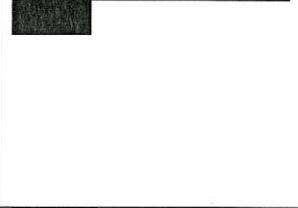
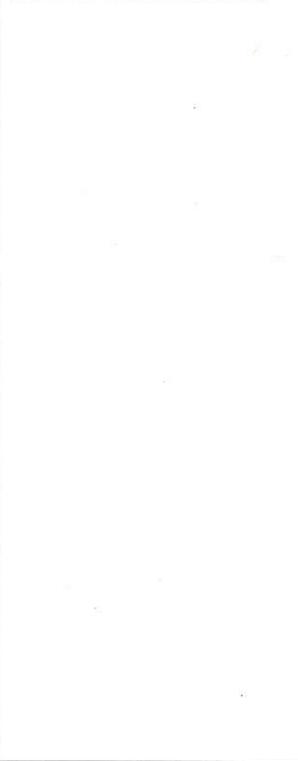


## Public Comments

*Issue Assessment – Meal and Rest Breaks  
Draft 2 – For Public Comment – May 11, 2015*

 	<p>In regards to meal breaks, the biggest concern is counseling on new prescriptions. Currently, it would be beneficial that a pharmacist's lunch is not interrupted especially at retail pharmacies and for those working long shifts by themselves... to accommodate that, the pharmacy technician/assistant writes down the name of the patient and phone number for the pharmacist to call after his/her break is over. Unless it is a life threatening emergency (i.e. CPR or something related needs to be performed), breaks should not be interrupted.</p>
 	<p>From my experience working at different pharmacies within a chain break time and lunches issues have varied on how busy the pharmacy is. At a busy pharmacy I have seen technicians and interns skip breaks frequently because it's more stressful to fall behind on filling and have a patient give you the 'death gaze'. Some managers are better than others at forcing technicians to take these breaks. Although I see this happen, I am concerned about some of the ruling proposed that could hurt employment when looking at things in a broad view.</p>
 	<p>Pharmacies should allow for closure for up to 1 hour thru the noon time each day. Very difficult to have smaller pharmacies provide for staffing to allow breaks &amp; lunch.</p>
 	<p>(abbreviated- full text distributed to committee May 15)</p> <ul style="list-style-type: none"> <li>• Our members support current rules which apply to non-exempt employees (e.g., pharmacy technicians). There is an existing regulatory structure in place to address meal and rest breaks. We should use existing structures, as opposed to developing new ones.</li> <li>• All regulations issued pursuant to Chapter 49.12 RCW (which includes the requirements for meal and rest breaks) apply to employees except "any individual employed in a... professional capacity." Salaried pharmacists are clearly "professional" employees under the standards of WAC 296-128-530. L&amp;I has not adopted any regulation that would carve out a specific profession from the underlying definition of a professional employee. The Commission's proposed direction would make pharmacists the only profession to be regulated in Washington State. This cannot be done without new statutory authority.</li> <li>• While the PQAC material notes other state laws with mandates for pharmacy on this issue, the legal framework is probably different in each state. A direct comparison is not relevant for Washington State laws.</li> <li>• L&amp;I has express statutory authority to adopt regulations "fixing standards, conditions and hours of labor for the protection of the safety, health and welfare of employees" (RCW 49.12.091). PQAC has no such comparable authority. RCW 18.64 does not authorize the Commission to set the terms and conditions of employment for pharmacists.</li> <li>• The Commission must consider the effect on access and cost of care in exploring concepts for pharmacists to be allowed an extended period away from the</li> </ul>

