



**Webinar**  
**Using the AHRQ Pharmacy Survey**  
**on Patient Safety Culture**  
**October 29, 2013**

**Speakers**

Diane Cousins, Health Scientist Administrator, Agency for Healthcare Research and Quality

Joann Sorra, Westat Project Director for the AHRQ Surveys on Patient Safety Culture

Jim Motz, Specialty Pharmacy – Program Manager, Aurora Pharmacy, Inc.

Dawn Amerman, Store Manager, Dexter Pharmacy/Village Pharmacy II, Dexter, MI

**Presentation**

**Diane Cousins**

Good afternoon. On behalf of the Agency for Healthcare Research and Quality, I'd like to welcome you to our webinar this afternoon entitled Using the AHRQ Pharmacy Survey on Patient Safety Culture.

My name is Diane Cousins and I am with AHRQ's Center for Quality Improvement and Patient Safety, and we are very excited about today's topic and glad to see that you share our enthusiasm. And in fact, there are more than 400 registrants on today's call. So we look forward to telling you more about the Patient Safety Culture survey.

If you need any help during today's webinar, please use the Q&A icon at the bottom of the screen. You can also join us by phone at any time by dialing 855-442-5743 and entering the conference ID 64446262. Another common problem is having your computer freeze during presentations and if that happens to you, just hit the F5 button on your keyboard to refresh your screen. Remember though that you may be just experiencing a lag in the advancement of the slides due to Internet connection speed. You, of course, can always try logging out and logging back in to the webinar.

I wanted to give you a brief overview of today's speakers on the call. Joann Sorra is the project director of the User Network for the Consumer Assessment of Healthcare Providers and Systems, also called the CAHPS survey, as well as the Surveys on Patient Safety Culture. She is a senior study director at Westat, a research firm based in Rockville, Maryland. Joann is an organizational psychologist with more than 15 years of experience in organizational and health services research. She has expertise in the areas of organizational culture, medical error and patient safety, patient experience with healthcare, implementation science, program evaluation and survey methodology.

And today, Joann will discuss the survey's development, areas assessed in the survey and results from 55 community pharmacies that participated in a pilot test of the survey in early 2012.

Jim Motz is our second presenter, and he is currently the specialty pharmacy program manager for Aurora Pharmacy Incorporated in Milwaukee, Wisconsin. At the time of this project, he was the clinical pharmacy coordinator for Aurora. Jim was responsible for improving clinical care integration, developing the role of clinical pharmacy services in Aurora Health Care's new Accountable Care Organization, improvements in medication safety, quality improvement and expansion of MTM services for patients of Aurora pharmacies.

Jim will describe how sampling of Aurora's store managers created their own unique quality improvement projects related to the safety of their dispensing processes and their stores based on the survey culture results.

And our final speaker is Dawn Amerman, the store manager of Dexter and Village Pharmacies in Dexter, Michigan. Dawn has more than 19 years of experience working in pharmacies. While she began as a cashier and later a technician, she's now been a store manager since 2000. She will describe how one of her two stores has implemented centralized training to improve teamwork based on their survey culture's results.

Before we begin their presentations, I would like to introduce you to our webinar console. All the components on the console can be resized to fit your entire browser window, moved and minimized to the menu dock at the bottom of the console. If the slides are too small, just click on the lower right-hand corner of the slide window and drag your mouse down to make it larger.

We are pleased to offer closed captioning today as well. To access the closed captioning, just click on the icon called Closed Captioning at the bottom of the screen view and a new window will display the captioning. I'd also like to remind you that if you experience any technical problems, you can click on the question mark button at the bottom of the screen. To access the help guide or click on the Q&A icon at the bottom of the screen to contact us with your questions; our technical staff will work with you to resolve any issues.

The last 15 minutes of today's webinar is reserved for a discussion based on questions that you submit, and you can submit these questions privately at any time during the presentation. Simply click on the Q&A icon at the bottom of your screen and then type your question into the Q&A box and select Submit. We will welcome your questions and your comments on the upcoming presentations and we look forward to an engaging dialog.

Today's slides are available for download by clicking on the icon at the bottom of your screen. It says, Download Slides. This is the globe. It'll generate a PDF version of the presentation that you can download and save if you wish. We also have additional resources available for you to access under the Resources icon; it's the folder. And here you'll find a link to the AHRQ Pharmacy Survey on Patient Safety website where you can download the survey, the items and composites, the user's guide and the pilot study results.

