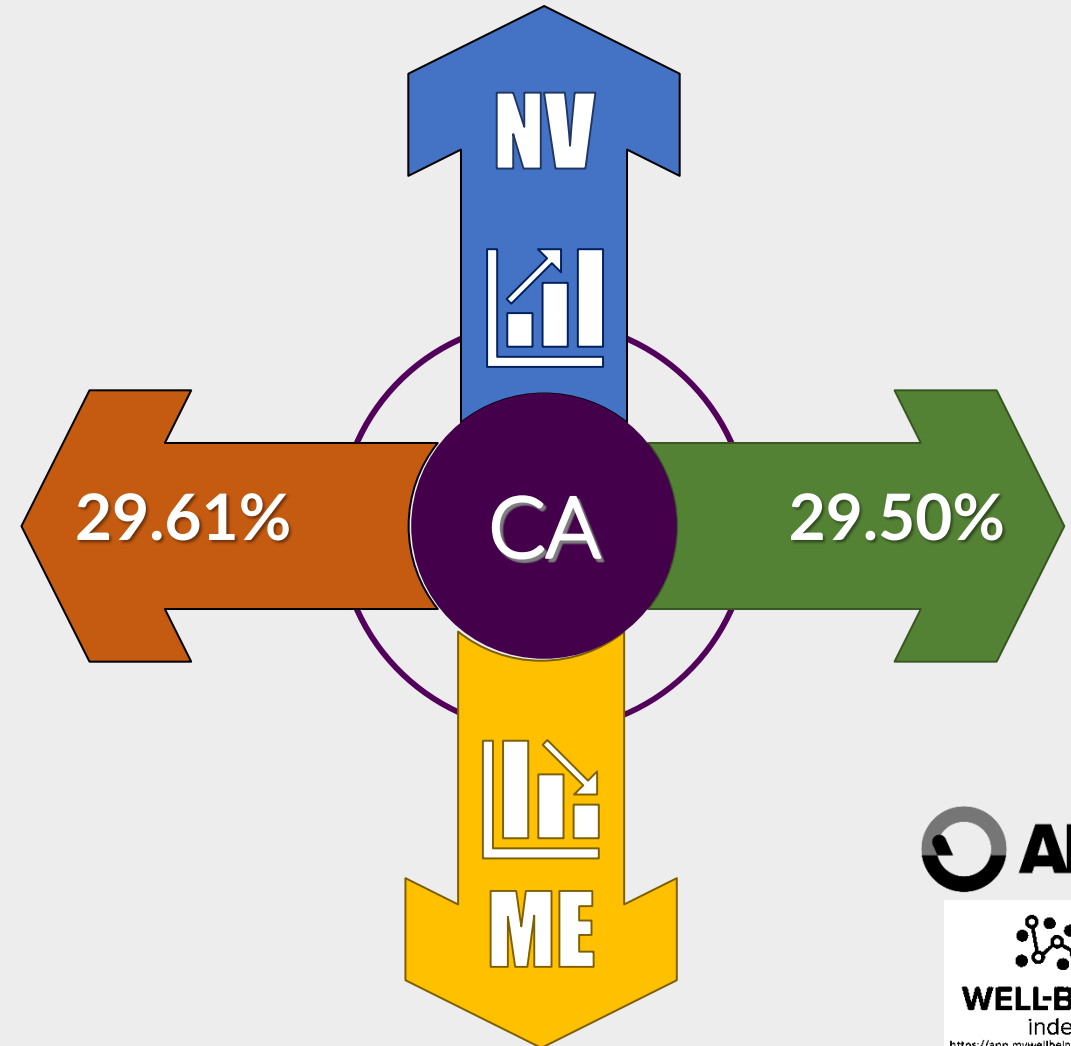
As of January 6, 2023, the California distress percent was 29.61% (ranked 40/52) with 798 assessors.

### STATE COMPARISON

As of February 6, 2023

Nevada is the highest at 60.49% (n=34)

Maine has the lowest 18.18% (n=27)



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



# WELL-BEING INDEX FOR PHARMACY PERSONNEL

## STATE DISTRESS PERCENT\*

### FEBRUARY 2023

As of February 6, 2023, the Colorado distress percent was 31.78% (ranked 33/52) with 230 assessors.

