

LEADING PHARMACY THROUGH CHANGE MANAGEMENT: A TOOLKIT FOR ASSESSING AND SUPPORTING PRACTICE CHANGE



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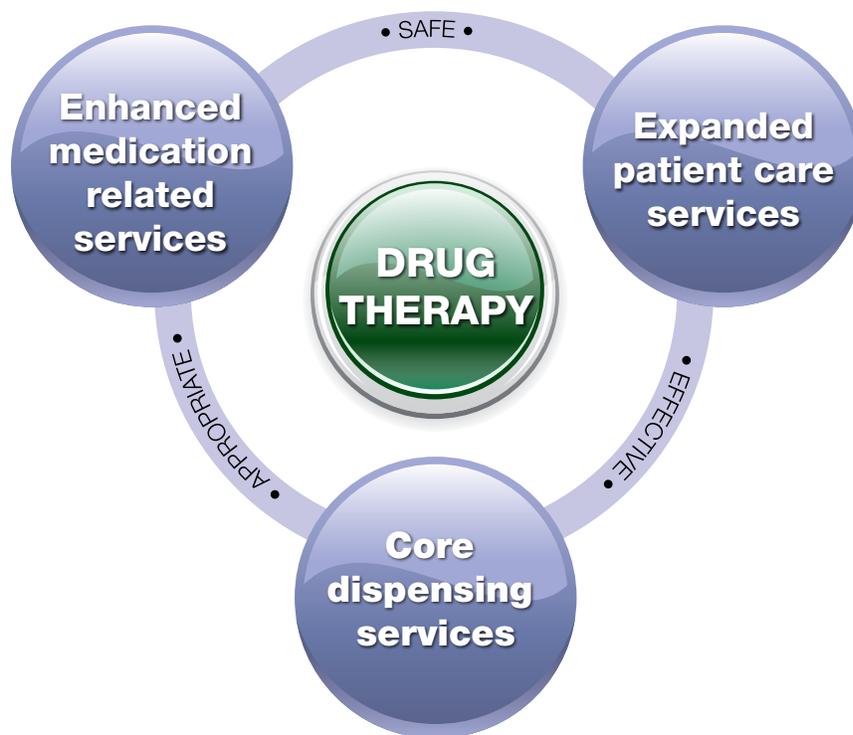
EXECUTIVE SUMMARY

The pharmacy landscape in Canada has experienced unprecedented change. Increasing demand for medication management services, the introduction of regulated pharmacy technicians, changes in health care delivery and drug distribution and reimbursement models: optimizing the scope of practice of health professionals is front and center in the health care transformation discussion. With changes occurring in provincial policy and legislation across the country, pharmacists, pharmacy technicians and pharmacy managers are transitioning to new ways of practicing.

Pharmacists are often the most accessible professional among the primary health care team, yet with expanded scopes of practice, are pharmacy managers, pharmacists and pharmacy technicians ready to adopt new roles within their pharmacy?

This toolkit has been developed to provide resources for managers and employees in supporting practice change. Resources for both pharmacists and pharmacy technicians are referred to, with the intent that both types of professionals are able to perform at their full scope of practice. This toolkit guides the pharmacy staff through an assessment of readiness for change, emphasizes a team-centric approach, provides tools to communicate more effectively and tools to develop a business case.

This toolkit also supports the adoption of the Canadian Pharmacy Services Framework (CPSF). This standardized Framework supports the development of financially-viable, patient-centred services that are scalable across jurisdictions and adaptable to align with standards of practice and varying jurisdictional needs. Both this toolkit and the CPSF assist pharmacy owners to provide comprehensive medication management services focused on safety, effectiveness and appropriateness, and both recognize the value of professional pharmacy services while ensuring a financially viable and sustainable pharmacy business model.



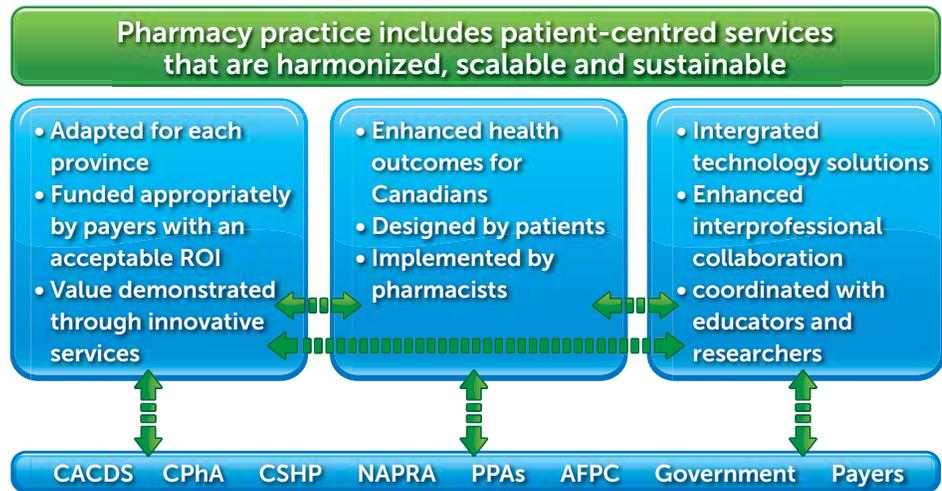
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This toolkit, if used in conjunction with the CPSF, defines the following parallel categories of services:

- Core dispensing services
- Enhanced medication related services
- Expanded patient care services.

