California State Board of Pharmacy
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Sacramento, CA 95833
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

MEDICATION ERROR REDUCTION AND WORKFORCE CHAIR REPORT
June 22, 2022

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

I. Call to Order and Establishment of Quorum

II. Public Comment for Items Not on the Agenda, Matters for Future Meetings

*(Note: the committee may not discuss or take action on any matter raised during the public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. Government Code Sections 11125 and 11125.7(a).)

III. Approval of January 27, 2022, Committee Meeting Minutes

Attachment 1 includes a copy of the draft minutes.

IV. Presentation by the National Association of Boards of Pharmacy on its Workforce Task Force Report and National Perspective of Workforce Related Issues Including Discussion and Consideration

During the meeting members will receive a presentation from Bill Cover, Associate Executive Director, State Pharmacy Affairs, National Association of Boards of Pharmacy (NABP) on the NABP Task Force Report as national perspective.

Attachment 2 includes a Report of the Task Force on Workplace Safety and Well-Being.

V. Presentation by the American Pharmacists Association on the Well-Being Index, Pharmacist's Fundamental Responsibilities and Rights and Survey Results including Discussion and Consideration.

As part of the January 27, 2022, members reviewed the January 2022 Pharmacist Well-being Index State Report. At that time, members requested

a presentation from APhA on the well-being index as well as other efforts undertaken by APhA.

During the meeting members will receive a presentation by April Shaughnessy, APhA Well-being Initiative Project Manager.

Attachment 3 includes several items:

3a. Presentation Slides for the meeting.
3b. Well-being Index for Pharmacy Personnel, State Report for State Boards of Pharmacy, NABP District Eights States, June 2022.
3c. The Pharmacist's Fundamental Responsibilities and Rights

In addition to the attachments, APhA has several documents related to this the issues available on its website including:

- Workplace survey initial findings
- Workplace survey final report
- Community Pharmacy Summit

VI. Presentation by the Nova Scotia College of Pharmacists on the Nova Scotia Workplace Conditions Strategic Work

During the meeting members will receive a presentation from Beverly Zwicker, CEO and Registrar, Nova Scotia College of Pharmacists.

The Nova Scotia College of Pharmacists (NSCP) is the regulatory authority for the practice of pharmacy is Nova Scotia. Its legislated mandate is to maintain standards of practice and professional accountability in the practice of pharmacy. The NSCP's role is to regulate pharmacists and pharmacy technicians and the community pharmacies where they practice.

VII. Future Committee Meeting Dates

- September 14, 2022
- November 16, 2022

VIII. Adjournment

Attachment 1

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MEDICATION ERROR REDUCTION AND WORKFORCE COMMITTEE
Draft MEETING MINUTES

DATE:	January 27, 2022
LOCATION:	Teleconference Public Committee Meeting Note: Pursuant to the provisions of Government Code section 11133, neither a public location nor teleconference locations are provided.
COMMITTEE MEMBERS PRESENT:	Nicole Thibeau, Licensee Member, Chair Seung Oh, Licensee Member, Vice Chair Lavanza Butler, Licensee Member Kula Koenig, Public Member Jignesh Patel, Licensee Member
STAFF MEMBERS PRESENT:	Anne Sodergren, Executive Officer Eileen Smiley, DCA Staff Counsel

I. Call to Order, Establishment of Quorum, and General Announcements

Chairperson Thibeau called the meeting to order at 9:00 a.m. Chairperson Thibeau welcomed Kula Koenig to the Board and reminded everyone present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law.

The meeting moderator provided instructions on how to participate during the meeting, including the process to provide public comment.

Chairperson Thibeau took roll call. Members present included: Seung Oh, Lavanza Butler, Kula Koenig, Jignesh Patel, and Nicole Thibeau. A quorum was established.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public were provided the opportunity to provide comments for items not on the agenda; however, none were provided.

Note: Agenda items were taken out of order and reflected in the minutes in the order

the agenda items were taken.

V. Discussion and Consideration of Institute for Safe Medication Practices, Include Resources Available

Chairperson Thibeau welcomed Dr. Rita Jew and Dr. Michael Gaunt to provide a presentation on Institute of State Medication Practices (ISMP) and the resources it provides. Members were provided with background on the ISMP as it was founded in 1994 with a mission of advancing patient safety worldwide by empowering the healthcare community to prevent medication errors. The staff and advisory board include physicians, pharmacists and nurses.

ISMP receives information from the medication error reporting program. ISMP relies on health care providers and consumers to report errors. It is from this data that ISMP disseminates information. The ISMP reporting system is voluntary and is always considered confidential.

ISMP directly influences the work of the FDA through an MOU, including monthly meetings to share information on regulated product issues.

Members were provided information on the tools available for the community ambulatory environment, including an ISMP Medication Safety Alert – Community/Ambulatory Care Newsletter. It is a subscription-based publication. It serves as a warning system and shares lessons learn to be used as a proactive tool as part of its continuous quality improvement program.

Every four months Action Agendas are released that highlight key problems and key recommendations to assess the risks of the problems occurring in their pharmacies. It was recommended that the Board encourage licensees to use this tool and noted that some states offer CE to use the tool.

Members were advised about NAN Alert and Special Alert information that require immediate attention to prevent errors.

Members were provided with information on the ISMP Medication Safety Self-Assessment on multiple topics including one for Community/Ambulatory Pharmacy. It is intended as a tool for the pharmacy to use to assess risk. Members were advised that ISMP is working on developing a self-assessment tool for specialty pharmacy.

In addition to proactive tools, ISMP also provides tools to assist with root cause analysis, to provide key tips on how to complete such an analysis. ISMP offers numerous free resources including an ISMP List of Confused/Drug Names and ISMP

List of High-Alert Medications. ISMP also offers tools for consumers including high-alert medication learning guides.

Members were advised about tools in development included targeted medication safety best practices for community pharmacies. Dr. Gaunt suggested that it may be appropriate to identify a select group of high-alert medications for which counseling, possible scripted, would be required as well as possibly adapting tools for inspectors to use to facilitate safety discussion with licensees.

Chairperson Thibeau thanked Dr. Jew and Dr. Gaunt for their informative presentation. Members were provided with an opportunity to provide comments and expressed appreciation for the presentation.

Members asked about partnership between ISMP and corporate pharmacy chains to use the tools available and was advised that representatives serve on the advisory panel and some chains subscribe to the newsletters. ISMP noted attempts try to build relationships with organizations such as corporate pharmacy chain stores but noted it does not have a close working relationship or active engagement with the corporate pharmacy chains at this point. ISMP tries to build relationships with corporate pharmacy chains.

Members were advised that reporting to ISMP is completely voluntary and that there are no Boards that require mandatory reporting to the ISMP. It was suggested that the Board may want to check the requirements for Massachusetts. ISPM has received reports from Massachusetts that indicated the report was required by the Massachusetts Board to report to ISMP. Dr. Gaunt indicated Virginia was at one point requesting or requiring pharmacies to work with a certified patient safety organization as ISMP was receiving many inquiries from Virginia-based pharmacies.

Members were advised that ISMP does not currently have vaccine specific materials but noted it is included in some of the other areas of the self-assessment tool. ISMP does consider staffing information if the information is provided, some of which staffing or the volume of the prescriptions filled for the day may be a contributing factor. Dr. Jew noted alarm at the number of consumer reports received indicating that pharmacist appear overworked and the fractured response received by consumers from pharmacists because of the stress.

Members also inquired about how the information is available for pharmacists. ISMP indicates it is more effective getting information out to the hospital and health systems pharmacists in the acute care setting noting that it does not have a great a presence in the community pharmacy. Most efforts are through newsletters and word of mouth.

Members underscored the value of the work done by the ISMP. Members questioned how to mitigate the staffing challenges and if there are opportunities for the Communication and Public Education Committee to highlight the efforts of ISMP.

ISMP noted the need for dedicated time to perform vaccine related functions, noting that distractions play a role in errors. It was suggested that pharmacies consider having designated timeframes for vaccines with dedicated staff to provide those vaccines.

Members inquired about the quality assurances (QA) reporting process and how effective such a process is in preventing future errors. Members were advised they are not aware of such data. It was noted that the value of the QA is undermined if it was not a good faith process noting that for a program to be effective there needs to be a follow-up plan to assess if the changes identified and put into practice and trend the data to identify if there is improvement.

Members were advised that new healthcare professionals generally do not have the means to learn and practice continuous improvement process resulting in some new practitioners without training on how to implement such a process. ISMP representatives noted this was not being taught in schools and as a result new practitioners are not well prepared to perform this medication safety function. New practitioners are required to learn from employers and effectiveness is dependent on the employer's program.

Members were advised that acute care settings have better focus on continuous process and quality improvement, error reduction or error identification. In the community pharmacy, there is more diversity in what is taught. Most information provided was noted as anecdotal rather than data. This needs to be taught in school to prepare the licensed healthcare professional for their first day of practice. Dr. Jew stated the preference would be for every school of pharmacy to teach a medication safety course in the curriculum.

Dr. Jew noted the cultural difference in an institutional and community pharmacy related to medication safety. She stated there is an awareness of how to prevent medication errors from happening and a safety culture in an institutional setting versus a community setting. Installation of the culture of safety must be done in the community setting so there is an understanding and educating to prevent errors from happening.

Members were advised some of the causes of medication errors include patients receiving another patient's medication. Consumers frequently report wrong counts of medications, wrong dose, and wrong drug. Root causes of errors are difficult to determine or have the data to determine.

Members of the public were provided the opportunity to provide public comment.

Members heard comments requesting how many errors are because of the pharmacist being overworked and how often they are resistant to actually reporting it.

The committee received comments indicating members take medication errors very seriously and suggested hearing about patient safety organizations as a future agenda item.

Public comment was received from a pharmacist noting touchpoints at point of sales with tiers of safety and concerns that reporting will result in retaliation in community settings. Dr. Jew noted the need for a culture of safety where people feel empowered to report errors.

Chairperson thanked Dr. Jew and Dr. Gaunt for their presentation and time.

Members took a break from 10:27 a.m. to 10:37 a.m. Prior to the meeting resuming, a roll call was taken. Members present included: Seung Oh, Cheryl Butler, Kula Koenig, Jignesh Patel, and Nicole Thibeau. A quorum was established.

III. Discussion and Consideration of Results of Workforce Survey

Chairperson Thibeau reminded members during the December 2021 Board meeting, a presentation on the results of the workforce survey conducted by the Board was received. Dr. Thibeau asked Executive Officer Sodergren to review the survey results today and noted the presentation was included in the meeting materials.

Ms. Sodergren provided the survey focused on pharmacists reporting working in a chain or independent pharmacy environment in California and reviewed the demographics of the people taking the survey about their role as pharmacist-in-charge (PIC). The survey inquired about average prescription volume during shifts, services provided at the pharmacy, requirement to perform the services, and number of immunizations administered during a typical work shift.

Ms. Sodergren provided at the presentation of the workforce survey results at December 2021 Board Meeting, Dr. Montez highlighted the following question was statistically significant: Do you believe you have sufficient time to provide adequate screening prior to administration of immunization? The results revealed 78 percent of chain store pharmacists versus 44 percent of independent pharmacists do not believe they have adequate time to perform screening prior to administration immunization.

Ms. Sodergren reported the survey focused on workload metrics used, work queue that monitors the wait time for prescriptions, and average number of medication errors that occurs in a month. Ms. Sodergren noted Dr. Montez reported there appears to be a slight correlation between prescription volume and the number of medications errors that were found. Dr. Montez had indicated the greater the volume of prescriptions, the greater number of errors but that further analysis would be needed to determine the strength of the correlation.

Ms. Sodergren noted when asked about sufficient time for providing appropriate patient consultation, 83 percent of the chain pharmacists versus 32 percent of the independent pharmacists answered no. When asked if staffing is appropriate, 91 percent of chain pharmacists responded no to 37 percent of independent pharmacists with the same response. Ms. Sodergren provided the survey results help to paint a picture of the perceived environment in chain and independent pharmacy practices.