### JANUARY 2023

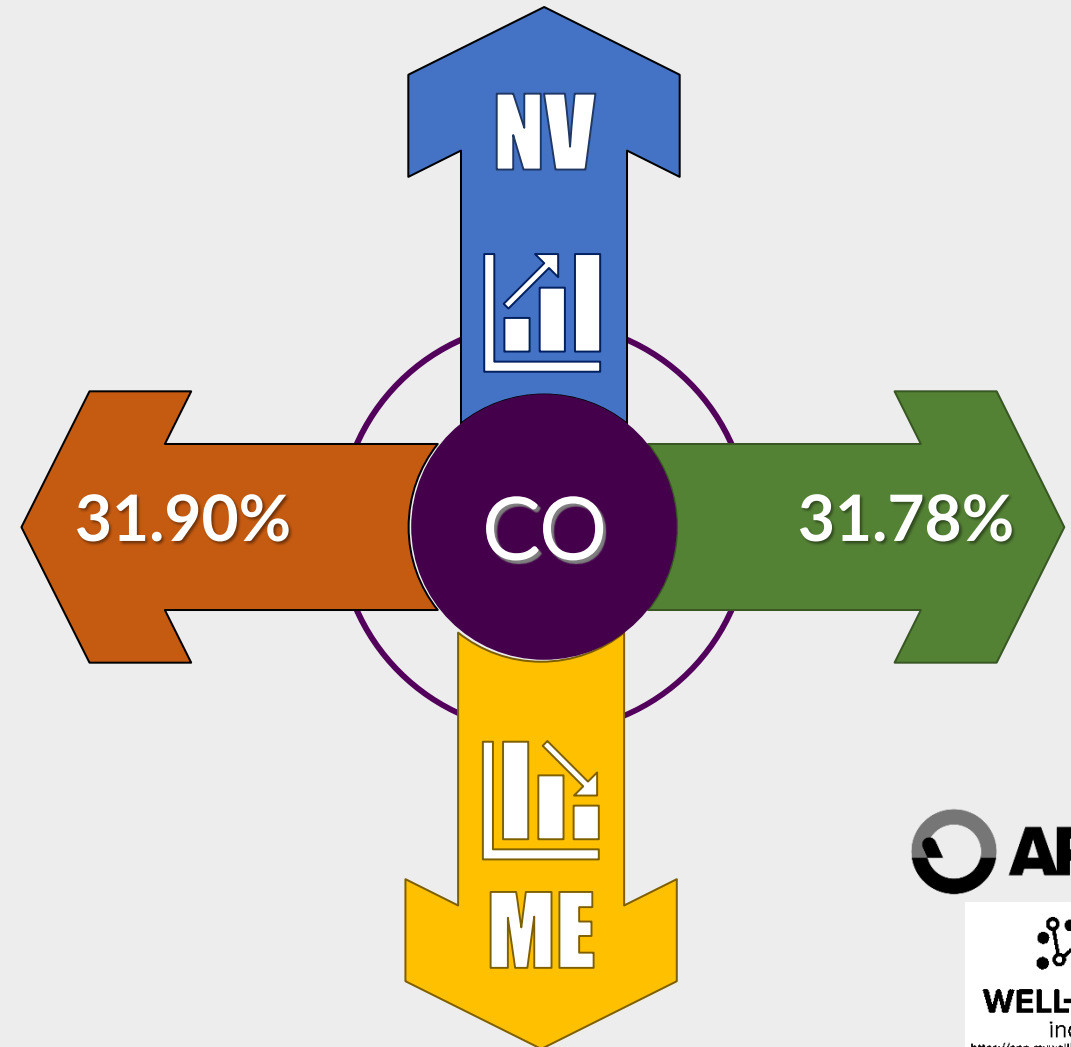
As of January 6, 2023, the Colorado distress percent was 31.90% (ranked 33/52) with 229 assessors.

### STATE COMPARISON

As of February 6, 2023

Nevada is the highest at 60.49% (n=34)

Maine has the lowest 18.18% (n=27)



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

# WELL-BEING INDEX FOR PHARMACY PERSONNEL STATE DISTRESS PERCENT\*

## FEBRUARY 2023



As of February 6, 2023, the Hawaii distress percent was 37.11% (ranked 15/52) with 30 assessors.

## JANUARY 2023



As of January 6, 2023, the Hawaii distress percent was 37.50% (ranked 14/52) with 30 assessors.

