



## **2014 Washington Pharmacy Survey Comments**

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## **Overview:**

The Pharmacy survey was conducted from August 1, 2014 until September 19th, 2014. Our survey included questions identical to the Oregon Workplace survey conducted by the Oregon Board of Pharmacy in 2011 regarding staffing, available breaks, prescription volumes, and time to complete task for safe patient care. Questions regarding QA/QI methodology were also included from an Agency for Healthcare Quality Assurance sponsored survey of community pharmacies (developed by Westat<sup>1</sup>) in order to help provide PQAC a better understanding of CQI processes in current Washington pharmacy practices. At the end of the Washington survey, there was a large open field for additional comments if desired. To encourage participation, a notification letter was mailed to every licensed pharmacist and pharmacy technician in Washington State. In addition, the survey was posted to the PQAC and WSPA Web sites and publicized thru ListServe.

Out of more than 3,200 total survey responses, 1078 respondents filled out the open comments field. Of these responses, approximately 997 comments related to community pharmacy practice settings and 81 related to institutional pharmacy practice. This report addresses all of the 1,078 comments in that open text field. A later report will address responses to the structured questions (multiple choice and “fill in a number”) and will analyze responses by type of setting and type of respondent, as well as in total. It will focus on “substantially complete” responses to the survey.

This report includes the text of all comments, grouped by line staff (those working in direct patient care) and non-line staff (those in administrative capacities). There were 1048( 97.2%) comments by line pharmacy staff members (pharmacists; technicians; PIC/managers; externs/interns) and 30(2.8%) comments by non-line pharmacy staff members (District Managers; Pharmacy Directors; Vice Presidents). Comments were edited when necessary to be sure that potentially identifying information was removed.

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<sup>1</sup> HHS: Agency for Healthcare Research and Quality; Westat 2012 Pharmacy Survey on Patient Safety Culture <http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/pharmacy/2012/surveydev.html>

In summary, the following topics were the ones with the greatest number of comments, and one might surmise, the areas where respondents had the greatest concerns:

- Appropriate breaks and lunches for all line staff: 536 mentions.
- The maximum ratio of technicians to pharmacists: 152 mentions. 50% of comments urged the Commission to maintain or tighten this ratio (which is currently in administrative rules), while 50% comments recommended loosening the ratio for reasons including greater workload capability, greater staff flexibility. Ratios for interns to pharmacists were suggested in several comments.
- Lack of proper staffing for amount of work: 151 mentions
- Concerns about shift length and support staff: 101 mentions
- Prescription time guarantees and production metrics: 83 mentions
- Providing required clinical services without sufficient staff support (71 mentions); services subject to specific quotas (e.g. for immunizations; 26 mentions)
- Distractions and interruptions during prescription processing a concern: 49 mentions
- Prescription transfer coupons/incentives: 44 mentions
- Hospital system operations beginning to seeing changes in staffing and technology replacement of pharmacists (telepharmacy/remote order entry): 34 mentions
- Prescription and immunization quotas: 26 mentions
- Pharmacy technology issues/concerns: 8 mentions
- Cautions to the Commission related to avoiding over-regulating: 11 mentions.
- Miscellaneous other comments

## **I. Line Staff: ( includes pharmacists; technicians ;PIC-Managers; Externs/interns)**

### **1. Pharmacists:**

*Metric system is focus of attention...not safety. Business hrs. extended to 10 pm creates several problems; 1- no staff during day to counsel do immunizations take new Rx OTC counsel drive through etc...No overlap during busy times...major stress on pharmacists ; 2- pharmacies are open but there is no tech help to do all functions that an open pharmacy should provide since there is no tech to fill waiting rx, answer phone, do drive through....all has to be done by 1 pharmacist alone in am and pm. Am from 8 to 830 pm from 9 to 10; 3- pharmacists complain to me of being exhausted from daily stress at job and inadequate rest at night. Shifts are till 10 pm. By the time pharmacy is closed and for many there is a long way home, RPh is not in bed till midnight, has often to be on shift at 8 am again next day. With no overlap of RPh during day shift, creating even more stress, this becomes a dangerous situation. There is no longer any balance between work and life. This adds also to stress levels.. Constantly cutting staff members and staff hours to dangerous levels. I speak up all the time to DM but answer is always it is tough I know but the business has to survive and it is only going to get worse.*

*Please place limits on shift duration 8-10 hrs. max. Enforce the ratio and include interns. No more than one trainee per pharmacist - of any kind. Enforce counseling - new and refill. Eliminate drive-thru pharmacy. Eliminate tele pharmacy. Eliminate work load balancing. Eliminate remote processing. Eliminate quota based workload. Eliminate transfer coupons. Eliminate time related guarantees.*

*Please do something about preserving the practice of face to face pharmacy - pharmacists actually interacting with the consumer.*

*Do not mess with the 3:1 ratio. Include interns in the ratio. Limit work shifts to 8-10 hours for all staff. Eliminate workload balancing. Eliminate telepharmacy. Require breaks and lunches. Require that the pharmacy close for 30 min for lunch if only one pharmacist is on duty. Use a cite and fine process for inspections vs. the current scoring system so that both the individual licensees as well as the company are fined and held accountable. Add a fee to assistant licensing \$75. Increase the fee for technicians. Make it so that a PIC can only be a PIC at one pharmacy and they must actively work at the pharmacy 0.8 FTE or more. Enforce the counseling requirements - all Rx's - new and refill. Increase the pharmacy license fees and base it off of Rx's filled per month... Sliding scale with an increase on the min base fee. Hold district managers/supervisors accountable for policy's that violate law and rule. Eliminate in house training programs. Better regulate tech schools. Regulate a tech enrollment-reduce it.*

*The trend of no pharmacist overlap, no lunch breaks, mandates to provide more clinical services such as immunizations with reduced staffing, and the general attitude of 'we have insurance to cover any mishaps' is destructive to the industry.*

*The 1:3 ratio in the hospital is a joke. Several of the pharmacists counted in the ration are off line management staff. They do not actively supervise or work online. This means that the ratio is greater than 1:3. This is not safe. Also, our pharmacy is nowhere near USP compliant for what we do. Please hold the pharmacy and managers accountable at inspections. They will not change unless the pharmacy fails. They have even stated this in staff meeting. Unless somebody makes them, they will not change. Why are you allowing a hospital to not have pharmacists on site 24/7. This is unacceptable. And having remote services cover the 'After Hours' pharmacy activity is a joke. Really....does PQAC actually consider this adequate pharmacy services. PQAC must stop farming out the profession and bring it back to the workplace where it belongs. And keep pharmacists in Washington employed in Washington. Quit exporting our work. Consider cite and fine inspections. Put the inspection scores on the public website.*

*Metrics will be the death of our profession, needs to be gone. 2. Accountability to pharmacy supervisors especially when they are not being honest with us. 3. Quotas on flu shots etc. Chains want more clinical services, and then we need more Pharmacist help and more time to provide these services. 4. More positive influences for our younger pharmacists 5. More interaction time with our patients. (thus ending metrics)... Please help save our profession...it is not a safe work environment, more importantly not safe for our patients*

*Much of this doesn't apply to my practice site. I don't typically take breaks. I eat at my desk which is in the ER. I have no technicians. I have no idea how many orders I process. Much of my work is at the bedside and verbal consult with MD who enters orders. Additionally I provide direct patient care which is in no way related to the practice of pharmacy.*

*Each pharmacist and pharmacy is different. Please don't think that one size fits all. The independent pharmacy I work at is well staffed with competent people. I understand this is not always the case, but you can't apply rule and regulations with a one size fits all. In reality, stirs like XYZ Chain drug store will just find work arounds for any regulation. XYZ chain drug store already does it with allowing pharmacist in other states to verify prescriptions. Most independents I know are staffed appropriately, with good staff. The chains will adapt to any regulation you throw at them. The real hurt will be on the independents. Also remember that when someone starts a pharmacy, they devote their life to it. You can't treat a pharmacy that fills 500 prescriptions per day the same as a pharmacy that fills 250 prescriptions per day. They're just not the same.*

*The technician to pharmacist ratio is frustrating in a busy store - with one main intake computer, 3 registers and the phones I (and other pharmacists) often have to take time away from doing dedicated*

*'pharmacist' tasks to do jobs technicians could do. Unfortunately hiring more assistants is not an acceptable answer because they do not receive enough training to do anything but the simplest tasks independently. I feel it only makes sense to have a greater number of better-trained staff and a limit on the less-trained staff than vice versa.*

*Eliminate mandatory 12 hour shifts! They simply are not safe to work and put the public at risk.*

*Requiring a 1/2 an hour closure for pharmacist's lunch would be wonderful. Rarely have time to eat and corporate policy doesn't allow food/drink near work areas. Makes it difficult to keep hydrated during the day.*

*Salaried pharmacists are not being granted noninterrupted lunches and breaks. This is not safe and should not be tolerated anywhere in any setting. Especially community pharmacy at XYZ chain drug stores.*

*These questions in this survey are not designed to reflect work load in an inpatient setting.*

*Distractions and interruptions are leading cause of errors. Trying to operate with fewest numbers of staff to save money tremendously effects stress levels, job satisfaction and ultimately patient care and safety. I am pushed to my limit daily & don't feel I have the time to double check or research things I would have normally done in the past. Very frustrating.*

*Rules to enforce proper staffing*

*I work for XYZ Chain drug store and have expressed concern over the chronic cutback in technician hours. They have created an unsafe working environment which I believe compromises patient safety. My top priorities and passion as a pharmacist are patient safety and education. One day each week, we work 12 hours with no break. We do not take lunch breaks or even a 15 minute time out. We routinely do 250-350 prescriptions daily. We are also expected to perform MTM, immunizations, travel health consultations, Mirixa, and the list goes on. I support all the extra services and training p XYZ Chain drug store provides for us so we may better serve our patients in the community but this must be practiced in a responsible manner. I have communicated with the local retail pharmacies in the area only to learn they have strong pharmacist overlap, pharmacy techs and assistants to help. XYZ Chain drug store provides front end staff as back up for the pharmacy which only increases the risk of error as they are not properly trained, nor do they spend enough time in the pharmacy to be effective. This is a multi-billion dollar company that has no basis for cutting corners. I am pleased the Pharmacy Commission is conducting this survey and hope that the results of this will improve working conditions for pharmacists and technicians and most importantly I would like to work in an environment where patient safety is not seemingly compromised.*

*Thank you for all you do.*

*Pharmacists, especially those working 10 hrs. or greater alone per day, should have a mandatory one-half hour break in the middle of their shift, even if this means closing the pharmacy for that period of time.. There's more to pharmacy than the script count. What about immunizations, counseling, mtms, prior authorizations, etc.*

*To accommodate giving vaccinations and providing more and better patient care as patients are requiring we need more help/more pharmacists on duty*

*This questionnaire was difficult to complete accurately because it doesn't consider float personnel. The hours I work, whether I get breaks, the support staffing, and Rx counts depend on the location. I could be by myself or with 3 A-techs and 2 B-techs. My shift could be 6 hrs. or 12 hours. The problem I see if the longer shifts mean no pharmacist overlap and no breaks. Some stores routinely close for lunch, but it is rare. I feel that if it is a single pharmacist all day, the pharmacy should close for lunch.*

*Our work schedule often is purposely done so we leave work at a scheduled time and return at a scheduled time all within 11 hours. That is difficult to do and feel rested. It is also a requirement of our work schedule to have to work 7 days in a row with rotating shifts within that week. If voluntarily asked, pharmacists can work up to 11 days in a row, working different shifts within that period. This is not consistent with safe practices.*

*Pharmacists are being asked (told really) to do more, in less time, with less help than ever. It's only a matter of time before the breaking point is reached. The chains are mandating that the pharmacists working for them take on the additional responsibilities (and risks) of administering vaccines, engaging in Medication Therapy Management and other time intensive tasks. While these tasks are things that we as pharmacists are trained for, and are willing to take on, in the process we are still being asked to fulfill our more traditional roles of filling, dispensing and counseling on medications for several hundred patients a day. Something is going to give. Unfortunately, it's looking like it will be patient safety and pharmacist's themselves.*

*Mandatory lunch breaks must be implemented in the retail pharmacy setting.*

*I work for XYZ chain drug store, and the workload conditions on pharmacists are an absolute nightmare. I recently resigned as Rx manager at a store that has seen about 10-15 Rx managers in the past 10 years. When shit hits the fan, the company just replaces the Rx manager and does not actually address the actual problems....adequate staffing being the biggest issue.*

*Technicians are not being trained adequately due to companies not allowing for extra training hours*

*I have made complaints to my employer in the past that cutting technician hours does not provide a safe environment; however, they feel profits are more important than patients. Since I work in an inpatient setting, often decentralized from the main pharmacy, many of these questions didn't quite apply the way they would to a retail setting.*

*My facility needs to hire more pharmacists and technicians but refuses to do so. In fact, my facility has layer off ~15% of the staff*

*Drive-up window and interruptions biggest problems. We are not allowed to use professional judgment on counsels. System hard halts on all new even renewals that don't need counsel which causes customer frustration and continual interruptions to the pharmacist.*

*A lot of our distractions come in the way of formulary changes, insurance issues, Medicare and Medicaid burden of ever changing rules and regulations, underpayment from PBMs and finding the time to resolve all these daily problems. We are so inundated with issues that have nothing to do with patient care that we have to sacrifice their care just to stay solvent enough to keep our doors open. Years ago I had time to sit with a patient and pour over their drug and medical information because we were somewhat compensated for our time but because we are no longer considered a profession but a vending machine we have to act like one yet your demands remain the same. Our medical system is broken because of greed and power. Too bad. Man's corruption runs deep.*

*Please do something about shift length (max 10 hrs.), and the ratio. Way too many technicians per pharmacist. There is no way to supervise. Also, Interns must be counted in the ratio. Max one trainee of any kind (intern/tech) per pharmacist...actually per day. Employer is using them as cheap labor and the pharmacist takes the hit. There is no way for me to supervise/train them and do my production work at the same time. There needs to be mandatory reporting of errors. Please develop a program. Mandatory breaks and lunches. This is a patient safety and worker safety/sanity issue. Eliminate the remote processing/order entry. This is just another way to get around the ratio. Require the work to be done at*

*the site. Implement some kind of fine system for violations. The employer has no buy in if they are not held accountable. Please preserve the profession of pharmacy for pharmacists, technicians and assistants. P.S. I know my employer is going to try to front load this survey with garbage of how nice pharmacy is and how everything is perfect. They knew this survey was coming and we had a staff meeting where they told us to be careful what we say. Sick and tired of this corporate pharmacy attitude. Please bring back patient centered care that includes the pharmacist actually interacting with practitioners and customers.*

*I often work 12 hours without opportunity to use the restroom or eat. I feel it is unsafe for my patients. I feel rushed, and we are now getting merit based pay to encourage getting as many prescriptions out in as little time as possible. Pharmacy managers are also encouraged to rush and have their staff rush via a yearly bonus partially based on time metrics. I am seeing more and more mistakes made. I would like to see a maximum prescription: labor ratio set by the board of pharmacy. Chain pharmacy management just doesn't care what kind of conditions pharmacy personnel are subject to as long as it pleases stockholders.*

*This is the FIRST pharmacy in my 42 years of practice that I can answer so many AGREES. MOST pharmacies I have worked in have much poorer working conditions*

*I work in a union environment so we at Health system pharmacy have a lot of benefits (lunches/breaks/reasonable work hours/over time) that our colleagues do not. It'd be nice if I didn't feel locked into one company because it's one of the few places that actually treat its employees reasonably. Also - look at eliminating prescription transfers all together, it's a huge waste of time that could be spent doing other tasks and it's often only done because h XYZ Chain drug store as a coupon or i XYZ Chain drug store is giving out a 5 dollar debit card. Eliminate transfers all together as we do not get paid for any of the labor involved. Also, we need to institute a way to bill for more of our services/labor as physicians and other practitioners get to. We provide way too much labor at little to no cost simply hoping to make up for it on the back end with price mark ups on prescriptions - this is not a sustainable practice.*

*Lunches are ok but 15 min breaks are difficult to take and are rarely provided. Consistent interruptions are a primary cause of mistakes  
Pharmacists working for DSHS are currently underpaid by nearly 48%, whereas technicians actually are paid slightly more than average. Pay should be comparable, but it's not.*

*We generally have time for processing inpatient orders, but not enough time to investigate and correct potential medication reconciliation problems.*

*Our problem with the hospital pharmacy is that there is a lot of distraction by pharmacy technicians in inpatient setting or by nurses and other ancillary personnel up on the hospital floors. I feel our managers (hospital and pharmacy) are not receptive when we say we need quieter environment to process inpatient orders. Our pharmacy office is very close to main nursing unit desk so that there are a lot of noise and distraction. We must work under this condition and our manager (hospital and pharmacy) are not receptive to change it. It causes potential errors and problems when we don't have quieter environment to do our jobs.*

*The workload and responsibilities required of pharmacists are constantly increasing due to new Medicare requirements and company regulations to protect us from predatory audits by insurance companies. This results in decreased time spent with patients, although the company requires increased patient contact. It puts the pharmacist workload to the point of becoming a public health concern. I consider myself fortunate that my company is concerned about patient safety and not just profits, but there is always pressure to decrease technician hours while the work requirements increase.*

*The only hope of assuring patient safety against the drive by management for increased production and decreased cost of doing business will be legislative. I have done all in my power as both staff pharmacist*



*and manager for 20 years to no avail. It should be state law to close for lunch breaks and against the law to have one pharmacist operate a pharmacy for 12 hours in a single day with one 30 minute break at 5 hours and then back for 7 hours with no relief during that period. (XYZ Chain drug store)*

*Not sure that I was able to answer the number of Rx staff well. The graveyard shift has only 1 pharmacist, 0 tech. The techs overlap the three shifts during the day (to cover 15 hours), and the two day pharmacists spend either the first or the second half of their shift alone (3 shifts to cover 24 hours)*

*I also have great concern for environmental safety of pharmacy workers. I will often stand for 13 or more hours in a day with only one break for lunch. The standing is on a cement surface with only some industrial carpet tiles for padding. There is no consideration for ergonomic work spaces or personal work space. The prescription filling robot is loud enough to cause hearing damage and the tablet dust from the robot causes at least 1 asthma attack per working shift. I have asked the employer to do an air quality check and have yet to hear a response.*

*Techs do not care about making data input accurate. When I return the rx to them a 2 nd time for correction they just shrug their shoulders. The burden rests on the rph's shoulders to catch all the errors. Techs act like they do not play a role. Pulled the wrong drug, mis count tablets, wrong data oh well! Ask them to put in med condition or allergy major imposition. They pay less money than other places and that's the kind of tech you get. Tried to get admin. to understand if you paid more one might attract a well-trained tech. Since most of the work is corrected and done twice you are not saving money.*

*My employer allows the non-pharmacist store manager to micro manage tech and pharmacist roles, and routinely enters the pharmacy and moves techs around to different duties rather than allowing the pharmacist to manage the work flow, rather than letting the pharmacist to place the best person at a critical job, techs are under staffed because we are supposed to use store management when we need more help. The problem is that they usually do not come to help. They are discouraged from helping by the district managers and are reprimanded if they are seen as spending too much time in the pharmacy. Most of these 'technicians or assistants' are not really qualified as they have never worked in the pharmacy long enough to know what they are doing. My employer has cut pharmacists from 3.5 to 2.25 in the last six months with no decrease in script volume, they have hired an additional tech and pharmacists are forced to work 12-14 hour days solo, in which the tech ratio is not 3:1, so a tech is sent home, so we are essentially 2 people down. Our workload increases as the pharmacist hours decrease because now we are required to do health-screening tests on demand; these take 20 to 40 minutes to do. The pharmacist is out of the pharmacy and in a 'procedure room' during this time. I am scheduled for multiple 12 or 14 hour shifts many of which I have to drive 2 to 3 hours to get to. I am constantly worried about errors and would quit if another job was available.*

*Vaccines are pushed with quotas (for bonuses) and not enough time to safely question patient/administer. No uninterrupted breaks or lunches for pharmacists ever. Transfer prescriptions are rewarded with coupons creating an unsafe/inefficient patient care situation. Regulatory issues have skyrocketed leaving little time for compliance. We are required to leave the pharmacy for daily morning meetings and escorting patients to all types of products! We are not given enough hours so sometimes the pharmacist has to work alone....answering 5 phone lines as well as EVERYTHING else which cannot be done safely. Every step of prescription processing is timed to the second and reported to us weekly so it's evident who is 'slow.' These metrics form the framework for raises and bonuses. Our business expects inventory to be so low that we must send techs or pharmacists to sister stores every other day to procure medications, off the clock. All annual training is required and no time is given for the task so it is completed while processing prescriptions.....increasing risk of errors and decreasing the ability to follow/retain any of the training info. We are required to sign REMS agreements saying WE are responsible for ANY pharmacist working at our location when we have no ability to screen the pharmacists sent to our location.*

*I appreciate the interest being shown here, it is long overdue, and sadly very much needed.*

*The regulations being set down by the board regarding the mandatory entry of medical diagnosis on patient's profile can be seen as beyond the scope of pharmacy practice, particularly in specialty pharmacy situations. We as pharmacists DO NOT diagnose that is a doctor's job. So asking us to diagnose based on medications written for is wrong.*

*I work at 2 different pharmacies - one is a LTC Phmcy and the other is a small professional Phmcy in the lobby of a medical bldg. - the data provided may seem odd or not accurate. REA*

*Please do not change the pharmacist to technician ratio.*

*Too much emphasis is placed on sales. The Pharmacy commission MUST establish guidelines for every pharmacy to require so many hours of pharmacy technicians/assistants/pharmacists base on prescription volume and not sales. There needs to be mandatory guidelines for breaks/lunches for pharmacists. Company guidelines have rules for grocery baggers but pharmacists have ZERO consideration. This WILL lead to misfills and mistake and have. Companies need to be held more accountable for providing a safe work environment by limiting their influence on how a pharmacy conducts their everyday business. All too often the 'non-pharmacy' side of the companies thinks they know how to handle pharmacy issues. These desk jockeys must be limited in their influence on the pharmacy because their emphasis is on the bottom line of sales rather than patient care.*

*Pharmacists should be hired as independent contractors in a community setting, much like optometrists in a chain/retailer, so as not to put the companies' interest before the patients and it gives the pharmacist the ability to practice his professional judgment independently from the company. One of the most troubling aspects of current pharmacy practice is how companies are dictating wait times (15 minutes) on prescriptions. These types of restrictions not only impair the pharmacist's ability to practice effectively, but also jeopardize patient safety.*

*We need to be diligent that ancillary staffing levels are not cut beyond the ability of the pharmacy to adjust. Especially with flu shots up-coming there needs to be staff available to fill and verify rxs.*

*More clinical jobs are being added & pharmacist overlap is being cut. I worked a 12 hour shift on my own, gave immunizations, filled 250rxs, and had to counsel all new rxs.....I couldn't take a break all day and felt very rushed & patients are upset when I'm not available. It is getting to a point where we need to schedule appointments like all other practitioners*

*Require pharmacies to close for a lunch break if only one RPh on duty. Limit the amount of prescriptions a pharmacist should be filling per hour to give proper counseling time, and time for vaccines. Require internet access. And the speed of the internet should be fast enough to allow fast lookup for info. Require certain sites be accessible...i.e. insurance sites, medical info sites. Require more basic pharmacy knowledge for any pharmacy cashier.*

*There should be a way for pharmacists to get lunch breaks like other members of the medical profession.*

*The pharmacy practice in chain stores is guerrilla pharmacy. I am treated like a glorified cash register clerk. As pharmacists we have no respect for our peers. Working a different schedule EVERY DAY is very stressful in an already stressful position we practice putting out fires. We are tied to performance surveys. I have had patients throw things at my staffs self, no security. I have had patients screaming at because they can't fill their pain med today. This is not the pharmacy I went into. When do we start respecting ourselves????? Let me know if you care I and fed up with this environment.*

*While conditions in my own pharmacy are great, I know that many colleagues in different settings are enduring unbearable workloads. Please consider legislation that mandates breaks. Thank you!!!*

*Mandatory lunch doesn't apply to pharmacist, so sometimes there's no lunch thus feel overworked & tired.*

*I think this is a great first step for the PQAC to seriously evaluate the current state of pharmacy practice and work conditions, namely community pharmacy practice that seems to continually be deteriorating. In my short time as a pharmacist, I like other pharmacists are continuously rushed and feel that my employer really just cares about the financial bottom line, 'metrics', etc. as opposed to providing safe, effective, and quality care to patients and customers alike. Thank you for taking the time to consider my comments, and I look forward to seeing what, if any meaningful changes will come about from this committee.*

*Retail pharmacies are understaffed and overworked. Need higher tech/RPh ratio and lower rx/RPh ratio. More tech staff will not help if there is inadequate RPh coverage.*

*Our pharmacy is near Canadian border, many interruptions by customers that are impatient, cut in line, demand attention at window despite my working on prescriptions, very little concern from my employer on dealing with these interruptions.*

*Retail stores need to have technicians present all hours of pharmacy open times, so pharmacist can focus on safely checking prescriptions.*

*Thanks for taking survey. I have been working as a Pharmacist for 35 years. I hope this group helps get some help I feel very unsafe with an old software program and working by myself a lot of the time.*

*Our pharmacy is in the process of adding more clinical services while cutting back pharmacist hours. I'm afraid this is our future.*

*Shrinking reimbursement rates within State funded managed care plans (i.e. Molina, CHPW, Coordinated Care, etc) and Medicare Part D drug plans are having a negative impact on retail pharmacy. Until you, the government (State or Federal), start paying our pharmacies an appropriate rate for the work you require of us, you will continue to see poor pharmaceutical management in our population. We are beginning to see the negative effects of a combination of low margins and increased workloads on our staff. Government regulations increase our workload and State inspector's micromanage our pharmacies. If you are going to increase our workload, increase our reimbursements through your government ran plans to reflect that demand. No sane persons will continue enter our profession, taking on 6 figure student loan debt to see decreasing wages in such a highly regulated environment.*

*Please be aware that when I stated that I worked more than 60 hours a week, I work 7-days on, 7-days off with 10 hour shifts, so I work 70 hours 1 week and then I am off the next week.*

*Pharmacy, as it is now, is not really a profession.*

*Please address excessive amount of ageism in the treatment of older Rphs.*

*The larger chains must be scrutinized more concerning their (1) lack of counseling on all new prescriptions and (2) a pharmacist leaving the work area during breaks and lunch when there is no other pharmacist to cover, yet the technical staff continues to work in the pharmacy.*

*I worked in retail pharmacy for 4 years as an intern and 2 years as a pharmacist. The trend over those 6 years was a continual reduction in help, pharmacist hours and pharmacist overlap. The company continued to pile on programs and additional job requirements (immunization quotas, external immunization clinics, clinical studies) while decreasing employee coverage. I chose to leave retail pharmacy because it was becoming a stressful and potentially dangerous environment.*

*I am fed up with the government rules and regulations and will voting for reduction in government spending from now on.*

*The issue with workload and safety is a systemic problem that is universal in all states and all pharmacies regardless of chain or banner. This systemic problem is a result of under payment by 3rd party payers requiring pharmacies to do more with less in order to stay afloat.*

*I am grateful to see these patient safety questions from our states pharmacy leaders*

*I work at large hospital system and have been nothing but impressed by their documentation or errors and studies into workload that they have used to ensure appropriate patient care.*

*Pharmacist shortage reversal has changed the attitude toward pharmacists. Insurances are paying less. We have to do more. Pressure to keep on increasing the prescription daily count.*

*Due to the nature of the pharmacy workflow, many pharmacists are not afforded proper break or meal times. Many are forced to eat while working, or if they take a break for the restroom, patients are waiting and angry when they return. This overall decreases the quality of care that a pharmacist can provide, if he or she isn't able to take care of basic self-functions like using the restroom or eating/drinking.*

*At chain pharmacies, there just seems to be so much value placed on getting things done fast and being very concise. There have been too many cuts to staffing that every person has to do more at a much faster rate. Though being fast and concise may meet the needs of some people, I feel bad when someone really needs more time but I get pushed by the pharmacist to go faster.*

*I work seeing patients only, though many of my colleagues do work distribution at my site. There should be a limit on the number of prescriptions that can legally verify per hour.*

*Increased access to medical insurance however beneficial strains the medical system. We are filling more prescriptions yet can't hire another pharmacist because reimbursement is disappearing from pbm's whose profits are at all-time highs.*

*We work 12 hour days during weekdays with no lunch break or breaks. Also pharmacist is alone with no technician or assistant on Saturday and Sunday*

*I am a former PIC. I found metrics to be helpful in trying to improve underperforming cashiers and technicians. If one cashier could ring through 4 customers at the register while another cashier could only do one, which caused a great workload imbalance for the competent cashier. Similarly with technicians, some could process prescriptions much faster than others, and whether the corporate office demand any specific wait times is irrelevant when you have a dozen customers waiting impatiently and glaring at the pharmacist for their prescriptions because a technician is too slow. Slow pharmacists affect me because if they are only able to check a fraction of the workload, the rest is up to me to struggle to finish and that backlog of work presents a serious patient safety issue for me that would not be present with an adequate colleague. I would like to request that pharmacy technicians not be alto wear a white lab coat. Too many times I've had customers refer to 'the pharmacist' they were speaking with, which was in fact a technician.*

*They have definitely made it more difficult to work in a corporate retail setting. It's all about money and profit that they are adding MTMs, point of care, immunizations to the normal pharmacy workflow without adding any extra people. Pharmacists are spread thin. Something needs to be done about this. Please help. It's hard to enjoy your job when corporations spread you so thin that you no longer enjoy your job and no longer find it rewarding. The future in pharmacy retail seems Grim for many. We are not robots but rather humans that would like to serve the People and make a difference.*

*The 12 hr. shifts usually get slower as the day goes so the number of scripts per hour isn't all that impressive. However, the first 8 hours are busy. The fact that we have no breaks just because we're technically 'managing' makes it so labor laws don't apply to us. The lack of breaks to clear your mind or even eat a meal in addition to the constant distractions, hour cuts (we have to monitor our script counts meticulously and send our techs home if we fall below a certain number), ridiculous inventory management, and corporate busywork all contribute to an unsafe environment and I will try and avoid having my prescriptions filled at XYZ chain drug store pharmacy whenever possible.*

*Needing time away for lunch breaks is in desperate need. I feel like my company doesn't care we deal with people's lives and worry more on how many scripts we've done and why profits aren't up. Too much red tape and extra crap to deal with than the job we are to be doing. Hate this profession. If I could do it all over would never have chosen pharmacy. Money isn't everything. No respect. From the patient to the nurses to the companies. It's like I work for McDonalds.*

*There has to be some kind of oversight over how chains operate as far as workload and inadequate staffing goes. Working in this setting feels like working in a fast food chain. Patient safety should find first but often time it doesn't!*

*I'm an intern for Health System pharmacy. From what I've seen so far, Health system pharmacy is truly unlike any other pharmacy in terms of giving their staff 2 15 min breaks and a 30 min lunch without fail per union labor laws. Other pharmacies like XYZ Chain drug store there are one pharmacist on duty most of the time and then towards the end of the shift, the 2nd pharmacist comes in, relieves the first, and then when the 1st pharmacist comes back, the 2nd one takes a break. The pharmacists at XYZ Chain drug store only take 30 min breaks and no 15 min breaks. It is a really bad environment to work at. The techs also usually do not get their 15 min breaks but they don't complain. This is the 24 hour XYZ Chain drug store in Kirkland. Pharmacies like XYZ Chain drug store that really care about the 15 min wait push their pharmacists to make more mistakes and to not properly counsel their patients. As you might've guessed, very little counseling goes on in this XYZ Chain drug store given that they process over 500 scripts a day that is to be expected given the amount of work there is. I would really like to see stores STOP offering \$25 coupons to people to transfer prescriptions, people transfer things back and forth and it creates so much more room for error.*

*I am very concerned about patient safety in my practice setting. The administration does not provide adequate staffing and expects more from the existing staff. This is a large state hospital and I am concerned that our lack of resources is going to result in patient harm.*

*Too many techs and not enough pharmacists. Do not have time to properly check Rx's and counsel patients. Please enforce the ratio. Need mandatory breaks and lunch period. If only one pharmacist, require pharmacy to close for lunch. Get rid of remote order entry/workload balancing. It is a way around the ratio. Limit pharmacist/tech shifts to 10 hours max. Drive thru's are a distraction and promote lack of counseling. Get rid of transfer incentives. They promote fracturing care. Please hold companies/owners responsible by imposing monetary penalties. In fact, do this with Pharm/Tech/Assistant as well for breaking the rules. Without penalty, compliance is a joke.*

*We often run short with no-shows, scheduled down, understaffing with no coverage. My employer likes the fact that we operate understaffed to save money but patient safety is at risk and multiple errors have made it to the patient. I believe the amount of staff would be adequate if we were to operate at full staff. There is no good system to find coverage of shifts in our hospital.*

*Hospital pharmacy - my primary site- pays too little for work done. Community pharmacy- my secondary site- does not staff adequate help compared to work load. Too much stress for one pharmacist on duty.*

*Providing immunizations, health screenings, dispensing medications, with just 1 pharmacist and no tech.*

*I am a clinical pharmacist working in an office/administrative building so does not filled prescriptions. Thank you for your time and attention to this issue, though.*

*Do something about this profession before it is gone. Interns/Externs used as low cost labor. The training is pathetic. The pharmacists are overworked and are not available for training. Remote processing/order entry overwhelms the staff at the dispensing location. Add the drive through and flu shot and there is very little patient interaction. Virtually no counseling and it is very difficult to do much more than a product check. The shift is too long to be safe. Limit them to 10 hours max. There should be no more than 1 trainee (Intern/Extern/Tech in training) per day per location. Please do something about mandatory breaks and lunches. And, if the pharmacy only has one pharmacist. Make them close for lunch. Do something about transfer incentives. Get rid of them as it breaks up pharmacy care.*

*Many questions seem only to apply to retail pharmacy and several questions seem 'leading', I'm not confident you will obtain balanced results from this survey*

*Thank you for the important work you do.*

*Encourage more technician help to allow pharmacist more time with the patient*

*I used to work at a chain pharmacy. They kept us overworked, understaffed and it was clear through their actions that the most important thing was the bottom line. It is a night and day difference working there compared to my new job at a Health Center Pharmacy where everyone is truly there for the patients.*

*12 hour days with travel that can be over an hour depending on where they send me. So that's a 14 hour day with a 30 min break for lunch which is usually cut short due to patients showing up when it's time for lunch. You tell me if that sounds safe or healthy. Ps: we are not allowed to have a lunch box anymore so all snacks have to be kept in the fridge on the other side of the huge store.*

*I currently practice in a non-traditional pharmacist role (palliative care with a collaborative prescribing protocol. I do not fill prescriptions but I prescribe, do DUR, profile review and protocol allows me to initiate, modify and discontinue drug therapy. I have been a pharmacist for 39 years and have practiced in community pharmacy, hospital, clinical, anticoagulation and hospice. By far the most stressful of those practices is in community pharmacy due to all of the interruptions, distractions and frustrations dealing with insurance coverage. I believe that the business model propagated by the chain pharmacies has ruined the practice of community pharmacy, and I no longer promote pharmacy as a career to students unless they are committed to pursuing a practice other than in retail, which means a huge commitment in schooling, post graduate residency and the willingness to work nights and weekends in order to advance their careers. My present position in Hospice and palliative care is the most satisfying of all of the positions that I have held, as I feel I have the most influence and input not only on medications that patients are taking, but also medications that patients should no longer be taking because they are no longer beneficial.*

*Retail pharmacy companies only care about their bottom line. They cut the overlap of pharmacists, and add more services, such as MTM and immunizations, but we still have to check Rx's as fast as we can at the same time. This is a recipe for disaster in regards to the safety of the patients. We need extra help or at least a limit per day of how many scripts a pharmacist can check. If the companies want to provide extra services then they should change the way they operate their business so that pharmacists can spend the time with their patients and not stress about all the scripts they have to check. Also, pharmacists need to have proper breaks, I really don't appreciate people thinking that I do not need to eat or even go to the bathroom, we are not robots, but everyone treats us like one!!*

*What me Worry!!!!*

*Due to dispensing fee decreased, most employers look at sale per day instead number of scripts. There are more generics with less cost than brands. This will push Rx staffs with work more than 10 yrs ago.*

*Worsening reimbursement by third party insurers will make working conditions harder along with more stringent and time consuming requirements for processing Rxs. Doing more with less has limits.*

*Over my 40 years as a pharmacist, conditions have gotten steadily worse, especially the last 7 or 8 years. The environment is ripe for mistakes to be made.*

*The number of employees was working per day (12 hrs.) I feel things have improved over the years as far as breaks/lunch but all the warnings, alerts, etc. that are on the computers seem to cause me a lot of overload making the need to remove myself from the computer more necessary.*

*XYZ chain drug store cares only about sales, not patients, and definitely not staff.*

*The problem of having adequate time to safely process prescriptions is compounded during peak immunization times and also when specialty appointments are made that take the pharmacist away from the prescription processing area, without another pharmacist to keep that area going.*

*I would have given my hospital excellent ratings for staffing levels and patient safety two years ago. Our patient volumes are up and our workload has increased this year. Maybe this is all due to the ACA and this will level off after people who couldn't afford it before have accessed care? Even if our spike in volumes and orders for our hospital is temporary, we have started covering orders for a critical access hospital at night. Day coverage is usually adequate, but our night coverage regularly results in long delays in patient's obtaining their medications and doesn't give much time to address problems. Our night pharmacist is working most of the shift alone and can only take a break or lunch during the first half of the shift. Our pharmacist to tech ratio exceeded three to one during part of the night shift for months. This tech to pharmacist ratio has since been corrected but that was still months after it was pointed out to a manager. Our hospital's medication safety and error process has become much less transparent in the past year. Not sure what has changed or why our incident reports are being closed without updates on root causes and whether systemic problems are being addressed. We've asked our director about this and have not been given a satisfactory answer.*

*Compounding pharmacy - no pressure*

*Answers to question are not based on my current job. I believe that corporate profits and not patient safety are the primary focus of the majority of retail pharmacies in our state.*

*My worksite is in Oregon, at a health-system pharmacy*

*As a relief pharmacist, I am not aware of error reporting information.*

*Good place to work*

*More attention is needed to ergonomics by employers particularly as pharmacist age.*

*We no longer get meal or rest breaks, yet Corporate continues to cut pharmacist hours while loading on more initiatives. Immunizations were only the beginning. Now we are told to add MTM services with no space, no training and no pharmacist overlap to cover it. The pharmacist is supposed to call patients nightly with return-to-stock reminders, using an auto-dialing system. This is to improve our 'star ratings' by reducing returns to stock. And the pharmacist is supposed to enroll patients in a synchronized refill program and manage that refill program, also using the auto-dialing system. We were provided essentially*

*no training on the auto-dialing system. So--in the evening, between 5:30 to 7:30, when lines of people picking up prescriptions and needing counsel are long, and new waiting prescriptions are piling up, and I still need to order drugs for tomorrow, I'm to get on the phone and personally remind people they have rx's to pick up? Or talk them into enrolling in Med Sync? Or make an appointment for a Comprehensive Medication Review, when I know there is never a time for that? Our new Clinical Services Director came out one Tuesday afternoon to show 2 pharmacists quickly (at the end of one's shift and the beginning of another's) how to bill for MTM services using the Mirixa platform, the way she used to when she worked for XYZ chain drug store. It made MTM a farce. She said do it fast and get 'em off the phone quickly, because older people tend to be 'talkers.' I support expanding pharmacy services into areas where pharmacists can utilize skills and knowledge to interact more personally with patients through MTM, improving outcomes. But management needs to expand staffing levels in order to truly accomplish these things. We are finding prescription errors every week; some have been perpetuated 3 or 4 months before they are caught. It's only going to get worse during flu season, and exponentially worse when corporate starts enforcing the new initiatives in earnest.*

*Breaks and lunch never happen*

*There are mandatory requirements I do for my annual evaluation in which I am not given company time to do. I do those tasks on my own time.*

*A lot of our day is spent offering counseling to patients that have been on the same medications for years causing multiple interruptions that increase the risk of making errors. Time could be better spent being available for customers who want counseling. The multiple interruptions make it hard for me to focus on new prescriptions. Customers who have been on the same medications for years become agitated and irritated that they have to wait for us to offer counseling when it has a new prescription number. We need to figure a better way to provide this service. The workload on the pharmacist has changes significantly in the last 15 years. This has increased stress and anxiety and feel that too much is put on the Pharmacist. My pharmacy is staffed with 2 pharmacists. Once each week we are expected to work 12 hours with no breaks and no lunch. Our patient population is a very difficult one with language barriers and a huge Medicaid clientele who does not understand why every medication is not 'free.' Thus the one technician is usually needed at the counter dealing with patients and insurance issues. We get very little support from management who are supposed to be backing us up when we are busy. The pharmacist is the prime RX filler when there is no overlap of technicians. We are expected to do walk in immunizations and health testing by appointment, yet there is no way for us to know when someone makes this appointment other than 'check appointment scheduler frequently during the day.' We are expected to do MTM along with CMR for patients. It is humanly impossible to complete all the tasks required in the amount of time we are paid. During flu season 2013 I gave over 20 immunizations in a 4 hour period besides my prescription duties. Although counseling is mandatory, many Rphs do not have time, or take the time to do it. I demand that I be called to consult on new RXs no matter how many times the pt. has taken the med. It is the last chance to discover an RX error and I have caught many at this point. Our company pays time plus \$10 for over 40 hours in one week & expects us to work for 12 hours straight because we are 'salaried professionals.' I am very accurate under normal circumstances, but after 8 hours of non-stop demand from patients, phones, etc. I am the first to admit that anything I fill after about 5pm on my 12 hour day may or may not be totally correct. I have gone through the busy lunch rush and am now taking on the dinner rush. It is only a matter of time before a serious mistake is made and hopefully I will not be the one making it. I do my absolute best, but under my work circumstances it is very difficult to be the pharmacist I want to be for my patients.*

*I answered these questions as they primarily related to consulting pharmacy for nursing homes. ... Please disregard this survey.*

*Knowing what conditions prescriptions are filled under at my pharmacy, as a consumer I would never use my pharmacy.*



*Making errors because of computer design, e.g. wrong directions selected, double directions, wrong drug selected, is increasingly dangerous.*

*I believe the future of pharmacy will be in direct patient care in the patient's home. There will be a distinct separation from dispensing pharmacies and patient-centered pharmacist services.*

*Unclear how to quantify the total pharmacists / techs / assistants working per shift b/c of many satellite pharmacies, managers, purchasing staff, IT pharmacists, etc.*

*I am really happy that you are conducting this survey. I have seen the workload increase dramatically for pharmacist over the past 8 years. I am at my max currently and I am worried for flu shot season to begin shortly.*

*In this survey, I wish you'd address how often these pharmacists do their mandated job of counseling on new prescriptions. I have watched in many stores and rarely see counseling occur in chains/big box stores. How would it impact job rush if they actually did what they should be doing? They are understaffed and patients are underserved.*

*Transferring prescriptions simply to give a customer a \$25 bonus concerns me.*

*This survey is geared toward dispensing pharmacy roles, not clinical and non-traditional pharmacy roles.*

*Corporate demands are at an unsustainable level and patient safety is greatly jeopardized. Metrics are impossible, huge volume to process with barely any staffing, no lunch breaks or restroom breaks for pharmacists. Quotas on flu shots, demands to complete MTM without adequate time and staff to do so. Patient safety is hugely at risk, the chains don't care, and 2000 characters isn't enough space to put all the issues on the table. Something's gotta give.*

*During flu season, flu shot workload is above what was reported in prescription count per day, with no additional pharmacist help in a day. There may be additional tech help but every one still waits on the pharmacist, so the pressure is still increased during the flu shot season*

*With the current reimbursement pattern from insurance companies, our management is always looking for ways to be profitable. This usually means stretching employees too thin. How can a pharmacy expect to make money when we lose money on such a large percentage of prescriptions filled?!*

*If more responsibility is places on the pharmacist, there should be a change in pharmacist to technician ratio to assist in the added workload.*

*Limited number of prescriptions per hour a pharmacist can verify*

*Site is a hospital inpatient pharmacy. Number of beds averages 410-420/day. Our pharmacy management made it clear we are to have breaks (15 mins in AM, 30 minutes for meal, 15 minutes in PM for an 8 hour shift), but it is busy enough that if I (or my colleagues) take a break, patient care suffers; thus, I rarely take my breaks. It baffles me that in an environment so devoted to caring for the sick, so little support is provided to the staff who provide this care. We operate on a skeleton crew because the staff budget is trimmed so tight; if there is a sick call, someone is working a double (how safe is this knowing they probably haven't had a break today?). We need more people, plain and simple and there just isn't enough money in the budget to allow for me to do my job the best that I am able. It's just a matter of time before the holes line up and an overworked pharmacist/tech misses something critical and a patient suffers for our mistake. Solution? I don't have any magical wondrous that resolve our staff problems and work with the budget we have, while also improving care. Hypothetically shortening an*

*RPh/tech workday to 6 hours would obligate that more staff be hired. It would also seem to fit data that shorter working days maximize performance (i.e. after ~6hrs employee efficiency drops drastically). Thus I would get the help I need via additional hiring of staff to fill these new 6 hour shifts, and the hospital would maintain a high level of performance from each employee who is now working a shortened shift (employee moral would be improved having more time off in the day for family/hobby/QOL). Ultimately the patient benefits because more staff means more time to safely do my job (would be better rested, less overworked). Big question would be does the hospital take a hit financially with the increased employee burden and is this burden balanced out with the improved productivity and improved patient outcomes?*

*Thanks for creating this survey.*

*Keep in mind that there are a significant number of 'Hold' Rxs that we process and check that are not included in the daily count by the computer system. Also old Rxs that are returned to stock daily are subtracted from daily totals so actual workload is skewed. Corporate memos and policies purport to care about patient care and safety--looks good-- but in reality staffing is inadequate to deliver. Pharmacy managers are in place to be sure laws are followed but corporate doesn't accept or act on suggestions/concerns of the managers.*

*Employers should be required to give pharmacists a lunch break like in the state of Oregon. I work 12 hour shifts with no actual lunch break.*

*The NUMBER of orders filled/dispensed per day has nothing to do with their COMPLEXITY. My location is an oncology clinic pharmacy responsible for all inpatients & outpatients (adult & peds). It's not always about how MANY prescriptions.....or how long it takes to fill them.*

