

# Report

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## Final Evaluation of Prescription to Thrive – Wave 1 Pharmacies



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FINAL

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# Executive Summary

## Introduction

Prescription to Thrive (Rx to Thrive) is a community pharmacy-based demonstration project to test the effectiveness of using pharmacist facilitators to engage pharmacy teams in sustainable models of patient-centered care. It is being implemented by the Pharmacy Association of Nova Scotia (PANS) to help support implementation of non-dispensing pharmacy services<sup>1</sup> in Nova Scotia. Rx to Thrive involves two practice facilitators (pharmacists) each working to support three or four pharmacy sites. The first four Wave 1 pharmacies (from one ownership group) participated from May 2018 to March 2020, and the three Wave 2 pharmacies (each separately owned) from March 2019 to September 2020.<sup>2</sup>

Throughout the project, the facilitators spent time in each pharmacy and provided a variety of supports including training and capacity-building for team members; providing services directly to patients to role-model service provision for staff; helping with the dispensing workload to free up time for staff to learn about or deliver non-dispensing services; supporting operational and service delivery planning and monitoring progress; developing tools and resources to support service delivery; and making recommendations to improve efficiency and support service delivery.

This report presents findings from the final evaluation of Wave 1 pharmacies in Rx to Thrive, conducted by an independent evaluation consultant. The evaluation included focus groups and interviews with participating pharmacy teams, managers, owners, and the facilitator; a review of project documents and pharmacy data; and baseline, interim and final surveys conducted with the pharmacy teams.

## Project Outcomes

The evaluation identified the following outcomes of the Rx to Thrive project:

- **Increased non-dispensing pharmacy service delivery and revenues:** Across all services, there was a 200% increase in the number of non-dispensing services provided by Wave 1 stores in the last 12 months of the project compared to the 12 months before the project began. The largest areas of increase were disease management programs (2,668% growth), prescribing (684% growth) and medication reviews (611% growth). Pharmacies have successfully been able to increase services that were already regularly provided (e.g., flu shots), and begin providing services that were previously rarely offered (e.g., advanced medication reviews, adaptations). Revenues from non-dispensing

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<sup>1</sup> Collectively, prescribing, consultation and injection services are referred to as non-dispensing pharmacy services. See [Appendix A](#) for a more detailed definition.

<sup>2</sup> Wave 1 pharmacies completed their participation in Rx to Thrive prior to the COVID-19 pandemic. Wave 2 activities are on hold as of April 1, 2020 due to the covid-19 pandemic. The ability to resume regular project activities for Wave 2 will be assessed again in June 2020.

services also increased (343% growth), and there was increasing diversification in revenues, with flu shots and continuing care prescriptions (CCP) decreasing from 70% to 35% of total non-dispensing revenues and other services growing (e.g., medication reviews from 4% to 23%, disease management programs from 2% to 19%). Most evaluation respondents reported that they felt confident about their ability to continue offering services now that Rx to Thrive is over.

- **Improved efficiency and organization:** All participating pharmacies made changes to make their daily work more efficient and improve the pharmacy workflow based on the recommendations of the Rx to Thrive facilitator, including physical layout changes, adding products (e.g., more baskets), using pharmacy software more effectively (e.g., calendar and notes functions in Kroll), adding software or infrastructure, making more effective use of existing equipment, and implementing batch processing of prescriptions and medication synchronization (med sync). In the last week of Rx to Thrive, the four participating pharmacies processed an average of 19% of their prescription volume through pre-defined workflows. Almost all pharmacy team survey respondents agreed that Rx to Thrive was critical in helping to implement changes in the pharmacy workflow and becoming more efficient.
- **Increased confidence and knowledge of pharmacy team:** Most evaluation participants noted that all members of the pharmacy team (pharmacists, assistants, technicians) had increased their clinical skill, knowledge, and their confidence in their ability to both offer and provide non-dispensing pharmacy services.
- **Change in pharmacy culture and improved ability to manage change:** Many evaluation participants reported that the culture of the pharmacy had changed so that team members were more likely to recognize opportunities to provide services to patients and are more willing and able to offer services, and this was now acknowledged as an important part of “what we do” in the pharmacy. Team members also felt more confident in their ability to adapt to change going forward.
- **Improved pharmacy team morale, communication, and cohesiveness:** Some pharmacy team members noted that team cohesiveness and communication had improved across all the pharmacies in the Wave 1 ownership group (even those not participating in Rx to Thrive). Many pharmacy team members also reported improved morale and job satisfaction based on their increased ability have more meaningful clinical interactions with patients.
- **Increased flexibility in financial management models and ability to add staffing:** Respondents involved in managing the pharmacies consistently identified a change in the pharmacy’s financial management model to integrate clinical services revenue and dispensing revenue when accounting for labour investment as a key outcome of Rx to Thrive. This updated model gave pharmacy managers increased flexibility to add labour hours that would support an increase in the profitability of the pharmacy. For example, one of the pharmacies increased their days of fixed pharmacist overlap from zero to four days. This ability to add staff hours was an important benefit of and critical support to providing non-dispensing services.
- **Improved care for patients and increased patient loyalty:** While this evaluation did not focus on assessing the outcomes of Rx to Thrive for patients, evaluation respondents did note that they felt they were providing better care and improved access to care for patients, and that patients have a better understanding of all the services pharmacies can provide. This contributes to patient loyalty to the pharmacy.

## Key Learnings: Critical Success Factors

The most important factors that supported the outcomes that pharmacies participating in Rx to Thrive were able to achieve were:

- The **facilitator** played a critical role in supporting pharmacies through the change process. Key **skills and attributes** include knowledge and experience, an optimistic and enthusiastic approach to change, a commitment to quality improvement, the ability to adapt and change in response to feedback or circumstances, strong communication skills, and experience in adult learning, engagement, and coaching.
- **Building trust and familiarity between the facilitator and the pharmacy** was an important aspect of Rx to Thrive. The facilitator earned the trust of team members by working closely with them throughout the project, responding to their needs and challenges, and being easily accessible.
- Some of the **most effective supports and resources** identified by evaluation participants included one-on-one education and role-modelling, the opportunity for staff to meet outside of regular pharmacy hours for learning and discussion, communication tools to support offering services, patient assessment forms, and dummy patient profiles on Kroll for different pharmacy services.
- The most helpful **team communication strategies** were peer communication strategies (e.g., group text thread among all the pharmacists), in-person meetings outside of work hours, staff meetings, manager meetings, and using Kroll email.
- The facilitator played a key role in providing **leadership** for the change in pharmacies, especially initially. Over time, the facilitator supported the pharmacy owners and managers to take an increasing role in this process.
- Establishing goals and accountability mechanisms and regularly monitoring progress over time were key supports for **accountability and performance management**. Sharing progress with all pharmacy team members was also important.
- The **flexible and adaptable** approach of Rx to Thrive was critical in responding to changes in the broader pharmacy environment that occurred throughout the project, as well as ensuring that the work met the needs and priorities of individual pharmacies and addressed concerns raised by pharmacy team members during the implementation of services.
- In **implementing new services**, it was important for all team members to understand the value of the service and have strategies for inviting patients to participate. Time management skills in delivering services were also crucial.
- The **pharmacy environment** is an important influencing factor for the ability to deliver non-dispensing services. Elements that played a role included the physical layout (e.g., renovations to increase the number of clinic rooms), team size and continuity (e.g., smaller teams with consistent staff were able to implement changes more quickly), team composition (e.g., the right mix of pharmacists, assistants and technicians), and workload (pharmacy teams continue to identify time pressure as the main barrier to delivering non-dispensing services).

## Key Learnings: Lessons Learned for the next Phase of Rx to Thrive

In the next phase of Rx to Thrive, the facilitator is expected to provide less intensive support to a larger number of pharmacies, which will have a direct impact on how the support is structured and focused.

Evaluation respondents provided some feedback to help inform this next phase. Considerations for participating pharmacies include:

- Pharmacy **leaders** (owners, managers, site champions) **will need to play an even bigger role** in establishing priorities, rolling out changes, and providing day-to-day oversight of implementation. Adequate time and skills to fulfill these roles will be critical.
- Pharmacy teams that have **high levels of motivation and readiness for change** will be helpful, and strategies to support motivation will need to be implemented.
- Pharmacies will need to have or be willing to invest in the needed **physical and technological infrastructure** (e.g., clinic rooms, computer terminals, pharmacy software).
- Pharmacies with **stable staffing and low turnover** will be able to make progress more quickly.
- Pharmacies will need to consider how they will **provide staff with time to practice** delivering services in a busy pharmacy environment. This was an important aspect of the support provided by the facilitator in the first phase of Rx to Thrive but will not be included in the next phase.
- Making a **financial investment** in the project can support increased motivation and accountability of pharmacies to make a successful change.

Considerations for the project approach and structure include:

- With less time in each pharmacy, the facilitator will have to find other ways to **build trust** with the teams, such as working more closely with managers and having team meetings outside of regular hours to improve focus.
- A smaller scale **approach to change** will be needed, focusing on only one or two changes at a time and building success with those before implementing anything else.
- Clear **goals and evaluation metrics** should be established in consultation with the pharmacy at the beginning of the project, as well as required reporting procedures.
- In terms of **structuring facilitator time**, providing more time to each pharmacy at the beginning of implementing a new change, and then establishing regular check-ins to assess progress may be the most effective approach, along with scheduling times at the pharmacy that are expected to be less busy. The facilitator should focus on tasks such as team communication, providing education, and troubleshooting issues rather than providing coverage for dispensing.
- It could be helpful to identify and use **site champions** to lead the work involved in specific interventions and better distribute the workload.
- It will be helpful if participating pharmacies have **mechanisms to share** questions, information, and success stories across sites.
- The facilitator can implement **educational tools** such as webinars and documents that teams can review in advance to get basic information about a change.
- **Interventions** should focus on those identified as most useful through this evaluation, including organization and efficiency strategies, site champions, and group meetings outside of pharmacy hours. Services should include prescription services, medication reviews and disease management programs. In implementing med sync, pharmacies should focus on a single medication to start, enroll patients slowly over time, and ensure that all team members understand the process for entering and syncing patients.

## **Conclusion**

Pharmacies participating in Rx to Thrive have significantly increased the non-dispensing pharmacy services they provide and successfully made changes in the pharmacy's management, culture, and processes to support the sustainability of these expanded services. The learnings from the evaluation of the Wave 1 pharmacies will help to support ongoing implementation of Rx to Thrive in the Wave 2 pharmacies, and will also inform the structure and processes for the next phase of Rx to Thrive, which will bring practice change support to even more pharmacies across Nova Scotia.



# Introduction

## About Rx to Thrive

The Pharmacy Association of Nova Scotia (PANS) implemented Prescription to Thrive (Rx to Thrive), a community pharmacy-based demonstration project to test the effectiveness of using pharmacist facilitators to engage pharmacy teams in sustainable models of patient-centered care. Despite the expansion of the scope of practice of pharmacists in Nova Scotia to include non-dispensing pharmacy services (see definitions of terms in [Appendix A](#)) such as minor ailment assessment and prescribing, prescription renewal, adaptation and therapeutic substitution, prescribing by protocol, injections, and the ability to view and interpret laboratory results, uptake and growth in these services has been very slow. The barriers to expanding these service offerings in pharmacies are varied and may include lack of time, increasing workload associated with dispensing, lack of confidence in taking on new roles, concerns about other health care providers, and other environmental and structural barriers.

At the same time, there is a strong need to engage pharmacists in providing care within their scope of practice to relieve some of the pressure on physicians and improve health care service delivery to Nova Scotians. Pharmacists are uniquely positioned to offer several health care services in a more effective and efficient way than the traditional models of care that could result in savings to the health system and improved health outcomes for patients. Pharmacies also form a critical infrastructure to provide health care services and information to communities during times of crisis, such as the current COVID-19 pandemic. The highly accessible health care that pharmacists can provide is now more important than ever.

A multi-faceted intervention is needed to help support implementation of non-dispensing pharmacy services in Nova Scotia. Using a practice facilitator is one strategy that can help to support comprehensive practice change and has been shown to be effective in primary care settings. Understanding that there is still a high degree of uncertainty around non-dispensing pharmacy services and the need to build confidence, PANS believes that the intensive support provided by a practice facilitator can help pharmacy teams understand, adopt and be successful with the necessary changes required to provide a fuller range of pharmacy services and create a viable and sustainable business and practice model for pharmacy.

### ▀ Project Structure and Timeline

Rx to Thrive involves two practice facilitators (pharmacists) working with three or four pharmacy sites to provide pharmacies with support to implement non-dispensing pharmacy services. The intervention is being carried out in two waves: The Wave 1 facilitator is working with four pharmacies and was engaged in April 2018 and began working with selected pharmacies in May 2018. The Wave 2 facilitator is working with three pharmacies and was engaged in February 2019 and began working with Wave 2 pharmacies in March 2019.

The original intention was to have each facilitator work with their respective pharmacy sites for 18 months. Later in the project, the owners of the Wave 1 pharmacies requested that the timeline for Wave 1 be extended to 24 months to allow additional time to support the momentum and growth they were seeing in the first 18 months. Due to the COVID-19 pandemic, Wave 1 activities ended about six weeks ahead of schedule (March 15 instead of April 30, 2020). Wave 2 activities are currently on hold (as of April 1, 2020) for two months due to the covid-19 pandemic. The ability to resume regular project activities for Wave 2 will be assessed again in June 2020.

## ▲ Participating Pharmacies

The four participating pharmacies in Wave 1 are part of a larger group of pharmacies owned by a single ownership group. In Wave 2, three pharmacies with three separate owners/ownership groups were selected to participate. One is part of a corporate chain and two are independently owned, with one of these being part of a multi-site ownership group. PANS worked with pharmacy owners to select participating pharmacies to provide diversity and represent various types of settings that would be seen in pharmacy practice (e.g., urban and rural, varied access to primary care, different prescription sales volumes, a range of physical layouts). The pharmacy owners made a financial contribution to participate in the project.

## ▲ Project Activities

The role of the Rx to Thrive facilitators was to provide support, guidance, and capacity-building to each pharmacy participating in Rx to Thrive as they worked to expand the non-dispensing pharmacy services they offer and more effectively integrate pharmacy care into medication distribution. The facilitator's time was structured to allow for approximately one day a week spent at each pharmacy location, with an additional day per week for administrative and management tasks. In actual practice, the facilitator often allocated the additional day to spend in the pharmacies (rotating between pharmacies) and completed administrative tasks outside of regular business hours. The facilitator's key tasks in the pharmacies included:

- **Training team members** on dispensing and non-dispensing services (individual and group training, coaching and de-briefing with staff, answering questions etc.). Topics covered in learning activities included the benefits and implementation of non-dispensing services, medication synchronization (med sync), medication reviews, Kroll efficiency features and functionality, updates to pharmacist standards of practice, new pharmacist prescribing services introduced in 2019 (urinary tract infections, birth control, shingles/herpes zoster), the Bloom mental health program, the Let's Quit Smoking Cessation Pilot Program (in some pharmacies), prescribing for renewals, processes for batch filling and compliance packaging, pharmacy team member roles and responsibilities, pharmacy assistant competencies, and economic performance analysis and budgeting.
- **Providing pharmacy services directly** to patients as an opportunity for hands-on coaching and role-modelling service provision to other members of the pharmacy team. This also gave the facilitator better insight into the service delivery process in each pharmacy.
- **Helping with the dispensing workload** to free up time that could be used to allow staff to provide a non-dispensing service with less time pressure, provide training, support communication, etc.

- **Supporting operational planning** for and implementation of pharmacy services and **monitoring service delivery** to assess progress. This included supporting financial management for the pharmacy and assessing economic performance.
- **Developing and implementing tools and resources** to support planning, staff learning, quality improvement, and delivery of services going forward (e.g., communication tools, promotional materials, educational and training resources, patient assessment forms, tracking tools to monitor progress, financial management tools).
- **Making recommendations** to improve **efficiency** and support the **delivery of non-dispensing pharmacy services** and integration of pharmacy care into medication distribution. The facilitators identified over 180 recommendations in areas such as workflow, pharmacy software, pharmacy services, management, patient care, hardware, communications, HR, layout and IT. Some recommendations were across all participating pharmacies, and others were site-specific. The majority of these recommendations were implemented by the participating pharmacies.

## ▀ Project Outcomes

The following were identified as the **expected** outcomes of Rx to Thrive:

### **Outcomes for Pharmacy Team Members:**

- Increased knowledge and skills related to offering pharmacy services
- Increased confidence in offering and willingness to offer non-dispensing pharmacy services
- Improved job satisfaction
- Enhanced ability of the pharmacy team to work together effectively
- Increased engagement of the pharmacy team in the operation of the pharmacy

### **Outcomes for Pharmacies:**

- Improved workplace climate in the pharmacy
- Expanded pharmacy services
- Increased diversity in pharmacy revenue streams
- Increased productivity in service delivery
- Increased non-dispensing services revenues and gross margin
- Financially sustainable business model to support growth in non-dispensing revenue
- Demonstrated portability of the model to the broader pharmacy retail setting

### **Outcomes for Patients:**

- Increased understanding of services offered by the pharmacy
- Increased satisfaction with care
- Improved access to care
- Increased awareness of the value pharmacists provide

## Evaluation Process

To ensure arms-length assessment of Rx to Thrive, PANS engaged an external evaluator, Research Power Inc. (RPI), to support planning and execution of the evaluation. This work included:

- Developing a logic model for the project, including identifying the desired outputs and outcomes;
- Developing a comprehensive evaluation framework, including performance indicators and an evaluation methodology;
- Creating an implementation plan for baseline data collection and the interim and final evaluations of both Wave 1 and Wave 2;
- Conducting all data collection for the interim and final evaluations; and
- Analyzing data and developing the interim and final reports of the evaluation findings.

