

Pharmacist Workload Advisory Survey

October 14, 2021

**Pharmacist Workload Advisory
Committee Meeting**



Purpose of the Committee

- ▶ The purpose of the advisory committee is to promote patient safety and compliance with Ohio laws and rules by analyzing survey and other data and make recommendations to the Board to address pharmacist working conditions.
- ▶ Committee recommendations may include changes to Board of Pharmacy rules as well as statutory changes.



Demographics

- The survey was sent in July 2020 to all pharmacists in working in Ohio.
 - The survey was sent to 11,588 pharmacists, with 4,159 pharmacists completing the survey.
 - The survey received a 26.41% completion rate.
- ~54% of pharmacists indicated working in a large chain pharmacy (standalone) or large chain pharmacy (grocer).
 - 1,268 work in a standalone setting
 - 1,000 work in a grocer setting

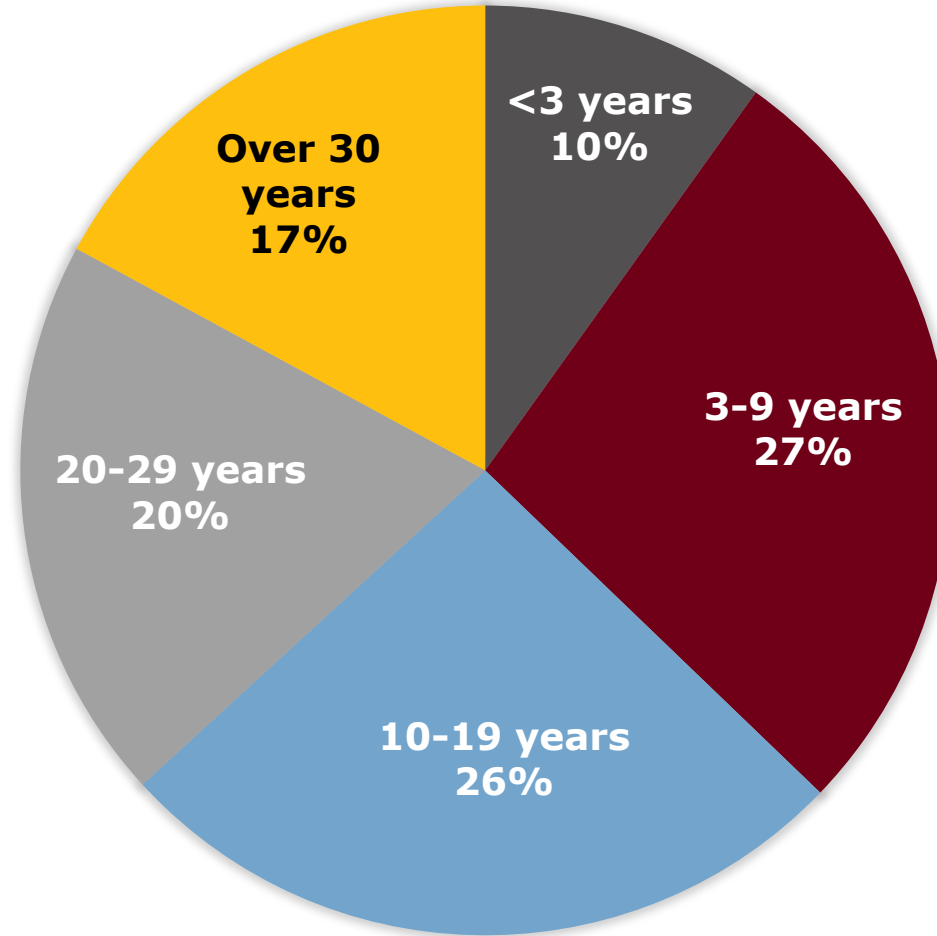


Demographics

- Other categories included:
 - 18% worked at an inpatient hospital setting
 - 5% worked at an independent pharmacy
 - 4% worked at an outpatient hospital setting
 - Pharmacists also reported working in ambulatory, long-term care, compounding, and other settings.

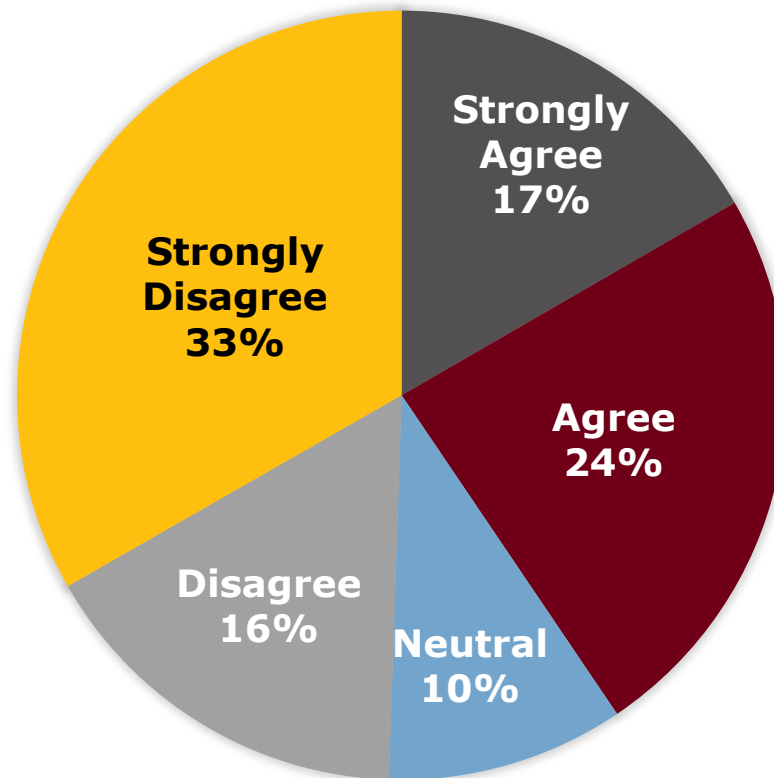


Work Experience (All Settings)



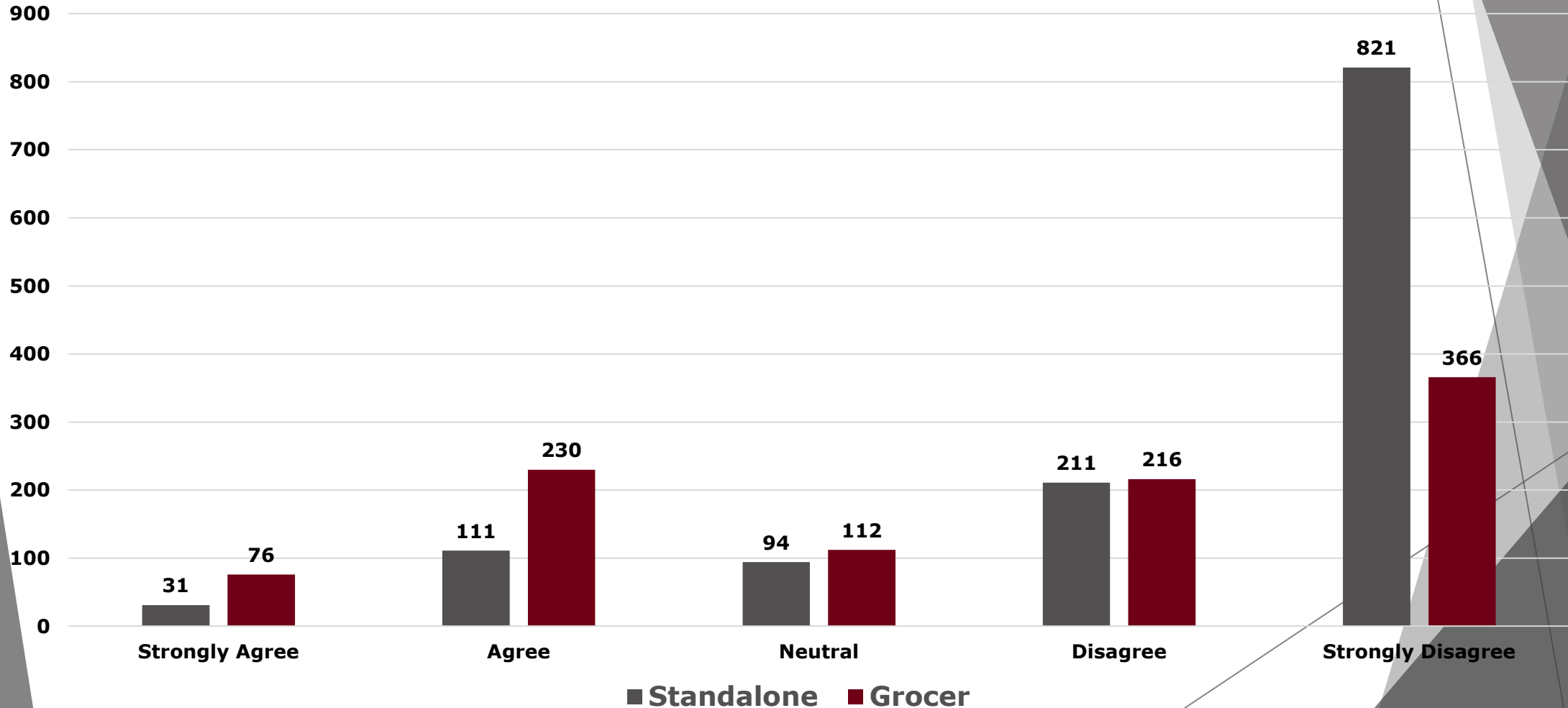
Workload Questions

I am given the opportunity to take lunch breaks or other breaks throughout the workday (All Settings)

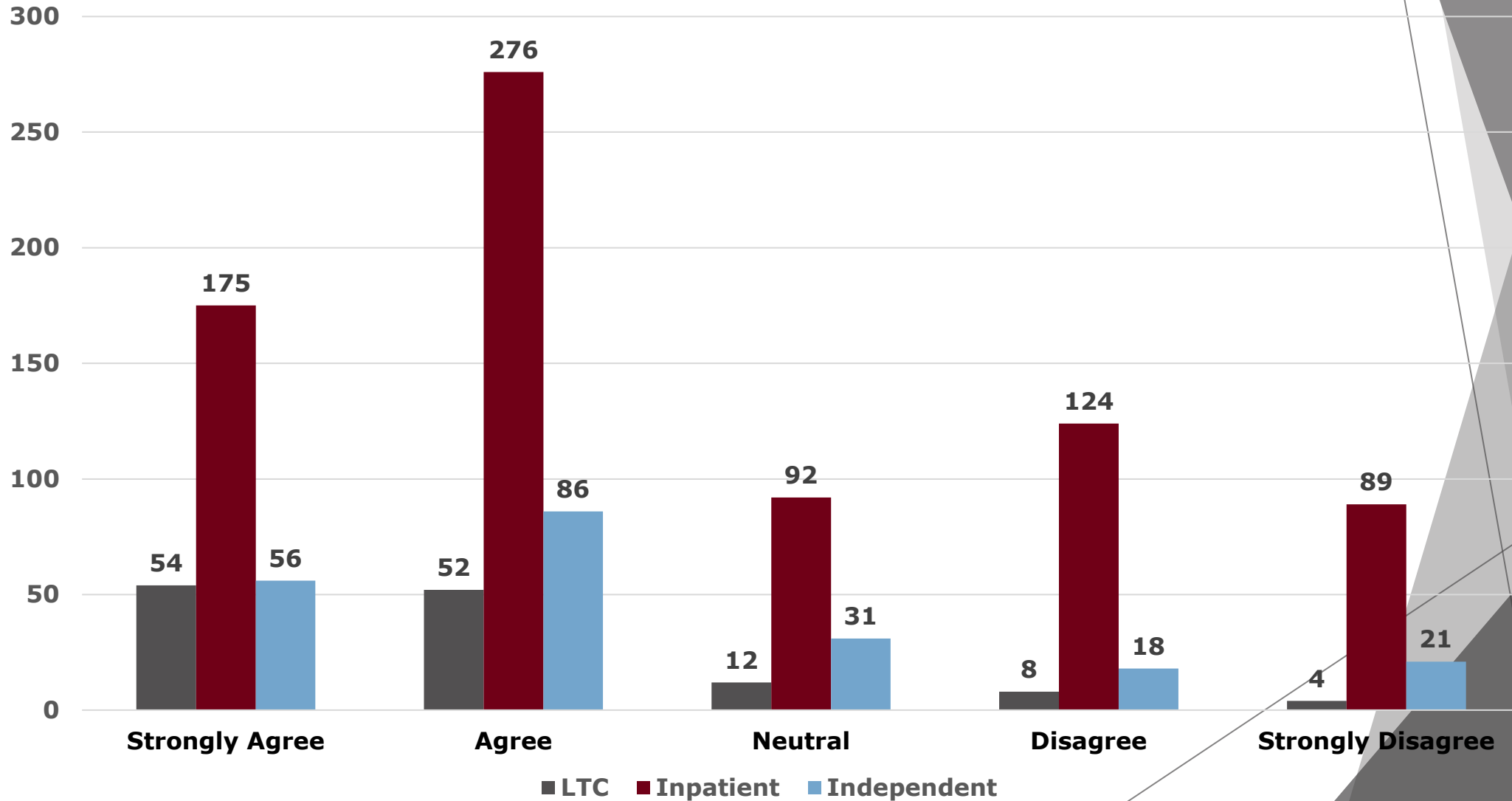


Meeting Materials

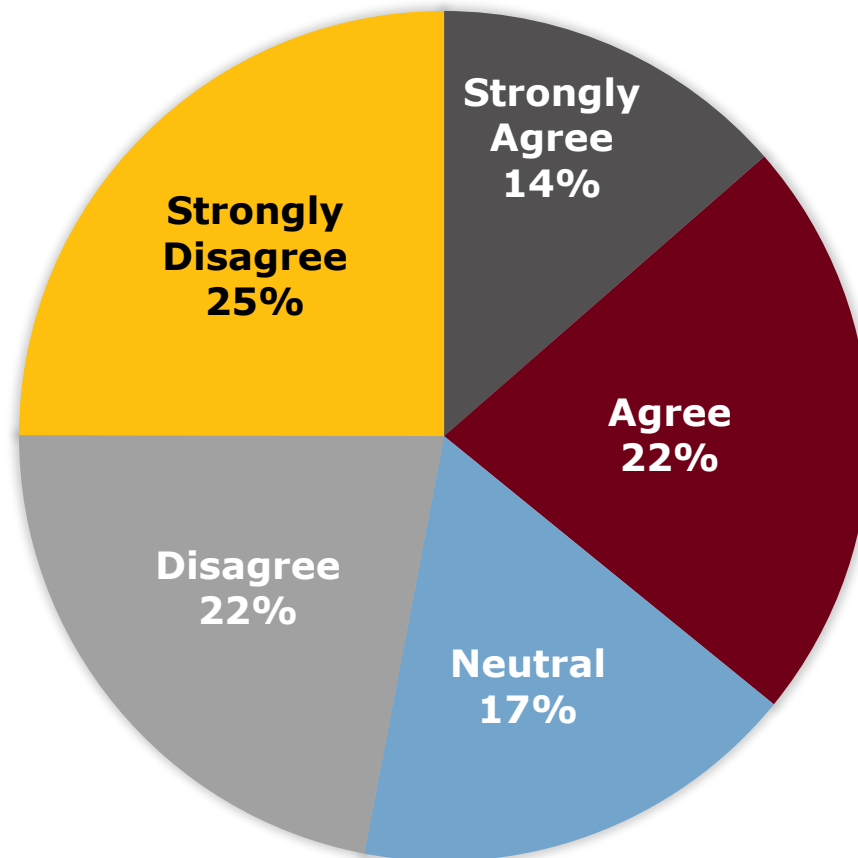
I am given the opportunity to take lunch breaks or other breaks throughout the workday (Large Chain Settings)



I am given the opportunity to take lunch breaks or other breaks throughout the workday (Other Settings)

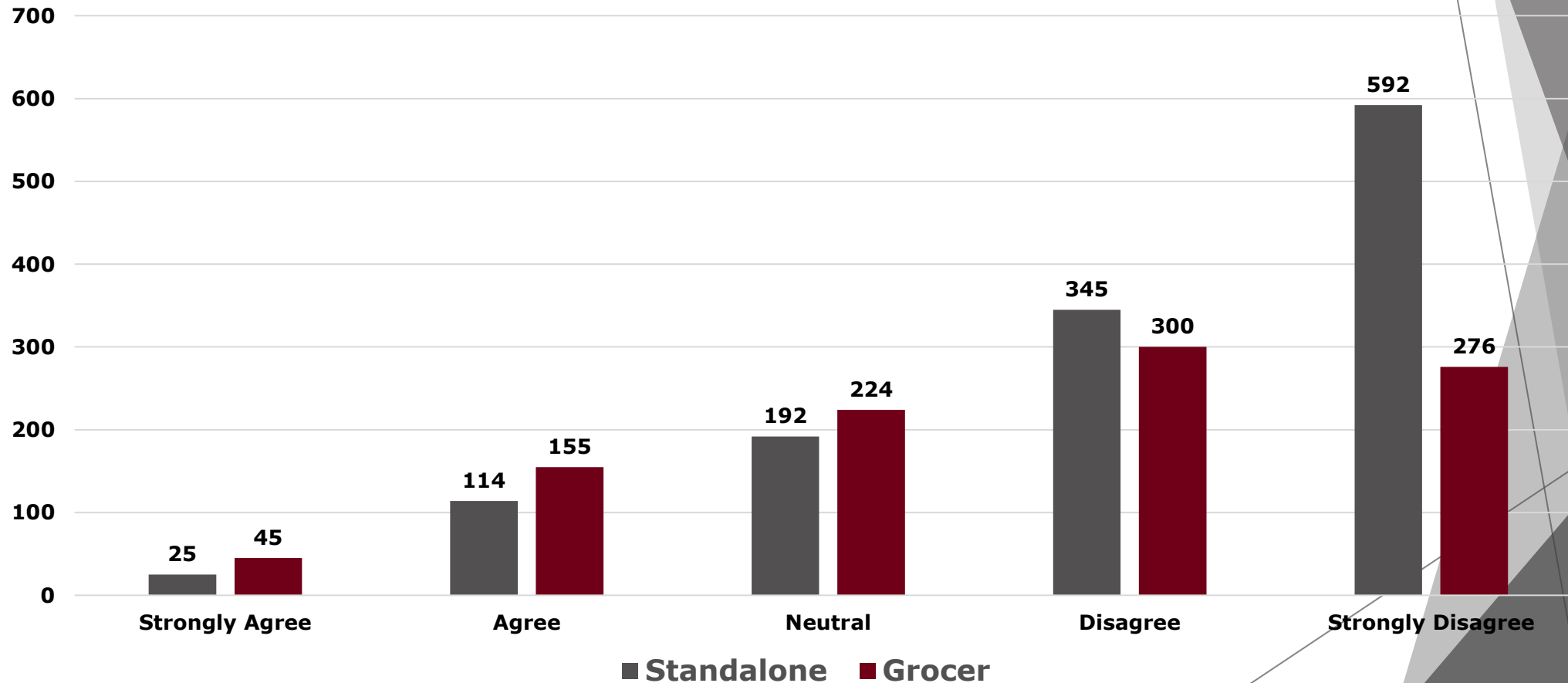


I feel safe voicing any workload concerns to my employer (All Settings)



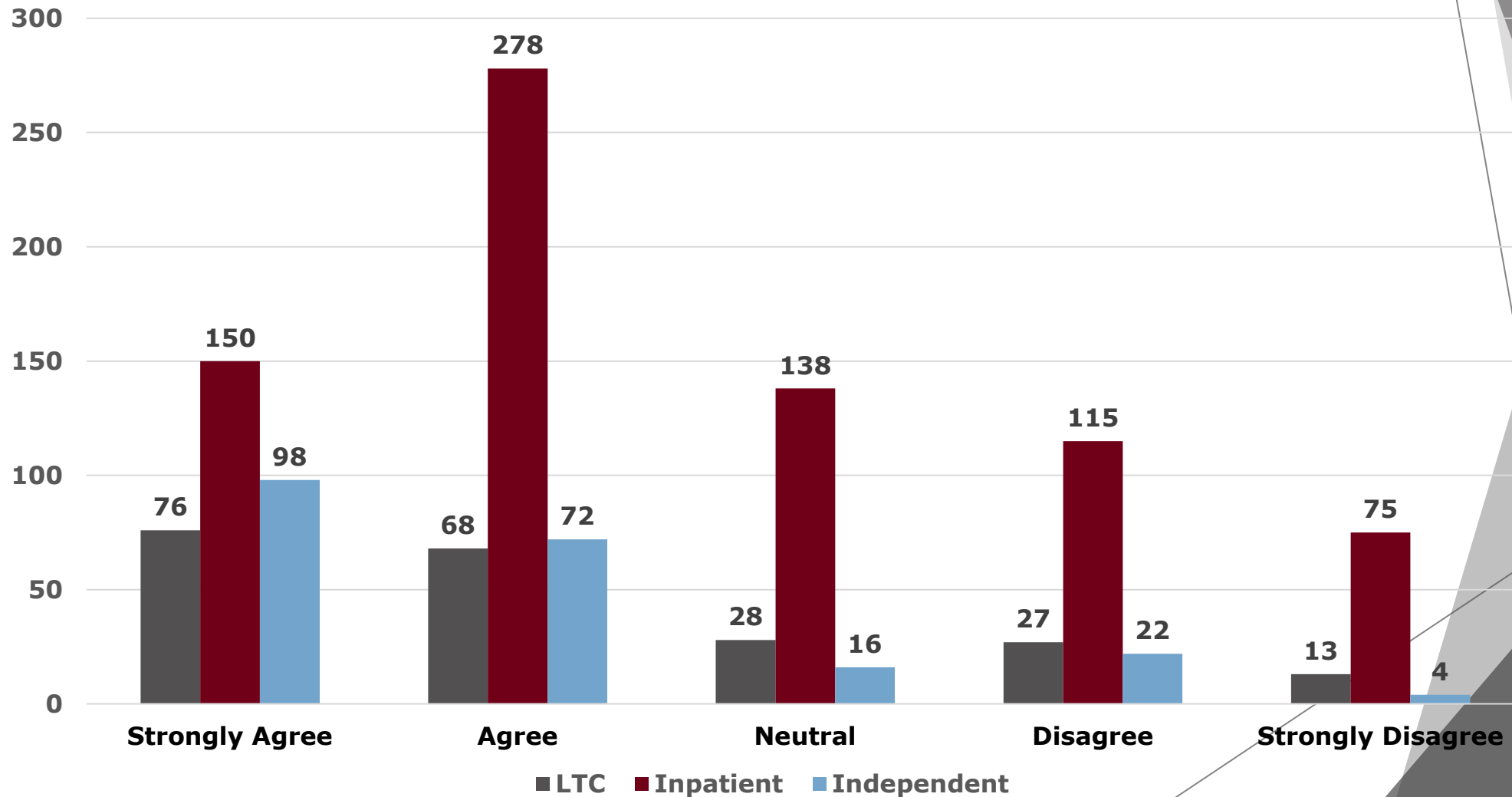
Meeting Materials

I feel safe voicing any workload concerns to my employer (Large Chain Settings)



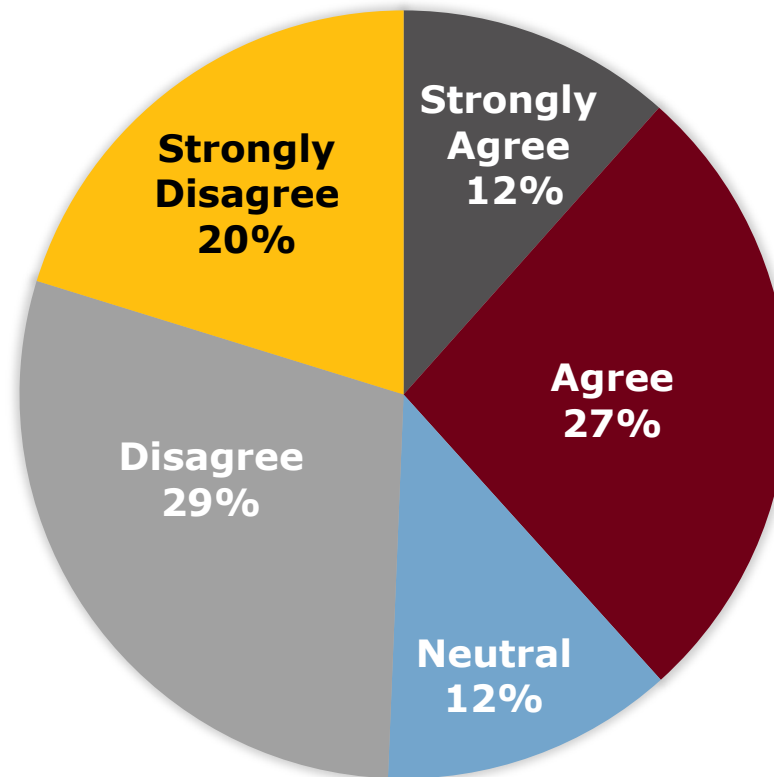
Meeting Materials

I feel safe voicing any workload concerns to my employer (Other Settings)



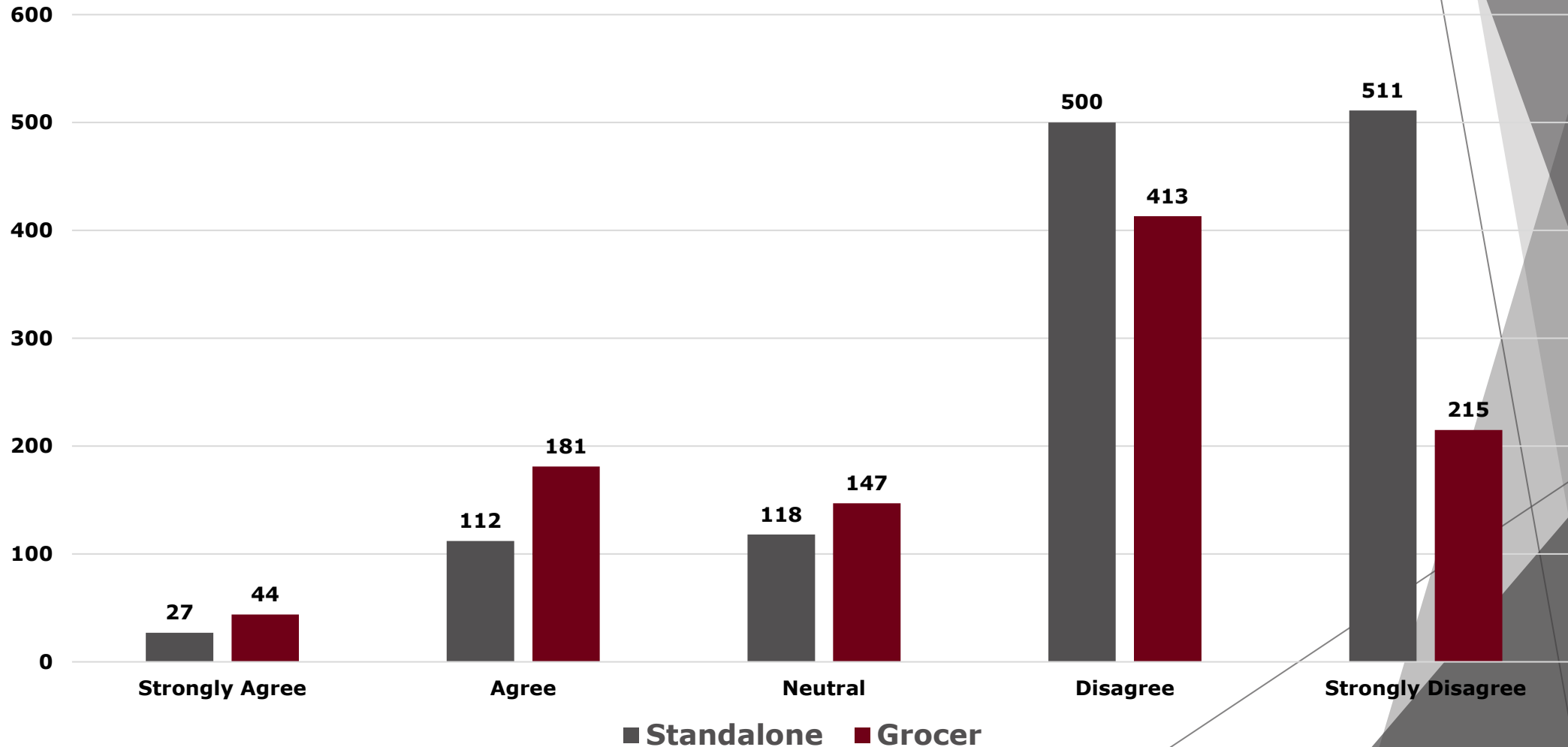
Patient Safety Questions

I feel that I have adequate time to complete my job in a safe and effective manner (All)



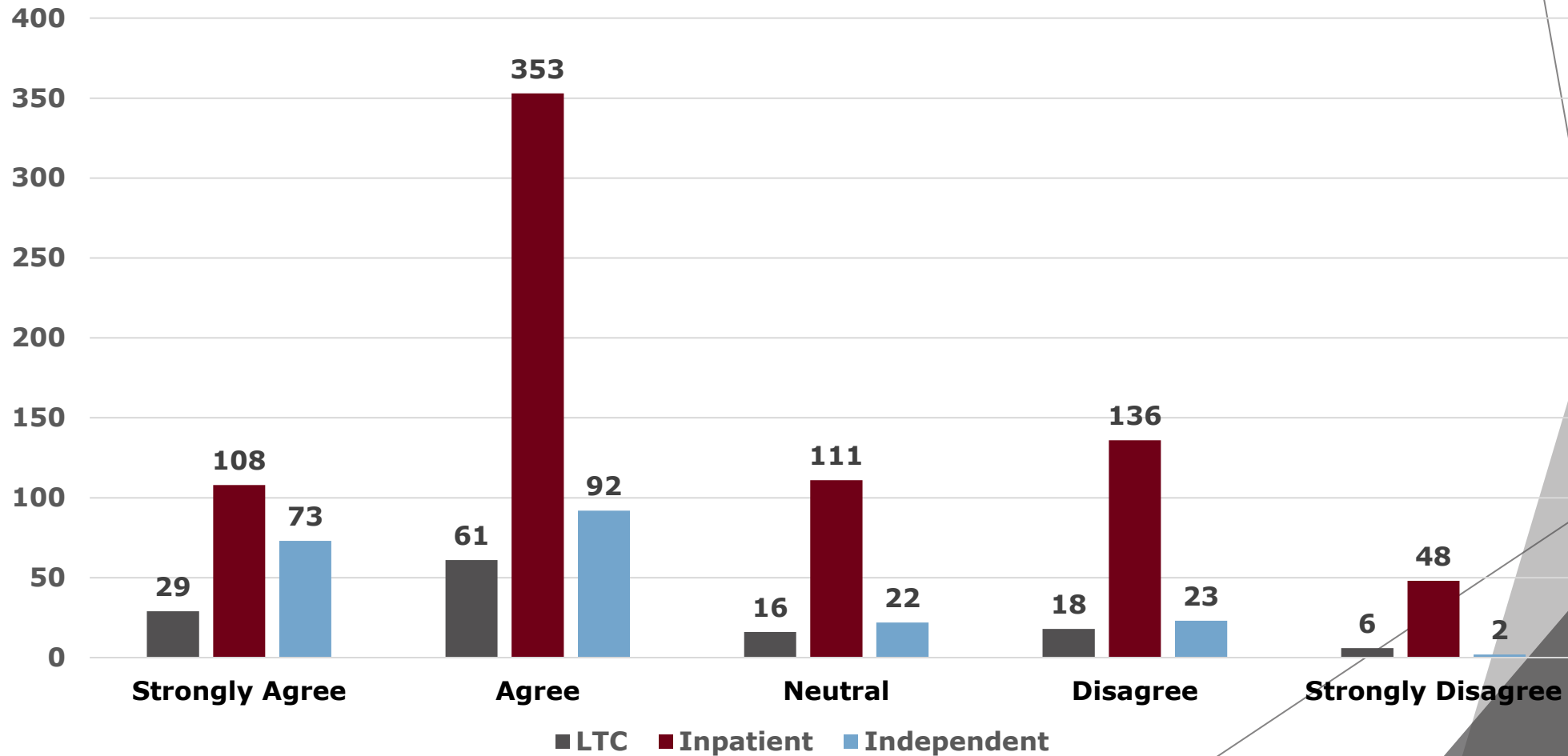
Meeting Materials

I feel that I have adequate time to complete my job in a safe and effective manner (Large Chain Settings)



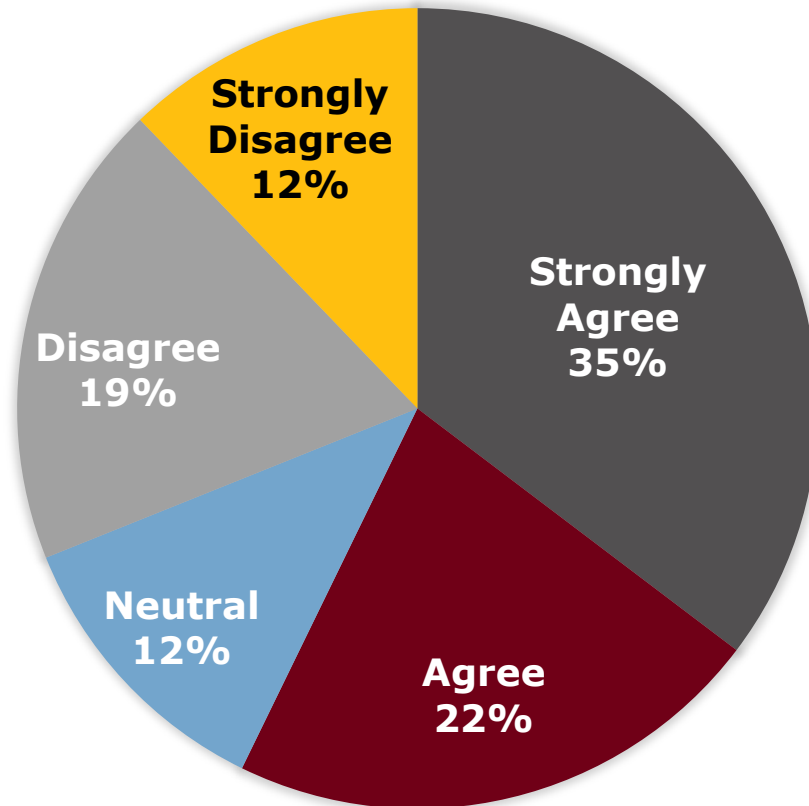
Meeting Materials

I feel that I have adequate time to complete my job in a safe and effective manner (Other Settings)



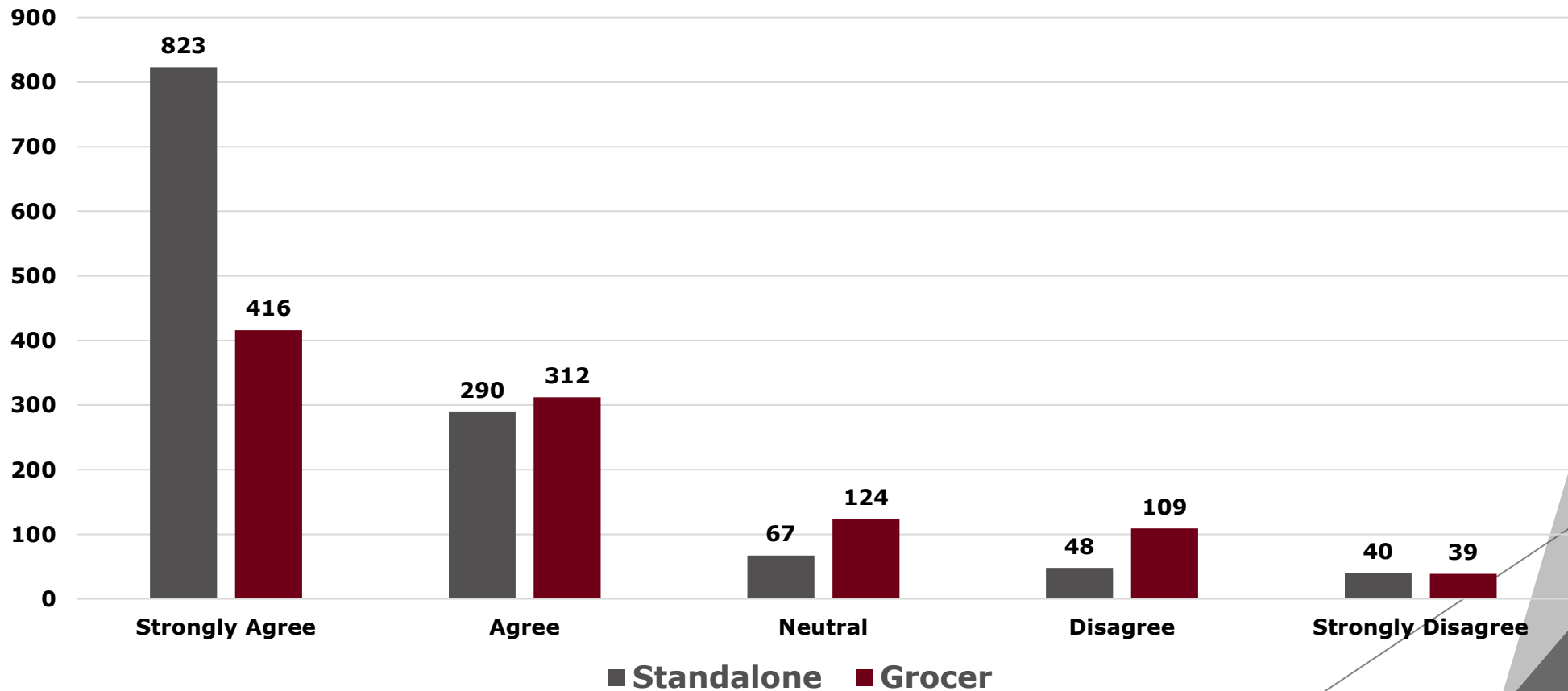
Meeting Materials

I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe patient care (All Settings)



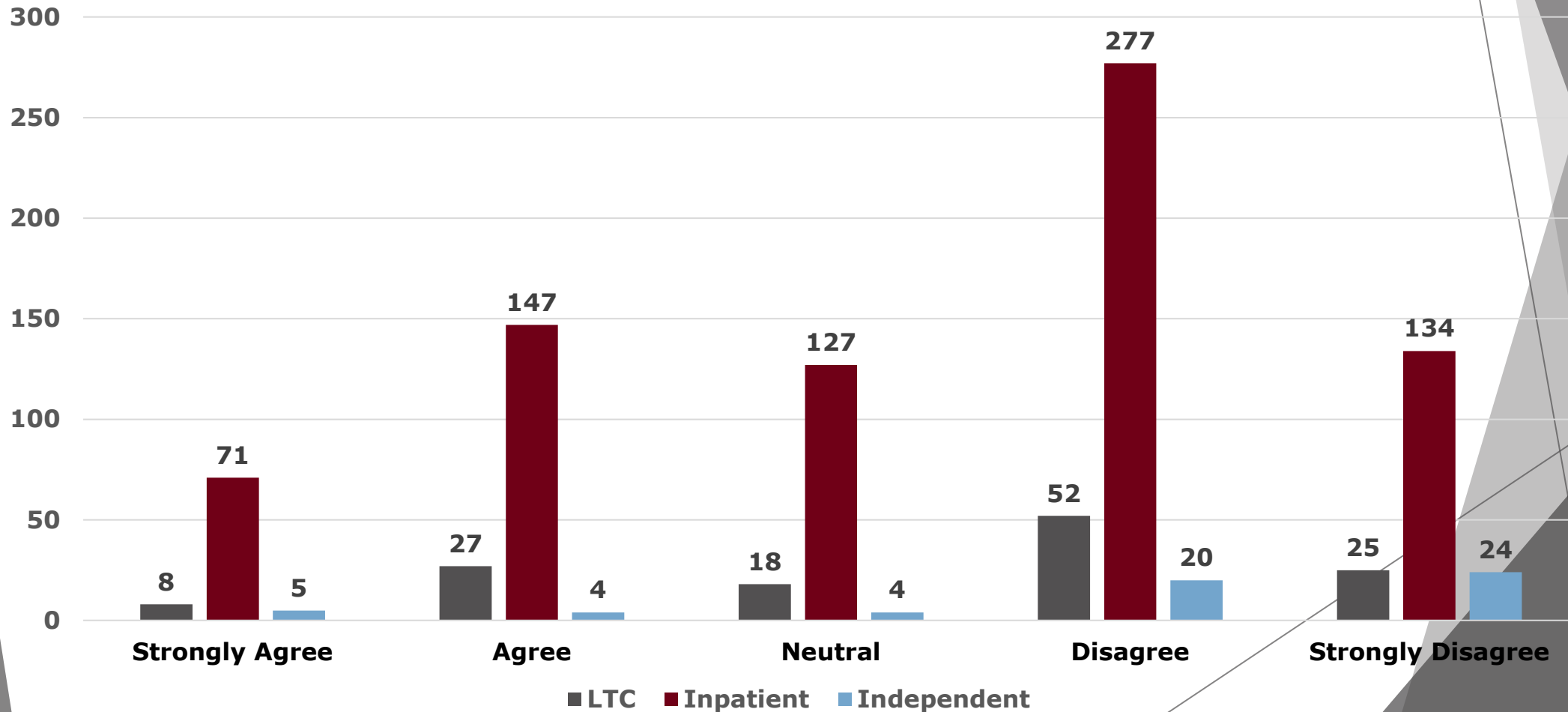
Meeting Materials

I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe patient care (Large Chain Settings)

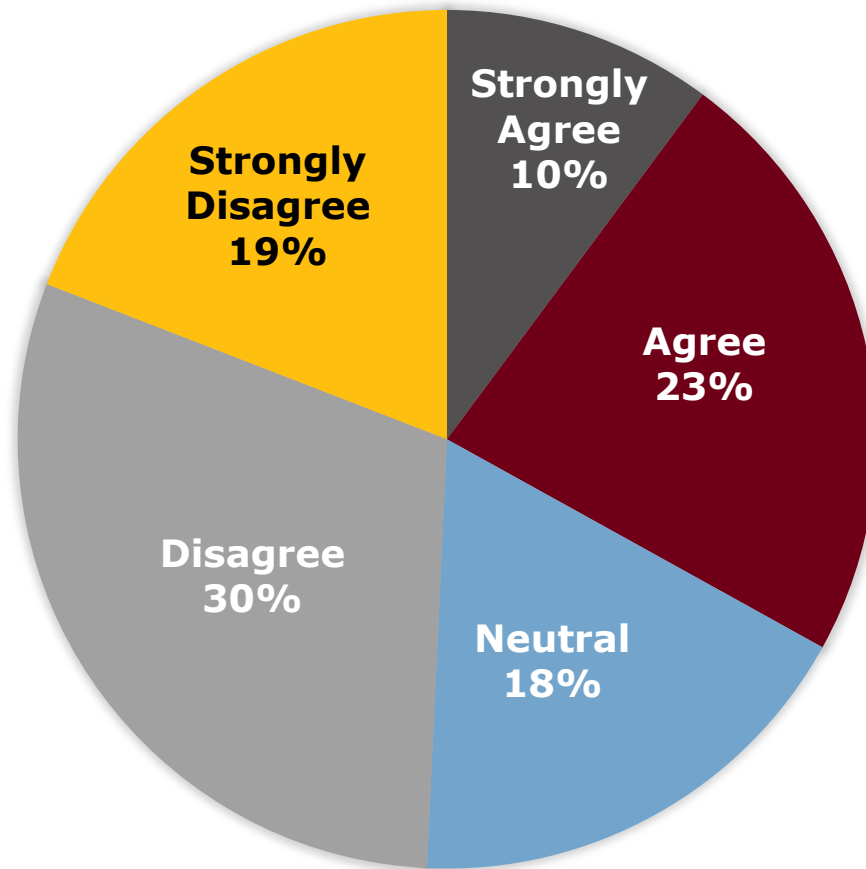


Meeting Materials

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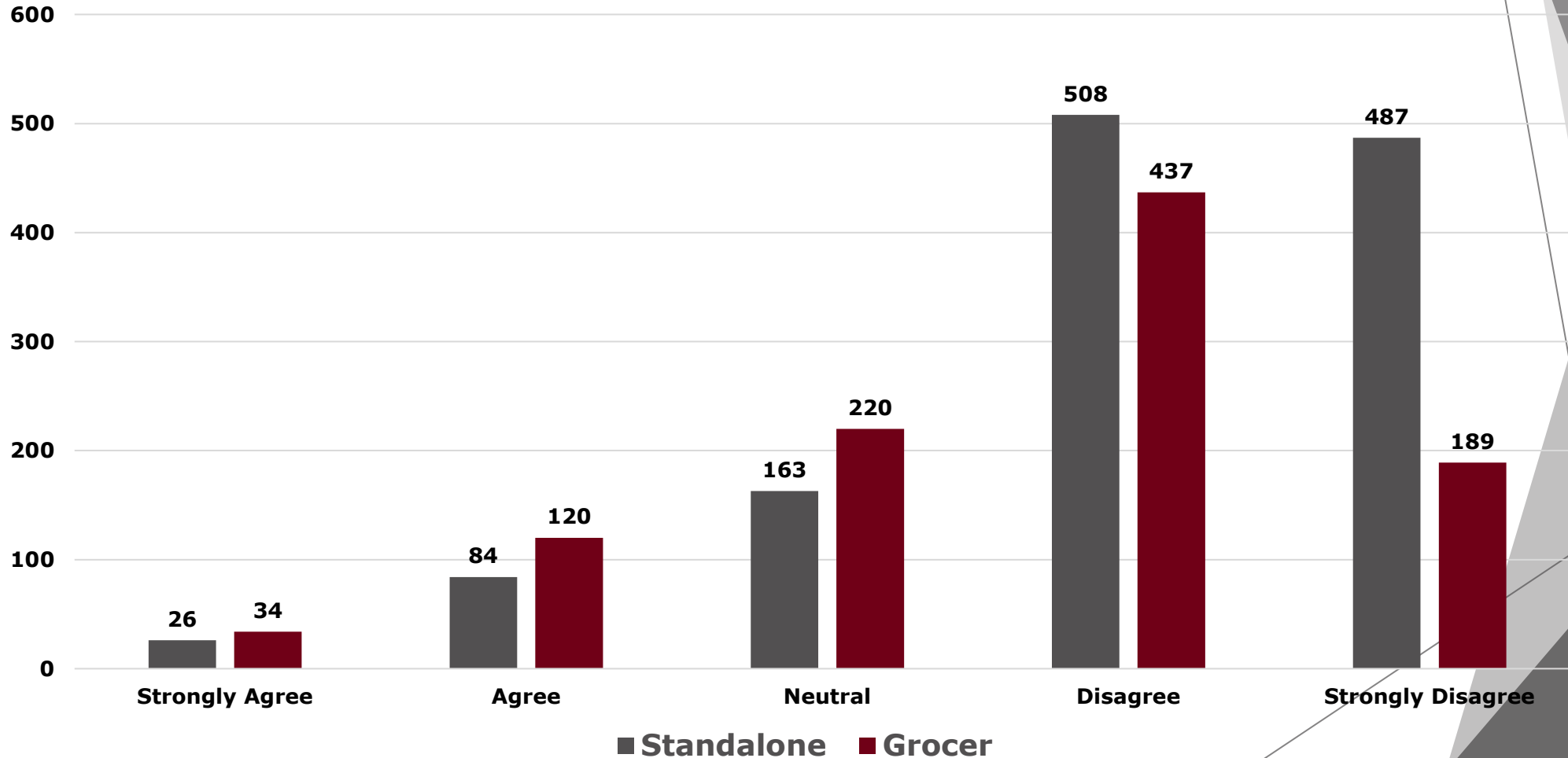


**I feel that the workload to staff ratio allows me to provide for patients in a safe manner
(All Settings)**



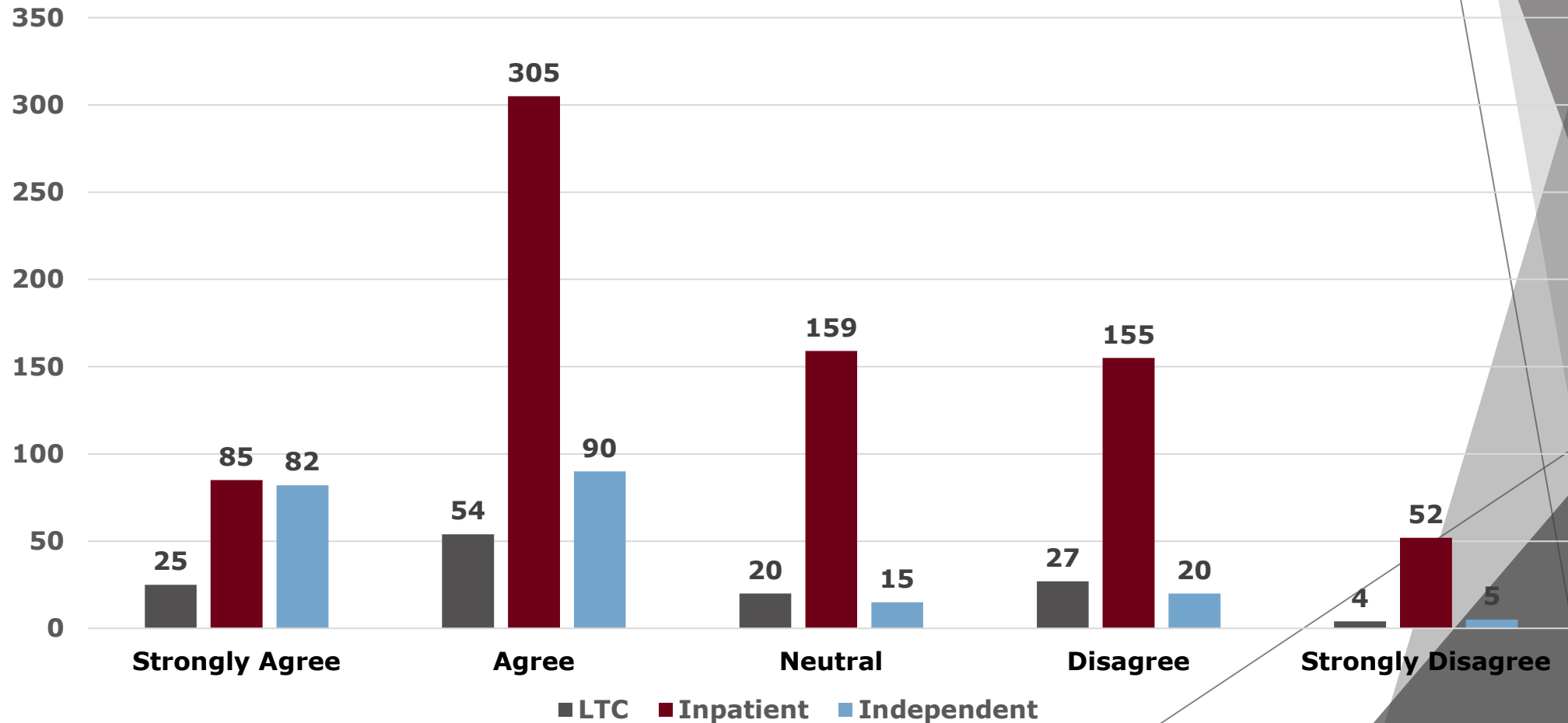
Meeting Materials

I feel that the workload to staff ratio allows me to provide for patients in a safe manner (Large Chain Settings)



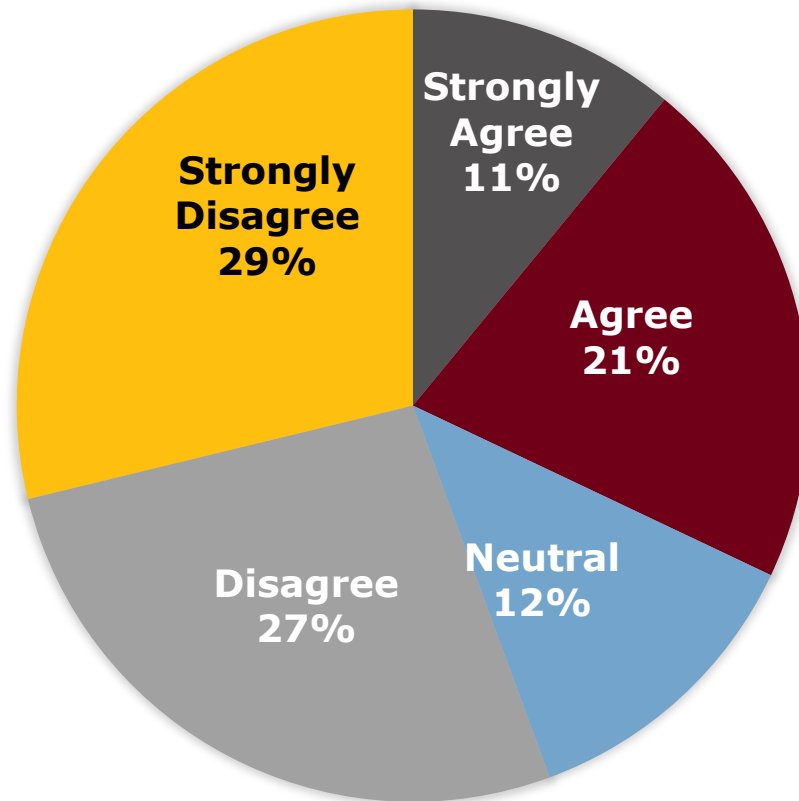
Meeting Materials

**I feel that the workload to staff ratio allows me to provide for patients in a safe manner
(Other Settings)**



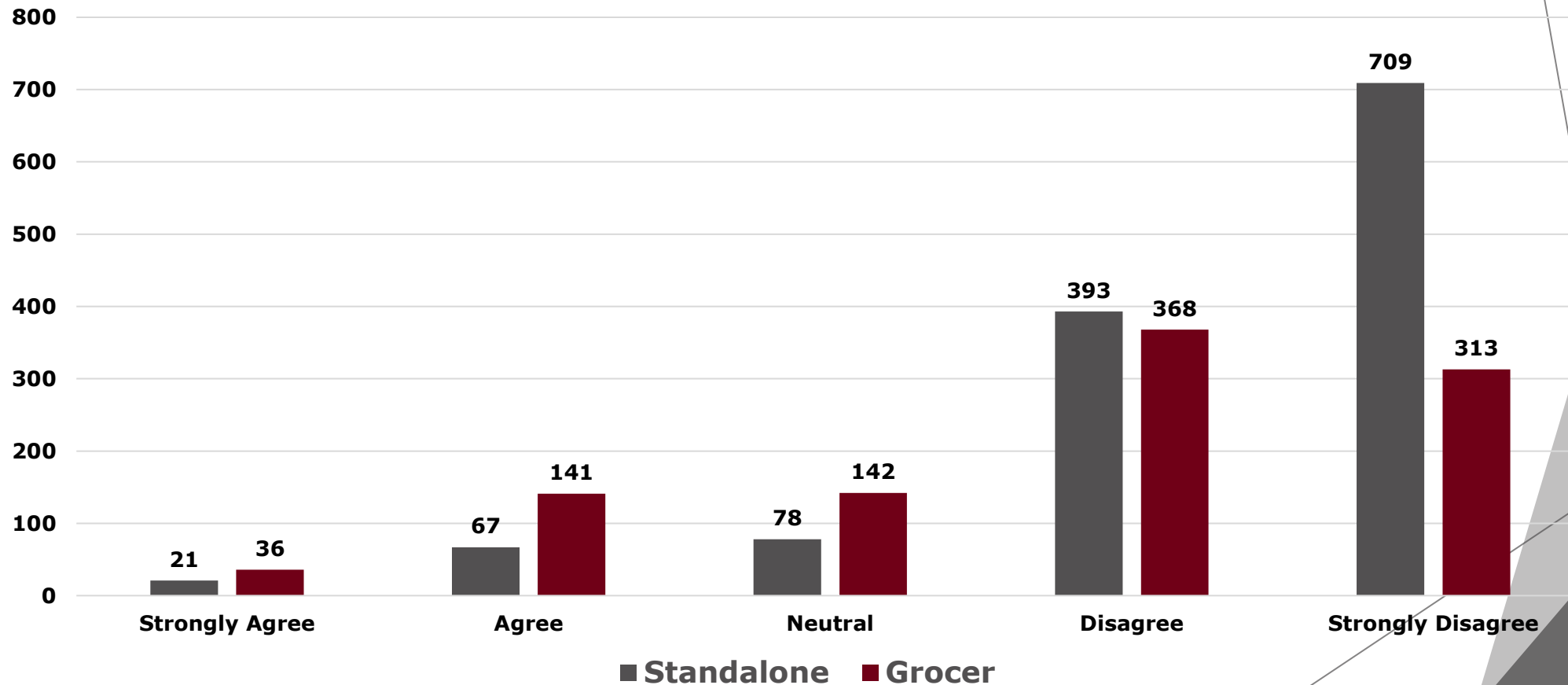
Meeting Materials

I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care (All Settings)

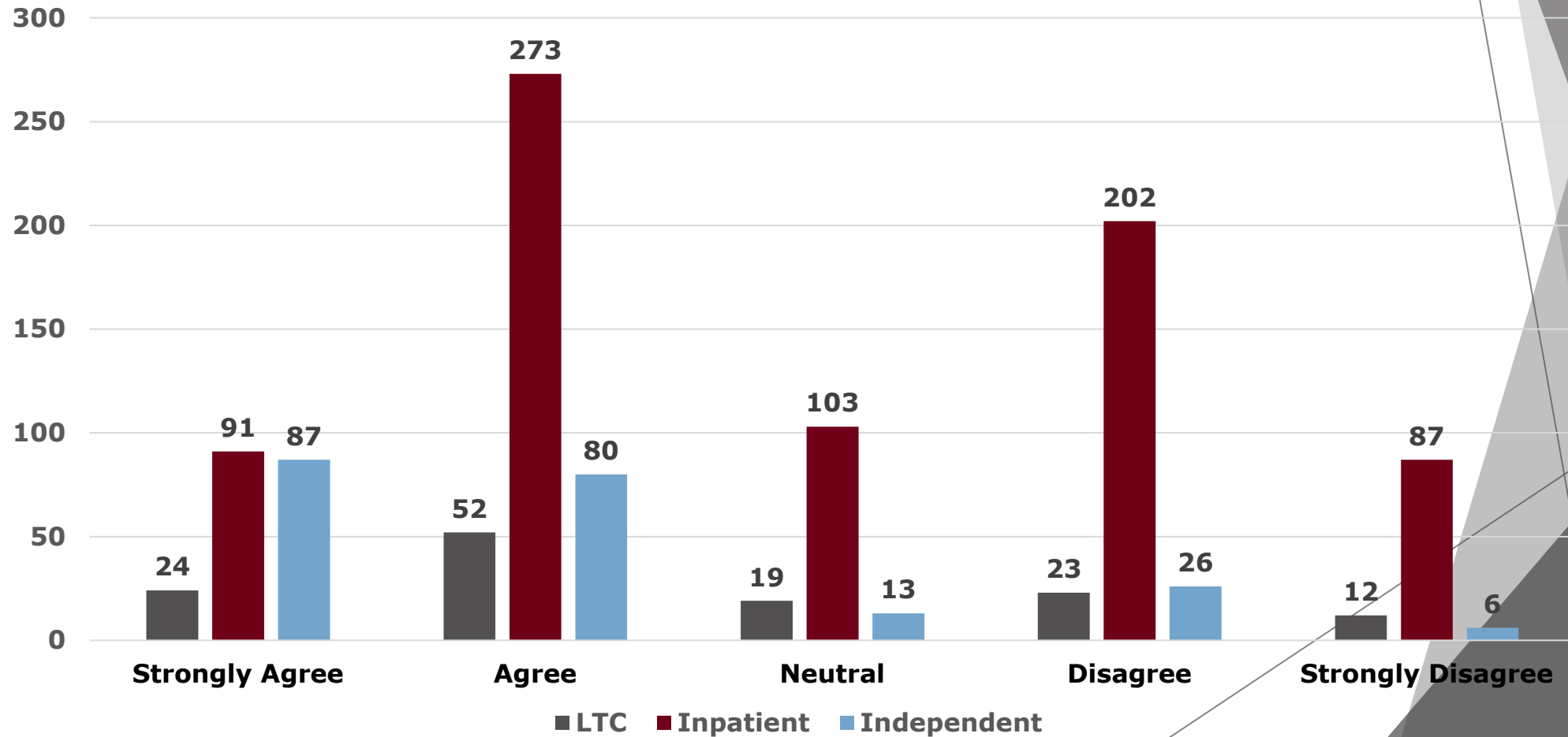


Meeting Materials

I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care (Large Chain Settings)

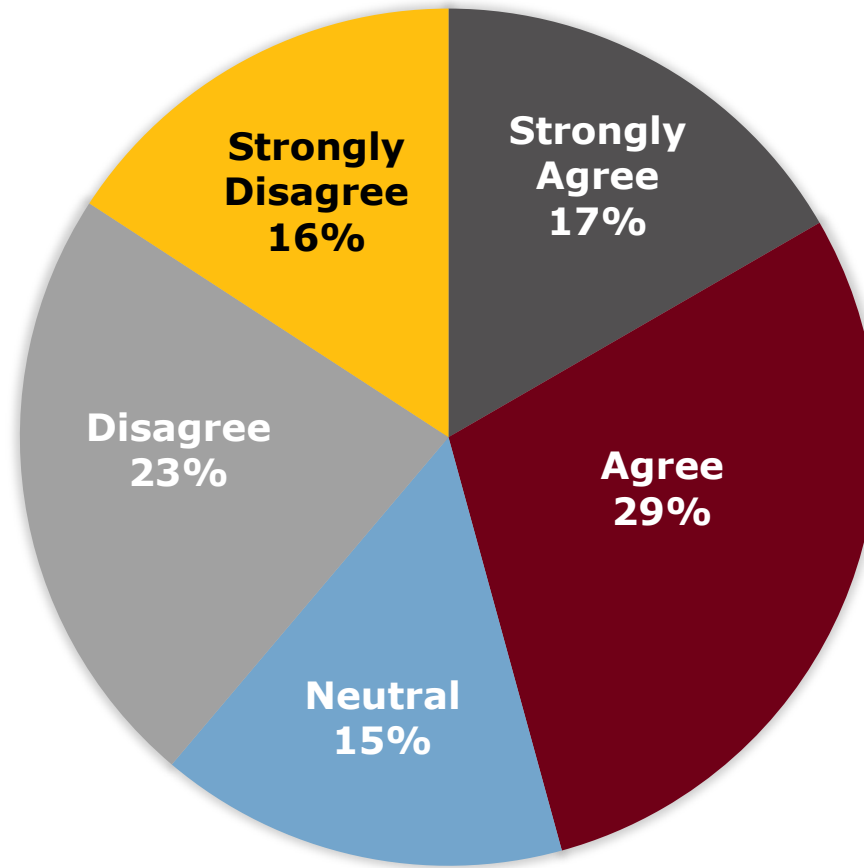


I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care (Other Settings)



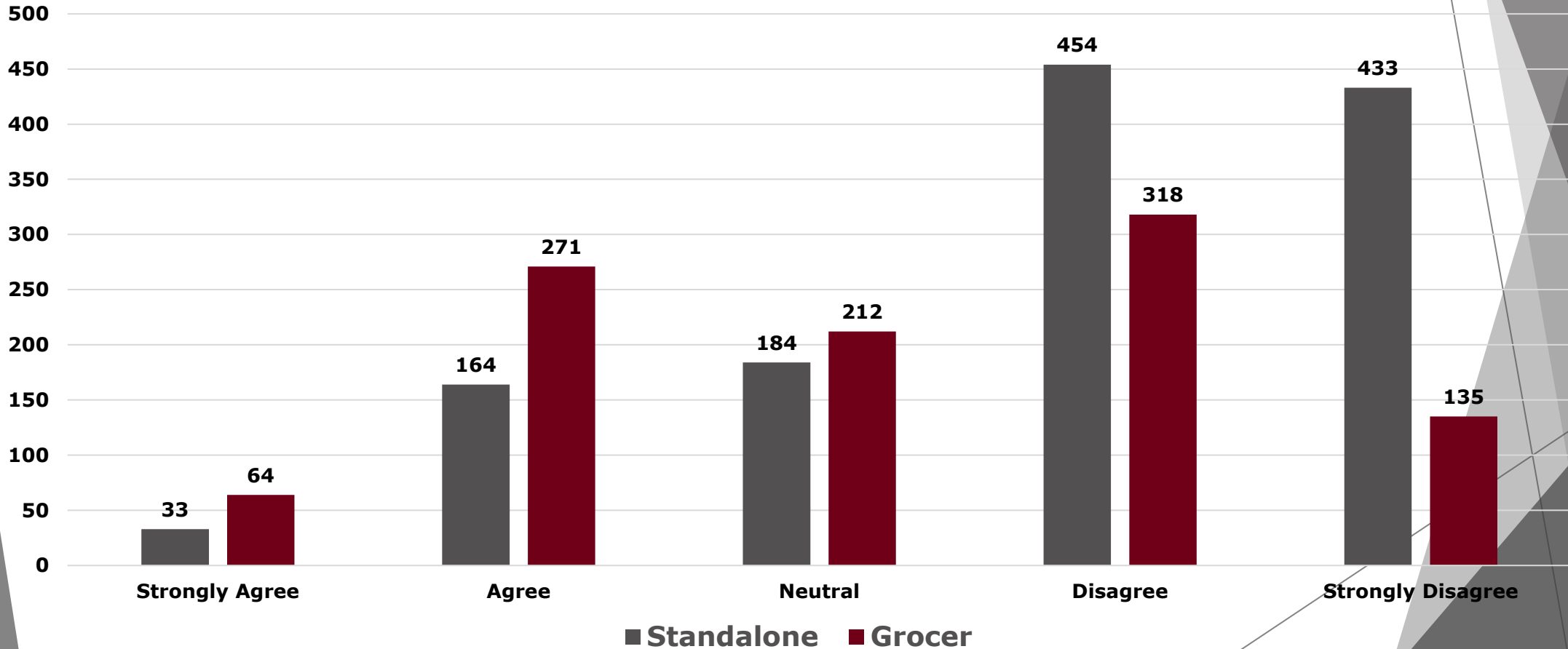
Meeting Materials

**I feel that my employer provides a work environment that allows for safe patient care
(All)**



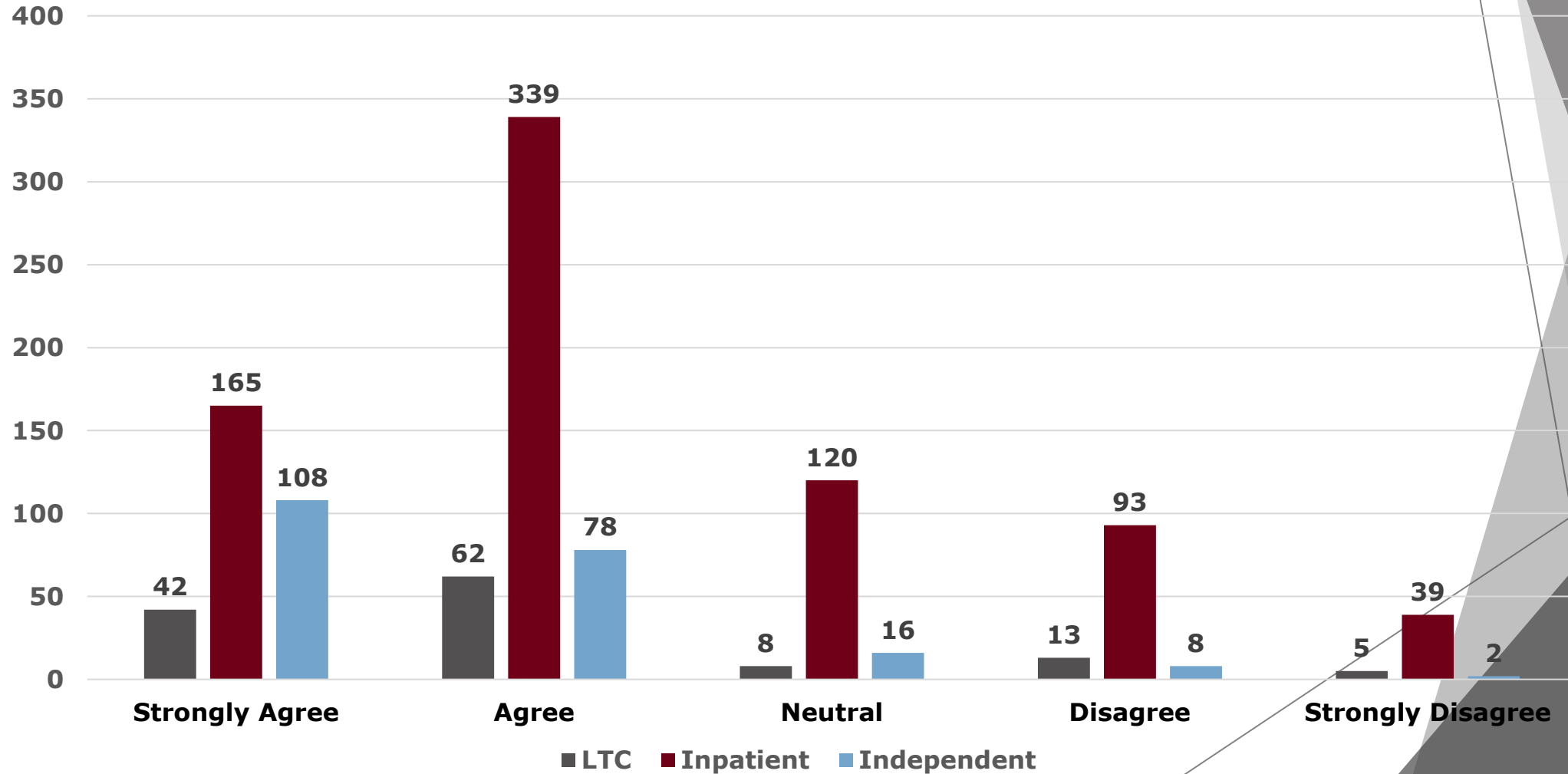
Meeting Materials

**I feel that my employer provides a work environment that allows for safe patient care
(Large Chain Settings)**

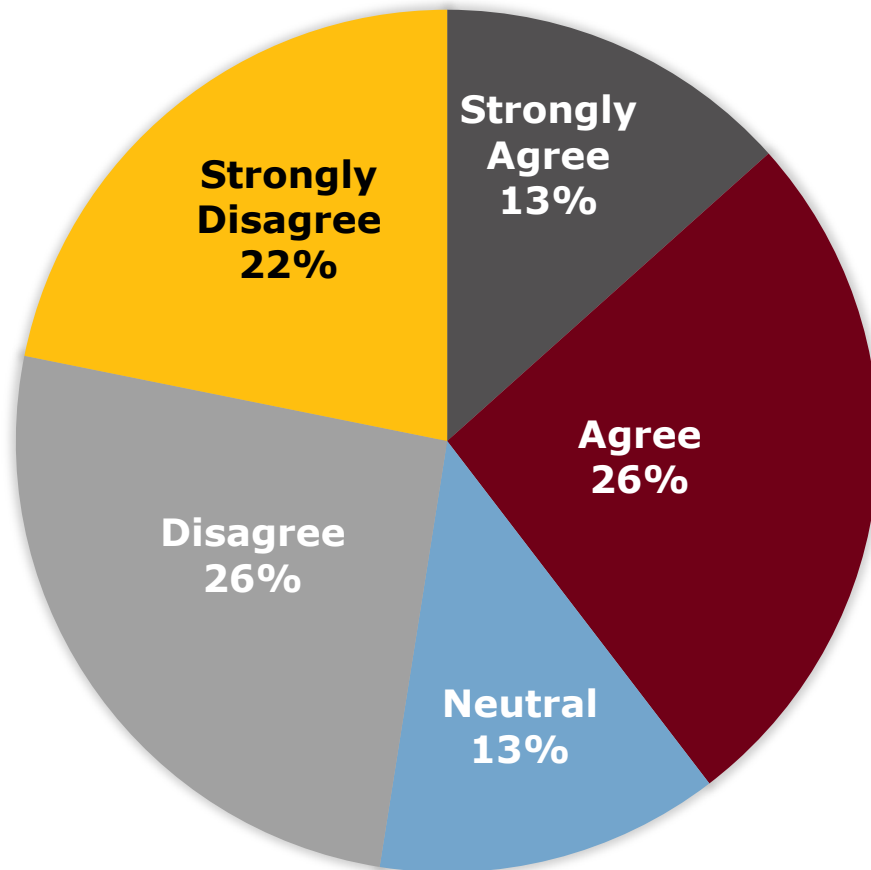


Meeting Materials

I feel that my employer provides a work environment that allows for safe patient care (Other Settings)

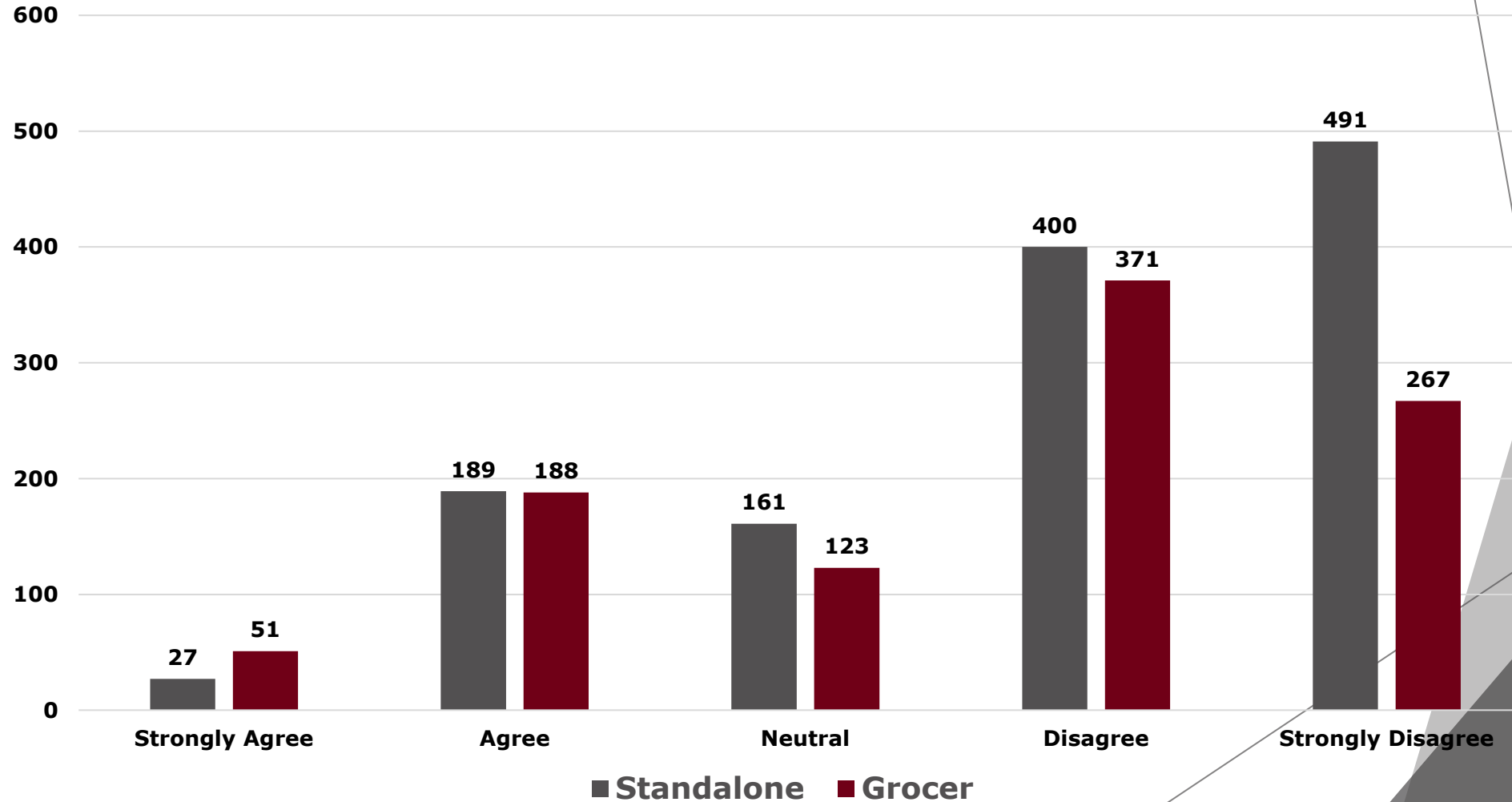


I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care (All)



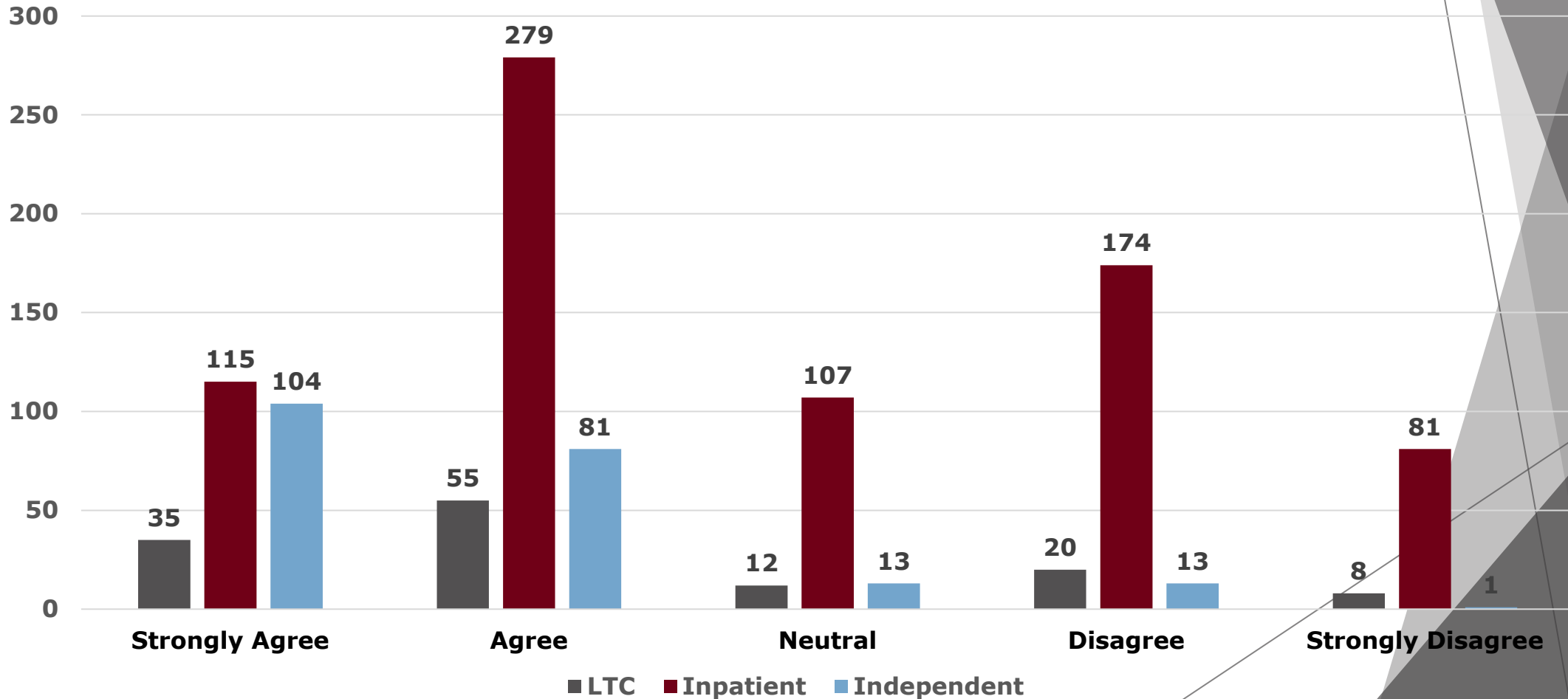
Meeting Materials

I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care (Large Chain Settings)

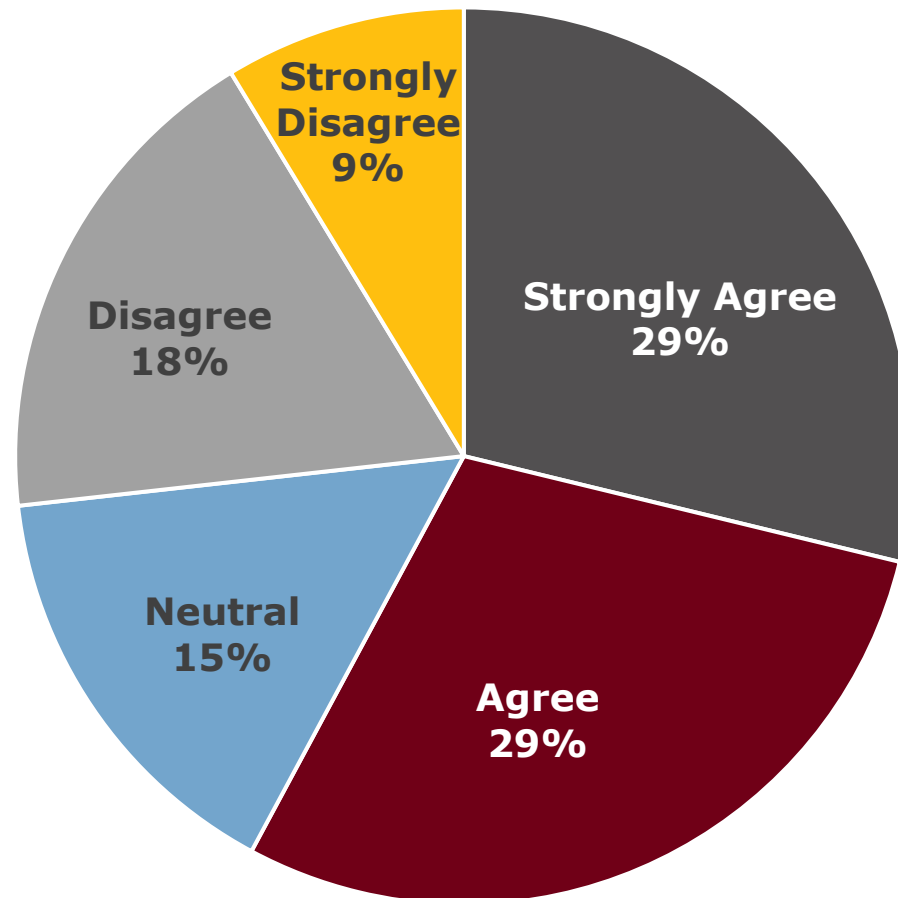


Meeting Materials

I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care (Other Settings)

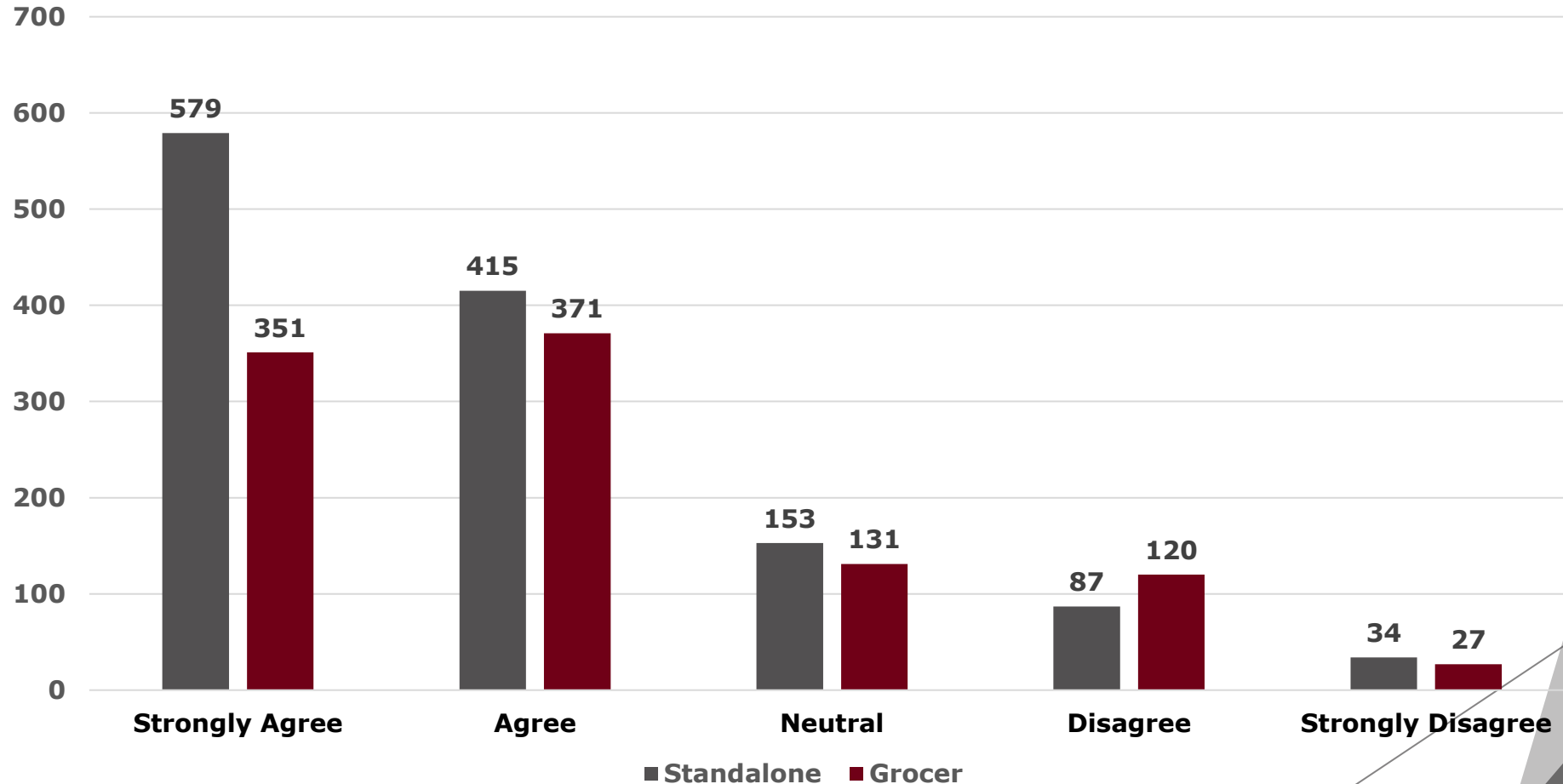


I feel that inadequate staffing at my pharmacy results in delays in patients receiving medication in a timely manner (All)



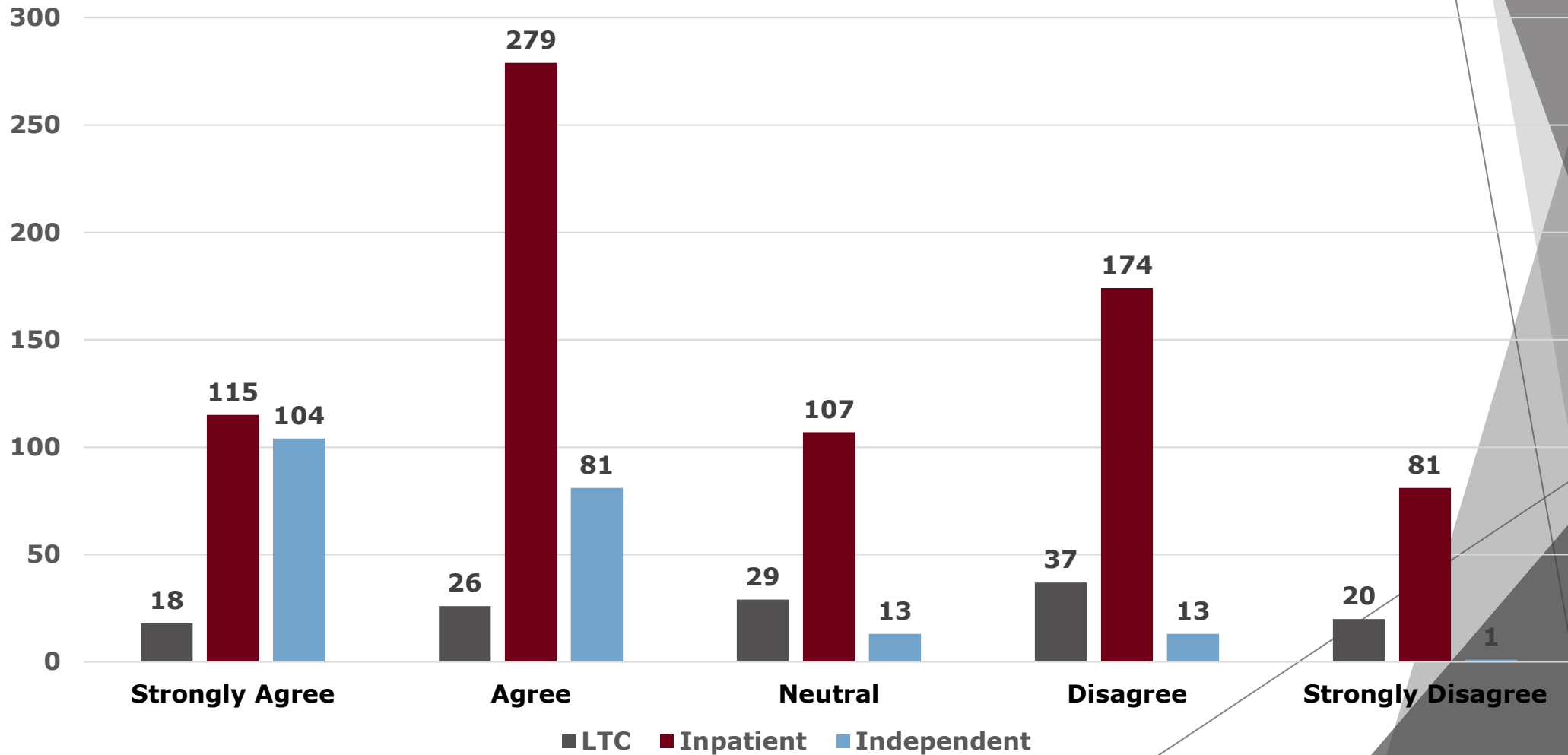
Meeting Materials

I feel that inadequate staffing at my pharmacy results in delays in patients receiving medication in a timely manner (Large Chain Settings)



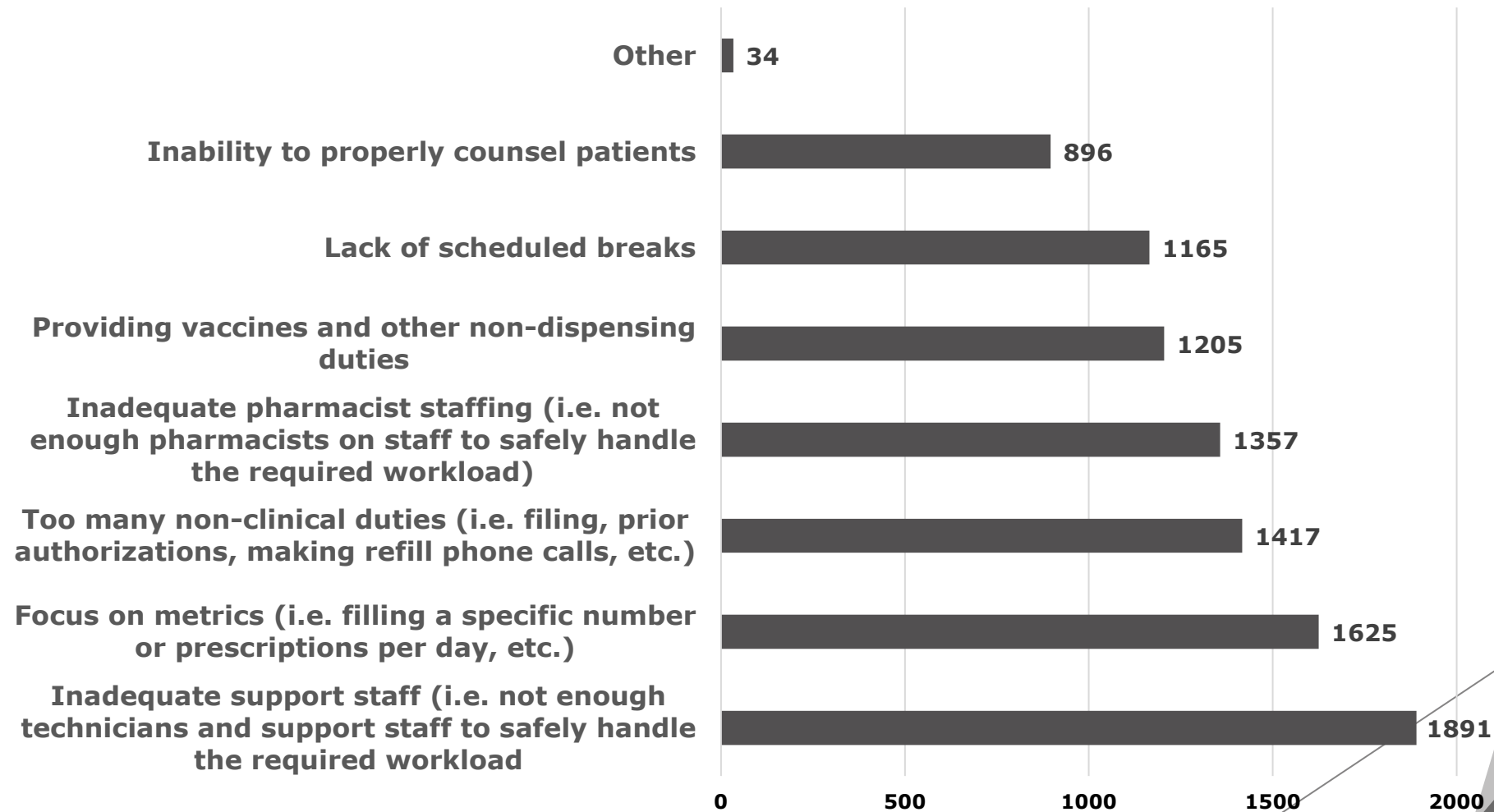
Meeting Materials

I feel that inadequate staffing at my pharmacy results in delays in patients receiving medication in a timely manner (Other Settings)



Meeting Materials

If you believe you are unable to practice safely at your current pharmacy practice site, please select the reasons why*:



**Breakdown by setting is not available due to the option to select multiple options.*



Review of Policies to Address Workload Shortage – “Buckets”

Scheduled Breaks

Non-Dispensing Duties

Pharmacist and Technician Staffing

Metrics

Prescription Volume

Non-Clinical Duties

Others?



Review of Policies to Address Workload Shortage – “Buckets”

Bucket #1: Scheduled Breaks

- ▶ *My largest concern is working a 13-hour shift as the ONLY pharmacist that day with NO scheduled lunch or breaks and I often feel guilty for sitting down for 15 minutes to eat lunch and dinner throughout the day. There is no “good” time for me to eat or use the restroom when working 13-hour shifts. I feel very strongly that this should not be okay as it can lead to unnecessary hazards to not only the pharmacist working the shift, but patient safety as well.*
- ▶ *No breaks when your (sic) are the only pharmacist working, hard to use the restroom or even eat food.*



Review of Policies to Address Workload Shortage – “Buckets”

Bucket #2: Non-Dispensing Duties

- ▶ *Pharmacy has gone away from a patient centered true Healthcare profession. Its now like any other business with the focus on doing as much as possible with as little help as possible. The focus on metrics only makes things worse, then add in non-dispensing roles like vaccines and MTM with their own metrics, and it adds more undue stress to an already stressful profession.*
- ▶ *I love giving vaccines but it's very challenging to give vaccines while filling hundreds of scripts a day.*



Review of Policies to Address Workload Shortage – “Buckets”

Bucket #3: Pharmacist and Technician Staffing

- ▶ *Technician staffing has been an issue since I've been licensed. Finding competent help that you are comfortable working with has become more scarce. With the layouts of the pharmacies having multiple windows to service drop off and pick up of prescriptions, more help is necessary yet routinely technician hours are cut. I also feel this is a safety issue when there aren't enough people to watch these windows that allow access to the pharmacy. There are also the increasing numbers of immunizations and MTM services required to be completed on a regular basis.*
- ▶ *Because of lack of support staff. I generally spend about 80% of my day doing tasks technicians are allowed to do on type of pharmacists tasks- answering phone calls, data entry, filling, and ringing out customers. It is an unsafe environment when I have to type most prescriptions I check and no other eyes are on them.*



Review of Policies to Address Workload Shortage – “Buckets”

Bucket #4: Metrics

- ▶ *Big chains need to be less focused on metrics and more focused on patient care and safety, especially during COVID-19. We are unable to meet the requirements of keeping our pharmacy clean and safe to the public, as well as meet promised times for prescriptions being filled. There needs to be some sort of balance here... or we need support from other staff to do the cleaning duties so that we can properly take care of patients.*
- ▶ *Company focus on metrics makes the current practice of Pharmacy unsafe and results in high risk of errors. We are constantly expected to “do more” with less. Company’s use the fact that a majority of pharmacists are salaried, therefore you are expected to meet any goal or metric by working before and after your shift for any amount of time to meet a metric. This affects mental health, work-life-balance and ultimately makes the entire profession unappealing in the long run.*



Review of Policies to Address Workload Shortage – “Buckets”

Bucket #5: Prescription Volume

- ▶ *I work for a large chain grocer and provide remote verification and DUR screening for the pharmacies. The quantity of prescriptions expected of each pharmacist per day is unsafe and unrealistic, and mistakes are made due to the speed with which pharmacists must perform tasks to stay at goal and keep their job. Verifying prescriptions is not a task that should be timed— every prescription and patient situation requires a different amount of time to process and it is flatly unsafe. The situation has gotten worse every year with the goal getting higher and higher and pharmacists skipping breaks to try to hit the unrealistic goals.*
- ▶ *The workload for one pharmacist is out of control. Between the interruptions, having to stop checking scripts to administer vaccines, the focus on ridiculous metrics such as text messaging and 90 day scripts, and the volume of phone calls we have to make to ask people to refill a script is overwhelming to say the least. We are told to rely on central support but they make mistakes!!! At my location, we have 2 hours of pharmacist overlap. That’s it. It’s not enough for the volume.*



Review of Policies to Address Workload Shortage – “Buckets”

Bucket #6: Non-Clinical Duties

- ▶ *Corporate sends you tens of lists of administrative work and collectible items to complete by the end of day regardless of how busy and short staffed you are. They want you to do action plans to increase prescriptions number and NPS and messaging and all kinds of metrics and ignoring the main focus which is the patient safety. Ignoring the fact that they are taking your time from your patients to complete all of these timed action items. they tell you to take a 30 mins lunch per day and there is no other pharmacist overlap and patients won't let you most of the time.*



Meeting Materials



2021 Pharmacist Workload Survey

The State of Ohio Board of Pharmacy is currently evaluating the workload conditions of pharmacy professionals as part of its [Pharmacist Workload Advisory Committee](#). As part of its work, the Committee requested the assistance of Ohio pharmacists in answering a follow-up survey. The responses are intended to provide the Committee with the most up-to-date data as it begins its discussions.

This survey is a follow-up from a [2020 Pharmacist Workload Survey](#).

Meeting Materials

Survey Dates: 11/18/2021 – 12/2/2021

Ohio Pharmacists Receiving the Survey: 14,759

Total Responses: 2,969

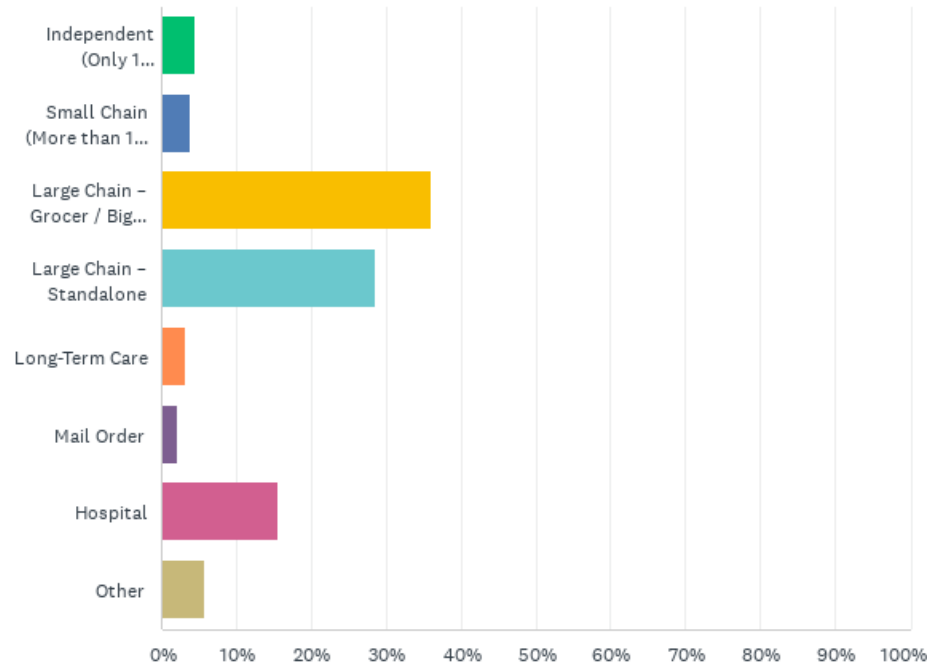
Response Rate: 20.11%*

***2020 Pharmacist Survey Response Rate: 26.41%**

Meeting Materials

Q1: Please identify your primary practice setting:

Answered: 2,969 Skipped: 0



Meeting Materials

Q1: Please identify your primary practice setting:

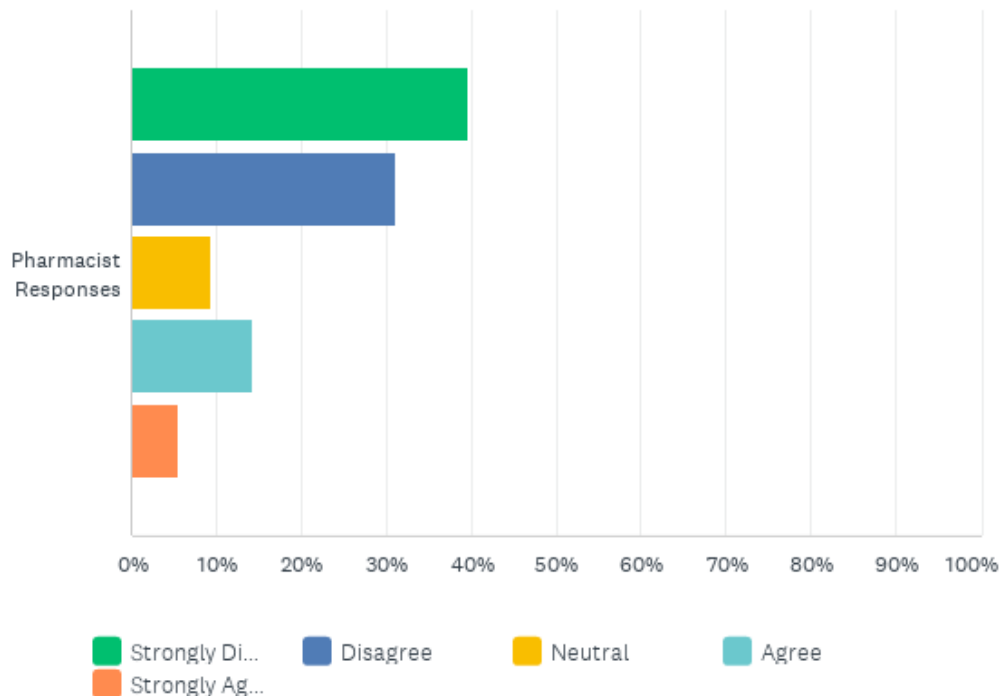
Answered: 2,969 Skipped: 0

ANSWER CHOICES	RESPONSES	
Independent (Only 1 location)	4.55%	135
Small Chain (More than 1, but less than 12 locations)	3.91%	116
Large Chain – Grocer / Big Box Store	36.07%	1,071
Large Chain – Standalone	28.63%	850
Long-Term Care	3.20%	95
Mail Order	2.22%	66
Hospital	15.66%	465
Other	5.76%	171
TOTAL		2,969

Q2: I feel that I have adequate time to complete my job in a safe and effective manner.

Meeting Materials

Answered: 2,969 Skipped: 0



Q2: I feel that I have adequate time to complete my job in a safe and effective manner.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	39.71% 1,179	31.12% 924	9.30% 276	14.38% 427	5.49% 163	2,969	2.15

Q2: I feel that I have adequate time to complete my job in a safe and effective manner. **By Practice Setting.**

Meeting Materials

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	48.74% 522	39.31% 421	6.44% 69	5.14% 55	0.37% 4	1,071	1.69

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	64.24% 546	28.00% 238	4.47% 38	2.35% 20	0.94% 8	850	1.48

Q2: I feel that I have adequate time to complete my job in a safe and effective manner. **By Practice Setting.**

Meeting Materials

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	7.17% 18	19.12% 48	14.74% 37	40.64% 102	18.33% 46	251	3.44

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	12.26% 57	28.39% 132	19.78% 92	31.61% 147	7.96% 37	465	2.95

Q2: I feel that I have adequate time to complete my job in a safe and effective manner. **By Practice Setting.**

Meeting Materials

Long-Term Care

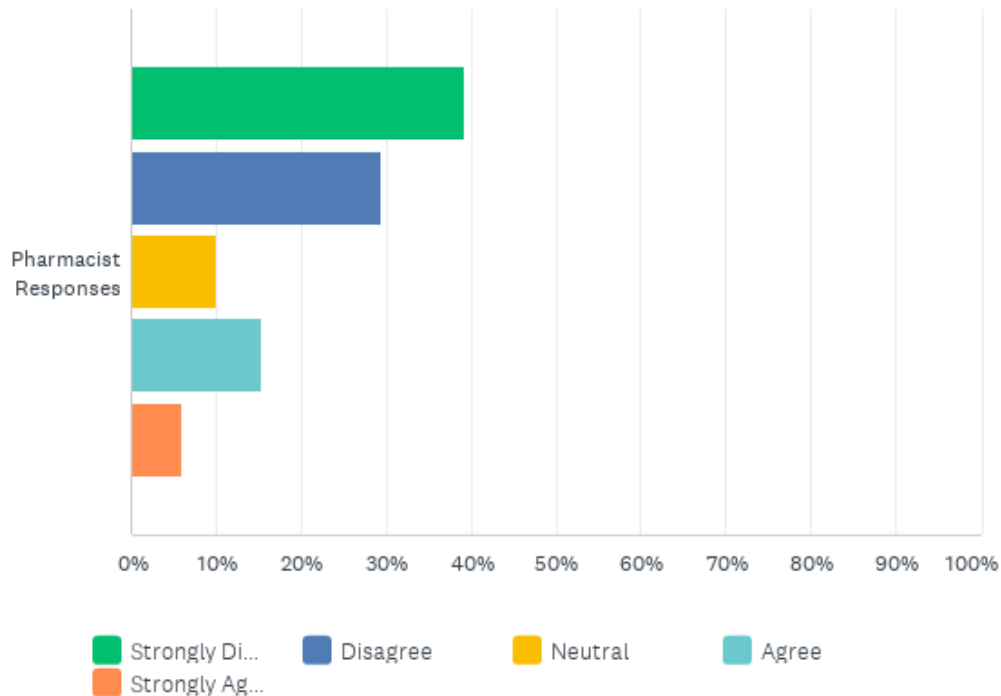
	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	11.58% 11	28.42% 27	13.68% 13	34.74% 33	11.58% 11	95	3.06

Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	6.06% 4	22.73% 15	12.12% 8	24.24% 16	34.85% 23	66	3.59

Q3: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care.

Answered: 2,969 Skipped: 0



Q3: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	39.17% 1,163	29.44% 874	9.97% 296	15.39% 457	6.03% 179	2,969	2.20

Q3: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care. **By Practice Setting.**

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	47.53% 509	34.45% 369	8.59% 92	8.87% 95	0.56% 6	1,071	1.80

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	61.29% 521	28.12% 239	5.76% 49	3.76% 32	1.06% 9	850	1.55

Q3: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care. **By Practice Setting.**

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	7.17% 18	14.34% 36	13.15% 33	45.02% 113	20.32% 51	251	3.57

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	16.13% 75	32.69% 152	15.05% 70	27.10% 126	9.03% 42	465	2.80

Q3: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care. **By Practice Setting.**

Long-Term Care

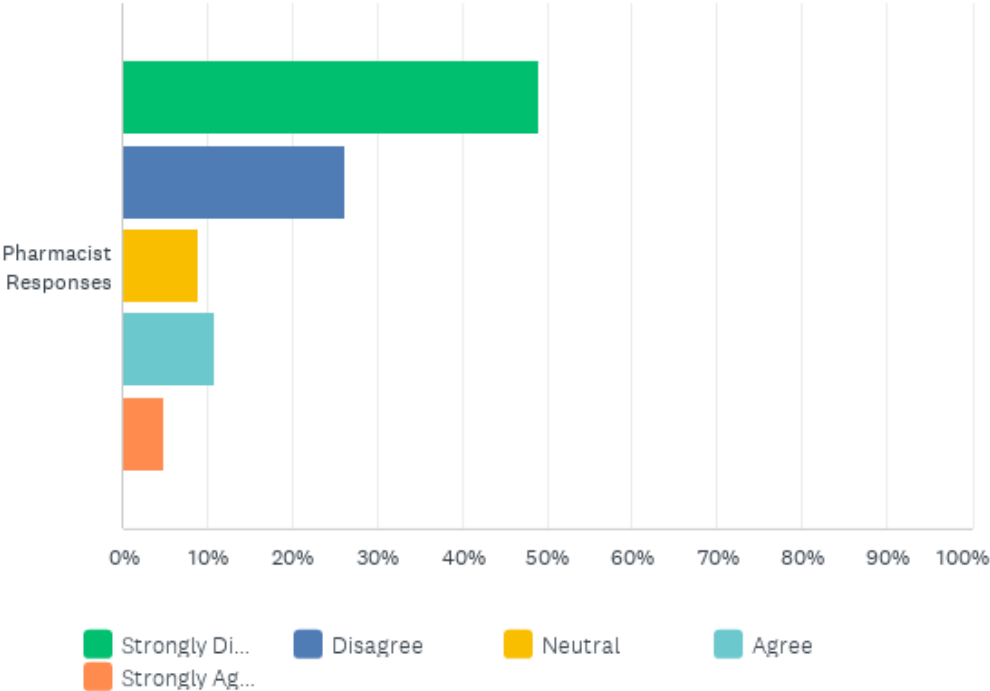
	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	11.58% 11	33.68% 32	13.68% 13	28.42% 27	12.63% 12	95	2.97

Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	9.09% 6	10.61% 7	16.67% 11	24.24% 16	39.39% 26	66	3.74

Q4: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care.

Answered: 2,969 Skipped: 0



Q4: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	49.14% 1,459	26.17% 777	8.89% 264	10.81% 321	4.98% 148	2,969	1.96

Q4: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care. **By Practice Setting.**

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	60.22% 645	26.24% 281	6.91% 74	5.98% 64	0.65% 7	1,071	1.61

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	65.76% 559	24.94% 212	4.59% 39	3.65% 31	1.06% 9	850	1.49

Q4: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care. **By Practice Setting.**

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	11.95% 30	23.11% 58	10.76% 27	35.06% 88	19.12% 48	251	3.26

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	36.13% 168	33.76% 157	11.61% 54	12.69% 59	5.81% 27	465	2.18

Q4: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care. **By Practice Setting.**

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	23.16% 22	29.47% 28	18.95% 18	16.84% 16	11.58% 11	95	2.64

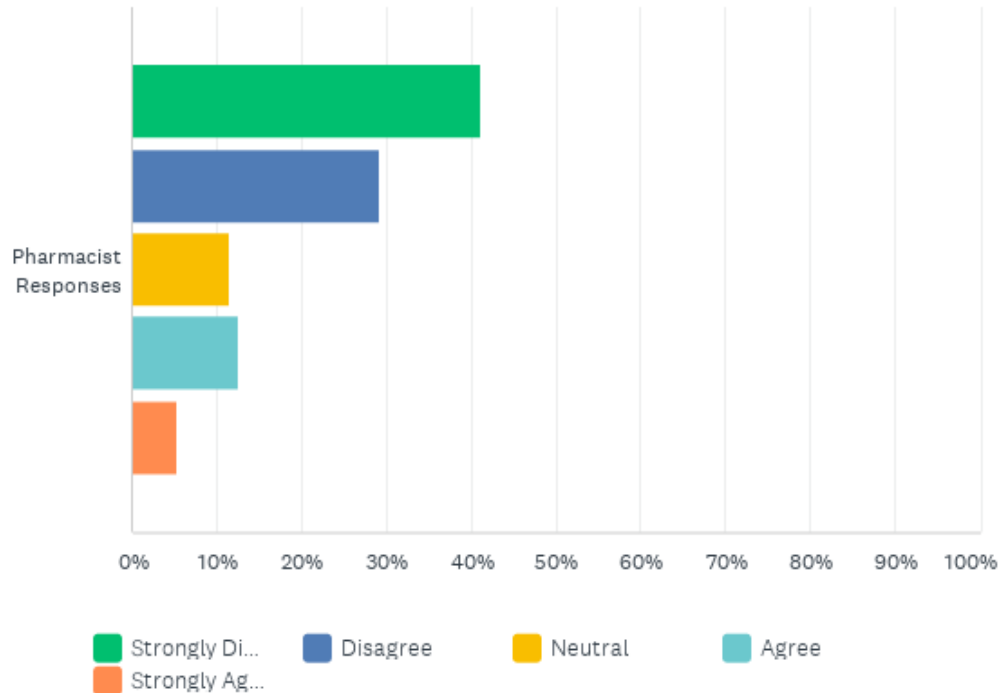
Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	10.61% 7	6.06% 4	21.21% 14	33.33% 22	28.79% 19	66	3.64

Q5: I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner.

Meeting Materials

Answered: 2,969 Skipped: 0



Q5: I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	41.23% 1,224	29.30% 870	11.42% 339	12.63% 375	5.42% 161	2,969	2.12

Q5: I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner. **By Practice Setting.**

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	52.29% 560	31.37% 336	9.90% 106	5.88% 63	0.56% 6	1,071	1.71

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	59.53% 506	30.24% 257	6.00% 51	3.18% 27	1.06% 9	850	1.56

Q5: I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner. **By Practice Setting.**

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	6.37% 16	19.52% 49	11.16% 28	38.65% 97	24.30% 61	251	3.55

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	20.00% 93	34.62% 161	18.49% 86	19.57% 91	7.31% 34	465	2.60

Q5: I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner. **By Practice Setting.**

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	17.89% 17	29.47% 28	17.89% 17	27.37% 26	7.37% 7	95	2.77

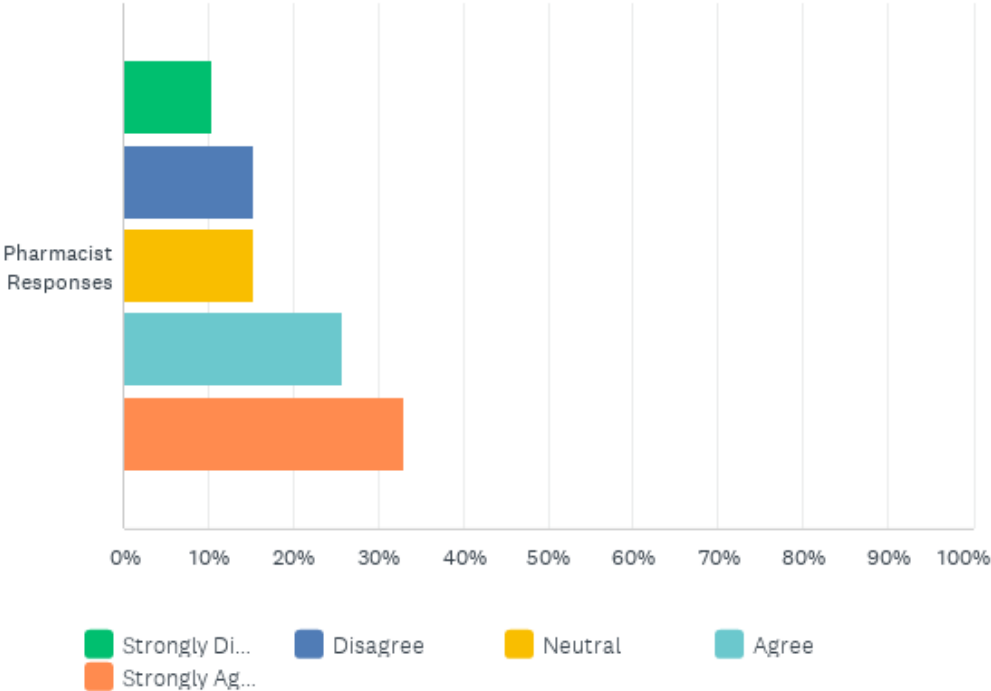
Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	10.61% 7	15.15% 10	15.15% 10	24.24% 16	34.85% 23	66	3.58

Q6: I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe patient care.

Meeting Materials

Answered: 2,969 Skipped: 0



Q6: I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe patient care.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	10.54% 313	15.26% 453	15.29% 454	25.90% 769	33.01% 980	2,969	3.56

Q6: I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe patient care. *By Practice Setting.*

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	4.39% 47	9.43% 101	13.45% 144	33.15% 355	39.59% 424	1,071	3.94

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	6.94% 59	5.06% 43	12.24% 104	23.53% 200	52.24% 444	850	4.09

Q6: I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe patient care. *By Practice Setting.*

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	34.66% 87	29.48% 74	14.34% 36	15.94% 40	5.58% 14	251	2.28

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	15.70% 73	31.18% 145	23.01% 107	20.65% 96	9.46% 44	465	2.77

Q6: I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe patient care. *By Practice Setting.*

Meeting Materials

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	8.42% 8	27.37% 26	22.11% 21	29.47% 28	12.63% 12	95	3.11

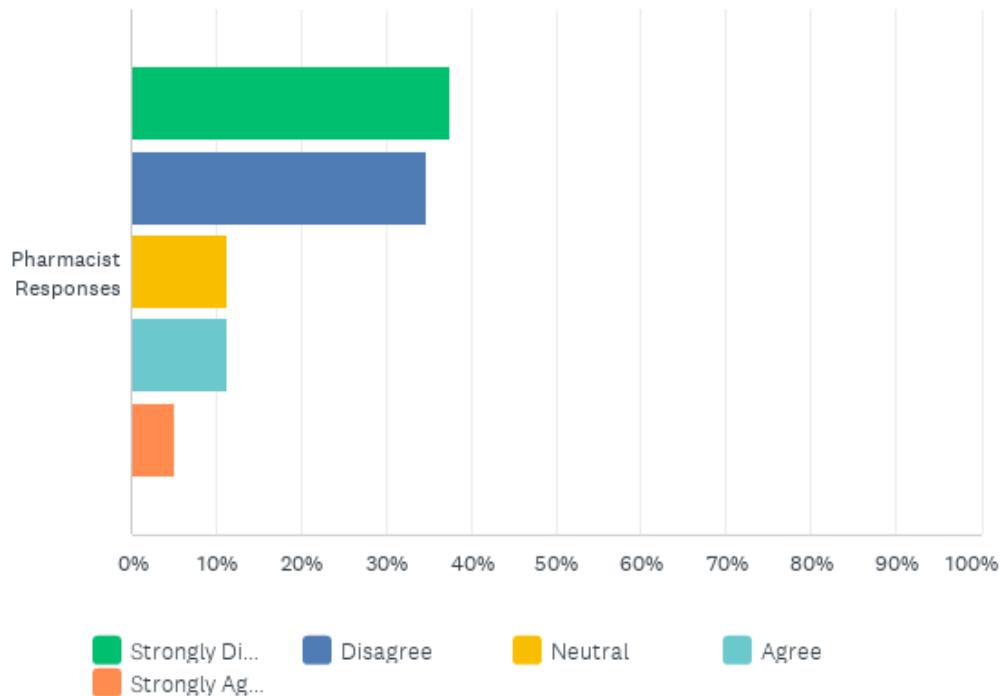
Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	13.64% 9	28.79% 19	22.73% 15	18.18% 12	16.67% 11	66	2.95

Q7: I feel that the workload to staff ratio allows me to provide for patients in a safe and effective manner.

Meeting Materials

Answered: 2,969 Skipped: 0



Q7: I feel that the workload to staff ratio allows me to provide for patients in a safe and effective manner.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	37.49% 1,113	34.83% 1,034	11.25% 334	11.32% 336	5.12% 152	2,969	2.12

Q7: I feel that the workload to staff ratio allows me to provide for patients in a safe and effective manner. **By Practice Setting.**

Meeting Materials

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	46.78% 501	40.06% 429	7.94% 85	4.48% 48	0.75% 8	1,071	1.72

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	58.24% 495	33.65% 286	5.06% 43	2.24% 19	0.82% 7	850	1.54

Q7: I feel that the workload to staff ratio allows me to provide for patients in a safe and effective manner. **By Practice Setting.**

Meeting Materials

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	5.98% 15	20.32% 51	15.94% 40	37.05% 93	20.72% 52	251	3.46

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	13.12% 61	37.20% 173	22.58% 105	20.22% 94	6.88% 32	465	2.71

Q7: I feel that the workload to staff ratio allows me to provide for patients in a safe and effective manner. **By Practice Setting.**

Meeting Materials

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	12.63% 12	33.68% 32	17.89% 17	27.37% 26	8.42% 8	95	2.85

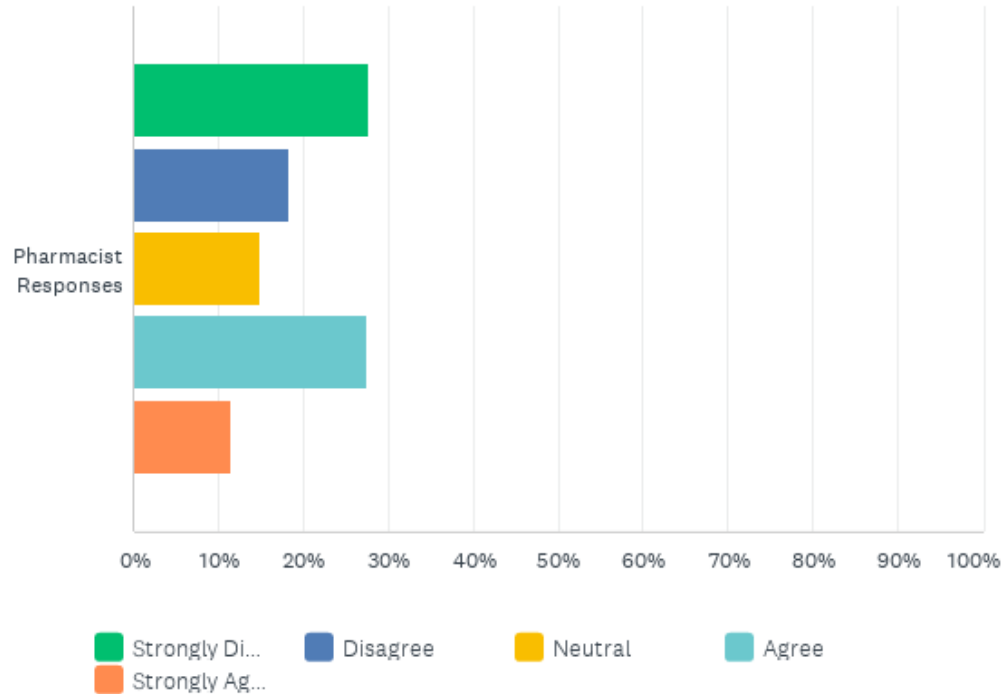
Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	10.61% 7	21.21% 14	13.64% 9	25.76% 17	28.79% 19	66	3.41

Q8: I am given the opportunity to take lunch breaks or other breaks throughout the workday.

Meeting Materials

Answered: 2,969 Skipped: 0



Q8: I am given the opportunity to take lunch breaks or other breaks throughout the workday.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	27.72% 823	18.26% 542	15.02% 446	27.45% 815	11.55% 343	2,969	2.77

Q8: I am given the opportunity to take lunch breaks or other breaks throughout the workday. **By Practice Setting.**

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	38.56% 413	20.07% 215	14.57% 156	22.13% 237	4.67% 50	1,071	2.34

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	31.65% 269	20.24% 172	16.71% 142	25.65% 218	5.76% 49	850	2.54

Q8: I am given the opportunity to take lunch breaks or other breaks throughout the workday. **By Practice Setting.**

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	17.53% 44	17.93% 45	14.34% 36	31.08% 78	19.12% 48	251	3.16

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	13.55% 63	17.42% 81	15.27% 71	35.48% 165	18.28% 85	465	3.28

Q8: I am given the opportunity to take lunch breaks or other breaks throughout the workday. **By Practice Setting.**

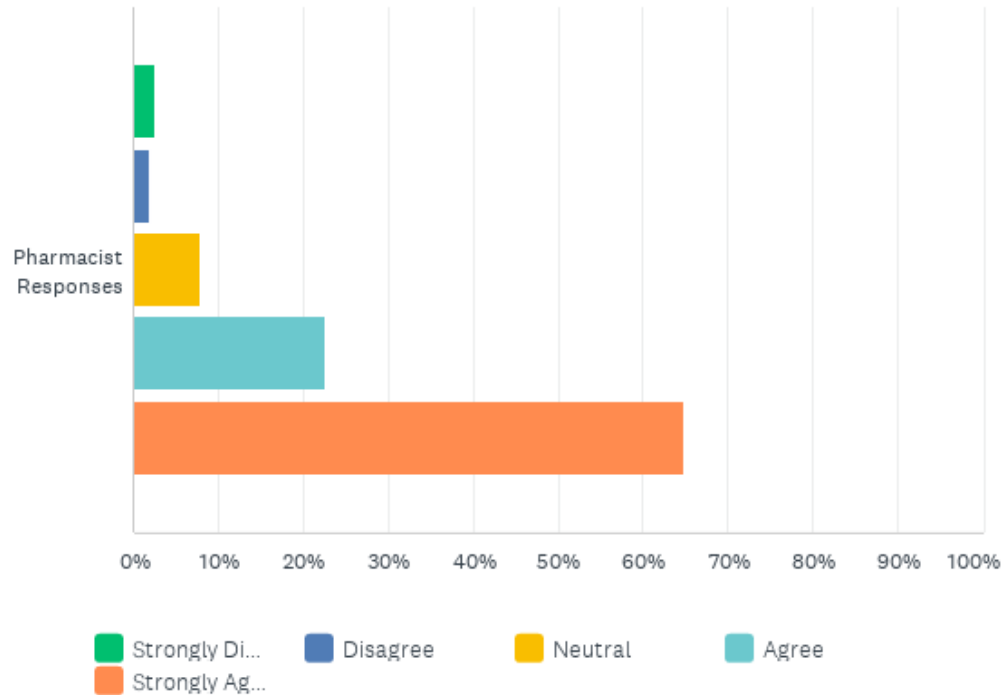
Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	8.42% 8	9.47% 9	10.53% 10	47.37% 45	24.21% 23	95	3.69

Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	4.55% 3	4.55% 3	3.03% 2	30.30% 20	57.58% 38	66	4.32

Q9: I feel that additional services (such as immunizations, testing, etc.) without additional staffing for those services will delay patients from getting their medications in a timely manner.



Q9: I feel that additional services (such as immunizations, testing, etc.) without additional staffing for those services will delay patients from getting their medications in a timely manner.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	2.56% 76	2.02% 60	7.98% 237	22.60% 671	64.84% 1,925	2,969	4.45

Q9: I feel that additional services (such as injections, manipulations, testing, etc.) without additional staffing for those services will delay patients from getting their medications in a timely manner. **By Practice Setting.**

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	1.87% 20	0.75% 8	1.68% 18	18.21% 195	77.50% 830	1,071	4.69

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	3.06% 26	0.71% 6	0.82% 7	12.82% 109	82.59% 702	850	4.71

Q9: I feel that additional services (such as injections, manipulations, testing, etc.) without additional staffing for those services will delay patients from getting their medications in a timely manner. *By Practice Setting.*

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	1.99% 5	8.76% 22	14.34% 36	36.65% 92	38.25% 96	251	4.00

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	3.01% 14	3.23% 15	19.35% 90	38.92% 181	35.48% 165	465	4.01

Q9: I feel that additional services (such as injections, manipulations, testing, etc.) without additional staffing for those services will delay patients from getting their medications in a timely manner. *By Practice Setting.*

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	2.11% 2	4.21% 4	21.05% 20	35.79% 34	36.84% 35	95	4.01

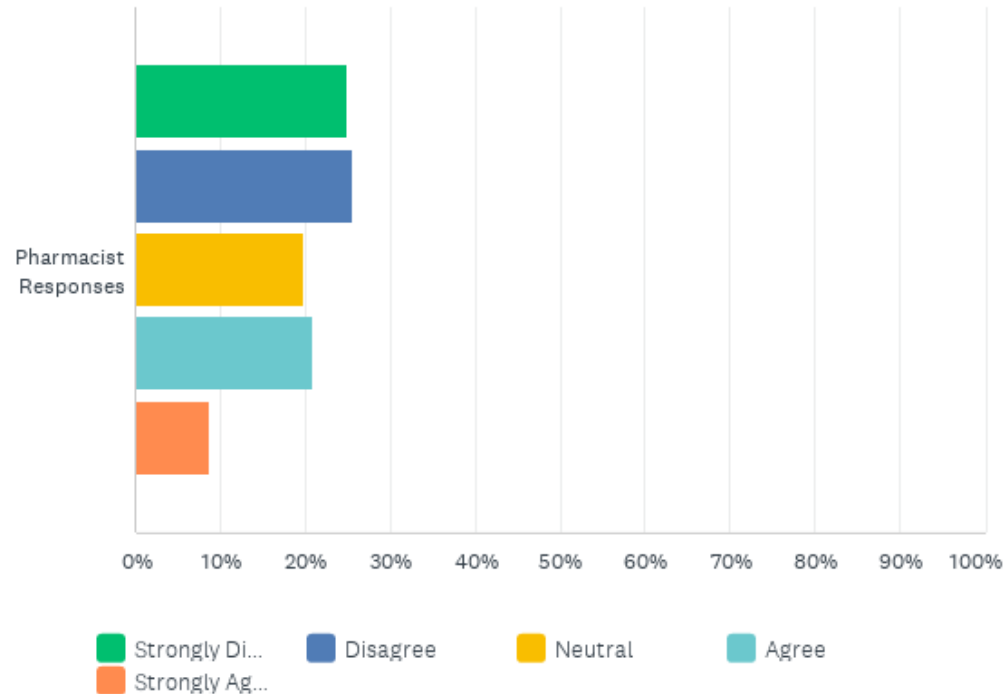
Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	4.55% 3	1.52% 1	39.39% 26	22.73% 15	31.82% 21	66	3.76

Meeting Materials

Q10: I feel safe voicing any workload concerns to my employer.

Answered: 2,969 Skipped: 0



Meeting Materials

Q10: I feel safe voicing any workload concerns to my employer.

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	24.92% 740	25.63% 761	19.80% 588	20.92% 621	8.72% 259	2,969	2.63

Q10: I feel safe voicing any workload concerns to my employer.

By Practice Setting.

Meeting Materials

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	28.20% 302	30.35% 325	21.38% 229	16.06% 172	4.01% 43	1,071	2.37

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	36.24% 308	27.06% 230	20.24% 172	13.06% 111	3.41% 29	850	2.20

Q10: I feel safe voicing any workload concerns to my employer.

By Practice Setting.

Meeting Materials

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	7.57% 19	15.14% 38	16.73% 42	31.47% 79	29.08% 73	251	3.59

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	13.76% 64	20.43% 95	19.78% 92	34.84% 162	11.18% 52	465	3.09

Q10: I feel safe voicing any workload concerns to my employer.

By Practice Setting.

Meeting Materials

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	18.95% 18	21.05% 20	14.74% 14	34.74% 33	10.53% 10	95	2.97

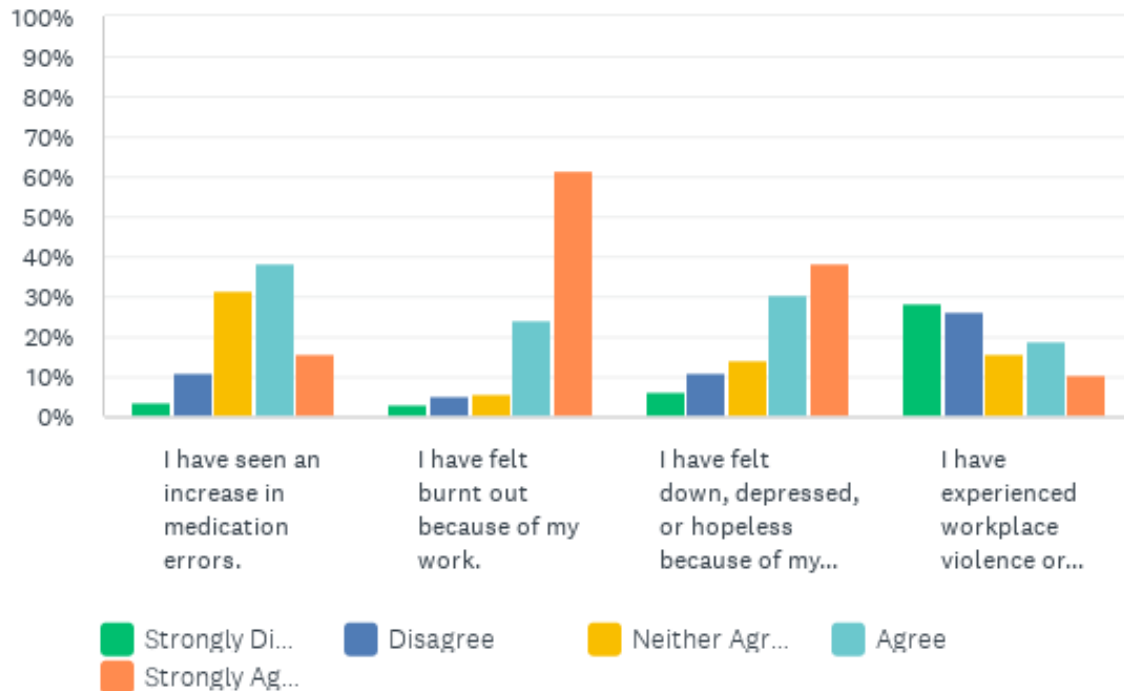
Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	12.12% 8	19.70% 13	15.15% 10	31.82% 21	21.21% 14	66	3.30

Q11: Please respond to each statement based upon your experience over the past six months:

Meeting Materials

Answered: 2,969 Skipped: 0



Q11: Please respond to each statement based upon your experience over the past six months:

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	3.91% 116	10.95% 325	31.36% 931	38.19% 1,134	15.59% 463	2,969	3.51
I have felt burnt out because of my work.	3.17% 94	5.29% 157	5.69% 169	24.25% 720	61.60% 1,829	2,969	4.36
I have felt down, depressed, or hopeless because of my work.	6.10% 181	10.81% 321	14.01% 416	30.62% 909	38.46% 1,142	2,969	3.85
I have experienced workplace violence or harassment.	28.36% 842	26.37% 783	15.76% 468	19.10% 567	10.41% 309	2,969	2.57

Q11: Please respond to each statement based upon your experience over the past six months: **[By Practice Setting]**

Meeting Materials

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	1.12% 12	8.12% 87	29.69% 318	42.48% 455	18.58% 199	1,071	3.69
I have felt burnt out because of my work.	0.93% 10	1.31% 14	2.80% 30	21.38% 229	73.58% 788	1,071	4.65
I have felt down, depressed, or hopeless because of my work.	1.77% 19	6.35% 68	12.23% 131	33.89% 363	45.75% 490	1,071	4.15
I have experienced workplace violence or harassment.	19.70% 211	26.61% 285	17.65% 189	23.72% 254	12.32% 132	1,071	2.82

Q11: Please respond to each statement based upon your experience over the past six months: **[By Practice Setting]**

Meeting Materials

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	1.29% 11	5.53% 47	27.88% 237	42.59% 362	22.71% 193	850	3.80
I have felt burnt out because of my work.	1.29% 11	1.88% 16	2.24% 19	17.06% 145	77.53% 659	850	4.68
I have felt down, depressed, or hopeless because of my work.	2.94% 25	4.24% 36	11.41% 97	28.59% 243	52.82% 449	850	4.24
I have experienced workplace violence or harassment.	19.65% 167	22.24% 189	18.24% 155	24.47% 208	15.41% 131	850	2.94

Q11: Please respond to each statement based upon your experience over the past six months: **[By Practice Setting]**

Meeting Materials

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	14.74% 37	28.69% 72	29.48% 74	23.51% 59	3.59% 9	251	2.73
I have felt burnt out because of my work.	12.35% 31	14.74% 37	13.15% 33	32.27% 81	27.49% 69	251	3.48
I have felt down, depressed, or hopeless because of my work.	19.12% 48	22.31% 56	19.12% 48	22.71% 57	16.73% 42	251	2.96
I have experienced workplace violence or harassment.	51.79% 130	25.10% 63	10.36% 26	9.16% 23	3.59% 9	251	1.88

Q11: Please respond to each statement based upon your experience over the past six months: *[By Practice Setting]*

Meeting Materials

Hospital

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	3.87% 18	15.48% 72	37.20% 173	34.62% 161	8.82% 41	465	3.29
I have felt burnt out because of my work.	3.23% 15	7.96% 37	9.46% 44	35.70% 166	43.66% 203	465	4.09
I have felt down, depressed, or hopeless because of my work.	7.74% 36	20.00% 93	16.34% 76	34.41% 160	21.51% 100	465	3.42
I have experienced workplace violence or harassment.	39.35% 183	33.33% 155	11.18% 52	10.97% 51	5.16% 24	465	2.09

Q11: Please respond to each statement based upon your experience over the past six months: **[By Practice Setting]**

Meeting Materials

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	6.32% 6	10.53% 10	41.05% 39	35.79% 34	6.32% 6	95	3.25
I have felt burnt out because of my work.	4.21% 4	11.58% 11	14.74% 14	32.63% 31	36.84% 35	95	3.86
I have felt down, depressed, or hopeless because of my work.	10.53% 10	17.89% 17	18.95% 18	34.74% 33	17.89% 17	95	3.32
I have experienced workplace violence or harassment.	44.21% 42	28.42% 27	10.53% 10	12.63% 12	4.21% 4	95	2.04

Q11: Please respond to each statement based upon your experience over the past six months: *[By Practice Setting]*

Meeting Materials

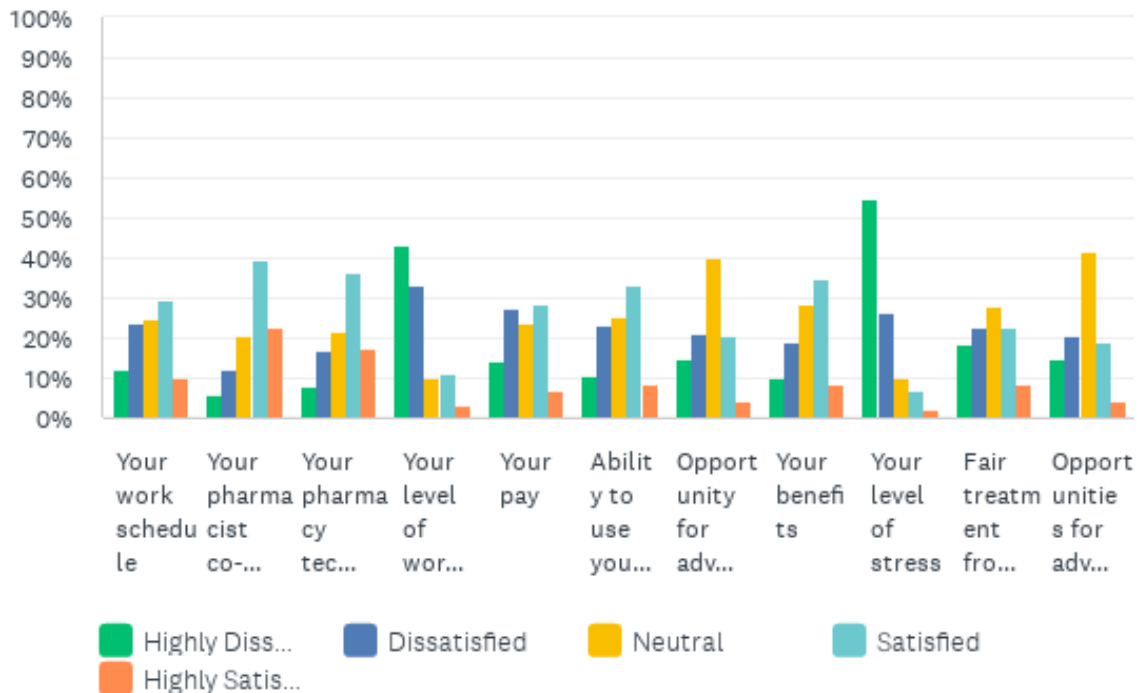
Mail Order

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	21.21% 14	19.70% 13	31.82% 21	21.21% 14	6.06% 4	66	2.71
I have felt burnt out because of my work.	12.12% 8	22.73% 15	9.09% 6	30.30% 20	25.76% 17	66	3.35
I have felt down, depressed, or hopeless because of my work.	21.21% 14	25.76% 17	15.15% 10	22.73% 15	15.15% 10	66	2.85
I have experienced workplace violence or harassment.	62.12% 41	25.76% 17	6.06% 4	4.55% 3	1.52% 1	66	1.58

Q12: Please rate your level of satisfaction with the following in your primary place of employment:

Meeting Materials

Answered: 2,969 Skipped: 0



Q12: Please rate your level of satisfaction with the following in your primary place of employment:

Meeting Materials

All Settings

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	11.92% 354	23.75% 705	24.59% 730	29.67% 881	10.07% 299	2,969	3.02
Your pharmacist co-workers	5.73% 170	11.86% 352	20.71% 615	39.24% 1,165	22.47% 667	2,969	3.61
Your pharmacy technician co-workers	7.68% 228	16.94% 503	21.52% 639	36.41% 1,081	17.45% 518	2,969	3.39
Your level of workload	42.98% 1,276	32.97% 979	9.90% 294	11.01% 327	3.13% 93	2,969	1.98
Your pay	14.42% 428	27.11% 805	23.44% 696	28.36% 842	6.67% 198	2,969	2.86
Ability to use your knowledge	10.44% 310	23.17% 688	25.19% 748	32.97% 979	8.22% 244	2,969	3.05
Opportunity for advancement	14.69% 436	20.85% 619	39.95% 1,186	20.38% 605	4.14% 123	2,969	2.78
Your benefits	9.94% 295	19.03% 565	28.22% 838	34.62% 1,028	8.18% 243	2,969	3.12
Your level of stress	54.66% 1,623	26.10% 775	10.17% 302	6.70% 199	2.36% 70	2,969	1.76
Fair treatment from management	18.39% 546	22.87% 679	27.75% 824	22.63% 672	8.35% 248	2,969	2.80
Opportunities for advancement/development	14.85% 441	20.71% 615	41.63% 1,236	18.73% 556	4.08% 121	2,969	2.76

Q12: Please rate your level of satisfaction with the following in your primary place of employment: [By Practice Setting]

Large Chain – Grocer/Big Box

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	14.47% 155	28.94% 310	28.01% 300	24.84% 266	3.73% 40	1,071	2.74
Your pharmacist co-workers	6.44% 69	12.23% 131	20.82% 223	38.75% 415	21.76% 233	1,071	3.57
Your pharmacy technician co-workers	8.78% 94	18.67% 200	21.29% 228	34.45% 369	16.81% 180	1,071	3.32
Your level of workload	54.90% 588	37.25% 399	5.70% 61	2.05% 22	0.09% 1	1,071	1.55
Your pay	15.69% 168	29.04% 311	23.81% 255	26.05% 279	5.42% 58	1,071	2.76
Ability to use your knowledge	12.61% 135	29.60% 317	27.92% 299	27.36% 293	2.52% 27	1,071	2.78
Opportunity for advancement	17.18% 184	21.85% 234	41.46% 444	17.65% 189	1.87% 20	1,071	2.65
Your benefits	9.06% 97	19.05% 204	28.20% 302	38.10% 408	5.60% 60	1,071	3.12
Your level of stress	67.88% 727	25.30% 271	4.95% 53	1.59% 17	0.28% 3	1,071	1.41
Fair treatment from management	20.26% 217	24.28% 260	29.97% 321	21.94% 235	3.55% 38	1,071	2.64
Opportunities for advancement/development	17.65% 189	21.20% 227	44.07% 472	15.69% 168	1.40% 15	1,071	2.62

Q12: Please rate your level of satisfaction with the following in your primary place of employment: *Meeting Materials* [By Practice Setting]

Large Chain – Standalone

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	16.59% 141	26.82% 228	28.12% 239	24.94% 212	3.53% 30	850	2.72
Your pharmacist co-workers	8.24% 70	11.65% 99	26.00% 221	36.24% 308	17.88% 152	850	3.44
Your pharmacy technician co-workers	9.76% 83	17.41% 148	21.53% 183	36.94% 314	14.35% 122	850	3.29
Your level of workload	63.41% 539	30.82% 262	3.53% 30	1.76% 15	0.47% 4	850	1.45
Your pay	20.47% 174	31.29% 266	22.71% 193	21.88% 186	3.65% 31	850	2.57
Ability to use your knowledge	15.53% 132	31.18% 265	29.29% 249	22.12% 188	1.88% 16	850	2.64
Opportunity for advancement	18.12% 154	20.94% 178	43.29% 368	15.88% 135	1.76% 15	850	2.62
Your benefits	12.47% 106	21.76% 185	32.94% 280	28.71% 244	4.12% 35	850	2.90
Your level of stress	73.53% 625	21.41% 182	3.65% 31	0.94% 8	0.47% 4	850	1.33
Fair treatment from management	23.88% 203	26.35% 224	32.24% 274	15.41% 131	2.12% 18	850	2.46
Opportunities for advancement/development	16.82% 143	20.94% 178	46.47% 395	13.65% 116	2.12% 18	850	2.63

Q12: Please rate your level of satisfaction with the following in your primary place of employment: *[By Practice Setting]*

Independent / Small Chain

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	1.20% 3	13.55% 34	15.14% 38	40.64% 102	29.48% 74	251	3.84
Your pharmacist co-workers	1.99% 5	9.16% 23	16.33% 41	35.46% 89	37.05% 93	251	3.96
Your pharmacy technician co-workers	2.39% 6	11.16% 28	10.76% 27	42.63% 107	33.07% 83	251	3.93
Your level of workload	9.56% 24	23.90% 60	17.13% 43	35.86% 90	13.55% 34	251	3.20
Your pay	5.98% 15	22.71% 57	21.91% 55	35.46% 89	13.94% 35	251	3.29
Ability to use your knowledge	3.59% 9	12.75% 32	17.13% 43	51.00% 128	15.54% 39	251	3.62
Opportunity for advancement	5.98% 15	14.74% 37	40.64% 102	27.09% 68	11.55% 29	251	3.24
Your benefits	6.37% 16	18.73% 47	31.08% 78	33.07% 83	10.76% 27	251	3.23
Your level of stress	21.91% 55	26.29% 66	19.92% 50	22.71% 57	9.16% 23	251	2.71
Fair treatment from management	4.78% 12	15.94% 40	17.93% 45	29.88% 75	31.47% 79	251	3.67
Opportunities for advancement/development	7.57% 19	14.34% 36	40.64% 102	26.29% 66	11.16% 28	251	3.19

Q12: Please rate your level of satisfaction with the following in your primary place of employment: *Meeting Materials* [By Practice Setting]

Hospital

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	7.53% 35	17.42% 81	19.57% 91	42.37% 197	13.12% 61	465	3.36
Your pharmacist co-workers	2.80% 13	13.55% 63	15.91% 74	49.68% 231	18.06% 84	465	3.67
Your pharmacy technician co-workers	7.10% 33	20.43% 95	22.58% 105	36.77% 171	13.12% 61	465	3.28
Your level of workload	17.63% 82	34.84% 162	22.58% 105	21.51% 100	3.44% 16	465	2.58
Your pay	8.82% 41	23.23% 108	23.87% 111	37.20% 173	6.88% 32	465	3.10
Ability to use your knowledge	3.66% 17	7.96% 37	18.92% 88	49.89% 232	19.57% 91	465	3.74
Opportunity for advancement	12.04% 56	22.15% 103	34.62% 161	26.88% 125	4.30% 20	465	2.89
Your benefits	9.25% 43	17.85% 83	22.15% 103	38.06% 177	12.69% 59	465	3.27
Your level of stress	28.17% 131	37.85% 176	20.43% 95	10.32% 48	3.23% 15	465	2.23
Fair treatment from management	15.48% 72	20.65% 96	23.87% 111	28.82% 134	11.18% 52	465	3.00
Opportunities for advancement/development	12.90% 60	23.87% 111	33.33% 155	25.59% 119	4.30% 20	465	2.85

Q12: Please rate your level of satisfaction with the following in your primary place of employment: *Meeting Materials* [By Practice Setting]

Long-Term Care

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	8.42% 8	18.95% 18	18.95% 18	34.74% 33	18.95% 18	95	3.37
Your pharmacist co-workers	3.16% 3	15.79% 15	17.89% 17	46.32% 44	16.84% 16	95	3.58
Your pharmacy technician co-workers	4.21% 4	14.74% 14	30.53% 29	38.95% 37	11.58% 11	95	3.39
Your level of workload	16.84% 16	32.63% 31	15.79% 15	27.37% 26	7.37% 7	95	2.76
Your pay	10.53% 10	23.16% 22	29.47% 28	30.53% 29	6.32% 6	95	2.99
Ability to use your knowledge	5.26% 5	16.84% 16	22.11% 21	45.26% 43	10.53% 10	95	3.39
Opportunity for advancement	8.42% 8	25.26% 24	44.21% 42	17.89% 17	4.21% 4	95	2.84
Your benefits	13.68% 13	17.89% 17	30.53% 29	28.42% 27	9.47% 9	95	3.02
Your level of stress	30.53% 29	27.37% 26	18.95% 18	20.00% 19	3.16% 3	95	2.38
Fair treatment from management	20.00% 19	15.79% 15	24.21% 23	27.37% 26	12.63% 12	95	2.97
Opportunities for advancement/development	11.58% 11	21.05% 20	41.05% 39	22.11% 21	4.21% 4	95	2.86

Q12: Please rate your level of satisfaction with the following in your primary place of employment: [By Practice Setting]

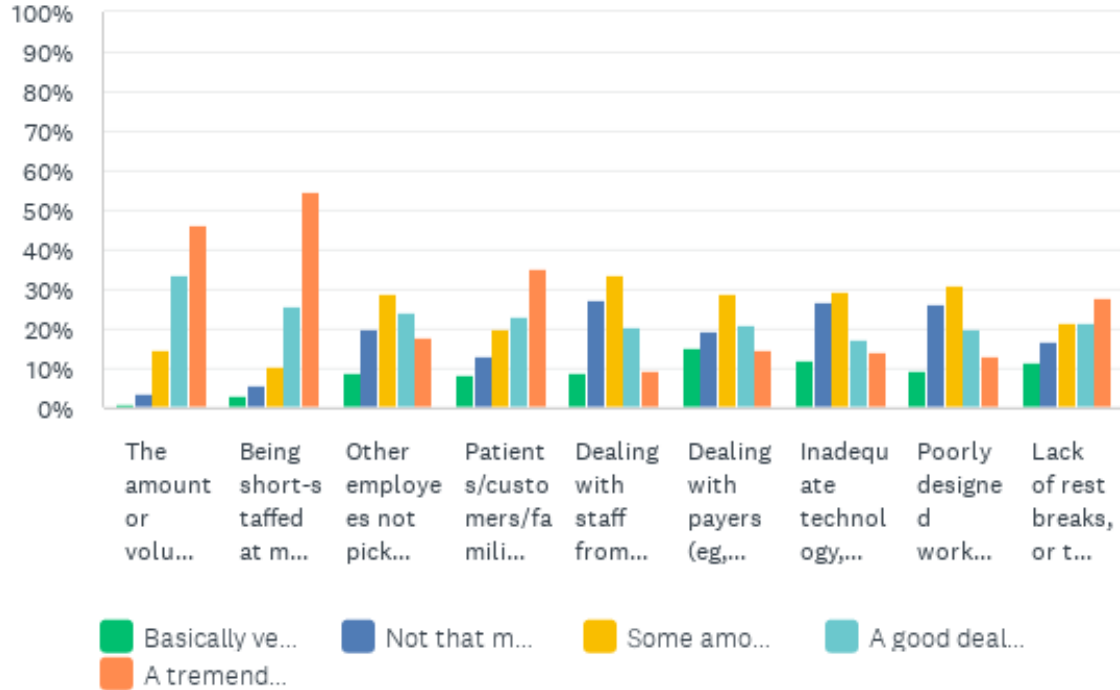
Mail Order

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	3.03% 2	7.58% 5	12.12% 8	22.73% 15	54.55% 36	66	4.18
Your pharmacist co-workers	3.03% 2	6.06% 4	10.61% 7	30.30% 20	50.00% 33	66	4.18
Your pharmacy technician co-workers	4.55% 3	4.55% 3	21.21% 14	37.88% 25	31.82% 21	66	3.88
Your level of workload	12.12% 8	15.15% 10	13.64% 9	40.91% 27	18.18% 12	66	3.38
Your pay	10.61% 7	7.58% 5	22.73% 15	39.39% 26	19.70% 13	66	3.50
Ability to use your knowledge	9.09% 6	4.55% 3	18.18% 12	42.42% 28	25.76% 17	66	3.71
Opportunity for advancement	6.06% 4	10.61% 7	18.18% 12	45.45% 30	19.70% 13	66	3.62
Your benefits	3.03% 2	10.61% 7	12.12% 8	39.39% 26	34.85% 23	66	3.92
Your level of stress	19.70% 13	18.18% 12	27.27% 18	22.73% 15	12.12% 8	66	2.89
Fair treatment from management	6.06% 4	12.12% 8	21.21% 14	34.85% 23	25.76% 17	66	3.62
Opportunities for advancement/development	6.06% 4	9.09% 6	27.27% 18	36.36% 24	21.21% 14	66	3.58

Q13: Please rate the amount of stress each of the following places on you at your job:

Meeting Materials

Answered: 2,969 Skipped: 0



Q13: Please rate the amount of stress each of the following places on you at your job:

Meeting Materials

All Settings

	BASICALLY VERY LITTLE, OR NO STRESS	NOT THAT MUCH STRESS	SOME AMOUNT OF STRESS	A GOOD DEAL OF STRESS	A TREMENDOUS AMOUNT OF STRESS	TOTAL	WEIGHTED AVERAGE
The amount or volume of work you have to do	1.25% 37	3.87% 115	14.92% 443	33.85% 1,005	46.11% 1,369	2,969	4.20
Being short-staffed at my work	3.00% 89	6.00% 178	10.58% 314	25.87% 768	54.56% 1,620	2,969	4.23
Other employees not picking up their fair share of work	8.96% 266	20.18% 599	28.70% 852	24.05% 714	18.12% 538	2,969	3.22
Patients/customers/families who are rude or impatient	8.22% 244	13.24% 393	20.01% 594	23.27% 691	35.26% 1,047	2,969	3.64
Dealing with staff from other health care providers on prescriptions or medication orders	8.89% 264	27.48% 816	33.51% 995	20.41% 606	9.70% 288	2,969	2.95
Dealing with payers (eg, insurance companies) on prescriptions or medication orders	15.39% 457	19.67% 584	29.10% 864	21.22% 630	14.62% 434	2,969	3.00
Inadequate technology, hardware, and other resources needed for me to be effective in my work	12.36% 367	26.84% 797	29.24% 868	17.45% 518	14.11% 419	2,969	2.94
Poorly designed workflow and division of tasks/responsibilities among workers at my job	9.57% 284	26.37% 783	31.09% 923	19.80% 588	13.17% 391	2,969	3.01
Lack of rest breaks, or time to take scheduled rest breaks	11.79% 350	17.01% 505	21.76% 646	21.76% 646	27.69% 822	2,969	3.37

Q13: Please rate the amount of stress each of the following places on you at your job: **[By Practice Setting]**

Meeting Materials

Large Chain – Grocer/Big Box

	BASICALLY VERY LITTLE, OR NO STRESS	NOT THAT MUCH STRESS	SOME AMOUNT OF STRESS	A GOOD DEAL OF STRESS	A TREMENDOUS AMOUNT OF STRESS	TOTAL	WEIGHTED AVERAGE
The amount or volume of work you have to do	0.19% 2	1.21% 13	7.00% 75	36.41% 390	55.18% 591	1,071	4.45
Being short-staffed at my work	0.56% 6	2.05% 22	6.54% 70	22.32% 239	68.53% 734	1,071	4.56
Other employees not picking up their fair share of work	6.82% 73	18.49% 198	28.57% 306	25.96% 278	20.17% 216	1,071	3.34
Patients/customers/families who are rude or impatient	1.31% 14	5.14% 55	16.62% 178	28.29% 303	48.65% 521	1,071	4.18
Dealing with staff from other health care providers on prescriptions or medication orders	5.98% 64	26.05% 279	35.39% 379	20.82% 223	11.76% 126	1,071	3.06
Dealing with payers (eg, insurance companies) on prescriptions or medication orders	3.83% 41	21.48% 230	34.55% 370	24.74% 265	15.41% 165	1,071	3.26
Inadequate technology, hardware, and other resources needed for me to be effective in my work	9.52% 102	26.24% 281	29.23% 313	18.39% 197	16.62% 178	1,071	3.06
Poorly designed workflow and division of tasks/responsibilities among workers at my job	6.26% 67	28.76% 308	33.61% 360	18.86% 202	12.51% 134	1,071	3.03
Lack of rest breaks, or time to take scheduled rest breaks	4.20% 45	12.04% 129	21.38% 229	25.68% 275	36.69% 393	1,071	3.79

Q13: Please rate the amount of stress each of the following places on you at your job: **[By Practice Setting]**

Meeting Materials

Large Chain – Standalone

	BASICALLY VERY LITTLE, OR NO STRESS	NOT THAT MUCH STRESS	SOME AMOUNT OF STRESS	A GOOD DEAL OF STRESS	A TREMENDOUS AMOUNT OF STRESS	TOTAL	WEIGHTED AVERAGE
The amount or volume of work you have to do	0.12% 1	0.82% 7	5.41% 46	26.59% 226	67.06% 570	850	4.60
Being short-staffed at my work	0.35% 3	1.65% 14	4.94% 42	20.35% 173	72.71% 618	850	4.63
Other employees not picking up their fair share of work	6.47% 55	18.47% 157	30.35% 258	23.76% 202	20.94% 178	850	3.34
Patients/customers/families who are rude or impatient	1.65% 14	5.06% 43	16.35% 139	28.35% 241	48.59% 413	850	4.17
Dealing with staff from other health care providers on prescriptions or medication orders	6.00% 51	28.35% 241	33.65% 286	21.06% 179	10.94% 93	850	3.03
Dealing with payers (eg, insurance companies) on prescriptions or medication orders	3.76% 32	19.65% 167	33.53% 285	26.35% 224	16.71% 142	850	3.33
Inadequate technology, hardware, and other resources needed for me to be effective in my work	8.94% 76	24.71% 210	29.65% 252	20.59% 175	16.12% 137	850	3.10
Poorly designed workflow and division of tasks/responsibilities among workers at my job	6.24% 53	23.65% 201	32.59% 277	20.71% 176	16.82% 143	850	3.18
Lack of rest breaks, or time to take scheduled rest breaks	2.47% 21	13.41% 114	24.12% 205	24.71% 210	35.29% 300	850	3.77

Q13: Please rate the amount of stress each of the following places on you at your job: **[By Practice Setting]**

Meeting Materials

Independent / Small Chain

	BASICALLY VERY LITTLE, OR NO STRESS	NOT THAT MUCH STRESS	SOME AMOUNT OF STRESS	A GOOD DEAL OF STRESS	A TREMENDOUS AMOUNT OF STRESS	TOTAL	WEIGHTED AVERAGE
The amount or volume of work you have to do	6.77% 17	13.55% 34	33.07% 83	31.87% 80	14.74% 37	251	3.34
Being short-staffed at my work	12.35% 31	17.93% 45	22.31% 56	29.08% 73	18.33% 46	251	3.23
Other employees not picking up their fair share of work	21.51% 54	25.50% 64	23.90% 60	20.72% 52	8.37% 21	251	2.69
Patients/customers/families who are rude or impatient	15.54% 39	23.11% 58	27.89% 70	20.32% 51	13.15% 33	251	2.92
Dealing with staff from other health care providers on prescriptions or medication orders	14.74% 37	29.48% 74	34.66% 87	15.54% 39	5.58% 14	251	2.68
Dealing with payers (eg, insurance companies) on prescriptions or medication orders	6.77% 17	14.74% 37	28.29% 71	23.90% 60	26.29% 66	251	3.48
Inadequate technology, hardware, and other resources needed for me to be effective in my work	21.51% 54	37.45% 94	26.29% 66	9.16% 23	5.58% 14	251	2.40
Poorly designed workflow and division of tasks/responsibilities among workers at my job	21.91% 55	39.04% 98	23.90% 60	10.76% 27	4.38% 11	251	2.37
Lack of rest breaks, or time to take scheduled rest breaks	22.71% 57	27.89% 70	20.32% 51	15.94% 40	13.15% 33	251	2.69

Q13: Please rate the amount of stress each of the following places on you at your job: **[By Practice Setting]**

Meeting Materials

Hospital

	BASICALLY VERY LITTLE, OR NO STRESS	NOT THAT MUCH STRESS	SOME AMOUNT OF STRESS	A GOOD DEAL OF STRESS	A TREMENDOUS AMOUNT OF STRESS	TOTAL	WEIGHTED AVERAGE
The amount or volume of work you have to do	1.08% 5	5.16% 24	29.68% 138	41.29% 192	22.80% 106	465	3.80
Being short-staffed at my work	2.37% 11	9.25% 43	16.56% 77	41.29% 192	30.54% 142	465	3.88
Other employees not picking up their fair share of work	6.24% 29	20.43% 95	32.69% 152	23.87% 111	16.77% 78	465	3.25
Patients/customers/families who are rude or impatient	21.94% 102	31.83% 148	26.88% 125	11.83% 55	7.53% 35	465	2.51
Dealing with staff from other health care providers on prescriptions or medication orders	10.54% 49	30.11% 140	32.26% 150	21.08% 98	6.02% 28	465	2.82
Dealing with payers (eg, insurance companies) on prescriptions or medication orders	53.55% 249	17.85% 83	13.33% 62	8.39% 39	6.88% 32	465	1.97
Inadequate technology, hardware, and other resources needed for me to be effective in my work	15.70% 73	29.68% 138	30.11% 140	15.05% 70	9.46% 44	465	2.73
Poorly designed workflow and division of tasks/responsibilities among workers at my job	9.89% 46	20.65% 96	30.97% 144	25.16% 117	13.33% 62	465	3.11
Lack of rest breaks, or time to take scheduled rest breaks	21.51% 100	24.09% 112	23.44% 109	17.20% 80	13.76% 64	465	2.78

Q13: Please rate the amount of stress each of the following places on you at your job: **[By Practice Setting]**

Meeting Materials

Long-Term Care

	BASICALLY VERY LITTLE, OR NO STRESS	NOT THAT MUCH STRESS	SOME AMOUNT OF STRESS	A GOOD DEAL OF STRESS	A TREMENDOUS AMOUNT OF STRESS	TOTAL	WEIGHTED AVERAGE
The amount or volume of work you have to do	1.05% 1	6.32% 6	27.37% 26	42.11% 40	23.16% 22	95	3.80
Being short-staffed at my work	5.26% 5	5.26% 5	24.21% 23	33.68% 32	31.58% 30	95	3.81
Other employees not picking up their fair share of work	5.26% 5	25.26% 24	16.84% 16	31.58% 30	21.05% 20	95	3.38
Patients/customers/families who are rude or impatient	23.16% 22	26.32% 25	31.58% 30	11.58% 11	7.37% 7	95	2.54
Dealing with staff from other health care providers on prescriptions or medication orders	13.68% 13	20.00% 19	33.68% 32	25.26% 24	7.37% 7	95	2.93
Dealing with payers (eg, insurance companies) on prescriptions or medication orders	33.68% 32	14.74% 14	26.32% 25	17.89% 17	7.37% 7	95	2.51
Inadequate technology, hardware, and other resources needed for me to be effective in my work	15.79% 15	20.00% 19	33.68% 32	11.58% 11	18.95% 18	95	2.98
Poorly designed workflow and division of tasks/responsibilities among workers at my job	11.58% 11	23.16% 22	27.37% 26	22.11% 21	15.79% 15	95	3.07
Lack of rest breaks, or time to take scheduled rest breaks	34.74% 33	25.26% 24	18.95% 18	13.68% 13	7.37% 7	95	2.34

Q13: Please rate the amount of stress each of the following places on you at your job: **[By Practice Setting]**

Meeting Materials

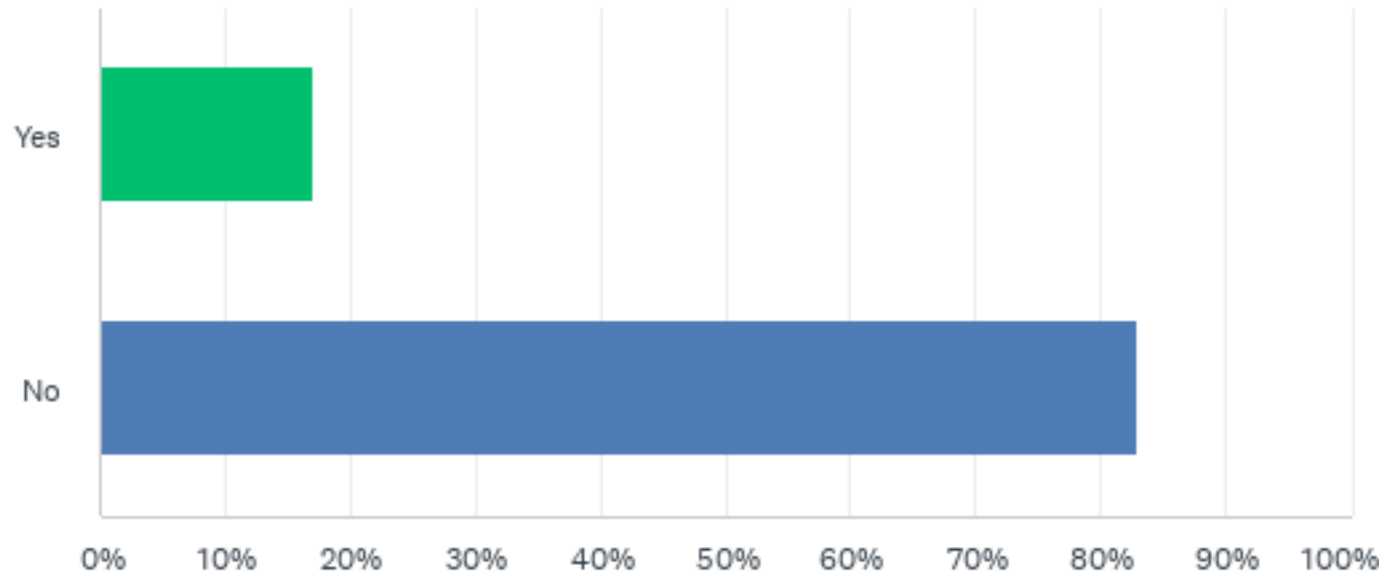
Mail Order

	BASICALLY VERY LITTLE, OR NO STRESS	NOT THAT MUCH STRESS	SOME AMOUNT OF STRESS	A GOOD DEAL OF STRESS	A TREMENDOUS AMOUNT OF STRESS	TOTAL	WEIGHTED AVERAGE
The amount or volume of work you have to do	6.06% 4	16.67% 11	33.33% 22	27.27% 18	16.67% 11	66	3.32
Being short-staffed at my work	24.24% 16	27.27% 18	13.64% 9	19.70% 13	15.15% 10	66	2.74
Other employees not picking up their fair share of work	27.27% 18	36.36% 24	19.70% 13	10.61% 7	6.06% 4	66	2.32
Patients/customers/families who are rude or impatient	30.30% 20	30.30% 20	13.64% 9	12.12% 8	13.64% 9	66	2.48
Dealing with staff from other health care providers on prescriptions or medication orders	30.30% 20	28.79% 19	16.67% 11	13.64% 9	10.61% 7	66	2.45
Dealing with payers (eg, insurance companies) on prescriptions or medication orders	50.00% 33	22.73% 15	16.67% 11	6.06% 4	4.55% 3	66	1.92
Inadequate technology, hardware, and other resources needed for me to be effective in my work	22.73% 15	12.12% 8	30.30% 20	18.18% 12	16.67% 11	66	2.94
Poorly designed workflow and division of tasks/responsibilities among workers at my job	30.30% 20	21.21% 14	22.73% 15	15.15% 10	10.61% 7	66	2.55
Lack of rest breaks, or time to take scheduled rest breaks	56.06% 37	24.24% 16	10.61% 7	3.03% 2	6.06% 4	66	1.79

Q14: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced?