*Most corporates of community pharmacies rely on the metric system to grade their pharmacies. However, this just puts pressure on their staff and is not actually reliable since the staff has learned to adjust their times on the system anyway. The metric system does not take into account how the pharmacist is counseling their patients and any interruptions that have occurred during the process of filling that particular prescription, but rather how quick that prescription can be processed and filled. The current goal is to complete a prescription within 10 to 15 minutes. Being rushed and overly stressed can cause potential harm to the patient. We can improve patient safety and prevent potential harm to our patients if the metric system is removed.*

*Most hospital practice sites, although requiring diligence and often pressure, are not nearly as stressful as retail practice. Retail in particular needs to give people adequate lunch and other breaks to de-stress.*

*This is based on an out of state Government run hospital.*

*XYZ Chain drug store should discontinue \$4.00 Rx*

*I left my last position because they were so focused on productivity that they were e-mailing statistics and publicly shaming us. I feel my mistakes rose as I focused on rushing through my patient appointments. Because of not appropriate payment from insurances. Work load have become dangerous. And it's not right to put all blame on RPh. When they are not being listened to when they say this is crazy. Too much work. And not enough support. Not say*

*According to Washington State I should get 3 breaks and 2 meal periods during my 11 hour shift. I only take a 30 minute lunch daily and most of the time it isn't a full 30 mins as I am interrupted multiple times. Also since my corp only allows us a certain amount of hours per day/week, I end up all by myself in the pharmacy on the weekends which makes it a very stressful situation and I don't feel I have adequate time to do my job properly. When I am by myself I am expected to answer all phone calls, do all data entry, QA, do all cashiering, and now push tons of vaccinations. I do not have a proper area to give vaccinations or do*

*consultations. I normally have to do it in the back of the store between the freezers and the cereal aisle, a very public place. I am not a high volume store, but it is very stressful when between everyone's lunches and breaks, I only have me, a technician, and a b tech for about 5 hours out of my day (all split up).*

*I have tried and tried to emphasize the importance of incident reports and have been dismissed. I have tried to discuss why and how errors happen & how to properly handle them, and, oddly enough, they always seem to happen on days I am not there and brought to the staffs attention when I am not there, so only have knowledge of probably just a small amt. of them when someone wants to let me know there was an error (as it is always to make the person who made the error look bad) & since I've tried to discourage this & instead encourage ways to improve the system....I am told nothing about anything that goes on, EVER. Tried to discuss with inspector, but was encouraged to get different job.*

*Duties of pharmacy assistant and pharmacy tech needs to clarify clearly so that they know their practice boundary.*

*I am currently on a break but my memory is fresh and I have put down my answers as an average for the different retail chain pharmacies that I have worked throughout my retail career. Would love to see Pharmacists getting more 4 hour shifts and not have to float to different stores all the time. I would like to see more job openings for pharmacists who wish for a fewer work hours per week. Now all you can get is either 8 or 12 hour shifts. This is not sustainable for all, especially the pharmacists whose spouse travels a lot, children are young, Pharmacists returning from maternity leave or a voluntary break or senior pharmacists. It would be nice to see some job openings in the MTM practice setting where people could work for 3-4 hours a day. Thanks.*

*There is too much emphasis on numbers instead of the safety of the patient.*

*Pharmacies too often focus on cutting technician hours and expect the same level of safety and patient care. There is an emphasis on speed versus safety and pharmacy customers have come to expect that. Companies so often conduct surveys asking if prescriptions were done in 15 min...What does that imply then?*

*It is very dangerous to practice in retail pharmacies because of less help (the employer is cutting technician hours very badly) and more work load (more prescriptions, vaccine shots, clinical service). The pharmacists do not have break time or lunch time otherwise the work cannot be finished on time or work longer without payment. Pharmacies are not McDonald. Patients' lives are in our land. Pharmacists need help from board of pharmacy to lessen the risks of medication errors because the employers do not care. Employers are very greedy to profit, not the life of patient or the license of pharmacist.*

*As a relief pharmacist I work in many different environments, however, at my company many times I am working alone. This is especially problematic during flu shot season, where I am expected to process and fill prescriptions, ring up customers, answer phone calls, counsel patients, resolve insurance problems, etc. all while being expected to frequently leave the pharmacy to give vaccines. I feel this is a very unsafe practice and could lead to disastrous consequences. I believe that an immunizing pharmacist should have at least one ancillary staff member on duty when providing immunizations, and if the pharmacist is working alone, then vaccines should not be administered at that time.*

*Computers are the biggest issue I have*

*Employers need to be encouraged to focus on quality of care, rather than quantity of care.*

*Rules on workload limits need to be passed*

*Allowing/expecting pharmacists to provide services typically performed by physicians or nursing staff (i.e. immunizations, blood pressure and diabetes checks) is going to greatly decrease our focus on medication therapy management and our ability to safely and accurately provide prescriptions to our patients.*

*Better definition of pharmacy technician duties and expansion of duties within hospitals in Washington State.*

*There needs to be a revision to state law requiring lunch breaks for pharmacists. We are tired and overworked and nobody seems to care. Thank you.*

*Number of rx's per shift is hard to average. In my 12 hour day I may do 230. In a 6 hour shift I usually do 100 to 120.*

*I feel it would help if chain pharmacies were obligated by law to close for lunch when one pharmacist is on shift, and were obligated to have a certain number of pharmacists scheduled depending on the number of prescriptions filled daily. Thank you.*

*I left a busy XYZ Chain drug store after being a staff pharmacist there for 7 years, because they did not allow adequate technician help. They did put profit before customer care and ran their employees ragged. I would never go back to a major retailer again.*

*Increased insurance industry pressure to move people to mail order/central fill pharmacies cause patients to miss counseling from a pharmacist, even when the patient wants or needs counseling. Sometimes patients are started on new medications with minimal or no interaction with a pharmacist and are only sent medguides in the mail (which many patients do not read).*

*There should be a pharmacy technician on staff with a pharmacist while any store is open. Lunch hours should be mandatory.*

*I work as a LTC consultant for a long-term care pharmacy. I do not work in the pharmacy. Therefore I tried to answer the questions to the best of my ability regarding staffing numbers.*

*At the hospital where I work, we have worked short staffed since being purchased. I am a graveyard shift 'in patient' pharmacist with 24 years' experience at this hospital. I have been forced to process orders for a second hospital at night. So now I process as many as 225 patients at my hospital and as many as 90 patients at another hospital. I sometimes process as many as 25 admit orders on my shift. My tech and I often answer as many as 100-150 phone calls in 9 hours. In my opinion, it is not only unsafe, but an unreasonable demand for my shift. I think health system should be investigated for unsafe practices. If you truly care about the demands being placed on pharmacists today, you will investigate health system pharmacies. In my entire career, these are the most uncaring and greedy people I have ever worked for.*

*Pharmacists need mandatory break time! If not stated by law, we would never get break!  
It would be helpful if the PQAC would define and reinforce standards for minimum time required for processing / filling a prescription. By maintaining hands off approach to this issue, patient safety is placed in the hands of corporate managers who have profit rather than patient safety as their primary concern. PQAC could be an advocate for the citizens of the state, setting safety standards to ensure that patient care is the primary goal - with profit secondary at most*

*Management squeezes us more all the time-one can never begin to get it all done- which leads to more chaos-all that counts is metrics.*

*More technicians if numbers of Rx per hour are more than standard. When we need help, we need help.*

*No lunch and no break when working a 12 hour shift while filling 20 Rx's per hour makes it difficult and exhausting to provide optimal care. How can this be legal to require these working conditions? I hope this survey brings to light the poor state retail pharmacy finds itself in.*

*Our profession has become more about meeting quotas and numbers than caring for patients. We have lost respect and professionalism in the process. My hope is this can be restored and we can once again work as professionals who care for their patients. Thank you for taking the time to consider our opinions.*

*As a pharmacy professional, we seek new responsibilities and expertise. In the corporate world, we are expensive clerks. Patient safety is low on the list, where pharmacists are expected to work 11-12 hour shifts with no back up or breaks. Competition demands that services such as vaccinations, diabetic teaching, heart healthy checks, etc. are just the same as filling a Rx. Patient safety and our profession is in jeopardy*

*I worked at a high volume retail pharmacy for 6 years before I decided it was enough. There were many reasons for the decision, but I felt that the environment in the retail setting was unsafe for both patients and employees. As healthcare professionals we take a vow to serve our community by dispensing, counseling and managing patient drug therapies in a safe and accurate manner. I believe pharmacists strive to hold this vow with high standards and ultimately strive to achieve the best care for their patients. However with budget cuts, expanded services to increase profit margins, and increasing productivity pressures and monitoring metrics; has left the pharmacists and their ancillary staff in a stressful and overworked environment. In fear of losing their jobs the management/pharmacists struggle to satisfy the demands from the corporation. This has led to managers working more than their expected 40 hour/wk. (i would say I worked a total of 65-70 hr. /week) without proper breaks, and lunches in order to meet the bare minimum of the cooperates demands. I noticed my health was being affected from the stress and exhaustion from working long hours. I felt that i would not be able to provide good care to my patients if i was unhealthy myself. I also noticed a decline in the quality of work that was produced throughout the staff due to pressures of meeting time quotas and 15 minute turnouts for prescriptions. Most importantly, mistakes are seen more often than acceptable. As pharmacists, we pray that they are caught before it leaves the pharmacy. I chose retail pharmacy as a career in attempts to make a difference to my community as a pharmacist, and am deeply saddened to have been repelled away from it due to the working conditions. I hope that there will be processes and regulations made to change the field of retail pharmacy.*

*Would you PLEASE pass a law making lunch breaks mandatory? If only that. And if you possibly can, a law stating how many scripts can be done per pharmacist. I have only a few minutes for each patient...even my counsels are so hurried. If they have questions, I feel terrible about rushing my answers but I have two phone lines on hold, three waiters to check and another one to counsel! And woe be to me if I stay late five minutes on the clock.. Oh, and I happen to be one of the best relief pharmacists in my company because I can work fast. Speed is all that matters in this game.*

*There is shortage of ancillary most of the times. At times, assistant is provided during busy pick up hours in evenings, but one cannot predict rush hours so in absence of help, pharmacist is rushed to fill and dispense prescriptions. Since number of prescriptions filled per hour and per day matters at the end of the day, RPH either have to compromise on breaks and lunch time, shorten or rush through counselling or upset customer due to delay in filling prescription ( not to mention the complains from customer when guarantee time is exceeded) . No mandatory breaks and lunch time makes it further more difficult to handle stress. Also, due to inadequate private space, and always rushing RPH, patient avoids/ denies counseling. It feels worst when pharmacy staff is made responsible for the store restroom keys. Pharmacy staff has to handover store restroom keys to public and make sure they drop it back before leaving store or at times pharmacy staff will have to escort public to restroom to unlock it. At rush hours especially and also otherwise, such interruptions can lead to more errors and patient safety issues. Finally, just to please customers, RPH ends up selling soda and chips in drive through or ring up cart full of stuff, which is totally*

waste of time. Instead RPH can do some clinical service as a healthcare provider. I hope to see some rules to resolve these problems. Thank you.

Pharmacy technicians should only be included in the ratio when they are doing technician work. If they are in the office doing bookkeeping or in the front end doing stocking OTC work they should not be in the ratio.

The board should allow for special circumstances. It is my understanding that XYZ chain drug store pharmacies used excessive tech in training and large hospitals have techs 'supervised' by pharmacists who are not in the pharmacy but I can't have a technician who I trust doing bookkeeping work in the office or working in our large over the counter are much like a front end manager at a. XYZ Chain drug store The board of pharmacy needs to address these concerns for independent pharmacies.

As with all areas of business in these days of computer tracked Metrix values and spreadsheets - the ideal interaction with a patient equates to value of A. But in the real world, that is not possible as any multitude of issues can derail a streamlined interaction with a patient - prescription issues, language issues, insurance issues, stocking issues, staffing issues and on and on - this leads to a real world value of B. The spreadsheets and Metrix values don't show the reasons why we were not able to help the patient in the time frame of value A. All they see is that we are operating at level B instead of the hypothetical goal of level A. Staffing and all other goals for the pharmacy are all based off of value A. I feel that the patient's wellbeing and safety is the one that always gets lost in this equation. The patient and the human interaction that goes along with successful and compassionate care USED to be valued. Healthcare has the word 'CARE' in it - we have lost sight of that. The employee remains silent about his or her objection to these policies, as the big corporate entity knows what is best for the shareholder or bottom line. My personal salvation is that I work part time and I have only a few years until retirement. I feel sorry for the new graduate that has a lifetime ahead of them, running at red-line. I love the profession of pharmacy, I have just grown very disillusioned with the fact that my company is run by people that have forgotten what is like to be working with the patient - face to face interaction. Thanks for the opportunity to hear honestly from the front lines. So often at board meetings - the average worker is represented by the district manager of the chain. They are very out of touch with the cares and concerns and operations of the day to day - patient interaction. I hope this helps the future of pharmacy....

In our hospital's family birthing center, there are med carts stored in their "storage". The carts filled with lots of non-emergency meds. Nurses bring that carts to C-section room and uses meds. After the C-section, nurses come to med dispensing machine, pull meds, and replace the "cart". Technically, meds were given without pharmacist's supervision (They pull meds before pharmacist released meds from machine). All pharmacists brought this issue to pharmacy manager many times last several years, but he kept saying "I have no time to address the issue. Wait more 6 months". He knows the existence of "secret carts". It is a quality assurance problem caused bad system. Our hospital is small one, but I believe the size of hospital does not matter to have good standard of care.

I believe the workload at my pharmacy is much better than at most places. I used to have 2 techs, now I have 1. Because we send a large amount of scripts to be filled elsewhere and sent here, the total number of prescriptions we actually fill do not equal the number the company counts per day. Also, sold scripts are the only number used. The scripts that aren't sold do not count, even though the time required to process a prescription that eventually gets returned takes just as much time.

I feel pushed by upper management to do more Rxs, MTMS, synchronization programs, and immunizations with cut in staffing. All of these are pharmacist responsibility. We get reports weekly on 'performance' metrics...i.e.- Rxs completed by 'due' time, waiting Rxs not completed in 15 minutes, etc.

I currently work as an intermittent staff pharmacist for our local VA hospital so really am probably not a good candidate for this survey. I have also owned my own pharmacy and worked for a chain pharmacy

*and believe the VA currently provides one of the best practice settings for pharmacists and technicians in the State.*

*I think there should be restrictions on cash or gift incentives for prescription transfers. Some of the errors we have made are due to communication errors on transferred prescriptions. I think there should be a requirement that a copy or image of the original Rx should be faxed to the receiving pharmacy. I think pharmacies should be required to provide a lunch break for pharmacists on week-ends when there is only one pharmacist scheduled. I think something should be done during flu season when pharmacists are expected to add numerous flu shots into their work load. I have been aware of people getting flu shots who were supposed to get pneumonia, people getting shingles who were not appropriately screened, people getting TDAP who thought they were just getting tetanus, etc. There is not adequate time to practice due diligence in many pharmacies between the immunization needs and the Rx volume. Auto Refill programs are helpful to some patients, but often the pharmacists are overriding duplication messages and patients end up receiving unnecessary rxs, sometimes at the expense of the taxpayers. Auto refill programs need tighter scrutiny. Less emphasis should be placed on speed and more emphasis on quality of care.*

*We have addressed workload issues with both pharmacy manager and store director and nothing is resolved have lost 6 staff members in one year because of staffing issues and scheduling.*

*Run at 1/2 staff on weekends and holidays (1 pharmacist and 1 technician per 8 hr. shift.) Too many interruptions when trying to process new chemotherapy orders on day shift.*

*Working in a well managed and properly staffed pharmacy provides a great work environment. What that looks like in each situation will be different.*

*I am in a union, which is why i receive adequate break and lunch times from my employer. We have drastically reduced staff in the last year so I'm glad you are looking into working conditions. So far it's doable at my pharmacy. Thanks.*

*Retail is awful. Totally under staffed and massive interruptions, no breaks and ridiculous unrealistic service expectations. I hope to never have to work in retail again.*

*Sometimes in hospitals, the ratio may be fine with total number of staff (rphs vs techs) but direct supervision is > than a 5 to 1 ratio*

*I don't understand why the state laws omit professionals from mandatory breaks. With patient lives in our hands, breaks should be MORE than mandatory.*

*Over the past year my company has cut pharmacist hours while increasing pharmacist workload and expanding hours the pharmacy is open. Now pharmacists get no meal breaks, while filling an average 150 prescriptions in their 7-hour shift. Low blood sugar, I'm sure, has been a contributing factor in many of the mistakes we've been making - which get handled as well as possible but rarely documented or discussed as there is always a need to keep moving on. Your survey tallies hours, auxiliary staff and Rx count, and asks briefly about interruptions, but does not take into account all the new initiatives Corporate keeps layering on. Return to stock reminder calls, synchronized refill program enrollment calls, and synchronized refill program maintenance calls - all of which the pharmacists are expected to make DAILY - leave even less time for verifying prescriptions. And now they want us to begin MTM services. Bottom line is that we are stretched beyond the breaking point. We can't do a good job of ANY of our services unless they increase staffing levels for pharmacists, and our error rate is increasing.*

*Difficulty with contacting insurance companies and working through formulary problems also greatly impact pharmacy workflow. Perhaps we can look into accountability with insurance companies to come up with solutions that are more sensitive to pharmacy time and patient needs.*

*The direction for our profession is direct patient care. Expanding dispensing roles for technicians should be encouraged with additional training to remove some of the demands on pharmacist time. (Receiving orders from providers including controlled substances)*

*Pharmacists like any other employee should get breaks when working 8hr shift and get at least two breaks when working 12hr shifts in order to provide best patient care. For any individual to work at their optimal they need adequate food and breaks. This would also mean fewer mistakes made. Thank you*

*Just the overwhelming state regulations have crept back into the picture. Pt. address on the front of label with Dr. who cares, back or front. ICD9 codes on front of rx? Med guide for animals? Unprofessional inspectors. State vision and leadership needs to change.*

*There is a lot of pressure to crank out rxs, get pt's out, how about the pt's safety/welfare? We, whose primary concern is pt's safety and welfare, need your help in doing the job that we have been entrusted to do by the board of pharmacy. Unfortunately, a lot of rphs are not willing to speak up for fear of losing their jobs in the economy. Thank you so much for looking into this issue. It is very much appreciated.*

*Working 12 hour shifts as a solo pharmacist with no breaks (not even for lunch or dinner) is draining both physically and mentally; however, without a mandatory lunch break the corporation I work for will not allow any breaks, no matter how long the pharmacist's shift lasts. It is only a matter of time before this leads to a harmful error. Also, by allowing transfer coupons and other vouchers to be legal, polypharmacy has become a huge problem and pharmacists become unable to properly manage patients' individual care.*

*The problems I have indicated are not because of the employer, they relate to the pharmacist manager not being thorough and following corporate rules. There isn't really anyone checking on him.*

*The chain retail pharmacy setting is a dangerous business. The patients are NOT receiving counseling on their prescriptions, as they should (since it is required by law). Our technician and pharmacist's hours keep getting cut and our company is asking us to do more and more with less and less staff. It is truly unbelievable now that they have added on immunizations and health testing, all while trying to fill prescriptions. We don't get breaks or lunches and the pharmacy falls behind when you give an immunization (which is literally shot and run!) or go to the bathroom! I am so excited that you are looking into this and I hope that we can possibly get more help for the work that we do. It is a huge patient safety issue. Thank you for looking into this. Thank you! Thank you!*

*I am much happier in my LTC setting, but came from retail where I felt very rushed, very overworked, pressured to sell, pressured to vaccinate, and generally pushed. Please pay close attention to retail surveys, they need some help regulation-wise related to script per pharmacist per day caps. Thank you.*

*Start training pharmacists to be more dedicated to learning each day and not punch in/out just to get a paycheck. Chain pharmacies are ruining pharmacists volume is their goal*

*I have held pharmacist positions in 9 different stores during my career as both a full time staff pharmacist and as a floater. My busiest day I filled 685 prescriptions with one other pharmacist. We worked quickly, but accurately for over eleven hours and made no mistakes. I have also worked shifts as a float pharmacist where I filled 17 prescriptions in an eleven hour shift at a newly opened store. A pharmacist who is capable of focusing on the task at hand can work very quickly and serve hundreds of patients a day. A good pharmacist will slow his pace to match his level of fatigue towards the end of an eleven-hour shift. A new pharmacist fresh out of school should be willing to work under mentally-straining conditions until they*



*have the experience to obtain a more desirable position. The Board should not under any circumstances limit the number of hours worked or number of prescriptions filled by a pharmacist. That should be an agreement between a pharmacist and his employer. If the pharmacist feels incapable of performing to his employers standards, he is free to seek employment elsewhere. If an employer cannot find a pharmacist willing to work under their conditions, they will change them to find coverage. If a patient feels they are not being properly served, they can easily have their prescriptions transferred to a different pharmacy.*

*My primary practice site has a poor tech utilization plan, which skews the number of pharmacist hours worked per day, but we still face many of the same problems of being overrun by distractions. But we are fortunate that we all get our full lunches and breaks during our shifts.*

*The company I work for is XYZ Chain drug store and I feel they are very understaffed and care more about money than the patient*

*Activities such as being required to counsel on every new Rx, even though it is a renewal, is unnecessary. Workflow/staffing in pharmacies OR with their rules on this issue work much better.*

*The average number of prescriptions per pharmacist per day should be regulated. Please do something about it. Thank you.*

*Laws and regulations are difficult to search, need better search engine. PMP website is very difficult to use owing to password requirements and 3 failure lock out. Should loosen password requirements, as they are much stronger than most other programs, which make remembering difficult so use is discouraged. I do not have a dedicated computer so can't leave website up.*

*I have been in retail pharmacy for 30 years. The workload is increasing at a frantic pace thanks to metrics in the pharmacy. My employer schedules a minimum of hours to try and keep customers from complaining (notice I didn't say patients-they are customers). My employer doesn't care about providing patient care unless there is money to be made. They care even less about their employees and the stress level. It is all about money. I have seen float pharmacists come in who boast they can process 100 rx/hr. !! You think they care about pt. safety?? Corporate REWARDS these Rphs in the bonus structure. In my opinion retail pharmacy is a disaster waiting to occur.*

*With more responsibility for Rphs, we need the quality time to ensure accurate and appropriate therapy and we deserve more respect. We also need to be recognized as an integral part of the medical team instead of viewed as the 'enemy' or 'rx police'. Pharmacists deserve the doctorate title and it is frustrating and completely ridiculous to be viewed as less. Most of our time is spent chasing physicians that w XYZ chain drug store RX's and then are 'unavailable' to answer back to us in an appropriate time frame, leaving us hanging as the bad guy to the patients, when we are the ones saving patient lives most of the time.*

*I work in a refill center at this time, however I will never choose to work in a retail setting again since working conditions were miserable and getting worse since I've worked as a pharmacist/manager over 18 yrs. No lunch, no breaks and a constant pressure to increase sales of vaccines by non-healthcare managers was exhausting. I would not recommend any pharmacist work in a retail location. More tech support and focus on patient care/safety is necessary. We need to be recognized for our interventions and not a dispensing service*

*This survey is not reflective of ambulatory outpatient clinic work environment so lots of questions did not apply.*

*The biggest problem we have in our pharmacy is customer interruptions at the consulting window for questions. we are in Bellingham and Canadians interrupt our checking of filled rxs constantly to diagnose diseases for them. Making it impossible to focus on the checking process.*

*Very happy with current situation. Left retail chain due to horrible working conditions...understaffed and very poor corporate management*

*The workload is too much, although the DM's say that a safe number of rxs per RPh should be 20 per hour, regularly we do 25-30 per hr. Not only does the Rx need to be 100 percent correct they also want it FAST. And want the bulk of the rxs done within 15 minutes or less. Then on top of that they require immunizations and MTM. Of course there are minimum numbers that need to meet or else it reflects poorly on evaluations.*

*I wish retail pharmacies let pharmacists put emphasis on patient safety over customer satisfaction. Also, I wish the pharmacist was hidden in the back so we can focus on checking without interruption and only come out for consults and OTC questions. During work, I am constantly interrupted by customers asking me locations of miscellaneous items around the store (mirrors, wrapping papers, coffee makers) and/or ring up their groceries.*

*As a pharmacist we cannot push customers to get their flu shot. We have to meet the flu shot quota which is increasing every year. This causes more and more stress to all pharmacists. Please help us do our job more safely. Thank you.*

*Some pharmacy satellites have been stripped of their floors mats and ability to have covered water. Technicians complain of leg/back pain and dehydration.*

*I think that with the expansion of DUR, CMPP, and Increased DEA scrutiny on rxs. There should be more consideration given to changing the tech ratio to 4 to 1. I spend a huge amount of time just completing documentation to fill a script. This doesn't include the blizzard of 3rd party crap we have to wade through on a given day with prior Auth's and phoning Dr's for formulary changes. Accurate delivery of healthcare come with a time cost and errors occur when too few people try to get through a workload that is unpredictable and dynamic. We can't just walk away at the end of the day with stuff undone and just say 'oh well I guess we will try to get it done tomorrow on top of whatever tomorrow brings Law to prohibit sales quota for flu shots, shingle shots, etc....We are not salesperson.*

*My pharmacy does not value sales above patient safety, but it does value wait times above patient safety. It would be nice to have regular breaks and lunches; often we do not have them even in a 12 hour day. I would like less focus on sales and more focus on MTM and patient care.*

*The hours a pharmacist can work varies by day and site in the chain I work for. There are many times I work 10 and 12 hour shifts with no breaks and sometimes not a full staff. This contributes to tiredness and more errors. Also the company is adding more to the daily workload while cutting staff hours. I do not feel it is safe for the public as well as harming staff morale*

*We should be allowed mandatory lunches where we can step outside of the pharmacy and actually have a break.*

*The retail pharmacy work model seems 'broken'. How is a pharmacist supposed to focus on safely filling/dispensing rxs when one is required to stand for hours on end with no certainty of even a bathroom break, yet alone lunch? Staffing has been reduced so there is only one pharmacist on duty at any one time (no overlap) and lately our cashier positions have been reduced, as well. All this seems abusive to me as an employee, in my opinion, and is neither conducive to good/safe patient care, nor a healthy work environment. I feel like the glut of pharmacists/newly graduated pharmacists has also contributed to the*

*arrogance of management. As one vice president in my company quipped: 'pharmacists are a dime a dozen...'*

*I feel we are pressured with numbers not the quality of work. Overly stressed and pressured to work faster and still be accurate.*

*Always given more to do without any additional help i.e. vaccinations, MTM, more and more paper work for the company.*

*Limit shifts to 10 hours max for all staff. Enforce the ratio. It is not safe to have one pharmacist supervise more than three Pharmacy Technicians. Make all Pharmacy Technicians who are not nationally certified become certified. Require breaks and lunches. If there is only one pharmacist require that the pharmacy close for 30 min (everybody leave and go to lunch). Interns must be counted in the ratio. No more than 1 trainee (intern or tech) per pharmacist per shift. Issue monetary fines plus required corrective action on pharmacist, intern, tech, assistant and the Company! Limit the PIC to one site, make them actively work at least 0.8 FTE at that one site. Our PIC is at three sites and rarely ever sets foot in. this pharmacy.*

*I think the Tech:RPh ratio should be revisited. There are instances it is appropriate to have more than 3 techs:RPh*

*If the only tasks a pharmacist was required to do is fill and check prescriptions and counsel patients it is all doable with the provided resources. The CQI for Medicare Part B, MTM, immunization consultations, insurance issues, compliance with the minutia of reinterpretations of federal and state regulations that have been placed on the pharmacist's plate all add up to greater time pressure.*

*Obamacare has hurt independent pharmacies causing their profit margins to go down, and has required an increased work load from the pharmacist. Management wants more prescriptions filled and shots delivered by the pharmacist to cover this deficit, while at the same time requiring increased care to Medicare patients as federally mandated. Error rates will increase dramatically this next year under these increased demands. Employers are also cutting pharmacist hours to cut costs, which means decreased pharmacist staffing with an ever increasing work load. I have not had a break in over two years and that has to be breaking state labor laws. I am not allowed to close the pharmacy due to the decrease in revenue the pharmacy may see. I fear for patient safety and worry about it each and every time I work. I am finding more errors by my coworkers under these demands and this will only increase as we enter flu season. Please help by mandating increased pharmacist coverage, requiring breaks and lunches as mandated by labor laws, increased pharmacist support to properly care for the patients. Requirements to interact with customers, although desirable, becomes burdensome and can create potential errors when pulled away from processing, checking accuracy, and evaluating the clinical situation. Higher volume pharmacies would be a safe environment with adequate pharmacist staffing to meet all requirements. Too expensive for most employers?*

*Our employer asks us to take breaks but provides no support or a way of taking breaks. It is hard to leave the work load on another pharmacist and go for a break.*

*New pharmacy computer system has created extreme chaos and stress for the staff and the patients. The new orders, refills, pending orders and future orders have no way of being prioritized. I'm not sure if or when this will improve, but I think our prescription delivery process currently is overwhelmingly confusing. The requirements of clinical services, (immunizations, cmr, MTm, and performance quotas) along w understaffing and no breaks and lunch makes our practice very difficult and puts the public at risk in my honest opinion*

*Retail/Chain pharmacies can only track measurable objectives/goals- e.g. sales, prescription counts, number of vaccinations, etc., that either goes up (good) or down (bad). With increasing pharmacist clinical*

services (MTM Outcomes, Mirixa, etc.), these too, are now being tracked and measured (# of cases, \$ billed). While these are more time consuming than Rx processing, we are expected to 'integrate' these into our already busy workflow, with little to no additional hours/flexibility.

I was scheduled and paid for a 10 hour shift but always had to stay late (unpaid) to finish the leftover work from a typical 180 Rx/d workday. I recently quit b/c of this unreasonable work practice and my employer's (major retailer) primary emphasis on driving sales outside the pharmacy (rewards programs, store credit cards, text enrollments, etc.). It is my belief that they changed the calculation for awarding tech hours, making it even more difficult to adequately staff the pharmacy. With the unreasonable workload (expectation to serve every guest within seconds, engage guests in the aisles, have prescriptions ready from multiple inputs within 15 minutes while counseling and giving flu shots, all while being understaffed), I'm surprised I didn't make a serious error that impacted patient health.

Workloads have changed over the years as have workflow. Too many chain pharmacies look as though they have adequate control of pharmacy operations then add pharmacist responsibilities without providing adequate hours to complete tasks & fill prescriptions safely. Further, those same pharmacies have a culture of minimizing the effect of errors or just do not report them.

Lot of wasted time counseling refills and when are refusing to listen.

The board of pharmacy (which punishes pharmacist who make mistakes) needs to work with the agency that is responsible for punishing doctors / nurse practitioners who make mistakes. If a doctor throws 'curve ball' prescriptions at you all day, the batter is sure to miss some. Reporting MD errors should be anonymous since its human nature to hold a grudge.

It's hard to concentrate when you are worried about being robbed. I've been robbed twice. One time I was bound with duct tape and nothing seems to ever change to increase our security.

Hand written Rx should stop for pt.'s safety. RPH should have a break in 12hr shift. Tech or clerk should be available so pharmacist has time to focus on filling, counseling, MTM review rather than cashiering and holding phone for hrs. with Ins

I am kindly asking Board of Pharmacy to please stop issuing pharmacist license to foreign pharmacists i.e. Canadian pharmacists who take away jobs from American and newly graduated pharmacists. I, myself have a toughest time to find a pharmacist job . all the drug chain pharmacy tend to hire all these new young foreign interns to get 6 months intern wages yet provides pharmacist counseling and to ease the company

The average number of staff was based on our evening schedule.

At my primary work site both inpatient and outpatient hospital prescriptions are filled where we prepare most of the unit dosages from multiple drug vials. It creates a complex work environment. The computer system that I work does not discontinue prescriptions when inpatient prescriptions when a patient is discharged often leading to errors.

I feel that reductions in staffing due to budget cutbacks have really hurt morale and made it tougher to do our jobs. That and rising drug costs for our patients have led to more dissatisfaction for everyone.

Regular breaks or at least a lunch break would be very much appreciated!!!!

Prior to this job, I worked for the same company in a retail setting. Then PQAC authorized remote order entry/processing. I took the job here because they eliminated my job at the retail store. Not all of us were so fortunate. They cut positions as a result of remote order entry/processing. Now, I work in a setting in

*which we have only been inspected twice. Before we opened and one other time when we knew the inspector was coming. On that day, the manager was told to make sure that the ratio of 1 pharmacist to 3 techs was never exceeded. They even made sure that everything was synced up at lunches and breaks. This never happens during regular days. We are always out of ratio. And, the fact that we are processing for the retail stores, they by default are also out of ratio if there is only one pharmacist and three technicians. However, there is no way for PQAC to know. It is what we call the ratio shell game. You think you know what is going on, and we are telling you what you want to hear. Please limit shifts to 10 hours or less. We don't do any counseling here as we are not open to the public. However, on a few occasions I have picked up a shift at the stores (worked a 12 by myself with 3 techs and an assistant. With the store workload, the remote processing workload, the drive thru etc., it is not possible to properly counsel patients. When we try, we get reprimanded by the DM. Please do something about quotas.*

*I think the board of pharmacy is completely out of touch with outpatient cancer centers. I was amazed at the lack of knowledge of cancer infusion centers from the person who inspected our pharmacy in the cancer center. There was a complete disconnect between what the patient's needs are and what the BOP requires. It is inadequate and unfortunate, and our patients are suffering because of this. I feel there needs to be some oversight from a knowledgeable person in actual practice for these inspectors (perhaps a BCOP pharmacist). I have been practicing for 30 years in 5 states. The latest person to inspect our cancer center was the most controlling, ignorant and pushy inspector I have seen. I would be nice to have someone that could actually help us with patient care instead of adding unneeded paperwork and outdated, unuseful, and arduous regimens to our workload. It is actually absurd that this person has so much control. My workload has increased 2 hours a day since the inspection with printing paper that is wasteful and hopping through hoops that are ridiculous. If you are trying to find a way to help pharmacists with their workload, take a look at the board of pharmacy requirements and update them. Other states have done this. Washington State should be ahead of the game, not in last place. Computers are here to save paper, and make our work faster, better and more accurate. The BOP should be knowledgeable about them and the programs that are available. I found the BOP to be in need of a serious update in this department. Patient safety 1st. Printing useless paper? Last.*

*Pharmacists have to do health testing, immunization shorts, free blood pressure measurement, and traveling health council other than review prescriptions. Each task will pull RPH from work station which breaks work flow. During the flu season and the health testing contract time, it is so stressful to giving 10 shorts per shift, or 4 tests ( one test including Cholesterol, Body composition, Blood pressure, and Blood glucose) and also has to finish all the prescription.*

*My employer measures pharmacist performance by speed with the understanding that errors are not acceptable. Patients waiting at the counter must take priority over what the pharmacist is currently doing regardless the importance to patient safety. The store strategy that he who does it fastest will get all the business is creating a monster that will come back to haunt us in the very near future. All the metrics this pharmacy cares about is based on doing everything at the same time as quickly as possible. If an error is made or a law is broken then it is the fault of the pharmacist not the environment created by the company. If the pharmacist addresses the issue of potential patient care failures then the pharmacist is targeted as having a bad attitude and easily replaced. The other issue is prescribers are not policed as much as pharmacists regarding proper prescribing of controlled substances. Pharmacist enforces the rule, patient gets upset, company admonishes pharmacist, Prescriber complains that they have 'always done it this way' and will direct patients to other pharmacies who don't have issues with valid DEA numbers or lack of a signature. The issue here is that in the eyes of the public, prescribers and employers is that the pharmacist is just a dispenser who should just be quick about it and do what they are told. I am no longer a respected professional but rather a worker bee.*

*Staffing is NEVER optimal. Nurses call the pharmacy on the phone rather than using the appropriate communication tools (pharmacist's arch-pager, EPIC messaging system, tech Vocera) causing many unnecessary interruptions.*

*As a relief pharmacist I see a lot of bad stuff. However, the expectation is that relief pharmacists just look the other way and keep processing Rx's. We are there (per company and employers) to just get the work done. We are not expected to contribute to improvement or change the way things are done. Leave as little impact as possible other than moving product along. I see Ratio violations, counseling violations, errors, sanitation (including rats/mice in some of the grocery stores), sterile and non-sterile compounding issues - are you ever going to do something about that? I thought everyone was to be USP complaint in 2013? I also see places using outdated drugs, bringing drugs back from patients and using them again (LTC pharmacies and some retail - usually independents). The drug take back programs are a joke. I worked at one location, an independent where the staff sorted through the returns in the 'Secure' box. Why is this even allowed? To save the planet. There are other methods of drug disposal where the drugs do not come to the pharmacy. Have you ever heard of the mailers from the sharps company? Consumers should be required to use these. Please limit shifts to 10 hours or less and do something about the ratio, i.e. enforce it. Too many worker bees and not enough supervision. I often have no idea what happened during the shift. Way too much going on and no way to focus. This is especially true when I show up as the only pharmacist and there are techs in training. What's up with that? I am not their receptor. I have no idea what their capabilities are. Please shore up the tech and intern training responsibilities. It is a joke and it puts patients at risk. It puts pharmacist's licenses at risk. Number of tech's/day is 2.4, not 2.0, because 3 on mon, fri, 2 mid wk.: aver=2.4 per day. Thank you for reviewing our work's stress-distraction environment!*

*Employer puts too much emphasis on how fast a Rx can be delivered to a patient*

*They do studies to find source of errors but never correct the problems. #1 problem software, database, scanner errors. Poorly trained staff, no direct management/supervision of techs during work day (by tech supervisor, she is in her office). No operator to triage phone calls, deliveries. Poor IS repair of reported problems. NDC code errors with every First Date Bank update. Pyxis machines always broken. Pyxis machines understocked, underutilized. Drug shortages combined with multiple subs create tremendous potential for error. Not all our Pyxis machines are on same version of software, so compatibility is an issue. USP 797 being over utilized. Stat hood being unused totally. Healthcare will never become more safe and efficient until the processes are standardized all the way down to billing*

*With the changing role of Pharmacists and Technicians, each must work at the top of their license to ensure patient safety while maintaining productivity. NOTE: Working at the top of one's license does NOT include texting or checking Facebook during their shift. Employers need to consider this and have a plan for staff that is frequently distracted by incoming messages or posts.*

*The current work conditions being pushed by retail pharmacy chains have created an environment prone for errors. We are overworked, understaffed, and constantly being cut hours while being pushed to fill more scripts, and take on other roles. Something has to give and unfortunately it is usually the pharmacist quitting, being fired, or changing jobs. I once overheard someone in corporate say that if new pharmacist were not making many errors then they aren't processing scripts fast enough. It's sad to see how many pharmacists in retail just want out. 80% of all the pharmacists I know want out. We all have our own game on how to we plan to get out. The money is good, but after working a few months in retail anyone will soon realize that the pay isn't worth possibly killing someone over a dispensing error caused by our own government turning a blind eye to the greedy practices corporate America has forced onto this once respected career. Have you never questioned why errors have not dramatically decreased with the additional checks and technologies that have been put in place? Maybe you should also ask yourself why there is such a high rate of turnover in this field.*

*My primary focus is on pharmacy informatics and implementation of EHRs. In the build I always consider the patient safety ramifications along with the workflow enhancements*

*Corporate owners increase hourly pharmacist's pay to attract new applicants, but then cut their hours back to keep salary below budget, knowing that the salaried pharmacy managers will compensate by working more hours (45-50 hrs. per week & paid for 40). There is no such thing as a pay raise, because staff hours are cut back more every year. Pharmacy managers are being taken advantage of more than ever, especially with more MTM programs, and others, being added each year with fewer hours to effectively conduct them. Ridiculous! Only demands and no respect!*

*Pharmacy technicians don't have the final responsibility for prescriptions and in general tend to work quickly and somewhat inaccurately, knowing a final check will be done by a pharmacist. Sometimes, I feel like I spend my entire work day correcting mistakes made by others (technicians, providers, nurses, insurance companies)*

*The number that I provided on pharmacists and pharmacy technicians are for inpatient pharmacy only from our site, not counting outpatient pharmacy. I typically work in inpatient pharmacy. Mandate that pharmacies located in chain/mass merchandiser retail locations have a minimum of 8 hours of pharmacist staffing per 100 prescriptions dispensed per day.*

*I feel that companies recently are trying to reduce the work staff to bare minimum to increase profits to the maximum. Technician hours are constantly being cut. Profit over safety.*

*Now days, I really like how pharmacy practice is evolving and doing more (immunization, health screenings, MTM) than just pill counting but at same time, I feel they don't provide with enough help due to budget cut...*

*Company policies are in place but are not feasible with the current workload and scheduling. One supervisor stated 'You are allowed to take a lunch but you will have to attend to the case even if it means taking a bite or two then checking prescriptions/counselling'. The allotted time is 2 30 min meal breaks in 12 hrs. But rarely are we able to rest more than 15 mins non-contiguously. The workload is ever increasing and we are actually between the 250 to 350 Rx range daily. Technicians scheduled are 2 or 3. Cashier help may be missing on day we have 3 technicians. 12 hr. shifts usually run more into the 13 hr. range but since we are salaried this is not documented by a clock out time. We are 'allowed' to work up to 44 hrs. Each week at our home store without an increase in pay over the base 40 hrs. Store maintenance is often lacking and workers and drugs are subjected to severe temp. fluctuations. Break areas are located in areas unavailable to pharmacist working alone without closing the pharmacy which is against company policy.*

*I feel the corporation has invested in technology to increase safety but the culture is not one that discusses safety routinely. The pharmacist has a unique role and we must accept our responsibility as the last step in verifying prescription accuracy. Interruptions are the number one problem in achieving this. The biggest issue at my work site is the staffing shortage. Almost every shift is short at least one technician, which results in doubling-up of roles in the pharmacy in order to cover the missing staff. Management is attempting to hire more technicians but having difficulty doing so.*

*I feel strongly that the expectation for pharmacists as a profession is higher than it has been especially from fellow pharmacist. However, such expectation is not realistic with the work environment that is provided for us. There is a lack of representation on our profession. Often times it comes down to sales and speed rather than quality and safety of care.*

*XYZ chain drug store pharmacies need to treat pharmacists like the professionals that we are and not someone in a production line such as in an automobile factory. Without us the door would be locked.*

*Need more well-trained technicians, need more sick leave for technicians*

*Mandatory lunches where the pharmacy closes to business should be in every pharmacy, no matter the company, if only one RPh is on duty.*

*Our hours have perpetually been cut and we are now operating with two full pharmacist shifts removed from our allocated hours. Also, we are now offering flu shots, travel vaccines and performing diabetic consults which create an interesting situation as the pharmacist has to leave the pharmacy for an hour per consult. I am not sure if this is a direct result of lower reimbursement rates as our volume has stayed high but our hours are significantly lower. I do not like the direction pharmacy is going as it was not like this 7 years ago when I entered the program for if it was, I likely would have looked into other fields, Thank you. Corporate always cuts back in technician hours to save money. However this leaves pharmacists by themselves and doing all the work from multitasking (like cashiering, filling, data entry, insurance calls) compromising patient safety.*

*Weekends have less staff than weekdays. As we know, with cost savings in healthcare, more is being demanded with less which increases workloads/responsibilities but without the extra time allowed to complete tasks assigned.*

*There is just not enough time in the day to complete the tasks that are expected.*

*In my opinion conventional ratio of pharmacist/scripts/tech hours work well however when drive thru/vaccinations/health testing/ is included it's usually not sufficient for most people.*

*I feel that in retail pharmacy profit is valued above all else, at the expense of patient safety and Rx workers' sanity. The employer keeps piling on more work while cutting tech and RPh hours; I've had techs quit on me in the middle of their shift because they couldn't handle the stress of the job and were experiencing a stress-induced, workload-related panic attacks. Most of my classmates are on their 2nd or 3rd retail job in as many years and a good number of my peers are, quite frankly, depressed over the work conditions in retail and the fact that nobody seems to care either about us or patients' safety*

*I'm very happy with the professional working conditions in the independent community pharmacy I am employed by.*

*Our hospital is currently in complete chaos. We have been without a director/ops manager/clinical coordinator for months. Now our consulting groups have been 'locked out' of the pharmacy. I am so sick of the few hostile pharmacists in this hospital that need to get fired so maybe those of us who still care can focus on providing safe care for our patients.....*

*I work as a Physician Assistant in an internal medicine primary care clinic that also specializes in HIV care. I am also a licensed pharmacist (I completed a dual PharmD/PA-C degree at the University of Washington). I do not currently work as a pharmacist in a typical pharmacy setting.*

*More and more responsibility but less help. No control over the pharmacy operations.*

*Company is more concerned with proper insurance and Medicare billing and documentation is correct versus proper filling of Rx.*

*My work is in a school of pharmacy with a licensed pharmacy that does not dispense drugs but rather clinical care services. Too bad that this rapidly expanding type of work is not captured in this survey.*

*I have a lot of concerns about how long shifts are in compared to breaks for pharmacist as well as how much help we get as pharmacist in terms of techs, etc. I work 12 hour shifts each week as well as ALONE every other weekend. It's impossible to get to sit down/eat/rest mentally during a work day. This is a high risk for error. On the weekends it's hard to even take a restroom break because the pharmacy is basically*



*unattended if I do. I feel like pharmacies should be required to close for 30 minutes daily so the pharmacist can take a break. I don't feel like having the techs continue to run the pharmacy if the pharmacist is on lunch break is as effective. Since I am alone for the weekend the only way to properly eat and have a break is to close the pharmacy. Either this or there should be some kind of requirement to also have a tech or clerk working when the pharmacy is open. Part of the reason we don't have help on the weekend is we aren't given the hours because we aren't considered busy enough to have more than 2 full-time techs. We are too busy during the week to cut the hours there. The problem comes in especially on Sundays. We are only open 7 hours on Sundays but average 80 to 100 prescriptions filled. I am alone for this-filling prescriptions, running the register, taking phone calls, and expected to give shots. The average wait to is 2 to 3 times as long because it's always busy. This is unacceptable and high risk for many errors. Companies should not look at weekly script count to determine tech hours but instead a daily count should somehow be taken to account. When the lunch break issue was brought to higher levels at our company they felt like it was going to potentially hurt the company by closing each day and would not to risk the loss in customers. I feel this is unacceptable as well considered the high risk of errors they are going to risk instead. It would be really nice if something could be implemented at the state level.*

*Pharmacist's need to be designated as providers by US Department of Health and Human Services for the future of our practice. The WA State Pharmacy Commission needs to assist with making this change happen by working with our Senators and Congress personnel on a national level.*

*Corporate retail chain only looks at hard numbers and ratios and constantly pushes us to do more with less help and without breaks, long hours, dangerous with high risk of medication errors and insufficient time to perform clinical and regulatory functions.*

*Pharmacists are more accepted now as valuable members of health care teams, and given more responsibilities. This is great, but support in terms of adequate staffing does not seem to be keeping up with the additional duties we are expected to perform. Not to mention that it becomes unsafe when we are asked to work additional hours and back to back shifts with few breaks.*