Together, these resources facilitate the transition of a business to harmonized, scaleable, and sustainable patient-centred models by establishing, among other things, fair and transparent fee structuring.

Pharmacy Services: Ideal Final State...



The Canadian Pharmacy Services Framework document can be obtained from the following links:

- [http://blueprintforpharmacy.ca/resources/resource-article/2011/10/21/canadian-pharmacy-services-framework-\(cpsf\)-now-available-for-download](http://blueprintforpharmacy.ca/resources/resource-article/2011/10/21/canadian-pharmacy-services-framework-(cpsf)-now-available-for-download) or
- <http://www.pharmacists.ca/index.cfm/cpha-on-the-issues/advocacy-government-relations-initiatives/canadian-pharmacy-services-framework/>

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CHANGE MANAGEMENT THEORIES AND APPLICABILITY TO PHARMACY PRACTICE CHANGE

A literature search on change management theories was performed, and these theories were assessed for their applicability to pharmacy practice change. In Australia, Dr. Alison Roberts' program of research has addressed issues related to the implementation and dissemination of patient-orientated health care services in community pharmacy. Dr. Roberts previously described the following important factors that facilitate change and potential implications for front-line pharmacists:¹

- Communication and teamwork – pharmacists should engage the whole pharmacy team to participate in planning and goal-setting
- Manpower and staff – pharmacists should dedicate some time and effort attract, train, and retain staff
- Pharmacy layout – pharmacists should ensure the layout is suitable
- Patient expectation – pharmacists should generate consumer demand
- Relationship with physicians – pharmacists should build relationships with their local network of family physicians
- Remuneration – pharmacists should ensure financial viability and sustainability of their patient care services
- External support and assistance – pharmacists should establish support networks

Furthermore, change readiness can be assessed using a scoring tool named the “Pharmacist Change Readiness Wheel”.² There are ten spokes in this wheel, including:

1. History of past changes
2. Assessment of need for change
3. Resource availability
4. Measurements and metrics

5. Assessing risk
6. Change orientation
7. Information and knowledge availability
8. Skills audit
9. Time availability and timing analysis
10. Profitability perspective

The “Pharmacist Change Implementation Wheel” is a useful model to describe the steps involved in pharmacy practice change. The implementation wheel includes the following:

- Situating and leading the change
- Triggering the motivation to change
- Planning the change – should include goals that are specific/measurable/achievable/realistic/time-bounded, and also details on who/what/when
- Helping and assisting the change
- Allocating resources for the change
- Responding to and managing resistance to the change
- Marketing the change
- Aligning the change
- Communicating the vision and the change
- Integrating and consolidating

From the above change management theories and concepts, one can infer that pharmacy practice resources would need to reflect certain theme clusters and themes to support the overall model of pharmacy practice change.

1. Roberts AS, et al. *Ann Pharmacother* 2008;42:661-8.

2. Roberts AS, Benrimoj SI, Dunphy D, Palmer I. *Community pharmacy: strategic change management*. 2007; Sydney: McGraw-Hill.

TOOLS TO ASSESS READINESS

Managers need tools to assess their team's readiness for pharmacy practice change. From the managerial perspective, there are two factors to consider:

- *Motivation*: ability to motivate staff and overcome staff barriers to change;
- *Legislative and policy framework*: ability to keep up-to-date on changes to legislative and policy frameworks for scope of practice (provincial).

MOTIVATION

Researchers and educators have previously characterized the “practice change model”, an innovative pharmacy-specific approach to motivating staff to change.³ In a published article, Nimmo and Holland state that managers (leaders) play a critical role in motivating pharmacy practice change, and that the first challenge is to understand the personality and mindset of pharmacy staff. There are four motivational stages that pharmacy staff move through, ranging from awareness to commitment:

- Stage 1: Finding out about it
- Stage 2: Testing the water
- Stage 3: Gaining commitment
- Stage 4: Making sure it sticks

Managers are advised to use a variety of approaches to facilitate movement from one stage to the next. This information has been repurposed into a sample tool on page 7.

LEGISLATIVE AND POLICY FRAMEWORK

CPhA has developed a resource for pharmacists on the most recent changes to the legislative and policy frameworks for pharmacist scope of practice on a provincial level. A summary of the cross-jurisdictional scan is included on page 8. More details can be obtained from CPhA⁴ or the Blueprint for Pharmacy⁵.

Pharmacy technician scope of practice is also changing, with the recent implementation of pharmacy technician regulation in Ontario, and several other provinces (including British Columbia and Alberta) on the cusp of implementation. These changes in pharmacy technician scope of practice are expected to result in a further broadening of pharmacist scope of practice, due to a shift in available pharmacist from a product (technical) emphasis to a patient (clinical) focus. A sample tool for managers focusing on pharmacy technician regulation is included on page 9.

3. Nimmo CM, Holland RW. Selection from: American Society of Health System Pharmacists, Center on Pharmacy Practice Management. “Executive Summary: Managing for Success: Cultivating People and Performance in Health Systems”. Proceedings from the ASHP Fourth Annual Leadership Conference on Pharmacy Practice Management, October 1999. Page 4-8.