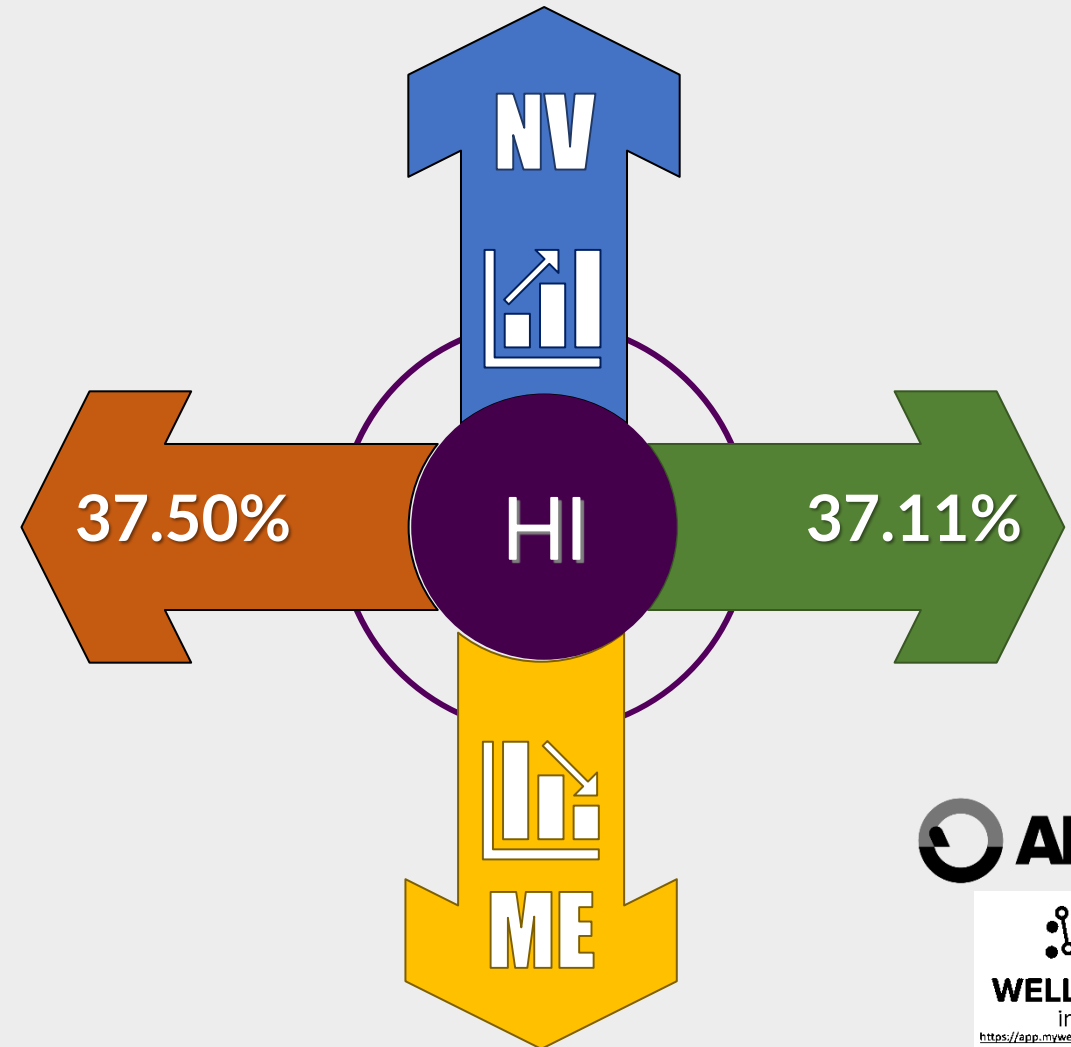
## STATE COMPARISON



As of February 6, 2023

Nevada is the highest at 60.49% (n=34)

Maine has the lowest 18.18% (n=27)



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

# WELL-BEING INDEX FOR PHARMACY PERSONNEL STATE DISTRESS PERCENT\*

## FEBRUARY 2023

As of February 6, 2023, the Nevada distress percent was 60.49% (ranked the highest at 1/52) with 34 assessors.

