

Review of Proposed Policies – 12.17.22

Number	Description
1	<p>Training related consideration</p> <p>Issue: When hiring a brand new tech, appears to be a lack of available personnel to direct and perform the intensive training necessary to function efficiently and effectively in a busy pharmacy with high stakes role</p> <p>When a tech is in training, consider requiring dedicated hands on training before stepping foot into the pharmacy that includes basics about pharmacy practice and prescription requirements, filling a product, data entry, and dispensing at POS, etc.</p>
2	<p>Licensure transferability</p> <ul style="list-style-type: none"> ▪ Issue: different requirements along state lines or to perform services/support remotely across state lines hinder staff from supporting external to that particular location. ▪ Consider continued development of uniform laws and regulations that facilitate timely ability to practice in multiple states to meet practice and patient care needs ▪ Reduce administratively and financially burdensome requirements for licensure while continuing to uphold patient safety ▪ Establish consistent and efficient centralized processes across all states for obtaining and maintaining pharmacist, pharmacy intern, and pharmacy technician licensure and/or registration
3	<p>Working conditions:</p> <ol style="list-style-type: none"> a. Any pharmacy, in order to operate, MUST have at least one technician scheduled for each hour of operation. No pharmacist is allowed to work alone. b. Ancillary staffing must allow for each point of contact to be covered at all hours the pharmacy is open. These must include, but are not limited to: drive-thru (one for each lane if multiple are available), drop-off, register, and a person dedicated to phones. <p>When considering how much help is needed, ALL points of contact must be included in the calculations. Should a ratio be determined necessary in the future, these calculations will have been outlined. This includes:</p> <ol style="list-style-type: none"> a. All work completed by technicians shall be included, not just prescriptions counted. b. How many prescriptions must be handled by technicians? (filled Rx's, Rx's placed on hold, Rx's reversed and returned to stock, Rx's sold through the register, Rx's continually submitted and retried through the prior authorization process) c. Each of these "touches" of a prescription must be entered into the calculations. In this manner, pharmacies cannot pick and choose which data they use to derive their budgets. d. Similar to Utah, the pharmacist shall be in charge of how much tech help she requires. This allows her the ability in the process to flex up or down based on anticipated demand which changes more quickly than budgets created many months in advance. As part of this responsibility, there can be negotiations between the RPh and her DM. e. Taking a page from Oklahoma, these decisions shall be recorded and kept on premises in the event of a complaint of injury to the BOP. Should an adverse incident occur, there will be a record of how staffing was determined. <p>OK Rule:</p> <p>535:15-3-16. Adequate staffing rules for pharmacists and pharmacies</p> <p><i>(a) Adequate staffing to safely fill prescriptions is the responsibility of the pharmacy, the pharmacy manager, and the pharmacist. If conditions exist that could cause prescriptions to be filled in an unsafe manner they shall take action to correct the problem.</i></p> <p><i>(b) In order to ensure adequate staffing levels a staffing report form shall be available in each pharmacy. A copy of this form, when executed, will be given to the immediate supervisor and a copy must remain in the pharmacy for Board inspection.</i></p>

