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Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
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## **MEDICATION ERROR REDUCTION AND WORKFORCE CHAIR REPORT**

### **June 7, 2023**

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

- I. Call to Order and Establishment of Quorum**
- II. Public Comment for Items Not on the Agenda/Agenda Items 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. Discussion, Consideration and Approval of Draft Minutes from the March 8, 2023, Medication Error Reduction and Workforce Committee**

**Attachment 1** includes a copy of the draft minutes.

- IV. Discussion on Just Culture**

#### Relevant Law

[California Code of Regulations Section 1711](#) requires pharmacies to establish or participate in an established quality assurance program that documents and assesses medication errors to determine cause and an appropriate repose as part of its missions to improve the quality of pharmacy service and prevent errors. This regulation became effective in 2002.

#### Background

Consistent with the Board's QA program requirements, Just Culture is a framework for analyzing and evaluating errors or near misses in the workplace related to both individual behavior and system design. The Just Culture approach seeks to evaluate the cause of errors, independent of the outcome.

The Committee received a presentation on Just Culture from Matthew Grissinger and Christina Michalek from the Institute for Safe Medication Practices (ISMP) as part of the November 16, 2022, meeting. Mr. Grissinger and Ms. Michalek provided an educational presentation about the concept of a Just Culture; differences between and understanding how to manage human error, at-risk behavior, and reckless behavior; and understanding why at-risk behavior occurs. A copy of the presentation can be found [here](#).

Over the past year, the Committee has focused significant time to assess medication errors, including the Board's quality assurance regulations that seek to facilitate implementation of systemic review of medication errors, consistent with the philosophy of Just Culture. As part of its review of the provisions contained in CCR 1711 including response to public comments received, the Board is promulgating changes to the current regulation to facilitate a more robust systemic review of a medication error.

The Board's approach to medication errors generally does not result in disciplinary action. Typically, the organization is held accountable for the error through the issuance of a citation and fine. The dispensing pharmacist may also be issued a citation with or without a fine and may also be issued an order of abatement, such as requiring continuing education in medication error reduction strategies.

In addition, to facilitate organizational learning on Just Culture, several pharmacist staff members completed training in Just Culture, including two supervising inspectors. Information learned was shared with all field staff. The information learned will further inform investigations as inspectors seek to understand more about system related issues contributing to medication errors as well as efforts undertaken by organizations to implement Just Culture.

#### For Committee Consideration and Discussion

During the meeting members will have the opportunity to discuss the Board's approach to promoting a Just Culture and determine what, if any, additional actions are appropriate.

### **V. Discussion and Consideration of Pharmacist Well-Being Index State Report**

As the Committee has previously discussed, in 2020, the Journal of the American Pharmacists Association published research regarding the well-being index. Key findings included that burnout, extreme fatigue, and poor quality of life were common among a diverse sample of US pharmacists. During past meetings members have received updated state reports on the Well-being index, a research-validated on-line tool invented by the Mayo

Clinic. As previously highlighted, pharmacists identified as being at a risk of high distress are, among other things, at a 2-fold higher risk of medication errors.

For Committee Consideration and Discussion

During the meeting members will have the opportunity to review the April 2023 State Report, which is the most recent report available. California's current distress rank is 40.

**Attachment 2** includes a copy of the report.

**VI. Adjournment**

# **Attachment 1**



**MEDICATION ERROR REDUCTION AND WORKFORCE COMMITTEE**  
**Draft MEETING MINUTES**

**DATE:** March 8, 2022

**LOCATION:** Pursuant to the provisions of Government Code section 11153, neither a public location nor teleconference locations are provided.

**COMMITTEE MEMBERS PRESENT:** Nicole Thibeau, Licensee Member, Chair  
 Seung Oh, Licensee Member, Vice Chair  
 Jessi Crowley, Licensee Member  
 Jignesh Patel, Licensee Member

**COMMITTEE MEMBERS NOT PRESENT:** Kula Koenig, Public Member

**STAFF MEMBERS PRESENT:** Anne Sodergren, Executive Officer  
 Debbie Damoth, Executive Specialist Manager

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

Chairperson Thibeau called the meeting to order at 9:00 a.m. Chairperson Thibeau reminded everyone present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. Where protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. 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, Licensee Member; Jessi Crowley, Licensee Member; and Nicole Thibeau, Licensee Member. A quorum was established.

Member Patel joined the meeting at 9:04 a.m.

**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.

The Committee heard a comment from a pharmacist representative on behalf of the five University of California Health Center Chief Pharmacy Officers and Executives. The pharmacist shared the request opinions of colleagues at the five University of California Centers. The commenter provided general acute care hospitals are required to participate in CDPH mandated annual medication error reduction plans (MERPs). The representative advised health system owned retail pharmacies report regularly in those system wide MERPs and provided an overview of MERPs. The representative recommended the health system owned retail pharmacies and infusion pharmacies that are licensed as retail pharmacies who are included in mandated MERPs be excluded from additional mandatory reporting under the retail pharmacy laws and regulations. Information reported to MERPs should be made available to inspectors as part of the inspection.

Members were provided an opportunity to add any items on a future agenda; however, no requests were made.

**III. Approval of November 16, 2022, Committee Meeting Minutes**

Members were provided the opportunity to provide comment; however, no comments were made.

**Motion:** Approve the November 16, 2022, meeting minutes as presented in the meeting materials.

**M/S:** Oh/Crowley

Members of the public were provided the opportunity to provide comment; however, no comments were provided.