Also, there's a PDF of the resource list for users of the Pharmacy Survey. And this document contains references to websites that provide practical resources that pharmacies can use to implement changes to improve patient safety generally as well as Patient Safety Culture.

Now, research has shown that the need for patient safety in community pharmacies is strong. And according to the National Association of Chain Drug Stores, there are more than 61,000 community pharmacies. One estimate found that there were four errors per day in a pharmacy filling 250 prescriptions daily.

AHRQ was dedicated to developing a survey to address this important topic and provide a tool for improving patient safety in community pharmacies. For the development of the AHRQ Pharmacy Survey, we convened the technical expert panel that you see here and they provided input at various times of the survey development and we are very grateful for their contributions.

And now I'm pleased to turn today's presentation over to our first presenter, Joann Sorra. Joann?

## **Joann Sorra**

Thank you, Diane. Today I'm going to talk about the development of the AHRQ Pharmacy Survey on Patient Safety Culture and the results from a pilot test of the survey.

But first I want to just talk about what is Patient Safety Culture? And the best definition I'd like to talk about is it's the way we do things around here. You could think of it as the personality of a group of people or an organization. It's the beliefs, the values and the norms that they have. And culture is something that's shared by staff. That's not just what one person thinks it's like or the way that things are done but it's generally what collectively people in the organization think it's like. And so, what is rewarded, supported and expected in the organization and it's also what's accepted.

So, we certainly know that if shortcuts are things that are tolerated and accepted that they become essentially the norm. And so, that's what we're talking about when we talk about culture. It's not exactly what is espoused in policies and procedures but it's what is done. And it exists at multiple levels. So, we know that pharmacies are organized within systems and chains and there are multiple levels at which it can exist.

The survey development process that we followed for the survey was that we first conducted a review of the literature on patient safety and medical error and the context within the pharmacy to understand what some of the issues were facing pharmacies. And we focused on community pharmacies. We interviewed experts and pharmacists and pharmacy techs in pharmacies in order to understand the setting. And then we identified key areas of Patient Safety Culture and then developed survey items to assess those areas.

We then pre-tested those items with staff, obtained input from the technical expert panel and then we finalized the survey and then piloted it in 55 pharmacies. And we had 479 staff. When we had that data, we then conducted psychometric analyses which basically look at the factor structure, the extent to which the items that we're supposed to measure these various concepts, how well they measured those concepts, and then we actually had to drop some items that didn't perform quite as well.

And then we consulted with AHRQ and the technical expert panel when deciding which items to drop. And then, we finalized the survey and developed various toolkit materials, some of which I'll discuss at the end.

So the survey assesses 11 dimensions of Patient Safety Culture or areas, with 36 items. And the dimensions here underlined, number 12 and 13, were ones that were included in the pilot but eventually were dropped because the items did not perform very well. So, in addition to assessing these areas, many of which at least in content are similar to the other Surveys on Patient Safety Culture; the items within each dimension are tailored to the pharmacy setting, the community pharmacy setting.

The pharmacy pilot test was done with 55 pharmacies and you can see here the types of pharmacies that we were able to recruit. We tried to get some variation in terms of whether they were supermarket pharmacies or part of a mass merchant or discount retailers or just chain drugstore; and we also had some integrated health system pharmacies.

The overall response rate from the pilot test was 75%. And the average number of respondents per store was 9 with a range of 5 to 20. And you can see here that we had mainly mass merchants and supermarket pharmacies.

In terms of the number of locations or store locations, you could see that we did have mostly larger system pharmacy, chain pharmacies where they had a hundred or more stores. And then we did try to get some smaller stores, many of which were independent. 56% of the stores said that they filled 1,500 prescriptions per week or less; and then 33% had a drive-thru window.

Most of the respondents were pharmacy technicians and pharmacists. But all staff working in each of the pharmacies were asked to complete the survey. And 85% had at least one year of experience in the pharmacy and most worked at least 32 hours a week in their pharmacy.

During the analysis that we did on the Safety Culture Survey pilot results, we first looked at the item level; we looked for items that had a lot of missing responses where people didn't seem to know what the answer was or couldn't answer. We also looked to make sure that there was enough variability of response that not every single person would strongly agree with a particular item because then it wouldn't differentiate across pharmacies.

We also conducted factor analysis which looks at how the items are related to one another to make sure that the items that we were using to assess a particular dimension of Patient Safety Culture like teamwork, that all of those items should be related to one another. And we looked at reliability which does something similar; and then we had the technical expert panel weigh in at various points in time, but certainly at the end, when we were deciding which items to retain and which items to drop.