The evaluator worked with an Evaluation Working Group (EWG) to plan and implement the evaluation. The EWG included the following representatives:

- CEO, PANS
- Project Manager, PANS
- Two Rx to Thrive Facilitators (Wave 1 and Wave 2), PANS
- Representative from the Canadian Pharmacists Association
- Representative from the Neighborhood Pharmacy Association of Canada
- Representative from the PANS Economics Committee

This report presents findings from the **final outcome evaluation of Wave 1 of Rx to Thrive**, conducted almost 24 months after the work for Wave 1 began. Data was collected after the project officially ended, in April and May 2020, and compiled in this report. The evaluation focuses on measuring the outcomes of the project for pharmacies and pharmacy team members. Outcomes for patients may be assessed at a later date.

This mixed methods evaluation used three data sources including:

- Five focus groups and two interviews (participants included one facilitator, two pharmacy owners, four pharmacy managers, and 13 pharmacy team members including pharmacists, assistants and technicians).
- A survey of the pharmacy team conducted at the beginning, interim, and final points of the project (33 respondents completed the baseline survey, 24 completed the interim survey, and 26 completed the final survey across all four participating pharmacies).
- A review of key pharmacy data provided by the facilitator.

A detailed discussion of the methodology and copies of the data collection tools can be found in [Appendix B](#) (p. 26).

The evaluation findings were used throughout the project to inform activities for both Wave 1 and Wave 2 pharmacies. The findings of this final outcome evaluation will be useful to any pharmacy or organization wishing to better understand how to change practices in a community pharmacy setting. The findings will

also be used by PANS to inform development of a modified version of Rx to Thrive that will provide practice change support to a greater number of community pharmacies in Nova Scotia on a less intensive scale.

## Changing Context for Pharmacies in Nova Scotia

As the health care needs of the population continue to grow in the face of limited resources, the Nova Scotia government continues to look to pharmacists to expand access to care and improve the quality of care in the system. The ongoing evolution of services that can be offered by pharmacies in Nova Scotia continued during Rx to Thrive. There was an expansion and public funding of pharmacist prescribing including greater authority to extend prescriptions, prescribing according to protocol (uncomplicated cystitis, herpes zoster), and therapeutic substitutions for drug shortages. Pharmacist provision of contraception management services which includes prescribing of birth control was also implemented and supported through public funding. Additionally, there was an expansion in provincial disease management programs to address smoking cessation and mental health. Most of these programs were funded for all Nova Scotians, not just those with provincial drug coverage. In addition, some private plans have expanded their coverage for disease management programs. These changes presented both opportunities and challenges for the Rx to Thrive pharmacies. While there are now more services that pharmacies can offer, and that are funded by government, which helped Rx to Thrive pharmacies expand their service offerings, the rapid pace of change in the pharmacy environment was also a challenge for pharmacies. The changing nature of pharmacy practice in Nova Scotia is therefore an important contextual factor in this evaluation.

In addition, although the Rx to Thrive project was officially ended for Wave 1 pharmacies when the COVID-19 pandemic began in Canada, the pandemic has also had a significant impact on operations for pharmacies. The teams that participated in Rx to Thrive were well-positioned to adapt to these changes. This is also relevant for how Wave 1 pharmacies will continue to implement what they learned and the changes that they have made through Rx to Thrive (see the section [Sustainability of the Change](#) for further discussion).

## Organization of the Findings

This report presents the synthesized findings from all the evaluation data collection methods and data sources. The findings are organized into two main sections discussing project outcomes and key learnings. Within the key learnings section, critical success factors for Rx to Thrive are identified, the sustainability of the change is discussed, and lessons learned for the next phase of Rx to Thrive are described. Verbatim quotes that illustrate the themes are included in text boxes throughout the report, with additional supporting quotes found in [Appendix C](#) (p. 44).

# Findings

## Project Outcomes

This section describes the outcomes that were achieved by the four Wave 1 pharmacies as a result of the Rx to Thrive project. The outcomes identified through this evaluation include increased non-dispensing pharmacy services and revenues; improved efficiency and organization in the pharmacies; increased confidence and knowledge of the pharmacy team to provide non-dispensing pharmacy services; change in the pharmacy culture and improved ability to manage change; improvements in the morale, communication and cohesiveness of the pharmacy teams; increased flexibility in financial management models and the ability to add staffing; and improved care for patients and increased patient loyalty. The themes are presented in the order of strength of response, i.e., those most discussed/mentioned by evaluation respondents are presented first. Quotes from evaluation participants are highlighted in text boxes, and additional supporting quotes can be found in [Appendix C](#) (p. 44).

The overall feedback from evaluation participants about Rx to Thrive was very positive. Most respondents on the team survey (92%) indicated that the amount of time their pharmacy team spent on Rx to Thrive activities was worth it based on the benefits they experienced.

*I will forever be grateful to have been a part of this project. It has completely changed our pharmacy environment for the better, increased job satisfaction, and provided us with knowledge and skills that can be taken forward.*

*From my point-of-view, a hundred percent satisfied. For us, it was definitely worth the investment.*

### ▲ Increased Non-dispensing Pharmacy Service Delivery and Revenues

All evaluation respondents consistently noted that their pharmacy teams were now delivering many more non-dispensing pharmacy services than they were at the beginning of the project. Comparing the 12 months prior to the beginning of Rx to Thrive (May 2017 to April 2018) to the final 12 months of the project (March 2019 to March 2020), the number of services delivered across the four participating sites grew by 200%. Participating pharmacies have been able to increase the non-dispensing pharmacy services they are providing both for services that were already regularly provided (e.g., flu shots, continued care prescriptions (CCP)/renewals), and for new services that were rarely offered previously (e.g., advanced

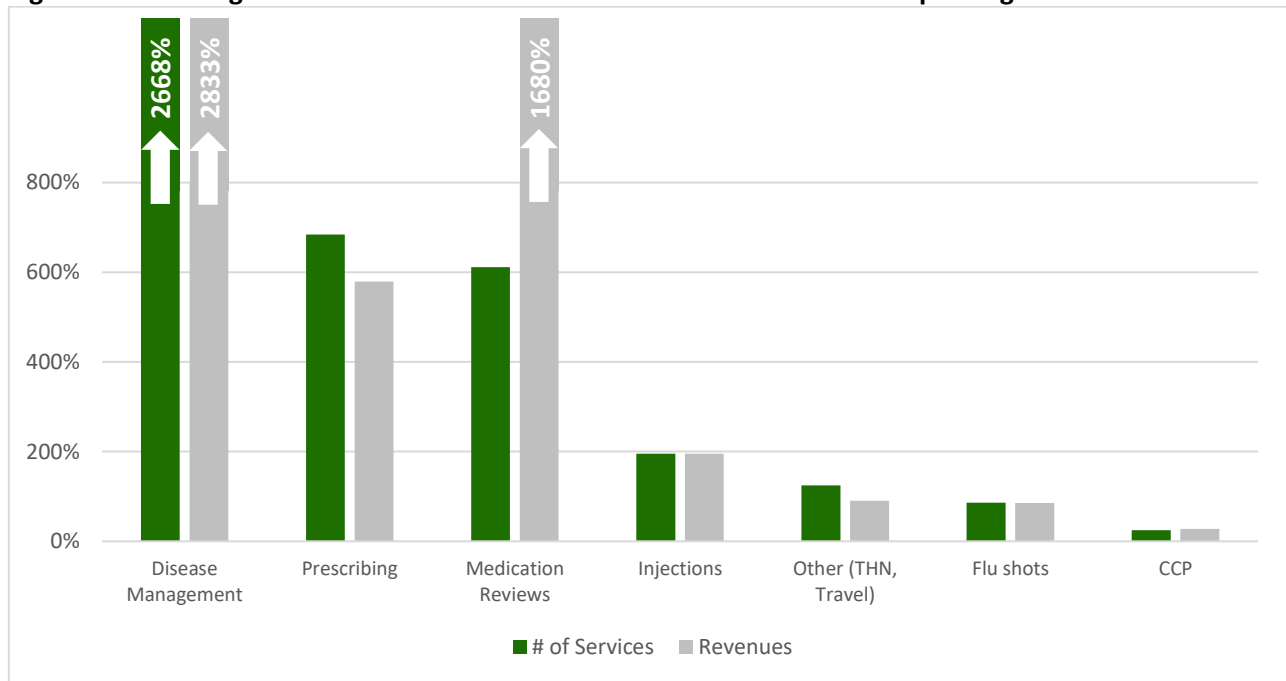
*Our pharmacy came a long way from pretty much doing no non-dispensing services to doing all of them now, which to be honest, I didn't think was possible at the beginning of this.*

*We have now, over a dozen pharmacy services that all of our pharmacies are using monthly, whereas before, it would have been hit or miss.*

medication reviews, adaptations). Pharmacy staff have been able to successfully integrate complex clinical services not routinely encountered in community practice such as anticoagulation management (testing, assessment, dose adjustments and triage), advanced medication reviews integrating patient lab values, mental health assessment and support through the Bloom Program, and smoking cessation counselling through the Let’s Quit Smoking Cessation pilot project.

As seen in Figure 1, the largest areas of increase in the number of services delivered were in disease management (2,668% growth), prescribing (684% growth) and medication reviews (611% growth). Excluding flu shots and CCP, the growth across all other services was almost 400%.

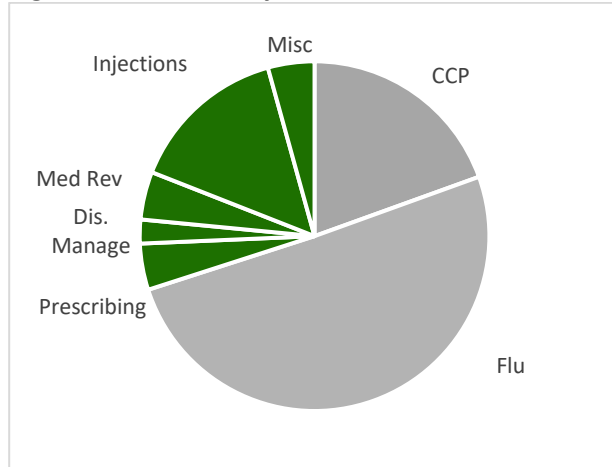
**Figure 1: Percentage Growth in the Number of and Revenues from Non-Dispensing Services**



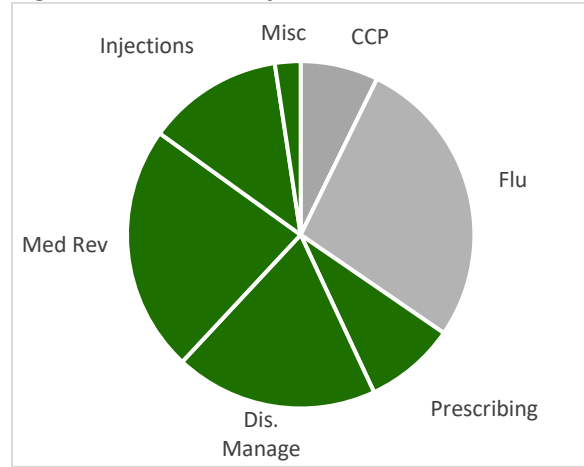
Medication reviews include basic and advanced medication reviews. Disease management includes disease-focused programs including the Bloom mental health management program, the Let’s Quit Smoking Cessation pilot project, the Community Pharmacist-led Anticoagulation Management Service (CPAMS), and contraception management. Prescribing includes minor ailment assessment and prescribing, adaptations, therapeutic substitutions, and prescribing by protocol. The other category includes take home naloxone and travel consultations. CCP (Continued Care Prescription) is a one-time prescription extension, not to exceed 30 days supply that was replaced by the broader service of renewals in February 2019.

With the increased delivery of non-dispensing services across the four pharmacies, there was also significant growth and diversification of pharmacy revenues during the program. Pharmacy services revenues increased 343%. As seen in Figure 1, the largest areas of increase in revenues were also in disease management (2,833% growth), prescribing (580% growth) and medication reviews (1,680% growth). Non-dispensing service revenues also became increasingly diverse, with flu shots and CCP decreasing as a proportion of the total non-dispensing services revenues from 70% before Rx to Thrive, to only 35% in the last six months of the project (see Figure 2 and Figure 3).

**Figure 2: Revenues by Service before Rx to Thrive**

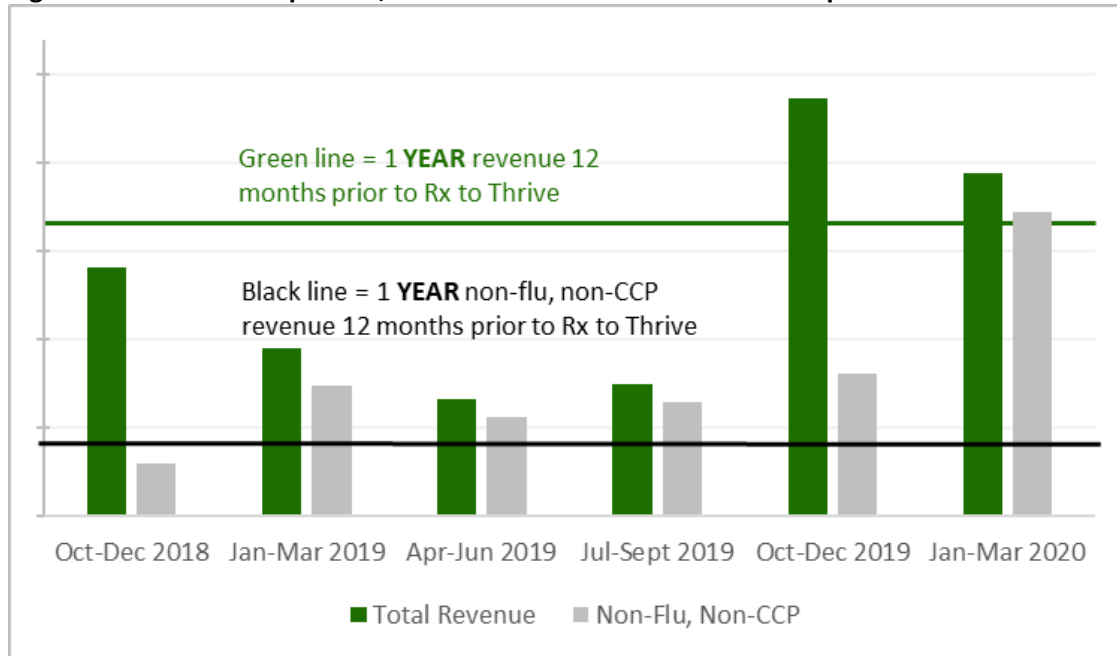


**Figure 3: Revenues by Service after Rx to Thrive**



These growth trends in service delivery and revenues are expected to persist as pharmacy teams continue to build skill and comfort with providing services. Figure 4 below shows how revenues have continued to improve throughout the last 18 months of the project, and particularly in the most recent six months. Revenues for services in each quarter (three-month period) were consistently above the total revenues for services generated in a year (12-month period) prior to Rx to Thrive.

**Figure 4: Revenue Comparison, Last 18 Months of Rx to Thrive Compared to Before Rx to Thrive**



Actual revenue numbers are not shown in this figure to protect confidentiality. Because everything shut down and services changed drastically as of March 15, 2020 due to the COVID-19 pandemic, data for March 2020 is based on the first two weeks of March and doubled to estimate what a “normal” month would have included.



Most evaluation respondents felt that they had the necessary skills and tools in place to continue to deliver non-dispensing pharmacy services now that Rx to Thrive is over and the facilitator is no longer providing direct support. Most respondents to the team survey (92%, n=24 of 26) agreed/strongly agreed that they are confident that they have or will have the resources (including clinical tools and other physical resources) needed to provide non-dispensing pharmacy services.