## JANUARY 2023

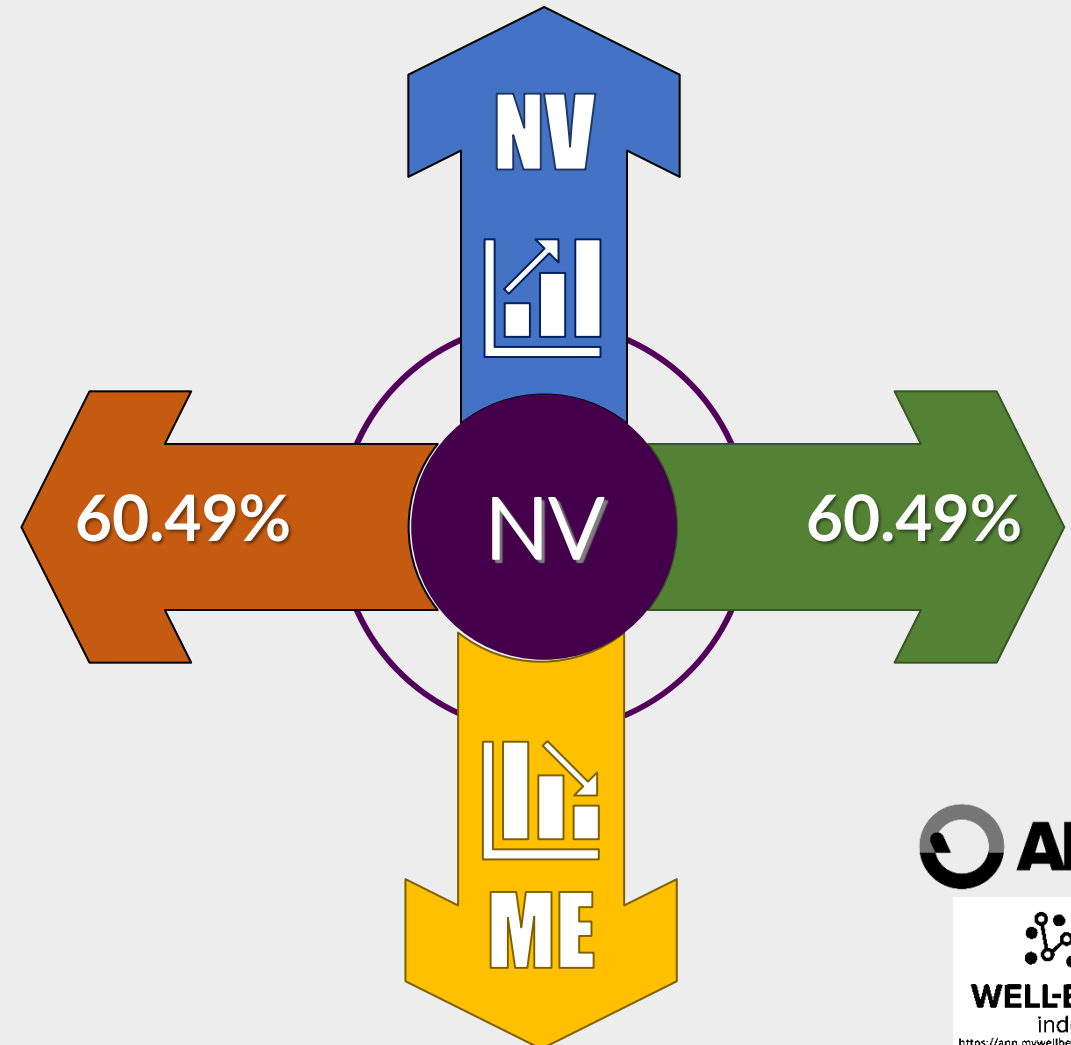
As of January 6, 2023, the Nevada distress percent was 60.49% (ranked the highest at 1/52) with 34 assessors.

## STATE COMPARISON

As of February 6, 2023

Nevada is the highest at 60.49% (n=34)

Maine has the lowest 18.18% (n=27)



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

# WELL-BEING INDEX FOR PHARMACY PERSONNEL

## STATE DISTRESS PERCENT\*

### FEBRUARY 2023

As of February 6, 2023, the New Mexico distress percent was 28.38% (ranked 44/52) with 52 assessors.