**Support: 4      Opposed: 0      Abstain: 0      Not Present: 1**

<b>Member</b>	<b>Vote</b>
Crowley	Support
Koenig	Not Present
Oh	Support
Patel	Support
Thibeau	Support

**IV. Presentation, Alliance for Quality Improvement and Patient Safety, on Patient Safety Organizations**

Chairperson Thibeau provided throughout the meetings, the Committee has considered different approaches to address the issue of medication errors. Dr. Thibeau noted the Committee learned about the Institute for Safe Medication Practices and its role in addressing medication errors including providing free resources and information to licensees about best practices and its advocacy with the FDA to facilitate change. Dr. Thibeau provided the Committee would receive a presentation about Patient Safety Organizations (PSO).

Chairperson Thibeau welcomed Peggy Binzer, Executive Director with the Alliance for Quality Improvement and Patient Safety (AQIPS) adding the AQIPS was a professional association for patient safety organizations

Ms. Binzer provided an overview of the AQIPS. Ms. Binzer reviewed background related to PSOs being the federal response to medication errors and the federally listed pharmacy PSOs. Ms. Binzer explained how PSO's spurred a revolution in medication safety by community pharmacies and how pharmacy PSOs are a national learning system. Ms. Binzer provided an overview of unintended consequences to state reporting.

Ms. Binzer summarized pharmacy PSOs work with pharmacies and the pharmacy industry to facilitate change to improve medication safety, including making changes to IT systems, and creating learning systems for pharmacists. The pharmacy PSOs and other Healthcare PSOs share best practices and safety programs to improve the continuum of care. Those with great resources and expertise share with other PSOs who may not. Other State Boards of Pharmacy recognize the value of PSOs and have included Pharmacy PSOs in their medication safety programs.

Members were provided an opportunity to comments.

Member Crowley inquired about how Ms. Binzer's organization helps to create a learning system to facilitate change and requested further elaboration. Ms. Binzer provided there were ongoing programs provided that include annual summit,

monthly calls, best practices, and contracts allowing for PSO-to-PSO sharing. Ms. Binzer noted seeing large community chain store PSOs sharing with the largest independent PSOs and national safe table system to discuss issues. Ms. Binzer noted the pharmacy PSOs have embraced the safe table system. Dr. Crowley inquired about the four issues identified with the pharmacy PSOs but Ms. Binzer didn't have the list of the four issues identified.

Member Crowley inquired about what the organization has found in terms of institutional and systematic contributions to medication errors and factors in terms of Just Culture. Ms. Binzer explained antidotally when a Just Culture is implemented, there is an enhancement in well-being and increase in reporting from the pharmacists. Ms. Binzer added dual learning allows for the change in the IT solutions and the explanation of what happened and how to prevent it from happening again.

Member Crowley inquired if the data from pharmacy PSOs were aggregated to identify trends. Ms. Binzer provided that was not the role of the organization. Dr. Crowley inquired about the cost to the pharmacy to use the PSO. Ms. Binzer noted cost would depend on the PSO as well as services and software provided.

Member Patel requested an explanation of the patient safety work product (PSWP) and its restrictions. Ms. Binzer explained the PSWP must be created using specific processes and if the processes are followed, the protections attach. Ms. Binzer further explained the primary protections at the pharmacy level include the confidentiality for the pharmacist and the privilege for the data. Under the confidentiality protections, PSWP can only be shared using specific disclosures because the health care professionals were promised that their professional reputations would not be harmed. In order to disclose information, there has to be specific disclosure (e.g., to FDA, law enforcement agencies, etc.) and disclosure permission. Without the disclosure provision, there can be investigation by OCR just as a HIPAA violation would be investigated. Ms. Binzer noted there were provisions to share non-identifiable data which has to be voluntarily disclosed. Ms. Binzer noted disclosures to providers can be made and would have to be de-identified. Ms. Binzer noted regulatory bodies can't be PSOs so it was difficult to make disclosures to regulatory bodies except for the PSWP when there is a survey of the pharmacy.

President Oh thanked Ms. Binzer for the presentation.

Chairperson Thibeau commented in favor of the safety table concept and inquired if any entity or state was aggregating data for information as the Board was trying to accomplish. Ms. Binzer noted the Pennsylvania Patient Safety Reporting System (PA-PSRS) collects all information from their hospitals but had a vote of no confidence by the hospitals when they tried to expand data collected. Ms. Binzer



added PSOs who have tried to collect data and identify trends from a market standpoint haven't survived; however, PSOs who provide safe tables, facilitating change, finding best practices and finding resolutions are the ones that succeed and have been found to be effective.

Members of the public were provided an opportunity to comment; however, no comments were made.

## **V. Discussion and Consideration of Pharmacist Well-being Index State Report**

Chairperson Thibeau advised the Committee has been monitoring information on the Pharmacist Well-Being Index for the past year and reminded the online screening tool was invented by the Mayo Clinic to assist licensees in assessing their well-being. Dr. Thibeau noted the screening tool was anonymous and available at no charge. Dr. Thibeau referenced meeting materials that contained the most recent state report adding as indicated in the state report, California is currently ranked 40th. Dr. Thibeau noted for comparison in October 2022 California was ranked 43rd.

Members were provided an opportunity to comment; however, no comments were made.

Members of the public were provided an opportunity to comment; however, no comments were made.

Chairperson Thibeau stated the Committee will continue to monitor the Well-Being reports adding based on prior discussion, staff have inquired if the data reported can be further broken down into various categories to learn if, based on demographic information, specific populations may be more impacted than others. Dr. Thibeau added if the additional information was available, it will be provided at the next meeting. Dr. Thibeau reminded the Committee that the Communication and Public Education Committee was working on developing a consumer education campaign that could include messaging about treating pharmacists and other pharmacy personnel with respect.