Chairperson Thibeau noted the data reflected represents individuals' beliefs in response to questions but was troubled by some of the findings, including the extremely high percentage of pharmacists working in a community chain pharmacy that responded that they do not believe they have sufficient time to provide adequate screening prior to administration of immunizations. Dr. Thibeau added equally troubling was the very high percentage of pharmacists working in a community chain pharmacy that indicated they do not believe they have sufficient time to provide appropriate patient consultation as well as that 91% of pharmacists working in community chain pharmacy do not believe the pharmacy staff is appropriate to ensure adequate patient care. She asked as the meeting continued, members keep these survey results in mind.

Members of the committee were provided the opportunity to provide comments

Member Oh suggested that the committee perform a more in-depth survey suggesting a secondary survey as a majority of pharmacists think they do not have sufficient time to check accuracy or provide consultation. Member Patel suggested researching the number of medication errors received by the Board from 2019 to present.

Member Butler indicated that the findings are not a surprise based on her observations and Member Koenig noting the same.

Member Koenig questioned what the appropriate number of pharmacy staffing is to reduce medication errors. Member Patel suggested it could be found by conducting industry engineering by looking at the number of tasks and number of steps taken. Committee Oh noted interest in understanding how current staffing is established.

Members of the public were provided with the opportunity to provide public comment.

Public comment suggested the current pressure the pharmacy workforce is under and interest in providing tools, training, adding staff to help alleviate the pressure, enhancing workflow, adjusting store hours, adding human resources to hiring adjusting hours of operations, cross-train employees to assist in the pharmacy, as well as adding salary increases, bonuses and free daycare. The committee was urged to explore these options rather than add administrative requirements that take away from patient care. Also recommended was expanding the duties of a pharmacy technicians and increase the staffing ratio for pharmacy technicians.

Comment was received suggesting that leadership at retail level are encouraging statistics demonstrated by the survey using quotas resulting in challenges with oversight of pharmacy technicians. Root cause needs to be addressed at the pharmacy leadership level.

The committee heard comment about a concern that pharmacists fear retaliation by employers and do not provide comments during meetings. It was suggested that the Board make it easier for individual pharmacists to have freedom to state what is going on and protect them, either through whistleblower protections or something similar.

A commenter who was a staff pharmacy at a grocery chain, commented the results of survey are not surprising and supported a follow up survey inquiring about technician ratio and how many staff work at a shift in a store. It was suggested expansion of technician roles could create additional challenges for pharmacists.

Member Butler indicated that another survey could be done but indicated that another survey would not reveal in different results. Member Patel noted there may be a workforce shortage and cited recruitment efforts. Dr. Patel suggested pharmacy technicians may need to be empowered to do more and changes to ratios.

IV. Discussion and Consideration of the January 2022 Pharmacist Well-Being Index State Report

Chairperson Thibeau Members referenced the January 2022 Pharmacist Well-Being Index State report and the published research, Ability of the Well-Being Index to Identify Pharmacist Distress are included in meeting materials. Dr. Thibeau noted the key findings of the researched were detailed out. Dr. Thibeau noted most related to the committee was the reported information indicating pharmacists identified as being at a risk of high distress are, among other things, at a 2-fold

higher risk of medication errors. Dr. Thibeau inquired of members if it would be beneficial to continue to monitor the state reports at future meetings and to request a presentation from APhA on the well-being index.

Member Oh, indicated a presentation from APhA would be helpful about the well-being index as well as other efforts undertaken by APhA. Members Butler, Patel, Thibeau spoke in support of a presentation and the need to continue to monitor the report.

Members of the public were provided with the opportunity to provide public comment; however, none were provided.

VI. Discussion and Consideration of Sample Case Investigations Involving Medication Errors

Chairperson Thibeau requested staff prepare sample case investigations as the information may help the committee to understand about the different types of medication errors.

Ms. Sodergren provided high level data previously reported. She noted for immunization errors are seen where a patient goes for a COVID-19 vaccine for a specific manufacturer and receives a different manufacturer vaccine. In these cases, the Board looks to the FDA for required process and find that there may have been the wrong manufacturer for the 2nd dose or an age-related issue where a vaccine wasn't approved for the specific age group. The Board is also seeing where the wrong type of vaccine is received (e.g., wanted shingles vaccine and received COVID vaccines), vaccine is given with a used needle, or the vaccines aren't maintained appropriately. Ms. Sodergren reminded the pharmacists are required to provide the consultation, not pharmacy technicians.

Ms. Sodergren reported the Board sees errors related to the automatic refill program where there is failure to discontinue a prescription when a new prescription for the same class is prescribed, failure to perform DUR to detect duplicate therapy, request renewal of medication no longer taken, and over-riding drug-drug warning during data verification and/or prescription verification without reviewing the patient's medication profile for duplicate therapy.

Ms. Sodergren referred to the Board newsletter articles that provide an overview of a past medication error with a conclusion and discussion. These case studies are provided with the intent of developing awareness and proactive thinking for preventing such an occurrence.

Members were provided the opportunity to comment.

President Oh noted how difficult it was to reach the prescriber to resolve issues to facilitate communication and minimize DUR errors. Dr. Oh suggested working with the prescribers' Boards on how to work together. Dr. Oh noted concern with vaccine errors.

Member Patel also noted hinderance of the ability of pharmacists to speak with a prescriber in a community pharmacy whereas in a hospital, pharmacists have authority to do some changes. Dr. Patel noted having to talk to the prescriber is a barrier.

Member Butler expressed concern with a pharmacist using the same needle and inquired what would cause this error.

Member Koenig questioned if it is appropriate to expand scope given current workload challenges.

Chairperson Thibeau acknowledged that there are some pharmacists encounter angry prescribers when asked questions and noted a shared expectation would be helpful between the prescriber and pharmacist. Dr. Thibeau noted clinics are community pharmacies with medical records but is still required to go through the prescriber. Dr. Thibeau suggested education to patients about auto-refill programs to assist the consumer.

Members of the public were provided with the opportunity to provide public comment. The committee heard a comment a prescription can't be moved forward without DUR but with hundreds of prescriptions can see how the step for flagged duplicate therapy can be overlooks.

Public comment was received indicating it made sense to engage with other licensee boards to address the communication issues and prescriber education.

VII. Discussion and Consideration of Next Steps for the Committee

Chairperson Thibeau invited members to provide thoughts on how to move forward as a committee. Dr. Thibeau noted understanding that NABP will be releasing a task force report on workforce. Dr. Thibeau suggested that the committee request a presentation from NABP on the task force findings as well as information on efforts at the national level. Another area that may be interesting to explore given some of the information we received, is perhaps a presentation of sample case summaries focusing on medication errors that could have been avoided if patient consultation was provided.

Members were provided the opportunity to comment.

President Oh requested promoting the meetings to hear from more pharmacists and solicit their feedback as well as listening sessions. Member Patel expressed interest in hearing from NABP and report findings/actions about what the committee can do. Member Koenig inquired if the national survey to be shared will assist in determining staffing requirements. Ms. Sodergren advised it is unknown at the time because the survey has not been released yet. Ms. Sodergren suggested asking NABP to provide what is happening at the national level. Chairperson Thibeau agreed that would be helpful. Member Butler requested to bring APHA to the next meeting and let pharmacists know the Board works with ISMP. Dr. Thibeau suggested an anonymous way to have pharmacists inform the Board and provide feedback.

Members of the public were provided the opportunity to comment.

Public comment was heard in support of requesting NABP to attend the next meeting and stated NABP has a lot of resources.

Chairperson Thibeau noted the next meeting is scheduled for April 20, 2022.

The meeting adjourned at 11:47 a.m.

Attachment 2

NABP
National Association of Boards of Pharmacy

Report of the Task Force on

WORKPLACE SAFETY AND WELL-BEING

NABP

Report of the Task Force on Workplace Safety and Well-Being

Members Present

John Kirtley, (AR), *chair*; Ashley Duggins (NC); Diane Halvorson (ND); Marty Hendrick (OK); Kevin Morgan (MD); Carrie Phillips (VT); Kristopher "Kris" Ratliff (VA); Kari Shanard-Koenders (SD); Ellen Shinaberry (VA); Jeffrey "Jeff" Sinko (NJ); Joanne Trifone (MA); Tim Tucker (TX); Keith Vance (NC); Barbara Ellen Vick (NC).

Others Present

Shane Wendel, *Executive Committee liaison;* Mitch Rothholz, American Pharmacists Association, *Guest;* Lemrey "Al" Carter; William "Bill" Cover, Melissa Madigan; Eileen Lewalski; Maureen Schanck; Cameron Orr; and Andrea Busch, *NABP staff*.

Introduction

The task force met on November 18-19, 2021, at NABP Headquarters in Mount Prospect, IL. This task force was established pursuant to Resolution 117-4-21, Task Force on Workplace Safety and Well-Being, which was approved by the NABP membership during the Association's 117th Annual Meeting that was held virtually in May 2021.

Review of the Task Force Charge

Task force members reviewed their charge and accepted it as follows:

1. Examine the topics of pharmacy workplace safety and pharmacist well-being and their effects on patient safety.
2. Review existing guidelines and objective tools that address these issues and make recommendations regarding their use.
3. Amend, if necessary, the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* to reflect the work of this task force.

Background and Discussion

The meeting began with the guest from the American Pharmacists Association (APhA) describing APhA's collaboration with the National Alliance of State Pharmacy Associations (NASPA) to develop the *Pharmacist's Fundamental Responsibilities and Rights,* which focusses on pharmacists' responsibilities and the workplace expectation needed to fulfil those responsibilities. Members reviewed the document's principles that "were established as a guide for pharmacists, pharmacy personnel, employers, patients, health professionals, and those that govern pharmacy practice and healthcare delivery and to facilitate meaningful discussions." The guest stressed that workplace demands have significantly increased, caused in large part by the coronavirus disease 2019 (COVID-19) with an unprecedented demand to test and vaccinate, compounded by the stress

caused by patient demands to dispense medication against the pharmacist's professional judgment. These issues are further worsened by staffing shortages and require additional management and technology support to maintain patient safety standards and safe working conditions while continuing to provide quality care. Ultimately, the task force agreed that NABP should endorse the APhA/NASPA principles acknowledging, however, that certain provisions pertaining to specific business models may fall outside of the regulatory purview of the boards of pharmacy.

The task force discussed medication errors and continuous quality improvement (CQI) programs at great length. In discussing medication errors, members referenced various workplace safety issues that may play a role in causing them. The task force voiced concern regarding vital staffing issues, particularly in light of the fact that COVID-19 has increased workload demands; however, staffing levels have either stagnated or, worse-case scenario, decreased. Several members shared that some pharmacies have had to significantly reduce services and have, on some occasions, been unable to accept new prescriptions over the phone or have had to leave prescriptions on hold because of insufficient time to contact the prescriber for clarification. Pharmacies have also cut business hours due to staffing shortages, thereby impacting patient access for those who depend on their pharmacy being open nights and weekends. Members also discussed the safety concerns of working understaffed or with unqualified personnel as another contributing factor to medication errors. It was noted that in many instances pharmacy technicians can earn substantially more from other potential employers, such as fast-food restaurants and grocery stores, and that, in addition to pharmacy technician education and training requirements, makes it especially difficult to recruit and retain qualified individuals to work in pharmacies. Members lauded the efforts of the Oklahoma State Board of Pharmacy, which developed the Inadequate Staffing Report to investigate pharmacy understaffing that may compromise public safety. The task force encouraged such reporting to the boards of pharmacy to help facilitate communication between the pharmacy permit holder and licensees to resolve staffing issues and improve working conditions. Overall, members voiced their concern that the current model for community pharmacy practice needs to be changed, not only for the mental well-being of pharmacy staff, but for overall public protection.