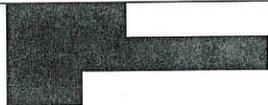
## Public Comments

	<p>pharmacy. Pursuant to WAC 246–873–050, this would require the designation of additional personnel authorized to obtain drugs in the absence of a pharmacist... Further compounding this issue is that rural hospitals often have a difficult time attracting health care professionals to their community.</p> <ul style="list-style-type: none"> <li>• Rigid scheduling of breaks would compromise workflow and limit a pharmacist’s ability to provide high-quality care.</li> <li>• The scientific evidence does support a connection between overly-long work shifts and medical errors, but there is no such evidence supporting any connection between errors and the absence of breaks during a shift.</li> </ul> <p><b>PQAC Survey</b></p> <ul style="list-style-type: none"> <li>• Poor response rates can give rise to sampling bias, which can lead to incorrect attribution. Sampling bias in PQAC’s survey is further compounded by the manner in which the survey was conducted and distributed.</li> <li>• None of the supporting documents note whether the survey was tested for reliability and validity.</li> <li>• Without verification of the employee’s individual meaning, surveys are a poor tool to measure compliance with meal and rest break requirements.</li> </ul>
	<p>(abbreviated- full text distributed to committee May 15)</p> <ul style="list-style-type: none"> <li>• “Time out” are easily mitigated by existing technology. In the retail pharmacy environment there is so rarely a situation where a prescription has to be filled right now that interrupting a pharmacist’s meal break would certainly be an uncommon event. The same thing with telephone calls, they can be forwarded with modern technology to a central fill pharmacy, another store’s phone line (branches in the same town could schedule different lunch break times), an answering machine, or in the case of a hospital environment to one of the many growing “after hours” contractors currently ramping up their business presence here in Washington State.</li> <li>• Patients are more than accustomed to prescriber offices that close for lunch. A pharmacy could/would post its lunch break time (if differential from the rest of the store) and, ultimately, patients would be “trained” to this. There is no requirement anywhere that I know of that requires a physician clinic to provide 24/7 service to its patients (most have an after-hours voice message that directs people with emergencies to call 9-1-1) so why expect that from a pharmacist?</li> <li>• Most of the requests for “special programs/processes” (say, MedRec services provided by pharmacy techs, not pharmacists or even off-site robots, dispensing kiosks, or order entry) are due to economic needs of providers, not patient safety needs. Where is the balance between citizens expecting quality and safety with pharmacy providers who can no longer afford to provide basic pharmacy services either under their negotiated contracts (which they willingly signed) or promotional giveaway programs?</li> </ul>
<p><a href="mailto:toz35@toz35.com">toz35@toz35.com</a></p> 	<p>When it relates to professional activities I believe the commission has the responsibility to determine whether fatigue leads to errors (answer is yes via many supporting documents) and to regulate the avoidance of errors in the workplace.</p>

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	<p>Just as in regulating how many technicians a pharmacist can supervise (controlling errors) breaks need to be regulated. I have worked too many 10 and 12 hour shifts with only minutes to eat and/or pee to ever do these kind of shifts again. The client suffers, sometimes due to an error, more often in poor service and the pharmacist suffers, both physically and mentally. Heaven knows, employers will not volunteer to close pharmacies for patient safety.</p>
	<p>We appreciate the chance to share our perspective with the Pharmacy Quality Assurance Commission (PQAC) on two issues: meal and rest breaks and accountability. Coulee Medical Center acknowledges and supports the Commission's efforts to promote high-quality care and access to pharmacy services, as well as their efforts to address issues of adverse drug events. We have concerns, however, around PQAC's proposed action on meal and rest breaks and accountability.</p> <p><b>Meal and Rest Breaks:</b> We understand the Commission is investigating how to enforce meal and rest breaks for pharmacists. The Washington State Department of Labor and Industries (L&amp;I) has rules that address requirements for employers to provide meal and rest breaks. We support current rules which apply to non-exempt employees and note that there is an existing regulatory structure in place to address any employee's individual issues. A rigid system like the one being proposed by PQAC would only compromise workflow and limit a pharmacist's ability to manage their own meal and rest breaks and provide high-quality care. We don't believe PQAC needs to take any additional action on this issue. Taking the responsibility of time management away from pharmacists and putting it in the hands of managers would only add an administrative burden on both, increase the cost of care, and does nothing to improve the quality of care or the rights of employees. If pharmacists in small rural hospitals are not able to manage their time independently and in ways that meet the needs of patients, it could also force organizations to hire additional staff.</p>
	<p>We appreciate the chance to share our perspective with the Pharmacy Quality Assurance Commission (PQAC) on two issues: meal and rest breaks and accountability. Odessa Memorial Healthcare Center acknowledges and supports the Commission's efforts to promote high-quality care and access to pharmacy services, as well as their efforts to address issues of adverse drug events. We have concerns, however, around PQAC's proposed action on meal and rest breaks and accountability.</p> <p><b>Meal and Rest Breaks:</b> We understand the Commission is investigating how to enforce meal and rest breaks for pharmacists. The Washington State Department of Labor and Industries (L&amp;I) has rules that address requirements for employers to provide meal and rest breaks. We support current rules which apply to non-exempt employees and note that there is an existing regulatory structure in place to address any employee's individual issues. A rigid system like the one being proposed by PQAC would only compromise workflow and limit a pharmacist's ability to manage their own meal and rest breaks and provide high-quality care. We don't believe PQAC needs to take</p>