So these are the results from the 55 pharmacies that participated in the pilot test and this shows the average percent of positive response to all of the items within a particular dimension. And so, you see here that the most positive dimension of Patient Safety Culture from the pilot pharmacies was patient counseling. And these questions basically were saying that -- the staff were saying that they encourage patients to talk to pharmacists about their medications. Pharmacists spend enough time talking to patients about how to use their medications. And pharmacists tell patients important information about their new prescription. And 90%, this is the average across the 55 pharmacies.

And then you can see the other areas of Patient Safety Culture, again, very high in positive here in the pilot facilities. And then, these are the remaining dimensions. And again, when we have looked at the other surveys on Patient Safety Culture, we do tend to see in the preliminary results from the pilot more positive response than we see in later years where larger numbers of facilities submit data to a database. And the reason is probably that the pharmacies that are willing to participate in the pilot are just more open to this kind of survey and are perhaps more on the cutting edge of patient safety.

The one area here that is a notable exception was that staffing, work pressure and pace area where it was only 41% positive. And this is basically saying that staff have -- that there are enough staff to handle the workload and that they don't feel rushed when processing prescriptions, et cetera. And so, we see that this is probably, at least from the pilot pharmacies, one of the biggest areas for improvement.

We had an open-ended comment section on the survey and in the pilot we did want to analyze and code those comments. And many of the comments were in line with the areas of Patient Safety Culture that we're measuring with the survey. So under patient counseling, some of the comments were that -- again, this is one of the -- this is the most positive area. And so, our respondents said that "pharmacists feel strongly about effective consultation with all patients as a tool to prevent errors," that "patient education is a strength of this pharmacy," "customers are encouraged to ask questions and interact with their staff." And we know a lot of the patients and we speak to them like their friend. So, a lot of positive comments were written about patient counseling and this was the most positive area on the survey.

In terms of physical space and environment, this was a unique dimension, a dimension that's unique to those pharmacies survey. It's not in the other safety safety culture surveys. And one person wrote that "our pharmacy is way too small for the volume of prescriptions we fill." Another person said that "when they remodeled our pharmacy, they should have made us bigger but we work in a small environment. We're always bumping in to each other and tripping over things." And one of my favorite comments is not here but somebody said that they actually store prescriptions on an ironing board because they don't have enough room.

In terms of staffing work pressure and pace, again, this was the area that was the lowest performing. And some of the comments were that "often the pharmacy is short-staffed and the pace is very quick which I feel is conducive to mistakes." "The pharmacy is placing too much emphasis on sales and customer service, not enough on support, staffing and safety. And then "telling multiple walk-in patients and drive-thru customers that they can have their prescriptions in 15 minutes is not in the best interests of the patient or staff." So these were some of the other comments. And again, this was one of the areas for improvement.

We asked an overall question which was an overall rating on patient safety, and you see here that in the pilot pharmacies, 84% said excellent or very good. And then we asked the question about the frequency with which certain types of mistakes are documented. And the green bar here on the far left, you can see that mistakes that reach the patient and could cause harm but do not, 77% on average of the respondents across these pharmacies said that they always document that.

The blue bar, the middle bar is a question about mistakes that reach the patient but have no potential to harm. And 69% on average say that is documented. But when you look at mistakes that could have harmed the patient but were corrected before the medication left the pharmacy, so that is mistakes that may not have reached the patient, only 21% are saying that is always documented. And so, this is really pointing to this type of near-miss not really being recorded or documented anywhere; but if it happens within the pharmacy, it may not be recorded or documented.

We also looked at the results in terms of pharmacy characteristics based on the number of prescriptions filled per week. And the biggest difference is we're on these two areas of Patient Safety Culture, physical space and environment and response to mistakes. And in those cases, the pharmacies that were filling fewer prescriptions per week had a more positive score on these two, in these two areas.

And then we looked at the results by staff position, and the pharmacists were generally more positive than the technicians on 10 of the 11 composites. And the biggest differences here were organizational learning-continuous improvement where the pharmacists were much more positive and communication about prescription across shifts, the pharmacists thought this was better, done better than the technicians thought.

We also looked at the relationship between the composites or the dimensions of safety culture, and the strongest relationship was between organizational learning and continuous improvement and response to mistakes. And all of the composites or dimensions were significantly related to the overall rating on patient safety.