## **VI. Future Committee Meeting Dates**

Chairperson Thibeau advised the next and potentially last Committee Meeting was scheduled for June 7, 2023.

## **VII. Adjournment**

Chairperson Thibeau thanked all for their participation and adjourned the meeting at 9:42 a.m.

# **Attachment 2**



# Well-being Index For Pharmacy Personnel

State Report

For State Boards of Pharmacy

NABP District Eight States

April 2023

*For Every Pharmacist. For All of Pharmacy.*

[pharmacist.com](https://www.pharmacist.com)

# **DISTRESS PERCENT CHANGES**

## ***National and District***

### **March 2023 versus April 2023**

# Changes in Distress Levels

As of April 2023

State	Change in Distress % March 2023 vs April 2023	State Rank for Distress Percent April 2023	Distress Percent April 2023
<b>Largest Increase in Distress Percent</b>			
Vermont	<b>1.31%</b>	<b>33</b>	<b>32.08%</b>
South Dakota	<b>1.28%</b>	<b>47</b>	<b>26.72%</b>
Washington	<b>0.83%</b>	<b>7</b>	<b>44.28%</b>
New Hampshire	<b>0.66%</b>	<b>2</b>	<b>48.10%</b>
Massachusetts	<b>0.59%</b>	<b>9</b>	<b>41.29%</b>
<b>Largest Decrease in Distress Percent</b>			
Alaska	<b>-1.14%</b>	<b>37</b>	<b>32.65%</b>
Nevada	<b>-0.71%</b>	<b>1</b>	<b>58.33%</b>
North Carolina	<b>-0.48%</b>	<b>16</b>	<b>36.72%</b>
New York	<b>-0.46%</b>	<b>39</b>	<b>29.35%</b>
Missouri	<b>-0.39%</b>	<b>38</b>	<b>29.52%</b>
<b>NATIONAL</b>	<b>-0.06%</b>	<b>31.32%</b>	<b>----</b>

# Changes in Distress Levels – District Eight



As of April 2023

	Change in Distress % Mar 2023 vs Apr 2023	Distress % Apr 2023	Distress % State Rank Apr 2023	Change in Distress % Feb 2023 vs Mar 2023	Distress % State Rank Mar 2023	Distress % State Rank Feb 2023	Distress % State Rank Jan 2023	Distress % State Rank Dec 2022	Distress % State Rank Oct 2022	Distress % State Rank Jul 2022	Distress % State Rank Apr 2022	Distress % State Rank Dec 2021	Distress % State Rank Apr 2021	Distress % State Rank May 2020	Distress % State Rank Apr 2020
Arizona	-0.05%	40.16%	12	0.37%	12	12	12	12	12	12	13	14	13	16	17
California	-0.33%	29.04%	40	-0.13%	40	40	40	40	43	45	44	40	38	35	35
Colorado	-0.11%	31.61%	34	-0.06%	33	33	33	33	34	34	28	25	23	14	19
Hawaii	0.27%	37.00%	14	-0.38%	15	15	14	14	15	13	10	7	6	2	2
Nevada	-0.71%	58.33%	1	-1.45%	1	1	1	1	1	1	1	1	1	18	11
New Mexico	No Change	23.38%	42	No Change	44	44	43	44	44	43	3	42	44	39	39
Utah	0.30%	28.87%	41	No Change	42	42	42	41	40	42	39	37	32	27	31

T=Tied in rank with another state.

Note: Some historic data from 2020/2021/2022 has been removed to allow space for current month. Refer to previous months' reports or contact [ashaughnessy@aphanet.org](mailto:ashaughnessy@aphanet.org) for data.

# **DISTRESS PERCENT MONTHLY REPORTS**

## **State-Specific**

## **March 2023 versus April 2023**



# WELL-BEING INDEX FOR PHARMACY PERSONNEL

## STATE DISTRESS PERCENT\*

### APRIL 2023

As of April 6, 2023, the Arizona distress percent was 40.16% (ranked 12/52) with 199 assessors.