	<p>(1) Such form shall include, but not be limited to the following:</p> <p>(A) Date and time the inadequate staffing occurred;</p> <p>(B) Number of prescriptions filled during this time frame;</p> <p>(C) Summary of events; and</p> <p>(D) Any comments or suggestions.</p> <p>(2) Such forms are not to be sent to the Board.</p> <p>(c) A pharmacist shall complete the staffing report form when:</p> <p>(1) A pharmacist is concerned regarding staffing due to:</p> <p>(A) inadequate number of support persons (cashiers, technicians, auxiliary supportive personnel, etc.); or,</p> <p>(B) excessive workload;</p> <p>(2) Filling out the form may enable management to make a better decision concerning staffing.</p> <p>(d) If the pharmacy manager feels that the situation warrants earlier Board review the pharmacy manager shall inform the Board.</p> <p>(e) Each pharmacy shall review completed staffing reports and address any issues listed as well as document any corrective action taken or justification for inaction to assure continual self-improvement. If the issue is not staffing related, measures taken to address the issue should be described.</p> <p>(f) Each pharmacy shall retain completed staffing reports until reviewed and released by the Board. Such reports requiring further review may be held by the Board and may become part of an investigation file.</p> <p>(g) A registrant including a pharmacy, a pharmacy manager, or a pharmacist shall not be subject to discipline by the employing pharmacy for completing a staffing report in good faith.</p>
4	<p>Rule requiring a work environment/staffing that prevents fatigue and distraction; "Grounds for Discipline:" Failure to provide a working environment for all pharmacy personnel that protects that health, safety and welfare of a patient which includes, but is not limited to: (a) Sufficient personnel to prevent fatigue, distraction or other conditions that interfere with a pharmacist's ability to practice with competency and safety or creates an environment that jeopardizes patient care. (b) Appropriate opportunities for uninterrupted rest periods and meal breaks.</p>
5	<p>The pharmacist in charge (PIC) and the licensee must have sufficient staff with appropriate competencies and skills in the provision of pharmaceutical care; assuring proper patient care and maintaining the highest practical level of safety and expertise. This includes dispensing, advising on clinical matters, Drug Utilization Review, MTM, administering vaccines, and other tasks that must be performed under a pharmacist's direct supervision. To meet this burden, a site-specific staffing plan must be available to Board of Pharmacy Employees, designees, and pharmacy staff upon request. Any errors made during times when staffing is not appropriate per the site-specific staffing plan will be addressable to both PIC and the Licensee.</p>
6	<p>Working hours of a pharmacist, as well as their staff should be limited to no greater than 10 consecutive hours in a day and no more than 40 hours per week. Airline pilots, air traffic controllers, and long haul truckers are limited not only due to the dangers extended hours can cause them, but to the effects these long hours may have on the unsuspecting public. Focus and critical thinking ability are crucial for these professions and pharmacy is no different.</p> <p>Of these 10 hours, only 9 shall be conducted with the public. (This allows for the pharmacist and staff to get ahead or catch up on work at the beginning or end of the work day by coming in to work an hour before opening or remaining an hour after closing to the public.) These are all paid hours.</p> <p>In order to keep the pharmacist's focus and minimize distractions, pharmacies must eliminate the open-store concept. There can be no more than two windows open to the public measuring no greater than three feet across and four feet high (or taking into account Disability Act requirements). These must also be secure so as to ensure staff safety.</p>

