



Be COMPASS Ready!

The COMPASS Continuous Quality Improvement (QI) Program launched Dec. 1, 2017. The new Continuous Quality Improvement (CQI) bylaw came into effect on that date as well. What this means is that all Saskatchewan community pharmacies must now have in place a CQI program that meets the bylaw requirements (Section 12 of Part I of SCPP's Regulatory Bylaws page 33).

To ensure all new Saskatchewan community pharmacies are COMPASS ready when their pharmacy opens, the following checklist and information has been prepared.

☐ **Data sharing agreement (DSA) with ISMP Canada has been signed.**

The DSA must be signed prior to your pre-opening inspection being scheduled. A copy of the DSA specific to your pharmacy can be accessed through the pharmacy manager portal on the [SCPP website](#). Print the DSA and email it to ISMP Canada.

☐ **Community Pharmacy Incident Reporting (CPhIR) username and password has been received.**

Once the DSA has been signed and emailed to ISMP Canada, a username and password will be issued by ISMP Canada to the pharmacy. Ensure this username and password is posted in a conspicuous location in the pharmacy (e.g., on the computer terminal) so that it is handy when pharmacy staff members want to enter an incident.

☐ **Quality Improvement (QI) Coordinator has been designated for your pharmacy and have they participated in the training.**

Each pharmacy manager must have designated at least one individual (pharmacist or pharmacy technician) designated as the QI Coordinator. The name of this individual is to be forwarded to the SCPP office during the pharmacy pre-opening process. More than one individual may be designated as the QI Coordinator at a pharmacy if the safety workload requires it. An individual can be designated as the QI Coordinator at more than one pharmacy; however, the individual must work at the pharmacies where they are designated, and they must ensure that they work a sufficient amount of time to meet all the requirements of a QI Coordinator. To assist the QI Coordinator understand their responsibilities and provide them with resources to implement COMPASS in the pharmacy, a [Quality Improvement Coordinator Manual](#) has been developed.

The QI Coordinator must also participate in the online COMPASS training sessions. If the QI Coordinator has not yet taken the required training, then it is recommended that they register for the training as soon as possible.

Registration for the COMPASS training is through CPDPP at [USask CPE](#).

☐ **All the pharmacy staff have been trained on the COMPASS tools.**

One of the responsibilities of the QI Coordinator after taking the COMPASS training is to train the other pharmacy staff members. This training is to ensure that all pharmacy staff members know how to use the tools and are aware of the purpose of COMPASS in ensuring patient safety through safe medication practice.

☐ **Pharmacy staff is aware of COMPASS timelines.**

Once the pharmacy opens, pharmacy staff are encouraged to start reporting any medication incidents as they occur. However, the pharmacy staff have **six months** to complete their first Medication Safety Self-Assessment (MSSA). This allows for a more accurate assessment of the pharmacy practice. A quality improvement (QI) plan can be developed at any time but must be in place once the MSSA has been completed. Regular quality improvement meetings are encouraged to occur to discuss any medication incidents or other improvement initiatives.

☐ **Pharmacy staff is aware of the incident reporting expectations.**

To assist pharmacy staff in understanding what types of incidents must be entered into the CPhIR system, the following reporting expectations have been developed.

- All medication incidents that reach the patient regardless of harm
- Any near miss that had the potential to cause harm had it not been caught
- Any near miss that is occurring repeatedly
- Any near miss that a pharmacy staff member feels is important to report

As pharmacy staff members become more familiar and proficient with the CPhIR tool, they may decide to include additional types of incidents that they feel need to be reported and thus discussed and resolved. Pharmacy staff members are encouraged to report any incidents that they feel are important in addition to the above expectations. A [Medication Incident Cheat Sheet](#) has been developed to assist pharmacy staff with the completeness of their medication incident reporting.

☐ **Pharmacy staff is aware of the ISMP Resources available.**

[ISMP Canada site](#) has a great deal of resources available for pharmacy staff members to use. The [ISMP CPhIR site](#) has a “CE & Resources” tab once logged in, which includes many webinars that may be useful for safety training for staff.

Other resources that ISMP Canada has available are newsletters. The ISMP newsletters can be accessed from CPhIR’s website home page. Pharmacy staff members can sign up to receive these newsletters by email or can access them through the CPhIR website.

ISMP has the following newsletters available:

- CPhIR Newsletter
- ISMP Safety Bulletin
- SafeMedicationsUse.ca Newsletter
- Medication Safety Alerts

Pharmacy staff members are encouraged to review these newsletters and discuss their content on a regular basis as they contain highly valuable information about multi-incident analysis, shared learning opportunities, as well as other valuable information that can be provided to patients.

☐ Pharmacy staff knows who to contact when they have questions about COMPASS or any of the tools.

If you have questions regarding COMPASS or any of the tools, the following contact numbers have been provided.

Tools – ISMP Canada

- **CPhIR** – ISMP Canada - cphir@ismp-canada.org
- **MSSA** – ISMP Canada - mssa@ismp-canada.org
- Technical support (COMPASS) – 1-866-544-7672

COMPASS – SSCP

- info@saskpharm.ca
- jeannette.sandiford@saskpharm.ca

Education/Training – USask CPE

- [USask CPE](#)

Questions?

info@saskpharm.ca