

College of Pharmacists  
of British Columbia

Practice Review Program

# Annual Report

2019 - 2020

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## Executive Summary

Supporting the College of Pharmacists of British Columbia (CPBC) vision and mission as well as the provincial Health Professions Act quality assurance requirement, the Practice Review Program (PRP) was launched in 2015. The goal of the PRP is to ensure that British Columbians receive safe pharmaceutical care based on consistent implementation of legislated standards of practice. To support this goal, pharmacies and pharmacy professionals in BC undergo practice reviews in a cyclical manner. Feedback on the practice review process is gathered from pharmacy professionals through a voluntary Practice Review Survey.

Compliance Officers (COs) work in collaboration with pharmacy professionals throughout the practice review process to ensure pharmacies and pharmacy professionals are in full compliance with the CPBC standards of practice. Upon review completion, all non-compliance items identified during the on-site visit are resolved. All pharmacies and pharmacy professionals reviewed in 2019-2020 are in full compliance with the standards of the CPBC.

Once a practice review is completed, pharmacy professionals are invited to participate in an optional and anonymous online survey. For the 2019-2020 fiscal year, 28% of community and 30% of hospital pharmacy professionals completed the survey.

Overall results of the practice review process have been positive, with average compliance percentages of 93% for community and 87% for hospital pharmacies before any corrective action items were completed. In the case where issues of non-compliance were identified, corrective actions were taken either during the on-site visit or in subsequent follow-up activities.

Overall, feedback received in the Practice Review Survey was overwhelmingly positive with an average agreement rating of 90.47% and an average impact score of +1.85, taking into consideration all categories and practice settings. Agreement ratings measure the agreement of respondents to the PRP experience and its processes. Impact scores are measured on a scale of -5 to +5, with positive impact scores representing a positive impact, and negative impact scores representing a negative impact on pharmacy practice and patient safety.

While the majority of more qualitative commentary provided by respondents was very complementary of the PRP and its COs, areas for enhancing the program's quality and delivery

were also offered. From an enhancement perspective, some respondents suggested: improving the information technology tools supporting the program's delivery and reporting, increasing the focus on specialty practice areas and services, and providing more frequent follow-up to maintain ongoing compliance.

By listening to pharmacy professionals through its feedback process, the PRP is able to improve the execution of practice reviews, allowing pharmacy professionals to focus on the goal of the practice review; to improve compliance with established bylaws and policies as a proxy of patient safety.

Pharmacy professionals often identify areas of non-compliance in their pharmacy on their own through awareness created by *PRP Insights* articles, discussion with colleagues, and CPBC communications. The presence of the PRP helps promote compliance in pharmacies indirectly as many pharmacy professionals opt to correct these issues as soon as possible instead of waiting until a CO visits. This pre-emptive self-correction brings pharmacies into compliance sooner and reduces the amount of corrective work that must be completed by pharmacy managers within 30 days after a practice review.

Despite positive results, the PRP will continue to identify and shift focus towards addressing areas of low compliance and high patient-safety risk, make improvements to the review process to improve its effectiveness, and remain a pillar of support for pharmacies to improve their compliance and ability to provide safe and effective pharmacy care in BC.

## Introduction

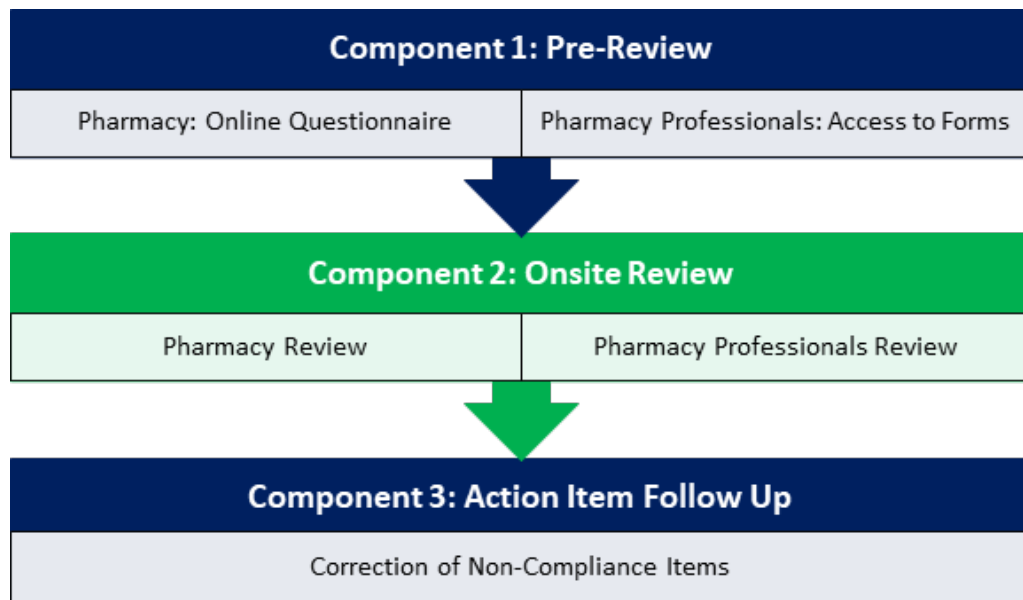
The Practice Review Program (PRP) conducts a comprehensive cyclical review of pharmacy and pharmacy professional (pharmacists and pharmacy technicians) practice, to ensure compliance with the standards of the College of Pharmacists of British Columbia. The PRP directly supports the CPBC vision of *better health through excellence in pharmacy*, as well as the mission of *regulating the pharmacy profession in the public interest by setting and enforcing standards and promoting best practices for the delivery of pharmacy care in British Columbia*. In addition, the provincial Health Professions Act requires that health regulators have quality assurance requirements in place. The PRP meets this requirement through assessment of professional practice. The PRP also uses a Practice Review Survey to evaluate the PRP's impact on pharmacy professionals and to inform ongoing program development. This report is a compilation and analysis of the data collected from practice reviews and the Practice Review Survey during fiscal year 2019-2020 (March 1, 2019 to February 29, 2020).

## Background

The PRP was launched in 2015 with the support of the CPBC Board and in collaboration with the Practice Review Committee (PRC). The goal of this program was to have an in-person, comprehensive, and holistic review that enhanced collaboration between pharmacies, pharmacy professionals, and the CPBC to ensure British Columbians received safe pharmaceutical care based on consistent implementation of legislated standards of practice. Practice reviews were launched in community practice in February 2015, hospital practice in April 2017 and residential care in April 2019.

The practice review process consists of three components; pre-review preparation and scheduling, an on-site review by a compliance officer, and the completion of corrective action items. A detailed description of the entire practice review process is presented in Appendix A.

### Components of a Practice Review



The review procedure includes reviewing pharmacies and pharmacy professionals approximately every 6 years with more frequent reviews in cases where concerns are identified. The cyclical nature of practice reviews ensures that all 1400+ pharmacies and 7700+ pharmacy professionals in British Columbia are regularly reviewed and in adherence to CPBC standards of practice .

# Data Collection and Analysis

## *Practice Review Data*

### Site Selection and Statistics

Community pharmacies selected for practice reviews are identified and classified as either cycle-based or risk-based. Hospital pharmacies are selected for practice reviews in a cycle-based manner due to a lack of available risk data.

Pharmacies identified as cycle-based are selected and prioritized by the last date of inspection. Pharmacies identified as risk-based include new pharmacies that have not yet been reviewed or are referred from the CPBC complaints department.

For the fiscal year 2019-2020, 279 community and 13 hospital pharmacy sites were reviewed. A full breakdown of community and hospital pharmacy site statistics is presented in Appendix B.

### Pharmacy Review

Community pharmacies are evaluated on 12 mandatory and four non-mandatory categories for sites that provide sterile compounding, residential care, opioid agonist treatment, and/or injectable opioid agonist treatment. A minimum of 300 prescriptions over a range of dates are also reviewed at each site as part of the evaluation for the prescriptions category.

Hospital pharmacies are evaluated on 12 mandatory categories and five non-mandatory categories. The 5 non-mandatory categories are reviewed if the service is provided at the hospital pharmacy.

Each category is comprised of sub-items, each representing an equal weight. Overall, up to 516 items are reviewed in community pharmacies and up to 330 items examined in hospital pharmacies. Full review criteria forms, review categories, and item counts for practice reviews are presented in Appendix C.

## Pharmacy Professionals Review

Pharmacy professionals are observed performing regular pharmacy duties and evaluated based on four review categories critical to safe and effective pharmacy practice and specific to their scope of practice. This year, 666 community pharmacists, 77 community pharmacy technicians, 241 hospital pharmacists, and 200 hospital pharmacy technicians were reviewed.

Pharmacists are evaluated on patient identification verification, profile check, counselling, and documentation. Pharmacy technicians are evaluated on patient identification verification, product distribution, collaboration, and documentation. Full pharmacy professional review statistics and review categories for 2019-2020 are presented in Appendix D.

When reviewing the results in this report, it is important to recognize that data collected via different collection methods are **not** directly comparable due to differences in the way non-compliance items are counted. For example, community practice review data are collected via the PRP's computer application, while hospital practice review data are recorded manually in an Excel-based spreadsheet.

For the purposes of this report, the top non-compliant practice categories and related non-compliant items are outlined in order of descending frequency of occurrence.



## *Registrant Feedback Survey*

The intent of the practice review survey is to obtain pertinent, valuable, and timely feedback from pharmacy professionals on their personal experience with the practice review process. Feedback is used by the PRP to evaluate and inform ongoing program development.

Once a practice review is completed, reviewed pharmacy professionals receive an email invitation, followed by an email reminder 12 days later (Appendix E) to provide their feedback via an online Practice Review Survey hosted by SimpleSurvey. The survey takes approximately 15-20 min to complete. Participation is optional and anonymous. All data collected via this tool are stored on application servers in Canada and are protected by Canadian privacy laws.

Survey questions are divided into Pharmacy Review and Pharmacy Professionals Review components. To facilitate the exploration of a wide range of issues and topics, a variety of question types and formats are used to gather feedback from respondents. These include dichotomous (yes/no), 7-point Likert scale, impact ratings, and open-ended comments. A detailed explanation of each collection method and how collected data were processed is presented in Appendix F.

For 2019-2020, 700 community and 394 hospital pharmacy professionals received an invitation to participate in the Practice Review Survey. Of these, 28% or 198 community and 30% or 120 hospital pharmacy professionals completed the survey (Appendix G).

Overall, 24% or 68 of the 279 community pharmacy managers who were reviewed completed the survey. Another 15% or 2 of the 13 hospital pharmacy managers reviewed provided their survey responses.

The survey is a helpful tool to capture some voluntary qualitative commentary on the PRP's strengths and weaknesses. However, it is important to note that because of the non-compulsory and self-selecting nature of the feedback survey process, the findings only represent the viewpoints of those pharmacists and technicians who completed the survey. As such, the results should be regarded as a helpful but not fully representative look into the perspectives of pharmacy managers, and pharmacy professionals in BC. Despite this limitation, the survey provides a valuable mechanism for monitoring the evolving strengths and

weaknesses of PRP processes. We expect as further survey results are received, a more representative picture of PRP performance will emerge.

# Findings

## Practice Review Data

### Community Pharmacy

*Note: All results are arranged in order of occurrence from most to least frequent.*

Community pharmacies play a key role in the healthcare of patients as a regular and accessible point of contact for health information as well as a record-keeper, manager, and supplier of a patient's medications.

Data from the previous two fiscal years showed very similar non-compliance findings year-over-year, both in terms of non-compliance categories and also average compliance percentages. This year, we saw the same top 5 non-compliance categories as the previous year with minor changes in ranking order. While this may change in future cycles when pharmacies are reviewed for a second time, for now, current consistency in non-compliance categories provides a relatively clear roadmap concerning which areas community pharmacies may need increased focus.

The top non-compliance categories for community pharmacies this year are listed below. A year-over-year comparison of results is provided in Appendix H. In addition, the top non-compliance items within each of these categories is further presented in Appendix I.

**N = 516 items reviewed**

#### Average Compliance Percentage per Community Pharmacy Prior to Action Item Completion

**93.17%**

## 2019-2020

1. Prescriptions
2. Inventory Management
3. Pharmacy Manager Responsibilities
4. Equipment and References
5. Security

### Prescriptions

As the primary piece of documentation in pharmacy practice, prescriptions represent a critical piece of information and the starting point for providing medication to a patient. The accuracy and completeness of a prescription are paramount to ensuring an appropriate documentation trail is maintained for each and every medication dispensed.

Within the prescriptions category, fax prescription requirements, emergency refills, and missing documentation on prescription hard copies represented the primary areas of non-compliance. The top 5 non-compliance items in this category remained the same compared to last year.