Meeting Materials

Answered: 2,969 Skipped: 0



Q14: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced?

All Settings

ANSWER CHOICES	RESPONSES	
Yes	17.14%	509
No	82.86%	2,460
TOTAL		2,969

Q14: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced? *[By Practice Setting]*

Large Chain – Grocer/Big Box

ANSWER CHOICES	RESPONSES	
Yes	15.87%	170
No	84.13%	901
TOTAL		1,071

Q14: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced? *[By Practice Setting]*

Large Chain – Standalone

ANSWER CHOICES	RESPONSES	
Yes	20.35%	173
No	79.65%	677
TOTAL		850

Q14: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced? *[By Practice Setting]*

Independent / Small Chain

ANSWER CHOICES	RESPONSES	
Yes	15.94%	40
No	84.06%	211
TOTAL		251

Q14: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced? **[By Practice Setting]**

Hospital

ANSWER CHOICES	RESPONSES	
Yes	12.69%	59
No	87.31%	406
TOTAL		465

Q14: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced? *[By Practice Setting]*

Long-Term Care

ANSWER CHOICES	RESPONSES	
Yes	18.95%	18
No	81.05%	77
TOTAL		95

Q14: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced? *[By Practice Setting]*

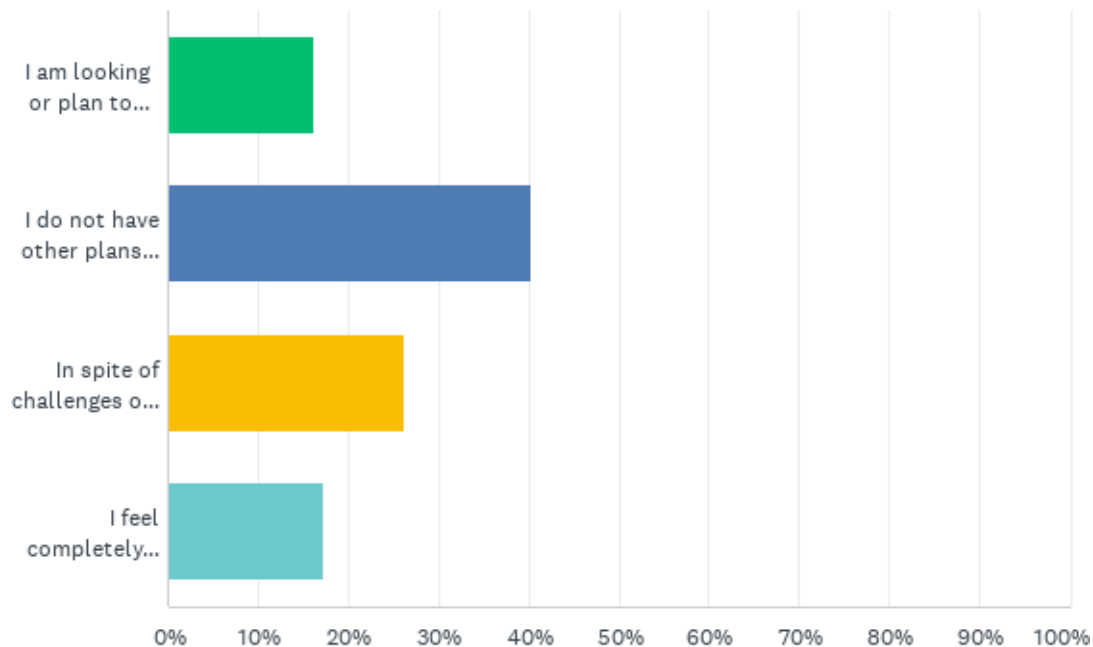
Mail Order

ANSWER CHOICES	RESPONSES	
Yes	18.18%	12
No	81.82%	54
TOTAL		66

Q15: How would you characterize your commitment, or loyalty to remaining a pharmacist?

Meeting Materials

Answered: 2,969 Skipped: 0



Q15: How would you characterize your commitment, or loyalty to remaining a pharmacist?

Meeting Materials

All Settings

ANSWER CHOICES	RESPONSES
I am looking or plan to leave this career, altogether	16.23% 482
I do not have other plans currently, but it might not take much for me to change careers	40.35% 1,198
In spite of challenges or shortcomings, I feel good about this line of work and hope to make a career of it for quite some time	26.17% 777
I feel completely committed and am definitely in this career for my entire worklife	17.24% 512
TOTAL	2,969

Q15: How would you characterize your commitment, or loyalty to remaining a pharmacist? *[By Practice Setting]*

Meeting Materials

Large Chain – Grocer/Big Box

ANSWER CHOICES	RESPONSES	
I am looking or plan to leave this career, altogether	17.46%	187
I do not have other plans currently, but it might not take much for me to change careers	45.00%	482
In spite of challenges or shortcomings, I feel good about this line of work and hope to make a career of it for quite some time	26.33%	282
I feel completely committed and am definitely in this career for my entire worklife	11.20%	120
TOTAL		1,071

Q15: How would you characterize your commitment, or loyalty to remaining a pharmacist? *[By Practice Setting]*

Meeting Materials

Large Chain – Standalone

ANSWER CHOICES	RESPONSES	
I am looking or plan to leave this career, altogether	18.35%	156
I do not have other plans currently, but it might not take much for me to change careers	47.29%	402
In spite of challenges or shortcomings, I feel good about this line of work and hope to make a career of it for quite some time	23.88%	203
I feel completely committed and am definitely in this career for my entire worklife	10.47%	89
TOTAL		850

Q15: How would you characterize your commitment, or loyalty to remaining a pharmacist? *[By Practice Setting]*

Meeting Materials

Independent / Small Chain

ANSWER CHOICES	RESPONSES	
I am looking or plan to leave this career, altogether	14.34%	36
I do not have other plans currently, but it might not take much for me to change careers	29.08%	73
In spite of challenges or shortcomings, I feel good about this line of work and hope to make a career of it for quite some time	23.51%	59
I feel completely committed and am definitely in this career for my entire worklife	33.07%	83
TOTAL		251

Q15: How would you characterize your commitment, or loyalty to remaining a pharmacist? *[By Practice Setting]*

Meeting Materials

Hospital

ANSWER CHOICES	RESPONSES	
I am looking or plan to leave this career, altogether	11.40%	53
I do not have other plans currently, but it might not take much for me to change careers	29.46%	137
In spite of challenges or shortcomings, I feel good about this line of work and hope to make a career of it for quite some time	32.04%	149
I feel completely committed and am definitely in this career for my entire worklife	27.10%	126
TOTAL		465

Q15: How would you characterize your commitment, or loyalty to remaining a pharmacist? *[By Practice Setting]*

Meeting Materials

Long-Term Care

ANSWER CHOICES	RESPONSES	
I am looking or plan to leave this career, altogether	9.47%	9
I do not have other plans currently, but it might not take much for me to change careers	41.05%	39
In spite of challenges or shortcomings, I feel good about this line of work and hope to make a career of it for quite some time	22.11%	21
I feel completely committed and am definitely in this career for my entire worklife	27.37%	26
TOTAL		95

Q15: How would you characterize your commitment, or loyalty to remaining a pharmacist? *[By Practice Setting]*

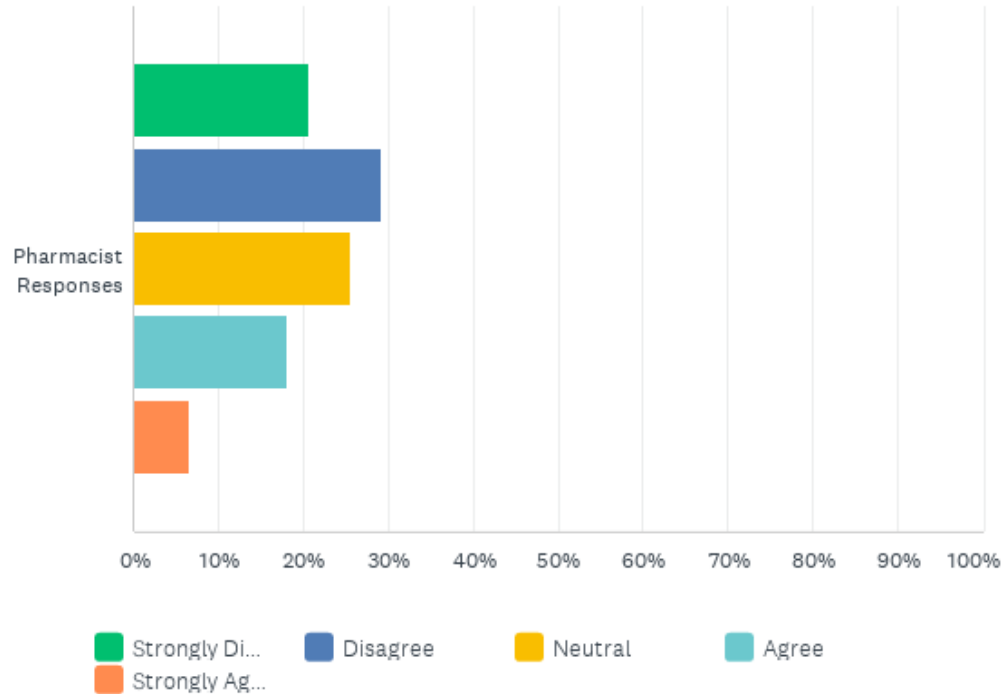
Meeting Materials

Mail Order

ANSWER CHOICES	RESPONSES	
I am looking or plan to leave this career, altogether	16.67%	11
I do not have other plans currently, but it might not take much for me to change careers	22.73%	15
In spite of challenges or shortcomings, I feel good about this line of work and hope to make a career of it for quite some time	34.85%	23
I feel completely committed and am definitely in this career for my entire worklife	25.76%	17
TOTAL		66

Q16: Do you think duties of pharmacy technicians should be expanded to include additional clinical responsibilities?

Answered: 2,969 Skipped: 0



Q16: Do you think duties of pharmacy technicians should be expanded to include additional clinical responsibilities?

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	20.58% 611	29.27% 869	25.50% 757	18.05% 536	6.60% 196	2,969	2.61

Q16: Do you think duties of pharmacy technicians should be expanded to include additional clinical responsibilities? [By Practice Setting]

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	19.70% 211	27.26% 292	24.93% 267	20.17% 216	7.94% 85	1,071	2.69

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	17.53% 149	31.76% 270	26.94% 229	18.47% 157	5.29% 45	850	2.62

Q16: Do you think duties of pharmacy technicians should be expanded to include additional clinical responsibilities? *[By Practice Setting]*

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	20.72% 52	27.89% 70	24.70% 62	20.72% 52	5.98% 15	251	2.63

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	21.29% 99	30.97% 144	25.38% 118	14.84% 69	7.53% 35	465	2.56

Q16: Do you think duties of pharmacy technicians should be expanded to include additional clinical responsibilities? *[By Practice Setting]*

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	27.37% 26	26.32% 25	27.37% 26	14.74% 14	4.21% 4	95	2.42

Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	36.36% 24	27.27% 18	24.24% 16	10.61% 7	1.52% 1	66	2.14

Meeting Materials

Q17 Please provide additional comments about the survey or about your job/career as a pharmacist. REMINDER: Do not include your name or other information that would identify you in the comments.

Answered: 1,223 Skipped: 1,746

#	RESPONSES	DATE
1	I had to quit my job at Kroger after almost 15 years because I felt like I could no longer safely use my license. Division leaders and management will do everything in their power to ignore you. When I quit, my division leader for Kroger acknowledged that stress and workload were higher than ever then accepted my resignation without any attempt to fix any problems. Also was harassed by payroll due to several mistakes from them then tried to get me to pay them my vacation time back.	12/2/2021 4:59 PM
2	Lunch breaks should be a guarantee everywhere. No other job makes you work without getting to eat or use the restroom. Hours should be changed to not be open so late at night/weekends all of the time to help achieve better work/life balance.	12/2/2021 4:29 PM
3	Thank you for the survey. Please allow retail pharmacists who verifies prescriptions(data entry and DUR) to work from home, it helps tremendously to login from home and pharmacists who can verify pills can focus on counseling and vaccines at the stores. Really helps if retail pharmacies close at least at 7:00 pm on weekdays and at least by 3:00 pm on weekends, so less staffing issues, will have good overlap, allows to take breaks and can eat and overall it allows us time to help take care of patients better. Also instead of having pharmacists at retail do both clinical (MTM etc), vaccines and retail part while being on the job, it helps if management hires pharmacists to do clinical separately away from work flow from an office type location it takes a lot of stress out and allows us time to focus on prescriptions.	12/2/2021 4:13 PM
4	We need to close earlier during the week (before 8pm) and earlier on weekends (in the afternoon), that way we would have more rph overlap and could take breaks and be able to eat and go to the restroom. We should not be required to stand more than 12-14 hours without a break. Pharmacists should be allowed to have stools and be able to sit down for part of their shift. We also need assistance with answering phones. Also pharmacists should be given the option to do some work remotely from home; that way we could focus more with less distractions being at the store. If the pharmacy has inadequate staffing, we should be able to close that store for the day.	12/2/2021 3:59 PM
5	Thank you for providing this survey. I really hope you take this to heart and hear us out with our concerns. I am so thankful and much more happy when I left my retail pharmacy job 2 years ago. I'm still in pharmacy but with a mail order pharmacy. In my retail job, I was experiencing high levels of anxiety and depression in the retail pharmacy. I would cry every day before going into work. Working 12 hour shifts without eating or using the bathroom was terrible. I was mentally, emotionally and physically exhausted and beaten down. There were never enough technicians to be completing all the workflow jobs so I would be constantly multitasking (answering the phones, counting pills, verifying prescriptions, and more). As pharmacists I think it's ingrained in us to 1) help the patient first before yourself (eat/drink/bathroom) 2) never leave work behind for our fellow pharmacists. I feel as a retail pharmacist, no one was looking out for me and if I complained, I would be replaced.	12/2/2021 1:56 PM
6	Begging for help, we are under staffed and overwhelmed, we need two pharmacists working to manage safely, my stress is unbearable and it is affecting every aspect of my life. I have been begging for a lunch break for years, I work 14 hours a day without eating and the job is affecting my physical health, multiple kidney stones, constant headaches. Changes need to occur in our profession so we can preform our job in a safe manner and have the opportunity to actually care for our patients.	12/2/2021 1:33 PM
7	Our place of work expects us to stay over on a daily basis without additional help or staffing, sometimes with less staffing then before. The evaporation of pharmacy technicians is truly a new pandemic we are facing in retail pharmacy while having to deal with a much larger workload, particularly COVID-19 vaccinations.	12/2/2021 1:17 PM

Meeting Materials

8	I have dealt with corrupt and unethical pharmacists at store level and corporate level. It is appalling the amount of fraud and dishonesty that is performed (and covered up when reported) for money (for the larger company but also to receive bonuses and rewards personally) and to meet corporate metrics (to avoid employer backlash). They justify fraud as a victimless crime and therefore not a problem. Retaliation against individuals who report fraud is allowed and supported by corporate despite supposed policies to protect against it. The high cost for an individual to take action against this behavior via the court system results in limited deterrence for this behavior. I have experienced a board agent deterring reporting this type of unethical behavior as well. How does an honest pharmacist , who actually believes in the oath they took, navigate such an enormously corrupt industry?	12/2/2021 12:55 PM
9	It is very difficult to retain good technicians due to my company's rate of pay. I feel if technicians were paid a reasonable rate we would be able to retain quality help.	12/2/2021 11:29 AM
10	I am in full support of pharmacy technicians having the opportunity to work at the top of their "license". Unfortunately, it is unlikely that they are able to do so in most practice settings currently. What is holding them back is the lack of standardization of their role and recognition of their job as a true healthcare profession. They are a vital ancillary services health care occupation, but lack recognition of the role and adequate salary inhibits their ability to be true career long professionals. Due to the current lack of professional education for pharmacy technicians, considering expanding responsibilities to include clinical responsibilities is not in the best interest of patients in Ohio. Should pharmacy technicians be required to complete some level of formalized education (Associates Degree) with a core curriculum that ensures consistent content and competency, this could be revisited.	12/2/2021 11:23 AM
11	I am disappointed in the direction this profession has taken over the last decade. The fast food workers and baristas are treated better than the pharmacy staff. There is absolutely no respect and the public does not even consider us as healthcare workers. I am disappointed in the board of pharmacy. You claim you are here for the public, but yet the majority of the public doesn't even know you exist. They have no idea what you even do. You refuse to help pharmacists who actually are there taking care of the public every day. We are overwhelmed with too many tasks and do not have enough help. We have been saying this for years. You hide behind your mantra of we are here for the public. You don't need to be a rocket scientist to figure out that when pharmacy staff is overwhelmed with too many tasks that mistakes will happen. Deadly mistakes can happen. But you do nothing. How can you honestly say you're protecting the public. You sent out a survey over a year ago. You even posted the results and said you were creating a task force. Nothing has been done. So you are sending out another survey. Why? Do you honestly think things are better now? Pharmacists are leaving in droves. The ones left behind are being pushed to their breaking points. You are only protecting the big chains and perhaps your own stock portfolio. I'm sure you are aware of the pharmacist who died waiting for coverage. We are human beings. We deserve better. You need to do better.	12/2/2021 11:12 AM
12	This just keep getting worse. Pharmacy is broken. I've always loved my career. I wouldn't wish what I do every day on my worst enemy. I'm having health issues due to the stress. Im not even 40. I'm glad I paid off my student loans so I can afford to leave this behind. No job is worth dying over. It's really sad and depressing. Corporate greed and capitalism have ruined this profession.	12/2/2021 10:54 AM
13	Pharmacy used to be a profession respected by other healthcare professionals and patients/customers; over the last 10 years we endure extreme verbal abuse which has sometimes have become threats of violence or bodily harm- 4 months ago my staff and I were told by a patient/customer he'd be waiting for us in the parking lot. Employer's don't want to hear about the abuse and just push us to have better wait times, better sales, more vaccines, more COVID antibody tests, more health screenings, more sales, more MTMOutcomes completed, better inventory management.. With Pharmacist and technician hours continuously cut, staff is spread too thinly and compromises my assurance of patient safety. To regain those lost hours we essentially must try to double up beating the goals to earn the hours back. We have to "earn" hours/help.. "Earn" proper staffing? And if pharmacists are able to meet the goals, now employers have been purposely running the hours budget below their own metrics. I have never before seen so much employee turnover to the extent of pharmacists who loved pharmacy and helping patients have just left the profession altogether; I've never seen this many employees crying on the job; and have heard some referencing suicide. Yes we currently have COVID putting everyone under pressure; however these are problems that have been in the making for 10 or more years in the making. More and more locations are running with one pharmacist on duty working 13 hour shifts with no relief, no overlap, no restroom break. Or schedule 7-8 hour shift with the next pharmacist scheduled right at shift change and thus	12/2/2021 10:32 AM

Meeting Materials

resulting in only one pharmacist on duty at a time to complete prescription orders and metric goals. Without the hours, without proper help, patient safety is absolutely on the line.

14	1. Need more pharmacists and techs 2. In order for more staff to be hired, insurances need better reimbursement. I work in an under served area and Medicaid gives horrible reimbursement. No profit means cutting hours and employees, means long wait times/risking drug errors, means angry customers, means hostile work environment, means people quit the profession 3. Techs need more money. They give shots on the fly, certified to do their job and someone bagging groceries makes the same amount of money 4. Pharmacists need more partners to run the pharmacy. Can't serve the patient when employer worries about clinical shots, customer satisfaction surveys..... no longer medical field..... pharmacy feels like a fast food joint. This last year I have had my life threatened and my family's life threatened bc insurance wouldn't pay for something and customers take it out on pharmacist. Also currently getting stalking mail send to my place of work. Told my boss about the mail I'm receiving and have yet to receive a response back after 2 emails. I don't feel safe at work or appreciated.	12/2/2021 10:10 AM
15	Some days just too many shots that don't allow me to complete my job requirements. Hiring a full time vaccinator makes a worlds difference such as an LPN or other RPH.	12/2/2021 10:08 AM
16	I enjoy the opportunity to expand my use of clinical skills in offering vaccinations, testing, MTM, etc. However, the current retail pharmacy model does not provide the staffing needed to make sure these can be implemented without interrupting the time-old prescription filling role of the pharmacist. Constant interruptions are what bother me the most as a pharmacist. It is hard to concentrate on critically thinking through reviewing an order when you're being called upon to give a vaccination, answer multiple phone calls, have patients asking for you, etc. Unfortunately, most pharmacies do not have the staffing to have a designated immunizer (especially if having to give 60 or more immunizations daily). These extra opportunities are giving pharmacists opportunities to expand into other areas of care, but there must be a commitment from companies to also provide trained support staff to successfully implement these programs (and higher wages for technicians will attract better qualified applicants).	12/2/2021 10:07 AM
17	The retail pharmacist is a dying breed with no allies, and how we ended up where we are right now is well documented. The physical, mental, emotional and psychological demands of the job is off the charts. It's no longer how smart you are but how much stress you can take to keep your job until you begin to crumble under the weight of the stress and give up.	12/2/2021 10:07 AM
18	The so called computer upgrade at CVS has given the pharmacist a dark and very difficult screen to read. Another danger	12/2/2021 9:47 AM
19	Retail pharmacies is hectic, less staffing and more metrics. Once I switched to long term care, it became different for me, more manageable compared to retail. I like it here now	12/2/2021 6:05 AM
20	The particular location that I work at is adequately staffed therefore my stress level is low and work satisfaction is high. I have worked in other locations recently that are very short staffed and the shift was an extremely high stress experience. Some stores cannot open the drive thru because they don't have the staff to adequately get work done safely.	12/2/2021 6:01 AM
21	too much work, with different type of vaccines, insurance billings, MTM, rx overload (e-fax) . Doctor's office sending e-fax and telling patients rx should be ready when they get to pharmacy, when doctor's office have no idea, the amount of e-fax from multiple offices loading into computer , then phone in rx, dropped of rx, vaccine administration all takes extra time. customers always expect rx should be ready when they arrive at store to pickup, not thinking about prior auth issues, meds not in stock. Then other main issue, lot of e-faxes are sending in wrong (incomplete drug name, quantity prescribed not match with day supply, incomplete or wrong direction, wrong quantity). then when you call MD office they are on lunch break for 2 hours or if you leave message not calling us back in proper time. Also one big issue with insurance companies , that we need doctors approval to switch from tablets to capsule, for insurance to pay, but cannot change by pharmasist decision.	12/2/2021 12:35 AM
22	I was recently promoted to pharmacy manager, and only took it to get a somewhat respectable pay rate from my employer. I rarely leave work on time and am consistently working unpaid hours just to get the basic amount of work done in a day. The increase in demand for vaccinations and testing without additional help from my employer is ridiculous and has left myself, as well as all of my technicians, wondering when we will leave. It has taken a toll on all of us, emotionally, physically, and mentally to the point where this career isn't worth it anymore. While all these companies are pulling in huge profits, they cut hours and pay and continue to ask more and more of us in the pharmacy. This is putting patients in danger. Im	12/2/2021 12:32 AM

Meeting Materials

truly hoping you as the Board can step in and put measures in place that stop these companies from putting patients at risk for the sake of profit.

23	I love pharmacy but over the last 10 years it has changed. The reimbursement rate that chains are getting from this vaccine has made them very greedy. Corporate is pushing shots every ten minutes and the location that I am has all four vaccines: Moderna, Pfizer, Janssen and Pfizer Pediatric. We have asked to have the shots pushed back to at least every 20 minutes because we are still expected to check at least 500 - 600 prescriptions a day with only one or two pharmacists. I am afraid every day that a mistake is going to be made whether it is the wrong prescription or the wrong vaccine. Another chain near us is so short staffed that they close intermittently and it is not their fault, however now all their patients are transferring to us. Pharmacists from our chain have repeatedly gone up to upper management asking for a break and giving suggestion. All we ever hear is thank you for all you do and then they say we hear you. Their have been no changes just additional work load. They also recently introduced COVID 19 testing...they said the CDC needs us. There is so much on our plate, I am afraid the technicians are going to leave. We are all pulling 12 - 13 hours shifts and at what price...we have families. I love what I do, I love the profession, however I feel that we have moved so far away from what I love that it makes you reevaluate everything. Thank you for your time	12/1/2021 11:04 PM
24	My heart has always been in retail but it has become too much. It is hard on the staff, but the largest reason I am in the process of leaving retail is because of patient safety. I'm not sure I can protect my patients from errors with this workload. I am scared I will hurt someone. No one wants to harm their patients. I also need to step away from retail for my physical health (currently pregnant and fearing another preterm labor) and mental health. The metrics need to stop being pushed, there needs to be more pharmacist shift overlap, the technicians need better pay if they are expected to do all of this clinical work, etc. I'm only 12 years into my career and the downward slope I have seen is incredible.	12/1/2021 10:26 PM
25	Work is hell! I've been a pharmacist for 30 years and the past year or so I've considered quitting. The volume of work to staff ratio is deadly and not sustainable. Every pharmacy employee I know is losing their minds. Crying, panic attacks, alcohol abuse, and overall poor quality of life have been common in the past year or so. Employers keep telling us "you've got it better than other pharmacies so quit if you don't like it." We're told "your very easily replaceable"	12/1/2021 10:00 PM
26	Retail pharmacy suffers greatly because patients view it similar to fast food restaurants - they come in, don't want to wait, want to get things tailored to them, and get frustrated when they can't have it all. The fee for service model/provider status implemented will drastically change the model - it is just in the very early stages where it's easy to lose hope that pharmacy will progress to become more clinical	12/1/2021 9:47 PM
27	The pharmacy has never been more stressful, and I've never felt so overwhelmed in my entire career. I love helping patients but have very little time to go above and beyond to really improve their lives. I go home every day upset and hoping that I didn't make any major medication errors. It's also a huge frustration that our salaries aren't increasing like other healthcare professionals. If we are now "doctors", why are our salaries so much lower and not going anywhere?? If I could get out of pharmacy and find another career, I would. I just feel kinda stuck now.	12/1/2021 9:23 PM
28	Not sure why the state board is asking us to complete this survey. They have shown zero care about the amount of workload being dumped on us by upper management. Covid has been the last straw. Not only do we have to deal with the normal 1000 rx/day volume but now we are made to do 40-50 covid vaccines/day, 20-30 covid tests/day, now it is flu shot season so add an additional 30 flu shots/day all while our tech hours are slashed on a monthly basis. Absolutely unacceptable. State board is fully aware of what is going on in the big chains (WAG, CVS, Rite Aid) for years but have done absolutely nothing to remedy these problems. The board continues to take the side of these big companies. I am looking for another job after 21 years as a pharmacist. Shameful.	12/1/2021 8:54 PM
29	My employer adds on additional responsibilities without additional budgeted hours and expects the same or better results from the metrics. I have increased amounts of stress due to highly unrealistic expectations for what is able to be accomplished within a given time period. I am a very conscientious worker, but I cannot complete all tasks to the satisfaction of my employer.	12/1/2021 7:52 PM
30	Employer metrics are a terrible thing in pharmacy. They add no value at all to patient care. This needs to be changed. Safety and patient care should always be first.	12/1/2021 7:47 PM

Meeting Materials

31	Staff call offs and patients acting like we are not in a pandemic and we don't have extra work such as vaccines. Customers are very are impatient and have unrealistic expectations.	12/1/2021 7:09 PM
32	EMPLOYER ALLOWS FOR LUNCH BUT SO FAR BEHIND STILL DONT GET A BREAK	12/1/2021 7:06 PM
33	Due to the demand of testing and vaccination placed on us from the company it has become unsafe for patients. Medication errors have greatly increased and huge delays in patients getting their medications have occurred due to companies only wanting to focus on testing and vaccinations. Even after asking multiple times for help and solutions they have told us to just tell people to wait longer. We are days to sometimes even a week behind in filling prescriptions. We are unable to hire anyone or keep employees because of the immense stress from the job. There is no quality of life at work right now, the work load is crushing. Even with coming in early and staying late everyday we are still days behind and over worked. People keep quitting due to the stress placing more stress on the system and remaining people. Profit always seems to be the number one concern over patient safety. We need help!!!! I fear for my profession and hope the board can offer assistance.	12/1/2021 5:22 PM
34	The primary store I work at went from having >100 scheduled pharmacist hours per week to 70 pharmacist hours per week. Less technician hours, but more vaccinations and covid tests. There is a "pharmacist shortage" because they are not adequately paying pharmacists. More than 1/3 of the pharmacists I have worked with in the past 2 years have changed jobs. Experienced technicians are also leaving for other opportunities. I switched chains a few years ago, due to working 12-14 hour days without lunch or breaks. Now the pharmacy is generally closed for 30 minutes for a lunch, but we are taking a short break and working to catch up. Patients are angry at the closures for lunch. Store staff, and technicians are being abused by patients upset about changes in hours and unexpected pharmacy closures due to staff shortages. There are more delays in medication dispensing due to staff shortages and increased workloads. Testing needs to be provided at locations other than pharmacies. My mental health and the health of my techs is greatly impacted by the workload and abuse from patients. Patients are upset about medication delays. Patients are upset about wait times for receiving vaccines. Patients are also taking their frustration about mandates out on staff. At least weekly a patient clearly sick (possibly with COVID) come into stores maskless and enters into the personal space of employees asking questions or making demands. People continue coming into stores asking for covid tests to be done in store instead of through the drive-thru (they are asking for the free government tests instead of the take-home tests). People that have tested positive, or should be in isolation constantly come in the store (frequently maskless). Our health matters too. Limit the amount of tests, vaccinations, and scripts a store can do. Start requiring metric submissions.	12/1/2021 5:04 PM
35	I'm not sure how many surveys it will take for upper management/employers/state board reps to fully understand the stress that has been put on retail pharmacists. We are in the highest demand that we have EVER been in... with the expansion of clinical services, immunizations (especially vaccinating the entire nation against Covid), etc.... and we are working with the least amount of help (tech & RPh) AND if we do have the tech help, they are quickly/poorly trained (no time/efforts made) and there is high turnover due to low pay/high stress. Customers are more entitled and rude. They want things NOW and harass us more than ever. We are the only profession where you will get a pharmacist answering the phone (you would have to go through call center-MA-RN-NP/PA before you would EVER speak to the actual provider... which would be rare) and we are constantly yelled at and spoken down to. We are burnt out. Stressed out.	12/1/2021 4:26 PM
36	There are too many colleges of pharmacy in Ohio and nationwide. This, along with negative growth in the profession, has caused a surplus of pharmacists. It is leading to less options for pharmacists and even more stress and hopelessness.	12/1/2021 4:06 PM
37	working in an independent pharmacy is a nice change from a Walmart chain pharmacy (previous employer). Chain pharmacy had immense stress do to staff cuts, technician shortages, and ever increasing work loads!	12/1/2021 3:47 PM
38	Lunch breaks are a nice idea but most of the time we have to work right through them. No rph overlap is very stressful especially with the added responsibility of vaccines, covid testing, etc. Prescriptions have been put on the back burner and it's not fair to anyone. I used to enjoy going to work and helping people and now I can barely function both at work and at home.	12/1/2021 3:08 PM
39	I have been a pharmacist for 22 years and this is the worst I have seen. The main cause is insurance reimbursements are very low and no money to get extra help for all the added duties we have to do now. I do think a much or breaks is needed because we never get to sit down	12/1/2021 2:26 PM

Meeting Materials

and eat and it affects our health. I did love being a pharmacist but we are on the front lines and get nothing for it and we are interrupted thru out the day while trying to do our job safely.

40	<p>Pharmacists have taken on the role of being the middle man in the health care industry, we need meaningful interactions with providers and patients if we continue in this role. Right now we are the face of all of the hurdles in health care, insurance, poor practitioners in the community setting, the end deliverer of all bad news...the public does not know our role and treats us as we have allowed ourselves to be treated: as drive thru convenience stores with no other offering. We dispense a med just like an order of fries....this system is not working for us or for our patients. Taking on vaccines for the pandemic and beyond is an important role bit a role that we are unequipped to manage and our patients suffer when we over commit to additional responsibilities at the drop of a hat without any logistics or support. Our technician supply has dwindled even lower than acceptable levels, we are literally under budget by over 100 hours each week, which represented the staffing level to be almost able to keep up in a fully staffed pharmacy...we are constantly behind. Our companies (almost all of them) all promise great things publicly and then never consult or address the promises made on our behalf with the people required to deliver on said initiatives. The pharmacist is the weakest and least consulted person when it comes to expectations and reality....and the bandage offered to fix it is usually hours to give employees we don't even have on our staff.</p>	12/1/2021 2:12 PM
41	<p>ALL vaccines need to be appointment based. CMR / MTM need to be appointment based. The basic problem with "pharmacist workload" is that the work is uneven and times of extremely busy and extremely slow. We need to even this out, and since COVID vaccines will be here for a long time, we need to make all vaccines appointment based because we still have to complete our primary duty of filling prescriptions. Also - a simple question such as "did your MD increase your dose of levothyroxine ?" can be asked by a technician or intern. We are wasting healthcare time and dollars by requiring a pharmacist to ask and record and this information.</p>	12/1/2021 1:19 PM
42	<p>If requiring lunch breaks for pharmacists is something in the works, I am concerned we will have to work longer shifts to account for this time which I would rather not do. Just having enough overlap of pharmacists and a good ratio of technicians without the stress load of constant vaccinations, especially on weekends when we are alone, allows us to take a break without it needing to be official. 5-10 years ago, it was never an issue at the same place of employment to get a proper lunch in when we were staffed more appropriately. Allowing blocked out times in the clinical schedule during lunch time on weekends especially would help with this. If a chain is administering multiple covid vaccinations, then one location should be designated to that specific type to prevent admin errors (one store does pfizer only, the store down the street does moderna only). Hiring technicians needs to be easier to get them in the store working. It seems like my company can have a brand new pharmacist working within a week but it takes months to have a hired technician working in the store. This is a huge problem. That means that person has to wait that long to have a job as well. Not many people looking for a job want to wait 2 months before they can work at their new job, therefore they move on during that process and we loose quality prospects as a result. As far as technicians having more clinical responsibility, I guess that depends on what it is and how that affects my liability as the pharmacist in charge. They do not have the clinical training that we have as pharmacist so anything that involves making a clinical decision should not be allowed. If it is just administering vaccinations and doing screenings that should be ok, but doing much more crosses a fine line that might make my job easier, but is it actually safe for the patient? I think we shouldn't have to waste our time calling on certain prescription clarifications. If it is something that is an obvious fix, sometimes doctor's offices seem annoyed we even called, its embarrassing and demeaning to our profession, and it prevents patients from getting their medicine in a timely matter. All because some insurance company might audit us and take the money away if we alter anything without a name from the doctor's office. Obviously not the case with every clarification, but many I feel many can be avoided and are a huge waste of time. Having the ability to put hard stops on rx's without needing the pharmacists badge or ID to scan off on it before it goes out and a tech can just do this would help a lot as well. The only hard stop we have in place currently a pharmacist or intern only can clear because this is considered clinical and counseling. Sometimes we just need a hard stop to inform patient of mfg changes, verify address and patient info, or just inform them of something that we want to make sure gets told to them (not clinical counseling) that a technician could easily do. Instead pharmacists are pulled away CONSTANTLY to clear notes, many of them a pharmacist not being needed for. Keep clinical notes for clinical situations, but allow the tech to badge off it it isn't a clinical note. Remove the requirement to counsel on 90 day conversions. This is such a waste of time.</p>	12/1/2021 10:23 AM

Meeting Materials

43	<p>We have had a lot of issues getting technicians and keeping them for years. Once we get a technician we have no way to train them adequately. This leads to frustration on both sides. For a while we had local schools that had pharmacy tech programs but since the tech pay is so low there was no incentive for those programs to continue. It would be helpful to have technicians that could help with the workload but at this point I haven't had a tech for a very long time that I would trust to immunize. My employer has provided me with ample tech hours but I do not have the time to train them as I am pulled in so many directions. I also believe at this point I need pharmacist overlap. Before profits dwindled (thank you PBM's) we would have been able to afford 2 pharmacists, but now many days I am filling 400 by myself and administering vaccines. There are no breaks to eat and very few bathroom breaks. I come in early and stay late all on my own time. Many of the customers are angry about delays getting their prescriptions and some of these people are very confrontational. It is not uncommon to get cursed at or feel threatened by people. I am planning to leave this field in a year. It is overwhelming. For those left in this perilous position I think a very important piece to fixing it is getting rid of the PBM's. Good luck.</p>	12/1/2021 9:43 AM
44	<p>Many of our technicians are not able to handle clinical responsibilities as it is hard to find people who are committed to details, especially at the level of pay they are offered, which isn't much. I feel this would increase the rate of errors. There are very few days that I leave work on time, or even that I don't have to leave something to deal with the next day. It is a constant race to see how much we can do with less and less help, especially with all the vaccines right now. My goal, in reality, has become about remaining sane until I can reasonably retire as I've been in retail long enough that it's hard to go elsewhere.</p>	12/1/2021 9:40 AM
45	<p>I have been doing this for 20 + years and this is about the most unsafe I have felt working. It is not a safe place in which to practice pharmacy. Everyday I just pray that I will not seriously hurt or kill someone with a mistake made by trying to do too much.</p>	12/1/2021 9:21 AM
46	<p>There are no words to describe what is happening in the retail setting on a daily basis right now. Patient safety is clearly being compromised. The amount of mistakes I see daily is just absolutely sickening. The fact that the pharmacy teams are literally killing themselves day after day with an unattainable workload just so they can be screamed at and be treated like no human should be is beyond sad for this profession. Companies who are making money off of this are clearly not going to protect their pharmacist and look for resolve to the horrible working conditions they are creating. It's not even just pharmacy staff that deserve better but more so the patient deserves better. There is no longer time to care for patients. I've prided myself on always treating my patients like family but that is no longer an option. We spread ourselves so thin now there is no making anyone happy. If we try to fill a few more from the 400 in fill the patient waiting for the vaccine is irate, if you get right to the next vaccine the patient that has been waiting 3 days for a refill is mad. Everyday is a no win situation. Then throw in constant mistakes bc everyone is trying to do 3 jobs at one time. The State Board of Pharmacy with out a doubt has to see the urgency of needing to change this. I worked way to hard for this degree for it to just be turned into a hard cry in my car after every shift. WE ARE BURNED OUT AND DESERVE BETTER!!!! To top it off I'm going to leave out the details of how much student debt there is in this profession so that it is not an option for people to walk away from this job when that would probably be the best option for their health and happiness .</p>	12/1/2021 9:14 AM
47	<p>When fully staffed, it is tough. We all work as hard as we can all day. When something happens that a technician is sick or can't work for some reason, there is no one to cover. The number of vaccination appointments makes it impossible to fill prescriptions. Customers honking at you in the parking lot when you are trying to leave for lunch, just so they can complain that you are leaving for lunch. I feel so defeated, I don't know how long I can keep doing this but really have no choice.</p>	12/1/2021 7:01 AM
48	<p>Techs have NO BUSINESS doing any clinical duties. To suggest this is LUDACRIS and IRRESPONSIBLE. The solution is hire more pharmacists to do their job. And hire more techs to do their jobs. NEVER SUGGEST TECHS SHOULD JAVE MORE CLINICAL DUTIES. If you have worked with them you ought to realize that. I have worked with probably a hundred or more techs in my career in different type settings and most for extended periods of time. Some would start giving advice or information that was beyond their legal allowance and expertise and the worst part is they were WRONG 98% of the time. I'm disgusted as a patient and pharmacist that you would even suggest this in a question. DISGUSTED.</p>	12/1/2021 6:29 AM
49	<p>The vaccine level is ridiculous. A person scheduled every 10 to 15 minutes from 8:30 am to 9:45 pm. Some of the patients are receiving 2 vaccines and an occasional child which slows things down even more. This is the expectation for 1 pharmacist and 2 techs, of which one</p>	12/1/2021 12:41 AM

Meeting Materials

tech is doing covid test in drive thru. Now we are supposed to be slammed with rapid tests again, which takes up even more technician time. I understand the money making opportunities these services provide for the company's but it's unfathomable and irresponsible to put this much pressure and work load on the staff. This is in addition to the already skeleton crew we are working with. Due to pay limits, the stores are working with no pharmacy managers and some with no staff pharmacists. This brings up pay increases or lack there of. Certain retailers have not given a raise in 6 plus years then when they announced a raise, well only the new grads are eligible. Ohio overall is the lowest paid state for Pharmacists. This bit of information was related to me from a DM 2 years ago. We are bleeding great pharmacists and techs in this profession at a time when we need the help the most. The worst part is those of us remaining are a little jealous we haven't made the move out if this profession ourselves.

50	Although having the technicians take on more responsibilities within the pharmacy may help our current situation. However, in the long run, it will make us pharmacist more and more unnecessary. Therefore, leading to less demand and even lower salaries for us.	12/1/2021 12:15 AM
51	Community pharmacies especially big chains need to find a way to help manage workload on pharmacist with vaccines and testing and filling prescriptions. With pharmacies being short staffed there is no way that we can fill all the regular prescriptions and give vaccines and keep everyone safe. It is a matter of time before people get really hurt from an error due to moving too fast and rushing. It is also not sustainable for pharmacists and techs to be under a constant amount of stress everyday to due to high volume and low staffing burn out is coming.	11/30/2021 11:59 PM
52	Very disheartened with where we currently are and the direction Pharmacy practice is headed	11/30/2021 11:34 PM
53	I am nearing the end of my career so changing careers, while I feel would be best, isn't really an option. However, I feel that the profession has changed and it is not necessarily for the better. Much is required but nothing is given back to the employees. Wages have decreased but responsibilities have increased exponentially. Staffing issues are a huge problem largely due to the stress of the job. Increased workload is not offset by increase in wages or other benefits that might increase job satisfaction. Technicians are grossly underpaid; why can't their job be made a mid level career? Increasing salaries should lead to a higher caliber of employee and can potentially decrease turnover. With the major chains having higher level employees on the board of pharmacy (in many states and not just Ohio), this seems to be a conflict of interest.	11/30/2021 10:48 PM
54	Metrics/ rates are not as important as patient safety	11/30/2021 9:06 PM
55	Is absolutely ridiculous that corporations allow retail pharmacies to take on the work load of vaccines on top of all the other duties that retail pharmacists are responsible for. It is causing an extremely dangerous work place. It comes with verbal, emotional and mental abuse from patients due lack of help. It's hard enough to manage a pharmacy without other duties. It's causing a great deal of stress on all parties. No wonder people are resigning. This profession is no longer rewarding with the added duties. There's absolutely no way you can take time to make connections with patients. We are closer to a fast food service than ever. What a shame. It's miserable.	11/30/2021 8:50 PM
56	DIR fees and terrible reimbursements have caused all these problems. PMBs have ruined the profession I was once proud of.	11/30/2021 8:40 PM
57	While my experience in mail order is ok, I know that my colleagues in retail are struggling with short staffing, unreasonable workloads, and incredible stress that is impacting patient safety and pharmacist well being. The current situation is not safe for patients and not good for our profession.	11/30/2021 8:33 PM
58	Breaks should be MANDATED by the state board of pharmacy. There are still retail pharmacies that do not give pharmacists breaks or lunches during the work day while every other pharmacy employee gets to leave the pharmacy for a 15-30 minute break/lunch. When pharmacists work a 10-12-hour shift and get no designated time to walk away, it only increases the risk for patient harm. There should not be a time where a pharmacist is working 12 hours by themselves with the workload and expectations that are put on us as healthcare professionals.	11/30/2021 8:20 PM
59	I have been a pharmacist for over 25 years now. What started off as a truly respected and rewarding profession has turned into a job that requires pharmacists to meet or exceed budgets/metrics. Poor performance results in bad reviews, extra work/plans to improve the poor performance that are to be completed beyond the day to day workload. Immunizations,	11/30/2021 7:48 PM

Meeting Materials

MTMs, health screenings are services that we should offer and provide without the pressure/stress of meeting numbers weekly, monthly and yearly. Increases in covid-19 vaccinations have not resulted in increased pharmacist help, resulting in exhaustingly long days. Customers impatience, rudeness and disrespect for pharmacists and staff is also at a level I have never experienced before. The safety of my customers and staff is my priority. I look at the job I once loved as pretty much just a means to an end. Sadly, I count my days as a pharmacist as one day closer to retirement, rather than looking forward to a rewarding day of improving the outcomes of my customers and safely providing services and medications to them. I truly hope this survey leads to positive changes in our profession before its too late and the safety and health of our customers and pharmacy staff is negatively impacted beyond repair.

60	In the past 2 years I have noticed a large decline in the quality of retail pharmacies compared to prior years. Pharmacies are massively under staffed and overworked. This is causing more medication errors and potential to harm to patients. Conditions are declining to the point that most of the long term staff are quitting and the new staff hired are not nearly trained to a standard to safety work in a pharmacy. This is causing errors with both medications and people receiving incorrect vaccinations. There is no time anymore to investigate or report errors. Staffing levels need to be addressed, large corporations have drastically influenced local labor unions to reduce staffing to dangerous levels. Lagre corporations are using the COVID-19 pandemic and their monetary influence to change regulations to reduce staffing levels to save money at the cost of understaffing pharmacies to dangerous levels with the current increased daily workload.	11/30/2021 7:23 PM
61	My employer no longer cares about me as a Person with outside interests like a FAMILY. I realize I am a Salaried Employee but I put in 2 to 4 plus hours extra per day without pay in order to try to keep up with the workload. The Public; Doctors Nurses and their office staff are rude to us on a daily basis and when it happens in person with patient's can be terribly scary since in our Pharmacy there is no place to hide and we are blamed when insurance companies or doctors will not allow their medications to be filled. We have no protection or security because of the open concept of years past. Pharmacy has changed drastically When you have to worry about your technician's safety and your own when you encounter some patient's and store management allows the patients to get away with treating you which encourages even more bad encounters.....	11/30/2021 7:20 PM
62	Patient safety is my primary concern as the profession of pharmacy currently is evolving	11/30/2021 6:54 PM
63	While advancing the clinical tasks that pharmacists can do is great, it is impossible to practice pharmacy safely without additional staffing, hour restrictions, or safeguards in place. I feel that verifying scripts is the last thing on my mind and is done quickly and haphazardly between shot appointments, phone calls, drawing up doses, etc. I do not feel safe practicing pharmacy in this way. A large life threatening error WILL occur if this continues in our line of work. Corporate tells customers we can do a shot in 5 minutes and get additional shots while in, but appointments every 10 minutes on top of normal pharmacy workflow is unreasonable. My mental health has been terrible and I often come home from work and binge eat or isolate myself from others. I am losing my empathy skills and just try to make it through the day. I am so sad that my profession has done this to me and my coworkers	11/30/2021 6:45 PM
64	The workload vs staffing was already skewed before monoclonal antibodies hit the market, largely because even hospitals do not know how to measure clinical excellence. This has been an issue in every job I have had where an RPH license was a job requirement. Employers only ever look at the number of Rx's processed, but do not have a time-efficient way of measuring time spent in clinical discussions with other providers. This is especially crucial in a small, rural hospital, where the providers and nursing staff do not have advanced training or specialists to call on, so they call Pharmacy instead for advice or to fix all their problems even when not pharmacy-related. When every group in a hospital is short-staffed, each group tries to lean on others to cover them; Pharmacists get leaned on by almost every group. The nursing shortage at least can lean on Traveling RN's, even tho it costs an arm and a leg; within our health system, there is no such thing for Pharmacists, and the few in-system floaters do not want to travel to outlying rural hospitals, so we are left to swing in the wind. Then the MABs hit the market, and our In Patient Pharmacy must compound them and deliver them (we do not have a tube system, so ALL deliveries are hand delivered). The MABs get added on at the last minute sometimes, and Pharmacists are responsible to add in the Infusion Therapy Plan in Epic, meaning we must drop everything to do it so we can keep the MAB clinic seats moving. The MAB clinic opens up right around the same time as our regular Infusion Center /Oncology Center, which is also right when day shift providers arrive and start entering orders, nurses	11/30/2021 4:50 PM

Meeting Materials

start pulling AM meds (and call us on missing meds, Pyxis problems, or meds not due yet but they just want to do them all together). That is also when we are compounding surgical preps (the one specialist group we have is Ortho, and they love their Exparel). We are supposed to have rounds at 0900 (ICU) and 0930 (MedSurge), but we've had no time to review our patients and work on acuities; we may or may not have time to actually attend Rounds, depending on the day. There are days we struggle to get even half the acuities done, and any that are done before the Rounds are largely done without today's Labs because they are also so short staffed. Even those done mid-afternoon may not have daily labs. Meanwhile the Emergency Department is overflowing by noon and we have people boarding down there for days, often awaiting transfer to higher level care than we can provide (dialysis, ID, surgery, cardiac cath). Some still haven't been accepted anywhere after 6 days and they go home because they are tired of living in the ED, even though they have very serious issues. Pharmacy is asked for advice on all of these by the ED providers and staff. We should have several RPHs in the morning; but sometimes we only have two, one of them the Oncology RPH. If we get called on a code, the Infusion/Oncology Pharmacist ends up covering Infusion plus in-patient, ED, Surgery and MABs while the primary hospital RPH is on the code or attending Rounds. This means only the critical orders get processed and even urgent issues have to wait until we are back from a code or Rounds; we are inundated when we return. No one takes 15 min breaks or formal lunches; this was the culture even before COVID hit, due to chronic short-staffing. RPHs eat at their desk and process orders while they gulp down food. It's not that we are told not to leave, but leaving when you have such a workload over your head is difficult. Also, we are so short of techs to deliver chemo & MABs that quite often a pharmacist does deliveries (but if we do, at least we get fresh air and to stretch our legs).

65	We now have 300 scripts to fill on our counter. There have been increased technician roles which is good for their pay and career but it has caused many to change jobs, roles and companies so we are replacing with new hires with no experience if we can even find applicants. I get a lunch break but can't get the pump breaks my company promised. We are so behind on filling and tasks to keep daily operations going because all we do are vaccines and tests. I have lost almost all my certified immunized techs which was helpful at first but they have all moved on. No floater pharmacists left so pharmacy is forced to shut down they can't fulfill time off because no pharmacists. There is no regards to patient safety the only thing in place is hopefully a pharmacist catches the mistake from the overworked untrained new hires in between doing all other tasks. Oh thanks to all the clinics that aren't doing mass immunization clinics for boosters those are just left to us now. We have to register get insurance and vaccinate more people who aren't in our system previously. Constantly looking at other pharmacist jobs but no one wants a pharmacist with only retail experience. A PharmD means nothing except get abused by retail.	11/30/2021 4:46 PM
66	ALL STRESS COMES FROM PBMS AND INSURANCE ISSUES. LACK OF REIMBERSEMENT DRIVES STRESS AND ANXIETY	11/30/2021 2:16 PM
67	With the increases in workload and metric demands the amount of time pharmacists are available to interact with patients at all, has significantly decreased. Some days I feel more like an Amazon warehouse worker, seeing how fast I can complete what's on the counter/waiting room, if that approach is not taken, there are repercussions from the employer.	11/30/2021 2:14 PM
68	I hope some good comes from these survey's and it becomes evident that our profession is suffering SUBSTANTIALLY. I am doing anything I can to make a career change, as I cannot continue to work under these conditions and at this level of stress until retirement. That is no life I want to live. I have made MAJOR life changes (selling house to downsize and overhauled the budget) to make getting out of pharmacy my highest priority and I know I am not alone in doing this. MANY pharmacists are on this same trajectory. This is not what we went to pharmacy school to do. Its truly awful and that it is so so sad. Patient care is suffering remarkably and retail pharmacy chains do not care. Its only about making money, at any cost. We deserve better.	11/30/2021 1:59 PM
69	I saw a recent salary survey and it showed that compensation for physician assistants and nurse practitioners appear to now be at or above that of pharmacists. This is distressing, especially considering the time and expense to become a pharmacist is so much more, versus the other two. This shows how extremely important PROVIDER STATUS is to the profession. We have let these other two professions move around us and move past us. The recent Trumbull County court decision should have MAJOR IMPACT around the country, showing what happens when community pharmacists are not given the TIME to do what we need to do in scrutinizing a patient and a script. It is SHAMEFUL how these big chains' defense was that, "all our pharmacists are responsible for is filling the scripts written by the doctors." (Even our	11/30/2021 1:53 PM

Meeting Materials

employers consider us to be simple drones, with no higher professional obligation than the guy or girl in the hardware store reading the color chip label and mixing paint.)

70	I think an immunization every 10 minutes or more with the billing and prep besides giving the injection does not allow us time to check prescriptions well, make necessary phone calls to doctors, and other MTM responsibilities. Now we are to do covid testing as well with no additional staffing. The stress is crushing. I did speak out to my employer and they did reduce our double booked immunizations that happened during RPh overlap. I think for everyone's safety limits should be set. Also our company refuses to take down signage and turn off advertising for walk in vaccines. We are being yelled at on a daily basis because we are refusing walk-ins on top of appointments.	11/30/2021 1:53 PM
71	Pharmacist workload determines how safe and effective pharmacists can be. More patients/prescriptions should mean more pharmacist hours to meet the demand.	11/30/2021 1:47 PM
72	I feel my company is not doing enough to hire more pharmacists and technicians. New technicians do not get any training (other than learning courses online) before they are thrown into a store where we have absolutely no time to teach them! At the beginning they are more work than help (not their fault at all), and too often they get overwhelmed and quit. This has happened way too many times! We basically never answer our phone (because there is always a customer present) so it just rings all day. We have not opened our drive through in over 3 months because we don't have anyone to run it. No one gets a break and it is a big effort to even get to the restroom. Please help! I am not exaggerating. I have worked in a grocery chain pharmacy for over 26 years and I truly love what I do, but I seriously could walk away any day because I'm not going to be that pharmacist that makes a detrimental mistake that brings all of this to everyone's attention. Please help before someone gets hurt— it's not safe to practice like this!! Thanks for considering	11/30/2021 1:34 PM
73	Need more pharmacist and technician staffing for the amount of workload. Pay does not reflect the amount of additional work and stress we are dealing with for immunizations and testing.	11/30/2021 1:23 PM
74	We are severely drowning in increased workload and a tremendous healthcare worker shortage. It is impossible to take care of patients in a safe manner while meeting corporate metrics. We need more technician hours so they can do their job so the pharmacist does not have to do their job and can focus on their duties. We need pharmacist overlap to allow for safe patient care for prescriptions and vaccines.	11/30/2021 12:16 PM
75	The ownership of the pharmacy changed right about the time the covid restrictions were implemented, so some of the stress might be a carryover from that. I may be old school in thought, but always felt a strong team provided better levels of service and patient care, as opposed to a few individuals being super stars. There has been a lot of technician turnover (some technicians that apply for a position never even show up for the interview) and the ones hired should have time for more training, especially for cross-over training if a person is off due to illness, etc. The decreased work-flow efficiency does cause some delays in the filling or consultation aspects. Pharmacy is a good profession, but some 3rd party restrictions are causing more frustrations rather than enhanced patient care from what I am seeing.	11/30/2021 11:32 AM
76	I have been a pharmacist for over 30 years and enjoyed and giving me a great job satisfaction however I feel strongly that our education is not only efficiently utilized but also wasted to handle non Pharmacist't tasks, such as insurance issues and price comparisons brought up on with many discount cards.	11/30/2021 11:28 AM
77	The expectation to fulfill retail pharmacist duties while providing 4+ Scheduled vaccinations per hour during the workday, while public communications advertise "walk-ins welcome" has drastically changed my level of professional satisfaction in a negative manner. My physical and mental health, as well as my home-life, have been negatively impacted by these demands. Covid-19 vaccinations and processing make every effort to submit claims to the patient's pharmacy or medical coverage for reimbursement while tacking on medication administration fees for each vaccination. Pharmacy technician immunizer protocols place all liability for the technician immunizer solely on the supervising pharmacist, and no liability on the corporate entity. Myself, and many other colleagues (pharmacists and technicians) are exhausted, under appreciated, and currently seeking new employment opportunities.	11/30/2021 11:27 AM
78	I am lucky to be an independent pharmacist with an owner who cares. I understand that most retail pharmacists are not presently in good work environments.	11/30/2021 11:21 AM
79	I like the 12 hour shifts but I would appreciate a break during the day. Even if I don't consume	11/30/2021 10:41 AM

Meeting Materials

food or beverage - just for a bathroom break and no phones ringing for a few minutes would be a nice breather.

80	Technician understaffing is a huge factor in my answers. The amount of time it takes to get one in store after hiring and waiting for them to get registered with the Board of Pharmacy is ridiculous. Most times, they get tired of waiting and find another job while all the background checks and other hiring hoops to jump through are being went through.	11/30/2021 10:25 AM
81	We have recently gotten lunch breaks. It is amazing how much better I feel with a little food in me. We never take the whole 30 minutes, so we meet our metrics. It does help and gives me a chance to go to the restroom, which didn't happen for a 11 hour shift.	11/30/2021 9:03 AM
82	promote technicians doing vaccines	11/30/2021 8:43 AM
83	A lunch break would be a nice way to catch my breath, nourish myself, get a break from constant bombardment/impatience/harrassment from customers, and even catch up on regular prescription duties. I have considered leaving retail for a closed-door pharmacy to avoid customer harrassment and impractical expectations.	11/30/2021 8:22 AM
84	Lack of support from upper management	11/30/2021 7:20 AM
85	The current pay rate for technicians does not attract those that have the skill set to perform clinical responsibilities.	11/30/2021 6:26 AM
86	RegenCov Monoclonal antibody orders are out of control at our facility and we are very short staffed	11/30/2021 5:33 AM
87	The increase in workload, lack of technician help has lead to a stress that I feel is being completely ignored by the board that weekend the profession and endangers patients as well as pharmacists mental health.	11/30/2021 5:32 AM
88	The amount of work and pressure put on pharmacists to often be the sole providers of clinical information, patient counseling, and vaccinations is untenable and unreasonable if we are also expected to prioritize the safety of our patients. Pressure from corporate pharmacy leadership to meet metrics without realistic changes in staffing levels and increase in both pharmacist and technician pay to recruit reliable staff has led to enormous pressures on the existing pharmacists to shoulder the burden of a great deal on a daily basis. One hiccup with a need for clarification on a prescription or issues with insurance will throw off workflow for an entire day, leaving the pharmacist feeling pressured and overwhelmed when they are not finishing prescriptions in the predevised time set by the corporate systems. Although some changes were made on the state level such as allowing technicians to administer vaccines, many pharmacies do not have the time to train their staff so that they are able to be qualified to administer the vaccines, thus never decreasing the workload on the pharmacist. Since becoming a pharmacist I have seen pay decrease significantly and workload become overwhelming. I never thought I would be dissatisfied with my career as a pharmacist but since the pandemic I am definitely there.	11/30/2021 4:38 AM
89	PTO has been my biggest concern. I put in for 5 days PTO, but may only get 2 and the other 3 days I am covering additional beds based on how many pharmacists in the states I'm licensed requested PTO. I am still charged for 5 days PTO!	11/30/2021 1:15 AM
90	They need to start paying us compensorates to the staggering amount of work they expect.	11/30/2021 12:28 AM
91	With the added stress of immunization and not enough staff, the public continue to treat pharmacist as fast food chains instead of health care professionals. Their pure lack of knowledge of what our job entails makes it even more difficult to appreciate the profession that I've grown to love. Our profession should take a more active role in educating the public on what we really do because I'm sure a 15 minute wait at a doctor's office or a hair salon is treated more respectfully.	11/30/2021 12:00 AM
92	I got into this career because I loved retail pharmacy, but now it is a joke. The metrics are unrealistic and we are essentially running a clinic with prescriptions on the back burner. Every day I leave work praying I did not make a mistake that would harm a patient. I also leave in tears after several shifts and have nightmares at least once a week. We receive no help from management and I have been asked to pick up shifts on the few days I have off with no extra benefits. Although I worked for the same company for 10 years, I was receiving minimal pay with no realistic opportunity for a raise. This is not what the profession was like when I decided to pursue it.	11/29/2021 11:20 PM

Meeting Materials

93	I have worked in retail my entire career of 31 years. Five years ago my pharmacy was acquired by another chain, now I spend more time being the only person in the pharmacy (no tech) during non-flu season time, yet filling the same number of prescriptions. After picking up shifts in the core stores, I see how awful these locations are - phones cannot be answered, rxs cannot be counted, orders cannot be put away, daily/weekly/monthly tasks cannot get completed, and let me tell you cleanliness is not even a possibility (shelves, floors, counters are dirty) - please help us get back to a safe environment, one that we enjoy going to work in!!	11/29/2021 11:20 PM
94	Since Covid vaccines started, the increase in the level of stress for all pharmacy employees has increased to the point where it is physically and mentally not healthy. My employer has expected us to increase our vaccine workload by roughly 300% with less or the same amount of labor hours. It can't continue. The health of my employees and patients is at risk. My wife has said several times over the past 2 years ... "just quit it's not worth it". PLEASE HELP save our profession !	11/29/2021 11:17 PM
95	The only reason I haven't left my pharmacy career is the sunk cost of time and money of pharmacy school. The past 5 years of increased workload and metrics and lack of staffing and breaks (bathroom or meals) has really discouraged me from the "profession" of pharmacy.	11/29/2021 9:44 PM
96	.	11/29/2021 9:32 PM
97	Metrics have been less of a stressor because they aren't being brought to our attention by management lately but they are still being monitored. There are too many vaccines too many doses too many different populations. Appointments can still be made for health care screenings, vaccines, antibody testing- all while I have to be a pharmacist. Over healthcare workers are not experiencing a work environment like that. Other offices with appointments have only that appointment to focus on. This current health care environment is dangerous.	11/29/2021 9:14 PM
98	I have been FT for the past 25 years. I love what I do but it's become physically and emotionally draining. We are constantly working long hours, extra days, and can never leave when we are supposed to. I have averaged 60-70 hours a week because our open shifts routinely get cancelled and it's hard to leave and see over 30-40 people in line all the time. Techs are not staying long term because of numerous factors like pay, hours, rude customers, etc... It gets worse every month it seems. The pharmacist turnover has helped the pharmacist in terms of employer short staffing. My employer was constantly putting employees on an "Action Plan" which was the first step in pushing out the older, expensive pharmacists since they can pay 2 new grads the same to replace them. I love my profession and my patients but it's sad when you get excited when you only work 50 hours a week and get to go home and spend time with your family. Please do something about this on a large scale that will force the leaders of the big corporations to implement changes to protect patients. Errors have to be widespread when your filling 4000 scripts a week with a handful of techs and not enough pharmacist help. If it takes me over an hour to get a copy from another chain how long does a patient wait. What do the elderly do that are going without their meds or not having their refills sent to their doctor because there aren't enough techs to call the doctors let alone answer the phones.	11/29/2021 9:07 PM
99	All corporate cares about is money and they make us do too many shots at the expense of patient care and safety. They don't pay the technicians hardly anything and are constantly understaffed at all their stores. Things have gotten completely out of control with covid shots. Every single pharmacist and technician in this state should quit if things don't change soon.	11/29/2021 8:59 PM
100	I love my location and patients but we have had only one reliable technician for two years, only being staffed for short chunks of months at a time and I'm a manager, but have no power to hire Andre	11/29/2021 8:50 PM
101	I now receive a lunch break and it has significantly helped with stress. The workload has gone up but hours have stayed the same and no pharmacist overlap is given. One pharmacist is expected to do 600 to 700 scripts by themselves. where I work we were given extra help for immunizations, otherwise, we would have very unsafe working conditions based on the number of shots that are expected.	11/29/2021 8:49 PM
102	Oftentimes, I have to work without any technicians. At some stores, this is not a problem, but at others, it prevents the pharmacist from doing anything besides ringing out patients.	11/29/2021 8:35 PM
103	I work at CVS and it is dangerous there.	11/29/2021 8:10 PM
104	I am very worried about the unsafe working conditions of my colleagues in the retail/community setting. While I work in hospital setting, I have seen first hand delays in	11/29/2021 7:54 PM

Meeting Materials

patient access to medications because of workload demands. Ex, it took 5 days for a retail pharmacy to fax/transfer medications into my pharmacy after they had transferred the meds out of their system. This caused gap in patient care. Had another example of a delay of 3 weeks with clinic being notified that a PA was needed for a newly prescribed medication. Pharmacy technician shortage is critical and hiring/retaining and training staff is challenging.

105	Nothing is going to improve or even begin to change until pharmacists unionize. We need more realistic workloads, fair technician-to-pharmacist ratios and pharmacist overlap, better pay, and less pointless metrics to worry about. My job as a pharmacist should not be judged on how many solicitation calls I can make, nor on arbitrary numbers of vaccinations. These have been the same issues pharmacists have complained about for years, and they have gotten worse and worse as time has gone on. Until we band together and until the state board steps in to force improvements, patient care will continue to suffer, pharmacy errors will continue to increase, and a once proud profession will continue to be degraded.	11/29/2021 7:27 PM
106	I have not taken a break or eaten food at work in years. I barely have enough time to use the restroom. I am constantly asked to do more with less. There's no pressure for employers because the BOP allowed way too many schools to pump out tons of subpar, discount pharmacists. I've worked side by side with these pharmacy students and they know next to nothing. They're willing to accept the same positions for a fraction of the pay because they know they have little to offer. Reimbursements have hit an all-time low. There's more responsibility on pharmacists despite falling wages, denied provider status, and zero prescribing authority. There's no pushback because CVS and Walgreens have their own corporate shells sitting on the BOP. We could offer such a great experience to our patients if only our BOP represented us in the least.... Wait times could drop, clinical offerings could expand, and satisfaction could improve. Columbus Dispatch and OPA are involved and investigating the problems... there's corruption, greed, and negligence running rampant. Ohio's BOP is an ineffectual, shameful group.	11/29/2021 7:08 PM
107	Boss is great at listening to complaints but can't seem to get good staff	11/29/2021 6:55 PM
108	I feel the COVID-19 has a lot to do with the pharmacist's career. More people are medicated by their doctors. The retail pharmacies are being hit the hardest with people needing more medications. And having to do COVID-testing, shots (COVID, flu, tdap, and many other) MMR, and some where in the work day, we are to fill prescriptions. Now pharmacists are giving COVID shot to children. Do you know how long it takes to give a child a shots? Sometime 10+ minutes that we don't have, because other shots to be given and a wait for their medications. What happening to the fill, review and talk to the patient about the medications? I hear everyday in or out of the pharmacy "it is what it is" and "the new normal". The stress in the pharmacy is off the chart for most pharmacists and techs. I don't feel or see a light at the end of this pharmacy's tunnel. GOD blessed the pharmacy!!!! The survey is great. You are able to see how some of the pharmacists feel about the work place.	11/29/2021 6:50 PM
109	Our working conditions are abysmal. We are working with work loads that are excess, with severe understaffing. Between lab covid test, rapid covid test, covid vaccines, booster vaccines, flu vaccines there is not nearly enough time to provide thorough and adequate patient care. Our conditions are dangerous and will lead to harm to patients unless immediate action is taken.	11/29/2021 5:40 PM
110	My volume to pharmacist ratio is terrible. There are quotas and metrics on vaccines, mtm's , volume, and sales. Giving covid vaccinations to pharmacies and maintaining our increased volume has put our stress level at a maximum. Unfortunately the dollars paid by insurance companies make it hard for a company to afford adequate pharmacist staffing.	11/29/2021 5:34 PM
111	Since the advent of drive thru pharmacies, the retail environment has turned into a disaster. Yes, it's convenient, but there is little to no room to adequately consult a patient. Patients now treat their pharmacies like a drive thru. The staff are yelled at, threatened, and not treated as the medical professionals they are. I left retail because of this.	11/29/2021 4:31 PM
112	Thank you for asking these questions. Even if nothing comes to fruition, it's nice to be heard	11/29/2021 3:47 PM
113	I do not work in retail setting, but are just as pressured to do more with less. I was changed to salary status as a part time employee, because I was not taking a lunch! I couldn't, I work in an infusion clinic that has patients all day long, no breaks, no lunch while doing chemo.	11/29/2021 3:38 PM
114	workload has increased 10X whereas the people staffing has decreased... causes a toxic environment	11/29/2021 3:01 PM

Meeting Materials

115	For the very last question, I think technicians should only do more if they are trained and certified AND are compensated as such.	11/29/2021 2:54 PM
116	Although I am not working in a retail pharmacy setting full-time, I do assist with covid vaccine administration. Through my experience, I can see how this environment poses an extremely unsafe working environment for pharmacists. They are short staffed, over worked, stressed, pressured to meet metrics, etc. With the addition of covid vaccines and testing on top of the regular workflow, it is a recipe for disaster and mistakes will be made/patient care will suffer until something is done.	11/29/2021 2:50 PM
117	N/A	11/29/2021 2:37 PM
118	While our jobs are stressful, we should not discount the fact that the techs are under the same amounts of stress. They need to be making much more money in retail. I respect and need my technicians, as I cannot work without them there, we need to give them an incentive to be there as well as make them feel appreciated. It is disgusting how little technicians are paid when us, as pharmacists, make so much..... if their duties are expanded then I hope they are taken care of financially.	11/29/2021 2:27 PM
119	Covid has put a new layer of stress on the pharmacy staff. From the impossible amount of vaccines, abuse from patients/customers, a complete disconnect of management, covid testing and increase in volume of prescriptions, the pharmacy is a miserable place to be. For most of us, it is spilling over into our personal lives, which is affecting our families.	11/29/2021 2:20 PM
120	After almost 27 years in retail pharmacy with the same company, I am giving my 2 week notice this week. I plan to take several months off of work. I am so dissatisfied with pharmacy that I might not return to pharmacy ever.	11/29/2021 2:18 PM
121	I understand the current need and high demand for covid vaccinations and covid testing, however the hospitals and doctors offices should provide access to these services as well because 98% of the burden has fallen to community pharmacies in my area. This unnecessary and unfair division of responsibility is causing errors in my workplace and I am experiencing mental and physical consequences from the stress that it causes me.	11/29/2021 2:15 PM
122	I am lucky in my place of work as I purposefully avoided retail pharmacy for the reason of overworked, stressful environments. I previously worked in LTC consulting and now work for a private institution. Expanding technician responsibilities won't help the overall issue of not enough staff to even field the basics of intake, prepping prescriptions, insurance issues, and paperwork, etc. I love the pharmacy profession, but am saddened by the current retail (and even hospital) environment that many are working in.	11/29/2021 1:54 PM
123	Patient safety should always be the number one priority. Big chain companies continue to push for us to do MORE without additional resources or pay! Something has to change	11/29/2021 1:47 PM
124	Love pharmacy, completely burnt out.	11/29/2021 1:47 PM
125	The pressure and stress that I faced as a staff pharmacist for CVS Pharmacy have forced me to quit my job as a pharmacist and put me into a deep depression for which I feel I will not recover. I have not worked in 3 years and will most likely lose or have to sell my house in the next year when the remainder of the money I've saved for my entire life has run out. Lack of breaks and lack of pharmacy technician hours are the main reasons for this. I never had a lunch break in the six years I worked for CVS pharmacy, and there were many 12 and 13 hour shifts where I didn't have a single bathroom break. I feel completely hopeless about the future and I am being crushed by student debt that I will never be able to pay off because I cannot work as a pharmacist. I also feel that my Board of Pharmacy has failed me.	11/29/2021 1:42 PM
126	It is unsafe for a 1 pharmacist and 1 technician to be expected to administer 35 covid vaccines, unlimited regular vaccines and over 10 covid tests daily in under 6.5 hours (all while filling prescriptions).	11/29/2021 1:30 PM
127	Technicians need to be limited in their abilities until the pay raises to a competitive rate. At the rate we are paying, we are getting applicants I cannot trust to do clinical activities due to lack of education and lack of motivation to keep this job because fast food will pay the same amount for significantly less stress.	11/29/2021 1:28 PM
128	Burn out is way too common in our profession, especially with limited or no breaks at all, not enough time to eat enough throughout the day, difficult to find time to go to the restroom even	11/29/2021 1:24 PM

Meeting Materials

during long shifts, and rudeness/harassment in general from anyone (customer, other HCP, or coworkers)

129	I feel the immunizations have added a tremendous amount of stress and interruptions on concentration. Thank heavens my boss allows me to require appt for vaccinations and limit the number of vaccinations in an hour.	11/29/2021 1:22 PM
130	I know the job market is not ideal for pharmacist right know but I'm tired of being told for even a litig complaint or even suggestion is either completely shrugged off or is followed by the insinuation that we'll just get rid of you and hire somebody else.	11/29/2021 1:22 PM
131	My biggest stressor is being called in on my days off to cover staffing shortages, which has been happening more and more lately.	11/29/2021 1:17 PM
132	I work for CVS, I left due to the horrendous working conditions but came back part time to float. It is still terrible though. Many of the shifts I pick up I worry about patient safety.	11/29/2021 1:09 PM
133	My biggest concern is the upper management concern only for meeting metrics while constantly adding on additional work in regards to Covid testing and vaccinations but not providing more time or staffing to offset these new responsibilities and making it more likely to cause harm by being forced to work at a pace that could negatively affect patient care.	11/29/2021 12:41 PM
134	I am very happy we got a lunch break! halleluiah	11/29/2021 12:39 PM
135	Technicians need paid more	11/29/2021 12:38 PM
136	We are extremely understaffed technician wise. Because the pay rate is so low we can't even get technicians to apply. Our hours have been shortened due to the shortage. But I don't see an end in sight. Technicians are simply not applying to work here.	11/29/2021 12:21 PM
137	Regarding question 16: I think expanding technician duties without adequate pay or support is somewhat contributing to our ability to retain technicians. Management continues to want more with less. As a pharmacist, I have a professional obligation and a considerable time investment related to getting my degree. Technicians do not have that. Expanding technician roles at the state level will just incentivize companies to even further abuse technicians. Companies are squeezing every bit of profit out of the pharmacy with little regard for pharmacy as a profession.	11/29/2021 12:20 PM
138	Depends on the tech and their level of training for more clinical duties. Med recs would be helpful	11/29/2021 12:10 PM
139	the epidemic has created additional workload without additional help	11/29/2021 12:09 PM
140	Survey is EXCELLENT	11/29/2021 12:05 PM
141	Too much ignoring of interactions (blowing through interactions warnings with no action being taken) i.e. no communication with prescriber or patient thereby possibly untowards outcomes for patients in order to make \$\$\$. I feel that the pharmacists duty is to possibly recommend the discontinuation of a medication that may making a patient more ill then they are i.e. owners place volume of scripts thereby volume of \$\$\$ over possibly losing \$\$\$ by recommending discontinuation of interacting meds. I did some DURs for a social work office and every one had many major interactions by meds dispensed by same pharmacy that led me to infer that whoever was running the computer was ignoring the interaction screens in order to fill more prescriptions faster and not deal with the work stoppage and revenue decrease. I couldn't believe that this was happening. Both independent and chain pharmacies were complicit in this practice. I believe this practice of purposely ignoring interactions which should be addressed is widespread and should be addressed by the board...thank you	11/29/2021 12:02 PM
142	This increase with Covid boosters, testing, and immunizing children has put a tremendous amount of stress on the pharmacy staff. Pharmacists and techs are becoming burnt out and the corporations don't seem to care. It's all about their bottom line and patient safety has taken a back seat. There are so many errors!	11/29/2021 12:00 PM
143	Technicians need to be better trained and have a better work ethic. I hear from every pharmacist I know how they can not wait to get out of this field or retire. OSBP needs to be more in tune with the needs of pharmacists especially the ones who are not PharmDs. I'm 60 years old with many years of experience in pharmacy, but I would not be hired somewhere else because some companies are too worried about advanced education. You needed to add a line to this survey stating " I do not have other plans currently, but can't wait to retire. "	11/29/2021 11:56 AM

Meeting Materials

144	People such as Donald Rich Miller (and as extension his wife) and Meghan Marchal as board members, should not be making policy since they are/ or were employed by big box pharmacies and have conflict of interest to benefit that pharmacy company. Rules and policy should be crafted by neutral parties that will benefit pharmacists not/nor were employed by the big pharmacy companies.	11/29/2021 11:55 AM
145	I work in home infusion, where there is now a huge push and workload dumped on in an effort to get patients out of the hospital, even when the patient is not stable to be at home. It's become very unsafe.	11/29/2021 11:34 AM
146	pharmacy as a career has deteriorated exponentially since I became licensed. I was looking forward to being a pharmacist well into my 80s because I love the job - but the stress level is way over the top now. Upper level management doesn't care and patient care is suffering. It's all about numbers anymore. I am a glorified checker that gets the best deal on drugs and navigates insurance companies to get things covered - it is no longer about helping people with their health. There is no time for that!	11/29/2021 11:31 AM
147	Been a pharmacist for 18 years. Would not suggest this line of work to any high school students. Completely different when i started. Please do something	11/29/2021 11:30 AM
148	Staffing is a huge problem because they refuse to pay technicians appropriately for the work required. They then continue to try and add higher workload saying it's for the technicians to do but they cannot do any more and we have constant turnover because they quickly realize the damage this job does on your physical and mental health is not worth \$10-\$15 an hour with shoddy benefits. There are no required sick days so people constantly push through illness and come to work potentially spreading illness to over worked coworkers and already ill and vulnerable patients. There should be legal requirements for paid sick leave for all personnel providing healthcare, seeking health services shouldn't put the patient at higher risk of illness and they shouldn't have to accept healthcare from staff so sick they can barely stand much less appropriately and safely do their job. Corporate offices also need to stop pushing for metrics which do nothing to aid patient care. Additional services such as vaccinations and testing cannot be just added on with the expectation of still increasing all other metrics with no additional staff. It is no surprise all the stories in the news about pharmacies making errors giving incorrect vaccines and causing patient harm, this unsafe environment will destroy the faith and trust patients used to have in their local pharmacists. The patients themselves have gotten worse in the way they treat staff through this pandemic already, in the past few months I have already had to call the police on 2 separate incidents of patients screaming obscenities and physically threatening and attempting physical altercations with staff and had to ban several others for inappropriate behavior. This used to be a very rare occasion. With patients becoming more belligerent and violent, terrible staffing and workload ratios, lack of protection of physical and mental health, lack of support from management with additional stress to complete metrics not essential to patient care...it is no wonder I have seen the largest mass exodus from community pharmacy ever. I know many pharmacists who had planned careers in this field leaving to protect their mental and physical health and well being. Many early retirements as well. Every pharmacy staff member, tech and pharmacist I've worked with over the past year (at several locations) has voiced that they are actively looking to leave and many have. This is unsustainable and will harm healthcare providers, patient safety, and the accessibility of healthcare.	11/29/2021 10:57 AM
149	My professional satisfaction is basically zero.	11/29/2021 9:30 AM
150	There are a number of Walgreens stores that are operating without a PIC or "pharmacist in charge" because they've quit and haven't been replaced. Some as long as 3 or more months.	11/29/2021 1:02 AM
151	I feel tremendous amount of stress in my daily work. I am in a critical position and must be able to help our patients, provide education to them, and keep them safe. The patients only care about how long they have to wait, and how much they have to pay. Our employers keep expecting the pharmacists to provide more services to patients, while reducing the technician and pharmacist help. For example, mixing and drawing from the vaccine vial is a sterile procedure and should not be done on the pharmacy counter in between dispensing. Most pharmacists do not properly clean the counter when preparing the vaccine syringes, do not wash their hands, do not change their gloves, do not place the vaccines on a clean tray, or clean the surface before the injections. All this is because the pharmacists are often expected to multitask. The amount of work the employers require pharmacists to perform under the pressure of time is not safe for public and is extremely stressful for the pharmacists. Expecting one pharmacist to prepare and dispense medications within 15 minutes to multiple	11/29/2021 12:25 AM

Meeting Materials

patients with multiple prescriptions is incredibly unreasonable and unsafe. Expecting one pharmacist to dispense hundreds of prescriptions, resolve insurance and prescribing issues, perform Rx and OTC counseling, answer multiple patient/prescriber phone calls, perform MTM's, Immunizations and tests, all under the pressure of time and without appropriate level of staffing is incredibly unreasonable and unsafe for the patients and the pharmacist. Somehow if a pharmacist speaks up, he/she is labeled as incompetent and will be told that all other peers are capable of performing these tasks perfectly well. All of us pharmacists are being bullied by the demands of our employers and cannot speak up because we need to keep our jobs. We are not highly respected by all of our patients, we are constantly insulted and demeaned by patients because our employers advertise "Patients are always right". Our board of pharmacy is not a compassionate board and pharmacists are assumed to be at fault unless proven otherwise. As a pharmacist, I am terrified of being reported to the Board of Pharmacy as the result of a mistake on my part, even though the mistake could be the result of our unfair job condition and unreasonable workload. Pharmacists are constantly being held up to perfect standards, where in reality nothing about our job condition is perfect or ideal. Most of the time, the root cause of dispensing errors is not carelessness of the pharmacist, but it is the result of the unreasonable pharmacist workload. In fact, giving the pharmacists the provider status has only increased our workload and shifted liability from the prescribers to the pharmacists. Now the question is if the Board of Pharmacy will have the will to demand fair workload for the pharmacists from their employers, or will it pass further regulations that will transfer more liability to the pharmacists and increase their job stress and workload?

152	<p>The board should be ashamed of themselves for allowing this to go on for all these years. It is not a shock to me that you have allowed poor patient care in the retail setting since big chains aka CVS has several members on the board making decisions. How can 1 pharmacist check 500 scripts take 20 scripts rather on voicemail or doctors calling in? You want more? Add in vaccines, counseling, recommendations, PCQ calls and so much more. How can you call this safe? How have you done nothing about this for years? How can you turn your head for years? There is no way the board can honestly tell me they care about patients when this is being allowed for many years in the retail setting. I know it won't change, but at some point you have to give a shit about the patient and get their medications to them on time. How can a store be 4 weeks behind and people go without their BP medications due to lack of staffing? Lunch breaks? O ya my company just started them, but guess what we have conference calls during them and it takes over 5 minutes to lock up and 5 minutes to open back up. Do you think I eat during a 13 hour day? The simple answer, which you know, is no. It isn't just the retail's fault it is 100% yours. If you are apart of this board and reading this you should feel ashamed to say you care for a patient. No required techs to RPH ratio? No required minimum hours for amount of scripts done? What are we doing? I never expected this career to be the opposite of caring about patients. Don't waste my time with surveys when nothing is going to be done to these retail chains.</p>	11/28/2021 11:47 PM
153	<p>Declining reimbursements from PBMs needs addressed as it is a major cause of staffing shortages and ultimately the issues being questioned in this survey. Furthermore, chain pharmacy staffing shortages are hurting the profession, our patients, and overall health outcomes. Please hear my colleagues begging for help and help them by making swift, meaningful change that improves their work environments and the care they can provide for patients.</p>	11/28/2021 11:39 PM
154	<p>Currently pharmacy are are getting the short straw in this pandemic, we are being forced to pick up all the extra tasks such as vaccines and testing with no additional help or compensation, the pandemic as also made pharmacies busier and patients ruder and impatient, payers/insurance are also giving us a hard time and I'm most cases we are just the messenger doctors and insurance but we get the blame and all the yelling. Increase pharmacists task was a good thing for the career but increasing workload without increasing the help was a bad thing and is leading to the burn out of most pharmacists. Pharmacies need more employees and help.</p>	11/28/2021 10:21 PM
155	<p>I had an incident where I strongly feel the board of pharmacy in my best interest.</p>	11/28/2021 8:36 PM
156	<p>Have worked at big box chains (walmart, rite aid and cvs) and workload, stress and treatment is horrible. They are poorly managed, require too much for one pharmacist to handle and only care about metrics. They are also inadequately staffed which greatly affects patient care. The board should be conducting visits with these places and observe how awful it really is. Maybe with warnings and fines from the board on working condions, these big box chains will change. My current position at Riesbecks pharmacy is the best job that I've had. All big retail pharmacies should follow in their image.</p>	11/28/2021 7:58 PM

Meeting Materials

157	Very disappointed	11/28/2021 4:12 PM
158	Working for CVS, they require pharmacists to work a significant amount of time at the registers/drive throughs. At these stations I cannot supervise my staff or hear patient/staff conversations to ensure the safety of my patients. I do not have adequate time to counsel them about their medications and listen for red flags which may justify an intervention with their prescriber. They also require the pharmacists to do all the insurance rebilling, non-covid vaccines and still maintain the workflow for hundreds of prescriptions with no pharmacist overlap. It is not uncommon stores are days behind getting prescriptions done and patients are frequently coming to the pharmacy and their medications are not ready for pickup. Some patients depend on rides or hire a cab to come for their medications. These people may not let the patient wait for 15 to 20 minutes for the pharmacy teams to prepare the patient's medications. Bottom line: We do not have enough staff to run a true, safe healthcare facility. We simply fill prescriptions as best we can, and frequently fall days behind. The hire crisis is not at fault, as the company is constantly cutting hours where we could not give new hires enough hours to justify working.	11/28/2021 2:37 PM
159	There have been days I have sat in my car after work and cried because it was so bad and stressful. Will it take patient deaths due to medication errors before something changes?	11/28/2021 1:10 PM
160	While my job is in inpatient pharmacy, I do have experience in outpatient pharmacy and do believe that those working conditions are far far worse. It has been an issue for quite some time, and I am disappointed that it has come to this and taken so long for something to be done about it.	11/28/2021 10:02 AM
161	I took a PRN job at a hospital and the contrast of stress level is astounding. Retail jobs are shit right now.	11/28/2021 9:54 AM
162	The reason that we are so overwhelmed is lack of staff and added responsibility. We pay or technicians less than a fast food restaurant so of course we can't hire techs. Then pharmacists are leaving because they are working short and have to do 3xs the work or more. That adds extra shifts for the pharmacists that stay. I personally have been working so hard and so many hours that I am seriously afraid that am I going to make a deadly mistake at some point. We are only human and as much as I try I'm running on fumes.	11/28/2021 9:50 AM
163	One of the hardest challenges lately has been vaccination appointments that we have no control over. Appointments we scheduled every 10 min starting before we had additional pharmacist coverage. The system was not working properly. Scripts weren't falling in the que properly and there were multiple bookings for the same time. There is no time to properly take care of our patients. We only answer the phone when we can. We can no longer manage filling patients prescriptions.	11/28/2021 9:44 AM
164	Expanding tech vaccinator status to include more than just Covid 19 vaccines would help immensely. Also requiring a pharmacy to stop offering additional services unless a certain level of staffing is present beyond just "a pharmacist present"	11/28/2021 9:37 AM
165	We need more tech help. And it seems like having so many pharmacy schools graduating so many pharmacists has skewed the supply and demand curve so I am powerless as a pharmacist to make any demands	11/28/2021 8:12 AM
166	Even during this highly stressful time we are being asked to cut hours...Continuously. I am constantly having to stay over and get ZERO overtime pay. We have ZERO breaks sometimes due to tremendous workload. Even with 2 pharmacists on duty, continuous shots and Interruptions leaves 1 pharmacist to do the work of 3. I feel the board in particular has let us down by allowing employers to exploit our positions. Drive thrus, assembly line conditions, growing workloads as more tasks become expected of us with decreasing staff has left us with little time for patient interaction. I remember a time when pharmacists were the most trusted profession and we had time to grow relationships with patients, now we are treated as fast food workers rather than medical professionals. The public's perception of us has decreased as our workload increases. In addition, the burden of regulation seems to fall on our shoulders as doctors refuse to adhere to controlled substance prescribing..so we get the disrespect and hostility from patients when we have to question a script. COVID has made people very angry, and while doctors and nurses get accolades, we get dumped on. Even Starbucks refused to recognize us as healthcare professionals! The government refused as well by excluding us from the HEROS Act! Whose fault is that? Our public perception is no longer that of a healthcare provider and I truly blame the boards of pharmacy for allowing that to happen. If the government won't respect us, why should the public? Then with COVID, hospitals and doctors	11/28/2021 5:13 AM

Meeting Materials

can triage patients, yet the come face to face with us coughing and hacking with no mask. Where is our protection? We weren't even allowed the vaccine in the first group! I am tired of being treated like a slave. I am tired of not being allowed to take proper time off (1 personal day per year that has to be approved ahead of time!?! My techs get more than me!), I'm tired of disrespect from doctors, nurses, and the public. I'm tired of the board siding with big business and not taking care of the pharmacist. I'm tired of the assembly line mentality of retail. I'm tired of pseudo goals we have to meet that mean nothing at the end of the day. I'm tired of hours being cut no matter how much extra work gets dumped on us. I'm tired of my employer telling us to just "figure it out" when we get additional duties put on us(like COVID vaccines) and no additional hours or staff to help. I'm tired of constantly being told their is a pharmacist saturation and I'm lucky to have a job. I also blame the board for that. Allowing schools to churn out pharmacists by the hundreds every year causing an abundance of graduates in our field thereby diminishing our value in pay, job security, and self worth. I'm tired of the lack of recognition for our mental health. I'm tired of the general disrespect for wanting time off to just see our families. I'm tired of not getting paid for all the work I put in. I'm tired. I feel we are all screaming but no one is listening. And no one is really willing to make meaningful changes to this profession.

167	When voicing safety concerns, we're ignored. There is no coming together to create solutions, but we are rather told "I hear you and I'm sorry your store is going through a rough patch". I am genuinely concerned for my patients. Staffing the pharmacy with only 1 pharmacist and no additional coverage is so unacceptable and unsafe.	11/27/2021 11:23 PM
168	I do not agree with the point system at my workplace.	11/27/2021 10:59 PM
169	National Guard might need to be sent to help vaccinate and help with staffing issues in retail pharmacies	11/27/2021 1:39 PM
170	I would not recommend pharmacy as a career today. No one raises in 7 years whereas workload and stress has increased 1000 percent. No development or advancement potential in chain environment. No time to use our education or knowledge skills to solve problems. Disrespected by nonpharmacist corporate mgmt. They look at us as robots and replaceable with cheap new grads. They are getting rid of seasoned pharmacist Mars because we are paid too much and speak up. They find ways to get rid of us to replace with new grads making \$20 less per hour with no raises, no promise of 40 hrs, benefits less generous while medical insurance costs have increased. Many patients are rude and disrespect us. Mgmt dies not help to solve staffing or workflow problems. They have cut all overlap of rph coverage. And cut tech staff hrs to bone. Many of our rphs especially long term rphs are quitting or retiring. Techs leaving in droves and they can't hire quality techs or provide training hrs. They just close pharmacies now when they can staff them. This passes off customers and makes workload twice as much the next day. I have never seen community pharmacy workplace this bad. Wags and CVS are the worst with how they treat people. People are getting sick because of stress. I feel my cancer diagnosis was partially caused by the stress the last 5 years. I am looking to retire early because I can't take the abuse and stress anymore. BOP needs to step in since we have no unions to fight for us. Patient safety has become dangerous because of distractions, unrealistic metrics, and inefficient tech staff or rph overlap. Do you know how many vaccine errors have already happened because of corporate scheduling of like 60 vaccines per day, covid testing in drive thru, 350 scripts to fill, and incessant phone. How about small kids getting Covid vaccine instead of flu vaccine. This mishaps have happened several times in our market. Wonder if they are reporting them to BOP? I fear everyday that someone is going to get injured because of our environment. Why doesn't the press know what we face everyday. It's time to do something before most rphs quit even without a new job. Most in mystery 50's age bracket are retiring early if we can do it. The career has gone done hill fast. I would never pick this career if I was a young college student right now. It's desperation time. It's a 5 alarm fire that everyone is ignoring. Time fir BOP to pass rules that limit metrics, demand certain minimum levels of tech and rph staffing, and put guardrails in place for # of scripts, vaccines, covid tests we can do without proper staffing. They only thing corporate understands are big fines, and suspension of TDDD. Don't go after individual rphs for errors. Go after corporate for creating unsafe environments that have created them. Mandate breaks and lunches. Put more bench rphs on the Board itself instead of supervisors who tow the Corp line and only care about protecting corporate profits. You guys have done nothing so far. It's been a 5 alarm fire for 3 yrs now. Covid just made it worse. In the meantime BOP and assns have ignored our pleas for help.	11/27/2021 1:31 PM
171	The retail environment is currently setting up pharmacists for failure. The chains want prescriptions to be done on time but when and how many come in at once is unpredictable.	11/27/2021 12:06 PM

Meeting Materials

Accepting walk ins for shots also creates an unpredictable workload. The number and time consuming amount of phone calls is unpredictable. So how are we supposed to complete e-scripts on time when we could be caught up on a phone call or the register for an extended amount of time. One of the big chains is moving to "accountability" for workflow. Which means the pharmacist will get written up if the store isn't getting their prescriptions done on time. This makes the pharmacist choose between helping the patient in front of them or getting the script done by a computer generated time. We have no control over the promised time of e-scripts which are most of our prescriptions. So we are basically helpless if a doctor calls in 10 prescriptions for a patient. They are all due at the same time. Pharmacists are struggling because we don't have the authority to prioritize our own workflow. We shouldn't have to do a prescription for a maintenance medication within the hour if the patient still has a 3 week supply just because the doctor sent it over. We have no idea if a patient even wants the prescription by the computer generated promised time. There needs to be a better system to prioritize people who actually NEED their medications. Pharmacists want to do a good job but we are being pulled in 5 different directions.

172	Pharmacists used to be considered an asset, now viewed as a liability by the employer.	11/27/2021 10:34 AM
173	Thank you to the Ohio State Board of Pharmacy for your continued commitment in advocating for our profession and ensuring safe and manageable work environments throughout the state of Ohio!	11/27/2021 12:14 AM
174	pharmacy at the retail chain level has become all about meeting metrics and making money. There is no concern at the corporate level about quality of patient care---- just give shots, give shots, give shots--- to make money.... not because vaccinations are important to patients for their health---- just the money. Our supervisor even stressed to us how much each shot is worth in the 2 part cover shots(not how important the 2nd shot was to the patient), but the MONEY to us. Very sad way to look at health care.	11/26/2021 10:55 PM
175	Overworked, under compensated	11/26/2021 10:54 PM
176	I feel grateful for the amount of autonomy and decision making abilities that I have as an independent pharmacist. I know my responses would be much more stressed/ discouraging/ hopeless as a chain retail pharmacist	11/26/2021 4:54 PM
177	Companies shouldn't be allowed to have metrics that affect pay or evaluations.	11/26/2021 4:51 PM
178	all pharmacies should be required to give staff lunches - shut down 1/2 hour	11/26/2021 4:23 PM
179	n/a	11/26/2021 2:27 PM
180	WITH ADDITIONAL CLINICAL RESPONSIBILITIES SHOULD COME MORE EDUCATION	11/26/2021 1:51 PM
181	I work in a nuclear pharmacy which involves many hours of being "on-call" in addition to the normal 40 hour per week work load. Swing shifts are common and working with limited rest is common. These are not issues traditional pharmacists would need to manage, but definitely takes its toll especially when short staffed.	11/26/2021 12:25 PM
182	The increased workload in the last year, especially due to Covid-19, has placed an enormous amount of stress on the supply chain and the profession. Our hospital has had several technicians resign or decrease their work hours due to finding a better, less demanding job. Due to the pharmacists' workload, mistakes WILL be made and it seems the Board is all too willing to pillory that pharmacist at a Board Hearing. My perception of the State Board of Pharmacy is that they sit in judgement of others in the profession as people who are primarily managers, directors of consults (and NOT a staff pharmacist). Improve our profession by making the Director of the Board of Pharmacy a pharmacist and not an attorney. This makes no sense - it's like putting a pharmacist in-charge of the Cosmetology Board; the Pharmacy Board Director does not know what I do in the profession! Finally, when we bring a concern to our Director regarding staffing or workload, they listen, nod accordingly and mostly nothing is done or can be done. It's frustrating and disappointing. Thank you for the opportunity to respond to this survey.	11/26/2021 11:58 AM
183	RXOM role is unnecessary and gives pharmacists more pressure and difficult managing for staffing. Allowing more clinical responsibilities to pharmacy technicians give pharmacists more stressful situations and more responsibilities on their performances. Have additional pharmacist to do calls and immunizations will help in daily workflow.	11/26/2021 10:45 AM
184	The way community pharmacists are treated is disgraceful as a profession. Something needs	11/26/2021 12:16 AM

Meeting Materials

to change.

185	Hospital Pharmacy has been a good career.	11/25/2021 11:01 PM
186	I am the only pharmacist at my work willing to give vaccines, so the COVID vaccines have increased my workload dramatically, but not others. I constantly feel overwhelmed, overlooked, and belittled by my pharmacist team mates.	11/25/2021 10:27 PM
187	Training of technicians is very difficult due to the volume, so lacking good help. It's hard to keep up the pace and continue doing a good job when you know that there is no financial reward. At my current workplace the pharmacists have not had a raise in over 3 years but the workload and responsibilities continue to increase with less help.	11/25/2021 6:53 PM
188	Additional tech responsibilities sound nice, but we as pharmacists are also responsible for training, which we do not have time for	11/25/2021 2:44 PM
189	Technicians deserve more pay	11/25/2021 11:46 AM
190	Insurance companies (like Caremark) having too much control and the corporate bottom line have made this profession into McPharmacy. It is a legitimate, quantifiable danger to patient safety, has put a black mark on pharmacy as a whole, and has turned what was one a satisfying, respectable career into a source of misery and unbearable stress.	11/25/2021 9:50 AM
191	I do not think much will come of this survey. I believe mandated lunch breaks are a must. I am a breastfeeding mother and I've been pumping in the pharmacy while working to prevent getting too far behind. Caps on immunizations/hour are a must. Holding pharmacies to metrics while we are still in a pandemic is insane. Goals should be out the window. Patient care top priority. Many technicians and pharmacists I work with are highly dissatisfied with their work. Our technicians finally got a decency wage, but pharmacists have not had a raise since 2019. All while the pharmacy is making tons of money.	11/25/2021 9:02 AM
192	I cannot believe I got a college degree to work like a McDonald's manager. It is so overwhelming and I recently was put in the psych ward for severe anxiety and depression.	11/25/2021 6:20 AM
193	Things have changed a great deal in the nearly 40 years since I got out of school, it feels more like McDonald's at rush hour all day long compared to long ago. I am not sure schools are preparing students for what actually is happening in the real job market. I am nearing the end of my Rx career, work only occasionally and wish I had more answers. The drive to "turns" and profits has always been there, but it just seems like it has increased exponentially in the last 10-15 years. The days of having the same pharmacists at the same pharmacy and having a long term relationship for ongoing care may have already passed us all by. Maybe the stockholders/public are as much to blame as the big box/chains themselves. If the students going into pharmacy school knew the actual business end and the pressure on the staffs, there might be alot less students applying to pharmacy school...they only see the salary.	11/25/2021 12:45 AM
194	The stress and workload in the past two years has increased exponentially. However, staffing has been and keeps being cut. Our store hours were extended this summer and, in the same process, the amount of pharmacist hours per store was cut even more than it was prior to the addition of those hours. The expectations to clear ques, increase vaccination numbers year over year, increase compliance in non compliant patients, and ensure that the pharmacy get all 10s in customer surveys has really increased stress and compromised patient safety. Allowing techs to be more clinical only compromises patient care more since they do not have the training, schooling or degree to support that level of patient care.	11/24/2021 11:45 PM
195	CVS pharmacy regularly posts pharmacist schedules 3 days in advance, schedules pharmacists 13 hour shifts with no time for breaks, schedules pharmacists 10 days in a row, and asks pharmacists to work up to 17 hours in a day. We are regularly scheduled 45-70 hours per week.	11/24/2021 11:01 PM
196	Our employee has recently addressed major complaints within the past 6 months by increasing hourly colleague wages, allowing a closed lunch break, and providing significant hours and staffing for immunizations. I've never felt better about the future of our profession. I know many other locations are not as well staffed as I currently am. Hoping something is done to address the shortages at other stores. The wage increase was a good start, must continue to invest in technicians to improve pharmacy culture.	11/24/2021 8:57 PM
197	We can't seem to hire enough technicians. No one wants to work evenings/weekends/holiday. Fast food chains pay so much these days. My pharmacist partner and I have been working our	11/24/2021 7:10 PM

Meeting Materials

days off as technicians to handle the workload. The number of shots we give is unreasonable. Thankfully we have stopped taking walk-in vaccines against my corporations wishes. I have always truly loved my job and helping people but I am ready for a career change. The risk of medication errors scares me. Thank you for allowing me to give my input.

198	Being responsible for others irresponsible behaviors have caused great stress and tension in the workplace. We don't have enough true data to educate others.	11/24/2021 6:26 PM
199	The board has dragged their feet on these issues for years! Stop asking the same questions and do something about it! We have no leverage and it is utterly ridiculous that patient safety and pharmacist/technician welfare has suffered for as long as it has!! It doesn't take a rocket scientist to figure out that the mounting pressure of increased responsibilities, capped wages, outrageous working conditions, long hours with no breaks along with absurd metrics have created a horribly stressful work environment!!	11/24/2021 4:29 PM
200	Cvs is the absolute worst employer I have ever worked for. Fill 5,000 scripts per week and get no pharmacist overlap. It is an absolute joke.	11/24/2021 3:53 PM
201	Regarding question 15, being a pharmacist isn't exactly a career path that you can leave, especially if there is any student loan debt. However a change from working retail is something that I am very close to doing even if it means a lesser pay because the quality of life due to stress is not worth it. I work in a high volume store with little overlap and have nightmares about my job. There have been increased medication errors due to our workload and staffing issues. We are at a point where we are not treating the patient and having those interactions that are so imperative to our profession and we are just filling as many scripts as possible to get people out the door. This is harming our patients in so many ways. We also don't have adequate technician help. A warm body does not qualify as adequate. But there needs to be a higher wage for technicians across the board. Nobody wants to work in a high stress environment for 11.25 per hour.	11/24/2021 3:48 PM
202	I work for a large retail chain and they have recently instituted a 30 minute meal break from 1:30 to 2 pm, which has helped, however, the workload with boosters, flu etc has been difficult and overall the last 4 years have been the most difficult of my 25 year career given the expectations to do more with less. Current tech staffing at my store is ok, however, there are few incoming applicants, so it is just a matter of time that we will be short staffed due to attrition. We get little help from corporate on hiring, I have a disengaged front store manager, so it is all on me, as pharmacy manager to hire techs. Also, we are hurting in this area for pharmacists, so I am constantly being asked to work extra hours to help staff my store (that typically has one "floater shift" per week. Lastly, the customers overall are more rude and demanding than I have ever seen. This, plus the workload, makes it very difficult to keep a positive attitude about my career and profession.	11/24/2021 1:10 PM
203	I have a unique opportunity here. I can do mostly as I see is appropriate but the non-pharmacist owners don't truly understand the business and sometimes argue about letting me add staff. However, if this situation would go away for some reason, I doubt I would look to find another pharmacist position, especially in retail. I would just find something else to do.	11/24/2021 1:00 PM
204	Well compensated, but raises have not kept up with cost of living	11/24/2021 10:15 AM
205	My company just keeps adding on more and more tasks to complete while we continue to lose valuable staff. We do not receive breaks or lunch and until recently were not paid for all of the hours of overtime we are working to simply stay afloat. Additionally, I believe the inclusion of of board members who are "high up" in the corporate chain of command is a significant conflict of interest (i.e. Shawn Wilt). Mr. Wilt has encouraged the addition of covid testing and other tasks that take time away from providing adequate patient care because it is a "cash cow." Please do not allow his and other corporate employees' inclusion on the board to prevent you from protecting the public.	11/24/2021 9:23 AM
206	Workload and demanding metrics plus staff shortage is the main problem. Retail pharmacist pay should definitely be increased by at least 15%	11/24/2021 9:19 AM
207	To be totally honest, lately I do not feel like a Healthcare professional anymore. We have basically become fast food short order line cooks. Patients fail to realize that, and need to become realistic that they will have to wait, just like they have to at a physicians office. If this profession expects us to immunize, counsel, engage in MTM, point of care test, and of course fill prescriptions, then patient and employer expectations will have to change. Quick and	11/24/2021 8:43 AM

Meeting Materials

instant service for patients is just not possible in our line of work anymore due to heavy workload.

208	Working as a pharmacist has become a very stressful job due to the amount of workload and the lack of staff . Many pharmacists are looking for other opportunities to change their careers for a less stressful job.	11/24/2021 8:04 AM
209	I have tried extremely hard to remain in this profession, however this is unlikely. A job I used to love? Hate it now.	11/24/2021 6:56 AM
210	Frequent turnover of pharmacists and technicians are a burden to daily operations. Working short staffed is difficult then training magnifies the stress. The majority of technicians express their dissatisfaction with pay for the tasks they are expected to complete. Increased compensation I believe would encourage retention and motivation for growth within the profession.	11/24/2021 6:35 AM
211	Prior to covid the metrics driven staffing levels were unrealistic. My company is not currently pushing those metrics, however I still feel pressured to do never-ending vaccinations causing a backlog of prescriptions and clarification calls to doctors. Current technician pay is not high enough to interest new hires or retain skilled employees. When 80% of the short staff we have are new hires there is no time to properly train them to do the job correctly which puts additional pressure on the rph to prevent mistakes caused by inexperienced techs	11/24/2021 12:45 AM
212	After 15 years, I left a large grocery store chain a year ago without securing another job specifically due to the impossible expectations of the simultaneous roles as a retail pharmacist. Even before the impending chaos of the Covid vaccine, the company I worked for somehow justified cutting department hours as they added point-of-sale covid testing, healthcare screening deadlines were approaching and flu vaccine demand predictably doubled. They also installed a policy that prohibited having a scheduled Monday or Friday off. So the resulting RPh schedule was a seven day stretch of long (up to 13 hours), stressful days with no breaks and one day off before another scheduled day. The environment, lack of regard and respect and absence of work/life balance was not worth the effort I put into earning my PharmD. It was also a threat to my license because no one human can run a vaccine/screening clinic, manage/train technicians and accurately fill hundreds of prescriptions while being immediately available to the public. I did find a position in managed care that treats me well. But if I had not, I would have happily left the profession forever rather than ever subject myself to that type of work environment again. Retail pharmacy reflects nothing professional. It is certainly not worth the investment of 6+ years of your life and tens of thousands of dollars you have not made yet.	11/23/2021 11:13 PM
213	Compared to friends I talk to from other pharmacies, I feel like my place is pretty well staffed - I'm not short on techs and that's rare right now. As a pharmacy manager I feel like there is no time to take care of administrative duties and I'm constantly having to do so from home on my time off. I feel like I'm never truly able to leave work. The past year has been especially hard for managers trying to keep up with constant changes to protocols and communicating those with our team and then monitoring to be sure they're followed properly. It feels never ending. All that said, I feel blessed that my situation isn't worse like others I've heard about.	11/23/2021 11:09 PM
214	This past year and a half has been unrelenting tremendous stress with this pandemic. The understaffing issues are never addressed and the workload is impossible!!! The stress level is constant and overwhelming and I would never enter this career if I had to do it all over again..... 25 year veteran retail pharmacist	11/23/2021 10:56 PM
215	What is the place of Covid testing in the pharmacy drive through? It back up drive through and delay patients from getting their medications	11/23/2021 10:26 PM
216	Currently at a high volume store that can easily staff two pharmacists during the same shift but instead there is zero overlap. Unsafe conditions.	11/23/2021 9:36 PM
217	My chain says that patient care comes first & to prioritize that over the never ending metrics. However when we did that while working short staffed to take care of our patients it reflected poorly on our reviews and because of missed metrics we did not get a raise this year. Raises have been frozen for the previous 5 or so years & finally available again but they obviously had no intention of giving us raises & used the metric ploy to stop it. Having vaccinations & testing in all our stores without more help is dangerous for patients & bad for employee sanity. These things could be fixed but they won't be because the chains only worry about profit. Until the	11/23/2021 9:16 PM

Meeting Materials

state boards take these issues seriously and advocate for safer working conditions, those of us who truly want to help our patients are out of luck.

218	I miss the way pharmacy was when I started 30 years ago. Too much emphasis is now put on testing, star ratings, clinical outcomes and vaccines. I miss being able to connect with customers. Just not enough time anymore.	11/23/2021 6:55 PM
219	I am extremely disappointed in the Board of Pharmacy for not protecting this career. Big business has had its way and made this job unbearable. Patient safety is at risk everyday and everyone looks the other way. Pharmacists aren't being compensated for any extra work. Not being able to bill as a provider is absolutely ridiculous. Corporate greed is at an all time high. There is no way this is sustainable. So many great pharmacists and techs are being forced out due to stress from micromanaging and metrics, I'm afraid this profession will never recover.	11/23/2021 5:04 PM
220	Mail order has given me a wonderful work-life balance	11/23/2021 4:44 PM
221	I recently left retail pharmacy for hospital pharmacy due to the lack of staff (prior to the staff shortage problems we are currently facing post-COVID) and the lack of attention it was given by leadership to staff the pharmacy appropriately for the workload we were dealing with. I worked at a retail pharmacy that filled 900+ prescriptions per day, had two drive-thru windows to staff, four pick-up registers, two drop-off windows, and two dispensing counters. I was given enough tech hours to staff 3 of those positions during a shift. The pharmacist was forced not only to verify that the prescriptions were properly entered, filled, prevent ADEs, dispensed, counsel patients, take prescriptions over the phone from physician's offices, we were forced to step into the role of technician and enter the prescriptions at time of drop-off, fill the prescription, perform final verification of the prescription, triage phone calls and take refill numbers over the phone from customers, work the pick-up register, drive-thru, conduct MTMs, give multiple immunizations (walk-ins preferred; no appointments necessary or suggested), and other endless tasks all without killing or causing significant harm to a patient due to an error because we were pulled in so many different directions. When our concerns were brought up to management, nothing changed. So before I caused harm to a patient, I quit my job after 17 years and switched to hospital pharmacy. At first, things were great, but then COVID hit and no one wanted to return to work and the new board requirements for pharmacy technicians has made it impossible for anyone to want to become a technician. We are so short on technicians with no hope in sight. There have been zero applicants and our technicians are extremely overworked, underpaid, burned out, and forced to work 60-70 hours per week to fill all holes. It has become a huge safety concern and pharmacists are to the point that we are scared for our license. I really hope that someone takes these concerns seriously and actually looks into situations further before pharmacies basically become technician-less. A pharmacy CANNOT run without technicians, and if patient safety and care is a priority, maybe this will cause matters to be addressed more quickly.	11/23/2021 3:36 PM
222	I really hope the board does something to control the levels of additional testing/ vaccinations. The companies are in it to make a profit and really are putting the wellbeing of both staff and customers at risk. I want the board to issue limits on what can safely be provided during a work shift without adding risk to all parties involved. This issue has caused people to walk away from their careers and I really see it coming to a head unless the board intervenes. Please take this issue seriously.	11/23/2021 2:28 PM
223	All that seems to matter to employer is how many immunizations we give due to poor reimbursement rates for actual medication scripts.	11/23/2021 2:12 PM
224	I think there should be a law implemented that in cases where there are so many call-offs, or inadequate staffing (which happens more often than not) - pharmacies should not be able to stay open for that day. It is unsafe to operate pharmacies with half of the necessary staff or less - and to try to keep up with the daily needs of the pharmacy. We should be able to close our doors/gates in these situations and not get in trouble for it. Customers might not agree, but for overall safety and employee sanity - it is becoming more and more necessary.	11/23/2021 2:01 PM
225	While my comments and answers above reflect my full time employment (hospital), I also work PRN at a retail setting (used to work full time retail). The retail setting is EXTREMELY dangerous, exhausting, depressing, etc. There is no time to do anything. With covid tests, covid vaccines, flu vaccines, other vaccines, regular prescriptions, phone calls, people complaining, etc., it is just too much. Technicians are leaving due to lack of pay, making pharmacists' jobs even harder. Pharmacies near me are behind by several days, causing harmful delays in therapy through no fault of their own. They need help. They need paid more.	11/23/2021 1:09 PM

Meeting Materials

They need mandatory breaks in the middle of the day. We cannot rely on companies to do the right thing anymore. We need the state board to step in and help.

226	technician non-clinical responsibilities could be expanded to include checking refill prescriptions where bar-code technology would check the product and stop them if clinical input is necessary.	11/23/2021 12:47 PM
227	I am lucky that my job isn't dealing with the challenges of all the other chain retail pharmacies which obviously have too much going on filling rx's, vaccines, etc.	11/23/2021 12:13 PM
228	Work stress has spilled over to family life which has pushed me to start medication and therapy	11/23/2021 11:51 AM
229	The pharmacist to technician ratio must be enforced more sternly and possibly adjusted to account for new pharmacy duties such as COVID testing & mass COVID vaccination (pediatric & adult). Mandated lunch/rest breaks at least once daily need to be codified & enforced. The risk to patient safety is too great for such changes to be delayed any further.	11/23/2021 11:33 AM
230	I feel that phatmacies are wasting time on filling prescriptions for items that do not require scripts, such as OTC's and vitamins thus taking time away from "real" scripts.	11/23/2021 11:27 AM
231	Ohio govt is to blame for all of these problems. Prescriptions don't matter anymore. Only these vaccines which are now being shown to be in effective and dangerous. Customers yell and swear at us all day long because their Prescriptions aren't ready. They aren't ready because of the vaccines we are required to administer. This must change. No care or focus us being given to safe and timely medication dispensing. Only vaccines.	11/23/2021 11:14 AM
232	When it comes to expanding technician roles, perhaps I think there a few things they could be easily trained to do. Recently, technicians have gained the ability to immunize in our state. Has this reduced my workload some? Yes. Is this appropriate? I'm not sure. Teaching someone how to immunize is one thing. Teaching the clinical reasons behind it is another. As pharmacists, we are barely trained in this manner. At big box stores, upper management does not care if we have time to research and make appropriate clinical decisions. They just see the dollar signs. Workflow is relatively smooth until an issue comes up and again we barely have the ability to make these decisions ourselves, especially after years in the field where clinical decision has basically been ground out of us. I hardly expect us to be able train our technicians to make these decisions when our own training is lacking. The other problem I fear, is that big box stores don't give us adequate time to complete yearly compliance training, let alone training for new tasks and professional development. I fear that any additional training will just be tacked on to the list of requirements that we already don't have time for instead of the company setting time aside to invest in the development of its colleagues.	11/23/2021 11:00 AM
233	IF WE HAD LESS UNNEEDED REGULATION FROM STATE BOARD AND PBMS AND INSURANCE COMPANIES, WE COULD SPEND MORE TIME ACTUALLY HELPING PEOPLE, AND IF WE WERE FAIRLY COMPENSATED FOR PRESCRIPTIONS MORE STAFFING COULD OCCUR	11/23/2021 10:38 AM
234	Certain technicians I would trust with more responsibility but others I would not trust at all.	11/23/2021 10:27 AM
235	Pharmacy workload has it's peaks and troughs. It is critical for pharmacists to have sufficient support staff so that when the peaks happen, pharmacists can focus on clinical duties and not be overwhelmed with non-clinical duties as well. Delivery of completed medication orders and the technology that helps with dispensing them are very important parts of the pharmacy puzzle. However, they can be very time consuming and take focus away from thorough clinical review, timely completion of orders, and collaboration with doctors, nurses, and other pharmacists on important clinical issues.	11/23/2021 9:57 AM
236	Covid has presented many challenges with people believing the government is using it to control people and you are not able to contain Covid due to this belief.	11/23/2021 9:53 AM
237	Work metrics have become onerous and interfere with safety.	11/23/2021 9:08 AM
238	Drowning. A new patient population continues to become available to receive COVID vaccines (meaning more work and more shots) and we haven't seen one up tick in available hours or additional help sent to our pharmacy.	11/23/2021 8:43 AM
239	I have had only 1 raise in 8 years (\$0.40). We should be getting at least a cost of living raise every couple years.	11/23/2021 8:36 AM

Meeting Materials

240	Staffing is biggest issue and rude patients expecting immediate results via script or immunization. Been trying to hire but no one wants a job so with limited staff longer hours spreads staffing thin when true busy hours are about 10 hrs and gives opportunity to better care individually when have other staff to address all people present in the pharmacy	11/23/2021 8:34 AM
241	there are no outdates done and i have informed the board about it but board has taken no action on the pharmacy. i left 2 voice mails at the board office in columbus. pharmacy technicians without proper training are doing dispensing duties. board has not done anything and has been aware of the issues for the past decade, so nothing new for the board. i remember filling this kind of survey before but nothing is ever done as board members are cherry picked by corporations.	11/23/2021 7:49 AM
242	This survey addresses huge issues that occur daily in most pharmacies, especially the big chains, mostly due to corporate greed, but this isn't the first one of these surveys that have been offered, and I don't believe the board will actually do anything to address it because the chains are all represented on the board. They have no interest in fixing these problems.	11/23/2021 7:01 AM
243	Weekends are the worse. Need to cancel testing if no other techs are available to help in the pharmacy. Ridiculous that a pharmacist is supposed to fill scripts, phone calls, shots, ring register by one's self. Have definitely seen an improvement over that past couple of months. Perhaps they were aware this survey was coming out? They give us a lunch break, but have to use it to catch up..so is this really a lunch break?	11/23/2021 7:01 AM
244	Bathroom breaks are missing. Not having time to use the restroom for 10 or 12 hours is a health concern.	11/23/2021 6:43 AM
245	Overall I have always enjoyed being a pharmacist. The problem is with the corporations asking for more and more but not wanting to pay for it out of CEO and executive bonuses. The wealth gap is making it harder and harder for everyone to do their job and feel satisfied and cared about. I personally feel expendable and replaceable and have zero feelings of commitment toward my employer. My relationship is entirely transaction. I do they job to get a paycheck and that's about it.	11/23/2021 4:40 AM
246	CVS needs pharmacist to technician ratios in the state of Ohio. Not sure why we are so behind everyone else. No one wants to work for CVS because it has no respect for its employees. Work conditions expanded metrics, immunizations are just a small portion of the giant workload every day that is put before us. We all feel like we are drowning, and no one is going to help us. Kind of stuck at the work because of student loans. Kind of a lose-lose situation. Please help	11/23/2021 12:13 AM
247	Rite Aid is extremely short staffed and do not allow for adequate breaks. A lunch break during the time would be efficient for the staff to eat and take a breather. Hell, even all retail places should give their workers that. If they expect us to give shots then nurses should be at each pharmacy to help distribute the workload.	11/22/2021 11:44 PM
248	My employer has admitted that monetary sales generated by covid vaccine administration fees have been used to offset lost sales from PBMs -- and not for additional staffing to accommodate the administration of covid vaccines.	11/22/2021 11:07 PM
249	I Will quit retail pharmacy within the year. I love patient care and am not getting to do it. The company lies about the amount of counseling and outreach to customers we are doing and I feel like I'm part of the problem if I stay. Lies might be a strong word but they certainly turn a blind eye to stores just checking the boxes. First counsels are not done, calls aren't made but the box is checked that all is getting done.. patient care is suffering. Large retail stores have great ideas on how to impact patient care but has severely fallen short in execution. They don't try to change the things that are easy to change by adding a little money. We have some great techs but we will lose them because we don't pay to reflect the responsibility of the job. Hire people. Invest in them, build them up. Fix what is broken. I'm very sad to leave after 25 years but being days behind on a regular basis is just unacceptable. I cant put my name on that anymore. Something has to change.	11/22/2021 10:29 PM
250	Since I work for a small independent I am Satisfied. I am older and could not handle a large change operation as I know other Pharmacists that work in that environment and they basically dislike it alot. I make less per hour, but my quality of life is much better than the chain Pharmacists.	11/22/2021 9:56 PM
251	The expansion of booster shots has steeply increased pharmacist workload at my store, but we have not been provided any additional pharmacist support. Patients are waiting longer for	11/22/2021 9:34 PM

Meeting Materials

prescriptions and the staff is working at a breakneck pace and still struggling to get all tasks complete each day.

252	Outpatient clinic in hospital setting. Very busy and getting busier. Additional duties with COVID vaccines added on has added alot of stress. Managers indifferent to the need for increased staffing and workload burnout	11/22/2021 9:27 PM
253	It's always do this task, or do this other task, in addition to everything else we normally do...and no additional staffing is provided. I also wonder if it's not in patient's best interest to have members on the board being actively employed by corporations that set some of these metrics into place.	11/22/2021 9:17 PM
254	I have not had a raise in over 6 years. What other careers are like that? And you can never get a day off. I just want to leave pharmacy so I can have a life outside of work.	11/22/2021 9:09 PM
255	Work as Ambulatory Care Clinical Pharmacy Specialist	11/22/2021 8:56 PM
256	Customer's impossible expectations combined with Company's insistence on perfect survey results is extremely stressful. Raises have not even come close to keeping up with inflation. Benefits are only for emergencies. We are underpaid and treated like we can be easily replaced if we do not do everything asked of us in a perfect way to please all. I blame this on the board of pharmacy flooding the marketplace with pharmacists so that employers have the upper hand. Lunches are too short and usually dwindled down to nothing due to trying to keep all the procrastinating customers happy. The volume of vaccines should be manageable except that the customers expectations of fast food timelines and the companies continued demand for perfect surveys makes it extremely stressful. Techs should continue to be allowed to vaccinate beyond COVID because they have been very helpful. They need increased wages. One of the biggest reasons we can not hire certified techs is due to lack of compensation. PLEASE DO NOT TRY TO RESOLVE THE BURNOUT/STRESS PROBLEMS OF PHARMACISTS BY FLOODING THE MARKET AGAIN WITH MORE PHARMACISTS. If we were valued more in the first place (prior to COVID) we would be in a better place to make decisions to control the workplace environment now. Also, where are the questions about how stressful it is to decide whether or not we should fill an opioid prescription with all theses lawsuits?	11/22/2021 8:51 PM
257	When is this committee going to evaluate and make recommendations to the BOP to become law? The pandemic has been going on for 20 months and NOTHING has been done by the BOP to help pharmacists and our deplorable working conditions!	11/22/2021 8:48 PM
258	Immunizations without increased staffing have created an unsafe environment. Employers are too focused on medics and have no idea what goes on in there store on a daily basis.	11/22/2021 8:48 PM
259	For question 15, an option should be that although I am physically sick from the job, I cannot afford to leave the field.	11/22/2021 8:16 PM
260	I work as an outpatient pharmacist at a government /VA/military facility.	11/22/2021 7:55 PM
261	if technicians are allowed to do more clinical duties they should be required to do the same training a pharmacist would be required to do to provide that clinical service.	11/22/2021 7:41 PM
262	Companies chasing metrics and PBMs are ruining the retail pharmacy profession	11/22/2021 7:22 PM
263	Our company provided extra pharmacist help during the initial wave of covid immunizations. Now they are not. Our community is not having the mass clinics by the health dept like they initially had. So we are here picking up the slack, with all 4 vaccines and no extra staff. We are also allowing walk up vaccines while the other local competitor is making people make appts. All of this on top of all of our regular rph duties and company metrics. Hiring quality techs has proven to be very challenging. Our manager is constantly interviewing but it seems they don't last long once back in the pharmacy. Rx companion is something we are supposed to be completing but we aren't even getting our daily prescriptions filled with the large increase in immunizations.	11/22/2021 7:07 PM
264	Work/life balance is difficult in the retail setting, especially in the past 6 months when we are constantly pressed to take on additional shifts. I also do not feel it is fair that we do not receive overtime pay for working 60 hour work weeks when we do pick up these shifts. There is not enough staff or even close to it. We are all running around constantly and can never get caught up. Working in a 1 person pharmacist store, it is impossible to take a lunch break and we work 12 hour shifts. It is almost impossible to ever use the restroom. These conditions are	11/22/2021 6:52 PM

Meeting Materials

not safe nor fair to the employees. It is also not safe for the patients. Major changes need to be made to retail pharmacy, it is currently not sustainable the way it is.

265	A second pharmacist for immunizations and testing alone is needed state wide. To take 10 minutes for 1 patient's immunization puts us 10 minutes further behind in the prescription filling process that is already stressed enough	11/22/2021 6:49 PM
266	Most stress is due to Covid patients. We have an ever-increasing load of Regen-Cov infusions and we receive incomplete orders (missing sheet w/Med orders) and most orders are faxed withOUT patient identifying info. Our health system as a whole is lax in providing patient identifiers & allergies. I feel so stressed over safety issues because we get no support from department leadership. I'm burned out from Covid. I'm looking at other careers.	11/22/2021 6:25 PM
267	It's overwhelming and always demanding with no extra help or resources to do the new services or tasks ! Long work hours 13 or hours shifts with a break for lunch for 30 min where you can't close the pharmacy and you get more work load if you took the lunch break, in other words we skip or lunch break because of the fear from being behind and stressed by both customers and management! Thanks	11/22/2021 6:19 PM
268	Tech roles can only be expanded for those that are intelligent. Need to increase their pay to get qualified help.	11/22/2021 5:43 PM
269	I worked for 5 years at CVS and 3 years at Walgreens as either a tech or an intern. My outlook/survey would be very different if I was still working in retail. Working conditions in retail pharmacy are often unsafe, inhuman, and extremely stressful. Pharmacist to tech ratio limits should be instituted, as well as perhaps script volume to rph ratios. Big corporations are working diligently toward increasing profit margins and are killing retail pharmacy as a byproduct. Retail pharmacists are not given any time to actually use their clinical knowledge to help patients. Metrics, workload, and immunization requirements are increased while staffing is cut. I recommend my friends and family find an independent pharmacy with a reasonable volume that actually cares about them vs risking a chain. Please do something to help our profession before it is too late.	11/22/2021 5:34 PM
270	Thank you for taking a pulse on the situation of pharmacy/pharmacists in Ohio "post-pandemic lockdown". Maybe some changes will be implemented top-down. Strive for true healthcare impact vs. chase metrics/numbers/money for the corporate wheelhouse.	11/22/2021 4:46 PM
271	Too long shifts with no break ever complaints from management about meeting quotas with no extra help # 1 no back up techs and every day there is a call off	11/22/2021 4:10 PM
272	I travel and most of the stores I have been in need extra pharmacist help in addition to technician help. Most of the stores are several days behind on filling RXs and some are over a week behind.	11/22/2021 4:06 PM
273	I am glad I am about to retire. I miss the time I used to have to actually talk to my customers in years past. Pharmacy is changing to the point of having to take 6 steps to do the same thing that used to take 1 step to do.	11/22/2021 4:04 PM
274	I'm fine with techs adopting more roles, given appropriate training and SCHOOLING. I do not want to limit anyone's growth, but having techs adopt all the roles I went to school for 7 years for and spent \$300k on without making those same sacrifices speaks to how flawed the higher education system is and makes one wonder why I had to take on all these loans to effectively have the same amount of money as the tech after I've paid each month.	11/22/2021 3:57 PM
275	N/A	11/22/2021 3:31 PM
276	Need more pharmacists and less hours working. 12-13 hour days with only 1 pharmacist doing everything is too much and leads to errors and stress. With additional duties like Covid testing and immunizations no time for processing scripts with only 1 pharmacist	11/22/2021 3:23 PM
277	The job itself would be manageable if not for all the added responsibilities. The rapid testing and Covid vaccines have overtaken our daily workflow. The phone rings nonstop with questions about testing and vaccines. All of these things in addition to the same script volume, MTM calls, metrics, and all other daily tasks it takes to run a pharmacy efficiently. There are days we have an immunizer, however, there are several times when an immunizer is not available and we are scheduled for 60 appointments per day, majority of those being pediatric which takes more time. Pediatric vaccines should be given in another setting. Pharmacy is not appropriate for small, scared children to get vaccines, when we are trying to	11/22/2021 3:20 PM

Meeting Materials

do our full time jobs of taking care of our prescription patients in a timely manner. I do have adequate staff, if it weren't for all the added tasks and phone calls. Everyone is just stretched way too thin.

278	I feel there should be state board mandated ratios of technicians to pharmacists. My company has supplied a decent increase in technician hours but no increase or some decreases in pharmacists hours. It doesn't matter how many technicians you give me when you have to verify scripts, answer provider calls, verify product, perform DUR's, counsel patients, perform Covid tests/PCR tests/rapid tests/administer immunizations (booster shots, Covid shots, ages 5-11 shots) and handle the metrics corporate gives you patient safety is what keeps me up at night. The board needs to intervene in corporate profit taking at the expense of patient safety.	11/22/2021 3:18 PM
279	I have worked short handed with technicians who have no experience or training. This creates a great amount of stress due to increased errors and decreased efficiency, accuracy and safety. It is a scary situation that jeopardizes patient safety with the increased amounts of unnecessary errors. In addition, there are too many questions asked and too many interruptions. Overall, I work with minimal help that is neither experienced nor trained with added responsibility.	11/22/2021 3:00 PM
280	Too long shifts with no break ever complaints from management about meeting quotas with no extra help # 1 no back up techs and every day there is a call off	11/22/2021 2:41 PM
281	Shortage of pharmacy technicians leaves me working many hours and some full days by myself. With Covid-19 tests and vaccinations and flu season this is ridiculous. On days with nobody but me in the pharmacy it should be closed!	11/22/2021 2:25 PM
282	More tech help and pharmacist overlap much needed to perform our duties properly.	11/22/2021 2:24 PM
283	Over 26 years as a retail pharmacist, the one constant is that this profession is in constant change....from 80% cash paying patients to 90% insurance covered patients (prior authorizations, cost confusion), to incorporation of computers (enhancements, enhancements), better workflow, to metrics (patient care focused or working quick enough), drive throughs, phones, to vaccinations, to walk-in vaccinations, to delivery, to staffing shortages to overages back to shortages, to a crushing/lingering pandemic. I feel like we've just lost control...spending more time back peddling explaining why we can't do walk in flu or COVID vaccines (was that ever a good idea to being with?), or staffing shortages because the technician whose hours were cut based on metrics that now we really, really need but they've quit because they needed a stable job. You're lucky if you've been at one location long enough to have repoire with your patients so during these staffing shortages, they offer understanding and patience. They are the reason we stick around. Thank you for listening!	11/22/2021 2:19 PM
284	My workload is setting me up to feel defeated on a daily basis. Increased stress, not sleeping well, increased headaches and pain. At my location I am the only vaccinator on a shift, none of my technicians are certified to give vaccines and they declined the optional offer. My company is setting me up for failure allowing for 60-70 shots per day, Covid testing and still trying to fill Rxs, do MTM, and 20-30 patient calls per day, it is just unreasonable. I haven't had a raise in over 7 years, and I have friends who have been a pharmacist for 10 years less than I, at other retailers making more money with less experience. My coworker/RxM is fixated on filling our queue for the entire week, and doing nothing to assist with calls, therefore they all roll over on my shifts, increasing my workload. I work 12 hours per day, which has now become 14 hours (working 8a-10p). Eating lunch at 1:30 I, during our break and not eating again until 10:40p when I get home. I am also working longer weekend days, when I already work every other weekend, resulting in 60+ hours in 1 week. When I am off, they ask me to pick up shifts, and I feel guilty saying no, because I am burnt out. I have 24 years with my company, which is why I am trying to stick it out, but with 4 weeks vacation earned, I am only permitted to take 4 of those days on weekends, less than 10% of all the weekend days I work a year (52 weekend days) We have been Running short staffed, store managers and assistant managers try to come back and help, but that sometimes creates more issues, since they aren't normally in the pharmacy and have trouble with tasks and no one to ask, especially when I'm giving shots and my only tech is doing Covid tests in the drive thru. I have 1 excellent senior technician who has been working 10 hr days, and only 3 technicians total. The other 2 techs are new and having adequate time to train them is impossible with all the expectations, therefore they get frustrated and some have just quit. Errors have been made, wrong package to wrong patients. Customers waiting excessive times for a prescription, because it's no longer a priority with all the vaccination patients waiting too, of which don't want to wait because they "have an appointment". It's just been awful , and I wish I had a different career	11/22/2021 2:01 PM

Meeting Materials

285	<p>Let me first say...I love being a retail pharmacist. I knew from day one of pharmacy school 25 years ago this was what I was meant to do. I had worked for the same company as a pharmacist for 23 years...almost unheard of. But I had a good gig. A store close to where I lived, a good partner, customers that became like family. Then the company went overboard on metrics. And it's not that I don't see merit in metrics because I do. I was a pharmacy manager for 20 of my 23 years. But metrics only give part of the story. For example, I can't be leading the district in flu shots (where during peak season) I was doing 30/day by myself and expect to check my rxs on time. It's physically not possible. Also, I never had the ability to hire or fire staff pharmacists. So while I could coach and counsel a staff pharmacist on their individual performance and offer guidelines as to how to improve them...in the end I have no power to truly discipline, transfer or terminate the staff pharmacist. Most of us enjoy adding clinical services to our duties..in a pandemic it made sense to include covid testing or vaccinating the community, but give us the technician or pharmacist hours to do so. Have our pcq calls go out of a clinical call center..because I absolutely do not have the man Power to successfully have 30 mtm like conversations while doing 30 flu &covid shots, 25 covid tests and 250 prescriptions in 12 hours with 2-3 technicians. Mistakes are happening. Pharmacists are not only getting mentally exhausted but physically. In what other industry are we considered hourly yet salaried employees? Do you want to take a guess as to how many retail pharmacists put in 5-10-20 extra hours a week every week for years and not get paid? I just left my job of 25 years in September and moved to outpatient pharmacy in a hospital. What a difference. Amazing when healthcare doesn't involve stock holders who never once put on a white lab coat to begin to understand my profession. I applaud my former employers attempt to listen to its workers...raising minimum wage for techs, closing the pharmacy for lunch are steps in the right direction. But it's not enough. When I turned in my notice a DM reached out to me (not my own bc he knew my intention) and begged me to stay. He'd guarantee my pay (haven't seen a raise in 4 years) I'm making at the hospital, guaranteed me the base I wanted and had worked of 38 instead of what they will give you on paper of 30 (this causes you to lose vacation hours earned) and a 10k bonus if I agree to go back to managing the store that I ran for 10 years before they forced me out of in what I found was the beginning of an agism suit against me for being a veteran employee. A suit I ended up winning because my evidence was pretty damning but had left me disgusted with my employer. I could go on and on...but save your pharmacists. They want to help people. They want to serve the public. But to do it safely you need to nail these greedy CEOs. And take a good long look at the #pizzaisntworking movement out there. Your jaw just might drop</p>	11/22/2021 1:37 PM
286	<p>My retirement was expedited by recent purchase of my employer (hospital) of 34 years by a larger hospital system. Pharmacy work environment and stress levels deteriorated immensely with new Pharmacy management.</p>	11/22/2021 1:33 PM
287	<p>I left CVS 2.5 years ago due to horrific work conditions. I feel much less stressed with my current grocery store employer.</p>	11/22/2021 1:17 PM
288	<p>I work by myself, and neither have nor require any support staff. PBM interference and below cost reimbursement is the greatest obstacle to providing quality patient care timely.</p>	11/22/2021 1:16 PM
289	<p>A technician makes or breaks a pharmacy. I have worked with some great technicians, but they are working overtime with no breaks and being screamed at by customers. No one deserves this. Increased staffing would be wonderful for all!</p>	11/22/2021 1:15 PM
290	<p>I do not think technicians taking on more responsibility will fix the problem. It will just take them away from workflow. Pharmacists need to be valued again. I want the board to fight for raises, hero pay, scheduled breaks, rph/tech ratio, max drive thru hours, shortened pharmacy hours of operation. We are the most accessible healthcare professional but also the one profession that is treated as if we don't have rights. 4 years on a row without a raise. No breaks. Imagine this in other lines of work. It wouldn't fly and we need support in hiring techs as well. The process to hire a tech takes waaaaay too long.</p>	11/22/2021 1:00 PM
291	<p>My generally positive responses are due to working at a mail order pharmacy. My first 8 years as a pharmacist were in retail- I would not go back, especially for the salaries that are now being offered. I advise anyone entering pharmacy study not to do so unless they have a specific pathway to a job that doesn't involve retail pharmacy. The stress is simply not worth the salary at this point in my opinion and cost containment is clearly the focus of pharmacy businesses, insurance and the government therefore I really don't see the biggest issue (lack of staffing) changing anytime soon. Will be interesting to see what happens if students deciding their path wise up and realize a 90-100K a year job isn't worth 6-8 years in school and likely >\$100K of debt. The standards for technicians would need to be greatly increased if they</p>	11/22/2021 12:59 PM

Meeting Materials

are to routinely perform clinical tasks (it remarkable how many mistakes I have to catch every time my company hires a new group of technicians), part of what focuses my mind while working is the fact any mistake I make could potentially end my career- are we going to gold these technicians to the same standard? If not why are we even considering it (you will see more errors without accountability)? If so why should those technicians accept less pay for similar risk ? I could see a role possibly in helping administer vaccines, but again- would these techs get paid more and have to have liability insurance ? At what point should we just have a nurse in the pharmacy for administering vaccines (yes, I know we don't have enough nurses for that). I find it interesting that governments answer to healthcare shortages is often is "Hey lets push more responsibility on the people who make less. That will save us money"

292	<p>Although I currently work in a closed door pharmacy within an organization that is staffed appropriately with a moderate workload. Factors that add to the stress on our workflow are mainly outside the pharmacy including altercations with patients, insurance PBM monopolies driving up costs and forcing patients to use specific pharmacies. The current Caresource processor (express scripts) holding people until after a prescription is due to be filled causing gaps in therapy because that same prescription was filled a day or two early the past couple of months. Prescriber order entry error is at an all time high and providers do not order correctly within the electronic medical record. And increase in the amount of medications requiring prior authorization in order to be covered. (Prime example would be of Medco Medicare PdP not covering Hydroxyzine 50mg for anxiety) - This medication was given to the patient instead of a benzo at the patient request in fear of abuse of a control substances. Patient had to pay out of pocket in order to due the right thing and that is just not right. Lastly, I shouldn't have a call of pharmacy for copies only for the pharmacist to be crying on the other side of the line and have to talk them through everything for them to be ok, or the case of the pharmacist having a heart attack and dying while on shift. I got into this profession as I felt it meant something to be a part of the team and provide easy access of care. I have fellow friends who are pharmacists at chains that are straight up being abused by management so the company can continue to may a buck.</p>	11/22/2021 12:57 PM
293	<p>The industry needs to change to reflect the value that a pharmacist brings is not in counting tablets or verifying that the tablet is white, round, and has specific markings, but in the clinical knowledge we've learned in treating patients. Patients abuse us in retail and currently, pharmacy is molded to a sell me my product quick and cheap model. This is unsustainable and provides DISincentives for proper patient care and also leads to mistreatment of pharmacy staff everyday due to unrealistic expectations that do not even reflect or recognize the actual value of pharmacy. We are actually punished for trying to provide high quality care by restrictions on our time, perceived interference with the "that's what my Doctor wanted" mantra, delays in prescription ready time, multiple interruptions, being hungry/thirsty for hours, etc. There is so much room for medication optimization and patient counseling that I cannot even begin to address because I can't handle the workload I already have and I can barely manage the stress that comes with it.</p>	11/22/2021 12:55 PM
294	<p>I have not had an opportunity to take a lunch or break in months. I almost always end up staying hours after we close just to clean up. I don't see this getting better soon. My employer has not given pharmacists a raise in many years and I do not feel appreciated by them in the slightest.</p>	11/22/2021 12:43 PM
295	<p>The daily task load is increasing but the store hours are being shortened or the stores are closing all together and everything is still expected to get done by the end of day. It's nearly impossible to do 2+ Twelve hour work days worth of work within one 8 hour work day. The bp pharmacists for my company are leaving left and right, causing a shortage in help which is leading to stores being closed or having shortened hours. Pharmacist's salaries to the point of it being both laughable and insulting, making it unrealistic to fill the missing spots of those pharmacists that chose to leave.</p>	11/22/2021 12:17 PM
296	<p>I'm a pharmacist of 38 years so I've seen many changes in my profession. I understand technology is always changing and that's part of the job. What I don't understand is how being an immunizer benefits anyone but the companies bottom line. Even if we were compensated for our efforts the danger to the patients due to us multitasking isn't justified. I will tell you that I've lost the compassion I had for the patients due to the workload I am forced to maintain. I will not suggest or encourage young adults to pursue a career in pharmacy, especially retail. I feel the state board of pharmacy no longer has my best interests in mind nor that of the patients safety. They have fallen in with big business. I believe I filled one of these surveys out recently and nothing has come of it and probably nothing will change due to this survey. I</p>	11/22/2021 12:08 PM

Meeting Materials

go into work every day with an up beat attitude but I seldom come home felling that same way. Most likely I'm angry and scared that I may have made a mistake that could harm a patient.