### JANUARY 2023

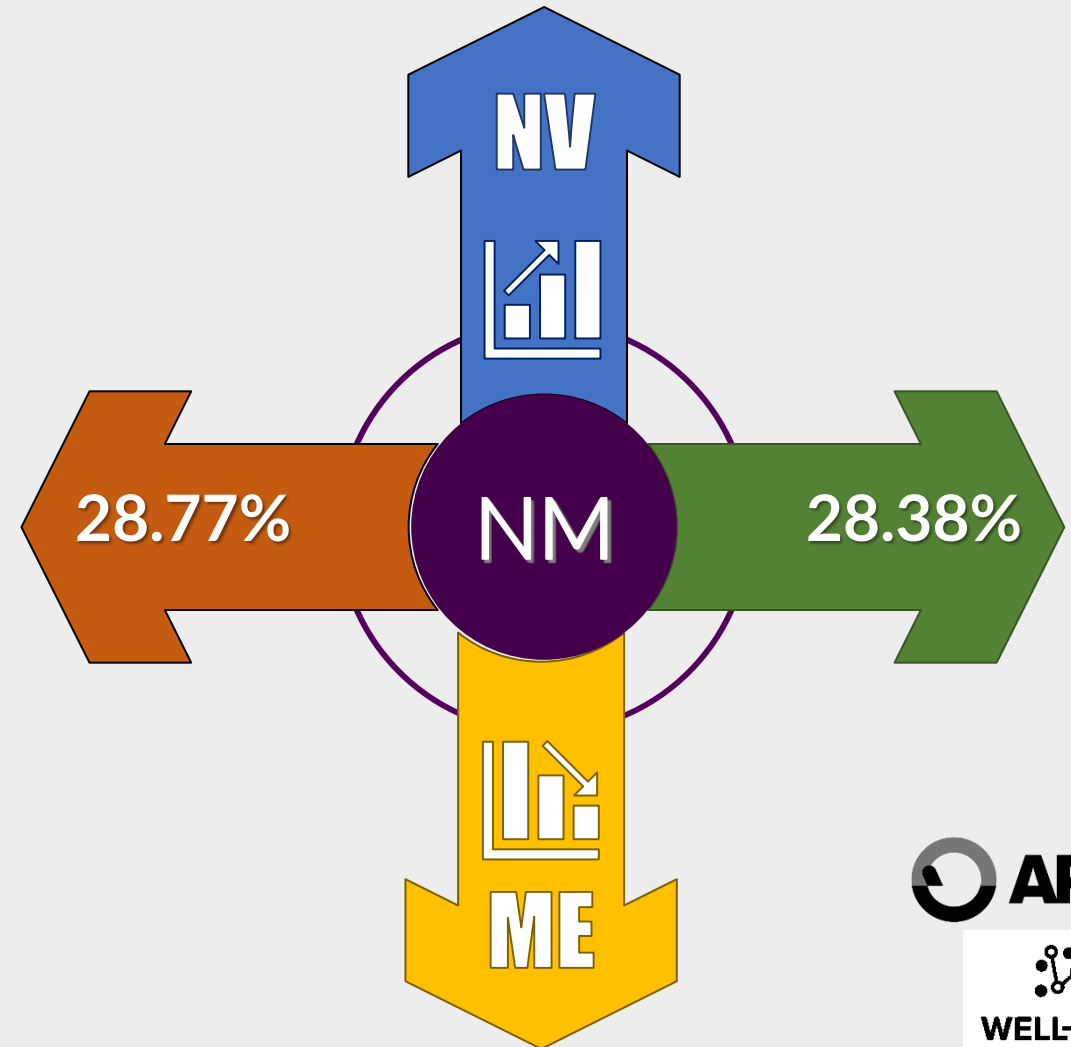
As of January 6, 2023, the New Mexico distress percent was 28.77% (ranked 43/52) with 52 assessors.

### STATE COMPARISON

As of February 6, 2023

Nevada is the highest at 60.49% (n=34)

Maine has the lowest 18.18% (n=27)



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

# WELL-BEING INDEX FOR PHARMACY PERSONNEL

## STATE DISTRESS PERCENT\*

### FEBRUARY 2023

As of February 6, 2023, the Utah distress percent was 28.57% (ranked at 42/52) with 74 assessors.