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	<p>We appreciate the chance to share our perspective with the Pharmacy Quality Assurance Commission (PQAC) on two issues: meal and rest breaks and accountability. [Insert hospital name] acknowledges and supports the Commission's efforts to promote high-quality care and access to pharmacy services, as well as their efforts to address issues of adverse drug events. We have concerns, however, around PQAC's proposed action on meal and rest breaks and accountability.</p> <p><b>Meal and Rest Breaks:</b></p> <p>We understand the Commission is investigating how to enforce meal and rest breaks for pharmacists. The Washington State Department of Labor and Industries (L&amp;I) has rules that address requirements for employers to provide meal and rest breaks. We support current rules which apply to non-exempt employees and note that there is an existing regulatory structure in place to address any employee's individual issues. A rigid system like the one being proposed by PQAC would only compromise workflow and limit a pharmacist's ability to manage their own meal and rest breaks and provide high-quality care. We don't believe PQAC needs to take any additional action on this issue. Taking the responsibility of time management</p>

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	<p>away from pharmacists and putting it in the hands of managers would only add an administrative burden on both, increase the cost of care, and does nothing to improve the quality of care or the rights of employees. If pharmacists in small rural hospitals are not able to manage their time independently and in ways that meet the needs of patients, it could also force organizations to hire additional staff.</p>
	<p>I would strongly encourage the commission to pursue the issue of appropriate break for meals and rest.. We as pharmacists should not be exempt from the L&amp;I rules for mandatory breaks. Last I checked we are human and require the same time to eat and void our bladders as all other workers!</p> <p>We need some support in this area as all employers will not change to allow us the basic human rights as their other employees without the legal regulations.</p> <p>Yes, I am in support of lunch and rest breaks as essential in reducing stress and reducing the risk of medication errors. As Pharmacists we are often the last chance each patient has of identifying any prescribing, filling, or administration errors; we need to be able to concentrate on each situation fully.</p>
	<p>Here is some language that may be considered by the Committee regarding this topic. This is an example of what the Arizona State Board of Pharmacy has determined.....</p> <p><b><u>Pharmacist Workload / Protecting the Public Health</u></b></p> <p><b>Whereas:</b> The primary duty of the Arizona State Board of Pharmacy is to protect the public in the realm of the practice of pharmacy, and</p> <p><b>Whereas:</b>The Arizona State Board of Pharmacy recognizes that many pharmacy positions require individual pharmacists to work beyond 8 hours/day, and</p> <p><b>Whereas:</b> Numerous community pharmacy practice sites are minimally staffed as a direct result of pharmacist personnel shortages; resulting in on-duty pharmacists not having either a meal or rest break during a particular extended shift, and</p> <p><b>Whereas:</b> The Arizona State Board of Pharmacy also recognizes that alertness and cognizance -"of and in" the pharmacist are essential to public health and safety.</p> <p><b>Therefore Be It Resolved:</b> That in the interest of public health and safety; the Arizona State Board of Pharmacy hereby endorses and encourages pharmacy owners and managers to allow pharmacy personnel to 'close and secure' (in compliance with Board Rules) a pharmacy for a maximum of thirty minutes at mid-shift, allowing personnel to relax, have a meal or otherwise occupy themselves, and</p> <p><b>Be it Further Resolved:</b> That during the mid-shift shut-down, signs are posted and phones are programmed to advise clients and callers that the pharmacy is closed and the time the pharmacy will reopen, and</p> <p><b>Be it Further Resolved:</b> That such 'shut-downs' be consistent within a particular corporate pharmacy to minimize confusion within the public and professional community. For example-APEX PHARMACY ANNOUNCES ITS PHARMACIES WILL CLOSE MONDAY THRU SATURDAY FROM 1:00 P.M. TO 1:30 P.M. In store signs and telephone messages will clearly advise clients of this policy, and</p> <p><b>Be it Further Resolved:</b> That the Board discourages parties from requesting exceptions (waivers) to the pharmacy security rules (R4-23-610.B), sign posting or telephone programming referenced above.</p>