*This survey is very clearly biased to retail practice and completely ignores that many pharmacists in this state work in a clinical setting-- it's very unfortunate that the Pharmacy Commission has failed to recognize this. Almost all of the questions in the survey do not apply to me because I don't work in a setting that dispenses product to patients. In addition, many of the questions relate to laws that are already covered by other laws e.g.) employer laws that require breaks after 'x' # of hours worked, etc. I don't see how this falls under the purview of the Commission's regulation.*

*Prescription insurance should be forced to provide enough compensation, for each prescription that is covered, for the pharmacist to fulfil all legal obligations of filling that prescription.*

*I am going to fill another survey out for my secondary site. I am a part time pharmacist splitting work at two places. One thing that I do want to address as a young pharmacist who graduated last year is that the work availability has been steadily decreasing for pharmacists. There are less full-time postings, more floater positions, and more part time work for big companies. Although I do think working 30-40 hours per week is ideal, 20-30 hours are usually the positions available anymore. This seems to be a nation-wide trend with most jobs, but I was not expecting this trend to seep into a very highly specialized position that requires a professional doctoral degree. Then there is the issue that my friends who have gone through residencies cannot find clinical employment. It only reinforces the idea to me that we graduate too many pharmacists and that residencies are becoming a way to exploit new graduates rather than provide a valuable career opportunity for them.*

*Many pharmacies are understaffed due to owner/corporate focus on \$ and, as a result, patient care is likely being compromised.*

*The number of interruptions while checking Rx causes tremendous anxiety those mistakes are going to reach the patient. In addition, 2 of our pharmacists are used as cashiers which makes it look like we are adequately staffed. Although it's great to have them with the patients at the end of the processing line, it's not the best use of our time to be cashiering.*

*XYZ chain drug store runs very dangerous pharmacies....overwork their pharmacists and no time for lunch or breaks.....work you 12 hours straight without any breaks/lunch....Accident ready to happen...*

*The roles of a pharmacist are changing to be more clinical, which is great but it also takes more time. Chain pharmacies do not have this time, which is unfortunate, and puts a strain on them, which increases stress. More help is needed.*

*Chains are cutting too much labor in order to keep profits up*

*Pharmacist works solo (with techs) often working 12 hr. days without lunch break (though RPh does eat). Company allows option to close pharmacy for 1/2 hr. but discouraged due to customer service. My first year back in retail environment. Not safe in my opinion. Looking for other job but not sure other retail pharmacies are different.*

*I am relief pharmacist at many different retail pharmacies over the years - ALL are short-staffed and do not provide a good work environment for pharmacists. Pharmacies only care about making money it seems, not patient safety or staff. Pharmacists really have poor working conditions. It needs to change.*

*I strongly think that there should be law that mandates at least a lunch break for pharmacist. Working 12 hours without any official breaks is not helpful to ensure patient safety.*

*I am so tickled to still be working as a clinical RPh! It's been 42 yrs. of fun & great changes.*

*I am frequently expected to stop in the middle of filling prescriptions and go out into another room to vaccinate someone and then go back and continue filling. I am constantly asked to come to the computer to put in override codes. I am frequently pulled to the counseling area to talk to the patient or a take a phone call. I am rarely able to start and finish checking more than 1 prescription without an interruption. It is very stressful and exhausting trying to avoid making a mistake. I am now being asked to do detailed diabetes appointments without being adequately trained and expected to do refresher training at home on my own time. There are many unrealistic expectations and this seems to be just getting worse! I am very sad to see what has happened to my profession over the years.*

*We are no longer treated as healthcare professionals; we are treated like slaves and our professional opinions are routinely ignored in favor of performance metrics determining a course of action.*

*The director of pharmacy is forcing us to fill prescriptions under 10 min. In the past I was lectured on, not filling only C-2 meds (per patient request- not Doctor's order) - I was told 'no matter what, customer always comes first- my response, I will not break the law for the sake of customer service), other time I was written up for telling the patient 'this pharmacy is not McDonald's to have your written Adderall RX ready in less than 10 min.' again. Customer comes first. My responsibilities as a pharmacist to watch for patient safety has been reduced to 'make customer happy' RX processor and cashier. asking techs to organize the pharmacy and assistants to keep the area clean (over and over ) I was confronted with management of store that HR would not like assistants to be unhappy. apparently, working in a clutter filled and filthy environment is a new thing at the local pharmacies. !!!!!*

*We need a law to limit number of prescriptions one pharmacist can fill per day.*

*Hours in a shift is getting cut: used to be 8.5 hr. (30-min unpaid lunch) now 7 including lunch, i.e. if I take my lunch break, I can only have 6.5 paid-hours. If not, I only have 15 min breaks - sometimes no break*

*because I'm the only pharmacist. Some places have 10-hr shift, but with only 30 min lunch + 20 min paid break, again sometimes no break b/c I'm the only pharmacist. I need time to recover to deliver a safe prescription, we are not robots. Staffs are cut close to the minimum, training for staffs are not uniform. Some stores made a lot of mistakes because cashiers were doing things they are not supposed to/not adequately trained to do things. Some stores have no cashier/no technicians help at all and I work alone the entire 9-10 hr. shift. We are expected to take on more clinical roles but without adequate help & rest, it is impossible to deliver high quality care. I go to pharmacy school to HELP patients & take on more clinical roles; I am very pessimistic about the prospect. Most of cashiers/technicians belong to union; they are mandated to take their breaks. Why not the same thing applied to pharmacist, who is ultimately responsible for the whole pharmacy's operation?*

*I get frustrated as the pharmacist that at our store, technicians often process the prescription (thus monitoring for interactions/profiles/etc.) while the pharmacists often are counting/dispensing. It seems the roles have been reversed as insurance/billing as become more complicated requiring expertise with various insurance codes to simply process.*

*These numbers reflect the pharmacy I used to work at. The reason why I left the pharmacy is quite evident by the numbers. Total number of pharmacist's hours: 14 to 15 hours. 1 hour overlap (not always) Total rxs: 350-400. Hours have drastically been cut at one of the top 3 chains here in WA and nationwide. It is unfortunate that profits are the driving force, not patient's health. Even with the cut in hours, we are told to meet quotas on flu shots and to practice/implement MTM. It feels like upper mgmt does not actually understand the amount of work expected of us while ensuring we dispense/check >25 and sometimes even 30 prescriptions an hour. I was told I could take a 'lunch' but could obviously not leave the pharmacy as the only pharmacist. Furthermore, when patients asked questions, obviously, I helped them. In three years, I never took a real lunch or break. I'm surprised more medication errors do not occur with the amount or prescriptions expected to be checked with all the constant interruptions: Dr calls, patient questions/counselling, otc counselling, patient calls, tech questions, etc. I am glad I no longer work there. I think that pharmacy interns should do things to learn how to be a pharmacist. It's not appropriate to have an intern as a cashier and just count back change for a transaction while technicians have more authority.*

*Pharmacists should not be involved in billing or troubleshooting insurance issues because it can interfere with practicing the profession and can compromise patient safety.*

*I am rarely to never given time to eat (maybe 10 times in the last 3 years?). It would be nice to get a mandatory lunch break of at least 15 minutes. Also, I think sales are often emphasized over patient safety. In the last year, I have been in meetings and been spoken to by higher ups about sales dozens of times, but we have addressed patient safety once or twice the entire year. We also rarely address our compliance with pharmacy laws to make sure we are following the most current laws accurately.*

*Additional time allowed for patient waiting for controlled substances because of due care and careful preparation, and adequate time to discuss medication with patient when necessary*

*Staffing determined by hours open, not workload. So many in store procedures and reports to do, as well as tasks mandated by laws. Checking rxs is all you can manage and is always under pressure. Counseling is done on the fly and lots of tasks let go. New requirements, i.e. immunizations, C-2 procedures, etc. are added to our workflow constantly with no increase in staff. Just retired and so happy I am gone. Last three years was hell.*

*\* Too much emphasis on # prescriptions filled \* Too much time spent at cash register \* Too little time given to patient counseling \* My education is grossly under-utilized \* Volume of prescriptions per pharmacist is too high is \* Too many Pharmacy Assistants to supervise \* Inexperienced Pharmacy Technicians \* Inadequate # technicians for cash register and similar functions \* When help is needed,*

*Managers provide inadequately trained staff \* I leave stressed at end of day. \* Inadequate # of backup staff. \* Cannot take time off for medical appointments \* Managers stress job benefits, pensions are on the line \* Fear losing long term/ short benefits ----- Practice of Pharmacy has evolved to Merchandising - Sad*

*There needs to be more training for Pharmacy Directors, with the Board - as to the focus of hospital pharmacy and the direction of effort, within the next year, 3 years and 5 years. Also documentation for Administration as to the importance of Clinical Pharmacy - related to patient care and medication safety, along with cost containment.*

*Retail pharmacy is more focused on numbers than patient safety. You don't have much time to talk with patients but always running around to get things done on time. It should be more relaxed environment as it is about patient's health.*

*Although I don't currently work in a pharmacy site, it wasn't that long ago. The stress to fill prescriptions quickly with less staff resource was a common theme I saw in the day to day operations of the pharmacy. I feel strongly that we need to support our pharmacist colleagues in having practices they find safe for both them and patients.*

*This long term care pharmacy provide adequate pharmacy staff that I don't feel that patient safety is at risk. The pharmacy processes from intake to distribution is very organized with each steps clearly identify as to void any potential mistakes that can/or may occur. Kudos to this long term pharmacy for being so thorough.*

*Why are there so many foreign pharmacists with H1B visas in Washington State, when there are so many native born pharmacists that can't find work? Why are the schools and the board silent on this matter? Do you think the proliferation of H1B visas has an impact on the pharmacy work environment? Do you think the proliferation Of H1B pharmacists has an impact on employee morale? How has the massive expansion in the number of new pharmacy graduates impacted the lives of existing pharmacists? This survey seems mostly aimed at dispensing pharmacy practice and does not consider clinical practice where a pharmacist is a provider rather than a dispenser of RX's*

*Thank you for making this survey. I hope there will be future changes in pharmacy that will move pharmacy in the direction of providing patient care with adequate amount of staff and not push for more sales with less people. This puts a strain on everyone working in the pharmacy and can lead to mistakes.*

*In a hospital pharmacy, the decisions about work flow and responsibilities are often determined by management personnel. Unfortunately the personnel making those decisions do not work in the areas actually doing the jobs, but are ready to tell you how to do the jobs and critic the jobs done*

*I work at a large hospital Rx that is not USP compliant. The Rx is a joke/dark ages. Around us they spend \$\$\$ on other capital improvements, and feel good fancy projects and equipment. How is this permitted to happen? We have RPh's/interns running around providing 'Clinical' services in their little white jackets but the products that we make in the IV room are substandard. We do not have adequate RPh staff to properly check Rx's. Make mgmt fix the facility, here on site (they tell us they are going to outsource) and increase the number of RPh's. We have huge ratio problems. The RPh's here supervise on average 4-5 techs at any one time after you weed out mgmt. And yes, mgmt counts themselves in the ratio even though they never actually work online. We are also supervising an unregulated number of interns who are not counted in the ratio but need to be as they are an even bigger liability for the RPh's as they are learning and thus need a higher level of supervision - we are supposed to be training them. Due to the nature of the facility, we don't even see most of these people we are 'Supervising'. They are off running around the hospital, or I am off running around in the hospital and may not interact with the people I am tasked with supervising during the entire day. I hear that you permit some hosp to not even have 24/7 on*

site RPh. Stop being fooled by the 'If we expand tech duties we can free the RPh up for clinical activities' crap. PQAC has been folded into this notion for years and all they do is cut RPh staffing. Stop already. Mgmt knows this all too well and have been playing you like fools for years. Hire more RPh's. There are 100's of unemployed RPh's out there and many of the grads can't find jobs. What is wrong with this picture?

Pharmacists should be treated like regular employees, that is given mandatory breaks, lunch breaks, etc. One chain expects their Pharmacists to work 14 hour shifts. Remember we often stand the whole work shift.

It would be nice to have the pharmacist do more counselling and drug utilization/interaction review and less filling & product checking. Techs are quite capable of checking other techs and implementation of a Tech-check-tech program could free up the pharmacist for more important functions. Retail pharmacy needs to focus on patient safety and developed procedures & protocols and ratios, restrictions of how many orders are being checked per /hr/ pharmacist. In our location, our average is over 40 orders/ checker by hr./per pharmacist. not including counseling. The workflow needs to be used a cap limit on how many orders a pharmacist can checked per /hr/ and still provide a safety net for the patients. People are not numbers but are humans. most retails have stop overlapping pharmacist, no overlapping allowed, so pharmacist are always on the run, can leave the pharmacy for lunch and are always under stress

Retail settings are the worst place to work for pharmacist. It is to the point of pharmacist abuse with all the overwhelming workload/expectations that retailers pile on pharmacist each and every year and yet they expect us to have zero mistakes. Go figure that they have such high turn-over rate!

The amount of work required of pharmacy staff is nearly impossible and creates a dangerous work environment for patients at chain pharmacies. Please help us fight our employers for better staffing to ensure safe outcomes for patients.

Thank you for offering this survey.

I work 11 hours/day with not breaks, no lunch. No food or drink on the pharmacy counter so must go to the back of the pharmacy to take a bite of food or get a drink. Work by myself 4 hours/day with no help and am required to give vaccinations with no appointment and sell toothpaste, shaving cream and snacks. I hate it, can hardly wait to quit.

Get regulations up to date regarding electronic medical records, electronic prescriptions, telepharmacy, medical system merges and acquisitions between hospitals, clinics and health systems. Fill open commission positions. Become less adversarial, the commission used to be of a mind to be supportive and a resource to pharmacies and has become punitive and adversarial in approach. Become proactive and regulate with the future in mind. Commission appears behind the times. Become more transparent, the commission is a public entity! Hearings prohibit participation and appear to ignore public input. Very disappointed in current commission.

There are unrealistic expectations of pharmacist as more duties are expected to be performed while more hours and staff support are taken away. My employer is not willing to have any dialog about the matter and simply cites their labor model as they continue to cut staff. Need break time for restroom and a meal please. Need to have customers to the side and wait their turns for help instead of poking their heads over while I'm preparing prescriptions...my place has no glass wall or anything whatsoever to prevent customers from being so distracting/interrupting. Need more technicians help please. I like to see every single person work in the pharmacy be held accountable for any type of mistakes instead of only the pharmacist. Otherwise, the others only doing the bare minimum and a carefree attitude to get by and don't go above and beyond to prevent mistakes.

*Accessible access to reimbursement for counseling and other education would benefit providers and patients with improving patient understanding and compliance of medications. Joint commission looks for number of ADR's so we are encouraged to complete. It should be the same for QVR's (quality variances) to catch and address system mistakes.*

*I feel that third parties are becoming increasingly intrusive on the pharmacy work environment. We spend more time making sure we satisfy their requirements than on patient care. A law should be passed to prevent third parties from requiring more information on a prescription than the state pharmacy law requires.*

*Most work places are quite good in addressing meal break but most do not address break times. Also, being able to work efficiently with multiple distractions is expected. Work sites understand it creates opportunities in mistakes but most do not make a real attempt in addressing this problem.*

*We need better reimbursement from 3rd party payers.*

*I wish I could believe that everyone would be honest in this survey. My experience with multiple pharmacies indicates that sales are the most important, errors are hidden and errors are on the rise!*

*You can't win in retail pharmacy today. I feel pressure all day long to get prescriptions out the door in 15 minutes or less (corporate metrics), all while the phone is ringing off the hook, the technicians have questions that need to be answered to properly fill a prescription, the customers have questions about over the counter medications, and providing vaccinations, all at the same time -- with less pharmacist overlap now that our location is open 14 hours a day. I do take a lunch (although it is usually at the very end of my shift, or the very beginning of my shift due to lack of pharmacist overlap), but I do not take breaks. Simply put, we need more pharmacist staffing, period. If we are expected to provide top notch customer service -- safely and accurately fill prescriptions -- we need more pharmacists staffing to do that.*

*Closing the pharmacy for a lunch break should be mandatory when only 1 pharmacist is on duty for the day.*

*Breaks/lunches should be mandatory for pharmacists, working 12 hours without a lunch break or uninterrupted break can increase risk of Rx mistakes since the pharmacist can become very exhausted. Hello, the pharmacists are under so much pressure both from the employers and the Board of Pharmacy. The employers keep cutting hours and ask for increase in sales and all they care about is the number of rxs filled and their profits. The board of pharmacy keep asking the pharmacist to provide patient care, consulting patients with all new Rxs, spending time with patient answering their drug related questions, etc. How can we do all these? I am an experienced pharmacist and consider myself a good pharmacist and I am telling you what you and our employers ask us to do are absolutely impossible. A lot of time I have to run to do my job. Do you think my employer give me time to consult patients. There is tremendous amount of pressure on the pharmacists. We are always under staffed and always rushed to do our job. If a pharmacist makes a mistake that leads to harming a patient, the pharmacist is not the only one that needs to be blamed, the employer and the board of pharmacy are also equally responsible. Things are changing for worse. Every day the employers have more non-sense request to increase the sales (nothing that improve quality of patients care). Please help us. Thank you*

*Please ensure that community pharmacists working for chains are able to take lunch when working on the weekends by themselves. Plus we need to have more pharmacists on duty rather than being by ourselves for at least 6 hours (mostly during rush hours i.e. 11am-2pm and 4-7pm) and not having enough technicians to assist. Understaffing and not having enough pharmacists on duty increase the likelihood of mistakes that can be related to patient safety and care*

*Mandated lunch breaks would be great*

*I was one of seventeen pharmacy students that participated in a clinical pharmacy pilot program in 1970 at the University of Washington. Although I feel now, and I have always felt, that the future of pharmacy is in MTM's, the documentation process is incredibly onerous. It takes three times as much time to check boxes and navigate through that process than it does to perform the face to face with the patient.*

*Pharmacy technicians who are allowed to perform medication reconciliation are not properly trained for patient's interview. Recommend classes for pharmacy technicians to properly learn how to effectively interview patients in order to obtain accurate prior to admit med list. Budget cuts are making it difficult to have sufficient staffing on a daily basis.*

*Chain pharmacy adding additional requirements. Vaccinations, Diabetes Counseling, Travel Meds, Etc. with lack of adequate training, extra staff.*

*I would like to have uninterrupted breaks and lunch/dinner times so that it is truly a time-out; we schedule for lunches but they always get interrupted.*

*in regard to how many techs and assistants we have per shift none work full time and thus none work a whole day (shifts vary from 4 to 7 hours-guess the big boys have good attorneys-they don't care about the hired help-pharmacy is no longer a profession but a grist mill and maybe the BOP is beginning to realize this-so far you folks have not been the working persons' friend*

*Even though our company says we have to take our lunch breaks/breaks, they make it impossible to take esp. the Pharmacist. Also, there have been so many mistakes at my pharmacy; I am shocked, compared to the last company I worked for. We just have to push push push and give vaccines, MTMs, etc. I can see why there are so many mistakes. All of the staff are under paid so a lot of my colleagues slack off and doesn't complete their jobs the best they can, always blaming each other. The techs and assistants do not see the importance or consequences of what they do, always saying it's the pharmacist responsibility and if anything happens, it's their fault. They don't understand the importance of our jobs and why we have to be accurate. I admit, I have to push people out because the number/list of things I need to do are so long that if I spent 10 mins talking to a patient, I am behind. I stand in 1 spot for most of my 12 hour shift causing me to suffer pain in my joints. I always have to stay late to catch up because none of my techs care to finish anything. I feel like I can't be the pharmacist we are known to be. There are times where I don't have time to eat lunch or drink water because we are so busy yet we are to finish everything and I stay late. I really do hope the Pharmacy Commission can set new laws that allow us to get breaks and eat so we can practice our jobs safely.*

*My company clearly states an employee will get written up once mistake is made has put pressure on me. Processing prescriptions and interacting with patients is allowed sufficient time. The distractions occur when insurance companies must be contacted or Dr contacted in regard to formulary limitations or requirements for diagnosis codes for insurance reasons or to validate the patients need for a prescription I WOULD LIKE TO SEE MORE SURVEYS OF THIS TYPE. I WOULD LIKE TO SEE THE COMMENTS OF OTHER RESPONDENTS. THIS REMINDS ME OF THE 'FAILED' VA SYSTEM. WE NEED WHISTLE BLOWERS. WE HAVE TO FLUSH OUT THE CONCERNS OF PHARMACY PRACTICE TODAY. THIS IS ONLY THE BEGINNING. THE PROFESSION IS AT AN ALL TIME LOW. I CAN NOT BELIEVE THE SCHOOLS OF PHARMACY IS NOT AWARE OF THE MAGNITUDE AND SCOPE OF THE PROBLEMS THAT PLEG THIS PROFESSION. WE HAVE SOLD OUT TO WALL STREET. EVERYTHING ELSE IS SECONDARY TO THE PROFIT MARGIN. LASTLY, I DO WANT AND NEED POTTY BREAKS. I THINK SIGNAGE SHOULD BE POSTED FOR RX POTTY BREAKS. I ALWAYS FEEL GUILTY WHEN I AM AWAY FOR MORE THAN '3' MINUTES! ALSO, THE SUPPORT STAFF IS WEAK. I DID NOT REALIZE THAT YOU DO NOT NEED A 'GED' TO WORK BACK IN THE PHARMACY. THAT IS SOMETIMES MY*

LEVEL OF SUPPORT STAFF. SOMETIMES THAT IS ALL! BRING ON THE WHISTLE BLOWERS. LET US FIX THE PHARMACY PROFESSION. THANK YOU.

*Be an advocate for the small pharmacies still trying to 'survive' in the very different climate of today's world of skyrocketing drug prices (for previously very inexpensive generics...) and non-existent reimbursements from 3rd parties. I was in favor of 'Obama care' in its theory, but what a mess it has made...*

*Inadequate scheduling of support personnel, distractions, punitive and stigmatizing manner of handling errors rather than quality assurance approach, being proactive and supportive. Need more emphasis on promoting safe work habits, targeting and eliminating factors causing errors, before they cause errors. Sometimes efforts to control costs go too far and create very stressful and unsafe working environments in my experience.*

*Regulations are the burden for patient care - requesting provider provide ICD9, Insurance prior authorization, documenting DME, chronic pain med indicators, no sink or sharps containers for vaccination programs, paper documentation rather than computer documentation, sales over health outcomes*

*We are expected to fill the same number or more prescriptions than previous years, do more health testing, provide more immunizations, and perform comprehensive travel consultations & MTM (most of which require the pharmacist to leave the pharmacy). We are expected to do this with fewer technician hours and no additional pharmacist hours. Today I performed a cholesterol, blood sugar, blood pressure and body composition along with vaccinations during our rush hour, at which time, our computers went offline. I had a line to the door and 25 prescriptions that were waiting just to be typed, 20 printed to be filled and many to be data reviewed or verified. I'd estimate that I got 10% of our prescriptions finished on time today. While my technician worked on the line, I attempted to type, review, fill, verify and answer phones from angry doctors and patients. I didn't eat today. I did not take a bathroom break. I didn't leave until 45 minutes after we closed, and I didn't get paid to stay late. I was dizzy, disoriented and tired by the end of my shift, but I still had to keep a friendly smile on my face until the end. To clarify, we have 2 pharmacists 3 days per week, 1 pharmacist 2 days on the weekdays and 1 pharmacist on the weekends. We have 1 tech and 1 assistant on weekdays and no help on the weekends.*

*Our responsibilities and expectations have dramatically increased while our help and technicians have dramatically decreased and with laughable raises. Pharmacists in WA are not only suffering, but patient safety is compromised as a result of the policy and procedure of chain pharmacies.*

*There are a lot of retail pharmacies out there that I can tell put a lot of pressure on their pharmacists. We are a new site, and do a lot of transfers, and I can guess how much help the pharmacist has by how long I am on hold waiting for the pharmacist. Cutting assistant / tech hours is the worst! Poor patient care*

*It would be nice to get an uninterrupted lunch break at the pharmacy. It's just not possible if there isn't any pharmacist overlap*

*I think drive throughs should be banned and that there should be more than 1 pharmacist during peak times.*

*I am currently on maternity leave with my second child and will be heading back next month. Our pharmacy is only a few years old and so the workload has changed quite a bit from my first pregnancy. With my first pregnancy we only had 8 tech hours the whole week and because I had to pump to provide milk for my infant, the other pharmacist allowed me to have all 8 hours, leaving him to have no tech at all in the middle of flu season and doing 60 Rxs a day. Even with tech help, I had a hard time trying to fit a lunch in, let alone time to pump, and often had to interrupt my pumping to counsel a patient. It was especially hard on the weekends when I was by myself. Now we're busier doing 90-120 prescriptions a day*



*but we still have only 20 tech hours. With flu season and even more activities required by the pharmacist, I'm concerned how I'll have enough time to pump to be able to continue to provide my infant sufficient amount of milk and provide the service our patient deserves before my technician goes home. My pharmacy isn't that busy compared to other pharmacies so I can't imagine how working mothers with infants at busier stores have the ability to pump and eat lunch.*

*I am frustrated that I do not have a scheduled lunch and often go 6 hours into my shift w/o eating or going to the bathroom. Also there is not a 'good' clean place to eat if you do manage it, as eating while working is frowned upon. A bathroom located in the pharmacy, as required by other states, would be really helpful.*

*We are now expected to perform immunizations and fill script at the same time--which makes it difficult to give your full attention to either.*

*The company I work for has policies that handcuff ancillary personnel from doing functions that they are legally allowed to do, putting more & more workload responsibility on the ONE Pharmacist on duty. I am salaried at 10 hours per day, but volunteer at least an extra 2 hours per shift to get the work done.*

*As the only pharmacist on duty over the course of the day to provide counsels, check prescriptions, provide immunizations and OTC counseling among many other things, I often have very little to no time for a break in a 12 hour+ day, which means at most a snack and rarely a full meal over the course of the day. This is despite being on your feet and constantly concentrating/focusing on filling prescriptions for the whole 12+ hours, which is exhausting and towards the end of the day potentially detrimental to patient safety. The other very frustrating aspect of being the only pharmacist on duty is the pressure to never call in sick or at least go in for a part of the day before coverage can be obtained. We are in a field where we are around elderly, children, and others with potentially weakened immune systems and yet we are expected to work unless seriously ill because if we don't go in or have to leave early due to emergency then the pharmacy won't be open. Although sick time is never outright denied, it is not encouraged. I think it would be beneficial to require overlapping pharmacist at stores that fill over a certain number of scripts (170-200) per day, as this would at least solve the problem of never getting a break/lunch, although stores would likely just cut tech hours if this were ever required. Another alternative would be all pharmacies with one pharmacist on duty must close for lunch for a minimum 30minutes at some point during the day.*

*I have worked at several pharmacies in my chain and they are all understaffed and only getting worse. We only have 2 hours of pharmacist overlap to take breaks and get caught up. One pharmacist has to wait 6 hours for a break and the other has to take one 1.5 hours into their shift. Also we do vaccines, CMRs, and health tests on top of all of the rx's. When the pharmacist leaves the pharmacy to do those nothing can be done in the pharmacy so then you have to rush to get caught back up upon returning. Not a safe environment if you ask me. We need to have more than 1 pharmacist on staff at a time or more overlap to get things done safely.*

*We have policies on Rx error that are not enforced, and those of us who report them get treated badly for doing so. Also, there is more focus on SELLING flu shots (making sales phone calls to pt.'s houses, etc.) more than anything else. We are punished if we do not convince certain # of people to get a flu shot daily Drug chains are increasingly pushing for less and less coverage and more workload, there are just too many mistakes made and employers no longer care much about their employees getting breaks/lunches. Add some information about severity if errors and response to prevent.*

*What is PQAC thinking by permitting remote processing, remote order entry, remote verification etc.? This profession is becoming so fractionated and direct patient care is almost extinct. Quit playing into the hands of the corporate thugs and owners by watering down the profession. By the way, supervision is an in person face to face activity. It is not over a video link. What is wrong with this picture! There are plenty of pharmacists out there, quit permitting tele-pharmacy. Every time you permit this....and there are not*

*laws/rules that allow this, you are killing off another pharmacist job and permitting the 'system' to spend the money on fancy mall like hospitals and fish tank filled waiting rooms. Enough already!*

*I believe providing immunizations are an important aspect of retail pharmacy. However, because we are understaffed, stressed, rushed, I typically hate my profession during flu season. Profits should not drive healthcare.*

*How do Six Sigma methodologies relate to 6 'defected' counselling sessions per million?*

*At previous employer a retail chain breaks and patient safety were not as high a priority as sales. This is one reason I left.*

*SEVERELY understaffed considering the place where I do high 200s to 300+ per day, there is only 1 pharmacist 12-hr shift all day. I do not care how many techs and assistants you have, there is only one pharmacist taking new rxs, counseling, checking off, giving dosing recommendations at the counter, answering questions, responding to corporate emails and phone calls, and making sure everyone 'gets their breaks and lunches while remaining in compliance.' At the same time making sure we push sales, make our shot goals for the day, etc. Our jobs have changed so much within the last 10 years, it is DISGUSTING. Corporations say they emphasize 'customer care and compassion' on paper, while all they want are sales and more rxs with less and unsafe staffing. I really am hoping we can get regulations on pharmacists working 8 hr. days again, getting lunch breaks, and safely filling rxs and developing patient relationships, instead of sales, sales, and sales!!! Another pharmacist I know is in the middle of a 64-hr stretch of working 4 12hr days, 1 9hr day, and 1 8 hr. day in a row because there is 'no coverage to cover his boss's broken foot.' Then he gets 1 day off and works another 5 days in a row (12s and a 9). Is this safe???? Absolutely not! Does he get OT? No, he gets \$10 extra per hour working over 44 in a row. Wow. That is abuse, not 'compassionate care.' It is also extremely dangerous to the patients getting their rxs filled. Would you want a pharmacist filling your Rx at the end of 60hrs in a row? I know I wouldn't. And he works with 1 or 2 techs or 1 tech and 1 assistant and he does 250+ per day by himself as a pharmacist. OK I went on my rant and I am done now. the issues are across the board and not isolated to one company only. Thanks for listening.*

*I am deeply concerned with the DEA's ruling to change hydrocodone products to schedule II. To ensure our counts are on, it takes a lot more RPh time to process those prescriptions. I don't know where we will find the time to process those Rxs.*

*Retail pharmacies are pushing pharmacists working based on quantity not quality. With the reason that insurance reimbursements are too low, they force pharmacist not a lot more services with the same given time and helps. the demands of customer services, prescription fills should be done in 15 minutes, pressure on certain flu, zostavax, Pneumonia vaccines per day per week, MTM, POC, etc...Too much pressure for working in retail pharmacy right now. Your decisions now are not professional anymore. You have to push people do just because the goal they give you. Too much work to make profits for the pharmacy easily lead to medication errors.*

*Workplace conditions have steadily declined over the past 6-7 years. Corporate has no regard for employees--it's all about the stockholder & bonuses for upper mgmt.*

**THERE SHOULD BE A STATE MONITORING/REPORTING PROGRAM FOR PHARMACY ERRORS, ELECTRONICALLY BASED SIMILAR TO THE WA PMP**

*I'm glad to see this survey. I have been concerned about inadequate pharmacy staffing and patient safety for years.*

*Mandatory 30 min lunch and 2 x 15 breaks. Pharmacy must close for lunch 30 min if only 1 pharmacist on duty. Get rid of transfers/transfer coupons. Do not increase the tech ratio. Keep it at 1:3. There is plenty*

of room for 'production' by technicians. The problem is that the pharmacist overlap that once existed (12 hour day with two 8 hour overlapping pharmacists) along with within proper ratio staffing is gone. With this model, it is easily possible to fulfill the profile review, checking and counseling requirements with minimal interruptions. Better yet, why is the pharmacy open 12 hours? Shrink the open time to 10 hours (9-7 or 8-6) and with two overlapping pharmacists there is more time with two pharmacists. I love the new approach by the PQAC inspectors. Hold all parties accountable and stop the ineffective 'Hand Holding' of the licensees. I came from another state where they cite and fine for violations. Licensees came into compliance in short order and with that we were operating properly and could focus on doing our jobs - properly filling Rx's and educating the patients. Do not throw more Pharmacy Technicians at us. Include interns in the ratio. Add more pharmacist overlap. Limit shifts to 10 hours max. Get rid of tele-pharmacy.

Keep or reduce the ratio. 3:1 is often too much. Include interns in the ratio. Enforce the ratio. I like the fact that PQAC inspections are holding us responsible for compliance. I worked at this pharmacy for 15 years. Always got 100. Now the inspectors are actually performing meaningful inspections. Shockingly refreshing. It would be nice if there was more than just a score though. If we get a 90, there is no incentive to correct. How about a cite/fine with correction process. I have friends that are pharmacists back east and the pharmacy regulators there have such a system. Things really get fixed fast. Limit all staff shifts to 8-10 hours. Mandatory 30 min lunch and 2 x 15 breaks per 8 hours shift. Close pharmacies for lunch. Have everybody go to lunch at the same time. This compacts productivity and eliminates the short staffing/ratio violations during break/lunch coverage. Provides for more consistent patient care, workflow, counseling etc. Less distractions. Get rid of drive throughs. Pharmacy should not be treated like fast food. Stop permitting tele pharmacy. Why is it that hospitals are permitted to not have a pharmacist on site 24 hours. That is just not safe. And tele pharmacy is just a money management smoke and mirrors work around. Stop permitting this nonsense. Get rid of transfer incentives. Why is it that pharmacists are permitted to be a PIC at more than one location? I love the fact that the inspectors are holding us to counseling on all Rx's with a new number. I catch so many issues on Rx's that people have been taking for years but the pharmacist never counseled them. It is a great opportunity for interventions. Remember, one sometimes has to poke the bear to get a response.

I work in a LTC pharmacy. We are always out of the ratio. We need more pharmacists, not more tech's/assistants. Do not be fooled by those/mgmt who want to divide techs who process/count and those who bill. It is a shell game. Constantly going back and forth between duties. All need to be counted in ratio. Also need to count interns. Just because there are no 'Walk in customers' the staff needs to be supervised. It is not possible to supervise a ratio over 1:3 and keep up with the product produced by that many workers, especially when you add automation and the fact that often, my manager is permitting tech's to work from home and process Rx's. We also re-use medications that have been dispensed. These are salad packed/strip packed meds as well as single packs. We have no idea how they have been stored, they are co-mingled/contaminated. Require lunches/breaks away from the pharmacy. Limit shifts to 10 hours (8 if possible). The new approach by PQAC inspectors is great. It is about time that we (Mgmt and staff) are held to basic rules that protect patients and our licenses. In fact, because of the inspection, we are actually checking each and every strip pack and not just the ones the machine thinks might have a problem. I catch errors all the time now. We also have HVAC now so that we can work in comfort and the drugs are stored per USP. There is a long way to go however. Please fine employers/pharmacists etc. who do not follow the rules. Make them hire more pharmacists and do not stuff more techs/production at us.

**I DO NOT LIKE 12 HOUR SHIFTS. I NEED A DECENT BATHROOM BREAK. WE NEED QUALIFIED HELP AND SUPPORT STAFF UNTIL CLOSING. I HATE METRICS. WAGES NEED TO BE TRANSPARENT. PERFORMANCE EVALUATIONS ARE BOGUS. THE PEOPLE WHO DO THEM TO NOT WORK SIDE BUY SIDE THE EMPLOYEE ON A DAY TO DAY BASIS. A TYPICAL PHARMACIST WORKLOAD CONSISTS OF: 12 HR DAY; METRICS; MTM; VACCINES, TRAVEL CONSULTATIONS; NO LUNCH OR BATHROOM BREAKS. MY KNEES ARE KILLING ME! ALSO, WE CAN NOT SPEAK TO THE RX BOARD, DIRECTLY. NOTE HIPA, PROPRIETARY, AND COMPANY CHAIN OF COMMAND. THE BOARD IS OUT OF THE EQUATION! GOOD LUCK WITH A QUALITY SURVEY.**

*I have had some great pharmacy jobs in the past. I've worked chain, hospital, in home iv, privately owned and compounding. The last 5 years I have really seen things change for the worse. Right now I do more counting than anything else. It's hard to get one task done without being interrupted. The way pharmacies are setup the technicians do all the data input so the counting is left for the pharmacist along with the final check, counseling, and immunizations. It seems like you're always racing the clock and in a constant state of stress. Why are we one of the only professions that don't take appointments? Why are we one of the only professions who never sit down? I'm certainly glad that I'm on my way out and not starting my career!!!!*

*Why are we the police in ensuring physicians follow the rules on proper rxs i.e., faxed controlled rxs with stamped signature, or RX's faxed from security paper. DAILY we fix these.*

*It seems that the hours for the pharmacist are either diminished to make no overlap or the pharmacist are required to do a 12 hour shift at many locations depending on script count. Despite lower staffing levels, corporate still increases the amount of tasks for the pharmacy staff to accomplish (required phone calls to pts, immunizations, etc.). No breaks or lunches for pharmacists if no overlap due to exempt status. Often have to do over 20 Rxs per hour on average just to keep up. We have to do more with less. Some days we cannot even finish all the Rxs and tasks. In addition, often the patients don't care what the situations at work are that contribute to the back log of prescriptions. With all the new controlled substance rules going into place and the flu & cold season I foresee it only getting worse.*

*Pharmacy will continue status quo until standards of practice are established. I.e. 8 hour shift with 20 rxs per hour or based on statistics*

*Any vacation time puts our pharmacy in a very difficult situation with minimal staff to cover duties. High risk for mistakes during any vacation/sick time due to lack of per diem or part time coverage for these situations.*

*Companies push new programs and sales ideas but do not provide more hours to complete these tasks. It becomes harder and harder to focus on prescriptions when there are all these other tasks to complete with not enough people to help.*

*I'm not sure I understood one of the questions about how many pharmacist hours are worked per day. I was reading it as how many total hours are paid to pharmacist total per day (4 pharmacists x 8 hours = 20+ hours)*

*And too much burden to job did at same time like verifying prescription. Insurance billing, consultation, immunization, etc....most Patients never wait for few minutes for my consulting.*

*It is becoming the norm for pharmacists to work 12 hour shifts or with no overlap, all to save payroll. There is no thought to the lack of breaks or constant stress that the pharmacist is under. More and more tasks are being added to the pharmacist's role, especially with flu shots being available, but no additional staff is provided. Retail pharmacies are being run by businessmen, worried about the bottom line and not about the practice of healthcare. Compassion for the employees and even the patients is replaced with 'how much money does it save us'.*

*I started out in retail pharmacy at a major pharmacy chain and transitioned to outpatient hospital pharmacy because I felt extremely unsafe working 8-12 hours without lunch or breaks with no other pharmacists and maybe 3-4 technicians on any given day. The retail pharmacies put a large emphasis on giving immunizations not for patient care but for massive profit per shot which pharmacists had to work into their extremely busy pharmacy load and give these shots under 15 minutes which is extremely hard*

during peak influenza season. I did not feel valued as a pharmacy professional which I take very serious after dedicating 8 years to becoming a pharmacist. I would strongly encourage the board to look into working conditions at major retail pharmacy chains and ask employees in private for the real situation. This is affecting the lives of many patients and is unhealthy for the profession of pharmacy. More training for technicians would be helpful or at least emphasizing their role in healthcare and safety as well...some of the technicians I work with do not care about accuracy or helping with double checks or scanning because it is up to the pharmacist. Perhaps widely available training for stress, leadership, safety, teambuilding, business, communication, etc. should be offered for people working in pharmacy to attend

I work under direction of IT nurse & physician hospital clinical informatics leaders. Duties = bridge between pharmacy end users/managers & IT pharmacy analysts; facilitate cross discipline electronic patient record drug order issues.

I strongly believe the Pharmacy Commission and its representative inspectors are not helping the process. Their aim should be to help pharmacy staff to produce results optimizing patient health. Instead I see a sense of self-importance and a pettiness on matters where I as a professional see no connection to patient care.

Many of the problems that exist throughout the various medical professions are the level of third party reimbursement. This strongly influences the pharmacist/technician ratio. I retired this week and would say that I have become uncomfortable with the level of automation and use of ancillary personnel (techs and assistants). In my opinion, this has diminished the pharmacist/patient relationship. It appears that this is largely driven by low third party reimbursements, significant government regulation, and looking for larger profits. Some of this seems to be a generational issue between a very 'hands on' approach and being comfortable with automation and use of 'less trained' ancillary personnel in the pharmacy. I greatly enjoyed my time as an independent pharmacy owner and I think I made a significant difference in the healthcare in a small community. That said, I'm glad that I'm retiring at this time because of the issues already mentioned. Thanks

I think I work in an unusual pharmacy. Quick service, customer satisfaction and accuracy are stressed. We have enough staff to make this possible. The owner is a pharmacist, and works part time in the pharmacy & understands how things should be done. We are not a chain, obviously! He listens and tries to correct problems.

Survey tends to 'blame' employer for conditions. Blame should lie on reimbursement driven by health care system instead.

Way too many techs per pharmacist. Enforce the 3:1 ratio. No way to supervise properly. Enforce USP...ALL OF IT! Mandatory breaks and lunch. We have sites all over the city that we distribute drugs (clinics), none of which are licensed and PQAC has no clue, never inspects and we surely don't tell them when they inspect the hospital. How is this legal? They want to spread us even thinner with remote processing and telepharmacy how is that legal or even safe. Does PQAC really think complete supervision is possible via a camera. Quit destroying the practice of pharmacy. Our managers laugh every time they get away with watering down the profession to save money. Stop this madness!