So, we also wanted to bring your attention to the toolkit materials that are available on the AHRQ website and on the Resource link in the webinar console. The final survey is there. You can also request the data entry and analysis tool which is basically an Excel file that has various tabs and macros where if individual respondent data are entered into the tool, it will automatically generate charts and statistics of the results. And so, this really helps the smaller pharmacies at least administer the survey on paper and enter into the tool and they don't have to have any complex statistical software to do that.

And then, there is the pilot study preliminary comparative results document that's available. And with that, it does provide technical assistance on behalf of our -- for the survey. And that email address and phone number will be at the end of the webinar. And I also wanted to let everyone know that there is a comparative database that AHRQ will be supporting on this survey.

And similar to the other comparative databases on the Surveys on Patient Safety Culture, this will be a voluntary data submission. So any pharmacies that are administering the survey between now and fall of 2014 can submit their data voluntarily. The data will be aggregated, no store information will be released, no store names will be mentioned. The data will be confidential and a report will be available in early 2015.

So if you sign up for email updates and you check the AHRQ website, you will find out this information, more information about how the data files have to be submitted and that kind of thing. But basically the survey needs to be completed and identifiable at the store level. And then we will basically aggregate store statistics in this comparative report.

With that, I'm going to turn this over now to Jim Motz from Aurora Pharmacy. Jim?

**Jim Motz**

Okay. Well, thank you very much. And to start, I just like to say that I'm really happy to be with you all today and to be able to speak about some of the work that we've been doing at Aurora Pharmacy to help improve the safety of our processes and then how we started using the survey to help us with that.

So just a little bit about us first, and some information on how we got started with the AHRQ surveys. Aurora Pharmacies are located in Wisconsin, eastern Wisconsin and we work as part of an integrated health system. Aurora has 15 hospitals, more than a hundred medical clinics and then our pharmacies are part of that group.

Our stores are located in many of the larger hospitals and medical clinics; and the remainder, we have 19 more traditional stand alone pharmacies. And that photo there shows Aurora St. Luke's Medical Center. That's located in Milwaukee and it's really the largest hospital in our system.

Now, Aurora has been working on the patient safety culture for quite awhile and I show a few examples here of some of the things that we do to help promote that culture. We'd like to say that everyone is a caregiver, so that means, physicians, nurses, pharmacists, dietary staff, housekeepers, everyone we call a caregiver; and that really means that everyone is responsible for patient safety.

And some examples of how we do that, I'll show here a safety training every year, everyone in the organization takes a safety training where they all be updated on the safety goals and their contribution to that.

We like to do everything we can to remove barriers to patient safety. And I put an example here, when you think that maybe some staff can be more intimidating by nature than others. So, in the hospitals, before a surgery or procedure, they'll try to do a time out; and what that means is they'll allow maybe 30 seconds for everyone that's participating to just have an opportunity to speak up about anything that they might have observed or seen that could be affecting patient safety. And I bring this one up, the timeouts idea because I think in the pharmacies, that could be a useful thing to do as well when you think about the times that it just gets really hectic and things are just moving really fast; maybe that's the time to just take 30 seconds to call everyone together, have a little huddle and maybe then focus again on what you're there to do and focus on patient safety. So I think we can use that idea, the timeouts in the pharmacies as well.

We'd like to focus a lot on the processes. So if something goes wrong; if a mistake is made; I don't like to point fingers at a particular person maybe but take a look at what's happened in the process to cause that mistake or that error to occur. And then, we definitely like to encourage reporting of medication events or medication errors. And we do that to just collect information so that we can use that data to improve processes, and it also helps foster communication and we really do want everyone that's involved in anything that has an impact on patient safety to report that information to our reporting system.

And then, just the system, it has a long background in the AHRQ surveys; and they've used these surveys over the years to measure how our system is doing with patient safety and we even use those results to set goals for the next year. But more than that, our performance toward those goals is actually hardwired really into everyone's annual performance evaluation and the raises that go along with that. So, again, when everyone is a caregiver and has responsibility for patient safety, they also have some investment in helping us all achieve those patient safety goals because it's part of their annual performance evaluations.

So then in the pharmacy, when we learned last or earlier, that in 2012 there was going to be this outpatient pharmacy survey, we were interested in participating in that because we thought it really would align very well with our organization's objectives, but it would allow us to see how our frontline staff is feeling about the safety program and about patient safety in their own pharmacies.

And, in addition, I thought that I might be able to get a good look at the data and how our pharmacies might compare with other pharmacies around the country in regards to patient safety as well.