### Inventory Management

Along with providing clinical advice and services, pharmacies and pharmacy professionals play a key role in the supply of medications to the public. Appropriate inventory management represents a key responsibility in maintaining the integrity of the drug supply and avoiding disruptions that could affect the health of patients.

Expired products being found in the dispensary, and narcotic count procedures and documentation were the most common areas of non-compliance in this category.

### Pharmacy Manager Responsibilities

Pharmacy managers play one of the most important roles in the operation of a pharmacy. From hiring and screening staff, to establishing policies and procedures, to ensuring

patient confidentiality is maintained, pharmacy managers are given tremendous responsibility to ensure their pharmacy is compliant with all legislated bylaws and requirements.

In the pharmacy manager responsibilities category, establishing policies and procedures including those for new electronic record keeping, developing quality management programs, and having all required pharmacy reference material were common areas where non-compliance was found.

## Equipment and References

To ensure the safe storage and dispensing of medications as well as having appropriate access to current drug information, pharmacies are required to maintain updated references and have specific pieces of equipment in good working order in the pharmacy. This ensures pharmacies are equipped with all the tools necessary to provide safe and effective pharmacy care for their patients.

The most common issues in the equipment and references category included refrigerator temperature monitoring and recording, possessing a veterinary reference, and missing required pharmacy equipment.

## Security

Ensuring the safety and security of the pharmacy and medications is a requirement for pharmacy professionals. Bylaws and rules are in place to ensure pharmacies have required security features and practices to prevent and deter theft and robbery. Drug diversion puts patients and the public at risk from improperly obtained medications flowing into the community and the potential for their inappropriate use.

In the security category, the most common areas of non-compliance included having required signage, using appropriate secure storage (i.e. metal safe, physical barriers), and the security camera system.

## Community Pharmacy Professionals

*Note: All results are arranged in order of occurrence from most to least frequent.*

### Community Pharmacists

Community pharmacists play a key role in managing the medications of their patients. They serve as an accessible health resource, review patient medications for drug therapy interactions, and liaise with other health professionals regarding patient care.

Comparing data over the past two fiscal years shows the top non-compliance categories ranking in the Community Pharmacist Review did not change; they are listed below. A year-over-year comparison of results is provided in Appendix H. The top non-compliance items within each category are presented in appendix J. Counselling remains the top non-compliance category in the community pharmacist review.

**N = 85 items reviewed**

2019 - 2020
1. Counselling
2. Documentation
3. Patient Identification Verification
4. PharmaNet Profile Check

### Counselling

Pharmacist counselling helps patients understand important drug therapy issues such as how to use their medications, what to expect, and when to seek medical attention. Pharmacists also play an important role in non-prescription drug counselling by providing advice and recommendations to help patients treat minor ailments.

The counselling category revolved around missing required counselling points and failure to provide required prescription counselling as the most common non-compliance areas.

## Documentation

Maintaining proper documentation is a critical part in ensuring the paper trail for any prescription dispensed is available, clear, and complete. This ensures a clear record is available and accountability is maintained to indicate the pharmacy professional(s) who completed a particular task during the dispensing of a prescription.

Missing documentation after performing an activity that requires documentation, and not updating allergy information on PharmaNet were the most common areas of non-compliance in the documentation category.

## Patient Identification Verification

Verifying a patient's identity when providing any pharmacy service helps maintain patient confidentiality and safety by ensuring pharmacy professionals are providing health information and medication to the correct patient.

Common non-compliance areas in the patient identification verification category revolved around not viewing ID from an unknown patient, viewing only one piece of secondary ID from an unknown patient, or not taking reasonable steps to confirm a patient representative's identity before providing pharmacy services.

## PharmaNet Profile Check

Pharmacists are responsible for reviewing and updating a patient's profile on their local system and the BC-wide PharmaNet drug information network when dispensing a prescription. This critical step ensures that all medications obtained at pharmacies in British Columbia are accounted for when evaluating a patient's medication history for potential drug therapy interactions or concerns.

In the PharmaNet category, not reviewing a patient's PharmaNet profile or local profile prior to dispensing a drug, and not taking action on drug therapy problems such as non-adherence to a drug regimen or therapeutic duplications were the most common areas of non-compliance.

## Community Pharmacy Technicians

Pharmacy technicians play an important role in key production and technical functions in the pharmacy. They often serve as a primary point of contact for patients, and help ensure that the correct medication is being dispensed to patients by checking prescriptions for accuracy.

The top non-compliance categories for community pharmacy technicians this year are listed below. A year-over-year comparison of results is provided in Appendix H. In addition, the top non-compliance items within each category is presented in Appendix J.

**N = 78 items reviewed**

2019 - 2020
1. Documentation
2. Product Distribution
3. Collaboration
4. Patient Identification Verification

### Documentation

Pharmacy technicians play a part in a number of key processes in the dispensing of a prescription. Maintaining proper documentation is a critical part in ensuring the paper trail for each prescription is available, clear, and complete. In addition, proper documentation helps pharmacy professionals communicate to colleagues what tasks have already been completed for a prescription. This reduces the potential for confusion and improves accountability, to ensure prescriptions are dispensed accurately and safely.

In the documentation category, the most common non-compliance areas revolved around missing documentation after performing an activity that requires documentation, and not updating allergy information on PharmaNet.



## Product Distribution

Accurately preparing and checking prescriptions represents a vital part of a pharmacy technician's role. These efforts help maintain patient safety and ensure the correct drug is given to the correct patient.

Missing required tasks during the preparation of a prescription product and its final check were the most common areas of non-compliance in the product distribution category. For example, this includes ensuring a prescription product label matches the dispensed product and a pharmacist has conducted a clinical assessment of the prescription before it is released.

## Collaboration

As a part of the healthcare team, pharmacy technicians work closely with pharmacists, patients and other healthcare professionals. Being able to work effectively with patients and other healthcare professionals within their scope is vital for pharmacy technicians. Clear communication and collaboration between healthcare professionals helps avoid mix-ups and ensures patients are receiving safe and appropriate care from their healthcare team.

The most common non-compliance areas in the collaboration category included the missing identification of a pharmacy technician's registrant class during interactions with patients and practitioners, and performing tasks outside of a pharmacy technician's scope of practice.

## Patient Identification Verification

Pharmacy technicians are often the first point of contact for patients. Being able to verify a patient's identity is crucial to maintaining patient confidentiality and safety by ensuring the right health information and medication are provided to the right patient.

Within the patient identification verification category, the most common non-compliance areas included not positively identifying an unknown patient and viewing only 1 piece of secondary ID from an unknown patient.

## Hospital Pharmacy

*Note: All results are arranged in order of occurrence from most to least frequent.*

Hospital pharmacies manage and distribute medications to seriously and critically-ill patients who are often on highly complex medication regimens. Along with dispensing medications, clinical pharmacy experts in different specialty areas play a vital role on the hospital healthcare team by providing recommendations and troubleshooting drug therapy problems to achieve the best patient outcomes.

Over the past two fiscal years, we saw similar results, with only ambulatory service and pharmacy manager's responsibilities switching places with each other in ranking order.

The top non-compliance categories for hospital pharmacies this year are listed below. A year-over-year comparison of results is provided in Appendix H. In addition, the top non-compliance items within each of these categories are further presented in Appendix K.

**N = 330 items reviewed**

### Average Compliance Percentage per Hospital Pharmacy Prior to Action Item Completion

**87.37%**

### 2019 - 2020

1. Sterile Compounding
2. Inventory Management – Nursing Unit
3. Ambulatory Service
4. Pharmacy Manager's Responsibilities
5. Equipment and References

## **Sterile Compounding**

Hospital pharmacies are responsible for the preparation of various sterile compounds such as IV solutions. Strict rules and processes are in place when preparing sterile compounds because of the risk of contamination and potential for patient harm.

The sterile compounding category saw the use and maintenance of the sterile compounding environment, not performing required activities in the ante-area, and inappropriate storage of hazardous medications as the most common areas of non-compliance.

## **Inventory Management – Nursing Unit**

Along with managing inventory in the dispensary, medications are also provided to nursing units by the pharmacy, including regular patient medications, frequently used and emergency medications. Despite being out of the pharmacy, the pharmacy retains responsibility for these medications and works with nursing staff to manage this out-of-dispensary inventory.

Security and storage of medications, refrigerator temperature monitoring, and food/beverage storage in medication refrigerators were the most common areas of non-compliance in the nursing unit inventory management category.

## **Ambulatory Service**

Ambulatory service in a hospital refers to the provision of services to outpatients. In the context of pharmacy care, ambulatory service has different requirements than inpatient care. Additional steps are required to prepare and manage medications for patients who will leave the hospital with medications to take home. For example, additional information on the label and counselling on how to properly use the medication are required for outpatient prescriptions.

Within the ambulatory service category the most common non-compliance areas include missing required documentation by a pharmacy professional on outpatient prescription hardcopies, and missing components of an outpatient prescription at the time of dispensing.

## Pharmacy Manager's Responsibilities

Pharmacy managers play an important role in the operation of a hospital pharmacy. In the hospital setting, pharmacy managers may be responsible for multiple hospital pharmacies and/or hospital pharmacy satellites. Hospital pharmacy satellites are physically separate areas where pharmacy services are provided which rely on support from the main hospital pharmacy.

From hiring and screening staff, to establishing policies and procedures, to ensuring safe drug distribution and storage across the hospital network, pharmacy managers are responsible for ensuring their pharmacy is compliant with all legislated bylaws and requirements.

Insufficient staffing levels, incorrect name badges, and missing aspects of a complete ongoing quality management program were the most common non-compliance areas in the pharmacy manager's responsibilities category.

## Equipment and References

Hospital pharmacies contain a number of specialized pieces of equipment and hospital pharmacy professionals work in a number of specialized areas with appropriate references to support their work. Ensuring pharmacy professionals have appropriate access to important drug information, and all pharmacy equipment is in good working order is crucial for patient safety.

The equipment and references category identified the most common non-compliance areas as being inadequately equipped to perform certain pharmacy tasks and missing refrigerator requirements such as proper temperature monitoring equipment.

## Hospital Pharmacy Professionals

*Note: All results are arranged in order of occurrence from most to least frequent.*

### Hospital Pharmacists

Hospital pharmacists play a key role in managing the medications of their patients and providing clinical information to healthcare providers in the hospital. They serve as an accessible health resource, review patient medications for drug therapy concerns and interactions, and work closely with other health professionals to provide clinical expertise and recommendations.

The top non-compliance categories for hospital pharmacists this year are listed below. A year-over-year comparison of results is provided in Appendix H. In addition, the top non-compliance items within each of these categories is further presented in Appendix L.

**N = 62 items reviewed**

2019 - 2020
1. Counselling
2. Documentation
3. Profile Check
4. Patient Identification Verification

### Counselling

Pharmacist counselling helps patients understand important drug therapy issues such as how to use their medications, what to expect, and when to seek medical attention. While patient consultation is not a requirement for hospital inpatients as their medications are managed by their hospital healthcare team, patient counselling is required for outpatient prescriptions or upon the request of an inpatient or healthcare professional.

The most common non-compliance areas within the counselling category included missing required counselling points during patient consultation.

## Documentation

Clear and complete documentation is a critical part in maintaining patient safety especially in an environment where different healthcare professionals depend on the same pieces of documentation such as a hospital. Different healthcare professionals access patient charts and hospital software systems to make vital decisions about a patient's medical care. Complete and accurate documentation allows correct decisions to be made for patients.

In the documentation category the most common non-compliance items included missing documentation for activities that require documentation on the patient record or outpatient prescription.

## Profile Check

Pharmacists are responsible for reviewing and updating a patient's medication profile when dispensing a prescription. This is a critical step to ensure changing medication regimens of hospital patients are being closely monitored for drug therapy problems and compatibility. In addition, pharmacists will review patient lab work to ensure issues such as kidney or liver function are addressed in their dosing recommendations and treatment plans.

In the profile check category the most common non-compliance items included assessing allergies, drug reactions and intolerances, checking drug orders for appropriate patient identifiers, and verifying identification for outpatients.

## Patient Identification Verification

Verifying a patient's identity when providing any pharmacy service helps maintain patient safety by ensuring pharmacy professionals are providing health information and medication to the correct patient. In the hospital setting where there are numerous patients on any particular ward, it is also vital to properly identify patients in discussions with healthcare providers to ensure everyone is on the same page and discussing the correct patient. Mistaking the identity of a patient could lead to a patient receiving medications meant for someone else.

The most common non-compliance areas in the patient identification verification category included using only a single person-specific identifier when confirming a patient's identity, and not taking reasonable steps to confirm a patient's identity.