7	Rest Periods - No pharmacist or technician shall work more than 6 continuous hours without an uninterrupted rest break of at least 30 minutes at which time the pharmacy will be closed to the public and inbound phones will be shut off. At current most pharmacists who receive a lunch break work thru the lunch to "catch up". Suggest an industry standard of 1 hour for the state of Ohio whereby all pharmacies close from 1-2pm to allow for a meal/rest break AND to catch up on the workload.
8	Max Shift length - No pharmacist or technician shall work more that 12 hours in a 24-hour period including those hours worked before and after posted hours of operation, and have a minimum of 8 hours off between shifts. Pharmacies should be required to log and record total hours worked to ensure policy adoption and protect the public. Adoption of rules similar to that of air traffic controllers, pilots and truck drivers and others where continuous mental acuity is required and public safety is at risk with non-compliance.
9	Dark Hours - 25% of the workday in retail locations shall be closed to the public to allow for uninterrupted time for the pharmacists and technicians to engage in critical problem solving and patient care to provide patients with the best possible care. This will allow pharmacies to operate more efficiently and safely and help minimize distractions when engaged in activities requiring greater concentration. Example: Posted hours of operation might read 9am-7pm but the pharmacy staff will work 8am-8pm and close for lunch from 1-2pm providing 3 hours of "dark" time to complete the bulk of the daily work and lower the overall stress level for the entire staff. In many locations technicians skip their breaks and lunches because they don't want to leave the pharmacist alone or they fear the compounded work that builds while they are absent. In my option the adoption of dark hours built into the day would have the greatest impact in reducing the stress for the staff and allowing up to provide a better overall product for the patient/customer.
10	Managing Touch Points - while it is an important aspect of our job to be "available" to the public, pharmacy staff are often outnumbered in "touch Points" to be defined as drop off window, pick up window, drive thru, curbside delivery, consultation windows and phone lines. Staff are often outnumbered up to 7:1 requiring constant multi-tasking which contributes to potential for errors to occur. As a matter of public safety Pharmacists should have the autonomy without fear of retaliation to reduce touch points when necessary (shut down drive thru lanes, consolidate windows, reduce phone lines ringing). If at any time a pharmacist is working alone without additional support staff present, they should not be engaged in prescription fulfillment or providing any clinical services such as vaccinations or basic screenings but rather be available for patients to pick up prescriptions only and provide consultation. Perhaps we can have a group discussion around what is a reasonable ratio of bodies to touch points.
11	Eliminate Job impacting metrics that compromise safety and integrity of the profession under the vise of "patient care". Pharmacists and technicians should not be financially impacted or job performance impacted to meet corporate metrics around speed and time to fulfillment. Accuracy should be allowed as a metric. Required cold call lists should be eliminated.
12	The pharmacy technician position has very high turnover, especially in the first few months of being hired. With most pharmacy technicians being hired with little to no experience, these first couple of months can be very overwhelming to them, especially when put in already under-staffed environments. As part of registering with the board as a pharmacy technician trainee, I feel it would benefit each trainee to be assigned a mentor (by their employer), a registered or certified technician at that site or a nearby site. When applying as a trainee, the mentor's name would be provided, and quarterly check-ins would be documented during the first year of training. The mentor would serve as a point of contact for the trainee's needs during this first year. I feel this would provide a sense of security to the trainee and a quick reference who the trainee could follow up with during the first year of training, whether it's about scheduling, training, progress, questions, concerns, etc. We have used a similar system with new pharmacy managers, on a much smaller scale of course, and we have seen very positive results with it. I feel if we can find a way to get our new hires through those first few months, which again are the most overwhelming because everything is new, we would get better retention in the pharmacy technician position.
13	We are adding more and more clinical services and responsibilities to the pharmacy technician position. Some employers are compensating accordingly while others are not. Since we cannot implement any rules or regulations involving pay, I feel it would help to somehow recognize our pharmacy technicians' additional certifications including immunizations, MTM, etc. Is there a way we could add certifications to their registrations as registered or certified technicians with the board so they can be

	better compensated for their responsibilities? This would also tie into provider status for pharmacists and pharmacy technicians which would allow them to be compensated for the services they provide.
14	A permit holder shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per - twenty-four (24) hour period. A pharmacist working longer than six (6) continuous hours per 24-hour period must be permitted a thirty-minute meal break. Signage indicating the pharmacy hours of operation, including the meal break, must be displayed in a location readily visible to the public.
15	Implementation of Check-Tech-Check rules (verbiage and regulations/certification requirements would be pending further discussion and review of other Boards of Pharmacy); this would allow for enhanced pharmacy technician certification, increased payment tiers for addition education/training required, and would also reduce work burden on the pharmacist/improve patient care/improve patient satisfaction.
16	Expand the scope of practice and duties for non-registered pharmacy support personnel to include Point-of-Sale transactions (handling and repackaging medications) for prescriptions, services, and other pharmacy-related products that have been prepared, verified, and/or completed by the pharmacist. Benefits of allowing this function include increasing patient and customer access to healthcare while also offering a career path to become a pharmacy technician.
17	Develop permanent law/rule(s) to allow for pharmacy technicians to administer drugs in the state of Ohio. This would include at a minimum immunization, antipsychotic drugs, Hydroxyprogesterone caproate, Medroxyprogesterone acetate, and Cobalamin at least. This is currently allowed by law/rule for pharmacists in the state, see attached law/rules. Based on the tremendous national success with the HHS guidance allowing for pharmacy technicians to immunize during the pandemic this would be a natural progression.
18	Change in the required current law/rule(s) regarding the authority to order and administer diagnostic tests. This should include diagnostic tests for COVID-19 and tests for COVID-19 antibodies. In addition, other FDA approved tests should be included in the amended law/rule(s). Also, the updated law/rule(s) should allow under the supervision of a pharmacist two additional work groups to the already allowed pharmacy intern and certified pharmacy technician. These additions are registered pharmacy technicians and pharmacy technician trainees.
19	Make permanent the administration of immunizations and vaccines by Pharmacy Technicians that includes all approved ACIP-recommended vaccines for adults and children.