Report of the Iowa Patient Safety Task Force
Executive Summary..................... June 2013

Background

Two primary priorities of the Iowa Pharmacy Association (IPA) and the Iowa Board of Pharmacy (IBOP) are patient safety and the prevention of prescription medication errors. Both organizations work closely with one another to address prescription accuracy and quality concerns to improve the pharmacy profession and patient outcomes. To further this effort, IBOP solicited input from pharmacists on workload issues by sending Pharmacist Opinion Survey on Workload Issues in 2011. The results of the survey highlight areas of concern to respondents:

- Certain business practices interfere with the pharmacist’s ability to serve as the safety net in the medication-administration process.
- The IBOP should require pharmacies/pharmacists-in-charge to determine and make pharmacy-specific policies for maximum average number of prescriptions dispensed per pharmacist per hour.
- Pharmacy companies should not be allowed to offer incentives to encourage patients/customers to transfer prescriptions.
- Pharmacies should have a required meal break for pharmacy staff.

In addition, IPA’s House of Delegates adopted policy 11-U1 Pharmacy Workplace and Patient Safety in 2011 to address patient safety and medication errors in the following ways:

- IPA supports identification, monitoring, and evaluation of practice and workplace concerns as they relate to medication-error prevention and patient safety.
- IPA shall establish A Culture of Safety in the Workplace Committee to include practicing pharmacists, administrative and corporate leadership, academic researchers, student pharmacists, and pharmacy technicians for the purpose of addressing common workplace concerns affecting patient safety.

In recognition of the need for a task force to address these issues, IPA and IBOP collaborated to form the Iowa Patient Safety Task Force (PSTF) in 2012. IPA and IBOP solicited volunteers through communications to all Iowa pharmacists to participate on a task force addressing patient safety and pharmacy practice environments. On April 27, 2012, a joint press release announcing the members of the task force and their goals was released. The members were charged to discuss pharmacy work environments and the patient safety implications connected to these environments in order to present recommendations to IPA and IBOP.

Patient Safety Task Force Workgroups and Process

IPA and IBOP received 112 applications from qualified pharmacists to participate on the PSTF, and 46 total members were selected by the co-chairs, staff of IPA and IBOP to serve on either the management or practitioner subgroup. To lead the two subgroups, four committee co-chairs were selected based on previous committee and Board experience. The
PSTF includes Iowa-licensed pharmacists, Board members of IPA and IBOP, and pharmacy management employees from a variety of pharmacy practice settings. The volunteers selected were tasked with attending meetings and actively participating in the process to determine consensus recommendations to present to IPA and IBOP to improve patient safety and pharmacy workplace environment.

The first three meetings of the PSTF (June–November 2012) were structured so that each subgroup met separately to discuss their concerns and ideas. By allowing each group to have their own meetings with pharmacists in similar positions, the members felt more comfortable with participating in group discussion. Both subgroups evaluated workplace issues and patient safety, public perception of pharmacists, and the best practices for a culture of safety in all pharmacy settings. The practitioner subgroup focused heavily on issues faced in their pharmacies and personal struggles with providing pharmaceutical care in a safe environment. The management group discussed currently implemented safety measures, while focusing on the role pharmacists should play in the broad healthcare system. After discussing the patient safety and workforce topics, each group voted to select the top three areas for which they would present recommendations to the full Patient Safety Task Force. Key areas of focus included:

- pharmacist role in healthcare system
- professionalism
- public perception of pharmacists
- work environment/culture/resources
- technology and pharmacy technicians
- medication errors
- “Just Culture” and error reporting

The fourth meeting was structured as a Joint Committee meeting and included representatives from both subgroups to discuss the final recommendations and determine areas of consensus.

**Consensus Recommendations**

On March 6, 2013, the final meeting of the PSTF included 9 members from each subgroup and their committee chairs to finalize the combined recommendations of both subgroups. The Joint Committee members openly discussed and came to consensus on four recommendations that satisfied both the practitioner and management subgroups. These final recommendations include:

1. Review of pharmacist-in-charge (PIC) responsibilities by the Iowa Board of Pharmacy. The Board of Pharmacy Rules Committee shall consider the responsibilities of pharmacists, PICs, and pharmacy license holders.

2. Evaluation of the Oregon Board of Pharmacy rules pertaining to patient safety by the Iowa Board of Pharmacy with input from the IPA House of Delegates.

**Summary of the Oregon rules:**

- Prohibits advertising or soliciting that may jeopardize patient health, safety, or welfare;
- Prohibits advertising that is false, fraudulent, deceptive, or misleading;
- Prohibits the pharmacy from incenting or inducing the transfer of a prescription absent professional rationale;
- Requires the pharmacy to provide sufficient personnel to prevent fatigue, distractions, or conditions that interfere with a pharmacist’s ability to practice safely;
- Requires the pharmacy to provide opportunities for rest periods and meal breaks;
- Requires the pharmacy to provide adequate time for a pharmacist to complete professional duties and responsibilities; and
- Prohibits introduction of external factors such as productivity quotas or programs such as time limits that interfere with the pharmacist’s ability to provide appropriate professional services.

3. Establishment of a standing joint committee of IBOP and IPA to promote public awareness and education regarding the pharmacist’s role in health care.

4. Creation of a process for Iowa pharmacy professionals to communicate patient safety, medication error, quality improvement information, and related matters.

Conclusion

The Iowa Patient Safety Task Force demonstrated a valuable collaboration between the Iowa Pharmacy Association and the Iowa Board of Pharmacy. IPA and IBOP brought together pharmacists from various practice settings to address pertinent topics involving pharmacy workplace environments and subsequent patient safety. Over 100 Iowa pharmacists responded to the request for participation on the task force, demonstrating the significant importance of patient safety and workplace. The development of separate practitioner and management subgroups allowed for pharmacists in similar positions to voice their opinions and suggestions in a comfortable environment.

The separate meetings exposed the differences in attitudes and outlooks between the management and practitioner subgroups. The management subgroup maintained a focus on their current safety measures and pharmacist participation in the United States’ health care system. Conversely, the practitioner subgroup maintained a front-line focus by narrowing in on safety in their personal work environment and expressing concern about providing safe pharmaceutical care to their patients. Due to the different approaches for addressing patient safety, each subgroup established unique recommendations for the Joint Committee. At the beginning of this process, it seemed unlikely that consensus would be reached. However, after deliberation in the Joint Committee meeting, members from both subgroups agreed on a final list of four strong consensus recommendations to present to IPA and IBOP.

Following the development of the task force consensus recommendations, and presentation to the IPA House of Delegates, IPA and IBOP must take additional action to complete the PSTF goals and objectives. The IBOP recommendations relating to administrative rules will need to pass through a formal rulemaking process. In addition, IPA recommendations will be presented to the Board of Trustees for action. The final report of the Iowa Patient Safety Task Force is set to be released in the Fall of 2013.