## Hospital Pharmacy Technicians

Hospital pharmacy technicians play an important role on the healthcare team in the hospital setting. They help maintain the operation of a hospital pharmacy, prepare and distribute drug products, and collaborate with a wide range of healthcare professionals to provide correct medications to patients.

The top non-compliance categories for hospital pharmacy technicians this year are listed below. A year-over-year comparison of results is provided in Appendix H. In addition, the top non-compliance items within each of these categories is further presented in Appendix L.

**N = 60 items reviewed**

2019 - 2020
1. Documentation
2. Patient Identification Verification
3. Collaboration
4. Product Distribution

### Documentation

Proper documentation is a critical part in ensuring the paper trail for any prescription dispensed is available, clear, and complete. In the hospital setting, pharmacy technicians are involved in the production of different types of medications including specialty compounded medications and IV mixtures. Clearly documenting the preparation and check process of each medication is important to maintain accountability and an appropriate audit trail.

Understanding who performed a particular task and what went into a particular preparation can help resolve issues and clarify questions about a patient's medications.

In the documentation category the most common non-compliance areas included not recording a pharmacy technician's identity in writing after verifying allergy information or patient identification.

## **Patient Identification Verification**

Verifying a patient's identity is important for hospital pharmacy technicians to confirm they are entering the correct information into the correct patient profiles and preparing the right medications for the right patient. For example, information entered into the wrong patient profile could lead to incorrect decisions being made for a patient.

In the patient identification verification category the most common non-compliance areas included not using two person-specific identifiers or using inappropriate identifiers to confirm the identity of a patient.

## **Collaboration**

In the hospital setting, pharmacy technicians work closely with pharmacists and other healthcare professionals. Clear communication and collaboration between healthcare professionals helps avoid mix-ups and ensures patients are receiving safe and appropriate care from their healthcare team.

The most common non-compliance areas within the collaboration category included not identifying a pharmacy technician's registrant class during an interaction with another health professional or when answering the phone, performing patient consultation, and not reviewing a patient's allergies when updating the patient record.

## **Product Distribution**

Accurately preparing and checking prescriptions represents a vital part of a pharmacy technician's role. These efforts help maintain patient safety and ensure the correct drug is prepared and given to the correct patient.



In the product distribution category the most common non-compliance areas included missing certain required tasks during the preparation of a prescription product and its final check.

# ***Registrant Feedback Survey***

## **Pharmacy Review**

Overall feedback concerning the processes and impact of the PRP was positive. Survey feedback has provided the PRP with valuable information for program evaluation and development. These findings will also help to support legislative and other program planning in other departments at the CPBC. Survey results by category are reported below along with summary tables of survey results.

### **Practice Review Program Tools**

The PRP provides online access tools to provide pharmacy managers information and instructions with respect to practice reviews. Community pharmacy managers overwhelmingly agreed (93% agreement rating) that the PRP tools provided were appropriate to the review process. Similarly, hospital pharmacy managers reported a 90% agreement in this category.

### **Practice Review Program Pre-Review**

Pharmacy managers complete and submit a pre-review questionnaire prior to a practice review. This questionnaire outlines the criteria that COs use during the on-site review. Survey questions focus on how appropriate, beneficial, user-friendly, and challenging this tool is. Community pharmacy managers largely agreed (85% agreement rating) with the overall suitability of the items examined in the pre-review process. Hospital pharmacy managers reported an 83% agreement rating with this process. In addition, 93% of community and 100% of hospital pharmacy managers reported no technical challenges with the pre-review.

Qualitative feedback received from community pharmacy managers voiced the desire to have a more user-friendly, concise, and easy-to-navigate pre-review tool.

### **Pharmacy Review Scheduling Process**

The Practice Review Program works with pharmacy managers to schedule practice reviews with the goal of minimizing disruption at review sites. Overall, 98% of community and

67% of hospital pharmacy managers agreed that the scheduling experience was positive and that there was adequate time to prepare for the Pharmacy Review.

## Pharmacy Review

Pharmacy managers shared their feedback on the review experience in terms of duration, expectations, and the impact on regular work in the pharmacy. Overall, 94% of community and 83% of hospital pharmacy managers reported that their on-site pharmacy review experience was positive.

## Pharmacy Review Results

In this category, 93% of community and 100% of hospital pharmacy managers agreed that their results accurately reflected their pharmacy review experience and their work situation. Furthermore, the categories of the review examined were considered relevant to CPBC standards of practice and patient safety.

## Pharmacy Review Impact

Collectively, community and hospital pharmacy managers reported that the practice review had a positive impact on their practice. On an impact rating scale of -5 to +5, where a negative score represents a detrimental impact and a positive score represents a positive impact, community pharmacy managers reported an overall positive +2.84 impact rating while hospital pharmacy managers reported a slightly lower but still positive +2.00 impact rating. Any positive score here is considered a good sign the PRP is contributing to the advancement of pharmacy practice in a positive direction and helping to improve patient safety.

In addition, pharmacy managers ranked the areas assessed by COs they felt had the greatest impact on their practice. Community pharmacy managers highlighted documentation, prescriptions, and pharmacy manager responsibilities. Hospital pharmacy managers identified nursing unit inventory management, documentation, equipment and references, and narcotics and controlled drug substances as the pharmacy review categories having the greatest positive impact on their practice.

## Pharmacy Review Summary Tables

### Community Pharmacy Agreement Ratings

	Agreement Rating	Neutral Rating	Disagreement Rating
Pharmacy Review Scheduling (N = 68)	97.79%	2.21%	0.00%
Pharmacy Review (N = 68)	93.63%	6.37%	0.00%
PRP Tools (Pharmacy Review) (N = 68)	93.38%	6.25%	0.37%
Pharmacy Review Results (N = 68)	92.65%	6.62%	0.73%
PRP Pre-Review (N = 68)	85.29%	13.73%	0.98%

### Hospital Pharmacy Agreement Ratings

	Agreement Rating	Neutral Rating	Disagreement Rating
Pharmacy Review Results (N = 2)	100.00%	0.00%	0.00%
PRP Tools (Pharmacy Review) (N = 2)	90.00%	10.00%	0.00%
PRP Pre-Review (N = 2)	83.33%	16.67%	0.00%
Pharmacy Review (N = 2)	83.33%	16.67%	0.00%
Pharmacy Review Scheduling (N = 2)	66.67%	33.33%	0.00%

<b>Community Pharmacy Review Impact Ranking</b>	
<b>(Highest Impact = 3 points, Second Highest Impact =2 points, Third Highest Impact = 1 point) (N=68)</b>	
Documentation	140
Prescriptions	71
Pharmacy Manager's Responsibilities	49
Security	35
Equipment and References	33
Inventory Management	23
Dispensary	14
Owner/Director Responsibilities	14
Dispensed Products	11
Confidentiality	11
External to Dispensary	7

*\*\*Overall Impact Score = Sum of (points X votes) for each level of impact (Highest, Second Highest, Third Highest)*

<b>Hospital Pharmacy Review Impact Ranking</b>	
<b>(Highest Impact = 3 points, Second Highest Impact =2 points, Third Highest Impact = 1 point) (N=2)</b>	
Inventory Management – Nursing Units	3
Patient Records and Documentation	3
Narcotic and Controlled Drug Substances	2
Equipment and References	2
Pharmacy Manager's Responsibilities	1
Security	0
Dispensed Products	0
Drug Orders	0
Confidentiality	0
Inventory Management - Pharmacy	0
After Hours Services	0

*\*\*Overall Impact Score = Sum of (points X votes) for each level of impact (Highest, Second Highest, Third Highest)*

## Pharmacy Professionals Review

Overall, 198 community pharmacy professionals and 120 hospital pharmacy professionals completed the post-review survey. Community pharmacies had 184 pharmacists and 14 pharmacy technicians respond, while hospital pharmacies had 69 pharmacists and 50 pharmacy technicians participate. The differences in respondent distribution across practice settings are not surprising as the ratio of pharmacists to pharmacy technicians reviewed in the community in 2019-2020 was 90:10 compared to hospital pharmacies where this ratio was 55:45.

### Practice Review Program Tools

An online survey and supporting educational tools were available to assist pharmacy professionals prepare for their practice review. To assess the value of these tools, pharmacy professionals were asked if they accessed these tools prior to the review. Users were prompted to provide feedback on the value of including clear instructions, website navigation and information, as well as educational tool support. Community pharmacists and pharmacy technicians reported agreement ratings of 89% and 84% respectively on the positive value of these educational tools. Hospital pharmacists and pharmacy technicians reported an agreement rating of 89% and 91% respectively.

Feedback received from registrants pointed out that some registrants did not know about the PRP tools or forgot to read them. Knowing this, the PRP will look more closely at our communications with registrants to ensure they are made aware of the various tools available to them.

### Pharmacy Professionals Review

Pharmacy professionals were asked if they believe that the Pharmacy Professionals Review reflects the standards of practice outlined by the CPBC; whether the review was conducted as expected based on pre-review materials; and whether the review was conducted in a manner that limits disruption of their practice. Community pharmacists and pharmacy technicians reported a very positive 92% and 98% agreement rating respectively. Hospital

pharmacists and pharmacy technicians reported a slightly lower 86% and 94% agreement rating respectively.

Hospital pharmacists also shared in their feedback that it was sometimes difficult to keep up with their regular duties during the review when no replacement staffing was scheduled. Understanding this concern is important for the PRP to address this in future review process changes. Adjustments can then be made to PRP processes and communications to ensure expectations of time and input required are realistic and the review process is as minimally intrusive as possible.

### Pharmacy Professionals Review Results

Both in-person on the day of the review and in-writing after the review, results are shared with pharmacy professionals. Areas of non-compliance are identified and action items are assigned to correct outstanding issues. In the post-review feedback survey, pharmacy professionals are asked whether they felt their review results accurately reflected their practice and whether they felt the focus areas of the review were relevant to pharmacy practice in British Columbia.

Community pharmacists reported an 87% agreement that their results appropriately addressed any identified areas of concern during the review. Community pharmacy technicians reported a 100% agreement rating in this regard. Hospital pharmacists reported an 86% agreement while hospital pharmacy technicians reported a 97% agreement with their review results. While still very positive, pharmacists reported a lower agreement with their review results compared to pharmacy technicians. The PRP will continue to monitor these numbers each year.

### Pharmacy Professionals Review Impact

Pharmacy professionals provided feedback on how they perceived the practice review impacts on their practice. Pharmacy professionals completing the Practice Review Survey reported that the practice review had an overall positive impact on their practice.

Community pharmacists ranked documentation and counselling as having the greatest positive impact on their practice. The range of overall impact scores received from community pharmacists varied from being moderately positive (+1.67) to good (+2.68).

Community pharmacy technicians ranked documentation and patient identification verification as having the greatest impact on their practice. The range of overall impact scores received from community pharmacy technicians ranged from +1.29 to +3.5.

Hospital pharmacists ranked counselling and patient identification verification as having the greatest positive impact on their practice. Compared to their community counterparts, hospital pharmacists reported a lower magnitude and range of overall impact scores. Hospital pharmacist impact scores ranged between +0.62 to +1.2. These scores were generally a modest improvement over impact scores from the previous year. This indicates a year-over-year increase in the perceived positive impact of practice reviews to hospital pharmacists, and is a trend that we will work on sustaining going forward.

Hospital pharmacy technicians ranked patient identification verification and documentation as having the greatest impact on their practice. Overall impact scores were lower in magnitude and range than their community counterparts but still remained positive (+1.26 to +2.34). Similar to hospital pharmacists, these scores represented a modest improvement over results from the previous year.

This year, hospital compliance officers reported taking additional efforts to go over the reason and purpose of the program, the structure of the review, what to expect including PRP focus areas, and explaining the “why” behind certain requirements for hospital pharmacy professionals. This has led to a number of positive comments from pharmacy professionals and may have contributed to the increase in perceived positive impact reported by hospital pharmacy professionals across the board.

However, in general, the reason for relatively lower impact scores in the hospital setting compared to community practice, while not confirmed, could be related to differences in procedures, processes and areas of specialization between hospital and community pharmacies. For example, some pharmacy professionals may not regularly perform counselling in a specialized hospital pharmacy role. The PRP does not currently assess the clinical



knowledge of pharmacy professionals, and instead focuses on assessing key foundational areas of pharmacy practice identified as having the greatest impact on patient safety. The PRP acknowledges that pharmacy professionals would like to be assessed on their clinical practice and knowledge, and will consider this during future program development. In the meantime, we will continue to monitor feedback and make iterative changes as we go forward. The foregoing impact scores offer much opportunity for improvement and will be addressed in future PRC action planning.