*Prescription to Thrive was integral in terms of allowing our pharmacies to implement and become more comfortable with non-dispensing services.*

### ▲ Improved Efficiency and Organization

All key informants consistently spoke about the increased efficiency and organization in the pharmacy as a result of Rx to Thrive. Changes that were implemented in the participating pharmacies included physical

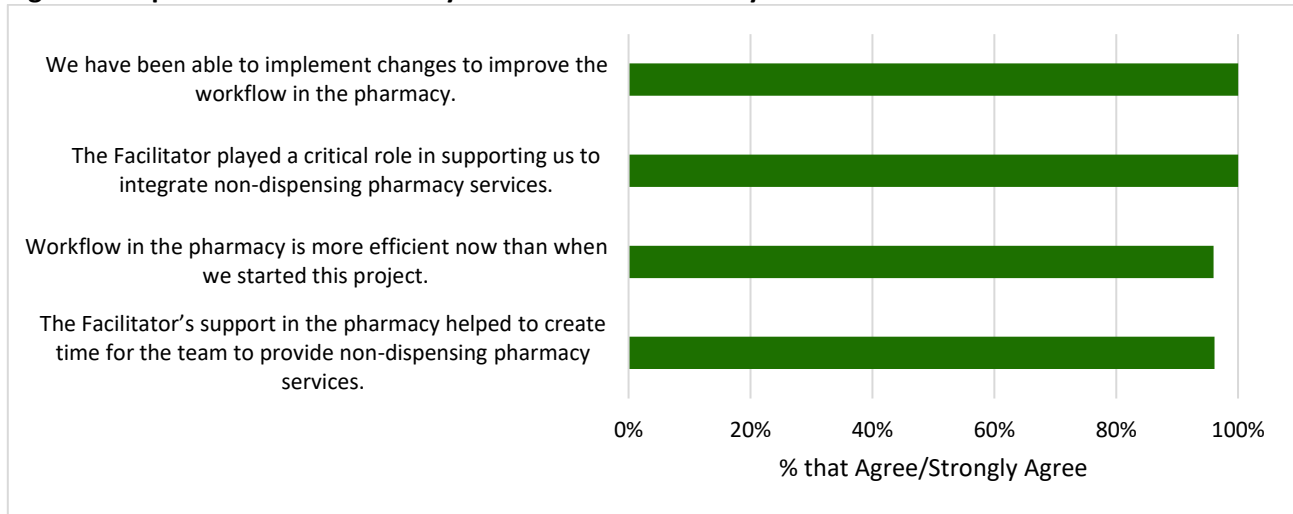
*My pharmacy is just way more organized between Kroll notes and to do lists. Everyone knows what has to get done. Everyone knows their role and who has to do what, which allows for more time to then do other things because you know that the daily stuff is getting done.*

changes in the layout and organization of the pharmacy (e.g., moving supplies and equipment to a more convenient location, re-arranging pick-up drawers, re-positioning staff/stations); adding small products to assist with efficiency and organization (e.g., more/different coloured baskets, a better stapler); using the pharmacy software (Kroll) in a more effective way to save time, including enabling features that were not previously being used (e.g., hot keys, calendar function, centralizing forms, using Kroll to manage paperwork, switching to Kroll Paperless Workflow); adding software or infrastructure (e.g., adding a computer and Kroll to a clinic room); making better use of existing equipment (e.g., ensuring tablet counters are regularly filled); and implementing medication synchronization (med sync) and daily/weekly batch processing of prescriptions (though some batch processing was already in place prior to the project). The changes most frequently mentioned by evaluation respondents were increased use of a variety of features in Kroll (particularly the calendar and notes functions and having profiles set up to centralize access to all the forms and information required to complete a service) and med sync (though med sync was more successful in some pharmacies than others).

*We used to really struggle to get anything done, barely get your prescriptions done, to now, we're incorporating prescriptions, as well as injections, INRs, prescribing with very little problems.*

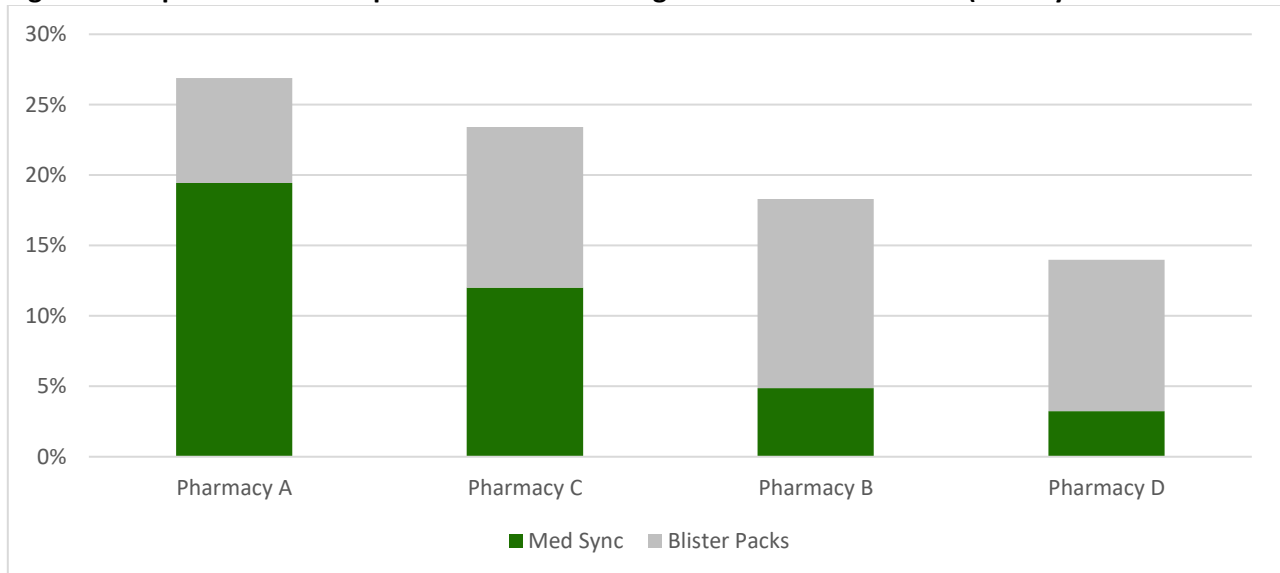
Almost all respondents to the pharmacy team survey also agreed/strongly agreed that Rx to Thrive played an important role in helping to implement changes in the pharmacy workflow and becoming more efficient (see Figure 5).

**Figure 5: Improvements to Pharmacy Workflow and Efficiency**



Across all four pharmacy sites in the last week of Rx to Thrive (March 2020), pharmacies processed 19% of the prescriptions in that week (range of 14% to 27%) through pre-defined workflows including med sync and blister packs (see Figure 6). While all four pharmacies filled between 7% and 11% of their prescriptions through blister packs, there was more variation in the implementation of med sync across sites. Two pharmacies were above 10% (12% and 19% respectively), and the two other pharmacies were at 5% and 3%. The smaller pharmacies with lower overall volumes of prescriptions appeared to be more successful in implementing med sync than the larger pharmacies with more prescriptions and larger teams. This finding supports changing how med sync is implemented going forward for pharmacy teams with larger prescription volumes.

**Figure 6: Proportion of Prescriptions Processed through Pre-defined Workflow (Med Sync & Blister Packs)**



## ▲ Increased Confidence and Knowledge of Pharmacy Team

Most evaluation participants noted that pharmacy team members had increased their clinical skill and knowledge, and their confidence in their ability to both offer and provide non-dispensing pharmacy services. All respondents (100%) to the pharmacy team survey agreed that they had learned new skills and/or information as a result of Rx to Thrive, and almost all (88%, n=23 of 26) agreed that the knowledge and/or skills they learned improved their ability to provide non-dispensing pharmacy services. Even pharmacy team members who were not involved in directly delivering non-dispensing services to patients (assistants, technicians) indicated that they had a better understanding of the services and felt more comfortable and confident offering them to patients. Respondents said that their increased confidence came from having the opportunity to practice offering and delivering services in an environment where they could receive guidance, feedback and support. The confidence of pharmacy team members in their skills and knowledge appears to have increased since the interim evaluation conducted about a year ago. Most respondents to the final team survey (88%, n=23 of 26) agreed/strongly agreed that they feel confident in their ability to provide/ support the provision of non-dispensing pharmacy services, an increase from 75% (n=18 of 24) at the interim evaluation and 74% (n=23 of 31) at baseline. While confidence appeared high in the baseline survey, based on the low number of services actually being delivered at baseline, it is likely that respondents did not have a full appreciation for the skills and abilities that would be required to consistently deliver a full complement of services.

*Having somebody there to help navigate all these new things that have been thrown at us in the last year, it really pushed us into a new level of clinical care. And now, I feel a lot more confident.*

*I feel like we've created a new normal, and what I mean by that is, before it was, we could do this, or if we have time, we might do this. Now, it's become, this is what we do.*

## ▲ Change in Pharmacy Culture and Improved Ability to Manage Change

Many evaluation respondents described how the culture of the pharmacies participating in Rx to Thrive has changed and said that a “new normal” has been established where pharmacy teams have changed their thinking about and approach to non-dispensing services. Team members are more likely to recognize opportunities to provide services to patients and are more willing and able to offer services. Non-dispensing services have been effectively integrated into the pharmacy’s workflow and are part of “what we do” in a way that they were not before Rx to Thrive. Respondents also spoke about the improved ability of team members to respond and adapt to changes in general. Because teams experienced a variety of changes during the course of Rx to Thrive and were able to effectively incorporate these changes, respondents expressed that they were more confident in their ability to continue to adapt to new changes going forward. A few respondents noted that these changes in the pharmacy culture will help to support the long-term sustainability of changes made through Rx to Thrive.

## ▲ Improved Pharmacy Team Morale, Communication and Cohesiveness

Some evaluation respondents described improvements in the morale, communication and cohesiveness of

*I think everyone is a lot more on the same page. I think that individually and also more broadly as a company, we function more as a team. People have a lot more to relate to one another between pharmacies now, because we all have those same resources, and have all had group discussions. So, I think people feel more supported from one another.*

the participating pharmacy teams as an important outcome of Rx to Thrive. Respondents noted that teams communicated more effectively with one another, both within a given pharmacy and across all the pharmacies in the ownership group, even those that were not formally participating in Rx to Thrive. This was a result of communication tools implemented as part of Rx to Thrive, including staff meetings, opportunities to learn and socialize together outside of work hours, and consistent processes

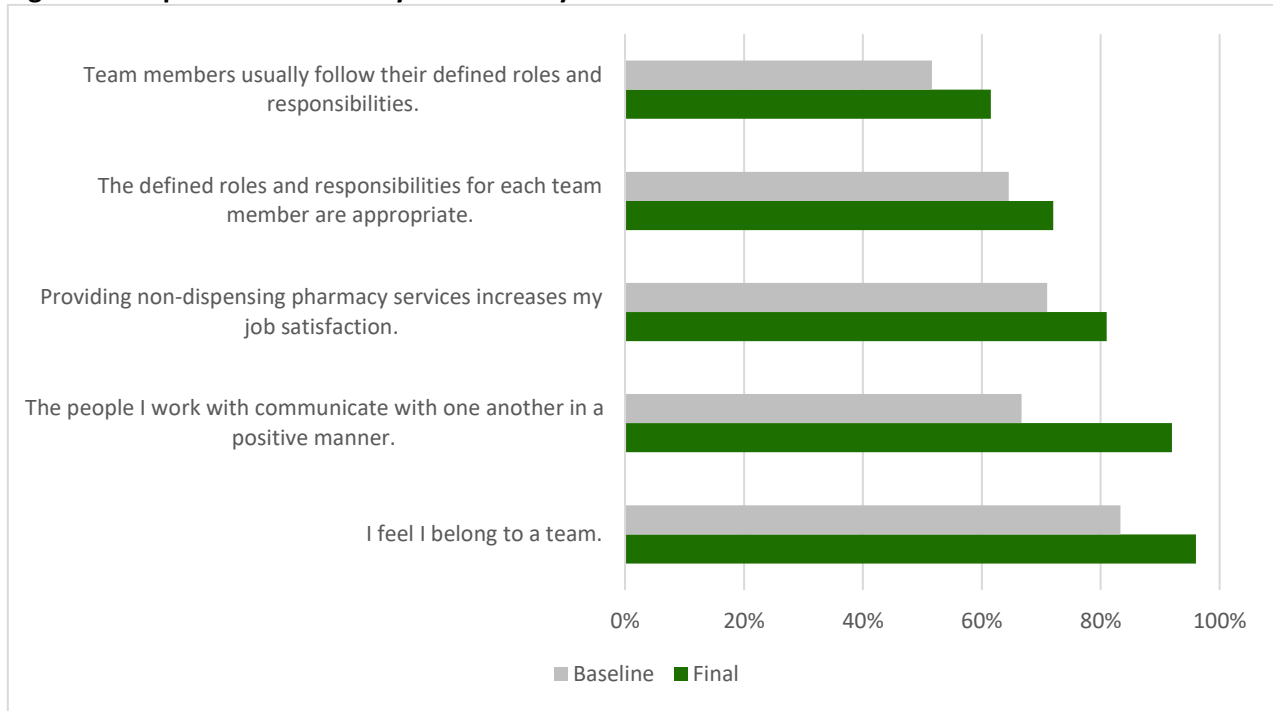
and resources that were implemented across all locations. A few evaluation respondents also noted that staff roles and responsibilities were clearer and better communicated to support efficient service delivery.

Many respondents also spoke about improved job satisfaction they or their teams experienced as a result of Rx to Thrive, particularly for pharmacists. Pharmacists very much appreciated the opportunity to offer more clinical services and have more meaningful interactions with patients through the provision of non-dispensing pharmacy services. This was also noted as a benefit for the ownership group in terms of supporting improved recruitment and retention of pharmacist staff. On the pharmacy team survey, most survey respondents (81%, n=21 of 26) agreed/strongly agreed that providing non-dispensing pharmacy services increases their job satisfaction.

*The professional and personal satisfaction of being at work and feeling like you didn't just stand there and check prescriptions, and count pills all day long, but that you . . . really took care of your patients and your customers, and it didn't feel like this extra burden, but like this extra success. It's huge.*

As seen in Figure 7, the proportion of pharmacy team survey respondents who strongly agree/agree with positive statements about their pharmacy team has increased at the final evaluation compared to baseline in the areas of roles and responsibilities, positive communication and in feeling that they belong to a team.

**Figure 7: Responses to Pharmacy Team Survey: Culture**



**▲ Increased Flexibility in Financial Management Models and Ability to Add Staffing**

The pharmacy owners, managers, and the facilitator all consistently identified a change in the financial management model for the pharmacy as a benefit of Rx to Thrive.

*I really think that the balance between the clinical and the financial, being able to lay that out so that we can plan our staffing is huge. We're one of the few organizations that through the course of this program, we were adding hours.*

Because services are delivered differently than prescriptions (i.e., they take more time and have no product costs), the typical economic metric of prescriptions per labour hour (Rx/hour) is not relevant. The facilitator therefore worked with the pharmacy owners and managers to establish an updated economic model that integrated clinical services revenue and dispensing revenue when accounting for labour investment. This updated model gave pharmacy managers

increased flexibility to add labour hours that would support an increase in the profitability of the pharmacy. Managers developed budgets and established a profitability target for each dollar of labour invested. As a result of this new model, one of the participating pharmacies increased their days of fixed pharmacist overlap from zero to four days. Other sites were also able to add pharmacist and assistant hours as per local need. Many evaluation respondents noted the ability to add staff hours using this new model was an important benefit of and critical support to providing non-dispensing services.

**▲ Improved Care for Patients and Increased Patient Loyalty**

While the focus of this evaluation was not on identifying the benefits or outcomes of Rx to Thrive specifically for patients, some evaluation respondents did discuss the positive impact for patients of the changes that

have occurred in the participating pharmacies. Respondents noted that they felt they are providing better care and better access to care for patients. Access to care through pharmacies has been particularly beneficial in communities where there is limited availability of primary care providers, and also in the context of COVID-19, where many patients had reduced access to other types of health care. Delivering more services has provided pharmacists with the opportunity to have more meaningful interactions with patients, and patients are gaining a greater appreciation for the range of services that pharmacies can provide and how their pharmacist can help them with their health care needs. A few respondents noted that this also contributes to customer loyalty when patients are able to have their needs fulfilled even beyond what they might have expected from their pharmacy.

*The other benefit that's come is the amount of services that are being done increases the amount of meaningful interactions that we've had with patients . . . and building better relationships with those patients that we don't necessarily see every day.*

## Key Learnings

The Rx to Thrive project was about creating change in practices within participating pharmacies, with the ultimate goal of expanding non-dispensing pharmacy services, diversifying pharmacy revenue sources, and better integrating pharmacy care into medication distribution to enhance patient care. As PANS moves forward with developing and implementing a modified version of Rx to Thrive that will provide practice change support to a larger number of community pharmacies in Nova Scotia on a less intensive scale, the lessons learned from Wave 1 of Rx to Thrive will be critically important.

This section of the report describes the key learnings from Rx to Thrive that inform how best to support practice change in community pharmacies. It is organized into three main sections: the first discusses the critical success factors that supported the positive outcomes pharmacies in Rx to Thrive achieved, the second section discusses the sustainability of the changes that were made, and the third section identifies key lessons learned for the next phase of Rx to Thrive.

### ▲ Critical Success Factors

This section discusses the most important factors that supported the outcomes that pharmacies participating in Rx to Thrive were able to achieve. They include aspects of how support was provided such as the skills and attributes of the facilitator, the process of building trust and familiarity with pharmacies, the most effective supports and resources, the flexibility and adaptability of the approach, and how services were implemented. Success factors also include pharmacy-specific elements such as communication, leadership, accountability and performance management, and features of the pharmacy environment such as team size and composition and the physical layout of the pharmacy. Quotes from evaluation participants are highlighted in text boxes, and additional supporting quotes can be found in [Appendix C](#) (p. 44). These findings are presented in order of strength of response (i.e., those mentioned most frequently appear first).

### **Skills and Attributes of the Facilitator**

The practice change facilitator played a vital role supporting pharmacies participating in Rx to Thrive. Having the right mix of skills and abilities is critical, and Wave 1 evaluation respondents were consistently highly positive about the qualities of their facilitator. The most valuable attributes of a facilitator were identified as: strong knowledge of and experience in pharmacy practice, including clinical and service delivery knowledge as well as the business side of pharmacy; an optimistic, positive, and enthusiastic approach to change; a commitment to continuous quality improvement and the ability to adapt and change in response to feedback or changing circumstances; and strong communication skills and experience in adult learning with the ability to engage with and coach all pharmacy team members from owners to assistants.