I should have stayed a Tech. You keep giving away pharmacist jobs with Tele pharmacy, permitting hospitals to operate without a pharmacist 24/7, allowing remote order entry, workload balancing and permitting pharmacy activity without a pharmacy license. What the heck is wrong with you PQAC? My supervisors are telling me they are going to replace the pharmacist here at this small infusion pharmacy with Tech/remote verification. This is BS. Are you trying to eliminate the pharmacist! Are you trying to

*eliminate the profession? Are you trying to eliminate yourself (PQAC)? Do you not understand that you do not exist to promote business agendas? You are there to keep patients safe, to enforce laws and rules, and to preserve the profession! Wake up! Or you will soon be eliminated as well!*

*I work in an LTC pharmacy that has way too many technicians and not enough pharmacists to properly review prescriptions....and we don't have walk in customers so there is no counseling impact our work. The ratio is always violated. My boss says screw the commission and runs out of the ratio every day. We can't keep up, there is too much work being thrown at us by the techs processing Rx's. Enforce the ratio, do not expand it. We do very little if any clinical work even though it is required in WAC 246-865. It is all smoke and mirrors here for profit. In fact, my boss takes back CS and Legend Drugs from everyone (Patients meds from, XYZ Chain drug stores, other LTC pharmacies)and sends them to our Reverse distributor for credit. He is actually using this to make money. And I am talking about boxes and box's every two months. Totally against the law. We also repack some meds that come back from homes even though we have no idea how the drugs have been stored and what may have happened to them. Also not legal per WAC 246-869-130. Please have the inspectors do something about this. We have filed complaints before but nothing has been done. Also, there should be mandatory out of pharmacy breaks and lunches and shifts need to be limited to 10 hours. LTC pharmacy is not safe. Jobs are scarce because PQAC does not enforce the rules and there are too many new graduates. Save pharmacy do not keep destroying it.*

*Make these results available to the news media... Maybe public opinion can make pharmacy management improve our work environment. If you include my internship, I've been a pharmacist for 37 years and have worked for most of the chains as well as many hospitals. I've seen a lot of errors, some fatal... My current retail employer who I have been with for over 15 yrs. has turned the business from one of the best places to work into one of the worst slave pits. Any \$\$ they've saved by cuts will be lost with the first major lawsuit for causing harm or death due to a medication error... Just a matter of time before it happens, unfortunately. Hope you folks can do something before a tragedy occurs. Thanks*

*I have left many messages requesting a return phone call from the pharmacy commission and NEVER receive a return call. Perhaps there should be a workload survey for those folks! They must also miss lunches and breaks if they are that understaffed. Mail order pharmacies are becoming extremely dangerous since they are more worried about keeping investors happy on Wall Street than patient safety. We are 'required' to do the final check on prescriptions before they are sent to the patient at several HUNDRED per hour or else risk being put in performance management and getting fired. This creates a tough spot to be in as a professional since our main concern should be about the patient and their health instead of making ridiculous numbers just to keep out jobs and allow those above us to line their pockets. Affordable Care Act indirectly made work environment even worse*

*Working conditions are cruel, not enough help, rushed chaotic atmosphere, no coverage for sick calls resulting in working ill. Our employer wants us to take care of our customers, and not our own personal health. There is no time for rest periods let alone meal breaks. We are often interrupted when we sit down for a few minutes to try and eat. There is not enough time for bathroom breaks. When working a 12hr shift alone, we are lucky to take a 20min meal break the entire day. We are understaffed most days, especially during peak times. We work 12 hour days with no overlap which makes you mentally exhausted and vulnerable to make a mistake. You cannot afford to make a mistake as we know, pt. safety is priority one. We often go days without seeing family and participating in home life due to strings of 12 hour days, which typically results in 13 or more hours since we cannot seem to complete filling basic Rx's per day. There is no time for the constant extras such as management tasks, immunizations, controlled audits, etc. since we are only trying to finish rxs each day.*

*I think this survey is limited in that it is 'RETAIL' driven. You do not account for specific workload information that is applicable to hospital pharmacy services. The number of prescriptions processed in a*

*hospital setting is based on order entry - not filled orders placed in bottles. The 'filling' or 'dispensing' (interchangeable in this commentary) is done by automated drug dispensing units which are 'unit dosed.' I would suggest that you clearly separate your questions and be more specific as to RETAIL and HOSPITAL services. They are extremely different and your general questions, while valid, do not apply in general to all Pharmacy workflow settings.*

*I am a clinical pharmacist. Our workloads in the hospital are becoming greater as budgets and reimbursement decline. Our hours are cut and our work patterns are difficult to live with. So much in the use of medicine could be improved with regard to patient overall care and cost savings. Much is lost because we cannot address all of it. We continue to note how the profession of nursing has so much protection from the state compared to us. We are checking into the possibility of forming a union. I personally dislike the idea, but don't know where else to turn. I honestly believe the money to take care of people exists but is wasted by poor choices and poor care from overwhelmed providers. Pharmacists are people and need rest and meal breaks to maintain our own health. Using an overlap time at the beginning or end of a shift may be practical but that is not when a worker needs a break the most. It would be very helpful to have assistants to do menial tasks: filling, filing, counting, cashiering. Also, stock drug bottles should come in easier to open bottles to prevent repetitive injuries. ... Also, the manufacturers should make different strengths of the same drug look more different in color, shape, size and outside labeling. It also will help if the computer software will let pharmacist to update allergies and health conditions from the verification screen. On refills, the verification screen should show the last fill date more readily. Even though the work volume fluctuates considerably from day to day, pharmacy schedule does not allow flexibility. Often, in these situations, pharmacists end up staying overtime (without pay or breaks). If Pharmacists can work as 'hourly' employee who is in actuality closer to the reality, then we can have breaks and lunches and get paid for the actual time worked. Even though we are professionals, our work environment resembles 'hourly' rather than salaried worker without the benefit of either. It seems that we shoulder all the extra work, responsibilities and liabilities without any compensation or recognition. Our job expanded to include immunizations, MTM, health testing and more, but at the same time, technician hours are being cut and any additional training is done at our own time.*

*XYZ chain drug store has instituted a 'real time labor' model. This should be illegal. We aren't a check stand.*

*My primary regret in my entire life is having ever gone to pharmacy school. Having been a part of the retail chain pharmacies for over 10 years, the problems are the same, but getting worse. The corporations keep cutting hours and putting more stress on the pharmacy staff. They never have enough money for the additional needed staff, but yet have all the money to run advertisements (flu shots, transfer Rx from competitor coupons, etc.). XYZ chain drug store apparently had money to blow by adding a nice waiting room with a flat screen TV and a private room for EVERY pharmacy, but yet flips out if we go over work hours. We are pressured to work if we are sick because there is hardly coverage. Customers can be verbally abusive and the corporate offices will take the side of the customer and reprimand the pharmacist regardless of the situation. It would be nice if the WADOH placed legislation prohibiting the transfer of prescriptions for in-store credit/coupons and mandated a specific set of work hours per prescription count. The people in charge of the chain pharmacies are out of touch and disregard/ignore the retail pharmacists. They expect the pharmacist to do all the prescriptions, vaccinations, register transactions, Sudafed purchases, phones, faxes, insurance issues, catch forgeries, etc.... without making a mistake. I do not regret becoming a pharmacist. My purpose each day in life is to put positive energy into the world. I have built multiple patient relationships and know I have had a positive effect on my patients. I thank the WADOH for making this survey. Workload cannot be defined by number of prescriptions filled per day. Regulatory issues and constraints, insurance issues and constraints, and types of Rx (compounded, immunization, specialty) weigh heavily on staffing issues*

*It may be beneficial to implement a policy that allows staff to take breaks/lunches when possible.*

*While my current employer offers adequate staffing and my survey response reflects this, I left my old job about 2 months ago due partially to safety concerns. At my old employer (another inpatient pharmacy), for 5 hours of the day a pharmacist worked alone with no technician or other ancillary staff. This part of the shift often felt chaotic and unsafe. There was no one available to double check any medications prior to them leaving the pharmacy and reaching the patient. Sometimes we were working alone at the end of a 12 or even 14 hour shift (on weekends). I think that this is unacceptable to both staff and to patients. However, due to budget cuts and forced reductions in FTE, this was my old employer's only option. This played a large role in why I quit that job.*

*There is a lot of 'talk' about safety and it is a genuine concern but the pace that is expected for the pharmacist to work at and the amount of work expected to be completed is in complete conflict. It creates a very stressful environment.*

*Taking lunches needs to be guaranteed. Two breaks during 12+ hour shifts would be nice. The amount of distractions needs to be minimized and the most effective way of doing this would be proper staffing. Having script count or immunization 'quotas' should be banned due to higher likelihood of mistakes and decreased focus on patient care.*

*Focusing is the key word. Distractions, whether they be from patients, co-workers, computer programs, or self-imposed are the chief cause of pharmacy errors.*

*It's too much to expect one pharmacist to check 290 Rxs in a 12-hr day (that turns into 13 to 14 hrs. easily) and also counsel, answer OTC questions, give flu shots, check DUR's and still be accurate. We get a lunch for 30 min but end up working through it just to try and keep up. Restroom breaks are so often delayed or forgotten. At the end of the day I have a headache from dehydration and hunger. But still need to check emails, fridge temps, and recalls. My days off are spent recovering from long work days. I am dedicated to helping people, I don't like complaining, and I don't think it's fair that I'm too busy to give Medicare enhanced counseling. I need to have another pharmacist to work with if the work load is this much. Please help. Thanks.*

*Retail pharmacy is crazy. Everything is about the dollar and profits. Management, who are non-pharmacists have no clue. No lunches, breaks or close bathrooms.*

*Pharmacists must be able to spend more time providing clinical services for our patients and all that entails, we need adequate staff for cashiering (i.e. right now I am cashiering more than my techs as we have NO clerks and techs are answering the phones, filling, checking inventory, etc. this is poor use of my time) I feel and look like a clerk/cashier instead of a health professional. I would like to see more focus on positive health outcomes metrics, requiring a focus on prevention of disease and less on treatment. Often times our treatment (including filling prescriptions correctly) does more harm than good, depending on which study you read. As part of healthcare team, RPh needs to spend time with patients, educating them about nutrition, adherence and alternative options to traditional band aid approaches to healthcare. Until we look at how we are educating and demanding exceptional care from our pharmacists (this does not mean asking patients if they have any questions on their prescription by a tech), at every level of care, our patients will be underserved.*

*I believe having pharmacists give vaccinations and strep throat tests is too much of distraction. When only one pharmacist is on duty, it disrupts the flow of work and can lead to errors. Giving a vaccination takes a lot more time than filling a prescription contrary to what we are told by upper management, etc. Vaccinations shouldn't be allowed to be given as walk-ins. Set times need to be scheduled when there is adequate pharmacist coverage.*



*No pharmacist should be required to work a 5 hour plus shift (most commonly 10+ hours shifts over my career) without at least a 30 minute off-site lunch break. For every pharmacy that employs only one pharmacist each day the only way to accomplish this is for the pharmacy to close for 45 minutes to 1 hour each day for lunch. This should be a priority for the Board of Pharmacy--long shifts with no breaks or lunch break puts the public at risk..*

*In addition to patients, this pharmacy also works with nurses within the organization (various sites) and providers (offices, hospitals). Pharmacists are also responsible for billing issues (Part B and D, private, Medicaid). As well as assisting with Patient Finance Coordinators.*

*My experience has been that breaks and lunches are always difficult to take regularly due to the nature of walk up traffic and phone calls. This is even more difficult with the reality of sick calls and vacations that are not always staffed to fill the absence of a regularly scheduled person. I have also experienced that pharmacists are usually not paid for time before or after their scheduled shifts that they typically still work to take care of patients before leaving work. Professionally, I need to stay to take care of patients responsibly and safely. This extra time tends to be 'donated' by the dedicated professionals and not acknowledged by the employers. This time is also typically expected and flex time or comp time never realistic to arrange.*

*Sales, punishment, fear, and retaliation is where it is at these days.*

*in the past 5 years there has been a dramatic shift in the way companies operate and the expectations that are placed on employees to work harder for less (less \$\$, less support staff, fewer benefits). The lean and mean approach may work in other fields but in healthcare it puts patients and employees in danger. Hospitals & pharmacies MUST change their mindset & provide adequate support to their pharmacists or we will continue to see increases in medication errors, job dissatisfaction and burnout among our profession. I don't know of any pharmacist working today who doesn't have an overly stressed work environment and because there are so few job opportunities available they feel trapped into staying in these positions, knowing they cannot provide the type of care they should be providing to their patients. It's all about numbers and volume and not about a supportive work culture or good solid patient care. It is a very difficult time to be a pharmacist because there are increasing demands for us to do all these exciting things like immunizations and MTM but somehow we're supposed to fit those things into our already overloaded workday with less support staff. Until pharmacists stand up as professionals and demand better work conditions with adequate help it will NEVER change and only continue to get worse.*

*Hopefully this survey will have an impact.*

*The Washington DOH Prescription Monitoring Program is a great idea BUT it is ridiculously cumbersome to dial into and get the document back. It slows things way down at a busy time in the pharmacy or in a very busy pharmacy.*

*Number of scripts processed per day per pharmacist is hard question to answer - one pharmacist spends a lot of hours doing admin work, so the other pharmacist ends up doing more of the actual day to day pharmacist work/dispensing (sometimes a lot more).*

*I think the focus of a lot of pharmacy chains, especially ours, is on sales rather than patient safety. We're being monitored on how many prescriptions we fill, how fast we fill them and how much profit we can bring in. When flu season arrives, we have a quota of how many shots we have to give per day doesn't matter how hectic that day may be. I feel like pharmacists are becoming more like salesmen rather than health care providers. Our workload seems to always be increasing but the amount of help seems to always be decreasing. Many pharmacists I've spoken to within my chain are often exhausted and a lot are considering quitting even without a backup plan. Overall, I feel like retail pharmacy has taken a turn for the worse.*

*Prescription volume increases, stress level through the roof, but corporate does NOT increase the budget so we can have more technician help. I also think that drive-thru at the pharmacy needs to be either outlawed or have a requirement of a dedicated person attending to it all times. Drive-thru at a pharmacy creates a fast-food mentality for customers and that causes additional stress in already busy retail-pharmacy setting.*

*I do not think employers are trying to decrease patient safety but the hours that are provided to covers shifts is not enough to provide counseling and patient profile maintenance required by board of pharmacy. In addition, trying to contact a doctor's office in larger metropolitan areas to work on drug interactions has turned into a one to two day event. Distractions are major patient safety issue in most retail pharmacies due to noise and having to block out multiple interruptions to verify prescriptions. I cannot think of another job where u are working on processing an order where you can have three different distractions/interruptions at once, and if an error it is your fault with the question what could have been done different.*

*I have experienced intimidation tactics from chains when trying to discuss and resolve work volume and environment issues. My current boss was 'coerced' with the other managers to become salary employees and now works more than 40 hours per week to keep the pharmacy above water. We are understaffed and literally told to get more work done with less staff. I feel like a human ping pong ball for 8 hours straight. Patient wait times are much more important than quality of patient care. When a staff member is sick we frequently are not given relief staff. On weekends at most stores pharmacists are not given breaks or lunch, and asked to eat lunch while working at slow times. No breaks during weekdays. I have seen more errors happen recently than in my whole 21 year career-most not documented, fear of reprisal. Difficult to schedule vacation. Worried about big chains influence on Board of Pharmacy and working conditions.*

*My current job is as a hospital pharmacist. 2002-2009 I worked in fast paced chain retail pharmacy. The bulk of the time with inadequately trained (i.e. trained in store) technicians. Processing > 300 rx/day often not being allowed to properly counsel patients. Frequently with more than legally allowed 3 tech/pharmacist ratio. If you complained you were labeled a trouble-maker and sent to a less desirable store. Lunch and bathroom breaks were non-existent. I believe WA should mandate pharmacist/tech break time and employers should be fined for not allowing it. I was always stressed and afraid of mistakes on prescriptions in that environment.*

*My will be an atypical survey/data since I am a pharmacist (faculty) and am not involved directly with day-to-day activities of pharmacy, pharmacists, technicians. Will say that at our hospital staffing levels have dramatically decreased, with work load the same or increasing (different demands, more clinical work). Will encourage staff to fill our survey.*

*Laws regarding pharmacist breaks/lunches need to be stricter to allow pharmacists a chance to recuperate during their shifts. Currently a pharmacist working a 12 hour shift does not have any scheduled breaks or lunch. A pharmacist working straight through without any breaks or a lunch only increases the chances of errors and decreases productivity.*

*I left retail for ambulatory care for several reasons, some of which are below: 1) no regular schedule of days off and never know our schedule more than 2 weeks out, including days off and vacation time 2) we were expected to fill about 200-300 scripts per pharmacist per shift, regardless of how many were new, CII's, and/or had problems associated with them 3) pharmacists working in the evenings after doctor's offices are closed are pressured to fill prescriptions that require clarification on something from the doctor's offices without obtaining that clarification first 4) pharmacists are expected to stand for a full 8-10 hour shift with only a 30 minute lunch break and no one to take over for bathroom breaks, the only legal option being to close the pharmacy while the pharmacist is in the restroom 5) pharmacist shift*

overlap is being minimized to maximize profit for pharmacies 6) addition of vaccinations to our required services, still with an expected patient waiting time of no more than 15 minutes for any script 7) pharmacists are looked down upon by doctor's offices and are often told that pharmacists requesting information from doctor's offices is inappropriate and they cannot disclose information to us because this would violate HIPAA

Please, help!!! Anybody out there cares about 'exempt ' pharmacists? Working conditions are horrible, no privacy for patient counseling, we are ordered to wash toilets, vacuum and wash windows in waiting rooms by high school grad/managers. We are ordered to process auto refills 3-5 days ahead and next day reverse 20-30 prescriptions (incl. Medicare, state) just to keep our numbers up for corporate!!! Sweat shops, 18th century China working conditions! No professional respect, no break, no lunch, counting pills, typing, running register, answering phones, ringing up groceries all day long every day 12 hr. shifts as quick as physically impossible is pathetic. I want the drug expert back! I don't want to be injecting nurse, blood drawing lobotomist or janitor! Let's get rid of PBMs and use those 50 billion for the pharmacists' drug knowledge, let's stop over medicating America, make drug companies richer and truly lower health care cost. Let's break the monopoly!

It is unrealistic and unsafe for one pharmacist to fill prescriptions, provide immunizations, health screenings and travel health consults in their shift with only 1 or 2 technicians for help and no lunch break or bathroom breaks!

Thank you for the opportunity to participate in this survey. The working conditions for Pharmacists have become increasingly more difficult. We are expected to provide safe pharmaceutical care while not being provided breaks for twelve hours and not given proper coverage to deal with the prescription volume, phone calls, counsels and other services such as immunizations. I see only focus on sales and prescription count and little emphasis on patient safety. Medication errors are far too common and there is no action taken to rectify the cause of these errors which for the most part is too many distractions for the pharmacists and the pharmacist being pushed to complete an unrealistic volume of work. I am seeing pharmacy interns being utilized as a replacement for staff pharmacists, pharmacy to technician ratios being ignored, and unlicensed technicians being staffed in the role of a technician. I have refused to allow these things to happen on my shifts and this has resulted in very difficult working conditions for me; however, these violations of the law do not happen when I am working. I am also concerned with these companies forcing the pharmacist to enroll patients in drug studies (Okinawa) and directly advertising medications to patient in their monographs (if you fill an SSRI you get an ad for Ability and a corticosteroid you get Enbrel). These are also profit driven practices and have no regard for my patient's health. I work for a XYZ Chain drug store and i barely have uninterrupted lunch break especially working 12 hour shifts. I feel that i am forced to produce more profit than focusing on patient safety. drive thrus degrade the profession.

Pharmacists are required to work through breaks and lunches due to staffing issues. It is crucial for the commission to address this topic.

Currently I serve as a relief pharmacist when called upon (particularly during summer months) but my primary position is in academia; I instruct at a community college.

I work in an ambulatory clinic (solid organ transplant) so questions about Rx processing do not apply. When will we see the results...?

I work at a long term care pharmacy that is understaffed and overworked. Our building facilities are not reliable. We need to hire more pharmacists and technicians, especially to answer the phones, but we have been told we do not have the budget for it. As a result, pharmacists are asked to take phone calls while they are processing prescriptions, and these calls are distractions that can negatively impact the accurate processing of medication orders. Also, pharmacists are asked to contact physicians for emergency fills on

*narcotics, instead of nursing staff contacting physicians. I think this is a misuse of the role of the pharmacist.*

*When it comes to instituting come rules, like a safe for narcotics and/or ceiling obstruction to prevent burglar's access to the pharmacy that the degree of potential problems be offset with the cost a small independent pharmacy can afford to institute those measures. How likely has it been that pharmacies are robbed through ceiling orifices? We cannot prevent ALL intrusions. I think we should be as safe and careful as we can be while trying to help small independents to afford to stay in business*

*XYZ chain drug store allows no breaks for a 9 hour shift when working alone. Can take bathroom break when absolutely necessary. No lunch when working 12 hour shift. Work alone about half the time so only one there to fill scripts, answer phone, ring up patients, open case outside pharmacy for condoms and pregnancy test, sales and help patients with ant OTC questions.  
XYZ Pharmacy is a wonderful pharmacy to work for.*

*I work in a low volume compounding pharmacy. We send out approx. 24 compounds per day. Low pressure job.*

*Please do something. These companies are taking the life out of me.*

*Making it mandatory for pharmacist to leave the pharmacy to take a break would be helpful (even if means closing the pharmacy for half hour). I think the tech to pharmacist ratio should increase to 4-1. That would greatly help with meeting company goals and processing prescriptions safely. Or punishing companies that rush pharmacist and put profits before patients.*

*too much to do with a lot more strict rules from the board, insurance, dea and company policy and less help due to financial constrictions due to insurance policy*

*We have a hard halt on ALL new prescriptions even renewals where the patient does not want nor needs counseling. We are constantly interrupted to give counselling and are not allowed to use our professional judgment where counseling is concerned .these constant interruptions interfere with our ability to verify prescriptions safely.*

*Please take responsibility for medical practitioner errors and for not following regulations. I spend way too much time being the regulation police for the state of Washington. I can only say that in my time as a pharmacist the department of health talks a good game but is spineless in helping me enforce the state regulations. I also find the department of health to be slow and cumbersome in license renewal. If we are late in renewing there are consequences but there seems to be no time limit on tardy renewal for the department of health. Please consider separating out the board of pharmacy. I am tired of being subject to the physician lobby as it applies to my job. Next item- call it like it is- there is no attempt to provide safe effective patient care by these nationally owned pharmacies. We struggle to compete because they are allowed to do the absolute minimum to meet the law. The fact of the matter is you cannot provide patient care under the reimbursement levels we are paid so the big guys are allow to ruin the practice while operating in Washington with the blessing of the dept of health.*

*Chains put terrible pressure on their pharmacists; usually shorthanded and allowed tech hours depend on # of Rx's filled per day. We all know some Rx's take a lot longer than others, with PA's, insurance not working, patient note knowing what kind of insurance he has, etc. I am so fortunate to work in a store where we are properly staffed so we can counsel patients properly, and we hardly ever have a mistake.*

*Our techs are excellent. I am thankful I work in an independent store.*

*Vaccines mixed in with work flow is very difficult. They take more time than a regular prescription and are a bit of a different mindset. It feels disruptive to normal workflow. It would be better to have designated clinics that are properly staffed.*

*Retail chains are becoming more concerned about profit and less about customer service and customer safety. There should be a law or regulations that stipulate that a pharmacist should not be required to work more than 6 hours without a lunch break.*

*Need to pass laws that require having at least 2 staff pharmacists per shift with minimum of 5 hours of overlap.*

*I think breaks are mandatory, whether they're lunch break or 10min every 2-3 hours and should be enforced/documentated. We work in high stress environments (most retail sites) and breaks are often neglected/skipped leading to pharmacist exhaustion/rushing through orders. You can only rush through medication orders for so long or get pulled in all directions before you begin to autopilot and lead to medication errors. Pharmacy efficiency shouldn't be gauged by number of prescriptions but rather by number of interventions! Also, a big chunk of our time is wasted on clarifying incomplete orders (e.g. missing pt. information or calling for 90day supply when orders state 30days+ PRN refills and we have no power to dispense more than 30 days without dr's approval)*

*More manual steps to process prescriptions, i.e. hydrocodone schedule change coming, more regulation, above not always commensurate with increased reimbursements and/or needed employee hours, more complicated third party billing, middle and upper management not pharmacists, some not even pharmacy assistants, inexperienced in professional/technical personnel management and practice of pharmacy, not proactive. Need to position practice of pharmacy more as a professional service rather than a vendor, need to better identify and be reimbursed for cost drivers as those mentioned earlier. Should be more of a proactive and systems approach to medication errors and near misses in lieu of punitive and stigmatizing. Adverse working conditions in my opinion are the greatest cause.*

*Having a mandatory lunch would be beneficial for all community pharmacists. California has a mandatory break laws for all of their healthcare workers and I think that WA should have some similar laws about requiring pharmacists to take breaks during their shift!*

*Pharmacy management always states that staffing is based on numbers and that pharmacists are expected to do 1 prescription every 3 minutes. In addition we are expected to do all the other activities i.e., inventory, recalls, counseling that needs to get done. We are also expected to volunteer our time to do patient outcomes in which we need to come in while the pharmacy is not open to meet with patients. I often work 12 hour shifts or longer without a break to eat or use the bathroom.*

*We should have an effective rule that is about: Every employee do not has smoking-smell during work-time in any pharmacy where they contact directly with patients.*

*It is not just the prescriptions. We are also required to do MTM activities on two separate platforms, vaccinations and travel consultations. These activities occupy one pharmacist's time. So although it may look like 400 prescriptions are split between 2 pharmacists, one pharmacist is out of workflow providing other services. These other activities are not taken into account in the survey.*

*It is extremely hard to take a sick day. The staff or manager has to end up covering on their day off OR the scheduler makes you go in anyway until they can find coverage. Also, no technician or assistant is provided on weekends leaving 1 pharmacist to answer phones, type, fill, check, check out at cash register, help customers find items. Sometimes 100 prescriptions in 7-9 hrs. while doing these other tasks which leads to*

many interruptions. Also, pharmacists are salaried and expected to stay after to finish prescriptions. Staying after on an already scheduled 12 hr. day leads to 13-14 hr. days with no real breaks or lunches. This yr., the chain is only providing extra hours for flu shots IF you do over 75 shots a week (and this is not extra scheduled hours- it's extra hours of pay since they assume doing 75+ shots basically meant you had to stay after)

Pharmacy has become all about money! Filling prescriptions is the last priority because it doesn't make enough money. My company that I work for gives a quota for flu shots. If we don't meet the quota then we don't get a bonus. I feel like checking prescriptions is an extra thing in the company's mind whereas it is the first priority in my mind. How can I check all things when I have to check 400 rxs and do 15 flu shots and 2 Zostavax and take all consultations and drs and nurse calls and counsel! I can't do it all but the company constantly yells and insults and embarrasses based on how many hours are used per Rx count when we are just trying to stay alive!

We need patients to be able to refuse counseling to the cashier. The thing that they sign each time they pick up a prescription states that they had an opportunity to be counseled. That should be enough. This business of running over to make sure everyone who has taken their drugs for 30 years has an opportunity to be counseled doesn't help our credibility with patients. Also, please do not limit the number of technicians that can work with a pharmacist. Computers have changed everything. Technicians can do more work now more safely than ever before. Please do not constrict their duties.

Providing health screenings (cholesterol, BP, body composition, glucose/A1C tests) and in-depth MTM with a single pharmacist present poses risks to pt. care and safety. Pharmacists engaging in such activities are pulled in too many directions as other patients pick up prescriptions, ask questions, and require counseling during such screenings/extended consultations. I don't believe such activities should be allowed when only one pharmacist is on duty because the pharmacist cannot fully focus on the patient, and other patients may go uncounseled.

We do not close the pharmacy for lunch, as other pharmacies do. I do not understand how it isn't against labor laws to not give RPh breaks/lunches. As flu season arrives, bringing more work our tech & cashier hours have been decreased. Patient safety is most important yet being risked with this kind of choice. I would like to see mandatory pharmacy closing for lunch when only one RPh is on duty.

Some of pharmacists who have been in practice for many years struggle with all the additional 'clinical requirements' as were not trained in pharmacy school for them and on the job training is inadequate. However, employer requires all pharmacists to perform these duties. Adding immunizations, health counseling/screenings, etc. into already heavy workload can be very difficult to manage, especially in today's society which expects instant gratification.... 'Why isn't my prescription ready yet?' etc.

my typical workload is a combination of verifying filled rx's, counseling patients, calling for transfers, answering phone calls, entering new prescriptions, investigating insurance DUR's, fixing insurance problems/questions, supervising techs, and answering any questions than can occur via tech or person walking by the pharmacist counselling window. Usually at least 3 to 4 of these at the same time.

Pressure from decreased insurance reimbursement is causing a shift to less pharmacist hours for the same volume which can lead to decreased and dangerous patient care. Independent pharmacy is sadly in more danger of extinction than ever!

My current work environment provides adequate staff to answer phone, counsel patient, check Rx's, look up drug interactions, etc.(2 RPh/3 techs per 250-300 scripts). I came from a managers position in a specialty pharmacy that was under staffed (1 RPh / 3 techs per 250-300 scripts). Never caught up, very little follow through; counseling on the run and very condensed so I left.

*Many times pharmacist has to work alone without any help as a cashier, phone receiver, entering the prescription, checking the voicemail, transferring the Rx from another pharmacy, talking to insurance about rejection, finishing the corporate paperwork, and giving immunization shots without any help. The continuous telephone calls from doctors' offices causes lot of distraction while pharmacist is counting the medications, particularly CII's. On voice mail nurses leave incomplete message and you need to call them to verify the Rxs during already constrained time. All could be handled with extra help. But my chain Pharmacy chain and most of the other pharmacy chains refused to provide any technician help on weekend and after 6 PM. This put the Pharmacist under tremendous pressure with too much distraction as not to make any mistake. This is not the case with independent pharmacies when you always get extra help as the owners know the condition of the pharmacy and pharmacy staff personally, not like corporate people who seldom visit the chain pharmacy store and do not pay attention to any request for help.*

*Our hospital has recently merged (taken over) with hospital system. Pharmacy services have been reduced and we are now drastically understaffed and overworked.*

*The chain retail stores are ONLY concerned with the bottom line. The pharmacist does NOT get lunch, bathroom breaks. There is usually only a 2hr overlap of pharmacists. We also give vaccinations with no additional staff and during flu season that is very stressful. I don't want more money I want a safe working environment - not just for me but especially for the patient.*

*The majority of our staff meetings are during our lunch breaks, sometimes multiple meetings per week, which isn't really a break!*

*Because of your (PQAC) decision in violation of rule to permit an infusion pharmacy to operate without a pharmacist, I will soon be looking for a new job. And there aren't any because of too many graduates, telepharmacy, remote processing, workload balancing etc. Not only are you fostering the elimination of pharmacy jobs, you are eliminating direct patient care by pharmacists. What are you thinking? Pharmacy practice is a hand on, face to face profession. It is not robotics. It is not technician driven. You have permitted, no encouraged, a watered down profession. You may as well eliminate it now and hang up your commission shingle. It sickens me!*

*Thanks*

*Need to change R.PH.:tech 1:2*

*Although my company emphasizes the importance of MTM and other similar services, staffing levels are at a minimum and there is an increase in workload (including immunization quotas and service performance metrics goals) that makes it very difficult, if not impossible, to carry out these services during regular scheduled hours. There is a greater emphasis on sales and processing prescriptions quickly, rather than patient safety. The company even markets how quickly prescriptions will be filled. Constant multitasking is required to meet performance metrics. Employees have been threatened to be replaced if they are unable to keep up with these often unreasonably high demands. Pharmacists are often held accountable for things out of their control.*

*The computer has made the work environment less conducive to good customer relations*

*Two pharmacy practices that have dramatically increased inappropriate prescribing/fraud/waste/abuse and errors are so called auto-fill programs and pharmacy incentives. 1) In the case of auto-fill programs (where computers fill everything on file for a patient), patients constantly receive meds that the doctor has dc'd, changed the strength or drug, or 'since it's free I'll take it.' It encourages computers to be accountable and not pharmacists/doctors or even patients for their drug regimen!!! But hey it increases sales right? 2) Pharmacy incentives have led to massive abuse. In one instance I had a customer quote 'I'll wait to fill my child's abx until I find a pharmacy offering an incentive.' Furthermore another customer*

outright boasted that they were thankful for our incentive program because 'times are tough' and they needed money for holiday gifts even though they didn't need the prescriptions. Lastly my employer has straight out emphasized that errors are not an area of importance/focus since at least one survey indicated that it is implied that rx's will be filled 'correctly' at any pharmacy. Now we are monitored on speed, and customer satisfaction scores. I've seen the error rate increase now that speed is being monitored, breaks and lunches are non-existent, and laws being bent or even broken to avoid customer complaints. In regards to this last point, it would help to clarify or post acceptable guidelines on 'emergency supplies' if any exist. Seems like those customer complaints will pile on in if we don't give out medication for free w/o prescriptions these days  
We have just moved to 12 hour work days so I am going off of little data and we are working out staffing.

The chain I work for places a premium on safety but this is a busy pharmacy and the only way that I can see being able to process the volume is to work over the 12 hours shift to make sure the work is all done. I also do not see being able to take much of a break without interruption as I cannot leave the pharmacy when I sit down to eat.

At one time we were adequately staffed. The director who saw to that was removed this year by the owners who brought in a hatchet man. The work load has continually increased. Error documentation has decreased. Time to think has decreased. Opportunity for clinical interactions has been erased. All in all not very satisfying work situation last six to nine months.

The companies are decreasing amount of Technicians and Pharmacist hours to and cutting back on patient interaction.

Left. XYZ Chain drug store Too dangerous! Rxs, shots, health tests, plus all normal stuff. Not enough RPhs, tech help. District managers no help, only \$ matters. Patients are going to be injured, or worse! It's only a matter of time.

!BUENOS DIAS! I THOUGHT YOU WOULD NEVER ASK! I DO NOT KNOW WHERE TO START. I SENCE THIS IS NOT A REVALATION, TO ALL PARTIES INVOLVED IN THIS PROFFESION AND THE CURRENT STATE OF AFFAIRS. THIS SURVEY IS TOO SHORT IN SCOPE. LET'S DO ANOTHER; AND SOON; AS FOLLOW UP. I WOULD LIKE TO BE ABLE TO VIEW STATE WIDE RESPONSE TO THIS SURVEY; ALL ENTITIES; CONFIDENTIAL IDENTIFIERS. THIS SURVEY WILL BE PROFOUND, IN TERMS OF FEED BACK. AFTER ALL THESE YEARS, PHARMACIST NOW HAVE A PLATFORM. THIS SURVEY WILL EMBARRASS MAY PARTIES. REMEMBER, NOT A REVALATION, HOWEVER NOW TRANSPARENT. WHAT WAS/IS IN THE DARK WILL BE PUBLIC! I FEEL THE BOARD OF RX SHOULD DO AFTER HOUR INSPECTIONS ( WEEK ENDS AND GRAVEYARD). I THINK THAT THERE IS A SENCE THAT AFTER 5:00PM, ALL IS SAFE FROM INSPECTION. LISTEN, ESCUCHE!, A TYPICAL WORK DAY IS SEVERAL HUNDRED RX'S IN PROCESS, TRAVEL CLINIC, MTM, FLU VACCINES AND MINIMAL RX OVERLAP AND REAL TECH SUPPORT. IN SOME INSTANCES THERE IS NO A-TECH. SOMETIMES NO A-TECH OR B-TECH. PHARMACIST SOLO; REMEMBER STILL RELATIVE HIGH VOLUME. GRAVEYARD HAS NO HELP AND ALL OF THE ABOVE FUNCTIONS. HEAVANS FORBID A PHARMACIST LEAVING FOR 5 MINUTES FOR A BATHROOM BREAK. CUSTOMERS AND MANAGEMENT DO NOT WANT A PAUSE OF THIS NATURE. THEY ARE UNHAPPY. WE NEED PROPER SIGNAGE THAT THE RX IS ON A LEGALLY ALLOWED BREAK! HELLO! MOREOVER, I FEEL THAT THE WORK ENVIORNMENT IS MORE SWEAT-SHOP LIKE. I FIND IT CRUSHING AND HIGH ANXIETY, IN GENERAL. THE QUESTION IS, HOW CAN THIS BE A SAFE WORKING ENVIORNMENT FOR THE STAFF AS WELL AS THE PUBLIC. PERSONALLY, I DO NOT PATRONIZE THIS TYPE OF A PHARMACY; CHAOTIC. MOREOVER, THE LEVEL OF HYGINE AND SANITATION COMES INTO QUESTION AS



A PLACE TO DO ANY KIND OF CLINIC; FLU SHOT OR OTHERWISE. I AM SURPRISED AT THE LACK OF HAND WASHING PRACTICES, AS WELL. I HAVE WORKED IN A VARIETY OF PHARMACY PRACTICES. I DO NOT THINK RETAIL SHOULD DO CLINICAL UNTIL THE STAFFING LEVELS ARE ADAQUATE AND UNHARRIED. .

*I strongly disagree with having a time limit to check a prescription. The company I work for has a policy. We have to finish filling and checking a prescription once the label has been printed within 15 minutes time frame. If we did not finish checking then, our store scores of 15 minute queue went down. Then, our PDM would call our store manager and asked why the score has lowered. Nonetheless, we had to maintain at least 75% score and our 'extremely' busy store has an average score of 60% and it's very hard to achieve a score of 75%. Due to constant interruption from doctor office's phone calls, OTC recommendation, patient counseling, prescription drop off and patient picked up at the register and constant ringings from patients, it is very difficult for a pharmacist to finish checking each prescription when there are more than 10 prescriptions already lined up in that 15 minutes. It gives me very high stress. Many of the mistakes could happen during that 15 minute time frame. Plus, we are filling an average of 30 prescriptions per hour per pharmacist in order to finish the queue of an average of 400-450 prescriptions each day with only 2 technicians and one or two cashiers with a drive through window. There should be a pharmacy rule mandated that no retail pharmacy or institution should have a time limit for a pharmacist to finish checking a prescription for the sake of patient safety. Moreover, there should also be sufficient staffing to enhance patient safety so that the staff are not too stressed or tired. Thank you for your attention to these matters.*

*Two things I have noticed at the pharmacy I work at are 1) the technicians switch positions throughout the day and I believe this is helpful to prevent getting burnt out on a task or going into auto pilot; 2) some technicians go into auto pilot mode when adding expiration dates and aren't checking each container they fill.*

*The pharmacy retailer I work for has reduced technician hours leading to high stress/high volume per technician/pharmacist. Pharmacist ends up doing a lot of 'tech' duties (i.e.: cashier, insurance) instead of focusing on quality patient care because of the reduced technician staffing. Speed is valued due to staffing issues often times resulting in errors/poor patient care. Pharmacists work 12 hours as the sole pharmacist with no scheduled breaks which is not conducive to patient safety. Due to this experience and the knowledge that stockholders are benefiting from putting patient safety at risk I believe the BOP should implement minimum staffing requirements (pharmacist and technician) per number of prescriptions filled as well as required time for breaks after a certain number of hours worked even for exempt employees (pharmacists). I believe these measures would improve patient care/safety.*

*The new push from retail corporate is to make the pharmacist highly visible and accessible, by having them verifying prescriptions at the front counters, which have been lowered and opened, and working the register. This has increased distractions and interruptions immensely, creating an unsafe environment for patient safety. Lowered counters and high visibility increase robbery potential, putting pharmacy staff in danger.*

*I know our pharmacy has more staff than most. I do not think I could work in a lower staffed, more stressed environment.*

*Weekday's pharmacist work 4 hours alone and all day on weekends. This makes it difficult to perform clinical duties and no second check built into workflow. When a tech is on duty, the tech does in window data entry. Therefore, pharmacist spots errors on prescriptions easier. When all steps in the filling of a script are done by pharmacist an error can be missed. Most functions in the filling of prescriptions can only be performed by the pharmacist. Therefore, many times the techs are bored and pharmacist is overworked. This situation has only gotten worse by the increased regulations imposed by insurance companies. Not only do you have to check name of patient, drug, strength, quantity, MD name and address, directions, interactions, duplicate drugs, etc. but also have to document multiple things for*

auditing purposes. For example you must document how you received RX like phoned in, written, etc. If it is a topical medication, where it is applied and how long does the doctor expect it to last the patient. Migraine medications need documentation of how many migraines per month. These are just a few of the many items required from the insurance companies. Our corporate office sends out emails weekly adding new documentation requirements. Many of these tasks would be easier if the doctors would document on the prescriptions but instead it usually takes multiple faxes and phone calls to track down the required information. Many times arguing with the doctors as to why we need this information. Also in the chain pharmacies we are now given daily quotas on how many Zostavax, flu, pneumonia, etc vaccinations or other clinical services, or new customers are done. Because of all the new requirements and services pharmacists perform, I believe stricter pharmacist to tech ratios should be enforced. Also there should be a mandated amount of scripts per pharmacist ratio so there is overlap of pharmacist in busy times.

Currently the state of retail pharmacy has reached an intolerable level. I work for one of the big three chain retail pharmacies. Emphasis is placed more on prescription numbers, preventing transfers, and keeping customers happy, despite regulations. Aside from pharmacists, technicians and assistants are underpaid, and good ones are getting harder to find. There is a high turnover rate of pharmacy managers, technicians and assistants, some stores having pharmacy manager vacancies for long periods of time. The companies are not backing, and helping pharmacy managers and staff do their jobs in a safe and effective manner.

Very concerned about the use of metrics and mandated 'rates' of processing. Stress levels are greatly increased with pharmacists and techs because of the push to get prescription done by the mandated rate time by the company. This has pushed and increase in errors along the dispensing pathway, and great stress on the pharmacist to push things through faster than their professional judgment would normally mandate to guarantee accuracy in the end product. It is very worrisome to have to think about time, and not about what we should be looking at, like interactions, accuracy, dosing, etc. This judgment has now been taken away from the pharmacist, and given to the employer to determine how fast things are done. If the rates are not maintained, verbal reprimands are given to not meeting the rates. It is worry some that someday metrics may be used for individual evaluation...perhaps if not meeting the mandated rate, could that employee's job security be at risk. This increased push to increase rate of dispensing, can only be seen to have a great potential for increased errors. Taking this away from the professional judgment of the pharmacist by the employer is of great worry, because it should be up to the pharmacist to determine what time is needed to go into each prescription for a safe dispensing, without the pressure in the back of our head to work faster or short cutting what needs and should be done to give an error free prescription to the patient in the end.

Lunches should be mandatory by laws of the state; either overlap or pharmacy closes for lunch like in California. Some days I work 12 hours where the only break I take is 5 minutes long to go to the bathroom and by the end of the 12 hours, I'm not providing effective or safe care. I can barely think. I'm just a happier person when I get to sit and eat in peace for a few minutes.

Breaks don't happen. More requirements are added nearly daily. Unhealthy conditions: stress, lack of breaks, eat fast, no chance to get a breath of fresh air, exhaustion, no energy left for self-care.

Our pharmacy has very little if any overlap of pharmacists. With all of the mandatory immunizations, drive thru, counseling requirements, mtm/disease state management, OTC recommendations, etc. it is extremely stressful to get everything done. I sometimes have to cashier and perform technician duties as well. Pressure is on us to increase sales and script count which we are doing without additional help. We are starting to have 300+ days with very little if any overlap of pharmacists on most days. There really is no time for lunch without getting behind. I think a drive thru in pharmacy is good for people that really need it, but most people use it to get service faster and abuse it. It is a distraction, and pharmacies should have a little more help when they have a drive thru. It seems the budget is the same based on script count

*and sales only and having a drive thru doesn't matter. It's rough during peak times to have to counsel a drive thru with 2 lanes and 2 registers with a line inside and only one pharmacist on duty!*

*Management is completely unresponsive to suggestions for improvement. If anything goes wrong, blame the pharmacist (or sometimes the tech).*

*My responses are based on working in academia and not in a direct patient care site.*

*12 hour work days are not conducive to safe pharmacy practices. This is especially true with the vaccine quotas we are required to achieve at the pace we are required to work and with no breaks or lunch. Product service metrics also promote the speed versus the safety of providing for our patients (or are they 'guests?') I sadly do not feel I am providing healthcare anymore. I must fill prescriptions before the 'timer' runs out.*

*Head office adds a lot of additional work to head pharmacist and staff pharmacist expecting zero overtime spent. Much pressure and I know a lot of hourly pharmacists who punch out and work off the clock just to keep head office off their back. The head people are purposely targeting older pharmacists and putting undo pressure by writing up and letting certain younger ones get away with things even with many complaints. I know things are tight in retail but fairness and a less hostile work environment helps. They seem to target and then fire or demote some fine people for reasons that are questionable. I'm glad I'm not working at XYZ chain drug store like my wife does. She is utterly understaffed at all times!!!*

*I have become somewhat disillusioned by the destruction of the 'profession' of pharmacy. I went into pharmacy because I wanted to make a positive impact on healthcare in the community. I've found it's not the case in retail these days. PBMs have dictated corporations by cutting reimbursement, resulting in lower labor budgets, yet with PBMs increasingly demanding for outcome measurements to be met. These things are almost impossible to accomplish with the volume demands of a retail pharmacy. Things that I joined pharmacy to do, such as counseling patients, giving recommendations, catching drug interactions, have become burdens due to the script volume and added tasks. I don't have the time to properly fill prescriptions, and as corporations continually increase immunization goals aka quotas, added a bevy of daily calls to make to patients, and keeps pushing for more MTM - yet they do not add labor and expect the current staff to be able to absorb the added workload in stride. Something has to give. A labor budget cannot be below \$5/script, it's just asking for mistakes to be made that will not be the employer's fault, but the pressured employee. A complete disconnect exists between practitioners who have never had to do even a week rotation in a retail pharmacy constantly add to our workload with erroneous e-scripts that have no return to sender function. It is near impossible to get a physician on the line so when they send in an e-script with a click of a button, the pharmacist has to either fax it to the office or call and go through usually three people in order to leave a message with someone for a clarification. We need a return to sender function, ASAP. I am here to be a healthcare professional and give my patients the best care possible, not the fastest. Customer service and healthcare do not always overlap - a concept not understood by pharmacy corporations that look at the bottom line \$\$\$ only.*

*Corporations are very plentiful today, and are usually only into numbers & not patient care. I feel we are going backwards even though we have more tools today than ever before. I have been in pharmacy for almost 50 years and I am thrilled to see our potential for healthcare, but saddened to see the pressure that corporations have on our time with the patient! All they want is more & more numbers and the insurance companies are taking more & more of our time. It seems like the patient is the one who loses.....and I have no control over this! I hope this changes....*

*My organization has been under strain after the implementation of the Health Care Act. The renewed focus on finances has noticeably shifted the executive focus from patient care/patient driven to bottom line. It is a challenge most organizations are facing, however I believe the shift in focus had made practicing pharmacy more of a challenge*

## **2. PIC/managers:**

*There is little time for anything extra except pushing the drugs out the door. No time for lunch, too much work for the people there, too much noise and distraction. The company demands we meet time guarantees for prescription processing or we are disciplined. I have no place to perform the clinical services they demand I provide and if I complain they come down on me or my staff. I have no control over the workplace and all the responsibility if something goes wrong. Please help....The future of our profession is at stake. Please help us protect our patients.*

*My concern is deplorable break conditions at my retail chain. Our pharmacists work 12-hour shifts. We may not leave the pharmacy, and get a single 20 to 30 minute break in our entire shift. Although my state (WA) has laws governing employee break-time, pharmacists are made exempt because the company defines all pharmacists as 'managers'. But while the other managers have an office and flexibility to take breaks, pharmacists have no side room away from the bench to take a break, may not leave the pharmacy, and must literally eat our one meal sitting on the floor to avoid being in direct view of customers. We have no access to microwaves or coffee machines. That short break is our only opportunity to eat on most days, so most days I eat only one time in a 12-hour period and am often fatigued/headache/dizzy. I am a fit person (backpacker and kayaker), but still become very fatigued with 12 hours straight of standing in one place working with only a single break. It totally escapes me how this situation can be legal, when other professionals who impact public safety (e.g. nurses, air traffic controllers) must be given appropriate break time. When I work five or more 12-hour shifts in a row like that, it is desperate mind over matter that keeps me going without making errors. When pharmacists in my company do make more than three errors, they are fired. I have not personally made a large number of errors, yet. It escapes me that state boards of pharmacy, which should safe-guard the public and assist pharmacists who want to do the same, do not get involved in checking work conditions for pharmacists. Even inmates in our prisons get to eat more than one time in twelve hours and may sit on a chair to do so. I am a pharmacy manager, and have worked in hospital, academic, and retail pharmacy over my long career, but have never seen such neglect for work conditions for a professional as in the retail chain.*

*The workload and quotes that are set onto pharmacist nowadays is jeopardizing public safety. Pharmacy is at a critical all time low where patients don't even view us as healthcare professional anymore. I am viewed as a fast food drive thru. NO one wants their pharmacist to talk to them they just want their \$25.00 gift card and drugs in 5 mins. I was told on Monday I was expected to not only do waiter in 15 mins or less but I should be doing flu shots in 5 mins. 5 mins??? They stated it shouldn't take any longer than 1 minute to give a shot. So I guess I should just have people line up and shot them....who needs counseling. The distractions that I face are substantial and only growing as they provide me with less and less staff. The fact that I fill 200 scripts a day by myself most of the time and don't make mistakes is luck. I never have time to counsel and with the upcoming flu season and expected quote of over 1200 flu shots which is over double from last year's quote is madding. I went to pharmacy school to help promote public wellbeing and to be a teacher to our patients to better their health and lives. I find myself most days never even speaking to a patient because I am overworked and understaffed. I plea with you to please consider these issues and take control while there is still time. Thank you for your time.*

*I've worked at chain pharmacies before. They worked me much harder than any independent pharmacy.*

*Better floor cushioning required in pharmacies*

*I would like pharmacy board come up with number of prescriptions a pharmacist should fill per hours in order to get quality patient care. At times a pharmacist is not spending enough time with patient at counseling because pharmacist is worried about other prescriptions waiting to check, because most of the chains monitor prescription fill times on pharmacists. It is an argument to set a number because it is hard*

*to determine number of new and refills fill per hour, even refills need to check DUR. I suggest pharmacy board come up with a number a pharmacist should check number of prescriptions per hour so that patient safety is the priority rather than prescriptions sold in an hour.*

*I am in a new pharmacy. The pharmacy I left was dramatically understaffed on both pharmacists and technicians, with each pharmacist expected to do 300 prescriptions per shift.*

*I currently practice in Montana. Our Pharmacist/tech ratio is 3:1. Pharmacists do not have any overlap therefore we have no breaks or lunch break. Each pharmacist works at least 1 shift 13 hours long per week which can be grueling. Our techs get 1/2 hour for lunch and are supposed to get 15 minute breaks every 4 hours but in reality that doesn't happen. I work for one of the 2 largest chains in the US. Every year they expect more in less time. I am glad that you are doing this study, and wish Montana would do the same.*

*Rules to enforce proper staffing.*

*Pharmacists, especially those working 10 hrs. or greater alone per day, should have a mandatory one-half hour break in the middle of their shift, even if this means closing the pharmacy for that period of time.. We average about 1.75 technicians per day, but couldn't enter a fractional total per day in your question.*

*Having worked for many years, I would have answered very differently if I were still working in the retail setting where I rarely had time to do anything, never could take a break or get time to eat lunch..*