### **Action Items / Action Item Portal**

After the completion of a practice review, action items related to non-compliance issues are assigned to pharmacy professionals for corrective action. In this feedback survey, pharmacy professionals were asked if they felt they had sufficient time to complete action items, if instructions on completing action items were clear, and if the tools and resources provided were useful and user friendly. Community pharmacy professionals felt the action item portal was reasonable with an agreement rating of 84%, however this agreement was much lower than their hospital pharmacy counterparts (93%). IT issues with action items were identified as an area of concern in received feedback. Community pharmacy professionals had trouble accessing and using the action item portal, experienced browser and mobile device incompatibility issues. Hospital pharmacy professionals did not like using an excel form for action item completion, and suggested alternatives such as being able to use online forms.

Pharmacy professionals were asked about their experience submitting their action items. Overall, 83% of community and 91% of hospital respondents reported having no technical difficulties when submitting action items. Of those who reported technical difficulties, 93% of community and 80% of hospital pharmacy professionals reported receiving satisfactory technical support from the PRP. This represents a significant improvement over 2018-2019 results. At that time, only 76.5% of respondents on average had no technical difficulties and 69% of those who reported technical difficulties received satisfactory technical support.

## Compliance Officers

As representatives of the CPBC, COs play a vital and visible role in the practice review process. Pharmacy professionals were asked about their experience with their assigned CO. This included their perspectives on the CO's knowledge of bylaws, professionalism, and overall support and collaboration with pharmacy professionals throughout the review process. Results in this category were overwhelmingly positive from community and hospital professionals, with a 97% and 99% agreement rating respectively.

## Pharmacy Professionals Review Summary Tables

### Community Pharmacy Professionals Agreement Ratings

	Agreement Rating	Neutral Rating	Disagreement Rating
<b>Pharmacy Technician Review Results (N = 14)</b>	100.00%	0.00%	0.00%
<b>Pharmacy Technician Review (N = 14)</b>	97.62%	2.38%	0.00%
<b>Compliance Officers (N = 198)</b>	96.87%	1.82%	1.31%
<b>Pharmacist Review (N = 184)</b>	92.39%	6.16%	1.45%
<b>PRP Tools (Pharmacist) (N = 184)</b>	88.91%	10.11%	0.98%
<b>Pharmacist Review Results (N = 184)</b>	86.96%	11.14%	1.90%
<b>PRP Tools (Pharmacy Technician) (N = 14)</b>	84.29%	11.43%	4.28%
<b>Action Item Portal (N = 198)</b>	83.84%	14.09%	2.07%

### Hospital Pharmacy Professionals Agreement Ratings

	Agreement Rating	Neutral Rating	Disagreement Rating
<b>Compliance Officers (N = 119)</b>	99.33%	0.67%	0.00%
<b>Pharmacy Technician Review Results (N = 50)</b>	97.00%	2.00%	1.00%
<b>Pharmacy Technician Review (N = 50)</b>	94.00%	6.00%	0.00%
<b>Action Items (N = 119)</b>	92.98%	7.02%	0.00%
<b>PRP Tools (Pharmacy Technician) (N = 50)</b>	91.00%	9.00%	0.00%
<b>PRP Tools (Pharmacist) (N = 69)</b>	88.77%	11.23%	0.00%
<b>Pharmacist Review Results (N = 69)</b>	86.23%	13.04%	0.73%
<b>Pharmacist Review (N = 69)</b>	85.99%	12.56%	1.45%

### Community Pharmacists Review Impact Rating (N = 184)

<i>Category</i>	<i>Overall Impact Rating</i>
<b>Documentation</b>	<b>+2.68</b>
<b>Counselling</b>	<b>+2.52</b>
<b>Patient Identification Verification</b>	<b>+2.15</b>
<b>PharmaNet Profile Check</b>	<b>+1.67</b>

Rate the impact to your practice after the Pharmacy Review on a scale of -5 to +5. Use 0 as the baseline (i.e. before the practice review).

**Community Pharmacy Technicians (N = 14)**

<b>Category</b>	<b>Overall Impact Rating</b>
<b>Documentation</b>	<b>+3.50</b>
<b>Patient Identification Verification</b>	<b>+2.71</b>
<b>Collaboration</b>	<b>+1.79</b>
<b>Product Distribution</b>	<b>+1.29</b>

*Rate the impact to your practice after the Pharmacy Review on a scale of -5 to +5. Use 0 as the baseline (i.e. before the practice review).*

**Hospital Pharmacists (N = 69)**

<b>Category</b>	<b>Overall Impact Rating</b>
<b>Counselling</b>	<b>+1.20</b>
<b>Patient Identification Verification</b>	<b>+0.78</b>
<b>Documentation</b>	<b>+0.78</b>
<b>Profile Check</b>	<b>+0.62</b>

*Rate the impact to your practice after the Pharmacy Review on a scale of -5 to +5. Use 0 as the baseline (i.e. before the practice review).*

**Hospital Pharmacy Technicians (N = 50)**

<b>Category</b>	<b>Overall Impact Rating</b>
<b>Patient Identification Verification</b>	<b>+2.34</b>
<b>Documentation</b>	<b>+1.92</b>
<b>Collaboration</b>	<b>+1.32</b>
<b>Product Distribution</b>	<b>+1.26</b>

*Rate the impact to your practice after the Pharmacy Review on a scale of -5 to +5. Use 0 as the baseline (i.e. before the practice review).*

## Application of Findings

The findings from the Practice Review Survey have reinforced its utility in identifying opportunities to improve the PRP's effectiveness in pursuing its mandates. Feedback survey results are regularly reviewed by PRP staff to ensure early identification of potential areas of compliance concern as well as ways of providing timely and helpful responses to pharmacy professionals. As a collaborative program the feedback is appreciated and valued as a key component of the PRP's internal quality assurance and program development efforts.

Overall responses indicate a positive response to, and uptake of, the PRP by pharmacy professionals. As review programs are often seen as cumbersome and time-consuming, we are pleased that the PRP's focus on working collaboratively with pharmacy professionals throughout the review process has resulted in strong and relatively positive feedback.

Since the inception of the program, the PRP has continuously made iterative changes in a number of areas including scheduling, IT and process changes, and developing additional review focus areas to address feedback received. With each year of operation, the PRP is finding a gradual reduction in the number of program changes needed. This is likely attributed to all the feedback received from pharmacy professionals since the beginning of the program and the improvements that have been made so far. For reference, a full list of program improvements as a result of feedback to the PRP over time is presented in Appendix M.

This year a significant program change made by the PRP involved the scheduling of residential care pharmacy reviews. Due to the unique nature of residential care practice and the number of additional inspection items that are evaluated, the PRP implemented an additional day of review time for COs to be able to complete residential care practice reviews.

Survey and data findings also drive the regular PRP publication called *PRP Insights*. *PRP Insights* are articles written and available through *Readlinks* on the CPBC website that address areas identified by the PRP review process, as being of interest or educational need for pharmacy professionals. The publication of articles plays a key role in maintaining patient safety by raising awareness, educating, and clarifying issues to pharmacy professionals in order to improve compliance in their practice. This year the PRP program published *PRP Insights* on 7 topics, which addressed pharmacy renovations, blister packing and patient records, updating

pharmacy information, hospital outpatient medications, residential care, updating allergies and intolerances in the hospital, and the role of the hospital pharmacy manager when scheduling for practice reviews (Appendix N).

Along with feedback received through surveys, COs also receive informal feedback from pharmacy professionals through normal conversation. By being in-touch with the sentiments of pharmacy professionals, COs play a key role in interdepartmental collaboration. One example of this is providing real world feedback during bylaw and policy updates including PODSA ownership requirements, Opioid Agonist Treatment policies, and electronic record keeping updates. It is expected that this information sharing will continue to add an important voice to the HPA and PODSA bylaw modernization projects as well as the mandatory incident reporting project currently underway at the CPBC.

In addition to effecting change and improvements, the Practice Review Survey also reinforces the strengths in the PRP. A strong consensus (98%) exists amongst pharmacy professionals that the PRP contributes in a variety of ways to improved practice. In addition, the ongoing focus on collaboration, open communication, and shared learning with pharmacy professionals by our COs provides the foundation for positive review experiences. Our COs and their impact on the overall program is an area of great pride for the PRP. Pharmacy professional feedback is very positive for each component of the review process, including identifying the review as positively impacting practice overall. This supports the strong Practice Review Program foundation and ongoing development. Additionally, a positive impact on practice coupled with ensuring standards of pharmacy practice in British Columbia are met ultimately enhances patient safety through excellence in pharmacy.

Despite the positive responses, the PRP continues to strive to improve the impact of practice reviews for pharmacy professionals by effectively and openly communicating with pharmacy professionals to share program objectives, outcomes and changes.

# Conclusion

## Findings

Overall results of practice reviews have been positive, with our data showing an average compliance percentage of about 93% for community pharmacy reviews and 87% for hospital pharmacy reviews. While these results are generally positive, it is important to emphasize that the PRP department views this result as more work still needs to be done in order to move closer towards our goal of 100% compliance. The PRP considers improving compliance with established bylaws and policies as a proxy to improving patient safety. As a result, regardless of how compliant a pharmacy practice may be, our COs will focus on addressing each and every non-compliant item that is identified with pharmacy professionals. Each non-compliant item, triggers a discussion with pharmacy professionals to help them recognize the importance of and establish concrete corrective actions to achieve compliance going forward.

Along with the direct practice reviews conducted by the PRP, it is also important to recognize the far-reaching indirect effects that the presence of a mandatory enforcement program like the PRP can have on compliance. Pharmacy professionals are aware that all pharmacies and pharmacy professionals in British Columbia will undergo a practice review at some point. Knowing this, the PRP believes that along with professional expectations this adds an extra incentive for pharmacy professionals to maintain a high level of voluntary compliance. By being compliant, the number of corrective action items and changes that must be made within the 30 day post-review window is minimized while patient safety is enhanced. Both these direct and indirect effects on compliance are ways in which the PRP fulfills its duty as a regulatory college according to the Health Professions Act to maintain continuing competency and quality assurance.

The year-over-year comparison of top non-compliance categories and items reveals many similarities with findings from prior review years. This information helps us both validate and if necessary adjust our approaches to practice reviews. Increasingly, we are more confident that the information we have gathered is indeed reflective of common non-compliance issues in the field. This awareness helps COs hone in on telltale signs that something may be missing.

COs use their experience and expertise to ask the right questions, observe the right people, and know when to dig deeper. Overall this understanding helps COs more effectively identify potential issues during their limited time at a pharmacy and have outstanding concerns corrected quickly to increase patient safety.

In addition, while trickle down learning effects and peer-to-peer information sharing is observed by COs in pharmacy practice, their impacts are likely limited. We would otherwise expect average non-compliance counts to trend down, or top non-compliance categories to shift to other areas year-over-year.

These observations further highlight the need for the PRP to continue conducting practice reviews as common non-compliance areas continue to be identified and trickle down learning effects alone are not sufficient to correct these issues.

In our registrant feedback survey, we analyzed the vast amounts of information received to understand the sentiments and perspectives of pharmacy professionals. This feedback plays a crucial part in program development and the iterative changes that are made to improve the PRP. Below are some of the more prominent messages that stood out in our review of pharmacy professional feedback.

Community pharmacy managers voiced a desire for the pharmacy pre-review tool to become more user friendly, concise and easy to navigate. While the practice review was seen by community pharmacy managers as having a positive impact on their practice overall, improvements to documentation were seen as the most impactful part of the review. Community pharmacy managers also voiced the desire for future practice reviews to look at clinical decision making and specialized services such as medication reviews, adaptations, and immunizations.

Community pharmacists shared that they were not always aware of the PRP support tools available to them or forgot to read them. This tells us improved emphasis and messaging surrounding these support tools may be needed. Some community pharmacists felt the review focused more on trivial issues rather than on broader patient safety. While the PRP review criteria does encompass a large list of items that must be inspected for, each are fundamental to patient safety in their own way. However, this long list of items combined with the lack of



clinical knowledge assessment for pharmacy professionals may lead to the impression that the PRP is focusing on smaller details rather than the bigger picture. Ensuring each individual piece of the pharmacy puzzle is in the right place is what helps the PRP ensure the big picture of patient safety can be met. The mandate of the PRP remains aligned with the vision of the CPBC, which is *better health through excellence in pharmacy*, and the PRP recognizes that there is more work to be done to communicate to pharmacy professionals the reason “why” we approach reviews the way we do.