So I have just a real brief look at some of those results, and we had a lot of positive findings I thought. We had the eight pharmacies participating in the pilot study; and we had a total response rate of 77% of all of the employees working in the stores, completing and returning the survey. We asked everyone to do it. So that 77% rate, I thought was pretty good. We had some really good responses I thought to the questions that were around the level of training that our staff has in order to work, the layouts and organizations of the pharmacy came out well. The staff said that they were comfortable in asking questions when they weren't sure of things.

And I thought we did really well on the patient counseling, the patient communications, and that's an area that we have always really tried to stress and work on. And so, that one, I was happy to see come out well. And then just in general, the staff replied that they did think everyone was working hard in the pharmacies to encourage or ensure patient safety.

But then, of course, there are other areas where we didn't do as well as I would have hope. And some of those areas are shown here. A lot of it seems to focus on communication. So how do we exchange information across shift changes? Do we discuss mistakes as often as we should? And more importantly I think, do we talk about ways to prevent mistakes from happening again once they're identified?

And we also didn't do as well in the question where it says -- have mistakes led to positive changes?

So those are all areas that were identified as things that we can work on, and I guess the good part about working on the survey is it definitely points out areas for improvement. And so that brings me to the area of the action items and the follow up that we were able to take based on the survey results. And again, I think that's where the value really lies after completing the survey; what can you find and how can you use those results to make your processes safer.

And so, as I looked at this and developed a plan, we really wanted to focus on creating ways to have our pharmacy staff people become more comfortable talking about mistakes and discussing ways that they might improve their processes to prevent those errors from happening again.

So what I did is I asked people in each of the pharmacies that participated in the pilot to develop a quality action plan, a patient safety-related action plan that would be focusing on specific issues in their pharmacies; and I wanted to involve everyone in the pharmacies, all of the front line caregivers, the ones that are really dealing with patients to be involved in the brainstorming and the planning of those projects.

And so, we have a few examples here of what some of the pharmacies did. One was using patient data of birth to more accurately identify patients. We always want to try to use two identifiers and this pharmacy wanted to develop a better process to obtain that information from the patient. Two stores worked on ways to better obtain the patients' current medication list prior to dispensing prescriptions.

And then one other store worked on some better organization to their workflow area or their processing area. So at this point, each of the stores in the pilot have completed a revision of their processes; they did the do step and they're now measuring to determine whether the activities had any effect on reducing errors in their pharmacies.

So that just takes me up to some of our next steps, some of the things we want to do for next year. I do want all the pharmacies next year to complete the survey and definitely want to encourage all of the staff in the stores to complete the survey. And we'll just keep working on emphasizing that safety culture.

And then for each of the stores then to actually take action and try to work on an action plan then when they identify areas that need improvement. And for those stores that already have a plan in place to finish up by working on the checking and then any follow up action that they might need from their action plans.

And so that's what I had for you. I do have my email and I know we'll have some time for questions afterwards. So, if anyone does have any questions, feel free to ask those later. Thank you.

### **Joann Sorra**

Thank you, Jim. We're going to turn it over now to Dawn Amerman. Dawn?

### **Dawn Amerman**

Hi, thank you for inviting me to speak on this. I have been with Dexter Pharmacy, managing them for about 12 years, and this survey came at a great time because I had been managing Village Pharmacy for about six months. And there were some things that I had noticed, so the survey came at a great time for me to be able to kind of get some feedback from the staff.

Go ahead to the next slide. This gave the staff an opportunity to give uncensored feedback for me. It gave them a sense to be part of the solution to the problems that we were having and to say anything uncensored and to think that the management was going to take care of some of the problems that they saw and the problems that they saw were relevant to the patient care.

So by taking the survey, they got to just say whatever they wanted and they didn't have any repercussions from that. Go ahead to the next slide.

My staff was a little bit concerned about the length of it. It was a longer survey. However, I think when they got into it and they got -- they were kind of talking to them, to each other and they got to give -- they got to write in some of their answers in the back. They really kind of like that they had a lot of input. So the length of it was actually really good for them. And they answered truthfully. Nobody else had to see it; they just got to mail it off which was great.

And as management, we were so excited to be able to hear really what they thought instead of what they kind of say to your face. So we couldn't wait to get the survey back to find out what they had to say so then in that way we could actually act on it. Go ahead to the next slide.

Between our two stores, we had one that was very team-oriented. They are much more organized and they rated themselves much higher at doing a better job of preventing the mistakes. And they rated themselves much higher on their communication skills. They do have a workflow system. And we piloted the program there and because we use that site to implement any changes that we might do between the two stores, because the staff is a little bit more open to new things.