297	Companies such as comprehensive pharmacy services (CPS/ formerly PSI) should be outlawed. They overwork staff that aren't even employed by them and create unsafe environments in hospitals for patients. All while lying to the health system they serve.	11/22/2021 11:59 AM
298	Meeting company metrix or goals is a big problem that causes unneeded stress	11/22/2021 11:45 AM
299	I got into the profession of pharmacy hoping to use my clinical knowledge and resources to help benefit patients. Throughout the pandemic I have not been able to even share any knowledge with any patients because I honestly just do not have any time! The point of pharmacy is not just counting pills and handing out bottles, but due to the vast expansion of duties that pharmacists are now required to complete there is no time to do anything else. I Have noticed a great increase in the amount of mistakes being made by other pharmacists because we are all overworked and exhausted, I have never been able to take a lunch break, I work 12 hour shifts which which turn into almost 14 hours each day because I have so much extra work to pick up and clean up, and I am constantly exhausted and depressed after work. I really thought I would enjoy my time being a pharmacist as I worked so hard to get my license however I am constantly worried I may lose it because of a mistake that I or someone else makes that could harm a patient. The public also has no respect for pharmacy staff and is constantly rude and impatient partially due to the fact that the general public does not seem to know all the work pharmacists and technicians due, but mainly due to the fact that everyone is so behind and understaffed. On top of all this, pharmacies are being reimbursed insane amounts for covid vaccines and tests, but the staff providing them have seen no benefits or compensation for it. Lastly, pharmacists are still expected to meet a ridiculous amount of metrics that are just not possible to complete under these circumstances. The conditions we are being forced to work in are unsafe, physically draining, and emotionally exhausting. Something needs to be done about it.	11/22/2021 11:37 AM
300	I would never recommend the pharmacy profession to anyone. I have made sure to steer my kids away from it. Staffing schedules are horrible with regard to balancing family life at home with little concern from management.	11/22/2021 11:35 AM
301	Spend a tremendous amount of time doing technician duties. Counseling, DUR checking, clinical reviews at prescription check points are not happening and errors are not being caught because of the speed in which we have have to work. We simply do not have enough staffing and added vaccine, covid testing, etc is crushing us.	11/22/2021 11:33 AM
302	I am of the belief that a major function of the government is to protect its citizens from undue harm. This should be priority # 1 for the Ohio State Board of Pharmacy and I am confident that is the case. There is a desperate need for safety intervention in the realm of large chain retail pharmacy in Ohio. During the past year, there has been nearly a doubling of workload with the additons of COVID-19 testing and vaccine programs. While these are admirable programs, I have not seen emphasis placed on maintaining an operable pharmacy operation with these added tasks. My company has seemed content with allowing prescription orders to fall days and even weeks behind in some circumstances beyond reasonable fill times. I believe there should be minimum reasonable staffing requirements in place to ensure a smooth running pharmacy operation. Patients are going without medication due to poor staffing. It is also absurdly difficult to call a pharmacy for a request at this time. Phones go unanswered for hours at a time during peak times of day, and I believe some retail operations have abandoned answering phone calls altogether. Something as simple as getting a prescription transfer takes hours or days when it should take minutes. Pharmacists are going to work in a hostile environment for 12 hour shifts without sufficient backup in place, or the ability to take a break due to workload. Companies still push metric driven approaches when their employees cannot take a 5 minute bathroom break. It is a travesty that this has been allowed to occur during a pandemic, and has threatened and continues to threaten public safety. I plead with the Ohio BOP, please place minimum staffing requirements in retail pharmacy settings to protect employees and patients. A minimum of 2 RPhs staffed per store per day would be a great start.	11/22/2021 11:32 AM
303	COVID has completely changed the dynamic here and the company I work for expects the same amount of service to deal with huge census overload along with ancillary service care. We are in between pharmacy directors and they made me the interim director without my consent and no compensation. I do it because I care about my department and patient care but I can not staff and take care of those extra jobs until we hire someone and train them. I do not feel it is fair and I am burned out when I go home and I often cry most days. I fell like I	11/22/2021 11:29 AM

Meeting Materials

could hurt someone any given day or time. My techs are exhausted and we are short staffed with them. Job duties are getting forsaken because they don't have enough time and just want to leave. Doctors are making more mistakes and being rude. There is no end in site it feels like. At least when Covid was in prime we focused on that and cancelled ancillary services because we have a small staff. Now we are expected to just get it done with no extra help or pay or thank you really

304	I always get a flood of applicants from retail pharmacy when we post hospital jobs. Too many schools of pharmacy & their answer to lack of jobs or job satisfaction is for students just to stay in school for more PGY training. Very cynical and greedy of the Pharmacy Schools.	11/22/2021 11:29 AM
305	The board of pharmacy is doing nothing to support pharmacists and pharmacy techs. We are drowning and this has been happening for years and we keep getting surveys from you guys with no change because clearly you people are working with the pharmacy companies and the profession is being destroyed at a rapid rate because of greed. Pharmacists are developing mental conditions illnesses and nothing seems to change but it's getting worse everyday. What is the Board doing about all this? You should stand up for those you are meant to protect	11/22/2021 11:28 AM
306	Severe shortage of pharmacy technicians; large gap between clinical pharmacists and distributive pharmacists, primarily driven by clinical no -appreciation of distribution	11/22/2021 11:12 AM
307	No I don't think technicians duties should be expanded because as there are not enough tech hours allowed now. If expanded without increased budgeted hours the workplace becomes more dangerous than it is already. The problem in the past several years comes from just that problem. Corporate wants us to do more more more with same amount of hours. My employer harps on multi tasking all the time. I understand the need for employees to multi-task but when it comes to the duties of a pharmacist I think to many times is creates an unsafe environment. In many cases pharmacist are ask to counsel, run register, dispense, and immunize at the same time. Corporate says techs are not to bother pharmacist while processing a prescription but when the pharmacist is 150 prescriptions behind and the tech has 150 to fill, is becomes impossible for the tech not to distract pharmacist on a cosistant basis.	11/22/2021 11:12 AM
308	The amount of services being provided in pharmacies is not being adequately reflected in pharmacists' pay as the responsible person. If it's my license on the line then I should get payed for my services or at least a portion. Instead it all goes to my company and they just tell us to do more as a cash grab. I still haven't gotten a pay raise since I started 3 years ago and we offer more services than ever. Increase in pharmacy services without increase in staff makes it impossible for every customer to have a positive experience. But corporate still expects no Customer complaints. 12 hour shifts with no breaks is not safe for any job let alone a pharmacist and "finding time" is impossible when you have around the clock COVID vaccine appointments. I should get a designated break where I don't get yelled at for resting. Sitting down throughout a 12 hour shift (unless you prove you have a medical condition) should not be against company policy. Processing, filling and checking 400 prescriptions, giving 30 COVID shots in addition to flu shot walk-ins, while managing the schedule, staffing, hiring, cleanliness, ordering, and organization of a pharmacy, etc. on a daily basis is unsustainable. I work the cash register when we are short staffed because if I don't then there is no one to wait on the drive through which corporate won't let us shut down. But if I work register than I cannot complete my pharmacist duties. If it's a service we cannot safety and adequately provide we should not be offering it. Hiring technicians is harder than ever due to uncompetitive wages, resulting in short staff which compounds all problems stated. Corporate companies are unwilling to change any business practices that result in a decrease of their profits. They know the problems they refuse to change them because they would rather have the pharmacist on duty take the hit for any mistakes, not themselves. Reimbursement from insurance companies/ GoodRx makes profit margins thinner than ever resulting in uncompetitive wages for all pharmacy staff. It's not worth being a pharmacy technician where you have to be board certified and become a responsible person when you can make the same 15 dollars an hour at a fast food restaurant where you have no responsibility. One pharmacist on duty at all times makes it impossible to complete pharmacy tasks safely while having to deal with staff, patients, doctors, insurances, and company managers who all need the pharmacists' attention at all times. I am a newer pharmacist working 3 years now. I was hoping things would be getting better. They have only gotten worse. People tell me I need to look for another job if I have this many complaints and it's that bad. At the end of the day it is my choice to have stayed working for this company for 3 years and all complaints aside I like pharmacy, it's just the environment and conditions I hate. However people also do not realize that this situation is at every pharmacy in the country. Some situations better than others. I can say that if your pharmacy position isn't like my experience than you will do everything in your power to hold on	11/22/2021 10:43 AM

Meeting Materials

to what you have. I had one friend work at a pharmacy that was 1500 prescriptions behind to start every day, and had to fill out paper 222 forms, etc That makes my situation look good, but that is still not fair because my situation is not good. That is why I am looking for a new job, but it will not be in pharmacy. I need to leave altogether. The only reason I stay is because I need the money to pay off my student loans. Maybe after years of schooling and all this work I can break even. What a waste.

309	Big corporate pressure for metrics and unrealistic appt scheduling for vaccines has taken my love for patient care. I dont have time to counsel patients effectively or answer their questions. Bottom line, it is an unsafe environment. I cry on my way home, praying I didn't make any mistakes!	11/22/2021 10:37 AM
310	I only work part time as I'm 77 years old and have retired from my full time position. Not sure of future plans to retire completely. Have been in practice for 50 years.	11/22/2021 10:10 AM
311	Corporations are interested only in Government payments for providing COVID vaccines and testing and Medicare PDC, leaving little time for retail pharmacists to take care of other patients. I have seen pharmacies recently with 500 labels printed on the counter with only 1 RPh and 1 Tech working and a manager asking why they haven't made there Medicare late to refill calls. It's an impossible situation. Due to the stress and declining salaries I would no longer recommend anyone going into the pharmacy profession.	11/22/2021 10:01 AM
312	It feels degrading when after 40 years as a pharmacist I am recognized as just a pharmacist instead of a PharmD. I think if you've been a pharmacist for more than 25 years you should be grandfathered in.	11/22/2021 9:53 AM
313	The profession has evolved a lot over the past 25 years geared to improve patient care (outcomes) that there are times when the basic function of getting the correct medication to the correct patient in a timely manner is moved back so we can evaluate if their IMZ record and MTM as nd the patient waits. Not downplaying this but sometimes they just want the medication and leave. Work shortages are well documented and I hope will become a non issue soon. I think technology advances will relieve some of the burden and hopefully a change in thinking to have pharmacists and technicians work from home to focus on accuracy and productivity to process prescriptions efficiently and cover multiple locations so the pharmacist on location can focus on patient care.	11/22/2021 9:49 AM
314	I would stay a pharmacist for many years if the workload wasn't so stressful. With myself and one technician on the weekends it impossible to get anything done except tests and shots. We can run a clinic or a pharmacy but not both with the current conditions. Terrified I'll make errors every day.	11/22/2021 9:48 AM
315	I plan on retiring at the end of the year because of all the stresses. Pharmacy is certainly not what it was 30 years ago. I am not 65, but cannot continue with these stress levels. We couldn't survive without our techs who work as hard as we do and definitely do not get paid as much as they should. Mandatory more help would be more helpful than expecting technicians to do even more than they already do. I am so glad you have take the initiative to send out this survey. I think our profession needs a lot of changes. My biggest fear each day is that I am going to kill or injure someone with a prescription mistake because we are pulled in so many other directions. Thank you for listening,	11/22/2021 9:47 AM
316	My biggest stressor currently is the huge increase in vaccinations without adequate staffing.	11/22/2021 9:46 AM
317	Why not start asking your pharmacists how to remedy issues. Need lunches/rest breaks like a doctor's office.	11/22/2021 9:46 AM
318	In hospital pharmacy the shortage of technicians is a real problem. I have multiple technician openings that have gone unfilled for more than 2 years. We are all fighting over the same pool of techs and there no longer any technician programs available to train new techs.	11/22/2021 9:45 AM
319	The addition of walk in vaccinations in addition to large work load WITHOUT ANY ADDITIONAL HELP has caused much stress and anxiety. I feel patient care has compromised because I am hurrying prescriptions through the filling process to get to the 10 people waiting in line for a walk-in vaccination. Companies are making MORE MONEY giving COVID19 vaccinations then they are filling prescriptions. This has changed priorities.	11/22/2021 9:43 AM
320	RE #15 - I hope to retire within the next 5 years; #16 some techs would be good at clinical duties, but feel a standard educational degree on top of standard PCTB certification is needed	11/22/2021 9:41 AM

Meeting Materials

321	I work in an office setting checking prescriptions where many of the stresses of retail pharmacy are handled by other staff. I left traditional retail due to stress that I believe caused me to make errors that lead to my firing. I was unemployed for several months, so I do believe there is a need for intervention to improve working conditions in large chain, retail pharmacy.	11/22/2021 9:40 AM
322	The Ohio state board of Pharmacy is run by incompetent fools. When a lawyer was picked to run it that was the beginning of the end of the profession of pharmacy in Ohio. I have sent emails and it takes days for a response and it is usually dismissive or simply an acknowledgement that my communication was received. Sweatshops in 3rd world countries have better working conditions than do pharmacists working in retail pharmacy today- get out of the upper floors of your office building in Columbus and walk into a chain drug pharmacy and observe - just stand or sit outside and watch - it's unsafe, unprofessional And you are doing nothing to fix it. All these companies care about are dollars - it's why the opioid crises occurred, it's why the amphetamine crises that is currently occurring is happening (not that you even know from your offices high above Columbus that their IS an amphetamine crisis) and it's why these companies are prioritizing covid shots over filling prescriptions right now - chasing dollars. Read the results of this survey then get off your overpaid underworked asses and go visit pharmacies	11/22/2021 9:39 AM
323	I have 10 time the workload as I did as a pharmacist 20 years ago and much less technician help. I do not look forward to going to work anymore. I do not have time to eat, go the bathroom, or even take a five minute mental health break at work. Employer is asking us to do the impossible with no technician help, things are very dangerous at work. A lot of very serious errors are being made and patients are becoming increasingly violent towards pharmacy staff, threatening to come in with a gun and shoot the place up. I don't know how much longer I will last, I don't understand why the Board of Pharmacy doesn't regulate the retail arena more.	11/22/2021 9:36 AM
324	Corporate at big chains cares about profits over employees which makes a hostile work environment. The proliferation of pharmacy schools has driven down salaries which makes older more experienced rphs expendable and adds job insecurities on top of the ridiculous workload and expectations. PBMs will be the death of retail pharmacy if they are not broken up.	11/22/2021 9:36 AM
325	In response to #16 - Pharmacists would like to provide more clinical services themselves. Many feel as though they only dispense and serve no other value. Also expanding technician work skills further dilutes our ability to appropriately bill for a pharmacist's time. We have done a great job of under billing and over saturating our job market. I know many nurses that now make more than pharmacists. What's the incentive to being a pharmacist when you don't have pay that reflects it and doesn't increase with inflation. Not to mention metrics and understaffing are contributing to increased errors and reduction of direct patient care.	11/22/2021 9:34 AM
326	Absolutely miserable. Increased workload tremendously without any increase in help and virtually no pay increase is just ridiculous. I am exhausted by the time I finish my 12 hour shift as the only pharmacist on duty and have little work life balance since whenever I'm not at work I feel like I'm just recovering from work.	11/22/2021 9:32 AM
327	if technicians are going to take more clinical work they deserve more pay and we need more reimbursement for the time we spend fixing the health care system. If my star ratings are tanking because providers in our area will not respond to refill requests or patient calls how am I support to support their adherence to a medication? I do emergency refills but if local providers are not working to overcome the lack of access to healthcare in our county then there is only so much additional I can do to support my patients. The work I do is not directly related to the medications I fill and this is a problem for the current structure of pharmacy.	11/22/2021 9:31 AM
328	O really enjoy being a pharmacist but I think we need more transparency about the process of getting a script filled with the public. Electronic prescriptions are great but the public can not see how many came in before their script. We need to teach the public that it take more then 15 minutes to fill correctly	11/22/2021 9:31 AM
329	We've been doing 50 to 100 immunizations a day on top of covid testing and prescriptions. Some of those days involved only 4 hours of technician help. Someone is going to get hurt if this is allowed to continue due to medication errors.	11/22/2021 9:29 AM
330	We need to give the clinical aspect back to physicians, nurses, and other healthcare workers and allow us to do our jobs providing medications safely and effectively.	11/22/2021 9:26 AM
331	Just glad I don't work retail	11/22/2021 9:22 AM

Meeting Materials

332	At the beginning of this year, I switched from retail to hospital pharmacy. Everything about it (regarding this survey) improved this past year.	11/22/2021 9:17 AM
333	Pharmacy technicians are the backbone of pharmacies. Practicing in multiple settings this has remained true. With that, if the responsibilities are elevated both the pay and the clinical training needs to expand. I have worked with many technicians that could take on the expanded scope without issue but would be concerned with others. The requirements for additional education and more in depth education for them would help to increase the bench strength of the pharmacy - and even help take some of the workload off the pharmacists. Many technicians want to step up in what they can do but don't want to go on to be pharmacists. A tiering system of capability, responsibility and scope of role would develop a career path.	11/22/2021 9:17 AM
334	I think its worth noting staffing issues being seen in OP settings arent due to lack of pharmacists. There are 7 schools here in OH alone. Its due to working conditions and being called upon to do more with less. Pharmacists are going elsewhere. Managed care, consulting, hospitals. I would encourage the board to enact laws to improve working conditions of pharmacists outlining what overlap and coverage should look like at a minimum instead of increasing duties of technicians. I already dont know where this profession will be in 50 years but I know it definitely wont look good if technicians start getting more and more an increase scope of practice.	11/22/2021 9:16 AM
335	We need more pharmacist overlap, not more techs	11/22/2021 9:15 AM
336	Walgreens	11/22/2021 9:14 AM
337	It sounds easy, to just hire more technicians; however, the hiring process is not simple with CVS, and is completely in the pharmacist hands. We do not have the time or effort to do the whole hiring process ourselves. We need the help from corporate or HR. Also, when we do open new requisitions for hiring we see old candidates in there and candidates who are looking to work at other CVS locations. This needs to be changed, and taken off our hands. I find we should be involved with the interview process to meet and feel out the candidate to see if they will be a good fit for your store, but we should not be in charge of the entire process from start to finish, while we do not have the time! Additionally, it becomes hard when the public sees that we accept "walk-ins" for vaccines. CVS needs to do a better job about "appointment only!" When your store can have up to 12 appointments per hour, no walk-ins should be allowed. I love what I do and I always will, we just need more help!! We need more floats - who deserve an even higher amount of pay! Recently their pay increased from starting at \$13 to \$16, but they need more and they need to not have a cap to have an incentive to stay! They do so much for the pharmacy, and honestly deserve more than a fast-food worker in my opinion. Lastly, I love being an advocate for my community and vaccinating- It's just hard when you feel like the vaccines are now only available at local pharmacies. When the pandemic first hit, there were huge facilities organizing and helping out vaccinate..now it's just pharmacies and maybe some doctor's offices. We get more workload, but no extra help. Some days, I am just by myself, with 30+ vaccine appointments, walk-ins, phone-calls, pick-ups, and everyday workflow tasks! I haven't even touched any managerial tasks/paperwork. Important tasks I've always been able to accomplish while on the clock, hasn't been touched in months! Please help the pharmacy teams. We are slowly losing passion for our careers.	11/22/2021 8:31 AM
338	I have lost 3 technicians this year. These girls have worked for the company for 20, 11 and 6 years. Workplace burn out. I am next. My company cares more about Covid testing in the drive through and popping out flu shots more than pharmaceutical care. It's a joke.	11/22/2021 7:30 AM
339	With the current situation of added vaccines and testing without additional employees it is unsafe and I would never want to go back to retail for this reason.	11/22/2021 6:44 AM
340	If inspectors took a look at most of the pharmacies in my district they would see the mess, the chaos, the disorganization. Trash on the floor in busy stores, trash cans overflowing, baskets of Rx orders stacked up so high they will tumble over, techs running around like chickens with no heads, phones ringing and ringing with no one to answer them. If the public saw it from behind the counter, they would be absolutely appalled at the state of things in retail chain pharmacy today.	11/21/2021 11:29 PM
341	I believe that metrics other than patient satisfaction should not be legal. An hour lunch each day without having to add that on to work day should be mandatory. That would be two 15 minute breaks and a 1/2 hour lunch rolled together. There should be the ability to leave at the end of your shift and not have to stay until all ques are empty. If vaccines and other clinical	11/21/2021 11:11 PM

Meeting Materials

services are offered to patients then a pharmacist dedicated to that pursuit should be required. If there is not enough business to have full time then hire part time and offer those services on specific days when they are there. Thank you for offering us the opportunity to voice our opinions of our profession. I challenge you (The Board) to actually take this information and pass meaningful, impactful legislation that will improve the working conditions of all areas of pharmacy practice.

342	In the past 10 years I have seen such a decline in career satisfaction, not just from myself, but from fellow pharmacists and technicians. Every time I think things can't possibly get more stressful and less safe, sure enough, I'm proven wrong. Currently, as a profession, we are at a breaking point. We cannot continue like this. I anticipate pharmacists and technicians alike leaving the profession in droves if something doesn't change, and fast. Pay is not the problem. The problem is improper staffing and workload. I foresee this also adversely affecting pharmacy school enrollment as most pharmacists are so miserable they wouldn't recommend anyone pursue this career if asked. It's sad to see the decay of a profession I once loved.	11/21/2021 11:11 PM
343	The question about do you feel safe voicing workload concerns to my employer. The answer is yes to safety however the problem is that no one does ANYTHING when I voice concerns. I am tired of worrying about my safety and the patients safety. The stress level has been unbelievable. At one point we were doing 70 shots a day and Expected to do 35 Covid tests and still maintain script filling. All the while other stores in my own chain aren't answering there phones and I am fielding those phone calls. When I report this to my supervisor she says, "we can only do what we can do." The customers see the stress we are under. We need help! We need support!	11/21/2021 9:40 PM
344	I believe that the burden of vaccinating the general public has been handed over to retail pharmacy over the past year and has made my life ridiculously stressful. This extra workload does not have an end in site and yet our scheduled pharmacist hours and technician hours has decreased over time. The thousands of vaccinations we have given just at our location has at times made the normal workday overwhelming. We, as pharmacists, have been exploited by our employers and also the government. I feel that the Board of Pharmacy does not have our best interests in mind and has not helped our profession.	11/21/2021 9:12 PM
345	The increase in the number of immunizations due to COVID has greatly increased my workload and that of my colleagues and is not sustainable long term. I worry that there is a risk of an increase in medication errors.	11/21/2021 8:59 PM
346	I have been a pharmacist for close to 40 years, and currently am not finding any pharmacists or technicians satisfied with their careers. In our chain we have had several pharmacists and technicians quit. In our store we have been looking for technician help and no one applies. Our last hire worked 2 days and quit. In a 12 hour work day the pharmacists have no lunch break and Covid vaccines are scheduled continuously with other walk in vaccinations on top of our standard duties. This is unsustainable and dangerous for patient safety.	11/21/2021 8:47 PM
347	Too much is expected from retail pharmacists from vaccinating every 5 to 10 minutes to covid testing while checking prescriptions, counseling patients, calling doctors, managing technicians and handling problems in the pharmacy. Patient safety is at risk!	11/21/2021 8:46 PM
348	Pharmacy technicians should not take on roles of the pharmacist that we have schooling and a degree to perform. This includes MTM and immunizations because a technician is not trained to properly counsel a patient or answer most questions in those situations. Third party coverage is a lot of stress that leads to angry customer. Pay should be evaluated by the employee, especially on the profit stand point. Companies most likely are making a lot more money with the increase in vaccines. Staffing should be sufficient that work can get done in a safe manner and a patient can feel confident in the care they are receiving.	11/21/2021 8:38 PM
349	Duties of a pharmacy technician could be expanded, but "clinical" responsibilities I don't feel are among them. I think a properly trained technician could give shots - just as a properly trained MA or other nursing staff may do this at a physician's office. I think they are ok to do product verification with in guard rails. I don't think they are trained to do DUR (drug utilization review). I do think that prospective drug utilization review is not currently being done effectively. Clarity in the laws that allow minor changes to prescriptions would be a benefit to Ohioians - physicians often pick the wrong drop down with prescriptions which leads to drug misadventures. Laws concerning opioids should be revisited - are we sure these laws are effective at preventing deaths? Pharmacists seem to be charged with following these laws, some which lack clinical evidence. Consider more transparency in PBMs, but also pharmacy chains.	11/21/2021 8:34 PM

Meeting Materials

350	I left my job at a big box retailer to go to a clinic. Best decision I ever made. We as pharmacists have the ability to be great members of the clinical team. Traditional big box retail is beyond ridiculous and in my opinion, was impossible to provide the level of care that you wanted to provide and patients deserve. I don't think handing over more responsibility to technicians is the answer to this problem. If you ask my previous employer they would tell you that reimbursement rates are the reason for the shortage. I think that is one very large piece of the puzzle that needs reform. I enjoy helping others, but if I'm speaking honestly I was looking for degrees and jobs outside of pharmacy before this role because that's how bad of an environment it was. It was unsafe for everyone.	11/21/2021 8:22 PM
351	The only reason I disagree with technicians responsibilities expanding to clinical services is because they will not be properly compensated for these services. They're not even properly compensated right now, even if they get an increase it wouldn't be enough.	11/21/2021 7:52 PM
352	As pharmacists, we are the only healthcare providers filling prescriptions for our patients. Now, with all the added vaccinations and COVID testing we are overwhelmed and struggling every day to keep up with the demands. Corporate is allowing patients to schedule vaccine appointments every 10 minutes AND promoting walk-in appointments. It is TOO MUCH! Every day we do our best to care for our patients but we are WEARY!	11/21/2021 7:48 PM
353	I feel safe voicing my concerns to my employer (see #10 above); however, it doesn't matter what I say because it won't change anything. Only the metrics cause changes, which still leaves us understaffed.	11/21/2021 7:40 PM
354	I believe patients could be better educated as to what we really do for them. It is not just pull a bottle off the shelf and hand it to them. That one prescription may have included contacting the insurance company for billing, calling the MD to clarify, correct or discuss interactions, comply with DEA or BOP rules. Then counseling, mostly quick and easy but sometimes longer and very detailed. ie how to use their glucometer that is new to them Another is corporate keeps adding new tasks without additional staffing hours ie for POS testing and vaccinations among others.	11/21/2021 7:23 PM
355	I have recently stepped down from a 40-hour work week in 1 store with only 1 other pharmacist and one 10 hour overlap pharmacist...now I float 30 hours so less days, and a bit less responsibility going place to place and not having to hold down the store for the entire pharmacy staff. Now I face a varied schedule, not set in stone so hard to plan more than 2 weeks out for personal stuff; and not sure what chaos I walk into every shift, like do we have shots scheduled and have enough technicians staffed and not call offs.	11/21/2021 7:02 PM
356	Dear State Board of Pharmacy, All chains care about is money! Get off your ass and do something before a patient dies!	11/21/2021 6:38 PM
357	Lunch break given but hard to take with workload. No other breaks. Breastfeeding mom only pump once during lunch, in my car. Medically complicated baby spent months in nicu, threatened termination if didn't return full time. Not understanding with my acute family crisis. No home nursing available for weeks. Pay sucks. Benefits suck. Work from home jobs are even worse and require pbm experience so I don't qualify.	11/21/2021 6:10 PM
358	Use this information to make the necessary changes sooner rather than later. We have been talking about this for WAY too long!	11/21/2021 5:58 PM
359	I left a large chain for a smaller chain about 2 months ago. I was very overstressed and overworked at the large chain and could see myself and others making more errors. I am happier now in this new environment and have regained the passion I have for pharmacy	11/21/2021 5:52 PM
360	Shrinking margins are the major concern of upper management, while they do nothing to increase sales, profits or promotions with the solution being eliminate the staff that actually does the work and creates the profit.	11/21/2021 5:27 PM
361	There needs to be change enacted for the entire United States CVS AND WALGREENS are abusing their pharmacists and staff with the increased metric and vaccination demands on top of the growing workflow load. I go days working twelve hour shifts with no bathroom breaks or lunch breaks. I try not to drink water so I wouldn't need to pee because there is no time. We are drowning.	11/21/2021 5:08 PM
362	We need more help at the technician level. You cannot expect people to maintain CE requirements and licenses for under 15 dollars/hour. Tech pay is far below what is required for them to just maintain employment in the state of ohio. You must make a mandatory minimum	11/21/2021 4:35 PM

Meeting Materials

wage for people that that meet the states tech requirements or drop the requirements to increase emploment at that position.

363	i do not think technicians should be giving vaccines. Pharmacist lose to much control but are still responsible for the outcome when issues arise.	11/21/2021 4:29 PM
364	I am a retired pharmacist.	11/21/2021 3:43 PM
365	There is a major glut of the number of pharmacists. The profession is struggling with an identity crisis and the work load for the retail pharmacist is becoming a major deterrent to provide care for many patients who cannot afford to see a physician .	11/21/2021 2:45 PM
366	Thank you for asking and recognizing crisis of this career.	11/21/2021 2:44 PM
367	The board of pharmacy need to step in immediately to salvage pharmacy practice or else the profession will be trash	11/21/2021 2:42 PM
368	There is a major glut of the number of pharmacists. The profession is struggling with an identity crisis and the work load for the retail pharmacist is becoming a major deterrent to provide care for many patients who cannot afford to see a physician .	11/21/2021 2:31 PM
369	Pharmacists should legally be allowed to see patients as a midlevel provider in order to increase access to quality care. Pharmacists are trained and competent to clinically manage drug therapy for patients. In short, we are an under utilized resource for our health system. We have a ceiling within pharmacy and very limited opportunity for advancement.	11/21/2021 2:19 PM
370	Expectations for level of productivity within the time available for projects, etc. is unreasonable and unsustainable at my place of work. Maintaining/meeting project-related expectations, unless completed outside normal work hours (which ultimately consumes one's personal/family time), takes away from direct patient care and to some extent compromises patient safety.	11/21/2021 2:14 PM
371	There is a major glut of the number of pharmacists. The profession is struggling with an identity crisis and the work load for the retail pharmacist is becoming a major deterrent to provide care for many patients who cannot afford to see a physician .	11/21/2021 1:51 PM
372	I am very pleased that the board is gathering this information. My hope is that you sincerely listen to the stories and the data collected in this process and take action to improve the very stressful and frustrating working conditions in retail pharmacy. The stress that Pharmacists and their staff are under is increasing by the day. Increase of stress leads to fatigue and carelessness which will eventually lead to impacts on patient saftey and satisfaction. Retail pharmacy has always been overworked and understaffed but the pandemic has made this issue drastically worse. Pharmacists and technicians are leaving due to burnout in record numbers. We can't hire anyone because our employers are not paying an inflationary competititve salary, nor are they giving us adequite break times. Many of those that can are choosing to retire or switch careers entirely due to the high stress, lack of appreciation from patients/prescribers/employer, and a salary that continues to diminish without inflationary increases in pay. At my store none of the surrounding hospitals/health departments are offering any covid shots. Instead they are telling everyone that calls them for help to go to the local pharmacy for your boosters. Its absolutely insane the amount of vaccines we do each and everyday, in additon to fill 700+ rx, answering questions/phones, call dr's on issues /oncerns on meds, opioid stewardship, conference calls/emails/metrics/policy reviews/ computer based learning, staffing issues/training , and all of the other vaccines which we do on a regular basis (it flu season also). What other industry allows a patient to walk right up to the counter, interupt what your doing and ask for a clinical service like a vaccine/test/ or medical question? Then if you metion their is wait or if you don't answer the question they way they want they scream at you and give you a negative survey which directly impacts your compensation. The answer is no other health professionals put up with this treatment and it needs to stop! My solution to the lack of staff and workload is to immediately shorten our hours which will increase our pharmacist/technician staff overlap which will allow us to distribute workload in a more equitable fashion. It will also allow us to have more down time in between shifts which will further reduce burnout and increase our morale. We also need to have all patients make appointments for any clinical service, this will ensure that we can provide quality service at specific/predictable times. I beleive one reason why patients, prescribers and society as a whole have such disrespect for retail pharmacy is that we don't require appointments for the services we offer. We are not fast food, good health care can't be given at a snap of a finger. All health care , besides retail pharmacy, require customers to be patient and schedule an appointment to avoid chaos and provide adequate individualized attention. Pharmacy needs to	11/21/2021 1:09 PM

Meeting Materials

be able to do the same. We also need to be viewed as actual health providers and have the ability to bill for our time and our knowledge. This will also help us with the lack of compensation from our employers, as they will be able to bill for our knowledge and not just the number of rx or vaccines/tests we can dispense. Expanding the role of technicians into additional clinical services is not the answer, they don't have the knowledge of a PharmD degree and the years of experience to jump into any additional roles. Most technicians don't want those additional responsibilities as they themselves are also over worked and under paid. The mistakes some of my techs have almost made in helping during the pandemic are numerous and just one more additional task that a Pharmacist must oversee. From my experience its easier for a Pharmacist to handle the clinical issues and ensure quality. As mentioned before I hope the board reads these comments and takes them to heart. Lives are at stake each and every day, we in retail pharmacy are doing all we can to help our patients but we need help also to perform at our very best and we would like the same level of respect as other health care members currently enjoy. Items where the board can improve retail pharmacy conditions include: shorten pharmacy hours (provides better overlap which reduces stress), mandatory lunch breaks/15 min breaks for all staff including rphs, more competitive wages (or at least cost of living adjustments, which will help retain what staff we have), mandate that all prescribers e-scribe rx's which greatly improves our efficiency, limit or shut down the number of pharmacy schools in ohio (focus instead on quality instead of quantity). More new pharmacists actually decrease compensation and opportunities for existing pharmacists which in turn leads to more stress, burnout. Lastly for the love of God please help us with the opioid crisis. The focus should be on re-education of all prescribers about the dangers of opioids and rooting out those that are careless and over prescribe. Pharmacy and pharmacists are not the enemy and we are only fulfilling orders written by prescribers, opioids start with prescribers. We are vilified by society and are being sued for prescriptions that didn't originate from a pharmacy. We have and are doing all in our power to stop bad prescribers and stop harmful rx's but we need help and support from our board now more than ever. Thanks for your time and help into all of these matters.

373	I recently graduated from pharmacy school and worked throughout school as an intern at a retail pharmacy and loved it so when I was offered a full time position at the pharmacy after graduation I was ecstatic. However, this past 2021 year in pharmacy has been such a turning point for me - I feel completely overworked and incredibly burnt out. I looked forward to becoming a pharmacist all throughout school and it isn't close to the dream job I hoped for. Most nights, I drive home crying from work worrying that I made a mistake or forgot to do something - lock up the pharmacy, put back the will call, order supplies etc. On top of all this stress, I am also pressured on a weekly basis to pick up "extra shifts" because retail pharmacists are so short in supply. Almost all stores are 100s of scripts overdue when they first open in the morning. I usually arrive an hour before open just to try to get caught up before the opening hour hits and the phones ring non-stop, shot appointments arrive, covid testing appointments are in the drive through and it still isn't enough. Sometimes, I won't even find time in a 13 hour working shift to use the restroom let alone have a lunch break. Everything is always so behind, patients are always waiting, and it feels like there is never any time to just take a break. Corporate has tried to help by initiating "shorter hours being open to the public" and shots by appointment only with walk-ins limited during a certain period, which honestly has helped some and I do feel grateful for that. However, working between 50-70 hours a week has taken such a toll on me. I struggle in my life now finding enjoyment outside of work because I am constantly worried that I made mistakes, that my staff is happy, or that I will be called in to work on my days off. I don't feel like myself anymore. I just never feel enough and I am truly trying so hard. It is just too much work for a single pharmacist to be doing alone. Thank you for taking the time to read this response and put out this survey. I really appreciate being heard.	11/21/2021 12:42 PM
374	At the end of the day, we, like many other industries, are under-staffed. The challenge is, there does not seem to be a sense of urgency by management to overcome this (as they line their pockets with all the money we've been making and buy us a pizza...but no raise of course!) I do not expect any of it to change.	11/21/2021 12:06 PM
375	I love what I do, but the additional stress from the workload and lack of staffing levels is really burning me out.	11/21/2021 11:50 AM
376	The current employee turnover, inability to hire etc has exponentially made things worse. I do know my employer is trying to hire, but conditions are sooo bad new hires get overwhelmed immediately. The constant understaffing then leads to burn out and job loss from the people who have stayed so far. It's THE most frustrating thing I've seen in the past decade.	11/21/2021 11:05 AM
377	Nobody is on our side. Nobody. It's all a veneer and sad faces with crocodile tears.	11/21/2021 11:02 AM

Meeting Materials

378	The expectations of corporate for one pharmacist is obscene. The working environment in retail pharmacy is the worst I've ever seen. We should not be doing COVID tests in a pharmacy! It's all COVID all the time and the immunizations are completely out of hand. Prescriptions have become an after thought and that should always be our primary focus as pharmacists, not jabs and tests.	11/21/2021 10:24 AM
379	I feel overworked and underpaid especially when staffing is inadequate. At times it's too much to keep up with the demands of testing, immunizations, attempting to reach patients about their medications/consults/questions, calling insurance companies, or answering the incessant amount of inbound calls. Ultimately it's the patients we care for, the ones who allow us to have the jobs we do to begin with, who suffer from the delays. It might be getting better but it's not good by any means. The idea of a "waiter" is pretty much nonexistent.	11/21/2021 10:06 AM
380	The basis of all retail pharmacists complaints revolve around inadequate technician staffing. Tech staffing should be prioritized and techs should be paid a very competitive wage.	11/21/2021 10:05 AM
381	Hard to believe anything will change when the main offending employers are on the committee and I have never even worked for them.	11/21/2021 9:39 AM
382	I don't feel that we are treated as professionals, at least not in the retail setting. Working long hours, holidays and weekends without breaks during the day. No other professional is expected to work in these sorts of conditions.	11/21/2021 9:08 AM
383	My technicians are overloaded with work and are underpaid. As a result they consider leaving every day for their own mental health. My mental health is also suffering and I am currently considering going down to 64 hours, increasing my anxiety meds, and starting therapy to deal with the stress of my job during covid.	11/21/2021 9:06 AM
384	Our profession is suffering, it's not okay. I should not be forced to work with 0 technicians and still be expected to do COVID testing, COVID vaccines, flu shots, type prescriptions, fill prescriptions, check prescriptions, work the front counter and answer phones. I throw up every morning from the anxiety of work. I never know if my techs will be there or not, I never can be sure something won't be thrown at me because someone's prescription isn't ready. If things don't get better I'm considering a career change, but I worked so hard to get here and it just seems a waste to throw it away. I was also asked to work not even 24 hours after I buried a close family member. I'm so tired of the lack of respect and that I have no help. I'm drowning and no one seems to care. I voice these concerns but they fall upon deaf ears, all I get in return is that they are working on hiring people, but I need help NOW not in a month when a new tech comes in and sees that we are so behind they just quit. I cannot do this anymore. This is not safe and it's destroying my health. I will not die from a heart attack waiting for coverage. I refuse to be put in that position. Please please please help us. I'm scared I'm not going to make it to 30.	11/21/2021 8:41 AM
385	We are drowning! Something has to change before errors get worse, burnout becomes unbearable, and our profession loses all credibility and public trust. Maybe start by requiring appointments and a dedicated pharmacist for vaccinations.	11/21/2021 8:36 AM
386	The lack of pharmacist and technician support staff for the amount of work being asked of us is completely wrong. I haven't had lunch breaks of any kind for 10+ years and I haven't had a raise in 5 years, but these things are the least of my concerns. The staggering prescription volume in addition to new tasks (which are staffed before the greater staffing needs) are taking its toll on not only patient well being, but the mental wellness of my staff and I. Prescriptions are routinely late, as tasks like testing and immunizing have become priority number one. This leads to patient dissatisfaction and retaliation against pharmacy staff. The end result is a high stress, abusive, and toxic environment which is to the detriment of all involved. I hate this profession and am actively trying to leave it.	11/21/2021 8:33 AM
387	I have been a pharmacist for 30 years. Never, have I ever, experienced what we are all (pharmacists & technicians) dealing with. My mental health has suffered greatly as has my personal family life because of the overwhelming work burden. Something needs to change and quick! We should not be able to be scheduled for 10-13 hour shifts at all let alone by ourselves. A 30 minute meal break is not enough time to get your food into you and get mental clarity back. There is no reason why a pharmacy needs to be open 8am -9pm. Most in our area have decreased their operating hours which allows for more overlap of technicians and pharmacists to get work done. Adding the vaccines into the mix and all the metrics we are required to make doesn't help. They just keep adding "1 more thing" to our to do list...now it's going to be drive-thru Covid testing....how mad is the person behind them in the drive thru	11/21/2021 8:00 AM

Meeting Materials

going to be when they have to wait 15 mins for that process to finish...and who's going to get yelled at and get a complaint sent to corporate? I don't feel like a healthcare professional anymore making a difference.. I feel like an assembly line worker. I can't take the time to discuss things with my patients because of the looming work that awaits me in the pharmacy. The customers (and some providers) have become so vile and demanding..cussing and shouting etc I'm sometimes afraid to walk to my car at night for fear of retaliation. Please help! Thank you for taking notice. Action needs to be taken NOW! Mandatory pharmacist to technician ratios, decreased operating hours (at least until this is over...if I make it that long) proper meal and break times etc. There is so much more I could add but I believe you hear my point. Thank you again.

388	HELP US! This is torture and we have no where else to go. They pretend to pay us but as a salaried employee I put in so many extra hours that it becomes not worth it. We are mentally and physically abused and no one cares. How many surveys will it take for someone to understand this horrifying job that we thought it was a dream come true 15 years ago is causing us mental and health problems? We are treated like we are worthless and they make sure we start to feel that way. Please help. Please.	11/21/2021 7:39 AM
389	My technician staff is inadequate. They do not have the knowledge or skills for more clinical responsibilities. If one specific technician was given more responsibility, I would quit and never go to this pharmacy again. I have written up techs for errors and near misses and corporate has no intention of following up on her training. She blatantly violated hipaa with no repercussion, she deleted c2 e-rx without any reason to, frequent mistakes that cause the pharmacist to be uneasy all shift. Other staff members are great and help support me. And new techs I don't have time to mentor. The verbal abuse from customers has caused me to cry daily for the last week. Then I'm expected to turn around and provide good customer care to others?? THE WALKINS HAVE TO STOP. We can't do walkins on top of 50 scheduled shots. In a 12 hour day with 1 pharmacist.	11/21/2021 7:38 AM
390	The pharmacy profession just keeps adding to our workload. COVID has put the workload over the top. I don't feel like we have anyone looking out for us and the chains just keep demanding more. Pharmacy used to be an awesome career and unfortunately the big companies have ruined the profession.	11/21/2021 6:56 AM
391	Doing more with less is never a safe work model when it involves patient care. And salaries are getting worse.	11/21/2021 3:43 AM
392	Technicians are not compensated or respected by the companies and so it is impossible to get/retain them and there is a direct line from this fact to poor work product in the pharmacy. It is absolutely ridiculous that we run a medical clinic out of a space designed only to dispense medication. Also ridiculous to assume adding all of these patient care responsibilities (mass vaccinations/testing) could just be wedged into dispensing workflow...talk about switching gears on a dime and wearing multiple hats at the same time with zero room for error?!? Cramming food in my mouth on the fly and holding bathroom breaks in all day really adds to the 'professional' feel of retail pharmacy, not to mention the distraction it becomes when, as mentioned before, there is zero room for error. And who is to blame when something goes wrong...the corporation that set us up for failure?? Oh no, it's the pharmacist...how could they make such a mistake? Let's talk about physical space for performing clinical activities, there is none. Again, pharmacy was designed to dispense meds, not to accommodate an outpatient clinic. We vaccinate all these people for Covid with no physical space to provide for social distancing while waiting before or after the vaccination. The vaccine 'room' is also where people take blood pressure and is a hallway to the back room, so we get meat/bakery employees passing through our *clinical* area while we have patients getting vaccinated. There is an obvious conflict of interest with chains owning the PBMs. Also, conflict of interest with the Board of Pharmacy being made up/influenced by corporate chain management. Finally, if the Board's focus was truly on patient safety, we wouldn't have gotten to this awful place to begin with. Not much faith anything will change. I'm making a plan to exit this 'profession.' I'm lucky enough to be able to. Most of my work day is spent in frustration and fear of what the day holds. And the look of 'running around like a chicken with it's head cut off' just makes pharmacy look bad to every patient that comes in, hardly inspiring confidence in what we're doing for them. I'm embarrassed to be seen that way, but largely helpless to change the perception.	11/21/2021 1:21 AM
393	I seriously considered leaving the profession a year ago, but decided to cut my hours back instead. I was already overwhelmed with insurances wanting comprehensive medical reviews and looking at star ratings along with all of our other duties. Our pharmacy provides	11/21/2021 12:37 AM

Meeting Materials

synchronization and packing for our patients which we do not get compensated for. I have found that these services alone have provided ongoing medical reviews monthly to our patients and have truly made a difference for so many. Synchronization and packing is extremely time consuming especially with limited staff, making it very difficult to add on all the extra duties, for example, CMRs and TIPS through the OUTCOMES platform. Yet, an independent pharmacy must find other sources of income due to the low reimbursements of insurance these days. Now, we are adding covid vaccinations and testing along with our other vaccinations and duties. They want to give technicians expanded roles to help pharmacists, but there is a shortage of qualified technicians too. I know our pharmacy has struggled keeping technicians because the job is very stressful and demanding even for them. Both pharmacists AND technicians are spread too thin. Until we are able to pay qualified technicians what they worth, there will always be a shortage. A pharmacy must have qualified, trusted, and experienced technicians because the load is so great for all the staff. Having unqualified staff opens the door to more errors. Therefore, it is not that easy to "just pass the extra duties to a technician" if you can't find quality technicians or keep them long enough to train them properly. The lack of payment for services from insurances has hindered hiring more qualified staff. Now, the increase in duties (covid vaccination and testing, reporting the covid vaccines, CMRs, TIPS, Starr Ratings, all the other vaccinations, delivery, counseling, challenging insurance billing, ordering, putting away the order, and medication dispensing) has created a very dangerous work environment in pharmacies for the staff as well as their patients. I feel fortunate that I was able to cut my hours before the Covid challenges struck the pharmacies. I see the daily strain on all my coworkers, and after my ten hour days, I am mentally and emotionally drained.

394	Walgreens has an online scheduling portal where patients can schedule vaccines every ten minutes. They can sign up for multiple vaccines in their ten minute time slot. So we have 53 vaccine appointments scheduled during an 11 hour shift in addition to drive thru COVID testing and filling prescriptions with a minimal increase in tech hours and no increase in RPh hours. It literally feels like I work in a clinic giving shots and administering tests with filling prescriptions as an after thought. It is not safe and we do not have time to adequately train new employees. Older, more experienced technicians are leaving in droves because the working conditions are near inhumane. The CVS in our town had their entire staff walk out and are telling patients it will be days to fill acute need medications like antibiotics and WEEKS for maintenance medications. The board of pharmacy has done absolutely nothing to prevent this and says over and over they only exist to protect patient safety. How is waiting weeks for a medication and decreasing access to medication not a patient safety issue?? Get off your asses and stop Walgreens and CVS and the like of putting profits first and ruining our profession and putting lives in danger!! As a pharmacist with no previous mental health issues, I've had to start buspirone from the stress of my job in 2021 and being terrified every day I will kill someone during the chaos of our daily retail shift.	11/20/2021 11:40 PM
395	Techs need to be better trained (maybe a two year college program)	11/20/2021 11:22 PM
396	I believe a lot of stress would be alleviated if there was more overlap with pharmacist help. Even if a pharmacy is fully staffed with technicians, having a single pharmacist on duty is a struggle a lot of times. The pharmacist is pulled in many different directions and it makes it hard to safely complete all tasks. To be clear, when I mention pharmacist overlap, I do mean hiring more pharmacists to be scheduled to work at the same time. In the past some pharmacies have required pharmacists to split days, meaning one RPh is leaving when the other is coming in. This is not overlap unless one RPh is staying later or coming in early on their own time. This set up often means the pharmacists are losing vital full days off to fulfill work schedule obligations. Having more than one RPh scheduled means there is more time pharmacists can have meaningful interactions with patients and other healthcare professionals, data verify, product verify, provide immunizations, counsel patients, and help answer phones. I am aware many states have virtual verification in some pharmacies. I understand that with this set up, it is important to keep a tech dedicated to moving workflow forward. As a result, the pharmacist is expected to pick up more tasks that a technician traditionally performed such as ringing out prescriptions at the register. I believe there is benefit with increased interactions between the RPh and patient, but it is yet another direction the pharmacist is pulled in. Having at least 2 pharmacists on duty would help lighten the workload to a safe, manageable level.	11/20/2021 11:20 PM
397	Working 12 hour days being the only pharmacist can't not be safe for the patients if I'm the only person checking scripts all day. Also for my mental health since I have no breaks and barely can use the restroom	11/20/2021 10:49 PM
398	CVS retail Pharmacist, we are treated badly by CVS, prescribers and prescribers. Prescribers	11/20/2021 10:42 PM

Meeting Materials

need to be held accountable for their poor prescribing practices.

399	Retail RPh should not work 12/13/14 hour days single coverage	11/20/2021 10:42 PM
400	I am currently closing in on retirement. It has been a financially good career. I would NEVER recommend this career to others. The stress, demands, workload & expectations are getting even more unreasonable and unsafe. I waited 24 minutes yesterday for a transfer, they had vaccines ahead of me...let alone the mounting pile of prescriptions to verify and check. We simply don't have time to help people anymore! Demands are high on us and reimbursement is not fair, so alternate Functions are added to try and make money.	11/20/2021 10:38 PM
401	The addition of Covid vaccines to our workload without additional support staff has greatly increased my stress load.	11/20/2021 10:20 PM
402	I work for the federal government now, and am quite content and thankful for my working conditions. Previously though, I worked at a retail chain for 9 years, advancing to pharmacy manager. Best decision I ever made was leaving. The staffing provided by corporations verses the expected amount of work to be done, all while providing good patient care, is impossible. I worked off the clock for *at least* 2 hours every shift I was scheduled. I came in on my days off. I was burnt out and didn't see my toddler for days at a time. I thought if I tried hard enough, I could figure out how to change feeling completely overwhelmed for the majority of every day. 9 years later and multiple pharmacist partners later, I realized the problem is there's just not enough help and I couldn't keep doing that to myself and my family. The most impactful work the Ohio board of pharmacy could do right now is to address the issue of corporate understaffing in the retail pharmacy sector.	11/20/2021 10:13 PM
403	The rudeness, impatience and lack appreciation from the general public is as bad or even worse than the treatment from management. We are not treated as front line workers during the pandemic but have always been on the front lines. I feel super unappreciated from the public as well as the news media!	11/20/2021 9:51 PM
404	Since covid boosters were approved my employer scheduled appointments at 10 minute intervals, which is barely enough time for adults. Kids take about twice as long because they are scared of getting a shot. Having to be out of the pharmacy trying to vaccinate a child puts all the normal prescription work very behind. This causes angry customers that feel it is ok to yell and scream to the staff. Add in covid 19 testing done through the drive thru, which can take 15 + minutes if there are 4 people in the car. This causes angry patients in the drive thru and they honk their horns at the car in front and yell and scream at the staff when they get to the window. I am tired of my staff getting yelled at for providing these extra services. No one deserves to be treated that way. To top it off, if an upset patient calls the receipt survey and rates our service at the lowest level, this could potentially affect any bonus I may get as a pharmacy manager. I have not gotten a merit raise in over 5 years because I was told by my employer that our company pays higher than the industry average. And I was recently told I would most likely never get another raise because I am well over the cap for my position. My scheduled shift is typically an 11 hour day, but almost daily I end up staying 1 to 1.5 extra hours to clean up and finish up the days work. I usually do not get compensated for this time but I do it so the next day won't start off bad. For the last few months my DM has been understanding that my store has not been able to complete our daily calls or that we are not meeting our metrics. But I do not think that will last forever and when that time comes a lot more stress will be added to an already stressful work life.	11/20/2021 9:41 PM
405	Thank you for doing this! We appreciate your concern and efforts to improve our working conditions. I've been in this business for 26 years and these are the worst conditions that I've worked in. We are abused by customers on a daily basis and used as slaves by our company. We can't hire nor retain qualified technicians. Our workload increases and our overlap consistently decreases. It is just a no win situation. Something has to change.	11/20/2021 9:08 PM
406	the workload is alarming. no breaks, no lunches, no down time. fatigue. i've worked a decent amount of time as a pharmacist and have never worked harder. i pray each day not to make any errors. it's a shame there aren't regulations to protect us.	11/20/2021 8:53 PM
407	Overtime needs to be paid if working over 40 hours even if you are salary. This includes coming in more than 30 minutes early or staying more than 30 minutes late to finish tasks. Our health is important too. When you do walk out of the pharmacy to go to the restroom or grab something to drink, the people waiting glare at you with a "how dare you" look. Not all patients are like this, but they really have no idea the amount of duties that have been thrust upon us in the last 2 years. One asked me the other day how I was doing and I told the truth,	11/20/2021 8:33 PM

Meeting Materials

"overwhelmed". Mind you this was at 8:05am and I already had 5-6 people waiting on vaccinations. We are tired. We have patients, not customers. Or at least we used to.

408	The ridiculous workload put on us due to these vaccine requirements is becoming a joke. More technician hours do not help, techs doing vaccines do not help.... You are always buried no matter what without extra pharmacist hours.	11/20/2021 8:20 PM
409	Lack of qualified pharmacy technicians is a tremendous burden. We would currently employ 5 full time techs and 3 part time to be fully staffed, for the past year and a half we have only had 6 techs. We have turned over 19 techs during that same time frame. They proceed to other hospitals after we train them from the retail setting. The workload has quadrupled due to covid. We offer the antibody therapy at our facility but it is the pharmacist responsibility to field all calls, answer questions, schedule appointments, and provide follow up...all while maintaining an increased inpatient population. ER patients now are held for 24-48hr in the ER before they can be admitted to medical floors, creating a whole new set of computer issues, medication errors, and staffing shortages. Surgeries have resumed to pre-covid levels with operations going well into the evening hours when pharmacy coverage is minimal. Upper management turns a blind eye to the complaints and concerns of their staff as the work remotely from home while the rest of us are in the trenches. We are no longer allowed to leave our department for breaks, that has been the norm since last November.	11/20/2021 8:13 PM
410	Our workload and ever expanding responsibilities make it impossible to maintain any level of patient safety or customer service. Pharmacists provide the means for our employers to charge \$40 for vaccine administration, but refuse to give us a raise or a bonus. We've been assigned flu shot goals that are completely unrealistic and required to earn a bonus. Meanwhile, we give hundreds of COVID vaccines to patients that count for nothing, least of all additional staffing. Patients expect to be vaccinated but refuse to wear masks and have spit on pharmacists for simply asking them to wear them. In any other setting, this would be assault, but we have to simply take it and provide the vaccine to said individual. I am left by myself at the pharmacy for days on end. It is unsafe for me physically, but unsafe for our patients as well. It has been proven time and again that the same person should not process and check prescriptions, but this is obviously expected. Additionally, prescriptions are assigned due dates/times that are only minutes from opening, thus requiring us to come in well before our scheduled shifts without compensation. We are also expected to complete an unrealistic workload before we leave for the day, EVERY DAY!! Again, without compensation. When is our governing body going to step in to protect us, it's workforce, and THE PUBLIC!! The current state of pharmacy is a public health crisis and the SBOP is responsible by turning a blind eye. We have been hugely responsible for improving patient outcomes in this pandemic and have been disrespected in every way possible: financially, mentally and physically. The SBOP should be ashamed of itself for allowing this to happen and continue.	11/20/2021 8:02 PM
411	We need help, we're drowning in retail stores.	11/20/2021 7:49 PM
412	I feel like there was a time when the FAA and DOT found that truckers that were driving to much or pilots flying to much caused and inherent risk to themselves and others around them. I don't understand ilthat is that correlation is true then why can pharmacists work 24 hours hours days and verify, counsel, and vaccinatate hundreds of patients with no risk of harm? If you can answer that then your smarter than I am. Bill H	11/20/2021 7:17 PM
413	covid vaccines are snowing us under. we need help from other agencies and health dept. Boosters will keep us crazy for months and people who want booster have to wait weeks for appt. please. We need large community clinics to help out!	11/20/2021 6:50 PM
414	I am in an ambulatory clinic, I do not have the stress that my friends in community pharmacy are having right now	11/20/2021 6:49 PM
415	I feel my biggest stress is technician turnover. Most experienced techs have moved on due to stress and I don't have the time to efficiently train so many new employees. The lack of understanding from the public due to an untrained staff is unbearable some days. This was a career change for me so I still love the career I chose but wish this elephant sitting on my chest would go away.	11/20/2021 5:48 PM
416	The pharmacy technician requirements has played a big part in the pharmacy technician shortage in the state	11/20/2021 5:38 PM
417	Companies shouldn't be allowed to make your yearly bonus based off of metrics you cannot influence one way or the other. Bonuses should be based around performance of the individual	11/20/2021 5:38 PM

Meeting Materials

and things they can control.

418	<p>We have been short staffed for as long as I can remember. We are trying to hire but no support from DM is getting help day to day. I am lucky to have 2 techs for 2 8 hour shifts in a 12 hour day. That is not enough for 5 phone lines, register, drive thru, covid testing, processing 3 different covid vaccines, and having a free moment to actually fill prescriptions. We need help. I have made errors on prescriptions, where I never did before. As pharmacists, we are expected to do all these vaccines, fill around 250-300 prescriptions per day, and pick up the slack from having no staff...it is exhausting. We have not received a pay raise or any bonus from all the extra work. Our DM is always sending out communication as to where we are with vaccine goals and flu shots goals on the daily, yet all the covid vaccines do not count towards those goals? I have really lost respect for my DM and corporate for not helping and supporting us in some way...they are merely pushing the corp agenda and profit plans and do not care what working conditions we have on a daily basis. It is just pretty much keep performing and getting it done. Our DM even complained to my tech that we shouldn't leave people of hold that long. Yes, I agree, but again 5 phone lines and 2 people in the pharmacy? Something has got to change in a major way or I will quit and have mentioned this to my DM several times. His answer is if you feel that way we will discuss it sometime...that discussion has never happened. I don't feel our patients are getting the time they deserve because we are so rushed to try to get caught up. Personally, I am totally against giving any vaccines to children 5-11. That should be done in a office setting, we were never properly trained for that and i have had several awful experiences. I asked me DM if there was an option to not vaccinate children or only to quit and he says i feel your frustration. I hope you can change things to help us, this is not the pharmacist job I signed up for anymore and I do think of quitting the profession.</p>	11/20/2021 5:27 PM
419	Public education on what pharmacy actually does for them each day	11/20/2021 4:13 PM
420	Pharmacy is less healthcare than it is a sweatshop due to ever increasing Workload, decreased technician hours and forced metrics such as immunizations goals to increase tiny profits being tied to intentional decreases in reimbursements by PBM's associated with other pharmacy chains in an anticompetitive business model. #pizzaisnotworking	11/20/2021 4:11 PM
421	Due to the increase in vaccines and prescription volume without additional pharmacist help we cannot safely meet the demands of the employer (metrics/goals) or consumer (wait time, prescriptions ready when promised). We prioritize who is in front of us - waiters in store, vaccination appointments and attempt to catch up on filling prescriptions and pharmacy maintenance overnight. We need more pharmacist hours allotted to our store and we need better training for technicians. When I ask for trainers to assist at the store I am told they are not available and to have someone at my store train when they have time (which we do not have). So new employees do not have adequate training and turnover rate is high because of this.	11/20/2021 4:07 PM
422	I worked 20 years in the chain pharmacy environment it was a downward spiral of cutting pharmacist and technician hours the stress level was intense and not a safe environment my sister works at a chain some days no breaks for food or bathroom do to lack of adequate staffing not a safe environment its taking a physical and mental toll on her she could work at roast beef place in town and get better pay after 25 years with the chain	11/20/2021 3:59 PM
423	I left retail for mail order for a better life/work balance	11/20/2021 3:30 PM
424	We should make a requirement to always have a tech when a pharmacist is on duty. RPh should not have to work alone during business hours	11/20/2021 2:32 PM
425	I used to love my job. Things rapidly went down hill when vaccines were started for COVID. The amount of work is not possible to be done during working hours. At the beginning of the vaccines I found myself having to work extra hours (unpaid) just to keep us from drowning. This included doing 15 hour days and coming in on my days off to hold clinics to do shots. I was not compensated to work those hours but it was the only way to keep the pharmacy from drowning. I ended up getting COVID doing vaccines and pushing myself to the limit every day. Corp than used all of my vacation to cover when I was out sick with COVID. A clinic was put together about a month into doing shots at my location that was horribly ran. They called in nurses to do shots daily and left my staff to deal with the paperwork on top of our workload and also doing shots. I brought multiple concerns(some about unethical practices) to corporate that were ignored. The only time corporate would talk about concerns is when the problem finally created work for them to do. Then I was questioned how things got that way. I have had numerous mental breakdowns along with panic attacks, but was unable to take time off due to my vacation being used for when I was sick with COVID. I was pregnant for part of this chaos	11/20/2021 2:11 PM

Meeting Materials

and my health suffered because of it. This cannot continue. If this situation is left unchecked someone is going to die. I would love to include more on how I have been affected by the horrible work environment but cannot because it will lead to me being identified. Currently my family is trying to convince to leave pharmacy all together but I feel I have a duty to my patients and don't want to give up on the job I used to love.

426	I have worked for Walgreen's and Kmart in my professional career and the workload goes up each year in both large volume and lower volume stores due to inadequate staffing. At Kmart they had a formula for how many hours you could schedule technicians. It was never followed. They always allowed much less than their formula would permit. At Walgreens it was much the same. I have worked at the only Pharmacist all day with little or no help and management wanted me to stay on my own time to catch up without pay. No Thanks. They wanted to write me up as I did not do this. I walked out of their meeting after letting me know what it was about. I called corporate and this write up was cancelled. By the way that day I recorded the most flu vaccinations in the district. Also, I have worked many times after closing to take care of my patients waiting for their prescriptions. I have worked alone on nights and weekends and have patients waiting at both drive thru's and both prescription counters with the phones ringing and prescriptions to be filled. I was fed up and old enough to retire so I did. I was burned out. At the time I was working there were no scheduled lunches or suppers even if you worked 12 hours in the day. No breaks. Have you ever had to go to the bathroom and before you even get there you are being paged to go back? I went back after I was done as restroom breaks are required by OSHA. I did not feel valued by these corporations at all. I valued my day by the patients I helped not the number of prescriptions I filled. I have been a pharmacist for over 50 years and have watched as the workload increased every year with little help added. You try checking prescriptions and doing vaccines with your customers expecting to pick their prescriptions in 15 minutes and having you corporation advertise the you could walk in and out getting your flu shot in the same amount of time. I was around when prescription insurance was started and every year they have taken away dollars from their reimbursement formula . I do not know if any business can pay for more help if the reimbursements keep going down so that the Prescription Insurance Managers can make more money. Here's a flash as rebates to Prescription Insurance Managers go up so do prescription prices. I do not consider the rebates on drugs as rebates but kickbacks to the insurance companies. You have to have dollars to hire more help. At Walgreens they always talked about a designated hitter to fill in. I asked who they were and got no reply as there was no one designated.	11/20/2021 2:08 PM
427	We need a group leading the pharmacy that has the best intentions for pharmacists in mind. Unfortunately, the board of pharmacy is heavily influenced by large corporations to turn their head at the horrific working conditions pharmacists are forced to endure	11/20/2021 2:03 PM
428	The overbearing workload is extremely dangerous to patient safety. Patients are at risk. This needs to change.	11/20/2021 1:56 PM
429	Professionalism has been taken away from pharmacists. There are too many extraneous distractions to safely do our job	11/20/2021 1:05 PM
430	I am overwhelmed with the amount of work to be done and am unable to sustain a healthy work-life balance. Even if I am able to log close to a 40hour week, the stress of not getting everything done dampers my personal and family life.	11/20/2021 12:54 PM
431	Big companies like cvs, Walgreens, kroger etc treat Pharmacist's like a hamster on a wheel. The only time we get extra pharmacist help is when it is already a very dangerous environment for medication errors. My employer initially didn't give any extra pharmacist help when we were doing 50+ COVID shots a day which created a very unsafe environment for my patients. I've been extremely rushed the past year which can lead to mistakes. Also in what other field except pharmacy that allows no lunch breaks, reliance on high school degree techs or annual raises based on performance? Finally we are way way way too reliant on pharmacy technicians. These companies just like the cheap labor. Most are not reliable help and most are not motivated. We need more pharmacist help not techs! Most pharmacies for my company fill about 3k prescriptions a week with barely any pharmacist overlap in store. We have remote help, but remote help isn't the same when you have vaccines, counseling and checking prescriptions in house to do. Please, please make some changes and help change the current environment at retail pharmacies!!!! Cutting costs at the expense of patient safety has to stop!!!!!!!!!! And I realize we are getting squeezed by PBMs, I wish something could be done to address that as well. Thank you!	11/20/2021 12:42 PM
432	These are the worst working conditions I've experienced as a pharmacist in my 25 years. Upper level management doesn't care to help try to alleviate the issues we are having. Not	11/20/2021 12:34 PM

Meeting Materials

enough staff, too many immunizations, prescriptions, and covid testing for a safe work environment. I fear every day i am going to make a terrible mistake. In the last 18 months my health, mental status and well being have been affected tremendously by my daily working conditions. As a Pharmacy manager I of 25 years I feel "stuck" in a miserable situation. I am actively searching for another career/ job because I feel I am unable to continue on this path if something doesn't drastically change in the very near future.

433	My husband and I are both newer (< 10 years experience/each) pharmacists. I always assumed I would work as a pharmacists for my entire career (~30 years), but that has completely changed. Once our mortgage is paid off, we are both considered leaving pharmacy completely or at least going part-time in different roles than we are currently in. In my career as an inpatient pharmacist, I have changed jobs after 3 years due to significant inconsistent expectations of the pharmacists. A select few (myself included) shared the majority of responsibilities while everyone else can coast by. It is negatively affecting those few individuals both mentally and physically. I truly believe if every pharmacist experiencing this would quit, the profession of pharmacy would flounder. In new my role, I am continuing to experience the exact same thing. I have reached a level of frustration that I cannot put into words. I am mentally exhausted and drained every. SINGLE. day, which negatively affects my life outside of work. I feel even worse for friends that work in a community setting...they are expected to do MORE and MORE (especially with COVID vaccines/testing), but hours and technician help is cut. No WONDER there are so many vaccination errors right now. These are not healthy work conditions. PERIOD.	11/20/2021 12:23 PM
434	Please allow certified technicians to immunize! They are just as qualified and capable as LPN/MA that immunize in physicians offices.	11/20/2021 12:18 PM
435	I feel that with my 13 years as a retail pharmacy manager I am very good at managing the workload, adding immunizations without any stress, keeping my help in a low level of stress and asking for rewards or just rewarding them; keeping their quality of life up along with my own and retaining my employees. The thing that disappoints me is not being able to get out there and teach/show others. I feel bad they are suffering. I only wish I had a real lunch break so I was not as wore out by the end of the day.	11/20/2021 12:01 PM
436	Pharmacy technicians should receive higher pay and training if they are expected to complete more clinical tasks	11/20/2021 11:57 AM
437	Corporations will never change their policies that have led to this situation unless regulations require it or they start taking a significant financial hit from them. They will say they care about patient safety so they can blame the overworked individual when mistakes happen without taking any responsibility for any that individual is being overworked and thus making mistakes.	11/20/2021 11:53 AM
438	Emphasis on profits have driven companies to overwork their staff in a very dangerous way that increases the likelihood of both patient and employee harm. Heavy emphasis on both COVID vaccinations and testing has destroyed the ability of the pharmacy team to provide timely and safe care for regular patients. Concern for patient safety is now non-existent, it has been replaced by concern for profits only.	11/20/2021 11:17 AM
439	I am very saddened to say that after 15 years in the retail world, I have decided to leave pharmacy and begin down an entirely different path with plans to return to school in the fall. It is very heartbreaking in the sense that I truly loved the essence of what it was to be a pharmacist. Not only did I love taking care of the patients, I truly felt the love and appreciation reciprocated from the patients, which was reflected in the awards my partner and I received including "Outstanding Customer Service" award. A wise person once told me, "People rarely leave jobs, often they leave managers/management." That is exactly what is happening. Management has allowed and even promoted the demise of the pharmacy environment. I'm not going to again hash over the things you already know, staffing issues (lack of, undertrained, significantly underpaid), unrealistic amount of workload, no breaks, mistreatment from patients/caregivers, etc, all presented in a job that requires an incredible amount of attention and knowledge so as a patient is not harmed. There is no dollar amount or even the sense of job security that would justify these conditions. While I commend you for even bringing attention to it at this point, I want you to know for many, your actions are too late. My partner of 9 years and a RPh for 25+ years resigned 3 weeks ago with no other job in sight. She simply could not do it any longer, which is happening all around us. Talented, experienced RPhs are leaving the field in droves, not because they no longer want to be RPhs but because the environment is so bad it is no longer bearable. So unbearable in fact that many would rather walk out to no job, no pay, no benefits, than to withstand another day. Those of us that have no choice to stay until we have another plan in place are simply suffering. My other	11/20/2021 11:16 AM

Meeting Materials

partner had a heart attack 2 years ago. The doctors told him he needed to reduce the amount of stress in his life, which I don't need to tell you, is impossible for him to do working in this environment. For me, personally the stress has not only emotionally beaten me down, but physically taken a toll on me as well. I have had 3 bouts of shingles. Two of the cases have attacked my ear and I have lost some of my hearing due to the infections and one can only fear if I will succumb to another case being I am too young to get the vaccine. In conclusion, the fate of the quality of the pharmacies is in your hands. You are the only ones that have the power to change this course. If you choose to do nothing or simply something so minor so as to appease the corporations, remember there is a very good chance that that error caused by distraction, lack of staff, burnout, etc, would ultimately fall at your hands because none of us got into this career to be reckless, careless and to carrying the guilt of knowing something we did harmed someone. We became pharmacist, simply put, to help people. That is our job. Your job is to protect us so we can do ours.

440	As strongly as I feel stressed about my work conditions, I am certain that my "regional" chain is infinite better than the national chains. Also, I think if we paid our technicians double & had twice as many, it would be easier to handle than having another pharmacist.	11/20/2021 11:10 AM
441	Not sure exactly what the answer is but something has to be done to stop the overworked situation.	11/20/2021 10:56 AM
442	na	11/20/2021 10:53 AM
443	I just recently left Walgreens and have begun working at a small independent pharmacy (OCT 2021). I based these responses off of my time with Walgreens, as the impossible workload and severe understaffing is the reason my staff pharmacist and I both left. The independent I now work at does about a quarter of the prescriptions I did at my high volume Walgreens store and no Covid shots or testing, yet they have the same number of techs on duty and more pharmacists (always at least 2, sometimes 3). We work at a safe pace and have time to take great care of our patients. It's 100x better than working at Walgreens. If my current position were to fall through, or we were to move, I would strongly consider looking for a job outside of community pharmacy or going to part time.	11/20/2021 10:52 AM
444	Working at the hospital is a lot different than working in retail. I am happy in my current hospital position, but I used to work at CVS and that survey would have been completely different.	11/20/2021 10:46 AM
445	As a retail pharmacist the past two years have drastically changed the atmosphere in which we work. Our techs are all quitting due to not being paid enough for all the extremes of the job currently. Customers have become irrational and disrespectful on a daily. And over 35 pharmacists I know of personally have quit in the last 6 months within Walgreens. We know longer have enough pharmacists to staff stores and it's become unbearable. It's not safe for customers and it's definitely taking a toll on all workers health. Most are on depression and anxiety medications now and use it as a topic discussion because everything is such a joke anymore. Something has to change or this field will have no workers left. It's sad and pathetic that companies can destroy such amazing pharmacists and not care in the slightest as long as they are getting paid and making money. Please help I'm losing my mind and love for this career!	11/20/2021 10:45 AM
446	I am in my 40th year of practicing retail and I cannot remember a time when pharmacy has been so stressful! I am working part-time (35 hrs/wk) and will be on my way out when I decide I can't stand it anymore and retire. Pharmacy as a career has been good to me, but working in retail my whole life, these last couple of years have seen many changes with customers who are very rude, disrespectful and impatient. Hopefully this survey will bring about needed changes and our technicians will get the pay that they deserve and pharmacists will not be so stressed out!!	11/20/2021 10:11 AM
447	I am an owner/operator of 2 pharmacies. So keep my responses in mind when looking at them because I can control my own environment whereas most of my colleges cannot.	11/20/2021 10:07 AM
448	phamacist vaccinations have become an important part of health care in general. however the time needed for vaccinations has hurt our time to fill prescriptions. we may need to train more techs to vaccinate under pharmacist supervision.	11/20/2021 9:57 AM
449	We are leading the country in a transition of care from the hospital to the home with Meds to Beds, Central Fill, and TeleHealth that will dramatically patient care. We have a great	11/20/2021 9:51 AM

Meeting Materials

profession and opportunity to fill a gap between inpatient and outpatient services to “Keep the patient Healthy at Home”

450	Within the last 3 months I left retail due to the extreme stress and burnout I was experiencing. My current role is a family owned compounding pharmacy that is night and day from my retail setting and has restored my ability to enjoy working again. I worked retail for 6 years, and the last year was the most trying, exhausting, and unbearable it has ever been. I would not have lasted much longer, regardless of a new opportunity.	11/20/2021 9:50 AM
451	I changed jobs 5 months ago from being a retail pharmacist for a large chain to a pharmacist in a critical access hospital. The workload and stress caused by my job in retail led to this change, and it has decreased astronomically with my job change.	11/20/2021 9:50 AM
452	It used to be extremely patient oriented but the vaccines have ruined that. There is zero time to speak to and counsel patients. The vaccines put us so behind that even working at max speed we are still buried	11/20/2021 9:38 AM
453	The amount of extra duties such as vaccines, clinical, testing, etc added to the filling of prescriptions is ridiculous. I miss the days of just being able to walk out to the otc isle and counsel and show people products. There is not time for any quality patient interaction these days	11/20/2021 9:35 AM
454	1. Communication from upper management/Corporate down to Pharmacy level needs to be unified and improved. 2. Immunizations, whether scheduled or walk-ins need to be limited due to prescription overload. 3. Immunizations for children under age 12 should not be available in retail pharmacies due to the time restraints needed to calm the child down beforehand, time to immunize and time needed to watch child for any reaction. 4. All pharmacies should have a consultation room for privacy-ours does not and giving injections in our setting has made Patients feel uneasy because they are out among Customers.	11/20/2021 9:16 AM
455	Too much workload happening in retail pharmacy. Patients have unrealistic expectations of the pharmacy during this time. There is no “max capacity”. It all just adds to the queue. I have put in so many extra hours and it doesn’t make any difference. Errors have been increasing over the past few months. I have been threatened by angry patients. Support staff calls off 2-3 times per week. Prescription count is up nearly 200 more prescriptions per day. Lines out the door.	11/20/2021 9:09 AM
456	meds to beds (discharge prescriptions) is 50% of our business and this is very challenging and satisfying.	11/20/2021 9:08 AM
457	Pharmacists are continually asked to do more with less. we make a good salary, so changing careers is hard. Changing jobs is hard because lots of retail is the same, and jobs are hard to find. It's not like you can walk out of a job today and have one tomorrow, and we have families to support. That makes complaining to management difficult and dangerous. We have to shut up and keep our heads down to crank out the scripts and immunizations. There is no customer care like there once was. You don't get to know your patients because there is no time. It's a day race today the least. Retail pharmacies are putting profit above all else. It's sad. I would move to a clinic or hospital, but those jobs are hard to find, esp if you've been in retail for a while and didn't do a residency in school.	11/20/2021 8:49 AM
458	Paying off my school loans is the only driving force keeping me at my current position, if I didn't have that bill I'd of left 10 times. There is no longer any satisfaction being a retail pharmacist; financial, professional, service...none of it.	11/20/2021 8:45 AM
459	Never thought this industry would be where it is today, equivalent to a factory assembly line.	11/20/2021 8:28 AM
460	Some of the questions do not apply to me as I am the only pharmacist without a tech for now . The option of neutral should have been available with all the questions!	11/20/2021 8:22 AM
461	The chains are not going to make significant changes on their own. Little things, yes, but not what needs to be done. The state board needs to step in to protect the patients and allow the pharmacists to do the job we are trained to do. Mandatory lunch breaks - where the pharmacy closes, mandatory tech to pharmacist ratios, mandatory prescription limits per pharmacist... we love to add in the clinical training we have, but we need to be able to do it without compromising patient safety.	11/20/2021 8:18 AM
462	Most techs are just scraping the bare minimum of qualifications (both formal and informal). If you allow them to do more, the employers will push it (because they can pay them less) and	11/20/2021 8:13 AM

Meeting Materials

the quality of pharmacy services will continue to erode, not increase. What we really don't need is an already unqualified tech workforce (a GED and some training courses, really?) adding more responsibilities and further destroying the profession of pharmacy. Tech check, etc - it's just a bad idea, especially if you're truly concerned about patient safety.

463	I work to pay off student loans. I plan on leaving this profession and never looking back.	11/20/2021 8:02 AM
464	The pharmacy world needs laws and regulations based on workload and staffing regulations! We are one of the only professions whose pay has DECREASED in the last 20 years while pharmacy schools costs INCREASE as well as inflation with the rest of living. Our pay has decreased and our starting salaries are lower but we continuously get asked to do more and more to meet certain metrics by large companies instead of our primary role which is to safely and effectively get people their medications. Large corporations continuously cut technician hours making it nearly impossible to get the workload done (some places aren't) let alone get it done in a safe manner. Now pharmacies are struggling even more because both pharmacists and technicians have left the profession leaving almost every pharmacy short staffed but with more to do because of COVID shots and testing. We, as a profession, need to take a little less time looking at the bottom line and a little more time investing in our colleagues and the work environment. No one is being held accountable and people are literally DYING because of it. Please help change the trajectory that the profession of pharmacy is heading. Our patients need us and need to get their medications and trust that it was done safely and they are getting what intended.	11/20/2021 8:01 AM
465	The amount of prescription errors that happen are absolutely unacceptable in my opinion. They also go unreported. Adding in vaccination metrics has only made this worse. Something needs to change	11/20/2021 8:00 AM
466	I went into this career to help people and not be graded on every little thing we do, this is no longer helping people.	11/20/2021 7:52 AM
467	We need a union.	11/20/2021 7:51 AM
468	The addition of COVID vaccines without additional help has been overwhelming. We are short staffed and constantly being asked to work extra shifts. Customers are mean and rude and demanding. I have been a pharmacist for 30 years and this is the worst it's ever been.	11/20/2021 7:46 AM
469	Thank you for asking and seeking our input. Our profession is in dire need of change in order to provide adequate patient care. Being managed by a grocery chain where profit is the number one concern, patients will never truly receive the proper care and attention while we are serving to meet financial goals and metrics.	11/20/2021 7:39 AM
470	Pharmacist should at least be required to have a 15 minute break during the day. I'm a new mom and have to find time to pump everyday, so sometimes I give up drinking water or eating because if I do get 5 minutes I choose to pump.	11/20/2021 7:30 AM
471	Instead of giving techs more clinical responsibilities they should employ more pharmacists so we can be the ones to carry out those clinical responsibilities since that is what we went to school for in the first place. Having more pharmacist help would allow us to complete managerial tasks that only pharmacists can do while at work (scheduling, screening applications, random stuff that gets thrown at us last minute) instead of having to bring it home and spend even less time with our families after a 10 hour shift. It would also prevent us from doing work off the clock that we aren't getting paid for because we are "salary." Basically you're working 24/7 in this scenario instead of just during operating hours. As terrible as the constant work is the worst part of my job is dealing with the public. People are mean and rude and treat you like your job is equivalent to flipping burgers. They have no regard for other people and safety. They don't care that we haven't ate all day and they show up right when we close for lunch. We have to take them because if they complain to corporate we are the ones in trouble. We can't even stand up for ourselves or our staff when they cuss and berate us because they'll just complain and we will be forced to apologize for something we didn't even do, out of our control and then they will get a gift card so it reinforces their bad behavior. We've even had to provide gift cards to those who have physically threatened our staff. If I'm backed up because there's 100's of rx to verify and they see 7 techs, it looks like we are adequately staffed, but I'm one person and I cannot check the work of 7 other people as quickly as they get them to me. It's just not physically possible especially with the constant interruptions. More pharmacist help would solve this problem. Expanding the roles of the technicians to complete clinical tasks that should be completed by a pharmacist is cheapening our profession and exposing patients to error. I worry that by continuously giving techs more power is going to	11/20/2021 7:26 AM

Meeting Materials

decrease the need for pharmacists and encourage even lower payment that what is already seen. It also encourages the poor treatment by the public because they already don't understand the amount of education it takes to become a pharmacist and then they see clinical pharmacist tasks being completed by someone who likely has zero education beyond high school and then they think a tech is synonymous with a pharmacist and that anyone can become a pharmacist. Why would they ever trust our judgement when we question legitimacy of prescriptions or seek our professional help if they think it's easy to become a pharmacist? The entire system is beyond messed up. I feel like work is constant public abuse and we can't even stand up for ourselves. I also feel like I'm going to be losing my job and profession because they keep outsourcing my tasks to technicians.

472	Executives make millions, while the workers make pennies.	11/20/2021 7:02 AM
473	The amount of workload increase tremendously with no additional help. Some days the workload is triple the daily amount. Corporate allows people to appointment (Covid and flu) every 10 mins. This didn't take into account of other appointments that are already made (ex. 2nd dose of Covid) or people can schedule shingle/tdap/pneumonia etc from a different appointment system. As a result pharmacist/immunizer can have up to 10-15 vaccines/hr. In addition, there's also Dual Covid testing (pcr/rapid). These are just a few to name in addition to daily work (filling rx, MTM, patient care call etc) with no help. Corporate allows more hours but the turn over rate for tech increase by >50%. Training takes time even if we get new hires. I've been with the company for 6 years and only got a small raise one time. I was told to become a manager to get an increased raise which I did but now I was told my salary is capped out so I won't be getting any raise but I will get a bonus based on metrics/performance. Corporate has decreased the hours of pharmacist so we do not have much overlap between pharmacists. I have a 1.5 hrs overlap every 2 weeks with my staff pharmacist. I just came back from maternity leave and have to skip my pump because I either don't have time to pump due to the work load or I'm too stressed to go even for 15 mins to pump because that 15 minutes would put me way behind on my workload. I have many mastitis. It is very stressful. With new grad making \$40/hour, pharmacist profession is not ideal anymore. Corporate trying to get rid of the "older" pharmacists who are making more money. I don't feel protected with my job because I am replaceable anytime. Something has to be done to protect pharmacists or whoever working in the pharmacy.	11/20/2021 6:25 AM
474	Corporate greed & the ability to fool society that they care has changed pharmacy from a healthcare profession to a fiscal, phony, astronomically lucrative business.	11/20/2021 6:24 AM
475	There is an extremely high amount of turnover with pharmacy technicians in Central Ohio. Salaries are below minimum wage and responsibilities are huge and mostly filled with students. Training is insufficient. Please help!	11/20/2021 4:17 AM
476	Retail pharmacy is dangerous. It is not a safe place to work. Being forced to work 12 hour days after closing one night and opening the day after is just not safe. I have asked and asked to reduce my hours with no response. We do not have enough help. All that matters is profit and everyone suffers it is an awful dysfunctional environment to work in. I truly regret becoming a pharmacist every single day over the last 5 or so years of my career. I plan on leaving it's a matter of when not if. You as the board are probably the only people with the power to do anything but you all have members of these retail giants on your board that look out for these huge companies rather than pharmacists or the public.	11/20/2021 2:03 AM
477	Our prescription count has not decreased, yet the amount of tests and vaccines we do in a day has doubled if not tripled... but we still only have 1 pharmacist a day? Our 12 hours days have become at least 14 hours days just to try and improve the day for when we are actually open. How can we complete rapid Covid tests in the drive thru (which only ptcb technicians or rph can run), we are giving flu, Covid, Covid booster and pediatric Covid vaccines in addition to trying to safely fill prescriptions. I worry every night that I didn't make a mistake during the chaos of each day. Patient care is out the window because we don't have time to do anything besides shots and tests. And giving pediatric vaccines in the pharmacy is time consuming and exhausting (being kicked, screamed at, and spit at by kids while you have an entire waiting area full of people is less than ideal... we were never trained to give children vaccines when they want no part of it and the parents expect us to be a pediatric nurse and hold them down while another person gives the shot... we don't have the staff for that. I don't have a clinic room, I have a partition which kids have kicked down and everyone can hear while they scream and cry which just sets up the next child to be petrified before it's their turn. Something's gotta give because sadly this is not the career I signed up for.	11/20/2021 1:21 AM
478	Until the past year and a half, I loved being a pharmacist. Cannot say it any longer. Corporate-	11/20/2021 1:20 AM

Meeting Materials

pharmacy expectations are unattainable sometimes, especially with the increased workload. Same number of associates as we had previously before COVID. Do more with less seems to be the motto. Ready to take early retirement soon.

479	Corp pharmacies continue to find new ways to place unrealistic metrics on pharmacists. They give a "lunch" break that they know we can't take because we are not closed and are so overwhelmed with the workload. Customers are down right mean and nasty to us. While I feel my supervisor is sympathetic to the amount of stress we are under, we are continually expected to meet metrics and perform outrageous amounts of tasks.	11/20/2021 1:08 AM
480	The amount of times I have come home to either cry or sit alone in my house in a depressed state is too high to count. We are expected to fulfill 50+ vaccine appointments, with multiple patients getting several vaccines, leading to doing upwards of 13 shots in an hour while still checking scripts, calling prescribers, and doing all of the cold calls and refill requests. I'm afraid I will make a mistake because I am being stretched so thin. Also being forced to do testing on top of this, with no extra help. Between stress from patients and stress from workload/increased responsibility/lack of staffing/lack of help from corporate, it has been so much that I do not enjoy what I do as a profession anymore. I am burnt out to the max.	11/20/2021 12:44 AM
481	We need help to make pharmacy more safe—maximum script counts, max vaccination counts minimum testing counts. Scripts are taking a back seat. Please help us!	11/20/2021 12:19 AM
482	Leaving pharmacy soon. This is not a sustainable job. Mental health is important as is patient safety. Vaccinations and testing is too much to handle on top of the regular prescription business.	11/20/2021 12:18 AM
483	The profession is not what it used to be. Corporate greed is taking over. More is expected with less. Unsafe and unfair to everybody.	11/20/2021 12:14 AM
484	I have worked for CVS, and recently changed jobs within the past couple weeks to work for a health system. Since the change, I have gained so much more respect from other healthcare professionals and patients. As the most accessible health care professional, pharmacists should have the adequate resources in the community and big chain setting to do their jobs. I worked 70 hours a week over the past 2 years as pharmacy manager with CVS at a 3000 script/week store in order to try to provide better and safer care for my patients and help relieve the stress level of my fellow colleagues. Even with the newly instated lunch, I strategized to verify prescriptions and work through my lunch since this uninterrupted half hour is the safest part of the day to work and allowed me a half hour more to try to catch up on the impossible workload placed on retail pharmacists today. I was burnt out and depressed when I made the new transition to try to see if another practice setting may provide me some relief from the stressors that retail pharmacy has placed on me over the past 4 and half years of my career. Retail pharmacists need help, and real change from the Board of Pharmacy. Policies need to be put in place to help limit the workflow demands to allow retail pharmacists to actually take a break. Retail pharmacists are drowning in an impossible level of workload with inadequately trained and low level of support staff/technicians to perform their jobs properly. Patients are getting rushed counseling on new prescriptions and adequate and safe patient care is slipping through the cracks. It shouldn't be on one individual to work 30 hours unpaid at their pharmacy to feebly attempt to make up for the shortfalls of I adequate staffing and budgeting from the corporate office. Please actually follow up on these surveys and make change. Please go experience a day at the pharmacy, you will find subpar staffing levels and tremendous amounts of verbal abuse from patients towards the staff that did show up for the day. I love direct patient care and I transitioned due to burnout and I have never felt lighter than the first day at my new job. Please, please help my colleagues who are left in the trenches of retail pharmacy. Without board intervention, corporations will continue to demean the pharmacists role to nothing but a robotic checking machine with impossible goals, inadequate staffing standards, and a significant lack of respect for the health care professionals who are responsible for thousands of patients safety and well-being. I went into this profession to truly care for my patients and be an accessible resource to the community. Now, I am grasping to find a reason to stay in this profession, since chains have removed the safety and true accessibility of the pharmacist. We are too overworked and have too many demands placed on us to be a valuable health resource to the community anymore. I continue to fight for this profession, even though corporations have made me lose faith that they will ever value pharmacists as the true accessible healthcare professionals and resource that we are. Please make this survey part of the biannual renewal process! This needs to constantly be evaluated to make and maintain change.	11/20/2021 12:05 AM
485	Central prescription processing needs to be banned. All prescriptions for the specific store	11/19/2021 11:57 PM

Meeting Materials

needs to be handled by that store alone. We have seen many errors and patient safety issues after using this inefficient system. Adding to the stress and workload are the vaccinations and testing which we are expected to do with the same amount of labor and pay. Of course corporate keep earning record amount of profits! All at the expense of patient and pharmacy staff health and safety. What a shameful business model for our profession!

486	THREE THINGS: 1. Imagine an 8-12 hour shift, no food, no water, no bathroom breaks. I would say retail Pharmacy is INHUMAN working conditions? 2. Imagine if a physician was sitting with his patient and the phone rang NON stop in the doctor office room. I mean, literally NON stop from opening to close. How much work could that physician get done? Now, take that same physician and give him/her a secretary who filters his calls. There is a reason the physician isn't answering the phones. It literally should be ILLEGAL for a Pharmacist providing direct patient care and running the COVID vaccine program to also be responsible for fielding phone calls. We are talking hundreds, if not thousands of calls a day coming into the pharmacy. IT should be LAW, that retail pharmacies no longer will operate unless a secretary is on the premise answering /fielding the phone calls. 3.It also should be LAW: that an employee of White castle shouldn't make 8 bucks more an hour than a pharmacy technician. hopefully, this post can open some eyes. Thanks	11/19/2021 11:56 PM
487	Pharmacy is not staffed to handle the prescription volume let alone vaccinations and testing. Only a matter of time until something bad happens. Urgent change is needed.	11/19/2021 11:51 PM
488	Community pharmacy is in a very desperate situation. Please help!!!! The pharmacy is consistently understaffed and often feel unsafe with the workload expected. We were barely staffed to handle the normal prescription load before the pandemic. With the additional workload of vaccinations and testing, it makes it nearly impossible to safely deliver prescriptions to patients. I feel corporate has become very greedy to increase vaccinations by double and triple booking slots and also adding testing on top of everything else while not increasing support staff. Because of this, pharmacy staff never get any breaks or lunches. We barely have time to go to the restroom during peak times. It is only a matter of time until something catastrophic happens. Urgent action is needed to stop this overwork of pharmacy staff. Furthermore, there have been no raises given to pharmacists in several years despite the increase in workload and expectations. Where are all the profits from vaccinations and testing going??? Well of course we all know where it is going. I think money would be much better spent increasing pharmacy staff rather than corporate profits for the sake of patient safety and health of pharmacy staff. Anything you could do is greatly appreciated!!!	11/19/2021 11:46 PM
489	Retail pharmacy is unsafe. There is too much work to be done for one pharmacist. Doctor's offices don't seem to give vaccinations anymore and we're expected to do prescriptions, immunizations, rebills nonstop, etc. I never get a lunch break. Not even 10 minutes. It is not safe.	11/19/2021 11:44 PM
490	When I say I wouldn't leave the profession it's not because I don't want to it's because I realistically can't	11/19/2021 11:40 PM
491	This job is an absolute hazard and change needs to happen immediately. People are going to die- whether it's pharmacy staff, or patients, or both— and that is the honest truth. Pharmacists are not respected, appreciated, or supported by anyone but other fellow pharmacists. I often work ALONE with vaccine appointments every 20 minutes from 8:40am to 8pm. Most appointments have multiple vaccines per appointment. They are not my customers so they all have to be added into the system. Their vaccines have to be billed. Then I have COVID testing appointments without limits (doing 25-30 per day). I'm filling 350-450 scripts a day, being harassed by the public, patients, other healthcare professionals, and by management. I am ONE pharmacist. I do not get a break. Not one. In 13 hours of hell. How is it LEGAL for a pharmacy with 2 drop off windows, two pick up windows, and a 2 lane drive thru allowed to operate for ANY hours, much less 13 HOURS, WITH ONLY ONE PHARMACIST?!?! Literally no technicians, no interns, no cashiers, no immunizers, no pharmacist overlap, just ONE pharmacist. I am directly reporting to you, as I have to my supervisors WEEKLY, how hazardous this situation is. Prescription errors, vaccine errors, HIPAA violations. Plus if I am in a vaccination room, my entire pharmacy is open for anyone to enter. Plus i can not monitor my patients for vaccine reactions because I am drowning in the pharmacy, I wouldn't even know if a customer passed out in the waiting room. If my back is to the counter because I'm stuck in the drive thru doing testing and ringing scripts for HOURS AT A TIME (zero exaggeration), then how can I secure my pharmacy? I've already been robbed at work, I am a young widow, I have kids. I am SCARED to come to work. I feel like I'm about to collapse from a heart attack or stroke daily. My heart is in a constant state of flutter, I have a minimum of 9	11/19/2021 11:33 PM

Meeting Materials

migraines per month, I'm constantly overheating. I've been more sick this past year than I have been in two decades! But I am not allowed to take a day off of work. I am not allowed to be sick. PLEASE HELP!

492	Pharmacy management companies do not belong in hospitals. It is a conflict of interest. White bagging and brown bagging should be illegal. It is "re-dispensing" and should not be allowed nor required by payers.	11/19/2021 11:31 PM
493	I think the biggest issue right now is the overwhelming volume of shots and covid testing that the stores are doing, without any additional staffing. From the technicians I have spoken with as well as the other pharmacists, pay is not exactly the greatest and technicians are under an inordinate amount of stress because of the above. Doing 60 plus shots and 30 plus covid tests each day through the drive-thru at some of the stores I've worked at is just a crazy amount to try to add on top of getting medications. A lot of stores I've been at, this has definitely affected people getting their medications on time, sometimes being a day or two behind when things are supposed to be finished, or sometimes patients having to come back multiple times on the same day and being told that they're still not ready because they get lost in the workflow and constantly being pulled to one thing or the other. I know there's a labor shortage and that's part of the staffing issue, probably both on the pharmacist and technician side of things, but I feel like something has to change, something has to be done to either incentivize people to work as a technician, whether that's an increase in pay or actually getting breaks throughout the day, I'm not really sure what it would take. Essentially I feel like at all the stores I've worked at as a floating pharmacist, I constantly get the feeling that with just an extra one or two technicians at each store things would be drastically, drastically different.	11/19/2021 11:18 PM
494	It's is dangerous to work in my district. Dangerous for the pharmacists. Dangerous for the patients. There are stores that are a THOUSAND prescriptions behind. They have 3 days wait for an antibiotic. One pharmacist working 14 hours with no tech doing vaccines, drive thru, Covid testing not to mention trying to fill prescriptions! Techs quitting every few weeks bc there aren't enough people to train them and they are overwhelmed for \$16 hour. And right not, our district leaders what our metrics met. Are making mandatory meetings on our day off to discuss when our prescriptions aren't ready on time. My scheduler and district leader are calling me on every day I have off bullying us to work bc they don't have enough pharmacists to cover. And I haven't had a raise in 5 years. If I leave my job, I'll start at \$50 an hour which made 10 years ago. I never thought I'd leave pharmacy, but im seriously considering switching professions. This isn't worth it and we have no support from our Board. Major legal change needs to happen.	11/19/2021 11:11 PM
495	Something needs to be done!	11/19/2021 10:47 PM
496	I would like to say that in my experience my employer and my direct district manager are honestly trying to hire more help to decrease our stress level/workload. I commend them for that, but that being said I think offering an increased salary for both techs and rphs will quickly get more people on board	11/19/2021 10:46 PM
497	For me, the 12 hour shifts with no pharmacist overlap are the hardest part. My employer will tell you that the 12 hour shifts are not mandatory, but they don't make it easy to work less hours than that because there are only 2 pharmacists per store, and we don't want to work every day! I can have 2 to 5 techs in the store working, but when there is only me checking all the prescriptions and doing all the data review, they can only do so much, when everything has to go through me first. We're doing too many vaccines and our prescription workload has grown so much, I can't keep up.	11/19/2021 10:45 PM
498	My most recent shift we did 35 shots and 26 Covid tests with just me and 1 tech. Was supposed to have another tech but they called out sick so we were left with no one to pick up the slack. So we both had to do it all, and try to make sure everything was done safely but could have very easily made mistakes due to so many people needing you attention and time.	11/19/2021 10:45 PM
499	Emergency Medicine Specialist with advanced responsibility and liability, less pay than staff pharmacists, constant COVID exposure, 100% direct patient care with volumes that have increased 3-4x in the past year. Overwhelming and unsafe with minimal recognition from management who has never worked in or made an attempt to see em practice.	11/19/2021 10:43 PM
500	Current working conditions and expectations are completely unrealistic and puts patient safety at risk. We are expected to give 100+ vaccines, fill 400+ prescriptions with limited technicians and only one pharmacist on duty. The daily struggle to get patients their medication in a timely manner while making sure the therapy is appropriate and safe is getting harder everyday. We	11/19/2021 10:40 PM

Meeting Materials

are forced to put other task to the side which are necessary to keep the pharmacy operating. All of this is really taking a toll on my mental health as well as the overall work atmosphere of the pharmacy.

501	<p>Despite officially having a lunch break, we still have no real breaks at CVS. We are expected to work through the half hour that we are closed to the public, we are not allowed to leave the pharmacy, and we are still timed on incoming Rx's that arrive during our "lunch." Sometimes the phone even rings. And we have been told that we may not close for "lunch" if there are people waiting in line - which is more common than not. The pandemic and labor shortage has only made the situation with staffing worse. CVS and our managers have taken the opportunity to blame market forces for our understaffing, when in fact we have been short on labor by design since long before COVID. Our hiring pipeline is intentionally restricted - it is impossible to train and develop an effective team when you cannot PAY new hires because you don't have the labor/hours budget. We are short on staff because of a persistent, long-term labor plan that prevents us from hiring adequate help OR from quickly on-boarding new staff. COVID shots, now boosters, and COVID testing has been an added strain that we are expected to manage with no extra resources. When there is a surge in testing or immunizations (with the COVID waves and successive approvals of shots/boosters), we are told that we will have a bigger labor budget in THREE WEEKS once those activities get factored into CVS's mySchedule labor calculating system. What are we supposed to do while we are drowning in work - patients that we cannot take care of - for THREE WEEKS?!?!?! And the "added labor" we are promised is always cut from another area of the labor budget. So if we are given 30 extra hours because of a testing surge, they take 16 hours from our immunization hours (despite immunizations not slowing). When there is a drop in testing or shots, our hours budget gets cut overnight. I have been told to send technicians home in the middle of their shift because our labor budget has changed. It's funny how these budget changes never happen so quickly in the other direction, when we are 3 days behind on completing prescriptions and when patients are suffering because of our understaffing. Even before COVID, CVS was already putting profits before people. And not just profits AHEAD of people. In fact, CVS puts profits first TO THE COMPLETE EXCLUSION of showing concern for people. Profits matter to CVS. People do not. I can't tell you how many times I have expressed concerns to my managers about patient safety and regulatory compliance and been told that giving me a bigger labor budget would be a detriment to "shareholder value." While it may sound like labor is the only issue with CVS, the reality is that the company is unreasonably miserly with all forms of technology and managerial investment. New software systems and modules are not adequately tested before they are rolled out into a live production environment. Often they do not function in compliance with state or federal law - only to be realized later, then kept hush until enough pharmacists or the BOP find out about the issues. CVS Pharmacists are not only clinicians, but also cashiers and receptionists (when they are left alone to staff the pharmacy for the last 4 hours of the night and first 2 hours of the morning), electricians/handyman (when we are told to fix our own med refrigerators or install new parts, or to fix our security barriers), janitors (when we are told to clean bathrooms, vacuum carpets, and make the entire pharmacy "hospital clean"), and tech support staff (when we are told to fix our own drive-thru speakers, install/wire a new terminal ourselves, or repair a broken handheld immunization unit unaided). Our CVS Help Desk doesn't answer the phone, because they TOO are understaffed, and they are almost never helpful. And our corporate FIXX line has never fixed anything (in a timely manner). We are always expected to scramble and give of ourselves (and our own time, tools, materials - all unpaid) to compensate for CVS refusing to spend on these resources. For example, it is November and we have been told our store has exceeded our yearly supplies budget. We cannot order more staples until next year. Unfortunately we are almost out of staples. We also need more baskets, auxiliary labels, etc. Too bad, I guess!</p>	11/19/2021 10:31 PM
502	<p>Pharmacy is a dead end job. I would never advise anyone to go into this field. As a 2008 grad, my first job paid \$50/hr. Recently, I interviewed with a different company, and I was offered \$45/hr!!! Wow, have we truly regressed that much in 13 years. My stress has never been higher and my job satisfaction has never been lower. I want to run away and never look back. I wouldn't wish this as a career on my worst enemy.</p>	11/19/2021 10:27 PM
503	<p>It's hard to keep optimistic for yourself and your technicians when nothing is changing and only more COVID-19 vaccinations are coming. We can't do everything forever. We are short staffed and there isn't enough time in the day to provide the level of care we used to have pride in. Now it's what can I do to just get by. What task is the most behind and then I will try to catch up on that one thing today. It's not a happy environment where new employees can learn. It is a place where your current employees (if you have any left) want to leave and threaten to do</p>	11/19/2021 10:17 PM

Meeting Materials

so if things don't change. When can we as a profession stand up to the government and say, find someone else to administer these shots every 6 months.

504	At our pharmacy we get an average of 200 prescriptions in the first 8 hours of our day, we would have to input, fill, and check a prescription in under three minutes to get all that done within those 8 hours or each prescription done in under 4 minutes that day with one pharmacist. That's including doing vaccinations, taking prescriptions, transfers, and counseling and then other managerial duties without breaks. That's scary, unsafe, degrading of our profession. Time is becoming more important than quality of care.	11/19/2021 10:14 PM
505	These days working in a retail pharmacy is fast-paced, stressful, and not nearly as rewarding with regard to patient interactions. With razor-thin profit margins we are continuously expected to do more with fewer resources and staff. It has become an environment that devalues patient care and emphasizes milking the most out of already overworked and under-appreciated staff. This particularly applies to pharmacy technicians, who are realizing that the pay they receive does not nearly compensate them for the time or effort they are expected to provide.	11/19/2021 10:06 PM
506	I work in a specialty pharmacy. Staffing has historically been good but we have grown and need more help. Administrators use the poor staffing levels of other pharmacies to justify our situation which is leading some to burnout. Many peers want to drop their hours due to stress. Pharmacy techs are absolutely NOT qualified to take on clinical responsibilities and even reading the suggestion makes me sick to my stomach. They should be following strict processes and algorithms to complete their work. Any situation that does not fall within such a strict algorithm should be the responsibility of a pharmacist. We say our role as pharmacists is important to patient care and yet some want to give it away to inadequately trained technicians. We have recently started incorporating techs more into our workflow and the difference in knowledge and judgment is blatantly obvious. They don't know what they don't know, and the pharmacist often doesn't know until an error has occurred. My work is very longitudinal so those errors and omissions are eventually discovered. In retail or hospital people probably have no idea that the quality of care has dropped little by little until all of a sudden a serious issue occurs. The stories I've heard our techs tell about retail and hospital are terrifying. Techs are not an acceptable substitute for a pharmacist in any way. An excellent tech is a godsend but even an amazing tech is no substitute.	11/19/2021 10:05 PM
507	My pharmacy is currently working with 4 total technicians. During tech vacations they are working 7+ days in a row and more than 8 hour shifts. I am pregnant and regularly don't get to eat let alone go to the restroom during my shifts. Our workload has been increasing weekly for the past few months. Our script count had increased so much we are running out of room to put them in the pharmacy. Our fridges are overflowing with scripts as well. We are yelled at daily because we have had to close our walk-up/drive-thru due to not being able to get anything done otherwise. Our wait times that used to be 20-30 minutes max are now upwards of an hour. We all go home mentally and physically exhausted, as well as feeling abused my patients. The patient mindset has gone from thankful we are working to only caring about them and no one around them. Antibiotics, steroids, inhalers, Etc have skyrocketed and those that "forgot" to refill their everyday maintenance medications are annoyed we don't prioritize them. I haven't been licensed for long and already wondering what other options I have. No one respects us. We are asked questions and then ignored because they still want what they want. We have diabetics getting multiple oral and injectable medications sitting in our waiting room eating a box of hohos. Also, we don't have a private area in my store to give shots or counsel so everything is done in the open with people watching and moving around us all the time. We are rushed, tired, overworked, and underappreciated and this is when mistakes happen.	11/19/2021 9:56 PM
508	Today we were 24 hours behind on Rx's, 10-14 people in line at all times, 11 hr shift no breaks, short staffed, trying to get vaccines and get all the phones..this is everyday. You are forced to multitask and nothing is getting your full attention, mistakes get made.	11/19/2021 9:52 PM
509	I enjoy very much being a pharmacist. Yes, it's hard to deal with patients but at same time so many are so grateful of our service. I pretty much feel that I work 24/7 too many metrics, not enough help or sometimes not good help. After so many years of working in retail, I sincerely feel that I developed PTSD. We need the State Board of Pharmacy to be more proactive and involved in working conditions, I really hope this is the first step and more to come. Our job is not an easy job we CANNOT make mistakes and though we have to multitask every single minute during our shift. Thank you so much for conducting this very much needed survey.	11/19/2021 9:48 PM
510	A year ago we had overlapping RPh schedules but cut back to 1 pharmacist every day. It's the same now even though we started flu shots and added 5-11 y.o. COVID & booster COVID. Walk-up shots is overwhelming at times.	11/19/2021 9:47 PM

Meeting Materials

511	While my personal working situation is not that bad, I can see an unhealthy stress that many pharmacists are put under daily to perform their enormous amount of tasks. With the addition of now constant vaccinations it is literally impossible for one pharmacist to be able to handle both vaccines and direct the medication part of pharmacy simultaneously.	11/19/2021 9:38 PM
512	Pharmacists should not be allowed to work more than 3 consecutive days back to back without a break. Pharmacists should be hourly associates, so that we can be paid for every minute we are in the pharmacy over our shifts. We should also be subjected to additional pay if working more than 8 hours per shift and if we are to work Over the 40 standard hours, the company should give us Time and a half. Pharmacies must completely "CLOSE" if the pharmacist is "LEFT ALONE with no technicians" in the pharmacy. Also, we should be offered a premium for each Covid vaccine administered and each Covid test administered. Otherwise, the Ohio state Board of pharmacy is trash and is not for patient safety nor for pharmacist safety	11/19/2021 9:31 PM
513	I left retail pharmacy in 2016 due to horrendous working conditions. The survey does not accurately reflect how I feel retail pharmacy is in the modern day. I remember having no breaks, was severely understaffed, and was subjected to unrealistic metrics that left me terrified I'd made an error. Mail order has been a much better experience, but if I were forced back to retail I would likely leave the profession altogether. Working as a retail pharmacist, I never saw my family and the stress and damage to my mental health almost cost me my marriage.	11/19/2021 9:18 PM
514	I work in a clinical pharmacy that provides telephonic MTM services.	11/19/2021 9:16 PM
515	I have been with my company for 30 years so I cannot leave. I feel my company better to work for than some others, however I have never been more stressed in my career then right now. Salaries decreasing but workload increasing is not good for mental morale either	11/19/2021 9:16 PM
516	I do feel like a good deal of my burnout is directly related to Covid and the continued surges. It's incredibly disheartening to have so many unvaccinated patients still being admitted. It's starting to feel never ending. I reduced my hours a few months ago because of burn out and mental health needs	11/19/2021 9:15 PM
517	I feel tremendously blessed to work for my company. My team is beyond an overachieving team and is always willing to go above and beyond. My management is absolutely fantastic.. But we are at a breaking point... the way pharmacies are running now IS NOT SUSTAINABLE.. We are drowning, every single day, getting pulled in 10-12 directions... the public does not care about how we are doing...	11/19/2021 8:58 PM
518	I feel that with my 13 years as a retail pharmacy manager I am very good at managing the workload, adding immunizations without any stress, keeping my help in a low level of stress and asking for rewards or just rewarding them; keeping their quality of life up along with my own and retaining my employees. The thing that disappoints me is not being able to get out there and teach/show others. I feel bad they are suffering. I only wish I had a real lunch break so I was not as wore out by the end of the day.	11/19/2021 8:52 PM
519	Retail pharmacies have now become labs (processing Covid tests) and clinics (steady stream of daily shots) in addition to our usual responsibilities. This is too much. These services need to be run by different staff members/different locations. The same staff should not be expected to do all 3 simultaneously. This is unsustainable.	11/19/2021 8:48 PM
520	I used to work retail pharmacy and I have to think about my colleagues who are still there. I can't Imagine how bad its been for them. It has not been easy where I work but its not as bad as retail. There are too many pharmacy schools in this state and pharmacists are treated as more expendable than essential. This has been going on for over a decade. I can see more pharmacists walking away because the aren't looked at as people anymore. Our profession has no safety nets. Just a more isolation competitive climb towards jobs that now require Board Specialty if you are lucky to work in a position to do that? And But what about those who are not, who are in hundreds of thousands of dollars in debt and expected to work in such extreme labor conditions they put patients in danger. And that has been ignored for years until The New York Times and ProPublica started making news about it. Its shameful and reprehensible. Its taken this long, a pandemic and following a trend to just create a survey?! That is telling how out of touch this Board has been for years. It also creates agism. Newer grads lucky enough to get a residency now have more leverage than students who don't get them. Its getting so competitive I see great students who don't get them and have break	11/19/2021 8:46 PM

Meeting Materials

downs because none are guaranteed apparently and they have to face the reality of retail which is so toxic. And they are great students who have lived in a library, compromised and done so much to learn about this profession and then they are left with no support. Is very disheartening. If you look at the growth outlook for this profession over the next ten years in this state it is zero percent. That is troubling indeed! I wonder if I will have a job due to the crazy requirements of competition in the next couple of years and I am good at what I do! Again, I am expendable. I hope whoever reads this will have the empathy to understand. None of us are important.

521	So much additional tasks are given to pharmacists and technician hours keep decreasing. Pay has been decreasing and yearly raises have decreased. With the amount of work pharmacist have to do, pay should be increased much more and pharmacy should be getting for technicians hours instead of decreasing hours every year.	11/19/2021 8:37 PM
522	The amount of time I spend as the sole pharmacist in the pharmacy is completely unsettling. I cannot train or teach, immunize, verify, counsel, or make calls all day everyday by myself. I dread going to work. I dread the next mistake made. I avoid the phone. Filing and other paperwork doesn't get done. Something needs to be done and it needs done soon. Our patients deserve better and the profession needs protection.	11/19/2021 8:32 PM
523	I worked 37 years as a pharmacy manager for a chain. In 2018, the Corp was looking for any reason to fire the highly paid RPh's, and I was one who got the axe. Metrics were unreasonable. I am much happier and less stressed since changing working environments to independents.	11/19/2021 8:27 PM
524	All I can say is that life is currently extremely difficult for pharmacists due to stress in the pharmacy. The stress expands into our private lives. Lack of sleep, depression and anxiety are a 24 hour ordeal. Our family lives, travel, gatherings are all on hold because nobody has the energy or desire to live a fulfilling life. It's a little bit sad actually.	11/19/2021 8:19 PM
525	In my nearly 40 years of practice as a retail pharmacist, I have never seen the working conditions deteriorate so rapidly. I am headed toward retirement soon but I sincerely want change to occur for my younger colleagues so they can once again be proud to be pharmacists. I truly feel sorry for them at this point. I was lucky enough to have at least 25 good , fulfilling years of practice, mostly for a small local chain. That particular chain was sold to a large national chain and the troubles began. The current retail model is unsustainable. The colleges in Ohio keep pumping out students each year to be fed to the wolves. Right now, at the retail level, we are struggling. We have been dumped with covid testing, vaccines for both adults and children, boosters, auxiliary vaccines, filling "normal" prescriptions, in addition to having to meet company "expectations" which include all sorts of ridiculous metrics as well as computer based training programs through all of this. All while severely understaffed. Next to no pharmacist overlap in most stores. Some stores even working completely alone in the evenings and on weekends, having to tend to a pickup, drop off, drive-thru, answer at least 5 phone lines, assist customers tapping on the glass in front of us, plus entering, filling and checking rxs and giving vaccines. We are at a breaking point. This is NOT safe! I know I am not alone in saying I am worried about making a serious mistake which would result in patient harm and litigation. Something has to be done somewhere by someone to help us. I applaud the board for requesting this workload information from those of us in the trenches but I seriously doubt anything will be done to aid us at the store level since many of your current board members are affiliated in one way or another with the major national chain stores. Any help to rectify these issues would be welcome!	11/19/2021 8:14 PM
526	Wasn't one survey enough. We need solutions. The board can fix this if they are truly concerned with patient care and safety. Giving techs clinical responsibilities is not a good idea, because the RPh is still responsible. One pharmacist for every 200 scripts filled in 8 hours.	11/19/2021 8:03 PM
527	Unrealistic demands from employers and patients with no support to do an adequate job as a health care provider	11/19/2021 8:00 PM
528	A big stresser is dealing with PBM's. PBM's will be the death of Independent Retail Pharmacy. Between the reimbursements, exclusive contracts and the constant audits I don't see a path for survival. PBMs are the main reason for stress.	11/19/2021 7:59 PM
529	I feel that our store team is very strong. However the current conditions between shots, testing and day to day pharmacist duties have been incredibly strenuous on the team.	11/19/2021 7:58 PM
530	Help us.	11/19/2021 7:50 PM

Meeting Materials

531	Retail was bad, but becoming a disaster. I would not recommend any sane person to consider pharmacy school considering the stress and lack of resources...primarily help (pharmacist help and more so technician help). We are supposed to be professionals/part of the medical community, but we are pushed to metrics and increased dispensing and vaccines in order to meet the demands of survival as a business due to insurance companies and Obama care demands. More and more is piled on and no personal/professional benefit, just more stress and frustration.	11/19/2021 7:46 PM
532	In our hospital, pharmacy is involved in everything and I'm tired of policing others. I don't have time to police nurses who are overriding orders and narcotics. I don't have time to contact physicians and correct their orders. I don't have time to look up a price of an outpatient rx that we make zero money on and I certainly don't have time to correct and then enter and prepare all the monoclonal antibody orders that are so prevalent. But guess what? Admin doesn't care. They pay zero attention to pharmacy. It's getting old.	11/19/2021 7:45 PM
533	My husband and I are both pharmacists. The workload due to not enough help and demands to do more from our corporate office have affected our mental and physical health to the point that we both just quit our jobs. We simply could not continue working when we don't have time to eat or use the restroom during our shifts. We go in early and stay late with no recognition or help from corporate. Patients are angry because their wait times have increased considerably. Pharmacy errors have increased as well. Luckily, the errors we have made did not harm the patient but it is only a matter of time. Our mental and physical health have seriously declined in the last year (with the doctor visits to prove it) and patient care is truly non-existent. Please, please help. Thank you.	11/19/2021 7:43 PM
534	Over the past 10 years pharmacy has taken a turn for the worst. Insurance companies and big chains have dominated the profession and have driven it to this "money making at all cost " mindset that it is today. The well-being of both patients and employees have taken a back seat. The pandemic has only strengthened that mindset by driving pharmacists to multitask beyond limits. This needs to stop.	11/19/2021 7:33 PM
535	The work environment has resulted in three-quarters of our staff leaving for less stressful jobs and jobs that offer better pay. We are constantly 300-400 scripts behind, our phones don't stop ringing, patients have to wait in line 45 minutes or more to pick up scripts, and the staff is exhausted and completely burnt out. We are all taking antidepressants to cope with the stress. Corporate does very little to retain employees and treats everyone like they are replaceable. The big corporations are destroying our profession.	11/19/2021 7:26 PM
536	I am a clinical pharmacist in the ICU setting	11/19/2021 7:24 PM
537	constantly giving vaccines and tests (as well as the constant phone calls about vaccines and tests), but no extra pharmacist help (and working with bare bones technician staffing) does not exactly make for safe or stress-free work conditions.	11/19/2021 7:21 PM
538	The largest challenge in the past year has been the loss/turnover of experienced certified technicians. The pharmacies are expected to keep up the same workload without adequately trained technicians. Budgeted technician hours do not differentiate between certified and registered technicians, even though the certified technicians can offer much more assistance with testing and immunizations.	11/19/2021 7:20 PM
539	I'm so tired. Please look into regulating that pharmacies must close completely for a meal break and have a restroom being nearby the department. I recommend encouraging changing the layout so that the pharmacy is not so exposed like being at the zoo where people tap on the glass to get our attention because they don't want to wait in line. We need security at all times with how bad the patients are getting.	11/19/2021 7:16 PM
540	I have been a pharmacist for 35 years, but I still enjoy being a pharmacist. The pressure put on us to meet various company metrics is very frustrating. I feel at times I work on an assembly line and have little time to counsel effectively. My company has lost several pharmacists and experienced technicians because of the working conditions and pay. The moral at my company is poor amongst the pharmacy staff. The satisfaction of the pharmacy staff should be as important as the satisfaction of the customers. To be told to make it right when the customer is wrong is very frustrating. I do not think my company really has our best interest in mind. If the customer complains loud enough, management gives them whatever they want, even if it goes against company policy. One policy I have seen broken many times is allowing the patient to return a filled script just because he/she decided they no longer needed it or after getting home, decided the cost was too high. If our policy is not to take drugs back,	11/19/2021 7:11 PM

Meeting Materials

why does management make us do so just because the customer called and complained. Even with all of the craziness going on, I still appreciate when a patient tells me how I helped them and how much they appreciate what we as pharmacists do.

541	Our workload with vaccines and testing for Covid has easily tripled with the same amount of staff. I feel my employer cares more about metrics and making money than patient safety and the safety and well-being of staff members. We are constantly pushed to do more, to the point where we don't have enough time to spend with patients and give them quality care. Corporate doesn't recognize or appreciate our work. They care about profit. We are constantly pushed to do more and more vaccines. That's all the company cares about because it makes money.	11/19/2021 6:59 PM
542	I feel like pharmacy patients are not getting the consultations that they are used to pre-pandemically. We used to be easily accessible to them and helped with medication, device usage, etc. but not so much any more. Why not have dedicated immunizers come into the pharmacy or have a clinic run (not by pharmacy staff) so that we can help our patients more? Also a pay raise after the hustle we did to give patient care and vaccine access despite staff shortage and a high amount of stress would help retain pharmacists. Also, new pharmacists should get paid fairly not take a pay cut. Pharmacy technicians have really gone above and beyond but they don't seem to get their bonuses and raises fast enough. There should be floater technicians. They are humans and a pharmacy can no longer run safely without proper staff which is already low then cruising pharmacies to close. It would feel productive after you collect the survey responses for us to be notified if any change is happening and the process of it in Brief notes. Thanks.	11/19/2021 6:47 PM
543	None	11/19/2021 6:25 PM
544	I feel that we are putting a lot of additional responsibility on technicians, considering how much they make. Expanding their clinical responsibilities should come with a pay increase.	11/19/2021 6:24 PM
545	re question #15 - I am approaching retirement in 3 yrs. and will completely quit working as a pharmacist.	11/19/2021 5:39 PM
546	I have been a pharmacist for almost 30 yrs. There have been many changes over the years; the COVID19 Pandemic bringing about the most challenges. I currently do not work for a high volume pharmacy, and my company has always been generous with staffing when CPT's are available. We have been very fortunate to have CPTs trained as immunizers as the state has allowed. Currently providing all 3 of the available COVID19 vaccines including boosters and pediatric doses with different protocols for storage, dilution, volume to be administered had proven quite stressful. Especially with our company allowing for walk ins in addition to appointments. Our previous wait time for most prescriptions has changed from 15-20 minutes to 30-40 minutes.	11/19/2021 5:34 PM
547	Unreasonable metrics turn what should be a focus on patient care and well being into an assembly line business. We are losing the respect of our patients. My mental health has been negatively impacted by the high stress environment and work conditions. Whether or not I remain a pharmacist may come down to the impact on my own health and well being.	11/19/2021 5:32 PM
548	Corporate demands and short staffing made retail pharmacy stressful in and of itself pre-covid. Now with the covid immunizations and testing, it has soared into a uncontrolled chaos that seems never ending. Covid shows no signs of subsiding any time soon, and that makes the outlook for retail pharmacists very bleak. The testing and immunizations need to be moved to specific clinics that handle those patient needs with trained staff, not retail pharmacy locations that are already drowning in the inability to meet patient needs in a safe and timely fashion.	11/19/2021 5:27 PM
549	Every state and every single person knows how these 2 big companies has exploited entire profession. Only way to save this profession is to have pass some legislation through State Board of Pharmacy or Congress or else it will never change or if does, then its just temporary patch. Corporate greed will ruin it again. I do not like to keep complaining and write entire essay about what is wrong with these 2 chains. I have million reason to leave this profession. I studied 4 years to help patients, not to make profit for share holders. I understand that business needs to run as well, but not at the cost of Profession' respect or individual's integrity or Patient's health. Board knows it very well. Unless, Board takes some action or else its just another survey and everyone will forget about it in weeks. We had same survey from Board 6 months ago and no action take. So why Board is asking again for work condition ? If Board has taken any action, then there is no change I have seen in last 6 months. This is an very honest answer. No offence to anyone. I would highly appreciate if Board takes some action or Pharmacist profession will be another tragedy like in other countries.	11/19/2021 5:25 PM

Meeting Materials

550	I've worked in both retail and mail order, and by far mail order is safer due to the work environment (no interruptions, clear and consistent policies, smooth workflow). I feel far less likely to make a mistake in mail order because I can focus all my attention on one task at a time.	11/19/2021 4:52 PM
551	Pharmacists need breaks and lunches to stay hydrated and be able to use the toilet without rushing.	11/19/2021 4:46 PM
552	I can't believe the governing bodies can't mandate a break for lunch for pharmacists. The current workload is borderline unbearable. We as retail pharmacist didn't close during the pandemic and our workload subsequently increased exponentially when the government increased the ages and demographics of people available for Covid shots. Our local government ran clinics for the original shots why not now? We continue to work our butts off and often times work more than our base salaries for no additional wages. I think there should be a script to rph ratio and mandatory breaks. I say it time and time again, pharmacy is the unhealthiest healthcare job today.	11/19/2021 4:46 PM
553	Pharmacists are being asked to do at least twice as much work with half of the amount of help. There's no reason why a pharmacist should ever be working as the only pharmacist with all of the things we're expected to do.	11/19/2021 4:30 PM
554	The working conditions of retail pharmacies right now are absolutely a public health crisis. Staffing, vaccines, and unrealistic metrics that punish pharmacists all need to be addressed. Please please, OBOP, step up and help us.	11/19/2021 4:22 PM
555	I feel as if my current employer cares more about the employees than my previous employer. Although I ranked certain areas of high stress and that I was more dissatisfied with certain areas, my employer is currently working on solutions to help ease workload and improve technology. However, I am not sure of the timeline. Operating hours have been modified since the beginning of November and it helps tremendously. I have support from my employer to decline things I am not comfortable with and that I was not trained for, such as immunizing small children with the new covid-19 vaccines. Pharmacists have encouragement to take their lunch break, although 30 minutes for a 12-14 hour day is still not sufficient. My operating hours at my current store are 9a-8p, although we still schedule until 9p to catch up. I have to eat breakfast at around 7 in order to get to work on time. My lunch break is at 130pm, but I do not get a break again to eat or rest until I get home at about 11pm. It is too soon to say if the recent increase technician wages will help in terms of staffing. When we hire techs, there are not enough resources at my store to train them. Four of five techs have been with us less than one month so I am constantly interrupted with questions or need to help them. I want to help them but this leaves me unable to complete my work when I am teaching techs how to operate the cash register. how to process refills, how to answer phones, etc. I am in a chain that has a front store. Many of our front store colleagues have had a great deal of animosity towards me, and some are trying to control decisions in the pharmacy through the technicians. I have support from management own my department and to close my front gates and service only drive-thru when I feel there is insufficient staffing to operate safely. However, it creates added stress from front end criticizing me for this and complaining that it affects front end sales. I have heard of tension at other stores between front end and pharmacy as well. I have worked in retail pharmacy for 8 years. The amount of complaints and verbal abuse from patients happens on a daily basis, and has especially increased during covid. We have had to call the police more than once during just the past few months, and even ban someone from the pharmacy for their behavior. There is insufficient staffing to consistently answer the phone. Even the doctor's offices are rude to us because of this. Although my employer has modified phone prompts to reduce calls to the pharmacy, to answer questions about covid shots, tests, checking to see if rx are ready, patients bypass the prompts and try to speak to someone in the pharmacy. Many refuse to sign up for texts or use the app. I don't know a solution for this, but rather, I am emphasizing the stress this adds and time answering basic questions that do not allow me to use my knowledge, and constant ringing calls that go unanswered add to the noise level and are distracting. There is such a high tech turnover rate in retail pharmacy that I am not sure what other clinical responsibilities would be reasonable in this setting. I do think that technicians should be allowed to read notes that are handwritten directly from the pharmacist for a specific prescription for an individual patient, such as, "take your entire course of antibiotics even if you start to feel better," but direct follow-up questions back to the pharmacist. My practice setting has patients with low health literacy and we have patients who cannot read or write, so verbal communication is more helpful to those patients.	11/19/2021 4:19 PM
556	It is deplorable to work as a pharmacist. I have completely left this profession after 25 years of	11/19/2021 3:53 PM

Meeting Materials

suffering because of unethical and harmful working conditions. I am like others are tired of not having any pressure on companies to regulate them to increase staffing and allow better working conditions so we are not jeopardizing our families and livelihoods of our patients. Enough is enough. There's just too much corporate greed at the cost of pharmacists' licenses. I have been depressed that I can no longer work in a pharmacy. I have attempted suicide and my family has suffered due to my illness. Please do something for the future of pharmacy professionals. I had so many dreams which are no longer able to accomplish. There are so many pharmacists walking in depressed state of mind. Please regulate the profession. We are not dispensing candies. This is a life and death daily. Pharmacists are number 11 on a suicidal list of professions. If Boards will not come up with laws to improve work then who will. Fining corporations is not enough when they are profiting billions. In the VA system, veterans wait their turn and are clinically and professionally communicated before any dispensing can occur. There are many pharmacists and one pharmacist takes in order not technicians and technicians fill orders and a different pharmacists check prescription before giving it to the patient. Every patient is counseled before dispensing. No drive thru fast food environment services.

557	Technician shortage - I would like to see removal of requirement for technician trainee WHEN the technician is certified with PTCB/NHA but living in another state and/or cannot provide record of an ASHP training program. These restrictions severely limit us to who we can hire when the national certification should address any competency concerns. IF the requirement for tech trainee maintains, I would like to see reduction from 300 hours before ability to do ANYTHING. Like could the tech trainee operate independently in an outlined area once they are trained for X hours (like 40 hours on Automated dispensing cabinets allows for independent staffing in that area even if sterile compounding training not yet completed). Having technicians would significantly help. More strict BOP rules go live 12/1 which increases workload of pharmacists. We are not able to get additional staff. This is happening all while we surge, covid vaccine mandates and expanded use is starting, and health care workers are BURNT OUT. I would also love to see from this work some recommendations or rules that could be provided to upper management to protect pharmacists. I do not want to see pharmacists leave the profession (which many are) because of the stress they face. Lastly, we need help continuing to advocate for the pay structure of a pharmacist.	11/19/2021 3:43 PM
558	Pharmacy is unique in that we deliver a service AND a product. When preparing and delivering the product is interrupted by immunizations/testing we invite opportunity for error. We can do both tasks but it would be safer if we isolated one from the other.	11/19/2021 3:25 PM
559	It all comes down to staffing. Until someone regulates how much staffing is required per volume of prescription business, chains will continue to force upon us heavier and many times unreasonable work loads and their metrics to produce profits that they perceive as appropriate for business. Our individual voices of saying this is too much gets ignored. Negative feedback to their metrics is detrimental to your position. Bottom line is they sign the paychecks so they make the metrics and hold us accountable.	11/19/2021 2:46 PM
560	I think for inpatient pharmacy, workload board line out of scope should be reviewed as well. Pharmacy tends to be the one that picks up any slack and it add so much to our workflow without ever changing the quantity of the workforce. While the pandemic led to everyone stepping up, this has been a growing problem inpatient for a long time. When psychiatrists are asking why all of a sudden are pharmacy employees coming to them due to burn out, this pandemic forced so many to breakdown.	11/19/2021 2:31 PM
561	Being a pharmacist is difficult in the current Pandemic environment.	11/19/2021 2:30 PM
562	unemployed since january. unable to secure a new position. you may wish to throw out my answers (except 1, 15 and 16) as not relevant	11/19/2021 2:28 PM
563	I am grateful to be able to give Covid vaccines to help end this pandemic but the stress it has placed on me and my staff has become unbearable due to the combination of boosters and influenza vaccines. I have 2 pharmacist partners and the 3 of us work an extra 3 (unpaid) hours DAILY and yet some days we are 120 rxs behind. We do this for our technician's well-being and to help decrease the delay in which our patient's get their medications. The burn out we all feel and the long hours we put in every single day CANNOT be safe for patient safety. Something HAS to change or there will not be any quality pharmacists left to serve Ohioans. We are ready to walk out.	11/19/2021 2:26 PM
564	CVS specifically acts in such a criminally negligent way that I don't feel I have enough time to check prescriptions safely.	11/19/2021 2:21 PM

Meeting Materials

565	While the supervisors always asks if there is anything they can do to help, they don't really mean it . My supervisor might give help or listen for a day or 2, but it always comes with the comment that I have to find a "more permanent solution" and that I will have to do it with my partner or by myself, not bothering him. The more permanent solution seems to be quitting.	11/19/2021 2:02 PM
566	I currently work at a great long term care pharmacy. It is staffed well and managed well. Previously, I worked at a long term care pharmacy that was poorly staffed, poorly managed and created immense stress in my life. I had considered leaving that place without a new job lined up. Thankfully, I found a new job that I like.	11/19/2021 2:01 PM
567	I think pharmacy technician responsibilities should be expanded but only if companies can increase their wages. A lot of our workload issues can be resolved if we can offer our technicians a higher wage. It's hard to get good help that will stick around because the amount of stress the job causes makes employee turnover a big problem - the wage is not high enough to make it worth it. When the staff is not appropriately trained d/t high turnover and lack of time, it only makes more work for everyone else, perpetuating the problem.	11/19/2021 2:01 PM
568	i don't care if techs give vaccines but ANY MTM or Checking and verifying should be done by those of us with the proper knowledge to fix and counsel on medication.	11/19/2021 1:59 PM
569	Corporate scheduler of pharmacists lacks concern, empathy, people skills. We are a commodity, and are only treated with respect when we agree to extra shifts.	11/19/2021 1:57 PM
570	I was promoted to pharmacy manager 6 months ago, and since then I have been under scheduling by 60+ hours a week despite many conversations with corporate about change. We were also one of the first stores to receive children's vaccines and received little assistance almost leading to the few staff I had walking out due to the demand we are facing. This is just a small glimpse of the current situation and many stores are facing much worse. I pray for retail pharmacy.	11/19/2021 1:55 PM
571	I have enough time to provide care to the patients, but I have been given other duties that I frequently have to do on my own time because the workload has increased recently due to Covid.	11/19/2021 1:48 PM
572	I'm am very fortunate that my company and especially my district supervisor listen and actively try to help us from being overwhelmed. But staffing problems are beyond their control. We also never have any pharmacist overlap so I never get a true break from work during a 12 hour shift and sometimes don't have a second to eat until 5pm due to the expanded workload with the number of vaccines at this moment. And depending on the pharmacy chain I worked for, this was an issue long before the pandemic	11/19/2021 1:41 PM
573	So glad to have made the change from retail to mailorder. The workload, stress, and mistreatment from management at a large chain was unreal and got worse each of the 10+ years I spent there. It would be great if technicians could be given more responsibility but with such a high turnover of techs and the quality of tech applicants, I feel giving techs more responsibility will only create more stress for pharmacists and isn't a good idea for the pharmacy profession as a whole.	11/19/2021 1:29 PM
574	I work at a PBM so the questions don't really apply to me currently, but I left retail due to the poor working conditions and poor staffing issues. These questions are geared towards dispensing pharmacists and so they don't apply to me. I do think the board should implement staffing rules to support dispensing pharmacists.	11/19/2021 1:18 PM
575	As a professional, I am appalled at the lack of response to the level of staffing within pharmacies. Workloads have increased exponentially while staffing has only decreased. Seriously, I work 12 hour days at a fairly busy pharmacy alone or if I'm lucky with 1 technician for a few hours. I'm still trying to figure out how to be at the drive thru, front counter, and answer 3 phone lines at the same time - all while entering, counting, and checking prescriptions. There is no other industry I can identify where 1 person is responsible for doing that at once. I know my situation is not unique - I cannot reach other pharmacies to request transfers. I am confused and frustrated that, despite the collection of information, the board of pharmacy has not implemented any regulations with this data in their hands. Additionally, there is an enormous safety risk to employees of understaffed pharmacies. Until there are labor protections in place for pharmacists, this situation will continue to progress. The board is allowing the abuse of pharmacists to take place daily. Many have reached their breaking point and have left or are planning to in the near future. Personally, I have become underweight due to not being able to eat, I've had multiple UTIs due to not being able to use the restroom	11/19/2021 1:13 PM

Meeting Materials

(because I'm the only one in the pharmacy most times) and mentally I am experiencing severe levels of burnout. I've sacrificed my physical and mental health for the sake of my patients. My only hope of recovering is if I can leave this career. How would adding clinical duties to technicians improve conditions? The technicians in my area hardly understand how to enter a prescription and it would add stress to allow them to take on anything with a clinical aspect. Plus, if a pharmacy is operating without technicians then this idea really is not applicable. The root of the issues pharmacy is facing is staffing levels. It's time to consider the well-being of pharmacies - including pharmacists and technicians - and prioritize this issue above profits.

576	Too many pharmacy schools. Start shutting them down. PBMs are destroying independent pharmacies	11/19/2021 1:12 PM
577	The largest challenge in the past year has been the loss/turnover of experienced certified technicians. The pharmacies are expected to keep up the same workload without adequately trained technicians. Budgeted technician hours do not differentiate between certified and registered technicians, even though the certified technicians can offer much more assistance with testing and immunizations.	11/19/2021 1:12 PM
578	Consistent short staffing on top of dealing with COVID boosters. Appointments are booked at 50+ per day during the week with almost no technician staffing in the evenings. Patients taking frustrations out on pharmacists even though patient safety should be priority. Have the option to now take a lunch but no pharmacist covering during that time. Come back from eating feeling even more behind and patients upset we did not work during our lunch and get them their scripts faster. Every day is full of stress with physicians also being rude and not understanding as they are sending patients to the pharmacy for boosters and COVID testing, which not all locations are performing. Go home stressed and thinking about all the scripts verified throughout the day. Affects relationships with loved ones and mental health.	11/19/2021 12:35 PM
579	After 25 years of being a pharmacist, job satisfaction is at an all time low. When asked by young people about a career in pharmacy, I highly discourage pharmacy as one of their choices. Stress has increased over the past couple years, but my salary has not increased at all.	11/19/2021 12:32 PM
580	the severe shortage of staffing at all levels in the store places extreme levels of stress on those of us who have continued to work. Patient care has greatly suffered as a result. expectations to continue to meet daily goals and guidelines without sufficient support staff or additional RPH's has made me consider leaving the field all together. Ups and downs in the field have occurred thru out my career but never to this extent. Profit seems to be main motivator in decisions being made with staffing and NOT patient safety or care.	11/19/2021 12:32 PM
581	There needs to be a pharmacist:technician ratio limit in Ohio. I have been at stores that I oversee 6 to 7 technicians alone and cannot be responsible for that much work.	11/19/2021 12:31 PM
582	Getting ready to retire after 40 + years of retail pharmacy feel sorry for those just starting out	11/19/2021 12:26 PM
583	I previously worked for CVS for two years after graduating from pharmacy school before finding my current position at an independent pharmacy. The difference has been life changing for me as I was drowning in my previous workload with little to no additional pharmacy staff or support from my employer. I finally feel in my current position that I am able to utilize my pharmacy knowledge and feel that my patients are being appropriately cared for. I would no longer be working as a pharmacist if my only choice were to work for my former employer.	11/19/2021 12:11 PM
584	Pay/benefits have only gotten worse in recent years. Pharmacists are not valued by our employers or customers. The amount of verbal abuse we receive every day from customers makes it very stressful and sometimes scary to go to work. I've had a customer threaten to kill me at work this year and my employer did not support me on the matter at all. Adding more responsibilities for technicians is not the answer, as pharmacists are still responsible for everything the technicians do.	11/19/2021 12:10 PM
585	The amount of covid shots corporate expects us to do is unattainable. I've been doing shots every 20 minutes for my full 12 hour shift. It is not safe for me or my patients. We have every kind of covid vaccine at my location and errors are just waiting to happen	11/19/2021 12:10 PM
586	pharmacy technician shortage is a key antagonist in the staffing situation	11/19/2021 11:59 AM
587	My student loan debt is so high and my pay so low that I probably will not be able to afford to retire. Therefore I also cannot change careers because I can't afford to re-school or take a lower paying job. Had I known it would be like this I would have chosen a different career. My	11/19/2021 11:58 AM

Meeting Materials

finances from my career choice are my greatest source of stress because they limit my ability to leave an unhappy situation.

588	(1) Pharmacy technician shortages should be addressed on a large scale similar to initiatives that took place during the pharmacist shortage >10 years ago. (2) Consider licensure options for BSPS graduates that allow for more advance pharmacy technician work. (3) Advance automated verification opportunities to increase work efficiency for select functions as well as technology opportunities to validate the work of technicians. We are being short sighted to think that technicians cannot take on some basic functions especially as we expect pharmacists to advance their cognitive services.	11/19/2021 11:57 AM
589	The sole and basic function of a retail pharmacy has become severely degraded to almost non-existent due to the influx of vaccinations, specifically over the last 6 months, and becoming extreme with the introduction of COVID boosters, and the continuing of daily pharmacy-based COVID testing. With little to no additional support, corporate level decisions has burdened staff with up to 50 or more vaccine appointments per day (in some locations), even double booking time slots with appointments, **with the nearly the exact same staffing levels seen pre-vaccine appointments**. I have worked in retail pharmacy (same employer) for nearly 15 years, and have seen almost everything there is, and nothing comes close. This is the general case not only in the field of pharmacy, but throughout healthcare, as multiple colleagues I know are striving to exit a field they once loved due to these beyond-believable conditions. If corporate decision-makers and state boards do not act swiftly, there will be little to no more healthcare workers left in probably a year.	11/19/2021 11:53 AM
590	We can expand technician duties all we want, which is a great thing to do in my opinion, but when the workload is as unmanageable as it is across the board for pharmacists and techs alike, it won't matter how much we expand their scope. We already can't keep techs long enough to fully train before they quit out of exhaustion and stress. The volume of workload that they are expected to bear within their current bounds of responsibility is unrealistic and adding more will not help our current situation. It's great to give them more responsibilities, but the volume of work is already too much for the entire pharmacy staff to handle. We are on the brink of graduating historically small classes of pharmacists in the next 1-2 years, and the staffing shortage in our field is going to compound exponentially. Our field is facing a critical point and my only hope is that it is not too late to take the necessary actions to change our working conditions. Time is of the essence and the lack of any meaningful action from any governing bodies has left many of us to wonder how many mistakes it is going to take to finally bring positive changes. Even more medication errors? Harm to patients? When you have patients telling us volume is being valued more than patient safety, then why has something not been done sooner? Why does it seem nobody with the power to change this situation can see these problems? If chain management will not take the necessary steps to protect its employees and the board will not protect our patients, then who can we turn to? I chose this career to help people. And while I still feel that I am able to do so, every day I question if I am risking hurting people by participating in such poor working conditions. If I leave, I'm just furthering the shortage problem. If I stay, it is only a matter of time before we continue down this path that we are on and grave mistakes will be made due to being severely overworked. Maybe this career isn't what I thought it was.	11/19/2021 11:37 AM
591	Factory The above word describes what retail pharmacy has now become. This ideology has developed in response to increasing pressure from PBM trying to push each others vested interest partner out of business or to damage them as much as possible. It is all guised as an effort to improve patient outcomes and promote better overall health. This could not be further from the truth. All of the large chains are GUILTY of fraudulent, abusive, and wasteful dispensing of prescription medications. All of the large chains pressure their staff AND patients to fill 90 day supplies of their medications which can then be filled every 60-65 days. This is advertised to promote "adherence" and "improve patient outcomes." It is simply a lie, a fraudulent statement used to disguise the abuse of the system that is currently in place. This leads to the chain pharmacies to line their pockets every year by filling 15 months worth of medication in a 12 month period. This is just the tip of the iceberg or a peak behind the curtain. Filling 15 months worth of medication every year leads to thousands of doses of medication to go unused or to build up in peoples homes. The blame being pushed back onto americans who ARE adherent but still end up with a surplus of medication because they are enrolled into automatic refill programs by the companies that they patronize. Most enrollments are against the patients will and are almost impossible to get out of. The reason the were enrolled? Threatened by the loss of their job if they didn't enroll at least 90% of their patients in the program by the end of the year. Fear of losing their job the employee hits the button regardless of what patients say. So the cycle begins. Dismantle, Reduce, Resize these large companies	11/19/2021 11:34 AM

Meeting Materials

and the legislation which allows them to rape the system. These companies control every aspect of the supply chain and use their power to strangle out competition they own the insurance company, the pharmacy, the employees, the drug supply chain. This is an effective monopoly and they are coming for MEDICAL PROVIDERS NEXT!!!!!!

592	Pharmacists were expected to take on the responsibility of administering vaccines during this Covid 19 pandemic and We have received no additional compensation for all of our efforts. Moderna, Pfizer and retail pharmacies are reporting billion dollar profits during this pandemic on the backs of pharmacists.	11/19/2021 11:33 AM
593	My stress/burnout is directly related to poor reimbursements and the failures of the health care system as a whole. I worry about having to close my doors and leave my community without a pharmacy. Each year we have been open, we have seen our volume increase, while our reimbursements have declined. We have taken on COVID vaccines and testing even when we are short staffed (due to the current job market conditions) because we want our community to have access.	11/19/2021 11:23 AM
594	Very short with technician staff in our hospital setting. The system has increased tech wages by ~\$5 an hour which definitely needed to be done due to rising minimum wages and the fact that our technicians work hard and do challenging work and also need to be certified. Hopefully this wage increase will help the situation. I do have concerns about the techs we have left working overtime and short. Will cause medication safety issues and delays	11/19/2021 11:16 AM
595	Regarding workplace satisfaction, I think this question could be worded better. I believe myself and the rph's I work with are very appreciative and highly value the little technician help we have. Our issues would be with the amount of help given to us and the burden placed on them. I think more ways need explored to open the door to good candidates for the technician position. As far as workload is concerned, things need to change. Everyone in the pharmacy is on display. Distractions(phone,customers,drive thru) pop up everywhere. Imagine a doctor or vet just working on/with a patient and theres a crowd staring and six phones ringing. The bakery has more privacy than the pharmacy does. Thats not a profession. I believe we are capable of providing quality care to patients and good clinical services. However passing work off to already overworked underpaid techs isnt the answer. The board of pharmacy needs to decide if it serves the professionals who work under it and their PATIENTS, or if they work to please their bosses from their respective companys. Currently, there are several chains who are drowning with no help and several day waits for prescriptions. Customers complain they have had numerous medication errors given out from these chains. Someone has to look at this situation and not follow the other lemmings as they fall off the cliff.	11/19/2021 11:06 AM
596	Pharmacist roles and technician role expansion with COVID should be maintained and moved forward to that we can continue to practice at the top of our license and knowledge	11/19/2021 11:04 AM
597	Pharmacies should be properly staffed with properly trained technicians who are paid appropriately for the job they do and the stress that comes with it. Pharmacists would be able to better handle the clinical work asked of them if they had appropriate support teams.	11/19/2021 11:00 AM
598	Technicians should be the insurance specialist and other technical aspects of pharmacy including making calls to providers in order to allow the pharmacists to provide the clinical aspects with the patient.	11/19/2021 10:57 AM
599	concerns are largely pandemic related -lack of staffing both technicians and pharmacists coupled with rude and impatient customers I believe my company has taken measures to hire and increase pay, but due to the environment and circumstances it is not enough	11/19/2021 10:56 AM
600	Would love a mandatory lunch break. I do not even have time for restroom breaks	11/19/2021 10:55 AM
601	We need a mandated technician to Rph ratio that is based on prescriptions AND immunizations! Regulation is the only thing big corporations will listen to.	11/19/2021 10:48 AM
602	Survey response based on pre-retirement history. Retired at age 63. Planned on working much longer, but work stress got the best of me. Just as a side note, I thought I had prostate problems, waking up usually 2 times a night. Since retirement, I sleep through the night. Prostate fine, stress level fine now. 40 years as an independent retail.	11/19/2021 10:45 AM
603	The board has hurt Pharmacist by allowing Ohio to become a Pharmacist mill. We shouldn't have 8 schools! You're killing our pay/worth!	11/19/2021 10:36 AM
604	Pharmacists need to have more coverage so more clinical interventions can be done to care	11/19/2021 10:31 AM

Meeting Materials

for the patient. The roles of pharmacists are expanding, COVID testing, immunizations, MTM and now provider status. No one should be asked to keep doing more with the same FTE. This is dangerous.

605	Being a pharmacist in any setting at this time, is horrible. We are unappreciated by patients and other members of the healthcare team and we spend all day getting yelled at. It is unsafe and has gotten way out of hand.	11/19/2021 10:29 AM
606	0 breaks/8 hour shift. Filling over 500 Rx/day. 20+ tests/day. 40-80 vaccinations/day. 3 phone lines. Extra help that was originally promised suddenly disappeared. You might say that's stressful.	11/19/2021 10:22 AM
607	The board needs to limit amount of pharmacists licensed each year. We have too many pharmacy colleges in our state. This glut has led to total disrespect for us by employers. We need to cool expanding tech roles. The job is becoming too hard for the average Joe so we can't hire nor keep techs as a result. Many seasoned techs have quit because they don't want to do the pharmacists work. If md offices could be trained or required to learn how to escribe much of our stress would be eliminated. Maybe spend some money on educational commercials for consumers teaching them to call in there refills a day ahead, punch in refills on line or on phone like public service announcements would be beneficial to all of us. We love our jobs as rphs but we have began to loath what we do because of bad decisions by the state board in allowing any and every university open a college of pharmacy. You thought expanding tech roles is what we needed but it wasn't. We just need more human work days and weeks, breaks and lunches, more overlap of pharmacists and more cooperation from mds and insurance companies. Also a separate board should be established for techs separate from the pharmacists. It is a conflict of interest to have both under one board.	11/19/2021 10:15 AM
608	Walgreens. I'm all for providing all the care to patients that we can. But when I have 3 people working most of the time and we have two covid testing options and 50 vaccines a day. There goes both technicians for most of the day administering and running tests and vaccinating. Leaving the pharmacist to basically run the pharmacy by themselves and doing our actual job. Half the time the pharmacist can't even do that because you get about 100 phone calls a day asking about testing or vaccines. And then people will get mad that they have to have an appointment or that we won't make the appointment for them because we obviously don't have time to do that when we don't even have time to fill prescriptions most of the time. Then there's corporate all over you about metrics....	11/19/2021 10:14 AM
609	My position-Clinical Pharmacy Manager in a Federally Qualified Health Center	11/19/2021 10:12 AM
610	Question #8 Walgreens was horrible Walmart better. Overall, upper management in all these retailers do not care. Experienced it first hand. Comments by certain upper management was "If they can't handle it, they can find a job elsewhere" to "They are over paid babies". The Retail industry is a mess because of upper managements fixation on results and money and the insurances cutting every little dollar for care. It's sad when you are hearing pharmacist having myocardial episodes and the company continues to leave the department open.	11/19/2021 10:09 AM
611	Hard to answer a lot of these - wish there was an NA optional. Working in ambulatory care setting, I do not work with technicians regularly, so based this off of our inpatient staffing model.	11/19/2021 10:07 AM
612	Covid vaccines and testing have taken over the pharmacy's ability to actually FILL and DISPENSE medications. We're doing 20-50 vaccines a day with single pharmacist coverage while still trying to fill 350 prescriptions for maintenance and emergency medications. Our 30 minute lunch break is really only about 20 minutes once you take a moment to use the restroom and lock up the pharmacy then having to come back early to be sure to reopen on time. We are also having to deal with store issues not related to pharmacy such as answering store phone calls, directing customers to products (some of which are located nowhere near the pharmacy) and finding store personnel to unlock cases and products they've locked up for security purposes. While it's nice to provide services such as basic screenings, immunizations and compliance counseling, we are given no additional help or hours to offset the increased workload.	11/19/2021 10:05 AM
613	So much stress that it greatly affects all aspects of life. Working with no breaks. Not enough staff or pharmacist overlap to support volume of work and tasks be completed in a safe manor which has at least tripled over the past 2 years. Increased customer hostility and profanity towards staff.	11/19/2021 10:02 AM

Meeting Materials

614	Technicians should be paid a higher hourly rate. Minimum wage is not appropriate for the stress they are under. All pharmacies should have a 1-hour scheduled break daily. With vaccines, counseling, prescriptions, and 12-13 hour days (with no lunch or restroom) are impossible to complete safely without resting at some point. Customers are angry and in most cases rude and racist. This is unfair treatment against those who are supposed to be "the most accessible healthcare provider." The healthcare system has failed pharmacists tremendously.	11/19/2021 9:57 AM
615	One of the biggest causes of stress at my employer is lack of competent technicians. While we have started to be able to hire technicians we are not getting good quality hires. They are not capable of multitasking, data entry, etc. We went from severely understaffed due to good technicians leaving for higher paid jobs to lots of new hires that unfortunately are not good replacements for those lost. Better training and pay for technicians would help. Smart, quick, and capable technicians are absolutely necessary for success. Extra help that is untrained or incapable unfortunately isn't helpful.	11/19/2021 9:55 AM
616	Requiring techs to be licensed has resulted in shortage. I do not disagree with the decision, but pay has not increased with the additional education needed to obtain. This has resulted less going into the career and a shortage.	11/19/2021 9:48 AM
617	I feel the state board is not helping pharmacists in the retail environment. I feel the retail changes are too big, have large metrics to met, are not their for their staff, are allowing staff to be overwhelmed, and staffing issues are a large problem. Big business is their for the money not for the patient or safety. I state everyday at work this is not a safe work environment. We are letting patients down everyday. The chains don't care. I have gone days with out eating or going to the bathroom. I have had staff have break downs while working. I have worked with a death in family, a child with covid, and medical appts needed for family and me that I can't met. I work extra hours every week. My vacation day gets denied. Change needs to happen or retail pharmacists will leave and the short staffing will be worst. This needs fixed now.	11/19/2021 9:46 AM
618	I have been a pharmacist for 22 years and never did I think this is what our profession has become. I work for a grocer working 12 hour shifts with no breaks and hardly time to make it to the bathroom. I am filling over 500 prescriptions a day plus doing 30-40 vaccinations a day with no other pharmacist help. We need to do something now or our profession will be in shambles. I do not recommend anyone to go into pharmacy at this point.	11/19/2021 9:44 AM
619	This survey is necessary.	11/19/2021 9:44 AM
620	I have been a pharmacist for this company for over 26 years. I've been a very loyal and dedicated employee. In the past, I've always been able to keep up with the workload and do my job efficiently. Unfortunately, we have always had a large turnover with pharmacy technicians. We hired untrained people, train them, then they realize that they can make more money somewhere else, so they leave. I don't blame them but it doesn't help that patients come in and yell and curse at them for things beyond our control. More and more duties are given to us which is great for job security but it's getting to be too much! Pseudofed sales, Narcan, CMRs, MTMs, Outcome tips, Vaccines, Covid testing, not to mention the 300rxs we fill per day. Last year the company said that we can take a lunch from 1:30 to 2pm but it never happens because they won't allow us to close up during that time and that is the exact time when all the docs are back from lunch and start calling us. Since the pandemic started the staffing issues got worse, workloads increased. There are times when I am 200rxs behind. I ask my DM for help and she tells me that there is no one. To do my best, don't answer the phone, that there are stores worse off than mine. So I come in on my days off to try to catch up. I stay late. Last week I got there at 8am and worked until 12am the next morning!! On the weekends, I'm supposed to leave at 6pm but I stay until 8 or 9pm. I just can't do this anymore. I can't even enjoy my days off because I'm anxious about what I'm walking into the next day. I want to quit.	11/19/2021 9:42 AM
621	Technicians are an incredible and vital resource for our pharmacy and alleviate a lot of the burden/stress on pharmacists. However, due to technician shortages, pharmacists are being required to take on additional responsibilities previously performed by technicians. Making a pharmacy technician a more desirable career, increased pay & autonomy, would help with retention/recruitment and reduce some of the pharmacist burden.	11/19/2021 9:41 AM
622	*The increase in Covid vaccinations has been significant. Staffing has not been adjusted to reflect this. *The technicians that I have supervised giving immunizations have done a great job. I feel consideration should be made to include all immunizations not just Covid and flu. Also, consideration to make this permanent. *Despite receiving a 30 minute lunch during the day consideration should be made for additional time. It is difficult to close mid day therefore	11/19/2021 9:35 AM

Meeting Materials

the full 30 minutes is nearly impossible to take. Also, for 12 to 13 hour shifts this leaves hours with no break. *Adding pediatric vaccinations into workflow has been extremely challenging. Again, staffing has not been adjusted. *With unlimited walk in vaccinations it is very easy for workflow to back up. This can become very overwhelming at times. *With the increase in stress in the work place I have personally considered stepping away from my career for a while.