### MARCH 2023

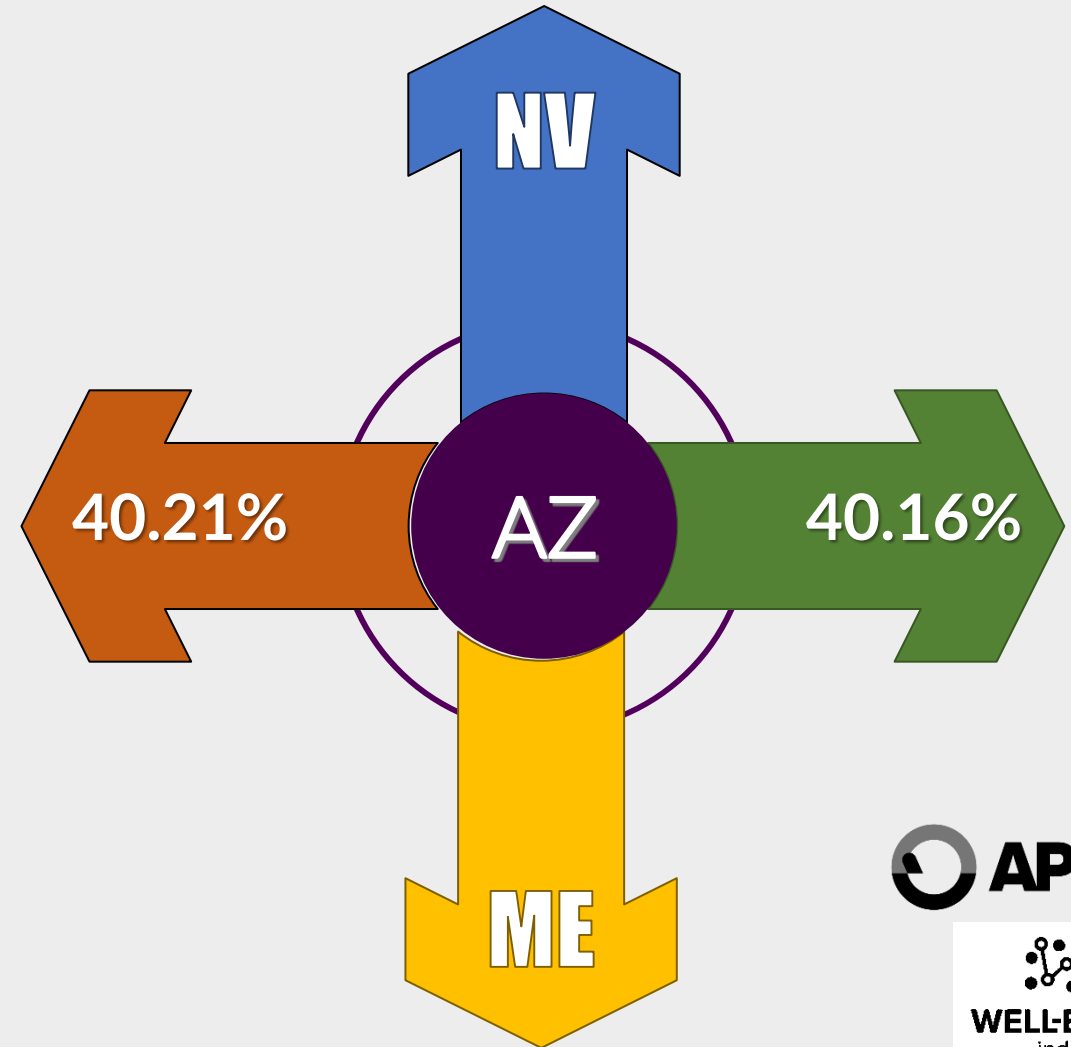
As of March 6, 2023, the Arizona distress percent was 40.21% (ranked 12/52) with 199 assessors.

### STATE COMPARISON

As of April 6, 2023

Nevada is the highest at 58.33% (n=35)

Maine has the lowest 19.40% (n=28)



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

# WELL-BEING INDEX FOR PHARMACY PERSONNEL

## STATE DISTRESS PERCENT\*

### APRIL 2023

As of April 6, 2023, the California distress percent was 29.04% (ranked 40/52) with 806 assessors.

### MARCH 2023

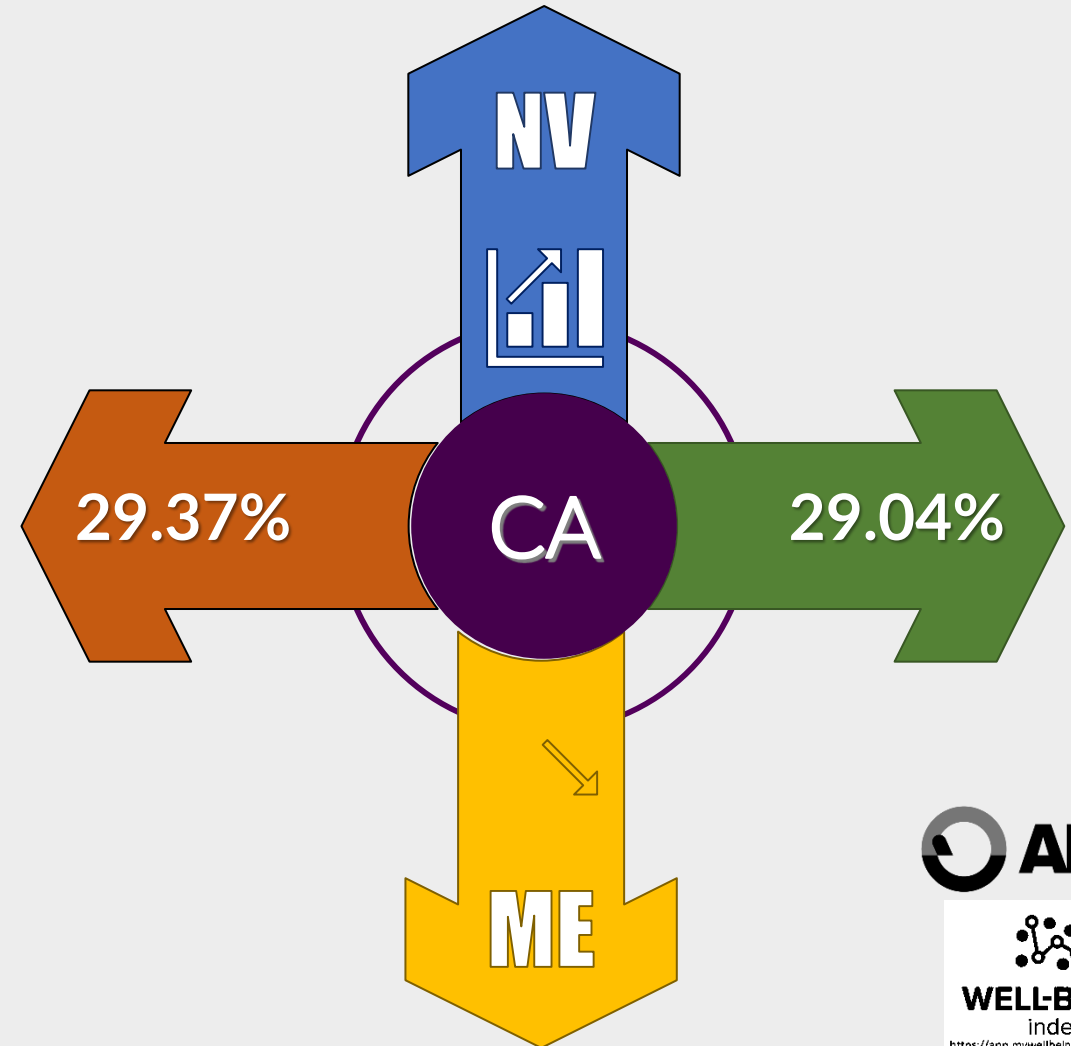
As of March 6, 2023, the California distress percent was 29.37% (ranked 40/52) with 804 assessors.