4. www.pharmacists.ca

5. www.blueprintforpharmacy.ca

SAMPLE TOOL FOR MOTIVATION

CHECKLIST

Description of Pharmacist in Various Stages	Recommendations for Managers
STAGE 1: FINDING OUT ABOUT IT	
<p>Aware of new practice model but does not care for it</p> <p>Thinks "I guess it's possible"</p> <p>Becomes intrigued by the new practice model</p> <p>Complies with request to learn about the new practice model but does not initiate learning on his/her own</p>	<p>Interactive lecture and guided discussion with carefully framed questions</p> <p>Informal discussion with colleagues</p> <p>Journal club (reading of articles)</p> <p>Access to onsite role models who are "near-peers" (i.e., staff with the same educational level and background who have already adopted the new practice model)</p> <p>Site visits to near-peers</p> <p>Discussions with other managers</p> <p>Brainstorming sessions to address ways to overcome perceived barriers to the new practice models</p> <p>Connect current practice model with the proposed new practice model, stressing similarities and differences</p> <p>Simplify new practice model into a form that is easy to grasp</p> <p>Provide concrete examples</p>
STAGE 2: TESTING THE WATER	
<p>Interest in learning more about new practice model</p> <p>Starts to enjoy idea of new practice model</p>	<p>Provide access to near-peers in new practice model</p> <p>Provide opportunity to try out new model on a partial basis (e.g., discussion or shadowing)</p> <p>Choose trial activities with which staff feel comfortable/competent without additional training</p> <p>Encourage, encourage, encourage</p>
STAGE 3: GAINING COMMITMENT	
<p>Starts to believe that the new practice model has value for patients and generally in the health care system</p> <p>Actively chooses to practice in the new practice model</p> <p>Feels a commitment and starts relating the new model to all aspects of his/her work</p>	<p>Continue to provide access to near-peers</p> <p>Give staff opportunities to be publicly identified with the new practice model</p>
STAGE 4: MAKING SURE IT STICKS	
<p>Convinced of the importance of following the new practice model</p> <p>Rearranges his/her existing value system to accommodate any learning needed to engage in the new practice model</p>	<p>Facilitate ongoing exploration of the new practice model</p> <p>Verbalize practice concept to others</p> <p>Provide access to near-peers who have retrained for this new practice model</p>

OVERVIEW OF CROSS-JURISDICTIONAL SCAN OF LEGISLATIVE AND POLICY FRAMEWORKS (as of July 29, 2012)

Scope	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	NT	NU	YT
Renew prescriptions	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	×	×
Provide emergency supply	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	×	×
Change (adapt) or clarify prescriptions	✓	✓	✓	×	×	✓	✓	✓	×	✓	×	×	×
Make therapeutic substitutions	✓	✓	✓	×	×	✓	✓	✓	×	✓	×	×	×
Provide prescriptions as part of a minor ailments service	×	×	✓	×	×	×	×	✓	×	×	×	×	×
Initiate prescriptions	×	✓	✓	×	×	✓	×	×	×	×	×	×	×
Administer injections	✓	✓	×	×	×	×	✓	×	×	×	×	×	×
Order and interpret laboratory tests	×	✓	×	×	×	✓	✓	×	×	×	×	×	×
Jurisdiction-wide, community-based medication management project	✓	✓	×	×	×	×	×	×	×	×	×	×	×
Pharmacist remuneration for activities above	✓	✓	✓	×	✓	×	×	✓	×	×	×	×	×
Pharmacist remuneration for medication review	✓	✓	✓	×	✓*	×	×	✓	×	×	×	×	×
Regulated pharmacy technicians	✓	✓	×	×	✓	×	×	×	×	×	×	×	×

*Remuneration is for the Pharmaceutical Opinion Program and Smoking Cessation Program, not for activities above.

Notes:

- ✓ indicates that pharmacists in the jurisdiction currently have the legislative and policy authority to perform a given activity; × indicates that pharmacists currently do not have the legislative and policy authority.
- For jurisdictions where legislative and policy authority may be pending, they have been marked with an ×, and a comprehensive description has not been included, due to the potential changes that may occur in further negotiations in the development phase.
- Activities regarding non-prescription drug products (e.g., emergency contraception) have been excluded from this analysis.
- For “initiate prescriptions”, this only includes pharmacist authority to initiate prescriptions independently. It excludes situations where the pharmacist is working in a collaborative environment or requires prior approval from another healthcare professional.

SAMPLE TOOL FOR PHARMACY TECHNICIAN REGULATION

WORKSHEET

Status of pharmacy technician regulation in my province:

Pharmacy technicians in my pharmacy who may be affected (including timelines):

Current Pharmacist Scope of Practice Activities	Potential for Transfer from Pharmacist to Pharmacy Technician (yes/no)?	Comments
	<div style="display: flex; justify-content: space-around;"> Yes No </div>	
	<div style="display: flex; justify-content: space-around;"> Yes No </div>	
	<div style="display: flex; justify-content: space-around;"> Yes No </div>	

Future Pharmacist Scope of Practice Activities	Future Pharmacy Technician Scope of Practice Activities	Comments

Transition plan and steps to regulation for current pharmacy technicians in my pharmacy (including milestones, timelines, communication):

Transition plan and steps to regulation for future pharmacy technicians in my pharmacy (including milestones, timelines, communication):

TOOLS TO EMPHASIZE TEAM-CENTRIC APPROACH

Managers need tools to ensure that their approach to pharmacy practice change is team-centric. From the managerial perspective, there is one factor to consider:

- *Team engagement*: ability to keep the team engaged (e.g., analyzing barriers and facilitators for different team members, providing timely feedback, providing opportunities for input, clarifying roles).