623	I moved from retail to primary care setting 3 years ago and stress has reduced greatly. Much better work environment now.	11/19/2021 9:34 AM
624	While there are many things putting stress on us pharmacists during these times, I find the most unbearable part of my work day is handling dissatisfied and rude patients. It truly takes a toll on my mental health and anxiety daily, while we are trying to do the best we can in the fastest and safest manner. With that being said, I feel that most days I am trying to work faster and this could be compromising my patients care. I know my company sees the hard work we are doing and is always commending us. However, I sometimes wish that they could see the day to day. I might add that I am recently licensed and have only been a pharmacist for a little over a year and I am already feeling burnt out and wish I could find a career outlet to work from home because I feel my mental stress at work difficult to handle most days.	11/19/2021 9:34 AM
625	I have worked the last 8 years in this in-house closed door pharmacy. Previously I have worked for Walmart, Walgreens and SuperX. I can tell you if I had to go back to the retail setting I would have a much different survey. I left the retail world when I had the opportunity due to high stress and difference in philosophy. They chose profit over patient and staff safety. I pray everyday for those heroic retail workers.	11/19/2021 9:32 AM
626	I have worked many years as a pharmacist and do not plan to do anything else.	11/19/2021 9:31 AM
627	The amount of immunizations we are expected to tackle now with the pandemic is incredible. My employer does try to get me an immunizer most days. However, if I don't get one I still have hundreds of appointments scheduled for vaccines and am expected to do them in addition to my other regular duties! It's too much honestly. I love being a pharmacist and love giving people Covid immunizations and other vaccinations, but the public expects us to run as a doctors office and I don't always have the staff to accommodate that. I have a great staff and my employer tries their best to help us how they can, but the workload on the entire healthcare system is too much right now. Another large aspect that is taking time away from patient care is the back orders on all cough meds, common antibiotics, etc. I'm spending a great deal of time searching for these needed items, transferring in/out scripts where patients can get what they need. These back orders for Covid type items are largely affecting workload as well. Thank you for working towards a better pharmacist environment for us. It is truly appreciated!!	11/19/2021 9:30 AM
628	I recently exited the retail setting. The amount of work and stress was unsafe for me, my coworkers, and my patients. No human being should be expected to do what we were having to do. Not worth mental health and risk for errors at any pay. What's going on in retail right now is not okay. I hope this survey helps those pharmacists and techs still sticking it out.	11/19/2021 9:27 AM
629	Looking to change employer currently due to working conditions at current employer	11/19/2021 9:23 AM
630	I work for a small independent pharmacy and feel lucky- I believe my work conditions are better than most places.	11/19/2021 9:23 AM
631	I have been a pharmacist for 23 years and I am 47 years old. I strongly feel that retail pharmacy can no longer be a life time career, working conditions are impossible for pharmacists as they age and I feel sorry for those few I see trying to work into their sixties. I plan to find an alternate career in the next five years. It is shameful what has become of the profession.	11/19/2021 9:18 AM
632	The licensing and registration requirements in conjunction with the Great Resignation has created a massive technician shortage in the state. 28% of our technician positions are currently vacant and we are not even receiving applications from qualified candidates on our full time day shift positions. Pay has dramatically increased to almost \$25/hr for technicians in our area and we are still unable to fill positions with certified pharmacy technicians due to individuals leaving this career path. The pressures of volume, stress, legal responsibility of being licensed has resulted in many highly trained individuals leaving pharmacy, for non-patient facing careers with greater flexibility. There is a surplus of highly trained clinical pharmacists in Ohio and unfilled student seats in Ohio Colleges of Pharmacy. Technicians should not be given	11/19/2021 9:17 AM

Meeting Materials

additional clinical responsibilities as this will worsen the shortage of technicians. Increasing technician responsibilities by vaccinating and performing clinical functions will only allow large corporations to increase profit on the backs of the pharmacists and technicians in our state and worsen the working conditions of these individuals. The Board of Pharmacy should partner with large employers and Colleges of Pharmacy to create a large scale training and recruiting plan to create a technician career path. We need an easy process to bring trainees into the profession and create the image of it as a career.

633	I have retired. The current atmosphere of retail pharmacy has changed to the point that I was no longer able to give the in-depth care I wanted to	11/19/2021 9:15 AM
634	I will never go back to being a retail pharmacist again.	11/19/2021 9:12 AM
635	We are the only division of healthcare that does not have a limit to their workload. A majority of providers are appointment based. Once their appointment slots are full, they don't expand their hours or create new slots. As pharmacies, we don't have a prescription limit. We'll have over a thousand prescriptions in the queues but that doesn't mean we stop taking new prescriptions. Patients have this misconception we can get their medications ready in less than an hour. If their pizza is going to take over an hour to be delivered, they don't bat an eye. But if it's their prescription that could potentially harm them, an hour wait might as well be the end of the world. We are overwhelmed by the amount of scripts and the lack of staff. We are working over 50 hours a week and not getting raises or any additional benefits. I was in a car accident from the work fatigue. Retail pharmacy has become an inhumane work environment.	11/19/2021 9:09 AM
636	I didn't know there was even an organization out there that looked after the work force of the pharmacist. Why in the hell haven't they done anything to provide a scheduled break for a pharmacist to take?! Dr offices close for an hour for lunch. Why can't pharmacies have some kind of break throughout the day?! We run ragged from before opening to after closing at 150mph. Something needs to be done for patient safety and pharmacist sanity!!	11/19/2021 9:08 AM
637	My employer has been really proactive in making sure each of our stores can set our own schedules for COVID vaccines and have not been pushing goals or metrics. I know many do not do these things.	11/19/2021 9:04 AM
638	I spent 10+ years at CVS, and finally couldn't take it anymore. I answered this survey as if I was still at CVS, because that's where the major pharmacy problems lie. With the big box chains. CVS and Walgreens are by far the worst, but all retail is in a race to the bottom. I'm less than a month removed from my position at CVS, but I worked for them for 10+ years, as a staff, and then PIC at some of the highest volume stores in the state. I've seen the conditions deteriorate over a decade. Until now. Now, it's unworkable. Every store in my district was DAYS behind. Some were WEEKS behind. Zero support from corporate. Zero recognition of the problem. Not until it was too late. But by then...RPH's started leaving. We lost a dozen good people over 2-3 months, from July into Sept. No one wants to stick around or be the last one left standing as work increases, and support staff decreases. COVID shots, flu shots, increased script load. And CVS is crying about payroll and overtime. Every quarter for a year and a half they've announced their best financial quarter yet. They are making money hand over fist on the back of compromised patient safety. Will the board do something? Isn't that it's job? To protect the public? How do they let corporations just roll over an entire profession like this?	11/19/2021 8:57 AM
639	I quit Walgreens this month. I was an employee of Walgreens for almost 25 years. Clearly there is a lack of effective communication and concern for the well being of pharmacists. I have chosen to not seek employment elsewhere.	11/19/2021 8:54 AM
640	Chains like CVS are ruining our once proud profession by ignoring safety and ethics purely in the name of metrics and profit.	11/19/2021 8:53 AM
641	I work at a LTC pharmacy now. But I worked in retail for most of my career. I could never go back to retail again. It was stressful back then (10 years ago when I left) but it is horrible now. I'll retire before going back to retail.	11/19/2021 8:52 AM
642	After 30 years in this profession ,I never thought at this point in my career I would want to leave,that being said if the right opportunity came along, I would not hesitate! I have never felt so under valued by a corporation in my life, even after they post record earnings. We are constantly harassed on our days off to pick up open shifts at other stores due to lack of staffing and quite frankly I feel it would be held against me to say no. We are forced to work at such pace that if we actually slow down to speak with a patient we are penalized because	11/19/2021 8:49 AM

Meeting Materials

other scripts are not checked fast enough. We have to let patients wait because if we take too long to answer the phone it counts against us. We were give a lunch break in the last few months but we are penalized for actually taking it because everything in the "que" expires so that too is held against us. All the metrics are set up that put patient care LAST and speed and volume first and those of us in a retail setting have no voice to speak up or we will be terminated.

643	Help us. Make a plan to do something for us. Don't just take a survey. Use information to better our profession and our work place.	11/19/2021 8:45 AM
644	I WORK IN THE BEST OF SITUATIONS, THE PROFESSION AS A WHOLE IS TERRIBLE AND UNSAFE, AND IT DOESN'T NEED TO BE . THE BEAN-COUNTERS IN CONTROL OF OUR PROFESSION NEED TO FACE CONTROLS FROM THE STATE BOARD. THIS IS THE BEST WAY FOR THE BOARD TO PROTECT PATIENT SAFETY.	11/19/2021 8:42 AM
645	Under the staffing crisis I think the board needs to reevaluate the registration requirements to allow post 30days after employment begins. We lose interested people and the restrictions hurt us	11/19/2021 8:39 AM
646	The additional responsibilities added, primarily immunizations and clinical services, that are on demand and lack of staffing combined with high prescription volume has put tremendous stress on pharmacists and technicians. Patients do not understand there will now be a wait for prescription or services. There is no other profession in healthcare that someone can walk in and ask for a service without a wait. Expectations are unrealistic and use of customer surveys are counterproductive to safety measures. Clinical services and prescription services need to be separated for a safer work environment.	11/19/2021 8:38 AM
647	If breaks are mandated, the pharmacy must be closed during that time. During a 12 hour shift, one 30 minute break is not sufficient.	11/19/2021 8:31 AM
648	#pizzaisnotworking. Our industry is in dire need of help. Patient safety is in jeopardy.	11/19/2021 8:29 AM
649	Conditions have declined over the last 5 years. Nervous to see the next 5. Nothing will change with this survey.	11/19/2021 8:20 AM
650	It is constantly more, more, more. We don't really take care of patients. All we ever hear about is "increasing throughput"	11/19/2021 8:19 AM
651	There has been a lot more responsibility placed on us the last few years and we haven't been given any additional supportive help or had reflective pay changes due to the increase of responsibility. Someone needs to look into Pharmacists getting their fair share of administrative fees (fees that are gained directly from out license and our work) due to the increase of immunizations, screenings, etc. With the rest of the world getting raises in a lot less stressful conditions I am looking for a new career.	11/19/2021 8:18 AM
652	Frustration bc my job is now to do Rx insurance company bidding rather than be an RPh; why are we forced to disp higher cost brands when gen avail? Not a nurse & hate forced to give shots- espec since get zero extra help OR PAY for that extra liability/training on my part!! Too busy stabbing people & contacting MDs about ins formulary changes to actually perform PT counseling ... which is what pharmacy is supposed to provide! And what the heck happened to dispensing fees??? Under \$1 total reimbursement for ANY Rx is ridiculous!! Can we PLEASE take back pharmacy from insurance companies & get back to real patient care????	11/19/2021 8:16 AM
653	I worked for Walgreens for 26 years over which time the demand on pharmacy staff became unbearable. Prior to leaving the profession all together (stress causing severe elevated blood pressure, migraines and emotional instability) I decided to switch to CVS to see if the situation was similar. The workload is unbearable, unsafe and causing physical and psychological damage so much I am looking to change careers all together. Just yesterday I had to tell a patient I could not get their ERX fir an antibiotic ready that day , despite 3 hours left in business day because I had 100+ erxs to enter in que while doing vaccines with one technician clearly an impossible task. There needs to be measures to reroute or decline ERxs when a pharmacy is at or exceeding capacity to fill prescriptions in a timely manner. We have multiple times over the course of the past 4 months be in excess of 500 scripts in our production que, creating a unsafe work environment gor all employees and patients.	11/19/2021 8:12 AM
654	Glad I'm closer to retirement age than most. Still hoping to make a positive difference in my community. Don't know how much longer we can keep this up....it's inhumane.	11/19/2021 8:09 AM

Meeting Materials

655	I have been a pharmacist for a long time. I'm not sure whose "bright idea" it was to have us immunize, but it was a horrible idea!!! I barely have time to fill a prescription in a safe timely manner but to add immunizations into the practice has been unsafe. 3 different Covid vaccines, 3 different influenza vaccines and that doesn't count the other vaccines. But hey wait, you have a patient to counsel and a doctors office on the phone! seriously vaccines are a disaster!! and I work for a company that supports us. the amount of stress I have is huge but not near what I'm hearing from some of my other colleagues. shame on the state board for allowing this!!! stop allowing the chains to dictate our practice and stick up for US!!!	11/19/2021 8:09 AM
656	Most of my stress involves the workload of treating patients with Covid-19. Low staffing of technicians contributes to this stress. Lack of assistance from the clinical staff also contributes to stress.	11/19/2021 8:08 AM
657	work loads are tremendous and will lead to grave mistakes	11/19/2021 8:08 AM
658	Please note that I am in a non traditional pharmacy practice setting (investigational drugs, clinical research pharmacist) and participate in inpatient/outpatient studies. The workload in research is high with regulatory, administrative, dispensing, participating in monitor visits, setting up and maintaining complex drug studies, etc. I do not directly interact with patients, family, or insurance companies in my position.	11/19/2021 8:06 AM
659	Labor shortages have been vast across the country for many retailers. Recently we were able to hire some new employees but training a new hire can be very challenging especially during cold and flu season. This along with Covid vaccines has been the greatest challenge to pharmacy in recent years. Between filling prescriptions, answering calls, counseling patients, performing MTMs/CMRs, reconstituting medications, and administering vaccines, there is hardly any time for a pharmacist to eat or go to the bathroom. The level of stress in pharmacy has always been high but now, with Covid, is through the stratosphere. Every pharmacist I speak with regarding the profession is highly stressed and dissatisfied.	11/19/2021 8:05 AM
660	Thank you for looking into this issue. Pharmacy is a broken profession. If it wasn't for loans and having a family, I'd be changing careers. You are continually asked to do more with less and punished for failing to do the impossible. There needs to be legal protections regarding workload otherwise it will not stop. The conditions we are forced to work in are a public health threat due to the error potential from burnout and distractions/interruptions.	11/19/2021 8:05 AM
661	Under the remaining as a pharmacist section: I want to leave, but I am stuck in the profession due to age/point in career/life/breadwinner Also...technician training is grossly inadequate	11/19/2021 8:03 AM
662	Retail pharmacies need more pharmacists/pharmacist overlap. Unfortunately where I work (Walgreens), corporate is not budging on offering a higher salary to try to get more pharmacists hired. Pharmacists keep leaving the company and there are daily closures/changes in hours because we don't have enough staff to keep all the pharmacies open on top of doing off-site vaccine clinics. I can't get a day off even if I requested it over 6 months ago because they fired over 20 pharmacists in my area mid-pandemic and most of those pharmacists were part-timers who constantly picked up shifts or helped out during flu season (we used to have 3 pharmacists a day at busy stores, now we are lucky if we have 2). I used to enjoy my job, but now I despise it because the amount of stress and anxiety I feel on a day to day basis is affecting my mental health.	11/19/2021 7:59 AM
663	I feel pharmacy has changed to meet metrics instead of saving lives!	11/19/2021 7:58 AM
664	Too many vaccinations and not enough support staff...not able to fill prescriptions in a timely manner.,	11/19/2021 7:57 AM
665	Thanks for looking into this matter. I've seen retail Pharmacy change from a same day 20 minute wait for Rx's to a next day or hour to hours wait for Rx's due to staffing levels.	11/19/2021 7:54 AM
666	The workload and staff shortages have only increased now that we are in the midst of COVID vaccinations/testing. Many good pharmacists have left the company due to unrealistic expectations and demands placed upon them, I too feel burned out and hopeless. Due to the increased workload and decreased staff, medication errors are the norm not the exception. Filling a prescription at a large chain pharmacy is a dangerous proposition. There is no time to perform Drug Utilization Reviews, check OARRS, counsel patients, or perform quality Medication Therapy Management. The goal is to get the pills in the bottle or the injection in the arm as fast as possible. Sadly, it probably won't be long before a patient is seriously harmed or dies. Hopefully, if someone is reading this comment it won't be your son, daughter, mother, or father. Maybe you can try to do something about this retail epidemic.	11/19/2021 7:51 AM

Meeting Materials

667	Thank you BOP for continuing to investigate and collect data regarding our mental, emotional and physical health. There has not been much gratitude going around recently and want to acknowledge appreciation for you and the adoption of a committee seeking to improve our working conditions. Seeing action taken and implemented would go a long way with pharmacists. The gesture of care goes a long way. A few suggestions that would be a good starting point: mandatory breaks and shift limits. And while not something this committee is likely able to address, fixing the terrible PBM issue and poor reimbursement would lessen the burden of company metrics. Sadly, money drives everything. We check hundreds and hundreds of scripts just to offset getting paid cents per script. If minimum reimbursement and or significant dispensing fees could be instituted into contracts, perhaps this would alleviate the pressure of our high workloads. Perhaps this concern can be delegated to the appropriate channel down the road as it is truly the root of all pharmacy issues. Please reach out again if you require more data, and hope you find this comment field welcoming as I'm sure some others' responses will not be so nice. Thank you!	11/19/2021 7:50 AM
668	I feel burnt out burnt out. I am do not get the opportunity to take breaks during the day. I am expected to work 12 hours with no breaks. My work load has increased and staff had decreased. Giving tons of immunizations with no extra help. Something need to be changed!	11/19/2021 7:48 AM
669	I left Walmart after 11 years as manager then floated for Cvs for a short time and now work at rite aid (staff rph). Walmart was VERY much more stressful & the pressure and constant harassment from my district manager was unbearable. CVS was very understaffed & impossible to get any work finished (often worked without a technician at all). Rite Aid is MUCH more reasonable and I feel respected & appreciated by my district manager. The staffing shortage is beyond their control & they're working hard to lessen our workload, while getting more people hired. (They are not pressuring us with metrics & even let us close an hour early to complete tasks). I'm thankful to be working at rite aid & don't plan to leave until retirement.	11/19/2021 7:43 AM
670	no comment	11/19/2021 7:38 AM
671	I noticed some pharmacy chains are allowing their pharmacies to close for lunch, my pharmacy chain does not allow that (rite aid). They "recommend" taking a break, but that is not realistic in retail pharmacy. I am asking for a lunch break mandate, require retail chains to close pharmacies for a 30 minute lunch. That would be huge help to our health and well-being. Thank you!	11/19/2021 7:37 AM
672	I have been a pharmacist since 2009. I have seen the advancement of pharmacy practice since that year. I was one of the first immunizing pharmacists in the state in a rural area to which I floated. I know the pharmacy experience can enhance patient care. I have always wanted to expand my role in a clinical setting but my lack of residency training prohibits me from acquiring my "dream job." I know our expanded services can enhance patient care, but the public views us as a fast food industry just slapping a label on it and our employers haven't increased tech hours, but have indeed continued to rope down our hours to save on labor costs. Our technicians are GROSSLY UNDERPAID for what they do and we cannot retain good employees. We need an rx to technician and pharmacist ratio to MANDATE technician hours in the store. We need a MANDATED MINIMUM WAGE to recruit and maintain good employees. We NEED YOU to step in and help us do our jobs safely.	11/19/2021 7:34 AM
673	Question #16: Our technician team has been so under staffed for so long that I do not think it would be of benefit to expand their role to more clinical duties at this time. We are in desperate need of technicians to do technician duties. If we are ever able to have our technician team fully staffed for an extended period of time, then maybe an opportunity got expand their role could be discussed.	11/19/2021 7:33 AM
674	I recently left a position at Rite Aid after 19 yrs and 7 mos and working conditions there had more recently become abhorrent and dangerous. Management kept cutting technician hours and adding additional responsibilities (eg vaccinations and MTM documentation/billing). I formally complained to Director level HR and subsequently "left" Rite Aid.	11/19/2021 7:32 AM
675	Pharmacy technicians should never be in a union. Their work is SO much different than that of anyone else in a grocery store. They need paid more because they do more and their work could ruin someone's life.	11/19/2021 7:30 AM
676	Pharmacy is too overwhelming. A simple solution would be to staff more pharmacists. It's been made well aware to all on social media that the 3 letter has had excellent profits but chooses to demoralize their staff and harm the public any way they can. Is it really safe for	11/19/2021 7:24 AM

Meeting Materials

one pharmacist to verify over 600 prescriptions including almost 60 vaccines with a total of 28 tech hours on a schedule. Or being so short staffed you dread going to work because you know you will be harassed by patients for increased wait times. I leave work almost every day praying I haven't made a mistake. The toll this job had taken on me physically and mentally can't be ignored either. It has affected my health (chronic heart burn, ulcers, nightmares about what will happen the next day at work, the health of my unborn child child, multiple illnesses related to stress) and well as the relationships within my family. The fact that the state has allowed unsafe working conditions like this to exist has a detrimental impact on the safety of our patients. Something needs to change and it needs to happen NOW

677	Recently we the pharmacy has been closing for lunch breaks. Most of the staff works through part/all of the break in order get some work done. Staffing has been less than needed for years, now with the added responsibility of giving COVID vaccines it is far worse. Just know realizing that closing for lunch breaks is purposefully in Ohio as a test market in order to affect the results of this committee's research and most likely will be taken away once you have made a ruling. I have less staffing hours than at the start of the pandemic, but with increased responsibilities and increase of fear of losing my position due to metric enforcement. The only way to meet the metrics is to have staff work off the clock. I have consistently am shorted on pay on top of this, having hours not placed into payroll or being removed at a later date. I would not have become a pharmacist if I knew that this is how I would be treated.	11/19/2021 7:24 AM
678	This survey felt very geared at retail. I am confident conditions in retail are worse than they are in the hospital, on average. However, I do hope that hospital pharmacists are not left out of solutions. We are unable to recruit technicians and RPh are doing CPhT work to compensate leaving our the entire department short staffed. Clinical services are NOT included in productivity metrics - we NEED RPh:patient ratios or statewide/nationally accepted clinical productivity metrics. CPhT (once available) need to be able to check eachother for low risk oral products in hospitals - with barcode technology and RPh order review, RPh checking carts and oral products off the robots/intelligent shelves is a complete and utter waste of time.	11/19/2021 7:20 AM
679	I am retiring in a year or two, so I will leave the profession. This affected a few answers at the end as far as leaving the profession.	11/19/2021 7:14 AM
680	This survey is geared for retail pharmacy. I work in a hospital setting. I do feel there is age discrimination and degree discrimination. I ve been an excellent hospital pharmacist for over 30 years but couldn't find a job because of Ohio opening more pharmacy schools pouring out more young inexperienced pharmacists diluting our pay scale. New pharmacists with large student loans have to take retail jobs in order to pay off their loans. CVS Kroger Walgreens have no respect for our profession. They only care about their profits. The solution is pass more labor laws to protect pharmacists and technicians or take their ability to fill prescriptions away from them.	11/19/2021 7:13 AM
681	Workload constantly going up...there is not enough time or help to meet the workload. Employer does not seem to care. Pay rates are frozen as retail companies have colluded to keep pharmacists from changing employment and receiving fair market compensation. Workload is at a level that potentiates danger to patients.	11/19/2021 7:06 AM
682	The pandemic, work place staff shortages, and an increased demand for service and services have put the profession, especially the retail side, in a tough spot. I go home completely exhausted after every shift and I often worry that I have made an error. I pray that I cause no harm.	11/19/2021 7:01 AM
683	Covid vaccinations and testing has made the workload impossible	11/19/2021 6:57 AM
684	I recently switched to hospital pharmacy after years of retail pharmacy due to poor management and work conditions that created an unsafe work environment	11/19/2021 6:55 AM
685	Need more pharmacists not technicians.	11/19/2021 6:50 AM
686	Thanks for the opportunity to help	11/19/2021 6:45 AM
687	The workload is unreal, the metrics are unattainable with current staffing situations, the clinical responsibilities are too much for one pharmacist to manage, there HAS to be more pharmacist overlap, I would love for the technicians to help vaccinate but they are already extremely burnt out and tired and don't make enough money! The expectation of some of these companies is you stay until the work is done , you come in early and leave late to help your team- well that has cost me time with my small child and the rest of my family and so much stress! It shouldn't have to be this way. Every clinical service should be by appointment only and staff	11/19/2021 6:43 AM

Meeting Materials

at minimum one pharmacist to manage pharmacy work flow and one pharmacist to manage clinical services during ALL business hours. There also should be no metrics that time me on how long it takes me to complete a prescription. I should be able to take as much time as I want/need to ensure everything that comes out of my pharmacy is SAFE and CORRECT without concern of discipline from corporate people who get to sit at home during a pandemic telling me to work faster and harder.

688	Large chain pharmacists are struggling. There is supposed to be a surplus of pharmacists due to large number of pharmacy schools and new grads in Ohio. However, my employer is unable to hire any pharmacists to sufficiently staff all pharmacies (probably due to low RPh pay, \$45/hr). Many retail locations on the corner of happy and healthy are closed due to no pharmacist on duty leading to harder workload on open locations and on pharmacists who work the day after the pharmacy was closed. At my store (24 hour pharmacy) we have 2-3 pharmacists with 2-5 technicians spread over 24 hours filling close to 500-750 prescriptions, 30-60 vaccinations and 20-30 covid tests per day. How is this safe and acceptable?	11/19/2021 6:38 AM
689	Walgreens and CVS should be sanctioned for what they are doing to their pharmacy teams	11/19/2021 6:37 AM
690	I am totally committed to my profession because I am totally committed to my patients. I know the attention I give to things being right and to taking care of them. It is not as much as I would like buy I know they are being for. I don't want to trust my patients to someone else who might bow to the pressure from the chain more and jeopardize their safety.	11/19/2021 6:37 AM
691	I am blessed to work for an independent family pharmacy where we truly know our patients, have a dedicated staff, and have excellent communication to address issues (such as these).	11/19/2021 6:32 AM
692	N/a	11/19/2021 6:30 AM
693	Too much expectations on pharmacists without being able to hire immediate tech staffing. Conditional new hire status needs to be put back in place.	11/19/2021 6:23 AM
694	I do not work in the retail setting. I have the flexibility to take breaks. There are mandatory monthly meetings scheduled over lunch but I am able to eat while I attend them. To advance I would be expected to donate 2 lunch times a week to more meetings/ preferring, but I am not punished for declining the second group other than lack of advancement. But I consistently work 4-7 hrs a week outside of my paid time to get the work done.	11/19/2021 6:22 AM
695	I have been a pharmacist for my entire career and am close to retirement. The technician shortage is acute. If technicians handle all the technical aspects of pharmacy, the pharmacists will be freed up to be more clinical. Retail pharmacy staffs are very, very busy. Their working conditions must be very stressful. I have heard that CVS is tracking how many minutes the pharmacist spends with each patient and they have put a cap on it. This is ridiculous. The same is happening with doctors. They do not have any say in how long they want to spend with a patient. They are being set up for poor job performance. Pharmacy is a patient care function, and pharmacists and pharmacy technicians should be free to perform that service to the best of their ability without external forces requiring them to treat people as widgets rather than as people.	11/19/2021 6:13 AM
696	My employment has lack of staffing due to design. Most all the issues stem from newer management (7 years) and I have been trying to find a position elsewhere for years but no one wants to hire a 60 year old pharmacist so I am stuck and extremely unhappy. I get NO breaks whatsoever in my 10 hour shifts and I stand all day which has caused health concerns. My requests to cut my hours are not acknowledged. I will most likely leave the profession before my retirement age.	11/19/2021 6:12 AM
697	Workload is unbearable at times and is getting worse with COVID boosters and flu shots.	11/19/2021 6:09 AM
698	I may retire earlier than planned because of the stress and workload. I'm exhausted.	11/19/2021 5:59 AM
699	Retail pharmacy has become a very unenjoyable environment to work in. Companies are decreasing pharmacist pay while increasing workload and it's just ridiculous. Most days, I do not feel like I have time to have proper conversations with my patients as I am too busy administering vaccines.	11/19/2021 5:52 AM
700	Vaccinations place too much stress on the pharmacy workflow. My company has booked vaccines every 10 minutes from 10 am to 7pm and has encouraged walk ins on top of this AND has been pushing flu shot goals. Pharmacists have so much to do in so little time and	11/19/2021 5:49 AM

Meeting Materials

have been set up to make many errors. Sometimes my hands tremble because I'm so stressed and nervous about making a mistake.

701	I really hope that our professional board intervenes to improve working conditions and the current pay disparity. I discourage high school graduates from pursuing a career in pharmacy based on the saturation of pharmacists in the market and terrible working conditions in the retail setting.	11/19/2021 5:43 AM
702	I was feeling extremely stressed when the covid testing and vaccines started but I honestly think my company is striving to improve work conditions for their pharmacists. It is hard to find good ancillary help right now and that is not the company's fault.	11/19/2021 5:26 AM
703	The board of pharmacy needs to clamp down on the large pharmacies that are overworking and reducing pay and benefits to pharmacists. It's shocking that this is allowed to go on!	11/19/2021 4:51 AM
704	Grateful OH BOP is empowering pharmacists now with resources such as the inspection guides so that we can succeed at quality and legal standards, versus them playing "Gotcha". Feels like a partnership rather than a dictatorship. I just started working in the hospital space...I hope JCAHO is like that as well, but I'm getting the impression they are not.	11/19/2021 3:33 AM
705	We're drowning. It's too much. It's too much.	11/19/2021 3:30 AM
706	I routinely work without a technician, but my boss expects everything to be done. Beyond unrealistic expectations. I find myself laughing so I don't cry. Customers either are sympathetic or pissed off. I can't do this much longer. This is not a safe environment in which to practice pharmacy.	11/19/2021 2:26 AM
707	The current state of pharmacy is a disaster waiting to happen. Many of my colleagues in retail pharmacy are looking for a way out as the age of our immunization customers is decreased, I gave two Pfizer pediatric Covid 19 Immunizations today to 5 year old patients. The disruption to workflow and increased anxiety related to this brought the pharmacy to a complete halt for about 20 minutes at 4 PM (the worst possible time). My company is distributing training videos to us for giving shots to infants. If pharmacists are forced to give vaccines to infants in a busy pharmacy setting without support, I quit pharmacy altogether.	11/19/2021 2:17 AM
708	Chain pharmacies will do anything to make a profit. It's the pharmacy board's job to put a stop to this abuse	11/19/2021 1:51 AM
709	Currently semiretired. Corporate is interested in bottom line only. buy companies, grossly overpay for them, and then do anything possible to cut staffing to the bone to come up with additional funds to pay for them. Starting salaries have been cut so low for new grads, I don't see how they can survive if they are single. Salaries for current employees have been frozen for 5 years. No raises, even though corporate employees are not suffering a salary cut.	11/19/2021 12:57 AM
710	N/a	11/19/2021 12:47 AM
711	Disconnect between management and staff; concerns from staff not adequately addressed, suggestions from staff not considered	11/19/2021 12:32 AM
712	This is too much, patients are verbally abusive and management holds you responsible for these patients. I feel overwhelmed and exhausted.	11/19/2021 12:09 AM
713	The stress level inside the pharmacy is palpable. I used to love being a pharmacist. I still enjoy helping people, but I'm not sure I will make it to retirement. I feel like the stress at work will probably end up killing me. On my days off I'm so exhausted that I don't feel like leaving the house, being around people, exercising or doing anything. I don't feel like anyone, other than my coworkers, understand the degree of stress we are under. I'm 55 and have been doing this for over 30 years. My back, legs and neck are shot from all the years and long hours of standing without breaks. I spontaneously blew a disc in my back and had to have surgery. I've had open heart surgery. I'm supposed to make sure my blood pressure is under control. On my day off I had a crushing headache all day. My blood pressure spiked inexplicably to 190/97. I'm so tired that I don't sleep well. I wake up thinking of all the things I need to get done at work. I'm the manager, so even on my days off, I'm on conference calls, working on schedules and trying to complete management tasks that I don't have time to complete at work. On my way home from work I pray that I didn't miss anything that could harm someone during the chaos of the day. I'm hoping to hang on long enough to get a couple more kids through college. I always thought I would work a day or two a week after I retired. The pressure and stress have completely changed my mind. I can't wait to be done!	11/19/2021 12:09 AM

Meeting Materials

714	The amount of work/responsibilities that pharmacists are facing right now is creating situations that could negatively impact patients	11/19/2021 12:05 AM
715	Tech duties shouldn't be expanded without a corresponding pay increase. These techs, who complete certification, registration, and CE should make more than fast food workers.	11/19/2021 12:05 AM
716	Chain pharmacies have destroyed our profession. I used to love my job and was a highly respected part of the health care team. Today, we are not respected, appreciated, or utilized. When I speak with fellow pharmacists, we are all saddened and frustrated. Our profession has been destroyed and no one is doing anything about it to control the chains. Sad. Sad. Sad.	11/19/2021 12:02 AM
717	I quit several years ago. I resigned. And decided to retire.	11/19/2021 12:01 AM
718	We were already overworked before Covid and now with all the vaccinations we are extremely overwhelmed. Customers can be rude and nasty. Employers are placing more responsibility on us with less help. We don't have any time to adequately counsel patients. Constantly feeling rushed and pulled in a million different directions. Not sure how all this can continue.	11/18/2021 11:58 PM
719	Pharmacists are doing too many extra tasks that are not related to filling prescriptions, and are required to do many things that certified technicians could be handling.	11/18/2021 11:50 PM
720	The profession is advancing. Workload and pay based on pills dispensed is not advancing.	11/18/2021 11:49 PM
721	I feel that the major issue facing retail pharmacy lies with how we are being reimbursed for dispensing prescriptions- once we are earning a fair amount for each prescription being dispensed, without having to worry about DIR fees, would be the beginning to solving a lot of other smaller issues that contribute to a harsh work environment. I also feel that technicians need to have formal training and held to higher standard than what currently is the norm. Retail pharmacy would not only be more productive but also more effective at delivering patient care.	11/18/2021 11:39 PM
722	More responsibilities, less pay, no quality work life balance. I've been a pharmacist for 15 years and will never recommend this as a career to anyone at this point.	11/18/2021 11:35 PM
723	Need multiple registration classes of pharmacy personel. 1) registered pharmacy aide... responsible for cashier and stocking. 2) registered trainee available 1 month after registered aide...expanded responsibilities similar to registered tech. 3) registered tech... Give option to add certifications like poc testing and immunization. 4) certified tech...full scope of practice. Too many unqualified trainees thrown into workflows too early leading to numerous problems.	11/18/2021 11:35 PM
724	I am happy to be part of the health care team to help get thru this pandemic. But being extremely short staffed, then doing all the vaccines on top of the regular pharmacy duties, is soul crushing stressful. We are literally being asked to be physically present at 5 different places at once. That is just impossible. The big corporations have great ideas and plans but no one is really thinking about the people or lack of people to actually do the grunt work.	11/18/2021 11:34 PM
725	Filling prescriptions is an afterthought to Covid tests and vaccines. Big chains and PBMs are ruining the profession with greed. I would never recommend pharmacy as a career to a young person. These are the absolute worst conditions I've practiced under. It is unsafe for the employees and patients alike.	11/18/2021 11:34 PM
726	The added covid responsibilities with little to no extra help has been too much to handle. Increased prescription volumes with less tech help was a problem before covid, and now it has reached a whole new level. There is little time to do anything that helps us to practice at the top of our license. Not having a lunch break or any scheduled break may not have been an issue when there were less responsibilities, but there is no down time in the pharmacy to even eat anymore. If you take 5 minutes out of the day to eat you have someone asking why you haven't given them their shot yet. It is also very difficult to hire/ keep technicians and I don't know if expanding their role is the solution, as increased responsibilities might make it even harder to find people willing to do the job.	11/18/2021 11:33 PM
727	These immunizations are overwhelming on top of an already busy workload. Every pharmacist I know is stressed to the max.	11/18/2021 11:23 PM
728	Expansion of tech responsibilities really should not be across the board. There are some techs I would trust to do everything but some in the same pharmacy I would not at all. Workload has increased tremendously on top of giving COVID, flu and all other vaccines and soon to be the general population for COVID with no end in sight. Multiple pharmacies in my company have skeleton staff and are constantly hundreds of prescriptions and many days behind on filling even acute medications. My company is also reintroducing more phone calls to get patient to	11/18/2021 11:22 PM

Meeting Materials

fill scripts. I really feel like a salesperson when making these calls trying to get patients to fill scripts that they do not even know if they need. These phone calls and how many yeses we get out of the patients are how we are evaluated. Patients and caretakers are also getting more rude and becoming more verbally abusive. Everyone sees themselves as most important but to us, they are equally important as we hold the lives of each and every one of them in our hands. They do not seem to understand that and the proverbial "how hard can it be to count to 30" or "it comes in a box" spills out with hisses and dagger looking eyes. Please DO send out all of your inspectors to the various standalone pharmacies and see how disastrous these places are. These are toxic environments to work in. Lastly, I would not choose this profession again.

729	I hope this make a difference	11/18/2021 11:21 PM
730	My store has made over \$185,000 in profit from Covid vaccine, yet I have not had a raise in over 5 years. My rx volume has increased by over 30% in the past 5 years, but our store is given 25% less RPh hours now than we had 5 years ago, in addition to the ridiculous expectations in vaccines, MTM, antibody testing, etc. There is literally no time to do anything the way it should be done. I fear every day that someone will be seriously hurt because I have made a mistake due to these outrageous conditions. We can't keep techs because the company won't pay them anything. They could make more money with less stress at McDonald's. Add to all this the fact that customers' rudeness is at an all time high. I've never seen retail pharmacy in such a terrible state in the 22 years I have been doing this. I truly fear if you don't step in and stop these companies, there won't be a profession left to save. Please mandate minimum staffing levels, both for pharmacists and technicians. One pharmacist cannot check 500 rxs while being constantly interrupted for vaccines, counseling, etc. Don't make it come to someone dying before you do something please. We and our patients are suffering so the companies can make record profits. Help us!	11/18/2021 11:20 PM
731	I have a wonderful group of technicians that certainly make my job easier. Our store does 500-700 prescriptions daily with just one pharmacist which is exhausting! The lunch break we are provided has been amazing. It's just what I need to take a deep breath and finish out the day.	11/18/2021 11:18 PM
732	Please do something!!!!	11/18/2021 11:14 PM
733	I feel that if pay were better for technicians, the turnover rate would be lower, and we would have better quality of technicians.	11/18/2021 11:14 PM
734	Pharmacists should NOT be allowed to work 12, 13, or 14 hour shifts. The workload that has increased and the stress of the pandemic alone has all of us exhausted, no one should have to be subjected to that for 12 hours straight.	11/18/2021 11:09 PM
735	question 16--pharmacy techs do not get paid enough NOW for what they are required to do, so unless there is a SIGNIFICANT pay increase, they should not bear even more of the workload.	11/18/2021 11:08 PM
736	not enough time to take a lunch break. its non stop covid shots and not enough time to get patients medications ready. there is no "down time" to eat or even use the basics like use the restroom.	11/18/2021 11:04 PM
737	Please do not authorize pharmacists to give vaccinations to infants, toddlers, and preschoolers! This will make me want to leave the profession. A retail pharmacy is not an appropriate place to administer vaccines to toddlers and infants. They need to be seeing their pediatrician . Please do not authorize pharmacists to take on more clinical duties like prescribing birth control pills and administering long-term injectables. We are overwhelmed as it is, and cannot take on any more tasks!	11/18/2021 11:03 PM
738	It is extremely disheartening to see what has happened to this profession. I know dozens of retail pharmacists, and I do not know of one who is happy with their job. Most are depressed, and looking to leave the profession as soon as possible. For some with families, they unfortunately do not have the option to leave. Things are getting really bad out there. The chains realize that new grads are in a tremendous amount of debt, and need to take any job offered to them no matter how poor the working conditions. Unless there is legislation to regulate the chains abusing the work force, nothing will get better. You will just continue to see anxious, depressed, miserable pharmacy teams trying to make it through each shift without harming a patient from a dispensing error.	11/18/2021 11:02 PM
739	The cost and requirements of pharmacy technician certification have become a significant barrier to adequately staffing hospital pharmacy.	11/18/2021 11:02 PM

Meeting Materials

740	Every night I fall asleep immediately from sheer exhaustion. However, I awake in the middle of the night with anxiety, worrying that I made a mistake at work the day before. There is simply not enough time for me to be able to do everything I'm expected to do in a reasonably safe manner. Luckily, any actual mistakes I've caught have been minor, but I fear the day a more serious mistake occurs because of my current work conditions. I worked hard to obtain my degree and loved my job helping patients initially. However, over the years pharmacist hours have been cut again and again. I work at least one 12 hour shift with no breaks every week. Honestly, I don't think I can keep going like this much longer and I don't even want to look for anything in this field when I do leave. The whole situation makes me very sad.	11/18/2021 11:00 PM
741	The impossible and dangerous workload on pharmacists is known by the state board, but nothing is being done . Can anyone step up and acknowledge this treatment of pharmacists and tremendous workload placed on them is unsafe, unfair, and obviously dangerous to the patients. When will this stop ?	11/18/2021 10:55 PM
742	I have been a pharmacist for 30 years and never experienced the unmanageable, unsafe working conditions like we are now. The workload and corporate expectations are creating burnout and medication errors. Pharmacists shouldn't be working 12-14 hour days. It's unsafe for the customers. There should be a minimum requirement for support staffing or close the pharmacy department.	11/18/2021 10:55 PM
743	The board has to do more to prevent pharmacist burn out. Implementing appropriate rph to script count ratios would be a good start so corporations do not work us to exhaustion resulting in errors.	11/18/2021 10:54 PM
744	Main part of my burn out is being short of competent help always new technicians also no overlap for pharmacists. We are not being treated as a human but robots. no breaks! phone lines are one of the most distraction we have several lines ringing for only one or two staff members scheduled. Which can be a safe issue very distracting. I hope I touched most of the issu and some one will hear us!	11/18/2021 10:50 PM
745	Many pharmacists have quit the company where I work and I am continually being asked to work extra hours. I try to do what I can so that the retail pharmacy does not have to close but I can only do so much. It is very stressful and vaccines and testing have really made it hard by making us do two jobs, basically. Luckily my store is decently staffed with good technicians so we manage but I am tired of being the only regular pharmacist at my location. Other pharmacists have made minor errors at my store and none serious but I have definitely had to deal with more problems/errors than when I had a partner pharmacist. Our corporate division is not truly supporting us at the store level like they should be and it is stressful and wearing-thin. I am tired of worrying each week if our store will have to be closed at all and how to still do our best to serve our customers and not interrupt their drug therapy.	11/18/2021 10:49 PM
746	I believe there is a shortage of pharmacists & techs just as there is in many other work settings. I don't feel the workload is an issue with mis-management or poor management; it is situational with the way the medical field is right now. There just aren't enough people that could be hired to increase staffing & decrease workload.	11/18/2021 10:48 PM
747	41 yr as a pharmacist since Covid started dealing with much sicker pts and time consuming vaccinations	11/18/2021 10:46 PM
748	N/A	11/18/2021 10:46 PM
749	The pharmacy is incredibly unsafe. The boards have turned a blind eye while corporations exploit every opportunity for greed at all cost. If I could go back in time, I would never have been a pharmacist knowing the complete failure of every one responsible for watching over the profession.	11/18/2021 10:44 PM
750	I love my job, but the workload and distractions with counsels, compounds, dr calls, vaccines, and short staffing makes it impossible to meet the expectations of our patients. We need 1) more technicians 2) technicians to be able to administer flu shots	11/18/2021 10:44 PM
751	The covid vaccines/boosters have added a whole new stress level to our everyday workload. As well as staffing issues. Every facet of life/work is having trouble getting help. It's a difficult time. I feel like our workload and expectations have increased significantly as well as the cost of living yet our pay and incentives have not increased. We are not directly on the frontline caring for covid patients and watching people pass away from the horrible disease. But we are on the front line of getting everyone vaccinated against covid. Our job is just as exhausting mentally and physically as those on the front lines and in hospitals. We still have to do our	11/18/2021 10:38 PM

Meeting Materials

everyday jobs in addition to all the vaccinations and discussions with our patients. Covid has truly added a whole other dimension to our jobs that none of us expected.

752	The board needs to do more to regulate corporate greed and over zealous expectations due to COVID. Pharmacists are burned out. The working conditions are like it's the 1920's instead of 2020's. If you ask me, it's too little too late already. Nobody wants to be a pharmacist anymore. High school students researching careers already know we are grossly over worked and underpaid for the price of our education. And zero growth. People are making \$15 to flip a burger and our starting salaries have dropped by \$15 an hour. You'd be crazy to start pharmacy school now and people already know it. If the board really cared about the profession's future, it should have been addressing these problems even before COVID. You already know or you wouldn't be sending out this survey.	11/18/2021 10:35 PM
753	Companies need to address this situation asap. Work at home models should be looked into, so an R.Ph. can do the DUR checks without interference. Even a tech working from home, or somewhere quiet to do inputting of rxs. The immunizations are a great outreach for patients, but takes too much time currently. Close the pharmacy an hour early so the pharmacist/tech can get caught up that last hour or so without interruption. Increase the pay of techs to attract them. Companies having been cutting tech and R.Ph. budgets to the point of no return. Regulatory board has been too slow/too cautious in our state compared to other proactive states.	11/18/2021 10:31 PM
754	I feel like the success or failure of our company rests on the pharmacy's head. The pharmacy staff seems to be the only workers capable of getting a job done thoroughly and correctly. A lot of pressure put upon a small overworked staff.	11/18/2021 10:30 PM
755	1) it is already difficult enough to hire and keep technicians with current requirements and wages. The amount of training that it would take to allow them to take on more clinical responsibilities would increase hiring issues. Companies will not currently pay pharmacists what they are worth let alone drastically increasing technician pay. 2) companies should not be allowed to require pharmacists to verify a certain number of prescriptions during a certain timeframe.	11/18/2021 10:30 PM
756	Change absolutely MUST happen. We cannot continue working 8, 10, 14 hour shifts without being able to eat. Crying every shift. Having patients scream at us, throw things at us. We are falling apart.	11/18/2021 10:30 PM
757	We need to get fair pay for the services/prescriptions we provide. Sometimes we get paid less than what we pay for medicines? Fair payment would allow my employer to fix many of the above problems. They just don't have the money.	11/18/2021 10:30 PM
758	Without major changes in pharmacy errors will happen. Hopefully they won't be too serious for our patients. I have NO time to truly be a pharmacist. We work on assembly lines with demanding and impatient customers. I would say I cry on my way home after 80 % of my work days. Thank you for looking into this serious issue.	11/18/2021 10:28 PM
759	It is no longer about what patients want or need. It is ALL about making goals set by upper management.	11/18/2021 10:24 PM
760	COVID has been a game changer. Early in the pandemic, there were more healthcare professionals on board with vaccinating and testing (MD's, PAC'S, RNP's, county health departments, colleges, national guard). Somehow as of late, it has fallen mainly on pharmacists.	11/18/2021 10:23 PM
761	As a profession we need to make drastic changes immediately to salvage what it means to be a pharmacist. We have lost our identities fulfilling unrealistic & uncharacteristic duties of our "careers." If I knew then what I know now, I would have never become a pharmacist nor would I recommend being a pharmacist to potential students. I used to love my job, now I consider daily alternatives to pharmacy.	11/18/2021 10:23 PM
762	If working conditions had been like this before attending pharmacy school, I would have pursued another career path.	11/18/2021 10:23 PM
763	I have worked for the same company for 30 years. I am 52 and had planned to retire at 58. I am not sure I will work until 55. I just cannot find technicians and am unable to hold on to any new hires when I find them	11/18/2021 10:21 PM
764	My biggest issues are no breaks after a 14 hour day of only 12 hours of pay, zero tech help on	11/18/2021 10:18 PM

Meeting Materials

weekends, management that toys you along to get what they want, and unreal expectations with the help I get.

765	Help us!	11/18/2021 10:18 PM
766	It is hard to want to continue in this profession when patient care and safety are no longer a priority for these large companies. It is really disheartening. The amount of rude customers is steadily increasing and staff turnover is a huge problem because of workload, poor staff conditions and rude customers. WE NEED HELP! WE NEED CHANGE!	11/18/2021 10:15 PM
767	I feel the board or state need to look at the way these companies continue to add onto workload while not adding sufficient staffing or even worse reducing staffing. There should be some rules in place for workload to staffing ratios, so the companies cannot just keep piling it on to increase their bottom lines and the risk of crossing the line for safety.	11/18/2021 10:12 PM
768	Technicians that are licensed should be able to confirm increase/decrease in strength, change in directions, simple counseling's	11/18/2021 10:11 PM
769	I work in managed care. If a pharmacist has an interest in business and positively impacting upstream policies that affect pharmacists at point of service, I highly recommend it. Little to no patient contact is one drawback.	11/18/2021 10:08 PM
770	It has always amazed me that our pharmacy associations/ state board, etc have allowed this to go on. It's just a mistake waiting to happen every day.	11/18/2021 10:08 PM
771	I have changed jobs in the last 3 months. While staffing isn't a current concern, it has been in the past. My biggest complaints are: the level of distraction due to the number of duties and the lack of standards for technicians.	11/18/2021 10:07 PM
772	Technicians should be paid more. They are extremely valuable to pharmacy operations and something needs to happen to ensure they feel valued and retain their current jobs and future technicians want to pursue a career in pharmacy. Community pharmacists should not have the added workload of COVID vaccinations. this is unrealistic to expect them to give COVID and Flu vaccines to everyone.	11/18/2021 10:06 PM
773	Vaccines are a disaster and are not conducive to good work flow. Covid mandates are ridiculous !!!	11/18/2021 10:03 PM
774	The biggest issue is the unfair reimbursements from PBM's to pharmacies. Unless pharmacies get reimbursed fairly and PBMs are forced into providing fair compensation, pharmacies will continue to fail and they will not be able to hire more staff, invest in their business, or provide higher wages. Economically it's not feasible. With the ridiculously low payments, the only way to survive is to do more volume. I cannot name one other business or industry that your competitor(PBM) dictates your compensation and ability to get business by "allowing" you to be in a network. Additionally, I cannot see where any other industry will force someone to sell a product below cost. In order to improve anything related to the working environment or benefits for pharmacists, the first and only place to start would be enacting and enforcing PBM reform. Otherwise, financially it's impossible to improve the conditions. With recent legislation, I am hoping the regulation comes quickly otherwise the pharmacy profession will continue to deteriorate. Please help the profession and help shape policy to rein in PBMs anti-competitive practices and require fair and equitable reimbursements. Thank you.	11/18/2021 10:02 PM
775	I am fortunate that my place of employment is lower volume than larger chains (roughly 1000 Rx a week) and we have little corporate interference. But we have major staffing issues due to low pay and lack of benefits and it creates staffing issues and stressful environments. Adding COVID vaccinations and other immunizations has only exacerbated the problem even more. Local health departments were critical in the rollout of the vaccine but have now disappeared leaving local pharmacies to carry the burden without any additional resources. This combined with a demanding public and general confusion/misinformation about who is eligible for vaccination and when is also stressful. We need to create a safe number of prescriptions per pharmacist hour or factoring in technician hours. And pharmacists deserve breaks, it is hard to get 10 minutes to even eat a sandwich standing up without getting interruptions. I love this job but OPA and APhA are not doing anything for us— the state needs to help. Even if it is from the angle of patient safety more than the mental and physical welfare of pharmacy staffs this current path is not sustainable.	11/18/2021 10:02 PM
776	I have found much joy in being a retail oriented pharmacist for almost 40 years. But in recent years with increasing workload due to insurance demands and state regulations have taken	11/18/2021 10:02 PM

Meeting Materials

away the satisfaction of being a healthcare provider. Just in the past few years the regulations to meet state board requirements have taken us from healthcare providers to police for diversion. We spend so much energy on crossing t's and dotting i's that the patient receives whatever is left over. It should be the other way around.

777	25+ years as a retail pharmacist. This year due to lack of staffing, increased demands (Covid vaccines, testing), and aggressive and angry customers... have made me re-evaluate my career choice. It is not a healthy place nor a safe place to work anymore.	11/18/2021 10:02 PM
778	Staffing shortage of pharmacy technicians and poorly trained pharmacy technicians are the biggest barrier to providing safe patient care. We are utilizing pharmacists as technicians to bridge the gap and dealing with multiple call-offs every day. Coverage is always an issue. Increased patient acuity as well as COVID patients in the hospital are also contributing to stress. We aren't getting much help in terms of bonuses, raises, or retention pay.	11/18/2021 10:01 PM
779	I'm the hospital work I do I feel that the pressures for achievement beyond taking care of my patients are where I am always drowning. We must do what feels like 5,000 competencies, hundred of hours of recertification credit to maintain mandatory board certifications, lecture internally, publish, teach all levels of learners, research, be in organizations, staff outside of our position perfectly. "Socialize" outside work time with learners and during "lunch" breaks have meetings. Luckily for my job it's not always volume of patient work, but everything else that goes along with it is just crushing. Not drowning in scripts to fill, but drowning in all the other expectations while trying to support staff when short staffed during the prolonged pandemic.	11/18/2021 10:00 PM
780	We are asked to do more with less. It is not just pharmacy that is understaffed...it's a major issue lots of places. I think our employers were aware of the workload they were going to expect and failed to retain good talent and recruit new talent into our pharmacies. And while sign on bonuses are nice, there should be bonuses offered for employees who have stuck it out...and no raises for pharmacists in 5 years is shameful. I also feel that patients and customers have unrealistic expectations. Unfortunately with the additional tasks, waits are longer, you need appt for vaccines, and they are not very understanding of that aspect.	11/18/2021 9:59 PM
781	I am fortunate to work in the store that I do, as we are still fairly well staffed. However, when I fill in at other locations, the lack of staffing, coupled with the extra workload, does make for an extremely stressful work environment which could cause medication errors or delays	11/18/2021 9:58 PM
782	Pharmacists have the right to work under labor laws to include scheduled breaks for lunch and dinner. Being interrupted every 5 minutes is not a break. Pharmacists need a break mentally to reset. Pharmacists need a break to give our feet a rest. We need legal representation to fight for labor laws for this profession. My 12 hour shifts are literally 12 hours of non stop work. I ate my sandwich in 10 mins and had one bathroom break in all 12 hours. This is mentally and physically slavery work and it is exhausting between filling prescriptions, counseling, taking phone calls, answering questions and now all immunizations. Is there any medical profession that tackles all this on their plates while working like a "customer service" oriented job? This should be "patient centered". Immunizations should not be a pharmacist's responsibility and it is the root cause of all the stress that we are experiencing because it interrupts our workflow as a pharmacist.	11/18/2021 9:57 PM
783	I do not believe that we need techs to do more clinical tasks. I need MORE techs to do the current workload of the techs!!!! Somebody needs to be doing intake, data entry, processing and counting, receiving and inventory, clerical, and cashiering. Every body can't be administering vaccines.	11/18/2021 9:55 PM
784	I would now never encourage anyone to become a retail pharmacist. I will be retiring in 2-3 years and have always liked my job/profession. The workload due to the pandemic and decrease in pay and hours has made my stress level unbearable. Ready to retire a few years early if I could afford it.	11/18/2021 9:55 PM
785	Pharmacy technicians having the ability to administer at least some of the vaccinations has been a tremendous help with workflow. It would be incredibly convenient if they could administer all available vaccinations.	11/18/2021 9:55 PM
786	As a pharmacist, I am grateful for my technicians and all of the work that they do. Their workload and stress level is high, yet their pay is extremely low. I strongly believe that technicians should have higher pay rates to reflect the responsibilities that they have in their jobs. It is difficult to hire and retain quality technicians due to their ability to make more money	11/18/2021 9:53 PM

Meeting Materials

in fast food, other retail jobs, etc. I think that if pharmacy technician wages increase, it would greatly benefit the landscape of retail pharmacy.

787	The board must put together laws that must be followed by the big chain pharmacies. Especially with workload	11/18/2021 9:52 PM
788	State board of pharmacy should call these corporate companies to reduce workload on pharmacist and specially immunizations, covid and all other add on things that hinder patient care.	11/18/2021 9:51 PM
789	Medicaid stores are the biggest burden, patients are difficult, stress inducing and ungrateful Almost all technicians I've had in the last 8 years struggle with basic math (ex 3x30) There should be some reporting/invetsigority mechanism for bad prescribers (ex prescriber consistently and frequently violates well established guidelines; unwilling to colorbate; cannot be reached by phone; patient reports prescriber issues to us; refill/other request delay; borderline controlled substance prescribing issues etc)	11/18/2021 9:50 PM
790	Covid vaccinations is a burden that should have been mostly born by the state health department, not the healthcare system. A failure of the state health department is what is leading to burnout in pharmacy and other fields.	11/18/2021 9:43 PM
791	I've been a pharmacist for 38 years and the amount of disrespect from younger "doctorate" pharmacists and certified technicians over the past 7 years has made me wish I'd chosen another profession. I'm just trying to hold on long enough to get Medicare at 65, otherwise I would have retired years ago. It's a shame our healthcare insurance is tied to an employer, it should be from the government and paid for with taxes, in other words, universal healthcare for everyone. Also, I see no reason to require pharmacy technicians to be certified or registered when I've never seen one held accountable for their errors. I had better quality technicians before this was a requirement. I'd like to see this requirement rescinded or start holding technicians accountable. I hope this survey causes laws to be enacted to protect us from lack of adequate staff.	11/18/2021 9:42 PM
792	We have gotten away from providing quality patient care at the retail level. Pharmacists are over worked, under paid, expected to handle issues while not at work, not paid for time worked past your shift. We are no longer compensated as managers for time spent out of the pharmacy for meeting's, etc...many are feeling less valued each day. No opportunity for advancement, even if you are a top perform. Nobody cares about patient health, forget making sure that rx's are leaving the store correctly.. we need you to push 15 vaccines and hour! They are not making 40 bucks per rx like they are making on shots, oh and throw in a Covid test every 10-15 min. When are we to do our job? What exactly is our job? I have discouraged every young college-aged child from pursuing a career in pharmacy. We have allowed PBM's to rule our profession. They have put over half of the independent pharmacies in Ohio out of business. Forcing generations of pharmacists to loose their livelihood.. board has done nothing, what are you going to do to save our profession? I am a highly decorated pharmacist, my store is a top performing store, working the past 15 years in retail.. I have had minimal raises. Everything they hold against me is out of my control. I am so frustrated. I walk out of work everyday wondering what the heck I checked wrong today. I used to NEVER feel this way. Patients, other health care professionals are down right nasty anymore. If I weren't old with college-aged children., I'd go flip hamburgers on the beach somewhere.	11/18/2021 9:36 PM
793	My workload has increased exponentially over the last year. I'm scheduled for a 13 hour shift with a 30 minute lunch. I end up work 16 plus hours per day just to break even with the workload. I've been doing this a while and I'm good at what I do. But it's just way too much now. The emphasis on metrics and vaccines has taken over above patient safety.	11/18/2021 9:36 PM
794	Pharmacy has become a sideshow in order to enhance corporate profits. The corporate leaders have forgotten the main job of a pharmacist : the patient and patient well being. We need help with staffing staffing staffing period. A pharmacist has way too many ancillary jobs. It is very very stressful	11/18/2021 9:36 PM
795	na	11/18/2021 9:35 PM
796	Great survey. Thank-you.	11/18/2021 9:34 PM
797	Pay scales for technicians need to be higher for their training, licensure and ability to make pharmacies function more efficiently.	11/18/2021 9:34 PM
798	Workplace is Home Infusion Pharmacy.	11/18/2021 9:33 PM

Meeting Materials

799	For the sake of our once great profession, I hope this committee takes a serious look at how pharmacists are treated by companies and patients. If working conditions do not improve, especially in the "three-lettered store", the exodus will continue. Safety of patients and pharmacists should be top priority and better technician training is needed across the board. Please help us, these horrible working conditions have gone on long enough!	11/18/2021 9:31 PM
800	Satisfied with my tech and RPh co-workers, but things come up and I may be scheduled to have 5 techs but end up with 2. Oh, and it's my 6th day in a row which happens to be my 12 hour day. When everyone is there, it's not so bad since it's mostly dealing with negativity or rudeness of patients only and we all have each other's back. I feel ok telling management my concerns...but that doesn't mean I think they'll do anything about it. But I also don't think I'll be disciplined or treated unfairly for voicing my opinions. I'm not hopeless or depressed because of my work, just stressed and exhausted. I've been drinking a lot more alcohol since Covid and all the increased responsibilities. While technicians are a huge asset, I don't think most of them want any more clinical responsibilities. Unless it comes with a significant pay increase. My chain pays them shit for all they have to put up with. I don't get paid based on my 12 years as a pharmacist, but just my 2 years with the company. Definitely want out of healthcare. Strongly considering going back to school or turning towards my husband's passions.	11/18/2021 9:30 PM
801	The shortage of technicians coupled with the demand to prepare covid vaccines, on top of all routine daily responsibilities and patient care needs, is overwhelming. On top of the technician shortage, the wages do not properly reflect their job responsibilities, further crippling the workforce leading to pharmacists taking on more responsibilities to make up for the shortage of technicians (when they're already exhausted).	11/18/2021 9:29 PM
802	I will quit if forced to take an experimental vaccine against my will. Natural immunity must be a consideration	11/18/2021 9:29 PM
803	I feel becoming immunizers has been a big burden to the pharmacy community. Do more and more (vaccinate, mtm's , outcomes) with no more help! And no breaks for pharmacists adds to the work stress. Adding all these other duties decreases time spent with our patients care. Taking time with our patients is one of the main reasons I became a pharmacist.	11/18/2021 9:28 PM
804	These last couple of years have been the worst years of my career as a pharmacist. I am sure most other retail pharmacists would say the same. Sadly, it is not just due to the pandemic...I believe that pharmacists could work through this trying time together. The problem is the upper management and CORPORATE GREED. It is truly disgusting how amidst a global pandemic, companies will still take any opportunity they can to make a profit. I cannot believe the number of added job responsibilities we have acquired with almost zero additional help. I have had the worst (undiagnosed) anxiety. In spring 2021 when we began covid immunizations, I lost 15 pounds due to stress/not enough time to eat at work. And despite seeing our struggles and inability to handle the new workload, corporate will do crap like PUSH for more immunizations.. "oh you've done 4,000+ covid shots...but how come your pneumonia shots are so low? And shingrix? Oh, and we are going to allow walk in immunizations now. And you can't turn anyone away" (As if we are handling the scheduled ones well enough!) I have grown to HATE this profession and would not recommend pharmacy to anyone at this point. I am so disappointed in how my job has changed in the past 2 years and how little upper management seems to care. I have contemplated quitting multiple times, and truly the only reasons I have stayed are my pharmacist partner at work (I don't want to be the one to screw my coworkers!), and the fact that I feel a sense of responsibility as a pharmacist to provide care and help during this trying time. It's too bad we aren't better compensated or rewarded for our work—quite the opposite actually. Pharmacists continue to be paid less, yet given more responsibility. I pray this survey will bring about the necessary change to save the profession of pharmacy.	11/18/2021 9:27 PM
805	Overall Walgreens, is creating a high stress environment for their employees due to an increase in responsibilities, such as testing and immunizations, while decreasing pharmacist overlap and technician hours. The profession used to be focused on patient care, but now all they are concerned with is making more money, at the expense of their staff and patients. They created a 30 minute lunch break, but there is hardly any time to take this. Many are so behind, that they choose the lunch time to try and dig themselves out of the giant work load. It is incredibly sad how much the profession has changed even over the last 5 years. Something needs to be done to help with the stress and mental health issues, that have increased from all of this added work and pressure on retail pharmacists.	11/18/2021 9:26 PM
806	While I did not switch jobs in the last 2 years, I did switch in the last 3 years. I left a large chain for a smaller hospital. I consider myself very lucky for making the change. The work	11/18/2021 9:26 PM

Meeting Materials

conditions at the large chain were not good (no lunch or restroom breaks, increasing workload, decreasing staff). I have kept in touch with my former co-workers and been told conditions have only worsened since the pandemic began.

807	We are drowning. Please help set a level of safety.. for us and our patients!	11/18/2021 9:25 PM
808	While past 6 months have been crazy in all parts of healthcare, pharmacies have taken the brunt. Between metrics, filling prescriptions, and now vaccinating everyone with both flu and covid vaccines, time is short, staffing is non-existent, and pharmacists including myself are faced with either closing the pharmacy, thus interrupting patient's availability to get their prescriptions, or working on our "off" days due to staffing issues. More times than not I have had to work my off days just to keep the pharmacy open. This in and of itself has led to a level of burnout I didn't know existed. Always having to pick up more hours just to make sure there is continuity of care, often with short staffing because we can't hire enough people and those we do hire often quit quickly because everything is so crazy, has really taken a toll on me. We are constantly berated by patients for time to get scripts, not offering walk-in vaccines, or for things out of our control, and it is getting tiresome and frustrating. While the goal is to keep patients healthy and be their "go-to" place for their pharmacy and healthcare needs, the addition of things like covid testing, PCR testing, covid vaccines, and flu vaccines all on top of our normal prescription workload with little to no extra help has been and continues to be unsustainable. The push to meet certain metrics in patient care (number of calls made and times that you get a patient "back on therapy"), budget (number of scripts/number of vaccines given/number of tech hours given), and time to get all that done (making sure things are actioned upon in a timely manner and the patient gets their script by the "promised time") have been endless and have even become a target and goal for our pharmacy chain. The problem with that in my opinion is that those metrics don't tell the tale of patient care. I often feel like I give less patient care knowing that my metrics will take a hit if I don't action upon that new script that just dropped in a timely manner or will miss a promised time for a waiter, and therefore will suffer the consequences of not reaching those goal metrics. While I know there is no easy fix for the staffing crisis, patient attitudes, or overall workload, it is my hope that vigilance of the problems that are facing pharmacies and pharmacists will lead to change for us. Less of a push on metrics, and the idea that a pharmacy is a fast food drive thru, would be great and allowing us to staff our stores appropriately would be amazing.	11/18/2021 9:24 PM
809	It's tough to find good technicians in my smaller hospital and when we get any, there is no time to properly train them. The pay is not as good as a bigger hospital, the techs get frustrated and quit.	11/18/2021 9:23 PM
810	Definitely understaffed and stressed. Plan on decreasing my hours. Can not handle the amount of immunizations	11/18/2021 9:22 PM
811	Too much focus on and demand for shots keeps pharmacists out of the work flow. We should not be catering to walk in appointments when we only have one pharmacist. We are experiencing rx errors as well as vaccine errors because we are stretched too thin. I wish techs could do our shots but I also would not trust them to do it correctly or even give the correct shot. Plus if techs have more responsibility pharmacist job security will be even worse.	11/18/2021 9:19 PM
812	The pharmacy profession as we know it today has deteriorated to the point of no return. Gone are the days of respect for a pharmacist as a trustworthy health care provider that patients can come to for sound advise, questions and recommendations on medications because of what retail metrics and workload has done to the profession . Pharmacist no longer enjoy coming to work because of what we know we are going to face each day . A stressful day full of struggle to meet the demands of metrics , immunization, a million phone calls that should be taken care of by a call center ; rude patients and insufficient staff and now to top that off the pandemic that has quadrupled our work load not out of mere necessity which we would not have mind as we would gladly do our part as health professionals in these dire situations but forced to do it out of corporate greed . We come in on days just to find out we are now doing , testing, administering all 4 covid vaccines and also must meet our flu and ancillary vaccine goals, not caring about staffing and or patients medications needs . What's left to do but just come to work, hope to survive the day , go all day without using the bathroom, standing in the corner to have a quick bite and hope no patient has a question while you gobble your food , or someone needs a approval at the register. Then at a the end of the day go home try to sleep cause you can't because your up thinking about if you if you double checked Little Lori AMoxi Clav dose for her age of if you mixed up hydrochlorothiazide and hydralazine cause you couldn't remember checking it over cause you were distracted by answering one of the 8 lines ringing to hear someone calling to say that they got a text that their medications starting with	11/18/2021 9:17 PM

Meeting Materials

Ate..... was read for pickup and wanting to know what it was and if there is a copy and could they pick it up now ,,... then having to answer the drive thru and having to tell someone at the drop off it will be a minute cause your one tech is ringing someone at the pickup. But wait what was I doing again ... wasn't I checking a Rx for HCTZ .. hmmmmm maybe I check it already. Anyway you go home and the cycle begins again the next day .. PHARMACY BOARD PLEASE DO SOMETHING ABOUT THESE UNSAFE AND NERVE WRECKING SITUATIONS. WE ARE ALL LOOKING TO YOU FOR SOME HELP SOON. DONT LET OUR PROFESSION GO DOWN THE DRAIN. Let us take it back and once again become the most trustworthy health care provider that patients can again come to .

813	13-14 hour days, with only a 30 min break for lunch and rare overlap in Pharmacists is not only stressful, but endangers patients for the betterment of the bottom line. Unacceptable	11/18/2021 9:17 PM
814	This survey fails to ask the most important question and that is: "Does your work environment pose a significant risk to the patients you serve?" This is and should be the most important question that the State Board of Pharmacy is concerned with. From what I am hearing and seeing first hand in this profession, from sitting on a College of pharmacy committee and from reading online, the most stress pharmacists have is the stress of filling something wrong. Not one pharmacist wants to harm a patient due to working under a strenuous amount of stress and pressure with a limited workforce. As the State Board of Pharmacy you are here to protect the public. Having pharmacists working in situations and conditions that are high stress, with high corporate pressure and insufficient workforce is a risk to the public. I beg of you to reform this profession. This is reminiscent to the reforms made within the airline industry and the truck driving industry where overworked pilots and drivers were a risk to the public. Over the years I have watched the demands on the role of the pharmacists continually increase and the allotted pharmacist hours decrease. Now is the time for the State Boards of Pharmacy to protect the public by protecting our pharmacists. What would I recommend for initiatives for the Board? I would support and end to metrics imposed by corporations. I would support mandatory lunch/breaks for pharmacists outside of the pharmacy. I would support not allowing executives from big chains to sit on the board of pharmacy. I would support max amount of prescriptions allowed to be checked per pharmacist per hour. I would support vaccines to be a separate clinic with a dedicated pharmacist and technician to only do vaccines. In conclusion, I strongly feel that volume metrics and the focus on added "on demand" services (immunizations, point of care testing, 50% accountable for correct prescribing/indication, handling issues with narcotic prescribing, MTM, etc.) takes the emphasis away from the core values of checking and filling prescriptions with the safety of the patient in mind. Quite simply, it is too much responsibility at too rapid of a pace to ensure a safe environment.	11/18/2021 9:16 PM
815	I based my answers on my store, we have a highly efficient team and work well together. I also consider us staffed well. I have floated to stores that are understaffed and it is stressful! As a pharmacist, I handle stress well but I will say that it is starting to get to me. I'm not even positive what exactly it is that is eating at me. I have days where it feels like the weight of the pharmacy is on me and I can tell it in my health. My employer has resources but I have not used them partially because I don't know what it is.... Is it the pressure of filling 500-600 scripts with doing boosters vaccines and flu vaccines and dealing with insurances and offices. It is nothing I feel that "talking" to someone is going to fix or help. I can also say that when my employer was closing at 7 pm, even though the workload was higher with same amount of scripts and doing vaccines, I felt more rejuvenated when I was at work. Maybe because I got more time with family or taking care of me, or more help in the room bc everyone was condensed to the shortened open hours. I think that it was proven that a retail pharmacy does not need to be open 12 to 13 hours to fulfill patient needs. As far as technicians taking in more clinical responsibilities, I do think that most are capable of more. There is no reason that they couldn't give any immunization. I think compensation, as they take in more responsibility is key.	11/18/2021 9:13 PM
816	In the past 12 months i have broken down and cried at my job dozens of times. The stress is too much. No ones job should be this horrible!! Customers are too demanding, and someone is going to get hurt.	11/18/2021 9:13 PM
817	We are given an opportunity to help during this pandemic & I feel good about that.	11/18/2021 9:12 PM
818	I am encouraged to see a follow up survey, but find it somewhat appalling that it has taken this long to do something about it when about 85-95% of retail pharmacists indicated in the previous survey that they felt unsafe in their current working conditions. Aside from management at our stores transitioning from a goal-mediated environment to a survival-mode environment, conditions at our workplace since the initial survey have gotten much worse.	11/18/2021 9:11 PM

Meeting Materials

Workload has increased tremendously and staff shortages have been a more dire issue than ever.

819	The high school diploma requirement for technicians needs to be removed. Age does not equal intelligence. I would rather have a cheerful, hard working, smart high school student who excels at technology and wants to work evenings and weekends than an older person who cannot grasp the necessary technology and cannot handle the pace. In my opinion, this is what caused the technician shortage. High school students don't expect \$20 an hour. And they may stay with you for 3 to 4 years through high school and on through college. At least it gives an opportunity for young people to experience the profession and decide if they want to pursue a career in pharmacy. (Although at this point it's sure to scare them away). Make them pass a test. To say that someone is more intelligent or mature because they are older is absolutely ridiculous. Also, why are we held to higher standards than doctors and lawyers? Why do you investigate any complaint against a pharmacist even if there is no credible evidence? Does the Bar investigate any complaint that someone makes against a lawyer without credible evidence? Can you make complaints against your fellow lawyers just to make their lives miserable? I tried to make a complaint to the Medical Board about a horrible doctor and they will not even look at a complaint unless there are 15 examples of wrong doing. Why is a pharmacist disciplined for making an error but the employer who created the unsafe working conditions is not held accountable? We are humans yet you expect us to be 100% accurate under impossible conditions. Why isn't it your place to come between an employer and its employees? (That's from the mouth of the Board president). You don't care about patient safety. You care about raising funds by fining pharmacists to fatten your coffers. Maybe if you spent more time regulating the profession and less time persecuting pharmacists for the slightest infraction, you wouldn't be getting all these negative responses, and this profession wouldn't have gone to hell. I for one am counting the days until I can leave the profession and I've been in it for 41 years. I have come to loathe it and there was a time when I loved it.	11/18/2021 9:10 PM
820	Large Chains like CVS wants us to do all additional Covid related services, vaccines , drive thru testing and so many other metrics with only 1 Pharmacist all 13 hours in a day. Its a disaster, We cannot work under these conditions. more Pharmacists/ number of prescriptions in a work day. Board should have a formula. Say 1 RPh per 150 prescriptions in a work day. We are doing 700 plus prescriptions with additional services with 1 RPh all day, that ends up working 3-4 extra free hours everyday to try to get caught up. ThankYou for the survey again but please make a solid legislation to help us.	11/18/2021 9:10 PM
821	I feel it is not just pharmacists but the techs are frustrated and working for way too little pay	11/18/2021 9:07 PM
822	I am glad that this survey is being done!! I hope something good comes out of it.	11/18/2021 9:04 PM
823	I recently left retail, and I am so much happier. I was so burnt out, stressed, had lost weight and wasn't sleeping. I feel like myself again. I now work at an outpatient hospital pharmacy. We are sufficiently staffed, not metric driven, and are able to truly care for our patients. I will never go back to retail.	11/18/2021 9:03 PM
824	I have changed my pharmacy career focus from hospital pharmacy to long-term care pharmacy and I enjoy my career path much more.	11/18/2021 9:01 PM
825	We are being pulled in to many directions, it is causing stress and mistakes. Much of this has to do with lower reimbursement forcing pharmacy to seek profit in to many ways. I used to look forward to coming to work, I am now counting down the years for when I am financially able to retire. Retail pharmacy has become fast food health care, it's a job and not a career.	11/18/2021 9:01 PM
826	One thing that would improve patient safety is the proper staffing of the Pharmacy	11/18/2021 8:58 PM
827	There needs to be more marketing to the public about what a pharmacist actual does. The vast amount of responsibility that is placed upon us and our license on a daily basis goes unrecognized by not only the general public but other healthcare professionals. The amount of knowledge that we all contain that should be shared with our patients is being overlooked by pharmacy being turned into a game of how quickly we can crank out prescriptions. Chains are more focused on fast medicine as opposed to practicing SAFE medicine. It is a shame. I enjoy my profession but to see leaders and mentors leave every other month because of the stress and increasing workload is discouraging. We need more help, LUNCH BREAKS, more hours, and understanding. Instead we receive "thank you" emails, and pharmacist and technician hours being reduced while the number of prescriptions done a day increases.	11/18/2021 8:57 PM
828	Majority of work stress is from addition of vaccinations and Covid testing... Adding 30 or more	11/18/2021 8:55 PM

Meeting Materials

shots into an already difficult work day can be overwhelming and it feels like it's been like that since February

829	Pay for technicians must be increased to attract and keep staff. More pharmacists staff is needed. During this time of covid it has pointed out how poorly our department is staffed. We have run too lean for too long.	11/18/2021 8:55 PM
830	Way too much to do with thw current amount of help and open hours, stressful and unsafe	11/18/2021 8:55 PM
831	I can only speak working at a large chain but the last year has been stressful to say the least. At one point the one pharmacist on duty was giving 70-80 vaccines a day on top of everything else. This calls for mistakes, unhappy patients, unhappy workers. The working conditions retail pharmacist experience is very dangerous to everyone. I really hope the board does something to protect their pharmacist.	11/18/2021 8:55 PM
832	As a retail pharmacist, you get very little morale boost from anyone. You are expected to meet metrics, and when you exceed the metrics , you are told "your salary is at its max", even though you made more than this as a 1st year graduate. It makes no sense that salaries have been frozen for so long, while big CEOs get richer and richer off us. You are scared to leave the position because they will decrease your pay even more, further lowering morale. There needs to be laws that stop these large companies from taking all the money that us pharmacists are bringing in for them. I'm sick of people that have been working since the 1990s-early 2000s that make more money than me, even though I am putting in more work because of my work ethic. After years of something that I'm pretty sure is illegal, we finally are allotted 1-30 minute lunch break, that usually is only 20 minutes so you have to choose whether to eat, or use the bathroom, because if you do both there will be a line of customers angry at you waiting. There needs to be laws enforced that require a 30 minute break, plus 2-15 minute breaks. It is not humane to make a human stand for 12 hours, with only one 20 minute break and pay them what you are giving them. Ohio Medicaid/caresource/buckeye/Molina patients are the RUDEST, most IMPATIENT, and Most ENERGY/moral lowering people there are. There needs to be special pharmacies where these people go -or- a substantial raise from the state of Ohio for dealing with these people. They go to the urgent care because it's free, get 20 meds because it's free, but only know the oxycodone/cyclobenzaprine/Xanax/gabapentin. But they MAKE you fill "them all" and get mad at you when you can't do it in 5 minutes. Salary for what we are doing needs to be around 130-140k for staff pharmacists, and around 141-175k for pharmacy managers. It's just too difficult and NO incentive AND too much power to the big companies and insurance companies. With inflation, a nurse can make more than pharmacist with just a bachelors degree. It's a sad day when big fortune 500 companies are allowed to offer a new grad 42 dollars an hour for an 8 year degree that they thought they were going to be stable. Also, there needs to be a REQUIREMENT to have a security guard/police at all pharmacies where there is a high crime rate. I shouldn't be scared to go to work. Technician responsibilities need to stop where they are now. That why these big companies are giving them raises and not pharmacists. We're crying for someone to listen! You can't keep salaries the same with inflation!	11/18/2021 8:54 PM
833	We need techs to be techs, having them do more clinical things without adding additional staff or technology to take their place just leaves more prescriptions unfilled and patients having to wait longer. At the end of the day, adding more duties to the same number of people doesn't get more things done. My particular pharmacy is on the verge of utter collapse. We have lost 6 people since Jan 2021 - none have been replaced. It takes 1 year to train a technician - verge of collapse. And the CDC just keeps passing EUAs for more boosters...everytime they add another EUA for covid vaccines we get huge surges of people coming from different pharmacies to get more vaccines - ENOUGH! The vaccines are NOT working...doing the same thing over and over expecting different results...hmmm.	11/18/2021 8:54 PM
834	I have started looking for a new job based on the workload and stress level at my current job. We are down over 9 full time pharmacists with few people even applying. Worst conditions in my 30+ years experience.	11/18/2021 8:52 PM
835	There has been a significant uptick in negative customer interactions over the last several years and during the times of COVID, it has really peaked. This has added significantly to the stress levels	11/18/2021 8:52 PM
836	In the competitive market of retail pharmacy, everyone has to find something else to do to make money; something other than filling prescriptions. With the chains offering covid tests and vaccines, the smaller guys are forced to compete in this realm as well. The chains have sullied our profession by claiming to offer multiple services, but have not added the necessary	11/18/2021 8:51 PM

Meeting Materials

help to make it work. Independents and smaller chains have more staff, but are having a difficult time competing for services. The one thing getting lost in all of this is patient care. At my last chain job, prescriptions were taking hours or days to fill at the expense of walk-in shots and covid tests. These tasks need to be separated into different departments during peak vaccine times (think flu season and booster surges) so patients needing only their prescriptions filled can continue to receive excellent patient care. The fewer interruptions and distractions during prescription filling, the fewer errors expected. Chains do not allow us to freely budget for the chaos and tasks they throw at us in order to make record profits. They are still imposing metrics and a distracting environment. Patients threaten us, yell at us, throw things at us, and call corporate on us. Corporate responds with an apology and a gift card and a write-up for the staff. The situation is caused BY corporate and we deal with the brunt of the complaints when our hands are tied. Until they are forced to staff appropriately and remove the burden from our workloads, nothing will change.

837	The current retail pharmacy workload is beyond manageable at this time. Pharmacists are making mistakes due to excessive testing, vaccinations, and nonstop impatient and often angry patients/customers approaching them on a daily basis. The mental and physical health of those in this trusted profession is quickly declining due to these stresses! Employer metrics and increased workload expectations during a pandemic should absolutely be prohibited! This would be a good start in creating a more professional, safe, and healthy environment for everyone.	11/18/2021 8:51 PM
838	The board's decision to require technicians to be registered as pharmacy technicians in training before starting work as well as requiring passing an exam within one year of hire and becoming registered has severely decreased the technician pool, to the point where finding a certified tech to work in retail is basically like finding a unicorn. Despite increasing pay almost 100% we still can't find anyone willing to work in the relentless, high stress, retail environment. We've lost so many good technicians due to burnout. And finding new people is impossible. No one wants to go through all the trouble of getting a background check, registering with the board etc BEFORE starting work. It's asking too much for people making \$15/hour. I used to love pharmacy. I've been a retail pharmacist for over 15 years. I absolutely hate it now. The stress of no tech help plus giving vaccinations ALL DAY that leaves me no time to actually check prescriptions has made this line of work downright dangerous for myself and my patients. I have had to work two hours unpaid before my shift, through my entire lunch and two hours after my shift just to get scripts done. This level of unsafe behavior needs to stop immediately. Get rid of the technician registration mandate so we can find some help. Or at least give people 6 months after employment to get registered or something.	11/18/2021 8:51 PM
839	I've been a retail pharmacist for almost 30 years. My record amount of overtime hours is 813 back when there was a shortage of pharmacists over a decade ago. I will probably have about 200 this year. Most of my job pressure comes from the high volume setting along with the non stop demand of immunizations. My employer is not demanding me to work extra but I cannot walk out on my fellow team members when I know we are behind. Customers have forgotten about all of our efforts to help the public at the beginning of the pandemic and have resorted back to complaining about everything from wait times to not being able to find an appointment for booster doses. Every day is more complaints, ridicule, negativity and demands that we cannot meet. I have about 9 more years until I retire but have put plans in place to retire earlier or go down to part time if things don't improve in the next 3-5 years. I love being a pharmacist but feel the least amount of appreciation than ever before. Not from my employer, but the public. We never sheltered, we were never paid to stay at home. We risked our lives, we risked the health of our families and the thanks we get are dirty looks and negative comments from the public whom we continue to serve.	11/18/2021 8:49 PM
840	Changes made by the BOP have caused serious shortage of qualified technicians in the Cincy area. A tech can work in KY for \$50 fee with not all the additional cost to complete national certification. Classes for certification cost \$7200 to make \$15-17 when they can make \$20 at Amazon.	11/18/2021 8:49 PM
841	I feel that if we had two pharmacists working at all times this would help a lot with the amount of work put on us. Even when we are adequately staffed with technicians an issue will happen that ties up the pharmacist and that just puts the pharmacist behind that leads to staying after there scheduled time to check prescriptions after the pharmacy is closed. Constantly working outside of my schedule has lead to a very poor work- life balance and has lead to many fights with my husband about working too much. I feel like I don't have a choice since if it does not get done then that will look negative on how our store is performing. This leads to working through the company provided lunch break and going in early and leaving late.	11/18/2021 8:49 PM

Meeting Materials

842	Metrics to calculate labor should be illegal. I've worked for the same company for 10+ years and they always come up with new metrics to justify cutting hours.	11/18/2021 8:48 PM
843	There have been far too many additional obligations placed on pharmacy staff over the last 2 years with no additional help. I understand that we are providing a very important service to the community but the additional strain is too much. And putting additional work onto our already underpaid and overworked pharmacy technicians is not an acceptable solution to this problem. Our employers and third party payers should be ashamed of the working conditions and toxic pharmacy culture that they have created.	11/18/2021 8:48 PM
844	I have always loved the job, but over the last two years the workload has increased, can not get enough staff hired and rude demanding customers have become an everyday occurrence.	11/18/2021 8:48 PM
845	Pharmacy is no longer what it used to be and what it has become scares me. We now have the responsibility of Covid testing, Covid vaccinations among all other vaccines we give throughout the day, MTM, counseling patients, drive thru curb side pick, and filling prescriptions. My retail pharmacy is currently short staffed and it is almost impossible to stay sane while performing all these daily duties. I am stressed to the max and my days off are spent recovering from being at work the day before. The job has become extremely unsafe and we should not have been given all these Covid responsibilities. I pray this all ends soon because this profession is literally killing pharmacists on the job.	11/18/2021 8:47 PM
846	I used to work retail for 15+ years and I would answer highly stressed and not Enough help for each of the above questions. I am fortunate enough to work in the outpatient pharmacy at the VA. We are currently interviewing many pharmacists that are in retail and desperate to get out because of their working conditions. Something has to change. It is dangerous and not right having- the workload that they do and not enough help.	11/18/2021 8:46 PM
847	Payment for clinical services might help reduce some of the short staffing issues pharmacists report. We need to get away from just a physical product.	11/18/2021 8:43 PM
848	1 hour lunch break, because you can catch up and till take a break	11/18/2021 8:42 PM
849	It has been quite awhile since last survey, what is point if nothing changes. I have never seem so much dissatisfaction and unsafe work environment in my career. Covid has taken it too far. This is too much for us to manage safely.	11/18/2021 8:42 PM
850	I plan on retiring in a little over a year.	11/18/2021 8:40 PM
851	I have been a pharmacist at the same chain since 2009 and the amount of stress and workload brought on by Covid vaccines and testing has made things more stressful in the last 1-2 years than I have experienced before. Unrealistic workload expectations and patients still expecting us to help them just like before. It is too much and it affects my life outside of work too. I have trouble sleeping and worrying about the chaos and stress of when I go in to work again.	11/18/2021 8:40 PM
852	Allowing certified techs to immunize would be a huge help	11/18/2021 8:40 PM
853	The vaccines and Covid testing are killing us. Please help!	11/18/2021 8:39 PM
854	The phase of the pandemic has fallen heavily on pharmacy. Pharmacists are required to check the same amount of prescriptions with the added load of Covid and flu vaccinations and testing throughout the day with no additional help. Pharmacist salary is stagnant and the career is no longer rewarding as your treated as replaceable because of the surplus of pharmacists. I have been in pharmacy for 10 years and never given a lunch break or timed break. An average day looks like 400 prescriptions, 20 vaccinations, 10 tests and all the other ancillary tasks of pharmacy. One pharmacist managing 5 techs and a driver over 9 hours. We are tired. Thanks for the pulse check.	11/18/2021 8:38 PM
855	Profits over safety have become more clear for big chains. False statements about decreasing workload and "sugar coating" new methods. Metrics still exist and unrealistic goals. Verbal harassment from patients has become acceptable by management. No lunch breaks or bathroom breaks to just be able to complete work. Pharmacists doing 300+ prescriptions per day solo, on top of vaccines and other duties. The chains have turned this into a sweat shop environment. Media policies prevent pharmacists from voicing concerns to the public in a wide reaching situation. Unionizing as pharmacists has become taboo to the point of retaliation or fear of termination stops any attempt. "The State of Ohio Board of Pharmacy shall act efficiently, consistently, and impartially in the public interest to pursue optimal standards of	11/18/2021 8:37 PM

Meeting Materials

practice through communication, education, legislation, licensing, and enforcement." The board needs to act upon its purpose and help the public by stopping this situation before someone gets seriously harmed.

856	Pharmacy technicians will not take on additional clinical responsibilities until wages increase to meet a level of fairness. Fast food chains pay more than our big chain. Why would they stay will all of the additional stress and responsibility for less pay?	11/18/2021 8:35 PM
857	The addition of vaccines especially boosters has added a tremendous amount of stress to my workday. Times when I am working by myself and giving 20 or more vaccines plus the usual daily workload I am overwhelmed and it is just NOT SAFE. Especially on top of regular bench work and NO additional staffing. It definitely has added emotional and physical stress to my life!	11/18/2021 8:31 PM
858	Mandated clinical work MUST be done away with. We are expected to do a certain number of clinical tasks and vaccinations each week. In the past those pharmacists that refused or couldn't meet their quotas were fired. We are health care professionals, not salespeople, but we are treated like some corporate middle manager. Trying to do that on top of a pandemic is murder. If pharmacists had the guts, they would form a union, since their professional organizations are no help whatsoever in this matter.	11/18/2021 8:31 PM
859	Have love my career for 40+ yrs. still enjoy it!	11/18/2021 8:29 PM
860	I routinely arrive at work over an hour early and almost always stay late and it's still nowhere near enough to stay ahead.	11/18/2021 8:28 PM
861	Hard to believe anything will change when the main offending employers are on the committee and I have never even worked for them.	11/18/2021 8:25 PM
862	We are tired and need to unionize to stop the chain's abuse. Also something needs to be done about mail order and forcing patients to use there pharmacies also. Cvs/Caremark	11/18/2021 8:24 PM
863	Pharmacist have to waste their time on menial tasks like ringing people up or fixing printers, dealing with insurance rejections etc	11/18/2021 8:21 PM
864	High technician turn over rate, makes it almost impossible to get new staff trained with enough experience to keep up with the amount of orders we are experiencing.	11/18/2021 8:21 PM
865	It is absolutely absurd to expect a pharmacy to give flu or Covid shots to kids 5-11, and to schedule them every 10 minutes! Kids squirm, scream, jump out of the chair. Many near miss needle sticks have almost occurred because we don't have staff to hold kids down (some parents are terrible at this) and we can only give shots in arms (we don't want to give them in legs or butts) . Please take childrens shots away from us and give them back to pediatricians! Kids take ~20 minutes, don't allow them to be scheduled every 10min if you don't take them away.	11/18/2021 8:21 PM
866	Working conditions keep getting worse. Always being asked to do more with less staffing and resources and no compensation for it. I always go to work early and stay late just to keep up with expectation. I get little breaks during the week and no breaks on the weekends. I am told to find a downtime and take a break but anybody that works in the pharmacy knows there no such thing as downtime especially during this time. If I do decide to eat during my weekend shift am being called every minute to address a counseling note or answer the phone. It's impossible to have time to use the bathroom yet alone eat. I have worked several 8 hour shifts without taking a bathroom break because am the only person working. Corporate is only concerned about metrics and having pharmacist sell services. We are not sales men and women, we are care givers!!!! More and more pharmacist are leaving the profession because we are being asked to meet unreasonable expectations.	11/18/2021 8:20 PM
867	I am exhausted physical, mentally and emotionally almost every day.	11/18/2021 8:13 PM
868	I was recently fired due to lack of patient calls and metric issues. Doing 400+rxs daily one pharmacist, plus vaccines etc. 33 years with Cvs.	11/18/2021 8:12 PM
869	The high volume of prescriptions along with Covid and flu vaccinations has made for very unsafe conditions. It is a public health crisis inside retail pharmacies. They are not being staffed properly due to low wages.	11/18/2021 8:12 PM
870	The Ohio state board of pharmacy is the sole entity that has the ability to change the work environment for the better to ensure the safety of the patients. By the state board of pharmacy	11/18/2021 8:12 PM

Meeting Materials

not placing restrictions on the amount of workload these chains are able to put on us, the Ohio state board of pharmacy actively puts the patients of Ohio at risk everyday.

871	Something has to be done about workload and understaffing. Patient safety is at risk. I barely have time to speak to patients anymore, definitely not providing quality medication counseling like we should be. Its impossible with non stop immunizations	11/18/2021 8:12 PM
872	you have to remember these companies are run by capitalist pigs, they will use and exploit everyone they can to make more money for their shareholders. they care about nobody nor nothing else	11/18/2021 8:11 PM
873	The job has changed drastically from when I began my career as a pharmacist over 15 years ago. 15 years ago my store did about 1200 less prescriptions per week and operated with the same technician staff and pharmacist hours that I'm now forced to work with. I only received extra staffing hours for vaccinations this year due to the pandemic but the last 4 years have seen increases in prescription volume and decreases in staffing. In addition I haven't had a raise in 4 years from a fortune 20 company whose CEO and president make over 40 million dollars a year. Hard to swallow when I operate a high volume store that year over year is extremely profitable but my compensation has nothing to do with the profits of my store. My only incentive to work hard is to have a job.	11/18/2021 8:11 PM
874	Since January 2021 the workload has been steadily increasing and the staffing issues have been sporadically difficult. The drug shortages have made for modifications that are not ideal.	11/18/2021 8:09 PM
875	I truly hope changes will come to pharmacy. However, I doubt it since the big chain pharmacies are always sponsoring board of pharmacy events. The past 15 months have been the worst I have experienced. Adding Covid testing/vaccines to an already exhausting workload has endangered how patients can safely receive medications.	11/18/2021 8:09 PM
876	For almost 3 decades of working as a pharmacist, I have always liked my job. Once the COVID vaccines were released earlier this year, the workload went from almost too much to unbearable. By doing only pharmacy for nearly 30 years, what else can I do to support my family. I feel like I may literally die doing this job.	11/18/2021 8:09 PM
877	It is nearly impossible to get/keep good pharmacy technicians at their current pay rate. Nearly every pharmacy I know is understaffed.	11/18/2021 8:08 PM
878	The metrics we have to meet are a major issue that create unnecessary stress and excess work for the pharmacy and other healthcare provider practices, and creates delays for patients medications to be filled. Its standard practice to come up with quick easy ways (not the longer tedious approach "suggested" by the company) to meet the metric targets . . this happens to avoid having poor scores on our monthly "report cards" For certain metrics, this leads to patients medication refills to be processed incorrectly (so they arrive to pick them up to find out its not ready) and erroneously triggers frivolous requests to be sent to practitioners. Over time this has lead to many healthcare facilities refusing to accept communications from pharmacies. For those that still respond to pharmacy communications, it leads to wasted time and frustration when they call to ask what the communication is supposed to mean.	11/18/2021 8:08 PM
879	Retail pharmacy is just awful... I wouldn't recommend this career to anyone.. constant stress from corporate and customers. Retail pharmacies are not clinics for immunizations and covid testing.. it's crazy what the public and the companies we work for think a pharmacist should be doing. It's disgusting and I can't say one positive thing any longer about this profession.	11/18/2021 8:07 PM
880	I feel that pharmacy as a profession has turned into a joke. Employers do not care about patient safety and not they are not held responsible when pharmacies do not have proper staffing. I think it's ridiculous that the pharmacy managers are the ones being held accountable for errors due to short staffing. I think that the state board should institute a minimum staffing to workload ratio and that companies should be fined and cited, when they are the ones who decide how much staffing pharmacies are allowed.	11/18/2021 8:05 PM
881	Please note that I am semi-retired and only work 6-7 days a month in a critical access hospital. Many of the questions do not really apply to my workplace situation.	11/18/2021 8:04 PM
882	I'm a director of Pharmacy in a hospital so my stress is related to administrative responsibilities.	11/18/2021 8:02 PM
883	Pharmacy technicians should have education in order to advance.	11/18/2021 8:02 PM
884	Metrics are the most important thing to zone coordinators at Kroger - not the employees ability	11/18/2021 8:01 PM

Meeting Materials

to take a restroom break or eat or counsel patients or assist patients in anything

885	I've done these surveys many times , I really don't think this will make any differences, but I still have a little hope	11/18/2021 7:59 PM
886	Burnout is very real. I think shots every 10 minutes is too much- I've repeatedly discussed this with my district manager. All technicians, including trainees should be able to run COVID rapid tests at the store not just registered or certified. On my days off, I am a worthless blob. I am absent as a mother for my kids and my husband. I am exhausted more exhausted than I've ever been in my 15 year pharmacy career. I am anxious and over-stimulated all the time. I am a shell of a human being. We need more support staff, rph overlap and limit of 30 shots per day!!!!!! And only 1 kind of Covid testing - not dual (rapid and pcr). Help. Please tell your cozy board committee this os very real. We are resilient but not martyrs.	11/18/2021 7:58 PM
887	I work a 13 hour day and don't have time to eat, drink, or even use the restroom. I never get a minute to sit down and rest or get away from stress. We are always 3 to 7 days behind on prescriptions for our patients and constantly getting screamed at. I am running around doing many different things and feel like the last priority right now is getting medication to my patients that need it.	11/18/2021 7:58 PM
888	NA	11/18/2021 7:58 PM
889	The true profession of pharmacy no longer exists. Pharmacists are no longer respected professionals. It is all about how many immunizations you can give, how many COVID tests you can do. Filling rxs, although still required, is an afterthought. (50-60 immunizations a day, 10-15 covid tests, filling 400+ rxs a day, With skeleton technician staff.) In fact 2 technicians put in their 2 week notice this past week. There are times when the pharmacist is the only person in the pharmacy. Taking care of our patients is no longer a priority. Workload has tripled, more and more responsibility added, we are performing 3 full time jobs every day, and pay has not increased to compensate. Short staffing is a huge problem. It is an unsafe environment any time the pharmacy is open. The stress is overwhelming, and the mental health implications are real. Something MUST be done.	11/18/2021 7:57 PM
890	The hours that pharmacies are open have placed an additional burden on us all. The need to open early and close late stretches us too thin and allows less pharmacist and technician overlap to get things done. And only having a 30 min. break for lunch when you're work 10-13 hrs alone is not enough of a mental break. I don't feel any pharmacist should have to work alone with those long hours. I'm all for expanding technicians roles but without adequate technicians to begin with that's hard to do. It is so hard to get someone hired into the pharmacy and things are so ugly and patients are so vile, there's no time to train and they usually give up and quit. I truly believe this pandemic has ruined our profession. I've been doing this 33 years and I have never experienced something this bad before. Corporate doesn't seem to care. They just add more and more work to us and reduce our help. It's a very dangerous situation out there. When you're giving all current Covid vaccines on top of all the others and scripts and calls and insurance issues and uncooperative medical offices etc. the stress & workload is too much. Hours of operation need to be shorten, more technician to pharmacist ratios and mandatory breaks for everyone and no more working 10-13 hrs alone or at all. I feel like an assembly line worker and not a health care professional. Thank you for the opportunity to take the survey & I hope the board takes action ASAP	11/18/2021 7:56 PM
891	Just having a great deal of difficulty with the workload. With the advent of COVID, the workload has increased tremendously and there has been no increase in staffing to accommodate the workload. I feel that an accident is imminent. I feel tremendous stress in trying to keep up with everything and patients are not understanding of our increased workload and they are greatly upset that they must wait for their prescriptions.	11/18/2021 7:55 PM
892	I work in Home infusion and it's hard to find any help that has experience. Every new higher is completely new to the environment. In the past 3 months, we have had our pharmacy manager quit, nursing manager quit, and nursing manager quit. The work environment is very stressful and management turns the blind eye and ignores our branch. We are just expected to keep operating with minimal staff. Secondly, with regards to pharmacy technicians, they are already doing more than they should in my opinion. The responsibilities given to technicians is beyond what their education should allow. Patient care is suffering because work that is being given to technicians would be better served by a pharmacist. Additionally, technicians are beginning to challenge pharmacists and are seeing themselves as professionally equal. Technician hourly pay is increasing and pharmacist pay rates are decreasing. Many things in the pharmacy world	11/18/2021 7:54 PM

Meeting Materials

are moving in the wrong direction right now. It's hard being a pharmacist, especially in my practice.

893	The board of pharmacy needs to start setting limits for pharmacists such as how many scripts is it safe for one pharmacist to fill and the potential to turn away patients when the pharmacy is behind for patient safety. For example physicians practicing in an office setting are able to see a certain number of patients and once they hit a certain number they can no longer accept new patients because they have reached the maximum amount of patients their practice can handle. I believe this needs to start happening for pharmacists because one pharmacist can't be responsible for 300-400 scripts at one store or company and the other store or company has multiple working together to fill those scripts. That one pharmacist is not only responsible for verification of medications but also immunizations and counseling patients along with overseeing technician duties. I also believe that pharmacy technicians need to be paid more for their duties and that is why the turnover rate is so high because they can hardly make a living with such reduced pay for such a critical role in healthcare. Pharmacy technicians are the backbone of the pharmacy and without them leaves a pharmacist to complete technician work on top of pharmacist duties which again leads to the chance for a potential error and burnout over a short period of time. There needs to be major staffing changes to help pharmacists and financial incentives for technicians to help save the profession pharmacy and protect our patients.	11/18/2021 7:54 PM
894	Survey was fine. We need more affordable resources, e.g. Epocrates or better, included in facility software programs for independents.	11/18/2021 7:53 PM
895	I am very happy someone is looking at this issue, I am glad to have the opportunity to express my opinion. Thank you	11/18/2021 7:52 PM
896	Only qualified technicians should have clinical responsibilities. Not all.	11/18/2021 7:49 PM
897	I have a pharmacist for 55 years and enjoy my profession and I thank God I chose pharmacy as a career	11/18/2021 7:48 PM
898	I recently was a victim of retaliation when I reported a supervisor for his inability to help staff the store or help with patient harassment and threats. I then I turn was written up for a surgery I had and was approved for by another supervisor in may. So I found another job I start 12/7 new company. I was at cvs at for 15 years ... shame on them. :(11/18/2021 7:48 PM
899	We have been given a tremendous increase in workload with covid vaccinations, greatly increased phone calls and questions along with rude and angry people when we follow guidelines with no extra help, probably less help because no one wants to work in these conditions and people quit before they even get trained. Then they add children with the PREP act when we can't keep up with the adult shots. It's insanity. I know pharmacists who wish for surgeries just to get time off. This is not ok.	11/18/2021 7:48 PM
900	Best thing I have done. Enjoy interactions and care of patients. My extended family.	11/18/2021 7:44 PM
901	Technicians are not qualified to do the role of the pharmacist even with certification. They are not as responsible and errors occur. Most of them quit anyway. Retail pharmacies performing testing and vaccine administration have become a dangerous place to fill prescriptions. Staffing is at an all time low and work volume is at an all time high. Retail pharmacy chains need to seriously refocus on patient safety instead of metrics and COVID testing. I feel completely overwhelmed with work without staffing to support me and we have not even been financially compensated for the increase. It is no wonder why so many good pharmacists are quitting. We don't want to hurt anyone and work conditions are unsafe. Even for the seasoned veterans like me who can handle tremendous amounts of stress and work. It is getting very scary. The state boards of pharmacy in every state need to step up in the concern of patient safety to demand retail chains make drastic changes or patients will suffer terrible consequences.	11/18/2021 7:44 PM
902	I would advocate to increase pay for our hard-working and responsible pharmacy technicians.	11/18/2021 7:44 PM
903	Chains care more about metrics then customer service	11/18/2021 7:44 PM
904	Techs should not be doing vaccinations. Especially child vaccinations. 100% unsafe.	11/18/2021 7:43 PM
905	Most technicians can handle extra responsibilities, but they need an increase in pay commensurate with that. That means something needs to be done about the stranglehold PBM's have over pharmacy	11/18/2021 7:43 PM

Meeting Materials

906	I very much resent my company for pushing covid testing and vaccines without providing any additional help and no additional pay.	11/18/2021 7:43 PM
907	The technicians and pharmacist need to be paid more for the very hard-working they are doing. Hire or retain technicians because of the extremely intense workload for a very low pay rate, considerably less than other choices. As a floater district pharmacist I have not had a raise in at least two or three years. The single reason I am staying employed as a pharmacist in my current job is due to the part-time flexibility nature of my position. The current pharmacy chain retail atmosphere is not safe and is unlike anything I have ever seen in my 10 years as a pharmacist and 17 years with this company.	11/18/2021 7:43 PM
908	These past 24 months have seriously made me question why I made this profession my career choice 20 some years ago. It seems that we just continue to pick up tasks and responsibilities but have not added any time to get them done. Honestly lack of financial reimbursement doesn't bother me anymore it's the feeling of leaving work everyday wondering was today the day I made the mistake that may cost some innocent patient everything. That is what has me looking to leave this career all together.	11/18/2021 7:41 PM
909	I recently switched from a major chain (CVS/Walgreens/Rite Aid) to a grocery store chain and it has made a world of difference. Having a District Manager that actually listens and respects your opinion because they're an actual pharmacist vs a businessman has made a world of difference. They seem to actually care about patient safety (and employee satisfaction!) rather than strictly profit. I'm no longer being guilt tripped into picking up additional shifts or being gaslit into believing lies (and other toxic traits I've witnessed from the Big Three chains) in addition to the "normal" stress of being a retail RPh. I strongly encourage the board of pharmacy to step in and help pharmacists and technicians that still have to deal with that hellscape.	11/18/2021 7:41 PM
910	Must put in place tech to pharmacy ratio to protect patient safety. Hold companies responsible for poor work conditions	11/18/2021 7:39 PM
911	The chain pharmacies work people beyond human capability and have zero remorse for burnout, zero accountability for errors, and have no empathy to those on the front lines. I tried to be with patients more and was told to "stay in the back and answer the phones and get the insurances to pay for the meds" and I was just appalled. I'm a pharmacist and I wanted to help my patients but got scolded for "spending too much time on the floor with people talking" and not enough time on the phone with refill authorizations or insurances. I asked for a religious day of observation off of work and was told "no, you have to find your own coverage on weekends". I said "I'm a devout observer of this religious day" and that said "this is Ohio, everybody is 'insert religion here' and no you aren't getting it off for that reason". I was shocked. I was told I would get every 3rd weekend off when I agreed to take a 24 hour store. One month into that arrangement they put me at every other weekend. My 3rd shift pharmacist regularly came in late so I would work till 11pm and sometimes have to turn around and be there at 8am.... AND expected to stay late if it was busy. "Lunch breaks" are code word for "catch up so less people yell at you during your shift". The KPIs dictate everything and no one cares about the staff. The supervisors say "the reimbursement per script gets lower so either we have to cut hours or bring people to part time" and that is absolutely baffling to me as we are providing a need based service. No one cares about retail pharmacy staff. We do it ALL but get treated no better than a fast food drive through. It's a disgrace and it's depressing. And no, pizza is NOT working	11/18/2021 7:38 PM
912	Adding pediatric vaccines has been a huge stressor. There needs to be properly trained healthcare professionals at each location giving pediatric vaccines to deal with the special circumstances that go with giving those vaccines. I do not have time in my day to take 20-30 minutes to administer 1 vaccine to a child who should clearly be getting their vaccines at a pediatricians office trained to deal with children. Also the added stress that comes with the different storage/handling/mixing of those vaccines is unbearable.	11/18/2021 7:35 PM
913	I was previously with CVS, which had incredibly unsafe working conditions for both employees and patients. I was burnt out and cried whenever talking about work. Last year, I moved to Walmart, which does provide me with a lunch break and better overall staffing re: technicians. I feel like I'm able to provide better and safer patient care overall at Walmart. However, the increased workload of vaccines is straining the workflow. Most days there is only one pharmacist on duty, which does not always feel like enough.	11/18/2021 7:29 PM
914	Retail pharmacy has become unbearable. My pharmacist partner and I both left our retail setting 2 years ago due to incredibly stressful and unsafe working conditions and unattainable	11/18/2021 7:28 PM

Meeting Materials

expectations. In the chain retail setting, pharmacists are no longer treated as professionals, and the mistreatment of pharmacists with little to no regard to scheduling needs and requests, basic simple lunch breaks, respect for days off, and proper support staff is not just ignored, but has become the status quo. Simple basic human needs are no longer taken in account. Because pharmacists are smart, capable, and quick learners, they have shouldered way more responsibilities than are safe and practical. They have quietly and painfully succumbed as this pattern is repeated in many different practices as the profitable model of pharmacy has become harder to obtain. Thank you for reading.

915	We are going through so much pressure and the DL's are just pressuring us to worry about metrics everyday. They have unrealistic goals for us.	11/18/2021 7:27 PM
916	Staffing issues are entirely due to the extremely poor third party reimbursements, especially the Medicaid HMO plans. We have gone from 5 to 3 pharmacists because of this problem. It needs to be addressed ASAP	11/18/2021 7:26 PM
917	Pharmacy has become more and more about money and less about healthcare.	11/18/2021 7:24 PM
918	The top 30 percent of certified techs are ready for more responsibility but the rest are not. Stress for all staff is mostly due to excess task switching. You rarely have time to complete 30 seconds tasks without interruption	11/18/2021 7:24 PM
919	COVID has ruined retail pharmacy. There's not enough staffing (both pharmacists and techs) to safely handle the increased workload that is now demanded daily in every retail pharmacy in this country. Patients and staff are suffering because of this. Something needs to be done!!	11/18/2021 7:22 PM
920	Please provide some guidance. Help	11/18/2021 7:18 PM
921	Volume is more important than patient safety. It has become that way in order to be profitable based on third party reimbursement.	11/18/2021 7:16 PM
922	It would wonderful if across the great number of pharmacies in Ohio there was consistency with certified pharmacy technicians being able to vaccinate.	11/18/2021 7:16 PM
923	I feel all I get done at work is to give shots. I am tired of it. And now they are approving it for down to 5 yr olds. It is wrong to expect a pharmacist to give a 5 yr old a shot. That should be done in the doctor's office or the health dept where they are trained for children.	11/18/2021 7:16 PM
924	Less restrictions like techs needing to be licensed or certified	11/18/2021 7:15 PM
925	I currently am a part time pharmacist who has filling in to cover shifts because many pharmacists have left, however, I could never imagine going back to work full time in these conditions. The workload expectations are insane. We can not accurately and diligently check prescriptions and offer patient care when we are expected to continuously vaccinate. One person (pharmacist) cannot do all that is expected. The burn out is very high.	11/18/2021 7:15 PM
926	Work from home	11/18/2021 7:15 PM
927	Meal breaks are a joke. We have a sign that says RPh will be on break for a half hour but it doesn't happen. It's a CYA statement. Operating/holiday hours are excessive and draining. Testing and immunizations are killing us. No time to train techs. Tech pay doesn't match responsibilities. Mid level management has no clue and should help/work at store level but prefer to close locations. State mandated tech training is a joke and removes new hires from the pharmacy where they are needed. There should be limits on how many hours are are worked, scripts are checked, immunizations given and tests administered per day. Everyone is hiring and techs can get higher paying jobs doing much less. I feel competitor transfers should be limited to product availability during these unprecedented times of stress and demand. I don't feel we should be immunizing children 5 years of age and up. Too little. Too many vaccines and large opportunity for mistakes. Scares me. And now a scheduled remodel in my chain puts RPh up front which will eliminate any chance of focus and increase risk of errors. Please help us!	11/18/2021 7:15 PM
928	All pharmacies must be mandated to allow pharmacists to take a longer (45 minutes to 1 hour) paid lunch.	11/18/2021 7:14 PM
929	having worked in pharmacy for 30 years, I see everything from schedule to workload getting worse and worse; and I see pharmacists being less and less respected as professionals	11/18/2021 7:12 PM
930	One way the BOP can help pharmacists feel more valued in the work place is having us get	11/18/2021 7:11 PM

Meeting Materials

paid properly for the work we do. We are the most accessible health care professional and we are giving clinical advise to patients over the counter, as well as calling doctors to cancel/add prescriptions to better patients health. We are doing so much more than we used to, especially with the pandemic (vaccines, testing, blood pressure, blood glucose, INR, A1C, etc.). We should be reimbursed by insurance or paid higher by our employers. Please fight for us.

931	CCHMC does not allow third shift pharmacist adequate time for breaks. They do not care as long as work gets done.	11/18/2021 7:10 PM
932	I don't think more should be added to techs, they are already stressed out. We can't do all the jobs these companies want from us and feel like we can do them without making mistakes. We can't recover on our days off before returning to the hell that is retail. These immunizations and testings should be relocated to a facility set up to only do those things and let us get back to the medications and our patients. A single 1/2 break is provided, but we never get time to take a break, let alone eat again in our shift	11/18/2021 7:09 PM
933	I feel that my employer (a grocery chain) was adequately staffed before the addition of COVID vaccine. With the addition of the COVID vaccine, it pulls the help pharmacist out of workflow and the pharmacist who is product verification (normally an uninterrupted position) is now interrupted for all of the dr calls, counseling, data verification, etc. I don't mind doing COVID vaccines, we just need an extra person to do them. We have at least 3 technician call-offs per week and no one to cover their shifts, we just work short staffed which leads to more burnout for everyone. Our company has tried to hire more technicians, but not many people are applying for the position or go through training and quit. As a pharmacist, I do not feel I can call off even if I am sick because there is no one to cover my shift. We are absorbing a lot of CVS's business because they are so far behind in filling scripts.	11/18/2021 7:06 PM
934	I cannot begin to tell you how unsafe my workplace is. The increase in demand due to vaccinations and testing is outrageously overwhelming with no help on the horizon. We are understaffed with no help from management on hiring or training. We get pushed from management and customers to do more with no respect for safety. Not to mention the risk this places on my license and career. I live minute to minute wondering who I have inadvertently may have hurt because the circumstances my employer forces on us. All I want to do is help but I cannot do vaccines every 10 minutes, testing every 15 minutes, and 200 + prescriptions in my 12 hour work day with only 30 minutes for lunch. I am not the only one enduring this. I used to love my job. The retail chains need to be held accountable for the workload they force on us.	11/18/2021 7:04 PM
935	I used to love being a pharmacist and having the ability to help people. Now, with the current working conditions I feel like I'm not able to help my patients as I should be because I don't have enough time to do so. I'm always worried that I'm going to make errors with being pulled in 5 different directions. Sometimes I find myself having to be on the cash register for an hour because we don't have adequate staff. Our queue is always days behind on getting orders completed and we get constant complaints and angry customers. If something doesn't change soon I'm highly considering taking a break from pharmacy or finding another field completely. It isn't worth the mental and physical toll it has taken on workers. The patients also deserve better. Thank you for listening!	11/18/2021 7:03 PM
936	I have been a pharmacist for 30 years. Have worked no less than 7 years in one place, but have worked in many different environments. I enjoy my coworkers as people but there is very little job satisfaction right now and very little respect for pharmacists as a whole. Technicians come and go constantly and I do feel this is a workload and training factor. Our technicians run to get their work completed. The excellent ones can finish their work well and safely but the majority do not. On one of the shifts I work I check 200 IVs in about 2&1/2 hours, and then there's the rest of the shift. All this said the place I work is a good pharmacist's job and many who come there say this. I feel pharmacy needs a general refocus altogether. Employers are happy to say "we must do everything for the patient" but often only when it suits their bottom line- not truly for the patient. I do feel we are well paid but I hear this is changing and have seen some cuts even at my place of employment regarding shift differentials and other pay benefits. Again- workload has been an issue for sometime and retail pharmacies have pushed most too far. The work is good but the pressure is spirit crushing at times. May we see a better future from your study.	11/18/2021 7:03 PM
937	Retail pharmacists should not be giving pediatric vaccinations. We do not have adequate time to spend consoling anxious children and parents. The additional vaccine types lead to an increased error risk in administration.	11/18/2021 7:01 PM

Meeting Materials

938	I've been a pharmacist for 32 years and I now have started trying to talk the younger generations to NOT going into healthcare professions	11/18/2021 7:00 PM
939	The biggest problem with retail pharmacy is technician staffing. Techs are required to hold a professional license, complete CE requirements, develop and pass exams for a wide range of high-level knowledge and skills, and work in an incredibly fast-paced, stressful environment. Yet, they make wages similar to clerks and stockists or food-industry workers and have no pre-requisite educational requirements. It is nearly impossible to find good candidates for pharmacy technicians. Who wants to work that hard and assume that much responsibility for that little money in a part-time position? I haven't been able to staff my pharmacy appropriately in YEARS and having a constant parade of new people trying to learn a complex job quickly adds an incredible amount of stress and risk to patient safety to pharmacists. They need to be better compensated and treated as the professionals they are. The second biggest issue is vaccines. Companies push vaccines SO HARD because the reimbursement is better than it is with medications. I've worked days where I've given 50-70 vaccines and filled 600 prescriptions with one other pharmacist. Not only are we not given additional hours to vaccinate patients, my staffing hours were even cut at the beginning of flu season one year. It is so stressful to have to assess the appropriateness of the requested vaccine (most people do not know their history) and administer it between filling prescriptions and counseling patients on medication. I don't feel I have adequate time to settle a frightened child or care for someone who experiences syncope or seizures following their vaccine the way I would like to. Since the vaccines are all done by walk-in, I can have even 10+ people waiting for vaccines at any given time in the day. It is too much responsibility with too few resources. We keep being given more responsibilities by legislators, patients keep having greater expectations of our services, companies keep piling on work and cutting help. Working in retail is overwhelming, frustrating, and quite frankly terrifying. I hope you do something to help us because I really used to love my profession.	11/18/2021 6:59 PM
940	N/A	11/18/2021 6:59 PM
941	Pharmacy is no longer what it was when I graduated 15 years ago. A lot of responsibilities have been added with little technician help. I always feel beat up at the end of my shift. We need help or else people won't be studying pharmacy again.	11/18/2021 6:59 PM
942	corp let me go for no reason nov. 2020 saying i was an "at will employee" but feel it had to do with age and them having money problems but also because i spoke out against the working conditions and metrics and programs they continued to put in our workload Fruth Pharmacy	11/18/2021 6:55 PM
943	More with less. End of story.	11/18/2021 6:55 PM
944	I feel that there should be a tech to pharmacist ratio at all times based on the busyness of the time of day. Being short staffed helps no one at all.	11/18/2021 6:54 PM
945	We need to be given lunch breaks. This should be a requirement by the state board. When I work more than 12 hour days, I will make errors. Add shots to the mix and I am doing the majority of checking scripts the last few hours of the day and checking a ridiculously high volume. I need time to eat and use the bathroom. I also plan to stay in this profession and am committed and therefore think I deserve more pay for how difficult this last year has been. Also, the board should be advocating for less vaccines at the store level and more clinics with pharmacists instead. Also, we should not be administering shots to children!! It is taking way too much time and I don't know how to adequately deal with an emergency if a child experiences one. Leave the vaccines to pediatricians!	11/18/2021 6:50 PM
946	Sadly pharmacy management could care less about patient care at the huge renowned hospital I work at on third shift. As long as there are warm bodies even if they do little to nothing they are happy (and becoming more frequent to be left short instead of making concerted effort to fill open slots)	11/18/2021 6:49 PM
947	Why would we look to expand tech responsibilities when they are so scarce right now?? The Ohio requirements are making it difficult to find good help in a post-pandemic world where help everywhere is challenged.	11/18/2021 6:48 PM
948	The workload issue is very real and unbelievably stressful. This is heavily tied into pbm reform. The pbm and unfair reimbursements also burden businesses to cut corners on staffing. We need better staffing and workload requirements to go with pbm reform	11/18/2021 6:47 PM
949	I think the biggest opportunity to fix our workload issues is to push/advocate for higher wages for pharmacists and technicians. Pharmacy is only advancing, and pharmacists and	11/18/2021 6:46 PM

Meeting Materials

technicians are constantly expected to do more. However, in most cases pharmacist and Technician wages have stayed the same or have decreased over the last 5-10 years. Most pharmacists and Technicians, especially those in big box chains, are burnt out because they're forced to do more work with little compensation.

950	I left retail 5 years ago because metrics became the sole purpose of my job. It was one of the best decisions of my life. We have lost any autonomy we ever possessed as healthcare professionals in the retail setting. The PBM climate has accelerated the closing of most independent pharmacies that dare to try compete with the big chains. What is left are a few mega-sized companies not concerned with the deterioration of our profession. Instead of innovation and growth by entrepreneurs, we see a few select businesses practicing cookie-cutter, copycat, group-think pharmacy. Some of the blame does rest on ourselves for letting this happen. At the same time, something must be done. My colleagues are too educated and too valuable to their communities to waste away in conditions that worsen every day. We need the ability to control our own future. From everything I have seen come to pass recently, that future is in jeopardy.	11/18/2021 6:45 PM
951	The past year and a half has been horrible. More and more has been added to our plate with no incentive or help from anyone. Work is a nightmare with no end in sight. We've expressed our safety concerns with no solutions or help whatsoever. I thought pharmacy boards were here to help us but that isn't the case either.	11/18/2021 6:44 PM
952	I almost didn't answer this survey because retail's mistreatment of staff is so widely known and still so little is done. We, as pharmacists, are ground into nothing until we become a husk of a person and then our retail employer throws us away for a lower paid new grad	11/18/2021 6:43 PM
953	I have left pharmacy after 20 years due to the massive changes of staffing and workload expected which was not the case when I first graduated. What is totally unexplainable is the board putting the total blame on the pharmacist for medication errors instead of looking at the whole picture of system failures. This survey is a step in the right direction but only if the board holds EVERYONE including the companies who have made this environment so bad. The board is not protecting patient safety by letting these conditions go on. Pharmacists have no say in staffing, metrics, and workload.	11/18/2021 6:41 PM
954	I work in long term care so these questions seem to reflect retail pharmacists. I currently work as a part time pharmacist at a corporate chain as an immunizer/second pharmacist. I can honestly say if I were working retail right now I would be cutting my hours until I could find another job. While I understand and support immunizations and clinical services we can offer to the community, the stress and expectations our pharmacists have to endure with little to no extra help is horrifying to me. What is happening right now is dangerous not only to patients but to our pharmacy staff as well.	11/18/2021 6:40 PM
955	Please please do something about the pharmacist workload. The big chains are killing us	11/18/2021 6:39 PM
956	We are not short staffed. We have little staff due to corporate budgets. We are considered full staff but it is not enough.	11/18/2021 6:39 PM
957	We keep getting more and more work for the same amount of pay with no additional staffing. How in the world are we supposed to do MTMs, patient care calls, flu shots, COVID testing, and now COVID immunizations... in addition to filling 500+ prescriptions every day... and forget about answering the phones... there just simply aren't enough people working in the pharmacy or hours in a workday to accomplish everything. I often have to stay late every day... and that's already after working a 12 hour shift. It's absolutely insane. I'm so drained and burnt out. I feel like it is having an effect on my mental and physical health.	11/18/2021 6:39 PM
958	Pharmacists have become the catch all for any service that is needed however we are the least respected healthcare professional by the public, our employers, and other healthcare providers. Our quality of life has declined drastically, we are constantly pressured to work longer and longer shifts, work on our days off, and do two and three times the work that one pharmacist should be doing. One pharmacist cannot possibly safely oversee 50+ immunizations, 20+ tests, 500+ prescriptions a day, 60+ phone calls to make, and maintain the pressures of good promised times and other expected metrics.	11/18/2021 6:38 PM
959	I come home from work most days and I just sit down and cry. I cannot stand what has happened to my job. I am expected to give multiple immunizations to every single customer that walks in the door, and if I don't do it quick enough to satisfy them, I get receipt survey complaints. My PIC belittles me over these complaints to the point that I want to quit, even if it	11/18/2021 6:38 PM

Meeting Materials

means selling my house. Our job is a lose-lose situation. No matter what we do, we can't keep up and we can't please the customers anymore. People are going without their meds. People are panicked and customers treat us like dogs. I went to school to be a pharmacist and it has turned into such a mess where I feel like I'm put up on the stand and crucified every day by my co workers and my boss and my customers. Every day is a bad day these days. We are ALL burnt out. The technicians are tired of yelling at the top of their lungs through our crappy drive thru speaker the directions for Covid testing only to be treated badly by the customer when the lab doesn't report their results fast enough. Technicians don't have time to test, count, type, and answer the phone anymore. Pharmacists can't check prescriptions and give shots quick enough to be doing it safely anymore. I feel extremely overwhelmed every day. The patients are extremely responsive to the new recommendations for boosters etc and everyone wants one at the same time and no one has patience to wait the long wait they're not accustomed to have been waiting 3 years ago back before the pandemic. It's taking its toll on me, my entire staff, and the customer. We are no longer feeling like we are here to serve customers we feel like we are here to push shots and tests and make money for the company. The shift has gone from patient care to being the receiving end of the biggest money grabs. There is no encouragement and not much keeping us here anymore. I am happy to be paid and to be employed but no longer happy to go to work anymore. Everyone is burnt out. Technicians are quitting left and right and calling off and are no longer held accountable for coming to work or even being on Time because we are just that desperate for help. I want out of the profession but have no where to turn. I am qualified to be a pharmacist but not really any other job. The grass isn't greener anywhere else we are all just trapped here waiting to be saved and waiting for relief. There's no hope. There's nowhere else for us to go. We are just stuck in a perpetual abusive relationship with the public and the positive feelings of helping people to improve their health are just fading away. The wheels have fallen off and everyone's just drowning in sorrow and looking at their finances to see if they can quit or just go part time to lessen the verbal abuse by the public and to improve our mental health. Our mental health is reaching an all time low and a breaking point. I feel like we can't go on like this too much longer otherwise I'm gonna depend on my husbands salary in the non-healthcare field and I'm just going to become a stay at home mom and we'll just have to sell our house and lower our standard of living. I am not exaggerating. The pharmacy I work at still uses internet explorer which is obsolete and not secure and half the time doesn't work. I can't load the websites I need to do Covid tests or schedule Covid shots and half the time the internet is overloaded and I just stand there wasting precious time waiting for the internet to work WITH me and not AGAINST me. I am allowed a 30 min meal break at 1:30 but wish this was at 3 instead so it could split my shift in half. I wish I had rest breaks. I wish I felt supported when rude customers leave rude comments about me and I wish my employer would listen to me and believe me when I say I am the one being verbally abused every day. I've seen many of my fellow pharmacists quit and I see a mass exodus of RPh as well as techs. The techs that we hire don't want to work and just play on their phones the whole time. No one wants to work together and get the job done together. Everyone's blaming everyone. We've lost our way. What once was a rewarding career that I felt proud of has turned into just being verbally abused and see how tough my skin can get to let it roll off my back. I feel like the working conditions aren't safe anymore based on my level of stress. I make less errors when I have a positive attitude and outlook. I feel like I need to find a mental health coach or therapist. My family notices a difference in me. I desperately need a change. I've seen other states call for change and I am glad to see Ohio is working on something similar. I know a pharmacist dropped dead in Indiana on the job because she didn't feel comfortable just closing the gates and leaving and going to the emergency department to treat her heart attack. She died. I hope that this alarms everyone and the culture changes and the state tries to take care of us before it happens to more people. We live in constant fear that we'll be fired and replaced with a new grad who's paid half as much as us. It feels like the burden of giving covid shots rests solely on us. I feel like in some weird fantasy big box stores want it to be that way so we can make all the money. I feel like other healthcare workers like nurses and doctors offices and hospitals should share more of the burden of vaccinating the entirety of the public. We all hear about the push for provider status and for reimbursement for pharmacists but it's too much and we don't have enough resources. I feel like all my company cares about is money and it's the governments fault for paying out such a huge amount of money for these shots so of course that's the expectation is that I give all these shots. I also have a difficult time dealing with customers who are being forced to get the vaccine against their will by their employer and then come in and take it out on me and on my staff. They refuse to sign the consent forms but expect me to give the shot anyway. The multi dose vials are also an issue because hypersensitive customers want more "proof" of the vaccine they're getting Bc they don't trust pharmacists anymore to draw up the right shot from a multi dose. They want to stand nose to

Meeting Materials

nose with me and watch me pick up the vial and look at the words on the vial as their reassurance I did it right. I'm tired of being watched and questioned. I can understand their worry though now that we have 20+ Different vaccines that I give now. It's just overwhelming to have customers breathing on me and watching me and not trusting me like they once trusted me when all I did was put 30 tables in a bottle. I don't mean to sound like a complainer or over exaggerate, but, this is my life and other peoples' lives and we need to see a change for the better otherwise more of us will quit and there'll be no one qualified remaining to serve the public and ensure that they receive their life saving meds every day.

960	Techs should be able to become certified to immunize	11/18/2021 6:38 PM
961	Pay scale is a huge issue. Walgreens in Columbus, OH is only offering 75k starting for full time pharmacists while demanding so much from their pharmacists. Due to this I am in process of leaving and starting with another Big Chain. There needs to be a tech to pharmacist ratio in Ohio. No pharmacist should be left alone... EVER. There should be statutes discussing workload limits based on all the things pharmacies and pharmacists do in the workplace (Point of Care testing, CMRs, Counseling etc.).	11/18/2021 6:37 PM
962	While the company may say they allow pharmacists to take a 30 minute break every day, it's unrealistic for the pharmacist to do so based on the workload thrown at us	11/18/2021 6:37 PM
963	I feel that management does not realize how their actions and response to lack of staffing and the fact that they are sitting all day drinking and getting their lunch while staffers are barely getting to go to the restroom.	11/18/2021 6:36 PM
964	-tired of being lied to and berated by management, when they don't even make an effort to come into the stores to help. 1 person should not be tasked with completing 1,300 scripts plus vaccines and testing! - I have changed employers and cannot wait to start. Last employer refused to work with me to accommodate me or match what another employer was offering. Pharmacy managers should not be paid less then staff pharmacists! This goes to show the ludicrous thinking that is happening! They would rather lose all of their managers and pharmacists that have shown to be strong employees making the most income for the company, then pay them adequately and fix concerns that have been brought to their attention time and time again. These companies are turning this profession into a joke! It is sad when the patients are begging you not to leave and forming groups, yet your employer whom you've been loyal to, will not take the time of day to try and retain staff. Good luck with no staff and crippling supply chains. Peace Rite Aid!	11/18/2021 6:35 PM
965	I am moving to a different career, pharmacy will be contingent for the time being. The amount of times I have worked under huge amounts of stress that I bring home have shown me that it is. It worth it. I have many talents that I can use elsewhere to be much more successful. Pharmacy gave me a good start, I would never recommend anyone ever invest the time or funding to go into this field. Survey or not, everything is based on a spreadsheet, our value goes up and down everyday. I can make as much money driving a truck, and not worry about errors, and not have the stress associated.	11/18/2021 6:35 PM
966	I should be allowed to work, uninterrupted to provide the best patient care I can. I don't have time to provide thoughtful and impactful interventions or counseling. Often times I am giving shots to patients which takes away the ability to do any of that. I fear that I will make a mistake due to my inability to work uninterrupted as well as not being able to sit down, take a break, or eat during my shifts. My technician staff is also poorly trained and underpaid which leads to high turnover and perpetuates the issues. Please fix pharmacy. I felt so passionate about this career but the way we are expected to work is cruel.	11/18/2021 6:34 PM
967	I appreciate the fact that this survey was sent out. It shows the state is at least taking some interest in pharmacist workload and stress. It's a step in the right direction and I hope to see more response on this subject from the board in the future.	11/18/2021 6:33 PM
968	Companies need to compensate techs for the amount of responsibility they have and to attract intelligent career minded employees.	11/18/2021 6:32 PM
969	Corporations have taken over this profession and ruined it in many ways. The job of the board of pharmacy is to protect patients but if you don't protect the pharmacists from corporate greed you can't protect patients from human fatigue causing errors.	11/18/2021 6:31 PM
970	I appreciate the board taking this issue on. Look forward to seeing an impact.	11/18/2021 6:31 PM
971	I CAN'T HELP MY PATIENTS BY BILLING INSURANCE ON SCRIPTS BILLED BY CVS BUT	11/18/2021 6:30 PM

Meeting Materials

NOT FILLED- ALSO CANT GET COPIES FROM CVS BECAUSE THEY WONT ANSWER THE PHONE MY PATIENTS ARE TRANSFERRING TO MY STORE AND I CANT FILL THEIR SCRIPTS SO THEY ARE DOING WITHOUT THEIR MEDS

972	I believe with a strong tech staff all pharmacy would be much more satisfying. Often during times of stress in our profession I think we all feel that our salary has helped to make up for that stress. It has been a few years since we have had raises at my employer. This is frustrating but our technicians don't have that. The stress they experience is often not worth the pay. I think that is the reason many techs do not stay long term.	11/18/2021 6:30 PM
973	We have been doing up to or beyond 30 immunizations daily. Adding the pediatric vaccines onto our workload has been very stressful as they take up more time to complete. This in turn leaves our customers who pick up medications either waiting longer or without any type of pharmacist consultation before they leave our pharmacy.	11/18/2021 6:29 PM
974	Need double coverage at large chains or high volume stores. Can't do my job when I have to POC test, vaccinate, perform MTM, counsel, operational duties like returns etc. And still full prescriptions	11/18/2021 6:28 PM
975	We just need more tech hours. They have increased the hours to accommodate the boosters but it's still not enough. I'm lucky. I have a good store, great techs, and a supportive supervisor. Corporate thinks we're miracle workers though. We did recently start closing for lunch, which is great. Before that, there were no opportunities for breaks at all.	11/18/2021 6:28 PM
976	The volume of COVID-19 vaccinations administered without additional pharmacist help has put a tremendous amount of stress on myself and co-workers. I am physically and emotionally exhausted. The work environment in retail pharmacy over this past year has been horrific. I am only given a 30 minute lunch break but it usually begins late and I have to work during the break to catch up. This increase in workload is not sustainable. Please help pharmacists- our employers will continue to push for numbers at our expense. I have done close to 5000 COVID vaccines this year and I am still not hitting my IMZ budget because these shots are excluded. There is too big of a focus on hitting numbers in retail pharmacy and the well-being of pharmacists is never a concern of the employer.	11/18/2021 6:27 PM
977	The profession is declining. The quality of pharmacist is no longer there. I am flabbergasted by the mistakes I hear that colleagues are making and the bad reputation they are giving pharmacists. I won't even trust another pharmacist to give me or my family members vaccines because of all the errors. The only way I'd allow my family members to get vaccinated by a pharmacist is if I do it myself. Pharmacists are embarrassing our profession. I understand why other healthcare professionals do not trust us.	11/18/2021 6:27 PM
978	The state of retail pharmacy is terrifying. Short staffing alone is bad but it's coupled on top of Covid testing, vaccinations, rude and impatient patients, etc. Mistakes are inevitable. Patient care will continue to crumble. Pharmacists and techs are suffering and big box chains don't care. There needs to be pharmacist overlap, shortened hours of operation, and better compensation. Something has to give	11/18/2021 6:25 PM
979	I would not choose this career if I had to start over. I also encourage students not to choose this career. I work at lot of hours that I am not paid for just to stay on track.	11/18/2021 6:25 PM
980	I have been a pharmacist for over 25 years. This isn't just "waxing poetic" and the good old days. Heaping more and more responsibility on us without more help is a recipe for disaster. Do something. You're supposed to protect the public. Retail pharmacy is not a safe environment. Fix it.	11/18/2021 6:25 PM
981	As retirement age approaches I just hope I can keep going. Burnout is becoming more of a concern. I have begun noticing a decline in my ability to shift focus among the multiple tasks I am required to perform. I'm getting tired of the pace and the speed expectations of patients. I am fortunate that my employer allows the use of technicians for vaccination and I definitely feel the board needs to expand technicians ability to provide this service once PREP Act is no longer in force.	11/18/2021 6:24 PM
982	Retail pharmacy can not be a clinic have a clinic inside pharmacies to do immunization and Covid testing , rph needs to an rph not both	11/18/2021 6:24 PM
983	None	11/18/2021 6:23 PM
984	I believe the pandemic has altered, perhaps even permanently, the manner in which we	11/18/2021 6:22 PM

Meeting Materials

approach the notion of health care as a career. I am glad I am an older professional, with far less time ahead of me, as I would likely be attempting an ambitious plan to seek an alternative, non-patient based, form of work. I have other skills/education/licensure which I simply never committed much effort to pursue.

985	The amount of work we do atjy pharmacy is impossible in relation to staffing. We fill 2500 Rx per week do around 600 immunizations a week and 40 PCR COVID tests each day. It is imperative that we have ratios of pharmacist to technician ratios that are fair and more confusing to getting the job done in a safe and expedient manner. Lastly, the big box employers put a lot of stress on pharmacists and technicians and we aren't even allowed to voice out disappointment and dissatisfaction in a safe and constructive way. I don't believe our employer at the corporate level has our best interest at heart. I'm actively searching for a new way to practice pharmacy outside of retail because of this.	11/18/2021 6:21 PM
986	I do not think that expanding pharmacy technicians roles to include clinical responsibilities is a good idea. Pharmacy technicians do not have the same level of commitment to that workplace that pharmacist do. They tend to be transient and change jobs frequently. Additionally, their level of expertise varies and there's no way to standardize that.	11/18/2021 6:19 PM
987	Total lack of respect for the profession by employer and other healthcare workers. Profit more important than patient safety or care. Totally frustrating career	11/18/2021 6:18 PM
988	Left retail pharmacy 10 years ago due to stress and went to hospital pharmacy. Best thing I could have done. So answers to questions based on retail pharmacy experience and not hospital experince	11/18/2021 6:18 PM
989	I would advise students to make another choice	11/18/2021 6:18 PM
990	Workload changes causing stress this year was a result of construction in the pharmacy.	11/18/2021 6:17 PM
991	The 'profession' of pharmacy is no longer a profession. Hours cut, wage decreased, expected to do the job of 1&1/2 and if you complain... they just move a warm body in your place. I've personally witnessed this way too many times.	11/18/2021 6:16 PM
992	For technicians to take on more roles they need to get paid more I'm exhausted from giving shots and doing MTM that make money for the corporation and they pad their own pockets with, without sharing with those that do the actual work. People making decisions about how much work I need to do, sit in an office and are so far removed from the reality of real world pharmacy it's pathetic. I'm lucky if I get 1 bathroom break in a 12 hour shift. Let alone time to eat anything besides convenience food. Pharmacy metrics need to be gone. People that actually work in a pharmacy setting need to be the ones making decisions, not those on an office.	11/18/2021 6:14 PM
993	At my place of employment I have not personally experienced any issues with adequate pharmacist staffing. However there is a severe lack of technicians which then puts the pharmacists in the role of performing technician duties. This becomes more difficult as more and more responsibilities are placed upon the pharmacist including but not limited to vaccinations and clinical services. There are days where I as the pharmacist have had to perform data entry of prescriptions, fill and verify those same prescriptions all while also answering every phone call coming into the pharmacy, counseling patients and giving vaccinations. It has become such an unsafe practice and it is just a matter of time before a detrimental mistake is made. There should be prescription volume limits based on staffing, call centers to help answer phones, or clinical services only offered at locations with adequate additional clinical staffing. While I have never felt pressure from my employer to not take a bathroom or food break, some days it just isn't possible to be able to get everything done.	11/18/2021 6:14 PM
994	We need MORE technicians to share the work load. They don't have to do MORE individually.	11/18/2021 6:11 PM
995	The board NEEDS TO DO SOMETHING NOW!!! These retail pharmacy companies (Walgreens) only care about metrics & the covid money grab from the government. We are forced to work in unsafe conditions and cut EVERY corner possible and we're still drowning and I'm honestly SHOCKED patients aren't dying. The fact that this "follow-up" runs until 12/5 is so disheartening as I realize even the board (our last HOPE for rescue) is apparently moving at the speed of government—because something needed to be done many months ago! Walgreens has had at least 40 RPh's quit in the last 2 months or so just in our district and even more technicians ——all due to grossly unsafe workloads and only being given unskilled up-front help (if you're lucky) in support. These "techs" or designated hitters NEVER know what they're doing and only necessitate more supervision from us (which takes away even more).	11/18/2021 6:11 PM

Meeting Materials

They are ruining our profession and risking everyone involved for temporary profits (which they claim are so poor to begin with). PLEASE FOR THE LOVE OF GOD DO SOMETHING NOW!

996	This is a dead end career that I would recommend to absolutely nobody. Clinical pharmacists get all the perks (no nights/weekends/holidays) and higher pay while staff pharmacists do all the work. Management has no idea on operations, they are too busy defending the role and purpose of useless clinical pharmacists. Technicians are so short-staffed, EVERYBODY is burned out. There is no incentive for pharmacists to work holidays or overnights due to "exempt" status. In short: I hate this profession and it is the biggest regret of my life.	11/18/2021 6:11 PM
997	#pizzaisnotworking	11/18/2021 6:10 PM
998	Most of the time I work without a pharmacy technician because we are unable to hire people. Too many regulatory changes are in place regarding hiring technicians. Most are not compensated accordingly, at least in my place of employment. Companies do not care about employee turnover or working conditions. They are driven by GREED. Retail pharmacies are turning into clinics and we are expected to be clinicians in addition to our regular workload. Add MTM and CMR to the mix, immunizations, selling pseudoephedrine products, answering questions about absolutely ANYTHING because we are accessible, etc and we don't know which way to turn. We wear many hats but can't lose sight of the original oath we took.	11/18/2021 6:09 PM
999	Certified techs need to make more and do vaccinations.	11/18/2021 6:07 PM
1000	The workload was not evenly distributed among staff (ie same patient acuity 1FTE covered 15 pts 1 FTE covered 45 pts) caused me to leave previous job. When I only covered 15 pts I was so bored! When I covered 45 it was too stressful.	11/18/2021 6:05 PM
1001	I would never recommend this profession, it has been ruined by corporate greed. They say what we do is for the benefit of the patient but nothing is ever done unless they make a great deal of profit. I will leave the profession as soon as I can. It is a shame. I used to love being a pharmacist, but now it makes me physically ill to think about going to work.	11/18/2021 6:03 PM
1002	we have not had a lunch break at our hospital in almost 2 years since dealing with COVID. Multiple positions in multiple departments were eliminated when surgeries were on hold during the peak of COVID. Those eliminated positions never came back. We cant give the pharmacy technicians expanded duties when we cant even get people to apply to open positions for a technician. I seems a lot more hospital technicians left their pharmacy career then pharmacists have left. As a pharmacist for 34 years I have never felt so burnt out. I am still passionate about pharmacy and want to keep my patients safe.	11/18/2021 6:03 PM
1003	Competent technicians should be hired. That would be fair to the technicians who really work hard.	11/18/2021 6:02 PM
1004	Sometimes we have to work alone especially when techs call out which has increased in the last couple months. Techs are not lasting long due to the level of stress they have to deal with	11/18/2021 6:01 PM
1005	I am the owner/RPh of this pharmacy	11/18/2021 6:01 PM
1006	I have been in this industry for quite some time now and have never experienced the level of stress I have experienced in the last 12 months of my career. My team at my pharmacy have somehow managed to over come every obstacle placed in front of us to take care of our patients, but I feel we can not continue at this pace. We are frustrated and exhausted. We were not prepared nor equipped with the necessary tools to take on such an additional workload involving anything and everything Covid related. Not only have we taken on additional vaccinations and testing, the increase in call volume from patients with concerns and questions have significantly increased while our support staff continues to decrease. I do not feel that I am trained enough to administer vaccines to the younger age population (3-7) that we are now expected to vaccinate. We are being asked to work overtime to cover shortages to the point that I feel guilty taking my days off as off days. I feel that I am bringing my stress home and it is beginning to affect my family and personal life, which is unfair to everyone. I hope something changes soon to provide us with some relief, but I fear that it will not.	11/18/2021 6:00 PM
1007	We experienced so many cuts in our allowed hours that the workplace became extremely stressful. Now it is hard to find anyone to work. Every day is a struggle just to stay afloat. Recently, our district manager actually congratulated us on being able to keep our drive through open. Most places cannot due that due to lack of staff. I am in constant fear of making a serious mistake especially now with all the vaccines we are expected to give in addition to filling prescriptions while being short staffed.	11/18/2021 5:58 PM

Meeting Materials

1008	Metrics to increase profit should be illegal. Unrealistic metrics/workload puts patients in harm and terrible for pharmacist mental health. Laws needs to go in effect for everyone's health and safety. Workload needs to be realistic without pressure with ampule help. Pharmacy environment has gotten worse over the years and unbearable. Please do something. Example: my employer goal for me is to verify 100/hr. Increased Stress level and mistakes or under performance reviews lead to job termination. Can't win. Need laws and realistic expectations that don't lead to burn out.	11/18/2021 5:58 PM
1009	Survey should be updated reflective of pharmacists working in non traditional roles who do not provide patient centered services.	11/18/2021 5:57 PM
1010	On some of the questions regarding workload and understaffing, I would have marked worse than highly dissatisfied it that was an option. It is time for something to be done.	11/18/2021 5:57 PM
1011	I have been a licensed pharmacist for over 11 years, and I have worked in retail pharmacy the entirety of my career plus all four years of pharmacy school as an intern. I used to be passionate about serving those in my community and took pride in calling myself a pharmacist. I now cringe when strangers ask me what I do for a living and genuinely wish I had chosen a different career path. This breaks my heart, and to whomever is reading this, I hope it breaks yours a little, too, because this profession is shamefully failing it's members. Unfortunately there is still a part of me that is foolishly nostalgic for the good old days and so I stay, but I feel trapped in my current position by the lack of jobs/oversaturation of the field, corporate abuse of pharmacists, and drastically decreasing rates of pay. As a PIC, I am terrified of the amount of errors I see that ultimately fall under the umbrella of my name attached to the pharmacy. Errors have increased since COVID testing and vaccines came out because we are simply too overworked. Technicians do not get paid well enough to administer vaccines and testing, and their oversight as it stands right now is not adequate to exercise clinical tasks when their education does not allow for proper clinical training. Pharmacists do not have the time it takes to safely dispense medication, properly counsel, consult on MTM, train an entire staff which turns over at an alarming rate, administer tests/screenings/blood sugar/blood pressure readings, and give vaccinations (especially to children as young as 3 - the community pharmacy is not the place for children who require extra time and resources than we have available). I'd like to end with the toll this profession has taken on my body. I have no ability to step away to eat or use the restroom, and as a result have developed a fear of drinking too much fluid in an effort to keep my bladder empty. On a good day, I drink roughly one liter of fluid (this includes the coffee I bring to work). I suffer from migraines and dizziness from not being able to keep myself properly fueled 5 out of 7 days of the week. My body is in a constant state of 'fight or flight' and my anxiety while at work now follows me home. I have had to begin medication for depression and anxiety from this line of work and those medications have only been increased since COVID hit. I cry in my car as my heart pounds out of my chest while trying to muster up my 'happy face' in the parking lot before walking in to work. This is my every day, and I hate it.	11/18/2021 5:55 PM
1012	Insurance companies have too much control. They should not be able to tell patient's and their doctors what they can have filled and which pharmacies they have to use to get their best price. Every patient should have the freedom of choice and not be penalized. Corporate owned pharmacies need to be more focused on patient care and less on bottom line. Pharmacies should not be owned or owned by any insurance company or any pharmacy benefit management organization since I see that as a conflict of interest. When pharmacies were owned or run by pharmacists (that have actually worked in a pharmacy and still work the bench from time to time) and not Wall Street bosses it was actually a great career to be a pharmacist and you had time to know your patients and the health needs. Currently I would not recommend to a young person to be a pharmacist and feel sorry for those already pursuing it as a career. Also I believe that insurance companies were a major contributor to the current opioid crisis we have today since they were very liberal allowing early fillings of opioid prescriptions (usually 7 days early) or allowing patients to pharmacy shop (using multiple pharmacies and physicians for different opioid medications) when they had those records at their fingertips clear back in the 80's when insurance prescription drug coverage became popular. I know during my time as a pharmacist I had to many times be the bad guy and refuse fillings (early fills and multiple opioid prescriptions) and report potential miss use to physicians. OARRS has been the best aid to physicians and pharmacists to combat this issue. We still need to make sure physicians (esp. Orthopedics) to reduce possible future abuse and/or addiction to opioids. Yes, people experience pain due to illness, surgery, or injuries but now we have some physicians who are over prescribing and many under prescribing (afraid they will end up on a report for prescribing an opioid along with a muscle relaxer or anti anxiety	11/18/2021 5:53 PM

Meeting Materials

medication even though there is no history of abuse and they are the ones that can control refills.

1013	I work for Walgreens and conditions are unbearable currently. We do vaccine appointments which patients can schedule every ten minutes (during which they can schedule as many vaccines as they want to receive), plus we are doing covid rapid test appointments every fifteen minutes. Plus we have an increased workload of script volume. Our tech budget has slightly increased, but not enough to accommodate the extra work. Also, there are only two hours of pharmacist overlap each week; the rest of the time there is only one pharmacist on duty. I am entirely burned out and dread going to work each day. We are so behind in work, no one's prescriptions are done when they come and every patient is angry. The line is the drive thru is always wrapped around the building and the waiting room is full of people because we don't have the staff to run covid tests, give vaccines, help the drive thru, help the counter, and fill prescriptions. It's chaos every day, and god forbid someone call off or else we are totally screwed for the day. All I want to do when I go home is lay there. I don't even interact with my family. I haven't had a raise in over four years, not even when I accepted a manager position. I am trapped in this job though because of my outstanding student loans. Once they are paid off, I will absolutely be trying to leave this "profession" unless something drastically changes.	11/18/2021 5:52 PM
1014	I think we are all sick and tired and being asked how we feel and how are work conditions are with nothing being done about it. I think I speak for most pharmacist when I say our companies are mainly concerned about profits over most anything else. I haven't a raise in years. During this pandemic we have worked hard to stop it. I feel that we should be compensated beyond our salary for the role we have played !!	11/18/2021 5:52 PM
1015	For most pharmacists I have worked with in retail, many are not upset with their salary and would much rather take a pay cut in order to have additional help. The last year has seen a significant decrease in pharmacists in large chain retail and an uptick of duties and workload required of us. I work at a very busy location as pharmacy manager, doing over 4,000 scripts a week with only 2 pharmacists sharing a combined 120 hours a week allotted to us. I am expected to fill 900 prescriptions a day in addition to vaccines, inventory management, and staffing and cannot do so even if working 60 hour weeks. It is far beyond unsafe and something has to change before severe mistakes are made	11/18/2021 5:51 PM
1016	Technician to pharmacist staffing ratios need to improve to provide adequate patient care.	11/18/2021 5:50 PM
1017	There need to be laws that chains have to follow for staffing. We are filling 400+ scripts a day with only four techs and two hours of pharmacist overlap. That doesn't include the 30+ immunizations, phone calls, mtms, patient questions, doctor calls. It's insanely unsafe.	11/18/2021 5:50 PM
1018	At this time I have been telling prospective pharmacy students to stay clear of retail.	11/18/2021 5:49 PM
1019	I agree that technicians are capable of additional tasks such providing immunizations and POC testing, as long as our employer provides adequate training and subsequent staffing to back-fill these positions that take our high-performing technicians out of work flow, which we do not find to be the case. Drive thru COVID testing occupies a technician for 2-4 minutes. If they need to run the test on a POC machine it pulls them out of work flow for longer. Same with providing immunizations. It isn't so bad when you give 20 or less a day, but some of our stores are administering 40-50 every week day, from 30 minutes after open until 30 minutes after close. Appointments are spaced out every 10 minutes, which is difficult to maintain. And patients can make appts for same day as little as 30 mins out if there are open slots, so staff cannot rely on these gaps in appointments to get other things done. At stores that provide 40 immunizations per day that also requires almost another full-time employee just to process all vaccines so the other staff can focus on RX filling responsibilities. We have also been asked to staff offsite vaccination clinics for covid and flu without additional staffing hours provided to process the vaccines, and there was no process in place to hire and train support staff to send to these clinics to help immunizers process paperwork or to send to the stores to process paperwork afterwards, we were just told we had been assigned clinics and to figure it out. We are still personally being judged by metrics even though testing and immunizations have increased our hands-on time with these patients and pulled us out of workflow. It's not bad when it's only 3 months out of the a year for peak flu immunization season, but it's been 6+ months of high volume immunizations in store, not to mention the 5-6 months we spent going into LTC facilities to provide covid vaccinations to their staff and residents, which a lot of us did as extra on top of full time or close to full-time hours.	11/18/2021 5:45 PM
1020	I find myself being spread too thin as a night Hospital pharmacist. I am expected to do technician duties in addition to my pharmacist duties. Not enough support. No scheduled	11/18/2021 5:45 PM

Meeting Materials

lunch. I often see delay in patient care. Unable to leave at scheduled time. I am the only night pharmacist for a 180 bed hospital with three satellite hospitals. I have one tech. That spends most of the time outside the hospital pharmacy loading Pyxis machines.