Although several states have established mandatory CQI provisions for pharmacies to address and prevent medication errors, often times medication errors are reported to patient safety organizations, which makes it impossible for boards of pharmacy to access any of the reported information. Members agreed that this lack of access to error reports and any aggregate data hampers the ability of a board of pharmacy to conduct a full analysis to detect trends and subsequently, could negate implementing meaningful change. The task force also pondered if pharmacy staff have adequate time to report significant occurrences to CQI programs to assist with error prevention. Members agreed nevertheless that CQI programs can be instrumental in changing the status quo by illuminating problematic workplace safety issues that affect patient safety; therefore, they recommended that NABP collaborate with various stakeholders, such as the Agency for Healthcare Research and Quality (AHRQ), the Pharmacy Quality Alliance (PQA), and the Institute for Safe Medication Practices (ISMP) to develop a standardized CQI program. Such

program should include training for boards of pharmacy staff on developing and implementing the program for the boards to recommend to their licensees. Being cognizant that developing and implementing a standardized CQI program will not automatically guarantee its success, the task force also recommended that the program must include ongoing annual monitoring to ensure that it is being used effectively. Along those lines, the task force also recommended that NABP collaborate with AHRQ to provide a platform to obtain de-identified aggregate data on medication errors that can be shared with boards of pharmacy, pharmacies or pharmacy chains, and other industry specialists so the data can be further analyzed to ascertain actual error rates in various settings and their attributing factors, such as staffing levels and prescription volume.

Several of the task force members conveyed that board of pharmacy inspectors, when investigating a medication error complaint, attempt to gather as much objective evidence as possible to ascertain whether workplace issues played a role in the error. Members discussed the fact that not all pharmacy inspectors are adequately trained in this regard, which can play a role in affecting positive change and ultimately increasing safety. NABP staff shared that the recent Task Force on Safety Sensitive Measures to Review Medication Errors recommended that NABP explore the development of a medication safety training academy that would train board members and compliance officers, as well as NABP accreditation surveyors, in applying just culture approaches to medication errors, including root cause analyses. Members unanimously agreed that developing a safety training academy could be extremely beneficial for increasing patient safety by shifting away from the current model and decided to endorse that recommendation.

After discussing workplace safety conditions that may be a factor in medication errors, the task force members focused on environmental issues that affect the well-being of pharmacists and pharmacy staff. Members noted that the current model has increased customer expectations, but drive-throughs and patients' expectations for short prescription wait times have created unattainable goals, especially combined with responsibilities for providing immunizations and additional clinical services that constantly interrupt workflow and increase stress levels. Members deemed that reaffirming pharmacists' access to care for mental health that is non-retaliatory was vitally important and noted that mental health and burnout has been a recent topic that has been addressed during various meetings and in publications. The task force agreed that NABP should collaborate with organizations, particularly those treating impaired pharmacists, to emphasize the importance of mental well-being and care, specifically for mental health. Additionally, it was recommended that NABP develop webinars that focus on burnout, well-being, and stress management. The APhA guest shared that his association has been surveying its members to determine well-being indices on a state-by-state basis and that there appears to be a correlation with a poor well-being index and an increased number of medication errors. The members recommended that NABP disseminate this information to further increase awareness of the problems associated with on-the-job stress.

Lastly, several regulatory issues arose during the task force's discussion that could be addressed by amendments to the *Model Act*. Members concurred that the definitions pertaining to errors, adverse events, and missed errors should be reviewed to mirror those used by the Centers for

Medicaid and Medicare Services and be added and/or amended accordingly. Staffing levels was one reoccurring issue that the task force discussed throughout the meeting. While several members mentioned pharmacy technician-to-pharmacist ratios and several states' efforts to address them, the task force made no formal recommendation for NABP to act regarding the issue. It should be noted that NABP policy has consistently been silent on the issue of ratios. After discussing various state- and corporate-based mandatory break provisions, members agreed that, although in some instances taking breaks may cause workflow backlogs, a provision for mandated breaks should be added to help alleviate physical and mental stressors. Additionally, members decided that an anti-retaliatory or whistleblower provision should be added to encourage pharmacy personnel to report unsafe working conditions to boards of pharmacy without concern for retaliatory action. Specific language regarding the above recommendations will be provided to the Committee on Law Enforcement/Legislation and ultimately the NABP Executive Committee for consideration.

After careful review and consideration, the task force recommended that:

1. NABP collaborate with relevant stakeholders, including AHRQ, PQA, ISMP, and others, to develop a standardized CQI program that boards of pharmacy can recommend to their licensees and includes:
    a. training on developing and implementing the program; and
    b. monitoring on an annual basis to ensure it is effectively being used.
2. NABP collaborate with AHRQ to provide a platform to obtain de-identified aggregate medication error data that can be shared with boards of pharmacy, pharmacies or pharmacy chains, and other industry specialists.
3. NABP endorse the recommendation of the Task Force on Safety Sensitive Measures to Review Medication Errors to explore the development of a medication safety training academy.
4. NABP endorse the APhA/NASPA *Pharmacist's Fundamental Responsibilities and Rights* while acknowledging that certain provisions pertaining specifically to business models may fall outside the boards of pharmacy's regulatory purview.
5. NABP collaborate with other organizations, such as impaired pharmacist programs, to emphasize the importance of mental well-being and care for mental health through the development of webinars for burnout, well-being, and stress management and the dissemination of information regarding the correlation between a poor well-being index and increased medication errors.
6. NABP review the *Model Act* and, if necessary, consider the following:
    a. adding or further amending the definitions pertaining to errors, adverse events, and missed errors that mirror those used by the Centers for Medicaid and Medicare Services;
    b. adding a provision for mandated break periods; and
    c. adding a provision for anti-retaliatory (whistleblower) protections.

Attachment 3a

Well-Being Index, Pharmacist's Fundamental Responsibilities and Rights and Survey/Summit Results including Discussion and Consideration

Presentation to the
California Board of Pharmacy Medication Error Reduction and Workforce Ad Hoc Committee
June 22, 2022

April Shaughnessy, RPh, CAE
Project Manager
Well-being and Workplace Initiative
American Pharmacists Association

For Every Pharmacist. For All of Pharmacy.

Promoting Pharmacist Well-Being

By JOHN-HENRY PFIFFERLING and FRED M. ECKEL

Job stress, loneliness, boredom, fatigue—all are factors contributing to the destructive processes of burnout and impairment. Recent media reports of the high rate of burnout and impairment among physicians and other health professionals is leading pharmacy to take a closer look at the problem with an eye toward preventing, recognizing and treating its own members.*

Increased expectations from other health professionals and the general public, supported by "idealized" pharmacy education, are generating increasing role conflicts for pharmacists. These conflicts together with the stresses and frustrations of the profession, if left unaddressed, can lead to burnout.

Process of Burnout

What is burnout?

Pharmacists and all other health professionals are exposed to crises of morale symptomatically demonstrated as "burnout." Human burnout is a process that seems to occur in stages, although how long one stays in each stage has not been determined.

The *early stage* usually involves a discrepancy between those resources one has and the demands placed on the person (stress overload).

The *second stage* is characterized by behavioral and physical responses that may include anxiety, tension, fatigue (unrelieved by time off), exhaustion, and negative attitudes toward work activities. When this occurs in pharmacists, fellow workers and patients often bear the brunt of the burning-out person's defensive reaction to this stage.

In the *third stage*, behavior and attitudes change and the burning-out person emotionally detaches from his or her commitment to the profession. Withdrawal from involvement, cynical behavior, rigid responses to routine job demands, and mechanical problem-solving occur. The burned-out pharmacist has lost touch with his or her commitment to pharmacy as a profession and is trigger-ready to blame everyone else for any discomfort.

As Cherniss describes burnout, it is a transactional process.[1] There is job stress, professional strain and psychological accommodation. Disengagement becomes the common response to the perceived intolerable situation.

Each step in disengagement reinforces the self-perception that the pharmacist is less successful at coping. Blaming the system, the management, or the government serves a defensive function. As one withdraws from goals, one feels guilty, and the guilt is reduced by blaming the system. The person unknowingly enters a hopelessness-oriented cycle.

However, each component of the disengagement cycle can be identified, processed, reevaluated as to its meaning, and creatively used to reframe priorities.

High achievers are more prone to burnout than those with low ex-

John-Henry Pfifferling, PhD, is director of the Center for the Well-Being of Health Professionals, Durham, NC, and associate clinical professor at the University of North Carolina School of Pharmacy, Chapel Hill, NC 27514. Fred M. Eckel, MS, is professor and chairman of the division of pharmacy practice, University of North Carolina School of Pharmacy, and membership director, Center for the Well-Being of Health Professionals. This article is adapted from a presentation prepared for the 1982 APhA Annual Meeting in Las Vegas.

*Recently, a few state pharmacy associations have been concerned with burnout and have established task forces on the impaired pharmacist. Most programs to date are working closely with the state medical societies' committees on impaired physicians. We are aware of activities underway in Iowa, Maryland, Ohio, Georgia, and California.

Pharmacist Well-being is Not New

Article published in May 1982 issue of *American Pharmacy*

In 2018, APhA's Board issued a statement with its renewed commitment to pharmacists' well-being.

In 2020-2021, well-being and workplace concerns were magnified by the Pandemic.

APhA

Well-being Index for Pharmacy Personnel

WELL-BEING
index

Well-being Index for Pharmacy Personnel

Research-validated online tool invented by Mayo Clinic

- Pharmacist tool launched July 2019
- 100% anonymous
- Free/Do not have to be an APhA member
- Assess through **website** or **mobile app**; retake over time and track progress

How

- 9-question assessment; takes just five minutes to complete
- APhA added 3 optional questions on:
  - engagement with profession
  - workplace support of patient care services
  - what APhA could do to help

Measures dimensions of distress and well-being

- Likelihood of Burnout
- Meaning in Work
- Severe Fatigue
- Work-Life Integration
- Suicidal Ideation
- Risk of Medical Error
- Quality of Life
- Risk of Leaving Job
- Overall Well-Being

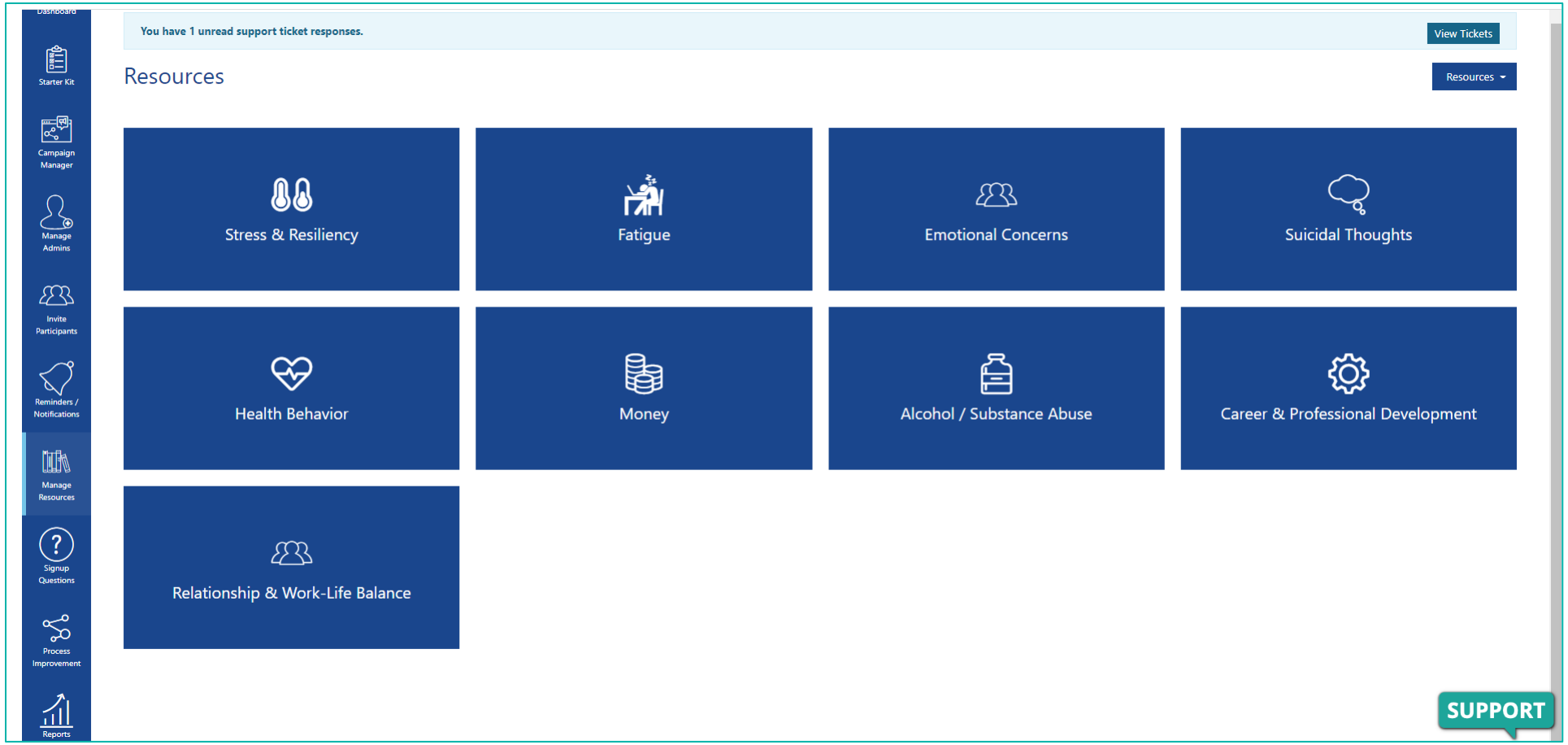
https://app.mywellbeingindex.org/signup

Invitation Code: APhA

Report After Assessment

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

WBI Assessor Resources



WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

What is the WBI for Pharmacy Personnel's Distress Percent?