Community pharmacy professionals further voiced their desire to have the PRP review more specialty practice activities, and praised compliance officers for their knowledge and professionalism. In addition, community pharmacy professionals want the CPBC to better understand real world working conditions and the pressures that community pharmacy professionals face. This is something that the PRP has taken concrete steps to acknowledge and improve through changes such as not scheduling reviews during the busy winter holiday period, and using our observations in the field to guide common sense bylaw changes such as in our PODSA bylaw modernization project. The PRP also recognizes that there are often many things that pharmacy professionals may have wanted to change about their practice but may not have had an opportunity to do so. This could be due to a lack of consensus amongst staff and/or owners, or a lack of buy-in and understanding of its importance. Compliance officers often help create consensus amongst staff by being able to see the current state of the pharmacy, explain what changes are legally required, how they are important, and how a pharmacy’s work could look like after the change.

An unexpected piece of feedback received was that a number of community pharmacy professionals asked for an increase in the length of the practice review, an increased frequency of reviews, as well as regular follow ups to ensure compliance. This feedback from practicing professionals helps acknowledge and reinforce the important role the PRP’s efforts play in supporting pharmacy compliance.

Action item portal access, saving, and technical difficulties were identified as another area of concern for pharmacy professionals. The PRP has been working closely with the IT department to address these concerns while developing an updated platform for the program.

In the hospital setting, pharmacists expressed difficulties keeping up with their regular duties during practice reviews without having replacement staff available. The PRP aims to perform practice reviews by seeking ways to be as minimally intrusive as possible. Further exploration into this issue based on the feedback received will help guide any further adjustments to the program.

Some hospital pharmacists didn't feel the Pharmacy Professionals Review had much of an impact to their practice, while others thought the most impactful part of the review was counselling. This is likely due to the higher number of specialty practice areas in the hospital environment where pharmacists may play unique roles. While the Pharmacy Professionals Review may not perfectly assess the work environment of each and every pharmacy professional, it encompasses areas that are fundamental to the practice of the majority of pharmacy professionals. The PRP continues to monitor and adjust accordingly so as to help improve the perceived impact of the program for pharmacy professionals.

Some hospital pharmacy professionals commented that they would have liked compliance officers to spend more time with them so as to provide a more thorough picture of their work for COs. The PRP aims to maintain a balance between being able to perform a comprehensive review while being minimally intrusive to work obligations. Comments such as this highlight the fine line that must be considered between professionals who want more rigorous practice reviews, and those who want less.

Lastly, hospital pharmacy professionals shared strong positive comments about their experiences with compliance officers. However, they felt that responding to compliance action items could be accomplished in a better manner than through an excel form being sent back and forth. Suggestions for alternatives included employing online forms, or live spreadsheets such as Google Sheets to make discussions around action items easier to address.

## Future Development

Going forward, the PRP department will continue to capture and evaluate data and feedback obtained during practice reviews. We will look at unique ways to identify and examine any trends which may be developing in the profession. This can be accomplished by further

building on the information gathered from existing tools as well as developing new tools and methods in the future.

As our understanding of common non-compliance areas increases with baseline data established during this cycle, the PRP is able to use this information to potentially shift the focus of practice reviews in subsequent cycles. For example, eliminating high compliance, low patient safety-risk inspection items and replacing them with lower compliance issues, linked to high safety-risk items could increase the effectiveness and impact of the PRP on growing concerns about patient safety.

In the upcoming year, the PRP will continue to work on our residential care review processes as we gain more experience and insight into conducting these specialty reviews.

The PRP and IT department have been working closely together to develop an updated version of the PRP application. At present, pharmacy professionals are linked to a pharmacy where they are currently employed and reviewed at that location. However, pharmacy professionals who are away or ill during the CO's pharmacy visit are unable to be reviewed at a later date under the existing system. With the launch of the updated PRP application, COs will gain the ability and flexibility to review pharmacy professionals independent of where they are working at that time if necessary.

The PRP will also train compliance officers in new and revised compliance review categories that accompany emerging pharmacy legislation. This includes areas such as mandatory medication incident reporting and specialty compounding.

Prior to the next cycle of practice reviews, the Practice Review Committee will have the opportunity to evaluate the Practice Review Program and recommend changes to its objectives and the desired goals of the collected data to the Board. The PRP will then be able to consult with experts in the areas of study design, data analysis, and statistics to make necessary changes to ensure that any data collected and analyzed is conducted in a manner that achieves the goals of the program.

In response to the breaking development of the COVID-19 pandemic just after the 2019-2020 fiscal year, the PRP is currently exploring different opportunities and formats to resume practice review activity in the safest way possible. This may be through a combination of

personal protective equipment, remote review activities, and in-person visits with appropriate precautions. Maintaining the health and well-being of pharmacy professionals, the public, and compliance officers is of the utmost importance.

## Appendix A: Practice Review Process (Detailed)

The practice review process consists of three components that are completed over a 2-3 month period. The first component, the pre-review, involves collaborating with pharmacy managers to determine scheduling of the on-site review, email confirmation and access to the online pre-review questionnaire with supporting online educational tools.

Selected community pharmacies are notified via email at least 1 month prior to the scheduled review date. Hospital pharmacies are notified via email at least 2 months prior to the scheduled review date. Pharmacy managers are asked to complete and submit an online pharmacy pre-review in preparation for the upcoming visit. This allows them to compare the practice at their pharmacy to the legislation, standards, and expectations for all pharmacies in British Columbia.

Follow up phone calls are made to pharmacy managers by PRP staff to confirm dates, address potential concerns, and reinforce the collaborative nature of the review. The pre-review questionnaire is available online to all pharmacy managers and takes approximately 2-3 hours to complete. The time spent completing this questionnaire can be applied toward non-accredited continuing education annual requirements for pharmacy managers. The first component of the review is complete once the pre-review online questionnaire is submitted.

Pharmacy professionals are also provided with a number of resources to help them prepare for their Pharmacy Professionals Review. This includes emailed instructions, pharmacy professional review forms available online, an online FAQ, PRP support tools for community pharmacy professionals, and direct support available from PRP staff.

The second component of the practice review is comprised of an in-person review by a CPBC Compliance Officer (CO). This review includes evaluation of up to 516 unique, equally-weighted items and processes that directly relate to CPBC standards of practice (Appendix C). During the on-site review, pharmacy professionals are observed performing day-to-day pharmacy activities including patient interactions. Pharmacist reviews focus on compliance with standard processes related to patient identification verification, profile check, counselling, and documentation. Pharmacy technician reviews focus on compliance with standard processes related to patient identification verification, product distribution, collaboration, and

documentation. The review of the pharmacy site takes about 6-7 hours to complete while each professional review requires about 2-3 hours to complete. Pharmacies that service residential care facilities are allocated an additional day of review time so as to accommodate their specific requirements and processes. During the on-site review, the goal of the CO is to work collaboratively with professionals, ensuring minimal disruption to the regular operation of the pharmacy while promoting the bilateral sharing of knowledge.

At the end of the on-site visit, pharmacy managers and pharmacy professionals are provided a verbal debrief followed by a written report. Both debriefs identify any non-compliance action items that require attention by the pharmacy manager and the pharmacy professionals. By discussing action items in person and then reinforcing them in writing, pharmacy managers and professionals are given the opportunity to ask COs questions about the nature of any issues identified and how best to correct them. Through this added level of engagement, pharmacy professionals are better able to enter their 30 day action item completion period with a clear sense of what is required and why.

For the third component, community pharmacy professionals correct and report their action item compliance requirements through an online action item portal. Hospital pharmacy professionals correct and report their action items via a customized Excel spreadsheet that is emailed to their CO. This variance is due to differences in data collection methods between the two types of reviews. However, collaboration with the CPBC IT department is underway to migrate information collected from both types of reviews to a unified PRP application.

Once identified action items have been addressed by the pharmacy and its pharmacy professionals, they are submitted to the CO for approval of their alignment with the standards of practice of the CPBC. However, a pharmacy or pharmacy professional can be referred to the Inquiry Committee in cases where action items are not corrected, and non-compliance is not addressed. For the fiscal year 2019-2020, 1 referral was made to the Inquiry Committee.

After the practice review has been completed and closed, all participants are invited to provide feedback by completing the Practice Review Survey.

## Appendix B: Site Selection Breakdown

### Community Pharmacy Sites Reviewed

Site Type	District 1	District 2	District 3	District 4	District 5	Total
Cycle-Based	41	11	18	12	6	88
Risk-Based (Complaints)	27	10	11	4	3	55
Risk-Based (New Openings – no review since pre-opening)	34	71	12	14	5	136
<b>Totals</b>	<b>102</b>	<b>92</b>	<b>41</b>	<b>30</b>	<b>14</b>	<b>279</b>

*District 1 - Metro Vancouver, District 2 - Fraser Valley, District 3 - Vancouver Island/Coastal, District 4 - Kootenay/Okanagan, District 5 - Northern BC*

### Hospital Pharmacy Sites Reviewed

	District 6	District 7
Hospital Pharmacies Reviewed	5	8
<b>Total</b>		<b>13</b>

*District 6 – Urban Hospitals, District 7 – Community Hospitals*

## Appendix C: Practice Review Forms and Criteria

### Community Pharmacy Review Form

[http://library.bcpharmacists.org/5\\_Programs/5-2\\_PRP/5164-PRP\\_PharmReview\\_Form.pdf](http://library.bcpharmacists.org/5_Programs/5-2_PRP/5164-PRP_PharmReview_Form.pdf)

### Hospital Pharmacy Review Form

[http://library.bcpharmacists.org/5\\_Programs/5-2\\_PRP/5209-PRP\\_Hospital\\_PharmReview\\_Form.pdf](http://library.bcpharmacists.org/5_Programs/5-2_PRP/5209-PRP_Hospital_PharmReview_Form.pdf)

### Community Pharmacist Review Form

[http://library.bcpharmacists.org/5\\_Programs/5-2\\_PRP/5163-PRP\\_PharmProReview\\_Form.pdf](http://library.bcpharmacists.org/5_Programs/5-2_PRP/5163-PRP_PharmProReview_Form.pdf)

### Community Pharmacy Technician Review Form

[http://library.bcpharmacists.org/5\\_Programs/5-2\\_PRP/5234-PRP\\_Community\\_PT\\_ProReview.pdf](http://library.bcpharmacists.org/5_Programs/5-2_PRP/5234-PRP_Community_PT_ProReview.pdf)

### Hospital Pharmacist Review Form

[http://library.bcpharmacists.org/5\\_Programs/5-2\\_PRP/5300-PRP\\_Hospital\\_PSPHarmProReview\\_Form.pdf](http://library.bcpharmacists.org/5_Programs/5-2_PRP/5300-PRP_Hospital_PSPHarmProReview_Form.pdf)

### Hospital Pharmacy Technician Review Form

[http://library.bcpharmacists.org/5\\_Programs/5-2\\_PRP/5301-PRP\\_Hospital\\_PTPharmProReview\\_Form.pdf](http://library.bcpharmacists.org/5_Programs/5-2_PRP/5301-PRP_Hospital_PTPharmProReview_Form.pdf)

### Community Pharmacy Review Categories and Item Counts

CATEGORY	# ITEMS
External to Dispensary	20
Dispensary	7
Security	22
Equipment & References	47
Prescriptions	57
Confidentiality	15
Inventory Management	40
Dispensed Products	17



Documentation	43
Pharmacy Manager Responsibilities	45
Owner and Director Responsibilities	7
Non-Sterile Compounding	8
<b>Sterile Compounding*</b>	<b>26</b>
<b>Residential Care*</b>	<b>114</b>
<b>Opioid Agonist Treatment*</b>	<b>43</b>
<b>Injectable Opioid Agonist Treatment*</b>	<b>5</b>
<b>Total</b>	<b>516</b>

*\*Optional categories that would only be reviewed for community pharmacies that offer these services*

### Hospital Pharmacy Review Categories and Item Counts

CATEGORY	# ITEMS
Pharmacy Security	3
Equipment & References	18
Drug Orders	10
Confidentiality	10
Inventory Management – Pharmacy	8
Inventory Management – Nursing Units	20
Narcotics and Controlled Drug Substances	30
Dispensed Products	36
Patient Records / Documentation	18
After Hours Services	6
Pharmacy Manager Responsibilities	59
Owners and Directors Responsibilities	6
<b>Non-sterile Compounding*</b>	<b>13</b>
<b>Sterile Compounding*</b>	<b>21</b>
<b>Residential Care*</b>	<b>6</b>
<b>Bulk Repackaging*</b>	<b>24</b>

<b><i>Ambulatory / Outpatient Services*</i></b>	45
<b>Total</b>	<b>330</b>

*\*Optional categories that would only be reviewed for hospital pharmacies that offer these services*

## Appendix D: Pharmacy Professional Review Statistics and Review Categories

### Number of Community Pharmacy Professionals Reviewed

<b>Pharmacists</b>	<b>666</b>
<b>Pharmacy Technicians</b>	<b>77</b>

### Community Pharmacist Review Categories and Item Counts

<b>CATEGORY</b>	<b># ITEMS</b>
Patient Identification Verification	6
PharmaNet Profile Check	17
Counselling	28
Documentation	34
<b>Total</b>	<b>85</b>

### Community Pharmacy Technician Review Categories and Item Counts

<b>CATEGORY</b>	<b># ITEMS</b>
Patient Identification Verification	6
Product Distribution	33
Collaboration	24
Documentation	15
<b>Total</b>	<b>78</b>

**Number of Hospital Pharmacy Professionals Reviewed**

<b>Pharmacists</b>	<b>241</b>
<b>Pharmacy Technicians</b>	<b>200</b>

**Hospital Pharmacist Review Categories and Item Counts**

<b>CATEGORY</b>	<b># ITEMS</b>
Patient Identification Verification	3
Profile Check	21
Counselling	21
Documentation	17
<b>Total</b>	<b>62</b>

**Hospital Pharmacy Technician Review Categories and Item Counts**

<b>CATEGORY</b>	<b># ITEMS</b>
Patient Identification Verification	3
Product Distribution	45
Collaboration	4
Documentation	8
<b>Total</b>	<b>60</b>

## Appendix E: Practice Review Survey

### Sample Practice Review Survey Invitation



College of Pharmacists  
of British Columbia



Dear **Name**,

The goal of the Practice Review Program is to have all registrants and practice settings not only meet, but exceed College standards. We encourage you and your staff to continue to self-assess your pharmacy and practice on a regular basis in order to provide your patients with “better health through excellence in pharmacy”.