### STATE COMPARISON

As of April 6, 2023

Nevada is the highest at 58.33% (n=35)

Maine has the lowest 19.40% (n=28)



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

# WELL-BEING INDEX FOR PHARMACY PERSONNEL

## STATE DISTRESS PERCENT\*

### APRIL 2023

As of April 6, 2023, the Colorado distress percent was 31.61% (ranked 34/52) with 231 assessors.

### MARCH 2023

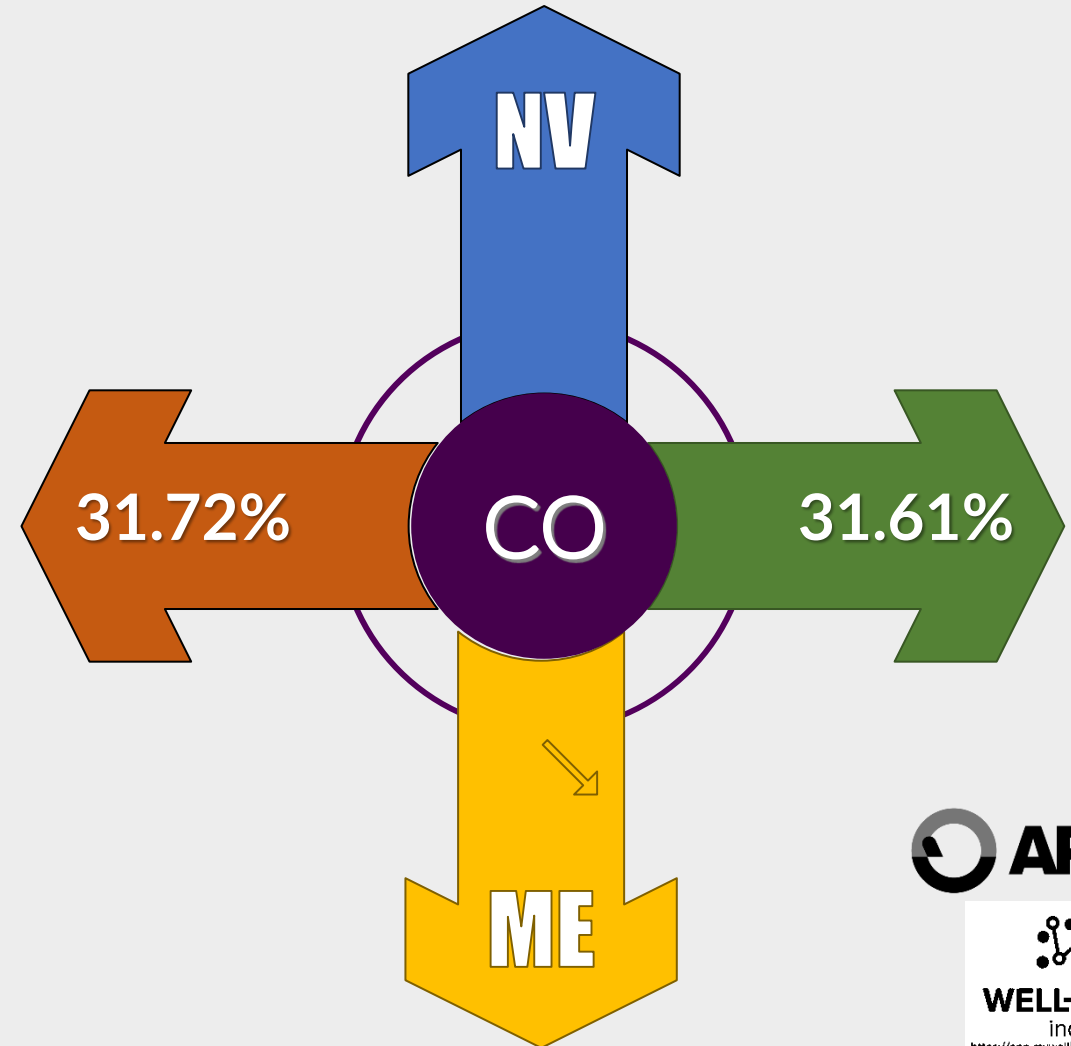
As of March 6, 2023, the Colorado distress percent was 31.72% (ranked 33/52) with 230 assessors.

### STATE COMPARISON

As of April 6, 2023

Nevada is the highest at 58.33% (n=35)

Maine has the lowest 19.40% (n=28)



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

# WELL-BEING INDEX FOR PHARMACY PERSONNEL STATE DISTRESS PERCENT\*

## APRIL 2023

As of April 6, 2023, the Hawaii distress percent was 37.00% (ranked 14/52) with 30 assessors.