1021	I work 13 hours some days and get what is supposed to be a 30 minute lunch break, which ends up being about 20 minutes. The break is hardly enough time to eat, additionally after that break I have 7 hours left in my work day with no time to take breaks or eat dinner. From the minute the pharmacy opens, I feel so busy and stressed that it's extremely overwhelming. We are expected to do the same volume of prescriptions and normal work, while additionally providing vaccines and testing. I am physically and mentally exhausted after working 13 hours, or a full weekend; so-much so that I have to spend the next day off resting and sleeping in until the afternoon. I am unable to enjoy my leisure time and so not feel like doing the activities I once looked forward to. The reason I say that I do not want technicians to do more clinical functions is that I don't feel that I am properly able to supervise them. As the pharmacist, I am responsible for everything being done correctly, I feel it is a liability to have a technician with no formal education or degree doing clinical functions. I also feel that it takes away from the integrity of the pharmacy profession. Regarding choosing a new career and leaving pharmacy all together, I desire to make sure that change. The barrier for me is that I feel I would have to go back to school to have credentials to do so. I am willing to take a large pay cut to feel safe in my career and also to feel satisfied and have a better work/ life balance. It's difficult because I am the bread winner and I need to support my family. Everything around work is adding to the stress that Covid is causing everyone. I fee that from taking to my pharmacist peers, they are feeling more a stress than their non-pharmacist friends, spouses, and families. I know that a lot of medical professionals are over stressed, but I feel that retail pharmacists are overly exhausted and overwhelmed to a point of depression, anxiety, and mental distress. I really hope that the pharmacy board can change some laws to require breaks, limit daily hours worked, and require more than one pharmacist when providing testing and administering vaccinations. More technicians per pharmacist doesn't help. We need more pharmacists, more breaks, and shorter hours. I want to love this profession again!	11/18/2021 5:45 PM
1022	It has to be one of the most stressful jobs there is.	11/18/2021 5:41 PM
1023	72 year old close to retiring	11/18/2021 5:41 PM
1024	Much of the increased stress/dissatisfaction is due to changes from covid. Increased vaccines, testing, constant new/changing procedures	11/18/2021 5:41 PM
1025	The amount of stress that pharmacists are under is incredible. The additional tasks with little help. The 8 years of no pay raise with above expectations ratings on performance reviews is enough to demoralize anyone. We have more pressure to perform from patients and management, more non-pharmacy related tasks, lack of support in difficult situations, decrease in pay and hours for new hire pharmacists. We get denied PTO because we are too busy but then we can't roll over the PTO to the following year	11/18/2021 5:40 PM
1026	.	11/18/2021 5:39 PM
1027	My company has offered a bonus and 1 time lump sum this year in lieu of a raise since I am "maxed out". At this point it's not about the raises- it's about work-life balance and the stress level. We continue to receive additional responsibilities with little to no additional staff as well as little to no additional training. The techs are overwhelmed, RPh's are overwhelmed & corporate just sees \$\$\$ all the way. We just need either more help or less responsibilities- it's impossible to continue to have both at a safe level!!	11/18/2021 5:38 PM
1028	I wish the board would require pharmacies to shut down for a meal break. We almost never have time to take a break with constant appointments. Some days that means no chance to even use the restroom. I don't feel it is safe to vaccinate someone every 10 minutes with very little pharmacist overlap with no scheduled breaks.	11/18/2021 5:38 PM
1029	I am a pharmacy manager for a big chain pharmacy. The working conditions have been so challenging that there is now a stigma to work with these pharmacies so there is a worker shortage. Hiring is an impossible task due to the cyclical nature of undesirable working conditions	11/18/2021 5:36 PM
1030	I'm very happy this is being looked into b/c in our current situation, it is insane to think about the job we are asked to do & the conditions in which we r being asked to do it.	11/18/2021 5:36 PM
1031	I plan to leave pharmacy after my kids are out of school regardless of my financial status. It is far too stressful.	11/18/2021 5:36 PM

Meeting Materials

1032	I want to explain that the reason I am committed to this career is because I owe so much in student loans. I love being a pharmacist for what it's supposed to be but these conditions are unbearable and I am miserable because of corporate greed. I am tired of completing these surveys with no change. Pharmacy is not what it used to be and this pandemic is destroying our profession. I am tired of these unsafe work conditions where customers do not understand what precautions we have to take to ensure their safety because "we just put a label on a bottle and it's not that hard" I am verbally harassed everyday by patients and corporate does not care. At least if I was being paid well I wouldn't be so sad but I am being paid so much less than my colleges because I just graduated a couple years ago and it is breaking me.	11/18/2021 5:35 PM
1033	Tired of company making money on Covid testing and vaccines, but we do not get bonuses based on this additional work. We may get temporary extra hours, but those also get taken away.	11/18/2021 5:35 PM
1034	The technology needs to better accommodate those that are getting older. We need larger fonts, we need better and more thorough training because we are not as computer savvy. Some of the bigger chains are giving lunch breaks 1/2 hour but that 1 break in a 12 hour day is not enough. We need to take breaks so we don't end up with uti's pregnant women need breaks so their milk supply does not diminish due to dehydration from knowing they won't get a break. Workload needs to account for having to bill multiple insurances sometimes and that the company's computers don't always work well, we are people, not robots!	11/18/2021 5:35 PM
1035	My company expects the impossible and is focused on profits not patient care.	11/18/2021 5:32 PM
1036	I hope this is anonymous	11/18/2021 5:32 PM
1037	Each outpatient pharmacy location at this time really needs its own dedicated pharmacist and technician to handle administration and intake of immunizations/paperwork/billing/verification of qualifications of each immunization, while another pharmacist and the rest of the support staff handles the dispensing aspects to ensure safe and efficient patient care on a daily business. Covid immunizations and regular immunizations have been reduced to a for profit administration fee priority and the dispensing aspect gets pushed to the wayside due to major slashes from third party reimbursements and discount coupon bottom line cuts to the pharmacies.	11/18/2021 5:31 PM
1038	We were finally given a lunch break. But I end up working the entire 1/2 hour just to catch up. The amount of work they expect us to get done in the amount of time we have is nearly impossible to do and 100% impossible to do at a safe pace. It just is. Patients will continue to get hurt if things are not done and sadly it seems nothing will be.	11/18/2021 5:31 PM
1039	The increase in quotas is absurd. Everyone turns a blind eye to the safety concerns that arise from increase quotas, decreased staff allowances, increased stress and pressure to do more more more. Pharmacy was a field that fought for respect and a place in healthcare over the last decades, yet we are systematically destroying and minimizing the field from the inside out thanks our large corporate employers treating us as fast food restaurants themselves. Not to mention, not even being financially comped appropriately for the rise in inflation alone.	11/18/2021 5:30 PM
1040	Retail pharmacist are being treated like robots. The companies we work for are trying to pump out as many test and vaccines possible without increasing staffing. We are doing 5x the amount of work as usual with the same staff and the same pay!	11/18/2021 5:29 PM
1041	I'm a new grad pharmacist, and although I absolutely LOVE being a pharmacist, I can't stand the insanely poor work environments that we are thrown into. All of the challenges and responsibilities that a pharmacist has in their daily tasks is already a huge workload, but then throwing short staffing and all of the COVID immunizations and COVID testing on top of it has been terrifying. More chances of mistakes to be made, and less time to counsel patients or actually help patients in need. As an intern, I used to love when patients would call and ask me medication-related questions or about recommendations at the counter. Now, as an already-burnt-out-pharmacist, I sometimes get stressed out or irritated when patients need to speak with me (as I have 1000 other tasks to be doing as well). Again, I love my job and love what I do, but I just wish we were treated better or given less workload. Why are we treated less than other doctors? How many doctors do you know that answer the phones, check voicemail, check fax machines, open/close their place of work, ring up customers at the register, deal with insurance, change their own trash, check in orders (such as warehouse/medications), give vaccines, administer Covid testing, etc all while doing the work they went to school for (ie, type in/verify/count/fill/check prescriptions)? Pharmacists do all of this every single day, which in turn always makes us the bad guys. No refills? Yell at your	11/18/2021 5:29 PM

Meeting Materials

pharmacist, not the doctor who writes the Rx. Prior authorization? High copay? That's the pharmacists fault, not the insurance. I hope one Day soon we'll see a world of pharmacy where we're treated better, and get either more help or less responsibilities.

1042	The restrictions on registered (non-certified) techs is really hampering the ability for hospitals to hire. Having a carve out for a hospital based training program on USP/ADMs would help improve staffing in that setting.	11/18/2021 5:29 PM
1043	Working at large retail chain raised my blood pressure and caused me a great deal of anxiety. I'm at a smaller chain now and it's better but many of the same problems remain.	11/18/2021 5:27 PM
1044	I'm putting in an extra 10-15 hours a week in unpaid overtime just to TRY and clean up my pharmacy so the next pharmacist isn't completely overwhelmed in the morning. I feel like it's only a matter of time before I seriously hurt somebody with a medication error. We have assumed clinical responsibilities when we don't have time to do so. I don't know why pharmacists have become the primary vaccinators responsible for taking care of the whole population. There should be another vaccinator (nurse/pharmacist/immunizing technician) on full time in order to handle all the extra work that has been put on us. We have no time to do our normal duties when faced with vaccinating 30 plus people a day	11/18/2021 5:27 PM
1045	The pandemic has amplified already existing challenges in many areas of pharmacy in very predictable but unfortunately harmful ways and it's just very tiring and discouraging to my staff.	11/18/2021 5:27 PM
1046	I feel like employers only offer breaks on paper to appear like they're being helpful while knowing that the breaks are non-existent. Since the pharmacist is allowed a 30 minute lunch break but the pharmacy remains open, customers still come for their prescriptions, inquiring about covid vaccines, and physicians still call and feel obligated to speak to the pharmacist so pharmacists are working throughout the entire "break".	11/18/2021 5:27 PM
1047	Recently taking time off due to all the workplace stresses listed above. Extremely burnt out.	11/18/2021 5:26 PM
1048	I voiced my opinion about running the rapid tests while doing my work and immunizations. It appeared in my performance review with Walgreens in a negative way stating that I refused to learn how to operate the test and that I need to be joyful and accepting with changes in the company that make me delay getting patients their medications. I will no longer get a raise with my company. I am extremely disappointed in this decision because I work very hard as a pharmacist. I work 80-90 hours per pay period to help them out because of staffing. The amount of error reports that I had to do on other pharmacists this past year has doubled.	11/18/2021 5:25 PM
1049	I've worked retail for 3 years of my career and now hospital for almost 3 years. The companies and healthcare systems do not care about safety complaints from staff when we are trying to prevent errors from occurring due to inadequate staffing/volume overload. They'd rather wait for errors to occur and handle things in a retrospective manner than invest in making the working atmosphere better to prevent errors from occurring. I was concerned I would harm someone in the retail setting due to the level of staffing and volume which is why I left. I couldn't sleep, my health was deteriorating, and I felt that I could make a potentially deadly error on any day. Giving dozens of shots and filling hundreds of vaccines with 100% accuracy is simply not possible in the current environment. It has only gotten worse in the last couple years from the conversations I've had with friends still working in retail. Hospital practice is a different animal but still quite stressful. We've gotten to the point where we're functioning with 2 less technicians at times than we need (partially due to the labor shortage) at times which then requires the pharmacist to answer all the phone calls, fill orders, check IVs, handle consults, verify orders, etc. I've started to contemplate if I'd rather leave the profession because I don't want to be responsible for the harm or death of a patient. The state board of pharmacy needs to act now to promote the health and well-being of the public, the professions, and the pharmacists that practice in the state. Anything less is a dereliction of the duty of the board that should result in every board member against change losing their positions.	11/18/2021 5:25 PM
1050	I have been fortunate to have capable staff but no additional help allowed combined with increased prescriptions and covid/flu/other shots is making me feel nervous to continue practicing. I don't want to hurt patients and the current situations retail pharmacists have in Ohio is a perfect combo for errors. I really wish we could have at least a lunch break by now. The burnout is feeling overwhelming at this point. I'm highly considering moving out of state to practice because other state boards have had these basic protections for pharmacists and techs for years. If Ohio won't protect the professionals so we can help people then we are risking harm which is against the oath I took when I graduated. Enough is enough. Ohio shouldn't be this far behind.	11/18/2021 5:25 PM

Meeting Materials

1051	Chain store pharmacy must change. It is not safe for neither the patients nor the employees. They destroyed majority of the independent pharmacies by pushing them out of business but they are not able to handle the workload. We need more independent pharmacies to take care of the patients in a proper manner	11/18/2021 5:22 PM
1052	I feel that covid testing and vaccines have put a tremendous amount of stress and extra load on our profession. I understand vaccinations are a big part of what we do so that doesn't bother me as much as the testing. I believe that should be taken out of the pharmacy. I'm sure someone could come up with other options to test patients, like pop up testing facilities that are run by nurses and pharmacists that choose to do that. There are days I can't even form a thought because I'm constantly running in and out of the pharmacy to do a vaccine. Also I feel like I may not be paying as close attention to details as I should be so that I can get everything done that needs to get done.	11/18/2021 5:22 PM
1053	If the technology was better at my big chain store, it would make life a lot easier. I like my employee benefits, but why not invest in central fill of prescriptions or utilize script pro to help count pills? I work at one of busiest stores in my district and I feel like volume is too much for one pharmacist to verify. I feel like a robot, not a provider sometimes.	11/18/2021 5:22 PM
1054	I work for a PBM and do not actively review or fill prescriptions. My job entails clinical knowledge and research	11/18/2021 5:22 PM
1055	Retirement can't come soon enough. Community pharmacists are on the front lines and we weren't eligible for Covid vaccines early in 2021. I had to wait for my age group. Sure is hard to encourage interns when the profession just isn't that great anymore. Good thing it pays well.	11/18/2021 5:21 PM
1056	Pharmacists are way overworked in retail setting which is causing a lot of stress and anxiety and burn out . Too much expectation and no appreciation	11/18/2021 5:21 PM
1057	We need provider status and more clinical work/diagnostic work in school. Need more work life balance.	11/18/2021 5:21 PM
1058	I like my current employer a lot and feel like they treat their employees very well. I did leave my last employer years ago though (a large chain standalone drug store) because their management and way they treat their employees was awful. They were way understaffed, and had ridiculous metrics they wanted you to meet all while filling hundreds of scripts and doing immunizations. They were all about the money and didn't seem to care at all about patient safety or employee satisfaction. I have at least 10 close friends or colleagues who have left that same chain for those reasons.	11/18/2021 5:21 PM
1059	Company says I'm capped for receiving raises yet the workload is more than ever. I guess I'm capped at doing more work or learning new tasks then. The company is a joke.	11/18/2021 5:20 PM
1060	Questions 10--While I feel safe voicing my concerns to my employers, I know they will fall on completely deaf ears. Corporate focuses on the least important metrics for patient safety and employee needs. I have helped at stores within my district at which I would NEVER have my medications filled for fear of errors. It is chaotic, understaffed, and most importantly UNSAFE. Question 16--Expanding technician responsibilities would be fantastic IF they are compensated appropriately. My employer does NOT see the value in a seasoned and experienced technician as they are seen as easily replaced. Techs are not paid their worth, nor are they properly compensated when they do achieve additional clinical abilities. For example, being vaccination certified garnered a certain dollar amount more per hour, but only in very specific situations and not during a typical work day, even if the technician administered vaccines.	11/18/2021 5:20 PM
1061	Employers are trying to do two to three times the work with less staff. I left a level 1 trauma center for a smaller community hospital for a better work environment and more time off (weekends) only to have COVID 19 happen and make that change progressively worse. When I was at the larger hospital, I wanted to quit the profession. I had a terrible boss that didn't care about her employees. The environment wasn't safe, staff was overworked, stress was through the roof and department morale was terrible. When I got to the smaller community hospital it was much better, and my boss is better, but then one of the staff members retired and wasn't replaced adequately. When COVID shut things down, my employer forced us to take low census and sent us home (I lost like \$15,000 a year in pay), despite an outcry everywhere else in the hospital system about employees drowning in work, stressed with the pandemic. And then I look at my colleagues in the retail environment and shudder when I see pharmacists filling 300-400 scripts and running flu/covid clinics at the same time - all with the same amount of staff or less. I used to work in retail at a 500+ script a day store that wasn't even doing	11/18/2021 5:18 PM

Meeting Materials

vaccinations way back then and didn't have a drive through. Nowadays, with this pandemic people just quit jobs or didn't go back to work after COVID hit. And now the vaccine mandate comes (I did get vaxed BTW) and people are refusing to get it, just quitting, not caring whether they lose their career in healthcare. I don't understand it. How do you go into healthcare not thinking you'll need to be vaccinated against diseases and viruses but still keep your job? You have to do that to keep other sick people safe. When is this going to get better? Add in the fact that pharmacy schools now want 6 years plus 1-2 years of residency and then board certifications so you can put a bunch of letters behind your name. Then add in \$300,000 in student loans. I had nearly \$60,000 25 years ago and I thought that was bad. Pharmacy has literally turned into med school. There are over 20,000 medications now and so many more in the pipeline. I can't keep up with all of it and feel burned out from information overload. But hey, don't forget to do your CEs and all the required hospital stuff for Joint Commission, COVID 19, etc. I get inundated with COVID 19 info emails daily. I don't recommend pharmacy to anyone who asks me now. It has provided me with a good income and nice home for my family, but the stress and health concerns it has dealt out to me and others make me wish sometimes that I had chosen a different path. I have friends I graduated with that have left the profession to do something they enjoy more. Sometimes I feel stuck doing what I'm doing because it pays the bills. There, I got that off my chest now. Thank you.

1062	Additional duties such as vaccines and POCT, Covid testing and services such as curbside pickup, rx mailing with decreased technician hours is leading to both technician and pharmacist burn out. The lack of appreciation and respect from the public is disheartening.	11/18/2021 5:17 PM
1063	I am a clinical consultant for hospice patients. I work remotely in a non-dispensing role. This is why I have little to no stress in my job.	11/18/2021 5:17 PM
1064	Need PBM reform at state and federal level	11/18/2021 5:17 PM
1065	I am not sure how I can express the tremendous workload that awaits me every day. My pharmacy fills 500-600 rx's per day. We have ZERO pharmacist overlap. We are giving covid vaccines, boosters, pediatric vaccines, regular vaccines. We are giving PCR covid tests in the drive-thru. All while trying to complete those 500-600 rx's. I do not have time to complete basic tasks like following up on prescriptions that need clarification. I do not have time to make calls to other pharmacies for transfers. Patients are waiting longer than they should for prior authorizations or medicare testing supplies simply because I cannot find time to make the proper phone calls. We are not equipped to be giving pediatric vaccines in our stores. We do not have a defibrillator. Our store has had several incidences where a child has fainted after a covid-19 vaccine. One child hit his head after fainting and required 4 stitches. Plain and simple our workload is not safe. We are not able to help customers get their medication in a timely manner because we are overworked. I have not had a raise in 6 years. I leave the pharmacy every day praying that I did not make a mistake. I do not want to harm anyone. This is no longer safe.	11/18/2021 5:17 PM
1066	Retired pharmacist	11/18/2021 5:15 PM
1067	The workload that has been brought on by Covid is basically unbearable. We have a high turnover rate and it's impossible to keep techs due to stress/not enough pay to deal with it. Therefore pharmacists only end up with people who can count and ring register. In a high volume environment, I have to keep up with verifying script data/dur/correct drug in bottle plus counsel on DUR plus call md if issues plus vaccines (and try to keep up with the perpetual information change) plus MTM plus handle insurance issues plus handle all patient drug questions plus try to train techs plus handle unhappy customers (because our staff is perpetually new) plus answer phones plus keep up with company emails plus sometimes count/put away order/ring register if call off plus handle staff drama because techs are getting frustrated. All at the same time sometimes. It's overwhelming. We need an adequate staff to volume ratio. Also, it's very difficult to think critically when you are pulled in multiple directions. I think techs need more pay and also schooling to do the actual role needed to take the heat off pharmacists.	11/18/2021 5:15 PM
1068	I very strongly feel patient safety is being compromised with pharmacy working conditions. I strongly feel if things do not change that catastrophic mistakes will be made. We are continually asked to do more and more with no increase in staffing and no increase in compensation. In fact, we have lost several of our loyal and extremely competent technicians due to burnout. They are not fairly compensated for the work they do, and can go work elsewhere and actually make a living wage. Not only are we having to take on an impossible workload, but patients are more rude and impatient than ever. I work 13 hour shifts and can't ever find time to step away to eat, use the restroom, or just take a breather. Every minute of	11/18/2021 5:15 PM

Meeting Materials

my shift is chaotic and I am constantly feel overwhelmed by the amount of work that needs done. I have extreme anxiety about going to work and have had to start taking medication to cope. I feel the corporate leaders turn a blind eye to what is going on in their stores and all of our complaints go unheard. If things do not change I plan on leaving pharmacy altogether. It is not worth the toll it has taken on my mental health and I honestly regret it ever choosing it as a career.

1069	The technician certification requirement of schooling has limited the pharmacy application pool we can get.	11/18/2021 5:15 PM
1070	Good compensation for the hard work and appreciation .	11/18/2021 5:14 PM
1071	I have reached out to my upper management about my stress and concerns. I have a very hostile environment from my direct supervisor. I have put in to transfer for my own sanity and they refuse to let me.	11/18/2021 5:14 PM
1072	Pharmacy schools charging too much in tuition with the decrease in pay discourages people from pursuing pharmacy as a profession. Also, there are too many pharmacy schools. Walgreens wants me to quit so they can hire someone at less pay. Why would you want your most experienced people to quit? To lower payroll. That is so demeaning to me. They don't value me, only see me as a cost on a spreadsheet.	11/18/2021 5:13 PM
1073	Absolutely no way should vaccinations be included in workflow process. It needs to have a dedicated vaccinator. Too many disruptions equal more chances for errors to occur.	11/18/2021 5:13 PM
1074	government employee work in specialty clinic no technicians	11/18/2021 5:13 PM
1075	This job, in order to relieve myself of a lot of the stress, requires me to work an extra 6 - 10 hours per week, often unpaid, just to try to keep up. Being the manager, it means that if something isn't being done, it will eventually fall on me. The added pressure of having a scheduled vaccination every ten minutes all day long, 12 to 14 hour work days, no pharmacist overlap, and no option for time off really has me looking to leave the retail field altogether and maybe pharmacy too. I have retained the services of a job hunter and am looking into other professions as well. My family notices a change in me on days when I have to work. I am always preoccupied handling matters over the phone at home or by text. There is just no break and I feel it is having severe consequences on both my mental and physical health.	11/18/2021 5:13 PM
1076	I brought up conditions last time upper management visited my store. My evaluation was downgraded to "needs improvement" and it was stated in my review it was mostly because my district manager was talked to about my "disengagement" by said upper management and he didn't like having to deal with it. They visited while I was doing my regular duties and COVID vaccines. We are supposed to have an open door policy and in 25 years I've never had someone retaliate like that. My review went to a 2.9 and only 3 and above got raises. I don't feel like I can bring up any concerns at all anymore.	11/18/2021 5:12 PM
1077	I stepped away from my full-time pharmacist job a few years ago because of the stress and related health issues that I was having. I was asked by my former boss to help out a few hours per day and a few days a week which I've agreed to. I can't work more than 3 to 4 hours per shift and more than a few days a week, otherwise I would get anxiety. Not worth it.	11/18/2021 5:11 PM
1078	I work most days with no technician at all. Plus do shots. Go to the restroom once in 11 hour day. No pay raise in Atleast 5 years.	11/18/2021 5:10 PM
1079	Too many responsibilities with no additional help over the past year or more has made my work life more stressful than ever. I have been with the same company for over 25 years. With more expectations and less help safety is an issue . Customers are less patient and are treating techs poorly. We do the best we can with what we have , but it never seems like it's enough. It's tough right now in pharmacy...	11/18/2021 5:10 PM
1080	Due to Covid testing and immunization, the responsibilities of a pharmacist have increased more than three fold, but without a corresponding increase in manpower support or additional time to complete the work. On the contrary, pharmacy tech support has been drastically reduced.	11/18/2021 5:09 PM
1081	Chains should be regulated on the ridiculous workload they expect from their pharmacists and the number of tasks placed upon them and ridiculous metrics which don't contribute to patient care or safety.	11/18/2021 5:09 PM
1082	The biggest impediment to providing truly safe patient care is the company itself, due to	11/18/2021 5:09 PM

Meeting Materials

ridiculous metrics, superfluous demands that take away from verification time, encouraging poor behavior from patients by rewarding their bad behavior and chasing every last dollar to the detriment of patient safety.

1083	I love working for my independent pharmacy. I would leave pharmacy altogether rather than go to a chain like CVS or Walgreens. I am very lucky but I feel bad for those who are stuck working for chains with inadequate staffing or other issues. The only thing that stresses me about independent pharmacy is the low or negative reimbursement from pbms and the struggle to keep our doors open due to that.	11/18/2021 5:08 PM
1084	I feel that due to the requirements for certification of pharmacy technicians with substantially unmotivating compensation, we have had rapid turnover or have been unable to secure enough pharmacy technicians to staff our pharmacy. I have actually feared for the sustainability of our department within the facility and in turn the closing of the entire facility secondary to being short staffed. I am unable to achieve my career goals and do not foresee a change in the near future because I have had to take on more tasks or provide coverage for positions that I am over qualified for.	11/18/2021 5:08 PM
1085	Thank you for taking the time to ask us these questions. Our profession is heading in the wrong direction. I think government needs to do more to entice people to get back to work, better educate the public about Covid-19 and recognize pharmacists more as frontline workers during this pandemic.	11/18/2021 5:07 PM
1086	Technicians, and lack thereof, is a huge problem. They have so many hoops to jump through- CE, registration, certification and the low salary makes it impossible to keep good help. Quality of pharmacist coworkers has dramatically decreased in the recent years as well	11/18/2021 5:05 PM
1087	Pharmacy technicians are essential to the success of this profession. However most choose not to make a career out of it. Mostly due to pay structure. Also feeling too much clinical responsibilities have transferred to the retail setting adding additional work load and stress!	11/18/2021 5:04 PM
1088	The staffing shortage is indirectly due to Covid and Emily's Law combined. Although good intentions, Emily's Law cripples pharmacies during the hiring process. If we are lucky, a technician leaving gives 2 weeks. A technician getting hired, takes at least 4 weeks to get into the pharmacy. With pharmacy reimbursement decreasing steadily, wages in other markets (ie, fast food, retail sales, non-skilled positions, etc) are increasing. This competes with pharmacies, and is diminishing care. Including care to ourselves. Middle aged and older pharmacists have are constantly reminded how expendable they are becoming. So we don't want to miss work. We stay late, go in early, and are consistently not getting paid for working through breaks or lunches. If you chose to not work during those times, things get exponentially worse. And that doesn't even begin to address that we are supposed to be making informed decisions regarding dispensing these medications, with less and less time. More time is given to vaccine administration. I'm all for it. But everything on the bench suffers during that time. Picture that, then having to do it all over again the next day. And you're lucky if everyone scheduled for the day decides to show up, and even perform half decent. And they know it. It's just a bad time for healthcare, and the people that suffer are us. Everyone. My doctor stated the same thing. Personally, I have only taken 1 vacation day this year. I've worked extra too. I just took my first days off because my blood pressure is starting to get out of control. In the end, I see wages going up for unskilled technicians, my workload increasing, and very little in return here. My wages aren't going up 25%. I was lucky to get \$.50/hour last year. Here's what Pharmacists need: mandatory time off, skilled technicians (how about expanding the role of lead technician, a step above a technician, but the direct assistant to the pharmacist), streamline the process of the drug tests and background checks for technicians to make it easier to hire. Maybe a pharmacist union. Or if the BOP would back Pharmacists like a union. Thank you for reading my rant. I hope whoever reads this can gather something positive from my comments.	11/18/2021 5:04 PM
1089	I'm afraid every day that I will make a mistake that could harm a patient. It is not possible to safely review all prescriptions dispensed with current staffing levels.	11/18/2021 5:03 PM
1090	Regarding hospitals, our state needs to set a minimum pharmacist and pharmacy tech staffing budget variable by census, especially for smaller hospitals. A lot of smaller hospitals, rehab hospitals, and LTC staff at 50% less than large enterprise counterpart.	11/18/2021 5:03 PM
1091	The dramatic increase in pharmacist workload as a result of COVID-19 vaccinations has increased the stress in my workplace exponentially. Short staffing and significantly more work tasks makes for difficult days. My chain is great about allowing adequate tech and pharmacist	11/18/2021 5:02 PM

Meeting Materials

labor hours, but we can't keep staff due to high turnover as a result of burn out. I make a good salary but haven't seen any extra incentives as a result of all the extra work due to Covid 19 vaccines which I know are making my company millions.

1092	We are getting killed with vaccines and testing!!!	11/18/2021 5:01 PM
1093	Could not answer 7 appropriately because there are no predetermined ratios that we are required to abide by. There SHOULD be, and with the right ratio, could help ease the burden we are all experiencing	11/18/2021 5:01 PM
1094	The length of time it takes from interview to having a new hire work in the pharmacy is a significant challenge . Average time is 3-4 weeks from job offer to orientation. Background checks take too much time to validate. We work in a digital age and offere could easily be made conditional upon final results to allow technicians to begin basic training once the initial background response is received. Should be able to start in less than 1 week from the time fingerprints are taken.	11/18/2021 5:00 PM
1095	The pharmacy, especially over the past two years has become extremely unsafe for both the patients and the pharmacist. This is mostly due to short staffing, under trained technicians, increased vaccinations, and increased distractions. I left my previous employer, a large chain pharmacy, a year ago because I had a needle stick due to all of these issues.	11/18/2021 5:00 PM
1096	In chain pharmacies there are very few older RPh on staff. The new pharmacist is eager and has not yet experienced the hell so willing to hang on a bit. But the workload and expectations with little help is ridiculous. Older pharmacist get burt out and leave, figure out a better place to be, or get fired because they are older. I was fired and felt age discrimination. After 43 years with CVS I was finished, time to retire. ENOUGH The way pharmacy is today I would not recommend the profession to our young. Sooo sad. I hope you are able to help make pharmacy a great professional choice once again.	11/18/2021 4:59 PM
1097	I am thankful to be in Long Term Care. I was burnt out in Retail where stress increased exponentially over my career. Almost every day was extremely busy from start to finish. Establishing patient relationships became a thing of the past sadly as that was one of the most rewarding parts. The almighty dollar now reigns supreme and seems to be all that matters. I feel sorry for Retail pharmacists.	11/18/2021 4:59 PM
1098	-There should be limit to number of vaccinations given by any individual pharmacist per a 8 hour shift. -Wish we had this survey many years ago -I really love my job as a pharmacist and helping patients but pressure, metrics, overload with vaccinations is seriously going to hurt many of our trustworthy patients someday if state board do not step in and take adequate steps to protect pharmacists from making mistakes. -Giving adult covid vaccines, pediatric covid vaccines, flu vaccines, other prevenative vaccines on top of our actual work seriously compromises patient care.	11/18/2021 4:59 PM
1099	PBM regulations would allow independent pharmacies to hire more help. Both pharmacists and pharmacy technicians would benefit	11/18/2021 4:58 PM
1100	The board of pharmacy should take steps to ensure that a pharmacist does not work 12 hours shift by themselves. Without breaks or overlap patient safety is on the line every day.	11/18/2021 4:58 PM
1101	If technicians take on more responsibility, the pay should increase accordingly. Mandatory breaks (for pharmacists) would be so nice	11/18/2021 4:58 PM
1102	Over the 35 years of me being a pharmacist..... sadly the profession has been going downhill. Less pay. Less help. HUGE increase in workload	11/18/2021 4:58 PM
1103	If techs have been authorized to give Covid shots why can't they give flu and or expanded shots in Ohio ? Ready when promised should never be a metric allowed by a pharmacy.	11/18/2021 4:58 PM
1104	I have worked over 40 years. Workload has always been an issue. I doubt it will ever change . OBP usually does not get involved in workload issues. Look at the members of the board. Usually all managers. No staff pharmacists. Board takes side of big chains and ignores workload issued Remember the board attempt to Limit couponing ? Did not last long Flipped back regardless of stress on pharmacists.	11/18/2021 4:58 PM
1105	please help us....!!!! so so stressful at work...had to see cardiologist for heart palpitations!	11/18/2021 4:57 PM
1106	I feel independent pharmacy care and benefits for patients far outweigh the the stress and required metics the large retail chains and grocery store pharmacies expect	11/18/2021 4:57 PM

Meeting Materials

1107	Boards of Pharmacy have looked the other way and chains are literally killing pharmacists	11/18/2021 4:56 PM
1108	Our biggest workload/stress related challenges in LTC is the inability to fill technician positions, the additional burden of COVID vaccinations, and the enormously short staff nursing homes and the large amount of agency staffing in nursing home. The BOP needs to focus on the workload and staff rations in the chain pharmacies. The Board of Nurse and ODH needs to step up and start citing these individual nurses that don't care. The workload is unrealistic and not safe. The BOP needs to get out of the pockets for the chain drug stores and start acting in the best interest of public safety and that of pharmacists and technicians	11/18/2021 4:56 PM
1109	I don't mean to play the blame game, but big hospital systems and major drug retailers have been forcing us to "do more with less" for years and years now. This is not a new problem. I am hopeful the board will take a very patient safety first approach to this. Also the fear of repercussions from employers for being the squeaky wheel is very real. I have personally seen several employees fired for squeaking a tad too loudly about the abysmal condition of the workplace, and labor law violations. CVS commits labor law violations left and right, please look into them. I can tell you as an ex-employee you won't have to look very hard. They used to deduct lunches from my pay and force me to work through them.	11/18/2021 4:55 PM
1110	I recently stepped down from my job and left my previous large standalone chain employer due to excessive stress impacting my physical and mental health. I was too afraid of being distracted and making a serious mistake that could cause patient harm or lead to action against my license. Where workloads used to be unsafe they became entirely unmanageable this year. I was experiencing chest pain and tightness and was borderline hypertensive, all of which has resolved since leaving my position. I had to start taking an antidepressant because of my job. I only ever wanted to put my patients first, but under those continued work conditions eventually I couldn't sacrifice my own well being to do so anymore.	11/18/2021 4:55 PM
1111	Just keep putting more tasks on us with no additional time. Concerns with lack of prescribing requirements for opioids, but falling on pharmacists to fill/reject meds causes tension with the offices. The acute/initial rule has been a blessing, putting in prescribing limits is straight forward	11/18/2021 4:55 PM
1112	I already left the field 10/1/21	11/18/2021 4:53 PM
1113	The pharmacy career I chose 40 years ago is nothing like it was the first 30 years. I do NOT enjoy being a pharmacist anymore due to the stress, lack of help, and push of employers to make \$ vs taking care of customers/patients not to mention all the extra duties with no additional staff added	11/18/2021 4:53 PM
1114	I do not directly provide patient care and early interact with patients or providers as part of my role.	11/18/2021 4:52 PM
1115	The volume of vaccinations alone takes 1 pharmacist an entire shift leaving only 1 pharmacist to do the work of 2. With the number of 3rd doses recommended and now child covid administration in the works, there is just no end in sight.	11/18/2021 4:52 PM
1116	I fear for the mental health of the pharmacy community. One can only take so much stress, so much work, so little help, all while receiving so much verbal abuse from the public and other healthcare professionals. I worry about patient safety every day. It's not a matter of if but when major errors will occur in this type of environment.	11/18/2021 4:52 PM
1117	Pharmacy techs should never have any clinical responsibilities. They are not trained to complete clinical task and should never been involved with these tasks. There are plenty of pharmacist available to work and pharmacies need to increase their pharmacist staffing to take into account increasing clinical workload. Pharmacies need to stop being cheap and invest in quality care not the largest quantity for the lowest price.	11/18/2021 4:52 PM
1118	Working conditions at CVS are very unsafe. Leadership has created an unsafe work environment and putting customers' safety at risk by constantly decreasing the amount of technician hours in the pharmacy. This has led to high stress levels and an increase in technician turnover. Most CVS pharmacies that I have worked in cannot do simple tasks like outdates due to staffing shortages. Staffing shortages were mainly the fault of CVS cutting hours are increase the stress levels of our technicians.	11/18/2021 4:52 PM
1119	I hope to be done in the next 5 years. If I was younger I would be looking for a new career but right now feel it is too late to change career paths.	11/18/2021 4:51 PM

Meeting Materials

1120	Workload and demanding metrics plus staff shortage is the main problem. Retail pharmacist pay should definitely be increased by at least 15%	11/18/2021 4:51 PM
1121	I work in PBM and its not much better. Making decisions based on how much time I have to get a case done short changes the member. Either I work longer on my time and do what's best for member or I make a decision on a PA that gets me out the door on time even if it means the patient can't get their medication. It's slowly moving to the latter bc its sacrificing my life for theirs.	11/18/2021 4:51 PM
1122	Would greatly benefit from higher pay for pharmacists and techs. Better tech hours and benefits may help us keep our good techs longer. Covid testing and shots without any additional help have been a major source of stress. Customer service has gotten more challenging as people become more rude and less understanding about the stress and pressure we are under. I enjoy retail pharmacy but the customers expect us to be like a fast food restaurant and corporate just cares about numbers. You know there are serious problems with the field when large chain retail stores are randomly closed multiple days a week due to staffing shortages because there aren't enough pharmacists. Retail pharmacy is a great career, but it shouldn't make us go home hating our lives. Serious changes need to be made (and not just pushing more work off to the techs) both on our expected workload and the way the public views us.	11/18/2021 4:51 PM
1123	Thank you very much	11/18/2021 4:50 PM
1124	I wish there was a minimum pharmacist to pharmacy technician ratio law to force big chains to staff more pharmacists. Like they do with nurse to patient ratio in the hospital. Except with cvs the reverse would happen and they would just cut the technician hours. The only thing that keeps me going is my schedule which allows me more time with my family than another career would and still make a good living. I never thought I would be one of those pharmacists in it for the money, and now I feel like a sell out because I am. It's a large amount of student loan to pay back.	11/18/2021 4:49 PM
1125	Good survey	11/18/2021 4:49 PM
1126	At the time of survey completion I have resigned my current position and will be taking a similar position at an outpatient pharmacy at a local hospital with a much lower volume, no corporate expectations, and similar pay. The working conditions the last 18 months and slow to little reaction on behalf of corporate caused me to leave my position of 14 years.	11/18/2021 4:49 PM
1127	I would love to see technicians have expanded roles but right now there are not enough to staff at hospitals (especially due to all new BOP requirements)	11/18/2021 4:49 PM
1128	Just like doctors in their offices, who are also medical professionals have lots of help from schedulers, medical assistants, nurses, pharmacists should also have extra help for checking in, billing, customer service, etc.	11/18/2021 4:49 PM
1129	Very much stressful these days. Definitely short staffed! And the pay rate being offered is still the same despite all the additional efforts we are putting in. Walmart!	11/18/2021 4:48 PM
1130	Expanding technician clinical responsibilities will only exacerbate the technician shortage. It will not solve the Rph stress issues. Pharmacists are not stressed due to a pharmacist shortage, but rather the tech shortage. So expanding technician clinical scope will only make things worse, while providing no real value to patient care.	11/18/2021 4:48 PM
1131	These are terrible times for pharmacist across the United States. Customers are very rude and the tasks are a lot for one pharmacist to perform. Not taking lunch or breaks should be a violation of our fundamental rights.	11/18/2021 4:47 PM
1132	The profession of pharmacy and the stress we are under is completely unrealistic and defeating and with no end in site. Horrible and sad what expectations have been placed on our profession with little help	11/18/2021 4:46 PM
1133	Just getting burnt out with no end in sight just more demands and metrics clients no longer primary concern	11/18/2021 4:46 PM
1134	I feel like the profession is dying. The big three national chains cvs, Walgreens, and rite aid have squeezed their employees to the breaking point.	11/18/2021 4:46 PM
1135	While I realize that change is inevitable, my career as a pharmacist is unrecognizable from 25 years ago. I have always worked for the same company. I have been a loyal employee but I	11/18/2021 4:46 PM

Meeting Materials

feel that they would love to get rid of me in favor of hiring someone younger and cheaper. They say they care about patient health but it's really all about the money. Pressure to do more and more with less is a daily reality. Counting the years to retirement, I hope I make it.

1136	Staffing issues and increased workload are the main causes of stress at my job right now. We are filling 5000 scripts a week and are now also providing hundreds of vaccines as well. We are lucky to have 3 technicians a day. Increasing pay for our technicians would easily fix this problem but corporate will not do it.	11/18/2021 4:46 PM
1137	Technicians need more pay and development opportunities.	11/18/2021 4:45 PM
1138	You all really don't give a crap about this stuff. I called once with these concerns and was told (this is a quote from your staff) "our job is to protect the public, pharmacist work conditions are not something we are concerned with"	11/18/2021 4:44 PM
1139	I have COVID testing every half hour. I have to perform tests in a room separate from my pharmacy. I leave pharmacy several times per day to perform tests but this is acceptable. I have flu vaccines and COVID vaccines every ten minutes. I also have other vaccines, such as Shingrix or Boostrix, appointments scheduled at same times as flu and COVID vaccines. I have no pharmacist overlap. I have no technician to help with vaccinations. I am expected to answer phones by third ring and meet all prescription wait times printed on leaflet. Many times at night I work alone with no technician. My vaccine appointment are as late as half hour before I close. I am expected to keep up on all current emails. I am expected to make daily calls to patients in excess of sixty patients per day. Feedback from management only questions why COVID testing numbers are down or why phone is not being answered. Management only cares about feeding their own monetary bonuses and are disjoined, disdainful, and detached from day to day workings at my pharmacy. Technicians are leaving; good, faithful technicians are leaving. I placed note on my drive thru window that apologized for not having staff to meet service our customers deserve. Professional organizations want my membership money but I hear nothing to help the plight of pharmacists. I am asking our board to please help small, little, poor pharmacists like me. This work load is dangerous. I am being forced out by not meeting those phony metrics that only advance management's suit pockets and career advancement. I am not able to speak out and just last week my beloved mentor pharmacy manager left career early at 51.	11/18/2021 4:44 PM
1140	More adequately trained technicians/pharmacists would make a huge difference. With the current environment, new employees (pharmacists or technicians) are not given the opportunity to be adequately trained. There is not enough time to dedicate to that with all the additional responsibilities with covid testing/vaccinations/off site clinics. That creates a cycle of constant turnover because recently hired employees are not given the opportunity to succeed. Somehow this cycle has to be broken. Companies can say we are provided enough labor hours to complete all tasks, but without competent employees to work those hours, it is an empty gesture.	11/18/2021 4:44 PM
1141	Due to my inability to adequately staff my department with pharmacy technicians for over a year, and the resultant stress, I have retired. I was a Director of Pharmacy. There is a serious technician shortage which impacts all of the pharmacists who have to work without tech support.	11/18/2021 4:43 PM
1142	Adding pediatric doses is not safe in 400 per day plus 50 plus vaccines per day store that is short staffed	11/18/2021 4:42 PM
1143	Finding quality candidates who want to work at a technician wage is very challenging.	11/18/2021 4:42 PM
1144	Workload keeps increasing while our tech help keeps decreasing. The company will give us tech hours, but we don't have techs to fill them and the training process takes way too long. All the extra immunizations are especially taking a huge toll on the time we have for workflow.	11/18/2021 4:41 PM
1145	These surveys are not anonymous, FYI. A court can very well require you to identify your comments under oath. Fun fact. So, no comment.	11/18/2021 4:41 PM
1146	Before adding clinical duties to techs, there needs to be standardized training and testing. Not all techs are capable, but others would be better than some pharmacists.	11/18/2021 4:41 PM
1147	I have been a pharmacist for over 30 years . I have never been so overworked and understaffed and burnt out as I feel currently! Patient safety is at stake !	11/18/2021 4:41 PM
1148	You cannot increase duties of pharmacy technicians without providing more technician hours	11/18/2021 4:41 PM

Meeting Materials

to begin with. Technicians are overworked too, so you can't have them learning even more responsibilities, especially clinical ones. That is a recipe for disaster.

1149	My mental health is currently the worst it has ever been due to stress from my job. It is bleeding into my relationships at home with my husband and kids and I am so stressed about thinking of possible errors, even when I'm at home.	11/18/2021 4:41 PM
1150	The Ohio Board of Pharmacy should be ashamed of itself. It took you all this long to advocate for pharmacists???	11/18/2021 4:40 PM
1151	I am blessed to work for a small chain, but I know so many of my fellow pharmacists that are almost at the end of their capacity. The environment in the big chains was awful 7 years ago, and I felt it was unsafe and putting patients at risk... but it's gotten exponentially worse. Please do something to restrict the number of scripts/vaccines/tests per pharmacist hour. Almost every other healthcare field has safety limits clearly laid out... why don't we? Why is it the norm to work 12-13 hour shifts with no breaks? And often be verbally told/expected to work "off the clock" in order to even come close to getting caught up?	11/18/2021 4:40 PM
1152	It's definitely crazy-town right now. Vaccine mandates, patient loads, etc. I love it and am thriving, but this is not for everyone and many on my team are not even remotely happy.	11/18/2021 4:40 PM
1153	Please address the constant pressure to meet metrics. That puts tremendous pressure on pharmacists. Reimbursement from insurance companies are terrible and this is a big part of the problem. Pharmacies should not be required to fill prescriptions at a loss. This needs to be addressed before companies can realistically improve working conditions.	11/18/2021 4:40 PM
1154	I am not for tech check tech if that is what question 16 is about. I am for allowing technicians to be a larger part of pharmacy workflow and patient interaction. I love pharmacy, but all of my negative comments on this survey are a direct result of PBM abuse and over reaching audits that are picking on minor clerical errors. We serve the best interest of the patient, if the PBM's want to tax us out of business with DIR fees and senseless audits, then I am not going to continue to be a pharmacist owner much longer as the return on investment for my health and wellness is not worth the reward of successful patient outcomes for a service paid under cost.	11/18/2021 4:40 PM
1155	The board of pharmacy needs to do something with corporate companies to ensure increased pay wages for the technicians that make our job as pharmacists even possible. Enough is enough.	11/18/2021 4:40 PM
1156	I have not received a raise in the 6 years I've been a pharmacist and have basically been told by my company not to expect one. I have more things to do including testing and vaccines (at times over 60 a day with 1 pharmacist 1 technician while entering 300 scripts). I am told by management other stores have it worse at 400 or 1,000 plus scripts needing to be filled so I shouldn't complain. I am scared of how many mistakes are occurring because of lack of staffing and pharmacist workload, patient safety is definitely at risk under current conditions.	11/18/2021 4:40 PM
1157	Current employer refused to pay actual hours worked. They only pay for the duration of pharmacy open hours.	11/18/2021 4:40 PM
1158	The profession of being a retail pharmacist has become incredibly stressful and disheartening over the last several years. Big chain retailers have continued to decrease hours in stores and pharmacist pay rates. This in combination with low technician wages has created a hostile environment in most stores for employees. The public has also become more rude and aggressive since the start of the pandemic and seems to have no inclination as to the issues that are currently enveloping our stores. Medication errors are happening in increasing amounts, while it is taking longer and longer to even fill prescriptions due to staffing issues at most locations. Unless something changes, being a retail pharmacist will be an almost unlivable profession very soon. Most of us are already dealing with depression and anxiety stemming from the stress we are incurring at work. Something must be done to protect pharmacist and technicians so that we can properly care for each of our patients and customers. Right now it feels as though the corporations don't care about employees or customers as long as money is still being made.	11/18/2021 4:39 PM
1159	all retail pharmacies should be able to close for lunch. Also, were I work, you can ask for "outside assistance" from a central processing center to help type up and check prescriptions. However, when you ask for help from them, they deny you help because other stores are busier than yours. If you are lucky enough to get help, you are only helped up to a certain point. You could have 100 prescriptions to check for the next day but will not get help because	11/18/2021 4:39 PM

Meeting Materials

they are not technically overdue. That does not help the problem because they still need to be checked and filled before the next day. Not always realistic.

1160	The time has come for the State of Ohio Board of Pharmacy to follow through with their mission to protect the public by ensuring that pharmacist working conditions are appropriate. Enough is enough.	11/18/2021 4:39 PM
1161	With COVID, a tremendous amount of stress and workload has increased the responsibility and workload of our jobs. I currently work 12 hour shifts as a lone pharmacist. I'm afraid on a daily basis that I am not providing the quality experience to my customers that I did 5 or 10 years ago. Pharmacy seems like it is no longer about the people, customers or pharmacist, but rather the bottom line of profit and the vast amount of services we can provide to customers with the same work force. I do get a lunch break, but 99% of the time, I am using that time to do the things that I am behind in. In getting this survey, I would hope that something is actually being done in order to minimize the additional work load that has been put on our profession.	11/18/2021 4:39 PM
1162	Patient safety is at risk. Prescribers are getting become increasingly careless, and the amount of controlled substances being prescribed is ludicrous.	11/18/2021 4:39 PM
1163	Thank you for this survey. We were so busy before covid...now vaccines and testing coupled with short staffing have made it impossible and so stressful. I love my profession but hate going to work in these conditions. Everyone is afraid to speak up because we are replaceable and it is in every pharmacist I have mets personality to care for others. If I had the trained, or heck candidates for techs, I would love every part of my job. Being asked to work more days than usual, on top of working a totally stressful day has most of us at our breaking point.	11/18/2021 4:38 PM
1164	The covid pandemic has overwhelmed us with vaccines. People are currently bringing in screaming children that normal would only be seen in a pediatric setting but due to the wait to get into one they are bringing the kids to us. People are just too scared to wait and they are forcing dangerous situations onto our staff	11/18/2021 4:38 PM
1165	I am often embarrassed to observe and hear of many pharmacists who do not act in a professional manner, and who chose to punish patients by not providing high quality care, including counseling that can save lives. I often visit patient homes, finding for example that no one in the pharmacy assisted them when pill splitting was required-and the patient's caregiver has to use a hammer and screwdriver to try to break pills—this should NEVER happen, and angers me.	11/18/2021 4:38 PM
1166	We need more help as a whole	11/18/2021 4:38 PM
1167	I would leave the profession of pharmacy in a heartbeat if I wasn't 150\$k in debt because of school. Covid has brought an insane amount of new work and new stress. I am a dual testing site(rapid/PCR swab and collect), a hub store for vaccines (in charge of proper storage/handling as well as packing and distribution of vaccines to local stores around me), as well as doing walk in covid/flu vaccines for adults and pediatrics now. All of this while having the same staff and still expected to meet all the same metrics as before. 15 minute wait times, patient care calls, mtm ect. It is simply impossible. They want to call us healthcare professionals and say pharmacies a healthcare setting. I can only imagine how a physician/PA/NP would respond to the treatment and disrespect we deal with on a daily basis. Once my loans are done I will be moving on to a more rewarding career path where I can be recognized for my hard work and achievements.	11/18/2021 4:38 PM
1168	I feel burnt out	11/18/2021 4:38 PM
1169	Physicians have nurses and/or Medical assistants. Dentist have dental hygienists. All who have to attain formal training. Pharmacists have 18 year old technicians with no medical background or experience.	11/18/2021 4:38 PM
1170	Pharmacy is such a shitty job. Dealing with patients and demands from corporate. How many mistakes have to happen before we have a safe work environment	11/18/2021 4:38 PM
1171	Currently unemployed, answered based on my primary work experience(s) over the decades I've been licensed. The problems are the same as they were in the 90s. Easy to identify. Easily fixed with legislation. Not happy at ALL that it has taken so long to gain even this much traction but EXTREMELY proud of Ohio BOP for actually taking action. Safe and supportive workplace conditions for the benefit of public safety and healthcare professionals' mental health is of the utmost importance, & can be addressed. One of the HUGE issues beyond the	11/18/2021 4:37 PM

Meeting Materials

BOPs is that conglomerates operate as monopolies and have driven locally owned independents out of business, our taxpayer dollars are disappearing to PBMs, and we are forced to work for big businesses who are putting profits over people - fair capitalism please? Please do all that you can to break up conglomerates, they absolutely do violate antitrust laws in numerous ways. Maybe that can be next on the list of things you can do to help our great state and great country. Healthcare should be about CARE for people - not about the stock market.

1172	The pharmacy world has completed changed and become extremely much more stressful then even just a few years ago.	11/18/2021 4:37 PM
1173	The workload on pharmacists is out of control. They just keep adding more and more to our plates with less money and less help than ever. We don't get breaks still. There is no job like it. We have turned into vaccination clinics instead of pharmacies. We are so overworked and stressed out and they keep adding more to do. Something has to change.	11/18/2021 4:37 PM
1174	Our profession has lost any form of patient care. I left my career as a retail pharmacist earlier this ear because we do not provide patient care and we are not allowed to help improve patient quality of life. We are forced to promote the agenda of the corporation that we work for...we should be allowed to help people eat better and increase physical activity to improve health so they can decrease the amount of medications they are on and in turn decrease the amount of side effects they have...big pharma and corporations are only in this for increased profits...not for patients...it has become a very disappointing world. In retail...we have become overworked with no staff and sadly...an error can kill a person...the corporation doesn't care...but as a pharmacist...and a person with ethics and morals...I do care...I'm glad I never had an error and I feel bad for my peers that have to deal with this stress every day...not only does it jeopardize patients and their health...but also the health and wellbeing of my peers out there...I hope that one day we will actually have a "health" care system...and not the "sick" care system that is in place that makes some people very wealthy at the expense of other people's health and well being	11/18/2021 4:37 PM
1175	We are all short staffed across all chains and it shows. We have constant transfer in patients with no increase in staffing. There are many days I don't eat or get a restroom break. I come in early and leave late and still aren't caught up. I'm extremely concerned for patient safety and don't see it going away any time soon.	11/18/2021 4:37 PM
1176	This job has been destroyed by big chains in the past 8 years. We've watched it go from a respected field diminished to a McDonald's drive through when we have to ask do you want a flu shot with that. Workload has been significantly with staffing shortages, vaccine volume and higher management demands with no increase in pay, thankfulness from upper management or any sort of gratitude from patients. I went in to the field to help and feel like I have been reduced to no breaks, lots of stress and not feeling like I make a difference. It's disheartening.	11/18/2021 4:36 PM
1177	Technicians should not be given more responsibilities without increased pay. Pharmacists are treated unfairly and deserve breaks, lunches, and the opportunity to go to the bathroom. These are basic human rights that are neglected in the current retail environment. Workloads are beyond what can possibly be done and patients are increasingly rude/ nasty to staff despite us trying to explain that we are trying our best. The board of pharmacy MUST take action to protect pharmacists and patients. Deadly errors are not just a possibility, they are inevitable in this work environment. We need YOUR help to make this a safe work environment. Our employers do not listen to our pleas and we fear losing our job if we take strong action. PLEASE HELP US	11/18/2021 4:36 PM
1178	NEED LESS RESTRICTIONS FOR BECOMING A PHARM TECH DUE TO THE LABOR SHORTAGE. WE CAN COVER A RPH VACATION BUT NOT A TECH VACATION.	11/18/2021 4:36 PM
1179	High degree of satisfaction in my profession as a Pharmacist.	11/18/2021 4:36 PM
1180	I'm just basically done. Retail is a joke. I have so much anxiety walking into a place anymore. Shots shots shots. We don't have time to do 69 shots a day at some stores with no overlap. It's ridiculous. Pharmacy is a joke. We can't even answer the phones because we have no staff let alone have the drive through open. I've been at 2 stores the past week that have MICE running around the damn pharmacies. Is that healthy NO!!!! The one store I worked at also the pharmacy alarm has been broken for a month and it's still no fixed. What is the problem here. It's awful and unbelievable unbearable. Deplorable.	11/18/2021 4:36 PM
1181	Switching to an independent pharmacy was the best decision I have ever made. I took several	11/18/2021 4:35 PM

Meeting Materials

months off work altogether starting the end of 2020 because I just couldn't take it anymore. I have close to 20 years of retail experience and had I not found where I currently work, I probably would never go back to pharmacy. The large chains are horrendous to work for and my previous colleagues are all at their breaking points. Something needs to be done about the workload. You can't check 400 prescriptions accurately while also administering 30+ vaccines. It's not sustainable.

1182	I think techs should be paid more for what they are expected to do. There should be a bigger emphasis on distribution pharmacists. If the product can't get to the patient in time (due to staffing shortages), it doesn't matter what intervention a clinical RPh had. Management does not care about employees. Pharmacists and techs are just a number to work for more numbers. Management doesn't listen to what will and won't work, so we have to keep changing policy. We do not feel listened to.	11/18/2021 4:35 PM
1183	.	11/18/2021 4:35 PM
1184	Vaccines and testing are leading to increased errors in medication. Unless the BOP steps in to make it a law that there must be tech to RPh staffing ratios, patients will be harmed at some point...it's only a matter of time.	11/18/2021 4:35 PM
1185	I love my job!	11/18/2021 4:35 PM
1186	As the owner of a small independent I feel that we have a lot more flexibility and a better working environment than the chain drug stores	11/18/2021 4:35 PM
1187	The amount of workload some days is very challenging along with expectations for vaccine promotion	11/18/2021 4:35 PM
1188	Underpaid, overworked. Always being expected to do more with less-yes I was told that by my employer. Lack of empathy from my company at the loss of staff due to stress and lack of pay- my techs get a pittance and can make significantly more at other jobs with less responsibility. I have been frozen at my pay for over 5 years despite the increase in expectations and inflation. We don't get breaks. We are bullied into working when we or family members are ill despite the possibility of transmission. Metrics> patient safety. I'm so burned out that I want to quit. I'm terrified a patient is going to get hurt. My company keeps cutting pharmacist hours which reduces overlap but they still expect me to increase clinical interventions and vaccines. Most days we have maybe 1 hour of overlap.	11/18/2021 4:35 PM
1189	I feel that PTechs have a well-defined profession and adding clinical requirements to them may dilute their attributes. Alternatively, I believe stronger collaborations with other clinical experts, would improve the work experience	11/18/2021 4:34 PM
1190	I feel that corporate chains have placed too much of a burden on the pharmacists. We not only have to fill any where from 400 to 800 scripts a day with inadequate staffing but now have to take on the booster shots, flu shots, covid testing, etc. I feel like I often get dragged in 20 different directions either answering phone calls, talking to rude patients, giving immunizations, or performing my normal clinical review.	11/18/2021 4:34 PM
1191	Retail pharmacy chains need to be held accountable for the unsafe working conditions. The pharmacist that is put into these situations should NOT be punished if there are errors as a result of unsafe working conditions. There needs to be reform in retail pharmacy before more patients AND staff members die.	11/18/2021 4:34 PM
1192	I am blessed working for a good, small company, but I am so sad about the state of pharmacy in recent years. Decreasing pay, but more stress and responsibilities. I currently would never recommend anyone going to pharmacy school.	11/18/2021 4:33 PM
1193	Too much emphasis is placed on number of prescriptions being filled. Retail pharmacists are over qualified	11/18/2021 4:33 PM
1194	Too much responsibility is placed on the pharmacist. Doing 60-80 vaccines a day with appointments every 10 minutes, I have no time to even use the restroom the first 5 hours of the day, let alone have a clinical conversation with a patient about their medication. I used to respect the profession of pharmacy. But it's becoming a joke and quickly. We should just be called vaccine administrators and do 1/4 of the schooling. If I could, I'd quit this profession as quick as possible.	11/18/2021 4:33 PM
1195	Would be way better and less stressful if corporate let us schedule adequate tech hours....it's crazy to me that they don't even allow us to schedule enough tech hours to have a tech for the	11/18/2021 4:33 PM

Meeting Materials

hours we are open. It is insanely stressful being the only one working when doing vaccinations, answering the phone, ringing people up, and filling prescriptions. Consistent staffing/ability to schedule staff an adequate number of hours is key... it doesn't work to run a pharmacy on 20 tech hours when we are open 64 hours. While I don't agree with some of corporate's metrics either, not being able to consistently schedule adequate help is the main source of the craziness. No pharmacist should have to work alone ever, it's not safe. Help us please!

1196	Main cause of stress and dissatisfaction comes from never ending increase in work load allowed by employer. We all understand the importance of testing and vaccinations but the inability to control the level causes, put plainly, DESPAIR. Many employees take breaks to cry it out in the back room multiple times during the day. It speaks volumes about their character and dedication, that they return day after day. Most shifts I just sit in my car after work and try to shake off the stress of the day. I love my job, and our customers often voice their thanks for all that we do, but I don't know how much longer I can do this	11/18/2021 4:32 PM
1197	Management who are not pharmacists do not understand the stress we are undergoing. Management does not are there is a shortage and is doing very little to hire pharmacists. We are losing high quality pharmacists and techs because of the stress from management, patients, and third party plans. More workload keeps getting added (immunizations, COVID testing, A1C testing, etc.	11/18/2021 4:32 PM
1198	There is a technician shortage so spots are impossible to fill and techs are leaving for better paying, lower stress jobs. Taco Bell is offering more right now. When we're short of technicians everyone's work is made harder and patient safety suffers.	11/18/2021 4:32 PM
1199	Companies have been squeezing the profession in increasing amounts for far too long. There is not enough time or staff to fulfill all of the duties and keep clinical needs of patients front and center. Something needs to change with staffing levels set by the chains or the profession will break under the strain.	11/18/2021 4:32 PM
1200	Closing for lunch breaks should be mandatory. I have been working 13 hour shifts with nonstop shots while trying to find time to pump breast milk for my baby (would be impossible without wearable Elvie pumps) and no time or place to eat a meal. Meanwhile techs can at least sometimes leave the pharmacy to take breaks. But pharmacists can barely go to the bathroom once per shift. It's really degrading to the profession, especially now that we're burdened with the huge additional task of covid vaccinations and no additional tech or pharmacist hours.	11/18/2021 4:32 PM
1201	Once again your survey is focused on those who are dispensing drugs. I don't do that. I practice clinically and do research. It's no wonder this profession is dying a slow and painful death. I intend to keep practicing at a high clinical level regardless the continual withering of the profession as a whole. I'm not alone. But those of us who do practice at a high level are left to fend for ourselves. The state board does nothing to support or help us.	11/18/2021 4:32 PM
1202	It would be a nice change that BOP is looking out to protect pharmacists, not just patients...	11/18/2021 4:32 PM
1203	I have been a retail pharmacist for 24 years. The deviance from employee and customer based has shifted tremendously to metric based. I won't lie.... I have met many metrics, all my techs I've supported for certification and immunization. My work life is pretty golden. However, the abuse from the public is ASTRONOMICAL AND DEPRES. Corporate is still focused on metrics and not well being of their employees. I realize we are stretched. The return of a value system is important. Metrics will come if we take care of our employees who in turn take care of the customer.	11/18/2021 4:32 PM
1204	I have answered this survey based off my career for the past 21 years. It is so bad now that I left behind 5 weeks of vacation and a managerial spot to go to mail order and take a 50k pay cut. It's not worth my sanity to work in retail now. I also went back to school for my MBA to leave pharmacy all together. Something needs to be done about the retail setting.	11/18/2021 4:31 PM
1205	Technicians have not been trained well enough nor are they paid enough to do clinical services	11/18/2021 4:31 PM
1206	Meal breaks should be mandatory for any shift exceeding 10 hrs	11/18/2021 4:30 PM
1207	The past 24 months have been some of the most stressful months that I have witnessed in the 20 years of my pharmacy career. The sheer volumes/workload and expectations have at times been unbearable and intolerable, taking a toll on mental health, physical health and on my family life. This pandemic has only just begun and there seems to be no hope in sight regardless of the newer treatments and vaccination recommendations. It would not take much	11/18/2021 4:30 PM

Meeting Materials

for me to decide to leave healthcare as a profession if conditions do not improve. Thank you for taking the time to develop this survey and thoughtfully report back the findings.

1208	I think having a law that requires a second pharmacist/overlap pharmacist hours at stores filling a certain amount of prescriptions per day would be beneficial. I have a decent amount of tech help, but when I'm the only pharmacist and the only person at the store who can counsel patients, give injections, and take transfers and phoned in prescriptions, it's very easy to fall very far behind.	11/18/2021 4:29 PM
1209	I am semi-retired so I'm not in the front counter 'ever' anymore.	11/18/2021 4:29 PM
1210	I am a clinical specialist at a specialty pharmacy working specifically in oncology. My experience is not like that of retail or hospital. I left the inpatient hospital setting 1 year ago due to all of these issues.	11/18/2021 4:29 PM
1211	The expectations from the corporate level are ridiculous. Patient rudeness and entitlement is at an all time high. Retail pharmacy is truly a miserable place to work right now and the conditions and pay keep getting worse. It's unsafe and something has to change.	11/18/2021 4:27 PM
1212	Employers just won't pay for the amount of pharmacists it takes to do a safe and effective job. Our department always runs lean so when administrators look to cut positions, they won't look at pharmacy. This is a terrible environment to work but it is like that everywhere.	11/18/2021 4:27 PM
1213	I am embarrassed about what our profession has become. I think I'd get more respect working at McDonald's. It isn't about patients anymore, it's how many prescriptions/vaccines can be given in the shortest amount of time with the fewest resources to maximize profit. It is only a matter of time until our patients are seriously hurt or killed. No breaks on a 12 hour shift is ludicrous. We are giving multiple hours for free everyday to combat the workload, this needs to end.	11/18/2021 4:27 PM
1214	Things need to change	11/18/2021 4:27 PM
1215	Why does the BoP continue to send out these surveys simply to masquerade around as though they genuinely care about the stresses of the every day pharmacist? Pharmacist to technician ratio has been a problem for all of the 10 years I have been a pharmacist. Frankly, only Walmart has designated cashier's for example. Pharmacists at every other chain pharmacy are simply glorified cashier's stretched to their limits merely hoping that in 6 months a major mistake isn't discovered because let's be honest, mistakes are far more likely now than they ever were before. Stop sending opinion pieces and actually do something.	11/18/2021 4:27 PM
1216	We are not treated like pharmacists anymore. The retail is pushed hard and clinical safety is pushed aside to make money for corporate. Patients do not respect what we do and abuse us daily. The stress is so severe I plan on leaving pharmacy all together if it continues.	11/18/2021 4:26 PM
1217	Been at this for 27 years. The past two years have been by far the worst. Just killing my soul.	11/18/2021 4:26 PM
1218	CVS is the worst. They don't care about their employees or their patients. Something needs done about it!	11/18/2021 4:26 PM
1219	Pharmacists are overworked, but allowing technicians who do not have the proper training to take on clinical responsibilities is the wrong solution. Pharmacies should have a minimum of 2 pharmacists working during times when vaccines or covid testing is available to ensure a pharmacist can remain in the pharmacy during this time.	11/18/2021 4:26 PM
1220	several pharmacists and techs have quit my facility but we have more patient due to covid.	11/18/2021 4:25 PM
1221	I believe that PBMs have as much to do with our work conditions as upper management. I would love to open my own pharmacy but I feel that PBMs make independent pharmacy incredibly difficult to break into. Furthermore, PBMs negotiate such terrible contracts for reimbursement they fuel the understaff that has haunted retail pharmacy	11/18/2021 4:25 PM
1222	I left Walmart and joined the Navy. My coworkers were jealous that I got a military job. In what fields is the military providing a better environment for someone to work other than pharmacy?	11/18/2021 4:25 PM
1223	I recently switched from CVS to a home infusion pharmacy. Its black and white. The atmosphere at CVS is extremely toxic to everyone, especially patients. Since moving here, I have learned to truly care about my patients and feel like I have all the best tools to provide them with the best care possible.	11/18/2021 4:24 PM

Meeting Materials



2021 Pharmacy Technician Workload Survey

The State of Ohio Board of Pharmacy is currently evaluating the workload conditions of pharmacy professionals as part of its [Pharmacist Workload Advisory Committee](#). As part of its work, the Committee requested the assistance of Ohio pharmacy technician in answering a survey on working conditions. The responses are intended to provide the Committee with the most up-to-date data as it begins its discussions.

Meeting Materials

Survey Dates: 11/18/2021 – 12/2/2021

Ohio Pharmacy Technicians Receiving the Survey: 23,394

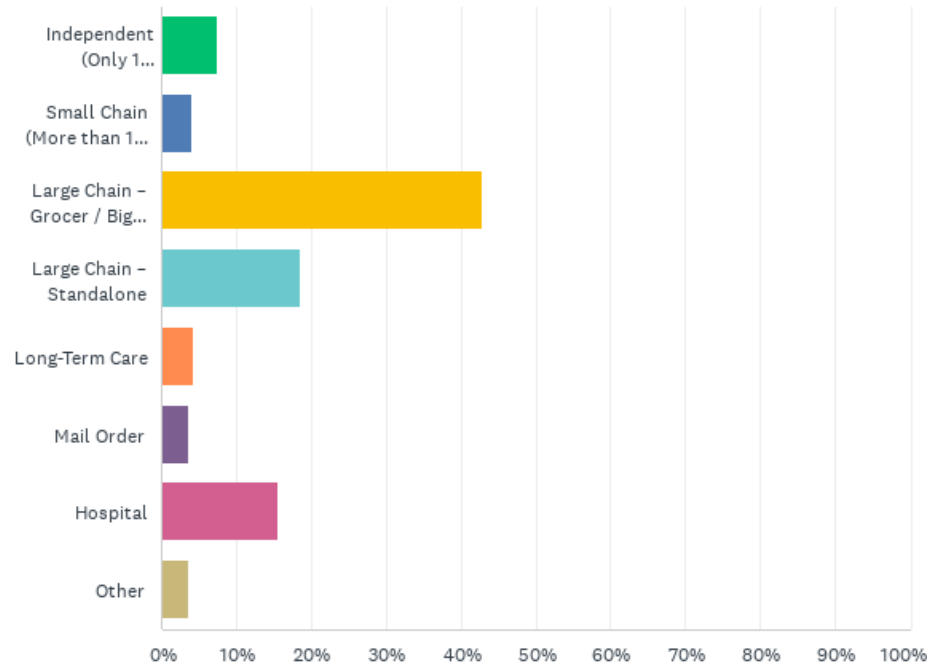
Total Responses: 2,560

Response Rate: 10.94%

Meeting Materials

Q1: Please identify your primary practice setting:

Answered: 2,560 Skipped: 0



Meeting Materials

Q1: Please identify your primary practice setting:

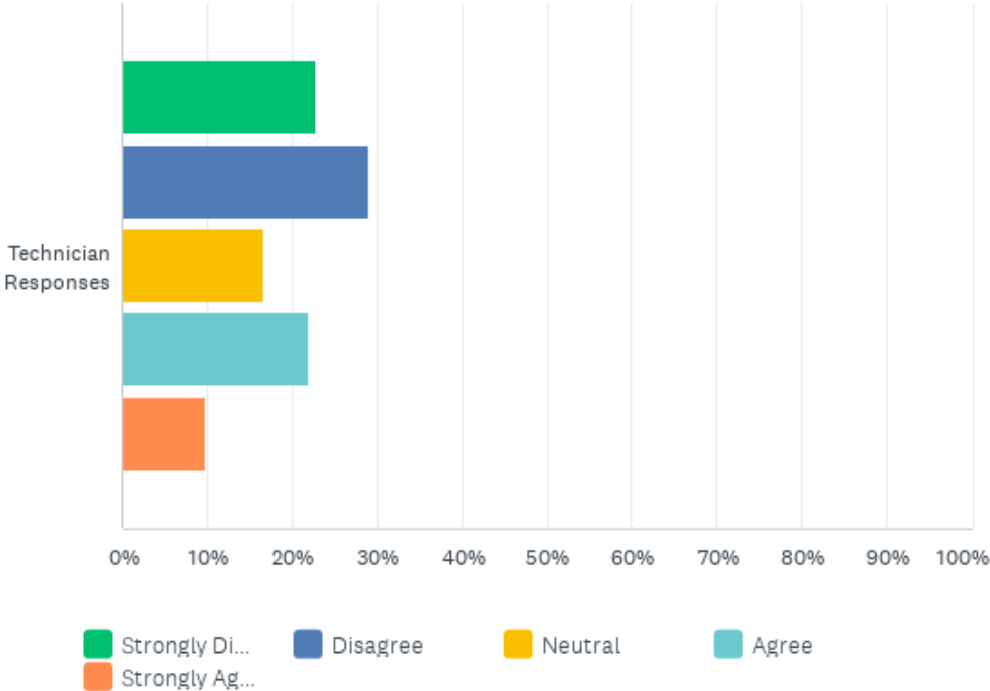
Answered: 2,560 Skipped: 0

ANSWER CHOICES	RESPONSES	
Independent (Only 1 location)	7.38%	189
Small Chain (More than 1, but less than 12 locations)	4.02%	103
Large Chain – Grocer / Big Box Store	42.77%	1,095
Large Chain – Standalone	18.59%	476
Long-Term Care	4.30%	110
Mail Order	3.71%	95
Hospital	15.66%	401
Other	3.55%	91
TOTAL		2,560

Q2: I feel that I have adequate time to complete my job in a safe and effective manner.

Meeting Materials

Answered: 2,560 Skipped: 0



Q2: I feel that I have adequate time to complete my job in a safe and effective manner.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	22.73% 582	28.91% 740	16.56% 424	21.91% 561	9.88% 253	2,560	2.67

Q2: I feel that I have adequate time to complete my job in a safe and effective manner. **By Practice Setting.**

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	29.95% 328	34.89% 382	17.26% 189	12.42% 136	5.48% 60	1,095	2.29

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	39.08% 186	34.66% 165	10.71% 51	11.97% 57	3.57% 17	476	2.06

Q2: I feel that I have adequate time to complete my job in a safe and effective manner. **By Practice Setting.**

Meeting Materials

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	7.19% 21	12.67% 37	14.38% 42	41.78% 122	23.97% 70	292	3.63

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	7.73% 31	26.68% 107	24.69% 99	32.67% 131	8.23% 33	401	3.07

Q2: I feel that I have adequate time to complete my job in a safe and effective manner. **By Practice Setting.**

Meeting Materials

Long-Term Care

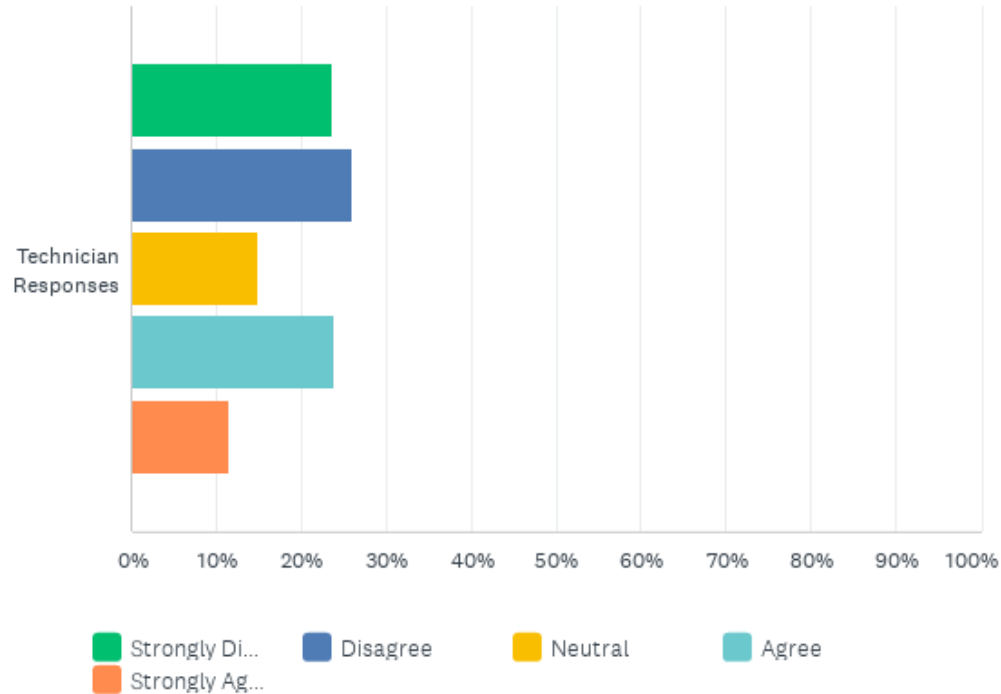
	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	7.27% 8	20.91% 23	16.36% 18	40.91% 45	14.55% 16	110	3.35

Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	3.16% 3	12.63% 12	11.58% 11	38.95% 37	33.68% 32	95	3.87

Q3: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care.

Answered: 2,560 Skipped: 0



Q3: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	23.67% 606	26.09% 668	14.84% 380	23.83% 610	11.56% 296	2,560	2.74

Q3: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care. **By Practice Setting.**

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	31.87% 349	33.61% 368	14.06% 154	15.07% 165	5.39% 59	1,095	2.28

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	41.60% 198	30.67% 146	12.61% 60	10.92% 52	4.20% 20	476	2.05

Q3: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care. **By Practice Setting.**

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	4.79% 14	14.04% 41	18.15% 53	35.27% 103	27.74% 81	292	3.67

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	7.23% 29	18.20% 73	18.20% 73	43.39% 174	12.97% 52	401	3.37

Q3: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care. **By Practice Setting.**

Long-Term Care

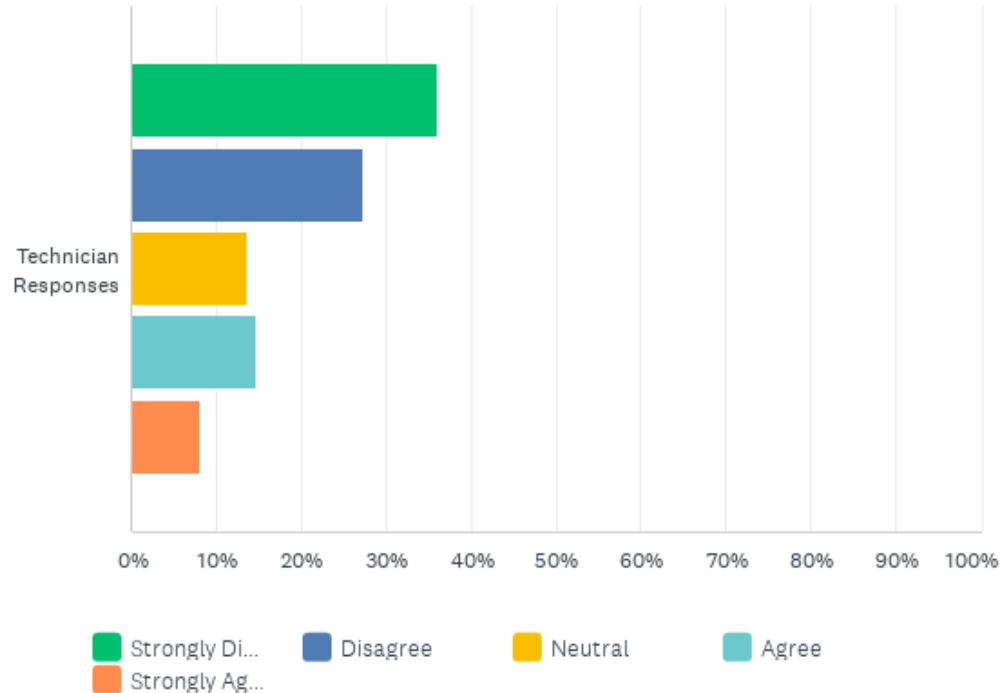
	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	6.36% 7	20.91% 23	18.18% 20	34.55% 38	20.00% 22	110	3.41

Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	0.00% 0	4.21% 4	12.63% 12	46.32% 44	36.84% 35	95	4.16

Q4: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care.

Answered: 2,560 Skipped: 0



Q4: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	36.13% 925	27.38% 701	13.59% 348	14.73% 377	8.16% 209	2,560	2.31

Q4: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care. **By Practice Setting.**

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	44.57% 488	29.04% 318	12.15% 133	10.14% 111	4.11% 45	1,095	2.00

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	48.95% 233	30.04% 143	10.29% 49	7.14% 34	3.57% 17	476	1.86

Q4: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care. **By Practice Setting.**

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	10.62% 31	17.47% 51	22.60% 66	27.74% 81	21.58% 63	292	3.32

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	31.92% 128	33.17% 133	12.47% 50	16.21% 65	6.23% 25	401	2.32

Q4: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care. **By Practice Setting.**

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	23.64% 26	21.82% 24	20.00% 22	25.45% 28	9.09% 10	110	2.75

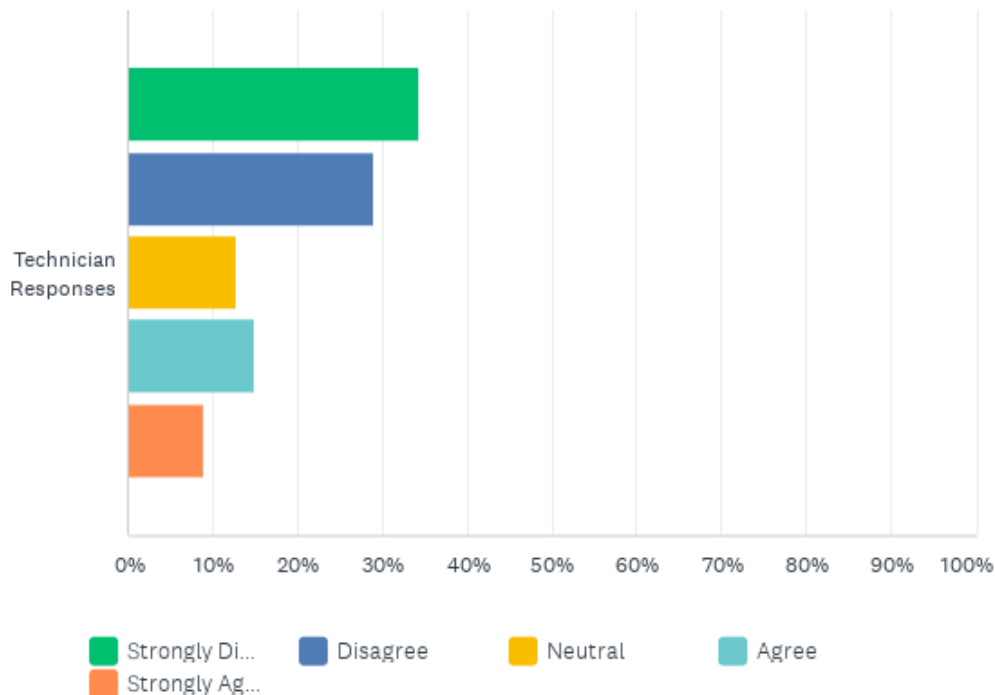
Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	6.32% 6	11.58% 11	13.68% 13	38.95% 37	29.47% 28	95	3.74

Q5: I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner.

Meeting Materials

Answered: 2,560 Skipped: 0



Q5: I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	34.41% 881	28.98% 742	12.81% 328	14.88% 381	8.91% 228	2,560	2.35

Q5: I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner. **By Practice Setting.**

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	45.57% 499	30.14% 330	10.41% 114	8.77% 96	5.11% 56	1,095	1.98

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	48.53% 231	32.56% 155	7.14% 34	7.14% 34	4.62% 22	476	1.87

Q5: I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner. **By Practice Setting.**

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	8.56% 25	17.47% 51	20.21% 59	28.77% 84	25.00% 73	292	3.44

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	22.19% 89	34.66% 139	17.46% 70	20.20% 81	5.49% 22	401	2.52

Q5: I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner. **By Practice Setting.**

Long-Term Care

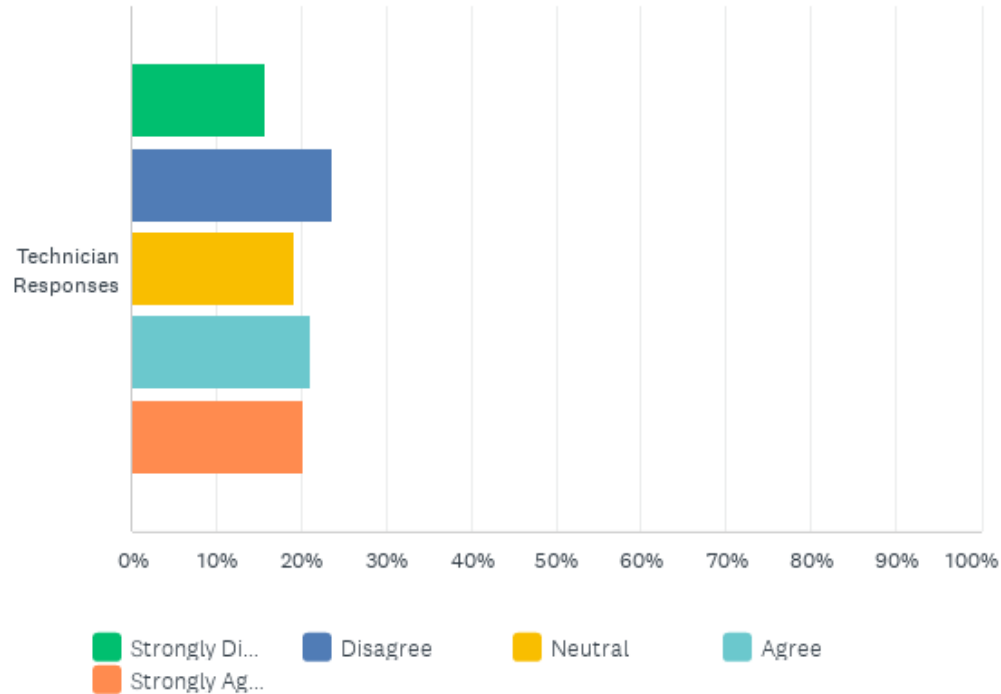
	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	16.36% 18	26.36% 29	18.18% 20	27.27% 30	11.82% 13	110	2.92

Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	5.26% 5	18.95% 18	18.95% 18	32.63% 31	24.21% 23	95	3.52

Q6: I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe patient care.

Answered: 2,560 Skipped: 0



Q6: I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe patient care.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	15.70% 402	23.67% 606	19.10% 489	21.17% 542	20.35% 521	2,560	3.07

Q6: I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe patient care. **By Practice Setting.**

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	10.96% 120	20.46% 224	19.73% 216	24.38% 267	24.47% 268	1,095	3.31

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	12.61% 60	14.92% 71	14.50% 69	23.32% 111	34.66% 165	476	3.53

Q6: I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe patient care. *By Practice Setting.*

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	30.82% 90	33.90% 99	14.73% 43	12.67% 37	7.88% 23	292	2.33

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	16.71% 67	29.93% 120	24.94% 100	19.70% 79	8.73% 35	401	2.74

Q6: I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe patient care. **By Practice Setting.**

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	20.91% 23	35.45% 39	22.73% 25	15.45% 17	5.45% 6	110	2.49

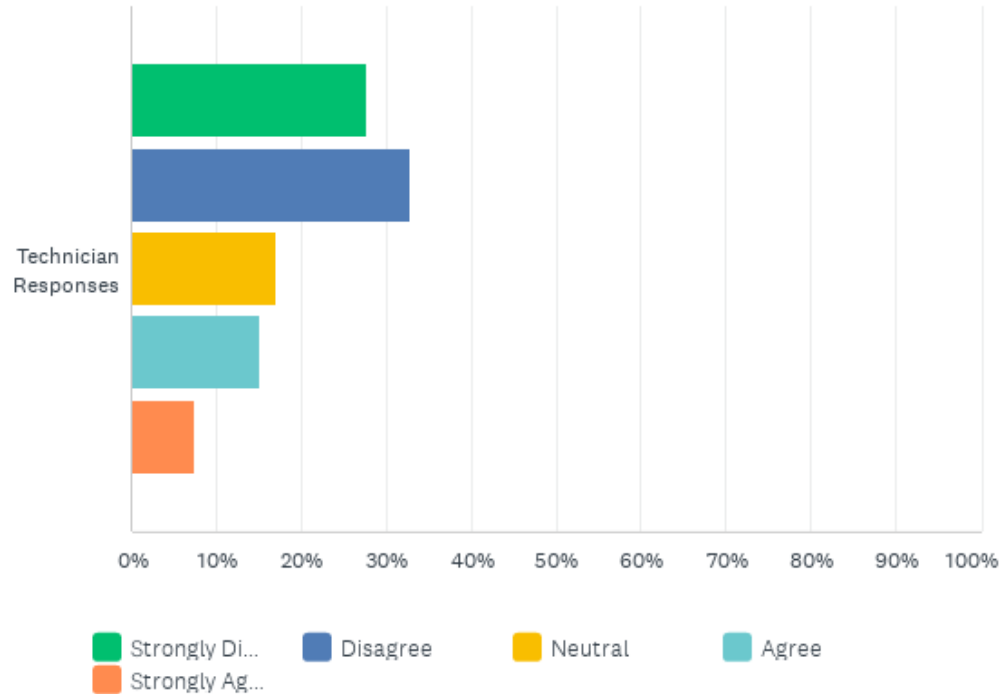
Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	20.00% 19	28.42% 27	18.95% 18	20.00% 19	12.63% 12	95	2.77

Q7: I feel that the workload to staff ratio allows me to provide for patients in a safe and effective manner.

Meeting Materials

Answered: 2,560 Skipped: 0



Q7: I feel that the workload to staff ratio allows me to provide for patients in a safe and effective manner.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	27.66% 708	32.73% 838	17.11% 438	15.12% 387	7.38% 189	2,560	2.42

Q7: I feel that the workload to staff ratio allows me to provide for patients in a safe and effective manner. **By Practice Setting.**

Meeting Materials

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	35.62% 390	36.53% 400	14.43% 158	10.14% 111	3.29% 36	1,095	2.09

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	44.75% 213	35.92% 171	10.71% 51	5.88% 28	2.73% 13	476	1.86

Q7: I feel that the workload to staff ratio allows me to provide for patients in a safe and effective manner. **By Practice Setting.**

Meeting Materials

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	7.53% 22	20.55% 60	23.63% 69	27.40% 80	20.89% 61	292	3.34

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	14.46% 58	36.66% 147	23.94% 96	19.45% 78	5.49% 22	401	2.65

Q7: I feel that the workload to staff ratio allows me to provide for patients in a safe and effective manner. **By Practice Setting.**

Meeting Materials

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	12.73% 14	24.55% 27	26.36% 29	25.45% 28	10.91% 12	110	2.97

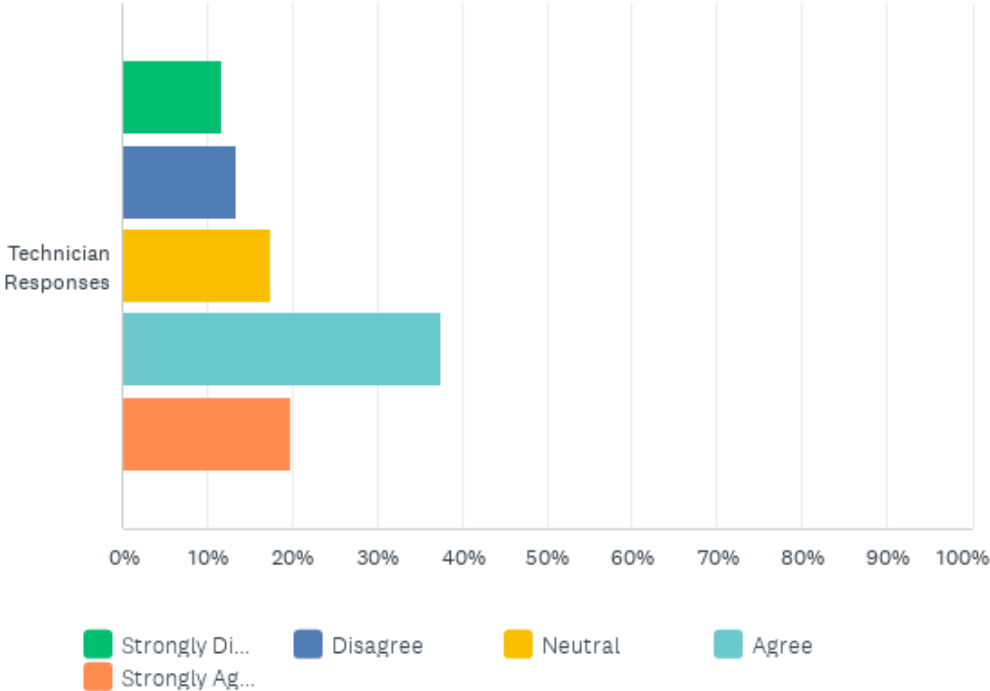
Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	4.21% 4	16.84% 16	17.89% 17	35.79% 34	25.26% 24	95	3.61

Q8: I am given the opportunity to take lunch breaks or other breaks throughout the workday.

Meeting Materials

Answered: 2,560 Skipped: 0



Q8: I am given the opportunity to take lunch breaks or other breaks throughout the workday.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	11.80% 302	13.44% 344	17.46% 447	37.42% 958	19.88% 509	2,560	3.40

Q8: I am given the opportunity to take lunch breaks or other breaks throughout the workday. **By Practice Setting.**

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	15.53% 170	14.25% 156	17.63% 193	36.89% 404	15.71% 172	1,095	3.23

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	13.66% 65	16.81% 80	21.22% 101	32.77% 156	15.55% 74	476	3.20

Q8: I am given the opportunity to take lunch breaks or other breaks throughout the workday. **By Practice Setting.**

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	7.53% 22	11.30% 33	18.49% 54	33.56% 98	29.11% 85	292	3.65

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	7.73% 31	13.97% 56	19.95% 80	42.39% 170	15.96% 64	401	3.45

Q8: I am given the opportunity to take lunch breaks or other breaks throughout the workday. **By Practice Setting.**

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	5.45% 6	4.55% 5	10.00% 11	52.73% 58	27.27% 30	110	3.92

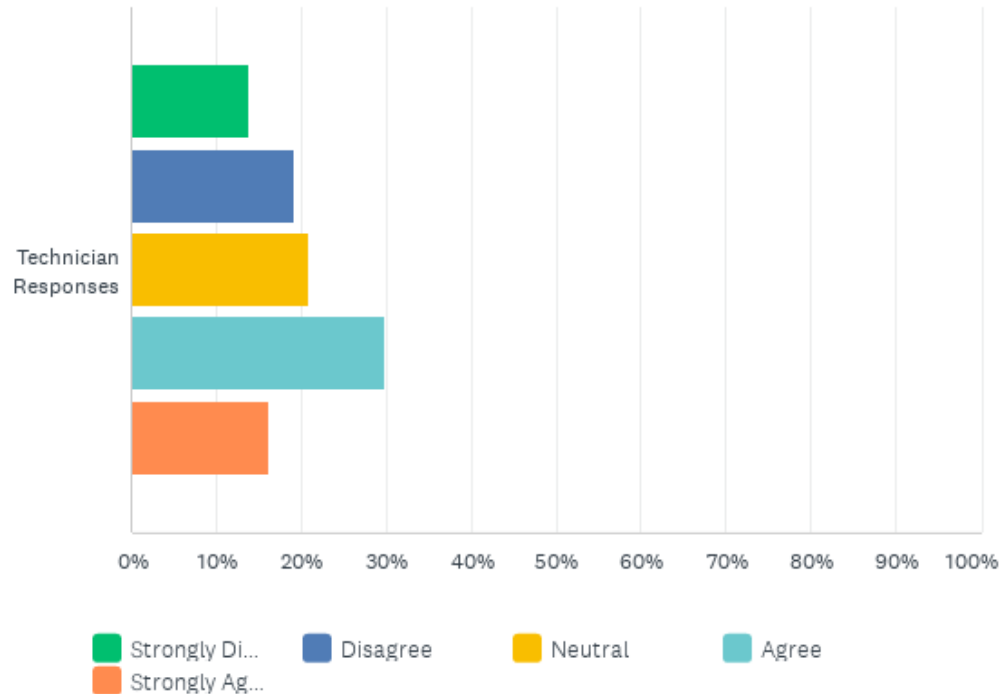
Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	0.00% 0	7.37% 7	3.16% 3	35.79% 34	53.68% 51	95	4.36

Meeting Materials

Q9: I feel safe voicing any workload concerns to my employer.

Answered: 2,560 Skipped: 0



Meeting Materials

Q9: I feel safe voicing any workload concerns to my employer.

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	13.87% 355	19.22% 492	20.94% 536	29.77% 762	16.21% 415	2,560	3.15

Q9: I feel safe voicing any workload concerns to my employer.

By Practice Setting.

Meeting Materials

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	15.98% 175	21.28% 233	23.56% 258	26.03% 285	13.15% 144	1,095	2.99

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	19.96% 95	21.01% 100	20.80% 99	27.52% 131	10.71% 51	476	2.88

Q9: I feel safe voicing any workload concerns to my employer.

By Practice Setting.

Meeting Materials

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	7.53% 22	13.70% 40	16.78% 49	32.88% 96	29.11% 85	292	3.62

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	8.98% 36	17.96% 72	20.95% 84	38.90% 156	13.22% 53	401	3.29

Q9: I feel safe voicing any workload concerns to my employer.

By Practice Setting.

Meeting Materials

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	6.36% 7	13.64% 15	20.00% 22	35.45% 39	24.55% 27	110	3.58

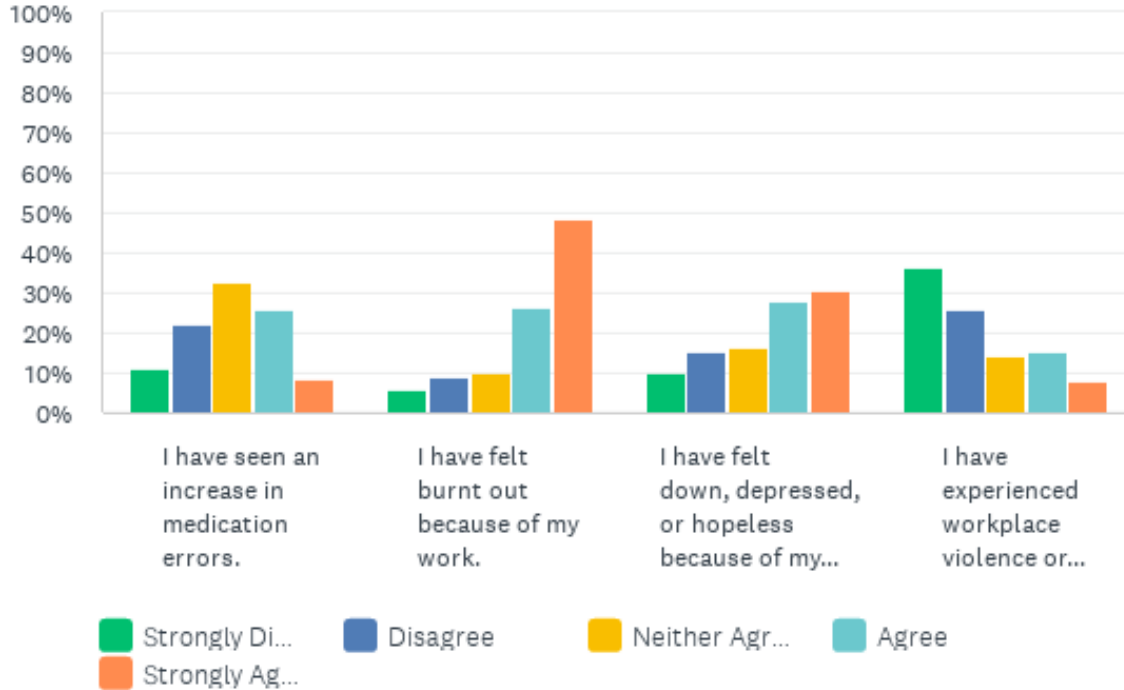
Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	9.47% 9	23.16% 22	8.42% 8	29.47% 28	29.47% 28	95	3.46

Q10: Please respond to each statement based upon your experience over the past six months:

Meeting Materials

Answered: 2,560 Skipped: 0



Q10: Please respond to each statement based upon your experience over the past six months:

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	11.13% 285	22.15% 567	32.73% 838	25.70% 658	8.28% 212	2,560	2.98
I have felt burnt out because of my work.	5.94% 152	8.79% 225	10.20% 261	26.56% 680	48.52% 1,242	2,560	4.03
I have felt down, depressed, or hopeless because of my work.	10.04% 257	15.31% 392	16.48% 422	27.70% 709	30.47% 780	2,560	3.53
I have experienced workplace violence or harassment.	36.56% 936	25.98% 665	14.37% 368	15.20% 389	7.89% 202	2,560	2.32

Q10: Please respond to each statement based upon your experience over the past six months: **[By Practice Setting]**

Meeting Materials

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	8.04% 88	18.81% 206	32.51% 356	30.78% 337	9.86% 108	1,095	3.16
I have felt burnt out because of my work.	4.38% 48	4.93% 54	8.86% 97	24.38% 267	57.44% 629	1,095	4.26
I have felt down, depressed, or hopeless because of my work.	6.30% 69	10.96% 120	16.44% 180	29.95% 328	36.35% 398	1,095	3.79
I have experienced workplace violence or harassment.	30.78% 337	22.83% 250	15.89% 174	19.45% 213	11.05% 121	1,095	2.57

Q10: Please respond to each statement based upon your experience over the past six months: **[By Practice Setting]**

Meeting Materials

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	7.14% 34	18.49% 88	30.67% 146	29.62% 141	14.08% 67	476	3.25
I have felt burnt out because of my work.	2.73% 13	4.83% 23	6.51% 31	25.00% 119	60.92% 290	476	4.37
I have felt down, depressed, or hopeless because of my work.	5.67% 27	10.50% 50	13.66% 65	29.83% 142	40.34% 192	476	3.89
I have experienced workplace violence or harassment.	30.67% 146	25.00% 119	15.55% 74	19.75% 94	9.03% 43	476	2.51

Q10: Please respond to each statement based upon your experience over the past six months: **[By Practice Setting]**

Meeting Materials

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	22.95% 67	33.22% 97	28.08% 82	12.67% 37	3.08% 9	292	2.40
I have felt burnt out because of my work.	13.36% 39	16.10% 47	19.52% 57	27.05% 79	23.97% 70	292	3.32
I have felt down, depressed, or hopeless because of my work.	21.58% 63	23.63% 69	20.55% 60	20.89% 61	13.36% 39	292	2.81
I have experienced workplace violence or harassment.	52.40% 153	29.79% 87	9.59% 28	5.14% 15	3.08% 9	292	1.77

Q10: Please respond to each statement based upon your experience over the past six months: *[By Practice Setting]*

Meeting Materials

Hospital

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	10.22% 41	24.69% 99	37.41% 150	23.19% 93	4.49% 18	401	2.87
I have felt burnt out because of my work.	3.99% 16	10.97% 44	10.47% 42	31.42% 126	43.14% 173	401	3.99
I have felt down, depressed, or hopeless because of my work.	8.73% 35	19.70% 79	19.20% 77	29.68% 119	22.69% 91	401	3.38
I have experienced workplace violence or harassment.	37.41% 150	32.17% 129	14.96% 60	11.22% 45	4.24% 17	401	2.13

Q10: Please respond to each statement based upon your experience over the past six months: **[By Practice Setting]**

Meeting Materials

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	13.64% 15	24.55% 27	35.45% 39	23.64% 26	2.73% 3	110	2.77
I have felt burnt out because of my work.	7.27% 8	20.00% 22	8.18% 9	36.36% 40	28.18% 31	110	3.58
I have felt down, depressed, or hopeless because of my work.	14.55% 16	27.27% 30	10.91% 12	27.27% 30	20.00% 22	110	3.11
I have experienced workplace violence or harassment.	45.45% 50	30.91% 34	12.73% 14	6.36% 7	4.55% 5	110	1.94

Q10: Please respond to each statement based upon your experience over the past six months: *[By Practice Setting]*

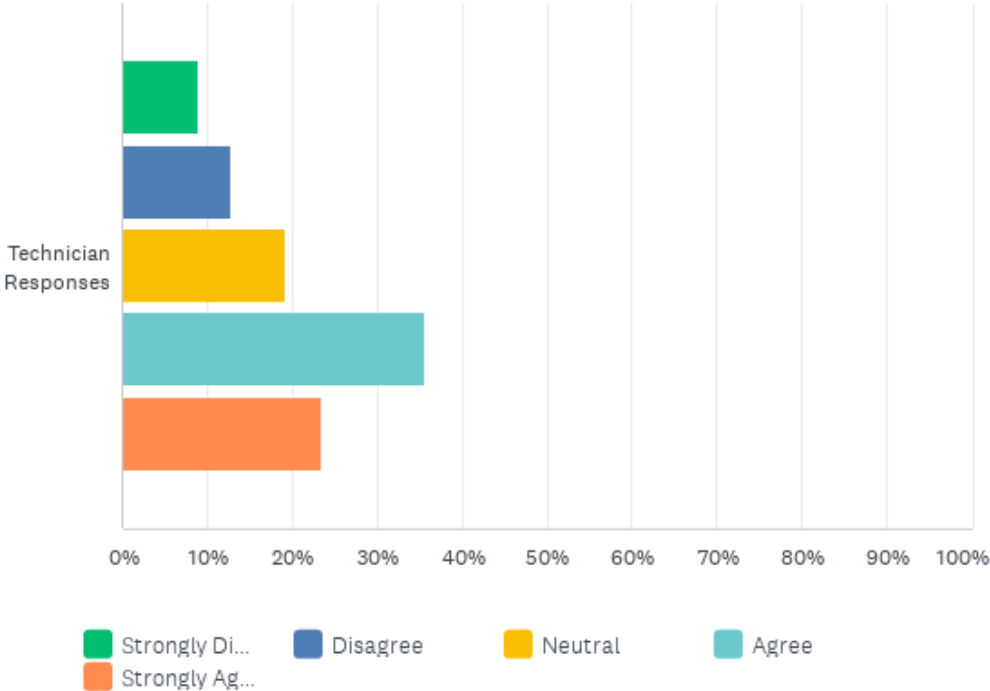
Mail Order

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	22.11% 21	28.42% 27	37.89% 36	9.47% 9	2.11% 2	95	2.41
I have felt burnt out because of my work.	17.89% 17	16.84% 16	14.74% 14	24.21% 23	26.32% 25	95	3.24
I have felt down, depressed, or hopeless because of my work.	27.37% 26	20.00% 19	15.79% 15	15.79% 15	21.05% 20	95	2.83
I have experienced workplace violence or harassment.	57.89% 55	25.26% 24	9.47% 9	5.26% 5	2.11% 2	95	1.68

Q11: I feel I was given sufficient training by my employer when hired as a pharmacy technician.

Meeting Materials

Answered: 2,560 Skipped: 0



Q11: I feel I was given sufficient training by my employer when hired as a pharmacy technician.

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	9.02% 231	12.70% 325	19.18% 491	35.59% 911	23.52% 602	2,560	3.52

Q11: I feel I was given sufficient training by my employer when hired as a pharmacy technician. **[By Practice Setting]**

Large Chain – Grocer/Big Box

STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
10.14%	14.52%	21.37%	33.52%	20.46%		
111	159	234	367	224	1,095	3.40

Large Chain – Standalone

STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
11.34%	13.03%	18.28%	36.55%	20.80%		
54	62	87	174	99	476	3.42

Q11: I feel I was given sufficient training by my employer when hired as a pharmacy technician. **[By Practice Setting]**

Independent / Small Chain

STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
3.77%	7.53%	17.47%	36.64%	34.59%	292	3.91
11	22	51	107	101		

Hospital

STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
8.48%	12.22%	16.71%	39.65%	22.94%	401	3.56
34	49	67	159	92		

Q11: I feel I was given sufficient training by my employer when hired as a pharmacy technician. *[By Practice Setting]*

Meeting Materials

Long-Term Care

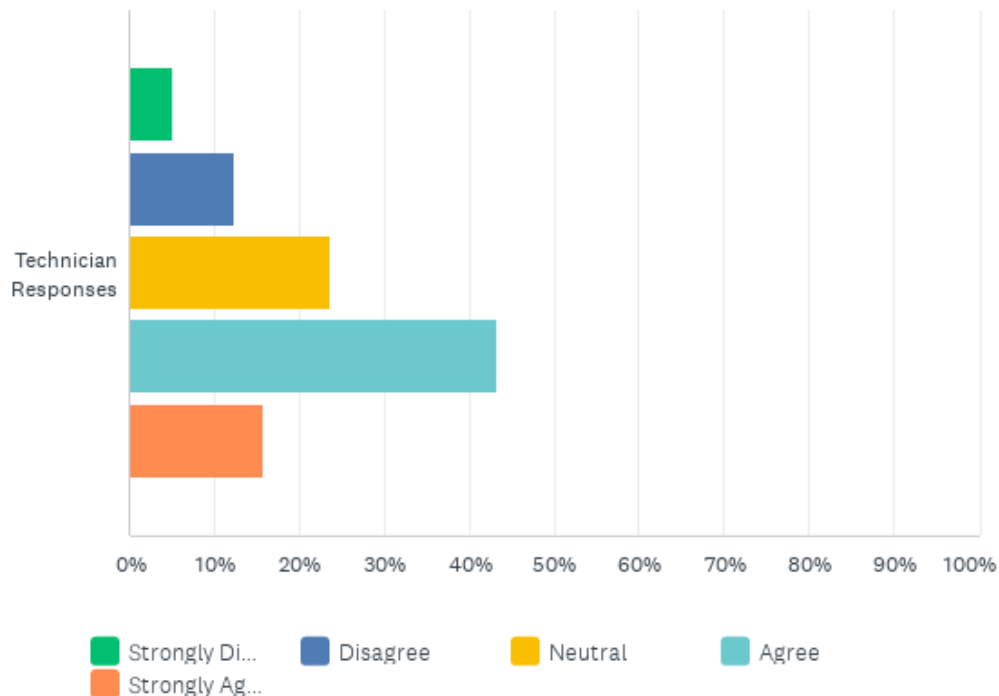
STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
10.91%	10.91%	19.09%	35.45%	23.64%		
12	12	21	39	26	110	3.50

Mail Order

STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
2.11%	10.53%	14.74%	34.74%	37.89%		
2	10	14	33	36	95	3.96

Q12: The process to register with the Board of Pharmacy as a trainee, registered technician, or certified technician was easy to follow.

Answered: 2,560 Skipped: 0



Q12: The process to register with the Board of Pharmacy as a trainee, registered technician, or certified technician was easy to follow.

Answered: 2,560 Skipped: 0

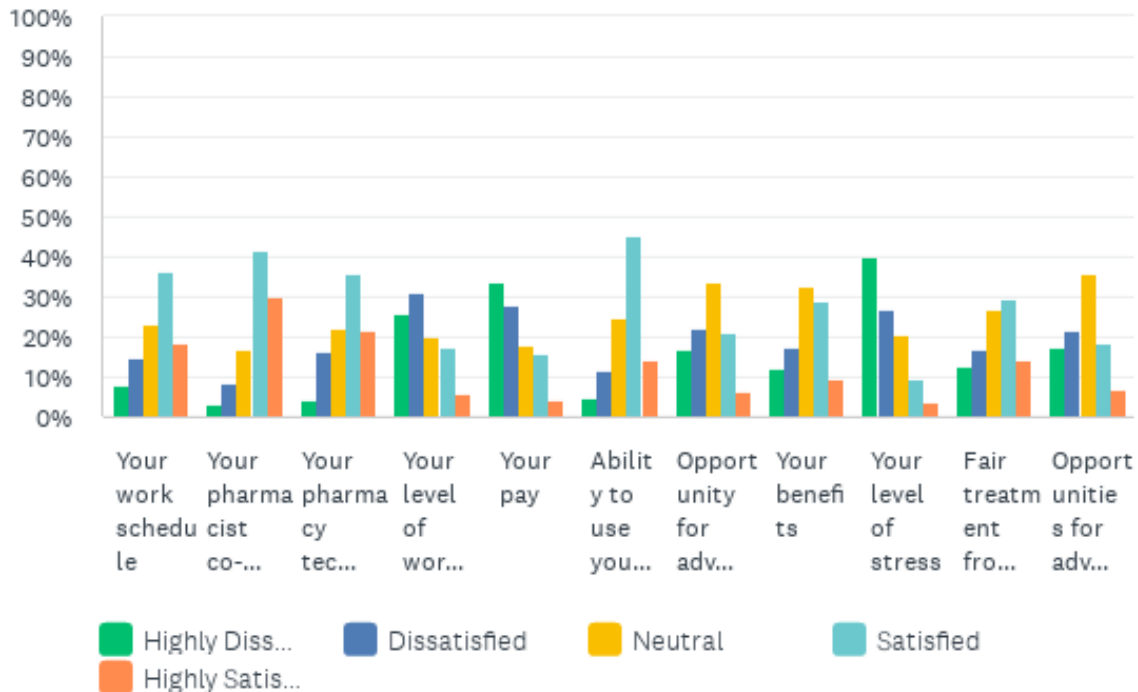
All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	5.08% 130	12.30% 315	23.59% 604	43.20% 1,106	15.82% 405	2,560	3.52

Q13: Please rate your level of satisfaction with the following in your primary place of employment:

Meeting Materials

Answered: 2,560 Skipped: 0



Q13: Please rate your level of satisfaction with the following in your primary place of employment:

Meeting Materials

All Settings

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	7.97% 204	14.73% 377	22.97% 588	36.17% 926	18.16% 465	2,560	3.42
Your pharmacist co-workers	3.05% 78	8.44% 216	16.64% 426	41.72% 1,068	30.16% 772	2,560	3.88
Your pharmacy technician co-workers	4.22% 108	16.37% 419	22.19% 568	35.82% 917	21.41% 548	2,560	3.54
Your level of workload	25.82% 661	30.86% 790	20.23% 518	17.11% 438	5.98% 153	2,560	2.47
Your pay	33.95% 869	28.09% 719	18.13% 464	15.59% 399	4.26% 109	2,560	2.28
Ability to use your knowledge	4.65% 119	11.72% 300	24.53% 628	45.08% 1,154	14.02% 359	2,560	3.52
Opportunity for advancement	16.99% 435	22.07% 565	33.55% 859	20.94% 536	6.45% 165	2,560	2.78
Your benefits	11.91% 305	17.34% 444	32.77% 839	28.71% 735	9.26% 237	2,560	3.06
Your level of stress	39.96% 1,023	26.95% 690	20.35% 521	9.22% 236	3.52% 90	2,560	2.09
Fair treatment from management	12.50% 320	16.84% 431	27.07% 693	29.45% 754	14.14% 362	2,560	3.16
Opportunities for advancement/development	17.19% 440	21.52% 551	35.94% 920	18.63% 477	6.72% 172	2,560	2.76

Q13: Please rate your level of satisfaction with the following in your primary place of employment: *[By Practice Setting]*

Meeting Materials

Large Chain – Grocer/Big Box

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	9.86% 108	17.26% 189	26.67% 292	32.42% 355	13.79% 151	1,095	3.23
Your pharmacist co-workers	3.93% 43	8.13% 89	16.71% 183	40.64% 445	30.59% 335	1,095	3.86
Your pharmacy technician co-workers	4.29% 47	16.62% 182	22.19% 243	36.71% 402	20.18% 221	1,095	3.52
Your level of workload	31.60% 346	36.44% 399	18.63% 204	9.68% 106	3.65% 40	1,095	2.17
Your pay	40.91% 448	29.50% 323	15.80% 173	10.87% 119	2.92% 32	1,095	2.05
Ability to use your knowledge	5.02% 55	11.69% 128	25.75% 282	45.21% 495	12.33% 135	1,095	3.48
Opportunity for advancement	17.08% 187	23.93% 262	34.34% 376	19.36% 212	5.30% 58	1,095	2.72
Your benefits	13.15% 144	17.72% 194	35.89% 393	26.21% 287	7.03% 77	1,095	2.96
Your level of stress	49.77% 545	27.67% 303	15.89% 174	4.38% 48	2.28% 25	1,095	1.82
Fair treatment from management	13.15% 144	17.53% 192	29.32% 321	27.67% 303	12.33% 135	1,095	3.08
Opportunities for advancement/development	18.26% 200	21.37% 234	38.08% 417	17.26% 189	5.02% 55	1,095	2.69

Q13: Please rate your level of satisfaction with the following in your primary place of employment: *Meeting Materials* [By Practice Setting]

Large Chain – Standalone

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	11.13% 53	19.12% 91	21.43% 102	36.97% 176	11.34% 54	476	3.18
Your pharmacist co-workers	3.78% 18	10.92% 52	15.34% 73	36.76% 175	33.19% 158	476	3.85
Your pharmacy technician co-workers	4.41% 21	19.12% 91	21.22% 101	32.35% 154	22.90% 109	476	3.50
Your level of workload	40.76% 194	33.19% 158	14.08% 67	10.08% 48	1.89% 9	476	1.99
Your pay	36.13% 172	28.57% 136	16.39% 78	15.76% 75	3.15% 15	476	2.21
Ability to use your knowledge	5.88% 28	12.82% 61	28.57% 136	41.60% 198	11.13% 53	476	3.39
Opportunity for advancement	18.28% 87	19.54% 93	37.82% 180	18.91% 90	5.46% 26	476	2.74
Your benefits	11.55% 55	19.75% 94	31.30% 149	27.31% 130	10.08% 48	476	3.05
Your level of stress	53.78% 256	26.26% 125	14.08% 67	3.78% 18	2.10% 10	476	1.74
Fair treatment from management	12.39% 59	19.12% 91	28.36% 135	28.99% 138	11.13% 53	476	3.07
Opportunities for advancement/development	17.86% 85	21.85% 104	37.61% 179	17.65% 84	5.04% 24	476	2.70

Q13: Please rate your level of satisfaction with the following in your primary place of employment: *Meeting Materials* [By Practice Setting]

Independent / Small Chain

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	3.77% 11	6.51% 19	20.21% 59	40.41% 118	29.11% 85	292	3.85
Your pharmacist co-workers	2.74% 8	6.16% 18	16.44% 48	40.75% 119	33.90% 99	292	3.97
Your pharmacy technician co-workers	1.37% 4	10.27% 30	20.55% 60	37.67% 110	30.14% 88	292	3.85
Your level of workload	7.53% 22	19.52% 57	24.66% 72	33.22% 97	15.07% 44	292	3.29
Your pay	20.21% 59	22.26% 65	30.48% 89	18.49% 54	8.56% 25	292	2.73
Ability to use your knowledge	2.05% 6	7.88% 23	23.63% 69	44.86% 131	21.58% 63	292	3.76
Opportunity for advancement	11.30% 33	19.52% 57	36.64% 107	22.60% 66	9.93% 29	292	3.00
Your benefits	14.04% 41	14.73% 43	39.38% 115	23.63% 69	8.22% 24	292	2.97
Your level of stress	18.49% 54	21.58% 63	37.33% 109	15.07% 44	7.53% 22	292	2.72
Fair treatment from management	7.53% 22	11.99% 35	24.66% 72	31.16% 91	24.66% 72	292	3.53
Opportunities for advancement/development	12.33% 36	15.75% 46	39.38% 115	20.55% 60	11.99% 35	292	3.04

Q13: Please rate your level of satisfaction with the following in your primary place of employment: [By Practice Setting]

Meeting Materials

Hospital

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	5.74% 23	12.22% 49	22.44% 90	40.65% 163	18.95% 76	401	3.55
Your pharmacist co-workers	1.75% 7	10.47% 42	16.46% 66	49.13% 197	22.19% 89	401	3.80
Your pharmacy technician co-workers	8.23% 33	18.45% 74	25.44% 102	34.91% 140	12.97% 52	401	3.26
Your level of workload	17.46% 70	28.18% 113	27.43% 110	22.19% 89	4.74% 19	401	2.69
Your pay	30.92% 124	29.93% 120	16.21% 65	18.70% 75	4.24% 17	401	2.35
Ability to use your knowledge	4.99% 20	13.72% 55	22.19% 89	44.89% 180	14.21% 57	401	3.50
Opportunity for advancement	21.95% 88	23.44% 94	26.93% 108	22.44% 90	5.24% 21	401	2.66
Your benefits	7.73% 31	17.21% 69	26.43% 106	36.91% 148	11.72% 47	401	3.28
Your level of stress	27.68% 111	32.67% 131	23.19% 93	13.97% 56	2.49% 10	401	2.31
Fair treatment from management	15.96% 64	17.96% 72	24.69% 99	30.67% 123	10.72% 43	401	3.02
Opportunities for advancement/development	20.20% 81	25.44% 102	30.42% 122	18.70% 75	5.24% 21	401	2.63

Q13: Please rate your level of satisfaction with the following in your primary place of employment: *Meeting Materials* [By Practice Setting]

Long-Term Care

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	3.64% 4	11.82% 13	21.82% 24	39.09% 43	23.64% 26	110	3.67
Your pharmacist co-workers	1.82% 2	6.36% 7	20.91% 23	50.00% 55	20.91% 23	110	3.82
Your pharmacy technician co-workers	2.73% 3	14.55% 16	26.36% 29	36.36% 40	20.00% 22	110	3.56
Your level of workload	11.82% 13	25.45% 28	26.36% 29	26.36% 29	10.00% 11	110	2.97
Your pay	28.18% 31	26.36% 29	21.82% 24	20.00% 22	3.64% 4	110	2.45
Ability to use your knowledge	2.73% 3	10.00% 11	20.00% 22	53.64% 59	13.64% 15	110	3.65
Opportunity for advancement	12.73% 14	24.55% 27	33.64% 37	25.45% 28	3.64% 4	110	2.83
Your benefits	18.18% 20	17.27% 19	33.64% 37	22.73% 25	8.18% 9	110	2.85
Your level of stress	20.91% 23	29.09% 32	22.73% 25	20.91% 23	6.36% 7	110	2.63
Fair treatment from management	10.00% 11	15.45% 17	30.91% 34	29.09% 32	14.55% 16	110	3.23
Opportunities for advancement/development	14.55% 16	28.18% 31	30.91% 34	21.82% 24	4.55% 5	110	2.74

Q13: Please rate your level of satisfaction with the following in your primary place of employment: *Meeting Materials* [By Practice Setting]

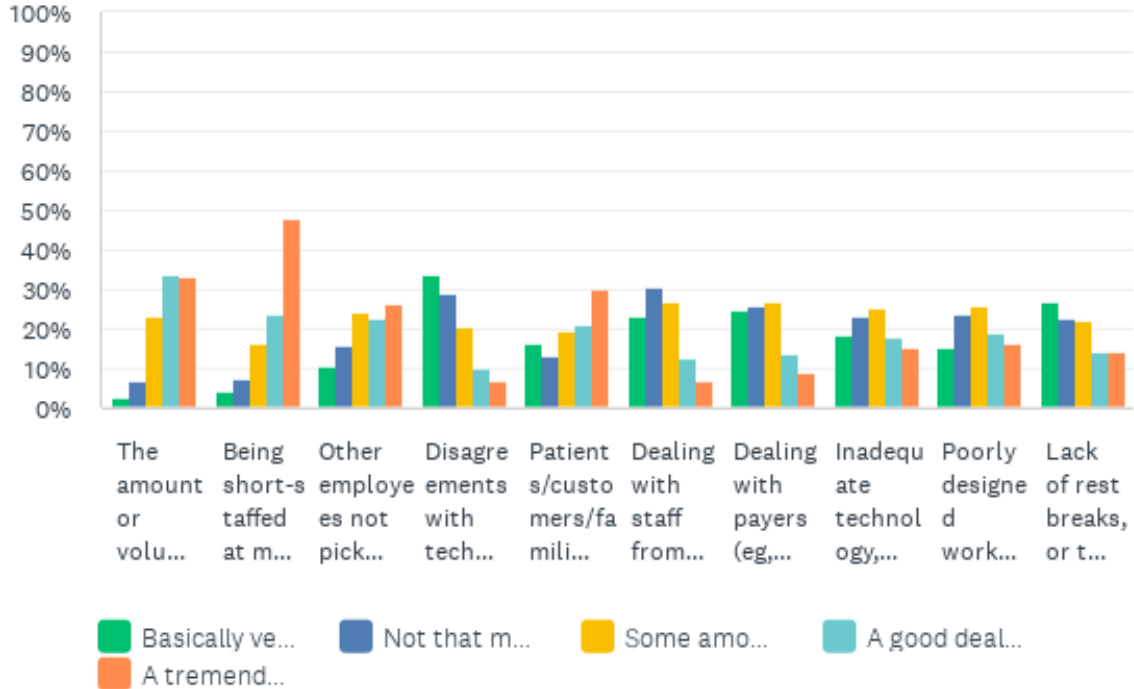
Mail Order

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	1.05% 1	10.53% 10	11.58% 11	42.11% 40	34.74% 33	95	3.99
Your pharmacist co-workers	0.00% 0	3.16% 3	15.79% 15	42.11% 40	38.95% 37	95	4.17
Your pharmacy technician co-workers	0.00% 0	15.79% 15	12.63% 12	37.89% 36	33.68% 32	95	3.89
Your level of workload	8.42% 8	16.84% 16	16.84% 16	41.05% 39	16.84% 16	95	3.41
Your pay	20.00% 19	27.37% 26	14.74% 14	29.47% 28	8.42% 8	95	2.79
Ability to use your knowledge	4.21% 4	12.63% 12	18.95% 18	43.16% 41	21.05% 20	95	3.64
Opportunity for advancement	13.68% 13	16.84% 16	20.00% 19	27.37% 26	22.11% 21	95	3.27
Your benefits	11.58% 11	9.47% 9	11.58% 11	45.26% 43	22.11% 21	95	3.57
Your level of stress	15.79% 15	20.00% 19	28.42% 27	24.21% 23	11.58% 11	95	2.96
Fair treatment from management	12.63% 12	10.53% 10	15.79% 15	32.63% 31	28.42% 27	95	3.54
Opportunities for advancement/development	8.42% 8	20.00% 19	20.00% 19	26.32% 25	25.26% 24	95	3.40

Q14: Please rate the amount of stress each of the following places on you at your job:

Meeting Materials

Answered: 2,560 Skipped: 0



Q14: Please rate the amount of stress each of the following places on you at your job:

Meeting Materials

All Settings

	BASICALLY VERY LITTLE, OR NO STRESS	NOT THAT MUCH STRESS	SOME AMOUNT OF STRESS	A GOOD DEAL OF STRESS	A TREMENDOUS AMOUNT OF STRESS	TOTAL	WEIGHTED AVERAGE
The amount or volume of work you have to do	2.89% 74	7.07% 181	23.32% 597	33.71% 863	33.01% 845	2,560	3.87
Being short-staffed at my work	4.26% 109	7.38% 189	16.56% 424	23.83% 610	47.97% 1,228	2,560	4.04
Other employees not picking up their fair share of work	10.66% 273	15.94% 408	24.26% 621	22.62% 579	26.52% 679	2,560	3.38
Disagreements with technician peers at my job	33.75% 864	28.83% 738	20.59% 527	10.16% 260	6.68% 171	2,560	2.27
Patients/customers/families who are rude or impatient	16.48% 422	13.13% 336	19.34% 495	20.86% 534	30.20% 773	2,560	3.35
Dealing with staff from other health care providers on prescriptions or medication orders	23.13% 592	30.51% 781	26.84% 687	12.58% 322	6.95% 178	2,560	2.50
Dealing with payers (eg, insurance companies) on prescriptions or medication orders	24.96% 639	25.98% 665	26.64% 682	13.71% 351	8.71% 223	2,560	2.55
Inadequate technology, hardware, and other resources needed for me to be effective in my work	18.36% 470	22.93% 587	25.43% 651	17.93% 459	15.35% 393	2,560	2.89
Poorly designed workflow and division of tasks/responsibilities among workers at my job	15.12% 387	23.75% 608	25.78% 660	19.18% 491	16.17% 414	2,560	2.98
Lack of rest breaks, or time to take scheduled rest breaks	26.88% 688	22.62% 579	21.99% 563	14.06% 360	14.45% 370	2,560	2.67

Q14: Please rate the amount of stress each of the following places on you at your job: **[By Practice Setting]**

Meeting Materials

Large Chain – Grocer/Big Box

	BASICALLY VERY LITTLE, OR NO STRESS	NOT THAT MUCH STRESS	SOME AMOUNT OF STRESS	A GOOD DEAL OF STRESS	A TREMENDOUS AMOUNT OF STRESS	TOTAL	WEIGHTED AVERAGE
The amount or volume of work you have to do	1.28% 14	3.74% 41	16.99% 186	37.08% 406	40.91% 448	1,095	4.13
Being short-staffed at my work	1.19% 13	4.38% 48	12.05% 132	23.29% 255	59.09% 647	1,095	4.35
Other employees not picking up their fair share of work	8.40% 92	14.98% 164	23.65% 259	23.11% 253	29.86% 327	1,095	3.51
Disagreements with technician peers at my job	31.51% 345	28.22% 309	21.92% 240	10.41% 114	7.95% 87	1,095	2.35
Patients/customers/families who are rude or impatient	4.02% 44	7.95% 87	18.54% 203	26.21% 287	43.29% 474	1,095	3.97
Dealing with staff from other health care providers on prescriptions or medication orders	16.16% 177	31.60% 346	29.50% 323	13.79% 151	8.95% 98	1,095	2.68
Dealing with payers (eg, insurance companies) on prescriptions or medication orders	10.41% 114	28.77% 315	32.15% 352	17.99% 197	10.68% 117	1,095	2.90
Inadequate technology, hardware, and other resources needed for me to be effective in my work	13.42% 147	21.64% 237	24.57% 269	20.37% 223	20.00% 219	1,095	3.12
Poorly designed workflow and division of tasks/responsibilities among workers at my job	11.69% 128	23.56% 258	24.47% 268	21.19% 232	19.09% 209	1,095	3.12
Lack of rest breaks, or time to take scheduled rest breaks	20.46% 224	22.10% 242	23.01% 252	15.34% 168	19.09% 209	1,095	2.91

Q14: Please rate the amount of stress each of the following places on you at your job: **[By Practice Setting]**

Meeting Materials

Large Chain – Standalone

	BASICALLY VERY LITTLE, OR NO STRESS	NOT THAT MUCH STRESS	SOME AMOUNT OF STRESS	A GOOD DEAL OF STRESS	A TREMENDOUS AMOUNT OF STRESS	TOTAL	WEIGHTED AVERAGE
The amount or volume of work you have to do	2.10% 10	1.89% 9	14.08% 67	32.98% 157	48.95% 233	476	4.25
Being short-staffed at my work	1.89% 9	3.36% 16	9.24% 44	23.32% 111	62.18% 296	476	4.41
Other employees not picking up their fair share of work	10.50% 50	14.08% 67	25.21% 120	21.01% 100	29.20% 139	476	3.44
Disagreements with technician peers at my job	36.55% 174	27.73% 132	20.38% 97	9.03% 43	6.30% 30	476	2.21
Patients/customers/families who are rude or impatient	3.15% 15	5.46% 26	19.96% 95	27.10% 129	44.33% 211	476	4.04
Dealing with staff from other health care providers on prescriptions or medication orders	16.39% 78	32.14% 153	30.25% 144	14.29% 68	6.93% 33	476	2.63
Dealing with payers (eg, insurance companies) on prescriptions or medication orders	10.50% 50	27.94% 133	37.18% 177	15.34% 73	9.03% 43	476	2.84
Inadequate technology, hardware, and other resources needed for me to be effective in my work	9.45% 45	21.22% 101	28.15% 134	21.22% 101	19.96% 95	476	3.21
Poorly designed workflow and division of tasks/responsibilities among workers at my job	9.87% 47	23.53% 112	27.10% 129	22.06% 105	17.44% 83	476	3.14
Lack of rest breaks, or time to take scheduled rest breaks	20.59% 98	22.27% 106	22.27% 106	17.44% 83	17.44% 83	476	2.89

Q14: Please rate the amount of stress each of the following places on you at your job: **[By Practice Setting]**

Meeting Materials

Independent / Small Chain

	BASICALLY VERY LITTLE, OR NO STRESS	NOT THAT MUCH STRESS	SOME AMOUNT OF STRESS	A GOOD DEAL OF STRESS	A TREMENDOUS AMOUNT OF STRESS	TOTAL	WEIGHTED AVERAGE
The amount or volume of work you have to do	5.48% 16	13.01% 38	44.52% 130	25.00% 73	11.99% 35	292	3.25
Being short-staffed at my work	9.59% 28	13.70% 40	31.85% 93	26.03% 76	18.84% 55	292	3.31
Other employees not picking up their fair share of work	16.78% 49	20.89% 61	24.66% 72	21.58% 63	16.10% 47	292	2.99
Disagreements with technician peers at my job	45.55% 133	27.05% 79	14.38% 42	9.93% 29	3.08% 9	292	1.98
Patients/customers/families who are rude or impatient	15.07% 44	28.42% 83	23.97% 70	18.15% 53	14.38% 42	292	2.88
Dealing with staff from other health care providers on prescriptions or medication orders	24.66% 72	35.62% 104	27.05% 79	8.56% 25	4.11% 12	292	2.32
Dealing with payers (eg, insurance companies) on prescriptions or medication orders	22.60% 66	29.79% 87	25.34% 74	13.70% 40	8.56% 25	292	2.56
Inadequate technology, hardware, and other resources needed for me to be effective in my work	28.77% 84	30.48% 89	20.89% 61	12.33% 36	7.53% 22	292	2.39
Poorly designed workflow and division of tasks/responsibilities among workers at my job	24.66% 72	32.19% 94	23.29% 68	12.67% 37	7.19% 21	292	2.46
Lack of rest breaks, or time to take scheduled rest breaks	34.59% 101	23.63% 69	23.97% 70	10.27% 30	7.53% 22	292	2.33

Q14: Please rate the amount of stress each of the following places on you at your job: **[By Practice Setting]**

Meeting Materials

Hospital

	BASICALLY VERY LITTLE, OR NO STRESS	NOT THAT MUCH STRESS	SOME AMOUNT OF STRESS	A GOOD DEAL OF STRESS	A TREMENDOUS AMOUNT OF STRESS	TOTAL	WEIGHTED AVERAGE
The amount or volume of work you have to do	2.49% 10	10.22% 41	30.42% 122	35.41% 142	21.45% 86	401	3.63
Being short-staffed at my work	4.74% 19	6.98% 28	21.45% 86	24.94% 100	41.90% 168	401	3.92
Other employees not picking up their fair share of work	7.98% 32	13.72% 55	21.20% 85	27.18% 109	29.93% 120	401	3.57
Disagreements with technician peers at my job	24.19% 97	30.42% 122	24.69% 99	12.72% 51	7.98% 32	401	2.50
Patients/customers/families who are rude or impatient	47.13% 189	20.70% 83	18.20% 73	9.23% 37	4.74% 19	401	2.04
Dealing with staff from other health care providers on prescriptions or medication orders	35.41% 142	25.44% 102	22.19% 89	11.72% 47	5.24% 21	401	2.26
Dealing with payers (eg, insurance companies) on prescriptions or medication orders	65.59% 263	14.46% 58	10.97% 44	4.49% 18	4.49% 18	401	1.68
Inadequate technology, hardware, and other resources needed for me to be effective in my work	26.93% 108	23.44% 94	27.93% 112	14.21% 57	7.48% 30	401	2.52
Poorly designed workflow and division of tasks/responsibilities among workers at my job	15.46% 62	19.70% 79	26.93% 108	20.45% 82	17.46% 70	401	3.05
Lack of rest breaks, or time to take scheduled rest breaks	25.19% 101	26.18% 105	23.94% 96	13.97% 56	10.72% 43	401	2.59

Q14: Please rate the amount of stress each of the following places on you at your job: **[By Practice Setting]**

Meeting Materials

Long-Term Care

	BASICALLY VERY LITTLE, OR NO STRESS	NOT THAT MUCH STRESS	SOME AMOUNT OF STRESS	A GOOD DEAL OF STRESS	A TREMENDOUS AMOUNT OF STRESS	TOTAL	WEIGHTED AVERAGE
The amount or volume of work you have to do	9.09% 10	12.73% 14	27.27% 30	32.73% 36	18.18% 20	110	3.38
Being short-staffed at my work	10.00% 11	17.27% 19	15.45% 17	28.18% 31	29.09% 32	110	3.49
Other employees not picking up their fair share of work	10.00% 11	22.73% 25	27.27% 30	18.18% 20	21.82% 24	110	3.19
Disagreements with technician peers at my job	28.18% 31	35.45% 39	21.82% 24	9.09% 10	5.45% 6	110	2.28
Patients/customers/families who are rude or impatient	40.91% 45	25.45% 28	16.36% 18	9.09% 10	8.18% 9	110	2.18
Dealing with staff from other health care providers on prescriptions or medication orders	40.91% 45	23.64% 26	15.45% 17	12.73% 14	7.27% 8	110	2.22
Dealing with payers (eg, insurance companies) on prescriptions or medication orders	50.00% 55	25.45% 28	8.18% 9	8.18% 9	8.18% 9	110	1.99
Inadequate technology, hardware, and other resources needed for me to be effective in my work	29.09% 32	22.73% 25	23.64% 26	16.36% 18	8.18% 9	110	2.52
Poorly designed workflow and division of tasks/responsibilities among workers at my job	19.09% 21	21.82% 24	32.73% 36	13.64% 15	12.73% 14	110	2.79
Lack of rest breaks, or time to take scheduled rest breaks	56.36% 62	16.36% 18	15.45% 17	6.36% 7	5.45% 6	110	1.88

Q14: Please rate the amount of stress each of the following places on you at your job: **[By Practice Setting]**

Meeting Materials

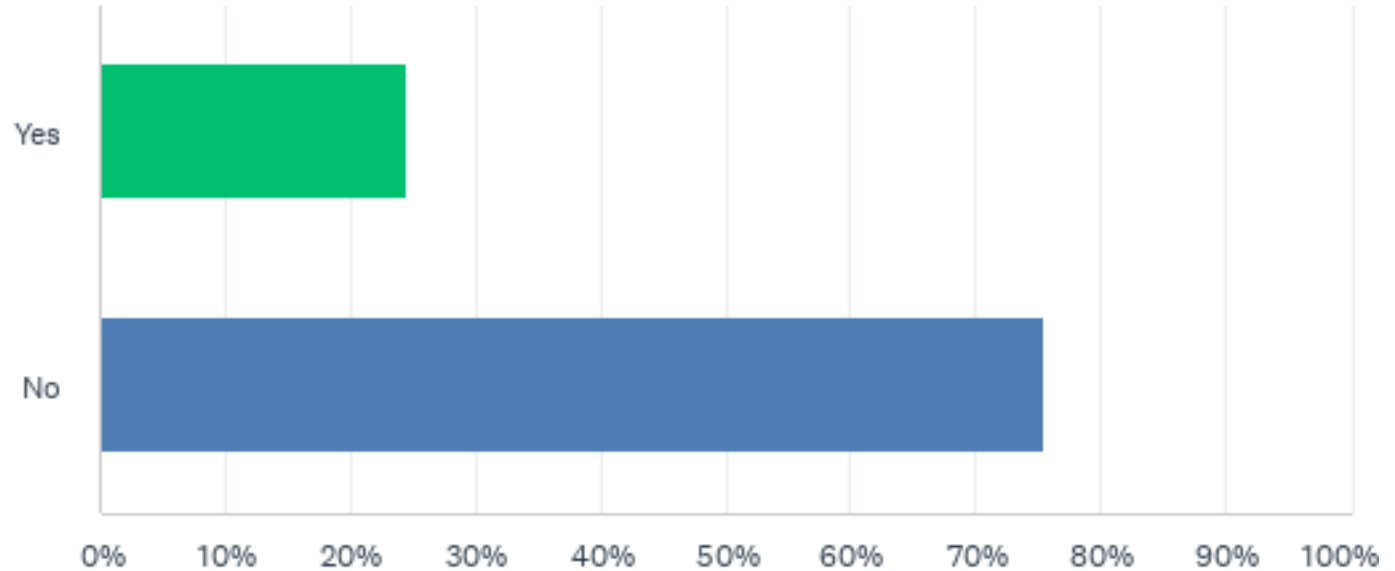
Mail Order

	BASICALLY VERY LITTLE, OR NO STRESS	NOT THAT MUCH STRESS	SOME AMOUNT OF STRESS	A GOOD DEAL OF STRESS	A TREMENDOUS AMOUNT OF STRESS	TOTAL	WEIGHTED AVERAGE
The amount or volume of work you have to do	8.42% 8	21.05% 20	33.68% 32	26.32% 25	10.53% 10	95	3.09
Being short-staffed at my work	21.05% 20	26.32% 25	22.11% 21	20.00% 19	10.53% 10	95	2.73
Other employees not picking up their fair share of work	24.21% 23	18.95% 18	27.37% 26	16.84% 16	12.63% 12	95	2.75
Disagreements with technician peers at my job	50.53% 48	32.63% 31	12.63% 12	3.16% 3	1.05% 1	95	1.72
Patients/customers/families who are rude or impatient	56.84% 54	14.74% 14	12.63% 12	8.42% 8	7.37% 7	95	1.95
Dealing with staff from other health care providers on prescriptions or medication orders	50.53% 48	27.37% 26	12.63% 12	7.37% 7	2.11% 2	95	1.83
Dealing with payers (eg, insurance companies) on prescriptions or medication orders	62.11% 59	21.05% 20	9.47% 9	5.26% 5	2.11% 2	95	1.64
Inadequate technology, hardware, and other resources needed for me to be effective in my work	29.47% 28	27.37% 26	25.26% 24	9.47% 9	8.42% 8	95	2.40
Poorly designed workflow and division of tasks/responsibilities among workers at my job	32.63% 31	27.37% 26	23.16% 22	10.53% 10	6.32% 6	95	2.31
Lack of rest breaks, or time to take scheduled rest breaks	61.05% 58	18.95% 18	9.47% 9	8.42% 8	2.11% 2	95	1.72

Q15: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced?

Meeting Materials

Answered: 2,560 Skipped: 0



Q15: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced?

All Settings

ANSWER CHOICES	RESPONSES	
Yes	24.53%	628
No	75.47%	1,932
TOTAL		2,560

Q15: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced? **[By Practice Setting]**

Large Chain – Grocer/Big Box

ANSWER CHOICES	RESPONSES	
Yes	23.74%	260
No	76.26%	835
TOTAL		1,095

Q15: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced? **[By Practice Setting]**

Large Chain – Standalone

ANSWER CHOICES	RESPONSES	
Yes	19.33%	92
No	80.67%	384
TOTAL		476

Q15: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced? *[By Practice Setting]*

Independent / Small Chain

ANSWER CHOICES	RESPONSES	
Yes	22.95%	67
No	77.05%	225
TOTAL		292

Q15: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced? *[By Practice Setting]*

Hospital

ANSWER CHOICES	RESPONSES	
Yes	31.17%	125
No	68.83%	276
TOTAL		401

Q15: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced? **[By Practice Setting]**

Long-Term Care

ANSWER CHOICES	RESPONSES	
Yes	25.45%	28
No	74.55%	82
TOTAL		110

Q15: In the past two years, did you change your primary place of employment due, in whole or in part, to working conditions you experienced? *[By Practice Setting]*

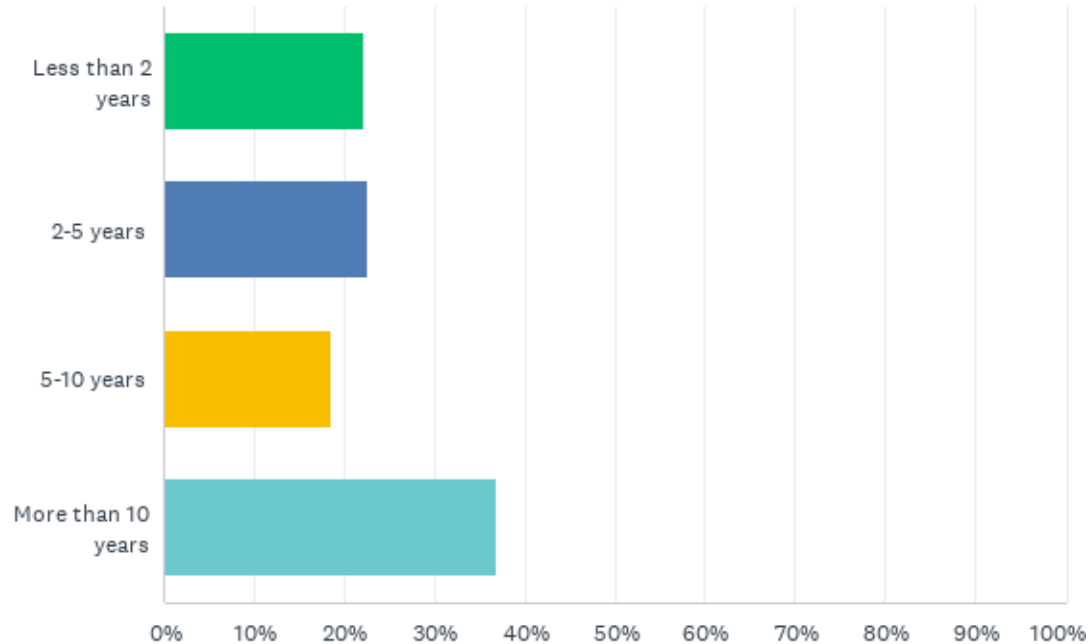
Mail Order

ANSWER CHOICES	RESPONSES	
Yes	26.32%	25
No	73.68%	70
TOTAL		95

Q16: How long do you plan to remain in your career as a pharmacy technician?

Meeting Materials

Answered: 2,560 Skipped: 0



Q16: How long do you plan to remain in your career as a pharmacy technician?

Meeting Materials

All Settings

ANSWER CHOICES	RESPONSES	
Less than 2 years	22.11%	566
2-5 years	22.58%	578
5-10 years	18.48%	473
More than 10 years	36.84%	943
TOTAL		2,560

Q16: How long do you plan to remain in your career as a pharmacy technician? *[By Practice Setting]*

Meeting Materials

Large Chain – Grocer/Big Box

ANSWER CHOICES	RESPONSES	
Less than 2 years	27.58%	302
2-5 years	23.29%	255
5-10 years	17.44%	191
More than 10 years	31.69%	347
TOTAL		1,095

Q16: How long do you plan to remain in your career as a pharmacy technician? **[By Practice Setting]**

Meeting Materials

Large Chain – Standalone

ANSWER CHOICES	RESPONSES	
Less than 2 years	22.06%	105
2-5 years	25.21%	120
5-10 years	19.33%	92
More than 10 years	33.40%	159
TOTAL		476

Q16: How long do you plan to remain in your career as a pharmacy technician? *[By Practice Setting]*

Meeting Materials

Independent / Small Chain

ANSWER CHOICES	RESPONSES	
Less than 2 years	19.18%	56
2-5 years	19.52%	57
5-10 years	18.84%	55
More than 10 years	42.47%	124
TOTAL		292

Q16: How long do you plan to remain in your career as a pharmacy technician? *[By Practice Setting]*

Meeting Materials

Hospital

ANSWER CHOICES	RESPONSES	
Less than 2 years	15.21%	61
2-5 years	22.94%	92
5-10 years	19.45%	78
More than 10 years	42.39%	170
TOTAL		401

Q16: How long do you plan to remain in your career as a pharmacy technician? **[By Practice Setting]**

Meeting Materials

Long-Term Care

ANSWER CHOICES	RESPONSES	
Less than 2 years	17.27%	19
2-5 years	20.00%	22
5-10 years	17.27%	19
More than 10 years	45.45%	50
TOTAL		110

Q16: How long do you plan to remain in your career as a pharmacy technician? *[By Practice Setting]*

Meeting Materials

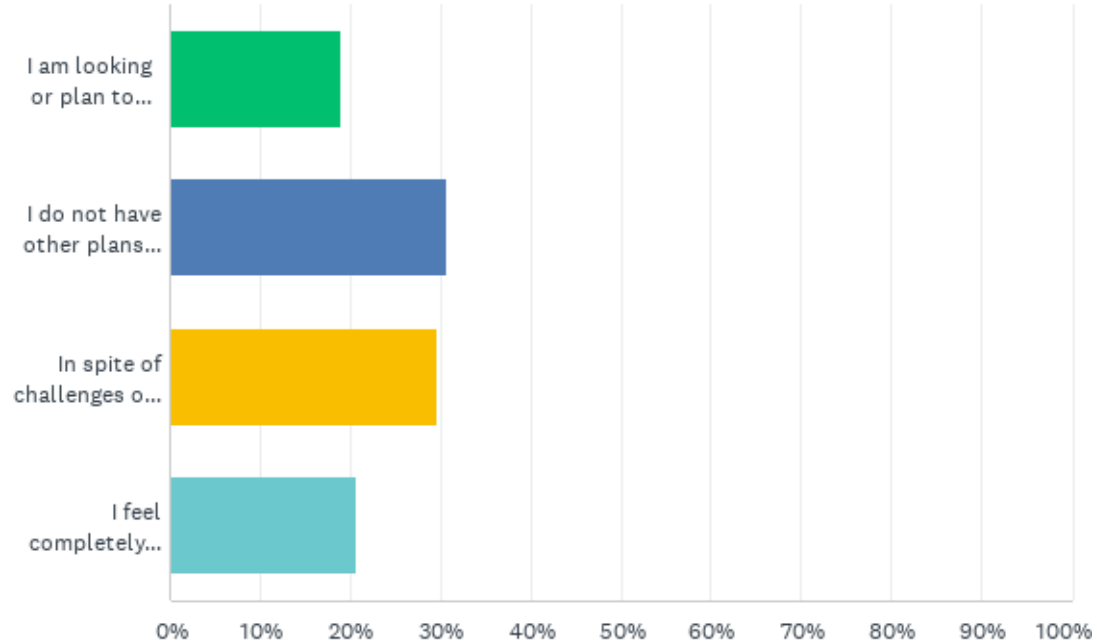
Mail Order

ANSWER CHOICES	RESPONSES	
Less than 2 years	12.63%	12
2-5 years	14.74%	14
5-10 years	15.79%	15
More than 10 years	56.84%	54
TOTAL		95

Q17: How would you characterize your commitment, or loyalty to remaining a pharmacy technician?

Meeting Materials

Answered: 2,560 Skipped: 0



Q17: How would you characterize your commitment, or loyalty to remaining a pharmacy technician?

Meeting Materials

All Settings

ANSWER CHOICES	RESPONSES
I am looking or plan to leave this career, altogether	18.98% 486
I do not have other plans currently, but it might not take much for me to change careers	30.63% 784
In spite of challenges or shortcomings, I feel good about this line of work and hope to make a career of it for quite some time	29.69% 760
I feel completely committed and am definitely in this career for my entire worklife	20.70% 530
TOTAL	2,560

Meeting Materials
Q17: How would you characterize your commitment, or loyalty to remaining a pharmacy technician? **[By Practice Setting]**

Large Chain – Grocer/Big Box

ANSWER CHOICES	RESPONSES	
I am looking or plan to leave this career, altogether	22.10%	242
I do not have other plans currently, but it might not take much for me to change careers	33.24%	364
In spite of challenges or shortcomings, I feel good about this line of work and hope to make a career of it for quite some time	29.68%	325
I feel completely committed and am definitely in this career for my entire worklife	14.98%	164
TOTAL		1,095

Q17: How would you characterize your commitment, or loyalty to remaining a pharmacy technician? **[By Practice Setting]**

Meeting Materials

Large Chain – Standalone

ANSWER CHOICES	RESPONSES	
I am looking or plan to leave this career, altogether	19.75%	94
I do not have other plans currently, but it might not take much for me to change careers	34.66%	165
In spite of challenges or shortcomings, I feel good about this line of work and hope to make a career of it for quite some time	27.94%	133
I feel completely committed and am definitely in this career for my entire worklife	17.65%	84
TOTAL		476

Q17: How would you characterize your commitment, or loyalty to remaining a pharmacy technician? **[By Practice Setting]**

Meeting Materials

Independent / Small Chain

ANSWER CHOICES	RESPONSES	
I am looking or plan to leave this career, altogether	13.70%	40
I do not have other plans currently, but it might not take much for me to change careers	22.26%	65
In spite of challenges or shortcomings, I feel good about this line of work and hope to make a career of it for quite some time	34.93%	102
I feel completely committed and am definitely in this career for my entire worklife	29.11%	85
TOTAL		292

Q17: How would you characterize your commitment, or loyalty to remaining a pharmacy technician? *[By Practice Setting]*

Meeting Materials

Hospital

ANSWER CHOICES	RESPONSES	
I am looking or plan to leave this career, altogether	17.71%	71
I do not have other plans currently, but it might not take much for me to change careers	28.68%	115
In spite of challenges or shortcomings, I feel good about this line of work and hope to make a career of it for quite some time	26.43%	106
I feel completely committed and am definitely in this career for my entire worklife	27.18%	109
TOTAL		401

Q17: How would you characterize your commitment, or loyalty to remaining a pharmacy technician? **[By Practice Setting]**

Meeting Materials

Long-Term Care

ANSWER CHOICES	RESPONSES	
I am looking or plan to leave this career, altogether	16.36%	18
I do not have other plans currently, but it might not take much for me to change careers	29.09%	32
In spite of challenges or shortcomings, I feel good about this line of work and hope to make a career of it for quite some time	29.09%	32
I feel completely committed and am definitely in this career for my entire worklife	25.45%	28
TOTAL		110

Q17: How would you characterize your commitment, or loyalty to remaining a pharmacy technician? **[By Practice Setting]**

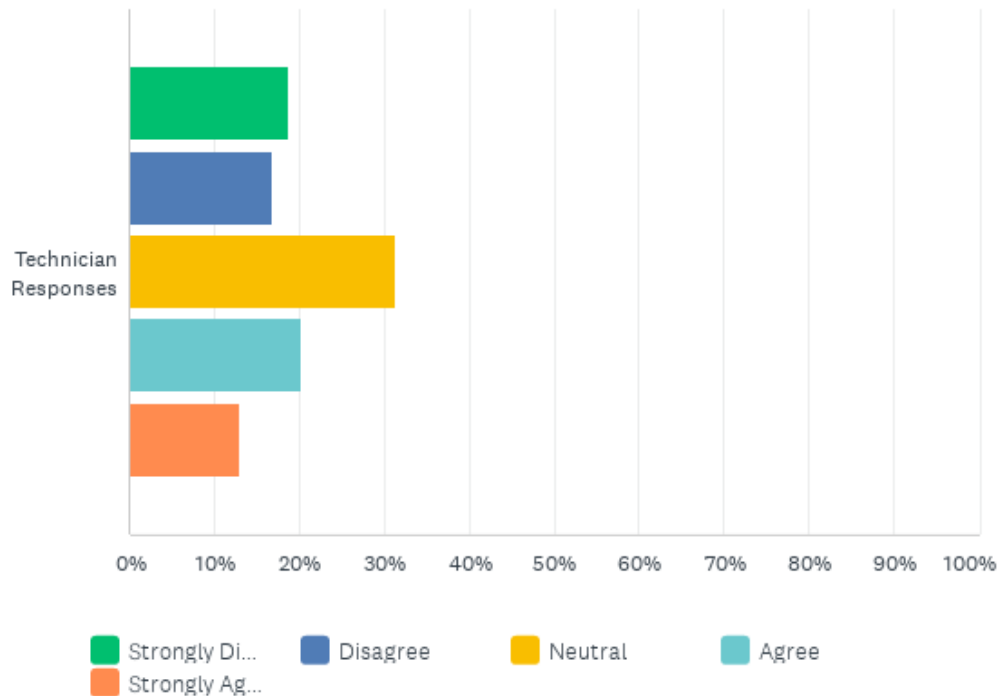
Meeting Materials

Mail Order

ANSWER CHOICES	RESPONSES	
I am looking or plan to leave this career, altogether	9.47%	9
I do not have other plans currently, but it might not take much for me to change careers	28.42%	27
In spite of challenges or shortcomings, I feel good about this line of work and hope to make a career of it for quite some time	34.74%	33
I feel completely committed and am definitely in this career for my entire worklife	27.37%	26
TOTAL		95

Q18: Do you think duties of pharmacy technicians should be expanded to include additional clinical responsibilities?