### JANUARY 2023

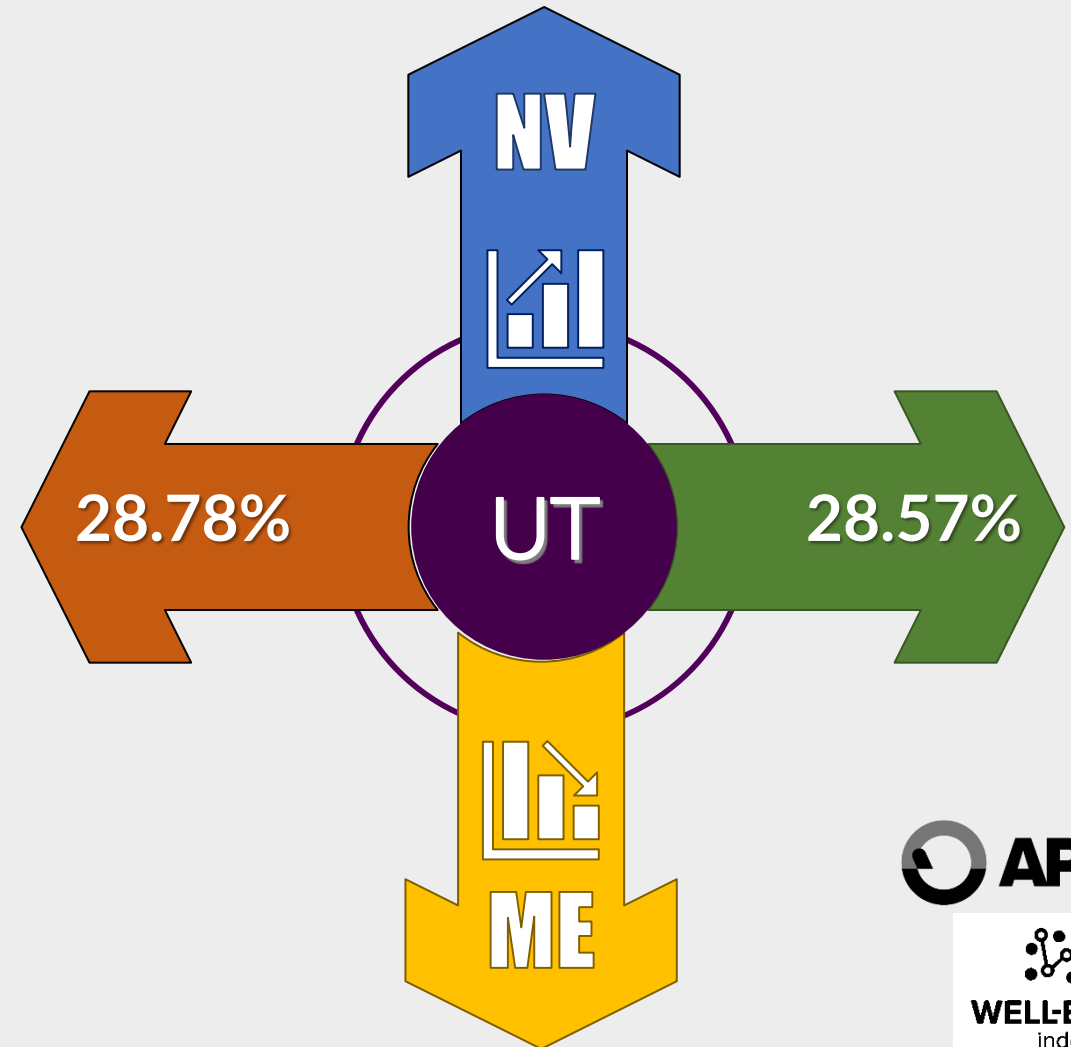
As of January 6, 2023, the Utah distress percent was 28.78% (ranked at 42/52) with 74 assessors.

### STATE COMPARISON

As of February 6, 2023

Nevada is the highest at 60.49% (n=34)

Maine has the lowest 18.18% (n=27)



\*Distress Percent is the percentage of individuals with a Well-Being Index (WBI) score  $\geq 5$ . 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*



## **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**

**[www.pharmacist.com/wbi](http://www.pharmacist.com/wbi)**

***Invitation Code: APhA***

***Or Scan***



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[www.pharmacist.com/wellbeing](http://www.pharmacist.com/wellbeing)



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[www.pharmacist.com/pwwr](http://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!***