*You can't underestimate [the facilitator's] passion for this. He truly believes in it, and having him there explaining it, makes you believe you can do it as well. I think he's genuinely excited about these things and seeing the success of pharmacy teams.*

### **Building Trust and Familiarity Between the Facilitator and the Pharmacy**

An important part of the facilitator's work, especially initially, was to build relationships and trust with pharmacy team members and become familiar with the pharmacy's processes, context, and personalities. Many Wave 1 evaluation respondents noted that the facilitator earned their trust by working alongside them (i.e., dispensing in the pharmacy), listening to their challenges and working with them to find solutions or adapt strategies based on feedback, being easily accessible and willing to answer questions (or find the answers), and leading by example in providing non-dispensing pharmacy services.

### **Most Effective Supports and Resources**

Evaluation respondents were asked to identify the most useful tools and resources as well as the most helpful approaches to providing education and improving efficiency.

- **Educational Supports:** The facilitator provided training and capacity-building support to pharmacy team members to expand their skills and knowledge to provide non-dispensing pharmacy services.

*The continuing education sessions were really important. It was good from a clinical standpoint, and technical workflow for the new services. And more importantly, having those types of sessions . . . helped bring people together, so that they could learn together in a support group type of atmosphere. That was huge. I wish we had done it more often.*

Evaluation respondents noted that the most important ways that the facilitator provided education to pharmacy teams were through role modelling (i.e., directly providing a service to a patient), one-on-one instruction, and providing opportunities for group educational sessions. Given the often busy environment in a pharmacy, role modelling and one-on-one instruction were the most effective approaches during the work day, but the group sessions, which were conducted after hours and had a social component to them (e.g., ordering pizza or having a potluck) were frequently mentioned by respondents as something they found very beneficial from an educational perspective as well as a social and team cohesion and communication perspective (discussed further below).

- **Tools and Resources:** The facilitator created many different tools and resources to support pharmacies in increasing non-dispensing pharmacy services. The tools/resources that evaluation respondents highlighted as most useful included communication tools to remind and provide support

for offering services to patients (e.g., bag tags, cue cards); assessment forms and protocols to support patient assessment and prescribing; the dummy patient profiles set up on Kroll for each pharmacy service as a way to centralize and provide easy access to documents and information; and the financial modelling tool to support budgeting and staff planning.

- **Strategies to Improve Efficiency:** Making effective use of the Kroll pharmacy software was the most frequently mentioned strategy for improving efficiency in the pharmacy. As noted previously, teams made use of the calendar function to schedule patient appointments for services, the notes function to keep track of to do lists for the pharmacy and patient follow up, dummy patient files to centralize documents related to each service, and the Kroll email to communicate with all staff. Batch filling and med sync were also identified as important strategies, although the implementation of med sync was more challenging in some pharmacies.

### **Team Communication**

Frequent and open communication is a critical factor in supporting successful implementation of any change (Prosci, 2018). The most helpful strategies for supporting team communication in Rx to Thrive identified by evaluation respondents were:

- Peer communication tools such as a group text thread among all the pharmacists to share successes and challenges and ask for feedback.
- In person education sessions outside of work hours (discussed above) that include the whole team (pharmacists, managers, assistants, technicians) and support team communication and problem-solving as well as learning.
- Staff meetings for each pharmacy, especially in bigger teams where communication may be more of a challenge with more staff and less staff continuity. Only 65% of team survey respondents (n=17 of 26) agreed that there are meetings that include all pharmacy staff, so this is an area that needs more attention in the Wave 1 pharmacies.
- Manager meetings with managers from all the pharmacies and the owners to review progress and discuss issues or information that needs to be communicated back to each pharmacy.
- Using Kroll email as a consistent communication tool to share quick information with all staff.

*I think we're very lucky to be a part of such a big company, I think the pharmacists lean on each other a lot for support, and just being able to ask questions to each other, I think has been a huge help as well.*

### **Leadership**

Leaders perform many key functions in supporting change, including establishing the vision for the change, providing a shared sense of direction, enabling and supporting change by creating conditions that support implementation and addressing any concerns, and showing their own commitment by 'walking the talk' (Hayes, 2018). While active and visible sponsorship of change at the senior level is critical, engagement and involvement of middle managers as change champions is also very important (Prosci, 2018).

The facilitator played a key role as a champion for practice change in the pharmacy. While this was critical especially at the beginning of the project, it became clear that having leadership within the pharmacies (owners, managers, and other pharmacy-level champions) play an active role in the implementation of the



project was also an essential element of moving the work forward successfully. The facilitator worked closely with the managers in each participating pharmacy to help build their capacity to manage change, and this was described as an important support by some evaluation respondents (primarily managers and owners). Managers must have sufficient time to focus on their management role. It was also helpful to establish leads or champions at each pharmacy site for different tasks (e.g., med sync, Bloom) to distribute the work of moving forward on each task.

Respondents to the team survey were positive about the leadership from managers, with 96% (n=25 of 26) agreeing that the pharmacy managers encourage and provide the resources required for the delivery of non-dispensing pharmacy services, and 92% (n=24 of 26) agreeing that pharmacy managers lead by example in the delivery of non-dispensing pharmacy services.

### **Accountability and Performance Management**

Ongoing planning, appropriate performance targets, and establishing accountability mechanisms and progress monitoring are critical aspects of accountability. Leaders in the pharmacy (owners and managers) need to be comfortable establishing clear goals and targets, regularly reporting on progress, and identifying performance incentives and mitigation strategies and consequences for poor performance. Some evaluation respondents noted that it was helpful to establish clear goals/targets, and for managers and owners to

*Even having something simple, like [the facilitator] put a chart on one of the walls so we could keep track of how many med syncs we had. That was encouraging.*

regularly review progress toward the goals at manager meetings. It was also helpful to post progress on identified goals in the pharmacy for all team members to see, as this acted as a reminder and helped encourage participation. Pharmacies also used performance incentives effectively to encourage and support delivery of non-dispensing services (e.g., friendly competition between pharmacies,

movie pass rewards for meeting certain milestones, increased staffing hours as a result of delivering more services).

### **Flexibility and Adaptability**

Some evaluation respondents identified flexibility and adaptability in the approach as critical elements of Rx to Thrive. This applied at both a broader and more granular level. At a broad level, the focus of the project was sometimes dictated by the time of year (e.g., flu shots in October, medication reviews in March) or by external changes happening in the pharmacy world (e.g., the introduction of new prescribing services in December 2019), and the project had to be flexible to respond to and address these changes in the scope of its work. At the pharmacy level, many respondents noted that the facilitator was very responsive to the needs and circumstances of each individual pharmacy (e.g., staffing issues, infrastructure issues, different patient populations and prescription volumes) and adapted the approach accordingly between pharmacies. Finally, at the micro level, some evaluation participants identified that the facilitator was quick to respond to issues or challenges in the implementation of individual changes or strategies and make modifications to correct problems (e.g.,

*[The facilitator's] processes were not the same between the four locations, based on the staff themselves, their personalities, team, how many prescriptions they're filling, what their baseline is. So, I think starting out, it's important to test the waters, and then base it from there.*

adapting an assessment form that didn't flow well, revising a tool that was unclear, etc.). While flexibility and adaptability are critical aspects of Rx to Thrive, a few respondents noted that this also has to be balanced with the need for similar/consistent processes across all the pharmacies in the ownership group, which is particularly important when staff work at multiple sites.

### **Implementation of Services**

Some evaluation respondents noted that before implementing any new service, it was important for all team members to fully understand the service and their role in promoting and delivering it to patients. Staff that were not involved in directly delivering the service still needed to understand how it would be delivered and what the benefits are for the patient in order to communicate that information. Pharmacy teams need to understand and believe in the value of the service, know the target audience, and have some strategies and supports in place for inviting patients to participate in the service. It was also helpful to identify expected time frames for services and provide coaching to team members on time management skills.

### **Pharmacy Environment**

The environment in which change takes place is an important factor in the success of the change. Both internal and external issues or challenges can occur that may not be directly related to project activities but still have an impact on the outcomes. Factors in the pharmacy environment that had an impact on Rx to Thrive included:

- **Physical layout:** Pharmacy owners invested money into improving the layout of the pharmacies to provide additional capacity for non-dispensing services. Three of the sites were renovated to add a second clinic room and the fourth site had a significant renovation to enlarge the pharmacy and provide additional flexible space for patient interactions.
- **Team size and continuity:** Small and medium size teams that worked together often and communicated regularly seemed to be the most successful in implementing changes. Pharmacies with a lot of turnover in staffing had a harder time implementing new practices as new staff, particularly new pharmacy assistants, first need to establish competency in all the basic pharmacy tasks.
- **Team composition:** The composition of the team in each pharmacy is important. Identifying and implementing the right mix of different types of staff (pharmacists, technicians and assistants) can help to ensure roles and responsibilities can be allocated efficiently and followed by staff. A few respondents noted that they would have liked to see better implementation of technicians into the pharmacy workflow as part of Rx to Thrive.
- **Workload:** While most evaluation respondents agreed that their pharmacies were more efficient and better organized as a result of Rx to Thrive, workload and time pressures continue to be the biggest barrier to providing non-dispensing services identified by pharmacy team members. Time was the most commonly identified barrier to providing non-dispensing services on the team survey (selected by 58% of respondents), and only 23% of respondents agreed that they are given enough

*Our results were probably much better at the medium-sized pharmacies where there was enough volume that you could make a difference, but maybe less team members where you wouldn't get the variance. So, if you could work very closely with two or three people, the impact was outstanding.*

time to do what is expected of them in their job. While pharmacies have been successful in implementing changes despite these time pressures, it is important to understand this context and challenge in pharmacies. Respondents noted that additional staff hours and pharmacist overlap can help to address this barrier, and Rx to Thrive was able to support this to some extent through the more flexible financial planning model discussed previously.

## ▀ Sustainability of the Change

Evaluation participants were asked how confident they were about the changes that have occurred in the pharmacy being sustained over time now that Rx to Thrive is over. Most respondents indicated that they felt confident about their skills and abilities to deliver new services, their ability to adapt to changes in the pharmacy environment, and the structures, processes and culture that are now in place in the pharmacies to

*I'm really confident in our abilities to keep moving forward. I think we've figured out more of a system and there will definitely be bumps in the road, but I think we're more equipped to handle them now since we've learned from experience. I think the whole team has seen the benefit of the changes we've made and hopefully that will keep us motivated to continue.*

help them continue to move forward. While services are expected to grow, especially as new services are rolled out (e.g., the Bloom program is just getting started in two pharmacies), some respondents did express concern about being able to increase the number of non-dispensing services offered without additional staff resources. In addition, respondents noted the importance of a continued focus on non-dispensing services from the owners and pharmacy managers, and for one or more people to take on the role that the facilitator filled as a champion of the work. Evaluation participants also suggested that it would be helpful to have ongoing check-ins from the Rx to Thrive facilitator going forward (e.g., annually or every six months) to support ongoing accountability and troubleshoot new challenges or issues.

Some respondents did note that the COVID-19 pandemic may have an impact on the work going forward as it occurred at the very end of the project and has resulted in some significant changes in pharmacy operations. However, the teams in Prescription to Thrive are more adaptable which has been critically important during the pandemic. Pharmacies had to quickly change the way that medication was dispensed to ensure the safety and well-being of patients and the pharmacy team. They needed strong communication mechanisms between pharmacies and isolated teams, which Rx to Thrive has helped to implement. Pharmacists were also given expanded mandates to prescribe drug therapy (including narcotics and controlled substances) for a longer duration of time due to COVID-19, and the Wave 1 Rx to Thrive teams had been prescribing renewals regularly for a year prior to this so were already comfortable with this process.

*All of the stuff that we did learn about confidence in the process to prescribe or extend prescriptions, we've used that every day in our pharmacies. And demand has increased for that [during COVID-19] . . . I think Prescription to Thrive did set us up to be able to handle that responsibility.*

## ▲ **Lessons Learned for the next Phase of Rx to Thrive**

This phase of Rx to Thrive involved the facilitator spending intensive time on site at pharmacies and offering them a wide range of supports in person. In the next phase of Rx to Thrive, the facilitator is expected to support a larger number of pharmacies by providing advice and support as well as standardized tools and resources. The facilitator will provide more remote support and spend less time with each pharmacy, on average two hours/week. Evaluation participants were asked for their input and feedback to help inform this next phase of Rx to Thrive. In addition to the critical success factors described in the previous section, below are the key considerations that were discussed for implementing the next phase of Rx to Thrive:

### ***Considerations for Participating Pharmacies***

- **Role of leaders (owners, managers, and site champions):** The role of the pharmacy owner(s) and manager(s), as well as any other site champions will be even more important in the next phase. The facilitator will have less time in each pharmacy so will need managers and/or other site champions to play a critical role in setting priorities, providing team leadership, rolling out changes to the rest of the team, identifying and supporting other site champions, and providing day-to-day oversight of implementation. Managers and champions must be willing and have the time and skills to take on the commitment of a leadership role in working with their teams to guide them through the changes involved in Rx to Thrive, with the support of the facilitator.
- **Team readiness and motivation:** Engaging with teams where motivation to change is already high will be helpful, as the facilitator will not have as much time to directly work with and motivate teams. Ideally, team members should also be engaged in the process of deciding to participate in Rx to Thrive, not just owners/managers. It will also be important to work with pharmacies to identify strategies that managers and champions can implement in their pharmacies to support motivation (e.g., offering incentives, communicating goals and progress towards goals).
- **Physical and technological infrastructure:** Participating pharmacies will need to have the required physical and technological infrastructure in place (e.g., clinic room, computer terminals, pharmacy software) to support project activities, or be willing to invest in these supports. In addition, pharmacies will need to have the capacity to report on the agreed-upon metrics that will be used to assess progress.
- **Staffing stability:** Pharmacies with high turnover or a large proportion of newer staff (i.e., hired in the last six months) may have a harder time implementing changes, so the stability of staffing is an important consideration for participating in Rx to Thrive.
- **Providing time to practice service delivery:** Evaluation respondents identified the facilitator's ability to work in the pharmacy dispensing as an important factor in giving the team more flexibility and time to practice providing new services while they developed more skill and confidence. In the next phase of Rx to Thrive, consideration should be given to how the pharmacy will support team members to practice delivering services, especially as it can often take longer to deliver a service the first few times a pharmacist is doing it, making it more difficult to incorporate into the regular workflow. In the initial stages, pharmacies may need to provide some additional staffing to support pharmacy team members in their learning.

- **Financial investment:** The pharmacies participating in this phase of Rx to Thrive had to make a significant financial investment in the project, which increased their accountability and motivation to succeed. Consideration should be given to determining the right level of investment to keep the program accessible but also create accountability for participation.

### ***Considerations for Project Approach and Structure***

- **Building trust:** An important aspect of the facilitator’s work in the first phase of Rx to Thrive was building trust with the pharmacy teams. In the next phase, the facilitator will not have time to do this in the same way (through significant face-to-face time in each pharmacy). By working more closely with managers and/or other site champions the facilitator can focus on developing relationships with those individuals and relying on their relationships with the rest of the team to help support building trust. Focused meetings with pharmacy teams outside of regular business hours could be another important strategy.
- **Change management:** In the first phase of Rx to Thrive, many changes were implemented at the same time (e.g., efficiencies, new services, changes to workflow, etc.), which was sometimes overwhelming to participants. In the next phase, it makes sense to take a smaller-scale approach, introducing only one or two changes at a time and building success with those changes before adding something new. It may also be helpful to assess the readiness to change of pharmacy teams for each specific intervention to identify and address potential barriers. This can also help to identify specific team members that may need additional support to be successful in the change.
- **Goals and evaluation metrics:** It will be important to establish clear goals at the beginning of the project and communicate these goals to team members, as well as determining how the goals will be measured and reported. Goals and metrics should be regularly reviewed throughout the work to identify whether any changes are required. Consideration should also be given to whether any specific metrics will be “required reporting” from all participating pharmacies, or whether pharmacies will have the flexibility to identify the measures that are the most meaningful for them. The facilitator will then need to establish clear processes and instructions for how data should be reported. While the evaluation of this phase of Rx to Thrive focused on changes within pharmacies, going forward it would be helpful to expand outcome measures to better understand the impact on patients (e.g., patient feedback on services, impact on access to care, impact on ability to identify and resolve drug-related problems).
- **Scheduling and focusing facilitator time:** Because the facilitator will have less time with pharmacies, the following are suggestions for how this time should be structured and focused:
  - Most respondents felt that initially and when starting a new intervention, the facilitator should spend a longer amount of time with the pharmacy (e.g., four or eight hours), and then check in at regular intervals (e.g., two or four weeks later). However, a few respondents also noted the importance of regular connection between the facilitator and the teams.
  - The facilitator should schedule times to be in the pharmacy in advance, select times that are known to be less busy, and make sure the team is aware the facilitator will be there and what they will be doing that day. This will support teams in making the most effective use of the available time. It may also be useful to schedule pharmacist overlap during this time to

ensure the most effective use of the facilitator's time, or if possible, teams could meet with the facilitator outside of pharmacy hours of operation.