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	<p>We appreciate the chance to share our perspective with the Pharmacy Quality Assurance Commission (PQAC) on two issues: meal and rest breaks and accountability. Navos acknowledges and supports the Commission's efforts to promote high-quality care and access to pharmacy services, as well as their efforts to address issues of adverse drug events. We have concerns, however, around PQAC's proposed action on meal and rest breaks and accountability.</p> <p>We understand the Commission is investigating how to enforce meal and rest breaks for pharmacists. The Washington State Department of Labor and Industries (L&amp;I) has rules that address requirements for employers to provide meal and rest breaks. We support current rules which apply to non-exempt employees and note that there is an existing regulatory structure in place to address any employee's individual issues. A rigid system like the one being proposed by PQAC would only compromise workflow and limit a pharmacist's ability to manage their own meal and rest breaks and provide high-quality care. We don't believe PQAC needs to take any additional action on this issue. Taking the responsibility of time management away from pharmacists and putting it in the hands of managers would only add an administrative burden on both, increase the cost of care, and does nothing to improve the quality of care or the rights of employees. If pharmacists in small rural hospitals are not able to manage their time independently and in ways that meet the needs of patients, it could also force organizations to hire additional staff.</p>
	<p>I'm worried about the proposed action on Pharmacist rest/meal breaks as it relates to accountability.</p> <p>Seems to me that L&amp;I already has rules that apply to pharmacists in non-exempt roles. As a professional it makes the most sense to allow Pharmacists to manage their own breaks in a way that can minimize impact on giving great patient care. I worry about the administrative burden that this would place on those that manage pharmacists.</p> <p>Also, adding duties to the Pharmacist in Charge (PIC) role seems problematic at best. There is very little incentive for folks to agree to become a PIC as it is and these requirements would make that even more difficult. These proposed increases in regulations do not seem to be in line with patient's best interest in my opinion. Thanks for hearing my opinion on this...</p>
	<p><i>We appreciate the chance to share our perspective with the Pharmacy Quality Assurance Commission (PQAC) on two issues: meal and rest breaks and accountability. Kittitas Valley Healthcare Pharmacy acknowledges and supports the Commission's efforts to promote high-quality care and access to pharmacy services, as well as their efforts to address issues of adverse drug events. We have concerns, however, around PQAC's proposed action on meal and rest breaks and accountability.</i></p> <p><b>Meal and Rest Breaks:</b></p> <p><i>We understand the Commission is investigating how to enforce meal and rest breaks for pharmacists. The Washington State Department of Labor and Industries (L&amp;I) has rules that address requirements for employers to provide meal and rest breaks. We</i></p>

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	<p><i>support current rules which apply to non-exempt employees and note that there is an existing regulatory structure in place to address any employee's individual issues. A rigid system like the one being proposed by PQAC would only compromise workflow and limit a pharmacist's ability to manage their own meal and rest breaks and provide high-quality care. We don't believe PQAC needs to take any additional action on this issue. Taking the responsibility of time management away from pharmacists and putting it in the hands of managers would only add an administrative burden on both, increase the cost of care, and does nothing to improve the quality of care or the rights of employees. If pharmacists in small rural hospitals are not able to manage their time independently and in ways that meet the needs of patients, it could also force organizations to hire additional staff.</i></p>
	<p>I believe that it's not necessary for our State to further "involve" themselves into an already workable situation. All retail pharmacies have the "breaks" and "lunches" set in place. In both retail and hospital situations it is also dependent whether or not the pharmacy has the ability to lock or enclose and secure the pharmacy. Most hospitals have already in place the overlap as it pertains in staffing necessary and or ability to close off the pharmacy to take breaks or lunches. No further State Mandates or Rules or Regulations are needed. Just stay out of the Regulation of an already over zealous Regulatory Site Committee to the profession.</p>
<p>Jeff Christensen jchristensen66@yahoo.com</p>	<p>Pt safety is my primary concern. Last Saturday I checked almost 200 prescriptions, in 8.5 hours. With one A-tech and one cashier. I had a "12" minute lunch. That does not include all the separate random questions, vaccines, phone calls, counseling, cashiering and other tasks. I completed in this time.</p> <p>The employees in the actual pharmacy should have rules in place to allow them to increase staffing, without retaliation from the corporate personnel. Note: The pharmacy managers are now salary, and typically work 10 hour days, 50 hour weeks and get paid for 40 hour salary work week.</p> <p>Maybe the district pharmacy managers should also be required to work in pharmacies on busy days such as Monday, as a pharmacist every month so they keep in touch with current working conditions.</p> <p>Definitely shared responsibility with corporate managers should be part of the rules in place. This should include protection against retaliation if the pharmacy managers need to increase staff or make changes to improve working conditions and pt safety.</p>
	<p>My name is Jessica Zering, and I am a 4th year pharmacy student at Washington State University. I would like to submit a comment on the issue of pharmacists not getting adequate rest/lunch breaks.</p> <p>I currently work for Walgreens Pharmacy in Yakima. This is a very busy store that does upwards of 300 scripts a day. My pharmacists do not get lunch breaks, and often times rarely even a minute to run to the restroom if needed. I never fully realized just how much something like this can impact you until my preceptor on site began teaching me last week how to check off prescriptions. I was surprised to find that it is so much harder on me to focus on days where I haven't been able to run to</p>