Distress Percent: percentage of individuals with a WBI score > or = to 5; the validated score that indicates risk of high distress.

- Distress Percent is defined as the percentage of those whose WBI scores indicate that they are at *risk of high distress*.

Why is this Important?

Pharmacists identified as being at a *risk of high distress* are at a:

- 3-fold higher risk of low quality of life
- 8-fold higher risk of burnout
- 2.5-fold higher risk of high fatigue
- 2.5-fold higher risk of intent to leave their current job
- ***2-fold higher risk of medication error***

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

As of May 30,2022, the overall Distress Percent was 32.01% (n=8457)

Pharmacists * Student Pharmacists * Pharmacy Technicians

As of May 30, 2022

STUDENT PHARMACISTS
26.28% (n=1596)
California
30.48% (n=164)

PHARMACISTS
33.38% (n=6240)
California
28.40% (n=401)

PHARMACY TECHNICIANS
45.39% (n=404)
California
52.00% (n=19)

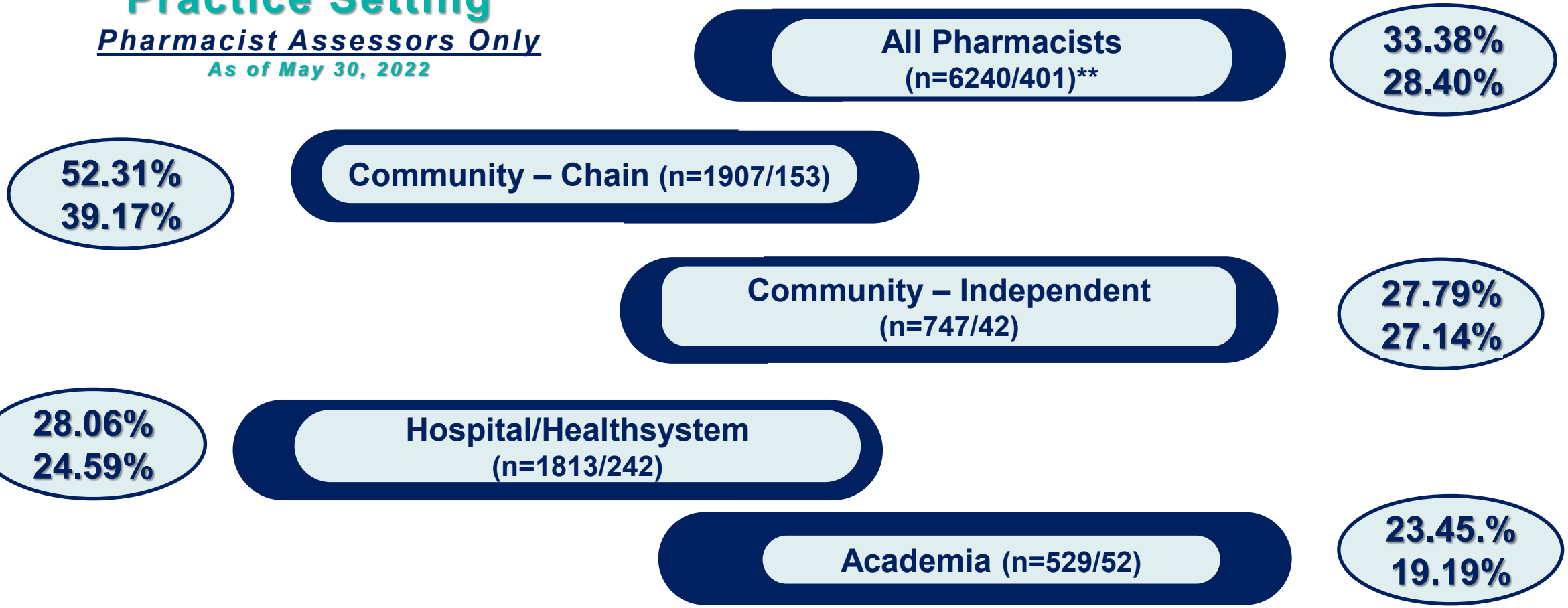
***All* National Assessors Distress Percent 32.01% (n=8457)**
***All* California Assessors 29.16% (n=601)**

WELL-BEING index

WBI Distress Percent By Practice Setting*

Pharmacist Assessors Only

As of May 30, 2022



*There are eight additional practice settings.
** National Distress Percent/California Distress Percent

WELL-BEING index

Sample Monthly Report
(May 6, 2022)

PHARMACISTS WELL-BEING INDEX

State Distress Percent*

may 2022

As of May 6, 2022, the California distress percent was 29.36% (ranked 44/52) with 599 assessors.

april 2022

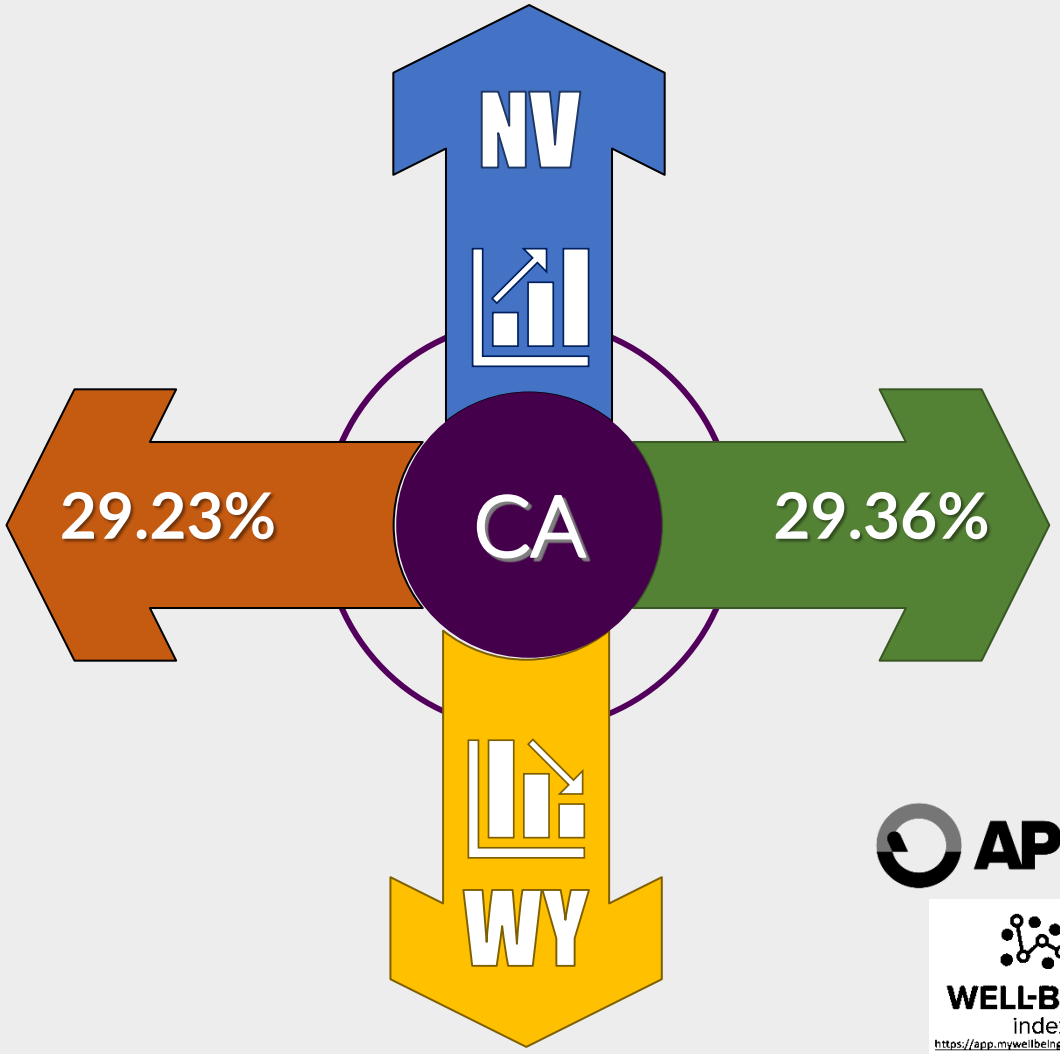
As of April 6, 2022, the California distress percent was 29.23% (ranked 44/52) with 587 assessors.

State Comparison

As of May 6, 2022

Nevada is the highest at 57.81% (n=26)

Wyoming has the lowest 17.39% (n=16)



APhA

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

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

Pharmacist's Fundamental Responsibilities and Rights

www.pharmacist.com/pharmacistsresponsibilties

Developed by APhA and NASPA

Pharmacist's Fundamental Responsibilities & Rights

What is it?

- Outlines fundamental responsibilities that are required of each pharmacist
- Built on principles in Oath of a Pharmacist and Pharmacist Code of Ethics
- To fulfill these responsibilities, certain workplace expectations are needed

How can it be used?

- Use as a platform to start meaningful discussions with leadership
- A tool to initiate a discussion of issues and solutions
- Use in discussions with state board of pharmacy about workplace conditions
- Use in meetings state legislators to address laws and regulations affecting practice

Organizational Support

- Since APhA and NASPA approval in June 2021 more than 35 organizations, schools, state boards, and pharmacies have issued support of the *Fundamentals* – including NABP.
- Individual organizations can now support the *Fundamentals* through an online submission

Where can you find it?

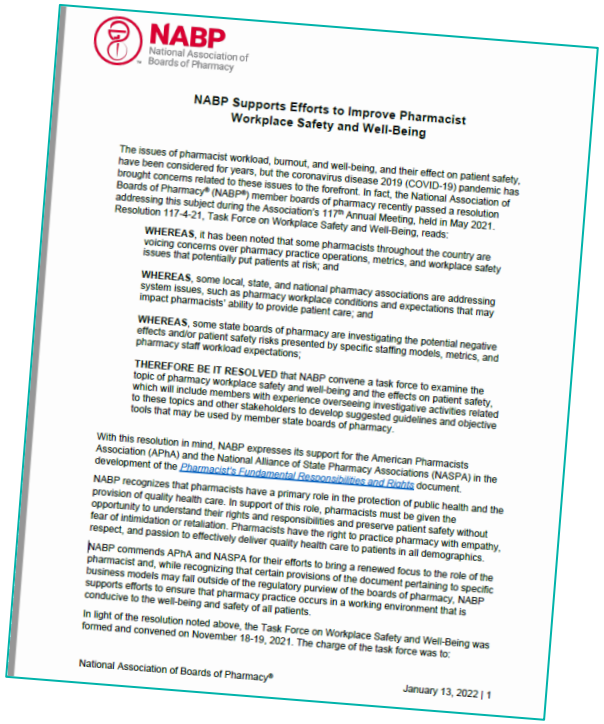
- www.pharmacist.com/pharmacistsresponsibilities

Fundamentals Organizational Support

In January 2022, NABP issued a resolution to support the Fundamentals.

The Resolution included the following statement:

NABP recognizes that pharmacists have a primary role in the protection of public health and the provision of quality health care. In support of this role, pharmacists must be given the opportunity to understand their rights and responsibilities and preserve patient safety without fear of intimidation or retaliation. Pharmacists have the right to practice pharmacy with empathy, respect, and passion to effectively deliver quality health care to patients in all demographics.