TEAM ENGAGEMENT

A previous article published in the *Canadian Pharmacists Journal* illustrated a team-centric way of engagement, leading to a successful enhanced pharmacy service that was sustained over time (in this case, a travel medicine clinic).⁴ The authors of this article tested the effectiveness of a theoretical research model in identifying and organizing management issues faced during the development of a travel medicine clinic service that was based in a community pharmacy. The end result was a useful framework for others to adapt and use. The framework is repurposed into a sample tool below:

SAMPLE TOOL FOR BARRIER AND FACILITATOR ANALYSIS FROM MULTIPLE PERSPECTIVES

CHECKLIST

Source of Barrier/Facilitator	Questions for Managers to Identify Potential Barriers and Facilitators
Patient	<p>Why would patients want/need me to provide this service in my pharmacy?</p> <p>What do I need from patients in order to provide this service?</p> <p>What do I need from patients to reinforce my commitment to providing this service?</p>
Pharmacist	<p>Why would I want to provide this service in my pharmacy?</p> <p>What do I need to know or be able to do in order to provide this service?</p> <p>What do I need as a professional to reinforce my commitment to providing this service?</p>
Team/pharmacy	<p>Why would staff want to provide this service in our pharmacy?</p> <p>What support from staff or physical resources do I need in order to provide this service?</p> <p>What support from staff or physical resources do I need to reinforce my commitment to providing this service?</p>
Organization (head office)	<p>Why would head office want me to provide this service in my pharmacy?</p> <p>What do I need from head office in order to provide this service?</p> <p>What do I need from head office to reinforce my commitment to providing this service?</p>
Health care system (pharmacy profession, regulators, other healthcare professionals)	<p>Why would the profession/other health care professionals/the health system want/need me to provide this service in my pharmacy?</p> <p>What do I need from the profession/other health care professionals/the health system in order to provide this service?</p> <p>What do I need from the profession/other health care professionals/the health system to reinforce my commitment to providing this service?</p>

4. Stowe B, Winslade N. Planning new pharmacist services that last: The Prescription Shop's travel medicine clinic. *Can Pharm J* 2009;142:178-83.

Other important functions for managers in a team-centric environment include: providing timely feedback to staff, providing opportunities for input, and clarifying roles. Sample tools for each of these functions are included here.

SAMPLE TOOL FOR STAFF FEEDBACK

WORKSHEET FOR MINI PERFORMANCE REVIEW TEMPLATE

Pharmacy team member name and position:

Planned frequency of feedback (i.e., quarterly):

Pharmacy Practice Change Key Work Goals	Progress / Comments / Plan to Achieve Key Work Goals	Date of Feedback Discussion	Signatures (team member and manager)

SAMPLE TOOL FOR STAFF INPUT

SURVEY TEMPLATE

Pharmacy team member name and position:

Our team would be very happy to receive your input about our pharmacy practice changes. Your comments are welcome at any time. Please describe your input, so that we can discuss at our next staff or townhall meeting:

What is our team doing well?

What is our team NOT doing well?

What are your suggestions for how our team can improve?

How will you personally commit to our pharmacy practice changes?

Please share your key work goals and how you plan to achieve them:

Pharmacy Practice Change Key Work Goals	Progress / Comments / Plan to Achieve Key Work Goals

SAMPLE TOOL FOR STAFF ROLE CLARIFICATION

WORKSHEET

Organizational chart:

Date:

Pharmacy team member name	Pharmacy team member position	Roles and responsibilities	Comments

Workflow walkthrough with sample patients:

Potential issues with confusion re: roles	Strategies to mitigate issues

Key communication messages for staff:

Check for understanding from staff:

TOOLS TO COMMUNICATE MORE EFFECTIVELY

Managers need tools to effectively communicate their vision for pharmacy practice change to their staff, their patients, and other stakeholders. From the managerial perspective, there are three factors to consider:

- Collaboration with other health care professionals: ability to collaborate in a meaningful manner (e.g., determining preferences for receiving information, sharing responsibility for patients);
- Documentation processes: provision of tools to document patient care (e.g., applications, templates, work sheets, forms, tools);
- Conflict management: ability to deal with issues and conflict, and propensity for reaching win-win resolutions.

COLLABORATION WITH OTHER HEALTH CARE PROFESSIONALS

A sample introductory script/letter to other health care professionals outlining communication/information preferences and a shared responsibility for patients is included on the following page.

SAMPLE TOOL FOR INTRODUCTION TO OTHER HEALTH CARE PROFESSIONALS

LETTER

Date

Name of Other Health care Professional

Address

Fascimile number

Re: Introduction and Interest in Collaboration on Shared Responsibility for Patients

Dear

The purpose of this letter is to introduce our pharmacy team and discuss our interest in collaborating with you to improve patient health outcomes.

As you may be aware, there have been some recent changes in the scope of practice for pharmacists and pharmacy technicians in_____.

Legislative and policy changes by our government formalized the authority to

This new authority also affirms our pharmacy team's commitment to a shared responsibility in the care for our patients. The College of Pharmacists in _____, in partnership with our provincial pharmacy association _____ and government _____ have worked together to ensure that these new changes in pharmacy practice are safe and effective for patients.

A fundamental component of these new changes in pharmacy practice is communication with prescribers (notification within _____ hours) and other health care professionals. As such, your office will receive communications (primarily by facsimile) that summarize and document the care our pharmacy team has provided for patients. See attached sample.

We trust that facsimile will be an acceptable mode of communication for you; however, if you have another preference, please feel free to indicate it here:

- Phone call
- Mailed consult letter
- Meeting
- Other

We value our professional relationship with you, and we look forward to the opportunity to be more responsible and accountable for the care that we provide to our patients.

Please feel free to contact _____(pharmacy manager name) with any questions or comments you may have.