- The facilitator will not have time to provide coverage for dispensing as was done in the first phase of Rx to Thrive and should focus primarily on other tasks (e.g., meeting with teams to share information or provide education, troubleshooting issues or concerns with interventions, role modelling delivery of non-dispensing services or providing feedback to team members providing services).
- **Site champions:** Using site champions for specific interventions (e.g., med sync, Bloom) could be an effective way to distribute the work involved in rolling out new services. The site champions could each receive support from the facilitator so that they can support their teams. The facilitator will work closely with the pharmacy manager to identify potential site champions.
- **Sharing across participating sites:** It was beneficial to have a group of four pharmacies in the same ownership group participating in Rx to Thrive. In the next phase, it may be helpful to build structures to encourage communication and sharing between participating sites and also make efficient use of facilitator time (e.g., group education sessions, group check-ins by phone/online to discuss common concerns or issues, a message board or discussion forum for questions and feedback).
- **Educational tools:** Because the facilitator will have less time in each pharmacy, the focus of training and education of the pharmacy team cannot be on one-on-one support for each team member. Instead, the facilitator should develop tools and resources (e.g., videos/webinars, documentation) that can be sent out in advance so that team members can review on their own or as a group prior to meeting with the facilitator to give staff some basic knowledge as a starting point for learning with the facilitator.
- **Implementation of interventions:** When asked to identify the top interventions they thought should be part of the next phase of Rx to Thrive, evaluation respondents most frequently pointed to interventions to improve organization and efficiency in the pharmacy (e.g., ensuring all documentation is well organized in Kroll and pharmacies are using Kroll features such as the calendar and notes effectively, implementing batch fills and med sync), identifying and establishing champions to help push services forward, group educational supports provided outside of regular hours when staff have more opportunity to focus on the information, prescription services like renewals and adaptations that will need to be done on demand, and medication reviews and disease management services. However, respondents also noted the importance of working with each pharmacy to identify the services and interventions that make the most sense to implement giving their context.
- **Implementing med sync:** Evaluation respondents from pharmacies that had greater success with med sync highlighted that it would be an important tool to implement to help increase the pre-defined prescription workload and provide more flexibility in how time is spent in the pharmacy. They also identified a few lessons learned in how to implement med sync effectively:
  - Focus on a single medication to start (e.g., birth control).
  - Enroll patients slowly over time in line with capacity to set them up in Kroll, and ensure patients fit well with med sync (e.g., good adherence, ability to pay for all medications at once, limited changes to medications, prescribers write refills).

- Develop and implement a clear process for entering and syncing patients (e.g., using Kroll notes vs. autofill).
- Identify a team lead to act as the 'expert' and support other staff in completing tasks, but also ensure that all team members are trained on med sync so that they can manage prescriptions for med sync patients if needed.

# Conclusion

This final outcome evaluation of the Wave 1 pharmacies participating in Rx to Thrive found that pharmacies have successfully significantly increased the non-dispensing pharmacy services they provide and increased and diversified revenues from non-dispensing services. Other important outcomes include improved efficiency and organization in the pharmacies, increased confidence and knowledge of the pharmacy team, a change in the culture of the pharmacy to support continued service delivery and the general ability to adapt to and integrate changes, improved pharmacy team morale and the ability to work together more effectively, increased flexibility in financial management models and the ability to add staff hours, and improved care for patients and increased patient loyalty. Pharmacy team members also reported feeling confident that they will be able to sustain these changes over time.

The outcomes of Rx to Thrive have demonstrated that with the support of a practice change facilitator, pharmacies can be successful in implementing the non-dispensing pharmacy services, and that this is a viable and sustainable business and practice model for pharmacies in Nova Scotia. In addition, offering these services can potentially improve access to care for patients and result in more efficient delivery of health care.

PANS will use the findings of the Rx to Thrive project and this evaluation to support the continued work with Wave 2 pharmacies, as well as the next phase of Rx to Thrive, which will offer practice change support to a greater number of pharmacies on a less intensive scale. The key lessons learned in this project will help to inform how Rx to Thrive is structured and implemented going forward, so that the next phase builds on the successes already achieved and expands these successes to even more pharmacies in the province.



# Appendix A: Definitions

Below are some key definitions for terms that are used throughout this report.

## Pharmacy Services

The following definitions of pharmacy services are taken from the PANS website (<https://pans.ns.ca/public/pharmacy-services>) and apply throughout this document:

- **Dispensing services:** includes all of the steps necessary to translate a medication order (prescription) into an individualized medication supply that is both safe and appropriate.
- **Prescribing services:** includes minor ailment assessment and prescribing; prescribing by protocol; prescription renewals; prescription adaptations; and therapeutic substitutions (prescribing injections is covered under injection services).
- **Consultation services:** includes health care management programs (e.g., support to manage chronic conditions such as diabetes, osteoporosis, pain management, etc.), medication reviews, smoking cessation programs, health coaching, mental health management, screening and prevention of disease, and travel health consultations.
- **Injection services:** includes assessment, prescribing, and injecting identified vaccines and other products.

The term **pharmacy services** includes all four types of services listed above: dispensing, prescribing, consultation and injection services. Collectively, prescribing, consultation and injection services are referred to as **non-dispensing pharmacy services**.

## Pharmacy Care

In this project, pharmacy care is defined as a practice in which a pharmacy practitioner takes responsibility for a patient's medication and health-related needs through medication management, including medication distribution and non-dispensing medication services, triage, and navigational support for the purpose of achieving positive patient outcomes.

# Appendix B: Methodology

## Overview

This final outcome evaluation of Rx to Thrive is a mixed-methods evaluation that draws on both qualitative and quantitative data. Sources of data include focus groups and interviews with participating pharmacy teams, managers, and owners, and the PANS facilitator; a review of pharmacy data; and surveys conducted with the pharmacy team. A more detailed description of each data source is provided below. Copies of data collection tools are found following the description of the data sources.

## Interviews and Focus Groups

Five focus groups and two interviews were conducted to gather feedback from project participants. Focus group and interview guides were developed to help ensure all areas of interest were addressed. All focus groups and interviews were conducted virtually using MS Teams and lasted approximately 60-90 minutes. Focus groups and interviews were audio-recorded and transcribed verbatim, with permission from participants. The following people participated in the focus groups/interviews:

- One interview with the Rx to Thrive facilitator
- One co-interview with the two pharmacy owners.
- One focus group with the four managers of the participating pharmacy sites.
- Four focus groups with 13 pharmacy team members, including 9 pharmacists and four others (assistants, technicians, pharmacy students).
- One pharmacy team member was not able to participate in the scheduled focus groups and sent written feedback instead.

## Pharmacy Data

The Wave 1 facilitator provided the evaluation consultant with pharmacy data on non-dispensing services and revenues to include in the evaluation report. Data is only reported in aggregate across the four sites to protect confidentiality.

## Survey

A survey of team members (including managers, pharmacists, technicians, and assistants) was conducted to capture feedback for the baseline, interim and final evaluation. The surveys included some repeat questions as well as new questions to gather feedback on project progress and outcomes. The survey was available online, and all pharmacy team members that work over eight hours a week in the participating pharmacies

were asked to complete the survey. The baseline survey was completed by 31 regular staff in Wave 1 pharmacies, the interim survey by 24 staff, and the final survey by 26 staff (see Table 1). The fluctuation in numbers was due mainly to staffing changes (across all four pharmacies, nine staff that completed the baseline survey were no longer working at the pharmacies at the time of the final evaluation survey, and four staff that completed the final survey did not complete either of the previous surveys).

**Table 1: Participation in Pharmacy Team Survey**

Location	Baseline Survey		Interim Survey		Final Survey	
	n	%	n	%	n	%
Pharmacy 1A	12	36%	7	29%	6	23%
Pharmacy 1B	6	18%	4	17%	7	27%
Pharmacy 1C	6	18%	6	25%	6	23%
Pharmacy 1D	9	27%	7	29%	7	27%
<b>Total</b>	<b>31</b>	<b>100.0%</b>	<b>24</b>	<b>100.0%</b>	<b>26</b>	<b>100.0%</b>

## Data Analysis

The qualitative information collected through the evaluation (i.e., transcripts, notes, written feedback, documents, etc.) was thematically analyzed, which involves identifying common themes across sources. Sources were first coded to reveal broader themes, as well as sub-categories that illuminate the data in ways not provided by the main themes. The themes and sub-categories were then compared and contrasted across data sources to further develop the themes and categories. Systematic comparisons and verifications ensure that important categories are not overlooked, and that emerging categories and concepts are properly identified. The analysis was completed using the qualitative software NVivo (version 10).

Verbatim quotes from transcripts that illustrate a particular theme are provided along with descriptions of the themes. The strength of response is reflected in the use of descriptors such as “many”, “some” and “a few”.

Quantitative data from the team survey and other pharmacy data was analyzed and is integrated into the report along with the qualitative findings. Descriptive statistics such as frequencies and means are reported where relevant.

## Considerations

- This report includes analysis of changes in responses to the pharmacy team survey. The number of staff completing the survey at each time point is small (N=31, 24 and 26 respectively). Therefore, percentage changes should be interpreted with caution. In addition, there have been changes in staff between each survey, which may also impact results.
- The initial evaluation plan included conducting a survey of pharmacy patients at the baseline and final evaluation points. While the patient survey was conducted at baseline, it was not conducted as

part of the final evaluation because of COVID-19. During the baseline survey, tablets were available in each pharmacy to allow patients to complete the survey while they were waiting; this was not possible at the time of the final evaluation due to the possibility of transmission of COVID-19 through shared tablets. In addition, because collection of the final evaluation data took place about six to eight weeks after the COVID-19 pandemic began in Canada, the evaluator was concerned that patient feedback would be primarily related to that ongoing situation rather than reflecting the changes seen in the pharmacy because of Rx to Thrive.

- Information in this report represents the findings across all four participating Wave 1 pharmacy locations. The specific details of each pharmacy site's experience are not provided here for confidentiality reasons.

## Data Collection Tools

The data collection tools were for the Wave 1 final evaluation are below.

### ▲ Pharmacy Team/Managers Focus Group Guide

#### Prior to the Meeting

- As participants join the focus group call, the moderator will welcome them individually.

#### Welcome and Introductions

- The focus group moderator will introduce herself and ask participants to introduce themselves.
- The moderator will explain the purpose of the focus group as follows:

#### Purpose

*Thank you for participating in Prescription to Thrive. Your participation is helping the Pharmacy Association of Nova Scotia (PANS) to evaluate the benefits and costs, and test the effectiveness of using pharmacist facilitators to engage pharmacy teams in sustainable models of patient-centered care. An important part of the project evaluation is gathering feedback from participating pharmacy team members about your experiences with the project.*

*Your participation in this focus group is voluntary. Any information you share in the session remains confidential, meaning no one in the group has permission to share anything they hear with anyone outside of the group. With your permission, to help with the analysis of the information, I will record this focus group. The recording is transcribed and used in the evaluation, however the transcript itself remains confidential (i.e., only consultants from RPI will see the transcripts). The responses that you provide will only be reported in aggregate (summed together). Individual comments made in the focus group may be used as quotations in project evaluation reports, which will be made publicly available. However, quotations will not be associated with specific individuals or pharmacies and identifying information (e.g., names, places, etc.) will be removed from all quotes.*

*There are no right or wrong answers to questions – all feedback is welcome. It is important for us to hear everyone's experiences and opinions, both positive and negative. Please be respectful of each other.*

*Do you have any questions?*

*Do you consent to participate in the focus group?*

Yes  No

*Do I have your permission to record the focus group?*

Yes  No

### **Focus Group Discussion**

- The moderator will outline the process for the remainder of the session (e.g., timing, role of the facilitator in moving the conversation along, etc.).
- The moderator will provide a reminder of the definition of pharmacy services and non-dispensing pharmacy services as defined for the purposes of this project.
- The moderator will guide the focus group discussion using the questions outlined below.

### **Questions**

1. Overall, how satisfied are you with the Prescription to Thrive project? Please explain.

*Sub-questions:*

- What were the greatest accomplishments or successes of the project?
- What were the greatest challenges? How were the challenges addressed, or how could they be addressed?

2. How satisfied are you with the tools, resources, and strategies/processes provided to you during the project?

*Sub-questions:*

- Which were most useful? Why?
- Which were most useful to improve workflow?
- How could project tools and resources be improved?

3. How satisfied are you with the support provided by the Facilitator?

*Sub-questions:*

- How did the Facilitator support the pharmacy team in providing non-dispensing pharmacy services?
- What were the most effective and/or useful aspects of the support provided by the Facilitator?
- What was challenging about the support provided by the Facilitator? How were these challenges addressed or how could they be addressed?

4. What, if any, are the biggest changes in your pharmacy as a result of participating in Prescription to Thrive?

*Sub-questions:*

- From your perspective what are the top five interventions or changes you would focus on if you could only pick five?
- What advice would you give on how changes in a pharmacy should be sequenced, i.e., are there some changes that are better to do earlier or later in the process?

5. How satisfied are you with the implementation of medication synchronization (medsync) in your pharmacy?

*Sub-questions:*

- What worked well about the process of implementing medsync?
- What was challenging about this process? How were these challenges addressed or how could they be addressed?

6. How, if at all, has the Prescription to Thrive Project affected your ability, confidence, and willingness to provide non-dispensing pharmacy services?

*Sub-questions:*

- What factors or supports were the most important in helping you increase your ability, confidence, and/or willingness to provide non-dispensing pharmacy services?
- What are the top two or three things you have learned as a result of participating in Prescription to Thrive? Which approaches to learning were the most effective and why?

7. How, if at all, has the Prescription to Thrive Project affected team functioning and workplace climate in your pharmacy?

*Sub-questions:*

- What specific strategies or factors have supported team functioning and workplace climate?

8. How confident do you feel about your pharmacy's ability to continue to deliver and even increase the non-dispensing pharmacy services you provide now that Prescription to Thrive is over? Please explain your answer.

*Sub-questions:*

- [If respondents indicate they are not confident] What would help you feel more confident about this? What other supports or resources might you need?

9. PANS is planning to implement Phase 3 of Rx to Thrive where the Facilitator would support more pharmacies with standardized tools and resources and remote support, and spend less time in each pharmacy, on average 2 hours/week. If you only had the Facilitator on site for this amount of time, what type of support or activities would be the most helpful for the Facilitator to focus on during this time?

*Sub-questions:*

- How would you suggest that the Facilitator's time be structured (e.g., 2 hours each week for 12 weeks, or a mixed series such as 2 days/16 hours when something is first implemented, followed by 4 hours 2 weeks later and 4 hours one month later, or another option)?
- What are the potential barriers or challenges you think might occur in this Phase 3 model? How could these barriers/challenges be overcome within the proposed model?

10. Do you have any additional feedback you would like to share?

*Thank you very much for your participation and input.*

## ► Pharmacy Owner Interview Guide

### Purpose

*Thank you for participating in Prescription to Thrive. Your participation has helped the Pharmacy Association of Nova Scotia (PANS) to evaluate the benefits and costs, and test the effectiveness of using pharmacist facilitators to engage pharmacy teams in sustainable models of patient-centered care. An important part of the project evaluation is gathering feedback from participating pharmacy owners about your experiences with the project.*

*With your permission, to help with the analysis of the information, I will record this interview. The recording is transcribed and used in the evaluation, however the transcript itself remains confidential (i.e., only consultants from RPI will see the transcripts). The responses that you provide will only be reported in aggregate (summed together). Individual comments made in the interview may be used as quotations in project evaluation reports, which will be made publicly available. However, quotations will not be associated with specific individuals or pharmacies and identifying information (e.g., names, places, etc.) will be removed from all quotes.*

*Do you have any questions?*

*Do you consent to participate in the interview?*

Yes  No

*Do I have your permission to record the interview?*

Yes  No

### Questions

1. Overall, how satisfied are you with the Prescription to Thrive project? Please explain.

*Sub-questions:*

- What were the greatest accomplishments or successes of the project?
- What were the greatest challenges? How were the challenges addressed, or how could they be addressed?
- Thinking back to what you expected at the beginning of the project, did it meet your expectations? Why or why not?

2. Please describe the value that the Prescription to Thrive Project has provided to your pharmacy.

*Sub-questions:*

- How, if at all, has the project affected productivity in the pharmacy?
- How, if at all, has the Prescription to Thrive Project affected the diversity of your revenue streams in the pharmacy?
- How, if at all, has your perspective on economic metrics in pharmacy changed?
- If you were speaking with other pharmacy owners, what are the key factors would you cite to convince them of the value of investing in non-dispensing pharmacy services?
- Given the changes that you've seen, was your investment in Prescription to Thrive (time, money, etc.) worthwhile?

- What do you think are the most important indicators for pharmacies that want to increase their provision of non-dispensing services to track and monitor over time?
3. How satisfied are you with the tools, resources, and strategies/processes provided to you during the project?

*Sub-questions:*

- Which were most useful? Why?

4. How satisfied are you with the support provided by the Facilitator?

*Sub-questions:*

- How did the Facilitator support owners, managers, and pharmacy teams in providing non-dispensing pharmacy services?
- What were the most effective and/or useful aspects of the support provided by the Facilitator?
- What was challenging about the support provided by the Facilitator? How were these challenges addressed or how could they be addressed?

5. What, if any, are the biggest changes in your pharmacy as a result of participating in Prescription to Thrive?

*Sub-questions:*

- From your perspective what are the top five interventions or changes you would focus on if you could only pick five?
- What advice would you give on how changes in a pharmacy should be sequenced, i.e., are there some changes that are better to do earlier or later in the process?
- What factors or supports were the most important in helping you make these changes? What key supports or resources do you think pharmacies need most to help them increase the non-dispensing services they are providing?
- Was there anything that you hoped would change or wanted to change that hasn't? If so, why haven't these changes happened?