*The ratio is almost always exceeded - please do something about this. Remote order entry and workload balancing are nothing more than ways around the ratio. How does the commission not see this? Breaks and lunch breaks must be required. Limit shifts to no more than 10 hours. The owner makes me break the law (ratio violation) and other things. I fear for my job! Most of the other staff also fear for their jobs. We re-use medications that are returned from the homes. They are sorted and returned to stock. We have no idea how they have been stored. The have been mixed with other drugs-salad packs, strip packs. The owner makes us do this. Please have the inspector cite the pharmacy for this. Fine the owner or something. The patients are not safe. At the end of the day we have no idea if we have checked everything correctly as there are not enough pharmacists.*

*A required pharmacist/technician ratio per script count would reduce the stress in the pharmacy. 1 more person would decrease the stress and workload in my pharmacy. Required breaks and lunches should also be reviewed.*

*One pharmacist working a 12 hour shift with no breaks or lunches, or the opportunity to grab a quick bite (frequently filling close to 300 prescriptions PLUS providing multiple clinical services is taking its toll and is putting our patients at risk. We are seeing an increase in errors. No matter how much ancillary help is provided, the pharmacist needs to have uninterrupted breaks. Can you please mandate closures for lunches for 1/2 hour or at least look at what BOPs in other states have done? Increased volume and increased clinical services with no opportunity for a lunch is a recipe for disaster.*

*My work place has policies and procedures set up for accurate dispensing of prescriptions, but amount of work load is too overwhelming. Moreover, it is difficult to find the skilled work force in the town our pharmacy is located in.*

*My site is unusual for the company I work for. We were an independent pharmacy that was bought by XYZ chain drug store. At a 'regular' store there is less pharmacist overlap and less pharmacist to tech ratio. Why was there no questions on pharmacy service not tied to a product being dispensed, the use of interns, ability to capture clinical workloads (making staffing ratios likely look inaccurate)*

*With the addition of metrics goals, MTM, an almost abusive push to meet flu shot goals, and still be 100% accurate and give great customer service, it is the most stressful situation imaginable and I don't know how anyone will be able to do this job for more than a few years as it stands today. It has become almost*

*.....*

*I would love to have fewer distractions and feel less rushed when filling prescriptions and counseling patients.*

*Washington State needs to make RPh lunches mandatory for 30 minutes like Oregon and California. There should also be a minimum # of RPh hours required by BOP--around 100 hours minimum. Most companies make 80 the minimum and requires a high # of prescriptions to be filled before any more RPh is added. I also feel that the BOP should increase the tech to RPh ratio to 4:1 instead of the current 3:1.*

*Prescription transfers with financial incentives cause work flow disruption and rarely are in the best interest of the patient. Vaccine quotas for pharmacists should be discouraged. Timing requirements to finish a prescription should be discouraged especially when the prescriber has to be contacted for clarification.*

*When pharmacy technicians are not engaged in technician work (bookkeeping, billing, cleaning, cashiering, ordering supplies, going through the mail, obtaining prior authorizations, preparing the deposit, preparing schedules, performing administrative functions etc.) they should not be counted against the technician: pharmacist ratio. When technicians are performing assistant functions, they should be considered assistants during the time those functions are performed.*

*Requiring counselling on Rx with a new number decreases the time needed to counsel truly new Rx's. In the current practice we see new numbers on the same refills each month. Counselling on these obvious refill rxs creates an environment of hostility with the consumer and decreases the pharmacist efficiency. Pharmacists should have the discretion to counsel or not counsel on 'new' refill rxs.*

*I would love to see the ratio of technician to pharmacist increased to 4 to 1.*

*Feels like institutional practice sites, though we make up small percentage of total pharmacist employment, are not considered in this survey. Some questions marked N/A*

*I often work 12 hours without opportunity to use the restroom or eat. I feel it is unsafe for my patients. I feel rushed, and we are now getting merit based pay to encourage getting as many prescriptions out in as little time as possible. Pharmacy managers are also encouraged to rush and have their staff rush via a yearly bonus partially based on time metrics. I am seeing more and more mistakes made.*

*Pharmacy design encourages interruptions (errors). Quotas for immunizations and punishment for not meeting them unrealistic. Breaks nonexistent. 12 hour plus days are dangerous.*

*Please start to incorporate laws that require pharmacies to close when only one pharmacist is on duty and on a mandated lunch/break. In order to provide actual patient care, and complete all required checks and balances, the state should incorporate laws as to how many prescriptions a pharmacist can safely do in a given period of time with less per hour notated when flu shots come out (gathering all information and actually talking about the vaccine with the patient can take an additional 5 minutes/shot depending on the patient). Also, please consider workplace technology minimum requirements. My current practice site utilizes 30-year old software and doesn't even scan an image of the prescription for me to be able to verify if a refill was done correctly the first time. Patient safety is at risk. I got into pharmacy to take care of patients and their medications, not be a loss-leader service in a chain that cuts back pharmacy staff with the deli crew to get the right 'number of hours.' I sincerely hope all these comments and messages are looked at and acted upon soon.*

*Must try to stop us from rushing*

*There need to be an official lunch break for at least a half hour where the pharmacy is closed, the pharmacist has an uninterrupted lunch break just like doctors, dentists, any health professional has which is standard practice.*

*I think all pharmacies need to provide a minimum of a 30 minute lunch for the pharmacist on any shift 8 hours or longer, and no longer than 5 hour from the start of the shift.*

*Lunch breaks should be required by law. Closing for 1/2 hour so everyone can get a mental break is not the end of the world. Patients will adjust. A tired and hungry pharmacist is more likely to make mistakes. It is the board's responsibility to protect public health and safety and unfortunately it needs to step up and make such things as lunch breaks mandatory. If Oregon can do it, so can Washington.*

*The expectation to pump out prescriptions and leave the pharmacy for vaccines, MTM, and health screen testing for up to 30 minutes at a time with no additional staffing or required staffing needs to accommodate this extra work expectation has become unrealistic. The retail work environment has changed focus away from safely filling medications. Providing extra services is great but without mandated staffing requirements to accommodate these new expectations employers are expecting this to be done in addition to all prior pharmacist duties with zero extra staffing hours.*

*I love my job but I hate that I'm always being pushed to do more with less. I MUST give one Zostavax per week, I MUST give 300 flu shots, I MUST walk around the store and tell people there's a pharmacy, etc.! That's what is really annoying. When a store director asks me if I'll give him \$20k in sales today! I get irritated.*

*I strongly feel pharmacists are being asked to supervise too many people at the same time. I recently left a job at a grocery chain due to this fact. Phones ringing, customers at two counters, three techs, assistants, store managers, all competing for your attention. Metrics that give you no time for thinking and limit your time for counseling.*

*I feel the commission has lost touch with pharmacy. The profession is slowly degenerating due to the odd leadership which they are currently exhibiting. For a commission who goal is patient safety. Many of their recent decisions in the last year have put patients at risk. The investigators have gone rogue and are no longer our partner in better patient care. In my long career in pharmacy I have never experience such a shambles by the governing body for my profession.*

*Retail stores need to have technicians present all hours of pharmacy open times, so pharmacist can focus on safely checking prescriptions.*

*Even though I retired 2/2014, I wanted to participate based on my last position. I felt so overworked I had to retire at age 59.5. Twelve hour plus days on my feet as the only pharmacist 200+ rxs, no break, no lunch was too stressful for me and I did worry for my patient's safety due to my fatigue and stress. I have looked for a less stressful, non-management, part-time position with shorter work days, but no luck so far.*

*It is very clear to me that my employer is influencing the board by positioning its employees within board committees and the board itself. The board has become a puppet for the large employers to direct.*

*Supply for pharmacists is up and demand is low, therefore employers are pressuring pharmacists into unsafe practices more than ever before. With a lack of collective bargaining power in our industry it falls on the board to regain control of its profession.*

*Clinical practice changes are welcome and desired. Along with this needs to come adequate time to complete them. MTM and immunizations have been added without additional staffing beyond Rx filling staffing. Rx filling in my pharmacy had gone up approx. 12% over 2013. There is no private space for performing clinical functions.*

*When medication storage conditions for medications generally are up to 77 f. how does the mail order pharmacies are ensured to this weather conditions?*

*We need to have a commission that would back pharmacists to have breaks and lunches and have time to properly counsel. Thank you*

*Can restrict number of prescriptions per day and number of immunizations per day so that the chain pharmacies can allocate more hours on pt. care and pharmacist can concentrate well.*

*The larger chains must be scrutinized more concerning their (1) lack of counseling on all new prescriptions and (2) a pharmacist leaving the work are during breaks and lunch when there is no other pharmacist to cover, yet the technical staff continues to work in the pharmacy.*

*Transfer coupons and metrics drive our profession. They must be eliminated or regulated by the commission to protect the public*

*I would very much appreciate a workload limit because I feel like the pressure to pump out prescriptions is my number one priority - NOT clinical services and basic safety - like counseling on every new prescription.*

*I want to give good customer service but it's impossible with the staffing I have now.*

*I had a conversation with a pharmacy inspector a number of years ago while setting up a new pharmacy. We talked about how much time it took to properly fill and dispense both new and refilled prescriptions. Our conclusion was about 5 minutes at least for a new prescription and 1 to 2 minutes for a refill. We then estimated about 20 prescriptions per hour was a good pace. We concluded that 240 to 270 prescriptions per pharmacist for a 12 hour day is about the most one pharmacist could do safely. Automation can move that number up a little or at least make the day easier. But we all know prescriptions do not come evenly though out the day making high volumes in short time periods creating stress and mistakes more likely. We need breaks and lunches to help us keep focus on our tasks. I think there should be a maximum set on how many prescriptions one pharmacist can check. With more pharmacists doing clinical skills like vaccinations and diabetic training we need more than one pharmacist in the pharmacy to provide these services in a professional and safe manor.*

*We need to establish a maximum safe Rx volume that is realistic and can be safely achieved. This would have to limit interruptions to the pharmacist filling/providing the final check on prescriptions. Break or meal times need to be established - what other profession is treated the way pharmacists are? Third party reimbursements play into these factors, so perhaps they need to be reviewed as well. Thank you for taking on this very important aspect of our profession. Patient safety is ultimate!*

*Legislation should be implemented to protect pharmacists against harassment from corporate management, and stop non-credentialed store and field management from entering pharmacies and interfering with pharmacist's decision making. Performance management and writing up pharmacists for not meeting company's goals for immunization or sales is not acceptable. Measuring pharmacist's performance by speed of filling scripts is not acceptable. Cutting ancillary staff hours and forcing pharmacists to work under a lot of pressure, doing technical work, and running the register and cashiering is not acceptable.*



*You need to address counseling, we counsel EVERY new and quite a few refills Rx's, I see many pharmacies NOT doing this*

*I left my previous employer of 20+ years because of the lack of staffing and the increased risk for error. Many colleagues are still working in those dangerous conditions.*

*I work in an independent now, but have been working for a Corp for last 8 years...Cutting both pharmacist and tech hours have occurred significantly over the last 2 years, and still happening. Taking hours off of RPh overlap in busy pharmacies while mandating minimum of 11 scripts per tech hour is putting an enormous workload on the pharmacy staff. It's not just that but putting high daily/monthly goals for immunization & MTM's & Carepoints counseling, etc. is contributing to the pressure...Thanks.*

*I think that the equation of techs per pharmacist should be changed a bit to accommodate 1 more technician just to count the pills nothing else because this is the rate limiting step in our work flow; either that or to make it mandatory to have a script pro in the store if u fill more than 1400 scripts per week; counting pills is a step that takes more time than any other step yet is not as important as the other steps in the work flow*

*I switched recently from a chain pharmacy to an independent. There is 180 degrees difference in the work environment. Chain drug stores are converting pharmacists into filling machines.*

*Pressure is always increasing as reimbursements are decreasing so companies are cutting corners This survey is definitely focused on retail pharmacy and not hospital pharmacy practice.*

*Expanding patient care services and other requirements for pharmacists is part of the changing of the profession. My primary concern is for employers to recognize the need to staff properly for these changes.*

*Too many distractions. The current requirement of having to offer counsel on all 'new' Rx's has us pharmacists running back and forth to the register all day to simply be told over and over again that they have taken this medication for years and they don't need us. Every time I have to be interrupted and my concentration taken away from filling the next Rx is one more chance an error will be made. Sometimes I get interrupted more than ten times in the course of processing one Rx. I agree that educating the patient about the medication is one of my most important Jobs, however the current system is not working and is leading to increased errors making the public less safe, not more. Mail order pharmacies can exist in Wa State. They are not providing verbal counsel on the Rx's they are mailing out to the consumer; they are providing written information that can be read by the consumer who is interested in knowing about their medicine. Having us running back and forth all day to comply with the counsel requirements is the biggest concern to public safety in my pharmacy. And for what? There is no bigger constant interruption on the pharmacist in my pharmacy than this. Please consider a way to make educating the public make more common sense. If a pt. has been taking a med for 20 years is it really necessary for the RPh to drop everything and be interrupted from the checking of Rx's to rush over to offer counsel on this simply because the Rx was assigned a new number? We have several local docs who send in new e scripts each month on their pt.'s maintenance meds rather than give them one Rx with a years' worth of refills, thereby requiring us to constantly be rushing over to offer counseling on all these 'new' meds that the pt has been on for years. Please do something about this requirement. I see this as the biggest cause of errors in my pharmacy, the constant interruption.*

*To clarify answer to #RXs/pharmacist/shift: We have one pharmacist who tends to fill more RXs because he's more productive than the other one. Manager must step up when the under-productive RPh is alone due to breaks or vacations. I suspect this is a common theme in other pharmacies.*

*Most days we work with 3 pharmacists. One day a week we only have 2 and it is difficult to juggle lunches and breaks to stay inside the pharmacist/tech ratio. Also, it is hard to keep up with the level of work. This*

survey does not cover the amount of time that each pharmacist, whether manager or staff, works away from the line (managerial duties, projects). This changes the working amount of work that is actually expected of the working pharmacists, while still making it look like things are adequately staffed. It's incredibly difficult as a Pharmacy Director to keep up with the expectations of the Commission. The concerning part is I oftentimes feel as though a lot of the rules I'm trying to comply with aren't really helping patient safety. It would be great to feel as though my efforts are helping my patients stay safe. Great examples are: Health Care Entity License at sites our hospital owns and CDTA signature pages needing to be 1 signature/page.

Encourage more technician help to allow pharmacist more time with the patient

Pay rate may be of interest, I work at a hospital system and am only paid \$53/hr.

In this day and age you really need to review what you consider 'specialized technician functions'. The current definitions are not consistent throughout practice. On one hand you say that filling an automated dispensing device is a specialized function despite it being one of the most often completed tasks in the hospital setting, with the aid of barcodes at every step to help prevent errors. I could accept this without issue from the perspective that not all techs work in a hospital so this is 'special'. But on the other hand you state that it is also a specialized function for a pharmacy technician to ask a patient what medications they take and verify that info with another pharmacy. This is a core function of techs in every retail pharmacy I have ever staffed without being termed a special function. But when it occurs in the hospital you require presentation and special approval for a med rec tech program. So I am left interpreting both of these to be double standards working against hospital practice. My belief is this is due to lack of understanding from commission members on what inpatient pharmacy staff do regularly.

Survey needs to be better designed -- this is a mix of retail/hospital setting. ..

I would like to see the RPh/tech ratio increased (more techs) or assistants allowed to pull drugs from the shelf to allow for more flexibility with LTC pharmacy. In LTC, the distribution process is barcoded throughout for patient safety, allowing an assistant to pull drugs that are barcoded throughout is a safe practice. Currently only techs can do that which makes it difficult to manage ratios when you are using a tech to really do distribution functions that do not utilize their skills to the fullest.

Phone calls are our number one distraction - wish we had a phone tree. We are attempting nursing education to reduce the number of calls

I strongly think that the board of pharmacy should ensure that pharmacists get enough tech help and lunches. Labor laws should also apply to Rphs. one rph working 12 hours should not be allowed. When a mistake happens the rph should not only be the one responsible. They should always look at the unhealthy work conditions that may have resulted to the error. Retail pharmacists turn to be overly used and most of the time expected to do more than they can handle safely.

I have recently chosen early retirement instead of remaining in a Pharmacy Manager position as I feel I can no longer perform the duties and responsibilities of my job properly with the staff and budget I have been given by my employer. I would consider returning to the workforce in a part-time or non-management position, but at this time I am not searching for a job.

The work conditions for a typical retail pharmacist are terrible. We work too long of hours without proper staffing. The chain pharmacy I work for cares more about profits than work conditions and patient care. Pharmacists are required to do so much more today (example-immunizations, health testing, CMR) than even 10 years ago. We are not given the time or hours to complete daily tasks and patient care is in jeopardy. PLEASE help our profession. We are pharmacist and feel that we no longer have a voice. I personally regret going into this profession. Pharmacy Commission please help us get back to the

*profession that we used to love. Please help us have food and water and bathroom breaks during the day. We are not a third work country and should have basic human right.*

*As a relief pharmacist, I am not aware of error reporting information.*

*Coverage on weekends is very different than during the week. When is the state of WA. going to stop companies disregard for L&I laws. I thought breaks and lunches were legally mandated.*

*We are open 10 hour days and do close for lunch, since only one pharmacist is usually working. However, we are usually not able to be closed for the entire 1/2 hour, so the staff has trouble getting full lunch breaks. We are a new and growing pharmacy, so we are working to solve these problems.*

*Your new emphasis on punitive vs collaboratively working with hospital pharmacies to correct deficiencies is the wrong approach and bad for patient care. The hospital pharmacies should be partners with PQAC and not adversaries. You are making it extremely difficult to take care of patients, especially in small hospitals with limited resources.*

*Breaks and lunch never happen*

*I see the need to change the role of assistants in compounding practice. For example, the trained assistants should be able to encapsulate powders in to capsules and mill creams/ointments through the ointment mills.*

*The practice of pharmacy has changed a lot over the years. The big chain pharmacies are guilty of focusing too much on sales and scripts. We hardly have any down time since there is so much work and other expectations placed upon us. Everything they do is about capturing more business dollars, not about making it easy for the patient or protecting them (albeit they might say that what they do is all for the customer). Thanks for listening.*

*Pharmacies that staff only one pharmacist for an entire day, i.e., 9am to 9pm should be required to close the pharmacy for a 45 minute period. The pharmacy should be entirely closed. This would give the pharmacist 15 minutes rest for break and 30 minutes for a proper rest and lunch break.*

*more Rph and tech help every day*

*making sure the pharmacist has adequate time to counsel and educate and takes away from the bean counters, there is not a way to force companies to better staff unless there were prescription quotas from the state. It would better equalize manpower and prevent unintended events from happening.*

*I believe the future of pharmacy will be in direct patient care in the patient's home. There will be a distinct separation from dispensing pharmacies and patient-centered pharmacist services.*

*Computers have changed the workload dynamic in the past 5 years especially. Pharmacy errors are less likely to occur with each improvement in software. In order to properly staff a pharmacy the pharmacy must be properly compensated by the insurance companies.*

*I am not doing justice to my profession. The corporate expectation is quantity and NOT quality of work. My supervisor calls it a 'company expectation' when I have to fill 30-35 scripts/pharmacist hour with added clinical services. Though I am obligated and I do not deny, I have little or no time for patient counselling. With added workload of immunizations and other clinical services, I feel very rushed with limited or no time for DUR's or patient counseling. Though I am entitled for 30 min lunch break, I am expected to work during that time, which includes attending the Dr calls, patient counseling and any other normal*

*operations requiring customer service/satisfaction. As a store or district we fill more scripts than ever with 11-14% of growth year after year with fewer pharmacist and tech hours.*

*XYZ pharmacy has changed my life and professional outlook. I feel as if I have a working environment that is hugely patient oriented, safety is key, and I feel empowered to affect change as necessary. Having left chain pharmacy within fairly recent memory, I often feel as if I need to pinch myself because I can hardly believe that XYZ pharmacy has created a system where pharmacy is being done right!*

*No quotas for immunizations!*

*Please change pharmacist: volume staffing laws. It is frightening how most retail pharmacies are operating.*

*My site is the exception in regards to how most stores for my employer are staffed. The other stores are very understaffed and the workload is dangerous.*

*As a relief pharmacist I work in many different environments, however, at my company many times I am working alone. This is especially problematic during flu shot season, where I am expected to process and fill prescriptions, ring up customers, answer phone calls, counsel patients, resolve insurance problems, etc. all while being expected to frequently leave the pharmacy to give vaccines. I feel this is a very unsafe practice and could lead to disastrous consequences. I believe that an immunizing pharmacist should have at least one ancillary staff member on duty when providing immunizations, and if the pharmacist is working alone, then vaccines should not be administered at that time.*

*Pharmacists want to provide excellent care, but decreasing reimbursement from state programs make it more difficult to allow adequate staffing. I am under more pressure to increase the productivity of my staff than I was 5 years ago.*

*We have got to emphasize creating more independent pharmacy opportunities and remove corporate interests from serving on pharmacy boards*

*Our technician hours have been cut substantially, making getting the work done accurately and safely difficult*

*I've noticed that as the percentage of directly billed rxs has increased as well as the gradual decrease in reimbursement has directly led to a proportional decrease in staff hours and a significant increase in the extra hours that I need to work to keep things 'afloat'.*

*In my experience as a float, staff pharmacist and pharmacy manager I have had the opportunity to work in many different pharmacy locations and an array of different staff. I only rarely feel stressed when doing my duties. In these cases it is typically primarily an issue with the quality and talent of the staff rather than the amount of staff help I am receiving. A poorly trained or performing staff member is more detrimental to my ability to getting work done than having to work alone and doing their job on top of my own. This is not isolated to ancillary staff as some pharmacist lack commitment to their work and leave an unreasonable burden for the rest of the staff to overcome. I'm sure many pharmacists can speak to how frustrating it can be to walk into a pharmacy in the morning and have a mountain of unfinished work that the previous pharmacist had left you. Conversely, if the roles are reversed; the pharmacist is completely caught up by the end of the day.*

**WE NEED FEWER RULES/LAWS NOT MORE. ADDING MORE REGS WILL IMPEDE US IN DOING THE JOB NOT HELP US**

*It is difficult to keep up with the workload. Budget cuts and layoffs have created fewer staff. The new EMRs are concerning...lots of room for errors and patient safety does not seem to be the primary goal. It seems like there is a dumbing down of the medical profession as a whole - less qualified medical people being given more responsibilities. I am disappointed in the path the medical and pharmacy professions have gone.*

*Provide specific guidelines on pharmacist workload i.e. how many rxs can be filled per hour by pharmacist to minimize prescription errors.*

*I have said many times. Pharmacists are being abused and mistreated by the chains. The Board of pharmacy should step up to the plate and PROTECT the patient and pharmacist by mandating MAXIMUMS as far as rxs checked and hours worked per day. Breaks, lunches should be enforced and given. Currently, the chains carry enough insurance to avoid any monetary threat if an rx goes out wrong from a stressed pharmacist. Drive up windows should be banned(use a HIPPA) excuse for good measure for once! The profession is in shambles and disgraceful because there are too many pharmacy schools, absolutely no federal or state protection for the profession. I would never recommend the field to a college hopeful.*

*This survey appears to be designed for retail pharmacy, not ambulatory clinic practice. You may wish to disregard my survey.*

*Many rules and laws of pharmacy are outdated and out of touch with reality, with many possibilities to be broken. Pharmacy world is about profit. A lot of things need to be changed in order to make it about patients.*

*I worked at a chain pharmacy before, there pharmacist does not get enough tech support, and also 1 pharmacist checks and fills 200-300 prescriptions per day.*

*Our hospital CEO holds telepharmacy over our departments head. If we ask for resources (budget increase to replace old medication refrigerators, Hepa filters, media fill test kits, drug reference) or we don't agree with cost cutting/ staff layoffs, he simply asks why do we need a pharmacy department. He states 19 other hospitals in the state only have telepharmacy, and we shouldn't have to pay for our department's expense. I understand telepharmacy has its importance, and we do utilize it during the night when the department is closed. However, I strongly believe that telepharmacy does not replace actual staff pharmacists, physically on site. I would like to see the board of pharmacy take a stance and define a standard of care in the pharmacy profession, where hospitals are not allowed to leverage pharmacy staff expenses, or reduce pharmacist positions, only to be replaced by an inferior product. For example, our current telepharmacy service doesn't calculate CrCl, check lab values, monitor abx dosing, run DDI reports, take medication histories, help with codes, participate in medication Q/A, host interns, or do the other hundreds of activities our pharmacists do during a typical day. My question to the pharmacy commission: How is it ok to allow hospitals to slide on telepharmacy services and the overall standard of patient care, only to allow CEO's to save on operating expenses? Why do I have to justify to my CEO that I should keep my job? He doesn't care about patient safety. He just cares about the bottom line, and it's been made perfectly clear the trend is to fire staff and resource to telepharmacy.*

*I understand where these questions are going. We have a no pharmacist overlap rule while our pharmacy is not filling more than 1500 rxs per week. We run very lean but from a fiscal aspect we need to be profitable. There will always be the balance between profitable and professionally responsible. If the findings of this survey leads to a change in the RCW of Washington as to how pharmacies are staffed, what would be the ramifications to the profession? I do long for longer counseling time and overall time with patients. We are the entry point for much of patient's healthcare.*

*I understand that pharmacy chains look for profit to pay our salaries and satisfy the shareholders, but I'm afraid that profitability has become more important than work conditions. We need more staffing and more pharmacist overlap. The board should set guidelines that have to be met when it comes to adequate staffing.*

*Pharmacist to Technician ration needs to be relaxed to help provide additional help for pharmacists to remain more focused on accuracy and patient care. This current restriction causes more harm than help to most pharmacy teams trying their best to provide quality pharmaceutical care for the Washington State public.*

*Companies should not put quotas on the number of immunizations required per year (e.g. flu shot goals).*

*Would you PLEASE pass a law making lunch breaks mandatory? If only that. And if you possibly can, a law stating how many scripts can be done per pharmacist. I have only a few minutes for each patient...even my counsels are so hurried. If they have questions, I feel terrible about rushing my answers but I have two phone lines on hold, three waiters to check and another one to counsel! And woe betides me if I stay late five minutes on the clock. Oh, and I happen to be one of the best relief pharmacists in my company because I can work fast. Speed is all that matters in this game.*

*My main concern is the pharmacy design - it's a big fishbowl with no noise barrier - constant noise/interruptions from the main part of the store, and can't be sure what we are talking about in a normal tone of voice isn't being heard outside the pharmacy.*

*We need more local support from the Department of Health in assisting us meeting laws and regulations rather than recognizing and punishing for inadequacies.*

*Busy stores, 24-hour stores, should be required to always have more than one pharmacist on duty at a time*

*I would be nicer if you set the minimum pharmacist number and tech number at pharmacy per given prescription volume. I mean by law*

*At our pharmacy we are typically very busy and it feels like we are understaffed. We typically have 3 people work in a day. Techs and clerks rarely take breaks aside from their off the clock lunch. Pharmacists eat in the pharmacy while working so typically get pulled away from lunch a half dozen times to counsel, get overrides etc. there is no mental break. The thing that concerns me the most is that with all the pharmacy care duties our employer wants us to provide (MTM, diabetes care, shots, travel immunizations) we get only extra tech hours. This just pulls the pharmacist from checking and filling and counseling up to 30 minutes at a time. It adds a lot of stress and you get very far behind! We schedule our techs and clerks based on real time prescription counts. This is very difficult if you lack a crystal ball and I find I spend way too much time micromanaging hours. I also tend to under schedule due to the repercussions of missing labor! HELP US!*

*overload !! Almost all days No time to really sit down and eat , have to hurry may be the most is 5 minutes uninterrupted time to chow. Have to come in early and leave very late just to get things done !! too much extra PAPER requirements to do !!*

*I have been employed at my current company for six years. Our prescription volume, services offered, paperwork, and non-pharmacy related expectations have increased substantially during that time, while the amount of staffing we are allowed has continued to decrease. Even though I am a very confident and capable person, I have been feeling more and more overwhelmed each year. I no longer feel that I can keep up with increasing workload and expectations, while providing even the basic obligations I have to my patients. My days are long and stressful with no breaks and too much work, but the citizens of*

*Washington are the people getting the short end of the stick. They have no idea about the lack of caution and care they are receiving, or the amount of care and expertise they could be privileged to if their pharmacist was not overwhelmed.*

*Pharmacist like any other employee should get breaks when working 8hr shift and get at least two breaks when working 12hr shifts in order to provide best patient care. For any individual to work at their optimal they need adequate food and breaks. This would also mean fewer mistakes made. Thank you*

*Corporate pharmacy places so much emphasis on customer service 'scores,' so we spend so much time keeping customers happy, we easily fall behind and feel rushed doing our job. Not to mention managers, like myself, are expected to be FT pharmacists and manage the pharmacy, i.e run reports, discipline staff, inventories, compliance, hiring/firing, schedules, etc. It would be nice to have some support/backing from the state for allowing time to do the extra 'managerial duties' outside of normal work hours. Please do what you can to help pharmacists take their profession back and give them some say against these uncaring corporations only concerned about their bottom line. The burnout in retail is a real problem!!!*

*I feel my employer is setting policies and rules that override my professional judgment and decisions that should be made by a rph not a corporation*

*We work nonstop. The people never stop and do not understand us needing a break. It is exhausting to work 12 hours with basically no breaks, not even time to clear our head. I feel like I am in the Alamo and am holding off an attack most days. I feel like people push and prod us all day. And all the company wants is more, more, more. They are pushing us to do clinical services, but giving us no time to do them. They expect us to do over a thousand flu shots and over 400 other shots, but give us no extra time or help for these. I leave at night thoroughly drained and it takes a full day to recover - not physically, but emotionally. I feel like we are assaulted by the customers and corporation on a daily basis. It is a hopeless feeling which leads to depression and sickness. Some respect and consideration would be nice.*

*I think South Carolina is leading a good example in making laws regarding how many scripts a pharmacist can do in a workday. I feel that corporate environment is pushing towards unsafe work conditions in favor of the almighty dollar and this will not change until we as pharmacists take a stand to make positive and constructive changes.*

*Emphasize to pharmacy chain that pharmacist can work at a non-rushed time to provide safe and effective medicine rather than constantly being pressure to make sales and fill scripts*

*Almost all retail pharmacies (I've worked at over 10) have no control over staffing. It is done from higher management and based on profit not customer safety. As I understand it the Washington State Quality Assurance Commission's primary responsibility is to promote the public's safety why hasn't this issue been addressed until now? I hear from some chain pharmacists that they may do as many as 400 to 500 daily by themselves. How can they possibly counsel that many patients safely or legally? Thank you for looking into this important issue. With economic pressure increasing I feel it is very important, and unfortunately out of the hands of most pharmacy staffs.*

**SHOULD HAVE A MAX OF HOW MANY PRESCRIPTIONS A PHARMACIST CAN QA PER SHIFT.**

*The best move to improve patient safety would be for DOH to work with the attorney general to oversee PBM practices. We need to simplify prescription processing, improve reimbursement so the economics of adequate staffing make sense.*

*I think the Pharmacy Commission has a lot of rehabilitation they need to do to their reputation. They are viewed as inefficient and out of touch with what pharmacists are actually doing. They could learn a great deal by shadowing pharmacists instead of doing a yearly survey.*

*My answers reflect my work setting which is rural and inpatient. I know I would answer these questions much differently if I was reflecting my experiences from ambulatory practice sites. I appreciate very much the work environment that I am working in and realize that it is unique. In addition, although I am the sole practitioner in my setting I do have Telepharmacy services that seamlessly continue the review of CPOE orders and act as a resource to in-house staff for clinical queries. This model, I feel, has served to provide a high level of pharmacy services to my community. Cultivating a solid role for telepharmacy in our critical access/rural facilities is important to provide cost effective, comprehensive Rx services, especially with the advent of electronic health records. It doesn't replace the need for an engaged onsite pharmacist service but it would be a challenge to recruit/retain/and afford 24/7 onsite pharmacists in critical access facilities. From my experience with rural hospitals I see the value of this model.*

*not only should noisy distractions be addressed, but also room temp and number of rx per rph a company expects to be filled.*

*The pharmacy should close for lunch...we are working from 8:30 AM to 9:30 PM with no lunch or break...hide behind the counter and stuff food!*

*The hours a pharmacist can work varies by day and site in the chain I work for. There are many times I work 10 and 12 hour shifts with no breaks and sometimes not a full staff. This contributes to tiredness and more errors. Also the company is adding more to the daily workload while cutting staff hours. I do not feel it is safe for the public as well as harming staff morale*

*Pharmacies should ensure mandatory lunch breaks for all staffs and should have a clerk to manage cash register, phone calls and house keeping*

*I do believe that when there was a shortage of pharmacists companies were more willing to give adequate staffing. Now that there is an abundance of pharmacists I have noticed that technician hours are being decreased every year which I believe could be a major safety issue.*

*Workloads have changed over the years as have workflow. Too many chain pharmacies look as though they have adequate control of pharmacy operations then add pharmacist responsibilities without providing adequate hours to complete tasks & fill prescriptions safely. Further, those same pharmacies have a culture of minimizing the effect of errors or just do not report them.*

*It is dangerous to ask anyone to work 10 to 12 hours without real lunches and breaks, especially in healthcare. I am lucky I work for a company that staffs more generously than most. Metrics haven't been turned on yet but it is likely to happen soon -it has been brought up by upper management frequently*

*I am kindly asking Board of Pharmacy to please stop issuing pharmacist license to foreign pharmacists ie. Canadian pharmacists who take away jobs from American and newly graduated pharmacists. I, myself have a toughest time to find a pharmacist job in Washington State. all the drug chain pharmacy ie.. XYZ Chain drug store..tends to hire all these new young foreign interns to get 6 months intern wages yet provides pharmacist counseling and to ease the company.....*

*There needs to be RPh overlap for MOST of the day hours where pharmacists do immunizations, travel vaccinations, diabetes education appts, DUR outcomes, etc., OR companies need to provide centralization areas for these services to be performed. Adequate counseling hardly is provided for most patients. Half-assed counseling is. Everything stops when the sole pharmacist is pulled away. Service & short waiting lines don't go in hand with one RPh working 12 hours, compounded with archaic software. Pressure for*



*higher profit margins doesn't provide safe or comfortable working conditions. A few layers of company bureaucracy need to be trimmed to allow pharmacies to focus on the patient care & safety instead of new company initiatives & more paperwork. Something outside the box needs to be discovered. It's nice to have this kind of survey. I would like to see it happens every few years.*

*Pharmacists have to do health testing, immunization shorts, free blood pressure measurement, and traveling health council other than review prescriptions. Each task will pull RPH from work station which breaks work flow. During the flu season and the health testing contract time, it is so stressful to giving 10 shorts per shift, or 4 tests ( one test including Cholesterol, Body composition, Blood pressure, and Blood glucose) and also has to finish all the prescription.*

*As a relief pharmacist I see a lot of bad stuff. However, the expectation is that relief pharmacists just look the other way and keep processing Rx's. We are there (per company and employers) to just get the work done. We are not expected to contribute to improvement or change the way things are done. Leave as little impact as possible other than moving product along. I see Ratio violations, counseling violations, errors, sanitation (including rats/mice in some of the grocery stores), sterile and non-sterile compounding issues - are you ever going to do something about that? I though everyone was to be USP complaint in 2013? I also see places using outdated drugs, bringing drugs back from patients and using them again (LTC pharmacies and some retail - usually independents). The drug take back programs are a joke. I worked at one location, an independent where the staff sorted through the returns in the 'Secure' box. Why is this even allowed? To save the planet. There are other methods of drug disposal where the drugs do not come to the pharmacy. Have you ever heard of the mailers from the sharps company? Consumers should be required to use these. Please limit shifts to 10 hours or less and do something about the ratio, i.e. enforce it. Too many worker bees and not enough supervision. I often have no idea what happened during the shift. Way too much going on and no way to focus. This is especially true when I show up as the only pharmacist and there are techs in training. Whats up with that. I am not their preceptor. I have no idea what their capabilities are. Please shore up the tech and intern training responsibilities. It is a joke and it puts patients at risk. It puts pharmacist's licenses at risk.*

*Unfortunately, the pharmacy profession is under pressure from insurance reimbursements to fill prescriptions as quickly and safely as possible. I wish the Pharmacy Commission would adopt new laws increasing the pharmacist/technician ratio or allow tech check tech for refills after the pharmacist has fulfilled their duties by checking for DUR, allergies, contraindications etc.*

*Biggest concern is not having adequate time to consul pt. next would be the ever increasing pressure to increase immunizing serves and quotas along with maintaining an every growing rx volume without adequate staffing hours,*

*We do not have enough help to do shots, MTM, process scripts, answer phones. The pharmacist is stressed out and does not get breaks.*

*Pharmacist should have a limit on number of prescription they make ready in a day plus other clinical services they provide. Seems like pharmacist is being asked to do more and more script count while load of other clinical services are being added on top of it*

*Having mandatory lunch breaks, which are unpaid, will only make for longer work week. Pharmacist should receive paid breaks.*

*The workload and company expectations have soared tremendously. Roles have been diversified into clinical services and MTMs for better profit margins. No lunch time or breaks can be taken. It's modern day corporate slavery. The focus on patient safety and thoroughness is seriously compromised. Despite best intentions and hard work of pharmacists there is not enough time for counseling and attention needed to*

*serve customers. State board protects public interest but the Pharmacists do not have any platform to voice opinion or any means to lobby interests for the common good of profession and patients. State board needs to define limits on how many prescriptions and services an average pharmacist should do on a daily basis.*

*Every year we are expected to do more with less. Try doing 250 scripts and 20 flu shots in a 12 hour shift with 2 techs and no pharmacist overlap. Also, no scheduled lunch or break.*

*After having worked in Pharmacy for over 30 years, I have never been so concerned with patient safety and consultation. There simply is no time to adequately consult on vaccinations and prescriptions because we are always under-staffed. Also, although 250 to 350 prescriptions a day are processed and filled, I frequently work 14 hours straight with no breaks. This does not seem unique to my company, in the past few years, more documentation and services are expected but fewer and fewer staff hours are allotted. I plan to leave the profession as soon as I am financially able because it is so stressful and I believe, dangerous.*

*Please prohibit transfer 'rewards' as Oregon has done. During these promotions, customers have Drs call to other pharmacies and then have them transferred to the rewarding pharmacy. This places undue workload on competitors. I also see patterns where prescriptions are transferred from pharmacy, to pharmacy, to pharmacy... each an opportunity for errors to occur.*

*focus on the # of Rx's checked not the # processed for the LTC.*

*I would like to see the commission be supportive of the practice of pharmacy in Washington State and not focused on penalty. The current climate of inspections and the commission is not friendly to asking questions. I feel as if I draw negative attention to my facility by asking questions. I think the commission is out of touch with current practice and appreciate the survey method to get more input on what is truly happening in the state.*

*Help get the profit margins up from the PBMs so we can staff pharmacies properly. Increase tech ratio up to 1 pharmacist to 4 techs.*

*Pharmacists need mandatory lunch breaks*

*There needs to be something place that protects licensed pharmacists from the companies that they work for. More emphasis is placed on how many scripts we do in a day than on patient safety. When you are working as fast as possible for the entire day just to keep up, it's a breeding ground for mistakes. There needs to be a maximum number of scripts one pharmacist can do by themselves in a day. When you are verifying and filling 400 scripts on your own in an 8 hour shift, plus all the phone calls, counseling, and dozens of other tasks, it's too much. Not to mention no lunch breaks. There needs to be laws in place that let us do our job safely and effectively. As it is, a company's only concern is how much money they can make, regardless of who they might harm in the process. Please hear us.*

*Reimbursement is so bad from insurance that we have to have the volume to try to stay in business. 75% of the time we get reimbursed less than cost of drug. Don't know how we pay wages, lights, vials, labels, computers, etc. Now we have to fit in CMR's (takes over an hour to meet with patient and complete computer work) for part D plans, give shots in a timely manner; take the time to check price matches. Why would anyone encourage their child to go to Pharmacy School!*

*The pharmacist to tech ratio should be increased to 4:1*

*Design separate surveys for different areas of practice. This was built for community/retail*

*There is clearly not enough technician hours allowed by the chain in order to safely fill prescriptions and provide clinical pharmacy services, and the trend is continuing to take away technician hours. What is needed is a LAW in place that requires a certain amount of technician hours based on volume and based on clinical services provided (OTC consultations, immunizations, etc.).*

*I am relief pharmacist at many different retail pharmacies over the years - ALL are short-staffed and do not provide a good work environment for pharmacists. Pharmacies only care about making money it seems, not patient safety or staff. Pharmacists really have poor working conditions. It needs to change.*

*Low payments have put too much pressure on speed. We would all like to do more for our patients, but cannot afford to do so.*

*Inadequate or no patient counseling by a pharmacist is rampant across many pharmacy sites, especially chain practices.*

*Too many expected tasks with not enough support staff*

*At this time, only one pharmacist is on duty. The demand is high. Now, my company, XYZ Chain drug store, wants to add immunizations and MTM opportunities, and solicit in OTC area for new customers. I am very stretched. I feel the pharmacy board needs to put in limitations and boundaries on how much one pharmacist can do in a day.*

*We need a law to limit number of prescriptions one pharmacist can fill per day.*

*I am fortunate to be able to focus on training and staff development.*

*Retail chain management generally are clueless about the pharmacy department. Decisions are made which affect pharmacy staffing and pharmacy operations by people who are not concerned with patient care and safety. The board should be concerned with the future of retail pharmacy and create better working condition requirements for the employees*

*The lack of pressure put on employers to provide staffing/environment to allow all employee pharmacists to have a true lunch break is significant. I know that many pharmacists, including myself, are more prone to miss drug interactions or errors on prescription which 'Can Cause Harm', when they are hungry and haven't had a break. I believe law/rules created mandating employers compliance to existing labor laws-mandating staffing for lunch breaks is in the best interest of our patients.*

*The question regarding average length of work shift didn't allow the option: I work 7 hr. shifts most days and one 12 hour shift per week, no lunch or break, going full speed. Sitting only when I go to the bathroom, if I get to do that. Salaried position, so company doesn't have to give me a break or lunch. Additional time allowed for patient waiting for controlled substances because of due care and careful preparation, and adequate time to discuss medication with patient when necessary*

*Technicians at our chain get breaks & lunches by law. Pharmacists are exempt because of their professional status and pay rate...so no matter how stressed or tired we are we do not get breaks..usually there is only 1 RPH working. When two RPH are working often times the stress on the Pharmacy Manager is such that they will not take even a lunch because of all of the corporate pressure to health test, immunize, micromanage, fill rx's fast and accurately, deal with customer service issues, train employees, etc. answer the phones, get faxes, get the drive thru, counsel, order drugs & supplies. The chains will tell you that they don't time how long it takes to fill an rx etc...but they do and RPH's jobs have been on the line if their times are too slow. It is a pressure cooker waiting to explode. RPH 's really need more support/help to free them up to interact and spend more time with things like immunizations, health testing, but employers cut tech help to save money so Rph has to do all their tasks plus pick up the tech*

*functions like filling most of the rx's etc because staffing is so poor. Pharmacy has really gone downhill and the profession is now the new sweat shops in America...at least the chains are.*

*I have recently changed locations and no longer practice in the state of Washington. I did this because of the horrible work environment in several different practice settings. I am licensed in 4 states and all of my worse work experiences have been in the state of Washington. I have no skin in the game in Washington. I am no longer practicing there. I have had no disciplinary action by the board. But I hold the Board responsible for the low quality of pharmacists and pharmacies. The board is more focused on finding technicalities than improving patient care. The WA BoP is horribly bureaucratic and non-responsive, which allows chains to put profit over patient care.*

*The RPh/Tech ratio is something i would like to see revisited. Most RPh can supervise very well and not limiting tech help would decrease the number of distractions, in theory. Even if it was raised to 1/4 rather than 1/3, would be very helpful.*

*Employers definitely impact quality of working conditions and service provided to the customer. I am fortunate to work in a small chain that staffs more than adequately*

*Thank you for doing this survey on the FIRST AND THE MOST important topic in pharmacy. I wish Oregon would do the same survey.*

*most hospitals are cutting back on staffing and smaller hospitals are no staying open as long as they should relying a lot on nursing supervisors to mix medications and dispense during closure hours - errors with mixing IV products can easily happen especially when they do not mix all the time*

*It's a different pharmacy culture now in retail. The customers are a lot more demanding and expects Obamacare to pay for everything with no presentation of insurance card. Its not so much the hours that our company provides but the demands of the customers that has us running.*

*with all the stress, please tell the investigators to get off our backs and return to being on our side, helpful and nice. we want the same thing so stop being bullies. We should have at least 24 hrs notice so we can adjust meetings scheduled etc.*

*Pharmacy is way over regulated. It starts with you at the state level. Pharmacists are not getting breaks and lunches because of your rules and regulations. Some of your rules are just silly and make no sense. eg Signature for easy tops.. One signature per life time is all that is needed. Let people take responsibility for themselves. e.g. Not letting a technician ask if you have taken this med before. And many many more.*

*I feel it would be helpful if there was a law mandating that the pharmacy must close for at least a half hour per day for a meal break.*

*It would be nice if the state provided guidance for companies the min amt of tech/pharmacist hours to be a safe place of employment. It would also prevent companies from cutting corners.*

*Pharmacy chains are not treating Pharmacist and tech as humans. They are taking advantage of oversupply of pharmacist and directly blackmailing us. Our bosses are saying to us that you do what company wants or else we can find someone who can to what company wants. We do Immunization, MTM's and health testing. Pharmacists are expected to do so much now with reduced help that it has bottle necked at RPH profession. It is just waiting for a Major disaster to happen and someone has to loose life before these chains realize they are stressing too much. We don't get to sit for even 10 minutes in a 12 hour shift. We are clearly over worked and definitely not as Professionals. Techs get 2 breaks in 8 hour shift because they are hourly employees. But RPH don't get any breaks even in a 12 hour shift. I am fed up*

*of Pharmacy chains adding and demanding more stuff done and at the same time reducing Tech help. All these are happening because insurance companies are not reimbursing enough.*

*Please have pharmacy chains reevaluate their business models. The whole idea of 'barely' making by with enough staffs and obtain exponential profits is really putting patient at risks. We are so busy with filling Rxs, there is not enough time to ensure quality service to our patients. we have 1 pharmacist there for entire day, 1 tech and 1 assistant. And yet, the corporations are pressing that managers have to cut their tech hours and decrease hours for assistants due to not enough profit.*

*I wish the pharmacy board inspections at pharmacy sites include a max number of Rxs that a pharmacist can fill per hour to enable a stress free environment which can greatly reduce medication errors and increase patient safety and increase the quality of patient care. Greedy employers would be penalized for forcing the Rphs to fill more than the maximum allowable Rxs per hour per pharmacist and will be required to have more Rphs on the payroll to hit their numbers.*