This email confirms that your Pharmacy Professionals Review conducted at **PHARMACY** between **Review Dates** is now complete. A full Pharmacy Professionals Review report is available on eServices.

We invite and encourage you to complete a voluntary survey on the Practice Review Program at <http://questionnaire.simplesurvey.com/f//PRPCommunityPracticeRegistrantFeedbackSurvey2019-20> before **Due Date**. If you are a Pharmacy Manager, you only need to complete the survey once.

Regards,

**Ashifa Keshavji**, B.Sc.(Pharm.), R.Ph.

**Director of Practice Reviews and Quality Assurance** | College of Pharmacists of BC  
604.733.2440 | 1.800.663.1940 | [www.bcpharmacists.org](http://www.bcpharmacists.org)

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## Sample Email Reminder



College of Pharmacists  
of British Columbia



Dear **Name**

This is a reminder to complete the voluntary [Practice Review Program Feedback Evaluation Survey](#) by **Due Date**. Please ignore this email if you have already completed the survey. We appreciate your feedback.

Sincerely,

**Ashifa Keshavji**, B.Sc.(Pharm.), R.Ph.

**Director of Practice Reviews and Quality Assurance** | College of Pharmacists of BC  
604.733.2440 | 1.800.663.1940 | [www.bcpharmacists.org](http://www.bcpharmacists.org)

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## Survey Questions

### Practice Review Program Tools Section Questions:

1. I received clear instruction on how to access the Practice Review Program information on the College website.
2. The Practice Review Program webpage has clear information about the program, including the overall review process.
3. I received clear instructions on how to complete the Pharmacy Pre-Review.
4. The How-To-Guide and the Pharmacy Pre-Review Tutorial were helpful resources.  
**(Community Only)**
5. The selection email received from the College contained appropriate and clear information. **(Hospital Only)**
6. The “Practice Reviews in Progress” poster was a valuable resource for my staff.  
**(Hospital Only)**

**Practice Review Program Pre-Review Section Questions:**

1. The online Pharmacy Pre-Review tool was user-friendly.
2. The pre-review took an appropriate amount of time.
3. I had clear expectations of the Pharmacy Review after completing the Pharmacy Pre-Review.
  - *How many hours did it take you to complete the Pharmacy Pre-Review online?*
  - *Did you experience any technical difficulties when completing the online Pharmacy Pre-Review?*
  - *Did you receive satisfactory technical support from the PRP department?*
  - *How could the online Pharmacy Pre-Review tool be improved?*

**Pharmacy Review Scheduling Process Section Questions:**

1. The PRP department was helpful when I had questions or concerns related to scheduling.
2. I had adequate time to prepare for the Pharmacy Review.
3. I had clear instructions on how to schedule the Pharmacy Professionals Reviews.  
**(Hospital Only)**
  - *How could the scheduling process be improved?*

**Pharmacy Review Section Questions:**

1. The duration of the Pharmacy Review was sufficient to thoroughly review my pharmacy.
2. The Pharmacy Review was conducted as expected from the Pharmacy Pre-Review and the program information received.
3. The Pharmacy Review was conducted in a manner that was as least disruptive to my pharmacy as possible.

**Pharmacy Review Results Section Questions:**

1. My Pharmacy Review results accurately reflected the review.
2. The categories of the Pharmacy Review are relevant to patient safety.

**Pharmacy Review Impact Section Questions:**

- *Rate the impact to your pharmacy after the Pharmacy Review. Use 0 as the baseline (i.e. before the practice review).*
- *Rank the top 3 areas in the Pharmacy Review that have the highest positive impact on your pharmacy after the review.*
- *How has the pharmacy review impacted your pharmacy overall?*
- *How could the pharmacy review better assess your pharmacy?*
- *Is there any other area of pharmacy practice that should also be included in the Pharmacy Review?*

**Practice Review Program Tools (Pharmacy Professionals) Section Questions:**

1. I received clear instructions on how to access the Practice Review Program information on the College website.
2. The Practice Review Program webpage has clear information about the program, including the overall review process.
3. I read the Pharmacy Professionals Review Form before my review.
4. I understood what to expect from a Pharmacy Professionals Review after reading the form.
5. The PRP Support Tools for the focus areas were helpful resources. **(Community Only)**

**Pharmacy Professionals Review Section Questions:**

1. My Pharmacy Professionals Review reflects minimum standards as set by the College under the 4 focus areas.
2. The Pharmacy Professionals Review was conducted as expected from the program information I received.
3. My Pharmacy Professionals Review was conducted in a manner that was as least disruptive to my practice as possible.

**Pharmacy Professionals Review Results Section Questions:**

1. My Pharmacy Professional Review results accurately reflected the review.
2. The focus areas of the Pharmacy Professionals Review are relevant to my practice.

**Pharmacy Professionals Review Impact Section Questions:**

- *Rate the impact to your practice after the Pharmacy Review. Use 0 as the baseline (i.e. before the practice review).*
- *How has the Pharmacy Professionals Review impacted your practice overall?*
- *How could the Pharmacy Professionals Review better assess your practice?*

**Action Items / Action Item Portal Section Questions:**

1. I had sufficient time to complete my action item(s).
  2. I received clear instructions on how to review my action items and submit them on the Action Item portal. **(Community Only)**
  3. The Action Item Tutorial was helpful. **(Community Only)**
  4. The Action Item Portal was user-friendly. **(Community Only)**
  5. I received clear instructions on how to review and submit my action item(s). **(Hospital Only)**
- *Did you experience any technical difficulties when submitting your action item(s)?*
  - *Did you receive satisfactory technical support from the PRP department?*
  - *How could the Action Item Portal/submitting action items be improved?*



**Compliance Officer Section Questions:**

My Compliance Officer:

1. Was knowledgeable in current bylaws.
2. Was polite and professional.
3. Was able to answer my questions during and/or after the review.
4. Provided adequate support to complete my action item(s).
5. Made me feel comfortable to ask questions or seek clarification.

**Additional Feedback Section Questions:**

- *Please provide any feedback on the Practice Review Program that has not been addressed in the survey*

## Appendix F: Survey Data Collection and Processing Methodology

### Overall Rating Score

The 7-point Likert scale provides respondents the opportunity to rate their agreement/disagreement to practice review related statements. Responses range from *strongly agree* to *strongly disagree*. When analyzing responses, *agree* and *strongly agree* indicated agreement, while *disagree* and *strongly disagree* indicated disagreement, and *somewhat agree*, *neutral*, and *somewhat disagree* indicated a neutral response.

Responses to several statements within each category are collected. For example, in the Compliance Officers category, responses to 5 individual statements are collected. The overall rating score combines the feedback of all 5 statements into an overall rating to provide a measure of performance for the Compliance Officers category as a whole. Managing data in this manner allows for a large volume of discrete data points to be more easily interpreted and actionable. These overall rating scores provide a substantive summary of collected responses, ultimately providing a proxy measurement of the PRP's performance according to pharmacy professionals.

The formulas below outline the overall rating score calculation used. The limitation of using overall rating scores is that while it provides an overview of performance within a category there is the potential for loss of specific feedback related to individual statements. Poor scores and positive scores will lower and raise an overall rating score respectively, however, which specific statement within a category may have led to the positive or negative shift would not be known using an overall rating score. This concern can readily be addressed as overall rating scores that raise concern can be investigated further by reviewing more detailed data.

#### Overall Rating Score Calculation

$$\text{Agreement Rating \%} = \frac{\# \text{ Agree} + \# \text{ Strongly Agree}}{\text{Total \# of Responses}} \times 100$$

$$\text{Neutral Rating \%} = \frac{\# \text{ Somewhat Agree} + \# \text{ Neutral} + \# \text{ Somewhat Disagree}}{\text{Total \# of Responses}} \times 100$$

$$\text{Disagreement Rating \%} = \frac{\# \text{ Disagree} + \# \text{ Strongly Disagree}}{\text{Total \# of Responses}} \times 100$$

## Overall Impact Rating

Impact rating questions ask respondents to rate how they feel the practice review has impacted their practice. A scale of +5 to -5 was used with 0 identified as the baseline of no impact at all. A positive score indicates a positive impact on practice while a negative score indicates a negative impact on practice.

Feedback collected from impact rating questions is analyzed and collated into an overall impact rating with the formula below. Using an averaging approach, information from hundreds of individual impact rating scores are combined and interpreted as a whole. Substantively summarizing data in this way enhances understanding and allows the PRP to make responsive changes as necessary.

A limitation of using the overall impact rating is that averaging can obscure information related to the distribution of responses. For example, an average score of +2.5 does not tell us whether the majority of scores received were around +2.5, or whether half of the scores received were +5 and the other half were 0. Similar to overall rating scores, the entirety of the raw data for impact rating questions is available for review if further analysis is required.

### Overall Impact Rating Calculation

$$\text{Overall Impact Rating} = \frac{\text{Sum of impact scores}}{\text{Total count of impact scores}}$$

## Impact Ranking

Respondents are also asked to rank the impact specific categories of the review had on their practice. The impact ranking is calculated by assigning points for the top three impact areas reported by each respondent and adding up the scores for each impact area. A vote for highest impact area is given 3 points, second highest 2 points, and third highest 1 point. A

limitation to impact rankings is that these questions only ask for the top 3 impact areas, and may not accurately reflect other review categories which could be impactful as well but may be number 4 on the list or lower.

## Open-Ended Comments

Qualitative data obtained from open-ended comments provides valuable feedback on respondents' personal experiences. Each comment is reviewed by PRP staff and grouped into themes. When theming, PRP staff review each submission to identify the underlying message within the comment. To minimize the risk of misinterpretation, comments that do not clearly fit within an existing category are placed in a category of their own. These single outlier comments, while small in number, are still valuable as they provide insight that may otherwise not be available to the PRP team. Once comments are themed they are added to a tally. For example, the comment:

*"The website is not user friendly. My browser was not supported, College email response was 3 days later. Even then the only suggestion was to download Chrome. I use Safari, a commonly used browser. This should be an option for members to use."*

is themed "would like Safari compatibility" and tallied with that category.

This process of theming comments was implemented with the goal of improving interpretation of the large amount of raw comment data. While the PRP recognizes a limitation of theming comments is that not all individual nuances in comments can be captured through theming, the benefit of being able to clearly identify and act on trends is felt to outweigh the risk of losing some of the individual nuances in comments. Risks associated with theming are minimized through retaining all raw data to allow for the review of individual comments. Respondent comments are a valuable part of the overall data collected to establish a clear picture of PRP performance.