## MARCH 2023

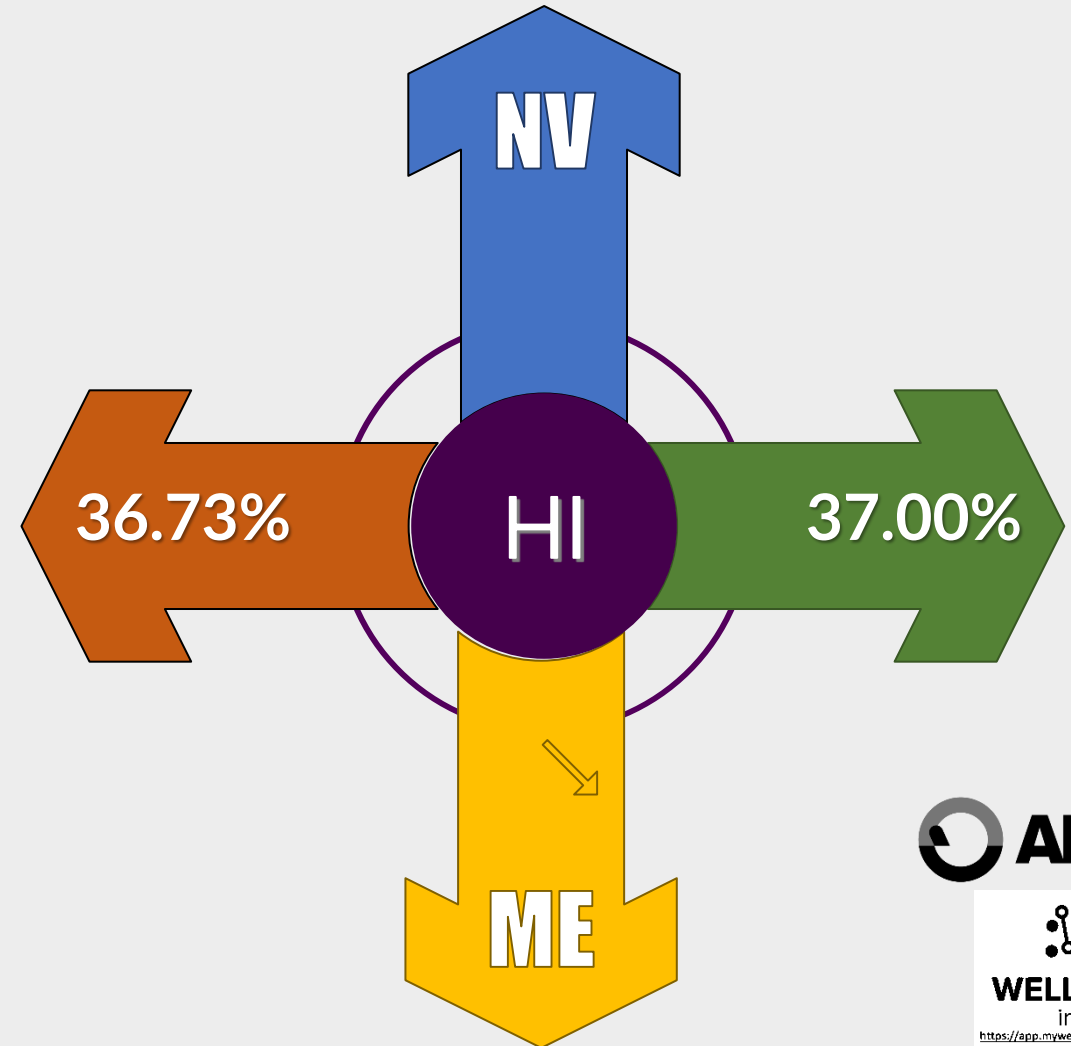
As of March 6, 2023, the Hawaii distress percent was 36.73% (ranked 15/52) with 30 assessors.

## STATE COMPARISON

As of April 6, 2023

Nevada is the highest at 58.33% (n=35)

Maine has the lowest 19.40% (n=28)



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

# WELL-BEING INDEX FOR PHARMACY PERSONNEL STATE DISTRESS PERCENT\*

## APRIL 2023

As of April 6, 2023, the Nevada distress percent was 58.33% (ranked the highest at 1/52) with 35 assessors.