*I believe that the current retail pharmacy business model has been hijacked by the PBM's/Insurance companies through below cost reimbursement and mail order coercion, i.e. pay more at the pharmacy and less at mail order. Less money equals less staff. Less time for patient care.*

*As an independent pharmacy, we regularly hear the problems and errors faced by patients at chain-drug stores where the emphasis is on sales. We try to avoid these by being proactive. Pharmacy boards should be more tough and regulative on the mail-order pharmacies. For e.g., how can mail-order delivery achieve the optimum temperature for the drug storage during transit. Most mail delivery trucks are too hot to be safe for medications. However, mail-order pharmacies are preferred by the insurance companies who put emphasis on saving money rather than patient safety.*

**WASHINGTON STATE APPLE HEALTH IS NOT HELPING PHARMACY TO CONCENTRATE ON PATIENT CARE. ALL PATIENT WANT IS GET THEIR PRESCRIPTION(S) AS OUT OF THE PHARMACY AS SOON AS POSSIBLE. WE NEED TO FIX THIS REALLY BAD.**

*We are a physician residency program as well as a health system pharmacy, so our job is more than a regular retail pharmacy. We spend quite a bit of time working with the residents & other staff to correctly prescribe medications for their patients, so while our total prescription load is lower than average, our time spent in counseling, advising, and prescribing (per our protocol) is much greater than average.*

*None at this time.*

*When first being acquired by a local chain, my way of taking care of patients was re-affirmed by management and was upheld for 20 years. Then upheavals in the main offices caused a shift to 'all for the dollar' and little emphasis on patient retention. It's hard to do your professional responsibilities when the mantra is 'do more with less', and then the next visit from a DM, 'do more with even less'. No positive re-enforcement, just do it! With all the third party problems, e-Rx issues, it's HARD to do your job justice, and to not have ANYONE in mgmt. even attempt to understand our day-to-day workload is very damaging to a good working relationship with your store manager or upper management. The quest for the 'bottom line is all too pervasive and should not be tolerated by pharmacists, pharmacy technicians and staff. We need to be able to take CARE of our patients and take care FOR our patients. If we don't, who will. Please help us. . . . .*

*Too retail focused*

*Have the retail close for 1/2 hour so that pharmacist can eat without any interruption our chain will not close for lunch unless mandated by law*

*The biggest obstacle to providing good care are the insurance mandates. Questions that need to be answered are, when did we allow insurance companies to dictate what is covered and at what price? In any other industry this is considered a conflict of interest. Allowing insurance companies to offer better prices if patients use the mail order pharmacy owned by these same insurance companies causes many issues. First, the access to face to face interaction to the pharmacist is lost. Second, having prescriptions filled at multiple sites can cause interaction problems. Third, it has been shown in many studies that there is a lot of waste with mail order pharmacy use, and not a true savings to the over all healthcare dollar. All pharmacy employee hrs have been cut over the last 5 years yet immunization and travel clinics and MTM has been added to our workload. My staff. Rph and I both work a 12 ½ hr day once per week we do close for lunch but any other break is almost impossible*

*The concept of lunch/breaks are a joke for pharmacists in the retail environment. Pressure from the company AND the patients makes taking even a 2 minute bathroom break impossible at times. I directly attribute some of my health conditions to the work environment.*

*please cap the total rx one pharmacist can fill in one day at 100 rx per day per pharmacist in 8 hour shift*

*please make it mandatory for one 30 min lunch break and 2 of 15minutes break during an 8-12 hour shift I feel pharmacy technicians are grossly underpaid and under educated which leads to most being very unprofessional and a liability.*

*As the only pharmacist on duty over the course of the day to provide counsels, check prescriptions, provide immunizations and OTC counseling among many other things, I often have very little to no time for a break in a 12 hour+ day, which means at most a snack and rarely a full meal over the course of the day. This is despite being on your feet and constantly concentrating/focusing on filling prescriptions for the whole 12+ hours, which is exhausting and towards the end of the day potentially detrimental to patient safety. The other very frustrating aspect of being the only pharmacist on duty is the pressure to never call in sick or at least go in for a part of the day before coverage can be obtained. We are in a field where we are around elderly, children, and others with potentially weakened immune systems and yet we are expected to work unless seriously ill because if we don't go in or have to leave early due to emergency then the pharmacy won't be open. Although sick time is never outright denied, it is not encouraged. I think it would be beneficial to require overlapping pharmacist at stores that fill over a certain number of scripts (170-200) per day, as this would at least solve the problem of never getting a break/lunch, although stores would likely just cut tech hours if this were ever required. Another alternative would be all pharmacies with one pharmacist on duty must close for lunch for a minimum 30minutes at some point during the day.  
- commission to have all companies (especially those in retail) to mandate break/lunch time for all pharmacists - I am not sure why labor rules would allow any company to have the pharmacist to work continuously without any break through the day (even w*

*Though my employer encourages lunches and breaks openly, the work environment with only one pharmacist and a continuous flow of prescriptions that 'must' be done within 15 minutes does not allow for this. It is common for me to not take even 5 minutes to sit down, and even when I am sitting behind the shelves to quickly eat a granola bar and drink some water I am still responsible for supervising all activity of the pharmacy and cannot truly have a 'break'. Mandating a period of time where the pharmacy closes for 30 minutes during the day would be a great help in ensuring that pharmacists have a few moments to mentally and physically recharge for the remaining 6 hours of a 12 hour shift.*

*The work environment in the pharmacy is extremely stressful nowadays. On daily basis, I'm expected to fill super-fast, administer 20 flu shots, do health testing, follow up on physician orders, and call patients per corporate protocols. I hardly have time to consult patients in an effort to juggle all these duties - with the help of one technician. XYZ Chain drug store has cut the technician hours so drastically and often told that if we need more hours, we must fill more scripts - business decisions. With only two pharmacists in a store,*

*there's hardly any overlap and often skip meals - don't even mention a 15 min break. Horrible working conditions - extremely unprofessional. The board needs to intervene for the patients' safety.*

*Pharmacy is a stressful profession, requiring total concentration and 100% accuracy in the midst of constant interruptions. Not sure I'd choose it as a profession if I had it to do over again.*

*Currently, the company I work for keeps reducing the number of technician hours we have. It is now stretched so thin, that we constantly feel rushed. I sometimes cannot give patients enough attention due to lack of time. In addition we are expected to: counsel everyone, never make a mistake, give vaccinations, and now we are being required to do smoking cessation counseling. We are constantly battling with 3rd parties over coverage, prior authorization and under payment. Then we have drug shortages and price gouging. Our gross margins are being destroyed by 3rd party insurers, while they and the pharma's reap record profits. I am glad I'm close to retiring. Pharmacy is being destroyed by insurance companies and federal over regulation (hipaa fraud waste and abuse, new emphasis from DEA). AND rogue BOP inspectors that re-interpret laws that have been in effect for 50 years.*

*It is great as a pharmacist to be able to provide immunizations but these chain pharmacies are putting so much pressure on pharmacists in regards to the workload. I can't believe that the higher ups really think that a shot should be processed just like a regular prescription in regards to time and labor. I question the safety of the patients when there is so much pressure to shoot patients and keep Rx count up with the same amount of labor. How is it safe for the patient? As a pharmacist I take the time and deal with the metrics and corporate managers complaining about the time later. I love being a pharmacist and have decided that I have taken an oath to be a great pharmacist and to ignore these chain district managers.*

*The question regarding the amount of staff on duty during a regular pharmacy shift needs to be clearly taken into account..... The typical shift at our store went from 8 am to 10 pm..... that means the 2 pharmacists, 2 techs and 2 assistants typically on duty for the whole day have to cover that whole period. With the overlap when breaks and lunches are taken into account, that means it's closer to 1 pharmacist on duty for most of the day. Tech and Assistant overlap could be better but not by much and parts of the day are without a Tech or Assistant (or even both at certain points of the shift) at all. It also matters how many prescriptions AND consultations -including in store and the newly added phone solicitation consultations - AND immunizations (along with administrative, managerial, and janitorial work) are processed during this time. The overlap and coverage may be fine for 8am to 10pm if the pharmacy does 200 scripts per day, it might be fine for 300 scripts a day if the length of consultations or immunizations is low, or it may vary depending on the time of year. The amount of new versus refill prescriptions matters, the amount of controlled substance prescriptions matters. The amount of more labor intensive/ consultative prescriptions matters. Does the pharmacy have a drive thru? Are most of the patients one time fills near clinics or are they returning patients with large prescription profiles? Also, a pharmacy open 8am to 6pm may have different staffing demands than a pharmacy open longer even if they do the same volume of work. Just saying --- the current question of how many staff are on duty during a shift does not address the length of the shift or the work load demanded during that time frame..... This gets at the core of the work environment and stress level and should be an important part of this survey.....*

*Weekend hours are shorter but the pharmacist works alone*

*Please take a look on the foreign pharmacist in visa who worked in our state. Their condition, pressure and blackmail their employer does*

*Workplace conditions have steadily declined over the past 6-7 years. Corporate has no regard for employees--it's all about the stockholder & bonuses for upper mgmt.*

*I work at a small hospital. Because PQAC has permitted tele-pharmacy, we now only have one pharmacist. We no longer have 24 hour on site coverage. Now some person who is only looking at what is in the system is making decisions from afar. There is more to pharmacy than this. Please stop this process. In the year 2014 in WA, there no excuse for this (many unemployed pharmacists, rarely actually rural not that it should matter) and there is no lack of funds. These hospitals just take advantage of the fact that PQAC is a pushover and lets them cut direct on site pharmacy services. They just spend the money on other services and dump an ever increasing workload on the lone pharmacist. In fact, some of the hospitals no longer have a pharmacist. It is all done by tele pharmacy. What is wrong with you? Is retail next? No actual pharmacist on site. There are many other things a pharmacist can do (go talk to the educators at the UW and WSU). They keep cranking out pharmacists with aspirations of doing all kinds of 'Clinical' services and yet PQAC keeps flushing these jobs away by not enforcing ratios, permitting tele pharmacy etc. It was nice to see the inspectors actually trying to hold us accountable at a recent inspection. However, management just said, since they only made us fix enough to get above a 90 on the certificate, we will not fix the other stuff. How can this be? Maybe start issuing fines at inspections for each item that is not in compliance. That will get their attention. And require 24/7 onsite pharmacist staffing at all hospitals. This is getting out of control. Pretty soon, there will be no need to have pharmacists. BTW, automation is not a substitute for direct patient care by a pharmacist on site in any setting.*

*It seems that the hours for the pharmacist are either diminished to make no overlap or the pharmacist are required to do a 12 hour shift at many locations depending on script count. Despite lower staffing levels, corporate still increases the amount of tasks for the pharmacy staff to accomplish (required phone calls to pts, immunizations, etc.). No breaks or lunches for pharmacists if no overlap due to exempt status. Often have to do over 20 Rxs per hour on average just to keep up. We have to do more with less. Some days we cannot even finish all the Rxs and tasks. In addition, often the patients don't care what the situations at work are that contribute to the back log of prescriptions. With all the new controlled substance rules going into place and the flu & cold season I foresee it only getting worse.*

*Many of the problems that exist throughout the various medical professions are the level of third party reimbursement. This strongly influences the pharmacist/technician ratio. I retired this week and would say that I have become uncomfortable with the level of automation and use of ancillary personnel (techs and assistants). In my opinion, this has diminished the pharmacist/patient relationship. It appears that this is largely driven by low third party reimbursements, significant government regulation, and looking for larger profits. Some of this seems to be a generational issue between a very 'hands on' approach and being comfortable with automation and use of 'less trained' ancillary personnel in the pharmacy. I greatly enjoyed my time as an independent pharmacy owner and I think I made a significant difference in the healthcare in a small community. That said, I'm glad that I'm retiring at this time because of the issues already mentioned. Thanks*

*Pharmacy Assistants are highly valuable members of the pharmacy workforce, but are seldom utilized in the budget/training.*

*As a pharmacist, I want to spend more time working as a pharmacist, not as a cashier or a tech or a phone operator, i need to spend more time with my patients. Interruptions and workload block my way. Everything is a rush rush rush. There is no time.*

*Our current RPh hrs. have been mostly adequate up to this point, but we are being told to reduce pharmacist hrs. significantly, to a level we have not seen at our store since 2006. I'm concerned for patient safety, as our workload has obviously increased since then, but we are being pushed to cut pharmacist hours. Our ancillary staff is a great help, but because of the tasks that are pharmacist only, i feel that reducing pharmacist hrs. jeopardizes pt. safety & significantly increases the stress level of the pharmacist in this understaffed environment. It seems that our company is unfortunately jumping on the bandwagon that I have seen at several competitors, & I don't feel that it is the path we should be taking. Maybe we do*



*need to look at staffing levels being set by those who are truly concerned with patient outcomes vs company profits.*

*I am a pharmacy manager in a retail chain Rx. 300 Rx day, 1 pharmacist working a 12 with 3 techs, two assistants, a drive thru, immunizations, workload balancing, No breaks, no lunch, and no end in sight. What the hell are you thinking PQAC. Bring back the pharmacist! Limit shifts to 10 hours. Mandatory breaks and lunch away from the pharmacy. Close pharmacy if only one pharmacist in duty. Enforce the ratio...do not increase. Include interns in the ratio. Get rid of all kinds of transfer incentives/coupons/discounts etc. Abolish time guarantees! Hold firms/licensees accountable with fines. HELP!*

*My company recently made more cuts in pharmacy hours. What I feel needs to be done with these corporations is decreasing the amount of upper management hours who do not directly take care of the patient and who have no idea how things run in the pharmacy, and transferring those to the pharmacy, so that we can continue to take care of our customers, avoid errors, have the time to investigate potential errors, interactions, and continue our learning process, as pharmacy is always changing and growing. Technology unfortunately has increase the amount of time it takes to process a prescription from start to finish, and that is not being taken into consideration. I have known my patients for many years. They are truly like family to me. I am very concerned where the medical health system is going....further away from the focus of patients care.*

*Workload is increased with extra time needed for setting up insurance prior authorizations or resolving difficult insurance rejections, more documentation needed to submit insurance claims (Medicare part B on assignment, # of migraines per month, application site/area size creams-ointments), controlled meds telephone orders need hand written with no missing info addresses & DEA, extra time is put into administering vaccinations & health screenings, calling doctors that submit errors with electronic scripts, and performing required clinical MTM interventions. The lower margins in gross profit due to lower insurance reimbursement rates affect sales margins/labor dollars.*

*There should always be a pharmacy technician working with pharmacist. Sometimes RPh has to work by himself 2 to 3 hours without technician. In some lower volume of Rx, RPh works by himself alone on weekends. There should be a law that RPh should always have technician, to implement double checking data entry.*

*Increasing regulatory burden around controlled substances and pharmacy inspections is adding considerably to workload stress. Staffing budgets also continue to be impacted by reimbursement cuts and the commoditization of pharmacy services.*

*Staffing has been reduced and workload increased in such a way that we run full throttle from opening to closing every day. There is no calm, professional contemplation or counseling. Every week day we are bombarded with e-mails and 'score sheets/metrics/performance indicators' from numerous upper level managers, thinly veiled as inspirational in nature, but that are meant to intimidate and humiliate, about 10-20 per day that, 'require immediate action', to sell, sell, sell, at any cost to capture 'the low hanging fruit'. If we do not meet our arbitrary but ever increasing quotas for 'building the business' by increasing script counts, or selling flu & Zostavax immunizations it goes in our HR or employee file and can be used against us. When my team failed to meet their quota of 600 flu shots per pharmacist, we were scored, '1 out of 5', which was defined as, 'immediate correction required to justify employment'. If a 'customer' is unhappy an immediate investigation ensues with the 'company' as the advocate against the pharmacist, so that means whether a pharmacist makes a mistake or not, we have eight different people calling and coming by to tell/hassle us about it, and they 'reward' the complaint with a \$25 gift. The only real motivation is not to be hassled while doing this job, that, and the fear of losing our jobs. But that heavy on the stick and light on the carrot management technique will only make someone work just hard or careful enough not to get fired. And I remember when Albertson's used to have a slogan 'the best place to work'.*

*Recently they fed us a fear campaign that stopped all bonuses, cancelled the 401k match, hollowed out health benefits, took away sick leave and a week of vacation time, only to have our parent company turn around and buy XYZ chain drug store. So now the monster has more monopolistic power and leverage. I just do not think I can go on in this profession and was planning to work at least another 20 years.*

*We deserve a lunch break without interruption especially if working a 12 hour shift*

*First of all, thank you for doing this survey. For the first time, I feel hopeful that the board understands the predicament of pharmacists. I hope this survey gives the board a clear view of how the majority of pharmacists feel (especially in a retail setting). I hope to see improvement in our regulations so to better serve the pharmacists who in turn can better serve patients.*

*We are evaluated by corporation on numbers and efficiency. It's always a known problem with short staffing and budget control. Now every pharmacist is expected to do mtm, immunization/ clinical work with the same or reduced ancillary help which burns out the tech and pharmacist.*

*Technician ratios do not work. They are a regulatory dinosaur and should be recognized as such. Some pharmacists can be overwhelmed with less than three technicians others can practice at a higher level with more than 3 or 4. There are too many variables in pharmacy practice to presume a regulatory body can set an ultimate or even reasonable ratio. Robotics, type of practice setting (long term care versus traditional retail for example), mix of acute to chronic care and new to refill prescriptions all have huge impact on the staffing needs of the pharmacy. The most common technician ratio in the nation is no ratio whatsoever. It should be so in Washington. I've practiced for over 30 years. I've known and worked with hundreds of pharmacists. I don't know of one who could honestly say they practice at the top of their license because they were forced to by regulation. It is important to recognize this reality. Pharmacists have to want to excel. No one has or will regulate them to excellence. Regulation is necessary and important. Overregulation stifles professional creativity and is often worse than under regulation. PQAC needs to find this balance. Regulating to the lowest common denominator is folly. Those aspiring to excellence find overregulation to get in the way and the lowest common denominator folks will still be the lowest common denominator. Ideas bandied about such as mandatory closing of the pharmacy for lunch so the pharmacist can have 30 minutes of uninterrupted down time is short sighted. I've been doing this for 30 years (8 of them in chain pharmacy) and never felt like I needed more time for lunch. This is a labor union kind of issue not a regulatory body issue.*

*Technician ratios do not work and are regulatory dinosaurs. If they worked pharmacists would not report being over worked. There are too many variables in pharmacy practice sites to set a fixed number that maximizes pharmacist effectiveness and patient outcomes. The type of practice (independent versus chain for example) is one of those variables. When I worked in a chain we had cashiers, merchandizers, stock clerks, managers, PIC's, bookkeepers, security, purchasers, janitorial, IT, HR, operations, advertising, pharmacy assistants, technicians and pharmacists. In independent pharmacy we need all those same things done but they are undertaken by pharmacy staff. This is why we would not be overloaded with Techs if we had a 5 to 1 ratio. Chains with robots, automated refill applications, high percentages of new and acute care prescriptions, with designated cashiers, and assistants could have their pharmacists be overwhelmed with a 2 to 1 ratio. Pharmacies in different practice settings utilize techs differently. Those serving assisted living facilities require 2-3 times more tech time to fill an order than seen in a traditional retail operation. This doesn't mean the pharmacists need more time to provide oversight. It means the number of techs can be higher to optimize care. There are too many variables for tech ratios to work. The most common tech ratio in the country is no ratio whatsoever (17 states as I recall and it does not appear any of them are going back to ratios). Lastly, I've practiced pharmacy for over 30 years and I can say with confidence I have never met a pharmacist who became a really good pharmacist because of increased regulation. Pharmacist excel because they want to ... not because someone makes them do it. Regulation is important and necessary but PQAC should never subscribe to the delusion that they can regulate excellence.*

*Retail is ruining the profession. Increased pressure to 'meet' wait-times and increased sales goals, while meeting additional flu-shot goals is impossible. The most useful tool that we have is the PMP checker to rule-out addicts and real-users of narcotics and controlled substances.*

*I care deeply for my chosen profession and like most pharmacists I know I feel hopeless about the future of my career. Most retail pharmacists are asked to do the impossible every day. We need help! We have to somehow come together and lay responsibility where it belongs. The current climate with the state board feels like blame and responsibility is placed squarely on the manager in charge but we desperately need someone to force these corporations to set a reasonable labor model. Most of the time I live in fear of being fired for not following company directives for staffing but I KNOW I cannot meet the goals they set if I practice pharmacy within the requirements of the law. I already work for free all the time and do not take any breaks or lunches...often a 13 hour shift by the time I go home. Our reality is so bad it is hard to explain to someone unfamiliar with our job. Please advocate for us! We need help!*

*Every year it's 'do more with less.'*

*Corporate quotas with regard to pharmacy services such as automatic refill and vaccinations create a conflict of interest in the practice of pharmacy and should be banned. They create incentive to make decisions that are not in the best interest of the patient. With automatic refill programs in particular it increases the potential for drug errors (i.e. filling discontinued medications and/or dosages) and also represents waste in filling medications that the patient may not need. The expectation from my employer is to get a certain % of prescriptions enrolled in automatic refill or face disciplinary action. And while I don't dispute the value of vaccines, I do dispute a quota system that results in disciplinary action if you do not sell a predetermined number of shots.*

*The Washington DOH Prescription Monitoring Program is a great idea BUT it is ridiculously cumbersome to dial into and get the document back. It slows things way down at a busy time in the pharmacy or in a very busy pharmacy.*

*I believe our profession with our mission of helping and ensuring patient safety is changing. I work in a community health clinic and we handle all the refill requests coming from retail pharmacies. These past 2 years it seems our pharmacists working in retail are being forced to be 'policeman' and 'production robots' rather than working collaboratively with providers to help patients. Even though all/most pharmacists now have PharmD, the clinical impact and help provided by our pharmacists today is well below the days of the 'apothecary' pharmacist. The only and most common questions we are asked from our retail pharmacists are the following: 1. Tablet not available ~ can we use capsule? (Is this not in the scope of responsibility of a Doctor of Pharmacy - and just send a fax to notify provider of the change?) 2. Drug not covered by insurance - RARELY do our pharmacists provide the providers with recommendations. 3. Significant drug interaction - most commonly we receive just the computer printout, which no additional value-added help from the pharmacist. Often we just receive the question: 'What do you want us to do?' Well, how about using your clinical education to share with the provider what your recommendation is? 5. For skin creams, we are not getting from XYZ chain drug store's only: We will not fill Rx unless you provide specific areas. I did check with State Board - this is not a legal rule; an insurance one. Is this not something that can be determined by the pharmacist in patient counseling? We are finding XYZ chain drug store's to be the most negative in terms of helping providers and in being so very nick-picky. This is sad because XYZ chain drug store's use to be one of the best. Now their actions are creating anger and bad relationships with physicians. Thus, perhaps this Pharmacy Commission needs to reflect on the history of our profession, our identity, our mission, and our vision.*

*My current script volume is low because we are a small, fairly new pharmacy. However, my previous job in a retail chain pharmacy was much more stressful with less time to spend ensuring patient safety. More*

*time was spent on non-pharmacist duties which was very distracting and compromised the work that I was intended to do as a staff pharmacist.*

*Is there a regulation of how many prescriptions per hour or shift the pharmacist can QA to the maximum? If not that it is the sole predictor of patient/public safety.*

*I understand that community pharmacists are very useful to the accessibility. My concern is that community pharmacists are doing more than they can handle. Being required to do a certain number of vaccinations per day is quite a burden. In addition to being required to do MTMs now while verifying prescriptions as the only pharmacist on duty, the workload is more than can be handled in 1 workday by 1 pharmacist.*

*Client safety is our number one objective and many steps are in place to ensure that but in today's low reimbursement, high volume scenario there is certainly stress involved.*

*The workload for the pharmacist is increasing over the time I have been licensed (16 years). Now we provide immunizations, mtm services, etc. and are required to fill more prescriptions with less help due to reimbursement rates from insurances. Realistically, there is a breaking point. I do believe that the level of knowledge necessary to dispense prescriptions properly still requires a pharmacist for almost all tasks. There is a point where more ancillary help does not equal better patient care. I believe that perhaps requirements should be changed for allowable volume per pharmacist to accommodate all the requirements necessary to provide safe and consistent care. I believe most all pharmacists want to provide this care regardless of their reasons for joining the profession. The position has ingrained in us the importance of every small thing we do, but there is definitely only so much one individual can accomplish in a day of work. It doesn't mean I slack in any of my responsibilities, it just means that to do a superior job religiously, there is too much opportunity for error with the volume going past my face daily. I feel like the board should step in and change what amounts of scripts are acceptable for one pharmacist to complete per day, per hour, or some other metric. If this was limited, then it would force retailers to provide more pharmacist hours to complete our growing workload. Thank you*

*At our facility there is a push to have pharmacy do other work besides pharmacy and I don't feel that we have the ability to push back and say no without serious repercussion up to and including closing the pharmacy.*

*As a pharmacy manager I am provided very limited time to complete managerial duties.*

*My chain pushes us to do more with less. Improve customer service; fill more prescriptions with cuts in staff. Also somehow figure out how to provide diabetes education for state workers that last almost an hour for first meetings and about 25 minutes for follow-up meetings but no increase in staffing and already working 12 hour shifts. Which means coming in before your 12 hour shift to fit in these appointments. Also push flu shots and other immunizations on top of it. It's all mutually exclusive!!*

*Require pharmacies to have a minimum ratio present based on Rx volume*

*I'm concerned that the board is continuing to allow new and special projects where technicians are being allowed to perform without a pharmacist on premises. I understand that staffing can be difficult in remote areas. A technician cannot be properly supervised via camera.*

*Audits are occurring more frequently and taking more pharmacy staff time to respond to. Insurance companies are overburdening pharmacy with expectations regarding starting a patient within a certain amount of time however not authorizing their service often time for days- putting the pharmacy on line to cover these expenses if insurance does not.*

*Currently I serve as a relief pharmacist when called upon (particularly during summer months) but my primary position is in academia; I instruct at a community college.*

*Legal limits should be imposed on how many hours/prescriptions filled per day a single pharmacist can be responsible for. Or closing the pharmacy for lunches should be made mandatory. Too many pharmacists work 12 hour shifts day after day with no expectation of breaks much less uninterrupted lunches.*

*There needs to be education for consumers to call prescriptions in advance.*

*XYZ pharmacy is a wonderful company to work for.*

*Have the PQAC spend a day doing pharmacy in both hospital and retail so they get a taste of how to care for a patient. Many of the regulations are not appropriate to deliver good care to patients. They may be appropriate for law but not to care for the people who need our assistance most... THE PATIENT.*

*Corporate retail pharmacies do not support a safe working environment. XYZ Chain drug store is the worst offender of staff working conditions; pharmacists in WA do not get a bathroom or lunch break and are especially discouraged from using the restroom if working solo. Under such a circumstance the front staff would need to cover the pharmacist and this places additional barriers to using the restroom. It is my opinion that the public should be advised against using corporate retail pharmacies due to such ill health conditions. It is not safe for a pharmacist to go through an entire shift without using the restroom or getting a meal break. In addition, the technician staff is not have adequate authorized staff hours to support the workload that most retailers require, duties beyond pharmacy/medication – more within the realm of front end customer service. The burden on the pharmacy is high to function as a convenience store and not as a health care provider/facility. The chain retail pharmacy environment is crime scene and perfect example of a moral hazard scenario. I encourage the BOP to protect the public and pharmacy staff by enforcing retailers to provide a safe and healthy environment that fosters care beyond superficial marketing. I am sorry for the state of pharmacy care within many WA pharmacies and wonder how the environment would change if each pharmacy was owned and operated by an RPh within each community.*

*I am thankful that somebody came up with the idea of this survey. I only hope that it will become apparent those corporate entities are cutting back staffing to levels that are no longer considered safe for neither the patient nor the pharmacist. One can only hope that they will be legislated to ensure safer staffing levels. Under the current method of staffing and operation, there are many days that I contemplate a career change. This is unfortunate as I am told by both patients and managerial staff that I excel as a pharmacist in the level of care that I provide. I also wonder if part of the overall problem is the trend to no longer have licensed pharmacists in positions of management within these companies (XYZ has people with bakery backgrounds making decisions affecting pharmacy practice, which is becoming increasingly obvious).*

*National pharmacy (xyz) had better do something about the big chains- on going less staff more to do, flu shots, medication treatment management is a joke (no time), pharmacists are laborers there to increase the bottom line, Profession????*

*Pharmacy chains are putting so much pressure on pharmacists, while providing less help. This leads to an extremely stressful work environment.*

*Vaccines mixed in with work flow is very difficult. They take more time than a regular prescription and are a bit of a different mindset. It feels disruptive to normal workflow. It would be better to have designated clinics that are properly staffed.*

*The company I work for requires the pharmacist to do more - fill more prescriptions, give shots, show customers where groceries are - with less staff than we used to have. We used to have overlap of*

*pharmacists - two each working a ten hour shift with eight hours of overlap. Now either one pharmacist works the whole twelve hours, or if there are two, there is no overlap. Very stressful. Wish I could get out. I no longer encourage anyone to enter the profession. Even my DM doesn't seem concerned about potential errors.*

*We do not like getting monitored for ready rate and wait time. Consultation feels like a burden because of this. Even though we all agree how important it is*

*More manual steps to process prescriptions, i.e. hydrocodone schedule change coming, more regulation, above not always commensurate with increased reimbursements and/or needed employee hours, more complicated third party billing, middle and upper management not pharmacists, some not even pharmacy assistants, inexperienced in professional/technical personnel management and practice of pharmacy, not proactive. Need to position practice of pharmacy more as a professional service rather than a vendor, need to better identify and be reimbursed for cost drivers as those mentioned earlier. Should be more of a proactive and systems approach to medication errors and near misses in lieu of punitive and stigmatizing. Adverse working conditions in my opinion are the greatest cause.*

*I believe there is too much emphasis on the bottom dollar, versus patient safety. We are rated on prescription volumes, and the time it takes to fill a prescription. Immunizations and MTMs have been added to our work load with no additional Pharmacist's hours. This is impossible, and overwhelming! As a PIC, I do not have adequate time, and staffing to manage my Pharmacy. My fear is that the safety of the public is at risk because of the demands of my Employer.*

*One particular chain is holding pharmacy managers/PICs accountable (i.e. firing) when his/her store fails board inspections. However, this chain does not facilitate a safe/realistic/reasonable work environment so that things can be done properly. They've continued to cut hours of both pharmacists (very common for 1 pharmacist to work 12-13 hours without any overlap with any other pharmacist) and ancillary staff, while increasing goals for every imaginable metric.*

*I 'always' have to work longer than paid hours and come in on my 'off' day to finish corporate assignments as well. This is expected for all salaried employees. Legalizing the minimum hours of tech/cashier per pharmacist or certain # of rxs would minimize this type of abuse by the employers.*

*State instructed closing for all pharmacies for 1 /2 hr. Lunch break imperative. No other professional has no lunch break. Not safe or healthy for pharmacy staff and customers.*

*I believe insurance companies are grossly impacting patient safety in a negative way. The prior authorization process can take days to weeks with some insurance companies. I do not dispense the medicine during this waiting period. Who knows if I will get paid or not. The insurance companies expect us to dispense the medication during this time period which I find outrageous so the patient goes without the medication until I get the approval. The insurance companies should be made, by law, to provide a prior authorization immediately upon my fax request or phone call. Some insurance companies you can't even reach via phone. You have to leave a message then they will call you back within 72 hours. If the employee who called is not available, not working that day, at lunch etc., they just leave a message and then I have to call back, leave another message and start this process over again. They won't work with another employee on this issue at hand. Catamaran is notorious for this process. If this was a blood pressure medication for my elderly mother, I would be outraged at the insurance company. If you read these insurance contracts closely, the pharmacy may not accept payment for this medication from the patient during this waiting period then reimburse them when and IF the PA is approved. The last heated discussion I had with Catamaran, they stated I was the one with holding the medication. Their standpoint was I have a claim with them therefore I should dispense the medication. It did not matter that I didn't have a 'paid claim' with them. I hope someone someday will address the unhealthy, unsafe practices of insurance companies and make them via laws and fines provide safe medication coverage. Thank you.*

*We need to review on how pharmacies should operate their workflow with immunizations and health testing. If a pharmacy is going to be performing immunizations or health screenings then there must be required number of technicians in order for pharmacist give immunizations or health screenings.*

*Sometimes pharmacists are left with no technicians and are still obligated to step out to do vaccinations. The pharmacist to prescription ratio should be reviewed during pharmacy audit checks if possible. We need more help in telling chain pharmacies that it is not safe under staffing pharmacies because of 'budget' or 'predicted script volume'*

*It would be nice to have separate work areas for typing, filling, and verifying for high volume stores. Trying to fill scripts safely and w/in company 'parameters' as well as doing the extra tasks they expect us to do during overlap or volunteer hours (e.g. flu clinics and posters), when we need the overlap hours to fill Rx's*

*We need a voice. We need help. Pharmacy chain only care about money, not patient care. Patients are going to suffer if something is not done. Yes, more regulations need to be set in place. These regulations need to not have loop holes that corporations can jump through. We need more help to run our pharmacies. We need to be given lunches and breaks-not only for our sanity but for efficiency and improved patient care. I don't know if the commission can do anything. I hope so. Many of my colleagues dream and wish the profession would improve. It is only getting worse. Unfortunately, I believe I will have to look into another profession, because I no longer have faith in this one!*

*In retail settings..lots of confusion Professional hour limits and Work hour limits. Most Pharmacists are salaried. Workload continues to increase and pressure is put on Pharmacist who is salaried while support staff hours are decreased.*

*Excessive stress is applied to pharmacy staff by corporate executives to participate in sales initiatives, to execute procedures designed to limit liability and to perform contracted clinical services, all with no extra labor hours.*

*It is quite concerning to me that pharmacies have quotas for immunizations. Retail pharmacy had become quite a challenging profession. Workload demands decreased staffing, quotas and performance metric requirements have created a very stressful and grueling work environment. This work environment is not conducive to promote public safety. Pharmacists are under tremendous pressure to meet employer expectations and this pressure can decrease focus and therefore decrease safety.*

*Sadly, with reimbursement rates so low we are forced to look for other means of income (immunizations, MTM, etc.) to keep our business viable. I enjoy providing these services BUT it all has to be worked into our daily workflow and I sometimes feel that my quality of service is lacking.*

*The push to get clinical pharmacy from the retail community setting is unrealistic and will create many errors in the field if corporations don't address the overload and demand...will burnout excellent pharmacist's and cause grief at home and on the job*

*I have been in retail pharmacy during my undergrad, through pharmacy school, and now as PIC. I have seen the shift in my field from patient welfare to sales. With all the budget cuts in my company, we are reducing hours and have less help in the pharmacy. It is becoming harder and harder to focus on patient care because of the increased workload. Also our store has recently increased its hours, which has resulted in less pharmacist overlap. Our pharmacists are overworked and find it difficult to do their jobs properly because of the longer hours. I would really love to see a small retail chain like ours refocus on patient care like it once did in the past.*

*The computer has made the work environment less conducive to good customer relations*

*At one time we were adequately staffed. The director who saw to that was removed this year by the owners who brought in a hatchet man. The work load has continually increased. Error documentation has decreased. Time to think has decreased. Opportunity for clinical interactions has been erased. All in all not very satisfying work situation last six to nine months.*

*Pharmacist should have a lunch break*

*I think the board of pharmacy should look at the volume that each pharmacist is expected to fill. Right now the company is placing so many initiatives that need to be implemented but there are no extra hours given to do them. It seemed like the things that need to be accomplished are piling up and it's up to the pharmacist to figure out a way on how to accomplish them since there are no extra hours for pharmacist and ancillary that are provided. Every year too, the goal for flu shots are sky rocketing but the hours given both for pharmacist and ancillary are the same*

*!BUENOS DIAS! I THOUGHT YOU WOULD NEVER ASK! I DO NOT KNOW WHERE TO START. I SENCE THIS IS NOT A REVALATION, TO ALL PARTIES INVOLVED IN THIS PROFFESION AND THE CURRENT STATE OF AFFAIRS. THIS SURVEY IS TOO SHORT IN SCOPE. LET'S DO ANOTHER; AND SOON; AS FOLLOW UP. I WOULD LIKE TO BE ABLE TO VIEW STATE WIDE RESPONSE TO THIS SURVEY; ALL ENTITIES; CONFIDENTIAL IDENTIFIERS. THIS SURVEY WILL BE PROFOUND, IN TERMS OF FEED BACK. AFTER ALL THESE YEARS, PHARMACIST NOW HAVE A PLATFORM. THIS SURVEY WILL EMBARRASS MAY PARTIES. REMEMBER, NOT A REVALATION, HOWEVER NOW TRANSPARENT. WHAT WAS/IS IN THE DARK WILL BE PUBLIC! I FEEL THE BOARD OF RX SHOULD DO AFTER HOUR INSPECTIONS ( WEEK ENDS AND GRAVEYARD). I THINK THAT THERE IS A SENCE THAT AFTER 5:00PM, ALL IS SAFE FROM INSPECTION. LISTEN, ESCUCHE!, A TYPICAL WORK DAY IS SEVERAL HUNDRED RX'S IN PROCESS, TRAVEL CLINIC, MTM, FLU VACCINES AND MINIMAL RX OVERLAP AND REAL TECH SUPPORT. IN SOME INSTANCES THERE IS NO A-TECH. SOMETIMES NO A-TECH OR B-TECH. PHARMACIST SOLO; REMEMBER STILL RELATIVE HIGH VOLUME. GRAVEYARD HAS NO HELP AND ALL OF THE ABOVE FUNCTIONS. HEAVANS FORBID A PHARMACIST LEAVING FOR 5 MINUTES FOR A BATHROOM BREAK. CUSTOMERS AND MANAGEMENT DO NOT WANT A PAUSE OF THIS NATURE. THEY ARE UNHAPPY. WE NEED PROPER SIGNAGE THAT THE RX IS ON A LEGALLY ALLOWED BREAK! HELLO! MOREOVER, I FEEL THAT THE WORK ENVIORNMENT IS MORE SWEAT-SHOP LIKE. I FIND IT CRUSHING AND HIGH ANXIETY, IN GENERAL. THE QUESTION IS, HOW CAN THIS BE A SAFE WORKING ENVIORNMENT FOR THE STAFF AS WELL AS THE PUBLIC. PERSONALLY, I DO NOT PATRONIZE THIS TYPE OF A PHARMACY; CHAOTIC. MOREOVER, THE LEVEL OF HYGINE AND SANITATION COMES INTO QUESTION AS A PLACE TO DO ANY KIND OF CLINIC; FLU SHOT OR OTHERWISE. I AM SURPRISED AT THE LACK OF HAND WASHING PRACTICES, AS WELL. I HAVE WORKED IN A VARIETY OF PHARMACY PRACTICES. I DO NOT THINK RETAIL SHOULD DO CLINICAL UNTIL THE STAFFING LEVELS ARE ADAQUATE AND UNHARRIED. .*

*Two things I have noticed at the pharmacy I work at are 1) the technicians switch positions throughout the day and I believe this is helpful to prevent getting burnt out on a task or going into auto pilot; 2) some technicians go into auto pilot mode when adding expiration dates and aren't checking each container they fill.*

*I am glad to work in a low script count pharmacy. I wonder how a Pharmacist can do QA 400 scripts in a day with just 2 technicians and a clerk with 100s of phone calls and with all other distractions. I am very glad to do this survey and hopefully I see some changes our State Pharmacy laws. Thank you*

*Retail pharmacy needs help with staffing. Big companies only see the bottom line and how much money is coming in and going out. Most of the companies see pharmacy as a connivance to bring in additional sales to the pharmacy and offer incentives (rewards programs) to bring in guest to their sales so they will buy merchandise. Some companies still use old and dated systems. Patient care is rarely talked about and if it is mentioned it is used in a context where it affects sales. For example flu shots are pushed every year and*



are looked upon as a number. There is mention of well-being included in these conversations but mainly the conversation consists of goals for the season and how to promote/sell the flu shots. Pharmacists in the retail setting have almost no say in the staffing of their own pharmacies. Retail pharmacist work 10+ hour shifts and almost never get even one 30 minute lunch. Workload is too high and work hours are too long for a pharmacist to be 100% confident in checking all the prescriptions he/she sees a day. Big companies are not going to enact measures to increase staff. Given their current track record, they haven't increased staffing but they will decrease it on a moment's notice. It is up to our board of pharmacy to help regulate and protect its own pharmacist will it licenses. However we get vague laws like a 3 to 1 tech/assist/intern to ratio to truly limit big companies from abusing pharmacist. Yet they are allowed to basically force pharmacist to sign away their second or first lunches when they are hired. Pharmacy technicians/assistants have to follow Washington's 30 minute lunch per 5 hour shift yet the pharmacist who are in charge of the pharmacy are forced to work the entire day without lunch or lunch while on duty? As a community pharmacist (including their regulating board) we need to protect ourselves from being overworked and understaffed. But more importantly we need to take these steps in order to protect the patients we serve.

There is more emphasis on doing more (off-site vaccinations, health testing) with less (budget hours, staffing) while routine maintenance tasks suffer.

Head office adds a lot of additional work to head pharmacist and staff pharmacist expecting zero overtime spent. Much pressure and I know a lot of hourly pharmacists who punch out and work off the clock just to keep head office off their back. The head people are purposely targeting older pharmacists and putting undo pressure by writing up and letting certain younger ones get away with things even with many complaints. I know things are tight in retail but fairness and a less hostile work environment helps. They seem to target and then fire or demote some fine people for reasons that are questionable.

I feel that we need a system in place to protect us as workers. We are being pushed to the limits and major errors are going to happen. When that does we the pharmacist are going to be the one that lose their license and the company will just put someone else there. I have been in this business for only 6 years and I am already burned out. The big chain stores only see dollar signs. They are pushing me to work 14-15 hour days with diabetes clinics that occur before the pharmacy opens in the morning. If I knew how this field was going I would have went another route in college.

I feel that the stress put on the pharmacist to make a profit is increasing. I have worked for the same company for 21yrs and used to feel like it was more about patient care. Now I feel like it is more about the dollars. We are asked to fill rxs in less than 15 min but also to ask every patient we see if we can give them a flu shot. We are asked to prioritize the shots. This puts us behind on verification so you feel rushed when checking the Rx so it isn't late outside of the expected 15 min window. We are asked to keep inventory down but to also not have more than 4% fill on arrival Rx's. We are asked to use a wholesaler that changes its products every week and not to order from our regular wholesaler because it costs too much. Keeping up on inventory alone is mind boggling. We have metrics that are measured and sent out to us weekly. We are measured by how quickly we can fill the Rx's and if they are less than 15 min and ready when promised. During the day we have red flags come up if an item is late. It is so stressful to see those start popping up. There are also multiple interruptions by phones, dr calls and pts with OTC questions. Trying to balance the workload is very challenging. Trying to meet the metrics is very stressful. Trying to do all of that and keep the patients safe is the biggest challenge of all. With hydrocodone going c2 I was told that the execs want pharmacists only touching c2's. That means checking in the orders. Counting, double counting and back counting. Logging into the c2 books. This would be detrimental to patient care. We are maxed out already. We can't accept one more thing in the proverbial plate. It's too much. This is when mistakes happen. It's not safe to continually pile more and more on the pharmacists and just expect them to perform. I would welcome some reform. I would welcome someone agreeing that we are a valuable member of the healthcare team and not just a dispensary of pills and pusher of Immunizations.