NABP
National Association of Boards of Pharmacy

NABP Supports Efforts to Improve Pharmacist Workplace Safety and Well-Being

The issues of pharmacist workload, burnout, and well-being, and their effect on patient safety, have been considered for years, but the coronavirus disease 2019 (COVID-19) pandemic has brought concerns related to these issues to the forefront. In fact, the National Association of Boards of Pharmacy® (NABP®) member boards of pharmacy recently passed a resolution addressing this subject during the Association's 117th Annual Meeting, held in May 2021. Resolution 117-4-21, Task Force on Workplace Safety and Well-Being, reads:

WHEREAS, it has been noted that some pharmacists throughout the country are voicing concerns over pharmacy practice operations, metrics, and workplace safety issues that potentially put patients at risk; and

WHEREAS, some local, state, and national pharmacy associations are addressing system issues, such as pharmacy workplace conditions and expectations that may impact pharmacists' ability to provide patient care; and

WHEREAS, some state boards of pharmacy are investigating the potential negative effects and/or patient safety risks presented by specific staffing models, metrics, and pharmacy staff workload expectations;

THEREFORE BE IT RESOLVED that NABP convene a task force to examine the topic of pharmacy workplace safety and well-being and the effects on patient safety, which will include members with experience overseeing investigative activities related to these topics and other stakeholders to develop suggested guidelines and objective tools that may be used by member state boards of pharmacy.

With this resolution in mind, NABP expresses its support for the American Pharmacists Association (APhA) and the National Alliance of State Pharmacy Associations (NASPA) in the development of the *Pharmacist's Fundamental Responsibilities and Rights* document.

NABP recognizes that pharmacists have a primary role in the protection of public health and the provision of quality health care. In support of this role, pharmacists must be given the opportunity to understand their rights and responsibilities and preserve patient safety without fear of intimidation or retaliation. Pharmacists have the right to practice pharmacy with empathy, respect, and passion to effectively deliver quality health care to patients in all demographics.

NABP commends APhA and NASPA for their efforts to bring a renewed focus to the role of the pharmacist and, while recognizing that certain provisions of the document pertaining to specific business models may fall outside of the regulatory purview of the boards of pharmacy, NABP supports efforts to ensure that pharmacy practice occurs in a working environment that is conducive to the well-being and safety of all patients.

In light of the resolution noted above, the Task Force on Workplace Safety and Well-Being was formed and convened on November 18-19, 2021. The charge of the task force was to:

National Association of Boards of Pharmacy®

January 13, 2022 | 1

Full state can be found at https://nabp.pharmacy/news/news-releases/nabp-supports-efforts-to-improve-pharmacist-workplace-safety

Or by using this QR code:

Workplace Reports and Data

- APhA/NASPA 2021 National State-based Pharmacy Workplace Survey*
- Pharmacy Workplace and Well-being Reporting (PWWR)*
- Pulse Survey on COVID affects of vaccine administration and other workplace issues
- APhA Community Pharmacy Workplace Summit

** Developed by APhA and NASPA*

2021 APhA/NASPA National Pharmacy Workplace Survey

Final Report Highlights

Nearly 7,000 respondents from 17 different practice settings were received.

- Pharmacy workplaces were so stressful in 2021 that personnel were unable to meet both clinical and non-clinical duties.
- The majority of pharmacy workplaces have cultures for patient safety. However, pharmacy personnel are at a breaking point where adjustments to team training, roles, and responsibilities are not able to be made quickly enough to adapt to change and meet all of their responsibilities.
- Time allocation, workflow, staffing, policies, payment, and patient expectations/demands are contributors to workplace situations that increase the risk of medication errors or near misses - stressful conditions are creating threats to patient safety.
- Employers need support, especially now, from insurers, lawmakers, educators, and the public to address patient safety issues, reduce stress, and increase satisfaction of pharmacy personnel now and in the future.

2021 APhA/NASPA National Pharmacy Workplace Survey

Final Report Highlights Continued

- Pharmacy personnel are encountering patients/customers who are perceived to be threatening or harassing and are not feeling supported by their employers to step away from the situation.
- Pharmacists utilize professional judgement in addressing clinical and workflow issues at-hand but those decisions are often not supported by their managers.
- Most of the factors of concern identified relate to work systems and processes of care, which are under the direct control of the employer and management.
- For the profession, the stress and workplace conditions are having a negative impact on the ability to recruit, train, and retain pharmacy personnel.
- Pharmacists don’t feel valued by their employers.

2021 APhA/NASPA National Pharmacy Workplace Survey

What contributes to not feeling valued?

Survey Item	% Disagree
My employer actively seeks my opinion.	64%
My employer respects and values my input.	62%
My employer supports (financially or with time off) my professional engagement and education.	59%
Management is available for and open to discussing issues impacting patient care.	56%
Communication channels exist to enable me to voice ideas and suggestions for process improvement.	53%

Final report can be found on APhA's website at https://www.pharmacist.com/pharmacistsresponsibilities under *Reference Information*.

Pharmacy Workplace and Well-being Reporting (PWWR)

What is it?

- Developed by APhA and NASPA to address pharmacists desire to have a safe space to tell their practice experience stories.
- Report both positive and negative workplace experiences to a secure, confidential online portal.
- Reports are collected and analyze by a Patient Safety Organization (PSO) affording the reports all the legal confidentiality protections provided by national PSO laws and regulations.
- Aggregated data reports and findings are generated approximately each quarter and can be found at www.pharmacist.com/pwwr

PWWR
PHARMACY WORKPLACE & WELL-BEING REPORTING

PWWR REPORT I and II

December 2021 and February 2022

Report I - 440 Reports Submitted and Analyzed

Report II – 528 Reports Submitted and Analyzed

Key Takeaways

Harassment of pharmacy personnel by patients and consumers is real (Report I and II)

- Consumers are the primary offenders of harassment and physical harm (threat or real)

Two-way lines of communication are not perceived to be open (Report I)

- Respondents did not believe they were heard or that their workplace recommendations were valued
- 71% of those who had a negative experience indicated that they offered recommendations, but a majority also reported their recommendations were neither considered or applied

Positive Experiences have a long-term positive effect on well-being (Report I and II)

- Positive experiences = regularly checking on staff, asking for input, helping patients

PWWR
PHARMACY WORKPLACE & WELL-BEING REPORTING

APhA Pulse Survey
Dec 2021/Jan 2022

Did you experience any of the following before the COVID-19 pandemic compared to during the COVID-19 pandemic?

Question	Prior to COVID-19		During COVID-19		Total
Exhausted from excessive pandemic workload	21.76%	114	78.24%	410	524
A sense of dread when I think about the work I have to do	24.72%	111	75.28%	338	449
Feeling physically exhausted at work	27.13%	143	72.87%	384	527
Lacking enthusiasm at work	25.89%	109	74.11%	312	421
Feeling empathetic to my colleagues	44.48%	286	55.52%	357	643
Feeling sensitive to others' feelings / emotions	51.81%	315	48.19%	293	608
Feeling interested in talking to patients	63.77%	352	36.23%	200	552
Feeling connected with patients	63.77%	345	36.23%	196	541
Feeling connected with my colleagues	54.55%	342	45.45%	285	627
Other	23.08%	3	76.92%	10	13

Provision of Pharmacy Services During COVID-19

Ready, Willing, and Able BUT Stressed & Stretched

January……December

Continuity of Patient Care (medications, MTM and other services)

Year-round offering of vaccinations (Adult / Adolescent / Pediatric)

Flu-vaccination

Flu-vaccination

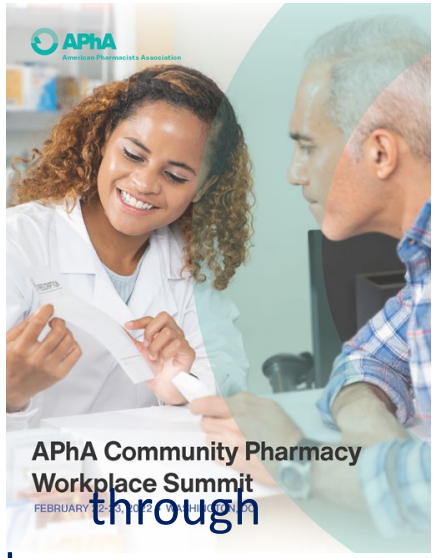
COVID-19 Testing (sample collection, rapid PCR and antigen tests, OTC antigen tests, etc.)

COVID-19 Vaccination: Adult / Adolescent / Pediatric; Primary dose(s), Additional doses, Boosters

COVID-19 Therapeutics (Monoclonal antibodies (IV, SQ, Oral), other therapeutics

Payment > PBM Policies > Access & Recognition >
Authority > Phone Call Inquiries > staffing shortages >

COMMUNITY PHARMACY WORKPLACE SUMMIT



Summit Bright Ideas and Next Steps included

- Identify mechanisms to eliminate distractions in the pharmacy.
- Provide education/training on technology available in the pharmacy.
- Engage pharmacists at local pharmacies in the development of site-specific measures.
- Develop tools to facilitate discussions between staff and management.
- Encourage employer organizations to support their pharmacy personnel through campaigns to educate the public on the role of the pharmacists and challenges faced in community pharmacy practice.
- Provide breaks and other necessary uninterrupted times to de-stress, prepare for incoming patients and catch up on work.
- Address payment, reimbursement, and access to care challenges.
- Analyze workplace and well-being status of pharmacy teams in states that have progressive and permissive pharmacist's authority or regulation versus those that don't.
- Encourage corporate-based management to spend time in their pharmacies to observe what pharmacy teams deal with and then have open and safe discussions with pharmacy team members.

The Summit Report
is available on the APhA website at
https://www.pharmacist.com/pharmacistsresponsibilities
Under Reference Information

QUESTIONS and COMMENTS

Attachment 3b

WELL-BEING
index

Well-being Index For Pharmacy Personnel

State Report for State Boards of Pharmacy

NABP District Eight States

JUNE 2022

pharmacist.com

For Every Pharmacist. For All of Pharmacy.

DISTRESS PERCENT CHANGES

National and District

May 2022 versus June 2022

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

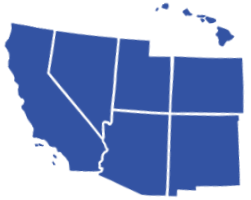
Changes in Distress Levels

As of June 2022

State	Change in Distress % May 2022 vs June 2022	Distress % June 2022	State Rank for Distress Percent June 2022
Largest Increase in Distress Percent			
Iowa	0.64%	29.73%	41
Washington	0.57%	41.95%	8
Kansas	0.36%	38.82%	14
Texas	0.31%	34.26%	24
Arizona	0.30%	39.03%	13
Largest Decrease in Distress Percent			
Colorado	-1.48%	31.58%	35
Hawaii	-0.90%	39.33%	12
Virginia	-0.68%	40.13%	11
Alaska	-0.44%	30.99%	38
Arkansas	-0.39%	33.14%	29

Changes in Distress Levels – District Eight

As of June 2022



	Change in Distress % May 2022 vs Jun 2022	Distress % Jun 2022	Distress % State Rank Jun 2022	Change in Distress % Apr 2022 vs May 2022	Distress % State Rank May 2022	Distress % State Rank Apr 2022	Distress % State Rank Mar 2022	Distress % State Rank Feb 2022	Distress % State Rank Jan 2022	Distress % State Rank Dec 2021	Distress % State Rank Nov 2021	Distress % State Rank Sep 2021	Distress % State Rank Apr 2021	Distress % State Rank May 2020	Distress % State Rank Apr 2020
Arizona	**0.30%**	**39.03%**	**13**	0.09%	13	13	13	13	13	14	14	15	13	16	17
California	**-0.23%**	**29.13%**	**45**	0.13%	44	44	44	43	41	40	39	39	38	35	35
Colorado	**-1.48%**	**31.58%**	**35**	-0.18%	30	28	27	27	27(T)	25	23 (T)	25	23	14	19
Hawaii	**-0.90%**	**39.33%**	**12**	-0.47%	12	10	9	8	8	7	7	7	6	2	2
Nevada	**0.16%**	**57.97%**	**1**	-0.25%	1	1	1	1	1	1	1	1	1	18	11
New Mexico	**No Change**	**29.58%**	**43**	-0.72%	42	3	36	33	36	42	43	44	44	39	39
Utah	**-0.15%**	**29.60%**	**42**	-0.50%	41	39	40	39	38	37	38	31	32	27	31

T=Tied in rank with another state.
Note: Historic data from 2020/2021 has been removed to allow space for current month.
Refer to previous months' reports or contact ashaughnessy@aphanet.org for data.