## Appendix G: Survey Responses and Practice Reviews Completed by District and Practice Setting

### Survey Responses by Practice Setting

Community Pharmacy Feedback Survey Statistics	
Partial Responses	52 (7%)
Complete Responses*	198 (28%)
Total Responses	250 (36%)

\* Only completed surveys included for analysis

68 of the 198 community pharmacy respondents were pharmacy managers  
25 of the 68 community pharmacy managers were pharmacy owners/directors

Hospital Pharmacy Feedback Survey Statistics	
Partial Responses	17 (4%)
Complete Responses*	120 (30%)
Total Responses	137 (35%)

\*Only completed surveys included for analysis

2 of the 120 hospital pharmacy respondents were pharmacy managers

## Appendix H: Top Non-Compliance Categories Year-Over-Year Comparison

*Note: All results are arranged in order of occurrence from most to least frequent.*

### Community Pharmacy

2017 - 2018	2018 - 2019	2019 - 2020
1. Prescriptions	1. Inventory Management	1. Prescriptions
2. Inventory Management	2. Prescriptions	2. Inventory Management
3. Pharmacy Manager Responsibilities	3. Pharmacy Manager Responsibilities	3. Pharmacy Manager Responsibilities
4. Equipment and References	4. Security	4. Equipment and References
5. External to Dispensary	5. Equipment and References	5. Security

### Community Pharmacists

2017 - 2018	2018 - 2019	2019 - 2020
1. Counselling	1. Counselling	1. Counselling
2. Documentation	2. Documentation	2. Documentation
3. Patient Identification Verification	3. Patient Identification Verification	3. Patient Identification Verification
4. PharmaNet	4. PharmaNet	4. PharmaNet

### Community Pharmacy Technicians

2017 - 2018*	2018 - 2019	2019 - 2020
<ol style="list-style-type: none"> <li>1. Documentation</li> <li>2. Product Distribution</li> <li>3. Collaboration</li> <li>4. Counselling</li> <li>5. Patient Identification Verification</li> </ol>	<ol style="list-style-type: none"> <li>1. Documentation</li> <li>2. Collaboration</li> <li>3. Product Distribution</li> <li>4. Patient Identification Verification</li> </ol>	<ol style="list-style-type: none"> <li>1. Documentation</li> <li>2. Product Distribution</li> <li>3. Collaboration</li> <li>4. Patient Identification Verification</li> </ol>

*\*Note: In 2017-2018, Community Pharmacy Technician review criteria changed from Patient Identification Verification, Documentation, Profile Check, and Counselling to Patient Identification Verification, Documentation, **Product Distribution**, and **Collaboration**. As a result, action items for the whole year spanned across up to 6 categories (because of the 2 new replacements).*

### Hospital Pharmacy

2017 - 2018	2018 - 2019	2019 - 2020
<ol style="list-style-type: none"> <li>1. Inventory Management – Nursing Unit</li> <li>2. Pharmacy Manager Responsibilities</li> <li>3. Narcotics &amp; Controlled Substances</li> <li>4. Sterile Compounding</li> <li>5. Equipment &amp; References</li> </ol>	<ol style="list-style-type: none"> <li>1. Sterile Compounding</li> <li>2. Inventory Management – Nursing Unit</li> <li>3. Pharmacy Manager Responsibilities</li> <li>4. Ambulatory Services</li> <li>5. Equipment and References</li> </ol>	<ol style="list-style-type: none"> <li>1. Sterile Compounding</li> <li>2. Inventory Management – Nursing Unit</li> <li>3. Ambulatory Services</li> <li>4. Pharmacy Manager Responsibilities</li> <li>5. Equipment and References</li> </ol>

**Hospital Pharmacists**

<b>2017 - 2018</b>	<b>2018 - 2019</b>	<b>2019 - 2020</b>
<ol style="list-style-type: none"> <li>1. Patient Identification Verification</li> <li>2. Counselling</li> </ol>	<ol style="list-style-type: none"> <li>1. Counselling</li> <li>2. Patient Identification Verification</li> <li>3. Documentation</li> </ol>	<ol style="list-style-type: none"> <li>1. Counselling</li> <li>2. Documentation</li> <li>3. Profile Check</li> <li>4. Patient Identification Verification</li> </ol>

**Hospital Pharmacy Technicians**

<b>2017 - 2018</b>	<b>2018 - 2019</b>	<b>2019 - 2020</b>
<ol style="list-style-type: none"> <li>1. Patient Identification Verification</li> <li>2. Documentation</li> <li>3. Product Distribution</li> <li>4. Collaboration</li> </ol>	<ol style="list-style-type: none"> <li>1. Patient Identification Verification</li> <li>2. Documentation</li> <li>3. Collaboration</li> <li>4. Product Distribution</li> </ol>	<ol style="list-style-type: none"> <li>1. Documentation</li> <li>2. Patient Identification Verification</li> <li>3. Collaboration</li> <li>4. Product Distribution</li> </ol>



## Appendix I: Community Pharmacy Review Top Non-Compliance Items

### Prescriptions

N = 57 items reviewed

2019 – 2020	
Rank 1	Missing name and/or fax number of the pharmacy intended to receive the transmission.
2	Pharmacists must document in the client's record any emergency refill of the prescription, the rationale for the decision, and any appropriate follow-up plan.
3	The written confirmation of the registrant who verified the patient <b>allergy information</b> is missing on a prescription hard copy.
4	The written confirmation of the registrant who verified the <b>patient identification</b> is missing on a prescription hard copy.
5	The written confirmation of the registrant who <b>performed the consultation</b> is missing on a prescription hard copy.

### Inventory Management

N = 40 items reviewed

2019 – 2020	
Rank 1	A registrant must not sell or dispense a quantity of drug that will not be used completely prior to the manufacturer's expiry date, if used according to the directions on the label.
2	Missing date and signature of the <b>responsible pharmacist</b> when conducting narcotic counts.
3	Missing date and signature of the <b>person(s) who completed</b> narcotic count.
4	Narcotic counts were not conducted at a minimum of every 3 months.

5	Forward to the College a copy of any report sent to the appropriate office at Health Canada.
---	--

## Pharmacy Manager Responsibilities

N = 45 items reviewed

2019 – 2020	
Rank 1	Procedures were not established for (i) inventory management, (ii) product selection, and (iii) proper destruction of unusable drugs and devices.
2	An ongoing quality management program that monitors staff performance, equipment, facilities and adherence to the Community Pharmacy Standards of Practice has not been developed.
3	With respect to electronic records, the policy must include a description of the process for the preservation, storage and backing up of records that is compliant with section 23.3 requirements.
4	Policies and procedures were not established to specify the duties to be performed by pharmacy professionals and support persons.
5	Ensure the pharmacy contains the reference material and equipment approved by the board from time to time.

## Equipment and References

N = 47 items reviewed

2019 – 2020	
Rank 1	At the start and end of each work day, record the minimum and maximum temperatures reached since the last monitoring, on the Temperature Form. Also record the current refrigerator temperature.
2	Maintain the refrigerator temperature between +2°C to +8°C.
3	The dispensary of all community pharmacies at a minimum must have the equipment outlined as per PODSA Bylaw (3)(2)(w): The pharmacy was missing <b>stirring rods</b> (glass or plastic).
4	The pharmacy does not have a current reference applicable to veterinary drugs though it does dispense drugs for veterinary use.

5	The dispensary of all community pharmacies at a minimum must have the equipment outlined as per PODSA Bylaw (3)(2)(w): The pharmacy was missing <b>funnels</b> (glass or plastic).
---	--

## Security

N = 22 items reviewed

2019 – 2020	
<b>Rank</b> 1	A community pharmacy must clearly display at all external entrances that identify the premises as a pharmacy, and at the dispensary counter signage provided by the College.
2	Security camera system does not have date/time stamp images that are archived and available for no less than 30 days.
3	Schedule IA drugs were not kept in a locked metal safe.
4	Some schedule I and II drugs, controlled drug substances or personal health information, were not secured by physical barriers.
5	Under the Personal Information Protection Act (PIPA) pharmacies are required to post visible and clear signage informing customers that the premise is monitored by cameras.

## Appendix J: Community Pharmacy Professionals Review Top Non-Compliance Items

### Community Pharmacists

#### Counselling

N = 28 items reviewed

2019 – 2020	
Rank 1	The pharmacist/patient consultation for a prescription did not include action to be taken in the event of a <b>missed dose</b> .
2	The pharmacist/patient consultation for a prescription did not include the <b>strength</b> of the drug.
3	The pharmacist/patient consultation for a prescription did not include the <b>purpose</b> of the drug.
4	The pharmacist did not provide patient consultation for a schedule 1 prescription.
5	The pharmacist/patient consultation for a prescription did not include information on <b>when to seek medical attention</b> .

#### Documentation

N = 34 items reviewed

2019 – 2020	
Rank 1	Unable to tell whether patient <b>allergy</b> information was verified or not because the pharmacist did not record that on the prescription.
2	Unable to tell whether <b>patient identification</b> was verified or not because the pharmacist did not record that on the prescription.
3	The pharmacist did not update allergy information onto PharmaNet.

4	The pharmacist verified <b>patient identification</b> but did not include his/her written confirmation for doing so on the prescription hardcopy.
5	Unable to tell whether <b>counselling</b> occurred or refused by patient because pharmacist did not self-identify for that on the prescription.

## Patient Identification Verification

N = 6 items reviewed

2019 – 2020	
Rank 1	The pharmacist did not view any ID from an unknown patient.
2	The pharmacist did not ID patient before providing service that concerns a patient's PHI.
3	The pharmacist viewed only 1 piece of secondary ID from an unknown patient.
4	The pharmacist did not ID patient's representatives before providing service that concerns a patient's PHI.

## PharmaNet Profile Check

N = 17 items reviewed

2019 – 2020	
Rank 1	The pharmacist did not review the patient's personal health information stored on the PharmaNet database before dispensing a drug.
2	The pharmacist did not review a patient's local patient profile for drug therapy problems.
3	The pharmacist did not take action on a patient's degree of compliance.
4	The pharmacist did not take action on a therapeutic duplication.

## Community Pharmacy Technicians

### Documentation

N = 15 items reviewed

2019 – 2020	
Rank 1	Unable to tell whether patient <b>allergy information</b> was verified or not because the pharmacy technician did not self-identify for that on the prescription.
2	Unable to tell whether <b>patient identification</b> was verified or not because the pharmacy technician did not self-identify for that on the prescription.
3	The pharmacy technician did not update allergy information onto PharmaNet.
4	The pharmacy technician verified <b>patient identification</b> but did not self-identify for that on the prescription.
5	The pharmacy technician performed the <b>final check</b> but did not self-identify for that on the prescription.

### Product Distribution

N = 33 items reviewed

2019 – 2020	
Rank 1	The pharmacy technician <b>performing the final check</b> of a prepared prescription did not ensure that the prescription <b>product label matches</b> the manufacturer's label with respect to the <b>drug</b> .
2	The pharmacy technician <b>performing the final check</b> of a prepared prescription did not ensure that a <b>pharmacist has completed a clinical assessment</b> of the prescription after reviewing the patient profile.
3	The pharmacy technician, when <b>performing the final check</b> of a prescription product, did not ensure that the prescription <b>product label matches</b> the manufacturer's label with respect to the <b>DIN</b> .
4	The pharmacy technician, when <b>performing the final check</b> of a prescription product, did not ensure that the prescription <b>product label matches</b> the prescription information with respect to the <b>dosing instructions</b> including the frequency, interval or maximum daily dose.

5	The pharmacy technician, when <b>performing the final check</b> of a prescription product, did not ensure that the prescription <b>product label matches</b> the manufacturer's label with respect to <b>strength</b> .
---	---

## Collaboration

N = 24 items reviewed

2019 – 2020	
Rank 1	The pharmacy technician did not identify his or her registrant class in an interaction with a <b>patient</b> .
2	The pharmacy technician did not identify his or her registrant class in an interaction with a <b>practitioner</b> .
3	The pharmacy technician performed a task described in (i) sections 12: <b>Counselling a Prescription</b> .
4	The pharmacy technician performed a task described in (i) sections 6(5): <b>Clinical</b> .
5	The pharmacy technician did not use effective written communication skills.

## Patient Identification Verification

N =6 items reviewed

2019 – 2020	
Rank 1	The pharmacy technician did not view any ID from an unknown patient.
2	The pharmacy technician viewed only 1 piece of secondary ID from an unknown patient.
3	The pharmacy technician did not ID a patient before providing service that concerns a patient's PHI.

## Appendix K: Hospital Pharmacy Review Top Non-Compliance Items

### Sterile Compounding

N = 21 items reviewed

2019 - 2020	
<b>Rank 1</b>	Personnel hand hygiene and garbing procedures, staging of components, order entry, CSP labeling, and other high-particulate-generating activities were not performed in the ante-area.
<b>2</b>	Sterile products were not prepared and distributed in an environment that is in accordance with the USP Pharmaceutical Compounding – Sterile Products Guidelines (USP Chapter <797>).
<b>3</b>	Hazardous drugs were not stored separately from other inventory to prevent contamination.
<b>4</b>	Ceiling/flooring/equipment/chairs were not non-porous, smooth, free from cracks, non-shedding, cleanable and disinfectable.
<b>5</b>	A demarcation line was absent. There was no visible line on the floor that separates the room into areas for different purposes.