The store that didn't do so well on the survey, they were a little bit unorganized; they were kind of cluttered. They didn't have some communication between one shift to another which was a huge problem for making sure that the patients were being cared for. And they were worried about the mistakes they were going to make because they weren't sure what the person ahead of them did. So, we learned that there were some communications that needed to be taken care of. Go ahead to the next slide.

We learned that the training needed to be -- we put in to one store; the store that was team-oriented was the place that we did the training and then we transplanted the people that we trained there into our second store. So then that way, they had all the skills and could kind of show and train the other staff there.

We also noticed that our store that did really well, they had a lot of different tools that they had implemented to kind of communicate from one staff member or one shift to another; they had a patient call binder that anytime they called a patient whether they talked to the patient or they left a message they left a note in it and they said exactly what they said. So when that patient called back, they could talk to any person on the team.

They had different colored baskets for different kinds of patients. Somebody who was waiting, they had a blue basket. If they were somebody who is coming in tomorrow, they were in a white basket. If it was something that we had to deliver, they were in a red basket. So they didn't have to do a lot of speaking necessarily to communicate. So we took those, at least, those two things and adapted them into both stores. And that's made a huge impact on whether or not they trust that the staff behind them or after them has actually done their job.



The other things that we noticed is the staff had communicated well, they had perpetual inventory. They were working on having their patients call their physicians instead of all the staff doing that. They were making sure that they were cleaning out their CAMs or making sure that everything had adjudicated and gone through. They were leaving notes in their computer on certain patients or their prescription.

Where the staff was not communicating, they just weren't leaving those kinds of things so we definitely adapted that into them too. The difference that we've had is that one of the stores, the one who did not communicate well and didn't really do well on the survey, they were the staff that didn't like to change. So once we started to make those changes -- go ahead to the next slide -- we did find that we had some staff that did not want to stay and this is kind of some of the changes that we had to make. We had some staffing changes because they left. We hired some people who had positive attitudes and definitely wanted to -- they wanted to embrace change and make sure that they could communicate with not only the patients, but the staff as well.

And we did a whole lot of things to empower them to talk to each other and gave them a lot of tools to make sure that they didn't just have to use their words, but they could leave messages or the colored baskets. So there were a lot of different ways for them to communicate.

We have changed the overall layout in the pharmacy. The way that they had it set up was just not conducive to actually having a workflow. So we have changed the way that their pharmacy was set up and took staffing suggestions on how it should be laid out because they're the ones who use it the most. And we are working on getting them a workflow system which we are hoping is going to eliminate the rest of the questions of what the staffing has done before/after you.

I would love to have the staff take it again and see in another six months where we're at, due to the changes that have been made.

**Joann Sorra**

All right. Thank you so much, Dawn.

**Dawn Amerman**

Thank you.

**Joann Sorra**

At this time, we are going to move to the question-and-answer section. And I just wanted to remind you that you can click on the Q&A icon at the bottom to get the Q&A box appear and you can submit your questions in that box.

I'm going to go right now to some of the questions that had been submitted from earlier in the webinar. The first one is going to be for you Diane. The person is saying -- I'm a pharmacist in a hospital pharmacy; should my pharmacy use this survey? And then, someone else has asked, does the survey apply to long-term care pharmacies?

**Diane Cousins**

Thanks, Joann, those are a couple of great questions and I thought there might be interest in this. While there are certain issues that are common denominators I think to all pharmacy practice; that said, each survey really is designed with a specific site in mind, in handling of the processes and the systems and the staff that are particular to each.

So, for example, I don't know if some of you may have joined the call late, but there are three other patient safety culture surveys -- one for hospitals, one for nursing homes and one for medical offices. And I think what you would be hoping for is like a hospital pharmacy survey. We do not have any plans to develop this further at this point. But, for example, if you take a look at the hospital survey, you'll see that you are able to capture elements like staffing of the pharmacists or the technicians as members of staff. You are able to capture the pharmacy as a department. So there is some applicability, maybe not as specific as this particular one was that was designed for community. Remember, this was totally developed and tested for community pharmacies. So it tends to have that bent to it.

And also, I might mention that the national comparative databases, if you're interested in national comparisons, this particular piece will only include the community data. And I believe that's going to be late in 2014 and Joann you could probably say more about that.

**Joann Sorra**

Yes.