DISTRESS PERCENT MONTHLY REPORTS
State-Specific
May 2022 versus June 2022

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

PHARMACISTS WELL-BEING INDEX

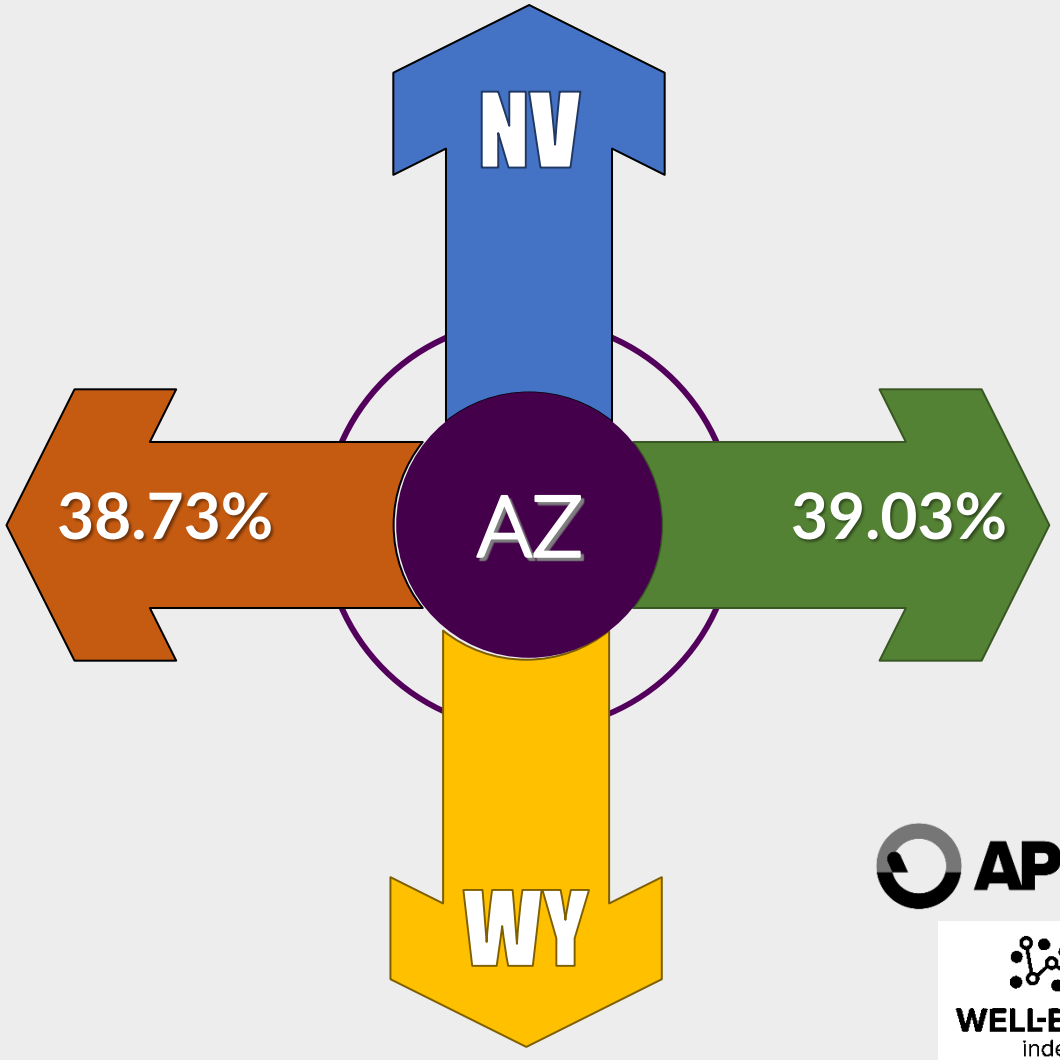
STATE DISTRESS PERCENT*

JUNE 2022

As of June 6, 2022, the Arizona distress percent was 39.03% (ranked 13/52) with 190 assessors.

MAY 2022

As of May 6, 2022, the Arizona distress percent was 38.73% (ranked 13/52) with 189 assessors.



STATE COMPARISON

As of June 6, 2022

Nevada is the highest at 57.97% (n=30)

Wyoming has the lowest 17.39% (n=16)

APhA

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

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

PHARMACISTS WELL-BEING INDEX
STATE DISTRESS PERCENT*

JUNE 2022

As of June 6, 2022, the California distress percent was 29.13% (ranked 45/52) with 602 assessors.

MAY 2022

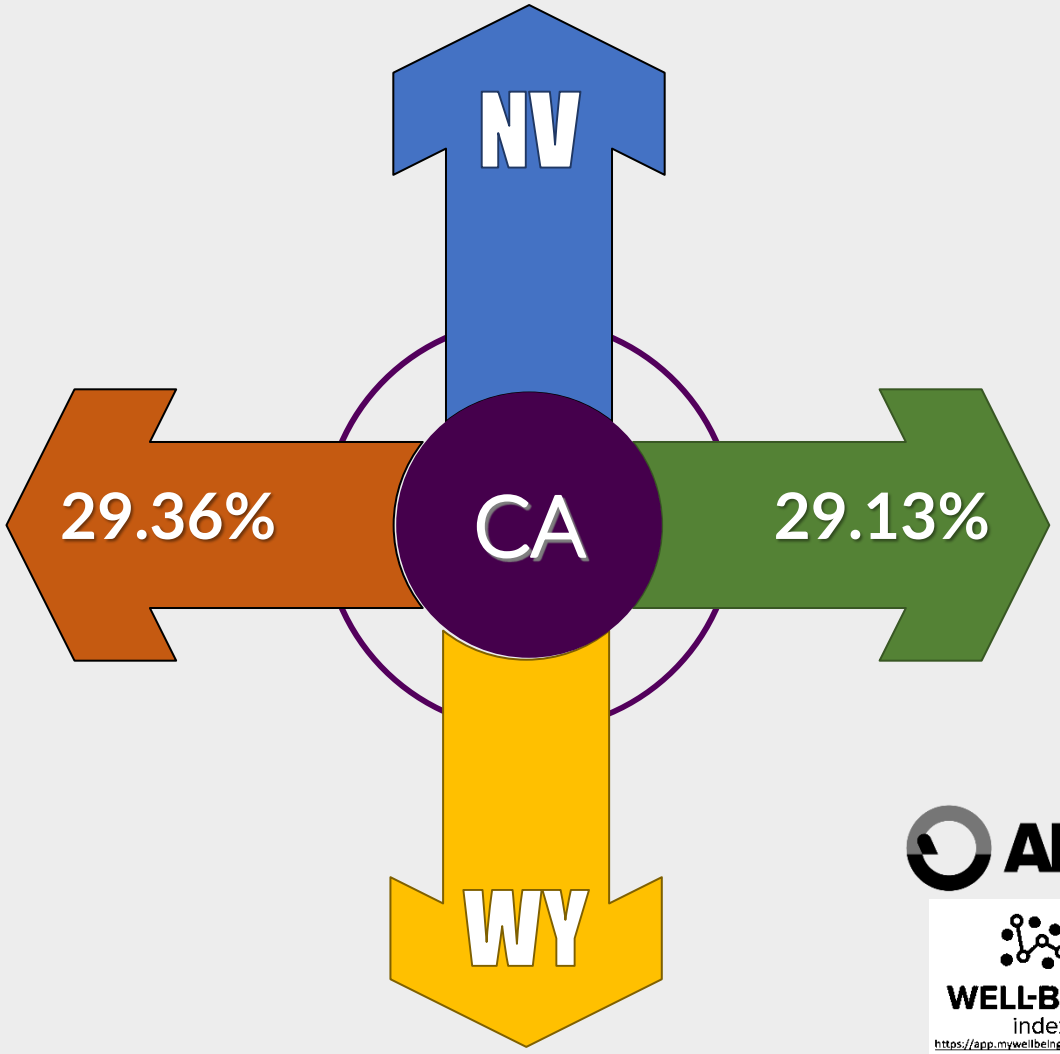
As of May 6, 2022, the California distress percent was 29.36% (ranked 44/52) with 599 assessors.

STATE COMPARISON

As of June 6, 2022

Nevada is the highest at 57.97% (n=30)

Wyoming has the lowest 17.39% (n=16)



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PHARMACISTS WELL-BEING INDEX
STATE DISTRESS PERCENT*

JUNE 2022

As of June 6, 2022, the Colorado distress percent was 31.58% (ranked 35/52) with 202 assessors.

MAY 2022

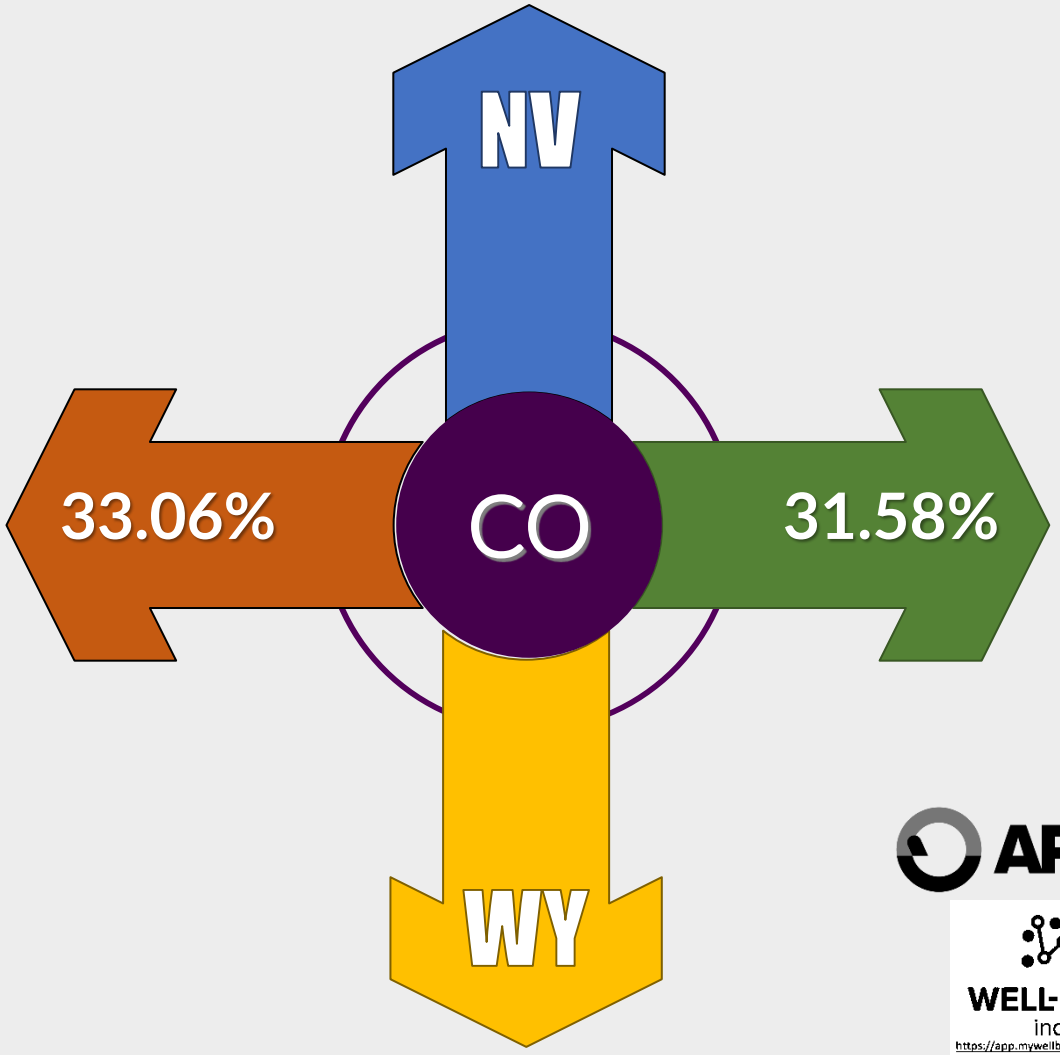
As of May 6, 2022, the Colorado distress percent was 33.06% (ranked 30/52) with 175 assessors.