Sincerely,
Pharmacy Manager

The information contained in this fax communication is confidential and is intended only for the use of the recipient named above. If the reader of this fax memo is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this fax memo is strictly prohibited. If you have received this fax memo in error, please destroy the memo and notify the sender.

DOCUMENTATION PROCESSES

Existing tools have been previously developed to document patient care (including applications, templates, worksheets, forms, and tools). Documentation tools must be user-friendly and must capture the salient points of information. Ideally, documentation tools should have the ability to interface with electronic systems, but this is still challenging as of today. Cumbersome and extensive documentation are often not sustainable options in the long-term.

Rather than create new tools for documentation, the following is a summary of tools provided by various jurisdictions as part of their implementation of new scopes of practice for pharmacists. These tools can be used by all pharmacy team members (pharmacists as well as technicians) in support of documentation for pharmacy practice change.

Prescription adaptation/pharmacist prescribing:

- Pharmacist documentation and notification form:
http://www.bcpharmacists.org/library/D-Legislation_Standards/D-2_Provincial_Legislation/PPP58_Template.pdf
- Sample fax/letter introducing PPP-58:
http://www.bcpharmacists.org/library/D-Legislation_Standards/D-2_Provincial_Legislation/PPP58_SampleLetterFax.pdf
<https://pharmacists.ab.ca/nPharmacistResources/PharmacistPrescribing.aspx>
- Pharmacist prescribing notification form:
<http://www.nspharmacists.ca/standards/documents/PharmacistPrescribingNotificationFillInForm.pdf>
- Monitoring results notification form:
<http://www.nspharmacists.ca/standards/documents/MonitoringResultsNotificationFillInForm.pdf>
- Documentation and notification form:
http://www.nlpb.ca/Documents/Standards_Policies_Guidelines/SOPP-Medication_Management-D&N_Form.pdf

Injection administration:

- Resource guide for publicly funded vaccines:
http://www.bcpharmacists.org/library/A-About_Us/A-8_Key_Initiatives/Resource_Guide_Pharmacists_and_Publicly_Funded_Vaccine.pdf

Medication review:

- Guidelines for pharmacists:
<http://www.health.gov.bc.ca/pharmacare/pdf/medrevguide.pdf>
- Best possible medication history form:
<http://www.health.gov.bc.ca/pharmacare/pdf/medrevguide.pdf>
- Medication management issue form:
<http://www.health.gov.bc.ca/pharmacare/pdf/mmi-template.doc>
<http://health.gov.on.ca/en/pro/programs/drugs/medscheck/resources.aspx>

CONFLICT MANAGEMENT

Effective conflict management and resolution is a vital part of any manager's toolkit in any kind of setting. Classic conflict theory dictates that there are five main styles that people use in dealing with conflict⁵. These have been repurposed into a sample tool below.

SAMPLE TOOL FOR CONFLICT STYLES

WORKSHEET

Style	Description
Competitive	<p>Does the person take a firm stand and know what they want?</p> <p>Does the person operate from a position of power, drawn from position, rank, expertise or persuasive ability?</p> <p>Is it an emergency?</p> <p>Does a decision need to be made quickly?</p> <p>Is the decision likely to be unpopular?</p> <p>Is there a need to defend against someone who is trying to exploit the situation?</p> <p>Is there a potential for others to feel bruised, unsatisfied and resentful if this style is used in less urgent situations?</p>
Collaborative	<p>Does the person try to meet the needs of all people involved?</p> <p>Is the person highly assertive, but unlike the competitive style, does the person cooperate effectively and acknowledge that everyone is important?</p> <p>Do you need to bring together a variety of viewpoints to get the best solution?</p> <p>Have there been previous conflicts in the group?</p> <p>Is the situation too important for a simple trade-off?</p>
Compromising	<p>Does the person prefer a compromising style to find a solution that will at least partially satisfy everyone?</p> <p>Does the person also expect to relinquish something, if everyone is expected to give up something?</p> <p>Is the cost of conflict higher than the cost of losing ground, when equal strength opponents are at a standstill?</p> <p>Is there a deadline looming?</p>
Accommodating	<p>Is the person willing to meet the needs of others at the expense of his/her own needs?</p> <p>Does the person know when to give into others, but can also be persuaded to surrender a position even when it is not warranted?</p> <p>Is the person not assertive, but highly cooperative?</p> <p>Do the issues matter more to the other party?</p> <p>Is peace more valuable than winning?</p> <p>Do you want to be in a position to collect on the "favour" you gave?</p>
Avoiding	<p>Does the person seek to evade the conflict entirely?</p> <p>Are controversial decisions delegated?</p> <p>Are default decisions accepted?</p> <p>Does the person not want to hurt anyone's feelings?</p> <p>Is victory impossible?</p> <p>Is the controversy trivial?</p> <p>Is someone else in a better position to solve the problem?</p>

5. Thomas K, Kilmann R. Thomas-Kilmann Conflict Mode Instrument. Description available at: http://www.mindtools.com/pages/article/newLDR_81.htm. Accessed March 25, 2011.

According to the “Interest-Based Relational Approach” theory, key principles in resolving conflict include the following⁶:

- Make sure that good relationships are the first priority
- Keep people and problems separate
- Pay attention to the interests that are being presented
- Listen first, talk second
- Set out the “facts”
- Explore options together.

A positive approach to conflict resolution is often helpful, where people can sit down to discuss the issues (rather than focus on individuals) in a courteous and non-confrontational manner. A sample tool is on the following page (repurposed from the “Interest-Based Relational Approach” theory).