6. How, if at all, has the Prescription to Thrive Project affected the ability, confidence, and willingness of pharmacy team members to provide non-dispensing pharmacy services?

*Sub-questions:*

- What factors or strategies were the most important in helping to support the changes you've described?

7. How, if at all, has the Prescription to Thrive Project affected team functioning and workplace climate in your pharmacy?

*Sub-questions:*

- What specific strategies or factors have supported team functioning and workplace climate?
- From your perspective, have there been any changes to workplace satisfaction and/or the level of engagement of pharmacy team members?

8. How confident do you feel about your pharmacy's ability to continue to deliver and even increase the non-dispensing pharmacy services you provide now that Prescription to Thrive is over? Please explain your answer.



*Sub-questions:*

- [If respondents indicate they are not confident] What would help you feel more confident about this? What other supports or resources might you need?
9. PANS is planning to implement Phase 3 of Rx to Thrive where the Facilitator would support more pharmacies with standardized tools and resources and remote support, and spend less time in each pharmacy, on average 2 hours/week. If you only had the Facilitator on site for this amount of time, what type of support or activities would be the most helpful for the Facilitator to focus on during this time?

*Sub-questions:*

- How would you suggest that the Facilitator's time be structured (e.g., 2 hours each week for 12 weeks, or a mixed series such as 2 days/16 hours when something is first implemented, followed by 4 hours 2 weeks later and 4 hours one month later, or another option)?
  - What are the potential barriers or challenges you think might occur in this Phase 3 model? How could these barriers/challenges be overcome within the proposed model?
10. Do you have any additional feedback about the project that you would like to share?

*Thank you very much for your participation and input.*

## ▀ Facilitator Interview Guide

### **Purpose**

*As you know, an important part of the Prescription to Thrive Project is evaluation. This interview will gather your input on project processes and outcomes.*

*With your permission, to help with the analysis of the information, I will record this interview. The recording is transcribed and used in the evaluation, however the transcript itself remains confidential (i.e., only consultants from RPI will see the transcripts). The responses that you provide will only be reported in aggregate (summed together). Individual comments made in the interview may be used as quotations in project evaluation reports, which will be made publicly available. However, quotations will not be associated with specific individuals or pharmacies and identifying information (e.g., names, places, etc.) will be removed from all quotes.*

*Do you have any questions?*

*Do you consent to participate in the interview?*

Yes  No

*Do I have your permission to record the interview?*

Yes  No

## Questions

1. Overall, how satisfied are you with the Prescription to Thrive project? Please explain.

*Sub-questions:*

- What were the greatest accomplishments or successes of the project?
- What were the greatest challenges? How were the challenges addressed, or how could they be addressed?
- Thinking back to what you expected at the beginning of the project, did it meet your expectations? Why or why not?

2. How satisfied are you with support provided to you as the Facilitator (e.g., Project Manager, Project Working Group, other supports from PANS, etc.)?

*Sub-questions:*

- How could project management and support for the Facilitator be improved?

3. How satisfied are you with the tools, resources, and strategies/processes provided to pharmacies during the project?

*Sub-questions:*

- Which were most useful? Why?
- Which were most useful to improve workflow?
- Which tools, resources, and strategies/processes will be most helpful in Phase 3?
- How could project tools and resources be improved?

4. How satisfied are you with the support you have provided to pharmacies?

*Sub-questions:*

- How did you support pharmacy teams in providing non-dispensing pharmacy services?
- What were the most effective and/or useful aspects of the support you provided?
- What was challenging about supporting pharmacies? How were these challenges addressed or how could they be addressed?

5. How satisfied are you with the process to evaluate and improve the workflow in the pharmacy sites?

*Sub-questions:*

- What changes/processes/strategies were most effective in improving workflow?
- What was challenging about improving the workflow? How were these challenges addressed or how could they be addressed?
- Can you provide some recent examples of changes pharmacies have made to improve workflow?
- Have you made recommendations for changes to improve workflow that were not implemented by pharmacies? What were the reasons for not implementing recommended changes?

6. How satisfied are you with the implementation of medication synchronization (medsync) in pharmacies?

*Sub-questions:*

- What worked well about the process of implementing medsync?
- What was challenging about this process? How were these challenges addressed or how could they be addressed?

7. Have pharmacy teams been able to integrate pharmaceutical care into medication distribution? Why or why not?

*Sub-questions:*

- Are any other supports or resources needed to help pharmacy teams better integrate pharmaceutical care into medication distribution? Please describe.

8. Please describe how you worked with the pharmacy to plan for the implementation of non-dispensing pharmacy services?

*Sub-questions:*

- How was implementation of non-dispensing pharmacy services evaluated, or how should it be evaluated?
- What advice would you give on how changes in a pharmacy should be sequenced, i.e., are there some changes that are better to do earlier or later in the process?
- What do you think are the most important indicators for pharmacies that want to increase their provision of non-dispensing services to track and monitor over time?

9. Have non-dispensing pharmacy services been successfully implemented in pharmacies? Why or why not?

*Sub-questions:*

- What supports and strategies were the most effective or important in increasing non-dispensing pharmacy services?
- From your perspective what are the top five interventions or changes you would focus on if you could only pick five?
- Was there anything that you hoped would change or wanted to change that hasn't? If so, why haven't these changes happened?

10. How, if at all, has the Prescription to Thrive Project affected the ability, confidence, and willingness of pharmacy team members to provide non-dispensing pharmacy services?

*Sub-questions:*

- What factors or strategies were the most important in helping to support the changes you've described?

11. How, if at all, has the Prescription to Thrive Project affected team functioning and workplace climate in the participating pharmacies?

*Sub-questions:*

- What specific strategies or factors have supported team functioning and workplace climate?
- In your opinion, is there a good understanding of the roles and responsibilities of each pharmacy team member? Are team members generally working within their expected roles and responsibilities?
- From your perspective, have there been any changes to workplace satisfaction and/or the level of engagement of pharmacy team members?

12. How confident do you feel about the ability of the participating pharmacies to continue to deliver and even increase the non-dispensing pharmacy services they provide now that Prescription to Thrive is over? Please explain your answer.

13. How satisfied are you with the evaluation strategy for this project?

*Sub-questions:*

- What changes, if any, would you suggest to how a project like Prescription to Thrive is evaluated?

14. As you know, in Phase 3 of Rx to Thrive, the Facilitator will spend far less time in each pharmacy. From your perspective, what type of support or activities would be the most helpful for the Facilitator to focus on when they are in pharmacies in person?

*Sub-questions:*

- How would you suggest that the Facilitator's time be structured (e.g., 2 hours each week for 12 weeks, or a mixed series such as 2 days/16 hours when something is first implemented, followed by 4 hours 2 weeks later and 4 hours one month later, or another option)?
- What are the potential barriers or challenges you think might occur in this Phase 3 model? How could these barriers/challenges be overcome within the proposed model?
- What key supports or resources do you think pharmacies need most to help them increase the non-dispensing services they are providing?

15. Do you have any additional feedback about the project that you would like to share?

*Thank you very much for your participation and input.*

## ▀ Pharmacy Team Final Survey

### **Purpose**

As you know, your pharmacy is participating in Prescription to Thrive, a Pharmacy Association of Nova Scotia (PANS) pilot project to test the effectiveness of using pharmacist facilitators to engage pharmacy teams in sustainable models of patient-centered care. Your participation will help PANS evaluate the benefits and costs of this approach. A critical part of the evaluation is gathering input from the pharmacy team in each pharmacy throughout the project. This is the final survey you will complete as part of the evaluation.

### **Who Should Complete this Survey?**

All regular members of the pharmacy team (pharmacists, pharmacy assistants, pharmacy technicians, managers/supervisors) should complete this survey (casual staff or those who work fewer than 8 hours per week do not need to complete the survey).

The survey will take approximately 10 minutes to complete.

### **Confidentiality**

Your responses on this survey are confidential. In order to compare responses over time and monitor survey completion rates, you are asked to enter your name when completing the survey. However, your survey responses will not be associated with you personally, and all responses will be kept confidential – only the consultant hired to conduct the survey will have access to the raw survey data (i.e., individual responses). The Facilitators will have access to the de-identified survey data summarized by pharmacy site and will share information with each pharmacy as required to support project activities, while still protecting the confidentiality of respondents. Otherwise, stakeholders (e.g., PANS, patients, pharmacy staff and owners) will only have access to compiled data, summed together across all survey respondents. Survey data will be stored on a password protected server.

There are no right or wrong answers, and you are free to skip any questions you do not wish to answer.

Text responses provided to any open-ended questions on this survey may be used as quotations in project evaluation reports, which will be made publicly available. However, quotations will not be associated with specific individuals or pharmacies and identifying information (e.g., names, places, etc.) will be removed from all quotes.

By completing the survey, you indicate that you have reviewed the information provided above and give your consent to participate.

If you have any questions regarding the evaluation, or the confidentiality of information collected through the survey, please direct them to Clare Levin, Senior Consultant, Research Power Inc., [clare@researchpowerinc.com](mailto:clare@researchpowerinc.com) or 902-463-7661.

***Thank you for your input!***

## PREAMBLE: Definitions

The following definitions apply throughout this survey. Please keep these definitions in mind as you are answering the questions.

You can also open a PDF copy of these definitions (link provided).

- **Dispensing services:** includes all of the steps necessary to translate a medication order (prescription) into an individualized medication supply that is both safe and appropriate.
- **Prescribing services:** includes minor ailment assessment and prescribing; prescription renewals; prescription adaptations; prescribing by protocol; and therapeutic substitutions (prescribing injections is covered under injection services).
- **Consultation services:** includes healthcare management programs (e.g., support to manage chronic conditions such as diabetes, osteoporosis, pain management, etc.), contraception management, medication reviews, smoking cessation programs, health coaching, screening and prevention of disease, and travel health consultations.
- **Injection services:** includes patient assessment, prescribing, and injecting identified vaccines and other products.
- **Pharmacy services:** includes all four types of services listed above: dispensing, prescribing, consultation and injection services.
- **Non-dispensing pharmacy services:** includes prescribing, consultation and injection services.
- **Pharmacy care:** In this project, pharmacy care is defined as a practice in which a pharmacy practitioner takes responsibility for a patient’s medication and health-related needs through medication management, including medication distribution and non-dispensing medication services, triage, and navigational support for the purpose of achieving positive patient outcomes.

## Demographic Information

1. Please select your pharmacy site from the list below

a. List of participating sites

2. I am a (please select the option that best fits your role in the pharmacy):

- Pharmacy management       Staff pharmacist       Pharmacy technician  
 Pharmacy assistant

3. How many hours a week, on average, do you work at this store?

- 30 hours or less       More than 30 hours

## Questions

4. Thinking of the resources and supports provided to you so far as part of Prescription to Thrive, please indicate how helpful each has been, where 1 is not helpful at all and 5 is very helpful:

	Not Helpful at All					Did Not Use
	1	2	3	4	Very Helpful 5	
a) Processes for planning, implementing, and evaluating pharmacy services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Tools to support implementation of pharmacy services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Learning about how other pharmacies have implemented pharmacy services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Thinking of the resources and supports that were provided to you as part of Prescription to Thrive, please rate your level of agreement for each statement:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) The Facilitator played a critical role in supporting us to integrate non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The Facilitator's support in the pharmacy helped to create time for the team to provide non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The Facilitator shared strategies and best practices for integrating non-dispensing pharmacy services with the pharmacy team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I had the right resources and supports I needed to participate in this project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The amount of time our pharmacy team spent on Rx to Thrive activities was worth it based on the benefits we experienced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Thinking of the formal and informal training and skill development you received as part of this project, please rate your level of agreement for each statement:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) I have learned new skills and/or information as a result of Rx to Thrive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The knowledge and/or skills I have learned improved my ability to provide non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please rate your level of agreement for each of the following statements about workflow in the pharmacy.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) We have been able to implement changes to improve the workflow in the pharmacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Workflow in the pharmacy is more efficient now than when we started this project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please rate your level of agreement for each of the following statements about the roles and responsibilities of team members.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) There are clear roles and responsibilities for each pharmacy team member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The defined roles and responsibilities for each team member are appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Team members usually follow their defined roles and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. For each of the following statements, please indicate how frequently they occur using the scale below.

	Not at All	Rarely	Sometimes	Usually	Always
a) I proactively review and assess my patients' needs beyond dispensing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I offer non-dispensing pharmacy services to patients where they are an option to meet patients' needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I proactively contact patients to offer non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please select from the list below the factors that may prevent you from providing non-dispensing pharmacy services (select all that apply):

- I forget what non-dispensing pharmacy services are available or how they could meet patient needs.
- I do not/our team does not have enough time to provide non-dispensing services.
- I feel I am selling a service and that makes me uncomfortable.



- I do not think the patient will want to pay out-of-pocket for non-dispensing services.
- I am concerned about how other healthcare providers may perceive non-dispensing services.
- There are no specific incentives for providing non-dispensing pharmacy services.
- There are no specific consequences for not providing non-dispensing pharmacy services.
- Other (please describe): \_\_\_\_\_

11. Thinking about providing pharmacy services, please rate your level of agreement for each statement:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) I feel confident in my ability to provide/ support the provision of non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Providing non-dispensing pharmacy services increases my job satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I feel comfortable discussing the out-of-pocket prices of non-dispensing pharmacy services with patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I would be willing to pay out-of-pocket myself for a medication review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I believe patients will be accepting of longer wait times for dispensing if required to provide non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The documentation required when providing non-dispensing pharmacy services is reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I believe most other healthcare providers support an expanded role for pharmacies in providing non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I have the opportunity to provide input into the pharmacy's goals for non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I am confident we have or will have the resources (including clinical tools and other physical resources) needed to provide non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Thinking about providing pharmacy services, please rate your level of agreement for each statement:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) I feel comfortable communicating my suggestions or prescribing notifications to primary care providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I feel comfortable with the increased responsibility associated with providing non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I feel comfortable with the legal liability associated with providing non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. What other supports or changes do you need to help you provide non-dispensing pharmacy services in your pharmacy?

14. Thinking about the level of staffing and workflow in the pharmacy, please rate your level of agreement for each statement:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) I am given enough time to do what is expected of me in my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Our current workflow supports providing non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The pressure to fill prescriptions in a timely manner affects my decisions about whether or when to offer non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Offering non-dispensing pharmacy services has helped to improve the work environment in the pharmacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Thinking about the level of staffing and workflow in the pharmacy, please rate your level of agreement for each statement:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) I have enough time to assess verify the appropriateness of drug therapy and indications and provide appropriate prescription counselling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. For each of the following statements, please indicate how frequently they occur using the scale below.

	Not at All	Rarely	Sometimes	Usually	Always
a) The pharmacy <b>owner/organization</b> encourages and provides the resources required for the delivery of non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The pharmacy <b>supervisors/managers</b> encourage and provide the resources required for the delivery of non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The pharmacy supervisors/managers lead by example in the delivery of non-dispensing pharmacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I feel I belong to a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The people I work with communicate with one another in a positive manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) There are meetings that include all pharmacy staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Do you have any other feedback you would like to share about the Prescription to Thrive project or providing non-dispensing pharmacy services?