STATE COMPARISON

As of June 6, 2022

Nevada is the highest at 57.97% (n=30)

Wyoming has the lowest 17.39% (n=16)



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PHARMACISTS WELL-BEING INDEX
STATE DISTRESS PERCENT*

JUNE 2022

As of June 6, 2022, the Hawaii distress percent was 39.33% (ranked 12/52) with 29 assessors.

MAY 2022

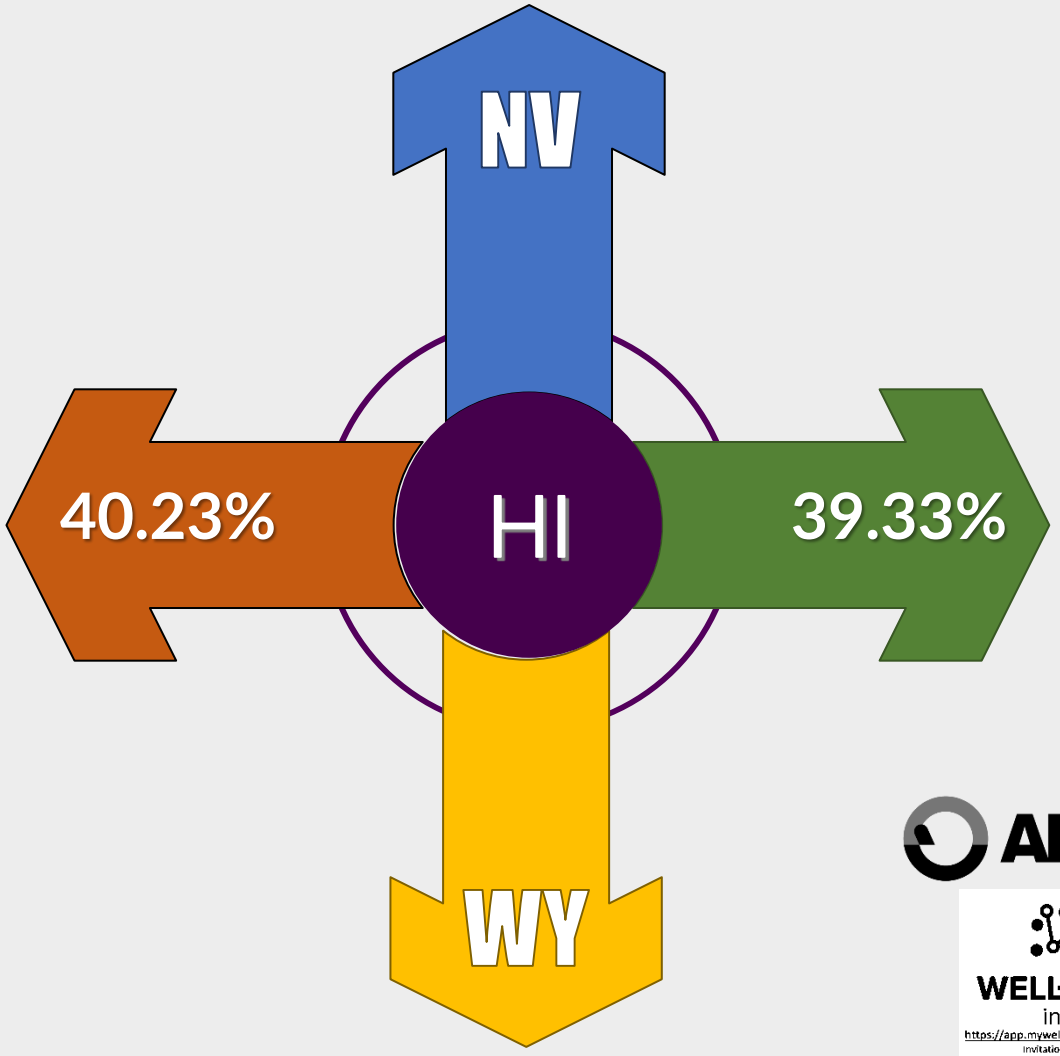
As of May 6, 2022, the Hawaii distress percent was 40.23% (ranked 12/52) with 28 assessors.

STATE COMPARISON

As of June 6, 2022

Nevada is the highest at 57.97% (n=30)

Wyoming has the lowest 17.39% (n=16)



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PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

JUNE 2022

As of June 6, 2022, the Nevada distress percent was 57.97% (ranked 1/52) with 30 assessors.

MAY 2022

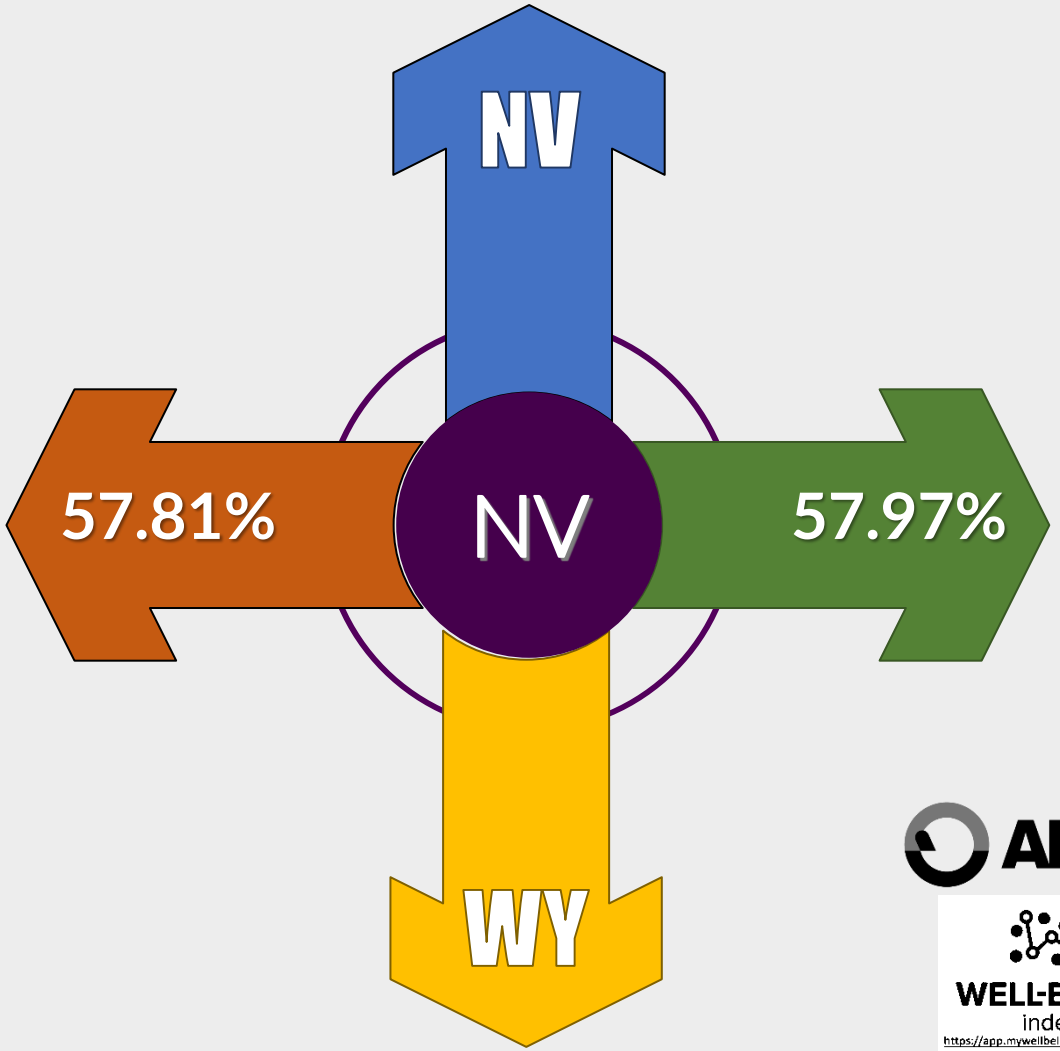
As of May 6, 2022, the Nevada distress percent was 57.81% (ranked 1/52) with 26 assessors.

STATE COMPARISON

As of June 6, 2022

Nevada is the highest at 57.97% (n=30)

Wyoming has the lowest 17.39% (n=16)



APhA

WELL-BEING index
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Invitation Code: APhA

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

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

JUNE 2022

As of June 6. 2022, the New Mexico distress percent was 29.58% (ranked 43/52) with 50 assessors.

MAY 2022

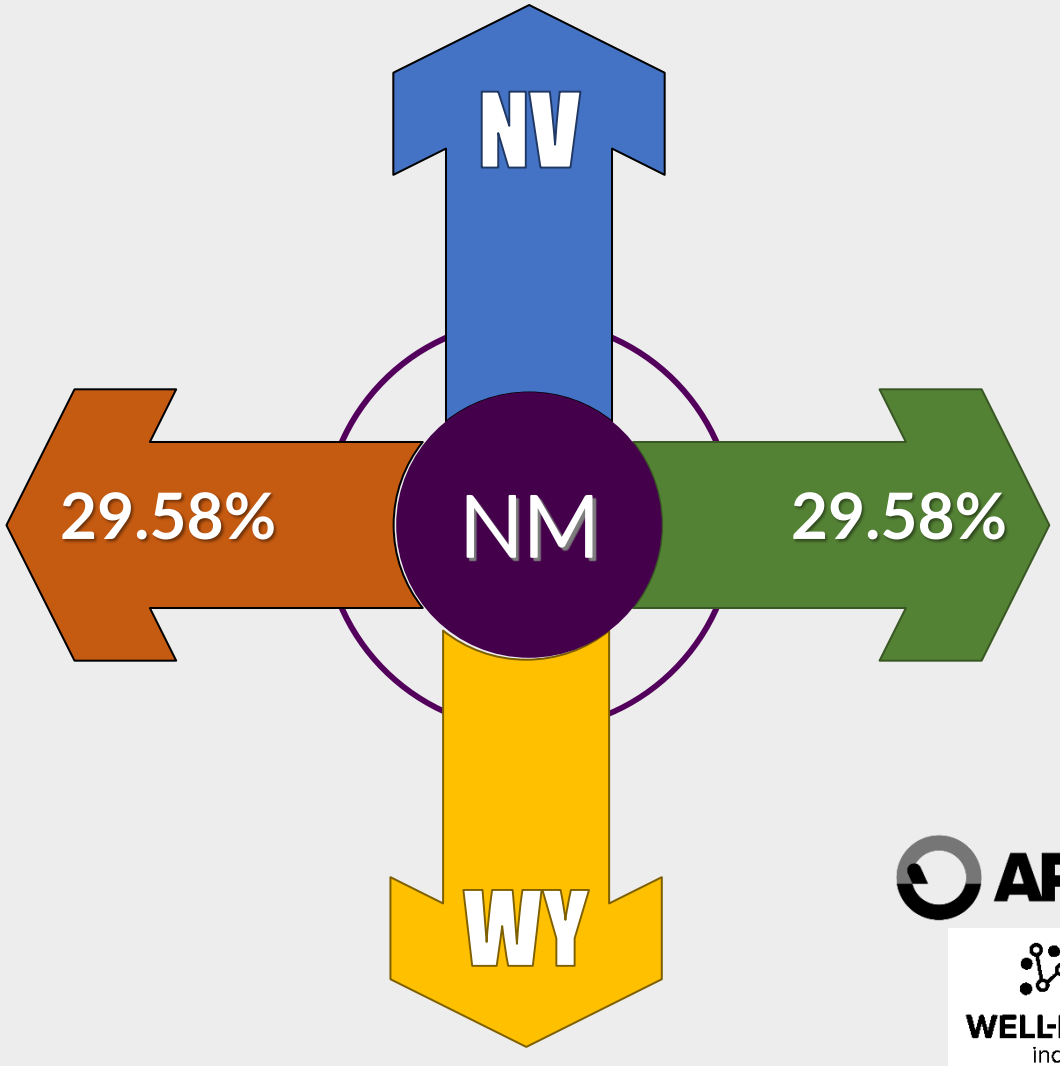
As of May 6. 2022, the New Mexico distress percent was 29.58% (ranked 42/52) with 50 assessors.