SAMPLE TOOL FOR CONFLICT RESOLUTION:

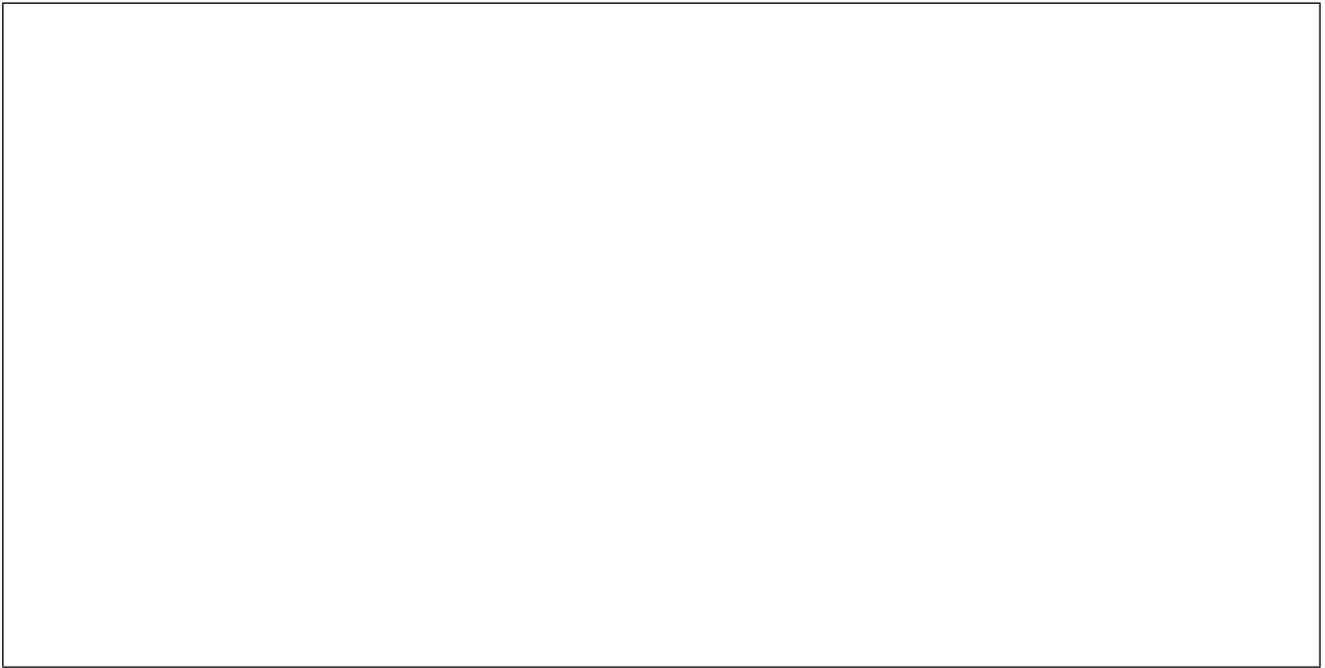
WORKSHEET

Step 1: Set the scene (restate, paraphrase, summarize)

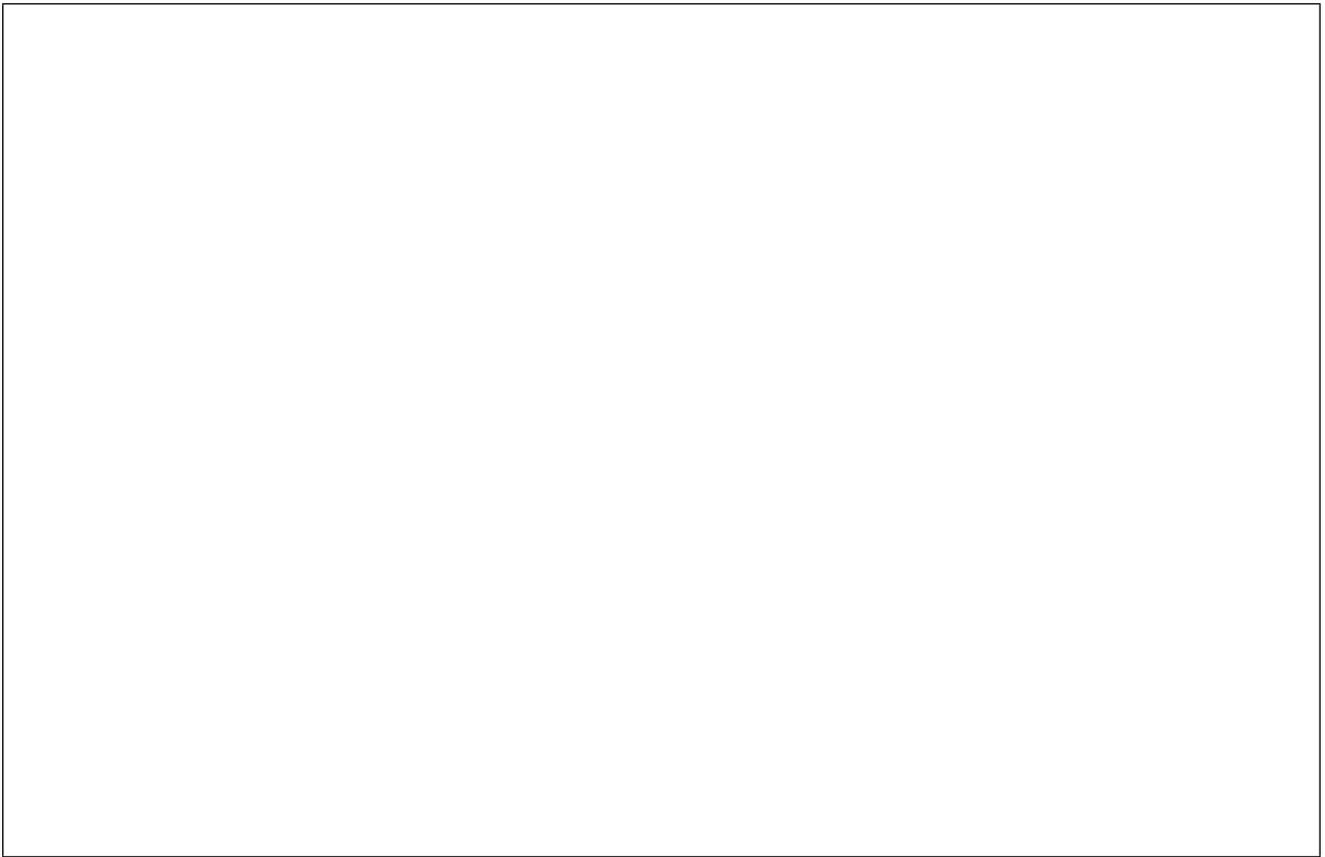
Step 2: Gather information (listen with empathy, view conflict from other perspectives, identify issues clearly and concisely, use "I" statements, remain flexible, clarify feelings)