***Thank you for taking the time to complete this survey.***

# Appendix C: Supplemental Quotes

## Outcomes

Area	Quotes
<b>General Positive</b>	<p><i>I will forever be grateful to have been a part of this project. It has completely changed our pharmacy environment for the better, increased job satisfaction, and provided us with knowledge and skills that can be taken forward.</i></p> <p><i>From my point-of-view, a hundred percent satisfied. For us, it was definitely worth the investment.</i></p> <p><i>I don't think without the Prescription to Thrive that we could have come as far as we have in the short period. When you look at dispensing load and all of the new things that are getting thrust on pharmacies, with somebody who's not tied to core dispensing and putting out fires, to be able to stand back and have a fresh look at maybe how you can move the ball forward was fantastic.</i></p> <p><i>I definitely think [Rx to Thrive] made the transition into a more service focused environment a lot smoother than it could have been if we were trying it on our own.</i></p> <p><i>It is worth repeating that our teams benefitted greatly from Prescription to Thrive.</i></p>
<b>Increased Non-dispensing Pharmacy Service Delivery and Revenues</b>	<p><i>Prescription to Thrive was integral in terms of allowing our pharmacies to implement and become more comfortable with non-dispensing services.</i></p> <p><i>I would say in [our] pharmacy, certainly we're able to add more services when we really were kind of skeptical that we would be able to fit it into our busy day . . . But we definitely were given tools to help incorporate it.</i></p> <p><i>The major goals of the project being enhancing the provision of non-dispensing pharmacy services, building that capacity amongst the team, diversifying and growing the pharmacy services revenues, so that it was an important part of the organization. I feel like all those things occurred.</i></p>

Area	Quotes
	<p><i>Our pharmacy came a long way from pretty much doing no non-dispensing services to doing all of them now, which to be honest, I didn't think was possible at the beginning of this.</i></p> <p><i>We have now, over a dozen pharmacy services that all of our pharmacies are using monthly, whereas before, it would have been hit or miss.</i></p> <p><i>Before Prescription to Thrive started, it was very rare that we would have any appointments, or anything booked at [our pharmacy]. But now you go into work, we're using the calendar, and . . . there's never a day where we're not doing renewals, we don't have injections booked, there're always med synchs to do.</i></p>
<b>Improved Efficiency and Organization</b>	<p><i>Since being in the RX to Thrive we have learned to better manage our time.</i></p> <p><i>We used to really struggle to get anything done, barely get your prescriptions done, to now, we're incorporating prescriptions, as well as injections, INRs, prescribing with very little problems.</i></p> <p><i>The med synch program was really great . . . with the point of this whole program being that we want to free up time so that we can do other pharmacy services, med synch seemed to open up a lot of free time during the days, especially, when we could just bypass certain prescriptions and get the students to put them together at night.</i></p> <p><i>The other thing [the facilitator] set us up with is the batch fill. That was a huge success. It made life a lot easier . . . everything is set up in a batch. You just fill it through the batches, and it fills your prescriptions in behind while you continue on to do your work. There's nobody having to go and try to fill all of the prescriptions by hand. So, it saves probably hours.</i></p> <p><i>Our pharmacy is busy and sometimes chaotic, so just simple things like being more organized. Having to do lists, and using more functions in Kroll, like the Kroll notes we now rely on have made a huge difference in communication, and how we run the pharmacy basically.</i></p> <p><i>My pharmacy is just way more organized between Kroll notes and to do lists. Everyone knows what has to get done. Everyone knows their role and who has to do what, which allows for more time to then do other things because you know that the daily stuff is getting done.</i></p> <p><i>Somebody taking a look at the efficiencies within the pharmacy, coming in changing the labeling of the baskets, moving the garbage cans, it's all simple stuff, but it actually made a really big difference.</i></p>

Area	Quotes
	<p><i>It makes the whole process more streamlined and efficient because there are forms that we can use, whether in person or on the phone prescribing for a patient, it just makes everything more streamlined with the standardized forms across that we would have. It's just very, very helpful, very useful.</i></p> <p><i>I do feel like med synch has made a huge difference for us because . . . we're putting through anywhere between five to 10 people per day, and these are huge prescription volumes, just knowing that it's not something that has to be done right away, if it's a really busy day. We have roughly a week to get them ready before we're going to see the patient, so just that peace of mind . . . It's planned workload, right? You can do it when somebody's not standing there waiting.</i></p> <p><i>The whole process has enabled us to make better use of our time, and enabled us to do our other expanded scope, and try to fit it in as best we can with the hours that we have, the pharmacist, whether there's overlap or not overlap. And just being very thoughtful of how we're going to fit everything in.</i></p> <p><i>I think it really helped us implement good strategies into our work days to be more efficient and team-centered.</i></p>
<p><b>Increased Confidence and Knowledge of Pharmacy Team</b></p>	<p><i>I've [seen] a lot of the not as confident assistants, actually now they're offering, do you want to get that injected here, or do you want to talk to the pharmacist about having that prescribed? Whereas, before they wouldn't even mention it because they didn't know anything about what to say, what to do.</i></p> <p><i>I guess the program kind of helped us feel more comfortable with all of the different services and changes that we were able to implement into the pharmacy.</i></p> <p><i>We're all a lot more comfortable with recommending them or providing them in general.</i></p> <p><i>I wasn't really involved in providing some of the services because it was mostly pharmacists doing that stuff. But I definitely feel more competent around the processes behind them, and how to effectively explain some of these things to patients.</i></p> <p><i>I guess the project has changed that because I am more comfortable offering them. I think it comes with doing it over and over again, to figure out the way that you're best able to explain something to someone.</i></p> <p><i>I think just confidence. You know, having the opportunity to do it, and do it again, and to have success was essentially the key to this.</i></p> <p><i>Yeah, a hundred percent has increased confidence . . . trusting that I actually do know enough to do all of these services,</i></p>

Area	Quotes
	<p><i>I think the bigger thing as we went along, was just building up their belief that doing these services would have value to the patient. You can't sell a service you don't believe in, and I think there would probably be some of that with people that didn't really understand them fully. Especially older pharmacists who didn't get indoctrinated into this through pharmacy school, and I really had to sell them on the value of it. So, between building up their belief in the services, building up their knowledge of how to do the services operationally, in cases building their clinical knowledge, and creating more time. I think those would be the four areas that we seemed to really excel at.</i></p> <p><i>I thought having somebody there to help navigate all these new things that have been thrown at us in the last year, it really pushed us into a new level of clinical care. And now, I feel a lot more confident.</i></p> <p><i>I think for me, as a floater, just having standardized processes across the pharmacies, so that even if you're in an unfamiliar situation or in a pharmacy that you're not at a lot of the time, you could lean on those processes that had been established, or there were people you could reach out to who knew the processes, if you were still a little unsure. So, for me, that was huge in increasing my confidence in being able to perform the services, and do them efficiently too, right.</i></p>
<b>Change in Pharmacy Culture and Improved Ability to Manage Change</b>	<p><i>I think that [the facilitator] pushed us out of our comfort zones a little bit, and now that [they're] leaving, I don't feel worried about it because I feel like I have the confidence to kind of take other steps as needed. I feel like I can build upon what we've already learned, and it just makes everything easier.</i></p> <p><i>All of the stuff that we did learn about confidence in the process to prescribe or extend prescriptions, we've used that every day in our pharmacies. And demand has increased for that [during COVID-19] . . . I think Prescription to Thrive did set us up to be able to handle that responsibility.</i></p> <p><i>Once you start doing this on a regular basis over a number of different services, even if something brand-new comes out, you've adapted through change before. You've got to just figure out what the specifics are to this, and then move forward.</i></p> <p><i>I guess the main thing with Prescription to Thrive was showing the pharmacy staff how to implement all of these new pharmacy services and showing us that we can incorporate them into our everyday work schedules. I think that was probably the biggest barrier, was accepting a new way of doing things, and I guess the program kind of helped us feel more comfortable with all of the different services and changes that we were able to implement into the pharmacy.</i></p> <p><i>I feel like we can comfortably say [that we] achieved a cultural change in the organization. We've integrated non-dispensing pharmacy services in a way that wasn't there before. And particularly with things that were complicated, like med reviews with labs, Bloom, prescribing situations where it wasn't funded, this was a priority from the senior management right down</i></p>

Area	Quotes
	<p><i>to the pharmacists . . . part of that cultural change involved the pharmacists in particular, came together in a significant way. And even just building extra clinic rooms in the pharmacy, you can see that cultural change in different ways.</i></p> <p><i>There is a momentum now that the teams are looking at what's next, they're seeing a lot of their peers moving forward. The culture is really going to drive this.</i></p> <p><i>I think for me, and I can probably speak for my whole team, I would say the biggest takeaway has been kind of an outward looking-ness in the pharmacy. So, before this . . . it was always like you would be focusing on one thing for a while, and then you move on to the next thing. But so much of what we do now, partially because of the change in the climate of pharmacy, but in large part because of this program's support has been working those things into your everyday all day, and they don't feel like extras anymore. They just feel like the things that we do.</i></p> <p><i>I think for me [the biggest change] was a headspace, meaning that doing more doesn't have to feel like a burden, that doing more can feel like a challenge that's a good challenge, and it's super rewarding once you get there. And the ball just keeps moving forward. There's always a new thing and learning that it's okay to keep moving ahead with the new thing. And if you try something and it doesn't work out, you just course correct, and you keep on trying. To not feel so scared to give it a try and readjust midstream. I think [the facilitator] was really good at that, and this program was helpful to keep those services front of mind, to know that it's worth putting your mind to them.</i></p> <p><i>I just find that my team in general, is more open . . . now they just kind of roll with it, and we have team members making suggestions all the time on how we can change or improve things. Little things here and there. So, I guess the mind frame of people has definitely changed, which is nice.</i></p> <p><i>I feel like we've created a new normal, and what I mean by that is, before it was, we could do this, or if we have time, we might do this. Now, it's become, this is what we do. And you know, we do injections daily. We do clinicals daily, we do renewals daily, it's not an if; it's become the new norm of, this is what we do, and this is who we are. And I think that's a big deal, right, because it's one thing to see the opportunities, but to kind of see like you know, they're not opportunities. We're realizing that we can make a difference and doing it on a daily basis.</i></p> <p><i>I think the value that it brought was to kind of change the mindset of the pharmacists and pharmacy teams to know that basically, this is the new pharmacy world for them, and we have to embrace it. And it's not only to embrace it, but run with it, and it kind of gave them the confidence to do that. So, now they actually look for that, as opposed to trying to avoid those instances before where there might be an expanded service.</i></p>



Area	Quotes
	<p><i>I feel like it almost in a way, allowed us to be early adopters of the new things that pharmacists and pharmacies are able to do. And I think that it was really positive for our mental health in that respect.</i></p> <p><i>I feel like it's, as a group, we're even more enthusiastic than we already realized that we were. There's just huge enthusiasm, and just the willingness to go in and do more and more.</i></p>
<b>Improved Pharmacy Team Morale, Communication, and Cohesiveness</b>	<p><i>I think everyone is a lot more on the same page. I think that individually and also more broadly as a company, we function more as a team. People have a lot more to relate to one another between pharmacies now, because we all have those same resources, and have all had group discussions. So, I think people feel more supported from one another.</i></p> <p><i>As a group, I just feel real growth. I feel like [the facilitator] connected all of us in ways that we may not have been connected otherwise. As a group of pharmacists in big pharmacies, we've been able to have times to get together. That's really been, I feel, driven by [the facilitator]. We've gotten to know each other more.</i></p> <p><i>I feel like the teams have come together better. They're using the communication tools a lot better. They're able to communicate issues across shifts better.</i></p> <p><i>I find that the teams, they're really tight now. They've spent a lot of time working and developing these things, so whether it was stuff at work or the after-hours little social things. And again, it's something that they actually now seem to thrive on. They seem to look forward to the clinical services and do enjoy those successes.</i></p> <p><i>I think it's especially improved even more so; even more of a team since this Prescription to Thrive started.</i></p> <p><i>At our location, our roles have become a lot more defined. And I think that's also the nature of how we are changing to be more clinical. Before, our pharmacy was one assistant and one pharmacist, and everything was kind of split in the middle. So, the pharmacist was answering the phone 50 percent of the time, going to the cash 50 percent of the time. With [the facilitator] coming in and trying to better define our roles, it's freed up the pharmacist more because in the end, we're the one that's getting everything out the door. If we're backed up, then there's no time for us to do anything extra, any of our clinical services that we'd been hoping for. So, [the facilitator] came in and better defined what an assistant's role is, and obviously, we're still going to be there to help, but that's really helped us free up the pharmacist's time significantly.</i></p> <p><i>I do feel like the pharmacists feel more fulfilled, certainly just destressed, I would say because they're as busy or busier than they ever have. But if you asked them, would they rather count pills and put out fires for eight hours, or would they rather do that for four hours, and do four hours of clinical services, I think that most now would say that that's a better split. And the other part of morale, I think we've become a little more desirable as far as recruitment and retention goes.</i></p>

Area	Quotes
	<p><i>I feel really lucky to have been a part of Prescription to Thrive. It has completely changed my practice and how I see my own value in the profession of pharmacy. PANS knocked this one out of the park!</i></p> <p><i>I feel our staff have bought in and are happy they were involved in decisions and strategies that have brought us out of always digging out to being on top of things making our job more satisfying.</i></p> <p><i>[Workplace satisfaction] has skyrocketed, I would say, between the managers and the pharmacists. They firmly bought into this. It was something that they recognized their job description changed, and they had some good moments with it.</i></p> <p><i>I feel that it adds a lot to my job satisfaction. Sometimes it's more challenging, and sometimes you don't feel like dealing with certain things I suppose, but at the end of the day, you do the right thing by patients, and you do the best you can, and we have all these new tools that we're able to use, and you come home and just feel more satisfied with what you're doing.</i></p> <p><i>I think in our pharmacy, we both kind of agreed that we go into work with a different headspace now. It would just be you go in for an eight-hour day, we'd stand in one spot, we'd check a bunch of prescriptions, talk to the odd doctor and wrap it up. Now, we go in knowing we have more appointments booked, we have sit downs with patients, we have med reviews, we have Bloom consults. It's significantly more clinical, and just the job in general just feels different.</i></p> <p><i>. . . the job satisfaction has just skyrocketed in comparison to where we were before. We get to know more people, people value us so much more, they trust us so much more, and it just makes kind of feel better about ourselves, and our skills and what we're doing.</i></p> <p><i>The professional and personal satisfaction of being at work and feeling like you didn't just stand there and check prescriptions, and count pills all day long, but that you actually worked in a bunch of assessments for this, and a bunch of new services for that. You really took care of your patients and your customers, and it didn't feel like this extra burden, but it felt like this extra success. It's huge.</i></p>
<b>Increased Flexibility in Financial Management Models and Ability to Add Staffing</b>	<p><i>The other big thing is we created an economic model to grow the revenues and justify an increasing in staffing. And that was really important in terms of making sure that the resources were aligned.</i></p> <p><i>I think one thing we identified quickly, our old method of investing extra labour was a certain metric that worked well when it comes to prescriptions and dispensing fees, but you identified pretty quickly that it didn't work as well when it comes to pharmacy services. So, you had to work with ownership to say, hey, if we're going to really grow this, we're going to need more investment. If they do a thousand dollars in services, you're going to need to invest some of that back into labour</i></p>

Area	Quotes
	<p><i>because it takes more labour to do them. It took some convincing back and forth, but eventually we agreed to what that number was. And I think that really helped turn a corner . . . [the facilitator] was able to understand the business side of it, which I think is really important if you want involvement.</i></p> <p><i>As a pharmacy assistant for the longest time it was just myself and one other pharmacist working so pharmacy services were almost impossible to offer. If one of us had to go into the counselling room for any length of time the other was left alone to run the pharmacy for how ever long the other was gone. Since being in Rx to Thrive we have learned to better manage our time and have gradually been able to get more staff so we can offer even more services.</i></p> <p><i>I know for most of the pharmacies that have been involved, we were just barely keeping our head above water doing the regular dispensing. Now, most of the pharmacies have gone from just doing that to doing all the extras, and also had extra staff being able to be brought in because we're bringing in the extra funds.</i></p> <p><i>I know ownership has talked about the opportunities, and some of the other pharmacies have taken advantage of it, of getting extra hours if we can provide enough services. So, I think there's an incentive there that, if followed through with, will help things, and we'll continue to do them.</i></p> <p><i>[The facilitator] was instrumental in identifying the economic opportunities. We're probably some of the only pharmacies that have added hours because [the facilitator] was really able to kind of take the potential and lay it out in a meaningful way, so that our owners and operational people could kind of say, okay, we can see where this makes sense. So, I know our pharmacy had added hours for med reviews. First the pharmacy had added hours for the Bloom Program, and it's pretty impressive to think that when other pharmacies are actually decreasing hours, we were actually increasing hours.</i></p> <p><i>I really think that the balance between the clinical and the financial, being able to lay that out so that we can plan our staffing is huge. We're one of the few organizations that through the course of this program, we were adding hours. And I think certainly when you look at the clinical performance across our group, it was humungous.</i></p> <p><i>It was really exciting for the teams . . . some of them weren't worried about bonuses or that kind of stuff. All they were worried about was, oh, okay, so you're telling me if I do this many dollars in services I can get another pharmacy assistant? Okay, well now I'm in.</i></p> <p><i>We did earn ourselves a lot of extra pharmacist hours. We had none in the beginning of the project, and we've worked our way up to about 12 a week.</i></p>

Area	Quotes
	<p><i>The company has I think, just a better understanding of, hey, if we give the pharmacists the extra tools and maybe more overlaps, the extra support staff, that they can do more and everybody benefits. So, just in the last say, six months, they really supported myself and other pharmacists who do go from pharmacy to pharmacy doing med reviews, here are some extra hours. You go in, you do med reviews because the pharmacy benefited, the company benefited, and I think that came directly from Prescription to Thrive.</i></p>
<p><b>Improved Care for Patients and Increased Patient Loyalty</b></p>	<p><i>I feel like the workflow has changed quite a bit to the point where we're able to incorporate some of the expanded scope services that are required for the community. There've been a lot of pressures in the community because of the recent family doctor retirements, and that type of thing. So, it's a struggle, but I feel like we're doing the best we can, and Prescription to Thrive has really kind of helped clear up some time to help with that.</i></p> <p><i>I have enjoyed the project and making changes in our environment to offer services to patients, helping them so they don't have to see a doctor.</i></p> <p><i>I feel a lot more accomplished in my job when I make a patient's day easier by explaining their medications in a med review or when they're happy that their medications are ready before they need them because we set them up with medsync.</i></p> <p><i>Patients are very appreciative of all the services we can provide, and the time that we spend with them to be able to do that.</i></p> <p><i>It really was positive for our patients in a lot of ways as well.</i></p> <p><i>The other benefit that's come is the amount of services that are being done increases the amount of meaningful interactions that we've had with patients. So, even patients that we see once every three months or twice a year, if they only come in for a cold sore prescribing or something like that. We're having more meaningful interactions with patients and building better relationships with those patients that we don't necessarily see every day like our seniors who come in four times a week just to say, hi.</i></p> <p><i>I am very proud of the Company and the Team that I work with. I believe that we will continue to provide the best patient focused pharmacy services that we possibly can.</i></p> <p><i>The patients seem quite happy with what we're able to do now.</i></p> <p><i>I've had a couple of interactions where [a patient] has come from another pharmacy outside of our group, and they happen to be here and you provide them with a solution that they didn't even know existed, and it's easy for you. And they see all of</i></p>

