

Quality Indicators for Pharmacy

Q&A's

The Ontario College of Pharmacists (the College) is moving towards adopting a health systems focus that is grounded in quality care and patient outcomes and has partnered with Health Quality Ontario (HQO) to establish a set of [quality indicators for pharmacy](#). Establishing these quality indicators will support understanding and optimizing the impact of pharmacy practice on patient outcomes and the health system. An overview of key questions and answers is provided below.

A. Overall Scope and Purpose of the Quality Indicators for Pharmacy

Why is the College establishing quality indicators?

To support its mandate to serve and protect the public, the College is responsible for assuring continuous quality improvement within the profession of pharmacy. Establishing quality indicators will enable the College to use data to make evidence-informed decisions and promote a better understanding of the quality of pharmacy care and the impact pharmacy has on patient outcomes. Further details about the intended use of these indicators can be found in section C.

What is the purpose of these indicators and who is the audience?

The purpose of these indicators is to improve the quality of pharmacy care and to increase transparency among the public about the impact of pharmacy through aggregate level public reporting. Pharmacy professionals, like other health care professionals, play an active part in providing quality and safe care to patients while contributing to solutions to address common quality challenges experienced throughout our health system. Safe transitions of care, the opioid crisis, and medication-related incidents are just a few examples where pharmacy can play an increasingly valuable role in our health system, while continuing to contribute directly to a patient's health goals. However, at this time there is no way to measure pharmacy's impact on these issues.

These indicators are intended to be used for public reporting to provide transparency to the public, pharmacy professionals, patients and other stakeholders on the impact of pharmacy care on patient and system outcomes. There is also a future goal of sharing pharmacy level data directly with pharmacy professionals to drive quality improvement and encourage a culture of quality in pharmacy.

What is the scope of these indicators? Is hospital pharmacy involved?

A strong focus on indicators already exists in other areas of the health system (for example in hospitals, primary care, long term care and home care), but community pharmacy is an area that has not historically been measured. A great deal of work has already been done to establish indicators in hospital pharmacy, including the efforts of the [Canadian Society of Hospital Pharmacists](#). The expert panel and the College will align with this work wherever possible. However, for now, the primary gap is in community pharmacy and this will be the main focus of the indicators work. There is potential for this work to expand to other practice settings in the future.

B. The Process of Establishing the Quality Indicators for Pharmacy

How did this process of establishing quality indicators begin?

In June 2018, the College and HQO co-hosted a roundtable that brought together relevant stakeholders to inform development of a set of guiding principles for establishing a set of quality indicators for pharmacy. A [synopsis document](#) outlining the roundtable discussions and key takeaway messages was developed, and is being used to inform the indicator selection process and will also inform the implementation of these indicators.

How will the indicators get chosen?

Roundtable participants selected indicator themes based on measurement areas where pharmacy can have an impact and where reporting on quality of pharmacy care can be done in a way that is important to patients and providers. The indicator measurement areas identified included:

- Patient/caregiver experience & outcomes
- Provider (i.e Pharmacy professional) experience
- Appropriateness of dispensed medications
- Medication-related hospital visits
- Transitions of care

The College and HQO established an expert panel in the Fall of 2018 with the task of selecting a set of quality indicators for pharmacy. The panel is using a modified Delphi process, which involves using a series of ranking surveys and deliberation meetings to come to consensus on a small set of evidence-based indicators. The panel first convened in November 2018, and aims to complete its work by the Spring of 2019. Throughout this process, the expert panel's decisions will be informed by patient and sector engagement, such as the [November 2018 webinar](#) and a formal consultation in the Winter of 2019.

The expert panel will continue to deliberate and use feedback from sector and patient engagement sessions to shortlist a set of quality indicators for pharmacy within the measurement areas identified above.

Who is on the expert panel selecting these indicators?

The [expert panel](#) comprising 16 individuals, including patients, pharmacists, health information and measurement experts, representatives from the Ministry of Health and Long Term Care, the Ontario Hospital Association, the Ontario Pharmacists Association, HQO and the College. There is both community and hospital pharmacy representation on the panel, and seven of the panel members are practicing pharmacists.

C. Intended Indicator Use and Support to Implement the Indicators

How do the College's quality indicators differ from other indicators, such as those being established by insurance providers?

The quality indicators for pharmacy that the College and HQO are developing are not intended to be used for quality assurance or to determine reimbursement. They are solely intended to provide the public and pharmacy sector with information about the overall quality of pharmacy care and to support the sector in gaining a better understanding of pharmacy's impact on patient outcomes. The College acknowledges that there are other indicators in development by other organizations. While it intends to

learn from other such initiatives, it has no intention of overloading the sector with too many indicators and would explore potential alignment opportunities only if they align with the College's goals.

What will the indicators be used for? Will information be shared with the public? Will the public see how my pharmacy's indicator performance compares to others?

The quality indicators will be used for public reporting and for quality improvement within the sector. Pharmacist and pharmacy-specific data will not be shared publicly. Only aggregate provincial/regional level data will be made public.

Will the quality indicators be used to assess individual pharmacists?

This initiative is not about tracking the performance of individual pharmacists or for quality assurance or reimbursement. The initial function of these indicators is to leverage public reporting at a system level while striving for continuous quality improvement. Once the system level indicators are identified, efforts will be made to work with pharmacy practice to determine which measures, data, and supports can be shared with pharmacies to support quality improvement efforts.

How will the College obtain data for these indicators?

The data needed greatly depends on which indicators are selected. A variety of data organizations are aware of this work and the College is collaborating with them. It is not expected that pharmacies will need to gather or report any new data to the College to support these indicators.

D. Alignment to other Initiatives

Is this initiative related to the AIMS program?

The [AIMS \(Assurance and Improvement in Medication Safety\) Program](#) is the College's mandatory medication safety reporting program that started rolling out in all community pharmacies in November 2018. AIMS supports continuous quality improvement and puts in place a consistent standard for medication safety for all pharmacies in the province. By enabling practitioners to learn from incidents and better understand why they happen and how to prevent them, this program can reduce the risk of patient harm caused by medication incidents.

While the AIMS program is a separate initiative to enable reporting on medication incidents and near misses to a third party for learning and improvement, both the AIMS program and the quality indicators for pharmacy are being implemented to drive quality improvement in pharmacy to support safe and effective patient care.