

Track: SOPS in Medical Offices, Nursing Homes, and Other Settings

Session: Unique Uses of SOPS: Community Pharmacies, Intellectual Disabilities Services, and Hospital Housestaff

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# Development of a SOPS Survey for Community Pharmacies

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# Presentation Objectives

- Provide aims of the SOPS Survey for Community Pharmacies
- Describe relationship to other SOPS surveys
- Describe survey development process
- Outline next steps

# Background

Latest addition to SOPS family of surveys:

- Hospital Survey on Patient Safety Culture
- Nursing Home Survey on Patient Safety Culture
- Medical Office Survey on Patient Safety Culture

Surveys and related material available at:

<http://www.ahrq.gov/qual/patientsafetyculture/>

# Survey Aims

- Measure pharmacist and staff perceptions of what is important in their organizations and related to patient safety
- Measure patient safety-related attitudes and behaviors that are supported, rewarded, and expected
- Provide a tool for improving patient safety in community pharmacies

# Patient Safety and Community Pharmacies

- 56,000 Community Pharmacies (2007)
- Est. 4 errors per day in pharmacy filling 250 prescriptions daily
- Est. 51.5 million errors in 3 billion prescriptions (Flynn EA et al. 2003)

# Background: Community Pharmacies

- Pharmacies: Independent, Chain, Mass Market, and Supermarket
- Staffing: Pharmacists, Technicians, Clerks
- Dispensing Process:
  - Prescription drop-off
  - Prescription entry
  - Label creation
  - Prescription filled
  - Prescription verified
  - Patient pick-up

# Development of SOPS Survey for Community Pharmacies

## Overview:

- Literature Review
- Expert Interviews
- Staff Interviews
- Dimension and Item Development
- Cognitive Interviews (round 1)
- OMB Approval
- Cognitive Interviews (round 2)
- Pilot Study: Site Recruitment and Data Collection
- Psychometric Analysis and Technical Report
- Survey Toolkit Materials
- Finalize Survey
- Public Release

# Literature Review

- Scientific Literature through major databases (1999-present)
- Applied pharmacy material on major pharmacy organization Web sites
- Other material: books, SOPS-based surveys, grey literature

## Findings:

- Substantial amount of literature related to pharmacy patient safety culture
- Gaps in literature
  - Pharmacy management
  - Pharmacy staff working relationships (e.g., teamwork, shift changes)



# Expert Interviews

## Government:

- AHRQ
- CMS
- FDA
- HRSA

## Organizations:

- American Pharmacists Association
- CVS
- Institute for Safe Medication Practices
- National Alliance of State Pharmacy Associations
- National Association of Boards of Pharmacy
- National Association of Chain Drug Stores
- National Community Pharmacists Association
- Pharmacy Quality Alliance

## Academics:

- Darren Ashcroft (U. of Manchester)
- Elizabeth Flynn (Auburn U)
- Jonathan Wolfe (U. of Arkansas)

# Expert Interviews (cont.)

## Standard questions:

- What makes a community pharmacy “excellent” in patient safety?
- What terms are used to describe “errors” or “mistakes”?

## Findings:

- Patient counseling, physical space and environment often regarded as essential for patient safety and pharmacy quality
- Teamwork and shift changes also cited as important aspects of patient safety
- Different terms used to describe errors
- Some errors regarded as more serious than others

# Staff Interviews

## Standard questions:

- What do terms “patient safety” and “medication safety” mean?
- What kinds of things can go wrong and affect safety?
- How would you describe your pharmacy environment?
- To what extent are pharmacy errors reported?

## Findings:

- Error reporting, if it exists, is usually limited to errors that reach the patient
- Some pharmacists fear reprisals when reporting errors
- Contributors to dispensing mistakes: insufficient staff during busy hours, inexperienced staff, inattention, stress related to high prescription volume, and distractions such as phone calls

# Dimension and Item Development

1. Communication about Errors\*
2. Communications Openness\*
3. Corp. Office/Pharm. Owner Support for Patient Safety\*
4. Pharm. Mgr./Supervisor Support for Safety\*
5. Compliance with Procedures\*
6. Getting Needed Information\*
7. Nonpunitive Response to Errors\*
8. Organizational Learning and Continuous Improvement\*
9. Overall Perceptions of Patient and Medication Safety\*
- 10. Patient Counseling**
- 11. Physical Space and Environment**
12. Shift Changes\*
13. Staff Training and Skills\*
14. Staffing and Work Pressure and Pace\*
15. Teamwork\*

\*Dimensions in other SOPS Surveys

# Sample Items for Patient Counseling

- Our pharmacist(s) have enough time to counsel patients about safe use of their medications or medical equipment.
- Our pharmacists routinely use patient counseling as one more way to verify medication safety.
- We directly ask each person picking up a prescription if they would like to talk to the pharmacist.
- We do not counsel patients enough because we feel pressured to fill more prescriptions (negatively worded).

# Sample Items for Physical Space and Environment

- This pharmacy is clean, organized, and free of clutter.
- The noise level in this pharmacy is too loud, which makes it hard to dispense accurately (negatively worded).
- OR The noise level in this pharmacy contributes to dispensing mistakes (negatively worded).
- We make sure that we minimize distracting for pharmacists during the final check in the prescription verification process.

# Sample Items for Staffing and Work Pressure and Pace

- We work in “crisis mode” trying to do too much, too quickly (negatively worded) (HSOPS).
- This pharmacy dispenses too many prescriptions to handle everything effectively (negatively worded) (MO SOPS).
- We have enough staff to handle our prescription workload (HSOPS, MO SOPS, NH SOPS).
- Pharmacists are able to concentrate on the tasks that only they can do.

# Next Steps

- Cognitive interviews
- Expert review
- OMB approval
- 2<sup>nd</sup> round of cognitive interviews
- Recruit 40+ pharmacies for pilot testing:
  - Size, prescription volume, geographic location, urbanicity
  - Census of all staff
  - Expert review
- Data collection



# Psychometric Analysis

- Item variability
- Initial factor analysis and reliability analyses
- Multilevel factor analysis
- Expert panel review of revised items/dimensions

# Survey Toolkit Materials

- FAQs
- Survey Form
- Survey Items and Dimensions
- Survey User's Guide
- Feedback Report Template
- Preliminary Comparative Results
- Data Entry and Analysis Tool

## Expected Release Date for SOPS Survey for Community Pharmacies: 2012

# Questions

For questions about the SOPS Survey for Community Pharmacies, email:

[SafetyCultureSurveys@ahrq.hhs.gov](mailto:SafetyCultureSurveys@ahrq.hhs.gov)

For more information on the SOPS Surveys, go to

<http://www.ahrq.gov/qual/patientsafetyculture>