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the restroom or take lunches in a timely manner (being an intern, I do still fortunately have the privilege of a lunch). There are so many variables we have to double-check on an Rx to make sure it is legal and safe. We also have to "know" our drugs and common clinical interactions. Being exhausted and hungry makes it so much harder to remember even simple interactions (for example: I missed an interaction between Levaquin and warfarin in a patient with pneumonia. Fortunately, my preceptor caught this, but this is something that easily happens to a person who hasn't been able to eat a full meal or sit for a quiet 5 minutes in at the very least 5 hours). 30 minutes sounds like so little until you've gone for an entire 8 hour shift without it. My worry as a pharmacist is not being able to have that time to "recharge." I need to take care of myself so that I can make sure I am keeping my patients safe while doing my job.

Thank you for your time.

Thank you for the opportunity to comment on two issues currently under discussion by the Pharmacy Quality Assurance Commission (PQAC): meal and rest breaks and accountability.

  
KStoner@LHS.ORG

At Legacy Health, patient safety and our staff are at the heart of everything we do. We strive to create a work environment that is safe while providing outstanding patient care. In keeping with our mission statement "Our legacy is good health for our people, our patients, our community, and our world," we support the Commission's efforts to promote high-quality care and access to pharmacy services, as well as their efforts to address issues of adverse drug events. However, we have concerns with the proposed action on meal and rest breaks and accountability.

The Washington State Department of Labor and Industries (L&I) already has in place rules that address requirements for employers to provide meal and rest breaks. We support current rules which apply to non-exempt employees. At our hospital in southwest Washington, Legacy Salmon Creek Medical Center, technicians and assistants should and do receive their required breaks as outlined in RCW 49.12. There is also an existing regulatory structure to address any employee's individual issue. We believe addressing violations of rest periods and meal breaks is appropriately handled on a case by case basis by the Washington State Department of Labor.

Pharmacists are professionals who can use their professional judgment to determine how best to adequately balance personal needs with the needs of the patient. Creating an inflexible system as proposed by PQAC will only compromise workflow and limit a pharmacist's ability to manage their own meal and rest breaks and provide high-quality care. Additionally, it will increase the administrative burden and cost of care while having no actual effect on quality of care or employees' rights.

Legacy Health urges PQAC not to take any action on these issues.

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On behalf of Providence Health & Services, we would like to thank the Washington Pharmacy Quality Assurance Commission (PQAC) for the opportunity to review and submit comments regarding the recent issue assessments of meal and rest breaks and accountability as they related to pharmacy practices. Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence and its affiliates employ more than 76,000 people across five states – Washington, Oregon, Alaska, California and Montana – with a system office located in Renton, Washington.

In Washington state, Providence and its secular affiliates – including Swedish Health Services, Pacific Medical Centers and Kadlec – comprise 15 hospitals, 268 physician clinics, senior services, supportive housing, hospice and home health programs, care centers and diverse community services. The combined health system is the largest health care provider in Washington and employs more than 37,000 people statewide. Together, we are working to improve quality, increase access and reduce the cost of care in all of the communities we serve.

Providence and our affiliates acknowledge and support the Commission's efforts to promote high-quality care and access to pharmacy services, as well as their efforts to address issues of adverse drug events. We have concerns, however, around PQAC's proposed action on meal and rest breaks and accountability. We understand the Commission is investigating how to enforce meal and rest breaks for pharmacists.

The Washington State Department of Labor and Industries (L&I) has rules that address requirements for employers to provide meal and rest breaks. We support current rules which apply to non-exempt employees and note that there is an existing regulatory structure in place to address any employee's individual issues. A rigid system like the one being proposed by PQAC would only compromise workflow and limit a pharmacist's ability to manage their own meal and rest breaks and provide high-quality care. Because of these existing rules in place, we do not believe PQAC needs to take any additional action on this issue.