## MARCH 2023

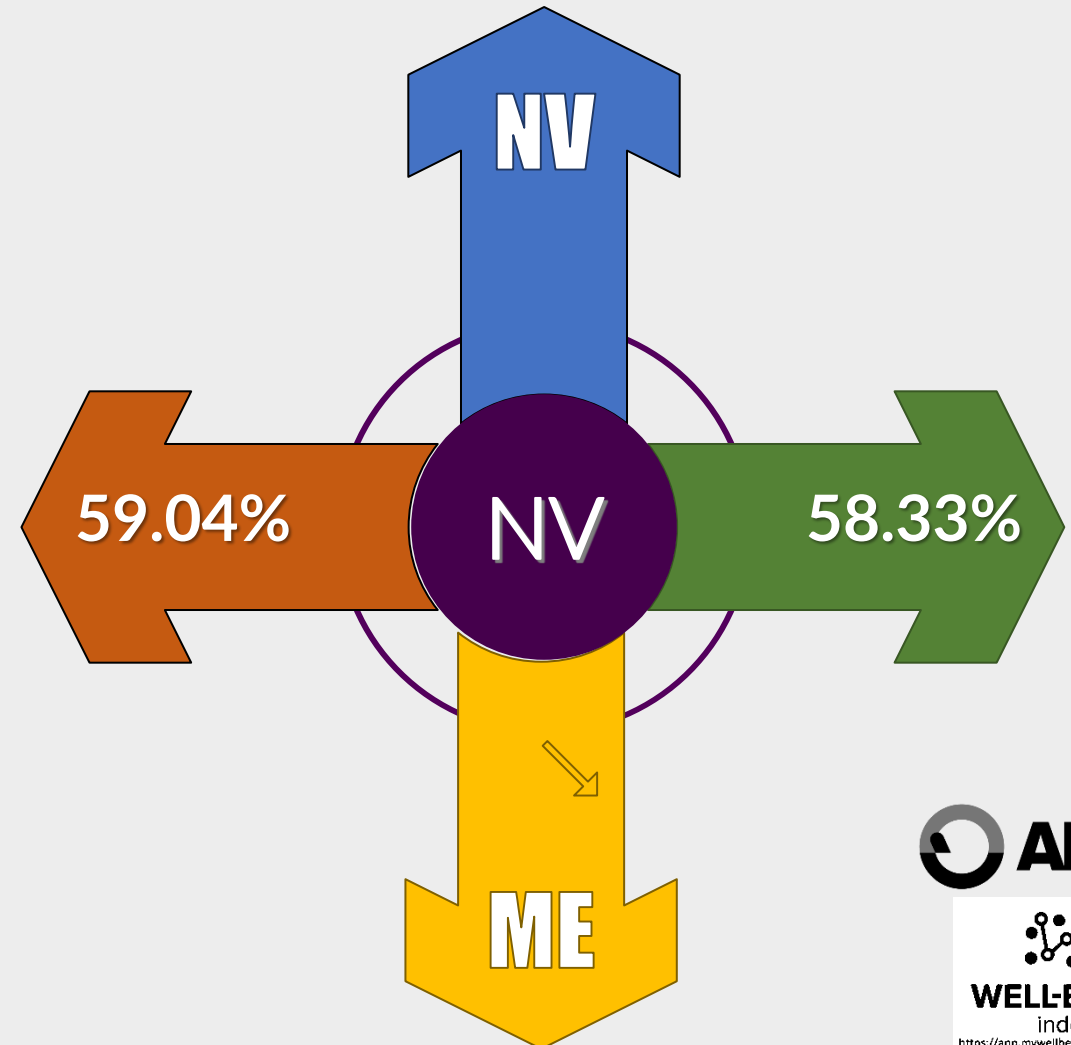
As of March 6, 2023, the Nevada distress percent was 59.04% (ranked the highest at 1/52) with 35 assessors.

## STATE COMPARISON

As of April 6, 2023

Nevada is the highest at 58.33% (n=35)

Maine has the lowest 19.40% (n=28)



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

# WELL-BEING INDEX FOR PHARMACY PERSONNEL

## STATE DISTRESS PERCENT\*

### APRIL 2023

As of April 6, 2023, the New Mexico distress percent was 28.38% (ranked 42/52) with 52 assessors.

### MARCH 2023

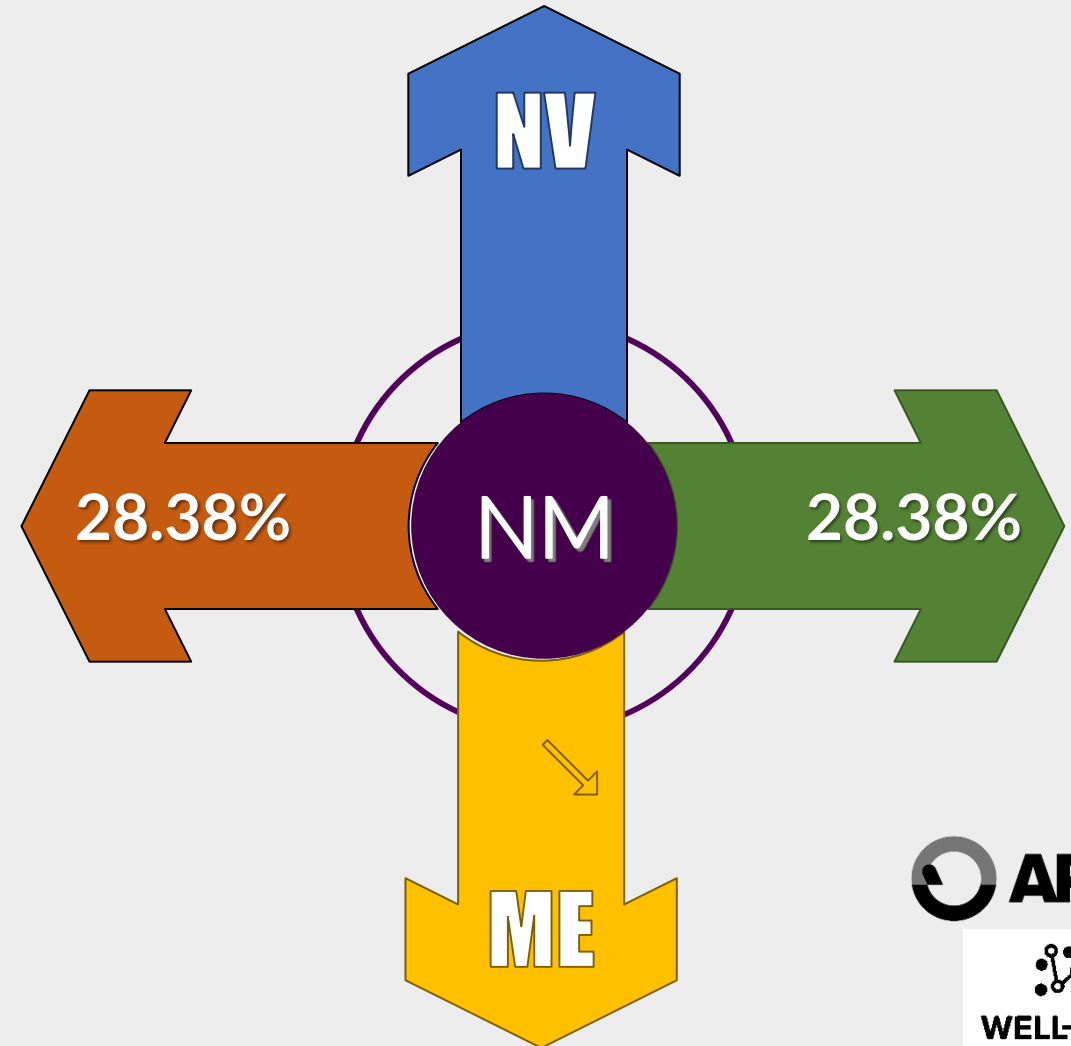
As of March 6, 2023, the New Mexico distress percent was 28.38% (ranked 44/52) with 52 assessors.