Answered: 2,560 Skipped: 0



Q18: Do you think duties of pharmacy technicians should be expanded to include additional clinical responsibilities? *[By Practice Setting]*

Meeting Materials

All Settings

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	18.67% 478	16.91% 433	31.25% 800	20.20% 517	12.97% 332	2,560	2.92

Meeting Materials
Q18: Do you think duties of pharmacy technicians should be expanded to include additional clinical responsibilities? [By Practice Setting]

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	20.73% 227	17.17% 188	31.14% 341	18.90% 207	12.05% 132	1,095	2.84

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	25.00% 119	17.44% 83	29.62% 141	16.81% 80	11.13% 53	476	2.72

Meeting Materials
Q18: Do you think duties of pharmacy technicians should be expanded to include additional clinical responsibilities? [By Practice Setting]

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	13.36% 39	17.12% 50	39.38% 115	20.21% 59	9.93% 29	292	2.96

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	12.97% 52	15.21% 61	26.68% 107	25.44% 102	19.70% 79	401	3.24

Q18: Do you think duties of pharmacy technicians should be expanded to include additional clinical responsibilities? *[By Practice Setting]*

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	13.64% 15	15.45% 17	36.36% 40	20.91% 23	13.64% 15	110	3.05

Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	15.79% 15	13.68% 13	31.58% 30	23.16% 22	15.79% 15	95	3.09

Meeting Materials

Q19 What other responsibilities would you like to take on/add to enhance your role as a pharmacy technician? Leave blank if not applicable. REMINDER: Do not include your name or other information that would identify you in the comments.

Answered: 647 Skipped: 1,913

#	RESPONSES	DATE
1	Immunizations to help alleviate some of the stress on our pharmacists.	12/3/2021 9:18 AM
2	Vaccine, training new staff	12/3/2021 8:44 AM
3	I do not mind more responsibilities, however we need to have the adequate staffing to do so.	12/2/2021 8:18 PM
4	No	12/2/2021 6:21 PM
5	None	12/2/2021 1:43 PM
6	Some basic counseling of patients about OTC products and their medications, for example telling them to eat before taking, or shake well, nothing extreme like about possible interactions	12/2/2021 10:30 AM
7	Explain warnings on labels or if patients should eat food with said item.	12/2/2021 10:04 AM
8	If provided the information from RPH, being able to advise customers of the data.	12/2/2021 6:54 AM
9	I am not permitted by my employer to utilize my certification to its fullest. W*Imart doesn't let certified techs take scripts over the phone or do transfers. Overall techs do not need more responsibilities but rather need time to effectively execute the responsibilities we already have.	12/2/2021 4:36 AM
10	I would love to learn more and be able to do more. Any and everything the skies the limit.	12/2/2021 1:51 AM
11	Immunizations at my current store only	12/2/2021 1:05 AM
12	Able to give vaccines that would help the pharmacist work load	12/1/2021 8:16 PM
13	None. We already have ENOUGH responsibilities, we don't need more	12/1/2021 7:53 PM
14	NA	12/1/2021 5:42 PM
15	Too many responsibilities have been added, there are a reason pharmacy's are not clinics!	12/1/2021 3:28 PM
16	Expanded immunizations, and clinical roles	12/1/2021 3:03 PM
17	Learning more area of the pharmacy.	12/1/2021 2:25 PM
18	Nothing	12/1/2021 10:28 AM
19	I like the fact that other clinical duties (injections) may be added to opportunities for techs.	12/1/2021 6:12 AM
20	Pharm techs have the ability to give vaccines, do point of care testing, and bill insurances. We are handling a lot of things that used to be pharmacist only tasks in order to free up RPH for more clinical and patient care focus. We deserve to get pay that reflects that. At the very least we deserve recognition.	12/1/2021 2:47 AM
21	I feel like we should take more time to make sure things are organized because it will make the job easier.	11/30/2021 11:41 PM
22	I would like to be trained more efficiently and not on my own, and when I asked pharmacist and others question they don't answer me with an attitude.	11/30/2021 9:15 PM
23	We want pharmacist assistance to reduce stress, better pay for the job,	11/30/2021 7:00 PM
24	possibly more than 1 pharmacist for an entire workload daily. more space.	11/30/2021 5:55 PM

Meeting Materials

25	Stop all English language requirements as there are lost work that tech could do that require English speaking and writing proficiency	11/30/2021 4:04 PM
26	I would like to be able to give immunizations to patients.	11/30/2021 3:31 PM
27	Not really sure	11/30/2021 2:40 PM
28	None!	11/30/2021 11:40 AM
29	Being able to take prescriptions over the phone from hospitals, etc. Taking clarification over the phone for easy to fix mistakes that dont need a pharmacist's attention.	11/30/2021 11:34 AM
30	I do not want more responsibility without a pay increase. We are doing too much and being paid too little.	11/30/2021 11:34 AM
31	None, I work in the IV room and we have tons of responsibilities, too many at times.	11/30/2021 11:33 AM
32	unable to administer vaccines due to management not willing to allow certified tech to do it	11/30/2021 11:15 AM
33	Reconstitution, training for vaccines	11/30/2021 10:35 AM
34	Have QA CphT Technician to Verify / check refill medication only refill medication, that Technician shall be responsible for QT and Checking refill and giving vaccinations, DUR and patient Counsel should be Handled by pharmacist on duty, we the Technicians are ready to take more responsibilities. Having Pharmacist Assistance would help so much on work load on the Pharmacist and patients.	11/30/2021 10:07 AM
35	Counsel patients	11/30/2021 9:35 AM
36	I feel we should be able to administer all shots that our pharmacy provides.	11/30/2021 9:26 AM
37	Being able to check things or answer small counseling notes.	11/30/2021 9:25 AM
38	Would be nice if Technicians could check each other on Pyxis fills. That back things up waiting on a Pharmacist.	11/30/2021 8:41 AM
39	Administer vaccines.	11/30/2021 7:58 AM
40	Within specialty, technicians would be useful in the prior authorization department.	11/30/2021 5:34 AM
41	I would just love to actually have enough staff to take a 10 minute break for once during my 10 to 12 hour shift.	11/30/2021 4:02 AM
42	I would like to see Pharmacy Technicians able to give immunizations.	11/29/2021 11:44 PM
43	Ability to give all vaccines	11/29/2021 11:24 PM
44	Vaccines	11/29/2021 11:06 PM
45	Able to give vaccines	11/29/2021 10:58 PM
46	We have enough that we have taken on including vaccines then have been told we are not allowed plus said we would get 2\$ more a hour if we went through the training then took that away to only if we give vaccines and hiring nurse no telling how much. McDonald's employees start out at 16\$ a hour and I make 16.48 and I always work over and do what ever it takes for my team. We are under payed under staffed and tired and to take what we learned away from us was degrading. And to take our pay away was worse. This is supposed to be a career not a job. We are messing with peoples lives just like nurses and the are making big bucks right now. We care about our patients just as much. If not more. The nurse wouldn't be able to do their job if it wasn't for us distributing medication. And we should also get a phone service so we don't have to answer the phones because we are trying to count get the registers get the drive thru and phones ringing non stop now it is very stressful	11/29/2021 10:44 PM
47	none	11/29/2021 10:22 PM
48	I feel like technicians does all of the bulk work, so I feel like we already have the most responsibilities	11/29/2021 9:57 PM
49	Ability to give vaccinations;	11/29/2021 9:34 PM
50	More allowance in patient care	11/29/2021 9:04 PM

51	Na	11/29/2021 9:02 PM
52	To help pharmacist more check medications after filling, paperwork etc.	11/29/2021 8:43 PM
53	consultations	11/29/2021 6:48 PM
54	Vaccines	11/29/2021 6:30 PM
55	Doing shots, checking scripts	11/29/2021 6:28 PM
56	Vaccination administration	11/29/2021 4:50 PM
57	Would be nice if Technicians could check each other on Pyxis fills. That back things up waiting on a Pharmacist.	11/29/2021 4:46 PM
58	My employer does not yet have a program for technician vaccination training, despite it being approved by the state. I'm looking forward to when that program is more widely available.	11/29/2021 3:17 PM
59	Permanent work from home would be beneficial in keeping me in this career choice. Ohio needs to allow this.	11/29/2021 3:02 PM
60	Registered Tech should be also allowed to take new orders	11/29/2021 2:25 PM
61	We are not adequately paid now. There would be no reason to allow technicians to take on more duties unless you're going to compensate us more. Plus, some pharmacies, do not allow techs to do certain tasks that we are trained to do, such as transfer prescriptions, take refills, and reconstitute suspensions.	11/29/2021 2:17 PM
62	Ability to witness . Tech/ tech check	11/29/2021 2:15 PM
63	Medication verification for pyxis or other automated medication storage.	11/29/2021 2:06 PM
64	More comprehensive training in immunizations	11/29/2021 1:58 PM
65	Including more immunizations to those we can give now if certified to do so. Opportunities to specialize/advance our pharmacy abilities.	11/29/2021 1:56 PM
66	At this point they're is nothing extra I think we should add to our technicians they have day to much on their hands now.	11/29/2021 1:51 PM
67	Product verification, reconstitutes and compounds, taking verbal prescriptions, transferring prescriptions. I am nationally certified, my employer just has restrictions	11/29/2021 1:50 PM
68	Immunization	11/29/2021 1:46 PM
69	I work for a specialty pharmacy in a rheumatology office. So, I feel like I'm working at the top of my certification. Assisting with prior authorizations and appeals, disease assessments, copay assistance, insurance troubleshooting & coordinating with outside pharmacies. However, i left my previous job in a hospital inpatient pharmacy due to lack of involvement in patient care as well as job related stress. Hospital techs are definitely under utilized. They could be doing tech check tech, medication histories or even assisting with medication access issues prior to discharge. I feel that this would reduce burnout and allow for more technicians to make a real career out of pharmacy.	11/29/2021 1:31 PM
70	I honestly wouldn't mind adding to my responsibilities, but not if I don't have the staff (additional technicians) to back me up, and not for what I'm currently making per hour.	11/29/2021 1:20 PM
71	I would like to interact more with health insurance agencies and doctors' offices.	11/29/2021 1:19 PM
72	I think they should let you know its more like a vaccine clinic now than a Pharmacy	11/29/2021 1:16 PM
73	N/A	11/29/2021 1:07 PM
74	Giving vaccinations	11/29/2021 12:56 PM
75	Giving Injections, sending supplies	11/29/2021 12:56 PM
76	NA	11/29/2021 12:55 PM
77	Helping with vaccines, you want the pharmacist to stand there and watch the certified tech, that doesn't work in a retail setting, I feel with the correct training a certified tech can handle	11/29/2021 12:49 PM

Meeting Materials

giving a vaccine, vaccines is probably the biggest stress in the pharmacy, one pharmacist giving 30 vaccines a day, and checking 300 scripts a day, it's just not safe

78	Giving immunizations	11/29/2021 12:35 PM
79	The issue isn't increased responsibility, it's the pay associated with it. The standardized or agreed upon pay in the industry is terrible and does not reflect the level of responsibility already had. There will be continuous turnover and dissatisfaction from technicians and pharmacists if this continues.	11/29/2021 12:31 PM
80	drug diversion monitoring, technician training programs, leadership shadowing	11/29/2021 12:29 PM
81	Na	11/29/2021 12:19 PM
82	Able to give Immunizations and compounding.	11/29/2021 12:18 PM
83	ABILITY TO GIVE VACCINES, GO OVER MEDICATIONS WITH THE PT. TAKE VERBALS FROM MDS, TRANSFER MEDS TO OTHER PHARMACIES	11/29/2021 12:15 PM
84	Billing	11/29/2021 12:09 PM
85	tech check tech. Ability to build items in automation NDC and have Rph validate	11/29/2021 12:08 PM
86	Every hospital needs to have technicians bosses that are actually plugged in and know what's happening and how things should be run. It's absurd to me that pharmacy techs have zero opportunity to advance or get more money no matter what hospital system you work for. There absolutely needs to be levels in between being a regular tech and pharmacist.	11/29/2021 12:01 PM
87	Certified techs should be able to administer all immunizations. They need to make a clinical tech position and have a regular retail tech position. Certified techs need alot more compensation. The pharmacy can not operate without us. Make a separate position, that way techs that don't want to do clinical or shots can focus on customer service and filling and the clinical techs can focus on everything else without the extra burden of what retail comes with.	11/29/2021 11:54 AM
88	I would like to see the technicians get the opportunities to respond to codes and get the training required for this.	11/29/2021 11:53 AM
89	Transfers, they need to be checked by a pharmacist regardless. some inventory that we can't do.	11/29/2021 11:50 AM
90	Immunizations, MTM (Im certified)	11/29/2021 11:50 AM
91	Vaccines, counseling, mixing	11/29/2021 11:47 AM
92	Of course I think they need to take more certifications to be allowed to do anything extra, but I feel that properly educated techs can do more if given.	11/29/2021 11:38 AM
93	Tech check tech	11/29/2021 11:35 AM
94	Expand clinical and administrative/management opportunities.	11/29/2021 11:25 AM
95	Although this doesn't directly answer the question, it is important to note that I only think pharmacy technicians should take on additional roles if certain needs are met. There are very serious staffing and technology needs that have long gone unmet. This makes their existing duties impossible to complete. I am not against pharmacy technicians taking on additional tasks and actually feel that their skillsets are under utilized. That being said, until all the current needs are fully and properly met, there doesn't need to be any discussion of pharmacy techs taking additional tasks. They are already massively overworked, underpaid, and underappreciated.	11/28/2021 4:13 PM
96	More manager like responsibilities	11/28/2021 2:02 PM
97	i currently give covid shots and would like to be able to do all vaccinations	11/27/2021 3:45 PM
98	maybe to become a vaccinator or to be able to take scripts over the phone	11/27/2021 2:38 PM
99	limited counseling	11/27/2021 2:16 PM
100	Customer service is the most important part of my job. I am no way better or worse than my other coworkers. The customer always comes first.	11/27/2021 3:08 AM
101	I would like to be able to take verbal perscription orders from healthcare providers over the	11/26/2021 8:35 PM

Meeting Materials

phone instead of putting providers on hold waiting for pharmacist to be able to pick up the phone.

102	Giving vaccinations	11/26/2021 6:24 PM
103	Ability to receive training/certifications to provide direct patient education pieces under direct supervision of the pharmacist. Examples being how to use an inhaler properly, use a blood glucose meter, etc.	11/26/2021 2:05 PM
104	Iv and compounding	11/26/2021 10:26 AM
105	Vaccinations	11/25/2021 6:00 PM
106	None	11/25/2021 9:35 AM
107	What other roles can a technician do?! These companies are making us do everything, pay us nothing, and expect it with one 30 minute lunch break the whole day. Sooo nothing until we are given enough time and respect for our current duties.	11/25/2021 8:00 AM
108	no responsibilities detracted, although there are some that should be the responsibility of individuals who hold above titles	11/25/2021 1:25 AM
109	None with my current employer/corporate!!! Their metrics are ridiculous, especially with limited staffing. There is no feasible way.	11/25/2021 12:25 AM
110	Aid in transferring medications or any other pharmacy only job.	11/24/2021 11:56 PM
111	I am already a lead technician so I have many responsibilities (ex: scheduling, training, dual interviews with HR for training, ordering supplies, inventory management, billing clinical/MTM claims, etc.) I am not sure about giving vaccines-I already have so much on my plate.	11/24/2021 9:57 PM
112	It should be made easier for Certified pharmacy technicians to be able to give vaccines to lighten the work load of pharmacist, so they can get prescriptions filled more quickly.	11/24/2021 7:36 PM
113	I would be receptive to taking on additional responsibilities if and only if the pay, work environment and level of adequate staffing all trended in the positive direction. I now feel as though I do highly skilled, stressful work for the salary of a high school summer job.	11/24/2021 7:18 PM
114	I believe that we should be able to council patients on things that we are very confident in. If not then ask but if we know the answers we should be allowed to answer. Along with that we are doing just about as much work as pharmacists so I believe pay needs to be better. I also believe there should be some kind of program to let techs give vaccines to help the pharmacists especially if they are in nursing school	11/24/2021 12:51 PM
115	If we were to add on any roles we would need an extensive amount of help. Considering we do not have enough technicians to even cover lunch breaks or finish our own duties in a timely manner.	11/24/2021 11:46 AM
116	I think the state of ohio should do a check tech check for Pyxis refills that have barcode scanning on load and refill active.	11/24/2021 11:01 AM
117	more room for growth, advance tech opportunities, more pay based on skill set that includes annual testing of skills	11/24/2021 9:38 AM
118	I would not take on any additional responsibilities because I know from experience that additional skills and certifications do not come with increased wages.	11/24/2021 8:16 AM
119	Just need to focus on pharmacy roles, not clinical nor th8ngs that should be or can be done at a doctors office	11/24/2021 5:49 AM
120	Drawing blood, vital sign, lab tests and injections	11/23/2021 11:32 PM
121	I'd love the opportunity to become licensed to administer immunizations.	11/23/2021 11:18 PM
122	I think all technician should be able to do internal transfers within our own chain even if you aren't certified.	11/23/2021 10:09 PM
123	None. I am completely overwhelmed as it is. 500+ prescriptions in dispensing. Over a week behind.	11/23/2021 10:07 PM
124	It would be nice if my employer would allow me to work at the top of my license. I'm not allowed to take prescription transfers etc. But there's a huge push to have techs immunizing	11/23/2021 9:30 PM

Meeting Materials

and that seems more likely to result in an error to me.

125	Immunize ,clarify rx, deny controls ,	11/23/2021 2:28 PM
126	Reading prescription images	11/23/2021 1:12 PM
127	None! I am a pharmacy technician not a doctor and not a nurse.	11/23/2021 12:53 PM
128	None unless employer is willing to pay more	11/23/2021 12:18 PM
129	I believe with appropriate certification some element of patient counseling. As a seasoned technician of over 12 years, I have an extensive knowledge base, yet cannot provide the barest of information.	11/23/2021 12:01 PM
130	Expand immunization duties for pharmacy technicians. Also make becoming a certified technician easier.	11/23/2021 11:05 AM
131	I'm currently in training at OSU, and I am very excited to expand the scope of my experience. Especially to get experience with sterile compounding.	11/23/2021 9:34 AM
132	Nothing. I feel that there is so much put on us at this point that we couldn't handle anything else. I was a trainer for the last two positions I held and I could see the stress of the other techs, on top of my own.	11/23/2021 8:41 AM
133	17. Retiring	11/23/2021 8:32 AM
134	Duties trained and tested by PTCB as part of the Advanced Certified Pharmacy Technician certification. Please allow most specifically Technician Product Verification. Taking this step (along with a large part of immunization duties) will go a long way toward growing my profession and reducing Pharmacist workload.	11/23/2021 8:23 AM
135	Taking transfer orders and giving transfers would help the amount of time people had to wait	11/23/2021 7:06 AM
136	Ability to make recommendations on otc products; become trained in the ability to counsel patients	11/23/2021 6:46 AM
137	I'm not sure how much more responsibility we're supposed to take on with nothing in return.	11/23/2021 5:37 AM
138	Give flu shots we already give Covid shots	11/23/2021 5:27 AM
139	GIVING ALL SHOTS/VACCINATIONS TO TAKE LOAD OFF RPH BUT ONLY IF ENOUGH STAFFING OTHERWISE POINTLESS	11/23/2021 4:37 AM
140	managing. maybe in the retail areas having techs just for billing so patients prescriptions get billed correctly and quickly, so patients get their meds. maybe making it remote.	11/23/2021 1:20 AM
141	Fine with it where we are at. No new things need to be added.	11/23/2021 12:07 AM
142	To be able to verify prescription refills this will take some stress off the rph.	11/22/2021 9:51 PM
143	Calling dr offices. Verifying Rex directions	11/22/2021 9:37 PM
144	More time for customer relations. Having the time and opportunity to get to know the customer for all around better customer care.	11/22/2021 8:03 PM
145	Data verify and/or product review vaccine scripts	11/22/2021 7:48 PM
146	Maybe doing shots to take the work load off our pharmacist	11/22/2021 7:35 PM
147	I would like to see employer allow certified tech to perform tasks already allowed by BOP rules	11/22/2021 7:17 PM
148	Be able to expand the vaccines that I'm able to give to patients.	11/22/2021 6:56 PM
149	Injection	11/22/2021 6:50 PM
150	Not at this time too short of staff. Will add more stress to work.	11/22/2021 6:45 PM
151	we are too stressed out to take on anything new.	11/22/2021 6:40 PM
152	Less Covid 19 test being done on a daily basis.	11/22/2021 6:29 PM
153	More computer training while At work.	11/22/2021 6:00 PM
154	Med rec/profile review, MTM	11/22/2021 5:55 PM

Meeting Materials

155	Tech check tech	11/22/2021 5:17 PM
156	While allowed by state laws, my corporate does not allow technicians to take transfers/ call ins. Also, allowing IMZ trained technicians to do all vaccinations would help to improve work load.	11/22/2021 5:15 PM
157	Delivery floor technicians and carosel technicians are overwhelmed as it is.	11/22/2021 4:48 PM
158	Pre-certification, Pharmacy Analysis telework, Pharmacy billing	11/22/2021 4:35 PM
159	I would like to add expanded immunizations to my work load. For example, during Flu season and especially now with COVID boosters, at times it feels like the pharmacist is only giving vaccines. It would be helpful for our overall goal if technicians were trained to give all vaccines so that the pharmacist can work on tasks that only they have the credentials to do.	11/22/2021 4:31 PM
160	I think if technicians were trained to administer vaccines, it would help. Even if it was just a few technicians. On a few days we only have one pharmacist and she is responsible for checking everything, mixing antibiotics, patient education, phone consultation with MDs. It's hard for her to leave the pharmacy and gibe 4-5 vaccines an hour and stay ahead on prescriptions. We've experienced multiple misfills lately, because we're trying to keep up with the pace of everything and it's not sufficient. The pay is not satisfactory for what we are doing. We often are giving up our breaks to stay with the current of the influx of prescriptions.	11/22/2021 4:27 PM
161	.	11/22/2021 4:20 PM
162	Control of med histories	11/22/2021 3:53 PM
163	I have enough work to do, please do not add any additional responsibilities.	11/22/2021 3:44 PM
164	I am currently giving the covid vaccine and flu shots, however I would like to give all shots help my pharmacist.	11/22/2021 3:26 PM
165	IF it can be done safely I would like to see technicians give vaccines.	11/22/2021 3:17 PM
166	Taking on the job of taking scripts over the phone from doctors, hospitals, etc.....	11/22/2021 3:04 PM
167	I'm ok with adding additional responsibilities but I doubt that we would be appropriately compensated for it. All the money they are making and we finally got a raise but still less then inflation. It's hard to want to stay in a job when you make less every year. They best way to get a raise is to leave.	11/22/2021 3:03 PM
168	Giving vaccines	11/22/2021 2:37 PM
169	Retail pharmacies can not function as pharmacies and clinics with the amount of staff given. We do not need anymore responsibility.	11/22/2021 2:27 PM
170	ability to talk to patients	11/22/2021 2:14 PM
171	None	11/22/2021 1:54 PM
172	With the right staffing and pay difference adding more vaccines to the list and even allowing techs to consult patients on some common meds seen a lot would help free up the pharmacist to keep them focused more on what is in front of them.	11/22/2021 1:45 PM
173	Only responsibilities that we are compensated for on top of what we already do	11/22/2021 1:37 PM
174	We already do enough with out proper pay for what we do.	11/22/2021 1:33 PM
175	The ability to finalize a prescription out of production review to sell to the customer	11/22/2021 1:25 PM
176	Give shots	11/22/2021 1:21 PM
177	Workload responsibilities	11/22/2021 1:06 PM
178	MORE PATIENT EDUCATION	11/22/2021 12:38 PM
179	Helping clinical pharmacists on the hospital rounds without being an intern. Assisting more with patient records and meds.	11/22/2021 12:37 PM
180	I love the job itself and being able to help customers. I would like to expand my knowledge and work drive with a pharmacy that actually cares about the quality and health of their customers.	11/22/2021 12:33 PM

Meeting Materials

181	Transfers. Compounding	11/22/2021 12:32 PM
182	I would love to be able to become a certified immunizer to help with the pharmacist work load	11/22/2021 12:07 PM
183	None, entirely too busy with workload for more. Especially being short staffed	11/22/2021 11:54 AM
184	More company allowances for responsibilities already approved by the state (compounding, counseling, etc) Expanded vaccines outside of COVID immunizing	11/22/2021 11:38 AM
185	Allow registered pharmacy technicians to become certified to provide ALL vaccinations, not just COVID-19 vaccines. Between COVID-19, flu, and other immunizations, demand is incredibly high and locations with only one pharmacist are not able to keep up.	11/22/2021 11:37 AM
186	N/a	11/22/2021 11:23 AM
187	administering vaccinations after proper training	11/22/2021 11:07 AM
188	None. Only those properly educated should be assisting in clinical matters.	11/22/2021 11:02 AM
189	no increase in responsibilities without significant increase of pay, many healthcare occupations now require less training and have a higher median rate of pay in a hospital setting	11/22/2021 11:00 AM
190	Giving vaccines and other	11/22/2021 10:59 AM
191	Take verbal prescriptions from offices	11/22/2021 10:47 AM
192	Vaccination training	11/22/2021 10:45 AM
193	Being able to vaccinate patients, taking scripts from doctors	11/22/2021 10:45 AM
194	Vaccine	11/22/2021 10:41 AM
195	I would like advanced roles such as lead tech, tech manager, and so on. Additional training such as Advanced pharmacy technician certifications.	11/22/2021 10:37 AM
196	Walkie talkies	11/22/2021 10:28 AM
197	None	11/22/2021 10:27 AM
198	Giving more shots than Covid shots	11/22/2021 10:26 AM
199	Vaccinations - State rules in place and not just HSS/	11/22/2021 10:24 AM
200	You can add all the jobs you want, if you don't pay competitively to nursing salaries we won't stay. Been in the business now 7 years. My salary is \$15.30. New hires was raised to \$15.00. They are not walking in the door and I'm insulted beyond measure. Even if they get someone in. The registration, fingerprinting and testing is not handled by the company it's put on the employee to do all by themselves on there on time. They quit within weeks.	11/22/2021 10:24 AM
201	To take and receive prescription transfers	11/22/2021 10:22 AM
202	Tech - check - tech	11/22/2021 10:20 AM
203	I feel as if technicians should be able to complete some counseling notes for example 90 ds, dose change, compounding notes	11/22/2021 10:18 AM
204	Nothing more they do EVERYTHING.	11/22/2021 10:13 AM
205	.	11/22/2021 10:08 AM
206	learn to immunize. WITH MORE PAY	11/22/2021 10:07 AM
207	Mixing reconstitutes, answering questions for patients	11/22/2021 10:06 AM
208	Immunization	11/22/2021 10:06 AM
209	medication reconciliation, advanced procurement	11/22/2021 10:04 AM
210	Vaccination/immunization ability to help with flux of covid shots hitting pharmacy's	11/22/2021 10:02 AM
211	I feel as if technicians should be able to complete some counseling notes for example 90 ds, dose change, compounding notes	11/22/2021 9:58 AM
212	Management roles	11/22/2021 9:57 AM

Meeting Materials

213	What is allowed by the state is fine. what is allowed by my employer needs work.	11/22/2021 9:55 AM
214	None	11/22/2021 9:50 AM
215	Be able to consult the patients if we feel comfortable about the topic.	11/22/2021 9:49 AM
216	being able to receive orders, or call in RXs would be helpful for the pharmacist. trained techs being able to provide immunizations.	11/22/2021 9:48 AM
217	N /a	11/22/2021 9:47 AM
218	N/a	11/22/2021 9:46 AM
219	Being able to counsel patients maybe a lot of know what the pharmacist is saying and looking at because we've seen it so many times	11/22/2021 9:43 AM
220	Ability to do vaccinations, compound	11/22/2021 9:39 AM
221	I think any other medically-related tasks are viable and welcomed so long as we are respected and compensated for such additional responsibilities.	11/22/2021 9:05 AM
222	I think in Pharmacy there should be another level somewhat like the Nurse Practitioner is to a Doctor.	11/22/2021 8:15 AM
223	Immunizations of all vaccines.	11/22/2021 5:50 AM
224	Certified techs to compound in retail setting. Certified techs to be permitted to work in data entry verification.	11/22/2021 3:44 AM
225	Team leader but I'm not a favorite. Only favorite get this. Not hard workers, who do lots of overtime	11/22/2021 12:59 AM
226	Anything else is a pharmacist	11/21/2021 10:36 PM
227	I would like to do vaccinations if the law would allow.	11/21/2021 10:27 PM
228	With proper training and practice, administering vaccinations could be an option. Though I would not personally administer any of the COVID "vaccines".	11/21/2021 9:55 PM
229	If we have enough staff	11/21/2021 6:53 PM
230	Certified techs should be able to do vaccines to help decrease the workload on the pharmacists, but also need better compensation to do so.	11/21/2021 6:30 PM
231	If technicians could do adult vaccines, perhaps workflow could improve, however the staffing is inadequate to do vaccines at all, even basic flu shots	11/21/2021 6:12 PM
232	None if other workload issues are not addressed	11/21/2021 4:52 PM
233	optimizing pharmacy workflows and medication par levels	11/21/2021 4:47 PM
234	I've been a technician for over 20 years. Technicians with proper training could do all immunizations, not just flu or Covid. Point of care testing can also be done by techs. I do believe that some technicians would definitely benefit from better training and required to be more competent in the workplace. Not all technicians should be in a pharmacy, some have little knowledge or want to learn which caused a few good ones to carry the workload and stress.	11/21/2021 8:48 AM
235	give more vaccinations,	11/21/2021 12:43 AM
236	We are so under staffed all the time. We can't get the prescriptions out on time and customers are so mean and rude to the pharmacy staff . I think the starting pay should a decent wage for people to want to work and stay.	11/20/2021 10:44 PM
237	Vaccines	11/20/2021 10:17 PM
238	Tech check tech. Tech inputting orders. Tech doing control inventory/delivery.	11/20/2021 8:49 PM
239	None	11/20/2021 8:38 PM
240	Vaccine Certified	11/20/2021 7:46 PM
241	Only with an increase in pay	11/20/2021 7:00 PM

Meeting Materials

242	None that I can think of right now	11/20/2021 6:46 PM
243	Would like to be able to work with nursing on floors and in the ER to provide appropriate medications. Be apart of the medical team when getting new patients and doing their medication lists.	11/20/2021 5:58 PM
244	Certified pharmacy technicians should be able to help the pharmacist with some of the phone calls to MDs for clarification on a script	11/20/2021 5:39 PM
245	Na	11/20/2021 5:00 PM
246	vaccinations and health screenings	11/20/2021 4:17 PM
247	None we already have too many responsibilities	11/20/2021 3:25 PM
248	Managing rotation schedules to accommodate workflow and fair distribution of time for certain tasks	11/20/2021 2:32 PM
249	I'm completely disgusting and dissatisfied with all we've had to endure during this pandemic as it continues with all these shots. How someone can be so greedy and not think about how we the little ppl sacrifice our home life to keep them a float! We put hour after hour, day after day with a absolutely no appreciation! This job isn't a career , it's a punishment .	11/20/2021 2:03 PM
250	I want the role of the operation pharmacy manager. But was past by.	11/20/2021 11:50 AM
251	I would be very interested in specializing in educating technicians, clinical services or taking on more responsibilities in filling, medication checking, as well as some basic counseling. I very much enjoy the job, however, there should be distinctive daily job duties between Technician Trainees, Registered Techs and Certified CPHT Technicians. The current culture strives to keep things "FAIR" when balancing time spent throughout the day, for example, time spent filling, processing or on a register. Yet, as a senior CPHT Technician my daily tasks go far beyond those 4 rotations. I have reports to review and work, there is precise ordering that needs to be completed, there are complicated third party issues, corrections that need to be made and abundant patient care questions and concerns that should be addressed. Such duties performed well promotes business growth, accuracy, safety and excellent patient care. The current workflow adds to the stress levels that the dedicated, higher level Technicians experience on a daily basis because time is not provided to complete the specialized tasks and yet they are expected to be completed. Moreover, higher pay is a concern with the existing work load and stress levels coupled with taking on more responsibilities. It is very concerning that a Senior tech is receiving \$19 or \$20/ hr., whereas, the new hire comes in, completes training in 6 months and will then earn \$17.30/hr. Since the pay is not proportional to the work load, experience, knowledge, education, skill, performance or commitment, it encourages technicians to look at other companies for new employment. My interest is in a company that appreciates my dedication to both patient care, as well as business success and growth. Pharmacies need to compensate their experienced Technicians in order to retain them. It is the Senior technicians that are holding the Pharmacies together over the last several years. These technicians have taken all the risks and exposure during the Covid pandemic. They have work long hours without breaks to care for the patients and their needs while increasing profits for their companies. My company increased my hourly rate by \$1.00 recently. This increase does not indicate the Companies appreciation for all I have contributed to the companies success or sacrificed in order to get the job done. Honestly, the \$1.00 an hour does not even cover recent inflation or compensate for the increase cost we incur for benefit cost increase. Overall, I do not feel valued by my employer.	11/20/2021 11:22 AM
252	There are multiple things that are in the works for expanding the technician role. We have opportunity to train on verifying prescriptions and giving vaccinations. There are a few others but I think it is Kroger that doesn't allow us to these things.	11/20/2021 11:22 AM
253	I would be interested in clinical work with patients and vaccinating so long as there was additional staff brought on to allow time to do said duties and additional pay to compensate my knowledge and abilities.	11/20/2021 10:54 AM
254	N/A	11/20/2021 10:50 AM
255	Order entry, some dosing	11/20/2021 10:41 AM
256	I Love more challenges so as much as possible	11/20/2021 10:32 AM
257	Ohio should allow technicians to Tech Check Tech, Immunize full not on a temporary basis	11/20/2021 10:04 AM

Meeting Materials

due to a pandemic, point of care should be included, etc.

258	I am trying to become nationally certified but working 45-50 hours per week does not leave much time to study	11/20/2021 7:50 AM
259	i would be comfortable with point of care testing and vaccines but there is not the area to do it correctly and to easy follow clia guide lines, or to give privacy needed to do these testing/vaccines	11/20/2021 7:45 AM
260	I don't mind administering vaccines but not at the rate we are giving them. I would like to focus more on the clinical aspects of just pharmacy/pharmaceuticals	11/20/2021 7:29 AM
261	More training and time for clinical type work with patients	11/20/2021 7:24 AM
262	I would like to be able to vaccinate patients. Being able to vaccinate would take alot of stress away each day. Due to about of patients needing vaccinated each day and us being short staffed causes us to become backed up overworked.	11/20/2021 6:31 AM
263	With more training and more time allotted, I would like to become more of a mentor/trainer. I already am the go-to person for a lot of questions regarding workflow and technical issues.	11/20/2021 3:28 AM
264	Be capable of immunizing for ALL vaccines, more sterile/hazard compounding	11/20/2021 3:21 AM
265	Possibly help pharmacist with vaccines.	11/20/2021 2:22 AM
266	Nothing. Technicians already do everything except verify prescriptions.	11/19/2021 11:46 PM
267	Mix medicine. give vaccines	11/19/2021 11:43 PM
268	Being allowed to administer more vaccines for example shingles and other prefilled vaccinations	11/19/2021 11:27 PM
269	Clear simple caps on prescriptions such as asking patient if they are pregnant	11/19/2021 11:20 PM
270	Giving immunizations	11/19/2021 11:07 PM
271	If and only if the workload can be further equalized among technicians and pharmacists the ability to give vaccines would help both parties. This of course would have to be limited to highly trained technicians with adequate certification/level of education. Furthermore there are a great deal of "consultations" that are unnecessary for pharmacists to have to sign-off. I.e. asking if a patient is pregnant or lactating (with a proper if/then statement could then be handed over to the pharmacist if true), REMS iPledge, updating allergies if it wasn't added at the beginning of a patients profile creation	11/19/2021 10:33 PM
272	Technicians should be able to do any and all vaccines, it's ridiculous to only have technicians do flu and Covid shots, but the pharmacist has to do pneumonia, shingles, etc.	11/19/2021 10:24 PM
273	We should be able to make OTC recommendations after the pharmacist has made that suggestion to the other customer. It would save a lot of time and take stress off of the pharmacist. I also think that every technician should be certified and able to administer vaccines. That would relieve a lot of stress off of the pharmacist.	11/19/2021 10:20 PM
274	Pay should be tremendously higher for what Pharmacy Technicians do on a daily basis. Before adding on additional work and responsibility to an already stressed out underpaid pharmacy technician, pay should be increased. Once additional wages are in place just maybe then we can talk about adding on more work load to those who wish to advance.	11/19/2021 10:15 PM
275	Giving vaccinations at all pharmacs	11/19/2021 10:14 PM
276	We need to get pharmacy technician pay up first, before we talk about additional responsibilities. We are all licensed and many of us certified. We need to be payed as such. I know this isn't something the board can fix, but they can certainly try harder to advocate for technicians.	11/19/2021 10:07 PM
277	I am currently doing covid and flu shots. I would like to do other shots to.	11/19/2021 10:02 PM
278	My co workers all left for jobs that pay more left us with staff and the staff coming in makes just as much as I do??	11/19/2021 9:56 PM
279	Being short staffed and newly hired feels enabling to adequately apply for any others roles other than the current one I am doing.	11/19/2021 9:44 PM

Meeting Materials

280	• Transcribing orders from prescribers submitted via IVR • 4-point prescriptions • Handle prescription transfers from other pharmacies (Possible exceptions on all of these suggestions regarding controlled medications)	11/19/2021 9:29 PM
281	I think more responsibility is good as long as your pod more for it.	11/19/2021 9:04 PM
282	I enjoy clinical work with patients. Screenings, immunizations etc	11/19/2021 8:55 PM
283	I dont want to add any other responsibilities to texh work. I want to be able to do the things we are expected to do completely, efficiently and effectively. I already became immunization certified, and when we had a few CPHT staff members do that, we started getting overloaded with immunizations and testing appointments. It is to the point we can't even focus on our primary role of filling rx's for patients in a timely manner.	11/19/2021 8:26 PM
284	Immunizations, which I already do	11/19/2021 8:23 PM
285	Able to take course studies at home. Not enough time to test at work.	11/19/2021 8:14 PM
286	Full range of immunizations	11/19/2021 8:11 PM
287	This needs to completely depend on their additional education levels (beyond PTCB certification). Such as BSPS etc.	11/19/2021 8:11 PM
288	Administer vaccines	11/19/2021 8:08 PM
289	Vaccines, verification, counting C2's	11/19/2021 7:45 PM
290	Being able to provide all the shots once certified- a shot is a shot, also remote data entry and virtual verification	11/19/2021 7:38 PM
291	Better pay!! Receive more, compared to rph we deserve more as well	11/19/2021 6:51 PM
292	To have access to NARx again for Med Reconciliation.	11/19/2021 6:41 PM
293	More clinical roles, ability to specialize. Technicians need more formalized training, you should have to at least get an associates degree like you would in most other allied health positions.	11/19/2021 6:36 PM
294	Testing/immunizations	11/19/2021 5:44 PM
295	Verification of prescriptions If a customer asks a recommendation I'd like to be able to use the knowledge accumulated to assist without having to bother the pharmacist who is way over worked	11/19/2021 5:37 PM
296	Nothing else because it will not include an increase in pay.	11/19/2021 5:37 PM
297	Ability to perform ANY immunizations.	11/19/2021 4:31 PM
298	Vaccinating	11/19/2021 4:03 PM
299	Na	11/19/2021 3:33 PM
300	I would like to be able to vaccinate patients.	11/19/2021 3:21 PM
301	Immunizations, compounding and transfers	11/19/2021 3:10 PM
302	immunizations	11/19/2021 3:07 PM
303	I'd like to vaccinate. But they don't even pay me enough for what I currently am expected to do. It would be nice to help the RPH when they're forced to give a C19 booster and other shots every 10 minutes literally ALL DAY LONG by my company.	11/19/2021 2:52 PM
304	Transfers over the phone	11/19/2021 2:47 PM
305	To be able to explain to costumers about their medications when we know about them instead of having to wait and interrupt the pharmacist to explain to them.	11/19/2021 2:43 PM
306	Being able to reconstitute medications.	11/19/2021 2:25 PM
307	OH going to a tech check tech certification.	11/19/2021 1:33 PM
308	I wouldn't mind to do or learn more, but pay needs to come way up first.	11/19/2021 1:31 PM
309	I would love to see technicians given the opportunity for more training or schooling to create a	11/19/2021 1:30 PM

Meeting Materials

role that is in between a technician and pharmacist (not a pharmacist in training/ intern) that has advanced responsibilities such as making RX and OTC recommendations, evaluating drug interactions, doing MTM, and even prescribing refills where appropriate (example: patient is out of refills on atorvastatin that they have been taking for years so advanced tech writes a refill or 2 to hold them over until they see their doctor).

310	As a technician/cashier I have too many plates to juggle now!!	11/19/2021 1:23 PM
311	flu shots, counseling	11/19/2021 1:13 PM
312	Tech check tech and immunization. Possibly med rec with MDS offices.	11/19/2021 12:58 PM
313	I would love for immunizations to be added to the role or for some form of a managerial position.	11/19/2021 12:30 PM
314	If technicians take on more clinical roles, then pay needs to be significantly increased. Technicians are not paid fairly for the amount of work they contribute to the pharmacy/patient care as it is.	11/19/2021 11:59 AM
315	I feel like there is so much potential to expand the responsibilities of this job.... but before we do that we really need to come up with better training for what technicians are already supposed to understand. In-depth hands on training. So much of this job for me has been learning (on the job) how to pretend I know everything a pharmacist went to school for 6+ years to know. Its pretty bad.	11/19/2021 11:27 AM
316	Double or triple Peer checks would speed up workflow and free up a pharmacist	11/19/2021 11:05 AM
317	Injections	11/19/2021 10:58 AM
318	I'd like to be able to advance in my career. There are no incentives and a 50 cent raise a year and that being the ONLY raise... for being treated like trash on a daily due to poor staffing and upper management never having done my job but telling me "what I should be able to do" is ridiculous!!! If I'm stuck at the counter (and I know they can see the metrics) then how am I expected to do any other task? The customer means so much yet im getting barked at for tasks i can't even possibly do since I cant clone myself. Retail pharmacy needs a wake up call!!!	11/19/2021 10:45 AM
319	I dont mind additional responsibilities if compensation reflect that. Currently we just get more crap piled on us without additional time or compensation.	11/19/2021 10:45 AM
320	Tech check tech. With proper technology to assist. Proper compensation for the new work load. Liability insurance provided such as the pharmacist.	11/19/2021 10:28 AM
321	More room for advancement with pharmacy technician besides just being a lead technician	11/19/2021 10:27 AM
322	I think if a tech does a rebill it should not go back to the pharmacist. Seems like a waste of resources.	11/19/2021 10:13 AM
323	Techs already do too many tasks and they don't get paid enough	11/19/2021 9:59 AM
324	Have enough work load duties currently.	11/19/2021 9:58 AM
325	N/A	11/19/2021 9:51 AM
326	I would like to see training for technicians to be utilized more, if you're a certified tech you are able to take prescriptions but pharmacists won't train or give the ok. I would also like to see certified technicians be allowed in the pharmacy without a pharmacist, not to dispense medication to patients, but for the ability to start completing job tasks without needing to wait for a pharmacist to let you in.	11/19/2021 9:22 AM
327	Additional ability to give other vaccines. To take phoned prescriptions.	11/19/2021 9:20 AM
328	To be able to give all vaccines not just flu and Covid, take transfers, dr call ins etc	11/19/2021 9:15 AM
329	The ability to work remote	11/19/2021 9:14 AM
330	MTM management.	11/19/2021 9:11 AM
331	I believe that we could benefit from implementing Tech check Tech in Ohio and I would be interested in doing that as well as working in Diversion prevention/investigation. Or even just having more of a leadership role in operations, as I feel that we Technicians do the most work	11/19/2021 9:02 AM

Meeting Materials

with and have the most knowledge with operational duties, that could free up the Pharmacists to just focus on clinical work.

332	I feel like an octopus as it is...between data entry, filling, answering the phone, register, drive thru, MTMs, the pressure to push vaccines to make a quota, tagging and filing prescriptions properly, and responsible for removing outdated product, completing doctor calls for prescription requests and PAs, this is just part of a typical day where all of these tasks are meant to be done without making a mistake and having a smile the entire time...putting one more thing on my plate would make my head explode	11/19/2021 8:57 AM
333	More staff, so I can do my job safely!! Longer times in between patients for vaccines/ boosters	11/19/2021 8:55 AM
334	Increased payment	11/19/2021 8:53 AM
335	N/a	11/19/2021 8:45 AM
336	Giving all vaccines	11/19/2021 8:39 AM
337	Ability to teach patients how to use diabetic testing supplies.	11/19/2021 8:32 AM
338	All vaccines and IMZ should be allowed to be given by the tech	11/19/2021 8:27 AM
339	Proper training for ALL new employees. This is a problem & new hires are NOT willing to learn on their own as I HAD to	11/19/2021 8:21 AM
340	I would like to be able to give immunizations.	11/19/2021 8:19 AM
341	Working with entering orders and doing patient education	11/19/2021 8:13 AM
342	We already have enough responsibilities.	11/19/2021 8:11 AM
343	I've been in the drive thru for 2 years while others that have been hired after me are working production. It's very frustrating.	11/19/2021 8:03 AM
344	I firmly believe that the pharmacy manager should not report to a retail store manager. They should be reporting to a district manager who is a pharmacist.	11/19/2021 7:50 AM
345	More than 1 lead tech..it is needed	11/19/2021 7:27 AM
346	Being able to immunize	11/19/2021 7:20 AM
347	Leadership roles within the workflow area	11/19/2021 7:11 AM
348	administer vaccinations	11/19/2021 7:10 AM
349	updated technology of computer and registers, and limit on drive thru pick up	11/19/2021 6:42 AM
350	Technicians already do everything from prescription transfers to documentation of certificate of medical necessity for medicare to filing warehouse receiving to filing booster shot attestations. There is no duty besides counseling a patient that a technician does not do.	11/19/2021 6:39 AM
351	MTM	11/19/2021 6:26 AM
352	Vaccines	11/19/2021 6:24 AM
353	Product verification, answering appropriate clinical questions, med administration, specializing in chemo/icu/neonate/iv compounding actually being a requirement to work with the products/patients	11/19/2021 6:08 AM
354	Any additional tasks for more compensation	11/19/2021 6:03 AM
355	Helping design work flow function	11/19/2021 5:51 AM
356	I'm always open to new responsibilities as long as the pay scale advanced as well.	11/19/2021 5:35 AM
357	None	11/19/2021 5:04 AM
358	None. Technicians should NOT have a clinical role since only a high school diploma is required.	11/19/2021 3:22 AM
359	Covid vaccine mandate is ridiculous. Personal choice should be an option, especially for those with natural immunity.	11/19/2021 2:58 AM

Meeting Materials

360	Technicians should be able to verify, give vaccines, etc. WITH TRAINING. As things are with my employer I would not trust they to have enough of that. But it's what would be necessary to make this a viable career.	11/19/2021 2:55 AM
361	Our pharmacy is so covered with vaccines, and they won't hire more help. We are down a technician. We are so over loaded I don't feel patient safety is even taken into consideration.	11/19/2021 2:32 AM
362	None, I believe technicians are taking on too much work in the pharmacy. Most companies are pulling workload from the pharmacist and adding it to the technician with no compensation.	11/19/2021 2:03 AM
363	No others than what's in the scope currently	11/19/2021 1:20 AM
364	I personally think training in shot administration for technicians would be indefinitely beneficial towards the pharmacists I work with due to them leaving the pharmacy every two to three minutes to give a shot, and another doing their best to count and check scripts.	11/19/2021 1:00 AM
365	As techs we are already doing so much more than someone at our pay should be responsible for.	11/19/2021 12:52 AM
366	Data Verification Immunization	11/19/2021 12:46 AM
367	taking new prescription orders over the phone, counsel on medications	11/19/2021 12:45 AM
368	nothing, more responsibility added to the large amount we've been given already would be overwhelming	11/19/2021 12:43 AM
369	Would be a lot easier if we could give the directions for compounds. Like amox..it cuts down on the patient wait time as well as pharmacist time.	11/19/2021 12:34 AM
370	More speciality training like preparing chemotherapy	11/19/2021 12:27 AM
371	I do enough.	11/19/2021 12:13 AM
372	nothing at this time	11/19/2021 12:00 AM
373	I am very interested and very qualified to become part of management. I would love to be associated with the improvements based on my response to this survey.	11/18/2021 11:48 PM
374	I enjoy being able to administer vaccinations. I would like to see technicians ability to administer more types of vaccines increase. I would one day enjoy being able to take/give control transfers.	11/18/2021 11:44 PM
375	Tech check tech for pyxis replenishment	11/18/2021 11:43 PM
376	Would like to be able to change maintenance scripts without bothering pharmacist	11/18/2021 11:36 PM
377	nothing, more responsibility added to the large amount we've been given already would be overwhelming	11/18/2021 11:21 PM
378	Consultations.	11/18/2021 11:14 PM
379	Pharmacy transfers of prescriptions	11/18/2021 11:12 PM
380	None. We are already expected to do more than we can handle. CVS Pharmacy keeps cutting hours and adding to workload. It is not realistic to begin with.	11/18/2021 11:10 PM
381	Vaccinations Verification	11/18/2021 11:06 PM
382	None, we already do so so very much.	11/18/2021 10:57 PM
383	Giving vaccines, compounding in retail spaces, getting approvals for prior authorizations without the dr when we have adequate patient history	11/18/2021 10:57 PM
384	I think Pharmacy Technicians should be able to check re-billing sheets and give immunizations/vaccines.	11/18/2021 10:52 PM
385	Medication therapy management for adherence in medications.	11/18/2021 10:46 PM
386	Pharmacy technicians are high school graduates and increasing responsibility does not seem to be a great idea in many cases.	11/18/2021 10:46 PM
387	Administering vaccinations	11/18/2021 10:33 PM

388	Nothing. We do enough already. Please don't add any more	11/18/2021 10:28 PM
389	I would like to be assisted in becoming certified and a vaccinator.	11/18/2021 10:27 PM
390	vac injections	11/18/2021 10:19 PM
391	In the last 5 years especially, pharmacy technicians in the Medication Reconciliation workspace have made a lot of progress. At my facility, it has become a standard expectation for admitted patients however, we still miss over 2000 patients a month system wide but with more resources, we could make a larger impact which drives cost savings, medication safety, and prevention of ADEs. I also feel pharmacy technicians have more knowledge and would be a great resource in transitions of care i.e. confirming prescriptions are being sent accurately and to the correct pharmacy upon discharge as well as being proactive about insurance issues such as prior authorizations, pharmacy inventory issues, and cost savings for patients. In my healthcare system, this role falls to case management nurses or pharmacists when again, we have just as much knowledge on these issues and are much cheaper to pay.	11/18/2021 10:16 PM
392	We should not expand our responsibilities until we are adequately staffed to do the work we already have.	11/18/2021 10:15 PM
393	I think pharmacy techs should be trained and allowed to count/put together higher scheduled(C2's and such) prescriptions. It would highly help out the pharmacist considering a lot of those get backed up or are late due to the amount of testing/vaccines being done currently. I also think pharmacy techs and pharmacists should be allowed to put together the medication orders for the pharmacy as a whole. We know what we need and when we need it.	11/18/2021 10:14 PM
394	Clinical labs	11/18/2021 10:10 PM
395	I could not add anything at this point due to the inability to complete my current workload daily as it is	11/18/2021 10:10 PM
396	The ability to give vaccines	11/18/2021 10:08 PM
397	Immunizations, certain levels of counseling	11/18/2021 10:02 PM
398	Expanded immunizations, taking prescriptions from voicemail and or Dr call ins. Health screenings or other events.	11/18/2021 10:00 PM
399	On the job training and certification to administer vaccinations.	11/18/2021 10:00 PM
400	Vaccines	11/18/2021 9:59 PM
401	Between filling prescriptions, giving immunizations, walking patients through Covid testing, which the program for that is difficult, checking in medications, waiting on customers at the window and drive thru, answering phones, inputting prescriptions, and all the other things needed to do to maintain a safe and organized pharmacy, we do not need any more responsibilities!! We are down two technicians until after the new year. WE ARE STRESSED!!	11/18/2021 9:59 PM
402	immunization administration, certain counseling abilities-like its annoying i legally cant tell a mom that tylenol is ok w/ amoxicillin but jo-schmo stocking cereal can because hes not behind a counter.	11/18/2021 9:56 PM
403	None unless compensated.	11/18/2021 9:56 PM
404	n/a	11/18/2021 9:48 PM
405	To be able to administer all vaccines, not just be limited to 2.	11/18/2021 9:44 PM
406	Already do a heavy workload with little staff and lack of team response. So no additional workload desired at this time.	11/18/2021 9:44 PM
407	Keep up with my training at work, while in the clock instead of doing it at home. The management at my store -Kroger- did not let me do the onboarding training before hand. I was thrown into it without the knowledge I needed. I still have not been able to complete my PTU training due to the workload and not being allowed overtime. Do I continue to complete my PTU at home ? Yes. I want to become a better pharmacy tech and know what the heck I'm doing !!	11/18/2021 9:44 PM
408	Developing a training program so it would be easier for new employees!	11/18/2021 9:41 PM
409	Having more responsibilities as far as giving the ok, that is usually the pharmacist role. Taking	11/18/2021 9:38 PM

Meeting Materials

pressure off of the pharmacist and having an easier work flow.

410	Phone triage care	11/18/2021 9:36 PM
411	Work attentively	11/18/2021 9:30 PM
412	a regular review of all techs inputing techniques.... at that time shown new tricks to be better and more confident in the software.	11/18/2021 9:26 PM
413	None. We have enough as it is with regular pharmacy work and covid work	11/18/2021 9:24 PM
414	Give immunizations	11/18/2021 9:23 PM
415	more staff, better pay, and listen to technicians when they say they are stressed or need a break. incompetent pharmacists shouldn't be in place of management	11/18/2021 9:20 PM
416	I am a CPHT-ADV. That is not recognized.	11/18/2021 9:19 PM
417	Ability to vaccinate upon receiving adequate training and testing	11/18/2021 9:05 PM
418	Assisting with verification, ability to process vaccines without pharmacist approval (Medicare approved part B vaccines), management opportunities	11/18/2021 9:02 PM
419	I do not want more responsibilities added to technicians unless we have an adequate amount of staff each day to get our jobs done effectively without pushing stress levels too high.	11/18/2021 8:57 PM
420	I would like to give vaccines if we are properly staffed and compensated for it.	11/18/2021 8:57 PM
421	Help the pharmacist with transfers would be nice. I would only like to add responsibilities if we had more help tho.	11/18/2021 8:53 PM
422	Until adequate and standardized training can be guaranteed, it is not safe, responsible, or ethical to add to the responsibility of pharmacy technicians. My store deals with high turnover and we had people with zero experience completing tasks well beyond their training, and rarely were these tasks completed well. Adding additional clinical tasks to this would jeopardize patient safety.	11/18/2021 8:50 PM
423	Learn all aspects of pharmacy	11/18/2021 8:49 PM
424	Due to this stress I was put in the hospital and my employer punished me and I lost 14 years of seniority. No one to help me out because management does not Care! Had to start all the way back at the bottoms again.	11/18/2021 8:45 PM
425	none	11/18/2021 8:44 PM
426	I would help the pharmacist with other duties but only if compensation was higher to include the added responsibility	11/18/2021 8:43 PM
427	I don't think anyone needs more responsibility at this time. We're all trying to cope with the workload we're dealing with already. Our store barely has time to put out truck away from week to week.	11/18/2021 8:42 PM
428	Tech check tech	11/18/2021 8:42 PM
429	None	11/18/2021 8:39 PM
430	At this point, nothing. I do not have the time to handle the workload and responsibilities I have now, unless I work beyond my scheduled time. Not to mention the pay and lack of increase in pay for what I have already taken on and accomplished provides zero incentive to want to do more.	11/18/2021 8:39 PM
431	Can do covid vaccinations but not flu. Would be very helpful if I could do flu also	11/18/2021 8:37 PM
432	Tech check tech	11/18/2021 8:35 PM
433	More inventory and buyer position	11/18/2021 8:32 PM
434	I would love to be able to help out my pharmacists with calls, vaccines, etc. But only if we are compensated for that since we are underpaid to begin with	11/18/2021 8:26 PM
435	I feel the pharmacy should be the ones ordering the otc and vitamins	11/18/2021 8:26 PM
436	None	11/18/2021 8:24 PM

Meeting Materials

437	If technicians are authorized to administer flu and covid vaccines under the supervision of a pharmacist, why limit to only those two immunizations?	11/18/2021 8:24 PM
438	Education on consultations and medication contraindications.	11/18/2021 8:24 PM
439	Limit the vaccines given or let me have the opportunity to vaccinate to help pharmacists	11/18/2021 8:21 PM
440	None	11/18/2021 8:20 PM
441	Allow technicians to help vaccinate	11/18/2021 8:16 PM
442	Giving vaccines would free up workflow for the pharmacists	11/18/2021 8:12 PM
443	Giving vaccines	11/18/2021 8:12 PM
444	More responsibility needs to correlate to more pay .	11/18/2021 8:11 PM
445	Be able to take called in prescriptions from doctors offices, be able to do transfers from pharmacy to pharmacy.	11/18/2021 8:08 PM
446	Technicians are highly needed and very under paid and under appreciated	11/18/2021 8:07 PM
447	The ability to assist the elderly population .	11/18/2021 8:07 PM
448	Pharmacy technicians should be able to counsel patients, give immunizations and make general suggestions about medications.	11/18/2021 8:07 PM
449	Immunizations	11/18/2021 8:04 PM
450	I wouldn't mind assisting the Rph with compounded medications, immunizations or other duties typical of an Rph. But I and my fellow technician peers should be compensated for that. More prescriptions can be processed if the Rph has plenty of support staff and a technician relieving he/she of tasks that can be delegated to the CPHT.	11/18/2021 8:04 PM
451	Ability to take scripts over phone	11/18/2021 8:04 PM
452	Taking on some responsibilities to relieve pharmacists (transfers, clarifications, vaccinations)	11/18/2021 8:03 PM
453	Being able to recommend over the counter products.	11/18/2021 8:00 PM
454	Counseling patients on drug use etc, advising on otc medications	11/18/2021 7:59 PM
455	Verification. Over the counter recommendations.	11/18/2021 7:58 PM
456	Administration of vaccines	11/18/2021 7:57 PM
457	We are already over work please don't add more	11/18/2021 7:54 PM
458	We should be able to check refills	11/18/2021 7:54 PM
459	I would not be opposed to taking on clinical responsibilities and also taking verbal phone orders and transferring prescriptions but I believe the pay is nowhere near where it should be for the responsibility we take on each and everyday	11/18/2021 7:52 PM
460	Thorough medication reconciliation during transitions of care.	11/18/2021 7:51 PM
461	Actually being able to do vaccines Giajt Eagle, being able to take over of mundane stuff that is rph only.	11/18/2021 7:49 PM
462	None	11/18/2021 7:47 PM
463	N/A	11/18/2021 7:45 PM
464	Would like to advance to Tech checking refills to free up Rph work load.	11/18/2021 7:42 PM
465	N/a	11/18/2021 7:40 PM
466	The ability to call and take refills from doctors would be nice. But I also need added pay if my workload responsibilities are going to increase. I will not do more work and have more liability for no pay increase.	11/18/2021 7:40 PM
467	Diabetic education	11/18/2021 7:39 PM
468	We can transfer prescriptions anddo all vaccinations	11/18/2021 7:39 PM

Meeting Materials

469	Technician immunizations Verification responsibility	11/18/2021 7:39 PM
470	none	11/18/2021 7:37 PM
471	None	11/18/2021 7:35 PM
472	Immunization training to help lighten the load and time restrictions on the RPH.	11/18/2021 7:33 PM
473	Immunizations	11/18/2021 7:32 PM
474	NONE WE DO ENOUGH	11/18/2021 7:30 PM
475	Vaccine Administration	11/18/2021 7:27 PM
476	Medication management for elderly and at-risk patients	11/18/2021 7:23 PM
477	Take the necessary training to give vaccines.	11/18/2021 7:22 PM
478	Being trained and allowed to record prescriptions	11/18/2021 7:21 PM
479	I would not mind doing vaccinations.	11/18/2021 7:17 PM
480	Supervisory	11/18/2021 7:16 PM
481	I am currently work in as a tech in a Doctor's office, and have found that this is a welcome change to the usual duties expected as a tech.	11/18/2021 7:16 PM
482	Basic counseling, the option to be trained for things we might not use every day (giving shots, cpr, etc.)	11/18/2021 7:14 PM
483	While it's now permitted an increased access to training to allow for assistance with vaccinations would significantly help reduce a major source of stress.	11/18/2021 7:09 PM
484	I do not want to give people, especially children any injections.	11/18/2021 7:08 PM
485	Na	11/18/2021 7:07 PM
486	Check rxs except controls	11/18/2021 7:07 PM
487	Just would appreciate more recognition for handling so many new challenges this past year has brought. Also being open to 9 is wrong when the last 2 hours you get 5 customers	11/18/2021 7:05 PM
488	Vaccines	11/18/2021 7:04 PM
489	We should address the shortage of technician before adding additional workload to technician	11/18/2021 6:59 PM
490	More training	11/18/2021 6:59 PM
491	As a CPHT THERE IS NO TIME DUE TO STAFF TO DO MORE THAN THE BASIC TECHNICIAN RESPONSIBILITIES	11/18/2021 6:56 PM
492	Administering vaccinations	11/18/2021 6:55 PM
493	Administering vaccines	11/18/2021 6:46 PM
494	None	11/18/2021 6:46 PM
495	None	11/18/2021 6:42 PM
496	Vaccinations and mixing medications would be helpful.	11/18/2021 6:39 PM
497	I don't want to take on more responsibility without a big pay raise and more benefits which aren't coming. I don't want to replace a pharmacist. I don't want to "enable time for the pharmacist to do more clinical work" by means of me checking refills or anything like that. I feel as a tech who is the lead tech, I keep the place running smoothly by doing everything in my scope under the supervision of a pharmacist. I don't know when I would be able to do one more task. Pharmacies need adequate staffing and then we can talk about expanding scope. If we don't staff appropriately pts will be hurt, medications delayed, workers burned out, and the weight on the pharmacy will be left on few shoulders. It's hard to walk away bc of ethics but pharmacists and techs are being burned to the ground.	11/18/2021 6:38 PM
498	I would love to be able to take on more, but it is IMPOSSIBLE with the work load currently of having testing and vaccinating on our plates already with no bump in pay(at my job) for	11/18/2021 6:37 PM

becoming a vaccination pharmacy tech, and no extra hours to be able to hire more people anyway

499	None, there is too much already for the level of pay. Chik-fil a pays just as much and they have nowhere near the amount of safety issues and knowledge thats required.	11/18/2021 6:35 PM
500	More pay based on consistent passing of daily and weekly goals that were promised when first employed.	11/18/2021 6:35 PM
501	None	11/18/2021 6:33 PM
502	Unsure to be honest still new to it	11/18/2021 6:29 PM
503	Vaccinations, transfers	11/18/2021 6:28 PM
504	I do not mind more responsibilities, however we need to have the adequate staffing to do so.	11/18/2021 6:27 PM
505	Vaccinations, some compounding, some educational opportunities to both provide and receive information	11/18/2021 6:26 PM
506	First you need to address the shortage of technicians before you add more work load.	11/18/2021 6:25 PM
507	Pharmacy technicians are ask to do way too much and so are pharmacists. Vaccines should be given by MD's and nurses. We don't have the capability to safely administer vaccines, especially to children! We fill prescriptions for many doctors offices. We don't have the capability to control how many appointments we can take in for vaccines but doctors offices can limit how many patients they see in one day. They are in a private room and pharmacy is wide open to everything and everyone. Phone ringing, drive thru, covid testing, MTMs, call lists, filling and typing. Plus all the customers asking us to ring up their baskets of shit that someone making more than me up front should be doing. Pharmacy technicians should make a minimum of \$20 to start if a fucking cashier makes \$15! You can't kill someone if you ring their items up wrong.	11/18/2021 6:25 PM
508	Vaccinations, compounding, certain counseling	11/18/2021 6:25 PM
509	immunization	11/18/2021 6:24 PM
510	None. I'm basically a pharmacist without the pay of one	11/18/2021 6:23 PM
511	Vaccine administration, i.e flu and COVID	11/18/2021 6:19 PM
512	Recently changed jobs, have been at current job for 1 and a half months, was being harassed by pharmacist at my last job, thought I would retire from that place but administration was mon responsive. Currently learning to do lab work (specimens at my current job, great to learn something new	11/18/2021 6:16 PM
513	Vaccinations beyond just covid 19.	11/18/2021 6:15 PM
514	I've worked retail and currently in school for medical. Working as a pharmacy tech has been an amazing experience for me. Honestly I've worked for 5 months and love it. My older coworkers may feel different. Covid testing has been a great addition, same with administering the Covid vaccine keep that up!	11/18/2021 6:13 PM
515	We need a Union to help guarantee fair wages (if Arby's is offering \$20, we deserve \$30), more paid holidays and options like company offered sick- person time instead of PTO only.	11/18/2021 6:12 PM
516	Teaching and coaching	11/18/2021 6:12 PM
517	none, we do enough as is	11/18/2021 6:11 PM
518	Phoned in rx	11/18/2021 6:10 PM
519	Check tech check	11/18/2021 6:09 PM
520	Verification and vaccines. I know that with some pharmacies this is in place and used but that is not the case with my company.	11/18/2021 6:09 PM
521	Classes that teach you to become certified rather than just registered	11/18/2021 6:08 PM
522	Be able to give all immunization, reconstitute liquids.	11/18/2021 6:07 PM
523	I wouldn't want more responsibilities UNLESS THE PAY increases	11/18/2021 6:06 PM

Meeting Materials

524	n/a	11/18/2021 6:04 PM
525	I believe that technicians taking voicemails would help the work load, along with us being able to take/send transfers.	11/18/2021 6:04 PM
526	Other responsibilities without pay increase no, not at this time. We are being overworked and exploited. Working with one pharmacist for the entire day 12 hours. 1 vaccination every 10 minutes scheduled by corporate so around 60+ vaccines a day. We have to enter in all patient data plus billing. This takes up one tech for the whole day. Now we still have to fill 250 prescriptions, make patient calls, type in prescriptions, get actual pharmacy work done. We also add monster at least 10 covid test which also include a multitude of factors billing giving instructions. Creating orders. Usually we have 2 techs during the day but always one pharmacist, checking, verifying, consulting, giving immunizations yeah this is ridiculous and more errors will happen.	11/18/2021 6:02 PM
527	I wish I could do more to lessen the pharmacists' loads. I would love to have more flexibility in counseling a patient on simple matters such as "Is Amlodipine a blood pressure pill?" Clearly, I am not qualified to give specifics about how the medication works, but to answer a simple "Is this for blood pressure?" would be nice.	11/18/2021 6:01 PM
528	Covid-19 Vaccines for children	11/18/2021 5:59 PM
529	Vaccines would help	11/18/2021 5:58 PM
530	Technician administration of vaccines.	11/18/2021 5:58 PM
531	I think that we should be trained to administer vaccines, so the pharmacists won't be pulled in all directions.	11/18/2021 5:54 PM
532	More pay raises and money and benefits	11/18/2021 5:51 PM
533	I would like to be able to reconstitute medications without constant oversight.	11/18/2021 5:51 PM
534	I would take on more responsibility if the pay was better	11/18/2021 5:48 PM
535	Something other then answering the phone and setting up deliveries.	11/18/2021 5:48 PM
536	MTM and Tech check tech to reduce pharmacist burden.	11/18/2021 5:47 PM
537	Canceling and take prescription call ins over the phone. Mixing liquid antibiotics Flavoring	11/18/2021 5:45 PM
538	Additional duties must be determined by the phamarcists. That being said, I have been a tech for 35 years. I went through a formal course that included pharmacology and training in aseptic technique. I also have a BS in Biology. People at work treat me like a moron. I love my profession; I would love it more if pharmacists didn't seem to feel threatened. I like the work, I never wanted to push papers. Techs can be great support for a pharmacist. If you let us.	11/18/2021 5:44 PM
539	Pharmacy technicians should complete medication histories on all admitted patients at all inpatient facilities.	11/18/2021 5:43 PM
540	Changing labels on bags, when I already call a dr . Office go ahead get the info and document it	11/18/2021 5:42 PM
541	I would like to have to have clinical responsibilities. I am a medication history technician, cpr certified. I would like more responsibilities than just "what do take daily". I have a useless license through the state of Ohio. Lets make use of it. make it worth something besides letting someone sue me if I make a mistake. Put some real meat to the bones of this job, I don't just want to be a gerbil that spins the wheel.	11/18/2021 5:41 PM
542	Become certified to give vaccinations so pharmacists can do their job verifying prescriptions	11/18/2021 5:40 PM
543	Why can't a tech like me, with 20yrs experience and enough knowledge that the company keeps asking me to become a pharmacist, be able to do specialized training to review data entry? It would stop many errors. I already do it with trainees.	11/18/2021 5:40 PM
544	Advance in my role	11/18/2021 5:39 PM
545	Immunizer	11/18/2021 5:37 PM
546	Immunizations	11/18/2021 5:37 PM

Meeting Materials

547	None until pay increase matches current job demands	11/18/2021 5:36 PM
548	I act as primary buyer and work within the 340 framework. I feel all technicians need to have an understanding of programs that affect their work. One of my key level of dissatisfaction comes from the lackadaisical attitude towards increasing requirements of patient safety driven documentation and storage: while some pharmacies may be sloppy, the newer recommendations and REQUIREMENTS are making it very difficult to remain financially responsible when combined with mounting drug shortages.	11/18/2021 5:33 PM
549	I don't have time or energy to take on anymore responsibility	11/18/2021 5:33 PM
550	I believe technicians should be allowed to administer other vaccines as long as they have the proper training.	11/18/2021 5:32 PM
551	I believe we should be allowed to do some level of counseling patients	11/18/2021 5:31 PM
552	None they give us enough as is with no compensation	11/18/2021 5:30 PM
553	Vaccines if given an incentive from work place	11/18/2021 5:28 PM
554	At a senior clinical pharmacy medication reconciliation technician, having NARx, omitted from our use of verification is blasphemy in terms of adequately and efficiently performing our core job duties. The state board really needs to re-think technicians role in being able to verify a patients narcotic fill history to save the order physician and pharmacist time especially in acute settings like the emergency room. Why are we able to handle narcotics like restocking them but unable to verify them electronically? What a complete and utter paradox.	11/18/2021 5:28 PM
555	Vaccines easily assessable, giving drug information, transfers, taking prescriptions from doctors	11/18/2021 5:26 PM
556	Vaccines!	11/18/2021 5:26 PM
557	I feel ADV-CPhT should be able to PV2, assist in counsel, and clarify prescriptions to assist pharmacist more.	11/18/2021 5:26 PM
558	Technicians are perfectly capable of giving shots	11/18/2021 5:26 PM
559	Nothing, we do enough as is.	11/18/2021 5:25 PM
560	To be a team leader one day.	11/18/2021 5:24 PM
561	Tech check tech to speed up times of service	11/18/2021 5:23 PM
562	I think that tech should be able to check refills.	11/18/2021 5:23 PM
563	Don't want more responsibility because I won't be payed more or given more time to do it I will just be expected to "fit it in"	11/18/2021 5:22 PM
564	I think we should be giving each patient the one on one that they need and that is not allowed due to technician and pharmacists.	11/18/2021 5:20 PM
565	Ability to give vaccinations	11/18/2021 5:20 PM
566	Medication verification	11/18/2021 5:18 PM
567	Giving shots and providing counseling	11/18/2021 5:17 PM
568	Use automatic machine to reconstitute suspensions	11/18/2021 5:17 PM
569	None.	11/18/2021 5:17 PM
570	I would like to be able to counsel patients to an extent. I hate having to get the pharmacist for every little question.	11/18/2021 5:16 PM
571	None!	11/18/2021 5:16 PM
572	Wouldn't mind doing more if I made more money and better hours	11/18/2021 5:14 PM
573	We don't need any more responsibilities. We need more people to work	11/18/2021 5:14 PM
574	NONE UNTIL WE ARE ADEQUATELY PAID	11/18/2021 5:13 PM
575	I have enough responsibilities to keep me occupied throughout my workday. At this stage of	11/18/2021 5:13 PM

Meeting Materials

my life I would embrace less enthusiastically!

576	We do shots. But I feel like we should expand to all shots.	11/18/2021 5:12 PM
577	Utilizing certificates available from PTCB in an actual workplace setting.	11/18/2021 5:11 PM
578	I feel to better assist the pharmacist and flow of the pharmacy we should be able to administer vaccines	11/18/2021 5:09 PM
579	Doing copies and transfer for control drugs 3-5	11/18/2021 5:07 PM
580	Hire more technicians and have some one can train them properly..	11/18/2021 5:06 PM
581	There has to be somewhere for us to grow. Right now you start and stay a technician there is no career development hence why I'm looking elsewhere.	11/18/2021 5:05 PM
582	Administering vaccines	11/18/2021 5:05 PM
583	Tech check tech	11/18/2021 5:05 PM
584	As long as there is additional compensation: administer shots, basic counseling (we have to take the training classes on nebulizers, for example, but can't counsel...why be required to take the class if we can't use the info we learn and have to test on, do BP and other vitals checks.	11/18/2021 5:04 PM
585	None!	11/18/2021 5:02 PM
586	None, other techs might want to add things but I am content and do not want to add anything else we have enough already	11/18/2021 5:02 PM
587	Ability to check some meds with another Senior or lead that has been scanned correctly. Oral meds only	11/18/2021 5:01 PM
588	Im fine with adding on responsibilities of any kind. However what Im not fine with and highly disagree with is corporate adding on more things to do, more responsibility, more jobs but taking away staff hours so that load is spread heavily on remaining staff or not paying any extra for added responsibilities.	11/18/2021 5:00 PM
589	More discharge med req. tech check tech workflow	11/18/2021 5:00 PM
590	No more responsibilities should be added until adequate pay is provided. These surveys never ask what needs taken away, but what else can be piled on.	11/18/2021 5:00 PM
591	I don't want anymore responsibility	11/18/2021 5:00 PM
592	Responsibilities pharmacists should help technicians instead of focusing on consultations. Due to pandemic previous year and the current year team work is needed now. We should all be the same no matter what pay grade or degrees we have. Our goal should focus on helping patients recovery by giving them those prescribed prescriptions to them in a timely matter.	11/18/2021 5:00 PM
593	Vaccinating	11/18/2021 4:58 PM
594	Medication verification, various counseling.	11/18/2021 4:58 PM
595	We already have a lot of responsibilities. I can't understand why we are not ethically trained nor adequately paid but are expected to do clinical work. We are severely understaffed and don't have time for that. I wouldn't be opposed to it if we had plenty of staffing and good training and much better pay	11/18/2021 4:57 PM
596	CVS is AWFUL to work for. With only 1 pharmacist to do most vaccinations pulling them out of the pharmacy a line of customers in drive through and counter and not enough tech hours. It's not fair to any one! And making us sign a waiver to not take lunch breaks is insane...retail is scary to work for as a tech I see mistakes made daily especially hiring a off the street person with no knowledge. There's not enough coverage period. Mistakes are made daily	11/18/2021 4:57 PM
597	Pharmacy techs already have too many duties without being adequately compensated. I would refuse to accept more duties unless my employer increased my salary.	11/18/2021 4:57 PM
598	Immunizations, lab testing, but only with a pay increase	11/18/2021 4:56 PM
599	Nothing we don't make enough to do the job of the pharmacists . I do not feel comfortable doing immunizations	11/18/2021 4:56 PM

600	I would take on as much responsibility as possible IF I was compensated for the amount of work. I already do much more than I feel I am paid for.	11/18/2021 4:55 PM
601	Order verification	11/18/2021 4:54 PM
602	None, we have enough responsibilities.	11/18/2021 4:54 PM
603	I would really appreciate the clinical experience of giving vaccinations. Being able to do some portion of the final prescription check would also greatly ease pharmacist workload, although I see why this would not be realistic legally. Anything to get more done with less time.	11/18/2021 4:53 PM
604	MTM, CMR, More Vaccinations	11/18/2021 4:53 PM
605	More clinical duties. But only with adequate training.	11/18/2021 4:52 PM
606	None	11/18/2021 4:52 PM
607	Vaccines, tech to tech check	11/18/2021 4:52 PM
608	Tech product verification would save pharmacists so much time to do other things.	11/18/2021 4:52 PM
609	More staff, working closely with our new hires so they don't quit more follow up with them	11/18/2021 4:51 PM
610	None, take away some please.	11/18/2021 4:51 PM
611	MA/Phlebotomy work, injections, anything that would allow for change of pace	11/18/2021 4:50 PM
612	With the proper training, technicians would make better pharmacy managers than RPH's. PIC'S are not doing any of their admin duties and just push it off onto techs without pay raises. So we already do a thousand times more than so called clinical pharmacists do and are educated to do. Stopping places like corporate pharmacies from allowing them to hire any one off the street might make our pay go up as well...the board of Pharmacy has allowed this predicament technicians are currently in. You should pat yourselves on the shoulder.	11/18/2021 4:50 PM
613	Giving shots, possibly do tech-check-tech to help the pharmacist.	11/18/2021 4:50 PM
614	Vaccinations, final check with oversight, MTM reconciliation interviews.	11/18/2021 4:50 PM
615	Immunizations	11/18/2021 4:50 PM
616	Administering shots	11/18/2021 4:49 PM
617	I would like to see medical supplies as being able to get through customers insurance at retail stores.	11/18/2021 4:49 PM
618	Medication history, immunization, more tech check tech opportunities	11/18/2021 4:49 PM
619	Calling in refills after Rx is approved by pharmacist	11/18/2021 4:48 PM
620	Vaccines to help keep workload off rph. But would need more tech staffing also	11/18/2021 4:48 PM
621	The ability to help patients I understand the importance of knowing their medications, the importance in taking them and the importance of keeping an updated list with them at all times	11/18/2021 4:46 PM
622	More involved with the clinical side of hospital pharmacy.	11/18/2021 4:46 PM
623	With the amount of tasks a technician is expected to do ,the compensation is absolutely awful. Technicians are over worked and very much under paid.	11/18/2021 4:46 PM
624	Would love to if the help was there and not just added responsibility with no help or pay increase.	11/18/2021 4:46 PM
625	I would be happy to take on extra of anything. Just would have to have the time to do so like more staff after 18 years as a pharmacy technician it's the worst I've ever seen and I say pay is a huge part of it . It's not a job just anyone can do .	11/18/2021 4:45 PM
626	More clinical work	11/18/2021 4:45 PM
627	Being able to help pharmacist with shots would help allow them to be able to process more prescriptions	11/18/2021 4:45 PM
628	Technician lead immunizations and covid testing are great ways to take workloads off of pharmacists so that they can do the more important aspects of their job well. Though this only	11/18/2021 4:44 PM

works if the technicians are properly accommodated to have extra responsibility and have additional technicians to cover for areas that will be lacking with more jobs to do.

629	NONE. Sometimes I'll work 12 hours straight with no breaks and constantly getting yelled at. Please do NOT give MORE to us.	11/18/2021 4:44 PM
630	giving vaccines, inventory, management	11/18/2021 4:43 PM
631	Mixing and shots. As well as COVID testing.	11/18/2021 4:43 PM
632	Helping pharmacists with the amount of vaccines we are expected to give.	11/18/2021 4:43 PM
633	IV	11/18/2021 4:43 PM
634	To be able to take prescriptions over the phone to help ease the work load of the pharmacist.	11/18/2021 4:42 PM
635	I would like to be appreciated for my knowledge and be allowed to do all that is legal	11/18/2021 4:42 PM
636	None	11/18/2021 4:42 PM
637	If adequately staffed testing and vaccines are fine.	11/18/2021 4:42 PM
638	I no longer work in the retail environment. More non-pharmacy jobs should be available for the technicians	11/18/2021 4:42 PM
639	I wouldnt mind doing vaccines, but employers wont give a good raise that would be worth it due to responsibility of giving vaccines.	11/18/2021 4:41 PM
640	Taking phones prescriptions, giving vaccinations, verifying prescriptions that need clarification	11/18/2021 4:40 PM
641	Technicians checking technicians, more allowance on workflow	11/18/2021 4:38 PM
642	I would love to do mtms	11/18/2021 4:37 PM
643	Many retailers do not allow technicians to things within scope such as med reconciliation, transfers, certain clarifications. Technicians should have additional training required and certain levels of skilled technicians required at each place of employment.	11/18/2021 4:37 PM
644	Mtm, giving shots, being able to be in pharmacy with out a Pharmacist	11/18/2021 4:36 PM
645	Techs can vary so much in skill sets. There should be an option to do more work but not a baseline expectation. Not everyone can handle it.	11/18/2021 4:36 PM
646	I'd like to take on a little more do I can earn more wages	11/18/2021 4:36 PM
647	Pharmacy technician recruiter	11/18/2021 4:35 PM

Q20 What responsibilities detract from job satisfaction? Leave blank if not applicable. REMINDER: Do not include your name or other information that would identify you in the comments.

Answered: 777 Skipped: 1,783

#	RESPONSES	DATE
1	Retail settings is not the place to be doing Pediatric vaccines	12/3/2021 8:44 AM
2	No	12/2/2021 6:21 PM
3	Immunizations at the moment. It's hard to balance productivity with the amount of shots that have to be given on a daily basis	12/2/2021 4:01 PM
4	Feel test for certification is too detailed for what I do in my job. This could cause less people going into field.	12/2/2021 2:42 PM
5	Constant phone calls	12/2/2021 2:15 PM
6	Not being able to counsel patients on simple tasks/questions they have that we know without a doubt we can answer correctly. It should be up to the pharmacist and each technician whether or not they are allowed to answer certain types of questions. Pharmacists will know how much each technician actually understands about certain medication topics and can easily adjust accordingly on what questions/topics each technician is allowed to answer/counsel patients on. Further, I would expect that technicians should be able to identify if a question or counseling opportunity is within their knowledge base, and answer or defer to the pharmacist accordingly as well.	12/2/2021 12:51 PM
7	Corporate adding on a bunch of metrics that have nothing to do with patient safety and everything to do with them (Corporate) making money.	12/2/2021 11:18 AM
8	USP 800 standards are excessive. Being required to clean rooms with a chemical that makes my eyes, nose, and throat burn every day/week/month and being told that's just what you have to do, get over it. The constant cleaning of things that are already clean. Before the 800 standards were introduced I never heard of problems stemming from an inadequate clean room environment for compounding. Inadequate staffing. If I take a day off, there's no one to cover my position, my duties get pushed off on the other 2 who are left to do it everything on their own. Management makes you feel like a slacker for taking time off THAT I HAVE EARNED AND AM OWED to take care of life that happens to all of us. It causes me a tremendous amount of stress and anxiety when I need to decide if it's better for me to stay home and take care of myself and my family when it's necessary, or if I need to go to work to avoid upsetting the people who make the schedule and are supposed to be responsible for finding coverage for me that day. Which they haven't done in almost 2 years. So I can stay home and take care of what I need, or I can screw over the other techs I work with and piss off management in the process. And forget vacations. Asking for time off (which, again, they owe me and I have earned) is like asking to go on a 6 month sabbatical. I'm supposed to know an entire year in advance when I want to take a single week's vacation, and that's it. Asking for more gets you treated like you're doing something wrong for needing a break. But you better believe that when pharmacists or management wants a vacation they get it. Many times a year, without a year's advance notice. Our pay is pitiful. Standards keep changing that require more work. New duties keep getting pushed onto us that used to be the job of pharmacists. Yet we still don't make enough to stop living paycheck to paycheck. And we get told we should be happy that we have the job we do without having at least a 4 year degree. That we should be happy that someone is willing to pay us "as much as they do" without one. Like we're lesser members of the team for just being techs. Most pharmacists I work with directly don't have this attitude, but management sure does. And that's true for every place I've worked as a tech, not just my current place of employment.	12/2/2021 11:00 AM
9	Monthly audit reports	12/2/2021 10:30 AM
10	Dealing with technological issues. Such as robot issues	12/2/2021 10:13 AM

Meeting Materials

11	Metric items pcq calls	12/2/2021 10:04 AM
12	#1. Cashiering / running the cash register. (Forces techs to have yet one more source of distraction and increases errors as we are required to prioritize helping the patient in the line rather than prioritizing the patient whose script we are filling.) #2. Answering the phone. #3. Walk in immunizations (namely due to a lack of staffing. We need to be staffed better to cope with walk ins and also, just due to the structure of the retail work environment, we are not really equipped to accommodate the number of walk ins we get on a daily basis. Walmart is awful with this and we have a lot of crowding and insufficient social distance. I compare ourselves to kroger, who seems to have done things better in the clinical regard by changing their infrastructure and designating certain times for walk ins. We are too available and my chain and thus stretched too thin.)	12/2/2021 4:36 AM
13	Covid shots and covid testing is a major stress. Over the last year, some people think we are a covid clinic. We have to fill prescription and take care of our regular customer needs. Short staffed is a major stressor. We are overworked and forgotten. The pharmacy as we know it has changed forever. Unrealistic goals that are put on us as a pharmacy has gotten out of hand. We have been working through this pandemic non-stop and we are getting burnt out with these covid shot. I'm glad we have them available to the public but we be the soul providers of the vaccine. It should of been a big facility to hold all the covid clinics. Thank you for your concern and hopefully this will help you see the day and life of the pharmacy.	12/1/2021 11:30 PM
14	The never ending phone calls along with curbside. When you are short handed and you can't answer the phone. Then people get rude and nasty. They don't understand how busy we are. The non stop vaccines. Way to much stress. Only having 2 registers on a never ending line of patients at pick up.	12/1/2021 9:56 PM
15	All the phone calls	12/1/2021 8:32 PM
16	Drive thru	12/1/2021 8:16 PM
17	COVID COVID COVID.	12/1/2021 7:53 PM
18	NA	12/1/2021 5:42 PM
19	Taking on responsibilities that should be done in a doctors office or minute clinic.	12/1/2021 4:43 PM
20	Pressure to become an immunizer. Covid (adult, boosters, and pediatric) and flu vaccine walk-ins. Covid testing (pcr and naat rapid). Increased patient outreach call volume and types of calls expected to be completed. Increased workload with less staff leaves less people to share the normal workload and tasks, let alone all the additional responsibilities.	12/1/2021 3:36 PM
21	Over worked and under paid	12/1/2021 3:28 PM
22	All of my technician responsibilities detract. I was promoted 8 months ago and I'm still not in my new position.	12/1/2021 3:14 PM
23	Obsessive metrics from management, glorified cashier	12/1/2021 3:03 PM
24	Customer service	12/1/2021 10:54 AM
25	School	12/1/2021 10:28 AM
26	Not enough staff to handle the workload. Keep shifting jobs off of the pharmacist to free up their workload onto us but they not give us enough help. The ratio of RPH to tech is way to high. 4 techs to 1 pharmacist in the retail setting makes is unrealistic. If we could even cut it in half like a 2:1 ratio it would be more safe for patients! Less med errors and more time to focus on patients.	12/1/2021 2:47 AM
27	I get distracted when things aren't organized or in place	11/30/2021 11:41 PM
28	Too busy for adequate training. Pharmacist and techs too busy and stressed to answer questions and teach the job.	11/30/2021 10:13 PM
29	Lack of training	11/30/2021 9:15 PM
30	Due to inadequate staffing in housekeeping, I often pull trash, clean floors, search for paper towels and toilet paper and refill dispensers. There are PLENTY of managers and "clinical" staff however.	11/30/2021 8:45 PM

Meeting Materials

31	We do to much, shots, testing, and these companies we work for are money hungry and just keep adding more on us	11/30/2021 8:25 PM
32	I am not able to do my studies on PTU at home or on my own time. Covid shots have taken up most of our time during the day.	11/30/2021 3:31 PM
33	The overwhelming conditions, vaccinations plus filling plus register, etc. I'm actually afraid of pharmacist error considering that they are requiring or pushing to give a vaccine every 3 minutes plus all of the other work like data verification and prescription verification. It's maddening!!!!	11/30/2021 3:00 PM
34	Feeling like I have to babysit a lazy pharmacist	11/30/2021 2:40 PM
35	We are staffed for only prescription duties, all tech duties, we do not have enough techs to also be a clinic also	11/30/2021 11:40 AM
36	Having to run outside to be a delivery person. It stops workflow-- especially when extremely busy, short staffed, pharmacist is preoccupied because there is only 1 and it could be a safety hazard.	11/30/2021 11:34 AM
37	Clinical interventions on top of daily duties. My specific role is Lead Technician so I have more responsibilities than the average tech, on top of being an average tech. Some of my lead duties get thrown to the side because of worrying about everyone else.	11/30/2021 11:34 AM
38	Too much compounding and not enough staffing to fulfil the work load	11/30/2021 11:33 AM
39	Covid testing, vaccines	11/30/2021 11:16 AM
40	People call off and leave us short-staffed.	11/30/2021 10:35 AM
41	Having to do drive-thur all the time, on that time I can have finished so much of QP, hire someone for drive-thru and pickup, we need to go back having Rx clerk	11/30/2021 10:07 AM
42	Na	11/30/2021 9:35 AM
43	Having customers about simple issues they should be able to handle.	11/30/2021 9:25 AM
44	Answering the phone	11/30/2021 9:15 AM
45	lack of training, lack of staff, lack of order/structure	11/30/2021 9:04 AM
46	Stopping to answer phone calls. Inpatient people.	11/30/2021 8:41 AM
47	Constantly being stuck on the register. Ringing people out with a cart full of stuff and a free prescription.	11/30/2021 7:58 AM
48	Giving vaccinations	11/30/2021 7:36 AM
49	Pharmacists choosing not to contact patients directly for small matters, and requesting technicians to do so. Waiting on pharmacist responses to clinical questions to relay to patients instead of pharmacists speaking to patient directly.	11/30/2021 5:34 AM
50	The daily insurmountable workload. The lack of pay. The lack of help. The lack of everything. This is beyond ridiculous.	11/30/2021 4:02 AM
51	Pharmacist not helping in workflow and or management expectations without proper staffing, pay, and or safety	11/30/2021 1:24 AM
52	There is currently not enough staff to handle the increase in immunizations	11/30/2021 1:20 AM
53	The sheer amount of work that has been added due to covid. One technician has to be testing 7 hours per day and the pharmacist is stuck giving vaccines.	11/30/2021 12:14 AM
54	Having a goal of meeting unattainable numbers for things that are unimportant. For example, a certain percentage of the order getting scanned in properly. If an invoice gets posted in the wrong app, the percentage lowers.	11/29/2021 11:24 PM
55	The non sensible metrics placed on us by corporate, paid for by insurance companies.	11/29/2021 11:17 PM
56	People who don't care about there job	11/29/2021 11:06 PM
57	Definitely phones ringing off the hook non stop. Slow technology is a big one also	11/29/2021 10:44 PM

Meeting Materials

58	a non technician to do janitor jobs such as cleaning and trash	11/29/2021 10:22 PM
59	Lack of time to adequately have new hires trained, therefore adding extra stress and responsibility to the rest of us.	11/29/2021 10:10 PM
60	Not enough workers and the pay is not as desirable as it could be. Also the work load is unbearable	11/29/2021 8:43 PM
61	Insurance issues	11/29/2021 7:26 PM
62	Covid testing	11/29/2021 6:53 PM
63	Attitude and being rushed	11/29/2021 6:48 PM
64	Not enough staff	11/29/2021 6:30 PM
65	Lack of staff,	11/29/2021 6:28 PM
66	The pay.	11/29/2021 6:22 PM
67	Pay, stress, workload given to the Pharmacist who makes 5 times more than any tech	11/29/2021 5:55 PM
68	Covid testing and giving so many vaccines we can't get anything done. Giving vaccines to children, this should be done in a peds office!	11/29/2021 5:55 PM
69	Phones ringing non stop because of misinformation about what "booster" they should get and what places have the correct boosters for them.	11/29/2021 5:01 PM
70	Clinical workload, insurance companies should manage this and what how they rate a pharmacy and pay the pharmacy should not be a factor. Also having to provide vaccines should be provided by physicians. The most stressful part of pharmacy is Good Rx discounts. Patient's have scripts at pharmacies all over and medication error issues can occur when the pharmacist does not know what other meds a patient is using.	11/29/2021 4:47 PM
71	Stopping to answer phone calls. Inpatient people.	11/29/2021 4:46 PM
72	An increase in workload while staffing is decreased	11/29/2021 4:33 PM
73	Constantly having to answer phone calls and having to stop and check customers in for vaccines	11/29/2021 4:13 PM
74	Pushing to get prescriptions out faster by patients. Plus trying to give more responsibility for covid shots to technicians. This is done to help the pharmacist but it should be more of a nursing staff position. Less errors and allows the rest of the staff to help with prescriptions	11/29/2021 3:34 PM
75	Having to deal with the pharmacy clerk (the person that checks in the order and puts it away) that is not certified. I think ALL Non-Pharmacist staff should be certified.	11/29/2021 3:07 PM
76	Micromanagement and excess meetings are stressful	11/29/2021 3:02 PM
77	It is not the job duties necessarily that detract, it is the fact that corporate stores are perceived as being understaffed, overworked, etc., but do not even have job openings or hours to budget. Where I worked, in the beginning of giving Covid booster shots/flu shots our hours were cut. We are understaffed but are expected to be robots and meet a quota. The problem is that we are also expected to be customer service oriented and be exceptionally friendly, but customer care is not factored into production time. I can ring someone out in 10 seconds, until they start asking about what kind of goodrx they can use, if there pet meds can be filled here, where the canned goods are located, and/or whether or not I'm single. Too bad that customer service is not graded. Treating people like human beings goes both ways. If I'm treated like a human being by my employer(instead of a production robot) then I can treat my patients that way. Isn't that what everyone deserves?	11/29/2021 2:17 PM
78	N/A	11/29/2021 2:06 PM
79	No support when patients get angry, short staffed too often, only 1 pharmacists to do everything=not safe or fair to them, doctors not learning electronic rx systems properly=double / missing/ incorrect directions	11/29/2021 1:58 PM
80	This whole shot process in the pharmacy is a huge distraction from actually helping our script patient's. Take far to much time and man power away from running a pharmacy as it should.	11/29/2021 1:51 PM

Pharmacy Technician Workload Survey

Meeting Materials

As well as focusing on outgoing phone calls to promote refills or auto fill. To many phone calls expected of us to go out each week.

81	Phone calls about dumb issues (is my prescription ready, are you open, etc), running a register, always having to apologize for being behind.	11/29/2021 1:50 PM
82	In a hospital pharmacy - Tedious tasks such as EMS boxes, charges/credits. In my current job at a specialty pharmacy, nearly every task is directly related to my patients and I can see results in real time. I have a ton of patient contact and am always glad to see my patients feeling better	11/29/2021 1:31 PM
83	Pushing reward cards. Pushing sunscreen coupons.	11/29/2021 1:20 PM
84	None.	11/29/2021 1:19 PM
85	Lack of help from others/management when short staffed, being forced to do things without ample training even when more training has been asked for. Adding more responsibilities to already heavy workloads. Little to no praise for hard work. Insufficient salary vs expectations and responsibilities.	11/29/2021 1:16 PM
86	Vaccinations all the time, takes away from filling prescription and patient care.	11/29/2021 1:16 PM
87	N/A	11/29/2021 1:07 PM
88	Just the amount of work we have to do now	11/29/2021 1:00 PM
89	The amount of responsibilities per employee per day we dont have enough staff at all.	11/29/2021 12:56 PM
90	NA	11/29/2021 12:55 PM
91	Covid testing	11/29/2021 12:42 PM
92	Calling customers to meet metrics set forth by insurance contracts	11/29/2021 12:34 PM
93	Na	11/29/2021 12:19 PM
94	HAVING TO ANSWER A CERTAIN AMOUNT OF CALLS PER DAY TO MEET A GOAL. IT DOESN'T ALLOW FOR MUCH TIME TO ENSURE WHAT THE PATIENT IS WORRIED ABOUT TO BE FIXED.	11/29/2021 12:15 PM
95	Taking too many calls and drive thru.	11/29/2021 12:09 PM
96	There's constant staffing issues and too much workload.	11/29/2021 12:01 PM
97	Pharmacists not respecting certified techs as equals.	11/29/2021 11:54 AM
98	I supervise so there are daily staffing challenges. If we could get additional tech staff it would make things a lot better.	11/29/2021 11:53 AM
99	Short staffed and too busy for our customer base	11/29/2021 11:50 AM
100	Techs play favorites with some customers.	11/29/2021 11:47 AM
101	Not be able to use my license to its full capacity.	11/29/2021 11:45 AM
102	Staffing issues due to the lack of applicants interested in pharmacy tech positions.	11/29/2021 11:38 AM
103	n/a	11/29/2021 11:38 AM
104	Dealing with nurses	11/29/2021 11:35 AM
105	State Certification/ Registration Process detracts those from entering and staying in field. Compensation has not kept up with added requirements. No room to grow within many organizations, even for those Nationally Certified, or Adv Certified Technicians. This results in short staffing, burned out, lower paid technicians that eventually leave the profession for higher paying jobs.	11/29/2021 11:25 AM
106	none	11/28/2021 8:04 PM
107	Responsibilities that aren't pertaining with my job or having to deal handle customers attitude.	11/28/2021 7:20 PM
108	Currently, all basic pharmacy technician responsibilities detract from job satisfaction because it is impossible to maintain even the most basics of responsibilities.	11/28/2021 4:13 PM

109	Being short staffed , working alone while trying to attend to vaccine sign up plus fill and ringing patient/customers out	11/28/2021 7:12 AM
110	Being expected to meet verified by promised times/ call lists upwards of 70 to 100 calls per day in addition to scripts, covid shots and covid tests with an almost entirely new staff of technicians all of which I am responsible for training for the most part. Being one of two people responsible for all extra work outside of the job basics.	11/27/2021 8:15 PM
111	Vaccines. Mandatory phone calls to see if patients are compliant.	11/27/2021 5:25 PM
112	meeting goals instead of just being able to do what is best for customers. Offering vaccines is great but why be scored on how many you do--same thing applies to most of the goals we are forced to meet. Automatic refill? awesome. getting a low score because not enough people sign up at the register? asinine. Asking if anything else is needed during a customer interaction? Yes. making dozens of calls a week to ask people to fill meds? counterproductive. If we can't fill current scripts on time why are we asking for more? COVID testing--necessary but every 10 minutes and still doing pickup and drivethru drop off then getting yelled at for a long wait time and subsequently being told by corporate its a time management issue? Absurd. Let them try to do it all. I just want to be able to deal with the patients (and they are patients - not customers - aren't we healthcare?) that are here and meet their needs as quickly, efficiently and SAFELY as possible. Metrix make it difficult to make the necessary phone calls such as checking on insurance issues or tracking down an out of stock medication or keeping a patient informed of issues that arise. I have had patients not receive necessary medications on time because we have not had time to locate them elsewhere or check to make sure it can be ordered. We recently had to write off numerous refrigerated products because they were not unpacked and put away before the cold packs melted because we were too busy making sure we offered everyone a flu shot, signed them up for automatic refill, dropped everything to fill their rx because we're not allowed to tell them longer than 15 minutes despite having 25 waiters ahead of them (not an exaggeration - I counted). I'll stop now.. Basically let us take care of our patients and get back to putting safety above company profit. Not sure this fits in but it must be said. I recently had a pharmacist co-worker suffer a stroke (luckily a transient one with no long lasting effects) while at work because if she left we would have to close the pharmacy and no one could cover for her. We finally did close but we are lucky she was okay. No one should ever fear reprisal for attending to their health in emergency situations.	11/27/2021 3:45 PM
113	we opened up a stand-alone in the midst of a pandemic and wasn't trained on how to run the store part of our pharmacy so we have to do a lot of non tech jobs on top of vaccines that ruin most of the other parts of the job.	11/27/2021 2:38 PM
114	checklists of things we already do	11/27/2021 2:16 PM
115	Nothing that is standard detracts anything, but any additions would make it much worse.	11/27/2021 12:02 PM
116	Signing people up for messaging to meet a percentage quota. Answering the phones, customers cannot get through to the store so they call pharmacy "because we are the only ones that answer" and it's not even a pharmacy question or call. The drive thru pretty much the worst thing they ever did to pharmacy! Drive thru's are not personable, they lose sales for the store and they require extra technician staffing to run them.	11/27/2021 7:27 AM
117	Anytime I am pulled away from my job to commit to customer service (if I can), I believe in helping our customers.	11/27/2021 3:08 AM
118	The curb side is faulty. Machines that won't pair or won't accept cards. Angry irritated customers. No guidance on what to do in the case of a covid quarantined patient who cannot use their card at curbside. How do we get them their medicines. Longer hours stretches out tech support and minimizes effectiveness with patients. Longer wait times etc. One pharmacist working 13 hr days with only one half hour break is pushing for mistakes to be made over a time that has very little business. Growing numbers of rx coming in and a thinned out staff makes both workers and clients edgy and impatient.	11/27/2021 12:24 AM
119	Constant Phone pulling away from work so tasks left in various incomplete stages non-stop	11/26/2021 8:48 PM
120	Paper log copies—insane & ridiculous amount of paperwork involving vaccinations; mail out prescriptions etc. Also curbside pickup—would much prefer a drive thru window. Despise going outside & watching people smoke, eat, & talk on their phone while trying to process their payment.	11/26/2021 8:35 PM
121	Running the cash registers. Having to go to the registers, disrupts work in the pharmacy. It	11/26/2021 10:49 AM

Meeting Materials

increases chances of making errors because of the many disruptions.

122	Excessive phone calls not prescription related!	11/26/2021 9:08 AM
123	pharmacy manager does not delegate tasks evenly or fairly, allows some technicians to do as little as possible (standing around talking about non work related things) and tells other techs to do multiple tasks at once, setting up for possible errors to occur	11/25/2021 2:19 PM
124	We need a set lunch break. We need another pharmacist to help with the technician ratio and also with the given vaccines every 10 minutes so we can also have a working pharmacist to make sure medications are going out along with vaccines. We need more labor time to have more technicians to cover all jobs. We need to hire another full time technician. We need to feel like we are not overwhelmed and worrying about what we left the day before and how we need to mentally prepare for the next day. For all the work we put in, I feel we don't make enough especially working during a pandemic! Our pharmacist need breaks and so do the technicians! I love the opportunity I have with working in the pharmacy, but it is VERY stressful and VERY overwhelming!!	11/25/2021 11:32 AM
125	The workload that corporate keeps adding and adding and we have to deal with the consequences of rude and upset patients because there is not even time to do everything efficiently and effectively.	11/25/2021 8:56 AM
126	Us giving shots. Should stay at the pharmacist level who gets paid enough to do that. Not the slaves that are paid pennies. Won't need a pharmacist before long.	11/25/2021 8:00 AM
127	Retail-customers think we're just cashiers. Even my own son thinks that! Basically anything corporate wants us to do. I worked like a dog through the pandemic, for nothing. My loyalty makes no difference.	11/25/2021 12:25 AM
128	The amount of scrips we have to fill with only one pharmacist and low staff. Scanning receipts and putting refill stickers in the book takes up our time our time. Overall the work load is way more than what should be normally. We are extremely burned out!	11/24/2021 11:56 PM
129	Technicians immunizing stress me out. I don't feel it is safe for technicians to administer vaccines. I don't feel the training is adequate. I also don't think we should be administering vaccines in the pharmacy at all either. It takes too much time away from patients and medications. Covid Boosters and Covid testing is our primary role now and I think it's wrong.	11/24/2021 10:23 PM
130	Metrics-I can't spend too much time on inventory management (ex-sending overstock returns back to Inmar) due to worrying about my personal metrics. Did I type enough prescriptions this week, count enough, etc? My quality is good (ex-good data entry re-work rate making few mistakes, fast counting/dispensing, etc) but my other extra responsibilities as lead decrease my quantity part in the metrics.	11/24/2021 9:57 PM
131	Being expected to run a call center, 3 registers, an immunization clinic, put away a multiple hundred piece drug order, prescription data entry and filling for upwards of 500 prescriptions a day. Sometimes by yourself with a single pharmacist who is also responsible for all that and more at the same time.	11/24/2021 7:18 PM
132	My biggest issue is the verbal abuse that is constantly happening from pts. The phrase "the pt is always right" needs to end because being cussed at and screamed at for things that are genuinely not our fault is unacceptable.	11/24/2021 12:51 PM
133	Working in the IV room alone, I feel is not safe for patients, there is no good time management to feel confident in getting our patients the best care and have time to clean, organize and restock. There are multiple pharmacists who do not take technicians seriously and do not understand our workflow and expect us to drop everything to do something non-urgent or that they can complete themselves in a much more timely manner. We do feel under appreciated and under paid for how much work we do and we do not get recognized for always going above and beyond our laid out "duties".	11/24/2021 11:46 AM
134	since covid we have been very short staff and its hard to just get anyone in to help with the board regulations on volunteers. We could use a volunteer to check in the order and put the price stickers on. Techs could scan and process the rest of the order. Its just there are voluteers out there, but they cant help us out on simple things that could make our jobs a little easier whent here is no staff	11/24/2021 11:01 AM
135	The telephone, though it is necessary.	11/24/2021 10:37 AM

Meeting Materials

136	Vaccines, It is just too much on top of our regular workload	11/24/2021 9:38 AM
137	Anything clinical - there isn't enough time or staff for the obscene workloads	11/24/2021 8:16 AM
138	Being forced to give covid shot when I didn't want to	11/24/2021 8:04 AM
139	All clinical services (IMZ walk in appointments)	11/24/2021 5:49 AM
140	Long hours, under paid, no breaks, over worked	11/24/2021 12:39 AM
141	Insurance companies	11/23/2021 11:32 PM
142	For reference, I work for Giant Eagle Pharmacy. Please send this to whom it concerns for proper course of action. I cannot emphasize enough how highly DISSATISFIED I am with my job as a pharmacy technician. What a humiliating and deeply disrespected job, which is all thanks to pharmacy corporate and the Board of Pharmacy for allowing such an unstable work environment. You should all be ashamed of yourselves. You have no idea what we are all going through. We work with such short staffing that is beyond an unsafe environment for the patients. The short staffing, constant phone, constant distractions, the continuous added tasks of immunizing and meeting metric goals...it needs to stop. You need to come up with an effective plan on how to make the pharmacy work environment a better place before something terrible happens. Please stop turning a blind eye to what feels like endless suffering and stress of pharmacy staff and find us solutions! For example, all pharmacies should be given a mandatory break where the pharmacy CLOSES during the day. The two biggest issues are short staffing and the humiliating pay that pharmacy technicians receive. We absolutely deserve to be paid more, but I'm sure everyone in corporate sitting on 6 figures a year has nothing to say. I'd love to see corporate work just one day in the pharmacy because they wouldn't last a chance and are so out of touch with the reality of the situation. I'm a young female, in the my mid twenties, and I cannot tell you how much anxiety and depression this job has caused me and how many times I have cried driving home. This job truly beats down your self worth because there is no respect in this field. Please take what I shared seriously and help us from drowning so badly. Pharmacies are crying out for help. Please do something. Thank you for your time.	11/23/2021 11:18 PM
143	The extra stuff that the customer demand . Covid has caused them to use the drive through for non pharmacy items and they demand you get them or they will call your Corporation. It's not fair that the pharmacy has become "fast food". Customers do not want to wait even 5 mins for a prescription to be filled. It's not safe. Your working so fast and it makes it easy to make mistakes. We hardly make it to the bathroom and most time your struggling to make sure everyone gets a break. Also patient do not understand how sync my meds work. Having to sync patients meds has added to the work load. It has caused patient to no longer be responsible for calling the dr for themselves. They expect the pharmacy to do so. Most patients no longer know what meds they are taking they "just show up and they are ready" no idea which meds or why they are taking them. Customers have to take some responsibility in their own health. It's hard being the only full time tech and having to manage that many patients meds. Without them knowing what they take. I spend more time worry about what I did or didn't get done for a customer once I'm home from work. I also think the Covid vaccines made it hard to Juggle my work responsibilities. We have taking so many new patients with the shots and that takes time added them to the system. Like I said customers expect to be in and out in less them 5-10 minutes. Some days we find ourselves leaving work for the next day then your behind when you walk in and patients do not understand that. Also I think there is an over prescribed amount on certain medications.	11/23/2021 10:09 PM
144	Answering phones while trying to transcribe and count prescriptions. Following up on refill requests to prescriber. Excessive amount of vaccinations with limited staff.	11/23/2021 10:07 PM
145	There are so many things that a pharmacy cashier is not allowed to do (drop a prescription into the system for example) that from an employers standpoint it's pointless to have them. But this means that technicians have to run the registers and in some cases spend all day doing it. That's not particularly satisfying when there is SO much MORE I could be doing.	11/23/2021 9:30 PM
146	Immunizing Young children under 11 years of age. I must make more time to calm and coax the child to be ready for the shot, so much so, that by the days end, I am emotionally drained. I feel like we are scaring these children , and the parents are forcing them to get shots. I am not a therapist, but I feel like one sometimes.	11/23/2021 1:27 PM
147	Na	11/23/2021 1:12 PM

Meeting Materials

148	Walk in vaccines, lack of technician and pharmacist staffing	11/23/2021 12:53 PM
149	Having to know my job as well as the pharmacists, having to handle IT issues myself, doing too many vaccinations	11/23/2021 12:18 PM
150	I'm constantly on the phone and can't possibly get all my work done when taking calls every 2 minutes.	11/23/2021 11:58 AM
151	No specific responsibilities. Insurance, rude patients, high workload, understaffing are the primary detractors from job satisfaction.	11/23/2021 11:05 AM
152	Short staffed all the time. Other technicians not picking up their weight. Manager is aware of all this.	11/23/2021 9:43 AM
153	Explaining COVID-19. Vaccine and test procedures over and over again. And the constant changes to protocols.	11/23/2021 9:39 AM
154	Timing in the hospital is very tight, which occasionally postpones breaks. There are lulls, though for the most part.	11/23/2021 9:34 AM
155	Sales calls. Would like to focus more on the patients in front of us instead of making sales calls	11/23/2021 8:49 AM
156	Having to do three times the workload because we are understaffed. These companies don't want to pay pharm techs, especially HOSPITAL pharm techs, or hire enough staff so that we don't feel like a truck ran over us at the end of the day. And people don't realize that if we DIDN'T have an operating hospital pharmacy that the hospital would be shut down. Think about this, nurses get bonus on bonus and what do techs get? Nurses get ONE teeny tiny department to run, pharm techs get the WHOLE hospital to run: making IVs, TPN, Stat meds, Trauma meds, super expensive infusions, priming lines, compounding oral meds, delivering time sensitive meds to departments who will push blame off on the pharmacy for their own mistakes, and SO much more. Not to mention the rude pharmacists, doctors, or others that we deal with on a daily basis. There is much to say here. I have loved jobs that I've had over the years, but because of the lack of training, management, and lack of employees I've had to leave multiple places... and I voiced these things, not only for myself, but also for the others who wouldn't speak up to the management, but rather used me as a sounding board... yet and still nothing ever changed.	11/23/2021 8:41 AM
157	The lack of recognition for and ability to use my Advanced certification, years of experience and knowledge.	11/23/2021 8:23 AM
158	All the phone calls about stupid things that would be answered if they listened	11/23/2021 7:06 AM
159	Having to jump between multiple steps of workflow (data entry/ dispensing/ adjudication) due to lack of staff. Added pressure of the number of shots done in a day that leaves little to no time for prescriptions	11/23/2021 6:46 AM
160	Coworkers who are not committed or doing their fair share!	11/23/2021 5:55 AM
161	All responsibilities! We're extremely overworked, underpaid, and disrespected. The expectations of a pharmacy technician is demoralizing and has become inhuman at times.	11/23/2021 5:37 AM
162	Dealing with rude customers about having an appointment to get shots because we are so busy with just shots I don't get any of my other work done during the day	11/23/2021 5:27 AM
163	SHOTS/VACCINATIONS/COVID TESTING TAKES UP A TECHNICIANS DAY AND OUR CHAIN PHARMACY KEEPS ADDING TIME SLOTS INSTEAD OF DECREASING APPOINTMENT TIMES DUE TO LOW STAFF. THIS TAKES A BODY AWAY FROM FILLING PRESCRIPTIONS. OUR STORE IS 3000 RXS BEHIND. THIS PUTS US A MONTH BEHIND. ITS UNSAFE FOR EVERYONE INCLUDING CUSTOMERS. IVE HAD PATIENS CRYING BECAUSE THEY ARE OFF THEIR DEPRESSION MEDS, NO INSULIN, OUT OF BLOOD PRESSURE MEDS ECT.	11/23/2021 4:37 AM
164	pay rate and over worked. even when completing my job, in "down time" there is always things to do and forced to constantly do more work. not having enough staff.	11/23/2021 1:20 AM
165	The stress from having to run around from a COVID test to a shot then filling and answering the phone. Overall, there isn't enough time to be satisfied.	11/23/2021 12:07 AM
166	Having to run from one end of the counter to the other. (Drop off/ pickup) somehow entering	11/22/2021 11:43 PM

Meeting Materials

and filling prescriptions.

167	Having to give vaccines every 10 minutes and covid testing thru our drive thru keeps us from attending to our patients prescriptions. Ohhh, and 3 words "GOOD RX COUPONS"	11/22/2021 11:30 PM
168	Being expected to do more with less help thus opening the door for mistakes	11/22/2021 9:51 PM
169	Normal pharmacy duties have become answering phones ,filling scripts , preparing mailings for delivery,covid testing testing through drive -thru ,checking in for vaccines waiting on customers helping customers along with regular everyday duties of housekeeping being called in too many different directions with not enough time or help. It seems to be a free for all, we spend the majority of our time playing catch up. It never ends. Multi tasking is an understatement	11/22/2021 9:42 PM
170	Short staffed impatient and entitled people	11/22/2021 8:58 PM
171	We do testing at our location and most of our techs were able to do the testing. Then the policy changed to only certified techs. That put more pressure anfm stress on only 2 techs being able to test instead of 5. Testing is not rocket science. Any of our techs are well qualified to do testing.	11/22/2021 8:41 PM
172	Just the pressure to complete large amounts prescriptions fast as possible.	11/22/2021 8:41 PM
173	Rotating door of shots and Covid tests. We don't have time to do our regular daily duties because we are bombarded with shots and tests.	11/22/2021 8:03 PM
174	Tracking labs and having to calculate supply needs without the clinical understanding of the use of them in the field	11/22/2021 8:02 PM
175	Patient portal calls and save-a-trip	11/22/2021 7:48 PM
176	Not enough help	11/22/2021 7:47 PM
177	Biggest is Rude customers and their threats. Customers who have insurance problems that take up alot of time at drive thru. Customers who need to wait for their medications, but won't move from the drive thru window so that the line can move forward. This angers the other drivers in line. the appointment times for vaccines needs to be greater 15 minutes in between. Not being able to print out forms customers filled online which not only angers the customer but takes longer time for them to get the shot. Computer issues/website issues. PCR test and the increase in phones and having to man counter, drive thru, phone calls and filling and having a hard time trying to help everyone when staff is low.	11/22/2021 7:40 PM
178	Covid testing and covid vaccines	11/22/2021 7:26 PM
179	Immunizing	11/22/2021 6:40 PM
180	immunizations are out of control. people should see a doctor for those kinds of things. we are too busy to take on those kinds of responsibilities. between customer, phone call, filling medications. there are not enough hours in the day to handle everyone needing vaccinations too.	11/22/2021 6:40 PM
181	More staff if possible	11/22/2021 6:29 PM
182	Audit and the never ending cleaning	11/22/2021 5:55 PM
183	Having to take in coworkers responsibilities because they can't bother showing up for work	11/22/2021 5:47 PM
184	Na	11/22/2021 5:17 PM
185	Company driven metrics	11/22/2021 5:01 PM
186	overwhelmed with short staffing and over worked technicians with a tremendous amount work load will lead to medication errors.	11/22/2021 4:48 PM
187	We need more than one pharmacist on shift. It's not safe to only have one checking everything, and administering all the vaccines, and being responsible for all of the other things happening within the pharmacy.	11/22/2021 4:27 PM
188	Having to do others work for them	11/22/2021 4:15 PM
189	I think if we are required to include clinical care, then there should be more training and more pay	11/22/2021 4:01 PM

Meeting Materials

190	Employer metrics and goals. Constant covid testing demands.	11/22/2021 3:44 PM
191	i'm retail settings, the emphasis on customer service takes away from our ability to do our job to the best of our ability sometimes. it is difficult to see myself as a part of health care when I am being treated like a cashier	11/22/2021 3:08 PM
192	Patients	11/22/2021 3:03 PM
193	phone calls about things we dont carry.. ex 50 calls a day about covid tests	11/22/2021 2:50 PM
194	The lack of pharmacist overlap. The continued additional responsibility added such as immunization and transfer prescription options. I have no desire to do immunization or clinical services. I am considering allowing my certification to drop and become a registered tech regardless of the pay cut.	11/22/2021 2:39 PM
195	Being asked to change times, etc. that seems unethical and doesn't help the patient in any way	11/22/2021 2:37 PM
196	Metrics. Surveys are NOT more important than patient care. There is more worry from corporate about surveys and numbers and that priority affects patient care negatively and the cycle keeps going.	11/22/2021 2:27 PM
197	None	11/22/2021 1:54 PM
198	Dealing with impatient customers who verbally abuse staff but are just given what they want regardless just so pharmacists do not get a bad review	11/22/2021 1:50 PM
199	Covid testing	11/22/2021 1:42 PM
200	Getting yelled at	11/22/2021 1:37 PM
201	The responsibility of selling vaccines to patients who do not want them. Trying to talk irate patients down from the long wait keeps me from speeding up the process so they don't have to wait as long.	11/22/2021 1:33 PM
202	The inability to take a prescription out of production review while the pharmacist is on her third hour-long break and there is a line out the door	11/22/2021 1:25 PM
203	Mainly staffing	11/22/2021 1:21 PM
204	To much work load not enough staff of Pharmacy Techs at my hospital.	11/22/2021 1:06 PM
205	Prescriptions not enough help	11/22/2021 1:06 PM
206	Amount of shots expected to be completed in a day. The process takes time and the appointments are being scheduled ten minutes apart. Additionally, drive-thru covid tests. Convenient customer offering but they take time too. Leaves very little time for what should be the primary responsibilities, such as filling prescriptions.	11/22/2021 1:02 PM
207	The amount of walk in shots that we are expected to work in to our already heavy workflow is insane. It's as if filling prescriptions has become our side work.	11/22/2021 12:50 PM
208	THE NEW BOSS DOESNT PLAY FAIR WITH WAGES, STARTING NEW EMPLOYEES WITH HIGHER WAGES	11/22/2021 12:38 PM
209	When the workload is too overwhelming, it becomes hard to stay focused on completing tasks.	11/22/2021 12:37 PM
210	Unnecessary job requirements, i.e., complete a number of calls in x amount of time to get individuals to sign up for our program. With minimal staffing and COVID-19 epidemic needs, these commercial hungry requirements create more room for error, setbacks with getting proper job duties completed and lack of genuine customer service. Unethical job training due to terrible management. Computer software that is not up-to-date.	11/22/2021 12:33 PM
211	Vaccines	11/22/2021 12:32 PM
212	vaccines	11/22/2021 12:27 PM
213	Coworkers not working to high standards yet I have to	11/22/2021 12:24 PM
214	DRIVE THRU IN PHARMACY. THERE IS ABSOLUTELY NO REASON WHY THERE SHOULD BE DRIVE THRU IN PHARMACY. IT IS UNNECESSARY AND IS NO MORE THAN A DISTRACTION. HOW ARE TECHS EXPECTED TO GET ANY WORK DONE IF IT IS	11/22/2021 12:12 PM

Meeting Materials

GUARANTEED THAT HALF OF THE TECH FORCE IS GOING TO BE STUCK IN THAT DRIVETHRU FOR 8 HOURS A DAY WHILE BEING DISRESPECTED BY PATIENTS. GET RID OF THEM.

215	Having to meet metrics	11/22/2021 12:07 PM
216	Short staffed	11/22/2021 11:54 AM
217	Trying to meet arbitrary metrics set by corporate (number of sales, memberships, program enrollments we convince people to take) Trying to do mandatory training modules during the work day (no time allotted for them, we are not permitted to do them at home)	11/22/2021 11:38 AM
218	N/a	11/22/2021 11:23 AM
219	Lack of staffing due to requirements to be certified/registered causing a technician shortage in my area	11/22/2021 11:21 AM
220	Handling customers. In a short-staffed pharmacy, handling a constant flow of customers means no scripts are filled which leads to further agitated patients and a heightened stress load on the pharmacy team.	11/22/2021 11:20 AM
221	Having to do what I feel a pharmacist should be able to do; we have to double check their work too.	11/22/2021 11:15 AM
222	adding covid testing and HBA1C testing when we are already over worked with vaccines.	11/22/2021 11:11 AM
223	None.	11/22/2021 11:02 AM
224	NA	11/22/2021 10:59 AM
225	Completing jobs of others.	11/22/2021 10:49 AM
226	Testing is a nuisance, vaccine overload makes the filling prescriptions part of our job treacherous and mistakes are made.	11/22/2021 10:45 AM
227	Covid shots..it all encompasses our regular work	11/22/2021 10:45 AM
228	More work requirements with less payoff. So more expected of us at the benefit of the company and no benefit to us just more taken away.	11/22/2021 10:44 AM
229	None	11/22/2021 10:41 AM
230	Taking care of rude, impatient customers and medical staff (doctors offices).	11/22/2021 10:37 AM
231	Short staffed.	11/22/2021 10:27 AM
232	Having techs do other clinical duties such as giving shots	11/22/2021 10:26 AM
233	All of the vaccinations and tests that we do daily and still trying to keep up with filling and getting prescriptions done in a timely manner.	11/22/2021 10:25 AM
234	There isn't a certain responsibility that detracts. It is having a sufficient staffing level to meet demands	11/22/2021 10:24 AM
235	Speed over quality	11/22/2021 10:24 AM
236	High expectations to perform duties I haven't been taught to do	11/22/2021 10:23 AM
237	Technology	11/22/2021 10:22 AM
238	Vaccines	11/22/2021 10:22 AM
239	Anything not related to filling prescriptions.	11/22/2021 10:20 AM
240	Tasks that we are not given enough time to complete because we have patients constantly while we are open	11/22/2021 10:19 AM
241	The pay, the stress load and the poor staffing. It is mentally draining with long schedule and how busy it is. I would rather work at mc Donald's because everyone working as a pharmacy tech are just working because there is no other jobs. Raise the pay because these people have no work life balance due to this job consuming your time so much. Not worth it. At. All. And people still struggle to make ends meet to feed their families.	11/22/2021 10:13 AM

Meeting Materials

242	Walking HR along the hiring process	11/22/2021 10:11 AM
243	.	11/22/2021 10:08 AM
244	constantly working on registers, never have time to do actual tech work	11/22/2021 10:07 AM
245	All of the metrics we are forced to meet, as well as doing the workload for many employees due to short staffing from low hours given from corporate.	11/22/2021 10:06 AM
246	Expectations to do more clinical work despite not having more staff hours and losing pharmacist hours has led me to become increasingly more dissatisfied with my job.	11/22/2021 10:05 AM
247	cleaning with harsh chemicals	11/22/2021 10:04 AM
248	Billing for home health care medical equipment when you dont have home healthcare workers that know how to do all the billing. Having to scan in paperwork for hhc to not only profile but script and work flowing to corp. Having to constantly stop n go do to understaffing n phones, driver thru, counter and managers hating us.	11/22/2021 10:02 AM
249	That I work in Finance as a pharmacy reimbursement Specialist for home Infusion pharmacy. And have to keep up my credenitals as a CPhT and continue education for Finance in RCM. I don't recognize or get paid accordingly.	11/22/2021 9:57 AM
250	required to do other's work.	11/22/2021 9:55 AM
251	Metrics and not having a set lunch breaks. And pharmacist to tech ratio.	11/22/2021 9:53 AM
252	Vaccinating patients. We have no extra help and a larger workload and now more responsibility. And also no additonal pay for doing more work. I have been been at my job for over 12 years and people who are getting hired as shelf stockers and cart pushers are making \$2 hour less than me.	11/22/2021 9:51 AM
253	Being expected to perform pharmacist responsibilities while performing my own	11/22/2021 9:51 AM
254	Rude customers.	11/22/2021 9:50 AM
255	The little things that need done in the pharmacy! trash, cleaning, filling vials..etc.	11/22/2021 9:49 AM
256	wrangling with insurance companies, answering hundreds of questions about why patients need to schedule a covid vaccination, the sheer volume of workload, and patients not understanding that it may take a bit longer for certain things. Patients who are downright rude, or cruel to staff. insulting their intelligence.	11/22/2021 9:48 AM
257	Covid testing without hazard pay or enforced policies to ensure my safety	11/22/2021 9:46 AM
258	N/a	11/22/2021 9:46 AM
259	All clinical. I believe there should be a set station where the people in the pharmacy rotate weekly on doing clinical work and nothing else. But with staffing issues, it's not possible.	11/22/2021 9:45 AM
260	Nothing	11/22/2021 9:43 AM
261	Lack of help, overload workflow	11/22/2021 9:42 AM
262	Doing a pharmacist's workload, such as counseling, work that the pharmacist does not know how to do, and uncompensated additives detract from my ability to be a positive technician.	11/22/2021 9:05 AM
263	I would like to be more challenged.	11/22/2021 8:15 AM
264	Technicians have a heavy work load in general, not all pharmacy's have the same rules as to what techs are allowed to do, this needs to be more uniform to all pharmacy's. Some can do reconstitutes, mixing, handle narcotics, while many other pharmacy's can't. It should be one way or the other. Techs are also taking on more workload to relieve workload off Pharmasist who are being asked to be more clinical instead of actual filling prescriptions. So now techs are taking on more work as to counting and preparing the rx, freeing up Pharmasist, with no more help, no more space, and no more pay. Yet they are raising their annual pay to accommodate them.	11/22/2021 7:32 AM
265	Selling programs or upselling products	11/22/2021 5:50 AM
266	Literally everything. The work load is excruciatingly massive for an under-staffed, high-volume retail chain.	11/22/2021 3:44 AM

Meeting Materials

267	Taking a 30 minute lunch break two hours after start time, a lunch break should be at least at a half way point. it would create a better balance for the body and mind with the work flow.	11/22/2021 2:24 AM
268	Dealing with insurance companies that don't have a clue	11/21/2021 10:36 PM
269	Hiring new techs at almost the same pay rate as someone who has been there 19 years. Hiring someone who is not smart enough to do the job.	11/21/2021 10:26 PM
270	Just not enough time to do all the basic work load (RTS, expired drugs, etc) as just getting the prescriptions coming in done can take up almost all the time we have, let alone any administrative tasks like ordering supplies and paper work.	11/21/2021 9:55 PM
271	Having to deal with Covid vaccines, boosters, and all of the other vaccines. Also, having to screen people for their vaccines because of all of the restrictions on who is allowed to receive them and when.	11/21/2021 9:09 PM
272	Inadequate tech staffing.	11/21/2021 9:09 PM
273	Training new techs and being expected to make them last, while their pay is so low they aren't even completing their training period before quitting	11/21/2021 9:02 PM
274	Combative customers, and customers that verbally abuse and blame us for things that are out of our control. We are doing the best we can with the amount of staff we have and being degraded and verbally abused makes doing what I love hard. I love being a pharmacy tech but the way I've been treated has added onto my anxiety and depression issues immensely.	11/21/2021 8:46 PM
275	Having other technicians come in brand new and get paid almost as much as some one that has been a tech for 20 years because of base pay policies. Knowledge and experience should go into pay for technicians.	11/21/2021 7:14 PM
276	Having to do "it all". Not enough help. Technology that doesn't work like its supposed to. Clinical que has redundant information and tasks. Medsync does not work.	11/21/2021 6:30 PM
277	The inability to stand up for ourselves to rude customers/patients and lack of support from management and corporate who do not work in pharmacy and understand that there are laws against us simply giving in. A lot of our arguments with customers stem from legal complications and management teams try to force us to just do the illegal option to just get rid of the patient.	11/21/2021 6:12 PM
278	In the pharmacy I work for the fact that technicians also have to operate the pos systems, (cash registers and drive thru) is highly distracting when your filling scripts, answering phones and have to stop to get the cash register. I think ALL pharmacies should have cashiers that are strictly cashiers, not the technicians doing both. Or Have the pharmacist themselves do it since they are needed to answers most patients questions anyway.	11/21/2021 4:53 PM
279	COVID testing, walk-in vaccinations	11/21/2021 4:52 PM
280	Being understaffed I, over worked and the duties or things we have to do keep increasing.	11/21/2021 2:01 PM
281	Customer complaints, that stem from waiting too long, in line.	11/21/2021 12:34 PM
282	The amount of responsibility and confidentiality required compared to pay.	11/21/2021 11:35 AM
283	Myriad questions that customer are asked as they pick up prescriptions	11/21/2021 11:28 AM
284	Lack of nurses for vaccine clinics and vaccines in store	11/21/2021 11:23 AM
285	Short staffed. New hires making almost as much as me and I've been there 6.5 years. The new hires have no knowledge while I have all that experience and know how to do almost everything. Customers are just plain mean anymore. We are expected to meet goals to get our bonus. We don't meet the goals because the patient does not want to use the services we need to meet the goals (auto fill, central fill, text messaging, vaccines-pre covid)	11/21/2021 9:53 AM
286	Limited staff and poor competency requirements. Maybe more technician programs in vocational schools and externships for those to get on the job experience.	11/21/2021 8:48 AM
287	Clinical services, cashiering	11/21/2021 7:50 AM
288	Adding clinical responsibilities to a retail pharmacy setting slows and doubles workload with inadequate facility and staffing to maintain good patient care - needs to be separated!!!!!!	11/21/2021 5:22 AM

Meeting Materials

289	Phone calls,, there should be a call center most of the common calls can go through (refills, hours, script done)	11/21/2021 12:43 AM
290	no cohesiveness from other departments to get patients their meds after surgery	11/20/2021 11:26 PM
291	immunizations	11/20/2021 11:20 PM
292	Overwork, lack of appreciation,	11/20/2021 11:10 PM
293	Not being on time for prescriptions	11/20/2021 10:17 PM
294	Help from co-worker's	11/20/2021 9:51 PM
295	Can't identify any at this moment.	11/20/2021 8:49 PM
296	Not enough staff	11/20/2021 8:38 PM
297	When other technicians will not do their share of everyday tasks - stocking, garbage, phones, getting pickup windows	11/20/2021 8:20 PM
298	Rude guests	11/20/2021 7:51 PM
299	It's not so much one particular responsibility. It's trying to do 5 things at the same time while being timed on everything. For instance facing a work board with 500 scripts to fill, a phone that never stops ringing and trying to take care of customers in the store all at the same time being afraid to look up and see your now in the red or about to go red.	11/20/2021 7:00 PM
300	COVID testing, it is very time consuming when you have someone who does not speak English very well. There are times when the customer does not listen to your instructions and does the test how they want. Can these results even be accurate?	11/20/2021 6:46 PM
301	Too much workload and not enough staffing.	11/20/2021 5:58 PM
302	Overwhelming amounts of vaccines and prescriptions with little technicians to work.	11/20/2021 5:00 PM
303	dealing with pharmacists and other pharmacy technicians who lack a decent work ethic and/or passion for their work	11/20/2021 4:17 PM
304	Lack of advancement	11/20/2021 3:53 PM
305	Na	11/20/2021 3:25 PM
306	Release to patient and unequal time doing it among techs	11/20/2021 2:32 PM
307	Drive thru Covid testing ...it creates more stress...	11/20/2021 2:23 PM
308	Our pharmacy at Walgreens is essentially functioning as a vaccine clinic, with pharmacy responsibilities on the side. We do not have the staff to appropriately be able to fulfill our pharmacy duties without running around constantly for 10 hours straight with no breaks and we're still always behind.	11/20/2021 1:47 PM
309	techs can now do covid shots why not the other ones that would help out the pharmacists so much	11/20/2021 1:35 PM
310	Teamwork	11/20/2021 12:14 PM
311	Always being told to do something else, before i can finish my first task i am doing. Or being told to answer the phone when there is 4 another technician that can. The operation manager is suppose show a an example, not command you to do everything	11/20/2021 11:50 AM
312	Asking techs to do the job of others, such as ordering supplies when someone else is being paid to do it.	11/20/2021 11:32 AM
313	Running the cash register for hours on end - it is constant repetitive motion. It is also a lot of reaching especially at the drive through. Nothing is set up ergonomically unless you are a 5'6" or taller person. In addition the lines are ery long extending the wait time and the work load becomes hours of non stop (literally) action and interaction with all kinds of patients. Patient care is absolutely compromised at the point of sale - this is where we have face to face time to counsel or address their concerns. However, instead, each person is rushed through like a herd of cattle; questions go unanswered and quality of care is diminished.	11/20/2021 11:22 AM
314	Phone calls!!!!!! Patient expectations that everything needs to be done now!!!!	11/20/2021 11:22 AM

Meeting Materials

315	Customers arguing over retail sales items, having to field phone calls while also servicing customers in the store and not being given adequate staffing to handle both.	11/20/2021 10:54 AM
316	N/A	11/20/2021 10:50 AM
317	Some other hospital staff not knowing what pharmacy technicians are and really do	11/20/2021 10:41 AM
318	Understaffed	11/20/2021 10:36 AM
319	Watching my fellow technicians mess with their phones not doing the work that needs done	11/20/2021 7:50 AM
320	ringing out customers for regular items, phone calls from customers that try to get ahold of other areas of stores, insurance companies requiring so many steps to get meds approved, ruled by insurance	11/20/2021 7:45 AM
321	We should not be administering covid testing, flu testing! Definitely not strep testing. We are not doctors or nurses and most of us do not want to be doing this. It's not why we chose pharmacy. Also the metrics like patient calls are ridiculous. The patients don't even answer 50% of the time. We just waste time on stuff that is useless when we have very important other things to do.	11/20/2021 7:29 AM
322	Trouble shooting our equipment every day, working multiple technicians jobs, people training new hires shortly after being hired themselves creating a negative cycle	11/20/2021 3:21 AM
323	My responsibilities are ok, just not enough time to complete them all.	11/20/2021 2:22 AM
324	Vaccines	11/20/2021 2:00 AM
325	Giving shots to small children and hearing the blood curdling screams. Having to pick up the slack due to other pharmacies in the area closing because of lack of pharmacists.	11/20/2021 1:34 AM
326	Metrics. Pay. Covid testing.	11/20/2021 1:13 AM
327	When the pharmacist treats us like we're children and has to double check our work constantly	11/20/2021 1:07 AM
328	Having to meet specific numbers in order to not be written up or terminated because of it	11/20/2021 12:53 AM
329	Lack of one steady week day off to have for visiting family and making doctor appointments. Hate flip shifts get off night shift and go next day in at 8 or 9 am. Life needs some stability please	11/20/2021 12:22 AM
330	Curb side delivery	11/19/2021 11:49 PM
331	Becoming an inexperienced lab technician overnight with zero option. Handling customers body fluids during a deadly pandemic through a pharmacy drive thru. Being pushed to pure exhaustion with no break due to the high volume of covid tests and wide variety of vaccines. Feeling unappreciated by upper management for what we do for the company on a daily basis. Company choosing profit over patient and prescription safety. Company making unrealistic appointments for vaccines (every 10 minutes in 8 hours) in stores where they have no idea of script count volume.	11/19/2021 11:46 PM
332	Not enough help. I have 2 employees who have been with my company over 10 years who think it's not their responsibility to do anything but fill	11/19/2021 11:27 PM
333	At times, I feel like a telemarketer instead of a technician due to the large volume of outgoing phone calls technicians are expected to make in order to offer various programs to patients. It makes sense to reach out to patients to check in about new medications or to remind them that they have items headed to the return-to-stock list, but it does not make sense to call a person three days in a row to beg them to enroll in a highly flawed synchronized refill program that compounds confusion instead of eliminating it. In addition, although I am thankful that retail pharmacies are making COVID tests and vaccines more accessible to the public, the responsibility to offer multiple testing and vaccine appointments every 10 minutes while running samples on the rapid testing machine and answering countless phone calls about said vaccines and testing--the responsibility to do all of this without sufficient staffing while being treated like a less-than-human being on a daily basis is just too much.	11/19/2021 11:18 PM
334	Having to deal with the public and ungrateful patients who only want to rush me	11/19/2021 11:07 PM
335	Covid testing. Too many appointments for vaccines	11/19/2021 10:34 PM
336	Way underpaid, patients are rude/impatient with technicians whom they look down on. Almost	11/19/2021 10:33 PM

Meeting Materials

all pharmacy chains have a BAN on stools and I cannot stress enough that simply being allowed to sit down while typing a prescription or assessing a patient's profile while on the phone with them would greatly reduce burnout and stress among coworkers and myself. I'm not an old person (25 years old), but I can already feel the stress that standing for 8 hours a day is doing to my leg joints and muscles. A 15-30 minute break is simply not enough to assuage this problem. Ask anyone in a pharmacy what the simplest item you could give them to reduce stress would be and it's a stool. Chains have a ban on these items from a false perception that patients care or take an active opinion on pharmacists/technicians sitting while on the job. It's not really up to the patients who gets to sit and if they have an opinion on that it doesn't matter. Allowing us to sit down while working would go great lengths to fix burnout and stress. I guarantee it.

337	Answering the phone constantly and typing medications for data entry is a huge hindrance to providing good customer care. Those responsibilities should be designated to an off site location or to an employee working from home, not the pharmacy.	11/19/2021 10:24 PM
338	The workload. It is absolutely ridiculous. We should have a technician solely dedicated to vaccinations.	11/19/2021 10:20 PM
339	The responsibilities that detract from job satisfaction are the ones that are added to my current workload, but not paid additional money to do.	11/19/2021 10:07 PM
340	Giving shots and doing covid tests	11/19/2021 9:57 PM
341	Staff vs pay	11/19/2021 9:56 PM
342	Short staffing for a busy store.	11/19/2021 9:44 PM
343	Pressure to meet (exceed) metrics/"scolding" if metrics aren't met	11/19/2021 9:29 PM
344	Making sure metrics are met even when the staffing is short, volume is way up and no extra hours are given	11/19/2021 9:27 PM
345	All these vaccines they are putting on us and a pharmacy isn't a place to vaccinate little kids.	11/19/2021 9:05 PM
346	Not getting paid enough	11/19/2021 9:04 PM
347	Covid test and Shots being every 10 minutes . The phone is always ringing , and everyday is short staffed .	11/19/2021 8:57 PM
348	Feel rushed to get work done. Feeling like we will never be caught up	11/19/2021 8:55 PM
349	Picking up slack from other co-workers. Lack of discipline and structure.	11/19/2021 8:53 PM
350	Tasks that take away from patient care,	11/19/2021 8:47 PM
351	Covid Testing, lack of staffing, completely unreasonable metrics driven by corporates greed. They do not care we have unsafe working conditions, they don't care if we're stretched out too thin, they don't care if customers are verbally abusive. They just want their metrics met. Outdated technology. And lack of oversight from the board of pharmacy, shame on you for letting these corporations get away with what they are doing.	11/19/2021 8:34 PM
352	Covid tests	11/19/2021 8:28 PM
353	Testing appointments, immunization appointments, Reduced staff, Backordered / unavailable drug stock.	11/19/2021 8:26 PM
354	Being understaffed and trying to do 10 things at a time. I've worked for Walgreens for 17 years and the first 13 years never took a lunch or breaks. We have an issue with our store manager who is NOT a pharmacist is in charge of the whole store even pharmacy. Telling our pharmacy manager what to do is so wrong	11/19/2021 8:23 PM
355	Not knowing or trained in all aspects of pharmacy technician role. Older technicians set in the old way and not following how the pharmacist's wants things done	11/19/2021 8:14 PM
356	Having to make phone calls to meet metrics	11/19/2021 8:11 PM
357	Difficult patients, pressures to push for digital in demographics that are generally resistant or slow to change in that regard (i.e. pressures from corporate).	11/19/2021 8:11 PM
358	Too much to do, no time to do it. You can't get stuff accomplished if you are constantly getting	11/19/2021 8:11 PM

Meeting Materials

pulled in multiple directions.

359	Vaccines and covid testing. We barely have time and staff to fill prescriptions and now we have 100 vaccines per day and covid testing through the drive thru on top of still answering phones, filling prescriptions and checking out patients.	11/19/2021 7:09 PM
360	Feeling like your beneath the pharmacist especially when you're the one doing everything	11/19/2021 6:45 PM
361	Payment, rude customers, short staffed, inadequate training, meeting metrics while doing covid shots, tests, and other ancillaries	11/19/2021 6:41 PM
362	Being certified when the position has absolutely NO need for that requirement to do the job adequately and accurately, along with the time frame to get certified with the amount of overtime and lack of time to study to pass the test to benefit the company for you to be certified because that's what the BOP thinks that role needs.	11/19/2021 6:11 PM
363	Currently working with a pharmacist that is not knowledgeable at all and relies on the technician for everything (insurance problems, won't even attempt to type a new prescription, spends a ridiculous amount of time on Facebook while the technicians do all the work!	11/19/2021 6:00 PM
364	Clean up/trash.	11/19/2021 5:44 PM
365	Having to dispense, do data entry, and release to patient all at the same time due to lack of staff/overload of customers/basically becoming a doctors office with vaccines and blood pressure readings. Customers are getting more and more hostile due to medications not being filled on a timely manner because we're short staffed and have a line out the door unable to count let alone even use the bathroom.	11/19/2021 5:37 PM
366	Multi-tasking to the point of distraction.	11/19/2021 5:37 PM
367	We are going to be forced to do covid testing through the drive through and I don't believe this is right. We should not be forced to have to handle these tests. This should be done at a medical facility.	11/19/2021 5:16 PM
368	Basically being a cashier when we are trained and certified to do more!	11/19/2021 4:57 PM
369	Insurance companies are unnecessarily convoluted	11/19/2021 4:33 PM
370	The current stress at work is DIRECTLY related to COVID . I currently work in an area where less than half of the population are vaccinated or will EVER be vaccinated. The other stressor is inadequate internet service.	11/19/2021 4:31 PM
371	Na	11/19/2021 3:33 PM
372	Terminal clean	11/19/2021 3:26 PM
373	N/A	11/19/2021 3:21 PM
374	Not enough staffing, having to bother the pharmacist for mixes and compounds	11/19/2021 3:10 PM
375	Pressure to sell company products (company brands, credit cards, rewards program, subscription services, prescriptions saving cards/plans, etc.). The pressure to hit a certain number detracts from my ability to serve patient's individual needs. I feel pressured to go faster and sell them products versus caring for them	11/19/2021 3:07 PM
376	The nonstop expectations to vaccinate and run a clinic on top of a pharmacy. Not to mention the covid tests. All of this had been added with ZERO added staffing. How are we supposed to stay afloat and provide the appropriate care? Doctors offices are doing kess and less and we are doing more and more, with abysmal pay.	11/19/2021 2:52 PM
377	Dealing with impatient and rude patients	11/19/2021 2:47 PM
378	Too many responsibilities for one person.	11/19/2021 2:25 PM
379	from the phone constanley ringing to customers yelling to drive thru covid testing allll day long	11/19/2021 1:48 PM
380	The workload and lack of staff	11/19/2021 1:44 PM
381	USP797/800	11/19/2021 1:33 PM
382	The metrics and obscene expectations that come from CVS corporate (and I'm sure all of the big pharmacy chains) really make me hate my job environment sometimes. For example: CVS	11/19/2021 1:30 PM

corporate has said that for this flu season they expect us to do over two thousand flu shots and they break that number down week by week. Some weeks they expect us to do over 200 shots on top of Covid shots and prescriptions. On top of that they expect us to take walk ins for vaccinations as well. Appointments can be scheduled as closely as every 10 minutes via the app or website, then also taking walk ins, and trying to recruit people to get flu shots has frequently resulted in multiple hour chunks where no prescriptions get filled because we still have all of our other normal job responsibilities such as patient pick up, answering phones, transfers, etc. Then as a result of no prescriptions being filled- patients will show up angry that their medications aren't ready when promised and we have to deal with deescalating these people when all of this could be avoided by having more quality personnel (which is attracted by higher wages).