STATE COMPARISON

As of June 6, 2022

Nevada is the highest at 57.97% (n=30)

Wyoming has the lowest 17.39% (n=16)



APhA

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

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

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

JUNE 2022

As of June 6, 2022, the Utah distress percent was 29.60% (ranked 42/52) with 67 assessors.

MAY 2022

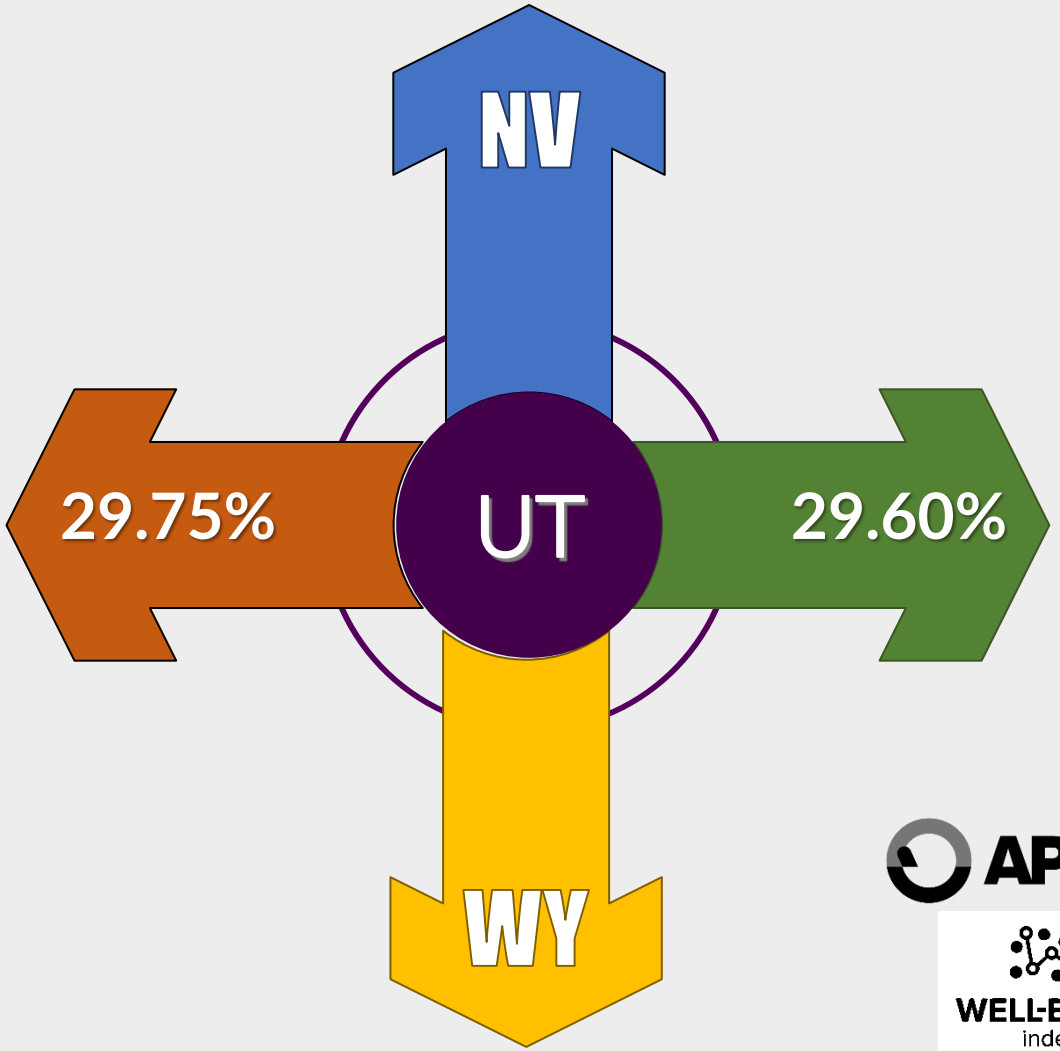
As of May 6, 2022, the Utah distress percent was 29.75% (ranked 41/52) with 64 assessors.

STATE COMPARISON

As of June 6, 2022

Nevada is the highest at 57.97% (n=30)

Wyoming has the lowest 17.39% (n=16)



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

APhA

WELL-BEING index

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Well-being Resources Promo Slides*

For Your Use in State Social Media and Periodicals

**Please do not change the content of these promotional slides*

PHARMACY WORKPLACE & WELL-BEING REPORTING

Your experiences – positive and negative – tell a powerful story!

Your experience can be the spark that helps change and enhance the pharmacy workplace, pharmacy personnel well-being, and patient safety.

Submit your experience report to
Pharmacy Workplace and Well-being Reporting.
www.pharmacist.com/pwwr

Your report is confidential, anonymous, and protected by the Alliance for Patient Medication Safety - a recognized national patient safety organization.

Share the PWWR link with your colleagues!

WELL-BEING index

Burnout is real.

**Take advantage of APhA's online screening tool, invented by the Mayo Clinic,
to evaluate your fatigue, depression, burnout, anxiety, and stress and assess your well-being.
It takes less than 5 minutes to answer 9 short questions.
It's 100% anonymous, free, and you do not need to be an APhA member.
Resources are available once you submit your assessment.**

Well-being Index for Pharmacists, Student Pharmacists, & Pharmacy Technicians
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

Or Scan

APhA

You're committed to pharmacy.
We're committed to your well-being.
www.pharmacist.com/wellbeing

Attachment 3c

THE PHARMACIST'S FUNDAMENTAL RESPONSIBILITIES AND RIGHTS

Approved by the Boards of the
American Pharmacists Association and the National Alliance of State Pharmacy Associations (June 2021)

A list of organizations in support of the Pharmacist's Fundamental Responsibilities and Rights can be found at www.pharmacist.com/pharmacistsresponsibilities.

PREAMBLE

As members of the patient-centered health care team, pharmacists are accountable for the appropriate use of medications to treat acute and chronic conditions and population health-programs that work to prevent medication and health related misadventures. Pharmacists improve patient outcomes by assuming responsibility for:

- Appropriate use of medications using evidence-based guidelines.
- Facilitating achievement of patients' health and medication-related goals.
- Promoting prevention and wellness strategies that improve patient health and overall health outcomes.
- Designing and overseeing safe, accurate, and timely medication distribution systems.
- Providing high-quality, compassionate, cost-effective care.[1]

These principles and the document as a whole, prepared and supported by pharmacists, are intended to state publicly the fundamental rights that are essential to fulfill their professional responsibilities as outlined in the *Oath of a Pharmacist* and the *Pharmacist Code of Ethics* and states' scope of pharmacy practice. These principles are established to guide pharmacists in relationships with employers, patients, and health professionals; and, guide those individuals responsible for establishing federal and state laws/regulations/guidance that govern pharmacy practice and healthcare delivery. These principles were developed as a tool to initiate and facilitate conversations between pharmacy staff and their employers.

PRINCIPLES

PHARMACISTS HAVE THE FUNDAMENTAL RESPONSIBILITY:

I. To practice with honesty and integrity.

A pharmacist places the health and well-being of the patient and community at the center of their professional practice. A pharmacist has a duty to fulfill their professional responsibilities as outlined in the *Oath of a Pharmacist, Pharmacist Code of Ethics,* and scope of practice requirements.

II. To seek employment that aligns with their professional goals and personal values and needs.

Pharmacists must be thoughtful when considering their personal professional goals, values, needs as they explore and review *potential* career opportunities. Pharmacists must also research and consider the work environment, values, and organizational goals of potential employers to understand how well they align with their own when *evaluating* employment opportunities.

III. To be lifelong learners to maintain professional competency and engage in the profession.

Recognizing that health care practice and therapeutics are constantly evolving, pharmacists have an obligation to pursue meaningful continuing professional development and education in order to maintain and optimize their clinical knowledge and abilities. Pharmacists must also have the support of their employer in order to pursue these opportunities.

IV. To educate their patients and the public to enhance public health.

Pharmacists are often the most accessible health care professionals in their communities and are essential to help educate patients to optimize use of their medications and achieve optimal health outcomes. Pharmacists bridge gaps in patient care throughout the health care delivery system. Pharmacists also play an active role in reinforcing consistent and reliable public health messages while helping to provide accurate health-related information to our patients in an era of abundantly available misinformation.

V. To make decisions and seek resolutions regarding workplace concerns without fear of intimidation or retaliation from their employer or supervisors.

Pharmacists have the responsibility to identify, address, and when needed elevate concerns regarding workplace issues that may compromise the safety, health or well-being of the pharmacy personnel or patients they serve. Employers and supervisors have a corresponding responsibility to encourage pharmacists and other pharmacy personnel to raise concerns about, and offer solutions to, maintain high-quality patient care and working conditions without fear of retaliation or intimidation from employers or supervisors.

-CONTINUED-

[1] Based on the Joint Commission of Pharmacy Practitioners Vision for Pharmacy Practice (Adopted 2014).

PHARMACISTS HAVE THE FUNDAMENTAL RIGHT:

I. To practice pharmacy in the best interest of patient and community health and well-being.

A pharmacist must consider the rules and regulations intended to protect the health and well-being of patients and communities while also using professional judgment in their decision making process.

II. To exercise professional judgment under the auspices of their license when delivering care to patients.

Pharmacists must have the independence to use their education and knowledge to make professional clinical decisions in the best interest of their patients. To mitigate incidents of moral distress[2], pharmacists should never be placed in a situation where they are forced to take part in patient care activities or decisions that they do not believe are in the best interest of the patient's health and/or well-being or that are in violation of pharmacy laws and/or regulations.

III. To be treated in a considerate, respectful, and professional manner by patients and supported by employers and supervisors.

Pharmacists should not be subject to behavior or work conditions that impede their independent professional judgment, or actions that compromise the best interests of the health and well-being of their patients or their status as a healthcare professional.

IV. To a workplace free of racism, discrimination, bullying, or harassment, as well as physical, verbal, or emotional abuse.

Pharmacists' workplaces should be free of discriminatory practices including but not limited to, physical abuse, emotional abuse, verbal abuse, racism, discrimination, harassment, or bullying.

V. To a working environment where the necessary resources are allocated to provide both legally required patient care services, as well as any additional enhanced patient care services offered.

Pharmacy is a highly-regulated profession which includes specific state and federal legal requirements that must be met when taking care of patients. At a minimum, sufficient time and adequate staffing are needed to safely adhere to the basic legal requirements before adding enhanced patient care services (e.g., vaccine administration, Medication Therapy Management (MTM), collaborative practice services). In addition, pharmacists should have ready access to current information and appropriate clinical and therapeutic references to support their delivery of patient care.

VI. To reasonable working hours and conditions.

Pharmacists must be permitted and encouraged to take needed breaks as well as sufficient, appropriate staff to safely complete the tasks at hand. Pharmacists should have access to tools when needed to promote and maintain physical and mental health (i.e., ergonomic work tools, stool or chair, cushioned floor mat when standing for long periods, appropriate lighting, access to appropriate restroom and lactation facilities, access to sustenance throughout the day).

VII. To have a voice in the development of metrics, and how those metrics are used as criteria for performance evaluations of all pharmacy staff.

Pharmacists should be evaluated fairly, with performance metrics and indicators that are focused on quality patient care while assuring adequate staffing is provided to meet those metrics and ensure patient safety by preventing medication errors. Meaningful performance metrics should address the quality of care provided to patients that pharmacists can directly impact and not only the cost or efficiency of services or operations.

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[2] In 1984, Andrew Jameton coined the term *moral distress* to describe the negative feelings a nurse feels when one knows the morally correct action to take but is constrained in some way from taking this action. It is different from burnout because it deals with your moral responsibility in a situation that you evaluate and determine the right course of action and then are prevented from doing it. The *American Journal of Nursing* (July 2016) suggests that moral distress can lead to "debilitating frustration, anger, and guilt." This article indicates that system-based sources of moral distress include "restrictive institutional policies, power structures, and regulatory practices, as well as limited human and material resources." Only in the last few years have publications explored moral distress in other health care professionals.