**Diane Cousins**

So I think some applicability. I just think it's -- keep in mind that it was designed completely for community pharmacy and we don't have any plans at this time to move further into pharmacy practices in other settings.

**Joann Sorra**

And I think it might, we might, for the comparative database, our plan has been to just accept data from community pharmacies. However, if we're finding that a lot of users are in the hospital setting are using the survey in pharmacies and hospitals, it's possible that we could intake that data and just provide a separate benchmark for those types of pharmacies. But our original intent was really just to focus on the community setting because we don't know how well it works in hospitals. It wasn't tested there. And because of that, the survey may actually be missing really important aspects of patient safety that are relevant in the hospital setting. So it might be incomplete when used in the pharmacy setting.

I have a question here for Dawn. Dawn, did you have the staff do the survey during work hours or did they take it home?

**Dawn Amerman**

They did it during work hours. So they were paid to do the survey.

**Joann Sorra**

Okay. And, Dawn, another one for you. It sounds like you used several lean techniques to make important changes. Did you have specific lean training or did you pick and choose tools based on general knowledge?

**Dawn Amerman**

We kind of picked and chose based on the general knowledge that we had and some things that we saw were working in one store. So we took some of the things that were working in one store and adapted them to the other.

**Joann Sorra**

And a question for you, Jim. Did all the staff in each of your pharmacies participate regardless of where they were located?

**Jim Motz**

Well, we had asked everyone to participate. So, I mentioned, we think we had a 77% response rate. But we had asked, yes, all the pharmacists, supervisors, managers, technicians, front-of-store clerks, everyone to participate, and I don't know the breakdown of it but we definitely wanted everyone to complete the survey.

**Joann Sorra**

And, Jim, do you have anything to weigh in with regard to where the survey should be used in terms of long-term care pharmacies? I don't know if Aurora has any of those.

**Jim Motz**

No, we don't. And I think too from my remembrance of the questions, it is -- you're quite a bit too an ambulatory or community-type pharmacy setting, so I think it's most applicable to that setting. And I'm not really sure how well it would translate. I think I'd really need to actually take a look at all the questions again to find out if I can really answer that any better.

**Joann Sorra**

For Dawn; as a pharmacy technician, the person asking the question is a pharmacy technician, can you explain more what you mean when you say you're more successful pharmacy team encouraged patients to call their physicians more and why this was important or more effective?

**Dawn Amerman**

Well, one of our -- our pharmacies are located about 7 miles apart, and most of our, I'd even say a lot of our patients go to one of the universities here. With that being said, their physicians would not allow the doctor or the pharmacy to call. And we definitely encouraged the patient to make the phone call to the doctor's office. And what it did is it lightened the load of the technician because they got the patient very used to calling themselves, taking care of their own stuff and it created a lot less distraction of -- okay, this person doesn't have a refill, we need to call the patient back, we need to call the doctor; we need to give them a few to get them through and it really made it so the patient is helping the flow of the pharmacy which sounds kind of bad.

**Joann Sorra**

Okay. And if the person wants to submit a follow-up question, that's fine. The next question would be for me and that was -- when is the deadline for submitting data in 2014 for inclusion in the 2015 report. At this point, the plan is for data submissions to be in September and October of 2014. And we will solidify those dates as we get a little bit closer. And those dates will be posted on the AHRQ website.

**Diane Cousins**

And, Joann, it's Diane. If someone conducts the survey this year, would they then re-survey in the following year or is that how these surveys have typically been administered for re-administration?

**Joann Sorra**

The surveys are administered on the schedule of the system or the pharmacy. So we have not really dictated how often the surveys are done. What we have seen with the hospital survey which was released in 2004 was that initially hospitals were doing it every year. But, as they have seen their results over several years and then you tend to see smaller changes from year to year, and because administering the survey itself in a hospital is kind of a big undertaking and it takes a couple of months to administer the survey and get the results out and then do something in terms of intervention, what we're seeing is that hospitals are increasingly conducting the survey every two years on average.

So, in smaller settings, I would think that it would be administered every year. But it's completely on the pharmacy's time table. And so, any pharmacy that would have administered this survey by September of 2014 would be eligible to submit to the database. And the database is voluntary and free of charge. And those who submit to any of the comparative databases do get a feedback report that compares their results to that current benchmark.

Next question. How long is the survey or the average time it took to take it? Our guess, it has 36 items. Our guess is that it takes about 10 minutes to complete. But, Dawn or Jim, I don't know if you have any feedback about how long folks were saying that it was taking to complete the survey.

**Dawn Amerman**

I don't remember honestly; do you, Jim?