Step 3: Agree on the problem

Step 4: Brainstorm possible solutions

A large, empty rectangular box with a thin black border, intended for brainstorming possible solutions.

Step 5: Negotiate a win-win solution

A large, empty rectangular box with a thin black border, intended for negotiating a win-win solution.

TOOLS TO DEVELOP A BUSINESS CASE

Managers need tools to sustain and monitor pharmacy practice change from a business point-of-view. From the managerial perspective, there is one factor to consider:

- Financial viability and sustainability: ability to build a business case to justify staff involvement with enhanced services (related to legislative and policy framework).
- Managers should also reference the Canadian Pharmacy Services Framework document for support in implementing increased patient-centred pharmacy services. The Framework provides compensation models and descriptions of specific pharmacy services with suggested workflow for each. It intends to support the need for pharmacists' services that are compensated in a manner that relates to expertise and complexity of care.

The Framework can be obtained from:

- [http://blueprintforpharmacy.ca/resources/resource-article/2011/10/21/canadian-pharmacy-services-framework-\(cpsf\)-now-available-for-download](http://blueprintforpharmacy.ca/resources/resource-article/2011/10/21/canadian-pharmacy-services-framework-(cpsf)-now-available-for-download)
- <http://www.pharmacists.ca/index.cfm/cpha-on-the-issues/advocacy-government-relations-initiatives/canadian-pharmacy-services-framework/>

FINANCIAL VIABILITY AND SUSTAINABILITY

A business plan for pharmacy practice change may be useful for managers, with a one-page snapshot summary of a balance sheet. Please see sample tool below.

SAMPLE TOOL FOR BUSINESS CASE OF PHARMACY PRACTICE CHANGE

BUSINESS PLAN

Objectives

Mission

Keys to Success (Facilitators)

--

Pharmacy Business Description

--

Assets and Liabilities	Value/Cost

HUMAN RESOURCES ANALYSIS

	Value/Cost
Pharmacists	
Pharmacy technicians	
other:	

DISPENSING ACTIVITIES REVENUE

	Volume	Value/Cost
Prescription dispensing fees		
Trial prescription program		
Methadone maintenance program		
Refusal-to-fill		
Compliance packaging		
other:		

CLINICAL SERVICES REVENUE

	Volume	Value/Cost
Renew prescriptions		
Provide emergency supply		
Change (adapt) or clarify prescriptions		
Therapeutic substitution		
Minor ailments service		
Initiate prescriptions		
Administer injections		
Order and interpret laboratory tests		
Medication review		
Medication management project		
Telehealth drug information service		
Other		
other:		

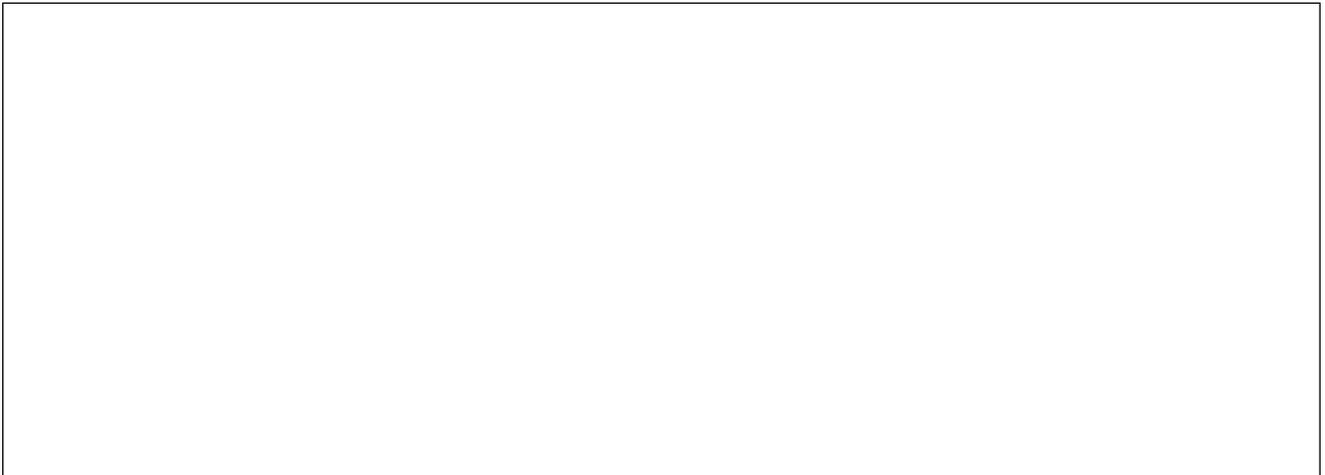
BALANCE SHEET

	Value/Cost	Comments
Human resources		
Dispensing activities revenue		
Clinical services revenue		
Differential		
other:		