### Inventory Management – Nursing Unit

N = 20 items reviewed

2019 - 2020	
<b>Rank 1</b>	Appropriate security and storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice including operation of the pharmacy without a registrant present was not ensured.
<b>2</b>	Minimum and maximum refrigerator temperatures were not consistently recorded at the start and end of each work day on a nursing unit.
<b>3</b>	A constant temperature-recording device or digital minimum/maximum thermometer (with probe) to monitor both the current refrigerator temperature and the minimum/maximum temperatures reached was not used.
<b>4</b>	Drugs on the nursing unit were not protected from contamination.



5	Food and/or beverages were found in medication refrigerators on a nursing unit.
---	---

## Ambulatory Service

N = 45 items reviewed

2019 - 2020	
Rank 1	The written confirmation of the registrant who verified the patient identification was missing on the outpatient prescription hard copy.
2	The written confirmation of the registrant who verified the patient allergy information was missing on the outpatient prescription hard copy.
3	An outpatient prescription did not include the identification number from the practitioner's regulatory college at the time of dispensing.
4	An outpatient prescription did not include the full address of the patient, including postal code at the time of dispensing.
5	The written confirmation of the registrant who identified and addressed a drug therapy problem is missing on the outpatient prescription hard copy.

## Pharmacy Manager's Responsibilities

N = 59 items reviewed

2019 – 2020	
Rank 1	Registrant and support persons staff levels were not sufficient to ensure that workload volumes and patient care requirements are met at all times in accordance with the bylaws, Code of Ethics and standards of practice.
2	Incorrect registrant class or other status was identified on a badge.
3	The hospital pharmacy manager did not develop, document and implement an ongoing quality management program that documents periodic audits of the drug distribution process.
4	The hospital pharmacy manager did not develop, document and implement an ongoing quality management program that includes a process to review patient-oriented recommendations.
5	The hospital pharmacy manager did not develop, document and implement an ongoing quality management program that includes a process to review a full pharmacist's documentation notes in the hospital's medical records.

## Equipment and References

**N = 18 items reviewed**

2019 - 2020	
<b>Rank</b> 1	The hospital pharmacy or hospital pharmacy satellite was not adequately equipped to provide safe and proper medication compounding, dispensing and/or preparation of medication orders, and for the provision of patient-oriented and administrative pharmacy services.
2	The minimum and maximum refrigerator temperatures were not consistently recorded at the start and end of each work day in the pharmacy.
3	The College of Pharmacists of BC license displayed in the hospital pharmacy was expired.
4	A pharmacy medication refrigerator was not equipped with a constant temperature-recording device or digital minimum/maximum thermometer (with probe).
5	Standard bar fridges (small volume combination fridge/freezer with one exterior door) were used to store vaccines or biologicals in the pharmacy.

## Appendix L: Hospital Pharmacy Professionals Review Top Non-Compliance Items

### *Hospital Pharmacists*

#### Counselling

N = 21 items reviewed

2019 - 2020	
Rank 1	The pharmacist did not provide information regarding action to be taken in the event of a <b>missed dose</b> .
2	The pharmacist did not provide information regarding <b>how to monitor</b> the response to therapy.
3	The pharmacist did not provide prescription <b>refill information</b> when providing drug consultation to an outpatient or the outpatient's representative, or to an inpatient on request.
4	The pharmacist did not discuss <b>storage requirements</b> when providing drug consultation to an outpatient or the outpatient's representative, or to an inpatient on request.
5	The pharmacist did not identify the <b>name and strength</b> of the drug when providing drug consultation to an outpatient or the outpatient's representative, or to an inpatient on request.

#### Documentation

N = 17 items reviewed

2019 – 2020	
Rank 1	The pharmacist did not document directly in the patient record all activities and information pertaining to the drug therapy of the patient.
2	The pharmacist did not document recommendations for changes in drug selection, dosage, duration of therapy, and/or route of administration.
3	The pharmacist did not document allergies, adverse drug reactions and intolerances.

4	The pharmacist verified patient identification, but did not include his/her written confirmation for doing so on an outpatient prescription.
5	The pharmacist verified patient allergy information, but did not include his/her written confirmation for doing so on an outpatient prescription.

## Profile Check

N = 21 items reviewed

2019 - 2020	
Rank 1	The pharmacist did not have a process to assess allergies, adverse drug reactions and intolerances before dispensing the patient's drug and at appropriate intervals thereafter.
2	The pharmacist did not check the drug order for the patient's name, location and/or hospital number.
3	The pharmacist did not positively identify an <b>outpatient</b> by viewing one piece of primary identification or two pieces of secondary identification.

## Patient Identification Verification

N = 2 items reviewed

2019 - 2020	
Rank 1	A pharmacist <b>did not take reasonable steps to confirm the identity</b> of a patient, patient's representative, registrant or practitioner before providing any pharmacy service, including but not limited to (a) establishing a patient record, (b) updating a patient's clinical information, (c) providing a printout of an in-pharmacy or requesting a PharmaNet patient record, (d) establishing, deleting, or changing a patient keyword, (e) viewing a patient record, (f) answering questions regarding the existence and content of a patient record, (g) correcting information, and (h) disclosing relevant patient record information to another registrant for the purpose of dispensing a drug or device, and/or for the purpose of monitoring drug use.
2	A pharmacist did not use at least <b>two person-specific identifiers</b> to confirm the identity of a patient before providing any pharmacy service to the patient.
3	A pharmacist did not <b>positively identify an outpatient</b> by viewing one piece of primary identification or two pieces of secondary identification.

## Hospital Pharmacy Technicians

### Documentation

N = 8 items reviewed

2019 - 2020	
Rank 1	The pharmacy technician <b>verified patient allergy information</b> , but did not include his/her written confirmation for doing so.
2	The pharmacy technician <b>verified patient identification</b> , but did not include his/her written confirmation for doing so.
3	The pharmacy technician <b>verified patient identification</b> , but <b>did not include his/her written confirmation</b> for doing so on the <b>outpatient</b> prescription.
4	The registrant <b>verified patient allergy information</b> , but <b>did not include his/her written confirmation</b> for doing so on the <b>outpatient</b> prescription.
5	An <b>outpatient</b> prescription <b>did not include</b> the written confirmation of the registrant who verified the patient <b>allergy information</b> at the time of dispensing.

### Patient Identification Verification

N = 3 items reviewed

2019 - 2020	
Rank 1	The registrant used <b>only one person-specific identifier</b> to confirm the identity of a patient before providing pharmacy services.
2	The registrant <b>used a patients room and/or bed number</b> as a person-specific identifier to confirm the identity of a patient before providing pharmacy services.
3	The registrant <b>did not use any person-specific identifiers</b> to confirm the identity of a patient before providing pharmacy services to the patient.
4	The registrant <b>did not review any identification documents</b> before providing pharmacy services to an outpatient.

## Collaboration

N = 4 items reviewed

2019 - 2020	
Rank 1	The pharmacy technician, when <b>interacting with a practitioner</b> , did not identify his or her registrant class.
2	The pharmacy technician, when <b>answering the telephone</b> , did not identify his or her registrant class.
3	The pharmacy technician, when <b>requesting patient information on the phone with a nurse</b> , did not identify his/her registrant class.
4	The pharmacy technician was <b>observed participating in the pharmacist/patient consultation</b> for Schedule I, II or III drugs in person (or by telephone).
5	The pharmacy technician, when gathering, reviewing, entering and/or updating the information required to create and/or maintain a patient record, <b>did not review the patient's allergies</b> .

## Product Distribution

N = 45 items reviewed

2019 - 2020	
Rank 1	The registrant, when performing the <b>final check</b> , did not ensure that the prescription product and the prescription product label matched the product information: the <b>drug</b> .
2	The registrant, when <b>preparing</b> a prescription product, did not ensure that the prescription product label matched the product information: the <b>quantity</b> .
3	The registrant, when performing the <b>final check</b> of a prescription product, did not <b>ensure that a pharmacist had completed a clinical assessment</b> of the prescription by reviewing the patient profile.

## Appendix M: PRP Changes Resulting From Feedback

Feedback Received	Action Taken
Practice reviews at the end of December are disruptive to pharmacies	Practice review schedule modified <ul style="list-style-type: none"> <li>No reviews Dec 15-Jan3</li> <li>Replaced with CO training</li> </ul>
Scheduling of reviews could be more efficient and less disruptive	Increase in scheduling from 2 PPRs to 3 PPRs per day
Flexibility needed to accommodate multiple shifts including graveyard and weekends	Practice Review schedules allow for irregular review times to accommodate pharmacy schedules
Technical difficulties with Pharmacy Pre-Review	IT updates to online Pharmacy Pre-Review
Additional time required to complete Pharmacy Pre-Reviews	Processes implemented to grant extensions for Pharmacy Pre-Reviews
Practice reviews need to reflect diverse practice types	Addition of practice specific question sets
Scheduling emails not received by pharmacy manager	Implementation of phone confirmation
Pharmacy managers required assistance in coordinating staff schedules for reviews	PRP staff provides extra support for scheduling process
Effectiveness of survey questions and tools evaluated	Change in format of survey data collection
Responsiveness of communication with the College could be improved	1 business day response time implemented
Focus areas for PPRs did not effectively reflect pharmacy technician scope	Pharmacy technician specific focus areas implemented
Compatibility issues with Safari (Apple) browser users	College's IT department review and interim communication solutions implemented
Need for continuous IT improvement to better support internal and external users	PRP and the IT department collaboration to explore solutions

Residential Care Review required more time	Allotted additional day for residential care review
Registrants learning from each other's reviews	<p>Insights Articles developed (2019-2020)</p> <ul style="list-style-type: none"> <li>• Undergoing Pharmacy Renovations? Don't Forget to Report Layout Changes to the College</li> <li>• Blister Packs and Preventing Errors Through Maintenance of Patient Records</li> <li>• Why You Need to Keep Your Pharmacy Information Updated (And How To Do It)</li> <li>• Hospital Pharmacies Providing Pharmacy Services to Outpatients: Releasing Medications</li> <li>• Residential Care</li> <li>• Updating a Patient's Allergies, Adverse Drug Reactions and Intolerances in a Hospital Setting</li> <li>• Pharmacy Managers Role in Scheduling Staff for Professionals Reviews (Hospital Practice)</li> </ul>
Legislation is ambiguous/difficult to interpret	<p>Review feedback and results used to inform legislative updates for:</p> <ul style="list-style-type: none"> <li>• PODSA Ownership and Bylaw Modernization</li> <li>• Security Bylaw</li> <li>• Electronic record keeping</li> <li>• Counselling Bylaw</li> <li>• Opioid Agonist Treatment (OAT) Policies</li> <li>• Mandatory Medication Incident Reporting</li> </ul>



## Appendix N: 2019-2020 PRP Insights Articles

### **Undergoing Pharmacy Renovations? Don't Forget to Report Layout Changes to the College**

<https://www.bcpharmacists.org/readlinks/undergoing-pharmacy-renovations-don%E2%80%99t-forget-report-layout-changes-college>

### **Blister Packs and Preventing Errors Through Maintenance of Patient Records**

<https://www.bcpharmacists.org/readlinks/blister-packs-and-preventing-errors-through-maintenance-patient-records>

### **Why You Need to Keep Your Pharmacy Information Updated (And How To Do It)**

<https://www.bcpharmacists.org/readlinks/why-you-need-keep-your-pharmacy-information-updated-and-how-do-it>

### **Hospital Pharmacies Providing Pharmacy Services to Outpatients: Releasing Medications**

<https://www.bcpharmacists.org/readlinks/hospital-pharmacies-providing-pharmacy-services-outpatients-releasing-medications>

### **PRP Insights - Residential Care**

<https://www.bcpharmacists.org/readlinks/prp-insights-residential-care>

### **PRP Insights: Updating a Patient's Allergies, Adverse Drug Reactions and Intolerances in a Hospital Setting**

<https://www.bcpharmacists.org/readlinks/prp-insights-updating-patient%E2%80%99s-allergies-adverse-drug-reactions-and-intolerances-hospital>

### **PRP Insights: Pharmacy Managers Role in Scheduling Staff for Professionals Reviews (Hospitals Practice)**

<https://www.bcpharmacists.org/readlinks/prp-insights-pharmacy-managers-role-scheduling-staff-professionals-reviews-hospitals>