**Jim Motz**

I would think your guess of 10 to 15 minutes is probably what it would take, yes.

**Joann Sorra**

And the, the pilot version was a little bit longer than the final version. So it's probably around 10 minutes.

**Diane Cousins**

Yes, and I think the feedback we always got in development was keep it short, keep it short. I think, even though we shortened it they said -- keep it shorter. So we really worked to hone this down to a very efficient set of questions and I think about 10 minutes is about right.

**Jim Motz**

Yeah, I think that's really good advice for people working in a retail pharmacy area to keep it as brief as possible or as quick to fill out as possible, because once the day gets going people get quite busy.

**Joann Sorra**

Okay, and I'm only seeing one more question here. Is there a transitions of care components to this survey and does the survey addresses activities such as immunizations which are now commonly given in pharmacies?

And while I am here I do want to say that before I answer that question, there are email updates that you can sign up for on the AHRQ website and that will give you information on a proactive basis about this survey and other surveys. And that was the technical assistance slide there and I am pushing out the evaluation survey. So, those of you who are exiting the webinar, we really appreciate your feedback and hope that you will give us your evaluation of today's webinar.

Going back to the question. Is there a transition of care components to the survey? Not exactly. So, one of the areas that we did look at was a transitions component early on. But what we really have now is something that we call communication about prescriptions across shifts, and that's really within the pharmacy; so it asked about expectations, exchanging important prescription information across shifts, procedures for communicating that, and that the status of problematic prescriptions is well communicated.

In the pharmacy we did pilot, we did ask whether the pharmacy was engaged in various other activities like medication therapy management and whether they did immunizations and that kind of thing. In the pilot, we didn't find those characteristics to be related to any of the scores. Again, we didn't have that many pharmacies to really have enough pharmacies to look strongly at that relationship. So it is something that we can certainly consider in the larger database.

We do have some other AHR questions coming in. Dawn or Jim, did the staff communicate with each other while doing the survey?

**Jim Motz**

Well, I'll start, and I can say we didn't encourage any of that. On the other hand, they didn't give any instructions that they shouldn't do it. And I wasn't able to really observe how people did fill out the survey. My assumption is that they did it on their own though so I don't really believe there was a lot of communication as they were completing the surveys.

**Dawn Amerman**

I would say that because my staff was doing it on the time that they were here, they may have communicated a little bit about some questions maybe they weren't quite sure about, like they didn't understand exactly what the question was. But I think that that's pretty much the only communication they really did regarding it.

**Joann Sorra**

And the pilot was a paper survey and someone asked whether they could administer the survey online. Jim, I'm wondering if Aurora does do employee surveys on the Web.

**Jim Motz**

Yes, we do. And, yes, that was one of the things that I really wasn't sure how the follow-up surveys would be done. But certainly, we are well able to do those types of things online or on the Web.

**Joann Sorra**

There is no reason why a particular pharmacy would not be able to do it on the Web. Hospitals administer the culture survey either on the Web or on paper, but increasingly we're seeing more hospitals administer the survey on the Web. So, if your organization is used to doing that and folks have access to computers to complete an online survey, it can certainly be done that way. But the data that are submitted to the database are all electronic files whether it's paper or administered online. You will just submit the electronic data to us.

Next question -- do we anticipate that this will become a part of pay-per-performance and, Diane, I can ask you to weigh in but my initial response is simply to say that on the other culture surveys, those data are not publicly reported. The data that are submitted to the databases are kept confidential and the reports simply show aggregated statistics.

So, only if and ever the culture data would become part of public reporting would I think there be pay-per-performance. But at this point, I don't think there are any plans for that, Diane.

**Diane Cousins:**

That's a great answer, Joann. You really covered it all. I mean, there is no -- certainly no plans for that at all.

**Joann Sorra**

And I don't know if anyone -- Jim, whether in a system like yours whether the culture results are tied to, for example, executive pay.

**Jim Motz**

Well, only, only very indirectly; and I shouldn't really even speak to how that it might all work. But I know the trend is certainly to have more pay tied to quality and to quality measures. But a pharmacy survey like this, I don't really know that it would be a very significant contributor.

**Joann Sorra**

We are towards the top of the hour. So I think we've answered most of the questions coming in. And the evaluation survey is there. And so, I do want to thank everyone for attending today's webinar. And if there are any questions that we didn't get to, you can certainly submit those to the Safety Culture Technical Assistance email box. Thank you.

**Diane Cousins**

Thank you.