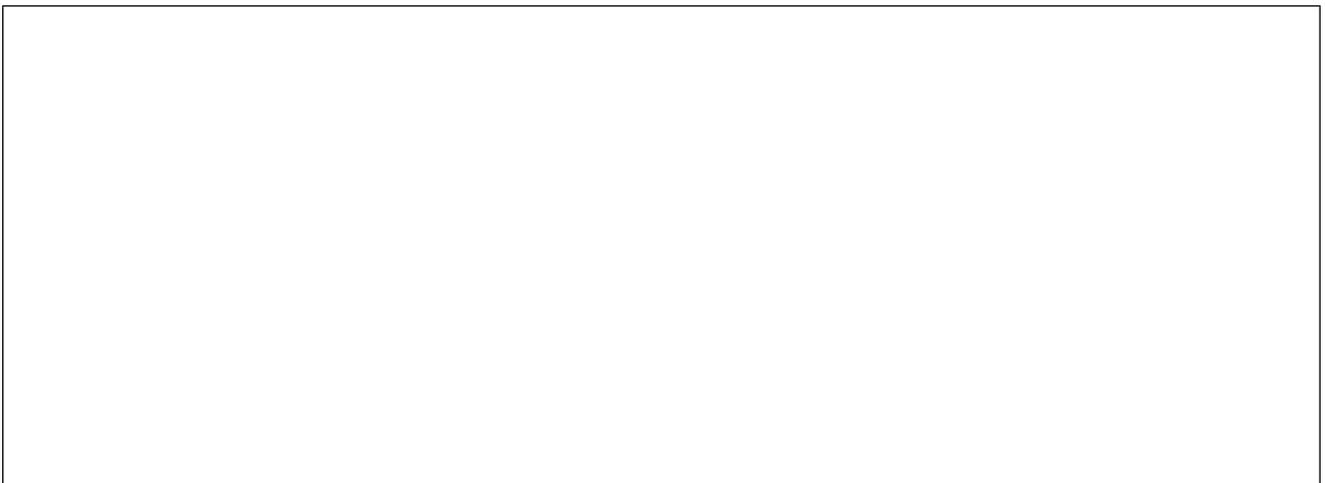
Economic models for balance sheet (cost-neutral/break-even scenario, project profit/loss scenarios, etc):

Market analysis and forecasting for human resources, dispensing, clinical, etc:

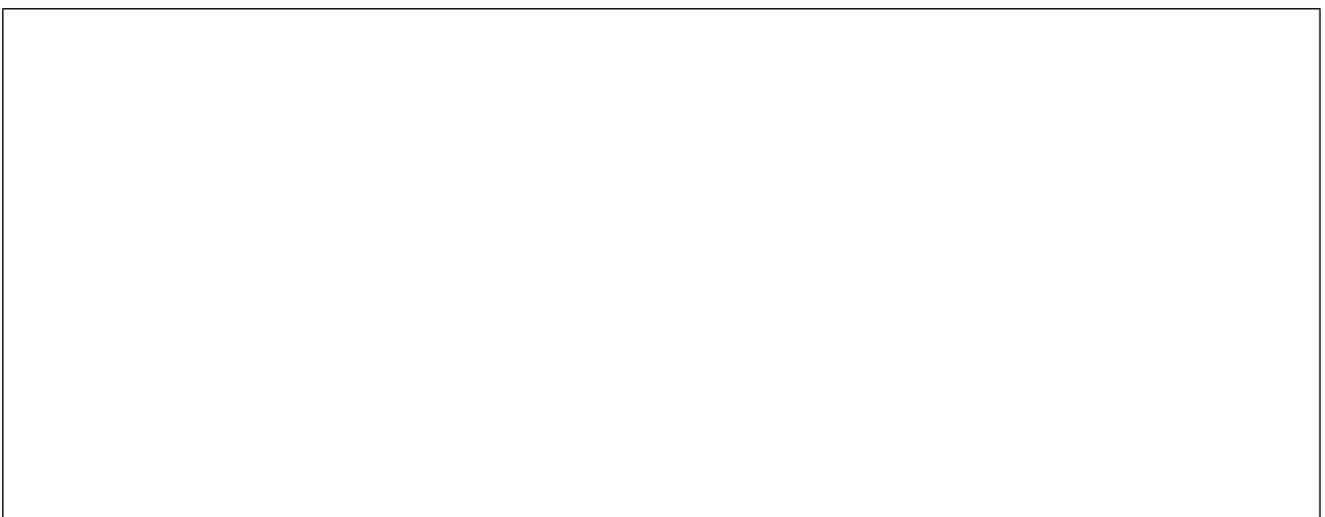
Human resources plan:



Dispensing activities plan:



Clinical services plan:



CONTACT INFORMATION

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