### STATE COMPARISON

As of April 6, 2023

Nevada is the highest at 58.33% (n=35)

Maine has the lowest 19.40% (n=28)



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

# WELL-BEING INDEX FOR PHARMACY PERSONNEL

## STATE DISTRESS PERCENT\*

### APRIL 2023

As of April 6, 2023, the Utah distress percent was 28.87% (ranked at 41/52) with 74 assessors.

### MARCH 2023

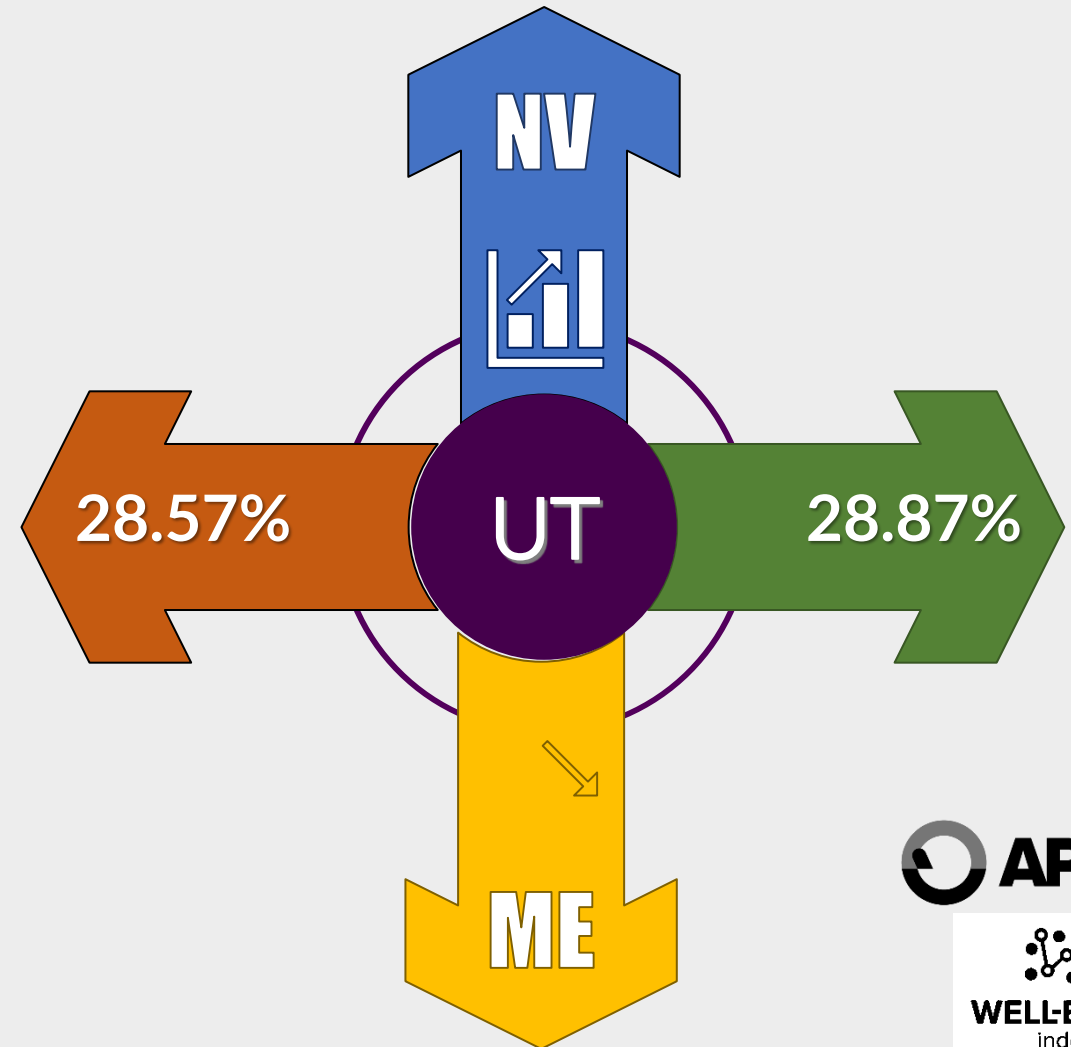
As of March 6, 2023, the Utah distress percent was 28.57% (ranked at 42/52) with 74 assessors.

### STATE COMPARISON

As of April 6, 2023

Nevada is the highest at 58.33% (n=35)

Maine has the lowest 19.40% (n=28)



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

# **Well-being Resources Promo Slides\***

## **For Your Use in State Social Media and Periodicals**

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





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**Well-being Index for Pharmacists, Student Pharmacists, & Pharmacy Technicians**

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