*My employer cares only about short-term profits. They create unrealistic goals, promote unprofessional programs (Okinawa), and make it impossible for the pharmacist to properly check rxs and counsel patients. They create ill-advised, time-consuming initiatives, but never provide staffing to perform the extra work.*

### **3. Externs/interns:**

*At chain pharmacies, there just seems to be so much value placed on getting things done fast and being very concise. There have been too many cuts to staffing that every person has to do more at a much faster rate. Though being fast and concise may meet the needs of some people, I feel bad when someone really needs more time but I get pushed by the pharmacist to go faster.*

*As an intern, I feel that PQAC must do something about the 'actual' training received by us at the sites. I find that there is little to no actual supervision or training. It was sign on the dotted line and begin processing Rx's. We often have 3 or more techs per pharmacist as well as an intern...sometimes two interns. The pharmacist is often not even my preceptor. This is especially true when I float around. They are using us like pharmacists and I am only in my first year of pharmacy school. It appears as if they are using me in place of a pharmacist because I cost less. There should never be more than one trainee (tech or intern) per pharmacist; Interns should be counted in the ratio. This process is not safe. I hear from my classmates that this is quite common and is especially bad in long term care facilities and hospitals. When I first started, I remember the district manager saying to have the intern counsel so the PQAC investigators would not get us at an inspection. I had no idea what the drugs were. I started working before I had even attended classes. In fact, it was not until part way through my second year of pharmacy school that I had a clue about some of the drugs. What is wrong with this picture? No breaks or lunches? What is that all about? I am supposed to keep people safe and I can't have time to relax and gather my senses a couple of times a day. Eat without having to stuff my face between checking Rx's and interacting with the customers and staff. Is this really what pharmacy is all about? I got breaks and a lunch without having to keep working when I was at a fast food job. Please do something about this corporate control of the profession. I have a whole career ahead of me.*

*I am an intern. I am being used as low cost labor to replace a staff pharmacist. It is not appropriate or safe. We have 1 pharmacist working a 12 hour shift with no breaks or lunch where the pharmacy is closed. The pharmacist is not actively able to supervise me as we are both too busy with the drive thru, overwhelming workload, etc. It is hard for either of us to counsel customers as there is just not enough time. By about 8 hours, we have no idea what we are doing. The earlier part of the day is a fog. There are always 3 techs (often 4) except at the beginning and end of day and when they go to break/lunch. Some of these are in training...at least that is what they call it. Limit shifts to 10 hours for all staff. Include interns in the ratio. Limit it to 1 tech in training/intern per pharmacist per shift per day. Mandate mandatory out of pharmacy/offline breaks and lunch. If only one pharmacist on duty, require that the pharmacy close during breaks/lunch. We all need these periods to decompress and refresh. It is a safety issue. Please eliminate remote order entry/workload balancing. It is not safe and fragments care. There is no substitute for face to face staff on site. This is what proper and appropriate pharmaceutical care is all about. Use \$\$ penalties to force pharmacies to comply. Use \$\$ penalties to get pharmacists, interns, techs and assistants to comply. I have 40 more years of this. Save the profession and bring it back to the pharmacy!*

*I'm an intern for health system pharmacy. From what I've seen so far, health system rx is truly unlike any other pharmacy in terms of giving their staff 2 15 min breaks and a 30 min lunch without fail per union labor laws. Other pharmacies like XYZ chain drug store there are one pharmacist on duty most of the time and then towards the end of the shift, the 2nd pharmacist comes in, relieves the first, and then when the 1st pharmacist comes back, the 2nd one takes a break. The pharmacists at XYZ chain drug store only take 30 min breaks and no 15 min breaks. It is a really bad environment to work at. The techs also usually do not get their 15 min breaks but they don't complain. This is the 24 hour XYZ chain drug store in the Seattle area. Pharmacies like XYZ chain drug store that really care about the 15 min wait push their pharmacists to make more mistakes and to not properly counsel their patients. As you might've guessed, very little counseling goes on in this XYZ chain drug store given that they process over 500 scripts a day that is to be*

*expected given the amount of work there is. I would really like to see stores STOP offering \$25 coupons to people to transfer prescriptions, people transfer things back and forth and it creates so much more room for error.*

*Do something about this profession before it is gone. Interns/Externs used as low cost labor. The pharmacists are overworked and are not available for training. Remote processing/order entry overwhelms the staff at the dispensing location. Add the drive through and flu shot and there is very little patient interaction. Virtually no counseling and it is very difficult to do much more than a product check. The shifts are too long to be safe. Limit them to 10 hours max. There should be no more than 1 trainee (Intern/Extern/Tech in training) per day per location. Please do something about mandatory breaks and lunches. And, if the pharmacy only has one pharmacist. Make them close for lunch. Do something about transfer incentives. Get rid of them as it breaks up pharmacy care.*

*Most corporates of community pharmacies rely on the metric system to grade their pharmacies. However, this just puts pressure on their staff and is not actually reliable since the staffs have learned to adjust their times on the system anyway. The metric system does not take into account how the pharmacist is counseling their patients and any interruptions that have occurred during the process of filling that particular prescription, but rather how quick that prescription can be processed and filled. The current goal is to complete a prescription within 10 to 15 minutes. Being rushed and overly stressed can cause potential harm to the patient. We can improve patient safety and prevent potential harm to our patients if the metric system is removed.*

*My primary practice site has a poor tech utilization plan which skews the number of pharmacist hours worked per day, but we still face many of the same problems of being overrun by distractions. But we are fortunate that we all get our full lunches and breaks during our shifts.*

*As an intern, I feel that PQAC must do something about the 'actual' training received by us at the sites. I find that there is little to no actual supervision or training. It was sign on the dotted line and begin processing Rx's. We often have 3 or more techs per pharmacist as well as an intern...sometimes two interns. The pharmacist is often not even my preceptor. This is especially true when I float around. They are using us like pharmacists and I am only in my first year of pharmacy school. It appears as if they are using me in place of a pharmacist because I cost less. There should never be more than one trainee (tech or intern) per pharmacist; Interns should be counted in the ratio. This process is not safe. I hear from my classmates that this is quite common and is especially bad in long term care facilities and hospitals. When I first started, I remember the district manager saying to have the intern counsel so the PQAC investigators would not get us at an inspection. I had no idea what the drugs were. I started working before I had even attended classes. In fact, it was not until part way through my second year of pharmacy school that I had a clue about some of the drugs. What is wrong with this picture? No breaks or lunches? What is that all about? I am supposed to keep people safe and I can't have time to relax and gather my senses a couple of times a day. Eat without having to stuff my face between checking Rx's and interacting with the customers and staff. Is this really what pharmacy is all about? I got breaks and a lunch without having to keep working when I was at a fast food job. Please do something about this corporate control of the profession. I have a whole career ahead of me.*

*I think that pharmacy interns should do things to learn how to be a pharmacist. It's not appropriate to have an intern as a cashier and just count back change for a transaction while technicians have more authority.*

*Thank you for making this survey. I hope there will be future changes in pharmacy that will move pharmacy in the direction of providing patient care with adequate amount of staff and not push for more sales with less people. This puts a strain on everyone working in the pharmacy and can lead to mistakes.*

*I am an intern. I am being used as low cost labor to replace a staff pharmacist. It is not appropriate or safe. We have 1 pharmacist working a 12 hour shift with no breaks or lunch where the pharmacy is closed. The pharmacist is not actively able to supervise me as we are both too busy with the drive thru, overwhelming workload, etc. It is hard for either of us to counsel customers as there is just not enough time. By about 8 hours, we have no idea what we are doing. The earlier part of the day is a fog. There are always 3 techs (often 4) except at the beginning and end of day and when they go to break/lunch. Some of these are in training...at least that is what they call it. Limit shifts to 10 hours for all staff. Include interns in the ratio. Limit it to 1 tech in training/intern per pharmacist per shift per day. Mandate mandatory out of pharmacy/offline breaks and lunch. If only one pharmacist on duty, require that the pharmacy close during breaks/lunch. We all need these periods to decompress and refresh. It is a safety issue. Please eliminate remote order entry/workload balancing. It is not safe and fragments care. There is no substitute for fax to face staff on site. This is what proper and appropriate pharmaceutical care is all about. Use \$\$ penalties to force pharmacies to comply. Use \$\$ penalties to get pharmacists, interns, techs and assistants to comply. I have 40 more years of this. Save the profession and bring it back to the pharmacy!*

*I'm glad to see this survey. I have been concerned about inadequate pharmacy staffing and patient safety for years.*

*I should have stayed a Tech. You keep giving away pharmacist jobs with Tele pharmacy, permitting hospitals to operate without a pharmacist 24/7, allowing remote order entry, workload balancing and permitting pharmacy activity without a pharmacy license. What the heck is wrong with you PQAC? My supervisors are telling me they are going to replace the pharmacist here at this small infusion pharmacy with Tech/remote verification. This is BS. Are you trying to eliminate the pharmacist! Are you trying to eliminate the profession? Are you trying to eliminate yourself (PQAC)? Do you not understand that you do not exist to promote business agendas? You are there to keep patients safe, to enforce laws and rules, and to preserve the profession! Wake up! Or you will soon be eliminated as well!*

*We should have an effective rule that is about: Every employee do not has smoking-smell during work-time in any pharmacy where they contact directly with patients.*

### **3. Pharmacy Technicians:**

*I have worked in a chain retail pharmacy, a community clinic pharmacy, and an outpatient hospital pharmacy. Each site had its challenges. Retail was the most difficult since all corporate cared about was numbers and worked the pharmacists an avg. of 10 hrs. The community setting partially cared about the numbers. The hospital does care about the numbers but cares more about patient safety and prescription accuracy. There is a worry with the Seattle minimum wage increase that our wages as techs will not go up accordingly and it will lessen quality people seeking the profession.*

*Tech to pharmacist ratio should be increased to 5 to 1 in LTC pharmacy*

*Corporations are continually adding more duties for the staff, but keep reducing hours making it unsafe for patients*

*It seems that every year they lower our hours and increase our workload. I think that Pharmacies should be monitored and should have to have x many people working according to how many prescriptions they fill per day.*

*Based on my experience answering surveys of this sort, I do not believe that answers are confidential.*

*Corporate continues to cut hrs. while having pharmacists do more..diabetes testing/training, immunizations etc. plus all their daily corporate stuff. It is like filling prescriptions is on bottom of list. The high volume stores are getting hrs. cut a lot. Mistakes ARE going to happen. The stores talk about this ALL the time, especially with flu shots around the corner and no hrs. to get rx's filled.*

*AM pharmacists are alone for first 4 hours of the shift; PM pharmacist is alone for 6 hours of the 2nd shift. AM RPh attention divided by phone counseling to pt. rooms for discharge meds, calling ER or floor to change meds due to insurance coverage, window counseling, transfers, other phone calls, checking and dispensing. Often too much for 1 person.*

*Regulations are killing us. the company i work for keeps trying to cut staff, but then there are things that must be done due to regulations but just can't because we are trying to take care of the patients at the window. We also have an infusion center in the building. That tech is over worked, and the manager glares at me when i ask for another trained tech to help me (i can't make both chemo and an antibiotic at the same time!) or to even go to lunch. I swear someone is going to die before things change!*

*I am concerned about the distraction one of the 'new' inspection teams is creating. The pharmacists that I work with are being distracted by the new approach these people are taking and how best to 'be ready' when in fact we are doing what we should be and have always passed inspections in the past. But the rumors are flying about how harsh the new inspectors are so everyone is focusing on what problems the team might find. It is interfering with patient care at our hospital. Too much time is being spent anticipating what the inspectors might be looking for and the pharmacists are over reacting to rumors/stories of other inspections. Inspectors should be HELPING us get the job done well and safely within the law, not coming in to 'FIND every little fault'. I think this new inspection team's approach is creating a hazard, not solving anything*

*You need to regulate better in hospital and retail pharmacies way to many illegal non licensed pharmacy management companies get away with too much and are not held accountable. The treatment of healthcare workers in this state has gotten horrific pretty hard to do quality correct efficient job when you are mentally terrorized on a daily basis so it makes you worry and hate your job.*

*The workload is immense. The budget tiny. The work environment is poisonous. The expectations are ridiculous. The patient needs outstrip service.*

*I recently moved to a new chain pharmacy for my old chain pharmacy. If I was rating that pharmacy my answers would be a lot different. There was not adequate staffing, you would not get all of your breaks. Pharmacists would work 12 hour shifts without breaks and be the only pharmacist on duty. They would have to check all of the prescriptions and give shots. One pharmacist cannot do all of that without a break.*

*Thank you for asking for our opinions:)*

*Sometimes have pharmacy interns and student technician interns and wondering if they are to be added to the pharmacist to tech ratio*

*My company has clear guidelines to follow when a mistake is made - however, they are not particularly meaningful. For instance, when a typing error is made by a technician, the technician is supposed to indicate how they will make sure the mistake will not be made again. The main reason typing errors are made is because the technician is probably helping someone on the phone, someone else standing in front of them at the window, answering a co-worker's question, and working on a different adjudication, as well as typing the Rx in question. While multi-tasking is an important skill, it clearly divides a person's attention. However, the corporate incident report doesn't want to acknowledge such an over-arching issue, so we have to provide lip service and w XYZ chain drug store something down which really will never help with the actual problem. Thus, while there are procedures in place, they accomplish little.*

*Our corporate office is more interested in sales and inventory than quality customer care. Which makes it hard to get prior auths, double count Rx's, and quality consults for patients.*

*Many factors have changed recently in retail pharmacy. Costs of generics have skyrocketed in the last 18 months. Insurance reimbursements are often equal to or less than the cost of the medication, the result being that corporate offices reduce technician labor hours. My chain doesn't even have a 40 hour per week technician any longer. Labor hours are based solely on script count, leaving little time or no time for tasks such as cleaning, filing, checking for outdates. Technicians do not get breaks and there is a pervasive atmosphere of 'don't start asking for them or you will find yourself out of a job'. This is partly due to the fact that your coworker is a pharmacist who doesn't even get a proper lunch. Then there are the relentless unfunded mandates, such as the med guides, new HIPAA requirements, and pseudoephedrine sales regulations. Retail pharmacies in our state have been printing patient drug monographs since the advent of computerized pharmacy. Now with the additional med guides required by the feds, the increased risk of HIPAA violations is quadrupled by the sheer volume of paper put in a patient's take home bag. Presently, more than half of our customers have become savvy enough to say they don't want the paperwork at the checkout counter and refuse it. As a result, our shredding costs have doubled; the patients aren't getting their basic medication information, not to mention the reams and reams of wasted paper daily. It's a case of information overload to the patient to the point that they simply refuse it. Interruptions are commonplace and attempts to prevent them or delay them are often viewed by the public as 'poor customer service'. Additionally, the pharmacist's relationship with the WA Board of Pharmacy has become adversarial and is viewed as an agency not in partnership with both pharmacy personnel and patients, but patients only. Enough said.)*

*From being in retail previous, these questions are rather vague. From my current practice, in-patient hospital it seems there were too many n/a questions.*

*My staff and I always feel rushed, and pressured to increase sales. We are all very efficient and good at what we do. However, I do believe that with the increased responsibilities in retail pharmacy and the*

*pressure from corporate to include 10 different sales pitches in our daily conversations with our patients about their medications, the safety and well-being of our patients are put at risk.*

*I am no longer working. i gave the info from my past job my director played favorites at XYZ chain drug stores and it became too stressful to work there*

*I would like to see more emphasis put on cleanliness around the inpatient pharmacy and satellite pharmacies at the hospital I work at.*

*In pharmacy, public safety is compromised when sales and convenience become the more salient objectives over providing safe and accurate care to patients.*

*Air conditioning would be a huge help in the summer months.*

*I feel that we need more Pharmacists and techs on the night shift, perhaps one more RPh on evenings, and a float tech A on days*

*I have never been so close to quitting pharmacy as I have been in the last year. More and more is expected with less help. With new (or newly enforced) DEA rules, Insurance Prior authorizations that require, extra time there is not enough hours in the day. There is not time to take a break and heaven if one of the Techs call in sick. Thank you for doing this survey because most pharmacies need more help. I am not sure what will happen if Norco becomes a CII that will add about 2 hours of extra work a day.*

*Pharmacy technicians should have a raise for their added responsibilities*

*Chains do not care about the employees, they only care about the script count at the end of the day and increasingly require more tasks (MTM POC...) from us ...but are cutting hours on a regular basis...they are setting unrealistic goals for pharmacy staff.*

*Corporate needs to care more about their staffs rather than mean customers. Customers are most of the time mean to the staffs, even Pharmacists. They always threaten to complain to corp. for every reason that they can think of.*

*We are asked to do more with less time and better customer service? In the end mistakes are made and customer service suffers.*

*My pharmacy is open 76 hours a week. We have pharmacist coverage 82 hours a week, but technician coverage is currently 59.5 hours. I think there should be more technician hours.*

*We need more qualified tech help, but unfortunately our company starts techs out so low on the pay scale, they usually end up somewhere else doing less for more money.*

*We REALLY need to put an end to 1 pharmacist shifts 12 hour work days and the 'fast food restaurant' kind of mentality. We are a pharmacy not a fast food chains safety standards needs to be rationalized and updated!*

*Hospitals place very little importance on remodeling pharmacies and as a result we tend to work in very shabby, outdated, cramped conditions.*

*More hours for everyone, so technician can take their breaks and lunches on time. More hours for pharmacist so they can take lunch break.*

*Better wages. Pharmacy techs are way under paid for what we do on a daily basis.*



*Hold retail pharmacies accountable for realistic training needs, functions and time to build team efficiency, esteem and confidence building to reduce or eliminate mistakes to patient's health.*

*A technician in a tele pharmacy setting is not efficient; mostly a receptionist, and a small company so lunch and breaks weren't enforced. And a technician is not allowed to enter orders, just triage them.*

*There is too much work put on the pharmacist. Too many things that take him/her away from being able to effectively check prescriptions. Too much emphasis on the employer to get the prescriptions out in a hurry.*

*Our staffing on the weekends is cut in half even though we have the same workload. We are out of compliance on our RPH-TECH ratio regularly on the weekends and management is aware but just ignores it. Errors happen daily due to lack of staff and low skill levels of staff and apathy. Vacations are hard to get and they keep adding more and more work but no more staff. I am lucky because I am able to retire in January which is not soon enough!*

*The DOH has got to do something to address the lack of adequate staffing in pharmacies and the increased use of single pharmacist. No one pharmacist should be working multiple 12 hour days in a row with few if any breaks and inadequate staffing. 'Behind the counter' should be off limits but on an increasing basis pharmacy staff is being 'secretly shopped' by the corporation and 'shoppers' are told to interrupt the staff that is not at the service counter. If they are not immediately helped, the staff member fails. The pharmacy staff is dealing with serious issues, not simply stocking shelves. 'Behind the counter' should be off-limits to interruption.*

*1. check/review pharmacy workflow for each task; does the pharmacy have training materials and documentation of each techs training? Oftentimes technicians assigned on the same task are doing things differently risking patient safety. 2. check who was trained on what task - techs are assigned to cover sick calls on task that they are not trained on 3. consider inspection at night for inpatient pharmacy or late in the afternoon or visit 3 different shifts e.g.: dayshift; evening shift; night or graveyard shift 4. FYI: technicians work on 2-3 different task in a day; risking patient safety....switching from 1 task to the other with high chances of making a mistake 5. Is there a ratio as to how much tech workload or number of tech vs patient census or patient meds? 6. Does the commission require pharmacy managers to have qualification on people management? in my opinion/observation, management in my workplace are focusing more on where and how they can save money including staffing; poor management skills and people skills is the biggest factor why pharmacy fail on inspection. 7. Does this survey aim to regulate fairly pharmacy statewide setting aside politics? 8. Does the commission check if pharmacy has a tech working double shift? Or a tech that gets off late at night and goes to an early shift the following day? 9. Does the commission check if inpatient pharmacy complies on time with narc audit as required by DEA every 2 years? 10. Does the commission require an inpatient pharmacy to have a solid segregation of Neonatal meds and adult med preparation? In my opinion NICU meds preparation should be free from distraction, clutter and away from adult's meds storage.*

*I feel pharmacists are constantly being distracted by phone calls, questions, overrides, vaccinations that they are stretched too thin and it is causing major anxiety and burnout...with changes in all aspects of pharmacy every day every one of feels we don't know how much more mentally and emotionally we can take...much of us take antidepressants and other rx drugs to help us stay in the game but at what cost?*

*It would be safer if pharmacists didn't have to work 12 hour shifts. It's better when there is more RPh overlap. Our Rphs are required to work a 12 hour shift every week.*

*I have worked in two different retail settings. In both settings there were not enough people to get the job done safely within company guidelines. Where I work now one pharmacist works 12 hour days (no*

*breaks/lunches) with one technician and one cashier/technician. This leaves a lot of room for error. Major emphasis is put on getting the prescription out in a timely manner but with no safety.*

*During day shift there is and ICU pharmacist, ER pharmacist, and 2-3 other pharmacists verifying orders with 3 pharmacy technicians (central tech, IV tech, and Pyxis tech). On evening shift there is an ER pharmacist, and 2 other pharmacist, with one technician for 3 1/2 hours. On night shift there is one pharmacist with one technician.*

*Pharmacy Techs are rushed in retail pharmacies to the edge. XYZ chain drug store times how fast you input, and fill and bag. If you aren't rushing and careful you are considered slow on the report. It will come up on evaluation. If you are fast, pray that you won't make a mistake. Pharmacists are timed as well. Numbers are showed at the end of the day. If you weren't rushing you're considered not fit for a retail setting. Phones must be answered while inputting without stopping. Same Tech must jump from fill station to bagging in between each fill, because timer on computer turns red. Accident just waiting to happen.*

*Pharmacist constantly overwhelmed, now they announced immunization as well as MTM's on top of this chaos. This is very wrong. Every day I come home wondering if I want to use a pharmacy like that myself or use a slow small mom n pop pharmacy where accuracy is above speed and sales. One pharmacist is not enough for over 200 Rx in a 12hour shift. Dangerous.*

*The workload of pharmacists and technicians has reached a critical limit. Our pharmacy's corporate management has continued to reduce hours while simultaneously increasing the workload of the staff.*

*Mistakes are being made. The stress levels of our current work environment have me looking at a career change from a vocation that used to be enjoyable and rewarding.*

*Get rid of the rotten pharmacists that don't help the Pharmacy Tech's in their position and force them to resign! Some act like they are GOD's and treat the help less than Human!*

*I work in a large retail pharmacy. We are not allowed water. Often one technician is left at the drop off/input/phone station. We are not allowed to have cell phones, but often the pharmacists are texting all day on theirs, and patient care suffers. I believe there needs to be more monitoring of the pharmacists as they are never held accountable for long wait times, or errors made even though they have the final check on all prescriptions that leave the pharmacy.*

*It is imperative that pharmacy employers in this state be legally bound to provide a work environment that affords the time needed to truly provide a safe experience for both patients and employees.*

*Keeping track of staff filling their meds or family members meds*

*With added pressure to do more with less this is only going to get worse. We are already short-staffed and our hospital is trying to get the Techs to do Med Reconciliation. The hospital is not willing to add more resources to do this. They expect the task to be squeezed into our shifts. Personally, I wish that the state board would ask questions about how staffing is going to be affected with new technician utilization requests*

*Hard to find this link..Letter does not give correct directions on how to get to this survey...must go thru several steps to get here*

*I am a floater and feel my potential is not used but to run the release to patents I'm not learning Make sure all new hires are actually trained.*

*There should be some form of training for a pharmacy technician to do so they can transcribe voice mail and/or take a transfer. (at a minimum a non controlled Rx) I have ten plus years in pharmacy and an intern RPh with only 1 year can do these things and I am not allowed to.*

*In all the years I have been in pharmacy, our pharmacy is the only one that I remember as working on how to improve all aspects of what we do. They ask for input from all staff not just managers and we truly feel like a team who share the same goals and really want to be the best pharmacy we can be.*

*Retail pharmacies NEED to always have a 3rd person, at least an assistant to help with customers. Although we are only here 8 hours/day, we have telepharmacy to cover those hours we are not. There aren't that many capable companies for this out there which is unfortunate.*

*I like your survey. You should try to do better for future.*

*Breaks are nonexistent, only one half hour meal break per 10 hour shift, all tasks are performed simultaneously: phone calls, intake, processing, stocking, cashiering, insurance resolutions*

*In my experience it has been the older pharmacists and technicians over 60 that make the most mistakes. They seem to be still following what they learned back 20-30 years ago and not doing what is needed in today's age*

*Job postings for pharmacy technicians used to be internal. They are now internal and external. Job postings do not include the exact location just the city name. Most if not all pharmacy technician positions are being replaced by pharmacy assistants. Most pharmacy technician and pharmacy assistant positions are being filled by new hires. Most pharmacy technician positions when they are vacated are either eliminated or hours are reduced. The hiring process is being done by out-of-the area personnel. Any connection between long-term service and job application process has been lost. Most long-term pharmacy technicians are not getting full-time hours. With real-time calculations many pharmacy technicians are sent home early in the shift or cut hours by end of the week. Most pharmacists have to work by themselves several hours out of the days.*

*C2 Rx's where I work and the dr's who prescribe them are out of control! (Snohomish County)*

*Our hospital says just smile and be real nice so they will come back. That was said in meeting.*

*The XYZ Hospital is a horrible place to work. Everything they say about working for xyz is all true! I have health problems since working there and stress related issues. It sucks!!!*

*I am now retired, but fill in from time to time. I feel my pharmacy always puts patients first and is as careful as possible to prevent mistakes.*

*Punishment for staff is horrible and there is always friction that the corporate or store level management doesn't want to be bothered with*

*Up to date technology would help a great deal in the pharmacy where I work. It is very difficult to meet 2014 industry standard workloads with technology from the 1980's. Manual work a rounds and relying solely on personnel for quality control without adequate staffing for technology that was intended for a more staff heavy system is a major source of stress.*

*At our pharmacy we do a lot of compounding which consist of several types of IV bags, several types of PCA's and medication in syringes. There needs to be some clarification on how to handle it if we find growth after the end product testing.*

*The way XYZ chain drug store is running their Pharmacist and technician hours are stressful and cause errors and borders on insurance fraud. They can take a staff member's hours away in the middle of the week based on script count. This leads to rebilling and filling Rx's early to get the script count up for the week to maintain hours. I don't feel that this is right.*

*I work for a XYZ chain drug store and we are very limited on the staff that we get during the day. The company keeps cutting down the staff lower and lower. All of the staff at my site feels as though we have to rush through each prescription and transaction. The corporate office is always telling us that we need to do more i.e.; more recipe surveys, tag lines, try to cut down on rx's transferred out etc. The corporate office only cares about the bottom line which is profit for them. They do not care about the staff safety or patient safety. We are so busy it is tough to keep a clean work environment and keep up on pulling out dated medication. We are so short staffed that at the end of the day were rushing to finish the last prescriptions. So things like cleaning and filing don't get done.*

*Our xyz hospital is way understaffed for Pharmacists. It's dangerous, since we are or are one of the largest in the state. The Tech check program helps, but we don't have time to really check every single drug that comes out of the Talyst machine. The work environment is hurry, hurry hurry as fast as you can go and check. I still believe a Pharmacist needs to help us check. We are constantly interrupted by phone calls; Epic messages etc. while we are checking! It's ridiculous.*

*My employer wants us to lower our inventory amount, do more scripts,*

*My pharmacy does not provide 15 minute breaks for technicians, only a 30 minute lunch. Pharmacists don't get ANY breaks. Pharmacists work 3 shifts per week 12 hours with NO breaks of any kind. (The other days of the week they work 7 hour shifts without breaks) I don't know how this is legal? It's dangerous for patients, and unhealthy for pharmacists. I hope Washington law will require lunch breaks for pharmacists as Oregon has done. Company profits take priority over patient safety and employee health. Forcing employees to work without breaks is dangerous.*

*Pharmacy technicians do not make decent pay for the amount and depth of work that is required and the fact that it is a licensed profession w/CE hours required.*

*Medicare AB prescriptions on test strips/lancets/etc. and nebulizer meds take so much time and effort due to tedious rules by Medicare and audits. They delay a patient getting their meds due to these rules about obtaining diagnosis code and finding out if insulin dep. Hours spent faxing and requesting this info from drs. How many times have we had to call dr back because the diagnosis code wasn't what they wanted. Delay after delay. What a crock! Someone needs to fix this! The customer has a prescription! Then several months later Medicare takes back all their money because of something so stupid! It is so wrong.*

*When corporate dictates that medication can only be ordered from certain companies on limited days -- it is very difficult to provide proper patient care when the patient has to wait 2 - 4 days to get their medication. Having a drive through (2 lanes) at the pharmacy is dangerous, hipaa is violated because one has to shout to the patient to be heard since the speaker is shot and everybody else in the pharmacy lobby can hear you. The drive through also makes it that the cashier has 4 cash registers to operate, we usually have 1 cashier on staff so the techs get pulled from their duties to play cashier and then we get behind on our work. Breaks? Good luck, with the lack of over lapping shifts that 10 minute break usually gets tagged on with lunch. Equipment, well if it functions well that day -- yea. If the equipment breaks apart then calling IT about broke pieces usually results in being told to glue the item (printer) back together. Yes between the glue and duct tape I can fix anything. My be the only way to get a pharmacy to run smoothly and with functional equipment is to require any pharmacist that works at corporate should spend 2 days a month working out in the field just to remind them what it is like to take care of the patents in a timely manner and what the pharmacy staff goes through daily.*

*My company is more concerned with making money than the safety/privacy of our patients. We have undergone 3 remodels in 3 years, and each remodel makes the pharmacy 'look nice' but takes away from the privacy of our patients, and makes the workload harder for each of us. We have one pharmacist on duty for 12-15 hours a day, and on a busy day, that pharmacist checks over 200 scripts. We only have two Technicians on every day, including our busiest days, and we recently had our assistant hours dropped. We are so busy trying to catch drop-off and pick-up windows; answering phones, answering questions, trying to fill scripts...we are basically in tears by the time our shifts end. I love being a pharmacy technician, but I can't handle the greedy corporation taking more and more away from us, and at the same time, expecting us to do more and more work. It's too much workload for the limited hours/help that the allot us. A company needs to make money, but there is no room for mistakes in our profession. Long story short, WE NEED MORE HELP!!*

*I wish our company would understand the true importance of customer safety & not just profit. We keep getting our hours cut, but much more responsibility added weekly. In order to take care of the customers we stay longer than scheduled with no additional breaks & then 'get in trouble' for using more hours ~ all while the customers are complaining that it is taking so long. We feel we can't make anyone happy; it is very frustrating to constantly rush around, work hard & still get in trouble. I go home every day exhausted & frustrated. No wonder we burn out! Thank you*

*There are a lot of our pharmacists that have to be reminded to consult on new prescriptions or renewed prescriptions for updated dose/directions. I think that even for refills, a pharmacist should go to the window and ask if the customer has any questions.*

*I THINK WITH THE DECREASE IN HOURS WE ARE ALWAYS GETTING YOU WILL SEE A LOT MORE MISTAKES AND EVEN SOME SERIOUS. THE ROLL IN PHARMACY HAS INCREASED ENORMOUSLY IN THE LAST 12 YEARS WITH hipaa, part D and these are issues that the tech deals with. Mail order has taken so many of the retailer rx's that corporate has to try and make \$ some other way i.e. flu clinics, travel vaccinations, diabetic counseling so on that when we do get busy you 1 pharmacist is pulled in to many directions. Our pharmacist s have a saying 'just 1 thing, I want to complete just 1 thing' we hear this all day long.*

*I think it would benefit everyone if we actually felt like we had a break during the day. A 30 minute lunch is not long enough to regroup and we can't even leave the building for it. we never get a 15 minute break, there are only 2 of us and we are constantly running around trying to get everything done, now we have an hour less to do it in. it is overwhelming.*

*We have 3 pharmacy sites for our practice, but only two pharmacists, neither of which works directly in the pharmacy. That is why some of the answers regarding pharmacists may seem different.*

*The pharmacy is not clean*

*Pharmacists do not get breaks. They get a lunch, but none of the 15 minute rest breaks. Techs will spend up to 4 hours mixing w/o moving from station. Workload and complexity is increasing*

*Everything is always Rush, Rush, Rush. Our employer wants everything done faster, with less in the budget for assistant (cashier) help and the pharmacists have to do so much more, like vaccinations, travel clinics, and clinical consultations, while still verifying scripts and helping someone find an OTC butt cream. Not a winning combination. Something bad is bound to happen.*

*Low and at times unreasonable reimbursement from 3rd party PBM is killing retail pharmacy. How can we get funds available within insurance companies to pay for beneficiary's health care service and not CEO and managerial lifestyles?*

*The primary goal for the pharmacy is to deliver the right drug to the right patient at the correct price. It seems we spend more and more time on the phone with insurance, resolving insurance issues. Also our pharmacy offers more and more services such as vaccines, health screenings and recommendations by the pharmacist for OTC products. The demands of the pharmacist are constantly growing and the competition between stores seems to be increasing. However, stores in close proximity work well together to obtain the needed drugs for the patient. We usually only have one pharmacist on duty at a time, so there is a lot for that person to do, customers are not always understanding of that fact.*

*There is so much for a technician to take care of as so many prescriptions need prior auths that it's hard to keep up!*

*While I understand the need for speed in getting our production numbers up, I feel we are having to sacrifice accuracy and building stress among the entire pharmacy community. Communication could be much more frequent than it currently is, including the periodic 'good job' to an INDIVIDUAL, not just staff favorites at XYZ chain drug stores.*

*I don't know if it would be possible but having some surprise audits of the workplace may help because I find a lot of assistants doing things technicians only should be doing*

*It is only getting tougher to work. Insurance issues take much longer, calls to insurance take much longer, there is no regulation or accountability with insurances-their rejections are vague so we can only provide bare minimum information to doctor's office and patients, increasing the amount of time before patient care. The board keeps increasing requirements that affects time spent processing prescriptions that do not help with accuracy. We need better guidelines, not things that slow us down. We need better training, we need more time, we need insurance companies to be more reasonable, and we need better quality of life. The environment is changing for the worst; we have less energy after work to work on our own health. Please assist the Pharmacist in Retail Chains. No one should have to work under those conditions. in the retail setting it is just hard to say because all they focus on is the bottom line and i always tried to focus on the patient and sometimes that took more time the retail pharmacy i worked at only cared about how many rx's they could get done i say if you deal better with your customers and staff you get more done and more rx's the pharmacists had to be part of the team not just the top of the food chain it is just as dangerous for the technician to be interrupted as it is for the pharmacist i feel it just boils down to respect for one another one is not better than the other it takes all to do it safely and in a timely manner*

*Technicians do a lot of work and should get paid better*

*Laws should be more stringent about how much work load an employer can put on their pharmacists. The survey didn't mention anything about immunizations and health testing that takes up a lot of the pharmacist's time. There just seems to be more and more put on the pharmacist's plate with no laws limiting it. As a technician I can only help my pharmacist so much and sometimes there's just too much work for an individual pharmacist which is not good for patient safety.*

*Since I presently work multiple sites, all the Pharmacists are very cordial, gentle, helpful and assertive, so I really enjoy my working. Coming to the other Pharmacy Technicians most of them are helpful and cordial, but there is something to learn with every Pharmacy Technician. Since every setting has a pattern, and I have the opportunity to practice the best suited to site performance as well for my professional satisfaction.*

*Most of the time the corp. doesn't give us enough hours to have a tech there all day most of the time the tech is there from 10:30-5:30 and when the tech isn't there is when the most mistakes happen as they are by themselves and have to answer, type, counsel, and ring out and most of the time I am too busy to take time to take a break*

Today when I got work at 2pm. We had #60 Rx just to count.

Our workload is huge.. On average a customer a minute everything is rushed.. the line never stops.. if you make a mistake even if no harm is caused on the third round they fire you.. no one gets to think.. no one has time to think.. mistakes are constant. I have been employed here 2 years and I am the only one left from when I started.. I have watched over 20 techs come and go.. no one wants to work here or they can't take it for long. There is no reason this place can't afford another couple people.. other pharmacies I've worked at same load done with 20 employees onsite.. WE HAVE 3 or 4 a DAY and 5 on busier days!! IT'S CRAZY!!! And they keep cutting our hours to less and less.. this model is going to get people killed.. were lucky to have some amazing pharmacists! And I'm a good tech with tons of experience just super overwhelmed!! And exhausted!!

I feel retail pharmacy has become a very stressful environment. With changes to computer software, making it difficult to learn and still keep up with the usual quality of customer service. Patients are usually not happy with their copay ('I didn't pay this much before'), therefore, adding stress to the technician, frustration for the customer. The technician then needs to try to find out why the amount had changed. Customers are becoming more and more demanding, in the retail setting. Expecting faster service and getting angry when their prescription isn't done in 30 seconds. Phones are ringing off the hook; lines are forming for pickup or drop off. Retail has become a scene that I no longer want any part of. I feel sorry for my coworkers, when I'm shopping and I see a long lineup. Corporate needs to realize, the stress our pharmacists and technicians go through, on a daily basis.

I feel the workload for pharmacists is focused on more than the workload on technicians especially in an inpatient hospital setting and the problem with overloaded work schedule and errors of technicians gets overlooked.

My chain gives us 1 technician per day on the weekends and it gets so busy that I never take my breaks. I do always get a 30 minute lunch, but the other breaks are taken never. The drive through and front counter is usually so backed up with patients and most of them leave without being counselled because they don't want to wait 5-10 more minutes for a pharmacist. We ask for more technician hours but the company says they are trying to 'optimize' and save money by doing things this way. Our patients are at major risk and we make errors every day, many of them not documented. Our pharmacists never take a lunch. Most times it is too busy in our pharmacy and I don't see them eat or sit for 10 hours. We need our work conditions improved. One of my technicians has gotten an UTI 3 times from not being able to even use the restroom!

to be on a safe side, I think that all pharmacy should have 2 pharmacist with 3 technician ratio, because we are always overload with work, and we can easily make errors/mistake. Technician that's typing always under pressure to type fast because we don't have enough staff on duty.

More in-depth audits, reviews and inspections need to take place in the long term care pharmacies. There are many things that are done that are technically illegal.

Something needs to be done about very poor reimbursement rates

Flaws in the software used are not corrected quickly. Many of the flaws could cause patient harm. The flaws began when the software was updated to comply with the medication modernization act. Please stop making our birthdates so easily obtainable, it contributes to age discrimination in the workplace. It seems that it should be illegal to make them so obvious for the very reason of job discrimination.

Technicians should be able to have more responsibility like taking new Rx's, dr changes on refills, and called in refills on controlled substances

*I have always felt that the Pharmacists should be allowed a lunch as well as breaks. Working 12 to 14 hour shifts should be banned. It is too exhausting for one pharmacist to work all that time with no breaks, and to stay focused.*

*The hospital I work at does not balance Pharmacist to Technician ratio. We have 2 pharmacists to 1 Technician per shift on average. Management finds ways to cover this up by manipulating information. We also have a trend of Pharmacists taking over technician jobs.*

*Workload has gotten so large that it is especially hard to handle when we are short - staffed (technician-wise). There is a lot of stress involved in every day settings that sometimes it's not a safe environment for our patients.*

*Does my staff understand USP 797 compliance?*

*I work in an infusion tele-pharmacy at a clinic where the parent location (a hospital) is miles away. The call this pharmacy, they act like this is a pharmacy. However, there is no pharmacist on site. The license on the wall is a copy of the hospital pharmacy license (different address). I have been here since we opened and we have never been inspected. The only supervision is when the final product is checked via video/photo link. I am glad I have a job, but this should never have been permitted. Remote verification of what I make is a joke. Does anybody really think that it is possible to do this? Pull back the syringe to what I put in. Really. Line up the bottles to show what I used. Really. Visual check of IV product by the pharmacist over a video/photo link. Really. And nobody watches us to make sure we gown and garb properly. Nobody watches our technique in the IV room. I tried finding rules about tele-pharmacy in the law book. There are none. How is this permitted? In fact WAC 246-871-020 states that there must be an on-site pharmacist in charge. It is also in WAC 246-871-040 where it states that the pharmacy must be managed on site by a pharmacist. How is it that I am able to be here by myself? This is not pharmacy, it is 'provide medicine using the lowest cost option and hope nothing goes wrong or gets reported'. What are next, no technicians? Please bring back traditional pharmacy where there is a pharmacist on site directly supervising technicians and assistants. BTW, our IV room is clearly not USP 797 compliant.*

*I believe that the new rules set down in USP 797 and 800 are not possible to achieve 100% in the real working world. However, the guidelines set down are important for every compounding pharmacy to follow to the best of their ability. I little more leniency in clean room regulations, while still maintaining a sterile environment, is necessary. The people who wrote USP 797 should observe a compounding pharmacy in action before it is set into law. Then they will better understand the actual working environment.*

*I feel like certain chains that I will not name do not focus on the health and safety of their employees AT ALL. For example, pharmacists working excessive hours. Giving us unnecessary tasks to increase their sales and not giving us hours to back it up. Constantly threatening to cut our technician hours. The worst one, my company vacation scheduler harasses staff who calls in sick and does not give coverage even when your safety is threatened by going into work sick. This needs to stop.*

*I think as workhorses of the pharmacies, Pharmacy Technicians should be given more responsibilities, recognition and respect. It's very limiting for us to continue to work at such pace without any professional development nor advancement. I personally believe that technicians are capable of doing much more and are hungry for major changes to take place. Many times I had to instruct pharmacists how to do their jobs, for example. Technicians need to be given more voice in the industry and most of us are willing to take extra courses if need be. Thank you.*



*The vaccinations have been pushed by corp. and it really takes up too much time for a pharmacist. They are pulled in too many directions. It is the patient waiting for a prescription that suffers. (much longer wait) Also, pharmacist does not get lunch break when working 12 hours since there is no overlap*

*Just recent quit working in pharmacy from the major stress of it all. As a pharmacy tech we are responsible for everything besides checking and counseling patients. The amount of pressure, distractions, under staffing, and costumers is overwhelming. My health has suffered from it all and my doctor advised me if I could to stop. I agreed and did. We are under paid and overworked in that field. I could make the same amount of money doing a less stressful job. There needs to be more set positions in a pharmacy like rotations on insurance issues, vaccines and so forth. Thank you.*

*Scheduling issues make it difficult getting adequate days off in a community/retail pharmacy, I am scheduled to work 6 days continuously but because it falls on two pay periods I am not given any additional compensation. Sometimes just being able to rest after 5 days of shifts makes a difference. Another experience at a different community/retail pharmacy was a '15 minute guarantee' promotion that ended badly. Many times we would encounter a problem with the prescription and the prescriber would need to be contacted. And to guarantee that we could do that (contact a doctor/prescriber and dispense the prescription all in 15 minutes) is unrealistic and dangerous for the patient. I think these types of promotions should be highly discouraged.*

*There is a large pay gap between Pharmacists and Technicians. Many Techs work 40 hours a week, and a part time job to keep their family financially responsible. I believe this puts patient safety at risk and affects productivity. As I believe many Techs are putting in more than a 40 hour work week.*

*Profit is more important than quality work life. Pharmacists are allowed to eat lunch 1/2 hour in a ten hour day. Weekends there is only 1 pharmacist and he/she has to try to eat between customers and doing their jobs*

*Limit the number of pharmacy technicians that are allowed in class per year like you do pharmacists. This would improve quality of staff and quality of job satisfaction and pay.*

*None*

*I really fear for the safety of the patients at XYZ Chain drug store. We are all under a lot of stress most of the day. We are offered breaks but with the lack of staffing we are unable to take them. The pharmacists on their 12 Hour shifts do not get any kind of break or relief. I am afraid of more errors during flu shot season. Also with the health testing the pharmacist is out of the pharmacy for 45 min to an hour with them gone we get behind and overwhelmed because we need them to do our jobs. When the customers get angry we try working even faster and mistakes happen. My employer used to care about their employees and the safety of their patients but now I feel it's all about the money. Many of the experienced employees have left do to hour cuts and schedule changes every month and patient care concerns. I really hope someone looks into how these pharmacies are run.*

*I work for a corporate chain pharmacy that is currently going through a merger. The corporate office has dramatically cut back our hours since the merger began, and it is not just inconvenient for the staff and our customers, but it is borderline unsafe. We are consistently a day behind in our new prescriptions, and there is not enough staff to accommodate the workload. There have only been minor mistakes made so far, but working under these conditions long term makes it more likely that a truly harmful mistake could occur. Corporations need to remember that, while it is important to make a profit, we're selling things more dangerous than lemons in the pharmacy department.*

*I work for a chain pharmacy that puts more emphasis on customer greeting verbiage than customer safety. We average 150 Rx's a day and average 8 to 10 technician hours, which is ridiculous considering*

*our work flow and emphasis on immunizations. I feel technician hours should be state mandated rather than mandated by the pharmacy chain bean counters. The philosophy is do more with less.*

*We have been running short 2-3 technicians shifts every day for the last 2 months causing technicians to take short cuts because we still have to get the medications pulled and delivered at the same time, whether we have 1 tech or the 3 we are supposed to be pulling and refilling the hospital medications in 73 Pyxis machines.*

*It has always been that the technician does most of the work in my setting and we don't get any rewards for doing so. We don't get paid the big bucks like the pharmacist & we don't get any bonuses for sales increases like they get too! It isn't fair at all! I believe technicians should start at least half the pay the pharmacist makes & get raises from then on.*

*This is a 300 bed hospital pt. admits aver 175 to 230. The company is for profit.*

*Being provided with more staff to help with the daily workload would relieve stress tremendously. I feel that other departments in the store don't realize the importance of our job; our mistakes can harm or kill a patient. Adequate breaks would be good too, most of the time we are so busy we don't take them. I feel a lot of times the store is more concerned about how clean the pharmacy bathroom is or their silly safety games. I can't be observing other workers in the store to see if they are working safely, I'm too busy with my head down concentrating on filling an Rx or processing one correctly. We should be exempt from these store safety observations. A lot of times with only one pharmacist working, they don't have time to eat lunch.*

*Our company pushes safety but also wants us to make sales. They want us to find an even balance, but sometimes safety with my staff that I work with is first. A lot of my disagreement comes from our corporate management not the staff that I work with on a day to day basis.*

*to go back to being what a pharmacy should be (filling prescriptions and taking proper care of the customers) and stop putting so much pressure on the staff (and lack thereof) to be the fastest and most profit making so the company can keep competing with the bigger companies moving in. our customers liked how we 'were', now that the company is trying to be the 'best' the customers (and employees) are suffering the consequences.*

*I feel like the director at our facility attempts to keep appropriate staff and workload levels, but is stopped by the management of our facility (hospital).*

*I do not work in a pharmacy, I work in education. These questions do not apply to my place of employment*

*Increase the tech to pharmacist ratio! Depending on the work environment, a pharmacist could easily supervise up to 5 or 6 Tech A's*

*More monitoring of chain pharmacies emphasizing need for vaccinations and monitoring of chain pharmacy communications/ interactions with vaccine manufacturers such as Merck.*

*You might want to check in on XYZ Hospital Inpatient Pharmacy. No polices or procedures are in place and laws are being broken every day.*

*My corp. IS interested in dollars not safety and continues to add corp. paperwork with no extra help and doesn't do anything to keep us positive in their respect for us as a profession we are the same as produce workers. If they don't care about the patients I hope the commission will implement protocols that let us do our jobs safely and efficiently and to let the pharmacy crew decide if they need more or less help per shift.*

*The reimbursements are so low from third party; I feel that is where the real problem lies. The pharmacist is the most liable and valuable member of the staff and yet we often get \$1.00 fee for their time and close to cost for the medication - if an rx takes 5 minutes of their time - their worth is \$12.00 an hour - who else can/will work for that after 5 years of college and that kind of liability???*

*End transfer rewards. My company offers \$25 to any transferred prescription and we have several patients who transfer their drugs in and out which causes room for error.*

*There are software programs that cause stress and problems and interfere with patient care. Laws should regulate software programs also.*

*I think it would be helpful if technicians could access DOJ website so when we been to check controlled med use we don't have to have the pharmacist do it*

*At Military pharmacy settings, the patient safety laws and technician state license laws go out the door. Pharmacists make the technicians counsel patients on medications, make changes to scripts over the phone from the provider or nurse, etc. The military pharmacies do not think that state laws apply to them and their technicians. I have reported patient safety risks, violations to my state license (being forced to counsel patients on medications that violates my state license), 3 or more errors a day minimum being made by pharmacists (wrong drug, qty, directions, etc, that I as the technician was catching on a daily basis). A pharmacist taking Clonazepam during their shift while prescribing medications and producing errors that could harm a patient. One patient was given Potassium because the pharmacist didn't catch the error of the wrong name typed. I caught it at the dispensing window and I looked it up on the patient profile to realize the patient was NEVER to get Potassium, it was the wrong patient. The pharmacist never checks a patient's profile (they make the technicians do this) and they don't counsel patients on new medications or interactions. They make the technicians do this. All the pharmacist do at the military pharmacy clinic is check to make sure the spelling is correct on the typed label. They never check the patient's profiles or question any patients to see if they are still on similar meds that may interact with a new medication prescribed. I have seen a patient prescribed Naproxen as they have taken Aleve at the same time. I find this out by talking to the patient, not the pharmacist. Go check out the military pharmacy clinic. You may be surprised how technicians are counseling patients on their meds and pharmacists aren't checking patient profiles or conducting any patient counseling's. You may find a lot of patient safety violations that can be prevented.*

*I feel that the chain stores are getting away from the pharmacy practice, and concentrating more on health care, immunizations, blood pressure, AC1, etc. and doesn't have the time to concentrate on filling an Rx safely.*

*Having worked in pharmacy as a technician for 15 years and in pharmacy for 18 I have seen a complete change. The motivation of employers. It seems that productivity or the 'bottom-line' is more important than patient care or even customer service for that matter. It is really disheartening when a staff pharmacist will check 300+ prescriptions within a 6 hour period. Is this safe? I don't think it is. This survey is overdue and is a much needed tool hopefully to bring change to help our patient care responsibility.*

*The pharmacy technicians recently became part of a Union.*

*Several mistakes are made and make it to the customer on a weekly basis, rarely documented.*