Area	Quotes
	<i>a sudden, you and your profession in a whole new light because there's this sort of peek behind the veil of how pharmacy can help them. And you've got a loyal customer at that point.</i>

## Key Learnings: Critical Success Factors

Area	Quotes
<b>Skills and Attributes of the Facilitator</b>	<p><i>[The facilitator] was always there if you needed him, even if he wasn't in your pharmacy, you could call him and if he couldn't talk to you right then, he'd call you right back as soon as he had a minute. Very reachable.</i></p> <p><i>There are just no words for how great [the facilitator] is. I think everyone can agree on that. He steps up to the plate for everything, you could throw anything at him, and if he doesn't know the answer, he'll get back to you and try to resolve anything from, if you have an IT issue to Kroll issue, to needing something, needing more clinical support in a certain area, helping with conflict resolution in the staff. He's just, he can wear any hat, and he can really connect with everyone.</i></p> <p><i>I just found he didn't back away, if he had to dispense to get you caught up, or if there was even a difficult customer, he just was good at getting in there, and didn't leave you hanging. He was there to even support you in day-to-day activities, so it was good.</i></p> <p><i>You can't underestimate [the facilitator's] passion for this. He truly believes in it, and having him there explaining it, makes you believe you can do it as well. I think he's genuinely excited about these things and seeing the success of other pharmacy teams.</i></p> <p><i>It was an absolute pleasure to be able to work alongside [the facilitator] as he exudes enthusiasm in what he does, day in and day out. It made engaging in these non-dispensing pharmacy services much easier. He not only provided us with the resources and tools but also inspired and led by example each and every day.</i></p>
<b>Building Trust and Familiarity Between the Facilitator and the Pharmacy</b>	<p><i>[The facilitator] earned our respect by working to improve workflow problems, by teaching, by studying issues and implementing ideas.</i></p> <p><i>[The facilitator] did a really good job of pretty much convincing everyone that it was going to be great, and listened to everyone's concerns, so that was helpful.</i></p> <p><i>One of the things I really liked about [the facilitator], is that he was always honest. He never acted like he knew the answer, even though most of the time he had a good answer for everything. But he never acted like he knew more than anybody else,</i></p>

Area	Quotes
	<p><i>and he was just along for the ride with us and said, you know what, I'm not really sure if I'm doing this right, but let's figure it out together. And it really went kind of a long way in building everybody else's trust and confidence as well.</i></p> <p><i>Managers don't really ask our staff to do anything that we wouldn't be willing to do ourselves. And [the facilitator] really was the same way, and because he was willing to step in anywhere, support us in anyway, having those one-on-ones, he really built a lot of trust with our teams. Somebody that was standing back and pointing his finger and saying, I want you to do it this way, seeing him working through the problems, they've seen him actively engaging in trying to find solutions for the things that they'd found challenging.</i></p> <p><i>[The facilitator] really took the time to listen to each of them, and to try to find solutions, to try to experiment and find ways to make their individual workday a little easier. And I think that really built that relationship and trust that, if somebody had come in and been very prescriptive and said, okay, here's the manual and this is what you're going to do, I don't think they would have gotten the same buy-in from the teams.</i></p> <p><i>[The facilitator] rolled up his sleeves and worked alongside of us, as well as doing all of the organization and putting folks together. And so, you know, he gained our respect because of that. He performed the services as much as he kind of pushed or cajoled us into doing it also.</i></p> <p><i>I loved that he explained the reasons behind the changes we were making, with a focus on how it will help down the line. It helped me stay motivated because I could see the impact it would make in the future.</i></p>
<p><b>Most Effective Supports and Resources</b></p>	<p><b>Educational Supports</b></p> <p><i>I think having [the facilitator] there physically demonstrating how to do certain things was really helpful</i></p> <p><i>I found [the facilitator] very good at doing one-on-one. He would speak to each person and go over it with each person, instead of doing it as a group. So, anybody that had any questions, it was great. You could just ask the questions in private, not with a group. Because a lot of times, people won't speak up in a group. Some of the [assistants] that are not as computer literate, they wouldn't ask certain questions, but they would ask [the facilitator].</i></p> <p><i>The continuing education sessions were really important. It was good from a clinical standpoint, and technical workflow for the new services. And more importantly, having those types of sessions . . . helped bring people together, so that they could learn together in a support group type of atmosphere. That was huge. I wish we had done it more often.</i></p>

Area	Quotes
	<p data-bbox="428 214 1892 315"><i>I think the education sessions that we did, just on our own time, we met as groups a couple of times, were hugely helpful. Just understanding what it is we can do, and how you do it, like what paperwork is involved, and how you can actually do these things. Having someone sit and explain it all to you made the difference.</i></p> <p data-bbox="428 357 680 383"><b>Tools and Resources</b></p> <p data-bbox="428 393 1892 529"><i>[The facilitator] was able to take all these new prescribing responsibilities, and take those documents, and really suss them down into something that really, really made sense and was very manageable. And it made it a lot easier for us professionally to take on those new things with a little bit more confidence. Instead of having a 10-page document or something to look through, probably something that we didn't have time to do for ourselves because we were busy in the trenches.</i></p> <p data-bbox="428 571 1892 636"><i>I think those Kroll profiles that outline all the different steps in the services would be really important . . . it would be really important to have something to refer back to when he's not there.</i></p> <p data-bbox="428 678 1892 776"><i>[The facilitator] . . . made the whole process [of new prescribing] more streamlined and efficient . . . whether in person or on the phone prescribing for a patient, it just makes everything more streamlined with the standardized forms that we would have. It's very, very helpful, very useful.</i></p> <p data-bbox="428 818 1892 883"><i>[The facilitator] left us this card to say, this is what you can say. And without the guidelines, those [staff] would never have even offered it.</i></p> <p data-bbox="428 925 1892 1062"><i>The bag tag that we have is just a small little square that gets attached to the bag. It was very helpful as that constant reminder, you just put the patient's name and then a check box. Do they want a medication review, do they want med sync, and it just lists five or six different items. So, that made it a lot easier to quickly ask the patient, do a checkmark, and then set it aside for when we had more time. That was very helpful, and still is, very helpful.</i></p> <p data-bbox="428 1104 814 1130"><b>Strategies to Improve Efficiency</b></p> <p data-bbox="428 1140 1892 1237"><i>I used the Kroll files that were set up for medication review information the most, as I was the designated person to book medication reviews. I loved being able to look it up as if I was searching for a patient, and having all of the paperwork and documentation there, as well as the list of how to know if a patient qualifies and the example script of the offer</i></p> <p data-bbox="428 1279 1892 1377"><i>I really liked the kind of way they were almost like pseudo patient profiles on Kroll that were made for all the pharmacy services. And in the notes there, they had little things, like just guides on how to do them. Because some of the things that we were doing and implementing were pretty technical and a lot of steps to them. And this was a really great way to just</i></p>

Area	Quotes
	<p><i>condense all of that information and have it readily available to you right on the computer, and you can follow along with it as you do it.</i></p> <p><i>Even creating the to-do lists, just to keep things as a priority, rather than trying to get people to remember to do seven different things in the morning, to say, listen, you just have to make sure you check off the to-do list. It made it manageable in terms of not having to remember to do everything.</i></p> <p><i>Using Kroll to its full functionality has been a game changer for renewals, med reviews, to be able to actually use it instead of having to do everything by hand with paper, it's been a big significant change, I'd say.</i></p> <p><i>We use the Kroll calendar and just getting adapted to that and to be able to book appointments, to organize the day a bit more meaningfully has been huge.</i></p> <p><i>Everything is on batch fill, so basically, everything is set up in a batch. You just fill it through the batches, and it fills your prescriptions in behind while you continue on to do your work. There's nobody having to go and try to fill all of the prescriptions by hand. So, it saves probably hours.</i></p> <p><i>We took great advantage of med synch, and a lot of the kind of brain work behind making it a process that you could train somebody into, and they could understand it easily, and also the language for how you quote unquote, "sell" it to a patient was all helpful to put that together. The premise is simple, but the actual implementation has always been complicated. And having the resources that [the facilitator] put together and the tools and whatnot were quite helpful.</i></p> <p><i>Med sync is definitely a big one. Just the whole process has enabled us to make better use of our time, and enable us to do our other expanded scope, and try to fit it in as best we can with the hours that we have, the pharmacist, whether there's overlap or not overlap</i></p>
<p><b>Team Communication</b></p>	<p><i>And having [the facilitator] there to discuss what we can do, how you do it, when you do it, and then just having a bunch of pharmacists to bounce thoughts off of. If you weren't sure, you'd just text a group of 30 pharmacists, and get different opinions.</i></p> <p><i>[The facilitator] set us all up for the email through Kroll; that was phenomenal for communication. We wished we had done it at the very beginning.</i></p> <p><i>The idea of bringing the groups together for some of the more complex things, I think is something that can be really helpful because then they feed off of each other.</i></p>



Area	Quotes
	<p><i>It's through group text threads, and every time someone has a success, they usually share it there. So, I would say the group is generally pretty proud of the project, and the progress they've made.</i></p> <p><i>I think we're very lucky to be a part of such a big company, I think the pharmacists lean on each other a lot for support, and just being able to ask questions to each other, I think has been a huge help as well. I think we're very lucky in that sense, which I don't know if a lot of other pharmacies would have something like that.</i></p> <p><i>[You need] staff meetings, whenever there've been changes that are not really easy to grasp. That same concept of taking it outside of the hours of the dispensary being open, to be able to really have meaningful discussions.</i></p> <p><i>For group meetings outside of the pharmacy re: the how-to of pharmacy services with all the pharmacists, it would be really great to have all the assistants in something like that as well.</i></p> <p><i>One of the benefits as a group of pharmacies, is that us managers get together, and we bounce ideas off of one another. It goes back to our teams, which is great.</i></p>
<b>Leadership</b>	<p><i>We would come together, we would identify a champion in the pharmacy, whether that was myself or somebody else to run with the project, and really tried to encourage an environment where that could be successful.</i></p> <p><i>Taking the time to manage and use the tools that [the facilitator] developed, and the tools that were already there for us, and just taking the time to actually take a step back, and get out of the dispensary and wrap your head around what you need to do to move the pharmacy forward, and not just survive day-to-day.</i></p> <p><i>Prescription to Thrive should almost be a pharmacy managers' development course. The things that [the facilitator] is doing are essentially the things that a pharmacy manager needs to be able to do.</i></p> <p><i>One thing that I learned in this was that you can ask more of other people, and you can ask people to step up, and sometimes they will. Sometimes it'll be a challenge, and you need to do some coaching, and some training, and some guidance, but we have [name] as a Bloom lead, and we have [name] as a med sync lead, and I've got other members of staff who are taking on additional roles and responsibilities, and finding those to be rewarding for themselves as well. So, I think that's a big takeaway for me, was that it doesn't always have to be me.</i></p>
<b>Accountability and</b>	<p><i>Start with a few services, say you know, can you get your team to do this many per week or this many per month. And once [the facilitator] laid out those challenges, then you'd see the pharmacies challenge each other almost, like saying, well if one pharmacy can do 10, we should be able to do eight at least.</i></p>

Area	Quotes
<b>Performance Management</b>	<p><i>Even having something simple, like [the facilitator] put a chart on one of the walls so we could keep track of how many med syncs we had. That was encouraging.</i></p> <p><i>I think the huge win for getting the team onboard with the offer [of med sync] was, I know it sounds silly, but was the carrot of the movie tickets. Having a little bit of an incentive to have everybody on the team actively promoting, because it doesn't happen automatically and there is work involved; you don't necessarily see the benefit right away. So, bringing everybody on and having a bit of a push together was a huge win to get everybody on the same page in a hurry.</i></p>
<b>Flexibility and Adaptability</b>	<p><i>[The facilitator] was also really good at saying, hey, can I chat with you for five minutes? And . . . he would just give us the time to ask, okay, so how's it going? What's frustrating? What's working? And then, we could brainstorm with those thoughts.</i></p> <p><i>So, with the forms, some of the questions on the forms it's like, oh, this is really awkward saying this. This just doesn't seem to fit, or this is going to take forever for us to go through. Is there something we can give the patient to start filling out before they come in? So, it was a lot of that kind of stuff.</i></p> <p><i>I think for me, as a floater, having standardized processes across the pharmacies, so that even if you're in an unfamiliar situation or in a pharmacy that you're not at a lot of the time, you could lean on those processes that had been established, or there were people you could reach out to who knew the processes, if you were still a little unsure. That was huge in increasing my confidence in being able to perform the services, but do them efficiently too.</i></p> <p><i>[The facilitator's] processes were not the same between the four locations, based on the staff themselves, their personalities, team, how many prescriptions they're filling, what their baseline is. So, I think starting out, it's important to test the waters, and then base it from there.</i></p>
<b>Implementation of Services</b>	<p><i>The key thing first is to come up with the value of the service . . . if there was something we were doing that wasn't valuable for patients, I wasn't going to ask them to do it. They had to believe in the value of the service. So, we started there, we identified target audiences . . . another thing was that I had to help the team with the language around that. And then, looking at the workflow, we tried to identify, what were the different steps involved, how long should these steps take?</i></p> <p><i>[The facilitator] always explained what we were doing and why, and then he gave us the tools to, this is what you can do in the conversation.</i></p>
<b>Pharmacy Environment</b>	<p><i>One of the other challenges we had was of course, just the physical plant. Because when we start doing expanded services, then it caused you know, we needed extra clinic rooms, so the physical layout has to be there as well. So, that was the challenge that we kind of knew right away that we were going to have to invest some money to make those changes. And of course, we did that.</i></p>

Area	Quotes
	<p><i>Our results were probably much better at the medium-sized pharmacies where there was enough volume that you could make a difference, but maybe less team members where you wouldn't get the variance. So, if you could work very closely with two or three people, the impact was outstanding. The larger teams, maybe not as outstanding or it took a little longer to get there.</i></p> <p><i>One of the biggest challenges at our location . . . for the first year, we had a lot of new staff and staff turnover. And so, getting the staff to a point where, okay, now we can really focus on this, was quite challenging.</i></p> <p><i>I think people knew what the roles and responsibilities are, but did they adhere to them? No, because somebody had to get the phone, somebody had to count up the thing, and we just didn't have the ratios necessarily to make sure that there was strict adherence to that.</i></p> <p><i>One of the things that I was a little bit disappointed in for the project, is that we didn't actually get a chance to work on a registered tech getting involved. That's the future of where pharmacy is heading, and it wasn't a focus of this project. I know there were so many other things going on, but it's just one of the things that I wish we'd had a chance to explore a little bit more.</i></p> <p><i>Time available is usually the barrier to providing more services than we do. I feel that we do "ok" but could do better if we had more time.</i></p> <p><i>The current reimbursement models make it difficult to strike a balance between the business and professional sides of pharmacy. The ownership group is as supportive as they can be given business constraints. Staffing levels and attracting/keeping talent continue to be a challenge. Managers are dispensing managers which means the get no designated management time and given pharmacy workload work extra just to catch up. No time is given to specifically work on team development. Time is the ever present challenge despite our best effort to become more efficient and manage it.</i></p> <p><i>I would say that one of the challenges might have been just the time to have those conversations that are worth having when you're still on the ground kind of dispensing.</i></p>

## Key Learnings: Sustainability of the Change

<b>Sustainability of the Change</b>	<i>I feel like [a check in after six months] would at least give us a bit of motivation to keep going. Not that the project hasn't done that already, but it would just add a bit of an extra incentive for us to say, okay, we're going to be checked up on in September</i>
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*. . . I think some accountability is helpful. I mean, no one wants to disappoint [the facilitator], so I think that would be nice, even just an annual check.*

*I'm really confident in our abilities to keep moving forward. I think we've figured out more of a system and there will definitely be bumps in the road but I think we're more equipped to handle them now since we've learned from experience. I think the whole team has seen the benefit of the changes we've made and hopefully that will keep us motivated to continue.*

*I think that everybody's pretty confident. I know we're moving on, well, we were supposed to start before Covid started, with the Bloom program. And I've noticed the last couple of weeks, the pharmacists are still talking about, once this is all over, getting it started. So, that's a good, as before, they never even would mention it again, and it would just be dropped off. But now, they're actually looking forward to more INR patients coming in. And before this program, they would never even have looked for more.*

*I think a big success was the way that [the facilitator] was able to help us with these changes, but also leave us in a way where these changes aren't going to die when he leaves. Now, I can only speak for myself here, but I feel a hundred percent in control with the planning and tweaking staffing, and the profitability of the pharmacy from the extra services, to be able to take control of where we want to go from here. And even without [the facilitator], because he'll be moved on to his next thing, he gave us the tools to kind of keep working and moving forwards.*

*I think that any groups that take on Prescription to Thrive, it's like continuing education. It's lifelong learning, and so, they really want to make sure that they've got somebody in their organization that's going to continue to reach out, and look for opportunities, and, I don't want to say cheerlead, but I mean, there is a certain aspect of that as well, to keep moving forward as the progression in the profession.*

*I feel like we now have a really good starting point, a really solid base from which to move forward, which I think is huge. And it may make it easy to adapt to new things as they come up down the road. I do think that . . . it might be difficult from an overlap perspective . . . we could probably maintain what we're doing now, but growing that further, I'd be interested to see how we would be able to handle that without some extra support from someone like the facilitator.*

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