383	Inventory management when we have a medication sourcing associate on site	11/19/2021 1:28 PM
384	Trying to communicate with customers thru a mask (especially at drive-thru) & running register with a full rx queue to deal with along with a onslaught of vaccinations.	11/19/2021 1:23 PM
385	Phone calls	11/19/2021 1:20 PM
386	Answering phone	11/19/2021 1:19 PM
387	The amount of vaccinations and tests we are responsible for providing and useless metrics we have to meet that take away from patient care	11/19/2021 12:34 PM
388	Having to pick other people's slack because they simply don't do their jobs. Had to find anyone with a decent work ethic.	11/19/2021 12:33 PM
389	Too much turnover to train people properly	11/19/2021 12:08 PM
390	Low pay standards	11/19/2021 11:59 AM
391	The unacceptable behavior of entitled pts. that expect miracles when it comes to insurance issues (example not having their information or cards) or impatience when medications are not available in 2 minutes time.	11/19/2021 11:56 AM
392	More responsibilities with less pay than the newly hired no experience employees	11/19/2021 11:52 AM
393	Covid testing/ Covid shots.	11/19/2021 11:48 AM
394	As a recently certified technician I am now expected to balance all of my normal tasks plus taking all of the doctor calls and transfers. I don't mind doing these things but sometimes it feels like I'm running the pharmacy on my own and all the rph is doing is verifying. Several pharmacists that I have worked with that seem to have this idea that because I am able to do something, its my job. I know my job exists to help the pharmacist, but I think they need to realize we are a team and need to both help each other. Even if that means they have to take over a register, count some pills, or take a phone call the techs are capable of taking. At the end of the day neither one of us can do everything.	11/19/2021 11:27 AM
395	A lack of willingness to push back against sales which are setting unrealistic expectations to the patient	11/19/2021 11:05 AM
396	Being so far behind and being yelled at or cussed out by customers	11/19/2021 10:58 AM
397	Expectations of tech staff not communicated; work ethic amongst tech staff varies greatly, management does not address; management does not take steps to mitigate issues that contribute to a stressful work environment; management ignores tech concerns through non-response or "I'll look into it" but no follow up. Management does not understand turnover rate or contributing factors that can be addressed to reduce turnover.	11/19/2021 10:52 AM
398	I cant get a break, even on our half hour break we're still working while eating because we're so behind. People have lost all mannerisms during covid. Insurance acts like everything is our fault even though they're the one rejecting the claim. The patients think were lazy even though we're barely walking out of our jobs because we're so drained. Upper management keeps giving us new tasks when we can't complete the old ones telling us the only way we get our raises is to complete them in time. So customers suffer.	11/19/2021 10:45 AM
399	The atmosphere of just taking any abuse from customers so as not to lose a 3 dollar sale (or free for public assistance people)	11/19/2021 10:45 AM
400	Upper management doesn't care.	11/19/2021 10:43 AM

Meeting Materials

401	Call offs. Workload. Metrics. Lack of equipment and supplies. Rude associates. Pandemics.	11/19/2021 10:28 AM
402	Being so short staffed especially during holidays, covid sick leave, and constantly having techs quit	11/19/2021 10:27 AM
403	Doing testing and dealing with stupid questions	11/19/2021 10:13 AM
404	Pod stores	11/19/2021 10:11 AM
405	Helping patients find the medicine they need because our automated ordering system is terrible and doesn't work correctly. This takes much more time than it should.	11/19/2021 9:59 AM
406	Third party problems, GoodRX	11/19/2021 9:54 AM
407	Phone calls!! And so many vaccines!! The phone rings off the hook constantly, and we might have only two people to answer 5 lines, get the drive through, help a line of customers inside, and enter vaxes. God forbid we get to actually fill scripts as a PHARMACY is supposed to!!	11/19/2021 9:54 AM
408	Phone constantly ringing	11/19/2021 9:51 AM
409	dealing with the insurance companies	11/19/2021 9:48 AM
410	Not all outside pharmacies letting me transfer script back to my hospital	11/19/2021 9:48 AM
411	Dealing with incompetent/lazy pharmacist	11/19/2021 9:42 AM
412	All the covid billing	11/19/2021 9:26 AM
413	Pharmacists that treat technicians like they are beneath them	11/19/2021 9:22 AM
414	Co-workers who don't pull their weight.	11/19/2021 9:15 AM
415	Amount of work and time to complete it all	11/19/2021 9:14 AM
416	I am filling life threatening medication for people and DO NOT GET PAID WHAT IS NEEDED TO LET ME SURVIVE	11/19/2021 9:12 AM
417	Doing other peoples responsibilities with no acknowledgement from Superiors. Doing Pharmacist responsibilities on top of my own.	11/19/2021 9:11 AM
418	The pay technicians receive. Favoritism shown towards some technicians	11/19/2021 9:07 AM
419	Performing cleaning of the clean rooms seems like a job that could be done by Housekeeping instead of the technicians, that could free up more time for us to focus on what we specialize in more.	11/19/2021 9:02 AM
420	heavy workload, not enough compensation	11/19/2021 9:01 AM
421	Having to physically tag and file each prescription. This may be a company issue, but if the prescription is scanned in the computer it can always be found in case of audit. "Back tagging" as they call it is extremely time consuming and usually ends up falling on one person or gets to the point of no return, because nobody wants to do it. This used to be a pharmacist task but because of workflow changes rests on the technician...which in theory would be ok if there was enough staff, but when it is so busy and every customer wants to wait for their Rx, this task becomes an afterthought.	11/19/2021 8:57 AM
422	too many vaccines	11/19/2021 8:57 AM
423	Stress from not having enough staff, & can't take waiters (people waiting for there scripts) because of the overwhelming number of vaccines back to back. So then people are very rude and ignorant towards us.	11/19/2021 8:55 AM
424	Staffing issues and low pay	11/19/2021 8:53 AM
425	We just need more staffing to feel safe so we can take time and talk to her patients when they need it not always feel like we are in a hurry because we have to get some thing else done when there's only two technicians and an eight hour shift	11/19/2021 8:48 AM
426	N/a	11/19/2021 8:45 AM
427	Technology issues	11/19/2021 8:33 AM
428	Checking out the prescription at the counter and then ringing up their items like a cashier	11/19/2021 8:27 AM

Meeting Materials

429	The amount of things being added on to pharmacies. We should be filling prescriptions but at least 50% of our daily work load is coming from vaccines (intake, processing, paperwork, etc) and covid testing (intake, processing, paperwork, running tests, filing, etc.) that we fall behind on our basic duties of filling prescriptions and helping patients with their medications.	11/19/2021 8:24 AM
430	Equipment/supplies to properly take care of patients & ourselves during this pandemic	11/19/2021 8:21 AM
431	Being treated unfairly by management. Being passed over for opportunities for growth due to my current position being hard to fill..oncology.	11/19/2021 8:13 AM
432	The responsibilities aren't so much a problem it's not having enough time to complete all of them and still give quality patient care.	11/19/2021 8:11 AM
433	Poorly trained staff , working with new pharmacy technicians who lack any experience	11/19/2021 8:07 AM
434	Scheduling COVID shot appointments, giving COVID Tests	11/19/2021 8:05 AM
435	The store manager is always in the pharmacy filling distracting and directing others interfering with immediate patient needs.	11/19/2021 7:50 AM
436	Other employee poor work ethic	11/19/2021 7:47 AM
437	cashiering	11/19/2021 7:44 AM
438	Lack of tech/pay	11/19/2021 7:42 AM
439	I switch jobs, and even though I came in to my new place of employment with 7+ years of experience, PTCB, CPR Cert, and Immunization trained, I'm still treated like a noob, and am basically put on production or register duties. Very rarely am I allowed to do drop off or any other pharmacy duties. I have never been given the opportunity to do immunizations at all.	11/19/2021 7:33 AM
440	insurance is a nightmare-	11/19/2021 7:30 AM
441	Covid testing through drive thru makes wait times longer resulting in angry customers	11/19/2021 7:25 AM
442	The amount of paperwork Covid shots require.	11/19/2021 7:17 AM
443	Decisions made from management	11/19/2021 7:11 AM
444	not rotating work stations on a given shift	11/19/2021 7:10 AM
445	We are short staffed and our equipment doesn't work and our building is falling apart. We don't get breaks. When we get a lunch we are chased down by customers wanting information and help so we actually get no lunch. So we work for free on our lunch. We are also expected to work off the clock for free because our manager gets in trouble because we go over hours. This is what CVS Pharmacy does	11/19/2021 6:53 AM
446	putting away all the morning prescriptions that are delivered, that keeps away from taking care of customers right away, and updating everything from the night before	11/19/2021 6:42 AM
447	Adding more responsibilities to the technicians role but not being paid adequately. Meeting crazy metrics in the middle of a pandemic.	11/19/2021 6:28 AM
448	CE requirements and the state not having a dedicated portal for healthcare workers to all sign into to complete them. If the state is going to require CE for renewed registration or licenses, they should set up a portal for us to complete CEs. This should include an integrated tracker to make sure everyone completes the required amount of CE credit hours before they must renew. Completing or worrying about CEs out of workflow detracts from the job/free time divide and increases anxiety for most workers.	11/19/2021 6:13 AM
449	Mostly pay, and disregard from other healthcare professionals due to the wide variance in the knowledge of techs	11/19/2021 6:08 AM
450	Having to answer the phone and run the cash register	11/19/2021 5:51 AM
451	Extreme patient care for technicians. I feel our pharmacists rarely interact with our patients unless they have to especially because of our work flow system. Also our pharmacy system is a complete mess and is constantly (at least once a day) going down!	11/19/2021 5:17 AM
452	Overload	11/19/2021 5:04 AM

Meeting Materials

453	Corporate demands for the quantity of vaccinations per day (covid), is a huge additional workload along with customer rudeness regarding vaccinations.	11/19/2021 4:03 AM
454	n/a	11/19/2021 3:22 AM
455	How many people diagnosed with the Delta variety had previously had covid 19. Not tracked	11/19/2021 2:58 AM
456	Responsibilities to do directly with store management (schedule making, dealing with incompetent people, trying to meet metrics that aren't realistic, etc). Also, any interaction with patients usually gets painted in a bad light mostly because we don't have enough people/time to help them in a way that would make the patient happy or safe.	11/19/2021 2:55 AM
457	Being short staffed at the register and on pharmacy technicians. We as pharmacy technicians are giving vaccines, trying to keep up with scripts plus anything else that needs done. It's not safe.	11/19/2021 2:32 AM
458	Tasks unrelated to the pharmacy, like finding and ringing out store items.	11/19/2021 2:25 AM
459	Worrying about metrics. Did we give enough vaccines? Did we enroll enough people in automatic refills?	11/19/2021 2:03 AM
460	Metrics, phone calls, not being paid sufficiently for the amount of duties I'm expected to do on a daily basis. Being verbally abused by customers on a daily basis.	11/19/2021 1:56 AM
461	All the phone calls we have to make in between vaccines and everything else we're trying to get done	11/19/2021 1:38 AM
462	Responsibilities that Pharmacist should do such as consultations- they should not give Techs medication information to pass to patients especially if patients want to speak to a Pharmacist. Techs putting up with rude and obnoxious behavior from patients while Pharmacist allow it. Scheduling appointments for Dr's offices is ridiculous!	11/19/2021 1:20 AM
463	The amount of vaccines we are doing on a daily basis with short staff.	11/19/2021 1:07 AM
464	As far as being a technician, one of the worst responsibilities is processing prescriptions, on top of shots covid and flu, and dropped prescriptions, prescriptions being waited on, rebilling prescriptions to insurance, this position can be considered daunting and overwhelming when having large sums of people enter our pharmacy.	11/19/2021 1:00 AM
465	Metrics on top of the added workload from staffing shortages, vaccines and covid testing.	11/19/2021 12:52 AM
466	immunizations, covid testing, insurance, customer complaints regarding their insurance, metrics, short staffed	11/19/2021 12:48 AM
467	Giving extra task of injecting immunizations without salary increase, trying to do the work of several people at once	11/19/2021 12:45 AM
468	not having time to complete all responsibilities	11/19/2021 12:44 AM
469	Lack of staff and training.	11/19/2021 12:34 AM
470	Excessive requests for coverage of short staffing and being called in every on call	11/19/2021 12:27 AM
471	The pharmacists are too stressed by metrics, long hours, no breaks, lack of staff, and the additional workload of the Covid vaccines.	11/19/2021 12:20 AM
472	I am tired of dealing with Covid vaccines plus flu shots and trying to fill prescriptions only to be screamed at because we can't possibly get everything finished.	11/19/2021 12:13 AM
473	When leadership persons are highly insecure with their workers having excellent resumes, it causes problems.	11/18/2021 11:48 PM
474	COVID testing is becoming too much on top of everything else we are expected to do.	11/18/2021 11:44 PM
475	Short staffing. Current staff taking advantage of lack of consequences for calling off. Multiple changes in work flow	11/18/2021 11:43 PM
476	Sudafed, stocking otc	11/18/2021 11:36 PM
477	Racial and verbal abuse	11/18/2021 11:14 PM
478	The requirements for maintaining so many records for 10 years, filing of paper scripts and	11/18/2021 11:12 PM

escripts is enough workload to hire multiple full time technicians just to file scripts for 8 hours a day and do nothing else, too much paper filing and not enough electronic filing

479	Picking up slack from coworkers	11/18/2021 11:09 PM
480	Insurance and coupons slow us down a lot and it's hard to learn for newbies	11/18/2021 10:57 PM
481	The expectation that the pharmacy must handle all the customer needs. we shouldn't be responsible for contacting their doctors for new refills or about prior authorizations	11/18/2021 10:57 PM
482	Dealing with insurance is always very stressful, and my job did not train me well on insurance before I started working in the Pharmacy.	11/18/2021 10:52 PM
483	Doing literally everything except pv1 and pv2 while answering calls, filling orders, doing prior authorizations, refill requests and so much more and still being expected to meet goals with a staff of 1-2 techs	11/18/2021 10:46 PM
484	1.RUDE OR AGGRESSIVE CUSTOMERS 2. NO WORK LIFE BALANCE 3. IMPOSSIBLE WORKLOADS 4. WORKING WITH UNQUALIFIED STAFF. 5. LITTLE OR NO PROTECTION FROM AGGRESSIVE/ ANGRY CUSTOMERS.	11/18/2021 10:45 PM
485	Doing transfers	11/18/2021 10:44 PM
486	Vaccination preparation and billing. Covid tests preparation	11/18/2021 10:42 PM
487	We should not have to take verbal prescriptions.	11/18/2021 10:31 PM
488	The phones. When the phone is constantly ringing we are not able to wait on customers, fill prescriptions, do drive thru & data.	11/18/2021 10:28 PM
489	Nothing really	11/18/2021 10:27 PM
490	workload poor planning for increased workload from shutting adjacent locations.	11/18/2021 10:19 PM
491	I love my work as a medication reconciliation technician however, I do not think the impact I make on a day to day basis with our patients correlates to my salary.	11/18/2021 10:16 PM
492	Constant staff shortage and no applicants for open jobs. Incentive pay from hospital taxed so highly that a lot of techs don't want to work OT even for that.	11/18/2021 10:15 PM
493	Script sync calling(It should be done automatically and the customer should have the option to opt out if they so choose instead of the opposite.)	11/18/2021 10:14 PM
494	Immunizations, Covid testing	11/18/2021 10:11 PM
495	Lack of computers to do job	11/18/2021 10:10 PM
496	Lack of help, lack of support, lack of being heard, corporate greed	11/18/2021 10:10 PM
497	Short staffed	11/18/2021 10:05 PM
498	A massive amount of immunizations due to COVID and the Flu with Pharm Tech unable to perform the shots themselves.	11/18/2021 10:02 PM
499	Being one of the most knowledgeable and most well trained technician in my pharmacy and then being stuck being a cashier for huge portions of my day. (Retail setting) Basically feeling like I'm not putting my skills to use.	11/18/2021 10:00 PM
500	being the middle man for refill requests/denials	11/18/2021 9:56 PM
501	Treatment by pharmacists-no respect	11/18/2021 9:49 PM
502	n/a	11/18/2021 9:48 PM
503	I have spent entire work days without filling a single prescription. Just covid shots and tests. I don't have time to get stuff done and I know that my company will continue to set us up to fail at each stage moving forward.	11/18/2021 9:46 PM
504	Too many COVID testing during the work day. 1 every 15 mins doesn't give us time to help others.	11/18/2021 9:44 PM
505	Short Staffed, rude patients, other techs not picking up their fair share of the daily work, having to come to work sick because there is no techs to cover, missing breAKs all together due to no	11/18/2021 9:44 PM

Meeting Materials

staff.

506	Teamwork and staffing are the much needed responsibilities to complete our duties and a manager that does follow through.	11/18/2021 9:44 PM
507	Work load Work in an extremely busy Pharmacy	11/18/2021 9:44 PM
508	Not given the training to type the vaccine orders, data entry, and some insurance billing.	11/18/2021 9:44 PM
509	Co workers not being direct or up front with things that need to be done or things they'd want you to do. There is a lot of indirect things being said and it's very frustrating.	11/18/2021 9:38 PM
510	The every-ten-minute scheduling for vaccines; on top of drive thru Covid testing and every other work related tasks in the Pharmacy.	11/18/2021 9:28 PM
511	Covid 19 testing, vaccinations	11/18/2021 9:28 PM
512	good rx on every thing(small complain) no fast way to easily put in and get discounts....payments always different with person. End up taking off insurance put on good RX then...have the,m slap another price up... so much wasted time on this...smart ways to get rhem billed or just like a credit card...swipe at the computer and does the work for you...then sell it to insurace companies... so your not inpueteing insurance info several times, wasting valuable time for other things	11/18/2021 9:26 PM
513	Giving vaccinations	11/18/2021 9:26 PM
514	Inability to finish tasks in the pharmacy (trash, DPI, cleaning)	11/18/2021 9:24 PM
515	dealing with the pharmacist and how they treat patients	11/18/2021 9:20 PM
516	Low pay, store metrics, general unappreciation for pharmacy associates, patients who do not know what medications they take	11/18/2021 9:05 PM
517	Lack of staff. Inadequate pay.	11/18/2021 9:03 PM
518	Cleaning roles, responsibility for store maintenance	11/18/2021 9:02 PM
519	Being expected to do the work of two or three people at once going in several directions at once.	11/18/2021 8:57 PM
520	It's not the responsibilities that detract but the fact that we don't have enough allotted time to complete responsibilities.	11/18/2021 8:57 PM
521	I love my job but the amount of work that needs to be done in one day is just crazy. Dealing with doctors offices is really a pain. They seem to not care that they send scrips over that are incomplete. Who do you complain to about them? Or when they tell the customer it will be ready when they get there and how much it is. The impatient a customer has also been a problem. They treat us like a fast food place.	11/18/2021 8:53 PM
522	Covid19 testing through the drive thru all day long in addition to the usual drop off/pick up of scrips.	11/18/2021 8:51 PM
523	Being overworked, under appreciated, underpaid, and having a terrible holiday schedule. Cooperations have absolutely no need to be open on Christmas Day. They dispense no emergency medications.	11/18/2021 8:50 PM
524	Company metrics. No reason to have to make 200 cold calls every week about medication that hasn't been picked up in 6 months - there's usually a reason for it, and to get scores up, there were several unethical people who just filled the RXs without even asking the patients. The patients potentially could have picked up and taken medication that was stopped by a physician and/or taken double of certain types of medications.	11/18/2021 8:50 PM
525	The fact that others don't want to pick up some of your hours, but you are always willing to help them..	11/18/2021 8:47 PM
526	Generally trying to complete what upper management expects in a high volume store during a pandemic.	11/18/2021 8:45 PM
527	the sheer volume of work and the literal asinine treatment from corporate expecting us all; pharmacists included to work like dogs and keep up with the immensely increased workflow despite the fact that we are still working in a pandemic and nothing has improved overall. we	11/18/2021 8:44 PM

are hemorrhaging people left and right and more and more customers are coming in due to being dissatisfied.

528	Covid testing. It has nothing to do with our patients medications which have always been the forefront of our job. It holds up our lines and prevents them from getting meds in a timely manner.	11/18/2021 8:42 PM
529	No MP	11/18/2021 8:42 PM
530	It's not the responsibilities it's the lack of help and lack of working equipment and the lack of praise and saying what we are doing is never good enough and they expect more, more, more when we are already burned out and the customers being rude because we aren't quick enough to satisfy them. The manager or whomever that doesn't actively work in a pharmacy but bark commands need to spend time working in the pharmacy to understand how stressful and unrealistic their demands are.	11/18/2021 8:39 PM
531	Amount of workload, prescriptions expected to process each day.	11/18/2021 8:36 PM
532	People talking about each other behind their backs and boss not sticking up for employees	11/18/2021 8:35 PM
533	Having to do doctors jobs for them; dosing, unclear sig texts and being told to "use the one that makes sense", having to fax/call 3+ times for a refill, having doctors not put all the required information on schedule II rx's, etc	11/18/2021 8:34 PM
534	Always having to run to the register. We need register trained associates to help.	11/18/2021 8:33 PM
535	Being screamed at and cussed at every single day because of other pharmacies. Calls from GoodRx	11/18/2021 8:26 PM
536	Lack of training. I feel that every one should get trained on 1 thing at a time not just being a cashier	11/18/2021 8:26 PM
537	Same work load with scripts. Less help. Throw 100 vaccines a day on top of that	11/18/2021 8:21 PM
538	Amount of shots to give everyday, amount of covid tests to do everyday, short staffing, hostile work environment, poor and rude management	11/18/2021 8:20 PM
539	We are short staffed, so I always feel I am doing 100 things and I'm the lead tech at work so I pick up everyone else's slack.	11/18/2021 8:16 PM
540	The constant phone calls. As soon as we open the phone starts ringing and it feels like it never stops. All day I have to repeat myself about Covid tests and shots. We rarely have questions about patient medication anymore and when we do we don't have time to give adequate care because of time constraints due to the overload of Covid tests and shots.	11/18/2021 8:13 PM
541	Insurance is complicated	11/18/2021 8:12 PM
542	Metric based duties	11/18/2021 8:11 PM
543	having to do jobs not related to pharmacy and not being compensated for this. also allowing those with no pharmacy experience left in charge of tasks/responsibilities because all they want is more product going out which means working at a faster and more hectic pace. This leads to burn-out and major room for error.	11/18/2021 8:09 PM
544	Having to work cash register so much on top of trying to complete all other job duties.	11/18/2021 8:08 PM
545	Chain pharmacies are turning into free clinics with little staff and little pay. We can't do our regular jobs because of the new work load.	11/18/2021 8:07 PM
546	System crashing, not enough staff for demand	11/18/2021 8:07 PM
547	Everything covid	11/18/2021 8:06 PM
548	None	11/18/2021 8:04 PM
549	Tasks that could easily be replaced by an automated report (waiting bin inventory, temperature logs and the 15,000 prompts at pick up)	11/18/2021 8:04 PM
550	Negative patient interactions.	11/18/2021 8:03 PM
551	Not enough task organization.	11/18/2021 8:00 PM

Meeting Materials

552	Requiring too much balancing paperwork. Sometimes I feel like too much emphasis on otc items takes me away from pharmacy duties	11/18/2021 7:58 PM
553	Under staffing and poor pay	11/18/2021 7:57 PM
554	I do not want any part in dealing with covid vaccines. I strongly feel that this is wrong & no one should be forced into getting one. I would like to add that our pharmacy cannot take care of our actual patients who require medications because we have to focus so much on covid vaccines with less staff to do it.	11/18/2021 7:54 PM
555	Extreme lack of training.	11/18/2021 7:49 PM
556	Lack of staffing	11/18/2021 7:47 PM
557	No help	11/18/2021 7:47 PM
558	COVID tests and shots	11/18/2021 7:45 PM
559	N/A	11/18/2021 7:45 PM
560	Increase in giving vaccinations and decrease in staff.	11/18/2021 7:44 PM
561	The addition of COVID vaccine injections in the pharmacy setting has stretched the pharmacist very thin which puts a strain on rx workflow and upsets customers. Also, the young children cry and scream when receiving vaccines which upsets staff and customers	11/18/2021 7:43 PM
562	Extremely busy and under staffed	11/18/2021 7:42 PM
563	We need to take care of ALL customer care and the public is getting more nasty. It is not worth the nastiness every day. The pay for what we do all day is certainly not worth it.	11/18/2021 7:42 PM
564	Working on Star rating and MTM platforms	11/18/2021 7:42 PM
565	Pay and a possible work from home situation	11/18/2021 7:40 PM
566	Nothing I can think of at this exact time	11/18/2021 7:40 PM
567	If we can give free Covid vaccines why can't flu shots and other vaccines be free as well	11/18/2021 7:39 PM
568	peoples attitude or work ethic	11/18/2021 7:37 PM
569	None	11/18/2021 7:35 PM
570	Drive thru	11/18/2021 7:35 PM
571	Computer system is outdated. Too much time waiting for things to process.	11/18/2021 7:33 PM
572	The phone calls during short staffing and endless lines of in-store customers.	11/18/2021 7:29 PM
573	37 years experienced techs having to work the drive-thru. I feel that the benefits of seniority should be earned.	11/18/2021 7:26 PM
574	all the goes along with covid... the work has been tripled and the help not.. long waits, unhappy patients become very rude	11/18/2021 7:25 PM
575	Answering phones	11/18/2021 7:24 PM
576	Being a switchboard operator while entering scripts for patients.	11/18/2021 7:22 PM
577	Many responsibilities that are expected of pharmacy technicians are just ways to make the company more money but not it's employees. Responsibilities like Covid-19 testing and vaccinations are just a couple examples. Many daily responsibilities of pharmacy technicians go unfinished because there is simply not enough staff or time to complete them all. There have been many nights when I have personally stayed until the pharmacy closed to finish tasks that are required to be done at the end of every day but many of them still remain undone due to understaffing and there is not enough time in the day to complete them all.	11/18/2021 7:20 PM
578	It has become very hard to fill scripts with the demand to do boosters	11/18/2021 7:17 PM
579	Clean room maintenance: daily/monthly cleaning per USP 797. Would prefer if trained cleaning staff had this responsibility.	11/18/2021 7:16 PM
580	Vaccine clinics	11/18/2021 7:15 PM

581	Vaccination expectations without compensation for increased workload	11/18/2021 7:14 PM
582	-malfunctioning technology - short staffed	11/18/2021 7:08 PM
583	Meeting ridiculous metrics. No one can control patients answering their phone or when they pick up their scripts	11/18/2021 7:07 PM
584	Not feeling like you belong and not wanted by your employer and fellow co workers.	11/18/2021 7:07 PM
585	Na	11/18/2021 7:07 PM
586	Co-workers lack of experience and lack of sufficient staff	11/18/2021 7:07 PM
587	MTM's	11/18/2021 7:05 PM
588	Just trying to take care of phones, filling, drive thru and registers all at same time is not easy - then add in shots. Makes for tons of stress and burn out.	11/18/2021 7:05 PM
589	Refilling insurance	11/18/2021 7:04 PM
590	Short Staffed	11/18/2021 7:04 PM
591	Covid testing and the expansive vaccine demands	11/18/2021 7:03 PM
592	Vaccinations being pushed onto the pharmacist for minors when a doctor should be involved.	11/18/2021 7:02 PM
593	There is no adequate staffing to properly and safely accomplish anything, our corporate wants us to administer 50+ shots a day all while completing 300+ prescriptions per day. It is practically impossible with 4 people	11/18/2021 7:01 PM
594	No breaks, lack of staff, no help from the little staff we do have, corporate not listening to our concerns as human beings, the harassment by customers, the lack of pay etc....	11/18/2021 7:01 PM
595	Metric systems	11/18/2021 6:59 PM
596	Lack of pay for all of our responsibilities	11/18/2021 6:59 PM
597	Being overworked	11/18/2021 6:55 PM
598	Meeting metrics	11/18/2021 6:55 PM
599	high expectations of speed	11/18/2021 6:54 PM
600	Since COVID, we have started doing COVID testing and vaccinations, which has added to our list responsibilities. Even though it seems like just a few more tasks to the workload, there are other small complications to both (I.e. patient dissatisfied with scheduling/longer wait times, etc) on top of filling scripts on tome. Even though we have been given lunch breaks recently, we often times don't even take the break just to catch up on production and other tasks.	11/18/2021 6:49 PM
601	workload. there are way too many think being put on use due to the shortcomings of the store, weather it be staff pharmacists or otherwise. i cannot handle this stress much longer	11/18/2021 6:48 PM
602	None	11/18/2021 6:46 PM
603	Covid testing and vaccinations	11/18/2021 6:42 PM
604	We don't have enough people to take on all the workload of covid vaccines and covid testing. I feel like I work in a clinic not a pharmacy. We don't have time or man power to stop and focus on filling prescriptions because we are constantly doing shots and tests. We are always at least a day behind on prescription orders...and that in my opinion is dangerous. We can't concentrate or think fully about what we are doing because we are being pulled into 5 directions at once and run around like crazy with out breaks or eating all day. And not getting paid enough while u are the only tech there your whole shift trying to juggle typing filling shots doing tests in drive thru waiting on drive thru pick up counter drop off counter answering phone calls and making phone calls putting drug orders away and much more all at once. It's extremely overwhelming and stressful.	11/18/2021 6:41 PM
605	None	11/18/2021 6:39 PM
606	Calling and urging pts to fill rx bc of star ratings and DIR fees. I can't make them pick them up or take them. The pharmacist can talk to them for days. Some people will always be nonadherent and it will always be an excuse to take money back or under reimburse.	11/18/2021 6:38 PM

Meeting Materials

607	Overload of vaccinations and transfers due to pharmacy closings.	11/18/2021 6:38 PM
608	Covid billing, constant changing rules and procedures and additional tasks on the pharmacists end of the job. Like pediatric shots.	11/18/2021 6:35 PM
609	Poor management and no opportunity for advancement.	11/18/2021 6:35 PM
610	Curb side , mail outs , returns , flu events	11/18/2021 6:35 PM
611	With so many vaccinations of every sort going on, it becomes chaotic to schedule the walk INS, make copies of their info, enter in the insurances and keep up with the regular work flow and keep everyone satisfied.	11/18/2021 6:34 PM
612	Doing covid tests and shots	11/18/2021 6:33 PM
613	Inpatient /rude / screaming patients make it very difficult to do my job as a pharmacy technician.	11/18/2021 6:31 PM
614	Still learning it all	11/18/2021 6:29 PM
615	Metrics about adherence	11/18/2021 6:28 PM
616	1 pharmacist to do scripts, counsel patients, give vaccines. More phone lines, windows, and registers than people to take care of them.	11/18/2021 6:28 PM
617	Not enough staffing	11/18/2021 6:26 PM
618	Before covid I loved doing mtm and all, but now not enough time in the day to fill prescriptions and do vaccines. Feel like we give vaccines and fill prescriptions in between.	11/18/2021 6:25 PM
619	Having to do the stores job, doctors job, not getting the respect that nurses and doctors get.	11/18/2021 6:25 PM
620	Mtm's metrics outcomes, volume of vaccinations and testing. Sometimes we spend so much time and effort doing things that should be left for a doctor's office that it hurts the pharmacy part of things which is what we are first and foremost. We've lost focus of the role of a pharmacy. When we're so busy giving vaccines and making clinical calls that it effects wait times and quality of pharmacy work it's a problem. Spending a lot of time answering phones. We may have 4 people working and all of them on the phone at the same time. Or all 3 lines on hold and 2 more ringing that can't be answered because there's no lines left to place them on hold. I feel like an operator instead of a pharm tech or like I work in a call center.	11/18/2021 6:25 PM
621	Overwhelming work load, often due to short staffed	11/18/2021 6:24 PM
622	Solely being a clerk for 8-9 hours a day	11/18/2021 6:21 PM
623	Lack of breaks. Need to have a PAID minimum of one hour lunch (currently is unpaid 30 minute and that is HIGHLY unfair), and 2 MANDATORY PAID 15 minute breaks per 8 hour shift.	11/18/2021 6:17 PM
624	The pharmacy technician is assigned every task that comes up, techs do most of the work, pharmacists make all of the money, and accrue more vacation time!	11/18/2021 6:16 PM
625	Answering the phones nonstop for questions that could easily be answered through automation.	11/18/2021 6:15 PM
626	Covid testing	11/18/2021 6:15 PM
627	The worst part is the difficulty and confusing insurances. They're constantly changing and they do not communicate that to anyone. Patients constantly believe that is in the pharmacy had pick the prices.	11/18/2021 6:13 PM
628	Having to manage programs that SHOULD improve patient maintenance med compliance but don't actually work and create more customer dissatisfaction than anything	11/18/2021 6:12 PM
629	we do most of the work in the pharmacy, so all of it	11/18/2021 6:11 PM
630	The amount of work per employee. More staff would be nice.	11/18/2021 6:10 PM
631	The stress and workload. I know I am literally sweating running around every day I am at work while some coworkers don't care and go about their day as if they have nothing to do.	11/18/2021 6:09 PM
632	Having a drive through.	11/18/2021 6:09 PM

Meeting Materials

633	Pay	11/18/2021 6:06 PM
634	Mostly work setting. Working in a telepharmacy that does not do any dispensing or orders offers limited opportunities for a technician to get the most out of their full scope of practice compared to one who works in a retail setting.	11/18/2021 6:06 PM
635	Having 3 different Covid shots plus the Pedi shot. It's a lot to keep track of. We are also the only or one of the only stores around the area that are even giving boosters.	11/18/2021 6:05 PM
636	The constant overload of work that comes late in the day is affecting our patients who receive these deliveries late at night.	11/18/2021 6:04 PM
637	n/a	11/18/2021 6:04 PM
638	Just the way we are treated by our chief pharmacist and customers.	11/18/2021 6:04 PM
639	We are so understaffed that there I am constantly releasing to patients. I might as well have just stayed a cashier.	11/18/2021 6:04 PM
640	Immunization scheduling and lack of control the pharmacist has to create a safe working environment. It's all pushed down from the top should be managed at store level.	11/18/2021 6:02 PM
641	Not enough staff and company not allowing enough time or staff to complete task in a safe manner	11/18/2021 6:01 PM
642	Due to covid, being short staffed has been a 16 month ride, in our case. You have no choice (if dedicated) but to jump into many shoes to get the job done.	11/18/2021 6:01 PM
643	Doing a managers job for lesser pay.	11/18/2021 6:00 PM
644	Not enough time for training allowed me for completing company learning Modules due to an outside job injury to my right foot. Modification Recommendations of Duty needed to complete my training presently.	11/18/2021 5:59 PM
645	Increased workload due to vaccinations & Covid testing.	11/18/2021 5:57 PM
646	shots and covid testing that is not a pharmacy tech jobs and should not be pharmacists job either this is not a clinic.	11/18/2021 5:55 PM
647	We should have plain cashiers and the techs do fill.	11/18/2021 5:54 PM
648	More money	11/18/2021 5:51 PM
649	Inability for other employees to do their jobs effectively so the workload falls on the people who DO all the work while the rest play on their phones	11/18/2021 5:51 PM
650	Not being paid to do -additional- work from a completely different title.	11/18/2021 5:51 PM
651	Overwhelming metrics from corporate such as being forced to prioritize vaccines, not just Covid shots. Metrics that dampen the customer experience because we will be cut hours if we don't meet metrics, the pod system which drives up wait times is horrible.	11/18/2021 5:49 PM
652	Having to help new employees that are under trained	11/18/2021 5:45 PM
653	N/A	11/18/2021 5:44 PM
654	The responsibilities of pharmacy technicians are usually very fair. The only issue tends to be a heavy workload.	11/18/2021 5:43 PM
655	Waiting on rude impatient patients and no one backs us up	11/18/2021 5:42 PM
656	COVID TESTS ARE VERY DISTRACTING.	11/18/2021 5:42 PM
657	I feel in light of the current climate, pharmacy has become more a game of who can get the most vaccinations and less customer care. Our patients are suffering waiting on medications that are taking us longer than 3 hours sometimes to fill because we're expected to drop everything to be some quota of vaccinations. Our pharmacists are ran as ragged as the technicians are and we're dropping like flies.	11/18/2021 5:42 PM
658	What detracts from job satisfaction is getting paid nothing for a hard days work. Example: I understand the pharmacists go to school to do what they do, not all of us are able to do that, we aren't all that lucky. We are the gerbils that spin the wheel. Pay us more, pay us what we	11/18/2021 5:41 PM

Pharmacy Technician Workload Survey

Meeting Materials

are worth, which is more than what we currently get. I know pharmacists that make 90-120 thousand dollars a year, I make half of 90 thousand, and I have been a pharmacy tech for almost 23 years. I'm not saying pay us like them, but pay us better.

659	Workload is insane!	11/18/2021 5:40 PM
660	Cashiering. The inability of my company to hire pharmacy cashiers. I spend most of my day ringing out prescriptions and not enough time me doing pharmacy tech duties.	11/18/2021 5:40 PM
661	Schedule conflicts	11/18/2021 5:39 PM
662	Lack of advancement	11/18/2021 5:39 PM
663	Not enough employees and too much mandatory overtime	11/18/2021 5:39 PM
664	Slow technology	11/18/2021 5:37 PM
665	Short staffing	11/18/2021 5:37 PM
666	Third party interactions with payers . Customer satisfaction surveys have an outweighed affect on job that detracts from necessary time to ensure accuracy on prescriptions	11/18/2021 5:36 PM
667	DRUG SHORTAGES, recalls and too much technology that is NOT working as it was meant to be. It is causing more work than it solved.	11/18/2021 5:33 PM
668	Vaccines.	11/18/2021 5:33 PM
669	Unable to control work load	11/18/2021 5:31 PM
670	Immunizations	11/18/2021 5:30 PM
671	Making phone calls about things that do not matter	11/18/2021 5:29 PM
672	Patients being ill informed about their care or their insurance plans. Patients also believe throwing around the words goodrx and discount cards will magically make their meds have almost no cost. Also caresource Patients feeling entitled due to most things in life being handed to them.	11/18/2021 5:28 PM
673	Lack of access to necessary information especially for senior clinical technicians performing important emergent reconciliatory data mining. Lack of autonomy from our peers. Physicians seem believe we are very vital and trust our word but not our licensing board.	11/18/2021 5:28 PM
674	Rude patients. The sense of entitlement is ridiculous. Patients would never treat their doctors the way the treat pharmacy staff. We are seen as bottom feeders. Drive thru pharmacy exacerbates this kind of thinking. Pharmacy is still a medical field. Not burgers and fries.	11/18/2021 5:28 PM
675	Pharmacists having to give vaccines or take verbal scripts or transfers. Oars	11/18/2021 5:26 PM
676	Understaffing is a big issue	11/18/2021 5:26 PM
677	Having to do the job of multiple technicians due to staff shortage. I feel rushed and not able to perform my best.	11/18/2021 5:26 PM
678	Not being able to answer questions because we supposedly have no knowledge of the drugs	11/18/2021 5:26 PM
679	The one and only pharmacist having to constantly stop what they are doing to give vaccines.	11/18/2021 5:24 PM
680	Answering multiple/repeat demands from nursing staff	11/18/2021 5:23 PM
681	Same as above They just expect us to do more with the same amount of time and pay	11/18/2021 5:22 PM
682	Inputting any script that is e-scripted or done it would clear at least two more hands.	11/18/2021 5:20 PM
683	At my pharmacy, the pharmacy manager plays favorites. She will give a new tech that has only been in this line of work for 6 months, full time hours when a 2-year hard working employee has been asking for full time ever since being hired. They don't properly train you and just throw you in wherever expecting you to understand what you're doing on day 1. The other pharmacist is verbally abusive to employees and some patients just because he's overwhelmed which is very unprofessional and he sometimes makes inappropriate remarks to women employees. At my pharmacy, we don't go by a flow chart/workstation. The same employees do the same thing every single day. I don't agree with that. I think a flow chart is sensible and fair and to my knowledge, we're the only pharmacy that doesn't abide by it. They	11/18/2021 5:19 PM

always put the new tech hires on drive thru and covid testing while the lead tech will always do production. I think everybody should do a little bit of everything to get a feel for it and not have to do the same thing day after day. I'm in the middle of transferring to a different store because of my current pharmacy's antics. I'm just tired of it of the staff there. My manager was purposely delaying my transfer because she cited short staff as a reason but after she hired someone to replace me, she still wasn't transferring me. And we're the only store in the district that is fully staffed so that explanation was ludicrous to me. The store I wish to be transferred at is much closer to where I live and their store desperately needs employees, so I was confused by her delaying my request. I was fed up with it and so unhappy at my current location that I was thinking about quitting but then I talked with the manager at the store I would be transferring and the DM and they agreed to go above my current managers head and get me transferred. Overall, I love my career. I love being a pharmacy technician. I love the patients and I like the fact that I'm helping others. It's just my store and my coworkers who make my time there miserable and stressful. Nobody should be treated the way I'm treated there. Nobody.

684	Giving more of the pharmacist's responsibilities to the technician without increasing their pay but increasing workload and risks.	11/18/2021 5:18 PM
685	Third party insurance issues	11/18/2021 5:17 PM
686	Being forced to be at the same station (drive thru) all day	11/18/2021 5:17 PM
687	Having to do insane amounts of vaccines and dealing with a minimum 7 person line at all hours of the work day.	11/18/2021 5:17 PM
688	N/a	11/18/2021 5:16 PM
689	Answering the phone all the time!	11/18/2021 5:16 PM
690	Having to do my job and someone else's job	11/18/2021 5:14 PM
691	Answering the phone constantly without being able to complete scripts and get any production accomplished.	11/18/2021 5:14 PM
692	POOR COMPENSATION	11/18/2021 5:13 PM
693	Constantly training new technicians due to turnover between institutions	11/18/2021 5:11 PM
694	The constant calls about prior authorization status from patients, copay issues from changing insurance policies / formularies, or even not being able to fill at the pharmacy anymore that they have been going to for years.	11/18/2021 5:10 PM
695	COVID testing/vaccines	11/18/2021 5:10 PM
696	Covid testing, coworker gossip, pick up lane	11/18/2021 5:09 PM
697	Continually being expected to have more work added to job responsibilities without added pay. Being mandated to work overtime because we are so understaffed and there is no incentive to work.	11/18/2021 5:09 PM
698	Too small of a work space.	11/18/2021 5:07 PM
699	N/a	11/18/2021 5:07 PM
700	Patient calls over covid anything. There is no clear message or direction and everything changes every day. Doctors not filling out script correctly, missing signatures, missing strength of drug.	11/18/2021 5:05 PM
701	Training new employees who make barely less than I do after 12 years of employment	11/18/2021 5:05 PM
702	Cleaning, trash removal, faxing, being given quotas to meet when there is too many other duties we are expected to complete. We can't do it all.	11/18/2021 5:04 PM
703	If we have to go back to the office and would not be able to work from home permanently. I would definitely change careers to anything that I could work from home.	11/18/2021 5:01 PM
704	Wanting to add the responsibilities of vaccinations but corporate not paying extra to become certified to do vaccinations or to pay extra to someone who is certified for vaccinations. The biggest dissatisfaction is not enough staffing. There needs to be laws in place to state how	11/18/2021 5:00 PM

many technicians and pharmacists need to be in place for safe working conditions. Staffing should not a criteria of you meeting or not meeting a metrix.

705	Injections	11/18/2021 5:00 PM
706	Tech shortage	11/18/2021 5:00 PM
707	Running our refills and not having a automatic refill system takes away from me being able to adequately serve patients	11/18/2021 5:00 PM
708	Short staffed and management will not help.	11/18/2021 5:00 PM
709	Various programs developed by employer (medication synchronization, clinical opportunities, unnecessary statistical goals)	11/18/2021 4:58 PM
710	Pay fast food makes more	11/18/2021 4:58 PM
711	Clinical responsibilities they are trying to push on technicians. We can't even counsel about a bottle of mixed amoxicillin but they want us to do other clinical work. We are not staffed, nor trained, nor paid for clinical duties	11/18/2021 4:57 PM
712	N/A	11/18/2021 4:57 PM
713	Covid Testing takes away from my role as a Pharmacy Technician. Meaning, I spend more time Testing then processing prescriptions...	11/18/2021 4:57 PM
714	Cashiering, not having permissions (in software) to complete tasks without the rph credentials.	11/18/2021 4:57 PM
715	Having Covid-19 vaccines added to our already overly busy schedules. There are not enough hours in the day to perform the work we were already doing, but now we're expected to vaccinate everyone as well. The State Board keeps piling more responsibilities on pharmacies without mandating companies provide sufficient help. We are going without breaks and days off to keep our heads above water...but nobody cares.	11/18/2021 4:57 PM
716	No breaks, standing the whole time, understaffed, rude customers/patients, slow/uncooperative computers or the like, unfair division of work between technicians	11/18/2021 4:56 PM
717	Not enough pharmacist overlap no time for breaks	11/18/2021 4:56 PM
718	Customer Service.	11/18/2021 4:55 PM
719	Customer Service	11/18/2021 4:55 PM
720	Being required to do extras that aren't directly and immediately needed like mtm and getting patients to do surveys	11/18/2021 4:55 PM
721	Shots and scheduling	11/18/2021 4:54 PM
722	I enjoy every aspect of my career choice but management and poor division of job Tasks is exhausting and not realistic	11/18/2021 4:54 PM
723	Short staffing	11/18/2021 4:54 PM
724	Retail pharmacies are completely overloaded with vaccines. We barely have enough time to do our primary responsibility, to fill prescriptions. Patient safety is at risk when a single pharmacist is having to fill all the prescriptions and give all vaccines. Some days we do 50 to 60 vaccines with one pharmacist and three techs. Corporate pushes meeting metrics and is not concerned about patient/staff safety. Techs are completely underpaid and have to fight for raises. We leave work each day exhausted and overwhelmed.	11/18/2021 4:54 PM
725	Poor pay no real benefits, rude customers, insurance not covering meds,	11/18/2021 4:54 PM
726	No inventory person ordering drug, techs expected to order drugs, hence continued lack of appropriate inventory. NDC changes constantly not matching what order entry tech picked. Poor inventory control. Fly by the seat of the pants scenario.	11/18/2021 4:52 PM
727	Need a higher base rate of pay. I can make just as much working at a grocery store without having to be around the sickest people in my city.	11/18/2021 4:52 PM
728	The amount of volume, the time And the constant short staffing Of trying to get done and the pressure of it having to be done. And knowing a mistake could kill some some. Dealing with a angry public. We are not safe.	11/18/2021 4:52 PM

Meeting Materials

729	Changes to policies and processes that are poorly roll-out. Lack of communication. Lack of support. Too little time to complete tasks accurately	11/18/2021 4:52 PM
730	Retail Rx. Stocking drugs	11/18/2021 4:51 PM
731	Being pulled in so many directions	11/18/2021 4:51 PM
732	Vaccines	11/18/2021 4:51 PM
733	Pay Scale, being part time, not having benefits if part time,	11/18/2021 4:51 PM
734	Cleaning up after my coworkers	11/18/2021 4:50 PM
735	Overworked, long hours for bad pay, coworkers who make constant mistakes, horrible management	11/18/2021 4:50 PM
736	Doing the Pharmacist's job. Admin duties. Taking care of the companies duties by having to look for sign painters...the list could go on.	11/18/2021 4:50 PM
737	Covid testing	11/18/2021 4:50 PM
738	Having to do the job of 3 people while being paid for 1	11/18/2021 4:50 PM
739	Constant pressure from corporate to increase volume of prescriptions, sign up patients for different programs, and increase vaccines given.	11/18/2021 4:49 PM
740	Lack of staff, only 1 pharmacist for a 12 hour day is absurd and dangerous	11/18/2021 4:49 PM
741	The telephone ringing all day long	11/18/2021 4:49 PM
742	Lack of pay from employers, unwillingness to add career opportunities, no incentive to add credentials from PTCB	11/18/2021 4:49 PM
743	Coworkers not showing up. Stress from manufacturers on missing info to process PAP applications	11/18/2021 4:48 PM
744	Understaffed overworked and underpaid with someones life at stake	11/18/2021 4:48 PM
745	PBMs are the worst thing that has happened to pharmacy aside from big pharma companies and insurance complications.	11/18/2021 4:48 PM
746	Pay	11/18/2021 4:47 PM
747	Having to deal with rude/impatient customers and lead pharmacist	11/18/2021 4:47 PM
748	The amount of patients I have to get done	11/18/2021 4:46 PM
749	Vaccinations	11/18/2021 4:46 PM
750	Lack of pay yet more and more to do everyday.	11/18/2021 4:46 PM
751	The amount of shots and covid tests we have to do. We cannot prioritize the primary function of a pharmacy because we are doing the stuff patients doctors should be doing and we have no control on limited these things to where we can manage prescription	11/18/2021 4:45 PM
752	Offering pay less than McDonald's, people that DO apply have to wait a month to start because of registration/background tests. So by the time they finally are able to HELP, they quit with a new higher paying job.	11/18/2021 4:44 PM
753	Running the cash register constantly or drive thru	11/18/2021 4:43 PM
754	The customer volume and not being adequately staffed. The amount of covid tests and vaccines take away from filling prescriptions, leaving a mess that just keeps piling up.	11/18/2021 4:43 PM
755	High work load not enough staff and impatient patients or customers	11/18/2021 4:42 PM
756	None	11/18/2021 4:42 PM
757	Overworked underpaid under staffed expectations from you are ridiculously unattainable	11/18/2021 4:42 PM
758	Work load and staffing	11/18/2021 4:42 PM
759	Covid testing in drive thru.	11/18/2021 4:42 PM

Meeting Materials

760	My work overload as a customer service rep is excruciating. I currently service 5000 beds in 20 locations, and my boss does not give me ample time to complete med exchanges and audits. Its a joke.	11/18/2021 4:42 PM
761	Having to ring up non pharmacy items and the constant interruptions of patients not being more responsible for their own health and insurance.	11/18/2021 4:42 PM
762	Pharmacy technicians have to take the brunt of customer complaints. In 30 years as a retail tech, I have been yelled at and cursed at by customers more that I can count.	11/18/2021 4:42 PM
763	Short staff	11/18/2021 4:41 PM
764	Dealing with insurances. And thee amount of rude, inconsiderate, entitled patients. Even rude offices sometimes about mistakes that weren't the pharmacy fault.	11/18/2021 4:41 PM
765	Last of help	11/18/2021 4:40 PM
766	Cashier	11/18/2021 4:39 PM
767	that we immunize and do more work but don't get an up in pay	11/18/2021 4:38 PM
768	Constantly standing with no accommodation for my medical condition.	11/18/2021 4:38 PM
769	Covid testing on top of vaccine and filling scripts answering the phone is too much. Get rid of covid testing in pharmacies	11/18/2021 4:38 PM
770	Our productivity is measured by the number of prescriptions we can pump out with no regards for patient safety.	11/18/2021 4:37 PM
771	Poor work flow.	11/18/2021 4:36 PM
772	the volume of responsibilities, the lack of support, and the demands to keep doing more and more with literally nothing in it for the technicians.	11/18/2021 4:36 PM
773	Ridiculously understaffed, high volume.	11/18/2021 4:36 PM
774	Outside noises since working from home	11/18/2021 4:36 PM
775	Constantly being pulled in different directions when others are just doing nothing to help	11/18/2021 4:35 PM
776	Technicians doing vaccines.	11/18/2021 4:34 PM
777	Drama	11/18/2021 4:34 PM

**Q21 What other factors would allow you to grow as a pharmacy technician throughout your career, and minimize your chances of changing careers?
 REMINDER: Do not include your name or other information that would identify you in the comments.**

Answered: 954 Skipped: 1,606

#	RESPONSES	DATE
1	Better pay	12/3/2021 9:18 AM
2	No	12/2/2021 6:21 PM
3	Higher pay, better policies that protect pharmacy members from harm, free therapy and or covered mental health days	12/2/2021 4:01 PM
4	Retail pharmacy schedules need to be made by PIC of pharmacy not the store manager who has no idea what running a pharmacy is like.	12/2/2021 11:18 AM
5	Treat us with respect. Pay us like you value our contribution. Don't make us feel inferior for being techs. Hire enough of us to do the job without getting burned out. Treat us like human beings. Treat us the way you treat the pharmacists. We're as valuable and necessary a part of this profession as they are.	12/2/2021 11:00 AM
6	N/A	12/2/2021 10:30 AM
7	Being able to voice opinions and share feedback.	12/2/2021 10:14 AM
8	Minimal questions tech should be able to answer specially if they have been working a long time.	12/2/2021 10:04 AM
9	Higher pay especially since other field have increased because of the pandemic	12/2/2021 6:54 AM
10	Pay pharmacy technicians more and fairly increase their wages. I have been a tech for 9 years and make the same as my coworkers who have just gotten certified and been employed 1 year. When the ceiling is raised, my employer, Walmart, puts us at the floor regardless of seniority. More pay is great but it makes senior techs feel taken advantage of because what's the point of staying if seniority is meaningless? Also treat technicians better. My employer treats techs as inferior to pharmacists and we frequently are belittled or made to feel less than the pharmacists by the pharmacists themselves, our employer, and even patients because patients do not respect anyone without the "white coat". But it frustrates me to be forced to go use the public restroom and made to keep personal items all the way in the back of the store (big box chain) when the pharmacists get their own little restroom, can bring as much stuff as they want in and out of the pharmacy, and are able to eat and drink freely. We are registered and certified with the BoP for the sake of increasing ramifications for theft/diversion so it feels belittling. We do not need opportunities for advancement; there isn't much growth possible in retail pharmacy. But what we do need to prevent more technicians from leaving the field are BETTER WORKING CONDITIONS and BETTER PAY.	12/2/2021 4:36 AM
11	Recognition from dept lead	12/1/2021 10:56 PM
12	Less stress. Better work flow. Beret equipment to do my job.	12/1/2021 9:56 PM
13	Better training	12/1/2021 8:32 PM
14	Better pay	12/1/2021 8:16 PM
15	Pay increase is needed! Especially with how many clinical service roles technicians do now!	12/1/2021 8:07 PM
16	Everyday we deal with vaccines, we are not longer a pharmacy, we try our best to make everyone happy but we are truly not just filling scripts anymore and taking care of our patients in a timely manner.	12/1/2021 7:53 PM

Meeting Materials

17	Unfortunately, where I work, coming in as scheduled- and having good work ethics means very little. Other Techs call off and shown favoritism from those in charge. And it makes it twice as bad, when the supervision goes along with the behavior. This also includes the lack of communication with each other. I don't like asking questions and rarely getting answers needed to correctly perform my duties. All of this aggravation makes it very hard to work at peak performance. I believe, the ones showing up when scheduled should be recognized for their dedication. It's sad to feel that probably won't happen during my time as a Technician.	12/1/2021 7:37 PM
18	All Pharmacy Technicians should be making more then \$20 an hour. It's ridiculous the amount of work, responsibilities, and stress that we deal with and we are compensated extremely poorly.	12/1/2021 5:42 PM
19	Allow me to be just a pharmacy technician.	12/1/2021 4:43 PM
20	More support and understanding from leadership when metrics are difficult to reach due to workload and staffing levels, including dips in customer service scores when wait times balloon due to staffing and increases in vaccines and testing. Annual merit raises that correlate with the increases in cost of living and overall workload. Scheduling that is provided in a more timely manner so that plans can be made for a better work-life balance. Uninterrupted time to complete mandatory computer training instead of being forced to quickly complete training after upper leadership becomes unhappy with the amount overdue.	12/1/2021 3:36 PM
21	More pay, better working conditions. Also PAY PHARMACIST WHAT THEY ARE WORTH! Walgreens pharmacist have not gotten raises in 7 years!! The amount of work and responsibility that has been added to their plates is ridiculous! They deserve better!	12/1/2021 3:28 PM
22	Nothing. Get me out of this pharmacy. I'm not happy, and 8 months ago I took a promotion to get out of the pharmacy. I'm still acting as a tech. I'm miserable. We're understaffed.	12/1/2021 3:14 PM
23	Be responsible for your own roles, and not being held accountable for others role.	12/1/2021 3:03 PM
24	A friendly team.	12/1/2021 2:25 PM
25	Mandatory breaks. Mandatory closure periods to allow Pharmacists and Technicians to take breaks. Mandatory minimum staffing to ensure patient safety.	12/1/2021 1:22 PM
26	Completing more of my skilled training	12/1/2021 10:54 AM
27	Good work environment	12/1/2021 10:28 AM
28	training in different area for pharmacy technician responsibilities	12/1/2021 8:52 AM
29	Reimburse techs for furthering their education. With advanced certifications coming out there needs to be an incentive. More money. Value our opinion. Implement change. Give more training to new employees at the hospital level. Train new pharmacists on all aspects of the pharmacy such as Pyxis machines and invest in yearly refresher courses.	12/1/2021 2:47 AM
30	better technology and more organized work space	11/30/2021 11:41 PM
31	Just being able to grow with the company and not have new techs starting at the same wage as techs that have been there for multiple years.	11/30/2021 9:24 PM
32	Helping other employees and patients	11/30/2021 9:15 PM
33	Continuing education written expressly for technicians. The more we know, the more we can help the pharmacist.	11/30/2021 8:45 PM
34	Fair treatment, better workflow, respect from pharmacists to technicians, better work/life balance	11/30/2021 7:51 PM
35	More clinical responsibilities	11/30/2021 7:00 PM
36	Being able to mentally counsel patients if you are qualified and licensed as a mental health counselor	11/30/2021 5:57 PM
37	maybe providing classes for the ones who would like to become certified technicians.	11/30/2021 5:55 PM
38	I would like to have more time to finish some training.	11/30/2021 3:31 PM
39	Currently, it's very overwhelming in the Healthcare industry. People aren't kind anymore, they want things their way, right away!	11/30/2021 3:00 PM

Meeting Materials

40	Being treated like a member of an actual team	11/30/2021 2:40 PM
41	Salary pay	11/30/2021 1:55 PM
42	Better tech staffing, better equipment, update the computer system	11/30/2021 11:40 AM
43	If you want technicians to start taking on parts of the pharmacist's job, that we weren't able to do before, and are now having to do, have a better pay standard. Room for more staffing or hours to provide better service to patients.	11/30/2021 11:34 AM
44	Higher pay would make me consider staying longer. I feel as though we don't get enough appreciation either. Patients act like we're a fast food restaurant and are so demanding and rude. This past year has been awful with patients acting entitled. More respect in the healthcare field might help with that as well.	11/30/2021 11:34 AM
45	Pay increase. As a single mom I need a higher paying career. I love my job, but its barely enough to support me and my 2 kids. At this rate I will never be able to purchase a house, I will always have to rent, unless I get married again and have a second income in my household.	11/30/2021 11:33 AM
46	More staff	11/30/2021 11:16 AM
47	n/a	11/30/2021 11:15 AM
48	Support from techs, training that actually applies to the job (specifically insurance training that teaches you how to bill/rebill)	11/30/2021 10:35 AM
49	A requirement for how much staff is needed to fill every 200 prescriptions. So if a store fills 600 prescriptions per day they need 3 Rphs and 5 techs. Stores have been ran way understaffed for way to many years! Everyone is BURNT OUT!	11/30/2021 10:34 AM
50	More clinical responsibilities	11/30/2021 10:07 AM
51	Less regulations	11/30/2021 9:35 AM
52	More pay.	11/30/2021 9:25 AM
53	More staff members and higher pay	11/30/2021 9:15 AM
54	proper training	11/30/2021 9:04 AM
55	Getting to actually count or data entry.	11/30/2021 7:58 AM
56	Better pay	11/30/2021 7:36 AM
57	Access to training and development during working hours and not having to seek this during off hours	11/30/2021 5:34 AM
58	More staff. Better staff. So I do not have another panic attack which everyone thought was a heart attack and being rushed to the hospital bc I've been working 70 hours a week with no help and the patients are unbelievable angry bc of their wait times for their meds.	11/30/2021 4:02 AM
59	Pharmacy Technicians need a pay raise and treated with respect.	11/30/2021 1:24 AM
60	Simplification of insurance. Especially Medicaid and the new laws on diabetic testing on Medicare.	11/30/2021 1:20 AM
61	Better pay	11/29/2021 11:24 PM
62	Lead tech needs to not make the schedule it is unfair and she/he gets whatever hours they want	11/29/2021 11:06 PM
63	I would like courses made easier and available to be able to learn compounding and other medication benefits. I started this career thinking I would finally be able to take care of myself and stand on my own two feet and not have to live paycheck to paycheck but it is harder with the prices of everything now and days and I can't afford thousands of dollars in education debt to grow. So I do very much appreciate the hands on learning but would love to be able to sit down and just learn and retain information like compounding	11/29/2021 10:44 PM
64	minimum standards for future technicians to prevent hiring people that are unable to do the full range of work a technician should do. Maybe State of Ohio conferences for technicians with training seminars that count for CE units, vendors, and job / hiring companies.	11/29/2021 10:22 PM

Meeting Materials

65	Pharmacists being able to find time to get technicians to the next level for pay raises.	11/29/2021 10:10 PM
66	higher pay, I feel like we don't get paid enough to deal with all we have to deal with on the day to day bases of being a pharmacy tech especially with the add stress of covid.	11/29/2021 9:57 PM
67	Higher pay, stipend for scrubs/better quality scrubs, more educational opportunities, more training opportunities/exam prep	11/29/2021 9:56 PM
68	Better pay for technicians as they take the grunt of the emotions from sick, angry customers.	11/29/2021 9:34 PM
69	Money	11/29/2021 9:13 PM
70	Better pay, less work load, more employees	11/29/2021 8:43 PM
71	Pay raise, different operating hours	11/29/2021 7:26 PM
72	More training in other areas	11/29/2021 7:24 PM
73	Pay increase	11/29/2021 7:23 PM
74	I wanna be a tech but the pay is terrible	11/29/2021 6:48 PM
75	Ding vaccines	11/29/2021 6:30 PM
76	More responsibility	11/29/2021 6:28 PM
77	More money.	11/29/2021 6:22 PM
78	Not my chosen career. We are being forced by the company to be Tech's when we don't process RX in the department I work in.	11/29/2021 6:05 PM
79	Better pay and benefits. We are responsible for so much, but get paid too little.	11/29/2021 5:55 PM
80	Better wages	11/29/2021 5:37 PM
81	Something has to give. We do vaccines, fill, dispense, wait on 3 registers, deliveries, clinical, day to day tasks, helping with open enrollment technicians do not get paid enough to meet metrics	11/29/2021 5:01 PM
82	Increased pay, increased staffing	11/29/2021 4:33 PM
83	Making it not such a pain to get the certificates necessary for the CPhT-Adv Certification.	11/29/2021 3:10 PM
84	Again, work from home laws becoming permanent would greatly increase my willingness to stay in this career choice. I'm far less stressed at home. The office is too chaotic and distracting. Minimum pay increase for techs would be good too. We barely make more than fast food workers.	11/29/2021 3:02 PM
85	higher pay and more staff	11/29/2021 2:19 PM
86	Better hours, better pay, less bullshit, standardized Medicare and the people in corporate actually working in a pharmacy a couple days a month to stay clued in to what really goes on and how it feels.	11/29/2021 2:17 PM
87	Train everyone on billing and give others a chance to get off the phones for a day.	11/29/2021 2:06 PM
88	There is no growth in this career.	11/29/2021 2:06 PM
89	The workload is only stressful because of the lack of help. When we get new people they often quit because of the nature of the job (fast-paced, unreasonable quotas, insurance companies are impossible, customers are hateful, if you mess up it slows the entire team etc)	11/29/2021 2:01 PM
90	Better support against being forced to run a drive thru, counter, and data entry scripts and vaccines all at once. Corporate retail demands all that and making dozens of patient calls.	11/29/2021 1:58 PM
91	Improved pay based on experience. Lessened workload. Better training opportunities all around. Incentive programs, which I understand maybe a more employer based issue.	11/29/2021 1:56 PM
92	Better hands on training. Big companies pay employees a fair wage for the work expected to fit their profit margins. Enough staff. Management PIC to actually care about patient level care and not fitting corporate demands on numbers. To take away vaccines from pharmacy level as it puts to much extra work on all staff and when you don't have enough pharmacist in the	11/29/2021 1:51 PM

Meeting Materials

building to walk away for 60 to 100 shifts a day on top of doing what a pharmacist should be doing in a safe manner and them to be able to focus on medication verification script verification would make a much safer environment. As well as take away the hundreds of phone calls and questions about shots that pull technicians away from in the middle of counting would make a safer environment. So much more that could be changed with big corporate pharmacy to make it a more desirable place to work.

93	Give me appropriate training when I start. Not having to "just figure it out", not making me responsible for 4 stations at once (lack of tech hours) have my pharmacist have adequate time to mentor me (lack of rph hours and overlap)	11/29/2021 1:50 PM
94	There's really not many	11/29/2021 1:45 PM
95	Better pay for Pharmacy Technicians . I feel we work really hard and our responsible for alot . We don't get the pay that reflects that .	11/29/2021 1:41 PM
96	More training and better pay. more staff	11/29/2021 1:31 PM
97	#pizzaisnotworking #shewaited	11/29/2021 1:20 PM
98	Having more of a clinical role.	11/29/2021 1:19 PM
99	Having the opportunity to do more or say more about working conditions as a Technician	11/29/2021 1:16 PM
100	N/A	11/29/2021 1:07 PM
101	Better pay and better staffing	11/29/2021 1:00 PM
102	Paid time and Education.	11/29/2021 12:57 PM
103	Technicians are grossly underpaid for the amount of responsibility we have. I personally compound chemo medications and feel a high level of responsibility and my pay does not reflect the amount of responsibility I have, not even close. Pay rates should vary much more for levels of responsibility not years of work. After 8yrs I make less than \$23 per/hr for the things I am responsible for. Fast food pays \$15-\$18 per/hr.	11/29/2021 12:56 PM
104	NA	11/29/2021 12:55 PM
105	Had my workplace not been a terrible place to be and not willing to work with a single mom on scheduling then I may have stay in the pharmacy	11/29/2021 12:49 PM
106	I wish pharmacy techs could have bigger management type of rolls,	11/29/2021 12:49 PM
107	More staff that actually work!!!!!!	11/29/2021 12:42 PM
108	More money!	11/29/2021 12:40 PM
109	Pay that is appropriate for the responsibilities of the job. Just because techs didn't go to college and have school loan debt doesn't mean we don't deserve better pay especially when we have taken on what used to be pharmacist responsibilities	11/29/2021 12:34 PM
110	Refer to #19. The pay for technicians has been historically poor. Pharmacists are continually frustrated from the available talent due to low pay volumes. If there are good technicians employed, they don't stay long in the industry for this exact reason unless they happen to come upon other benefits of the positions they hold that keep them around. It certainly isn't the pay though. This has to change across the board!!	11/29/2021 12:31 PM
111	More staff especially now with pharmacies giving covid vaccines on top of all the others already given. Special attention/training needed for pediatric vaccines.	11/29/2021 12:25 PM
112	I've worked as a Pharmacy Technician for over 35 years. I will probably leave my current position due to the management. There is alot of bullying and belittling by the director. Absolutely no chance for advancement.	11/29/2021 12:22 PM
113	Na	11/29/2021 12:19 PM
114	MUCH BETTER PAY, THE ABILITY TO MOVE UP BASED ON EXPERIENCE AND ABILITIES	11/29/2021 12:15 PM
115	Compensation	11/29/2021 12:09 PM
116	respect of the profession and inclusion for decisions that provide patient care. We do the work,	11/29/2021 12:08 PM

Meeting Materials

it should be our opportunity to provide work flow

117	As I mentioned before there needs to be other levels of techs so that people with more skills or better work ethics can advance within a pharmacy. As it is now people that are there for one year or 30 years are doing the same jobs it makes no difference and people have no motivation.	11/29/2021 12:01 PM
118	Career development	11/29/2021 11:59 AM
119	Definitely need alot more pay, and it would be nice to get yearly bonuses when our pharmacists receive theirs in March. Certified techs deserve a bonus as well.	11/29/2021 11:54 AM
120	I have been able to advance from no experience at all to a technician supervisor. I have been fortunate in that sense	11/29/2021 11:53 AM
121	Better pay. We do A LOT of the work. I understand that we don't have as much in the line, but we have more with us being registered then we used to. I wish pay would reflect that.	11/29/2021 11:50 AM
122	Immunizations, MTM (Im certified)	11/29/2021 11:50 AM
123	Pharmacist/technician gap. Pharmacists ordering techs around with little respect.	11/29/2021 11:47 AM
124	Better pay, adequate staffing, and fair training amongst other employees. Or, those who are trained to do more work, example compounding hazardous drugs, to be paid more money.	11/29/2021 11:45 AM
125	pay and staffing concerns	11/29/2021 11:38 AM
126	n/a	11/29/2021 11:38 AM
127	More money	11/29/2021 11:35 AM
128	More clinical responsibilities and less clerical work. Higher compensation for those higher-clinically trained technicians. A greater appreciation and respect within the pharmacy and medical community.	11/29/2021 11:25 AM
129	More opportunities to advance/raises	11/28/2021 9:45 PM
130	Pay rates	11/28/2021 9:31 PM
131	Higher pay	11/28/2021 8:45 PM
132	I am very disappointed & leaving the industry due to my negative experiences in pharmacies in Ohio. 1. From the Hiring process being up to an 8 week length wait to start job 2. to being harassed to attend first day of work when management stated background / drug screening results are not even in yet, after letting store management know under quarantine due to covid positive, company stated covid protocol is 10 days after first symptoms to return, told I'm not contagious, that irresponsible & rude store manager treatment forced me to decline job offer to this company. 3. having to retest drug screening bc of company short staff & clerical errors. 4. from the treatment from store & pharmacist management not being empathetic, insensitive, pushy to work during a reported Covid positive diagnosis, 5. short-staff to pharmacist / tech 1:1 ratio on full day shift, 6. pharmacist not willing to hands on train & add to team schedule to gain full time work, after being hired to be full time,7. unprofessional & gossipy management. More importantly, the stress of fast paced environment, not enough tech support to production fill scripts, fixing repeated errors of bagged medicine unready for patient care.	11/28/2021 7:32 PM
133	At this point, every aspect of retail pharmacy would have to be completely revolutionized for me to remain the field. Every part of it would have to improve and in my many years in the field, I have seen zero improvement. After many years, conditions for technicians have only declined.	11/28/2021 4:13 PM
134	More money	11/28/2021 2:02 PM
135	Having more staff on board so I can continue to give excellent patient care and my full attention	11/28/2021 7:12 AM
136	Pharmacist overlap. My pharmacists are stretched so thin there is no time to talk about career advancement.	11/27/2021 5:25 PM
137	I would actually like my job if it weren't for everything (and more) I just talked about. We need to get back to actually serving our patients and meeting their needs - not the company's. We need more respect for the pharmacy profession. We are dispensing medications, not french	11/27/2021 3:45 PM

Meeting Materials

fries. The pharmacy staff needs more control as opposed to the micromanagement that we're under. We need to be able to turn scripts away when we don't have time to fill them safely without fear of reprisal. We need to operate like a medical facility, even those of us in retail. The big chains have ruined this profession and part of me wants to just leave and spill my guts to the media. Conditions are NOT safe.

138	feeling more involved in patient care and more pay	11/27/2021 2:38 PM
139	more techs in stores	11/27/2021 2:16 PM
140	If we had more space, more trained people, better pay, more things for people even if they're just part time.	11/27/2021 12:02 PM
141	If we had more help, its hard doing all that we do now with Covid, we do testing for covid and do shots, we are just overloading with no help, which opens up for errors and customers are so unhappy and dont understand all that we do now. Patient saftey is number one to me as customer service and to be honest we cant give what they need and deserve as a customer. We are overwhelmed and over worked because we are short on pharmacy techs.	11/27/2021 9:31 AM
142	Pay increase! People making cakes and stocking selves on night shift make more than technicians. Shorter work days especially on the weekends when we aren't busy and that way we could have more help during the week when we are busy. Holiday pay. More days off around the holidays or shorter work days. If doctors offices aren't open then pharmacy is slow so we should either be closed or work a shorter day and by short day I don't mean 9-6 I mean 9 to 2 or 3.	11/27/2021 7:27 AM
143	I truly believe that helping the customers is more important than anything else. If I am too busy, I'll stay in the pharmacy, but if I can help a customer without troubling my crew, I will do it. I am no better or worse than my coworkers. We need to support each other whenever possible.	11/27/2021 3:08 AM
144	Learning to give immunizations would lighten the load on an already exhausted pharmacist.	11/27/2021 12:24 AM
145	Free/low cost continuing education towards additional certifications	11/26/2021 8:48 PM
146	More staffing. Too many floater pharmacist from all over the state.	11/26/2021 8:35 PM
147	Better pay...we are the lowest paid in the area	11/26/2021 6:24 PM
148	A more tiered training path with added abilities/pay similar to that of of the nursing STNA/LPN/RN/BSN path	11/26/2021 2:05 PM
149	Have dedicated cashiers and also dedicated personnel to take care of drive-thru.	11/26/2021 10:49 AM
150	the cost of education not being covered by employers	11/26/2021 10:26 AM
151	Management and accountability.	11/26/2021 6:22 AM
152	Higher pay	11/25/2021 7:00 PM
153	I am retiring February 2022.	11/25/2021 6:43 PM
154	managers that actually know how to fairly manage a pharmacy and treat all techs the same, no favoritism or avoiding conflict by ignoring behavior instead of addressing issues	11/25/2021 2:19 PM
155	None	11/25/2021 9:35 AM
156	Ability to show off skills in hopes of career advancement	11/25/2021 8:24 AM
157	Respect from my employer. Treated like a person and not property/a slave.	11/25/2021 8:00 AM
158	Getting out of retail. If corporate would change retail pharmacy, treating us more as the professionals they want. Corporate has RIDICULOUS METRICS!!! Also, corporate just does not care about us employees at all. They say they do, but they don't. If somebody drops dead, they're just replaced without a second thought, but we're still grieving!	11/25/2021 12:25 AM
159	Providing higher pay as we are all burned out. I feel very much disrespected. A Mitchell's Ice Cream employee has a higher wage than us. Provide a 30 min lunch break for all employees. Provide more employee/pharmacist help. Have the office help with Priorities. Coming up with a more efficient system to run scripts and check them.	11/24/2021 11:56 PM
160	Adequate salary for the workload that we are expected to complete	11/24/2021 10:54 PM

Meeting Materials

161	More pharmacists...We need more than 1 pharmacist a day.	11/24/2021 10:23 PM
162	Keeping my good benefits (ex: medical/dental/vision) and generous vacation/paid time off accrual. Strong 401k match and good pay is very important to me. I am a career lead tech here to stay. Love my job but will admit there are obstacles-inpatient/entitled customers, heavy workload with not enough new techs hired on in a timely manner, etc. Covid has changed pharmacy so much. The Covid vaccines should be given at vaccine clinics. It's too much on the pharmacy staff to give good patient care, safely fill precriptions and give hundreds of vaccines a week. The Covid vaccines are pulling us away from managing filling prescriptions in a timely manner. Plus all of the questions, phone calls, interruptions with the vaccines. We tell our patients please make your appointment online they complain, argue, and try to break the rules constantly asking do you have any extra doses? Did someone cancel their appointment? This interrupts the pharmacy workflow and frustrates the staff.	11/24/2021 9:57 PM
163	nothing.	11/24/2021 8:24 PM
164	Higher pay for the amount for work load to stress ration. We are expected to do everything in pharmacy and all the stress that comes with it and barely make a living from it.	11/24/2021 7:36 PM
165	Pay adequate to justify the abuse and intricate understanding of multiple systems required by this career. Also any chance of advancement past the position I was hired into over a decade ago. As it stands this is a dead end job that demands far more than similarly paying jobs that college students work till they sink or swim on their way to a PharmD. You can't hire people for this position because nobody wants to deal with the public while also having to learn dozens of intricacies for this low of pay. Even if they want to try to stick it out for some outlandish reason the staffing issue almost ensures their failure because nobody can show them how to do their job and still keep the pharmacy running. If things don't change soon I'm getting out of here as soon as possible.	11/24/2021 7:18 PM
166	More opportunities to gain certification in other areas	11/24/2021 5:51 PM
167	Greater pay, less micromanagement, not having to take the verbal abuse from pts and enough staff to get things done in a timely manner	11/24/2021 12:51 PM
168	Better pay, more staffing to feel confident and safe, more growth opportunities	11/24/2021 11:46 AM
169	I think the pharmacy techs salary should be increased due to the amount of workload we have.	11/24/2021 11:01 AM
170	Adequate staffing and breaks. Being treated as a human being and not a slave	11/24/2021 10:41 AM
171	Having more staff, that are capable of doing their job, so that everyone else isn't forced to pick up all the slack on top of their already to large work load.	11/24/2021 10:20 AM
172	Pay that matches the work, skills, education, and value of our work. Adequate staffing and training.	11/24/2021 8:16 AM
173	A position to grow into. Day lead tech, lead tech trainer anything besides being just a certified tech and the only job forward is a Pharmacist	11/24/2021 8:04 AM
174	Better pay and more staff	11/24/2021 5:49 AM
175	Better pay	11/24/2021 12:39 AM
176	More training for above	11/23/2021 11:32 PM
177	Making minimum wage with the amount of retail pharmacy work required and expected is a disappointing situation. Making the same amount of money that a McDonald's employee makes —	11/23/2021 11:28 PM
178	Honestly, there is nothing that would ever change my mind to consider remaining a pharmacy technician. Everyone higher up in these retails chains has done so much damage that I could NEVER stay in this field. Not a chance.	11/23/2021 11:18 PM
179	Better pay. The pase of the job. It's so hurry hurry. I love my job but the last year has made it hard to care for my patients. I cut corners trying to get everything done. I have found myself not wanted to get up and go into work. I'm literally talking myself into it anymore. And that isn't the way I want to live my life.	11/23/2021 10:09 PM
180	Fair pay based on experience, knowledge and performance. Kroger raised starting pay to more than I make with 9 years experience. My knowledge and expertise has no value to my	11/23/2021 10:07 PM

Meeting Materials

employer.

181	I wish we weren't pressured to get so much done in such a short amount of time. It feels like we are a fast food restaurant instead of a healthcare facility.	11/23/2021 10:01 PM
182	I've been doing this for over 10 years already. And in the last 18 months I have experienced more stress and less job satisfaction than any other time in my life. The burnout is real. No one wants platitudes or to be called a 'hero' because we couldn't afford to quit our jobs. What we want are the tools and the staffing to do our jobs well. We like helping people. We don't like being rushed to complete something in a slovenly fashion and getting yelled at by people who think we 'just slap a label on it'. It would just be nice for someone, anyone, to recognize the hard work we do. To let us know it's worth it.	11/23/2021 9:30 PM
183	Be recognized as a medical professional and be paid as such.	11/23/2021 9:27 PM
184	Pay	11/23/2021 2:28 PM
185	Na	11/23/2021 1:12 PM
186	Better pay and better management, big chain pharmacies are less concerned about patient and staff safety and more concerned with making a profit.	11/23/2021 12:53 PM
187	Pay raises, opportunity for advancement, more help	11/23/2021 12:18 PM
188	There needs to be a greater chance of advancement in both career and pay. The lack of these has left me completely dissatisfied to the point that I have gone back to school in order to find something better.	11/23/2021 12:01 PM
189	To make enough money to financially support me and my family and to receive the recognition I feel I've earned over the past 5 years	11/23/2021 12:01 PM
190	The ability to do my job with constantly being undermined and thrown extra work by a certain pharmacist who is a bundle of nerves.	11/23/2021 11:58 AM
191	Better pay. More responsibilities and ways to help the pharmacist run the pharmacy. Like taking prescriptions over the phone and giving more immunizations.	11/23/2021 11:05 AM
192	Expanding operations and opportunities.	11/23/2021 9:39 AM
193	OSU is a very good employer; I am excited by the idea of taking classes to further my development of skills in the medical field.	11/23/2021 9:34 AM
194	Adequate staffing would allow us time to learn and grow	11/23/2021 8:49 AM
195	PROPER TRAINING no matter what experience you have; each job is different. Having dedicated trainers is a must. STAFF to fit the need, not getting it under a number on a piece of paper that some high-up people dictate yet have no clue what the need actually is. PAY. We shouldn't be killing ourselves to more work than a pharmacist, yet get paid a fraction of what they do. PLENTY of times a technician has saved a pharmacist's behind because they made a mistake... I know I have and have even had to argue with a few to show that what they were doing was a mistake and could cause HARM to a patient, but because the pride of them would not take the word of a technician and they thought I was "beneath" them, some did it their way and another pharmacist had to correct them. This isn't a one-time instance... I'm SURE most techs can say they saved a pharmacist more than once or twice. WE GO THROUGH A LOT... please keep that in mind. A pharmacy wouldn't run on pharmacists alone. We are the ones that take hard hits, we are the face of the pharmacy while the pharmacists sit in the back in a lot of places. I have worked in mail-order, retail, hospital in-pt, pediatric hospital in-patient, and more. Everywhere I go, I see techs stressed out so much more than those around them.	11/23/2021 8:41 AM
196	Pharmacists need to get over their "I am Pharmacist, hear me roar" mentality that makes experienced techs feel as though they are too stupid to do anything.	11/23/2021 8:23 AM
197	Pay! I'm not being valued when my 16 year old son makes more money at McDonald's than I do to make sure people live their best lives!	11/23/2021 7:06 AM
198	More training, since I started right before the pandemic. Accommodations that allow time for rest/breaks. Fair wages that compensate for skills learned and having the workload of 2-3 technicians.	11/23/2021 6:46 AM
199	Better management of workflow- allowing the hours to staff more techs.	11/23/2021 5:55 AM

Meeting Materials

200	A decent pay increase and respect as professionals.	11/23/2021 5:37 AM
201	Beter pay and benefits I can go work at target and get way better pay and benefits and not have to have a license through the board of pharmacy that I have to keep paying for not the company I work for. Things need to change pharmacy techs and pharmacists are leaving left and right because of everything and we are severely under staffed and exhausted from working so much over the past year with no problems getting fixed such as better pay, more hours , better benefits, it makes it very hard to love your job anymore	11/23/2021 5:27 AM
202	MORE PAY PERIOD. WE ARE DEALING WITH LIVES. I ALSO WORK AT A HOSPITAL THE PAY IS BETTER HOWEVER NOT ENOUGH. WE ARE CONSIDERED AUXILARY STAFF. WE ARE UNDER VALUED FOR WHAT WE DO AS A PROFESSION.	11/23/2021 4:37 AM
203	You can't move up as a tech, even in a big city at a downtown hospital, you can be fully committed to learning or getting any qualifications (but there isn't anything for us). Maybe have techs lead techs through the work flow. Staff pharmacist do not know or have the time to manage techs to make sure techs are doing their jobs to completion. pay. any tech serious about this career quickly get discourage by the pay. it's not even a living wage and with tech shortages popping up more and more. It's sad.	11/23/2021 1:20 AM
204	No COVID test scheduling from 2-3 during the walk in period. That option or making the COVID test schedule appointment go with the schedule appointment with shots, to make it so we aren't overflowed with all tasks at a single time.	11/23/2021 12:07 AM
205	Salary pay, job stability, better benefits	11/22/2021 11:55 PM
206	In my and all of the pharmacy technician opinion, now we as a technician administering vaccines, taking and processing covid testing technician role has grown so much but we get payed no more than a cashier in the grocery store. Most of us have collage degree and very much qualified to do this job . The only problem is very little pay.	11/22/2021 11:53 PM
207	MORE PAY LESS ADDED JOBS! Our pharmacy gave us a dollar raise couple weeks ago. That was all fine untill they dropped the bomb shell of having to covid tests thru the drive thru. Between vaccines every 10 minutes, covid test being administered, on top of us filling 700+ prescriptions a day. We are not able to take care of our patients the way we used to. The amount of errors and mistakes that have happen in pharmacies in the last year and a half is completely ridiculous! It's only going to be happening more as the pharmacies are faced with more and more added jobs! WAKE UP pharmacy board! Get out from behind your desks and visit pharmacies.	11/22/2021 11:30 PM
208	We have a system that should work but we have never had the appropriate amount of help to fill all stations. To be able to actually give each patient the appropriate time without having to finish up another's order who is waiting or answer the phone or someother thing that's waiting in the wing would be great.	11/22/2021 9:42 PM
209	Pharmacists showing respect for my certification. Pharmacist allows techs who are not certified doing tasks they are not legally allowed to do	11/22/2021 9:37 PM
210	I like the increase in oppotunities for pharmacy technicians, I think given the opportunity to grow would make me want to stay.	11/22/2021 8:41 PM
211	Better pay. More staffing.	11/22/2021 8:03 PM
212	Any use of clinical knowledge, within the scope we are able to demonstrate it of course	11/22/2021 8:02 PM
213	Ohio board of pharmacy recognizing Advanced PTCB certifications and allowing senior techs the chance to relieve the pharmacist	11/22/2021 7:48 PM
214	Increase in pay, less phone calls, increase time between vaccine appointments. Increase in experienced staff. Other alternates for dealing with rude customers, such as how to protect ourself as an individual(the main factor for change career).	11/22/2021 7:40 PM
215	Adequate staffing in order to get other pharmacy stuff done.	11/22/2021 7:26 PM
216	More staff or higher pay. The level of stress we incur (both retail and hospital) is insane. With COVID, everybody is much more busy and our patients (customers and nurses on floors) are becoming more and more impatient.	11/22/2021 7:23 PM
217	Mentoring by RPh's and ongoing education/training.	11/22/2021 7:17 PM

Meeting Materials

218	Better pay. More vacation time.	11/22/2021 6:45 PM
219	I would like to be paid fairly. My job has increased demands and added Covid shots and testing without any pay increase. We received one bonus for becoming immunizers but not an increase in pay for it. We now have Covid testing in the drive through scheduled every 15 minutes until 5pm and immunizations scheduled every 10 minutes until 8pm. This added testing and health services had made it impossible to focus on patients prescriptions. The filling process is rushed and we risking making mistakes. My bonus this next year is 35% based on filling prescriptions by a set time. Why are we still tracking this? Why are we being made to track metrics on the time we fill prescriptions when we are being pulled in 3 different directions all day? This is my 21st year as a pharmacy tech and I've never experienced the amount of stress in all years total as I have in the last year. We hire new techs but it takes time to train them and get them up to speed. We're drowning. The pharmacists are drowning. We've added more techs but are still limited in computers, phones, registers. We need more equipment to train these techs.	11/22/2021 6:45 PM
220	Tech pay is poor	11/22/2021 6:41 PM
221	Something being done about the work load. My pharmacy does about 800-1000 scripts a day and we used to be able to keep up. Over the last few months we have sank, we are now 4 days behind and mostly on working expedited scripts when customers come in. Having someone listen to our concerns and ideas to help us such as shortening our hours but we still work and so we can finish scripts or closing the drive thru at certain times. We have 4 to 5 technicians for 7 days worth of work so that means we all work about 6 days and only have 2 techs after 5 but need to be in 4 places. We just need something to give in our favor	11/22/2021 6:40 PM
222	First we deserve more money. Cashier ringing groceries make as much as the pharmacy technicians. We have to register our names and lives with the state board. We can be fired for Hippa violations, Ringing up the wrong medications, filling the medications in bottles. We have peoples lives and information in our hands. Ringing groceries you don't have that kind of responsibilities, but yet we make maybe a dollar more than them. We should be paid at least 25.00 and hour maybe more. If you plan on making technicians give shots then we defiantly deserve more money and better benefits.	11/22/2021 6:40 PM
223	Everyone continuing to grow as a whole and get the work done and make some money	11/22/2021 6:29 PM
224	More training on computer to feel more confident in the pharmacy and how the systems work	11/22/2021 6:00 PM
225	More clinical based decision making	11/22/2021 5:55 PM
226	Na	11/22/2021 5:17 PM
227	Better compensation for the ever increasing tasks/responsibilities. I do believe technicians are beyond capable to take on more work load but would not be successful doing so without more adequate staffing and better compensation.	11/22/2021 5:15 PM
228	Hire more staff, even out the work load for the floor technicians and change the work hours. let first shift be first shift only. (Take away the one week of second shift per month	11/22/2021 4:48 PM
229	Increase pay	11/22/2021 4:35 PM
230	Immunization administration	11/22/2021 4:27 PM
231	Being easy, at my speed.	11/22/2021 4:15 PM
232	Increasing pay and adding paid leave for part timers	11/22/2021 4:01 PM
233	Pay increase to match what's going on in the world	11/22/2021 3:59 PM
234	More staff, higher wages	11/22/2021 3:44 PM
235	Better training	11/22/2021 3:44 PM
236	Having our pay rate increased and having more technicians to run the pharmacy properly	11/22/2021 3:41 PM
237	Proper staffing, safe work environment	11/22/2021 3:17 PM
238	Appropriately compensated	11/22/2021 3:03 PM
239	pay increases on merit as well as time worked	11/22/2021 2:50 PM

Meeting Materials

240	I don't need to grow I just need to do my dam job and ensure I do it safely. I don't need or desire to do immunization, clinical services or script transfers. If you would allow proper pharmacist coverage these things could be done by individuals more suited for such tasks while me and my fellow technicians can perform necessary tasks to assist and ensure smooth and safe pharmacy operations.	11/22/2021 2:39 PM
241	Better pay. Better working conditions. Enough staff	11/22/2021 2:37 PM
242	Simply, enough help and managers that see that	11/22/2021 2:35 PM
243	Adequate staff, less clinical responsibility.	11/22/2021 2:27 PM
244	More room for advancement and higher pay. Extremely underrated and underpaid profession.	11/22/2021 2:01 PM
245	None	11/22/2021 1:54 PM
246	I worked as a pharmacy technician with the same company and same location for 10 years. Of course the job itself comes with a particular amount of stress built into it. I can say that I LOVED my job. The company I worked for, CVS, was never a great company to work for, but my pharmacist and co workers made up for the lack of care and concern that CVS as a company failed to provide. This past year was overwhelming the worst year I had ever experienced. CVS has drastically cut back tech hours while increasing tech and pharmacist responsibilities. We have submitted our grievances with our district managers and through surveys completed by CVS, all these grievances have fallen on deaf ears. The only response ever given is, this is what it is and deal with it. Our pharmacists are completely overwhelmed and stressed and it carries over into their family time, as CVS has direct access to cellphones and require pharmacist to be in calls even during their days off. There is also the atmosphere of hiring people who have zero ambition. At my particular pharmacy there was always 2 techs who would work like dogs to make sure everyone was being taken care of and scripts were being filled, while the other few made a career out of looking busy. This is unacceptable when there is so much work to be done. Combine all of this with the out of control public this year, as people in general are meaner, less patient and feel they have the right to scream at and degrade anyone who they please, is just too much! In my opinion it has taken too long for the pharmacy board to get involved and help those among us who can't help themselves. I ended my career as a pharmacy technician 1 month ago. I can say that it truly saddens me, as I stated before, I loved that job. Not many people can say that, but no one should have to work in these conditions.	11/22/2021 1:46 PM
247	Being able to do more in the role. Freeing up the pharmacist to do other things that we can not do.	11/22/2021 1:45 PM
248	Training, a focused, follow through training for daily tasks	11/22/2021 1:42 PM
249	MUCH better pay.	11/22/2021 1:33 PM
250	better pay	11/22/2021 1:29 PM
251	More pay.	11/22/2021 1:28 PM
252	Better pay, two pharmacists on duty at a time or at least some overlap	11/22/2021 1:25 PM
253	Wages could be better for techs.	11/22/2021 1:06 PM
254	Time management, training	11/22/2021 1:06 PM
255	If our management didn't suck and actually cared about us little people.	11/22/2021 1:02 PM
256	Pay needs to increase across the board.	11/22/2021 12:50 PM
257	money	11/22/2021 12:40 PM
258	MORE COOPERATION FROM PHYSICIAN OFFICES AND STAFF	11/22/2021 12:38 PM
259	Recognition from management. Pay increases. Advancement opportunities. Things that even though short staffing is a huge issue that my hard work is recognized.	11/22/2021 12:37 PM
260	Proper training; having up-to-date software in the workplace and working with an efficient company, staff and management.	11/22/2021 12:33 PM
261	More leadership	11/22/2021 12:32 PM

Meeting Materials

262	Increase in pay	11/22/2021 12:32 PM
263	better pay and staffing	11/22/2021 12:27 PM
264	Nothing I am currently getting a nursing degree	11/22/2021 12:24 PM
265	Look back at question 20	11/22/2021 12:12 PM
266	Being able to vaccinate, and possibly even take prescriptions from prescribers.	11/22/2021 12:07 PM
267	Being paid fairly. There should be a difference in pay for years of experience, not just a cap after x amount of years. Especially to those who have stayed through the pandemic, and continued to stay in such poor working conditions.	11/22/2021 11:54 AM
268	Pharmacists being held to same expectations as technicians in regards to workflow/workplace policies. Better pay. Less nickel and diming by the state just to work the job in the first place.	11/22/2021 11:40 AM
269	A comprehensive program that encourages techs to obtain their PTCB certification and gives them resources to do so Easy access to training resources from home, not just within the store Alloted time specifically for further training each month, to ensure it is completed consistently and on time	11/22/2021 11:38 AM
270	CE credits	11/22/2021 11:23 AM
271	Compensation, benefits, opportunity for advancement	11/22/2021 11:23 AM
272	I am retiring this year after 41 years.	11/22/2021 11:17 AM
273	Less government involvement in patient care	11/22/2021 11:15 AM
274	Proper staffing pharmacist and technicians	11/22/2021 11:11 AM
275	Better staffing upgrading equipment	11/22/2021 11:08 AM
276	additional pharmacy tech opportunities in specialty fields such as drug diversion or at state pharmacy board level	11/22/2021 11:07 AM
277	A company that cares about their employees and their customers equally.	11/22/2021 11:02 AM
278	Na	11/22/2021 10:59 AM
279	My company caring more about pharmacy employees. My company actually trying to get us more help in the pharmacy.	11/22/2021 10:48 AM
280	HIGHER PAY	11/22/2021 10:48 AM
281	Better pay. Better staffing. Less stress.	11/22/2021 10:45 AM
282	The pay matching the hard work	11/22/2021 10:45 AM
283	More pay	11/22/2021 10:41 AM
284	Higher pay for this bullshit scam job.	11/22/2021 10:39 AM
285	I've been a pharmacy technician for 16 years. Over the past 5 years the treatment of pharmacy staff has gone downhill. We're treated as if we're some fast food restaurant and no regard of us being educated healthcare workers.	11/22/2021 10:37 AM
286	Better pay to accommodate the workload, especially now with all the vaccines.	11/22/2021 10:33 AM
287	More employees	11/22/2021 10:28 AM
288	More pay for all of the extra work I do now IE- vaccinations and tests.	11/22/2021 10:25 AM
289	Cost of achieving additional certifications that are offered at ASHP.	11/22/2021 10:24 AM
290	Pay	11/22/2021 10:24 AM
291	More staff, less responsibilities on the individual, less overtime, more time to actually learn how to do things	11/22/2021 10:23 AM
292	Increase in pay and different levels of certified pharmacy Technician	11/22/2021 10:22 AM
293	Better training and equipment.	11/22/2021 10:20 AM

Meeting Materials

294	More time for organizing and task completion for patient safety	11/22/2021 10:19 AM
295	MORE STAFF AND HIGHER PAY THAN \$13 AN HOUR	11/22/2021 10:18 AM
296	The factor preventing me from being certified or moving forward in this carrier , even though I passed my State exams with very good grade is the Toefl exams. I am a foreigner I can communicate very well with customers and co workers. I could have been certified by now and perform some duties at my work place to help decrease work load. At first you could get certified or registered without Toefl but because of the Toefl so many people are leaving the profession.	11/22/2021 10:14 AM
297	Leaving the whole entire career or PAID MORE!!! I would be a pharmacist because the pay and workload is equal.	11/22/2021 10:13 AM
298	Compensation, breaks, using my earned time off	11/22/2021 10:11 AM
299	.	11/22/2021 10:08 AM
300	being paid appropriately for my work, but i know that will never happen because corporations don't care about us, only money :) technicians deserve at least 20/hr for all the things we have to do and deal with. the amount of stress is insane and the pharmacy would not stand without us.	11/22/2021 10:07 AM
301	I think it is too far gone. I have already changed full time careers and will no longer be a technician part time either.	11/22/2021 10:06 AM
302	I would like to see companies and pharmacists take a stronger stand for technicians when it comes to patients verbally berating them or threatening physical harm. I've personally been threatened several times yet those patients continued to fill with my pharmacy afterwards. I understand it's a business and we can't kick out every disgruntled patient, but when they cross that line the safety of the staff should come first and foremost.	11/22/2021 10:05 AM
303	higher pay	11/22/2021 10:04 AM
304	Having more staff/rph on staff so if we need to teach new ppl we can, or get ordering doing n put away in a timely manner. Store managers not running the pharmacy out of not only patience but employees with thing tht arent their concern. Store managers thinking they are untouchable n can verbally abuse pharmacy staff including rph.	11/22/2021 10:02 AM
305	I hope that I am able to do the required training because we are very short staffed	11/22/2021 10:00 AM
306	If we were more staffed and I were able to actually get a chance to learn more. We are barely keeping it afloat and j haven't been able to take a lunch break in months	11/22/2021 9:59 AM
307	Better work schedule, better pay, and a respectful working environment.	11/22/2021 9:59 AM
308	I am a Pharmacy Reimbursement Specialist, CPhT for the last 10 years and have certified for 22 years. I would like to grow to a management position but I don't have a PharmD. I think personal this needs to change.	11/22/2021 9:57 AM
309	Having a fully-staffed team that would allow us to not have to push ourselves to get things done.	11/22/2021 9:55 AM
310	?	11/22/2021 9:55 AM
311	Allowing us to do just a little more counseling with otc meds and such	11/22/2021 9:54 AM
312	Much better pay and real benefits even for part time techs, removal of high and extra fees for CEU's, place pharmacist responsibilities back on the pharmacist.	11/22/2021 9:51 AM
313	None	11/22/2021 9:50 AM
314	Higher pay	11/22/2021 9:49 AM
315	Work with a good group of employees that do their job correctly and efficiently!	11/22/2021 9:49 AM
316	Adequate pay	11/22/2021 9:48 AM
317	PAY, pay us a living wage! skills help techs foster good skills training, don't allow companies to simply train a tech for a few shifts and then leave the, with little support and yes the PAY, pay people a fair wage for their labor!	11/22/2021 9:48 AM

Meeting Materials

318	Minimal chances of changing my career overall, in school for pharmacy.	11/22/2021 9:47 AM
319	.	11/22/2021 9:46 AM
320	N/a	11/22/2021 9:46 AM
321	Pay increase. Benefits. Hours.	11/22/2021 9:45 AM
322	Raises are obviously a huge motivator but also being able to get more certificates and more chances to advance and be able to preform more skills/tasks	11/22/2021 9:43 AM
323	More training for higher levels of being a Tech	11/22/2021 9:39 AM
324	Empathetic and hands-on training rather than on the spot learning, respectful pharmacists, equitable pay/compensation for added roles, enforced lunch breaks, etc. Patients have bad days and that can be mitigated, but the training efforts and respect/positivity level within the pharmacy itself is what led me to find another job.	11/22/2021 9:05 AM
325	Further education in Pharmacy.	11/22/2021 8:15 AM
326	Consistent raises. More responsibility to aid pharmacists. I.e. data entry verification, compounding	11/22/2021 3:44 AM
327	If only we were treated and respected by management like human beings instead of over-worked robots. A lot of concerns we voiced aren't always being heard. The shortages are putting everyone on edge as well, which made matters worst!	11/21/2021 11:48 PM
328	I feel I am at the top of my CPhT career. I work as a Medication Reconciliationist. Med Rec for short, in our local hospital's Emergency Department. I love my job. It is the best pharmacy position I have ever worked in. The only complaint I have is my hourly wage. I have a very important role but the pay does not meet or match my responsibilities. My responsibilities to the patients, to our physicians, to the hospital. I am good at what I do and I spare patient harm and I save millions of dollars in lawsuits from medication errors.	11/21/2021 11:27 PM
329	To be able to sit on some job duties to take some of the wear off the legs and feet.	11/21/2021 10:36 PM
330	increase pay	11/21/2021 10:29 PM
331	Allowing continuing education in person.	11/21/2021 10:26 PM
332	Better organization of resources to study for national certification to become a certified technician	11/21/2021 9:55 PM
333	Pay increases/ better benefits/ better staffing	11/21/2021 9:09 PM
334	Better pay.	11/21/2021 9:09 PM
335	Higher pay and more room for advancement	11/21/2021 9:02 PM
336	A pay raise for a livable wage to compensate for the workload I've had to pick up due to the staffing shortage. Im doing the job of 2 pharmacy technicians for a wage that's barely above minimum wage pay. I have to resort to applying for government assistance for food stamps because I can't comfortably pay my bills and live off of the income for such a hard job.	11/21/2021 8:46 PM
337	Adequate understanding from upper management in any area whether retail or hospital that we are vastly underpaid and underappreciated for the amount of work that we	11/21/2021 7:44 PM
338	Pay increase. For the amount of work and the responsibilities that we have we do not get paid accordingly. Meat cutters, retail supervisors make more money than us and if they make a mistake they do not have the risk of harming/killing someone. They do not have to have any certification register with a board of any sort pass an FBI or BCI background check.	11/21/2021 7:14 PM
339	Better pay. Technology that works like its supposed to.	11/21/2021 6:30 PM
340	Better pay and better respect from management and customers. I understand vaccines are crucial to us helping end the pandemic, but they completely interrupt workflow by taking our only pharmacists attention. If there was a way to have one technician and one pharmacist do just vaccines, it might improve. Or if we were allowed to close for just vaccines for certain hours or vice versa. It would also be helpful if we were not bombarded with clinical metrics to meet daily with pharmacists making phone calls for adherence and 90 day conversions and	11/21/2021 6:12 PM

Meeting Materials

such. Some of those should be doctor office calls or insurance calls, not just the pharmacy making these calls

341	Better training, they (the pharmacists) always say they don't have time for that. Not having to be the cashier and longer breaks. At our pharmacy you only get 15 minutes for 6 HOURS, that is not enough time to refresh and clear your head a minute, you step out only to turn right around and go back, not even enough time to eat something hot! As far as time to train their technicians properly on all positions they would have more time if we(technicians) weren't also required to be cashiers. Let me just say.. I'm not an 18 year old, I've owned my own business for thirty years, and I know how important proper training is, and training for some positions as a tech SHOULD not be rushed thru ! Its not productive and they don't retain the information, because it's to much info to fast.	11/21/2021 4:53 PM
342	Employer paying fees for registration and certification	11/21/2021 4:52 PM
343	if the pay allowed the position to be a career. This is a job, it has always been treated as a job, no employer is actively taking steps towards improving pharmacy technicians. They are only trying to fill positions and pretend to be "competitive".	11/21/2021 4:47 PM
344	Training, either away from place of employment; at home or classroom.	11/21/2021 12:34 PM
345	Fair pay.	11/21/2021 11:35 AM
346	adequate staffing	11/21/2021 11:28 AM
347	Raise in pay	11/21/2021 11:01 AM
348	Opportunity for advancement. I love to learn but I'm hands on. You show me something new, give me 5 minutes and I have it figured out. I've went back to school twice but working and my adhd prevent me from succeeding with "book work" I would love to be able to learn new things and take on more responsibility, with a pay increase. My Pharmacists bust their butts and stick up for the technicians and their workload is absolutely ridiculous right now. I would love to be able to help them.	11/21/2021 9:53 AM
349	Pay structure based on our responsibilities and abilities. Our pay is now almost neck and neck with fast food and grocery stockers. I'm expected to be knowledgeable and experienced to put a needle in someone's arm, or recognize a drug interaction, understand insurance and government programs and laws, but paid as if I'm putting cereal on a shelf.	11/21/2021 8:48 AM
350	More money and more staff. We are under payed. Not enough staff.	11/21/2021 8:05 AM
351	There is no Advancement. Pharmacy tech is as high as you can go at my company. If there were different levels of certification or goals to work towards then there might be incentives to achieve them. At the moment it's all one level, and new responsibilities and tasks are constantly assigned without increased compensation.	11/21/2021 7:50 AM
352	Management talks around technicians and about technicians but does not talk to technicians about their needs and yet continues to shift workload responsibilities from pharmacists & cashiers to technicians. Technicians become the depository for any increased job assignment in the pharmacy with the pay scale being set up to reward only those technicians who will do the clinical responsibilities. Technicians choosing not to give immunizations don't have less work to do but are not valued as highly - yet they do everything those techs do except for the actual immunization. Techs in general are undervalued and underappreciated - not surprising that many are choosing other positions!!!!!!	11/21/2021 5:22 AM
353	Nothing	11/20/2021 11:03 PM
354	Fair treaty	11/20/2021 10:17 PM
355	More help and pay wage.	11/20/2021 9:51 PM
356	Recognition of my accumulated years of pharmacy experience and knowledge.	11/20/2021 8:49 PM
357	None	11/20/2021 8:38 PM
358	Not doing Covid vaccines. More tech help Closing for lunch	11/20/2021 8:35 PM
359	Help moving forward in school as a pharmacist, tuition.	11/20/2021 7:46 PM
360	Less stress and a pay scale that reflects the duties and responsibilities of the job	11/20/2021 7:00 PM

Meeting Materials

361	More help and quicker turn around time on the hiring and training of new technicians.	11/20/2021 6:46 PM
362	Better pay! We are losing staff to pay increases for jobs such as Taco Bell!	11/20/2021 5:58 PM
363	Being able to actually complete my PTU. i have been with my company for over a year and are not even 1/4 done with my classes. I would like to actually get certified. I feel like I am being held back from advancing.	11/20/2021 5:00 PM
364	increased pay. adequate staffing. proper training of new hires.	11/20/2021 4:17 PM
365	STAFFING is the worst issue!!! Provide more classes for the PTCB that are also accepted by the Ohio state board and we'll get more qualified techs in the field!!!	11/20/2021 3:25 PM
366	Once all of the dedicated employees are gone these companies will not survive. We are ready to walk . Good luck pharmacy world .	11/20/2021 2:03 PM
367	Reducing the amount of vaccinations and covid tests that we're administering, even for only a couple days a week, would allow us to do a significantly better job at fulfilling pharmacy duties like filling prescriptions and taking the time to speak with customers.	11/20/2021 1:47 PM
368	pay for years and experience	11/20/2021 1:35 PM
369	I have zero complaints about my coworkers or my job itself. I love them both. But we do over 300 orders per day and only have 3 certified pharmacy technicians hired and one technician trainee. In order for us to get two days a week off that means we only have three technicians scheduled throughout the whole day. Which means that one technician is by themselves for three or four hours in the morning and one technician ends up being by themselves for a few hours in the evening. Not to mention we only have two staff pharmacists and they are completely overwhelmed with the high influx of shots and orders to check and call in prescriptions. It's impossible to stay caught up. It is impossible to give adequate time for each patient and their questions and concerns. It is impossible to guarantee patient safety. We have people constantly upset with us because their orders aren't completed. The phones ring off the hook, literally nonstop. We have no one to answer them. Honestly at this point we would benefit from some sort of call center that can weed out the simple questions about covid vaccines, testing, and scheduling. All in all we are so stressed and burnt out. We have lost four employees in six months. We aren't getting anybody hired in because our position doesn't pay nearly enough. It isn't worth the stress that comes with it. I believe paying 14 an hour starting out could really change things, get people hired in, and act as an incentive to keep them here. At least. Please help us. We are drowning.	11/20/2021 12:18 PM
370	I am will be not changing careers, but i will go to a different company. And hopefully still will work a couple days at Walgreens	11/20/2021 11:50 AM
371	I would be more likely to stay in the my current position if the stress level is decreased, the work load is reevaluated, there is significant increase in pay and more growth opportunities as a career. The job becomes extremely mundane; as it is currently structured, 4+ hours of my day is spent at a register ringing people out while I have so many other tasks that need to be done and done well. Meanwhile, the phone just rings and rings non stop. There is inherent undo stress as there is not enough help or time to complete the needed daily tasks. Currently, every task we do is compromised, as well as patient safety.	11/20/2021 11:22 AM
372	PAY INCREASES!! BETTER TRAINING. Warehouse workers get paid double what we get paid and receive a \$1,000 bonus after training. Right now I'm not worried about adding to our workload, we need to fix our current problems. However, giving vaccine would help the pharmacists and in turn help the technicians but it will also increase our workload at the same time.	11/20/2021 11:22 AM
373	Licensing and training CE or opportunities being sponsored by my company, better pay, better staffing, time given for breaks, better appreciation and recognition given by supervisors and administration, more voice given in decision making processes, acknowledgement of my training and expertise in my daily work.	11/20/2021 10:54 AM
374	N/A	11/20/2021 10:50 AM
375	During the pandemic our pharmacy only had 3 technicians working, that was extremely stressful and took a toll on my physical health as well as my mental health. We were recently able to hire 2 new techs which has helped tremendously. The booster shots have been the biggest overwhelming thing to do on top of regular pharmacy.	11/20/2021 10:49 AM

Meeting Materials

376	I have been a pharmacy technician my entire adult life. It has been an excellent career and provider for my family. I plan to retire in 2022 but if I were younger I would explore some new and exciting things happening with techs.	11/20/2021 10:41 AM
377	Not to be mandated to get the vaccine. Or to be tested weekly. We weren't tested at all in 2020.	11/20/2021 10:36 AM
378	Better pay and better training for new hires	11/20/2021 10:34 AM
379	Make the license longer before renewal	11/20/2021 10:32 AM
380	More opportunities for advancement in the role regardless of practice setting, standardized education, more pay, more appreciation from pharmacists, managers and the state board, more clinical responsibility - this should be focused as a career and not a stepping stone as it has in the past - the industry needs to stop treating us like "just" technicians - individuals are bright, have degrees and don't want to leave pharmacy - start rewarding the loyal.	11/20/2021 10:04 AM
381	Better pay & adequate staffing to start. Pharmacy has become a very stressful job especially over the past 2 years. I have developed health issues because of it. I used to love my job but it has become a negative force in my life. I am in my 19th year with the company and I'm not sure how much longer I can remain in this profession. Sadly, a lot of really good employees have left because of the stress and work conditions.	11/20/2021 9:12 AM
382	Being able to go over courses at work rather than take away from my work life balance which has been decreased by the pandemic	11/20/2021 7:50 AM
383	with the company i'm with they make it easy and affordable to get the continuing education but not sure other companies to that	11/20/2021 7:45 AM
384	Adequate staff, my employer paying for me to train for and obtain additional ptcb certifications such as insurance, med rec, compounding.	11/20/2021 7:29 AM
385	Better rate of pay, more time when training for new tasks. Better staffing.	11/20/2021 7:24 AM
386	More money for the amount of stress and responsibilities we are already taking care of	11/20/2021 6:56 AM
387	Regular raises that keep up with inflation. A higher beginning wage for trainees to be competitive. Paid time outside of patient workflow in order to complete necessary trainings and reviews. Time at the start or end of the workday outside of patient engagement to complete necessary duties such as inventory control and waste management. Hours allotted for one-on-one training.	11/20/2021 3:28 AM
388	More clinical responsibilities and patient interactions	11/20/2021 3:21 AM
389	More staff so we can complete all task and take care of our customers the way we are suppose to.	11/20/2021 2:22 AM
390	Pay. More staff.	11/20/2021 1:13 AM
391	Rotating sections for a chance to keep from burning out stuck in one place. Thank you for allowing us to have a voice	11/20/2021 12:22 AM
392	Pharmacy technician wages need to increase substantially considering the responsibilities we have taken on during this pandemic. This profession needs to be respected as much as a pharmacist. Pharmacist cannot do there job without technicians. This will allow us to grow in the pharmacy world.	11/19/2021 11:46 PM
393	Higher pay, additional resources, more support, and being able to do more preventative vaccines such as other preventative vaccines ex: pneumonia shingles tdap ect	11/19/2021 11:27 PM
394	I am in my last year of college for chemistry so I don't see myself staying as a pharmacy technician for much longer	11/19/2021 11:07 PM
395	Higher wages. Harder workers should get better raises, we should not ALL be making EXACTLY the same amount where I work, that's degrading. I work EXTREMELY hard to get as much done as I can and deserve more than the person talking and wondering around.	11/19/2021 10:48 PM
396	Not being talked down to by other technicians	11/19/2021 10:45 PM
397	The profession of retail pharmacy technicians is sufficient to attract those who then want to do something else with their lives, but have high enough self-esteem to not work in the food	11/19/2021 10:33 PM

service industry. Most co-workers at my location and at other in our chain are younger 18-30 years old using the profession as a springboard to others (pharmacist, medical school, other professions). Increasing pay sufficiently (with increases in responsibility to help balance) would bring the profession closer to a permanent workforce. Also the stools.

398	Adequate pharmacist and technician staffing would make me feel more inclined to stay. It is very very dangerous and unsafe working conditions when you have one technician running the in and out window, answering the phone, doing data entry, filling prescriptions, and doing vaccines. Fatal mistakes can be made when staffing is not adequate, and I don't want to have that on my license or my conscience. I try to ask my management and district manager that I do not feel safe working a high volume store by myself and all I am told to do is suck it up. It's very very stressful and overwhelming.	11/19/2021 10:24 PM
399	Higher pay, I can barely afford to live.	11/19/2021 10:20 PM
400	More Money and Better work-home life balance. Living in the pharmacy and only making enough to pay bills is VERY WRONG.	11/19/2021 10:15 PM
401	Stress caused by lack of staff and burnout. I don't want to grow in this field, because this field has become toxic. I specifically left the retail environment because of the excessive workload from corporate companies, without any pay and without any help. Additionally, the workload and metrics pharmacists are forced to make is dangerous for patient safety. The alternative for not meeting these metrics is termination. That is unacceptable and is disgracefully to the field. The board needs to take a hard and brutal stance against corporate retail pharmacy metrics. Working in the hospital field has been better, but is plagued with staffing issues causing burnout. Hospital patients can't just, "go anywhere else," so hospital technicians need to step up everyday to get the job done.	11/19/2021 10:07 PM
402	Better pay (why should we make the same as fast food workers), better staffing, less hours such as closing at 7 in stead of 9 and no more weekends, and more training.	11/19/2021 9:57 PM
403	Pay	11/19/2021 9:56 PM
404	More pay	11/19/2021 9:04 PM
405	Pay rate increase , better staffing .	11/19/2021 8:57 PM
406	More education	11/19/2021 8:55 PM
407	Better pay and individualized one on one training.	11/19/2021 8:53 PM
408	Better pay	11/19/2021 8:47 PM
409	Reduce the fee to get licensed and registered. Maybe put the pharmacy staff first by requiring mandatory staffing, breaks and lunches, reducing pharmacy hours when the pharmacy is short staffed. YOU and your organization have the power to change this abusive retail pharmacy culture	11/19/2021 8:34 PM
410	Time to properly train	11/19/2021 8:28 PM
411	Merit and performance based raises that are above the rate of inflation to accommodate an actual increase in my lifestyle. A 2% raise when costs gonupn4% and no cap on pay.	11/19/2021 8:26 PM
412	I'm not changing careers because I'll Almost 60	11/19/2021 8:23 PM
413	Proper Staffing.	11/19/2021 8:21 PM
414	Better way to organize the prescriptions and the medications to pull, put away.	11/19/2021 8:14 PM
415	Clear educational pathways, incentives or grants to further grow that pathway or make it more accessible to folks.	11/19/2021 8:11 PM
416	I love my job and helping people. However we are constantly gaining responsibility and and no additional time to accomplish it. Too many new rules and restrictions and laws you can't enjoy your job and customers. The stress makes you wonder if you wouldn't be better off elsewhere.	11/19/2021 8:11 PM
417	Advanced certifications	11/19/2021 7:38 PM
418	None this is not a career anymore. It's a job that requires no training before hand and customers think we just stick a label on it. Goodrx has made life impossible because of the commercials making customers think we just push a button to change the price. We don't	11/19/2021 7:09 PM

have the time and most staff start with zero knowledge. Not to mention that cashiers at target make more per hour than someone who has to learn how insurance works, 200+ medications both brand and generic, sig code, cashiering is ridiculous. One of the most challenging fields with the least respect from everyone but fellow technicians and the occasional pharmacist.

419	Pay	11/19/2021 6:59 PM
420	Pay increase. More staff.	11/19/2021 6:51 PM
421	Being able to advance and to make more money.... Pharmacy Technicians when they enter a job there is really no advancements for higher pay. You are just stuck in the same place basically unless you find somewhere else that's gonna at \$1 or \$2 more but then your stuck there afterwards.	11/19/2021 6:45 PM
422	Pay. The job we do is not equal to what we are paid.	11/19/2021 6:41 PM
423	Not being mandated a Vaccine that I personally don't want to receive; better resources to continue medication reconciliation;	11/19/2021 6:41 PM
424	Increase in hourly pay and better benefits. We work in healthcare and our health benefits are frankly pathetic.	11/19/2021 6:39 PM
425	Pharmacy techs do not get compensated enough. Our rolls/responsibilities keep expanding yet the pay does not reflect this. There is also no incentive to obtain additional certifications (ex: sterile compounding, immunizations, medication reconciliation). Pharmacy technicians keep absorbing many of the responsibilities that have historically belonged to the pharmacist. My local chik fil a is advertising a starting pay that is more than what I make an hour. It's a bit degrading at this point. I have been a certification pharmacy technician for over 10 years and I am very proud to say so. But the lack of pay is the worst part. We are the backbone of the pharmacy and I wish we were compensated as such.	11/19/2021 6:36 PM
426	I am currently retired from a hospital pharmacy after almost 32 years of service! Didn't like being retired so I re-entered the work force in retail pharmacy! Love my job, just hate that there is one pharmacist who refuses to learn anything & has very limited knowledge of how insurance works/medicare/medicaid! Very frustrating but she is near retirement being 66 years of age!	11/19/2021 6:00 PM
427	Compensation for stress levels during busy times	11/19/2021 5:44 PM
428	I would love to have more pharmacists on staff- techs can only do so much and it falls on the pharmacists to do two work flow items like pre verification and verification, counseling, vaccines, answering questions, etc At "full staff", we have one person at each tech station. I believe at least one more technician would be all the difference, to help take the back flow. Automated systems that don't confuse customers- we changed automated systems and customers will "call in" meds and not have them ready because the automated system failed or didn't understand	11/19/2021 5:37 PM
429	Increased pay equivalent to the amount of responsibility we bear.	11/19/2021 5:37 PM
430	having adequate staffing, time to train new employees who and able to take extra time if needed so the new employees don't get overwhelmed and just leave. some of the new employees have only stayed a couple of months. very frustrating to train for people to leave.	11/19/2021 4:59 PM
431	Scheduling better suited shifts and not being constantly a glorified cashier!	11/19/2021 4:57 PM
432	Better pay, I feel that pharmacy technicians are underpaid and I work at the hospital. The smaller and corporate pharmacies around my area are making at starting 20 dollars but at the hospital, we are either making 16 or maxing at 20 dollars that is even being certified and registered too. The trainees make 11.90 starting out but at CVS they are starting at 16 and other places have even raised to match it but SOMC refuses to raise our wages.	11/19/2021 4:37 PM
433	A larger staff and a simpler way for dealing with insurance companies	11/19/2021 4:33 PM
434	A desk job would be nice. I am nearing retirement and I'm tired.	11/19/2021 3:34 PM
435	Na	11/19/2021 3:33 PM
436	Better pay!	11/19/2021 3:21 PM
437	We need more staff (techs and rphs) and certified techs should have more responsibilities like	11/19/2021 3:10 PM

Meeting Materials

immunizations, mixing reconstitutions and compounding.

438	Mandatory breaks, ample staff, fair pay, better benefits, paid time off, chances for advancement and further education, more support from management	11/19/2021 3:07 PM
439	Increase pay and growth opportunity. Work from home processing possibly. My boss received an email from his boss showing pay rates for someone with my experience and credentials. I wasn't even at the minimal with 10 years experience in the company and a few years experience after that. They gave me \$1. I'm still below the minimal. When addressed about this my district managers response was "we will wait and see". Basically let's see if more people quit before we decide to actually pay our techs what they deserve. We are doing more than ever and to know that we aren't being paid at least average, is unacceptable. There needs to be a higher standard for not just certified techs like myself. But all techs. We do more and more clinical work than ever. Nurses make appropriate pay to do a lot less than we do now. This is unacceptable. Let certified techs vaccinate. Limit how many vaccines we are forced to do a day by these greedy companies. And force them to pay us better. Or your profession will continue to fall apart. Your people are drowning and suffering in the pharmacy profession. It's become a joke monetized by greedy corporations.	11/19/2021 2:52 PM
440	Adequate staffing to allow for proper breaks and less stress	11/19/2021 2:47 PM
441	paid online education to get further into career	11/19/2021 2:10 PM
442	major overhaul of how to run a pharmacy	11/19/2021 1:48 PM
443	Adding a teared pharmacy tech role at my place of employment.	11/19/2021 1:33 PM
444	Pay is a big factor. 20 years in this profession and can't hit \$20.00 per hour in retail pharmacy.	11/19/2021 1:31 PM
445	I have been a technician for 6 years and it only seems to stay the same or get worse so at this point the only factors that would keep me in pharmacy long term are better pay, opportunities for advancement, and a less stressful environment. I am currently looking to leave the profession entirely due to these same reasons.	11/19/2021 1:30 PM
446	More advanced roles	11/19/2021 1:28 PM
447	I would like for the upper management (not my immediate supervisor who is great but also overwhelmed) to at least acknowledge that the business models they keep advocating have set our profession up for the difficulties we are having to deal with now. Their indifference to concerns about the very subjects that are a part of this survey are the main reason so many pharmacy employees are reconsidering and/or regretting (especially pharmacists) their career choices.	11/19/2021 1:23 PM
448	We need to be paid more for dealing with the stress we do. Metrics are also a huge problem. The numbers we have to reach while also trying to keep up with filling prescriptions is ridiculous. Everyone is trying to get things done quickly and the pharmacy is suffering things are constantly being lost because we don't have time to put things away correctly	11/19/2021 12:56 PM
449	Proper training and compensation for new techs so they will actually stay with the company	11/19/2021 12:34 PM
450	Certified Sterile Prep Tech program offered to all of us at our workplace	11/19/2021 12:08 PM
451	Pay and ample room for advancement. Roles currently earmarked for technicians are disappearing and are now PharmD required, with the same tasks previously done by technicians.	11/19/2021 11:59 AM
452	More qualified staff would certainly help. Regulations or standards of behavior for patients that outline acceptable and unacceptable actions or language and therefore also outline consequences of unacceptable behavior.	11/19/2021 11:56 AM
453	Take on more supervision role	11/19/2021 11:55 AM
454	Payyyyyyy us more	11/19/2021 11:54 AM
455	We need raises	11/19/2021 11:52 AM
456	Different levels of technicians. Example: tech 1,2,3,4 or junior tech senior tech.	11/19/2021 11:32 AM
457	Consistent protocols through the industry	11/19/2021 11:05 AM
458	More chances for growth and advancement and quicker movement within the companies	11/19/2021 10:58 AM

Meeting Materials

459	Create a balanced atmosphere with clear expectations and accountability to perform; provide tools / resources to successfully complete the job; provide training during during slower times of day instead of in the heat of the battle.	11/19/2021 10:52 AM
460	not sure	11/19/2021 10:50 AM
461	I would like some advancement. Something beyond lead tech. Give us options to further our careers without becoming pharmacist. Make a new branch of pharmacy.	11/19/2021 10:45 AM
462	Compensation reflective of the professional skills and liabilities that are required.	11/19/2021 10:45 AM
463	The pharmacist I work with is wonderful. He is training me well. His manager could care less about how things go..we are understaffed with no breaks	11/19/2021 10:43 AM
464	Money. Advancement. Money. A techs starting pay is \$14-16. Here is what Amazon starting pay is. No way I would want to be a tech with all the responsibilities and stress. \$17-45/Hr - Hiring Immediately Amazon Jobs Now Hiring	11/19/2021 10:28 AM
465	In addition to job advancement and more chances of pay increase. Most techs barely make above minimum wage it's complete and utter bullshit for the amount of responsibilities we ensure. Speaking from my work experience the pharmacists are lazy and aren't technologically savvy. The pharmacists at my pharmacy primarily just check prescriptions, counsel some patients, and take care of controlled substances that's about it. The techs do all the cycle counts, data entry, pill counting, waiting on customers, answer the phones, etc. I think chains and independent pharmacies should value their technicians more and find ways to keep them.	11/19/2021 10:27 AM
466	I am currently studying to get my certification but do not have time to take the classes to complete training due to lack of help and other employees not finishing their tasks.	11/19/2021 10:13 AM
467	Yearly raises. I haven't had a raise in over 5 years.	11/19/2021 9:59 AM
468	Support from employer by providing educational tools and classes for state certification . Better raises and bonus incentives for employees.	11/19/2021 9:58 AM
469	More timely classroom training.	11/19/2021 9:54 AM
470	N/A	11/19/2021 9:51 AM
471	education and recognition from management.	11/19/2021 9:48 AM
472	The pharmacist/ technician relationship has always been cloudy. We are not valued because we lack the degree to gain recognition from the pharmacists. Until that changes we will always be treated like gum stuck to their shoes.	11/19/2021 9:48 AM
473	Practice Certified Pharmacy Technician test through hired job	11/19/2021 9:36 AM
474	The pharmacist to tech ratio there has been barely any pharmacist overlap which I can tell stresses not only us techs out but the pharmacists	11/19/2021 9:26 AM
475	Ability to do more to help with patient care, but also training from the board to show the particular technician is qualified/competent to do the task at hand.	11/19/2021 9:22 AM
476	Allowing me more time to interact with my patients and be able to provide more help rather than rushing because we are so busy all the time.	11/19/2021 9:20 AM
477	Greater pay, we are making the same amount as fast food employees, that should never happen with health care workers. We don't get paid enough at all for what we do and they keep adding responsibilities with lesser pay...not very encouraging.	11/19/2021 9:15 AM
478	More money	11/19/2021 9:14 AM
479	Increase pay and moral at all pharmacies. People do not understand the stress but love for the job at the same time.	11/19/2021 9:12 AM
480	More Education on billing especially Medicare. Further education on specialty drugs	11/19/2021 9:11 AM
481	More certificate programs and recognition of extra certifications in the workplace, ie sterile compounding certified and other PTCB credentials being offered currently.	11/19/2021 9:02 AM
482	additional staffing, additional compensation	11/19/2021 9:01 AM
483	Regular pay increases or performance- based raises. I have not heard of anyone making as	11/19/2021 8:57 AM

Meeting Materials

much money as they deserve in this profession.

484	more staff and more pay	11/19/2021 8:57 AM
485	Maybe pay me more money an hour, offer me a better position, hiring more technicians, not having people schedule vaccines every 10 minutes. It takes at least 15-20 minutes to complete the process because the people don't have their right information or vaccine card. Not enough time in between patients. Not good patient safety. My pharmacist are stressed out because they have to give covid vaccine and flu . Every 10 minutes. Then I don't have anyone to check my prescriptions and then my drive thru gets backed up etc. People are piled up in the waiting area. Not practicing social distancing. So very bad at store level makes me want to go get a different job altogether because we are overwhelmed, overworked, under paid, & not appreciated by patients or the company. Sadly. Me & 2 other co-workers had to take leaves due to mental health / physical issues and the relationship with our job & its high demand, of pulling us each & every direction. We are dropping like flies.	11/19/2021 8:55 AM
486	Increased pay and working computers	11/19/2021 8:53 AM
487	N/a	11/19/2021 8:45 AM
488	Our compensation needs to increase significantly. Our role has expanded so much in the last 20 years, but compensation has not grown to reflect this.	11/19/2021 8:32 AM
489	Salary/better pay	11/19/2021 8:28 AM
490	Better pay and hours. I'm getting \$18/hour to get kicked in the gut every single day. I'm working 12 hour days, 6 day weeks with a single half hour lunch break that I work through every day. and that's just to keep us afloat, not even get us ahead. It's simply not sustainable and I'm going to lose my mind and burnout so fast.	11/19/2021 8:24 AM
491	All co workers helping each other & not taking a back seat to work needing done. This is a big part of why I want to leave this position	11/19/2021 8:21 AM
492	To be able to finish my training.	11/19/2021 8:19 AM
493	More training before customer interaction. Bulleted lists/workplace maps/step-by-step guidelines for common processes.	11/19/2021 8:16 AM
494	More respect and fair treatment from management and staff. Increased pay.	11/19/2021 8:13 AM
495	A larger pharmacy, it's too crowded to work in such a small space with other workers, always bumping into each other, no space to unload and sort drug shipments, more counter space for bagging, compounding and an area specifically for vaccinations, updated drive-thru equipment and automated prescription refill systems.	11/19/2021 8:11 AM
496	Continuing education in a clinical setting , perhaps even an associate type degree for better pay .	11/19/2021 8:07 AM
497	I would like to see the public treat us the in the same manner of their physicians and other health care professionals, instead of like fast food drive through workers.	11/19/2021 8:05 AM
498	I would like to advance to production	11/19/2021 8:03 AM
499	I am retired - this is a just a part time job - I like being busy, which it is.	11/19/2021 7:53 AM
500	Favoritism has been an issue within the pharmacy by the store manager. Therefore it is difficult to grow. The pharmacy mgr and store mgr do not agree on patient care and the metrics are unrealistic!!! The metrics do not focus on quality and have a large margin of error. This entire reporting structure and the number of techs per pharmacists needs to change. There is no way a store manager should oversee or have the pharmacy report to a store manager. The district manager is also not a pharmacist and it definitely alters to way we have to treat our patients. Unfortunately the patients suffer big time and all errors are not reported in an effort make the metrics better. Overall the entire big box pharmacy is dangerous.	11/19/2021 7:50 AM
501	No vaccine mandate	11/19/2021 7:43 AM
502	Pay and more co workers	11/19/2021 7:42 AM
503	I would be more likely to stay in the career if the continuing education was offered free as it is to the pharmacist. I would be more likely to stay in the career if the pay scales match the responsibilities of the job.	11/19/2021 7:38 AM

Meeting Materials

504	None. While at my new place of employment, things are much different then when I worked for CVS, just the elite-ism from the staff that has been there for years is rubbing me the wrong way. It like, I got myself out of a completely horrible place that I couldn't even take a break to go to the bathroom, now I'm being treated as if I don't even know what I'm doing, or worthy of doing the full scope of my abilities because those with seniority look down on me. The things we tolerate.	11/19/2021 7:33 AM
505	proper staffing and investing in current technology. CVS hires staff for flu shot season and then removes all the extra hours and leaves staff the fight over meager hours.	11/19/2021 7:30 AM
506	I want what I have worked so hard for but keep getting told it's not going to happen	11/19/2021 7:27 AM
507	Less testing or no testing. Not doing children for the Covid vaccine. Nicer customers, and a set schedule/ knowing what days you'll have off, also having the staff to help	11/19/2021 7:25 AM
508	Yearly raises based on our performance	11/19/2021 7:20 AM
509	Higher pay scale.	11/19/2021 7:17 AM
510	Continue learning new technology	11/19/2021 7:11 AM
511	better pay, better training	11/19/2021 7:10 AM
512	Better pay!!	11/19/2021 7:05 AM
513	Pay increases. We all have to be Certified by more than one entity and currently I'm seeing kids getting jobs & getting paid more than I am currently. Makes one become discouraged. I feel we play an important roll in this industry but are not compensated.	11/19/2021 6:58 AM
514	The challenge of a pharmacy technician career as that there is very limited upward mobility. In truth, it is more of a job, than a career - with no options to grow beyond the basic job of a tech.	11/19/2021 6:54 AM
515	easier training in all the areas	11/19/2021 6:42 AM
516	Just a chance to eat and sit once in a 12 hour shift. Maybe drink some water without feeling guilty.	11/19/2021 6:39 AM
517	Better pay.	11/19/2021 6:39 AM
518	Better pay, more training opportunities	11/19/2021 6:28 AM
519	Being able to serve the customer more through MTM and more Clinical responsibility.	11/19/2021 6:26 AM
520	get paid more for being state certified and current	11/19/2021 6:21 AM
521	It would be nice if pharmacy technicians were treated like real healthcare workers and not baggers or cashier's at most retail chains. Most technicians pay tops out only marginally higher than a store clerk, but often much less than management or customer service advocates. It just doesn't make sense. These are the people working and helping fill thousands of scripts per week that could not be safely done without the training and experience to do so. Feeling like you have an insurmountable workload, high stress, and receiving little pay in return doesn't really entice people to stay. The people that do, have to deal with high turnover rate of new hires. They quit when they realize getting paid a paltry sum for the amount of work required isn't worth it. Working at a gas station is more lucrative for most new people. This situation increases stress and burns out the senior technicians with lots of experience. Some quit, some do not. But the talent pool is limited for replacement and workloads shift dramatically when a senior tech is lost. Watching entire stores fall apart due to losing technicians should show you how important our job is.	11/19/2021 6:13 AM
522	Better pay, protection from verbal and physical harassment or violence, adequate staffing	11/19/2021 6:10 AM
523	Different opportunities, so many settings to work in , mail order , hospital , retail , etc	11/19/2021 6:03 AM
524	I'm tired of being pushed by corporate and non pharmacy managers to sell programs. I am here to dispense medication safely	11/19/2021 5:51 AM
525	More pay. If we have more duties we should be closer to pharmacists in pay not making a fourth of what they do.	11/19/2021 5:42 AM
526	Pay scale!	11/19/2021 5:35 AM

Meeting Materials

527	Better pay. Feeling like I was appreciated by my employer and customers. Sufficient staffing and division of work load management. Sufficient software and ability to focus on one task at a time.	11/19/2021 5:17 AM
528	N/a	11/19/2021 5:04 AM
529	NA	11/19/2021 4:23 AM
530	Lack of time due to additional workload from vaccinations prevents better on the job training.	11/19/2021 4:03 AM
531	I think there should some courses for us to do in order to advance our career to other level.	11/19/2021 3:58 AM
532	n/a	11/19/2021 3:22 AM
533	All states having reciprocity with each other if technicians are nationally certified.	11/19/2021 2:58 AM
534	Being able to move up with higher pay is a big necessity. Also being given opportunities to manage pharmacy organizations (a pharmacist is not always necessary for business management side). Pay right now is trash compared to the stress we have to deal with, and there is really no realistic upward projection. That's why I've decided I'm going back to school to leave the technician field. Having rules that requires more people or adequate staffing would also help, because my chain is bleeding people due to low pay/management choices and it doesn't seem like they care because they are saving money on wages.	11/19/2021 2:55 AM
535	At this point I'm so stressed it's becoming hazard to my health not to mention the patients. Fast food chains are paying more than technicians make.	11/19/2021 2:32 AM
536	Higher pay, standardized workflow, staffing requirements, explicit prioritization of pharmacy-related tasks in retail pharmacies (no more ringing out people's chips while my queue turns red), mandatory breaks (leave no room for being peer-pressured and guilted into not eating for eight hours), and a standard of up-to-date technology.	11/19/2021 2:25 AM
537	More money.	11/19/2021 2:03 AM
538	Corporate pulling their fucking heads out of their asses and sending people down to store level to actually help!! But they would rather sit up in their fucking offices, bitching and complaining about how we're not doing our jobs, when we're the ones that are busting our asses to the point of exhaustion, so they can take their yearly fucking trip to Fiji!!!!'	11/19/2021 1:56 AM
539	Micromanagement and Pharmacist feeling as though they're above doing Technician duties makes me want to get out. Of course, better compensation for Techs especially Certified now Registered Techs would be motivation for remaining in the field.	11/19/2021 1:20 AM
540	N/A	11/19/2021 1:00 AM
541	Better pay and benefits. More hands on training in addition to the individual online training at the start of the job.	11/19/2021 12:52 AM
542	better pay-we have to maintain a license and a certification and most places start at less than \$15-I can make burritos at Chipotle with less stress, no education and the same pay. demand a better pharmacist to tech ratio-example: 1 pharmacist has to have 2 techs, technician hours a company has to give is based on scripts per hour, I personally left retail due to hostile conditions, moved to hospital and LOVE it.	11/19/2021 12:48 AM
543	Better pay Opportunity for advancement	11/19/2021 12:46 AM
544	More reward systems, pay increase, chances of role advancement.	11/19/2021 12:45 AM
545	not having a salary cap	11/19/2021 12:44 AM
546	Being able to focus and improve in a line of responsibilities and be more specialized rather than work on everything at the same time	11/19/2021 12:27 AM
547	Increase in pay, paid time off, feeling valued by the company. Having a less stressful work environment. What is it going to take for pharmacist to be allowed to have a break? Why are pharmacist working without overlap checking over 400 scripts and Covid shots, flu shots, required counseling, answering questions and taking verbal orders. What other profession is worked like this? This is not safe for patients not the pharmacist.	11/19/2021 12:13 AM
548	Having the right amount of training and staffing to do the job effectively and efficiently.	11/19/2021 12:08 AM

Meeting Materials

549	Being able to be trained on the things that I still don't know, insurance, third party etc...	11/18/2021 11:51 PM
550	Better/more training	11/18/2021 11:50 PM
551	Peaceful and fun climate of active listeners from all walks of life, caring and sharing the work load with cultural sensitivity.	11/18/2021 11:48 PM
552	I would like to see technician to pharmacist staffing ratios as a requirement and not a suggestion. With the workload increasing and staff becoming slimmer I feel a mandatory pharmacist to technician ratio is required. Working 12+ hours with one technician and one pharmacist is not safe. This would incentivize large corporations to allow us to schedule our staff appropriately and not based on "how much the budget says we can". This will reduce medication errors, improve patient satisfaction, allow us to properly train new staff members as well as preventing current ones from burnout. I love working in pharmacy, but without mandatory staffing ratios drugs will continue to expire within the pharmacy walls since we have no staff to pull the outdated medication. Patients will continue going without their medication since I currently do not have the staff to call their doctor/insurance company. Corporate will continue to push metrics and not patient safety. Staff will continue to become burnt out and choose new careers.	11/18/2021 11:44 PM
553	Specializations, such as OR or Cancer Center that you can work specifically for rather than being bounced around from main pharmacy to other areas for coverage.	11/18/2021 11:43 PM
554	More trust	11/18/2021 11:36 PM
555	Becoming lead technician	11/18/2021 11:14 PM
556	Increase the pay to make it an option to make a living off of. You can literally go flip burgers for more money and pharmacy is part of the health care team so it should be similar pay to other health care professions. Creation of programs to where you can work and advance to become a pharmacist or senior pharmacy technician with more responsibilities using on the job experience instead of traditional PharmD programs through universities.	11/18/2021 11:12 PM
557	Better pay, more help, shorter hours of operation, closing for lunch breaks	11/18/2021 11:12 PM
558	None. I refuse to continue working as a pharmacy technician in a retail setting. Hospital settings are not easy but at least the expectations are realistic. CVS has made me a very angry person. It has gotten to the point that I immediately have a drink the moment I get home from every shift. The workload is too high, and continuously increasing, while they continue cutting technician hours because we're unable to meet their metrics demand. This is counterintuitive. We're not meeting them because we don't have enough help. There is no respect given to technicians and the pay is not even close to being enough to be worth put up with these issues. It is barely enough to survive, forcing us to work more hours. We cannot live like this.	11/18/2021 11:10 PM
559	Incentives for training	11/18/2021 11:09 PM
560	The ability to factor in mine and my coworkers safety from harassing/threatening/violent patients; ie. firing them as patients. Increased pay, better benefits, not treating patients like customers. There is a difference because patients are not always right and do not necessarily understand or comprehend what is going on behind the scenes. Having corporate give them a \$25 gift card whenever we refuse their early C2 fill is hurting us! Get rid of big chain District Managers from BOP that are influencing decisions.	11/18/2021 11:04 PM
561	Being paid more. Because honestly I love my job. I hate what it's become. I dont feel like I'm helping the patients anymore, I feel like I'm only helping the company and that feels wrong.	11/18/2021 10:57 PM
562	higher wages, career advancement within the pharmacy are two main reasons for me wanting no longer be a tech	11/18/2021 10:57 PM
563	Higher pay is the biggest thing that would help me grow as a Pharmacy Technician. Currently fast food workers are making substantially more than Pharmacy Techs and I think that it is very unfair since we go through a lot more, and harder training. We deal with people's personal health information and essential medications, but someone who flips burgers makes more than us.	11/18/2021 10:52 PM
564	Pay bump for all the techs that stuck through the pandemic and worked a large amount of overtime to make up for the lack in help.	11/18/2021 10:48 PM

565	More opportunities to be certified in specific areas (adherence/compliance, immunosuppressives, cgrp, cancer) in addition to our CPHT license.	11/18/2021 10:46 PM
566	In general, technicians are paid too little given the great responsibility in dealing with medications (not to mention the large number of medication errors that occur every year). Technicians do not have any career advancement opportunities and are worn down in having to deal with deplorable expectations. The high turnover of technicians and the burnout of retail pharmacists is an embarrassment to the profession of pharmacy. They should be paid a minimum given the specialized training and pharmacies need an established number of required personnel to be able to function given how busy a location is whether that be on number of scripts processed or otherwise. A large chain pharmacy for a period of time (and likely will again) expect one person to staff 2 drive thru lanes alternating between each lane. Practices like this in healthcare are wrong and do lead to medication errors. Pharmacists are well trained and have the ability to exercise judgment whether that be to take extra time to look up drug information before performing a drug utilization review regardless of metrics (to some extent). However, ever increasing workplace pressures on technicians (who are high school graduates and are not trained to think so much as to just do) is a safety concern which the board has failed to address thus far and should take action. The first step in solving any problem is realizing there is one.... even if it is late in the process.	11/18/2021 10:46 PM
567	THE OPPORTUNITY TO INVESTIGATE OTHER PHARMACY SETTINGS BY FLOATING TO FILL IN GAPS AT PHARMACY LOCATIONS THAT NEED EXTRA SUPPORT ON HEAVY DEMAND DAYS.	11/18/2021 10:45 PM
568	Better pay/benefits, being a respected part of the team esp by pharmacists	11/18/2021 10:44 PM
569	Better pay	11/18/2021 10:42 PM
570	More staff and staff that want work not make excuses	11/18/2021 10:36 PM
571	Pay us better. We are stressed, overworked, understaffed, yelled at in a daily basis. Pay us better than \$11 an hour	11/18/2021 10:28 PM
572	Starting the process of certified technician and vaccinator	11/18/2021 10:27 PM
573	Paying the technicians what they deserve and stop paying the higher up corporate people all of the money when they are not the ones doing any of the work.	11/18/2021 10:26 PM
574	i have quit my job at Walgreens and am retiring. my experience at this profession has been good when i worked at a non profit but horrible at this retail branch. serious under staffing at the pharmacist position in most stores.	11/18/2021 10:19 PM
575	Proper/adequate staffing. More hours means more help and the ability to accomplish more tasks and training.	11/18/2021 10:16 PM
576	Advancement opportunities and incentives & overall higher pay. We are currently suffering a technician shortage and higher pay would drive retention.	11/18/2021 10:16 PM
577	We. Need. More. TECHS. Hospital seems to base our allowance of staff based on the number of orders verified, which is a completely ridiculous metric to base technician staff upon. Staffed less at night due to supposed less work, which isn't true. Many open positions, cannot fill them. Just feels like no help is coming. Retail technician pay rates are ridiculously low, based on the harassment they get, especially during the pandemic.	11/18/2021 10:15 PM
578	Higher pay due to the intense work load we are taking on with the little amount of people we have employed. More learning opportunities - Paid of course! Better vacation time offers, bonuses because we work HARD and that should reflect in the willingness to allow for downtime and mental health breaks.	11/18/2021 10:14 PM
579	Better pay	11/18/2021 10:10 PM
580	Increase pay. There are people making as much as technicians working at fast food restaurants. I'll go make French fries for equal or greater pay with a lot less stress. More staffing. Less work drowning the pharmacists and technicians.	11/18/2021 10:10 PM
581	Better pay and better advancement opportunities	11/18/2021 10:08 PM
582	Better work environment. Staffing has to be better. The amount of work place mistreatment that goes unnoticed because of understaffing issues, is awful.	11/18/2021 10:06 PM

Meeting Materials

583	Pay increase. Without that I'm likely to leave this career.	11/18/2021 10:03 PM
584	Higher pay	11/18/2021 10:02 PM
585	I love this field and I've been a technician since I was 18 years old. I want more responsibilities and want to continue to help people in new ways like giving vaccinations and anything else I can do.	11/18/2021 10:00 PM
586	Having duties rotated more regularly: data entry, dispensing, releasing, etc. It would be nice to do more than releasing to patients each shift.	11/18/2021 10:00 PM
587	greater autonomy, pay increases, opportunity for clinical advancement other than pharm-intern	11/18/2021 9:56 PM
588	Chances for growth and adequate pay increases.	11/18/2021 9:56 PM
589	Allow me to grow: none Minimize my chance of leaving: increase in labor budget THEN increase in pay	11/18/2021 9:55 PM
590	pay increase	11/18/2021 9:54 PM
591	n/a	11/18/2021 9:48 PM
592	Company that cares to grow us and incentivizes us to not change careers.	11/18/2021 9:46 PM
593	On hand class that allows us to understand better then watching something on a computer.	11/18/2021 9:44 PM
594	Having more higher paying rolls	11/18/2021 9:44 PM
595	Really am interested in a dispensary setting however benefits are lacking in that area of pharmacy. Years ago started out basic wages and now at same point that new hires are coming in at. Tenure and experience should offset wage as well as incentive to keep people from leaving. We should have higher wages than new hires especially for a large company.	11/18/2021 9:44 PM
596	Increased pay and benefits	11/18/2021 9:44 PM
597	Training, Training, training.	11/18/2021 9:44 PM
598	Having a team that can communicate with each other and have respect for one another. People who train the new hires, act as if they don't want to be bothered with questions.	11/18/2021 9:38 PM
599	Pay raise, adequate staffing	11/18/2021 9:36 PM
600	The average pay does not reflect the time, continuing education, and responsibility required as a pharmacy technician.	11/18/2021 9:36 PM
601	More pay(\$18 +/hr), longer lunch breaks (longer than thirty minutes), and the scheduling for faccines to at least every fifteen to twenty minutes.	11/18/2021 9:28 PM
602	Higher increase in pay!! More staffing hours for pharmacists and technicians!!	11/18/2021 9:27 PM
603	it is getting better. how ever cost of staffing is getting higher. Its harder to get people qualified, evan getting people.... pharماسist... we run short staff... when one person is sick... we often run short staffed. i feel the environment has gotten so difficult that people wont call in(expecially pharماسist) when there sick. the enviornment doesnt suite well for peoples vacation....EXMP.... I have been there so long...I get 3 weeks for vacation...lucky if i get 1 week a yea. I have done this last three years	11/18/2021 9:26 PM
604	More training	11/18/2021 9:25 PM
605	More PTCB classes (through Walgreens)	11/18/2021 9:24 PM
606	better pay, benefits, and better management that doesn't belittle and harass technicians	11/18/2021 9:20 PM
607	Better pay, better staffing.	11/18/2021 9:19 PM
608	Better pay to compensate the level of responsibility that a technician such as myself with 27 years and I'm Also certified to immunize has to carry.	11/18/2021 9:18 PM
609	Not being mandated to wear a mask or get any vaccines and to be treated equally amongst coworkers for any personal health choices I may make.	11/18/2021 9:12 PM
610	A raise.... Please	11/18/2021 9:09 PM

Meeting Materials

611	Increased pay, opportunities for advancement, clinical knowledge	11/18/2021 9:05 PM
612	Pay increase and more staff.	11/18/2021 9:03 PM
613	More management opportunities, a role that bridges the clinical role between a Pharmacist and Technician. More money / scholarship available for Pharmacy Technicians to go to Pharmacy school.	11/18/2021 9:02 PM
614	A chair. I'm dead serious.	11/18/2021 8:59 PM
615	Higher pay. More support from corporate level.	11/18/2021 8:59 PM
616	More staff to do the large amount of work. Also a pay increase since we have such a large amount of responsibilities and we give Covid and flu shots. The amount of profit pharmacies bring in is largely because of technicians and they deserve more.	11/18/2021 8:57 PM
617	Whenever I receive training (due to the current work load and lack of staff) it is done fast and furiously and I don't feel that I am able to properly absorb and thus retain the info I've learned.	11/18/2021 8:57 PM
618	Pay and clinical work.	11/18/2021 8:54 PM
619	An increase in pay would be a good start. Better training on even the little thing would be great. More staff and overlap for our pharmacists. They are stressed to the max also.	11/18/2021 8:53 PM
620	Better pay, better schedule for having worked with the same employer for over 12 years=seniority,	11/18/2021 8:51 PM
621	Not having family members of management working with us. There is definite favoritism, which is the only downfall to my place of employment	11/18/2021 8:50 PM
622	Working together more as co-workers and being on each other's side. Teamwork needs to be practiced more. Pharmacy Technicians need to have a higher salary, more appreciation, and better schedule.	11/18/2021 8:50 PM
623	Training on new medications and various other tasks (medication management, tech check tech, INR/anticoag, etc).	11/18/2021 8:50 PM
624	Better staffing. It is too difficult to hire and properly train new employees.	11/18/2021 8:45 PM
625	Pay rate should be upgraded	11/18/2021 8:45 PM
626	having chairs, a larger workspace, more staff, updated technology that actually works	11/18/2021 8:44 PM
627	Being able to train on the job to become a pharmacist would increase my interest in staying in this field of work	11/18/2021 8:43 PM
628	Adequate staffing and better technology that is actually reliable enough to properly do our jobs.	11/18/2021 8:42 PM
629	Same as question 20 it's not the job.	11/18/2021 8:39 PM
630	The recognition that the pharmacy technician role really has become an actual profession and the proper pay to reflect that. Day in and day out we are responsible for handling medications; something that if done incorrectly, can be a matter of life or death. We have to maintain CE, register with the state board, and continue to evolve our role in the pharmacy; yet the majority of us live paycheck to paycheck. Would you like to be a certified technician making less an hour than the high school kid across the street working the fast food joint? The recognition and pay needs to change. The level of responsibility now, it's getting to the point that it's just about not worth it anymore.	11/18/2021 8:39 PM
631	Pay increase	11/18/2021 8:38 PM
632	Higher pay, commensurate to the CEO - he received a 6 million bonus last year!	11/18/2021 8:36 PM
633	Require technician to have take mandated breaks when working more than a certain amount of hours.	11/18/2021 8:35 PM
634	I'm going to school to be a nurse, so nothing	11/18/2021 8:35 PM
635	More tech staff in general especially those able to work in hospitals. The board of pharmacy registration has caused a shortage in the work force that created some of the stress we have today.	11/18/2021 8:34 PM

Meeting Materials

636	More technician help	11/18/2021 8:33 PM
637	More clinical	11/18/2021 8:32 PM
638	Competitive pay. Overall pharmacy technician deserves better pay. At least 1/3 of what pharmacist makes. Min \$25 at retail.	11/18/2021 8:29 PM
639	Better pay	11/18/2021 8:26 PM
640	Better training	11/18/2021 8:26 PM
641	More help	11/18/2021 8:24 PM
642	Having more boundaries set at retail pharmacy level. Patients are often harassing and are disrespectful about the time it takes to keep up with our volume	11/18/2021 8:24 PM
643	More money	11/18/2021 8:22 PM
644	Not working 60 hrs a week and having the ability to actually go back to school	11/18/2021 8:21 PM
645	More appreciation for technicians, pay raises that match the amount of work we do, more competent management, more staffing, less workload in each day (such as 40 phone calls per day or scheduling shots every 5 minutes)	11/18/2021 8:20 PM
646	Better pay	11/18/2021 8:20 PM
647	Better training	11/18/2021 8:20 PM
648	Pay	11/18/2021 8:18 PM
649	It would be nice to be rewarded for the the abundant amount of work we do. We make sure the pharmacy runs and functions. With little pay, rude customers yelling and cussing at you. Especially since the Corona virus, thee amount of vaccinating and covid testing going on, on top of running a pharmacy and being short staffed is very upsetting.	11/18/2021 8:16 PM
650	More time for training	11/18/2021 8:14 PM
651	We need more pharmacists and technicians so we can actually look forward to coming to work. The burn out is constantly growing and taking its toll on all of us.	11/18/2021 8:13 PM
652	More pharmacies to divide the growing patient base	11/18/2021 8:12 PM
653	Get certified sooner 6 months	11/18/2021 8:12 PM
654	More money	11/18/2021 8:11 PM
655	Better compensation for all the work we do. We have to be certified in the state of Ohio (which isn't free to acquire) and our jobs are far more serious and strenuous than being a cashier at some random retail store. there is a lot of stress in the role of a pharmacy technician, especially retail pharmacy. why should i stay in this field if I could go flip burgers or scan things for more money than I make now and less stress? Without techs, all the work falls on pharmacists who, to be quite frank, just stand there and make sure what meds we put in the vial match the meds displayed on a computer screen yet they make 6 figures while i'm living less than paycheck to paycheck. i can easily google drug interactions and learn about a drug and honestly, have had several pharmacy managers do just that.	11/18/2021 8:09 PM
656	More pay. More responsibility should come with more pay. Have been approved to do vaccines & haven't gotten any permanent pay increase. Our job requires maintaining licenses, patient safety, clinical care, making sure patients receive accurate medications. A lot goes into what we do , yet we are paid equal to or sometimes less than other jobs that require less training & don't require professional license to maintain the job. The pharmacy world is changing & there are so many things that need re-evaluated.	11/18/2021 8:08 PM
657	I have completed nursing school, waiting to take my state boards . Love my job as a pharmacy technician but the workload now is overwhelming!!	11/18/2021 8:07 PM
658	Better pay, more respect from patients and pharmacists	11/18/2021 8:07 PM
659	Increased salary	11/18/2021 8:06 PM
660	Respectful non micromanaging managers would be nice and way better pay and benefits. There are people in retail making as much or more per hour than a "certified pharmacy	11/18/2021 8:04 PM

Meeting Materials

technician” with the amount of stress that technicians endure that is very frustrating.

661	Respect from corporate & being able to provide feedback that our employer actually does something about.	11/18/2021 8:04 PM
662	Being more appreciated by patients/the public for the outstanding amount of work our industry has done during the pandemic.	11/18/2021 8:03 PM
663	Better pay	11/18/2021 8:03 PM
664	The pay just is not up to par with the duties required. In the past two years I received a 0.25 cent raise. Very short staffed all the time. We can't keep any new hires cause we don't earn enough or have enough training time.	11/18/2021 8:02 PM
665	I'm in school for another career.	11/18/2021 8:00 PM
666	The entire healthcare system would need to change its focus. Too much emphasis on medication and “quick fixes” like vaccines and not enough on quality food, sleep, and movement.	11/18/2021 7:59 PM
667	More pay to match current responsibilities and certification	11/18/2021 7:59 PM
668	Better pay, recognition, better hours for more family time. We help the community and put ourselves at risk everyday and nobody appreciates or recognizes anything we do.	11/18/2021 7:58 PM
669	Pharmacists need to be more willing to except our roles in the pharmacy besides just having us ring up customers all the time. Customers enjoy pharmacists interacting with them, not just technicians	11/18/2021 7:58 PM
670	Room for growth and opportunities for increased pay without having to go back to school for another 4-7 years for a doctorate.	11/18/2021 7:58 PM
671	Rate of pay to low for the responsibility of this job! Fast food workers and store clerks making the same or sometimes more, not acceptable.	11/18/2021 7:58 PM
672	Better wages for the amount of work that we do.	11/18/2021 7:57 PM
673	Adequate staffing. Each position has taken on more and more work over the last two years with no extra help. We are compounding more narcotics than we ever have. Many drugs are on back order and have had start compounding those are well.	11/18/2021 7:55 PM
674	Just better pay. I can make more at McDonald's	11/18/2021 7:54 PM
675	Better pay, better benefits! We as technicians do a great deal of the work of daily operations and I feel it's a kick in the face for the pay we receive	11/18/2021 7:52 PM
676	Better pay, more room to move up into higher positions, and job benefits	11/18/2021 7:52 PM
677	I'd like to see technicians rise to a more respected position in the eyes of the general public. We are educated, capable, and just as essential to patient safety as a pharmacist is. We are literally on the front lines of the pharmacy and are responsible for many tasks - often at once, and should be compensated as such. We are long overdue as a society to recognize that this is not an entry level position serving as a stepping stone to something bigger and better. I believe there is an incredible unrealized value if career technicians become the norm. I'd like to see more pharmacies incentivise this and draw out the full potential a technician has.	11/18/2021 7:51 PM
678	An absolute massive pay raise. More actual sick days, better benefits, more flexibility from employers on time off.	11/18/2021 7:49 PM
679	People who actually want to do their job and care more than just about themselves	11/18/2021 7:45 PM
680	Being fully staffed and better pay	11/18/2021 7:42 PM
681	For a employer to have more benefits and pay raise for tech doing vaccines and covid testing	11/18/2021 7:42 PM
682	Work from home opportunity	11/18/2021 7:40 PM
683	More money without the need to have more certification in order to advance at my career.	11/18/2021 7:40 PM
684	More places to train and teach Pharmacy Techs for today's workforce	11/18/2021 7:39 PM
685	More responsibilities and better pay rate	11/18/2021 7:39 PM

Meeting Materials

686	Proper training and incentive for advancing and receiving more pay	11/18/2021 7:38 PM
687	None	11/18/2021 7:35 PM
688	Training, civility of patients, pharmacy closed on holidays	11/18/2021 7:35 PM
689	Need to set how many prescriptions in the state of Ohio a pharmacist can verify. Need to have more technicians in the store instead of bear minimum. To many other duties to do, and pressured by management if not done. I could go on and on.	11/18/2021 7:34 PM
690	Off site training opportunities. 95% of my training was hands on, during the start and height of the pandemic. There was no time to do computer learning activities and programs efficiently. If you were physically present in the pharmacy you were pulled into "working" even when scheduled to do ELearning.	11/18/2021 7:33 PM
691	Work-place stability and consistency.	11/18/2021 7:29 PM
692	I feel employers should take advantage of employees' individual skills and personalities instead of expecting everyone to be the same. The benefits would be surprising!	11/18/2021 7:26 PM
693	staffing increase technicians and pharmacists	11/18/2021 7:25 PM
694	Higher pay and way way more coworkers on each shift	11/18/2021 7:24 PM
695	Management who was willing to listen to ideas and implement them. Management who treated all associates the same with no favoritism.	11/18/2021 7:23 PM
696	Having responsible and strong Lead technicians, fair work practices, Being trained and able to advance	11/18/2021 7:21 PM
697	Reduced workload and better pay	11/18/2021 7:17 PM
698	I'm going to retire!	11/18/2021 7:16 PM
699	Compensation absolutely needs to keep up with the current rate of inflation and increasing cost of living. Currently it is not. I am making plans to switch career paths as a result.	11/18/2021 7:16 PM
700	Competitive wages and benefits	11/18/2021 7:15 PM
701	Treat pharmacy technicians like nursing programs where there are multiple levels and room to be promoted within retail and hospital environments. Give a clear path of steps toward becoming a pharmacist instead of the major education gap	11/18/2021 7:14 PM
702	Higher staffing and higher pay for the job we have to do	11/18/2021 7:13 PM
703	Adequate compensation for the amount of time and knowledge put into this career on a consistent basis. I feel an individual that is responsible for peoples lives should be able to live a comfortable life. We as certified technicians are responsible for almost as much as a pharmacist, but have an enormous gap in our rate of compensation. Putting your entire life into a career and never getting anywhere is not a boost for one's morale.	11/18/2021 7:12 PM
704	Competitive wages would be a major factor. I on the whole enjoy the work and the patient interaction but knowing that an increasing range of jobs are paying more without the kind of responsibilities attached to them make me question continuing in field long term.	11/18/2021 7:09 PM
705	Better pay, and somewhere else to work. I hate it here and wish I could find a better job as a tech	11/18/2021 7:07 PM
706	Na	11/18/2021 7:07 PM
707	Being a pharmacy instead of a immunization clinic so we can provide adequate service for people waiting on medication instead of them waiting for someone to get an immunization.	11/18/2021 7:07 PM
708	Better pay. Management that enforces the rules that they have in place.	11/18/2021 7:05 PM
709	Getting the help you need in training without feeling like you are a pain	11/18/2021 7:05 PM
710	Better training	11/18/2021 7:04 PM
711	Appreciation	11/18/2021 7:04 PM
712	The stress from all the vaccination requirements being pushed back to doctors and clinics.	11/18/2021 7:02 PM

Meeting Materials

713	Nothing, I started college 6 years after graduating high school because I knew I needed out. What started as a wonderful fulfilling job has turned into a day time nightmare	11/18/2021 7:01 PM
714	Being treated as an actual person and not just a body. This is the ultimate torture.	11/18/2021 7:01 PM
715	Better pay considering the responsibilities of the position	11/18/2021 7:00 PM
716	I've been going pharmacy for 13 years , not going anywhere . In order to bring more people to this career it would be nice to have a pharmacy technician board or organization . And increase pay if there are multiple licensure and certificates need as workload increased	11/18/2021 6:59 PM
717	Raise in pay - More training and help	11/18/2021 6:59 PM
718	They is no higher position available in retail other than CPHT or Lead Tech which doesn't pay much	11/18/2021 6:56 PM
719	Having enough support staff. We are always short.	11/18/2021 6:55 PM
720	Better training, less emphasis on metrics	11/18/2021 6:55 PM
721	increased pay	11/18/2021 6:54 PM
722	two pharmacists all day and a tech at every station. that would help.	11/18/2021 6:48 PM
723	Better pay	11/18/2021 6:46 PM
724	None	11/18/2021 6:46 PM
725	Fair pay related to our strong knowledge base. We may not have a degree but our knowledge is critical.	11/18/2021 6:44 PM
726	The ability to move up in the industry would keep me in my role	11/18/2021 6:44 PM
727	More money	11/18/2021 6:43 PM
728	Just let us be a pharmacy not a health care clinic	11/18/2021 6:42 PM
729	It is hard to grow as a pharmacy technician when no one ever teachers or explains things to you when you ask questions. When I was hired I was not trained at all. I shadowed someone for one day and then was left on my own. When I had questions people would help me but never explain how they solved the problem. My pharmacy is always understaffed that it causes so much stress on everyone and everyone is in a bad mood and mean to each other. Technicians are simply underpaid and unhappy.	11/18/2021 6:41 PM
730	I've invested 17 years to this field. So I'm not starting over but I truly hate the direction it has gone.	11/18/2021 6:41 PM
731	Suitable working conditions that do not put patients at risk of medication errors and lower are risk of violence or harassment from frustrated patients.	11/18/2021 6:39 PM
732	Going to inpatient pharmacy. Unless something big changes with PBMs and reimbursement and DIR fees which could enable independents to stay alive. My pharmacy closes their door for the last time in eleven months. I love my job and patients. Hate the money factors that keep me from helping them. It's impossible to stay alive when you're paid \$0.35 for aspirin and \$150,000 is clawed back on the back end.	11/18/2021 6:38 PM
733	Higher pay, better coverage to allow accurate script fills, and better coverage for mental health care.	11/18/2021 6:38 PM
734	The pay grade should be higher with every certification you achieve.	11/18/2021 6:37 PM
735	A minimizing of additional tasks. Better pay. Better staffing. Removal of many vaccine metrics from the work place.	11/18/2021 6:35 PM
736	Better management and better teamwork amongst different shifts, as oppose to, making it a competition amongst the shifts.	11/18/2021 6:35 PM
737	Work from home , have worked from home for around 2 years , I feel my quality and quantity, and patient care are among the highest they have been in my 30 year career	11/18/2021 6:33 PM
738	Better pay abs more support	11/18/2021 6:33 PM

Meeting Materials

739	Higher wages	11/18/2021 6:32 PM
740	Being patient is key when your new in it	11/18/2021 6:29 PM
741	competitive pay	11/18/2021 6:28 PM
742	More opportunities to move into different areas of pharmacy, maybe certification options for additional duties	11/18/2021 6:26 PM
743	Getting paid the same as an RN because they have a college degree and still don't know what the fuck they're doing. Require a 4 year degree for technicians and pay them \$30 to start and maybe you'd get some qualified workers in the field.	11/18/2021 6:25 PM
744	More tiered technician roles and also if my company would pay for more training and/tests beyond CPHT	11/18/2021 6:25 PM
745	Increased pay	11/18/2021 6:24 PM
746	Training	11/18/2021 6:22 PM
747	Increase in staffing and hours, increase in pay, increase in benefits, increase in pharmacist hours, and decrease in patient entitlement.	11/18/2021 6:21 PM
748	Need to have a PAID minimum of one hour lunch (currently is unpaid 30 minute and that is HIGHLY unfair), and 2 MANDATORY PAID 15 minute breaks per 8 hour shift.	11/18/2021 6:17 PM
749	Follow up training. And having those who make the guidelines actually step foot into a pharmacy.	11/18/2021 6:15 PM
750	More respect for the amount and kind of work we do. Pay to reflect that.	11/18/2021 6:15 PM
751	Being able to work towards with classes and such to further education. As a tech to like intern. If there was seminars or classes and jazz that techs could get a certificate for further education.	11/18/2021 6:13 PM
752	Basically the entire industry would have to change to actually benefit patients and their Healthcare. Without a major systematic or upper level management change, the stress is going to keep building towards a system wide, universal collapse of the industry and the people who work in it.	11/18/2021 6:12 PM
753	Adequate staffing and a livable wage	11/18/2021 6:12 PM
754	I love working as a pharmacy tech... when I'm not trying to do three people's worth of work because we're so understaffed and the new techs are extremely undertrained because we just don't have the experienced staff to adequately train them	11/18/2021 6:12 PM
755	More positions to advance without requiring a degree	11/18/2021 6:10 PM
756	Salary higher	11/18/2021 6:10 PM
757	Higher pay.	11/18/2021 6:10 PM
758	Compensation	11/18/2021 6:09 PM
759	NA	11/18/2021 6:09 PM
760	Training to become certified	11/18/2021 6:08 PM
761	More pay. They just gave everyone a raise but my work load also has went up.	11/18/2021 6:07 PM
762	Quit paying for all the extra certifications	11/18/2021 6:06 PM
763	n/a	11/18/2021 6:04 PM
764	If there were proper treatment and a little less work load.	11/18/2021 6:04 PM
765	My pay is only 11 dollars, so an increase in pay would be nice. Also being able to do other things than just sit at the register.	11/18/2021 6:04 PM
766	Putting a pharmacist to tech ratio into place and a cap on how many prescriptions in a day can be checked by one pharmacist.	11/18/2021 6:02 PM
767	More support in form of more technicians per shift- it's essentially impossible to focus on	11/18/2021 6:02 PM

Meeting Materials

future goals if it's just me and a pharmacist.