*I find that in the retail pharmacy setting people are more often concerned with customer service and often time's customer service outweighs the risks of making mistakes or flat out breaking the law. I've tried to bring this up to my manager but he is too concerned with his annual bonus and customer survey results to*

*pay mind to things that could make things more efficient and safe. Thank you for putting out this survey. I think it is needed.*

*Although I'm a new tech (2years) I've noticed big cuts in our tech hours (before I had 40, now 30). Now we all feel extremely rushed (we usually don't even take breaks because we have too much to try to do) and sometimes can't even get done what we need to do in terms of daily responsibilities. This goes for pharmacists and techs. We all are rushing and I believe this leads to more mistakes. I've seen a few mistakes that I feel could most probably have been prevented.*

*My answers are vague due to the fact that I have only been employed here for 4 months and I work inside a sterile compounding room. I do not see all the processes that go on outside that room.*

*The long term care pharmacy has an automatic dispensing medication machine. When a tech or a pharmacist fills the canisters (before filling medication, we will use air spray clean the canisters), the medication powder will go everywhere. Even though the pharmacy has large work space, no any hood or sucking ventilation system supports that working area. I strongly recommend the Commission add this part to the regulation.*

*Our corporation continues to cut hours in our pharmacy making it difficult to keep good, dependable staff members employed with our store all of the time. Mistakes are happening because of understaffing.*

*Customers are angry because of the rushed customer service and the at times a very long wait line.*

*I BELIEVE THAT WAIT TIMES ON PRESCRIPTIONS SHOULD BE A LITTLE BIT LONGER THAN 15 MINUTES, FOR THE SAFETY OF PATIENTS. THE PHONES RINGING AND CUSTOMERS AT THE COUNTER DO PLAY A HUGE DISTRACTION TO THE WORK FLOW. ALSO, PHARMACIES SHOULD FOCUS LESS ON WAIT TIME AVERAGES AND FOCUS MORE ON REDUCING MISTAKES IN THE PHARMACY. I ALSO BELIEVE THAT PHARMACISTS SHOULD GET 10 MINUTE BREAKS LIKE TECHS AND CASHIERS DO TO REST THEIR EYES AND FEET. I ALSO BELIEVE THAT 12 HR SHIFTS EXHAUST PHARMACIST AS THEY CANT EVEN LEAVE THE PHARMACY TO GET FRESH AIR AND EAT IN PEACE.*

*Our company is driven by sales so we are to promote immunization, health testing, rx autofill, refill reminders, etc., but doesn't provide enough staff to complete all the work. Our budget changes monthly. Our pharmacists who work 8 hour shifts had their lunch breaks taken away this year. Stop the chain pharmacies from running us so shorthanded.*

*We are very under staffed for how busy our pharmacy is, we are rushed to get prescriptions done in 15 minutes which is our company guarantee. We are required to do absolutely everything in the pharmacy, the pharmacist refuses to count prescriptions, type any, answer the phone, and help with ringing up customers. We are over worked and dread going to work every day. The amount of work we are required to do is outrageous with the amount of staff we have. It would be nice to see our company give us more help so we are not so stresses out being stressed out causes error, or even see the pharmacist step up a little to help instead of standing there waiting for work to be handed to them.*

*It would be nice to have more FREE options available through sites like POWER-PAK C.E. that pertain to technicians.*

*Thanks for the survey hope it helps*

*Most of the time the work condition (for 1 pharmacist, 1 tech) is inhumane*

*I do believe if the pharmacists were only counseling and checking prescriptions we would not need overlapping pharmacists. But, with MTMS, Blood Pressure checks, OTC, bubble packs etc., we need the*

*overlap at least 2-3 days per week. The staff takes breaks and has 1 hour lunches - gives them a chance to regroup*

*Times have changed. I welcome the board being more proactive and implementing measures that MUST be attained by employer and employees-*

*My pharmacy is under staffed.*

*Many techs are only allowed a 30 min lunch and 2 /15min for 8 hours but we don't have coverage and don't get our breaks. If we do a 10-12 hour, we still only get a 30 min lunch throughout the day.*

*It is difficult to provide safe optimal patient care, when a community pharmacy goes through three remodels in two years. The expansion of space has caused more interruptions, longer wait times for patients, and a highly stressed environment for the staff. I feel that companies should provide adequate staffing and make patient care number one not dollar signs.*

*I currently work in a hospital but 2 years ago I worked retail. Had this survey been given to me when I worked retail my answers would be almost exactly opposite on almost all questions*

*Sometimes were so busy that it's hard just to use the bathroom. My pharmacist is busy and it's really overwhelming to have them leave the pharmacy to give immunizations. Doctors and patients get upset when we don't answer the phone in a timely manner sometimes their wait time is 15 to 20 minutes.*

*When working for a chain pharmacy it is very demanding on how they require more work with less people working. They cut hours/reduce staff, then want us to sell more, do more, manage more and then give quotas to meet all saying that it's to benefit patient and it doesn't. When did working in a pharmacy and working with patients mean sacrificing our patient care so we can sound like car salesmen? We are already doing testing, shots, mtm, bp's... What are next STD testing, Pap smears, etc... All with little to no staff. How are we as technicians and pharmacist providing adequate pharmacy care to the patient?*

*Staffing is based on script counts, but when the environment includes interruptions (drop offs, phone calls, cashiering) that calculation seems to be not true to actual work done. There are not break relief, continuous work, never ending.*

*We are continually given more work and tasks yet less help and fewer hours. Expectations of multitasking compromise patient care. We are expected to take verbal abuse from customers. Pay is not adequate for the work expected of us.*

*Too much work. Not enough staff putting patient safety and care at risk as well as overloading staff on a daily basis.*

*The amount of work we are expected to do with the hours and budget we are given is almost impossible. It is a very stressful work environment. Pharmacists do not have time to counsel patients. All the company cares about are the numbers and how many scripts we get done by their promised time. They keep adding health testing and vaccines and other things, and take more hours away from us.*

*I work for XYZ chain drug store at what they call an onsite pharmacy. It was an independent pharmacy that sold to XYZ chain drug store. At my particular store things are run differently than a typical store. I have however filled in at other stores; I usually try not to because some stores are so short staffed and although promoting within the company is great. Some technicians are inadequately trained which can in turn to mistakes. Makes it feel as a patient is just another prescription number and not an actual patient*

*XYZ chain drug store pharmacy is so understaffed and underpaid....needs a lot of work on team work and patient safety*

*Help pharmacy technician's that have recently gotten out of school or have graduated look for work, in their field.*

*Need more staffing help*

*Pharmacy Technicians do not get paid well of the work we do & required to do in the pharmacy.*

*I work in chemo infusion pharmacy with much fewer orders than a prescription filling setting. However, I'd consider our volume fairly high. We work out of a very small crowded space.*

*I have primarily worked in independently owned Pharmacies, although the last 2 years has been with a large retail company. Their goal is \$\$\$ with emphasis on safety.*

*I think letting pharmacist work for 12 hour days with little to no break is not ok. Something big is going to go wrong. It's not safe*

*Chain pharmacy focuses most on sales, least on conditions of work for employees. Technicians are required to take 1/2 hr. lunch break, but pharmacists (who work 12hrs) receive no break*

*In recent years, the emphasis has been on sales, with a much more corporate feel to the business. A lot of time is spent documenting etc. to avoid chargebacks during insurance audits*

*More work has shifted to the technical with all the safety improvements. The pharmacist to technician ratio needs to be more than the current 3:1; 5:1 would be better unless you exclude purchasing and billing from that ratio as the RPH do not really supervise them nor understand what they are doing.*

*As a tech working in the industry I feel like part of the Cinderella song-- go up into the attic then go down into the cellar you can do them both together Cinderella. No professionalism from the company down to the rphs. RPh expects us to do the work of an rph, but we get no training for half of it.. No time, no safety nets, no recourse to do anything unless we quit our jobs! From the metrics system, to the harassment from rph's it is never ending. There should be safety metrics put into place from taking lunch and breaks to having 1 rph to 1 tech to 1 assistant working together at any 1 time so there can be more people working to 'help the customers'. Also the number of hours an rph can work should be addressed, no more than 10 hrs. per day? I know that you cannot mandate work ethic or kindness, but maybe there can be safety measures put into place to take care of some of these problems. Having been transferred to a phcy that has just failed the state inspection I feel any kind of change would be appreciated if it were on the side of the worker bees. I also feel strongly that the shot situation in each phcy should be evaluated by the state board when we have assistants making out rx's for HEP A&B shots, tdap shots, flu shots, shingle shot, etc. rph's should be writing out new rxs. Also, how can a Dr. supervise a rph when they are not even on the premises? So many things seem to be wrong with so many systems all in the name of money. As a tech in Wa St. I know that to keep my job I must make money for the company, but safety for the customers and safety for the employees that work in a pharmacy are important. As a tech that has worked in this industry for 29 yrs., I have seen so many things being done wrong, but the reporting that only takes into account the techs and phcy assistants --like pqac-- should be updated to severe consequence if not reported by rphs also.*

*Pharmacists in our area work 12 plus hours on many of their work days. Some of these pharmacists do not get lunch breaks or only get 1/2 hour to close the pharmacy for a meal. They do not get any other breaks or time away from the work area. The pharmacist seems to get more work added continuously and cannot*

*have further help with technicians as we are limited to three per pharmacist and the company will not add pharmacist hours so there may be some overlap. Thank you for taking this approach with the survey.*

*I work at a Health systems pharmacy and we always strive to be the leader for patient safety.*

*Patient safety is at risk when adequate hours not given to staff pharmacy. No one should have to work under this kind of pressure, lack of break times, and lack of time for lunch. We need more staffing.*

*Don't have time...have to get back to work. Only have 10 minute break.*

*The main problem seems to be: Having to deal with too many insurance issues.. The bottom line is the money. We should be more medically inclined and not an insurance middle man. It's supposed to be health care and not just focusing on the business aspect. Take the head aches out of insurance so the pharmacy staff can provide better health care.*

*Although a check-double check system is in place at my job, it does not always work. Budget cuts have forced me to part time hours. Pharmacists are being pressured to do more MTM and immunizations while reducing support staff.*

*Many times there is only one Pharmacist on duty and they work a 12 hour day without any breaks which I believe is against state law and I think it is unfair to the Pharmacist. Also there are times that there is no pharmacy cashier so the tech has to do their job plus work the counter which mean I don't have all the time I need to do my job adequately. There seems to be favoritism on who gets the hours and who doesn't Technicians should be allowed to enter in diagnoses if known to them (on refills). It would make our processing refills a lot faster & easier. I also think the ratio should be higher. For each pharmacist there should be 2 technicians and 1 assistant on site. Being a Technician is a very stressful job, whatever we can do to make it EASIER for us all, is great. Thank you.*

*With RPH doing shots, answering questions, taking Rx's, they have less time to do their job and counsel properly. Techs's are being told to go out their scope such as guessing medical conditions on every Rx to play the board. Also a #'s game from corporate and if tech's do not type fast enough or product dispense % they will be placed on a PIP. Patient safety is not the concern, just numbers and pushing shots for profit. Techs are to handle all aspects of pharmacy so RPH can just check RX's. Patients can wait 15 minutes for counsel while they are doing shots regularly. Phones calls regularly hang up waiting for RPH, techs are told to handle calls for RPH questions. There is a lot of techs 'winging it' with questions from patients because RPH do not want to talk to them. Techs are uncomfortable doing that, but cannot defy their supervisors. I do care a lot for our patients and the current work situation is not conducive to that and alienates us from them. I often feel there is too much pressure these days from patients, corporate, and my supervisors to do the right thing. If I am taking an extra couple seconds to look at a patients profile while typing a RX, my supervisor asks me what's taking me so long. It's very frustrating. Also the feeling that corporate wants to fire all the techs for cheaper labor and looking for that opportunity does not help. It's a crazyland. Also will only document errors on paper if they think patient will turn them into the board.*

*My time in retail (not hospital) pharmacy does not represent in any way my answers. My time in a traditional pharmacy was stressful and while the staff in the pharmacy cared about safety, the store manager (not pharmacy staff) and district manager never once talked me us about safety, instead it was all about sales and what can we do to improve our numbers. There is so much I want to say about how unsafe of an environment I used to work in, but I will keep it short. First the unsafe environment was not encouraged by my pharmacist; it was promoted indirectly by the district manager and sometimes the store manager. Both were usually more concerned with sales and how many flu shots we did then how much time the pharmacist had to focus on patient safety. During a typical day I was expected to fill/ type about 200 rx's, file the hardcopies, answer the phones (which ring a lot and every time it encourages a mistake because I have to interrupt what I am filling/typing) which must be answered in 3 rings, greet*

customers within 30 seconds of their approach, ring patients out, call on all the insurance problems, and keep track of who is next for my pharmacist to help. Since staffing was based somehow off of sales, the amount of work I was expected to do exponentially increased over time as hours were cut, but sales went up.

I have worked for 4 pharmacies over the years. Retail independent or retail chain, and all of them take patient safety very seriously. They all take steps to ensure they are staffed to handle the work load. I have NEVER felt the workload was unsafe with my pharmacy's' staffing. It is a profession there is a lot of pride & responsibility in, and pride at a job well done. The right drug to the right patient for the right dose the right time the right route.

The main issue at our pharmacy is the lack of hours. Because of this we get really busy and rush to keep up with work flow.

These questions are directed more toward an outpatient setting rather than an inpatient / iv med setting. Was disappointed w/this.

I think that a single pharmacist and single tech run pharmacy should be required to close for lunch. I find it really difficult to get enough down time to eat and just have a moment to relax for 30 minutes when we have to still work during lunch hour.

I'd like to point out that the lack of help does not come from the pharmacist or pharmacy manager, but from corporate. We are staffed so short that I believe it is dangerous to our customers.

I feel I am forced to do more with less. When the pharmacy gets really busy, I am expected to work twice as fast but I know that is when more mistakes are made. I would be nice if the insurance companies did not dictate

I am finding that the pharmacists & technicians don't want to take the time to counsel if a patient has had a med before, but it is a new prescription number. One of our pharmacists doesn't want to be called up by the tech & the techs just ask if they've had the med before. I believe it's a very serious problem, but can't get any support. We had a Lovenox prescription go out with a bad sig on it. The patient declined counsel so the tech let them go without counsel. Luckily the patient called with a question about the directions before injecting the medication. Nothing was documented or said about this error. We are supposed to have our prescriptions out within 15 minutes of the patient being helped at the front counter. During lunch breaks, we only have 2 techs & 1 pharmacist with no assistants. The techs are to help the front counter, answer phones, type, fill & ring out the customer. The constant interruptions make it difficult to concentrate. It seems the pharmacy management is only worried about how many prescriptions we sell per day. Counseling seems to be a bother that takes too much time.

I feel we are under staffed a lot of the time. I feel that 3 techs 8 hours a day are reasonable.

True compassion and effort for pharmacy excellence needs to be more important to the younger techs coming on board. Ear phones just don't seem professional to me. Focus must be on your work for the accuracy of filling scripts.

The constant change due to increasing regulatory and administrative demands certainly make accomplishing all duties more cumbersome. I wonder how much these demands end up impacting safety by making jobs more complicated.

I feel my employer emphasizes on things like sales and numbers rather than adequate pharmacy services and patient care. They would rather spend money on promotional marketing, extra facilities we do not use (and shrinking our pharmacy down in the process), and other wasteful things. Our goal is to provide



accurate, efficient pharmacy services and our customers may view us as a 'bad pharmacy' because they end up not being eligible for some gift card or coupon and then we are made out to be 'the bad guy'. Customers are being molded to not appreciate the fact that we take pride in accuracy, efficiency, helpfulness, and other things that make our pharmacy truly great. We are being limited on the amount of technician hours we can use and yet this company splurges on other things in such a wasteful manner. When it comes to construction, our pharmacy has been clearly poorly built in some areas. Our drawers that hold supplies don't close and are taped shut to avoid tripping, corners of counters are not finished and sharp and we run into them, there are patches of unpainted areas on walls, sides of counters have fallen off and broken, and there is probably much more. Our computers have been updated to the new Windows 7 and yet they run as if they're ancient examples of computer hardware. That really affects our efficiency in filling prescriptions. I enjoy my job because my two pharmacists I work with are nothing short of outstanding pharmacists who work really hard but I can see when they become frustrated with so many unimportant issues that are being imposed on them by this company and it really affects our overall morale. I'm sure there are more flaws in this company that I haven't touched on.

All other independent pharmacy's I have work at, have documented errors and tried to figure out the why and how. To change location, procedures, shelf tags and anything else make errors not happen. You might not get a break but the flow was controlled by either the RPh or lead tech and you had time to do what was needed. And not get stressed by customers/phones.

Pharmacy is not fast food but companies and patients want it that way. The faster the better until there is a mistake. There are really too many distractions and not enough people to cover them. As a long time technician i have the phone on my ear and a patient in the window talking to me all the while I'm typing other Rx. Then the RPh is trying to check Rx and we have patients yelling questions at them over the counter, tech needs overrides and cashier has a counsel. Nope don't see a problem....do you?

If there was a cleanliness requirement in pharmacy areas it would be a welcome change. If routine inspections could happen without being announced I'm sure a clearer picture would be seen of the clutter & accumulation of dirt & things on the back burner to be done later

Wish pharmacy board could monitor those pharmacies with inadequate staffing.my pharmacy is so understaffed it is dangerous to our patients (XYZ chain drug store)  
Ever increasing demands for same amount of scripts  
Pharmacist needs more breaks

I feel like I work in a sweat shop. All concerns forwarded to upper management go unaddressed. I feel if the company does not want to staff their pharmacy correctly, it should not offer pharmacy services

techs rarely get their 10 minute paid breaks because there is no one to relieve them but are forced to take 30 minute unpaid lunch. It's a good day when we can get to the bathroom; many of us have had varying degrees of bathroom accidents because there is no help. Someone pooped their pants. A few people have wet themselves. I have to leave a line of customers at the counter if i need to go. Drive from corporate is very strong for mtm and immunizations. The tech hours are cut as a punishment every time we do not meet some quota about immunizations, auto refill, etc. which means we constantly work on a skeleton crew. My 14 hour store does the same amount of volume as a 24 hour store but with much less staff. We work 8.5 hours a day with an 8.5 hour panic attack. Corporations have been increasingly taking advantage of their employees blaming these staff cuts on the economy because no one can afford to quit, but we all know we are being abused. One of the worst offenders is immunizations and health testing, pharmacist should not be required to do them all day every day, it ties the pharmacist up too much and makes them rush through scripts to catch up. I feel the law should be changed to only allow pharmacists to administer during an event/clinic/coverage overlap and not allowed when they are the only one on site. Also, pts refuse counsel on a new script all the time because they don't want to wait in another line because, again, the pharmacist is tied up with 800 other things. Yes we know it's wrong but there is no

man power. I know we have the state law max of 3 techs per RPh on duty, but i really would like to see a minimum. Maybe a stores avg. script count can put them in a classification of different minimum coverage requirements. Also don't forget the independents- i see many questionable billing practices from them in particular, they may have better working conditions but i guarantee they have many more paperwork issues.

I think it should be mandatory that pharmacy's close for a short lunch period for pharmacists. Most work through with small snacks and no breaks through the day. Lack of food and not having time to recoup through the day is an accident or miss filled Rx waiting to happen. We are in the health care field and our health and well-being should be as important as the patient we are trying to safely provide medical care to.

Pharmacy has been getting more involved with Med Recs being done in the EDs/Direct Admits; So much work completing & very hard to measure compliance since pts. seem to change their answers quite frequently. Med Recs consists of so much just wanted to let it be known

Get rid of the ratio rule. It's extremely dangerous to be understaffed. Also, some managers will cut hours to get bonuses and put the department at risk for being understaffed and say it's because of the ratio rule. Make transfer incentives illegal. Eliminate auto-refill programs since they are filling meds patients don't need. Make narcotic prescription sites available to techs.

With the new regulations regarding controlled substances, the processing time only increases while employers insist on cutting staffing & demanding shorter wait times for customers. Not only is customer service suffering, but also, & most importantly customer safety. This will only get worse with the most recent change of hydrocodone products to a schedule 2.

I think our corporate is more concern on numbers not patient's safety. Cutting hours on our pharmacist and expecting us to do more. It is almost impossible to satisfy our customers when you have fewer employees and filling Rx, answer phone calls, helping customers and all other duties that you have to perform on daily basis. I wish that corporate would take care of their employees and customers. For me, happy employees plus satisfied customers equals great business.

We have downsized staff yet add more tasks to RPhs and techs... We continue to ask for staffing increases but it hasn't happened and staff is tired and stressed more than ever before

I love being a pharmacy technician, but it is a very saturated field. It is very difficult to change jobs and to find companies who pay people based on experience. Most places pay really low and would rather hire new techs fresh out of school because they have no experience and they can pay them a lot less. With that being said, I am seriously thinking about leaving the pharmacy tech field. As a single person with mortgage and other bills, it is very hard to survive on a tech income with 8+ years of experience.

My company needs to learn that patient care is more important than sale. We have minimal staff which is causing more mistakes because we don't have enough people. We are given hours based on how many prescriptions come in. That does not include paperwork, phone calls, customer pickups or other issues.

There is usually only one pharmacist and one technician all day. So no help with patient pickups or counting. It is very frustrating. Hours should be based on more than prescription count.

I feel there are more responsibilities the technician could have to help take some of the workload off the pharmacist. There is no reason why a technician cannot do the final check on a prescription. All that is needed is to verify the medication and NDC is the same as what the computer image is showing.

*Pharmacists are losing more and more respect the longer I work in pharmacy, primarily due to retail. Lots of doctors treat pharmacists (and pharmacy in general) as underlings rather than equals (which they are). Drive-thrus need to be banned. Too many people think pharmacy is like fast-food, when it is not at all.*

*Over the course of my pharmacy career as a technician I have noticed the focus has shifted from customer quality and service to increasing sales and numbers. Growth is great however the expectation is to be more productive with less staff on duty, which has really increased the amount of errors that go out of the pharmacy. The pharmacists are expected to work 12 to 13 hour days if not more in a row and are being asked to perform more and more tasks such as flu shots, customer calls, daily tasks and still manage to get the work for the day complete. I have found that the pharmacists are getting stretched so far that customers are not wanting to ask questions about their medications when they should and even technicians aren't wanting to ask questions to prevent mistakes. Our job is stressful enough as it is, requiring that we produce more with less help isn't helping. Working at my job I don't feel valued as an employee or health care professional. It is falling on the pharmacy to double check to doctors and nurse's work more often with poor training on new computer programs which also takes up more time on top of us providing multiple vaccinations that are no longer administered at the doctor's office. Something needs to be done to help balance out the work load.*

*Workplace needs to provide staffing and more time to train when hiring new employees. Currently, we are running short staffed almost daily, causing overworked employees which could lead to potential patient safety issues.*

*I know we're trying to compete with bigger companies, but cutting hours and increasing workload is a little stressful when not everybody steps it up. We all have that dilemma at some point in our lives. But, it's hard to increase productivity if you have slackers on your team.*

*I want to say that I enjoy my profession, but working conditions are very poor. We have no Human Resource Manager to go to if there is a problem. No confidential, objective person to discuss problems with. Customers are allowed to buy controlled drugs for cash when the insurance denies for being too soon, including State Ins. month after month. The customers buying these drugs know which Pharmacist to ask for. The Manager/Compounding Technician will remind you that you're are lucky to have a job if you voice any complaints. My biggest concern is that a delivery driver was allowed to work as a Compounding Tech, while the Compounding Tech./ Manager was 'supervising'. This went on for months. Pharmacy Assistants are also allowed to make compounds from time to time. We work at a frantic pace most days. At night I go home praying that I didn't make any mistakes, because the Pharmacists who are also under a huge stress don't catch all mistakes. The Manager/Compounding Tech. is working in the pharmacy nearly every night alone in the store without a Pharmacist present. Inspectors need to make more visits, and talk individually to Pharmacists, Technicians, and Assistants about working conditions. We rarely see an Inspector except for the yearly visit.*

*There is absolutely no importance placed on reprimanding technicians and my company takes more pride in low pay role than quality technicians. There is no importance placed on training technicians or creating quality work ethic. Because it has all become a numbers game in retail pharmacy, when major mistakes are made there is no remorse or course of action applied to technicians. I feel that there should be a limit to the number of prescriptions per tech hour as well as a way to separate technician level (i.e. tech A, B, C) based on safety rating and experience so that retail pharmacies are forced to start staffing quality techs and limiting risk to patients.*

*Reducing staff hours to 'save' money is detrimental to patient safety & wellbeing*

*Patient safety appears to no longer be a concern with the current emphasis on performance 'metrics,' and the environment that they create at the retail pharmacy where I am employed. It is no longer a question of IF a patient is harmed or dies from an error but WHEN.*

*It would be nice if company training lasted longer in order for us to learn more about the job. In our call center, we use eight (8) different computer systems, and two (2) weeks of company training was hardly enough to cover the basics. Also, we are required to complete training modules yearly, and we have to complete them during our work time between calls (we take 3,000 plus calls daily, so there is rarely any time between calls). I would recommend the employers send around a sign-up sheet for everyone to select dates and times in which they would like to complete the modules, or even for the employers to assign dates and times for us to do this.*

*Tech increase in work load and no increase in pay all these years are wrong. \$17 an hour for techs is the top off. After that all you get is a cost of living raise. Even vet techs get at least \$20 an hour now. When are we going to get what we deserve?*

*When asking how many pharmacists are on shift, I wrote 2 but it's actually 1.25 b/c the 2 pharmacist overlap for 2 hours during their shifts.*

*The company places too much importance on flu shots and speed of processing. This causes much workplace stress and compromises professionalism and especially patient safety. Our jobs are threatened when we don't comply with this focus*

*Being an independent pharmacy we have no one to go to with a problem. No human resource person who is confidential. Pharmacy manager/compounding tech. Uses assistants and even for a few months a delivery driver to make compounds. Pharmacy laws do not seem to apply when inconvenient. Inspectors need to talk to all employees personally when doing their inspections.*

*Our pharmacy is consistently over on the RPh/tech ratio patients often feel mistreated because they see so many people yet they have to wait for one person. Our pharmacy manager is not willing to step in when a customer loses their temper even when they are cursing and demand to speak to him his response to the tech is frequently 'what do you want me to do about it?' I do not feel our techs or assistants receive the support they need to safely do a proper job. Recently the company decided no matter how many prescriptions are dropped off by a patient it should never take more than 20 minutes there has been a much higher frequency of mistakes made*

*I work Graveyard shift in a Hospital so some of my answers might not apply. But I truly believe that on nights when we are assigned to be trauma, there needs to be a Pharmacist scheduled to be in the ER so that all of the workload does not fall on a single RPh while the other is attending trauma codes.*

*Our company is putting a lot of emphasis on shots, fund raising etc. that takes away from time needed to process/help customers*

*I would like to see drug companies make their product same size and shape as original or all generics of a particular drug size and shape same (of course different markings or color so that no matter which company we get ranitidine 150mg (for example) it would fit in the filling machine, cost lots \$ to recalibrate for different company making the pill, like to see that as a regulation, modernization so many pharmacies have the filling machines! Big healthcare bucks could be remedied without detriment to patient care.!!*

*Easy for errors when pharmacies are not adequately staffed*

*Corporate pushes more responsibilities on everyone while taking away more hours. A typical week day is a very high stress level due to low staffing. We don't have the time we need to safely take care of our customers.*

*I think it would be far more important if store managers did not push pharmacies to make sales when sales are not applicable in a pharmacy. A pharmacy is not based upon sales or running specials on the sale of drugs. Also, all pharmacy staff should be on a rotating schedule. Technicians should not have a set schedule that never allows them to have different shifts or different days off. It is highly unfair for some technicians to have the early shifts and weekends off and other technicians to never have early shifts or the occasional weekend off. Shifts need to be rotated equally between the technicians constantly.*

*More staff*

*In the 30 years if have been a tech, you keep saying how you will expand our roles but I have only seen it diminished. We can't say anything anymore for fear we are 'counseling'. It's a disappointment for the profession*

*XYZ Chain drug store puts way to much stress on the RPh, which in turn puts way to much stress on the techs. Calling pts whose scripts have been ready for 7 days is a waste of time. The computer calls them already ...why do we have to harass the patient again? Also, during flu shot season we need more help. When your whole pharmacy staff bitches and complains all the time about how they want to quit due to how the business is ran must mean something isn't going right. Some days i love my tech job some days i hate it, i just wish it was more all about the patients and making them happy than all about the damn numbers. Numbers don't mean anything if the patients aren't happy.... right?*

*This sucks!! I hate it!! It's not that we aren't hard workers.. We are slaves!! I am exhausted!!*

*Salaried pharmacists are not getting breaks, even for lunch. The staffing model is based on Rx count, although time per script has increased with insurance requirements. Labor costs are saved by using less experienced staff and reducing man-hours, and providing bonus incentives to pharmacists for this, which increases error rates. They are willing to get by with less help, but come early and stay late, without adequate breaks, to make the labor model and get a bonus.*

*A lot of emphasis is being put on clinical testing which takes the pharmacist away from his/her station. Also, the rising number of rx's that require prior authorization from the insurance company has led to a huge increase in time on the telephone and time away from patient care.*

*If we could get more techs and more hours we could get things done in our store. I leave everyday knowing so much still needs to be done and it stresses me out. We do way to many prescriptions for how many people we have working. Everyone wants to wait and only wants to wait 5 min. My pharmacy is driving me crazy and stressing me out.*

*Please stop the prescription transfer for store credit offers. It causes more work and more room for error. Please.*

*The retail pharmacy I work at is a XYZ chain drug store. Our Manager had never worked in a pharmacy before he started at XYZ chain drug store. He had been at XYZ chain drug store about 2 months before he was made manager of the pharmacy. He's a nice guy, just not a good manager. Our other pharmacist is also not an experienced pharmacist. Neither was trained to work with the XYZ chain drug store system before they were left on their own. When we are treated poorly by our customers, it is allowed by our superiors even when we are right and just trying to follow the guidelines set up by XYZ chain drug store and Medicare. Customers are rewarded for bad behavior by being given their way and often gift cards and free merchandise. Worse than that, we are belittled in front of them and each other by our pharmacists. Our pharmacists do not lead by example. They say that customer service is #1 but don't back that up with actions. They don't have clear expectations. We don't know what their priorities are because they don't make them clear, and then we get reprimanded for not prioritizing properly. Our one*

*pharmacist, not our manager, will retaliate against us if we question her, by making our job even more difficult. This creates a hostile working environment. Our regional Manager is not interested in trying to help. He is just as bad. I dread going to work. I like being a pharmacy tech, but I hate working for XYZ Chain drug store*

*Working at pharmacy is very stressful now as a technician. More work but less staff. The pay rate for pharmacy technician should be considered and also the responsibilities of technician in pharmacy practices.*

*Due to the upcoming consolidation much of this information is not accurate for DOC. Most of the staff is being laid off or have found new jobs, and the work has not been absorbed by the new off-site facility. Turn around on fills will be delayed and people will be going without their meds. This creates a potential for health risks and danger to staff. This problem is not being handled well by upper management at all and should be addressed by the Department of Health.*

*Working in Pharmacy these days is extremely difficult. Concerns that are made to the district manager in regards to the poor pharmacy managers that we are forced to work under are disregarded. Pharmacists that have no training in being a manager are elected manager for simply applying. Pharmacy Managers should all be required to take management classes! The delegation and complete disregard for all the work technicians do is going unnoticed. Technicians deserve more respect than we get and definitely more money! Some pharmacist just stand around waiting to council or verify scripts...and when I mean standing around, I mean answering personal phone calls on cell phones from Craigslist, there home, or Realtor, and of course eating. They should be working as a team to help with all the duties a pharmacy requires to run successfully. But no all the work is delegated to the technician and when we miss something we are scrutinized. Never being complimented on anything and everything you do to make the pharmacy better is upsetting. Each day we hear of another technician who's left for being mistreated and these are impeccable people! There's an old saying, 'You get more with honey, than you do with vinegar.' And all that flows in pharmacies these days in VINEGAR! We are all getting tired of being abused and mistreated! Something has to change. Those corporate head honchos are making impossible standards that cannot be completed in one day and we get rep-remanded if we don't complete them. Give us more help and maybe you'll get results! They should all have to stand a day in our shoes and see how it feels. But they are to comfy and fat sitting on their high horse at corporate. I'm tired of them trying to weed out good pharmacists that are older, because they want to hire somebody younger and dumber at a cheaper price! Age discrimination is definitely a big factor in all pharmacies! Hope these issues find results.*

*Standing for hours at a time causes pain, which causes distraction, which causes errors. Overworking staff is conducive to creating an environment which puts patients at risk. Chairs, Lean Stools, Mats, and other ergonomics need to be instituted in all pharmacies.*

*Our pharmacy often runs over ratio at lunch times and after one pharmacist leaves for the day. I have questioned this and have been told it's none of my business. I have also questioned the fact that documentation of errors is NEVER made and have been told that it is pharmacist business and techs have nothing to mind regarding it. I disagree. In most of the places I have worked you definitely have the 'you're just a tech' mentality.... We often carry the pharmacy for better or for worse.*

*Numbers are important to our manager but the fact that the pharmacy layout is so poorly designed and available space is inferior that productivity is strongly affected and not given consideration to employee stress and frustration and exhaustion by the end of the shift. Redesign and just another 10 square feet of space would boost moral measurably, in my case.*

*I disagree with the Board's current thinking of the 3 to 1 pharmacist to tech ratio with regards to long term care pharmacy. Senior experienced techs help the pharmacists a lot in our pharmacy. These senior techs*

*also help with new techs, and whatever their experience (expertise) allows. The board does not take into consideration these techs, or the 'uniqueness' of long term care pharmacy.*

*It's all about the 'numbers'. The laws pertaining to controlled substances being called into the pharmacy have taken our pharmacists away from checking prescriptions (majority of our calls are verbal controlled RX's. Also DX codes for all controlled substances. Seems like the pharmacist's workloads are larger and larger with no more help. A technician should be able to take a new verbal RX. It doesn't seem right that a nurse or medical assistant or receptionist for that matter can call in an RX (most of the time, they have no idea what they are talking about) but a technician of 10 years can't take a verbal? Doesn't seem right! A technician can't even take a verbal controlled RX refill. Why is that? Doesn't it seem like one thing we could take on to relieve a pharmacist? We deserve more respect and money! It's crazy what we deal with on a daily basis.*

*Technician hours are based just on prescription count. One technician is expected to cover both the checkout counter and intake counter, accurate input of prescription, calling insurances, incoming phone calls and customer service, suggesting flu shots. We don't have enough hours to have two technicians all the time. The interruptions do cause mistakes. It's hard to finish six things at one time and continuous have new things added. It would be nice to have pharmacists who have time to help the counters and answer the phone calls.*

*We need full time cashier help, no matter how busy the pharmacy is. Pharmacy assistants play a major role in how a pharmacy operates by giving technicians and pharmacists the time to catch and prevent mistakes on patient prescriptions in order to protect their safety. They should get paid more than a retail cashier because their job entails more responsibilities. Additionally, technicians do about 80% of a pharmacist's job, yet are paid about a quarters' worth their salary. I understand that I work for a corporation, but I feel with all the services I provide patients, I am severely underpaid. We are expected to maintain a specific quota in order to qualify for more staffing. But if we are pressured to take on more than we can handle, mistakes are easily made and patient safety is compromised. Basically anything that takes time away from us typing up a prescription, or worse, interrupting us while we're in the middle of typing it, is detrimental to our work environment and patient safety. Mistakes are easily made (and have been made) if we are distracted, yet we are expected to juggle corporate-affiliated projects, phone calls, synchronizing patients to our automated systems, managing inventory, upholding HIPPA regulations, typing prescriptions, and ringing people out patients when all I really want is to help patients get well and get their medications right. Being pushed to get orders out by a certain time, or being stared down at the check-out counter contribute to the stress, which is an additional distraction. In order for us to do our work in a manner that does not endanger patients, more staffing is needed in the pharmacy to minimize these distractions and allow us to focus on getting it right the first time.*

*This job has become about being a business and not being about healthcare. We are now robots who must complete a certain amount of prescriptions and vaccinations in one day. If we meet these goals we are allowed more help... if not we have to stress about helping more customers then we can handle. This endangers our patients and causes the staff severe stress. Only one pharmacist is allowed on duty who must counsel, answer questions, take phone calls, answer tech questions, answer assistant questions, give shots, while checking prescriptions. Mistakes are easily made and who can blame them? The bottom line is that people have taken the wrong drugs and it's not about incompetence. It's about having some time to actually review and not be pulled away. More regulations must be put in place for the patients and the staff. Pharmacy is about the patient, not meeting the bottom line as a company.*

*Pharmacy professionalism by all RX staff members has decreased over the years that I have been a technician*

*Unfortunately racism still exists in the work environment, among co-workers. Things like this could hurt ones who need to be really focused on the job on hand. Pharmacy setting has become a place to add on*

*profits rather than patient safety, cutting staff hours, not only adds more pressure and workload, it also adds more mistakes, I wish there was a standard number of staffing based on the number of prescription done.*

*Technicians are performing more clinical roles to help the pharmacist with his/her extra functions. These technicians are not being compensated and there is not a 'Clinical Pharmacy Technician' program that would help these technicians advance their careers and feel more comfortable taking on clinical pharmacy tasks.*

*Survey unclear in questions. Pharmacist hrs. per pharmacist or total. Pharmacists in my particular area of inpt or including clerical technicians in other areas of pharmacy/ managers/supervisors or those only directly involved with my inpatient functions?*



## **I. Non-Line Staff:**

### **1. District managers; regional managers; V.P.'s- pharmacy directors**

*I am fortunate to work for a company that is sensitive to staffing. It is not my employer that is the problem, but the industry. Consumers are seeking out Pharmacists as Medical doctors and the number of interruptions from those patients only to have to explain to them I am not trained in diagnosis is incredible. I would also say the time spent PBM problems and audits are ridiculous. Pharmacy has become an assembly line production with the expectation of providing professional health care. WE need to decide which we want.*

*I suggest that the Commission and Commission Management take a deep look at how they are operating and take a more collaborative approach in their work. It has become a very adversarial approach over the last 2 years. Also, realize that health care is rapidly changing and support all staff, especially pharmacists and technicians working at the highest level of their degree and license. Right now that is not the case!*

*Central fill, percent of rx electronically prescribed, clinical services being provided a seasoned crew and mgr. talent, refill to new ratio of file. Rx, robustness of computer system, Ratio of new to pharmacy customer percent vs returning repeat customer, all play a significant role in adequately determine needed staffing levels.*

*As a District Manager, I try to increase pharmacist staffing but the company will not let me. The directive is to strive towards the leanest pharmacist staffing while hovering just above the permitted 1:3 ratio. The pharmacies are consistently over the ratio during for about 1 hour before and 1 hour after the shift overlap. At the locations where there are two pharmacists, the pharmacists can go to lunch. They are out of the ratio during this period as well. Please enforce the ratio as this will help with staffing. Also, limit shifts to 10 hours. It should not be permissible for a pharmacist to work more than 10 hours. Limit trainees (Intern and Tech) to one per location per day. And, include interns in the ratio. Enforce counseling rules. This, along with ratio and shifts limited to 10 hours are the only ways you will get increased staffing. Use fines to improve compliance. Also, for the one pharmacist stores. Mandatory closure for 30 min at lunch. And I mean real closure. Gates down. All staff leaves the pharmacy. Get rid of transfer incentives. Mandatory error reporting would also be a great benefit. Get rid of work load balancing and remote processing. We use this to get around the tech ratio. It overloads the pharmacist, and techs to be honest, at the stores.*

*Why are you not looking at how the insurance companies are negatively affecting the pharmacies and pharmacists ability to ensure patient safety standards?*

*Employer runs staffing short and I am not permitted to increase staffing in the stores. We are not permitted to allow the pharmacists to go on breaks away from the pharmacy...so it is not a break. No lunch away from the pharmacy. Pharmacy is not permitted to close for lunch when there is only one pharmacist on duty. The ratio is violated all the time. This is especially true at shift change at pharmacies where there is more than one pharmacist. When I try to increase staffing my bonus goes down or I am told I will be demoted. The pharmacists do not have time to counsel due to work load, staffing and remote processing (at the stores or incoming). Corporate says the chances of getting caught are minimal and PQAC will do nothing or the penalty is insignificant. I have to discipline the staff when they fall below the quotas (metrics). PQAC needs to eliminate metric driven polices as this is not safe. Limit shifts to 10 hours. my pharmacy management hide/ignore potential problems and hazards until something negative happens as a result, or until someone has the nerve to bring their concern higher up the chain of command, at which point the entire staff will get berated by the manager for 'going around her.'*

*Increasing the technician ratio would assist & reducing disruptions in filling prescriptions when one of the pharmacists is on break.*

*Pharmacy commission needs to focus on the changes that are happening in the pharmacy practice and support the transition. Any company is trying desperately to make it in this fiscally-challenging times of negative reimbursement rates. I suppose my employer can ease the pressure by starting paying pharmacists \$30.00 per hour to offset the reimbursement pressures. But how would it affect the lives of all of my coworkers? Perhaps the honorable PQAC can focus in making sure we, as profession, remain employed and gainfully so, rather than finding reasons to have us lose our jobs or income. Safety is a measure of proper training and workflow. Focus on that.*

*Thanks for asking, the questions were a bit tough for a non-pharmacy ambulatory clinic that uses both pharmacists and technicians.*

*There is a lack of understanding of the importance of medication safety in the ambulatory/surgi- center settings.*

*The data provided was for a health system environment. The numbers of pharmacists, techs, assistant was for day shift only. The pharmacy department operates 24/7 with less individuals on 2nd and 3rd shifts We run 4 shifts per day on weekdays and 3 shifts per day on weekends*

*Many of the questions posed are not particularly relevant to Nuclear Pharmacy operations.*

*Our workload is shifting from providing effective and safe patient care to mitigating with insurance companies on prior authorizations or trying to coordinate specialty drugs from 'plan-restricted' specialty pharmacies to continue these medications for the patients that present at our hospital.*

*With the current National Tech. Certification, we now have more qualified techs. I think the 3:1 ratio should be increased or eliminated and left up to the pharmacist decision on how many they feel that they can supervise.*

*Patient care is our first priority. Lack of documentation on med errors is a factor of time regulations that have to be followed have cluttered up the time nurses have and therefore time is the enemy of documentation of errors or adverse drug reactions.*

*I would query who participates in Team Stepps, Just Culture, Lean, Studer, Med Safety Officers, and Medication Error software for a deeper dive*

*Rulemaking should encourage and emphasize pharmacy site specific certification requirements where staff can complete tests/readings on-line. Based on a person's practice, multiple certifications should be required...ex. cleanroom, critical care pharmacy medicine, non-sterile compounding, pediatric drug dosing etc. Pharmacies that have evidence of such requirements have better trained and prepared staff. Basic medication safety practices should have std. annual recertification requirement just like fire suppression.*

*With the addition on pharmacists giving vaccinations, doing weekly insurance audits and MTM's, I believe patient safety has taken a back seat. The corporate offices are interested in profit over patient safety. I have seen this personally where it's not how many errors were made, but how many vaccinations did a pharmacist give.*

*The PQAC has taken a position of punitive actions rather than advocating, educating, and coaching the past two years that is significantly counterproductive to protecting the public's well-being. This is an unfortunate change and culture for the residents of Washington State.*

*This survey is obviously targeted toward retail pharmacy so not sure the data I've provided has much value.*

*Next time, make the survey conducive to retail as well as institutional practice.*

*My setting allows more control over workload but the retail world does not. I feel for the pharmacists in the retail setting. They are asked to fill more and more prescriptions with less staff.*

*Contact with the Board of Pharmacy, DOH, and consultants are very difficult. They need to be tremendously better in returning e-mails and calls to ensure proper practice, guidance with laws and assistance for pharmacist.*

*My work environment is good in a health center. Previous work at big chains is terrible and unsafe for patients. Please do more to address these issues.*

*It would be a most useful survey if you could separate out the real objective safety data and issues from the perception that people think they work too hard. I'm not convinced that 90%+ of the people taking this survey aren't going to say they are overworked and that diminishes the usefulness of the results. Everyone in healthcare thinks they're overworked.*

*As a pharmacist about to retire from 30+ years as a regional manager I want you to know how we have manipulated the BOP/PQAC to push our agenda. We have been able to reduce payroll by virtually eliminating the pharmacist in our stores. It used to be two overlapping pharmacists in a 12 hour day with 2 techs and 1-2 assistants. Excellent compliance with profile review and counseling. We fill the same number of Rx's as we did years ago but we now have a pharmacist work 12 hours, have 2-3 techs and 3 assistants. We know it is not possible for the pharmacist to properly review profiles and counsel, but there is really no incentive. No penalty. No fine. The next goal is to shift tech work to assistants and automation. Also, by using central fill, remote processing and workload balancing we may even be able to reduce to one 12 hour pharmacist, one 8 hour tech and 3 assistants. Sure am glad I do not actually work in the pharmacy! Sure am glad I am about to retire!*

*Sorry but this survey is very retail and product oriented, and has ignored the growth of innovative and progressive patient care services that may be offered outside of traditional prescription filling, for which a different mix of personnel would be appropriate. The pharmacy rules of this State need more flexibility allowing pharmacist professionals latitude and professional discretion to run a business, and less micromanagement by the Commission that creates hurdles and barriers to establishing innovative service that are clearly within the training and scope of the profession. Defined ratios of personnel are antiquated and increase costs, when these could be replaced with more of an outcomes model. As a comparison, medical practice laws do not specify MD to RN or MA or other practitioner ratios, leaving the business model design to the MD.*

*This survey was not applicable to my practice setting, yet nothing in the description of the email or introduction helped me address the appropriateness of taking this survey. After the 5th request to complete it I chose to do so just to ask that you at least describe the audience you wish to participate or include some screening questions at the start of the survey. This survey also does not cover most health-system inpatient practices. Not everyone works in an outpatient dispensing pharmacy.*

*Set a pharmacist workload that is safe for patient care similar to the nursing matrix.*

*Improve working environment for pharmacists -help them to provide safer medication management I think the Pharmacy Commission needs to re-assess the pharmacist/technician ratio. Many states have greater than 3:1 and LTC pharmacy is much different than retail pharmacy as far as technician over-site. We hire technicians not to only work in the pharmacy, but in various departments not physically located in*

*the pharmacy area, yet contribute to our ratio. Hiring skilled technicians in these other areas is useful because they understand the pharmacy process and their experience necessary to be efficient in their duties. Expanding the ratio, perhaps for licensed LTC pharmacies, will assist in creating a safe working environment allowing pharmacists the opportunity to focus on patient safety.*