768	Higher pay	11/18/2021 6:01 PM
769	38 years in this business, I'm not going any where.	11/18/2021 6:01 PM
770	Career opportunity placement.	11/18/2021 5:59 PM
771	Modification of Recommendation of Job Duty for me personally. I need a Work At Home Pharmacy Technician position at this time.	11/18/2021 5:59 PM
772	This has become a toxic environment everyone is dissatisfied, over worked and under paid and for the amount of training should be paid better than fast food. People are rude and angry and impatient and it makes for an awful workplace.	11/18/2021 5:55 PM
773	Better pay.	11/18/2021 5:54 PM
774	I love it except third party is so annoying and stresses me out and makes customers angry	11/18/2021 5:54 PM
775	Higher pay	11/18/2021 5:52 PM
776	More money	11/18/2021 5:51 PM
777	If technicians were held to the same level of respect as pharmacists.	11/18/2021 5:51 PM
778	Being recognized for the hard work over completely different tasks not included in my job duties.	11/18/2021 5:51 PM
779	Pay..... we are not nearly compensated enough compared to pharmacists and we are constantly taking on more as well and trying to lessen their work as they take on more	11/18/2021 5:50 PM
780	More help, better hours, maybe a 15 m break sometime before or after lunch instead of just a 30m lunch or a hour lunch	11/18/2021 5:49 PM
781	Less work load so I can actually learn new or study higher level aspects or my job	11/18/2021 5:49 PM
782	better pay	11/18/2021 5:48 PM
783	Reliable co workers	11/18/2021 5:46 PM
784	Getting certified may help me expand what I am able to do in my job if I worked else where. Not much for advancements in my current job	11/18/2021 5:45 PM
785	Fair pay and raises based on actual merit instead of favoritism. Many pharmacies boast cliques that rival any high school. Favorites get the good schedule, etc.	11/18/2021 5:44 PM
786	The lack of leadership positions and ability to "move up" is discouraging as a pharmacy technician. Also, the pay for pharmacy technicians is not equal to the responsibility, workload, and required knowledge and training required of pharmacy technicians.	11/18/2021 5:43 PM
787	Better communication district leaders involved and corporate actually doing something to help us through this pandemic	11/18/2021 5:42 PM
788	Rampant corporatization is ruining healthcare. Pharmacies are Pushing away from patient centered care to shift the focus to PROFIT. If the upper management could understand we are treading water, barely able to fulfill vaccines let alone prescriptions. Yet more responsibility is laid every day, on fewer and fewer employees.	11/18/2021 5:42 PM
789	The amount of work we are expected to do coupled with the poor pay don't make for a good environment. We've been on the front lines during this entire pandemic, making sure people are taken care of and able to get their medication on time. We need to return our focus to the patients and less the clinical side of things. Our errors will be greatly reduced, our patients happy and in turn return workers to our pharmacies.	11/18/2021 5:42 PM
790	My bosses like seniority over knowledge, but the company is going to pay for my schooling. So it would be stupid for me to leave. So I'm going to leave, my department. I'm studying to be a nurse where I will make a lot more money, be a lot more respected (a few of my pharmacists have treated me like I'm stupid, it happens ALOT), have a better work schedule (working 3 day 12 hour shifts over 5 day 8 hours, yes please!) and I will get more time with my family. I guess I should say thanks to my bosses for not giving me the promotion I applied to twice, or I never would have of gone to nursing school. Had I gotten the promotion, I would have happily stayed	11/18/2021 5:41 PM

where I was and retired eventually as a pharmacy technician. I hope you like honesty, because you got it here with me. you always will.

791	Be given a good amount of pay. I received a 0.25 cent raise recently... and with the way patients have been acting towards us because we are low staffed, I'd rather be paid more. It's frustrating when my company puts so much effort into hiring new people by promising good pays and bonuses, but me (and my other coworkers who have been stuck through the pandemic) are given the bare minimum "thanks".	11/18/2021 5:40 PM
792	Better pay.	11/18/2021 5:40 PM
793	Advancement	11/18/2021 5:39 PM
794	Better training	11/18/2021 5:37 PM
795	Increased pay	11/18/2021 5:37 PM
796	Unionization better labor laws and stiffer fines for workplace abuses from management/corporate	11/18/2021 5:36 PM
797	Increase in pay to go along with inflation, responsibilities, knowledge and liability. The base pay has not kept up.	11/18/2021 5:35 PM
798	Higher pay	11/18/2021 5:35 PM
799	Better pay	11/18/2021 5:34 PM
800	I am within 3 years of retirement. At this point, there is very little I would or can change. What the new kids need to learn is that presenting themselves with rainbow colored hair, facial piercings and excessive tattoos as well as sloppy clothing does not make for a professional appearance and in the long run will limit them despite how good of a technician they may be. And with more education, certification and registrations going on, the pharmacists need to start showing a little more respect for the work we do. It is a two-way street, and too often the pharmacists don't understand just what the technician is responsible for in my setting. I feel they should KNOW: it is their license on the line and they spent a long time getting it.	11/18/2021 5:33 PM
801	Respect from pharmacists and other healthcare professionals, we are not Burger King cashiers. Fair pay that reflects the increasing responsibilities (immunizing, mtm, etc), we are not simply cashiers or secretaries anymore. Opportunities for advancement into specialized areas of pharmacy, we are not just pill counters anymore. It is insulting to be paid minimum wage, and not be considered as a healthcare professional. If you want cashiers, hire a cashier and the pharmacists can do everything on their own. We can get paid more money, with better hours and working conditions in other careers, so why should we commit to being treated as though we are inferior, simple minded cashiers.	11/18/2021 5:32 PM
802	I am leaving to become a nurse so that I can have more patient interaction and use my knowledge to help them.	11/18/2021 5:32 PM
803	Recognition of certifications through job advancement or increase of salary	11/18/2021 5:31 PM
804	Pay increase.	11/18/2021 5:30 PM
805	Higher wages more employees in the pharmacy at all times . You can't run a pharmacy with 1 tech and a pharmacist	11/18/2021 5:30 PM
806	Having a management team that values having experienced technicians. The team where I work is not supportive in mentoring technicians. The pay is ridiculously low compared to other hospitals in the region.	11/18/2021 5:29 PM
807	Less pressure from corporate management to put more workload on individual stores by shutting down offices that handle medicine synchronization and clinical issues ie 90 day supply, adherence, ect while giving no training on how the software works	11/18/2021 5:28 PM
808	How are retail pharmacies still allowed to legally pay their technicians such terrible base pays? No wonder there is such high turnover rates! The hard work and patient care and interaction is more than a 2 second consultation from the pharmacist. Technicians are a safeguard and should be rewarded as such. It's no wonder many are trying to move on to hospital pharmacy employment. Mandate a strong livable wage; pay us like we are the licensed and certified technicians we are.	11/18/2021 5:28 PM

Meeting Materials

809	If the amount of prescriptions increases the company needs to hire more technicians to compensate. This should be codified due to patient safety and my feelings that I cannot take the time I need to ensure the safety of what I am sending to patients.	11/18/2021 5:26 PM
810	More money! I had to go back to school so I can make enough money to support my children. I just now got a raise after putting in my notice. And it's barely comparable to other, less important positions	11/18/2021 5:26 PM
811	More availability of certificate classes to obtain my ADV-CPhT	11/18/2021 5:26 PM
812	The pay needs to be more in line with the job requirements. There are companies that pay so much more with much less responsibility	11/18/2021 5:26 PM
813	Better pay	11/18/2021 5:25 PM
814	Advanced certifications and skills that actually bring about higher compensation	11/18/2021 5:23 PM
815	A living wage, ie. Higher pay	11/18/2021 5:23 PM
816	More money and more people to help	11/18/2021 5:22 PM
817	Limitations on technicians to the point of them mentally falling apart. I just graduated with a AAS BMHM and I understand all the changes and needs but I feel like I would rather help people in another way then just behind a counter. I worked full time, worked 40 plus at my pharmacy, had to help teach my kids all during the pandemic and we get nothing but more stress and most of us can barely cover most of our childcare and extra food since they were always home. So more help and more money wont fix everything but it will help tremendously.	11/18/2021 5:20 PM
818	Incentive to become certified, instead of remaining registered	11/18/2021 5:20 PM
819	Better pay, recognizing how much the technician does in the pharmacies.	11/18/2021 5:18 PM
820	Pay raises. Being paid a livable wage. More opportunities for education and training to specialize.	11/18/2021 5:17 PM
821	Higher pay. I have been here for 3 years and am making as much as a new hire	11/18/2021 5:17 PM
822	I think they need to commit to higher salaries for technicians across the board.	11/18/2021 5:16 PM
823	A substantial increase in pay and NO 2nd shift, NO 3rd shift and NO weekends!! 1st shift M-F only!!!	11/18/2021 5:16 PM
824	Adequate staffing in locations	11/18/2021 5:15 PM
825	Hands on training when dealing with insurance or any training. Better ways to define meds in like a quick category type book or quick link.	11/18/2021 5:15 PM
826	More money less stress better hours	11/18/2021 5:14 PM
827	Overworked and underpaid. I'll be looking for a job in a new field as soon as I graduate	11/18/2021 5:14 PM
828	A higher Pay rate with the amount of work we do and the time we spend working to help our pharmacy team to catch up on tasks	11/18/2021 5:14 PM
829	The workload is too demanding to even consider learning anything new at this time.	11/18/2021 5:14 PM
830	Better pay, more technicians working at a time and if something were done about rude customers that would be nice. Customers should not be allowed to be hateful and rude and cuss at us. It is getting really bad.	11/18/2021 5:14 PM
831	ADEQUATE PAY	11/18/2021 5:13 PM
832	The addition of some qualified technicians/pharmacists who actually want to work and not just do the minimum necessary to collect paycheck.	11/18/2021 5:13 PM
833	Better pay, I can go work flipping burgers, making about what I am making, dealing with patients lively hood. We have to pay for school, to stay certified, and to be registered with the state. Most definitely should be making more money.	11/18/2021 5:13 PM
834	Better money	11/18/2021 5:12 PM
835	A fair wage for the amount of workload we are expected to perform. Reimbursement or use of	11/18/2021 5:11 PM

Meeting Materials

workplace education allowance for certificates provided by licensing agencies.

836	Better training, less stressful environment	11/18/2021 5:09 PM
837	More opportunities for growth and advancement that would allow for better pay and incentives (weekends and holidays off, etc)	11/18/2021 5:09 PM
838	More advancement	11/18/2021 5:07 PM
839	Actually getting to learn the job and not just cashing out customers	11/18/2021 5:06 PM
840	Better raise	11/18/2021 5:06 PM
841	If there was a role to grow into, right now a tech who has 10 years is on the same level as a tech who has 2 years. Currently no career development or even a role for the techs to grow into.	11/18/2021 5:05 PM
842	Definitely pay increase.	11/18/2021 5:05 PM
843	Adequate pay	11/18/2021 5:05 PM
844	Higher pay, benefits, fully staffed store, not have to apply for a new license every year... maybe every 4 like a driver's license.	11/18/2021 5:04 PM
845	More chances in improving wage	11/18/2021 5:04 PM
846	more certificates	11/18/2021 5:03 PM
847	More trained staff. Pharmacists willing to answer the phone or wait on a customer	11/18/2021 5:03 PM
848	More pay.	11/18/2021 5:02 PM
849	More techs in the work place but how are you going to make that happen? People are not applying for jobs!	11/18/2021 5:02 PM
850	If we have to go back to the office, and cannot work from home permanently. I would do anything to continue working from home even if it meant that I had to choose a different career path that meant changing professions from pharmacy technician to any other career that works from home. If the board of pharmacy made us go back to the pharmacy/ office I would immediately start looking for a new job. I have been certified from ptcb for 8 years and just got my billing and reimbursement certificate from ptcb. I would not hesitate to put my pharmacy career on hold my new priority is working from home.	11/18/2021 5:01 PM
851	New MANAGEMENT	11/18/2021 5:01 PM
852	Treat us and pay us as licensed professionals who are required to have hours of study to renew their license. I shouldn't see a sign at a drive thru fast food restaurant (requiring no education or experience) offering to pay more than I make. I am not inferior to the pharmacist. I am a colleague of the pharmacist. Technicians are not just cashiers who count drugs. We are valuable assets to the pharmacy that are integral to the pharmacy running efficiently and properly.	11/18/2021 5:00 PM
853	If the state would help create an immediate path to get new technicians to join the workforce. In our area, there are no training programs to help get new technicians to enter the market. I agree with the training requirements but feel they are completely locking out new people entering the workforce.	11/18/2021 5:00 PM
854	Na	11/18/2021 5:00 PM
855	Ohio Board of Pharmacy should focus helping pharmacy technicians they are the backbone in pharmacy field. Without pharmacy technicians pharmacists can't do this work even if they have degrees. OBP should give free continue education courses due to Covid 19 because we aren't like 2017 anymore technicians are leaving this field lack of hourly wages low. We need OBP help to make us stay in our career field. This big corporate don't care about pharmacy technicians we are in the front line day to day making sure patients receive their prescriptions. We need help Ohio Board of Pharmacy to give more regulation in employment level. We have regulations in corporate level and other laws protecting patients but need regulations for our pharmacy technicians. We are being treated as just certified pharmacy technicians without degrees. We are also certified in compounds etc but we leave our families and kids to help those who are in need of help.	11/18/2021 5:00 PM

856	Better pay, and being able to take a whole lunch break and one other break through out the shift	11/18/2021 4:58 PM
857	Increase in pay, more recognition of hard work. As a lead technician, \$24/hour should be base pay based on responsibilities and my contribution to the success of the pharmacy.	11/18/2021 4:58 PM
858	Becoming a pharmacy tech has nothing but become a money maker for State Board, schools and PTCB. Due to high costs of becoming certified it is pushing people out of the field and a shortage of techs w/ no little pay. Pharmacies are short techs due to high cost of becoming certified and no pay back	11/18/2021 4:58 PM
859	Better staffing and much better pay	11/18/2021 4:57 PM
860	Opportunities for new knowledge	11/18/2021 4:57 PM
861	I do not plan on changing career from pharmacy technician.	11/18/2021 4:57 PM
862	Proper staffing to balance out our roles and workloads, this would help in not becoming too overwhelmed...hire more reliable techs!!	11/18/2021 4:57 PM
863	Better pay for workload	11/18/2021 4:57 PM
864	Opportunity for advancement into a lead tech role, training or management. Incentive from employer to further education with additional certifications.	11/18/2021 4:57 PM
865	Adequate staffing, time to finish my training, actually getting more hands on training	11/18/2021 4:56 PM
866	Feeling appreciated by employer. Increase in hourly wage to support my family	11/18/2021 4:56 PM
867	Respectable working conditions and pay us better we put up with so much disrespect and customers are awful	11/18/2021 4:56 PM
868	PAY!!!! Pharmacy Technicians need a higher base pay salary. We do a lot for our patients and pharmacists, and deserve to be properly compensated. Especially since we have to be certified with the state board of pharmacy.	11/18/2021 4:56 PM
869	Considering I'm in my waning years, and nearing retirement, I don't see a need to try to grow my career. It's a 'game for the young'.	11/18/2021 4:55 PM
870	Higher pay - the ability to make a living wage is a strong deciding factor, and currently I am making below the calculated poverty line, even after over a decade of technician experience. Technicians should be paid significantly more, commensurate with the level of skill required for the job.	11/18/2021 4:55 PM
871	Compensation for the added responsibilities.	11/18/2021 4:55 PM
872	More pay for what we have to do and deal with in a daily basis	11/18/2021 4:55 PM
873	Compensated for be certified	11/18/2021 4:54 PM
874	An increase in pay would definitely keep me grounded. I love my job it is the easiest job I have ever worked. The schedule is perfect and necessary.	11/18/2021 4:54 PM
875	Better pay	11/18/2021 4:54 PM
876	To minimize changing careers, actually being payed a decent amount	11/18/2021 4:54 PM
877	Increased (fair) pay. We are extremely underpaid. opportunity for advancement, appreciation, and appropriate staffing for the workload that has been dumped on us since the pandemic has started.	11/18/2021 4:54 PM
878	Staffing issues Have led to overwhelming amount of work that is now expected of much fewer of us.	11/18/2021 4:54 PM
879	More help. More pharmacist hours, one pharmacist to check hundreds of prescriptions and give hundreds of vaccines is not safe .	11/18/2021 4:54 PM
880	Focus more on filling prescriptions than giving vaccines.	11/18/2021 4:54 PM
881	Better pay, benefits, big companies actually giving pharmacist and techs more hrs to put more people in the stores to be adequately staffed.	11/18/2021 4:54 PM

Meeting Materials

882	Increased minimum pay statewide for all technicians over 16\$ an hour.	11/18/2021 4:53 PM
883	Having productive coworkers,	11/18/2021 4:53 PM
884	Being paid better for what we know and do, learn to counsel patients on antibiotics	11/18/2021 4:53 PM
885	No one wants to be a pharmacy technician anymore. It has become a thankless underpaid overworked job with no breaks or rest periods. If I weren't almost 61 years old, I would train for a different occupation. And I encourage my younger coworkers to do something else with their lives while they are young. The whole CPhT thing is a useless certification that is expensive to keep up and the State licensing is a joke. Just more ways to take what little money we make. Pharmacists get free CE, but I have to pay \$4.50 per two credits. It's a Crook system.	11/18/2021 4:52 PM
886	Higher rate of pay. Allow me to pay my bills and get out of debt. Higher pay is the only thing that would keep me working this.	11/18/2021 4:52 PM
887	Education and not by watching a video. Having a time to learn in a setting that is conducive to learning.	11/18/2021 4:52 PM
888	Much better pay and much better benefits.	11/18/2021 4:52 PM
889	A good support system for furthering education.	11/18/2021 4:52 PM
890	More technician ladder options, pay to be inline with certifications, etc	11/18/2021 4:52 PM
891	Pay. Additional help.	11/18/2021 4:51 PM
892	\$\$\$\$\$	11/18/2021 4:51 PM
893	Increase pay for senior members, I'm a big believer in better training for our employees	11/18/2021 4:51 PM
894	More pay, less cashier duties.	11/18/2021 4:51 PM
895	A career path that does not include becoming a pharmacist.	11/18/2021 4:51 PM
896	Growth and pay	11/18/2021 4:50 PM
897	better pay, more variety in work, better education to the public of what pharmacy work is	11/18/2021 4:50 PM
898	Nothing. The the State Board has proven that it does not care about Technicians and they refuse to do anything about any of it because of the standing members of the board all having ties to corporate run pharmacies.	11/18/2021 4:50 PM
899	Acknowledgement of certifications, more growth overall, better working equipment, better working environment.	11/18/2021 4:50 PM
900	Better pay.	11/18/2021 4:50 PM
901	Pay raise, better benefits, more employees so less chance of error.	11/18/2021 4:50 PM
902	Training, adequate staffing both technicians and pharmacist, being able to take a rest or break	11/18/2021 4:49 PM
903	Regular scheduled hours, no holidays, weekends and more help	11/18/2021 4:49 PM
904	We work for 10 to 13 hours a day and take one break. We are allowed a break if we ask but it's frowned upon.	11/18/2021 4:49 PM
905	Clinical opportunities, better pay, more responsibilities, better schedule	11/18/2021 4:49 PM
906	It is an important and valuable job that often gets paid as much as restaurant workers. I've never seen such a technical and stressful job that pays so little.	11/18/2021 4:48 PM
907	Smaller more manageable caseload	11/18/2021 4:48 PM
908	Changes all together with retail pharmacy.. more staffing adequate breaks updated internet speed to keep the system moving HELP so we dont hurt someone	11/18/2021 4:48 PM
909	Better pay that leads to better staffing. We would be able to take on more responsibilities then. We are capable, just tired.	11/18/2021 4:48 PM
910	An increase in pay for the work pharmacy technicians are expected to do.	11/18/2021 4:48 PM
911	Career advancement opportunities	11/18/2021 4:47 PM

Meeting Materials

912	Less stress, higher wages, more staff, better training	11/18/2021 4:47 PM
913	Having a more understanding and supportive pharmacist manager	11/18/2021 4:47 PM
914	More pay and ability to move up	11/18/2021 4:46 PM
915	Being able to authorize more instead of waiting for a pharmacist would allow me to keep my workflow moving more smoothly. Having more time to actually fill prescriptions and have them ready before the patient arrives. And having the ability to do immunizations or having a nurse to them so time is not taken from the pharmacist.	11/18/2021 4:46 PM
916	Better pay, advancement opportunities	11/18/2021 4:46 PM
917	More free CE's. Access to online training.	11/18/2021 4:46 PM
918	I think appreciation is key . I can speak for most ,we know as technicians we didn't go to college so pay can't be to high but this is a very important job that not just anyone can do and most of us are in it for a life career and love what we do aside of all the hard times .	11/18/2021 4:45 PM
919	Being able to use all of my knowledge and working in an environment that is not degrading by both patients and co workers	11/18/2021 4:45 PM
920	Better pay and better technology to help make things less frustrating and to make the stress a little more worth it. It sucks knowing we do all this work but yet people at McDonald's make more then us	11/18/2021 4:45 PM
921	More pay obviously. Techs that covid test or immunize receive meager compensation for the relative risk and responsibility that comes with these tasks. In fact CVS has stated that to prevent testing from being cancelled it falls to the RPh to conduct testing if no techs are willing or able to do so. The same RPh that are going to be handling immunizations and in order to do tests, have to walk out of the building, abandoning pharmacy at the command of corporate making more money off of testing.	11/18/2021 4:44 PM
922	PAY. Know what motivates me? MONEY. MONEY MONEY MONEY FOR THE LOVE OF ALL THINGS WE SHOULDN'T HAVE TO WORRY ABOUT FEEDING OUR FAMILY WHILE DISPENSING PEOPLE'S MEDICATIONS!!	11/18/2021 4:44 PM
923	specializations, better pay, more respect	11/18/2021 4:43 PM
924	Better pay and better training	11/18/2021 4:43 PM
925	Increased pay for the amount of stress, and little staff. We have had two full time positions open for 4 months and 1 person applied.	11/18/2021 4:43 PM
926	Being paid adequately for the amount of work I do.	11/18/2021 4:43 PM
927	None	11/18/2021 4:42 PM
928	Better pay better treatment or possibility for movement	11/18/2021 4:42 PM
929	Training time after initial training is low due to volume	11/18/2021 4:42 PM
930	Being able to finalize my tech license.	11/18/2021 4:42 PM
931	Having a counterpart on the road with me....	11/18/2021 4:42 PM
932	I personally do not believe vaccinations should be given in a pharmacy setting. We haven't got the man power to do them and also meet the other metrics required. I also don't believe that pharmacies should be responsible for making outcome calls to patients. Those should be done by the insurance companies.	11/18/2021 4:42 PM
933	Being paid fairly and equally. I started with this company in 2013 not making much. New techs hired now make more than I do and I've climbed my way to 2 promotions.	11/18/2021 4:42 PM
934	Pharmacy technicians, in a retail environment, have no real opportunities for advancement. I am glad I switched to a hospital environment and no longer work inside a pharmacy	11/18/2021 4:42 PM
935	More pay honestly. I thoroughly enjoy it, but its just the pay, and general public harassment that make is quite hard to. Along with upper management in GO positions who are making process and things as such that dont make sense because they've never worked in the pharmacy before!	11/18/2021 4:41 PM

Meeting Materials

936	N/A	11/18/2021 4:41 PM
937	Fair pay and respect	11/18/2021 4:40 PM
938	more training available	11/18/2021 4:40 PM
939	More staff, better pay, better breaks, chairs	11/18/2021 4:39 PM
940	Higher pay, my employer raises pay rates throughout the company however employees who do less than me now make the same as me after 10 years	11/18/2021 4:38 PM
941	Pay increases, increase in responsibility	11/18/2021 4:38 PM
942	Better pay	11/18/2021 4:38 PM
943	Making a living wage and support from supervisors when you're not able to meet productivity goals	11/18/2021 4:37 PM
944	Being able to work in the pharmacy without a pharmacist present. Would allow me to work after close without having to pay for a pharmacist to be there also	11/18/2021 4:36 PM
945	Higher pay	11/18/2021 4:36 PM
946	Compensation. The level of work technicians are responsible for and compensated for is not appropriate.	11/18/2021 4:36 PM
947	Better wages	11/18/2021 4:36 PM
948	continue to work from home	11/18/2021 4:35 PM
949	More money	11/18/2021 4:35 PM
950	Increase in pay	11/18/2021 4:35 PM
951	Different role changes in the company allows for it	11/18/2021 4:35 PM
952	Helping to advance in a pharmaceutical career	11/18/2021 4:35 PM
953	More adequate staffing.	11/18/2021 4:34 PM
954	Pay	11/18/2021 4:34 PM

Meeting Materials

Pharmacist Workload Advisory Committee Meeting

Background Materials – December 9, 2021

Topic: Pharmacy Technician Staffing, Responsibilities, and Working Conditions

1) Staffing – Technician Ratiosⁱ

State	Maximum Ratio: Ambulatory Care Setting	Maximum Ratio: Institutional Care Setting
Alabama	3:1	3:1
Alaska	None	None
Arizona	None	None
Arkansas	3:1	3:1
California	In community pharmacy, the ratio is 1:1 for the first pharmacist on duty, then 2:1 for each additional pharmacist on duty. 2:1 if pharmacy services patients of skilled nursing facilities or hospices. A pharmacist may also supervise one pharmacy technician trainee gaining required practical experience.	2:1
Colorado	6:1	6:1
Connecticut	In summary, ratio not to exceed 2:1 when both technicians are registered. Ratio of 3:1 permitted when there are two registered technicians and one certified technician. However, a pharmacist is permitted to refuse the 3:1 ratio for the 2:1 ratio.	In an institutional outpatient pharmacy, ratio is 2:1. The pharmacist manager may petition the Commission to increase ratio to 3:1 in a licensed or institutional outpatient pharmacy. Inpatient pharmacy ratio is 3:1 generally, but pharmacy can petition for ratio of up to 5:1; satellite pharmacy 3:1, but can petition for up to 5:1.
Delaware	None	None
District of Columbia	—	—
Florida	<p>Three to one (3:1) ratio: Any pharmacy or any pharmacist engaged in sterile compounding shall not exceed a ratio of up to three (3) registered pharmacy technicians to one (1) pharmacist (3:1).</p> <p>Six to one (6:1) ratio: Any pharmacy or any pharmacist may allow a supervision ratio of up to six (6) registered pharmacy technicians to one (1) pharmacist (6:1), as long as the pharmacist or pharmacy is not engaged in sterile compounding.</p>	

Meeting Materials

	<p>Eight to one (8:1) ratio:</p> <p>(a) Non-dispensing pharmacies. Any pharmacy which does not dispense medicinal drugs, and the pharmacist(s) employed by such pharmacy, may allow a supervision ratio of up to eight (8) registered pharmacy technicians to one (1) pharmacist (8:1), as long as the pharmacy or pharmacist is not involved in sterile compounding.</p> <p>(b) Dispensing pharmacies. A pharmacy which dispenses medicinal drugs may utilize an eight to one (8:1) ratio in any physically separate area of the pharmacy from which medicinal drugs are not dispensed. A "physically separate area" is a part of the pharmacy which is separated by a permanent wall or other barrier which restricts access between the two areas.</p>	
Georgia	<p>3:1</p> <p>One of the three pharmacy technicians must be certified. Board may consider and approve an application to increase the ratio in a hospital pharmacy.</p>	<p>3:1</p> <p>One of the three pharmacy technicians must be certified. Board may consider and approve an application to increase the ratio in a hospital pharmacy.</p>
Hawaii	None	None
Idaho	None	None
Illinois	None	None
Indiana	<p>6:1*</p> <p>Ratio includes technicians, technicians-in-training, and student pharmacists.</p>	<p>6:1*</p> <p>Ratio includes technicians, technicians-in-training, and student pharmacists.</p>
Iowa	3:1	None
Kansas	<p>4:1</p> <p>A pharmacist shall not supervise at any time more than two pharmacy technicians who have not passed a certification examination approved by the Board.</p>	<p>4:1</p> <p>A pharmacist shall not supervise at any time more than two pharmacy technicians who have not passed a certification examination approved by the Board.</p>
Kentucky	None	None
Louisiana	<p>3:1</p> <p>If pharmacy technician candidate is present, then maximum ratio for technicians is 2:1. If not, then the maximum ratio for technicians is 3:1.</p>	<p>3:1</p> <p>If pharmacy technician candidate is present, then maximum ratio for technicians is 2:1. If not, then the maximum ratio for technicians is 3:1.</p>
Maine	None	None

Meeting Materials

Maryland	None	None
Massachusetts	4:1 Up to 4:1 as long as two technicians are certified.	4:1 Up to 4:1 as long as two technicians are certified.
Michigan	None	None
Minnesota	3:1	3:1
Mississippi	3:1	3:1
Missouri	None	None
Montana	3:1 Ratio is 3:1. Licensee may ask Board for variance based on established criteria or greater upon Board approval.	3:1 Ratio is 3:1. Licensee may ask Board for variance based on established criteria or greater upon Board approval.
Nebraska	3:1	3:1
Nevada	3:1	3:1
New Hampshire	None	None
New Jersey	2:1	2:1
New Mexico	None	None
New York	2:1	2:1
North Carolina	2:1 Ratio may be increased above 2:1 if additional technicians are certified and the Board approves the increase in advance.	2:1 Ratio may be increased above 2:1 if additional technicians are certified and the Board approves the increase in advance.
North Dakota	4:1	4:1
Ohio	None	None
Oklahoma	2:1	2:1
Oregon	None	None
Pennsylvania	None	None
Rhode Island	None	None
South Carolina	<p>The PIC shall develop and implement written policies and procedures to specify the duties to be performed by pharmacy technicians. The duties and responsibilities of these personnel shall be consistent with their training and experience.</p> <p>These policies and procedures shall, at a minimum, specify that pharmacy technicians are to be personally supervised by a licensed pharmacist who has the ability to control and who is responsible for the activities of pharmacy technicians and that pharmacy technicians are not assigned duties that may be performed only by a licensed pharmacist.</p> <p>One pharmacist may not supervise more than four pharmacy technicians at a time; at least two of these four technicians must be state certified.</p>	

Meeting Materials

	If a pharmacist supervises only one or two pharmacy technicians, these technicians are not required to be state certified. Pharmacy technicians do not include personnel in the prescription area performing only clerical functions, including data entry up to the point of dispensing, as defined in Section 40-43-30(14).	
South Dakota	3:1	None
Tennessee	2:1 or up to 4:1 if two technicians are certified.	2:1 or up to 4:1 if two technicians are certified.
Texas	3:1 or up to 4:1 if at least one of the technicians is not a pharmacy technician trainee.	None
Utah	Pharmacist determined for licensed pharmacy technicians, only one technician-in-training per supervising pharmacist.	Pharmacist determined for licensed pharmacy technicians, only one technician-in-training per supervising pharmacist.
Vermont	None	None
Virginia	4:1	4:1
Washington	None	None
West Virginia	4:1	4:1
Wisconsin	4:1	4:1
Wyoming	None	None

Illinois Task Force Report Regarding Pharmacy Technicians

Pharmacy Tech on Duty	"Requiring pharmacies to have at least one pharmacy technician on duty whenever the practice of pharmacy is conducted,"	Recommended against the adoption of any language within the Pharmacy Practice Act, or the Rules thereunder, addressing standard. Vote was 5 in favor, 1 against, with 1 abstention.	6/19/2019
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Requiring Pharmacies to Employ at Least One Pharmacy Technician (From Page 6 of [Report](#))ⁱⁱ

Section 4.5 of the Act provided another standard that the Task Force considered, which was "requiring pharmacies to have at least one pharmacy technician on duty whenever the practice of pharmacy is conducted." The Task Force recommended against the adoption of any language within the Act, or the rules promulgated thereunder, regarding this standard by a vote of five in favor, one opposed, one abstention and one absent.

The majority believed that it would be unduly costly to require all pharmacies in the State of Illinois to employ a pharmacy technician whenever the practice of pharmacy is being conducted, as there are various types of pharmacies across the State that have no need or use for a pharmacy technician in general or during specific times of the day or week. For example, there are pharmacies, which could not afford to employ and would not have sufficient work to be required to employ a pharmacy technician. In addition, there are pharmacies which do not fill enough prescriptions, either all day or at particular times, to justify employing a pharmacy technician. Finally, there are often clinical and administrative tasks a pharmacist undertakes that have no need for a pharmacy technician. A requirement

Meeting Materials

that pharmacies in the State employ a pharmacy technician whenever it is operational would be costly and unduly burdensome.

Rationale Provided by Dissenter:

While I agree with the majority that it may be “unduly costly to require that all pharmacies” employ a pharmacy technician whenever the practice of pharmacy is being conducted, the same does not hold true in retail pharmacy settings. As an important reminder, the issues before this Task Force arose from the voice of Unionized pharmacists working exclusively in the retail setting. It is this particular practice of pharmacy that is the most vulnerable to technician understaffing and prescription errors. In fact, the Chicago Tribune’s investigation highlighted errors found only in retail pharmacy settings (as opposed to hospital and long-term care facilities mentioned by the majority). Retail pharmacies, unlike small independent pharmacies or long-term care facilities, can most certainly afford to employ at least one pharmacy technician at all times. Additionally, as made clear by the Tribune’s study, the rate of prescription errors in the retail setting (referred to as “chain” pharmacies in the Tribune story) are much higher than other settings, further amplifying the need for a pharmacy technician at all times. The workload in the retail setting is also undisputedly higher than other settings, making pharmacists working alone vulnerable to fatigue and errors unlike slower settings. Additionally, while overnight pharmacists who work in small hospitals and long-term care facilities may not “fill enough prescriptions” during that time to justify employing a pharmacy technician, the same cannot be said for retail pharmacists. The majority has failed to take these key differences into consideration and has not provided a basis as to why technicians should not be mandated solely in the retail setting. Accordingly, the Pharmacy Practice Act should be amended to require a pharmacy technician be on duty at all times in retail pharmacies such as Walgreens, Walmart, Target, CVS, Osco, and Marianos.

Limits on the Number of Prescriptions Filled and Mandated Pharmacy Technician Hours (From Page 7 of [Report](#))ⁱⁱⁱ

Regarding the standards contained in Section 4.5 of the Act, which required a consideration whether “to set a prescription limit of not more than ten (10) prescriptions filled per hour,” and whether “to mandate at least 10 pharmacy technician hours per 100 prescriptions filled,” the Task Force recommended a modification of these standards. The Task Force’s recommendation was that a new section listing “Grounds for Discipline” should be included in the Act, or rules promulgated thereunder, and that one of these grounds would include the following provision:

(2) Failure to provide a working environment for all pharmacy personnel that protects the health, safety and welfare of a patient which includes, but is not limited to:

.

- (c) Adequate time for a pharmacist to complete professional duties and responsibilities including, but not limited to:
 - (A) Drug Utilization Review;
 - (B) Immunization;
 - (C) Counseling;
 - (D) Verification of the accuracy of a prescription; and
 - (E) All other duties and responsibilities of a pharmacist as specified in the Pharmacy Practice Act Administrative Rules Part 1330.

Meeting Materials

The Task Force recommended the adoption of this language within the Act, or the rules promulgated thereunder, regarding this standard by a vote of seven in favor, none opposed, no abstentions and one absent.

The Task Force reached this recommendation by balancing the need to allow a pharmacist sufficient time to effectively complete his or her job against the establishment of arbitrary numerical limits on the prescriptions that are filled. Several Members of the Task Force recognized that it may be unduly costly and unworkable to require that all pharmacies in the State of Illinois only fill a specified number of prescriptions over a set time and require a specific number of pharmacy technicians based on an arbitrary number of prescriptions filled by the pharmacy. Again, some the Task Force Members recognized that there are many types of pharmacies with a variety of technological capabilities throughout Illinois, which causes the establishment of a specific limit on the number of prescriptions filled over a certain time to be unworkable in some settings. The Task Force's recommendation is based on a recognition that a restriction based on an arbitrary absolute number of prescriptions filled cannot be fairly applied, while basing restrictions on the overall work burdens of a pharmacist is a much more meaningful method of evaluating overall patient safety. The Task Force determined that monitoring the working environment of pharmacists and establishing a disciplinary action if the workload is excessive or the environment is too distracting as to prevent a pharmacist from properly completing all of his or her duties and obligations is a more reasonable and rational approach.

Meeting Materials

2) Technician Roles and Responsibilities

Current Ohio Technician Scope of Practice:

	Trainee	Registered	Certified
1. Accepting new written, faxed or electronic prescription orders from a prescriber or a prescriber's agent.	Yes	Yes	Yes
2. Accepting new verbal prescription orders, including refill authorizations, for non-controlled drugs from a prescriber or a prescriber's agent.*	No	No	Yes
3. Entering information into and retrieving information from a database or patient profile.	Yes	Yes	Yes
4. Preparing and affixing labels.	Yes	Yes	Yes
5. Stocking dangerous drugs and retrieving those drugs from inventory.	Yes	Yes	Yes
6. Counting and pouring dangerous drugs into containers.	Yes	Yes	Yes
7. Placing dangerous drugs into containers prior to dispensing by a pharmacist.	Yes	Yes	Yes
8. Performing non-sterile drug compounding.+	Yes	Yes	Yes
9. Performing sterile drug compounding.@	Yes	No	Yes
10. Packaging and selling a dangerous drug to a patient or patient representative.	Yes	Yes	Yes
11. Sending or receiving electronic prescriptions between pharmacies accessing the same prescription records in a centralized database or pharmacy computers linked in any other manner.	Yes	Yes	Yes
12. Stocking automated drug dispensing units, floor stock and crash carts at a location licensed as a terminal distributor of dangerous drugs.	No	No	Yes
13. Requesting refill authorizations for dangerous drugs from a prescriber or prescriber's agent, so long as there is no change from the original prescription.	No	Yes	Yes
14. Sending or receiving copies of non-controlled prescriptions (i.e. prescription transfers).*	No	No	Yes
15. Contacting a prescriber or prescriber's agent to obtain clarification for a prescription order if the	No	No	Yes

Meeting Materials

clarification does not require the exercise of professional judgment.			
16. Performing diagnostic laboratory testing pursuant to rule 4729:3-3-05 of the Administrative Code.	No	No	Yes

PHARMACY TECHNICIAN ROLE EXPANSION AN EVIDENCED-BASED POSITION PAPER (Sponsored by NACDS) [<https://www.nacds.org/pdfs/pharmacy/2018/Technician-Talking-Points-w-Evidence.pdf>]

POSITION 1: REALLOCATION OF PHARMACIST TIME TO OPTIMIZE PATIENT CARE

Community pharmacists spend only 21% of their professional time performing patient care services not associated with medication dispensing. To further optimize the pharmacist's role in delivering patient--centered, collaborative care in communities, pharmacists must effectively reallocate their time, resources, and utilization of pharmacy technicians.

POSITION 2: TECHNICIAN ASPIRATION FOR EXPANDED ROLES

Most states limit the pharmacy technician's scope of practice to certain aspects of the medication dispensing process. However, many pharmacy technicians have positive attitudes towards performing administrative and supportive tasks that further optimize patient care services in the community pharmacy setting. Technicians involved with these tasks are professionally satisfied in expanded roles. Broadening the pharmacy technician's scope of practice may further advance the pharmacy technician's role as an important contributor to the healthcare team.

POSITION 3: TECHNICIAN SUPPORT FOR PHARMACY PATIENT CARE SERVICES

Historically, pharmacy technicians have been utilized for administrative and supportive tasks throughout the medication dispensing process (i.e., medication preparation, payment adjudication, and customer service). Expanding the role of pharmacy technicians to assume time- and resource-intensive administrative and supportive tasks for pharmacy patient care services redistributes pharmacists' time to further optimize patient care.

POSITION 4: TECHNICIAN SCREENING FOR PATIENT CARE SERVICES

Pharmacy technicians are uniquely positioned to identify and engage patients who would benefit from pharmacist patient care services given that patients frequently approach pharmacy technicians before interacting with the pharmacist. In settings where expanded technician roles are championed, patients receive comprehensive care through screening, identification, and referral of the patient's medication-related needs to the pharmacist.

POSITION 5: TECHNICIAN SUPPORT OF MEDICATION DISPENSING

Retrieving, clarifying, and transcribing prescription information from the prescriber or the prescriber's agent does not require clinical judgement; instead it requires competency in verbal and written communication. Often, the prescriber's agent is administrative support staff who perform

Meeting Materials

these tasks at the discretion of the physician. Similarly, pharmacy technicians can receive, clarify, and transcribe prescriptions at the discretion of the pharmacist in permitting states. Fifteen states allow pharmacy technicians to accept verbal prescriptions, and 12 states allow pharmacy technicians to transfer prescriptions from one community pharmacy to another. In other pharmacy practice models, pharmacy technicians may also enter prescriptions for pharmacist review and play significant roles in detecting and preventing electronic prescribing errors. Pharmacy technicians should be recognized by state laws and regulations as competent team members who can support these medication dispensing tasks.

POSITION 7: TECHNICIAN-OBTAINED MEDICATION HISTORIES

Pharmacy technicians have a greater understanding of patients' medication lists and medication-taking behaviors than non-pharmacy healthcare professionals. Multiple studies demonstrate that pharmacy technicians are more accurate than nurses and other non-pharmacy personnel in obtaining patient medication histories. Utilization of pharmacy technicians to obtain medication histories allows pharmacists to more effectively prevent, identify, and resolve drug therapy problems. Reassigning supportive tasks such as obtaining medication histories to pharmacy technicians can optimize patient care.

POSITION 8: TECHNICIAN IMMUNIZATION ADMINISTRATION

Pharmacy technicians perform administrative tasks to support pharmacist-led immunization services. In Idaho, certified pharmacy technicians have begun administering immunizations, a task that is largely considered technical. Permitting pharmacy technicians to administer immunizations has the potential to increase the impact of pharmacist-led immunization services in local communities across the country.

ⁱ NABP 2021 Survey of Pharmacy Law

ⁱⁱ

<https://www.idfpr.com/PROFS/Meetings/Reports/Collaborative%20Pharmaceutical%20Task%20Force%20Report%2010%2011%202019.pdf>

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<https://www.idfpr.com/PROFS/Meetings/Reports/Collaborative%20Pharmaceutical%20Task%20Force%20Report%2010%2011%202019.pdf>

Meeting Materials



Pharmacist Workload Advisory Committee Agenda

December 9th, 2021

Vern Riffe Center

17th Floor – Board Hearing Room

77 S. High Street

Columbus, OH

Welcome, Introductions & Approval of Meeting Minutes	10:00 am
Presentation of Updated Survey Results for Pharmacists and Pharmacy Technicians	10:10 am
Break	10:40 am
Discussion of Topic Area: Pharmacy Technician Staffing, Responsibilities, and Working Conditions	10:45 am
Next Steps / Conclusion	12:20 pm

Viewing Options

- Limited seating for the public will be available on the 17th Floor - Board Hearing Room. All meeting materials have been posted here: www.pharmacy.ohio.gov/PWAC.
- Online streaming will be available the day of the meeting via [Microsoft Teams](#). The meeting will also be recorded. The meeting can be streamed using the following link: [Click here to join the meeting](#)

The Committee meetings are open to the public, but the committee will not be accepting public comments during the meeting. Due to the COVID-19 pandemic and limited seating, the public is strongly encouraged to view remotely.

77 South High Street, 17th Floor, Columbus, Ohio 43215

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Overview of 2021 Survey Data

December 9, 2021

Pharmacist Workload Advisory Committee Meeting



Survey Responses

- ▶ Ohio Pharmacists Receiving the Survey: 14,759

Total Responses: 2,969

Response Rate: 20.11%*

*2020 Pharmacist Survey Response Rate: 26.41%

- ▶ Ohio Pharmacy Technicians Receiving the Survey: 23,394






Total Responses: 2,560

Response Rate: 10.94%



Survey Results – Technician Specific

I feel that the workload to staff ratio allows me to provide for patients in a safe manner. (All Settings)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Pharmacists 2020	19%	30%	18%	23%	10%
Pharmacists 2021	37.49% 	34.83% 	11.25% 	11.32% 	5.12% 
Technicians 2021	27.66%	32.73%	17.11%	15.12%	7.38%



2021: I feel that the workload to staff ratio allows me to provide for patients in a safe manner

Large Chain – Grocer/Big Box

	1	2	3	4	5		
	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	46.78% 501	40.06% 429	7.94% 85	4.48% 48	0.75% 8	1,071	1.72
Technician Responses	35.62% 390	36.53% 400	14.43% 158	10.14% 111	3.29% 36	1,095	2.09

2021: I feel that the workload to staff ratio allows me to provide for patients in a safe manner

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	58.24% 495	33.65% 286	5.06% 43	2.24% 19	0.82% 7	850	1.54

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	44.75% 213	35.92% 171	10.71% 51	5.88% 28	2.73% 13	476	1.86

Meeting Materials

2021: I feel that the workload to staff ratio allows me to provide for patients in a safe manner

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	5.98% 15	20.32% 51	15.94% 40	37.05% 93	20.72% 52	251	3.46

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	7.53% 22	20.55% 60	23.63% 69	27.40% 80	20.89% 61	292	3.34

Meeting Materials

2021: I feel that the workload to staff ratio allows me to provide for patients in a safe manner

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	13.12% 61	37.20% 173	22.58% 105	20.22% 94	6.88% 32	465	2.71
	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	14.46% 58	36.66% 147	23.94% 96	19.45% 78	5.49% 22	401	2.65

2021: I feel that the workload to staff ratio allows me to provide for patients in a safe manner

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	12.63% 12	33.68% 32	17.89% 17	27.37% 26	8.42% 8	95	2.85

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	12.73% 14	24.55% 27	26.36% 29	25.45% 28	10.91% 12	110	2.97

Meeting Materials

2021: I feel that the workload to staff ratio allows me to provide for patients in a safe manner






Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	10.61% 7	21.21% 14	13.64% 9	25.76% 17	28.79% 19	66	3.41

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	4.21% 4	16.84% 16	17.89% 17	35.79% 34	25.26% 24	95	3.61

Survey Results – Technician Specific

I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care (All Settings)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Pharmacists 2020	22%	26%	13%	26%	13%
Pharmacists 2021	39.17% 	29.44% 	9.97% 	15.39% 	6.03% 
Technicians 2021	23.67%	26.09%	14.84%	23.83%	11.56%



2021: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	47.53% 509	34.45% 369	8.59% 92	8.87% 95	0.56% 6	1,071	1.80
Technician Responses	31.87% 349	33.61% 368	14.06% 154	15.07% 165	5.39% 59	1,095	2.28

2021: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	61.29% 521	28.12% 239	5.76% 49	3.76% 32	1.06% 9	850	1.55
Technician Responses	41.60% 198	30.67% 146	12.61% 60	10.92% 52	4.20% 20	476	2.05

2021: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	7.17% 18	14.34% 36	13.15% 33	45.02% 113	20.32% 51	251	3.57
Technician Responses	4.79% 14	14.04% 41	18.15% 53	35.27% 103	27.74% 81	292	3.67

2021: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	16.13% 75	32.69% 152	15.05% 70	27.10% 126	9.03% 42	465	2.80
Technician Responses	7.23% 29	18.20% 73	18.20% 73	43.39% 174	12.97% 52	401	3.37

2021: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	11.58% 11	33.68% 32	13.68% 13	28.42% 27	12.63% 12	95	2.97
Technician Responses	6.36% 7	20.91% 23	18.18% 20	34.55% 38	20.00% 22	110	3.41

2021: I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care

Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	9.09% 6	10.61% 7	16.67% 11	24.24% 16	39.39% 26	66	3.74
Technician Responses	0.00% 0	4.21% 4	12.63% 12	46.32% 44	36.84% 35	95	4.16

Survey Results – Technician Specific

I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care (All Settings)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Pharmacists 2020	29%	27%	12%	21%	11%
Pharmacists 2021	49.14% ↑	26.17% ↑	8.89% ↓	10.81% ↓	4.98% ↓
Technicians 2021	36.13%	27.38%	13.59%	14.73%	8.16%



2021: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	60.22% 645	26.24% 281	6.91% 74	5.98% 64	0.65% 7	1,071	1.61
Technician Responses	44.57% 488	29.04% 318	12.15% 133	10.14% 111	4.11% 45	1,095	2.00

2021: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	65.76% 559	24.94% 212	4.59% 39	3.65% 31	1.06% 9	850	1.49

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	48.95% 233	30.04% 143	10.29% 49	7.14% 34	3.57% 17	476	1.86

2021: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	11.95% 30	23.11% 58	10.76% 27	35.06% 88	19.12% 48	251	3.26
Technician Responses	10.62% 31	17.47% 51	22.60% 66	27.74% 81	21.58% 63	292	3.32

2021: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	36.13% 168	33.76% 157	11.61% 54	12.69% 59	5.81% 27	465	2.18
Technician Responses	31.92% 128	33.17% 133	12.47% 50	16.21% 65	6.23% 25	401	2.32

2021: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	23.16% 22	29.47% 28	18.95% 18	16.84% 16	11.58% 11	95	2.64
Technician Responses	23.64% 26	21.82% 24	20.00% 22	25.45% 28	9.09% 10	110	2.75

2021: I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care

Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Pharmacist Responses	10.61% 7	6.06% 4	21.21% 14	33.33% 22	28.79% 19	66	3.64
Technician Responses	6.32% 6	11.58% 11	13.68% 13	38.95% 37	29.47% 28	95	3.74

Meeting Materials

Technicians Responses - Please respond to each statement based upon your experience over the past six months:

All Settings

	1	2	3	4	5		
	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	11.13% 285	22.15% 567	32.73% 838	25.70% 658	8.28% 212	2,560	2.98
I have felt burnt out because of my work.	5.94% 152	8.79% 225	10.20% 261	26.56% 680	48.52% 1,242	2,560	4.03
I have felt down, depressed, or hopeless because of my work.	10.04% 257	15.31% 392	16.48% 422	27.70% 709	30.47% 780	2,560	3.53
I have experienced workplace violence or harassment.	36.56% 936	25.98% 665	14.37% 368	15.20% 389	7.89% 202	2,560	2.32

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	8.04% 88	18.81% 206	32.51% 356	30.78% 337	9.86% 108	1,095	3.16
I have felt burnt out because of my work.	4.38% 48	4.93% 54	8.86% 97	24.38% 267	57.44% 629	1,095	4.26
I have felt down, depressed, or hopeless because of my work.	6.30% 69	10.96% 120	16.44% 180	29.95% 328	36.35% 398	1,095	3.79
I have experienced workplace violence or harassment.	30.78% 337	22.83% 250	15.89% 174	19.45% 213	11.05% 121	1,095	2.57

Meeting Materials

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	7.14% 34	18.49% 88	30.67% 146	29.62% 141	14.08% 67	476	3.25
I have felt burnt out because of my work.	2.73% 13	4.83% 23	6.51% 31	25.00% 119	60.92% 290	476	4.37
I have felt down, depressed, or hopeless because of my work.	5.67% 27	10.50% 50	13.66% 65	29.83% 142	40.34% 192	476	3.89
I have experienced workplace violence or harassment.	30.67% 146	25.00% 119	15.55% 74	19.75% 94	9.03% 43	476	2.51

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	22.95% 67	33.22% 97	28.08% 82	12.67% 37	3.08% 9	292	2.40
I have felt burnt out because of my work.	13.36% 39	16.10% 47	19.52% 57	27.05% 79	23.97% 70	292	3.32
I have felt down, depressed, or hopeless because of my work.	21.58% 63	23.63% 69	20.55% 60	20.89% 61	13.36% 39	292	2.81
I have experienced workplace violence or harassment.	52.40% 153	29.79% 87	9.59% 28	5.14% 15	3.08% 9	292	1.77

Meeting Materials

Hospital

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	10.22% 41	24.69% 99	37.41% 150	23.19% 93	4.49% 18	401	2.87
I have felt burnt out because of my work.	3.99% 16	10.97% 44	10.47% 42	31.42% 126	43.14% 173	401	3.99
I have felt down, depressed, or hopeless because of my work.	8.73% 35	19.70% 79	19.20% 77	29.68% 119	22.69% 91	401	3.38
I have experienced workplace violence or harassment.	37.41% 150	32.17% 129	14.96% 60	11.22% 45	4.24% 17	401	2.13

Meeting Materials

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	13.64% 15	24.55% 27	35.45% 39	23.64% 26	2.73% 3	110	2.77
I have felt burnt out because of my work.	7.27% 8	20.00% 22	8.18% 9	36.36% 40	28.18% 31	110	3.58
I have felt down, depressed, or hopeless because of my work.	14.55% 16	27.27% 30	10.91% 12	27.27% 30	20.00% 22	110	3.11
I have experienced workplace violence or harassment.	45.45% 50	30.91% 34	12.73% 14	6.36% 7	4.55% 5	110	1.94

Meeting Materials

Mail Order

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I have seen an increase in medication errors.	22.11% 21	28.42% 27	37.89% 36	9.47% 9	2.11% 2	95	2.41
I have felt burnt out because of my work.	17.89% 17	16.84% 16	14.74% 14	24.21% 23	26.32% 25	95	3.24
I have felt down, depressed, or hopeless because of my work.	27.37% 26	20.00% 19	15.79% 15	15.79% 15	21.05% 20	95	2.83
I have experienced workplace violence or harassment.	57.89% 55	25.26% 24	9.47% 9	5.26% 5	2.11% 2	95	1.68

Technicians Responses - Please rate your level of satisfaction with the following in your primary place of employment:

All Settings

	1	2	3	4	5		
	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	7.97% 204	14.73% 377	22.97% 588	36.17% 926	18.16% 465	2,560	3.42
Your pharmacist co-workers	3.05% 78	8.44% 216	16.64% 426	41.72% 1,068	30.16% 772	2,560	3.88
Your pharmacy technician co-workers	4.22% 108	16.37% 419	22.19% 568	35.82% 917	21.41% 548	2,560	3.54
Your level of workload	25.82% 661	30.86% 790	20.23% 518	17.11% 438	5.98% 153	2,560	2.47
Your pay	33.95% 869	28.09% 719	18.13% 464	15.59% 399	4.26% 109	2,560	2.28
Ability to use your knowledge	4.65% 119	11.72% 300	24.53% 628	45.08% 1,154	14.02% 359	2,560	3.52
Opportunity for advancement	16.99% 435	22.07% 565	33.55% 859	20.94% 536	6.45% 165	2,560	2.78
Your benefits	11.91% 305	17.34% 444	32.77% 839	28.71% 735	9.26% 237	2,560	3.06
Your level of stress	39.96% 1,023	26.95% 690	20.35% 521	9.22% 236	3.52% 90	2,560	2.09
Fair treatment from management	12.50% 320	16.84% 431	27.07% 693	29.45% 754	14.14% 362	2,560	3.16
Opportunities for advancement/development	17.19% 440	21.52% 551	35.94% 920	18.63% 477	6.72% 172	2,560	2.76

Meeting Materials

Large Chain – Grocer/Big Box

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	9.86% 108	17.26% 189	26.67% 292	32.42% 355	13.79% 151	1,095	3.23
Your pharmacist co-workers	3.93% 43	8.13% 89	16.71% 183	40.64% 445	30.59% 335	1,095	3.86
Your pharmacy technician co-workers	4.29% 47	16.62% 182	22.19% 243	36.71% 402	20.18% 221	1,095	3.52
Your level of workload	31.60% 346	36.44% 399	18.63% 204	9.68% 106	3.65% 40	1,095	2.17
Your pay	40.91% 448	29.50% 323	15.80% 173	10.87% 119	2.92% 32	1,095	2.05
Ability to use your knowledge	5.02% 55	11.69% 128	25.75% 282	45.21% 495	12.33% 135	1,095	3.48
Opportunity for advancement	17.08% 187	23.93% 262	34.34% 376	19.36% 212	5.30% 58	1,095	2.72
Your benefits	13.15% 144	17.72% 194	35.89% 393	26.21% 287	7.03% 77	1,095	2.96
Your level of stress	49.77% 545	27.67% 303	15.89% 174	4.38% 48	2.28% 25	1,095	1.82
Fair treatment from management	13.15% 144	17.53% 192	29.32% 321	27.67% 303	12.33% 135	1,095	3.08
Opportunities for advancement/development	18.26% 200	21.37% 234	38.08% 417	17.26% 189	5.02% 55	1,095	2.69

Meeting Materials

Large Chain – Standalone

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	11.13% 53	19.12% 91	21.43% 102	36.97% 176	11.34% 54	476	3.18
Your pharmacist co-workers	3.78% 18	10.92% 52	15.34% 73	36.76% 175	33.19% 158	476	3.85
Your pharmacy technician co-workers	4.41% 21	19.12% 91	21.22% 101	32.35% 154	22.90% 109	476	3.50
Your level of workload	40.76% 194	33.19% 158	14.08% 67	10.08% 48	1.89% 9	476	1.99
Your pay	36.13% 172	28.57% 136	16.39% 78	15.76% 75	3.15% 15	476	2.21
Ability to use your knowledge	5.88% 28	12.82% 61	28.57% 136	41.60% 198	11.13% 53	476	3.39
Opportunity for advancement	18.28% 87	19.54% 93	37.82% 180	18.91% 90	5.46% 26	476	2.74
Your benefits	11.55% 55	19.75% 94	31.30% 149	27.31% 130	10.08% 48	476	3.05
Your level of stress	53.78% 256	26.26% 125	14.08% 67	3.78% 18	2.10% 10	476	1.74
Fair treatment from management	12.39% 59	19.12% 91	28.36% 135	28.99% 138	11.13% 53	476	3.07
Opportunities for advancement/development	17.86% 85	21.85% 104	37.61% 179	17.65% 84	5.04% 24	476	2.70

Meeting Materials

Independent / Small Chain

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	3.77% 11	6.51% 19	20.21% 59	40.41% 118	29.11% 85	292	3.85
Your pharmacist co-workers	2.74% 8	6.16% 18	16.44% 48	40.75% 119	33.90% 99	292	3.97
Your pharmacy technician co-workers	1.37% 4	10.27% 30	20.55% 60	37.67% 110	30.14% 88	292	3.85
Your level of workload	7.53% 22	19.52% 57	24.66% 72	33.22% 97	15.07% 44	292	3.29
Your pay	20.21% 59	22.26% 65	30.48% 89	18.49% 54	8.56% 25	292	2.73
Ability to use your knowledge	2.05% 6	7.88% 23	23.63% 69	44.86% 131	21.58% 63	292	3.76
Opportunity for advancement	11.30% 33	19.52% 57	36.64% 107	22.60% 66	9.93% 29	292	3.00
Your benefits	14.04% 41	14.73% 43	39.38% 115	23.63% 69	8.22% 24	292	2.97
Your level of stress	18.49% 54	21.58% 63	37.33% 109	15.07% 44	7.53% 22	292	2.72
Fair treatment from management	7.53% 22	11.99% 35	24.66% 72	31.16% 91	24.66% 72	292	3.53
Opportunities for advancement/development	12.33% 36	15.75% 46	39.38% 115	20.55% 60	11.99% 35	292	3.04

Meeting Materials

Hospital

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	5.74% 23	12.22% 49	22.44% 90	40.65% 163	18.95% 76	401	3.55
Your pharmacist co-workers	1.75% 7	10.47% 42	16.46% 66	49.13% 197	22.19% 89	401	3.80
Your pharmacy technician co-workers	8.23% 33	18.45% 74	25.44% 102	34.91% 140	12.97% 52	401	3.26
Your level of workload	17.46% 70	28.18% 113	27.43% 110	22.19% 89	4.74% 19	401	2.69
Your pay	30.92% 124	29.93% 120	16.21% 65	18.70% 75	4.24% 17	401	2.35
Ability to use your knowledge	4.99% 20	13.72% 55	22.19% 89	44.89% 180	14.21% 57	401	3.50
Opportunity for advancement	21.95% 88	23.44% 94	26.93% 108	22.44% 90	5.24% 21	401	2.66
Your benefits	7.73% 31	17.21% 69	26.43% 106	36.91% 148	11.72% 47	401	3.28
Your level of stress	27.68% 111	32.67% 131	23.19% 93	13.97% 56	2.49% 10	401	2.31
Fair treatment from management	15.96% 64	17.96% 72	24.69% 99	30.67% 123	10.72% 43	401	3.02
Opportunities for advancement/development	20.20% 81	25.44% 102	30.42% 122	18.70% 75	5.24% 21	401	2.63

Meeting Materials

Long-Term Care

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	3.64% 4	11.82% 13	21.82% 24	39.09% 43	23.64% 26	110	3.67
Your pharmacist co-workers	1.82% 2	6.36% 7	20.91% 23	50.00% 55	20.91% 23	110	3.82
Your pharmacy technician co-workers	2.73% 3	14.55% 16	26.36% 29	36.36% 40	20.00% 22	110	3.56
Your level of workload	11.82% 13	25.45% 28	26.36% 29	26.36% 29	10.00% 11	110	2.97
Your pay	28.18% 31	26.36% 29	21.82% 24	20.00% 22	3.64% 4	110	2.45
Ability to use your knowledge	2.73% 3	10.00% 11	20.00% 22	53.64% 59	13.64% 15	110	3.65
Opportunity for advancement	12.73% 14	24.55% 27	33.64% 37	25.45% 28	3.64% 4	110	2.83
Your benefits	18.18% 20	17.27% 19	33.64% 37	22.73% 25	8.18% 9	110	2.85
Your level of stress	20.91% 23	29.09% 32	22.73% 25	20.91% 23	6.36% 7	110	2.63
Fair treatment from management	10.00% 11	15.45% 17	30.91% 34	29.09% 32	14.55% 16	110	3.23
Opportunities for advancement/development	14.55% 16	28.18% 31	30.91% 34	21.82% 24	4.55% 5	110	2.74

Meeting Materials

Mail Order

	HIGHLY DISSATISFIED	DISSATISFIED	NEUTRAL	SATISFIED	HIGHLY SATISFIED	TOTAL	WEIGHTED AVERAGE
Your work schedule	1.05% 1	10.53% 10	11.58% 11	42.11% 40	34.74% 33	95	3.99
Your pharmacist co-workers	0.00% 0	3.16% 3	15.79% 15	42.11% 40	38.95% 37	95	4.17
Your pharmacy technician co-workers	0.00% 0	15.79% 15	12.63% 12	37.89% 36	33.68% 32	95	3.89
Your level of workload	8.42% 8	16.84% 16	16.84% 16	41.05% 39	16.84% 16	95	3.41
Your pay	20.00% 19	27.37% 26	14.74% 14	29.47% 28	8.42% 8	95	2.79
Ability to use your knowledge	4.21% 4	12.63% 12	18.95% 18	43.16% 41	21.05% 20	95	3.64
Opportunity for advancement	13.68% 13	16.84% 16	20.00% 19	27.37% 26	22.11% 21	95	3.27
Your benefits	11.58% 11	9.47% 9	11.58% 11	45.26% 43	22.11% 21	95	3.57
Your level of stress	15.79% 15	20.00% 19	28.42% 27	24.21% 23	11.58% 11	95	2.96
Fair treatment from management	12.63% 12	10.53% 10	15.79% 15	32.63% 31	28.42% 27	95	3.54
Opportunities for advancement/development	8.42% 8	20.00% 19	20.00% 19	26.32% 25	25.26% 24	95	3.40

The process to register with the Board of Pharmacy as a trainee, registered technician, or certified technician was easy to follow.

All Settings

	1	2	3	4	5		
	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	5.08% 130	12.30% 315	23.59% 604	43.20% 1,106	15.82% 405	2,560	3.52

Do you think duties of pharmacy technicians should be expanded to include additional clinical responsibilities?

All Settings

	1	2	3	4	5		
	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	18.67% 478	16.91% 433	31.25% 800	20.20% 517	12.97% 332	2,560	2.92

Do you think duties of pharmacy technicians should be expanded to include additional clinical responsibilities?

Large Chain – Grocer/Big Box

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	20.73% 227	17.17% 188	31.14% 341	18.90% 207	12.05% 132	1,095	2.84

Large Chain – Standalone

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	25.00% 119	17.44% 83	29.62% 141	16.81% 80	11.13% 53	476	2.72

Do you think duties of pharmacy technicians should be expanded to include additional clinical responsibilities?

Independent / Small Chain

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	13.36% 39	17.12% 50	39.38% 115	20.21% 59	9.93% 29	292	2.96

Hospital

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	12.97% 52	15.21% 61	26.68% 107	25.44% 102	19.70% 79	401	3.24

Do you think duties of pharmacy technicians should be expanded to include additional clinical responsibilities?

Long-Term Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	13.64% 15	15.45% 17	36.36% 40	20.91% 23	13.64% 15	110	3.05

Mail Order

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Technician Responses	15.79% 15	13.68% 13	31.58% 30	23.16% 22	15.79% 15	95	3.09

What other responsibilities would you like to take on/add to enhance your role as a pharmacy technician?

- ▶ Too many responsibilities have been added, there are a reason pharmacy's are not clinics!
- ▶ I feel we should be able to administer all shots that our pharmacy provides.
- ▶ I would like to see Pharmacy Technicians able to give immunizations.
- ▶ Not at this time too short of staff. Will add more stress to work.
- ▶ While allowed by state laws, my corporate does not allow technicians to take transfers/ call ins. Also, allowing IMZ trained technicians to do all vaccinations would help to improve work load.

What other responsibilities would you like to take on/add to enhance your role as a pharmacy technician?

- ▶ no increase in responsibilities without significant increase of pay, many healthcare occupations now require less training and have a higher median rate of pay in a hospital setting
- ▶ I would like advanced roles such as lead tech, tech manager, and so on. Additional training such as Advanced pharmacy technician certifications.
- ▶ Certified techs should be able to do vaccines to help decrease the workload on the pharmacists, but also need better compensation to do so.
- ▶ None, there is too much already for the level of pay. Chik-fil a pays just as much and they have nowhere near the amount of safety issues and knowledge thats required.

What responsibilities detract from job satisfaction?

- ▶ Immunizations at the moment. It's hard to balance productivity with the amount of shots that have to be given on a daily basis
- ▶ The never ending phone calls along with curbside. When you are short handed and you can't answer the phone. Then people get rude and nasty. They don't understand how busy we are. The non stop vaccines. Way to much stress. Only having 2 registers on a never ending line of patients at pick up.
- ▶ Nothing that is standard detracts anything, but any additions would make it much worse.
- ▶ Lack of pay from employers, unwillingness to add career opportunities, no incentive to add credentials from PTCB
- ▶ I have spent entire work days without filling a single prescription. Just covid shots and tests. I don't have time to get stuff done and I know that my company will continue to set us up to fail at each stage moving forward.

What responsibilities detract from job satisfaction?

- ▶ wrangling with insurance companies, answering hundreds of questions about why patients need to schedule a covid vaccination, the sheer volume of workload, and patients not understanding that it may take a bit longer for certain things. Patients who are downright rude, or cruel to staff. insulting their intelligence.
- ▶ The workload. It is absolutely ridiculous. We should have a technician solely dedicated to vaccinations.
- ▶ The amount of things being added on to pharmacies. We should be filling prescriptions but at least 50% of our daily work load is coming from vaccines (intake, processing, paperwork, etc) and covid testing (intake, processing, paperwork, running tests, filing, etc.) that we fall behind on our basic duties of filling prescriptions and helping patients with their medications.
- ▶ 1 pharmacist to do scripts, counsel patients, give vaccines. More phone lines, windows, and registers than people to take care of them.

What other factors would allow you to grow as a pharmacy technician throughout your career, and minimize your chances of changing careers?

- ▶ Pay increase is needed! Especially with how many clinical service roles technicians do now!
- ▶ Getting to actually count or data entry.
- ▶ Just better pay. I can make more at McDonald's
- ▶ MUCH BETTER PAY, THE ABILITY TO MOVE UP BASED ON EXPERIENCE AND ABILITIES
- ▶ More availability of certificate classes to obtain my ADV-CPhT
- ▶ Having more staff, that are capable of doing their job, so that everyone else isn't forced to pick up all the slack on top of their already to large work load.

What other factors would allow you to grow as a pharmacy technician throughout your career, and minimize your chances of changing careers?

- ▶ Better pay & adequate staffing to start. Pharmacy has become a very stressful job especially over the past 2 years. I have developed health issues because of it. I used to love my job but it has become a negative force in my life. I am in my 19th year with the company and I'm not sure how much longer I can remain in this profession. Sadly, a lot of really good employees have left because of the stress and work conditions.
- ▶ I would love to have more pharmacists on staff- techs can only do so much and it falls on the pharmacists to do two work flow items like pre verification and verification, counseling, vaccines, answering questions, etc
- ▶ Being able to work towards with classes and such to further education. As a tech to like intern. If there was seminars or classes and jazz that techs could get a certificate for further education.
- ▶ PAY!!!! Pharmacy Technicians need a higher base pay salary. We do a lot for our patients and pharmacists, and deserve to be properly compensated. Especially since we have to be certified with the state board of pharmacy.

Meeting Materials



Pharmacist Workload Advisory Committee Meeting Notice

December 9th, 2021

10:00 AM – 12:30 PM

Vern Riffe Center
17th Floor – Board Hearing Room
77 S. High Street
Columbus, OH

January 6th, 2022 – Cancelled – Meeting will be moved to February due to increase in COVID-19 cases.

10:00 AM – 12:30 PM

Vern Riffe Center
17th Floor – Board Hearing Room
77 S. High Street
Columbus, OH

Viewing Options

- Limited seating for the public will be available on the 17th Floor - Board Hearing Room. All meeting materials have been posted here: <https://www.pharmacy.ohio.gov/Pubs/Reports.aspx>
- Online streaming will be available the day of the meeting. The meeting will also be recorded.

The Committee meetings are open to the public, but the committee will not be accepting public comments during the meeting. Due to the COVID-19 pandemic and limited seating, the public is strongly encouraged to view remotely.



Meeting Materials



**STATE OF
OHIO**
BOARD OF PHARMACY

Pharmacist Workload Advisory Committee Meeting Notice

February 17, 2022

10:30 AM - 2:00 PM

Vern Riffe Center

17th Floor – Board Hearing Room

77 S. High Street

Columbus, OH

March 31, 2022

11:00 AM - 1:30 PM

Vern Riffe Center

17th Floor – Board Hearing Room

77 S. High Street

Columbus, OH

April 28, 2022

11:00 AM - 1:30 PM

Vern Riffe Center

17th Floor – Board Hearing Room

77 S. High Street

Columbus, OH

Viewing Options

- Limited seating for the public will be available on the 17th Floor - Board Hearing Room. All meeting materials have been posted here: <https://www.pharmacy.ohio.gov/Pubs/Reports.aspx>
- Online streaming will be available the day of the meeting. The meeting will also be recorded.

The Committee meetings are open to the public, but the committee will not be accepting public comments during the meeting. Due to the COVID-19 pandemic and limited seating, the public is strongly encouraged to view remotely.

77 South High Street, 17th Floor, Columbus, Ohio 43215



Meeting Materials



Pharmacist Workload Advisory Committee

Meeting Minutes - October 14, 2021

10:04 am

The Pharmacist Workload Advisory Committee convened in the Hearing Room, 17th Floor, of the Vern Riffe Center for Government and the Arts, 77 South High Street, Columbus, Ohio, for a public meeting with the following members present:

- Jeff Huston, Committee Chair, State of Ohio Board of Pharmacy
- Joey Campbell, Pharmacy Manager, Walmart
- Jill Garress, Pharmacy Manager, Walgreens
- Taylor Hardwick, Certified Pharmacy Technician, Walmart
- Bimal Dassani, Division Vice-President, Rite Aid
- John Long, Director Pharmacy Regulatory Affairs, CVS Health
- Ryan Davis, Health and Wellness Leader, Kroger
- Katie McKinney, Director of Pharmacy Services, University of Cincinnati Medical Center
- Elizabeth Stacy, Internal Medicine Clinical Pharmacist Specialist, University of Cincinnati Medical Center
- Jason Opritza, Pharmacist, Klein's Pharmacy
- Brigid Groves, Contingent Pharmacist, O'Reilly Family Pharmacy

Also present were:

- Cameron McNamee, State of Ohio Board of Pharmacy
- Jenni Wai, State of Ohio Board of Pharmacy
- Nicole Dehner, State of Ohio Board of Pharmacy

10:05 am

The Committee proceeded with introductions.

10:27 am

Chair Huston provided opening remarks and outlined the committee structure.

10:32 am

The committee reviewed a presentation that provided an overview of the [2020 Pharmacist Workload Survey](#) and discussed the future topic areas of the committee. Those topics areas include:

- Scheduled Breaks
- Clinical (e.g., Non-Dispensing) Duties
- Pharmacist and Technician Staffing
- Metrics
- Prescription Volume
- Non-Clinical Duties
- Review of Current Laws and Rules
- Technician Roles and Responsibilities

77 South High Street, 17th Floor, Columbus, Ohio 43215



Meeting Materials

The Committee also discussed the need to deploy additional surveys for pharmacists and pharmacy technicians to obtain the most recent workforce data.

11:27 am

Break

11:37 am

Committee discussions resume

11:47 am

Committee discusses closing remarks and next steps

11:52 am

Committee adjourns

Meeting Materials



Pharmacist Workload Advisory Committee

Meeting Minutes - December 9, 2021

10:00 am

The Pharmacist Workload Advisory Committee convened in the Hearing Room, 17th Floor, of the Vern Riffe Center for Government and the Arts, 77 South High Street, Columbus, Ohio, for a public meeting with the following members present:

- Jeff Huston, Committee Chair, State of Ohio Board of Pharmacy
- Joey Campbell, Pharmacy Manager, Walmart
- Jill Garress, Pharmacy Manager, Walgreens
- Taylor Hardwick, Certified Pharmacy Technician, Walmart
- Bimal Dassani, Division Vice-President, Rite Aid
- John Long, Director Pharmacy Regulatory Affairs, CVS Health
- Ryan Davis, Health and Wellness Leader, Kroger
- Katie McKinney, Director of Pharmacy Services, University of Cincinnati Medical Center
- Elizabeth Stacy, Internal Medicine Clinical Pharmacist Specialist, University of Cincinnati Medical Center
- Jason Opritza, Pharmacist, Klein's Pharmacy
- Alan Fox, Consultant Pharmacist, CommuniCare Family of Companies

Also present were:

- Cameron McNamee, State of Ohio Board of Pharmacy
- Jenni Wai, State of Ohio Board of Pharmacy

10:04 am

The Committee unanimously approved the minutes from the October 14, 2021, meeting.

10:05 am

The Committee reviewed 2021 Survey Data for pharmacists and pharmacy technicians and discussed the results of the survey.

10:46 am

Break

10:58 am

Committee discussions resume

12:22 pm

Committee discusses closing remarks and next steps

12:28 pm

Committee adjourns



Meeting Materials

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>

Meeting Materials

	<p><i>(1) Such form shall include, but not be limited to the following:</i></p> <p><i>(A) Date and time the inadequate staffing occurred;</i></p> <p><i>(B) Number of prescriptions filled during this time frame;</i></p> <p><i>(C) Summary of events; and</i></p> <p><i>(D) Any comments or suggestions.</i></p> <p><i>(2) Such forms are not to be sent to the Board.</i></p> <p><i>(c) A pharmacist shall complete the staffing report form when:</i></p> <p><i>(1) A pharmacist is concerned regarding staffing due to:</i></p> <p><i>(A) inadequate number of support persons (cashiers, technicians, auxiliary supportive personnel, etc.); or,</i></p> <p><i>(B) excessive workload;</i></p> <p><i>(2) Filling out the form may enable management to make a better decision concerning staffing.</i></p> <p><i>(d) If the pharmacy manager feels that the situation warrants earlier Board review the pharmacy manager shall inform the Board.</i></p> <p><i>(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.</i></p> <p><i>(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.</i></p> <p><i>(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.</i></p>
<p>4</p>	<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>
<p>5</p>	<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>
<p>6</p>	<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>

Meeting Materials

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

Meeting Materials

	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.

Meeting Materials



Pharmacist Workload Advisory Committee Agenda

February 17, 2022

Vern Riffe Center
17th Floor – Board Hearing Room
77 S. High Street
Columbus, OH

Welcome, Introductions & Approval of Meeting Minutes	10:30 am
Review and Discussion of Policy Suggestions	10:35 am
Lunch Break	12:00 pm
Continuation of Review and Discussion of Policy Suggestions	12:30 pm
Next Steps / Conclusion	1:50 pm

Viewing Options

- Limited seating for the public will be available on the 17th Floor - Board Hearing Room. All meeting materials have been posted here: www.pharmacy.ohio.gov/PWAC.
- Online streaming will be available the day of the meeting via [Microsoft Teams](#). The meeting will also be recorded.
- Microsoft Teams link for online streaming: [Click here to join the meeting](#)

The Committee meetings are open to the public, but the committee will not be accepting public comments during the meeting. Due to the COVID-19 pandemic and limited seating, the public is strongly encouraged to view remotely.

77 South High Street, 17th Floor, Columbus, Ohio 43215



Meeting Materials



Pharmacist Workload Advisory Committee Agenda

March 31, 2022

Vern Riffe Center

17th Floor – Board Hearing Room

77 S. High Street

Columbus, OH

Welcome, Introductions & Approval of Meeting Minutes	11:00 am
Review and Discussion of Recent California Law	11:10 am
Review and Discussion of Policy Ranking Exercise	11:30 pm
Break	12:30 pm
Continuation of Review and Discussion of Policy Ranking Exercise	12:45 pm
Additional Topics for Committee Review and Discussion / Next Steps	1:15 pm
Adjourn	1:30 pm

Viewing Options

- Limited seating for the public will be available on the 17th Floor - Board Hearing Room. All meeting materials have been posted here: www.pharmacy.ohio.gov/PWAC.
- Online streaming will be available the day of the meeting via [Microsoft Teams](#). The meeting will also be recorded.
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77 South High Street, 17th Floor, Columbus, Ohio 43215



Meeting Materials

Review and Discussion of Policy Ranking Exercise (3.31.22 Meeting)

For each policy listed below:

1. In what pharmacy settings should this policy apply?

- Independent
- Small Chain (More than 1, but less than 12 locations)
- Large Chain (Grocer/Big Box/Standalone)
- Long-Term Care
- Hospital
- Mail Order
- Other (clinic, nuclear, etc.)

2. What are some considerations/modifications/details that are needed to make this policy feasible to implement?

3. How does this policy address the underlying issues raised in the survey?

4. Can this policy be enforced?

5. How will this policy improve overall workload conditions for pharmacy personnel?

Meeting Materials

PWAC Policy Ranking Results (11 total responses)

Number	Title	Type of Change	Description	Rank
18	Expand Technician Scope of Practice – Immunizations	Legislative Change	Make permanent the administration of immunizations and vaccines by Pharmacy Technicians that includes all approved ACIP-recommended vaccines for adults and children.	5.82
8	Mandatory Breaks/Rest Periods	Administrative Rule	Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal breaks to all staff. (See breakdown of requirements from other states in Appendix I)	6.09
1	Improve Resources to Promote Technician Onboarding	Board Initiative	Board shall develop onboarding educational videos and other materials to facilitate onboarding of new technicians.	6.27
3	License Transferability	Administrative Rule	Board shall develop and implement a process for technician reciprocity.	6.36
2	Improve Technician Training Resources	Administrative Rule	Requiring pharmacies to have a dedicated staff member to train all new technicians. Staff person should be at the pharmacy or district level.	7.64
6	Staffing Plan	Administrative Rule	<p>Require each pharmacy’s responsible person to develop a staffing plan that establishes the appropriate number of pharmacy technicians and interns to pharmacist(s) on duty. The staffing plan shall ensure that the number of pharmacy technicians and interns on duty can be satisfactorily supervised by the pharmacist(s) on duty.</p> <p>In developing a staffing plan, the responsible person shall consider all the following:</p> <ul style="list-style-type: none"> a. The volume of workload and the services provided by the pharmacy (MTM, vaccines, etc.). b. The volume of prescriptions handled by staff to include: <ul style="list-style-type: none"> i. Prescriptions filled, dispensed, and sold; ii. Prescriptions placed on hold; iii. Prescriptions returned to stock; iv. Any other prescriptions metrics developed by the responsible person. c. Security needs of the pharmacy and pharmacy staff. 	7.91

Meeting Materials

			<p>d. Required closing of certain touchpoints (drive-thru, vaccines, etc.) if understaffed. Provide autonomy to the on-duty pharmacist as part of the rule to close touchpoints.</p> <p>The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner.</p>	
15	Tech-Check-Tech	Legislative Change	Implementation of Tech-Check-Tech. This would allow for enhanced pharmacy technician certification, increased payment tiers for additional education/training required, and would also reduce work burden on the pharmacist.	8.00
17	Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests	Legislative Change	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.	8.73
16	Expand Technician Scope of Practice – Drug Administration	Legislative Change	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.	9.45
11	Managing Touchpoints	Administrative Rule	Provide autonomy to the pharmacist on duty to shut down touchpoints and non-essential services if understaffed.	9.73
4	Working Conditions / Security	Administrative Rule	<p>Require any “open-door” pharmacy must operate with at least one technician and one pharmacist (or two pharmacists). Include exception for documented absence.</p> <p><i>California rules have a similar provision (two individuals required to work in a pharmacy). [See Appendix 3 of this document for California Laws impacting pharmacist workload]</i></p> <p><i>A community pharmacy shall not require a pharmacist employee to engage in the practice of pharmacy at any time the pharmacy is open to the public, unless either another employee of the pharmacy or, if the pharmacy is located within another establishment, an employee of the establishment within which the pharmacy is located, is made available to assist the pharmacist at all times.</i></p> <p><i>Includes the following exceptions:</i></p>	9.82

Meeting Materials

			<p><i>(1) A hospital pharmacy.</i></p> <p><i>(2) A pharmacy located in a hospital facility, including, but not limited to, a building where outpatient services are provided in accordance with the hospital's license.</i></p> <p><i>(3) A pharmacy owned or operated by a federal, state, local, or tribal government entity, including, but not limited to, a correctional pharmacy, a University of California pharmacy, or a pharmacy operated by the State Department of State Hospitals.</i></p> <p><i>(4) A pharmacy owned by a person or persons who, collectively, control the majority of the beneficial interest in no more than four pharmacies in California.</i></p> <p><i>(5) A pharmacy entirely owned and operated by a health care service plan that exclusively contracts with no more than two medical groups in the state to provide, or arrange for the provision of, professional medical services to the enrollees of the plan.</i></p> <p><i>(6) A pharmacy that permits patients to receive medications at a drive-through window when both of the following conditions are met:</i></p> <p><i>(i) A pharmacist is working during the times when patients may receive medication only at the drive-through window.</i></p> <p><i>(ii) The pharmacist's employer does not require the pharmacist to retrieve items for sale to patients if the items are located outside the pharmacy. These items include, but are not limited to, items for which a prescription is not required.</i></p> <p><i>(7) Any other pharmacy from which controlled substances, dangerous drugs, or dangerous devices are not furnished, sold, or dispensed at retail.</i></p> <p><i>The board shall not take action against a pharmacy for a violation of this section if both of the following apply:</i></p> <p><i>(1) Another employee is unavailable to assist the pharmacist due to reasonably unanticipated circumstances, including, but not limited to, illness, injury, family emergency, or the employee's termination or resignation.</i></p> <p><i>(2) The pharmacy takes all reasonable action to make another employee available to assist the pharmacist.</i></p>	
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Meeting Materials

5	Staffing Requirements	Administrative Rule	Ancillary staffing (support personnel and technicians) must allow for each point of contact to be covered at all hours the pharmacy is open. This must include drive-thru, drop-off, register, vaccinations, and a person dedicated to phones.	11.00
14	Technician Career Pathways	Administrative Rule	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.	11.64
7	Report of Understaffing	Administrative Rule	<p>(A) Adequate staffing to safely dispense prescriptions is the responsibility of the pharmacy and the pharmacy's responsible person. If conditions exist that could cause prescriptions to be dispensed in an unsafe manner the pharmacy and the pharmacy's responsible person shall take action to correct the problem.</p> <p>(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. Such form shall include, but not be limited to the following:</p> <p>(1) Date and time the inadequate staffing occurred;</p> <p>(2) Number of prescriptions filled during this time frame;</p> <p>(3) Summary of events; and</p> <p>(4) Any comments or suggestions.</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>(3) Any errors that occurred to the result of inadequate staffing.</p>	11.64

Meeting Materials

			<p>(D) The responsible person shall submit that form in a manner determined by 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 on-site in a readily retrievable manner for at least three years from the date of creation.</p>	
9	Limits on Hours Worked	Administrative Rule	<p>A pharmacy shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per twenty-four (24) hour period. A pharmacist/technician 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. (See breakdown of requirements from other states in Appendix I)</p>	11.91
10	Mandatory Dark Hours	Administrative Rule	<p>Require "open door" pharmacies to operate dark hours that allow for staff to prepare and catchup on their work without any interruptions. This will allow pharmacies to operate more efficiently and safely and help minimize distractions when engaged in activities requiring greater concentration.</p>	12.55
12	Metrics	Administrative Rule	<p>Eliminate Job impacting metrics that compromise safety and integrity of the profession. 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. Prohibit metrics related to the volume of services provided. <i>[See Appendix 3 of this document for California Laws impacting pharmacist workload]</i></p>	12.91
13	Elimination of Cold Call Lists	Administrative Rule	<p>Eliminate required cold call lists.</p>	13.55

Meeting Materials

Appendix 1 – State Laws/Rules on Pharmacy Personnel Rest/Meal Breaks/Shift Limits

Alabama:

Every pharmacy when opened for business shall be under the personal supervision of a duly licensed pharmacist who shall have personal supervision of not more than one pharmacy at the same time. During temporary absences of the licensed pharmacist, not to exceed three hours daily or more than one and one-half hours at any one time, nor more than one week for temporary illness, the prescription department shall be closed, and no prescriptions are to be filled. During the temporary absence of a pharmacist, a sign shall be placed on the prescription counter in a prominent location easily seen by the public stating, "Prescription Department Closed, No Pharmacist on Duty."

Florida:

*A pharmacist may take a meal break, **not to exceed thirty minutes in length**, during which the pharmacy department of a permittee shall not be considered closed, under the following conditions:*

- (a) The pharmacist shall be considered present and on duty during any such meal break if a sign has been prominently posted in the pharmacy indicating the specific hours of the day during which meal breaks may be taken by the pharmacist and assuring patients that a pharmacist is available on premises for consultation upon request during a meal break;*
- (b) The pharmacist shall be considered directly and immediately available to patients during such meal breaks if patients to whom medications are delivered during the meal break are verbally informed that they may request that a pharmacist contact them at the pharmacist's earliest convenience after the meal break, and if a pharmacist is available on premises during the meal break for consultation regarding emergency matters; only prescriptions with final certification by the pharmacist may be delivered;*
- (c) The activities of pharmacy technicians during such a meal break shall be considered to be under the direct and immediate personal supervision of a pharmacist if the pharmacist is available on premises during the meal break to respond to questions by the technicians, and if at the end of the meal break the pharmacist certifies all prescriptions prepared by pharmacy technicians during the meal break.*

Minnesota:

A pharmacist, pharmacist-intern, or pharmacy technician working longer than six continuous hours per day shall be allowed during that time period to take a 30-minute, uninterrupted break.

New Hampshire:

(a) No pharmacist shall work more than 8 hours without a rest break of 30 minutes. Breaks shall be scheduled as close as possible to the same time each day so that patients may become familiar with the approximate break times.

Meeting Materials

(b) Whenever the prescription department is staffed by a single pharmacist, the pharmacist may take a rest break for a period of 30 minutes without closing the pharmacy and removing support personnel from the pharmacy, provided that the pharmacist reasonably believes that the security of the prescription drugs will be maintained in the pharmacist's absence.

North Carolina:

A permit holder shall not require a pharmacist to work longer than 12 continuous hours per workday. A pharmacist working longer than 6 continuous hours per workday shall be allowed during that time period to take a 30 minute meal break and one additional 15 minute break.

Oregon:

Appropriate opportunities for uninterrupted rest periods and meal breaks.

Vermont:

(a) Whenever the prescription department is staffed by a single pharmacist, the pharmacist may take a meal/rest break for a period of up to 30 minutes without closing the pharmacy and removing support personnel from the pharmacy, provided that the pharmacist reasonably believes that the security of the prescription drugs will be maintained in the pharmacist's absence.

(b) No pharmacist shall work more than 8 hours without a meal/rest break. Breaks should be scheduled as close as possible to the same time each day, so that patients may become familiar with the approximate time of the breaks

Virginia:

Except in an emergency, a permit holder shall not require a pharmacist to work longer than 12 continuous hours in any work day and shall allow at least six hours of off-time between consecutive shifts. A pharmacist working longer than six continuous hours shall be allowed to take a 30-minute break.

West Virginia:

No pharmacist may work more than twelve (12) hours within a twenty-four (24) hour period without at least eight (8) hours off duty in that 24 hours, except in a case of emergency when a pharmacist calls off work, the pharmacist on duty may work more than twelve (12) hours in order to keep the pharmacy open. The pharmacists would have to document and date and amount of time worked beyond the twelve (12) hour limit along with the reason for the extended hours of work and make it available to the Board.

Meeting Materials

Appendix 2 – Ranking Response Data (bolded = average for all responses)

Improve Resources to Promote Technician Onboarding (#1)	Improve Technician Training Resources (#2)	License Transferability (#3)	Working Conditions / Security (#4)	Staffing Requirements (#5)	Staffing Plan (#6)	Report of Understaffing (#7)	Mandatory Breaks/Rest Periods (#8)	Limits on Hours Worked (#9)	Mandatory Dark Hours (#10)	Managing Touchpoints (#11)	Metric (#12)	Elimination of Cold Call Lists (#13)	Technician Career Pathways (#14)	Tech - Check-Tech (#15)	Expand Technician Scope of Practice – Drug Administration (#16)	Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests (#17)	Expand Technician Scope of Practice – Immunizations (#18)
3	10	1	6	11	7	17	2	5	15	8	9	16	18	12	13	14	4
11	10	6	18	16	7	17	1	15	13	8	14	9	12	5	3	4	2
15	16	7	13	12	14	6	2	3	5	4	9	10	17	11	18	8	1
3	5	2	12	13	7	6	14	11	15	16	17	18	4	1	9	8	10
6	9	17	1	3	4	10	5	7	8	2	11	12	18	13	14	16	15
7	4	1	8	9	3	11	2	10	13	12	14	16	15	5	18	17	6
5	9	2	6	10	12	13	15	14	11	16	8	18	17	1	3	7	4
1	2	8	9	13	10	11	12	18	14	5	16	15	4	17	6	3	7
11	10	6	18	16	7	17	1	15	13	8	14	9	12	5	3	4	2
3	4	6	2	8	7	9	1	16	15	10	17	18	5	11	14	13	12
4	5	14	15	10	9	11	12	17	16	18	13	8	6	7	3	2	1
6.27	7.64	6.36	9.82	11.00	7.91	11.64	6.09	11.91	12.55	9.73	12.91	13.55	11.64	8.00	9.45	8.73	5.82

Senate Bill No. 362

CHAPTER 334

An act to add Sections 4113.7 and 4317 to the Business and Professions Code, relating to healing arts.

[Approved by Governor September 27, 2021. Filed with Secretary of State September 27, 2021.]

LEGISLATIVE COUNSEL'S DIGEST

SB 362, Newman. Chain community pharmacies: quotas.

Under the Pharmacy Law, the California State Board of Pharmacy licenses and regulates the practice of pharmacy and the conduct of a pharmacy in this state. The Pharmacy Law refers to various types of pharmacies, including community pharmacies, as specified. Existing law prohibits a community pharmacy from requiring a pharmacist to engage in the practice of pharmacy at any time the pharmacy is open to the public, unless another employee, as specified, is made available to assist the pharmacist at all times.

This bill would prohibit a chain community pharmacy, as defined, from establishing a quota, defined as a fixed number or formula related to the duties for which a pharmacist or pharmacy technician license is required, against which the chain community pharmacy or its agent measures or evaluates the number of times either an individual pharmacist or pharmacy technician performs tasks or provides services while on duty. The bill would also prohibit a chain community pharmacy, through employees, contractors, or third parties, from communicating the existence of quotas to pharmacists or pharmacy technicians who are its employees or with whom it contracts. The bill would authorize the board to take an enforcement action against a chain community pharmacy that violates these provisions, as specified.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) California's pharmacists and pharmacy technicians employed by multibillion dollar, publicly-traded, pharmacy chain stores will imminently be called upon to accomplish something unprecedented: to vaccinate tens of millions of California patients on top of their already overwhelming workloads.

(b) However, widespread, profit-driven, and long-decried performance quotas imposed by these chains upon their licensed professional employees place at risk the ability of pharmacists and pharmacy technicians safely to vaccinate Californians properly while at the same time performing their already life-or-death duties.

(c) Documents and data obtained by investigative reporters, public prosecutors, and researchers have established that large, publicly-traded pharmacy chains impose performance quotas on licensed pharmacists and pharmacy technicians that place at risk the health and well-being of patients. For example:

(1) More than one-half of the chain and retail pharmacists reported high stress work environments from “having to meet quotas.”

(2) Eighty-three percent of pharmacists reported in one survey that “performance metrics contributed to dispensing errors.”

(3) Another survey by the California State Board of Pharmacy found that about 85 percent of the pharmacists surveyed indicated “workload” was “too high.” Prescription errors can be found and corrected 89 percent of the time during such consultations. However, performance quotas such as timed metrics inhibit consistent consultations.

(4) An investigative report by The Los Angeles Times documented enormous pressure placed upon pharmacy employees by vast drug chains to meet quotas. One pharmacist is quoted as saying, “Everyone knows that if we don’t hit our quotas, people can lose their jobs,” and The Times writes “[c]ompany documents . . . have shown that CVS workers are expected to enroll at least 40% of patients into the [automatic prescription renewal] program. Failure to do so can result in loss of raises or bonuses. Other drugstores, notably Target, Rite Aid and Walgreens, have similar quotas [.]”

(5) In 2011, the California State Board of Pharmacy brought to three District Attorneys’ offices information about the three biggest retail chains failing to properly provide needed personal consultation to prescription drug customers. All three of these major retailers were forced to pay huge fines and were permanently enjoined to comply with California’s standards for patient consultations. Indeed, major drug store chains have been forced to pay millions to settle claims brought by the United States Department of Justice and other public agencies for overzealous and unlawful profit-increasing practices.

(d) Performance quotas in normal times pose a risk to the public health. When implemented during a time when pharmacists and pharmacy technicians will have imposed upon them for an indefinite period significant new and vital public health duties, quotas are unacceptable.

SEC. 2. Section 4113.7 is added to the Business and Professions Code, to read:

4113.7. (a) A chain community pharmacy, as defined in subdivision (c) of Section 4001, shall not establish a quota related to the duties for which a pharmacist or pharmacy technician license is required.

(b) A chain community pharmacy shall not, through employees, contractors, or third parties, communicate the existence of quotas, that are illegal pursuant to this section, to pharmacists or pharmacy technicians who are employees of the chain community pharmacy or with whom the chain community pharmacy contracts.

(c) (1) For purposes of this section, “quota” means a fixed number or formula related to the duties for which a pharmacist or pharmacy technician license is required, against which the chain community pharmacy or its agent measures or evaluates the number of times either an individual pharmacist or pharmacy technician performs tasks or provides services while on duty. “Quota” includes a fixed number or formula related to any of the following:

- (A) Prescriptions filled.
- (B) Services rendered to patients.
- (C) Programs offered to patients.
- (D) Revenue obtained.

(2) For purposes of this section, “quota” does not mean any of the following:

(A) A measurement of the revenue earned by a particular licensed chain community pharmacy not calculated in relation to, or measured by, the tasks performed, or services provided by, individual pharmacists or pharmacy technicians.

(B) Any evaluation or measurement of the competence, performance, or quality of care provided to patients of a pharmacist or pharmacy technician if the evaluation does not use quotas, as defined in paragraph (1).

(C) Any performance metric required by state or federal regulators that does not use quotas, as defined in paragraph (1).

(d) This section does not prohibit a chain community pharmacy from establishing policies and procedures that assist in assessing the competency and performance of a pharmacist or pharmacy technician in providing care to patients if the measurements used are not, or do not include, quotas, as defined in subdivision (c).

SEC. 3. Section 4317 is added to the Business and Professions Code, immediately following Section 4316, to read:

4317. The board may take an enforcement action against a chain community pharmacy, as defined in subdivision (c) of Section 4001, that violates Section 4113.7 unless, by clear and convincing evidence, the chain community pharmacy demonstrates that the violation was contrary to its policy.

SEC. 4. The provisions of this act are severable. If any provision of this act or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

UNFINISHED BUSINESS

Bill No: SB 362
Author: Newman (D)
Amended: 7/7/21
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 9-3, 3/22/21
AYES: Roth, Archuleta, Becker, Dodd, Eggman, Leyva, Min, Newman, Pan
NOES: Melendez, Bates, Jones
NO VOTE RECORDED: Hurtado, Ochoa Bogh

SENATE APPROPRIATIONS COMMITTEE: 5-2, 5/20/21
AYES: Portantino, Bradford, Kamlager, Laird, Wieckowski
NOES: Bates, Jones

SENATE FLOOR: 30-9, 6/1/21
AYES: Allen, Archuleta, Atkins, Becker, Bradford, Caballero, Cortese, Durazo, Eggman, Glazer, Gonzalez, Hertzberg, Hueso, Hurtado, Kamlager, Laird, Leyva, Limón, McGuire, Min, Newman, Pan, Portantino, Roth, Rubio, Skinner, Stern, Umberg, Wieckowski, Wiener
NOES: Bates, Borgeas, Dahle, Grove, Jones, Melendez, Nielsen, Ochoa Bogh, Wilk
NO VOTE RECORDED: Dodd

ASSEMBLY FLOOR: 73-0, 8/30/21 - See last page for vote

SUBJECT: Chain community pharmacies: quotas

SOURCE: California Pharmacists Association
United Food and Commercial Workers

DIGEST: This bill prohibits a chain community pharmacy from establishing a quota to measure or evaluate a pharmacist or pharmacy technician's performance of duties, prohibits a chain community pharmacy from communicating the existence of quotas to employees or those it contracts with, and authorizes the

Board of Pharmacy to take enforcement action against a community pharmacy that establishes a quota related to a pharmacist or pharmacy technician duties, unless by clear and convincing evidence the community pharmacy can demonstrate the violation was contrary to its policy.

Assembly Amendments make clarifying changes, including: 1) changing the bill from a community pharmacy to a “chain community pharmacy; 2) communicating the existence of quotas; 3) changes the definition of quota, as specified; and 4) adds a severability clause.

ANALYSIS:

Existing law:

- 1) Establishes the California State Board of Pharmacy (Board) within the Department of Consumer Affairs to license and regulate the practice of pharmacy and the conduct of a pharmacy in this state, and administer and enforce the Pharmacy Law. (Business and Professions Code (BPC) § 4001 et seq.)
- 2) Specifies that a “chain community pharmacy” means a chain of 75 or more stores in California under the same ownership, and an “independent community pharmacy” means a pharmacy owned by a person or entity who owns no more than four pharmacies in California. (BPC § 4001 (c))
- 3) Prohibits a community pharmacy from requiring a pharmacist to engage in the practice of pharmacy at any time the pharmacy is open to the public, unless another employee, as specified, is made available to assist the pharmacist at all times. (BPC § 4113.5)
- 4) Prohibits the corporate practice of medicine. (BPC § 2400)
- 5) Prohibits the corporate practice of chiropractic medicine. (BPC § 1056)
- 6) Prohibits the corporate practice dentistry. (BPC § 1805)
- 7) Prohibits the corporate practice of speech pathology. (BPC § 2537.2)

This bill prohibits a chain community pharmacy from establishing a quota to measure or evaluate a pharmacist or pharmacy technician’s performance of duties, prohibits a chain community pharmacy from communicating the existence of

quotas to employees or those it contracts with, and authorizes the Board of Pharmacy to take enforcement action against a community pharmacy that establishes a quota related to a pharmacist or pharmacy technician duties, unless by clear and convincing evidence the community pharmacy can demonstrate the violation was contrary to its policy.

Background

Board of Pharmacy. The Board regulates the practice of pharmacies, pharmacists, interns, pharmacy technicians, and exemptees (those who are involved with the wholesale or manufacturer of drugs and medical devices, but not required to hold a pharmacist license). The Board also regulates all types of firms that distribute prescription drugs and devices in California, including community pharmacies and those located in hospitals, clinics, home and community support services facilities, and out-of-state mail order pharmacies that fill prescriptions and deliver them in California.

In Fiscal Year 2019/2020, there were approximately 143,242 licensees under the Board's jurisdiction. The Board is self-funded and receives no money from the General Fund. Funds necessary for its operation are generated primarily through its licensing fees.

Pharmacist Licensee Obligations and Recent Legislation. According to the findings and declarations in current law, pharmacists are health care professionals whose training and experience play a vital role in protecting public health. Pharmacists are legally and ethically bound to advise their patients, physicians, and other health practitioners on the selection, dosages, interactions, and side effects of medications as well as monitor the health and progress of those patients to ensure that they are using their medications safely and effectively. According to BPC § 4001.1, the highest priority for the regulation of pharmacists is protection of the public.

In a recent effort to support pharmacists in specific work environments, SB 1442 (Wiener, Chapter 569, Statutes of 2018) prohibited a community pharmacy from requiring a pharmacist employee to engage in the practice of pharmacy at any time the pharmacy is open to the public, unless another employee is made available to assist the pharmacist at all times.

Corporate Ownership Structure and Licensee Status. Most health professions require that licensees of the profession(s) in question are owners, shareholders, or

otherwise have authority over other licensees within a company setting. For example, the Medical Board of California (MBC) explains that this “policy expressed in Business and Professions Code section 2400 against the corporate practice of medicine is intended to prevent unlicensed persons from interfering with or influencing the physician’s professional judgment.” The theory is that licensed members of a profession have just as much incentive to choose ethical integrity over profit as their employees, as all are subject to the same licensing rules and regulations. Chiropractors, dentists, and speech language pathologists are among the other professions that have a similar policy.

Existing law does not prevent unlicensed persons from being shareholders or corporate owners over pharmacists or pharmacy technicians. The Author and Sponsors contend that this allows for practices like the existing quota structure that places pharmacists in the position of monitoring their own obligations as licensees while also complying with business practices that can conflict with these obligations.

Quotas, Recent Fact Findings on Large-Scale Pharmacies, and Concern around COVID-19 Vaccine Protocol. As defined in this legislation, quotas are “a fixed number or formula related to the duties for which a pharmacist or pharmacy technician license is required, against which the community pharmacy or its agent measures or evaluates the pharmacist or pharmacy technician’s performance of those duties in the community pharmacy.” Quotas are corporate metrics used by some pharmacies—CVS, Walgreens, and Rite Aid included—to evaluate pharmacist-employee performance. The idea is that a good pharmacist-employee should be able to dispense a certain number of prescriptions, shots, medications, services, and/or programs per day. In essence, it is a way for larger pharmacies to ensure quality employees stay with the companies and non-qualify employees can be shown the door. Therefore, performance metrics like are one way of structurally handling large-scale employee evaluation.

However, reports over the last decade describe the quotas employed by some large-scale pharmacies to be harmful to pharmacists and patients. In 2012, The Los Angeles Times wrote a piece on this very predicament that CVS pharmacists in California found themselves in. The article documents how one pharmacist learned of other pharmacists entering patient information into automatic refill programs like ReadyFill without explicit instructions from a doctor or patient consent. When this pharmacist called the CVS ethics hotline to report the problem, he never received a call back. Another pharmacist readily admits that entering customer

information into automatic refill programs without their consent was necessary to meet certain quotas. He said that failure to do so would result in job termination.

More recently, in 2020 The New York Times ran a story outlining the pitfalls of this workplace environment. In addition to the experiences of pharmacists reporting a fear of losing their jobs for not meeting corporate metrics, *The New York Times* reported that pharmacists, doctors, and customers across the country have reported actual patient harm and death as a result of the current system. From an increase in incorrectly-filled prescriptions due to too few staff, to refilling more psychiatric drugs for patients than psychiatrists specifically prescribe and that patients specifically asked for, to offering customers settlements when an incorrectly-filled prescription kills a loved one, the stories compiled demonstrate significant problems with the existing quota system and specific work environment for pharmacists at these types of pharmacies.

In 2020, AB 1710 (Wood, Chapter 123, Statutes of 2020) expanded pharmacist authority to administering COVID-19 vaccines. This expansion of authority calls into question the implementation methods of pharmacies with respect to quotas, especially given CDC guidelines that require the vaccine administrator to wait with a vaccine recipient for 15-30 minutes to monitor them for an anaphylactic response. According to the Author, a “2021 UFCW membership survey found that over 90% [of pharmacists said] they worked under the shadow of quotas with no relief from those quotas when also having quotas imposed for administering the COVID-19 vaccines.”

Board Action against Pharmacists and Pharmacies. *The New York Times* article highlights that state boards of pharmacy currently lack adequate tools to assist in a fair evaluation of incidents of professional conduct between pharmacy and pharmacist. The Board also lacks tools to adequately ascertain the facts necessary to either discipline non-compliant licensees or penalize pharmacies for creating work environments that leave little choice but non-compliance. In general terms, assuming no death or significant bodily injury for something described above, a pharmacist might receive a citation and fine. Completion of continuing education to teach pharmacists how not to reoffend is the goal, rather than any punitive outcome. As described in its recent 2020 sunset report, the Board is working on a workplace survey to better understand the working environments of pharmacists.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Assembly Appropriations Committee, the Board anticipates the need for a 0.5 personnel year inspector to conduct inspections and investigations into allegations of violations, which is an annual estimate of \$96,000.

SUPPORT: (Verified 8/30/21)

- California Pharmacists Association (co-source)
- United Food and Commercial Workers (co-source)
- California Alliance for Retired Americans
- California Chronic Care Coalition
- California Dental Association
- California Labor Federation
- California Medical Association
- California Nurses Association
- California Society for Health-System Pharmacists
- California Service Employees International Union
- Consumer Federation of California

OPPOSITION: (Verified 8/30/21)

- California Retailers Association
- National Association of Chain Drug Stores

ARGUMENTS IN SUPPORT: Generally, sponsors and supporters argue that pharmacists should not be forced to meet corporate benchmarks that conflict with the ethical standards and training of pharmacists. They say a pharmacist’s only priority should be providing adequate care to their patients.

ARGUMENTS IN OPPOSITION: The California Retailers Association and the National Association of Chain Drug Stores generally argue that the provisions of the bill threaten access to pharmacy services and jeopardize patient safety due to its ambiguous requirements. They argue that “[i]nstead of prohibiting performance metrics, California should explore solutions that will make pharmacy workflow more efficient while expanding access to care.”

ASSEMBLY FLOOR: 73-0, 8/30/21

AYES: Aguiar-Curry, Arambula, Bauer-Kahan, Bennett, Berman, Bigelow, Bloom, Boerner Horvath, Bryan, Burke, Calderon, Carrillo, Cervantes, Chau, Chen, Chiu, Choi, Cooley, Cooper, Cunningham, Megan Dahle, Daly, Davies, Flora, Fong, Friedman, Gabriel, Gallagher, Cristina Garcia, Eduardo Garcia, Gipson, Gray, Grayson, Holden, Jones-Sawyer, Kalra, Kiley, Lackey, Lee, Levine, Low, Maienschein, Mayes, McCarty, Medina, Mullin, Muratsuchi,

O'Donnell, Patterson, Petrie-Norris, Quirk, Quirk-Silva, Ramos, Reyes, Luz Rivas, Robert Rivas, Rodriguez, Blanca Rubio, Salas, Santiago, Seyarto, Smith, Stone, Ting, Valladares, Villapudua, Voepel, Waldron, Ward, Akilah Weber, Wicks, Wood, Rendon

NO VOTE RECORDED: Frazier, Lorena Gonzalez, Irwin, Mathis, Nazarian, Nguyen

Prepared by: Dana Shaker / B., P. & E.D. /
8/31/21 16:39:10

**** END ****

State of California

BUSINESS AND PROFESSIONS CODE

Section 4113.5

4113.5. (a) A community pharmacy shall not require a pharmacist employee to engage in the practice of pharmacy at any time the pharmacy is open to the public, unless either another employee of the pharmacy or, if the pharmacy is located within another establishment, an employee of the establishment within which the pharmacy is located, is made available to assist the pharmacist at all times.

(b) This section shall not apply to any of the following:

- (1) A hospital pharmacy, as defined in Section 4029 or 4056.
 - (2) A pharmacy located in a hospital facility, including, but not limited to, a building where outpatient services are provided in accordance with the hospital's license.
 - (3) A pharmacy owned or operated by a federal, state, local, or tribal government entity, including, but not limited to, a correctional pharmacy, a University of California pharmacy, or a pharmacy operated by the State Department of State Hospitals.
 - (4) A pharmacy owned by a person or persons who, collectively, control the majority of the beneficial interest in no more than four pharmacies in California.
 - (5) A pharmacy entirely owned and operated by a health care service plan that exclusively contracts with no more than two medical groups in the state to provide, or arrange for the provision of, professional medical services to the enrollees of the plan.
 - (6) A pharmacy that permits patients to receive medications at a drive-through window when both of the following conditions are met:
 - (A) A pharmacist is working during the times when patients may receive medication only at the drive-through window.
 - (B) The pharmacist's employer does not require the pharmacist to retrieve items for sale to patients if the items are located outside the pharmacy. These items include, but are not limited to, items for which a prescription is not required.
 - (7) Any other pharmacy from which controlled substances, dangerous drugs, or dangerous devices are not furnished, sold, or dispensed at retail.
- (c) A violation of subdivision (a) is not subject to subdivision (a) of Section 4321.
- (d) The board shall not take action against a pharmacy for a violation of this section if both of the following apply:
- (1) Another employee is unavailable to assist the pharmacist due to reasonably unanticipated circumstances, including, but not limited to, illness, injury, family emergency, or the employee's termination or resignation.
 - (2) The pharmacy takes all reasonable action to make another employee available to assist the pharmacist.

Appendix 3 - California Laws Regarding Pharmacist Workload

Meeting Materials

(e) This section shall not be construed to permit an employee who is not licensed under this chapter to engage in any act for which a license is required under this chapter.

(Added by Stats. 2018, Ch. 569, Sec. 2. (SB 1442) Effective January 1, 2019.)

Meeting Materials



Pharmacist Workload Advisory Committee

Meeting Minutes - February 17, 2022

10:30 am

The Pharmacist Workload Advisory Committee convened in the Hearing Room, 17th Floor, of the Vern Riffe Center for Government and the Arts, 77 South High Street, Columbus, Ohio, for a public meeting with the following members present:

- Jeff Huston, Committee Chair, State of Ohio Board of Pharmacy
- Joey Campbell, Pharmacy Manager, Walmart
- Jill Garress, Pharmacy Manager, Walgreens
- Taylor Hardwick, Certified Pharmacy Technician, Walmart
- Bimal Dassani, Division Vice-President, Rite Aid
- John Long, Director Pharmacy Regulatory Affairs, CVS Health
- Ryan Davis, Health and Wellness Leader, Kroger
- Katie McKinney, Director of Pharmacy Services, University of Cincinnati Medical Center
- Elizabeth Stacy, Internal Medicine Clinical Pharmacist Specialist, University of Cincinnati Medical Center
- Jason Opritza, Pharmacist, Klein's Pharmacy
- Alan Fox, Consultant Pharmacist, CommuniCare Family of Companies

Also present were:

- Cameron McNamee, State of Ohio Board of Pharmacy
- Jenni Wai, State of Ohio Board of Pharmacy

10:40 am

The Committee reviewed and discussed the proposed [policy suggestions](#).

12:01 pm

Lunch Break

12:30 pm

Committee discussions resume

1:45 pm

Committee adjourns



Meeting Materials



Pharmacist Workload Advisory Committee Agenda

April 28, 2022

11:00 AM - 1:30 PM

17th Floor – Board Hearing Room

77 S. High Street

Columbus, OH

Welcome, Introductions & Approval of Meeting Minutes	11:00 am
Review and Discussion of Policy Ranking Exercise	11:30 pm
Break	12:30 pm
Continuation of Review and Discussion of Policy Ranking Exercise	12:45 pm
Additional Topics for Committee Review and Discussion / Next Steps	1:15 pm
Adjourn	1:30 pm

Viewing Options

- Limited seating for the public will be available on the 17th Floor - Board Hearing Room. All meeting materials have been posted here: www.pharmacy.ohio.gov/PWAC.
- Online streaming will be available the day of the meeting via [Microsoft Teams](#). The meeting will also be recorded.
- Microsoft Teams link for online streaming: [Click here to join the meeting](#)

The Committee meetings are open to the public, but the committee will not be accepting public comments during the meeting.

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | F: (614) 752.4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov

556



Meeting Materials

Review and Discussion of Policy Ranking Exercise (3.31.22 Meeting)

For each policy listed below:

1. In what pharmacy settings should this policy apply?

- Independent
- Small Chain (More than 1, but less than 12 locations)
- Large Chain (Grocer/Big Box/Standalone)
- Long-Term Care
- Hospital
- Mail Order
- Other (clinic, nuclear, etc.)

2. What are some considerations/modifications/details that are needed to make this policy feasible to implement?

3. How does this policy address the underlying issues raised in the survey?

4. Can this policy be enforced?

5. How will this policy improve overall workload conditions for pharmacy personnel?

Meeting Materials

PWAC Policy Ranking Results (11 total responses)

Number	Title	Type of Change	Description	Rank	Comments Received
18	Expand Technician Scope of Practice – Immunizations	Legislative Change	Make permanent the administration of immunizations and vaccines by Pharmacy Technicians that includes all approved ACIP-recommended vaccines for adults and children.	5.82	
8	Mandatory Breaks/Rest Periods	Administrative Rule	Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal breaks to all staff. (See breakdown of requirements from other states in Appendix I)	6.09	
1	Improve Resources to Promote Technician Onboarding	Board Initiative	Board shall develop onboarding educational videos and other materials to facilitate onboarding of new technicians.	6.27	
3	License Transferability	Administrative Rule	Board shall develop and implement a process for technician reciprocity.	6.36	
2	Improve Technician Training Resources	Administrative Rule	Requiring pharmacies to have a dedicated staff member to train all new technicians. Staff person should be at the pharmacy or district level.	7.64	
6	Staffing Plan	Administrative Rule	<p>Require each pharmacy’s responsible person to develop a staffing plan that establishes the appropriate number of pharmacy technicians and interns to pharmacist(s) on duty. The staffing plan shall ensure that the number of pharmacy technicians and interns on duty can be satisfactorily supervised by the pharmacist(s) on duty.</p> <p>In developing a staffing plan, the responsible person shall consider all the following:</p> <ul style="list-style-type: none"> a. The volume of workload and the services provided by the pharmacy (MTM, vaccines, etc.). b. The volume of prescriptions handled by staff to include: <ul style="list-style-type: none"> i. Prescriptions filled, dispensed, and sold; ii. Prescriptions placed on hold; iii. Prescriptions returned to stock; iv. Any other prescriptions metrics developed by the responsible person. c. Security needs of the pharmacy and pharmacy staff. d. Required closing of certain touchpoints (drive-thru, vaccines, etc.) if understaffed. Provide autonomy to the on-duty pharmacist as part of the rule to close touchpoints. 	7.91	

Meeting Materials

			<p>e. Number of staff and level of staff competency.</p> <p>The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner.</p>		
15	Tech-Check-Tech	Legislative Change	Implementation of Tech-Check-Tech. 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.	8.00	
17	Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests	Legislative Change	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.	8.73	
16	Expand Technician Scope of Practice – Drug Administration	Legislative Change	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.	9.45	
11	Managing Touchpoints	Administrative Rule	Provide autonomy to the pharmacist on duty to shut down touchpoints and non-essential services if understaffed.	9.73	
4	Working Conditions / Security	Administrative Rule	<p>Require any “open-door” pharmacy must operate with at least one technician and one pharmacist (or two pharmacists). Include exception for documented absence.</p> <p><i>California rules have a similar provision (two individuals required to work in a pharmacy). [See Appendix 3 of this document for California Laws impacting pharmacist workload]</i></p> <p><i>A community pharmacy shall not require a pharmacist employee to engage in the practice of pharmacy at any time the pharmacy is open to the public, unless either another employee of the pharmacy or, if the pharmacy is located within another</i></p>	9.82	

Meeting Materials

			<p><i>establishment, an employee of the establishment within which the pharmacy is located, is made available to assist the pharmacist at all times.</i></p> <p><i>Includes the following exceptions:</i></p> <p><i>(1) A hospital pharmacy.</i></p> <p><i>(2) A pharmacy located in a hospital facility, including, but not limited to, a building where outpatient services are provided in accordance with the hospital's license.</i></p> <p><i>(3) A pharmacy owned or operated by a federal, state, local, or tribal government entity, including, but not limited to, a correctional pharmacy, a University of California pharmacy, or a pharmacy operated by the State Department of State Hospitals.</i></p> <p><i>(4) A pharmacy owned by a person or persons who, collectively, control the majority of the beneficial interest in no more than four pharmacies in California.</i></p> <p><i>(5) A pharmacy entirely owned and operated by a health care service plan that exclusively contracts with no more than two medical groups in the state to provide, or arrange for the provision of, professional medical services to the enrollees of the plan.</i></p> <p><i>(6) A pharmacy that permits patients to receive medications at a drive-through window when both of the following conditions are met:</i></p> <p><i>(i) A pharmacist is working during the times when patients may receive medication only at the drive-through window.</i></p> <p><i>(ii) The pharmacist's employer does not require the pharmacist to retrieve items for sale to patients if the items are located outside the pharmacy. These items include, but are not limited to, items for which a prescription is not required.</i></p> <p><i>(7) Any other pharmacy from which controlled substances, dangerous drugs, or dangerous devices are not furnished, sold, or dispensed at retail.</i></p>		
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Meeting Materials

			<p><i>The board shall not take action against a pharmacy for a violation of this section if both of the following apply:</i></p> <p><i>(1) Another employee is unavailable to assist the pharmacist due to reasonably unanticipated circumstances, including, but not limited to, illness, injury, family emergency, or the employee's termination or resignation.</i></p> <p><i>(2) The pharmacy takes all reasonable action to make another employee available to assist the pharmacist.</i></p>		
5	Staffing Requirements	Administrative Rule	Ancillary staffing (support personnel and technicians) must allow for each point of contact to be covered at all hours the pharmacy is open. This must include drive-thru, drop-off, register, vaccinations, and a person dedicated to phones.	11.00	
14	Technician Career Pathways	Administrative Rule	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.	11.64	
7	Report of Understaffing	Administrative Rule	<p>(A) Adequate staffing to safely dispense prescriptions is the responsibility of the pharmacy and the pharmacy's responsible person. If conditions exist that could cause prescriptions to be dispensed in an unsafe manner the pharmacy and the pharmacy's responsible person shall take action to correct the problem.</p> <p>(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. Such form shall include, but not be limited to the following:</p> <p>(1) Date and time the inadequate staffing occurred;</p> <p>(2) Number of prescriptions filled during this time frame;</p> <p>(3) Summary of events; and</p> <p>(4) Any comments or suggestions.</p>	11.64	

Meeting Materials

			<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>(3) Any errors that occurred to the result of inadequate staffing.</p> <p>(D) The responsible person shall submit that form in a manner determined by 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 on-site in a readily retrievable manner for at least three years from the date of creation.</p>		
9	Limits on Hours Worked	Administrative Rule	<p>A pharmacy shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per twenty-four (24) hour period. A pharmacist/technician 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. (See breakdown of requirements from other states in Appendix I)</p>	11.91	
10	Mandatory Dark Hours	Administrative Rule	<p>Require "open door" pharmacies to operate dark hours that allow for staff to prepare and catchup on their work without any interruptions. This will allow pharmacies to operate more efficiently and safely and help minimize distractions when engaged in activities requiring greater concentration.</p>	12.55	
12	Metrics	Administrative Rule	<p>Eliminate Job impacting metrics that compromise safety and integrity of the profession. Pharmacists and technicians should not be financially impacted, or job performance impacted to meet corporate metrics around speed and time to fulfillment.</p>	12.91	

Meeting Materials

			Accuracy should be allowed as a metric. Prohibit metrics related to the volume of services provided. [See Appendix 3 of this document for California Laws impacting pharmacist workload]		
13	Elimination of Cold Call Lists	Administrative Rule	Eliminate required cold call lists.	13.55	
19	Alabama Rule – Supervising Pharmacist	Administrative Rule	<p>There is a growing discussion among pharmacy boards throughout the country about workload conditions in pharmacy. In that discussion, there are many issues contributing to workplace dissatisfaction. It is important to understand that issues related to dissatisfaction in workplace conditions may not fall under the authority of any board of pharmacy unless it involves an adverse result to the safety of patients. The Alabama State Board of Pharmacy was established to ensure the safety of the public health. The Board is not an advocate for pharmacists or technicians but for the patients they serve.</p> <p>One concern of dissatisfaction addresses board of pharmacy disciplinary actions and the focus on the individual licensee and not on the permit or the root cause. The Board has several actions that do address the root cause as well as the permit.</p> <p>Board Rule 680-X-2-.12 Supervising Pharmacist specifically states:</p> <p>If the actions of the permit holder have deemed to contribute to or cause a violation of any provision of this section, the Board may hold the permit holder responsible and/or absolve the supervising pharmacist from the responsibility of that action. In addition, it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder.</p> <p>To fully understand the impact of the above-cited section, it should be read with the following sections of 680-X-2-.22 Code of Professional Conduct in mind.</p> <p>(2) (a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner.</p>	*	

Meeting Materials

			<p>(2) (f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.</p>		
<p>20</p>	<p>Accuracy Audits (Alabama)</p>	<p>Administrative Rule</p>	<p>In October, the Board (Alabama) implemented accuracy audits pursuant to complaints (by consumers, pharmacists, physicians, etc) of prescription errors. These audits are not intended to solely initiate disciplinary action on a practitioner for a prescription error. This practice will allow for review of processes, staffing, and other issues to help identify root causes for errors.</p> <p>Investigators will complete the audit and the results will be reviewed by licensed Board staff. Board staff will review the results to identify if there is an issue with training, workflow, physical conditions, etc, that may adversely affect the safety of patients, or that otherwise falls within the authority of the Board to regulate. Board staff will complete a report for the Board members to review next steps and where to appropriately notify the pharmacy of its concerns or potential disciplinary actions.</p>	<p>*</p>	

Meeting Materials

Appendix 1 – State Laws/Rules on Pharmacy Personnel Rest/Meal Breaks/Shift Limits

Alabama:

Every pharmacy when opened for business shall be under the personal supervision of a duly licensed pharmacist who shall have personal supervision of not more than one pharmacy at the same time. During temporary absences of the licensed pharmacist, not to exceed three hours daily or more than one and one-half hours at any one time, nor more than one week for temporary illness, the prescription department shall be closed, and no prescriptions are to be filled. During the temporary absence of a pharmacist, a sign shall be placed on the prescription counter in a prominent location easily seen by the public stating, "Prescription Department Closed, No Pharmacist on Duty."

Florida:

*A pharmacist may take a meal break, **not to exceed thirty minutes in length**, during which the pharmacy department of a permittee shall not be considered closed, under the following conditions:*

- (a) The pharmacist shall be considered present and on duty during any such meal break if a sign has been prominently posted in the pharmacy indicating the specific hours of the day during which meal breaks may be taken by the pharmacist and assuring patients that a pharmacist is available on premises for consultation upon request during a meal break;*
- (b) The pharmacist shall be considered directly and immediately available to patients during such meal breaks if patients to whom medications are delivered during the meal break are verbally informed that they may request that a pharmacist contact them at the pharmacist's earliest convenience after the meal break, and if a pharmacist is available on premises during the meal break for consultation regarding emergency matters; only prescriptions with final certification by the pharmacist may be delivered;*
- (c) The activities of pharmacy technicians during such a meal break shall be considered to be under the direct and immediate personal supervision of a pharmacist if the pharmacist is available on premises during the meal break to respond to questions by the technicians, and if at the end of the meal break the pharmacist certifies all prescriptions prepared by pharmacy technicians during the meal break.*

Minnesota:

A pharmacist, pharmacist-intern, or pharmacy technician working longer than six continuous hours per day shall be allowed during that time period to take a 30-minute, uninterrupted break.

New Hampshire:

- (a) No pharmacist shall work more than 8 hours without a rest break of 30 minutes. Breaks shall be scheduled as close as possible to the same time each day so that patients may become familiar with the approximate break times.*
- (b) Whenever the prescription department is staffed by a single pharmacist, the pharmacist may take a rest break for a period of 30 minutes without closing the pharmacy and removing support personnel from the pharmacy, provided that the pharmacist reasonably believes that the security of the prescription drugs will be maintained in the pharmacist's absence.*

North Carolina:

A permit holder shall not require a pharmacist to work longer than 12 continuous hours per workday. A pharmacist working longer than 6 continuous hours per workday shall be allowed during that time period to take a 30 minute meal break and one additional 15 minute break.

Oregon:

Appropriate opportunities for uninterrupted rest periods and meal breaks.

Vermont:

(a) Whenever the prescription department is staffed by a single pharmacist, the pharmacist may take a meal/rest break for a period of up to 30 minutes without closing the pharmacy and removing support personnel from the pharmacy, provided that the pharmacist reasonably believes that the security of the prescription drugs will be maintained in the pharmacist's absence.

Meeting Materials

(b) No pharmacist shall work more than 8 hours without a meal/rest break. Breaks should be scheduled as close as possible to the same time each day, so that patients may become familiar with the approximate time of the breaks

Virginia:

Except in an emergency, a permit holder shall not require a pharmacist to work longer than 12 continuous hours in any work day and shall allow at least six hours of off-time between consecutive shifts. A pharmacist working longer than six continuous hours shall be allowed to take a 30-minute break.

West Virginia:

No pharmacist may work more than twelve (12) hours within a twenty-four (24) hour period without at least eight (8) hours off duty in that 24 hours, except in a case of emergency when a pharmacist calls off work, the pharmacist on duty may work more than twelve (12) hours in order to keep the pharmacy open. The pharmacists would have to document and date and amount of time worked beyond the twelve (12) hour limit along with the reason for the extended hours of work and make it available to the Board.

Meeting Materials

Appendix 2 – Ranking Response Data (bolded = average for all responses)

Improve Resources to Promote Technician Onboarding (#1)	Improve Technician Training Resources (#2)	License Transferability (#3)	Working Conditions / Security (#4)	Staffing Requirements (#5)	Staffing Plan (#6)	Report of Understaffing (#7)	Mandatory Breaks/Rest Periods (#8)	Limits on Hours Worked (#9)	Mandatory Dark Hours (#10)	Managing Touchpoints (#11)	Metrics (#12)	Elimination of Cold Call Lists (#13)	Technician Career Pathways (#14)	Tech-Check-Tech (#15)	Expand Technician Scope of Practice – Drug Administration (#16)	Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests (#17)	Expand Technician Scope of Practice – Immunizations (#18)
3	10	1	6	11	7	17	2	5	15	8	9	16	18	12	13	14	4
11	10	6	18	16	7	17	1	15	13	8	14	9	12	5	3	4	2
15	16	7	13	12	14	6	2	3	5	4	9	10	17	11	18	8	1
3	5	2	12	13	7	6	14	11	15	16	17	18	4	1	9	8	10
6	9	17	1	3	4	10	5	7	8	2	11	12	18	13	14	16	15
7	4	1	8	9	3	11	2	10	13	12	14	16	15	5	18	17	6
5	9	2	6	10	12	13	15	14	11	16	8	18	17	1	3	7	4
1	2	8	9	13	10	11	12	18	14	5	16	15	4	17	6	3	7
11	10	6	18	16	7	17	1	15	13	8	14	9	12	5	3	4	2
3	4	6	2	8	7	9	1	16	15	10	17	18	5	11	14	13	12
4	5	14	15	10	9	11	12	17	16	18	13	8	6	7	3	2	1
6.27	7.64	6.36	9.82	11.00	7.91	11.64	6.09	11.91	12.55	9.73	12.91	13.55	11.64	8.00	9.45	8.73	5.82

Meeting Materials



Pharmacist Workload Advisory Committee Agenda

June 9, 2022

10:00 AM - 12:00 PM

17th Floor – Board Hearing Room

77 S. High Street

Columbus, OH

Welcome, Introductions & Approval of Meeting Minutes	10:00 am
Discussion of Topics Outside the Scope of the Board	10:05 am
Additional Topics for Committee Review and Discussion / Next Steps	11:50 am
Adjourn	12:00 pm

Viewing Options

- Limited seating for the public will be available on the 17th Floor - Board Hearing Room. All meeting materials have been posted here: www.pharmacy.ohio.gov/PWAC.
- Online streaming will be available the day of the meeting via [Microsoft Teams](#). The meeting will also be recorded.
- Microsoft Teams link for online streaming: [Click here to join the meeting](#)

The Committee meetings are open to the public, but the committee will not be accepting public comments during the meeting.

77 South High Street, 17th Floor, Columbus, Ohio 43215

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568

Meeting Materials

Pharmacist Workload Advisory Committee – Draft Policy Options

Pursuant to rule 4729-2-01 (B) of the Ohio Administrative Code, the State of Ohio Board of Pharmacy created the Pharmacist Workload Advisory Committee (PWAC) to ensure compliance with the following Ohio laws and rules:

- Section 4729.55, which states: Adequate safeguards are assured that the applicant will carry on the business of a terminal distributor of dangerous drugs in a manner that allows pharmacists and pharmacy interns employed by the terminal distributor to practice pharmacy in a safe and effective manner.
- Rules 4729:5-5-02 and 4729:5-9-02.1 of the Administrative Code which state: The pharmacy shall be appropriately staffed to operate in a safe and effective manner pursuant to section 4729.55 of the Revised Code.

The PWAC began meeting in October 2021 to review potential options to improve working conditions in pharmacies with the goal of protecting the health and safety of Ohioans. During the initial meetings, committee members were asked to provide actionable policy recommendations that would be reviewed by the Committee.

In February 2022, the Committee was then asked to rank each recommendation based upon how each policy option would impact the issue of workload, as outlined in the surveys conducted by the Board in 2020 and 2021.

The table below provides an overview of each policy option (based upon its numerical ranking by the Committee) and a summary of the comments from Committee members during meetings held in March, April, and June of 2022. Additionally, the Committee also discussed a number of policy options outside of the ranking exercise. These proposals, which start on [page 14](#) and are marked with an asterisk (*), are also listed along with the Committee member’s comments.

NOTE: Committee members were asked to provide any additional comments prior to publication of this document. Those comments are noted separately in the committee comments column.

Rank	Title	Type of Change	Description	Committee Comments
1	Expand Technician Scope of Practice – Immunizations	Administrative Rule / Legislative	Authorize the administration of immunizations and vaccines by pharmacy technicians that includes all approved ACIP-recommended vaccines for adults and children.	<p>In general, committee members were supportive of expanding the scope of practice for pharmacy technicians to provide immunizations. Committee members highlighted the utilization of the PREP Act, which allowed registered/certified technicians to provide immunizations in response to the COVID-19 pandemic.</p> <p>Committee members indicated that administration of vaccinations was a significant contributor to stress in the retail setting.</p>

Meeting Materials

				<p>There was discussion regarding creating a separate credential for vaccinating technicians to justify enhanced pay rates. However, Committee members were not certain that creating another credential would incentivize companies to offer higher rates of pay for technicians because, just like pharmacists, immunization administration may become the standard for technicians.</p> <p>The Committee did discuss training components, including requiring initial training that matched the PREP Act requirements (e.g., ACPE approved 20-hour course, such as APHA) as well as requiring continuing education to ensure technicians maintain competence. The Committee discussed making sure that technicians receive more training than pharmacists/interns given that pharmacists and interns have already completed courses in anatomy and other relevant topics as part of their pharmacy education. Additionally, the Committee discussed making sure a preceptor signs off on technician qualifications prior to completing the training.</p> <p>The Committee discussed limitations for the number of pharmacists supervising technicians conducting vaccinations. Some members expressed concerns about having set ratios, indicating that it would be preferential to leave up to the responsible pharmacist and that states are moving away from ratios.</p> <p>The Committee also discussed making sure that pharmacists feel empowered to ensure appropriate levels of oversight of technicians providing immunizations to ensure patient safety.</p> <p>Generally, the Committee felt that this proposal should apply to certified and registered pharmacy technicians if they are adequately trained.</p>
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Meeting Materials

				<p>The Committee discussed a requirement to assess the competency every two years, including a review of appropriate technique. It was also mentioned that certain pharmacy technicians may not be administering immunizations on a regular basis, so it is important to have regular reviews. The members also discussed how other aspects of pharmacy practice (sterile compounding) require regular reviews to ensure competency.</p>
<p>2</p>	<p>Mandatory Breaks/Rest Periods</p>	<p>Rule</p>	<p>Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal breaks to all staff.</p>	<p>Representatives from chain pharmacies indicated that most pharmacies are moving in this direction. Usually, 30-minute breaks are provided, and everyone must leave the pharmacy.</p> <p>Some members raised concerns that mandatory breaks do not help rebalance workload, as the level of workload does not change.</p> <p>However, there were discussions about whether mandating a closed pharmacy would negatively impact patient access.</p> <p>The Committee raise concerns about allowing technicians to bag/sell prescriptions without the pharmacist present. Committee members did not take issue with technicians continuing to prepare prescriptions for pharmacists to check when they return as a way of making sure that patients can still get their medications in a timely fashion.</p> <p>Some committee members cautioned against mandatory breaks and requested an approach like Oregon, which states that there must be “appropriate opportunities for uninterrupted rest periods and meal breaks.”</p>

Meeting Materials

				<p>Committee members expressed that most physician offices are closed for lunch. Therefore, it's about setting expectations for the public that pharmacies need to take breaks.</p> <p>Generally, the committee agreed that uninterrupted breaks are good for patient safety in all pharmacy settings, as they allow for staff to come back refreshed.</p>
3	Improve Resources to Promote Technician Onboarding	Board Initiative	Board shall develop educational videos and other materials to facilitate the onboarding of new technicians.	Committee members expressed the need to improve resources to assist with the licensing of pharmacy technicians. Specifically, they would like resources to assist both technicians as well as pharmacists and HR professionals responsible for coordinating the onboarding and training of technicians. Resources include additional guidance documents and step-by-step training videos assisting licensees in navigating the eLicense application process.
4	License Transferability	Administrative Rule	Board shall develop and implement a process for technician reciprocity.	<p>The Board finalized its technician reciprocity rule effective April 1, 2022. More information about this process can be accessed here: www.pharmacy.ohio.gov/techrecguide</p>
5	Improve Technician Training Resources	Administrative Rule	Requiring pharmacies to have a dedicated staff member to train all new technicians. Staff person should be at the pharmacy or district level.	<p>Committee members raised concerns about the impact of this provision on independent pharmacies and small chains. Additionally, concerns were raised about how difficult this would be to enforce and whether it is best to leave this up to the individual companies to determine.</p> <p>Committee members did express that the stressful work environment leads to high turnover among technicians and that having a dedicated resource (or someone the trainee could shadow) would be beneficial to reduce turnover.</p>

Meeting Materials

<p>6</p>	<p>Staffing Plan</p>	<p>Administrative Rule</p>	<p>Require each pharmacy’s responsible person to develop a staffing plan that establishes the appropriate number of pharmacy technicians and interns to pharmacist(s) on duty. The staffing plan shall ensure that the number of pharmacy technicians and interns on duty can be satisfactorily supervised by the pharmacist(s) on duty to safely oversee the practice of pharmacy.</p> <p>In developing a staffing plan, the responsible person shall consider all the following:</p> <ul style="list-style-type: none"> a. The volume of workload and the services provided by the pharmacy. b. The volume of prescriptions handled by staff to include: <ul style="list-style-type: none"> i. Prescriptions filled, dispensed, and sold; ii. Prescriptions placed on hold; iii. Prescriptions returned to stock; iv. Any other prescriptions metrics developed by the responsible person. c. Security needs of the pharmacy and pharmacy staff. d. Required closing or opening of certain touchpoints (drive-thru, vaccines, etc.). Provide autonomy to the on-duty pharmacist as part of the rule to close or open touchpoints. e. Number of staff and level of staff competency. <p>The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner.</p>	<p>Committee recommended the following adjustments to this proposal (NOTE: The proposal has been updated to reflect these changes):</p> <ul style="list-style-type: none"> ▪ Add the word “safety” to the opening paragraph of proposal. ▪ For paragraph (D), add the word opening to show that the proposal is intended to allow the pharmacist, based upon workload, the ability to close touchpoints but also open touchpoints. <p>Committee members also made some additional comments for Board consideration:</p> <ul style="list-style-type: none"> ▪ Ensure the proposal does not preclude the use of tools (metrics) to develop the plan, including current errors rates or “near misses.” ▪ Make this plan a setting specific rule or make it broader so it is applicable in different settings. ▪ Incorporate a notification requirement to the district managers and a decision tree to ensure decision makers in larger organizations are made aware. ▪ Ensure the staffing plan can be modified to conditions in the pharmacy, which is why notification to corporate is important. Have a way to remedy if corporate tells the pharmacist to not comply with the provisions of the staffing plan. Ensure there are penalties for overriding the responsible person’s judgement. ▪ Everything should be documented to protect the person reporting violations of the staffing plan. ▪ The staffing plan should require all pharmacies with a drive-thru to make sure they are staffed. ▪ The staffing plan should consider that not all pharmacies are going to be fully staffed and should require each licensee prioritize essential services to manage workload and patient safety.
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Meeting Materials

				<ul style="list-style-type: none">▪ The staffing plan should also hold the permit holder accountable, particularly for errors in dispensing related to understaffing or violations of the staffing plan.▪ Staffing plan should not just be based upon prescription volume only, as pharmacies are offering additional services.▪ Incorporate pharmacy “dark hours” as an option in the staffing plan. <p>Additional comments received from committee member representing a large chain:</p> <ul style="list-style-type: none">▪ There should be a level of collaboration between the RP and their leadership in crafting the plan. The plan should be based on an agreement between the parties.▪ The term “appropriate” in the opening sentence too subjective.▪ Execution of this plan would be difficult. Projected volume is the primary driver behind labor budgeting. Considering these projections vary on a weekly basis, the only way to truly comply is to have a staffing plan for every week. This may create more red tape and workload to a pharmacist. A one size fits all plan that does not account for peak and slow times of year is not prudent.▪ Proposing eliminating metrics, yet the RP can develop their own to drive this staffing plan. Seems contradictory.▪ This clause at the end essentially negates the value of the staffing plan. IF the RP can deviate whenever they see fit, it’s not a plan at all but rather a compliance issue to enforce whether a schedule meets the basic requirements of the plan.
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Meeting Materials

7	Tech-Check-Tech	Legislative Change	Implementation of Tech-Check-Tech.	<p>The Committee discussed how Iowa is considered the “gold standard” and has implemented technology-assisted technician product verification programs.</p> <p>The Committee discussed whether the current technician shortage would make it difficult to implement this provision.</p> <p>The Committee expressed the need to have well trained technicians and those clinical responsibilities such as counseling should remain under the purview of the pharmacist who has the appropriate training. The Committee discussed the need to have a clear separation between technical and clinical work.</p>
8	Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests	Legislative Change / Administrative Rule	Change in the required current law/rule(s) regarding the pharmacist’s 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). Additionally, administration of testing should be permitted by all trained pharmacy staff (interns, technician trainees, registered/certified technicians).	<p>The Committee discussed that with the proper training, a technician trainee would be able to conduct these tests. Committee members discussed that sometimes there are only technician trainees working in the pharmacy and the ease of CLIA-waived tests reduces the risk that something could go wrong.</p> <p>The Committee then discussed whether there should be proof of competency. The Committee said that such a determination should fall back to the pharmacist in charge who would need to supervise the technician.</p> <p>Committee members expressed that COVID-19 testing was the same for all pharmacy staff so it would be appropriate if there is training. The Committee agreed that expansion of administering CLIA-waived testing should apply to all pharmacy personnel.</p> <p>The discussion then moved on to other non CLIA-waived testing, which would require a legislative change, as ordering diagnostic testing is only permitted for COVID-19 (under the PREP Act and ORC 4729.42)</p>

Meeting Materials

				and as part of pharmacist consult agreements. The Committee discussed laws in other states that allow pharmacists to order and administer non CLIA-waived tests such as strep.
9	Expand Technician Scope of Practice – Drug Administration	Legislative Change	Develop permanent law/rule(s) to allow for pharmacy technicians to administer drugs in the state of Ohio. This would include, at a minimum, antipsychotics, Hydroxyprogesterone caproate, Medroxyprogesterone acetate, and Cobalamin. This is currently authorized by law/rule for pharmacists in the state (see ORC 4729.45).	<p>The Committee discussed whether these medications would be appropriate for technician administration. Committee members expressed that this is an underutilized provision in the law and that expanding it to technicians could improve accessibility of healthcare.</p> <p>One Committee member mentioned a Pennsylvania rule that permits the administration of any medication by a pharmacist if it came in a syringe. This would also assist patients who often must pick up their medication from the pharmacy and return to the doctor’s office to get it administered.</p> <p>The Committee felt that if pharmacy personnel were appropriately trained to give injections, then they should be able to administer such medications, with some exceptions. The Committee also discussed that, in certain areas of the state pharmacies are the only healthcare facilities for miles and expanding this for pharmacy professionals would be beneficial to public health.</p> <p>The Committee also discussed that this proposal could possibly lead to increased workload and would need to be coupled with other provisions to ensure it does not exacerbate existing workload issues.</p>
10	Managing Touchpoints / Ancillary Staffing	Administrative Rule	<p>Provide autonomy to the pharmacist on duty to shut down touchpoints and non-essential services if understaffed.</p> <p>Require ancillary staffing (support personnel and technicians) at each point of contact when the pharmacy is open. This must</p>	<p>The Committee discussed incorporating this provision into the staffing plan proposal (see policy option #6).</p> <p>Committee members raised the need to provide some autonomy of the pharmacist on duty to increase staffing. For example, having three people in the drive</p>

Meeting Materials

			<p>include drive-thru, drop-off, register, vaccinations, and a person dedicated to phones.</p>	<p>thru and four people waiting at the counter but only one technician working.</p> <p>It is important to allow the pharmacist to close certain touchpoints within the staffing plan when the workload exceeds what is necessary to staff the pharmacy. It also prevents distractions that could endanger patient safety.</p> <p>The Committee also discussed the need to ensure the staffing plan (see policy option #6) should be agreed to by both the responsible pharmacist and the permit holder.</p> <p>A committee member expressed that there is no need for any new rules in this space because closing of touchpoints already occurs in the retail space. Another member raised concerns that they need something in rule to ensure that they can feel supported making changes to protect patient safety. For example, what happens if your district manager says you cannot shut down any touchpoints.</p> <p>The Committee discussed the need to change public perception on what is happening in the profession of pharmacy. Frustration stems from not understanding why it takes so long to receive care.</p> <p>Concerns were raised that closing the drive thru restricts access to those who have small children, who are sick (or avoid exposure to sick individuals), or who may have mobility issues. This has changed somewhat with mandatory closures for lunch that are readjusting people's expectations. The Committee discussed how the drive thru is viewed as beneficial by patients but also expressed the need to make sure it is staffed, much like a drive-thru in other settings.</p>
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Meeting Materials

				<p>A member suggested adjusting the staffing plan to require all pharmacies with a drive-thru to make sure they are staffed (this comment was added in policy option #6). Another suggestion raised was to have set hours for a drive thru window to allow for access and ensure it is properly staffed.</p> <p>Additional comments received from committee member representing a large chain:</p> <ul style="list-style-type: none"> ▪ Difficult to assess what services are “non-essential” and what “understaffed” means. If the term is subjective, then this could give pharmacists a blanket allowance to shut down portions of a pharmacy that would, in turn, impact patient access. ▪ Could this be viewed as an attempt to dictate staffing levels. Basically, I’m counting a minimum of 5 technicians/ pharmacists at any given time to account for coverage of each of these workstations. It also contradicts the development of a “staffing plan”, which presumably accounts for coverage of these workstations.
<p>11</p>	<p>Working Conditions / Security</p>	<p>Administrative Rule</p>	<p>Require any “open-door” pharmacy must operate with at least one employee and one pharmacist (or two pharmacists). Include exception for documented absence.</p> <p><i>California has a similar provision (two individuals required to work in a pharmacy).</i></p> <p><i>A community pharmacy shall not require a pharmacist employee to engage in the practice of pharmacy at any time the pharmacy is open to the public, unless either another employee of the pharmacy or, if the pharmacy is located within another establishment, an employee of the establishment within which the pharmacy is located, is made available to assist the pharmacist at all times.</i></p>	<p>This provision is modeled off a 2018 California Law entitled “No Pharmacist Left Behind.”</p> <p>A representative of chain pharmacies questioned the exemption for independents and questioned if there was data to reflect the exemption for independent pharmacies. The Committee discussed the differences in the survey data between large chains and independent pharmacies.</p> <p>The committee discussed this provision as a safety factor in case there is an emergency or a robbery. In addition, a committee member who is a practicing pharmacist noted that there’s always work to be done</p>

Meeting Materials

			<p><i>Includes the following exceptions:</i></p> <p><i>(1) A hospital pharmacy.</i></p> <p><i>(2) A pharmacy located in a hospital facility, including, but not limited to, a building where outpatient services are provided in accordance with the hospital's license.</i></p> <p><i>(3) A pharmacy owned or operated by a federal, state, local, or tribal government entity, including, but not limited to, a correctional pharmacy, a University of California pharmacy, or a pharmacy operated by the State Department of State Hospitals.</i></p> <p><i>(4) A pharmacy owned by a person or persons who, collectively, control the majority of the beneficial interest in no more than four pharmacies in California.</i></p> <p><i>(5) A pharmacy entirely owned and operated by a health care service plan that exclusively contracts with no more than two medical groups in the state to provide, or arrange for the provision of, professional medical services to the enrollees of the plan.</i></p> <p><i>(6) A pharmacy that permits patients to receive medications at a drive-through window when both of the following conditions are met:</i></p> <p><i>(i) A pharmacist is working during the times when patients may receive medication only at the drive-through window.</i></p> <p><i>(ii) The pharmacist's employer does not require the pharmacist to retrieve items for sale to patients if the items are located outside the pharmacy. These items include, but are not limited to, items for which a prescription is not required.</i></p>	<p>for another staff member (e.g., cleaning, pulling outdates, etc.). There was also discussion as to whether a pharmacist working alone should be able to reduce touchpoints if there are safety concerns.</p> <p>The Committee discussed whether pharmacists feel safe and supported, particularly considering an increase in robberies.</p> <p>Members were also concerned if a pharmacist working alone has an emergency in the pharmacy where they are incapacitated there would be no one to call 9-1-1.</p> <p>The Committee discussed what would happen if there was not another staff member available or someone calls out sick. It was noted that the proposal contains exceptions for such situations.</p> <p>Committee members asked whether there are data or feedback from California regarding the impact of this law. Board staff have reached out to California for additional information.</p> <p>Additional comment received from committee member representing a large chain:</p> <ul style="list-style-type: none"> ▪ This requirement is inherently bias against chain pharmacies. If it applies to chains, it should apply to independent pharmacies as well as the issue the Board is trying to mitigate would be applicable to them as well. ▪ The reason why independents are exempt is because the state association was the sponsor; this was not a Board of Pharmacy run bill; there is no patient safety reason to exclude independents; this is all about politics.
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Meeting Materials

			<p><i>(7) Any other pharmacy from which controlled substances, dangerous drugs, or dangerous devices are not furnished, sold, or dispensed at retail.</i></p> <p><i>The board shall not take action against a pharmacy for a violation of this section if both of the following apply:</i></p> <p><i>(1) Another employee is unavailable to assist the pharmacist due to reasonably unanticipated circumstances, including, but not limited to, illness, injury, family emergency, or the employee's termination or resignation.</i></p> <p><i>(2) The pharmacy takes all reasonable action to make another employee available to assist the pharmacist.</i></p>	
12	Technician Career Pathways	Administrative Rule	<p>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.</p>	<p>The Committee discussed advanced certification for technicians and how some entities recognize these advanced skills with new job codes for technicians.</p> <p>The Committee discussed whether a Board certification would translate to increased pay and whether such recognition would help with existing stress on technicians.</p> <p>Additional comment received from committee member representing a large chain:</p> <ul style="list-style-type: none"> ▪ This may create a slippery slope. If these certifications are not tied to pay, then they need to be tied to something. Otherwise, the policy is completely redundant. Is there a concern with the Board tying these certifications to duties that may be performed, which may be counterproductive.
13	Report of Understaffing	Administrative Rule	<p>(A) Adequate staffing to safely dispense prescriptions is the responsibility of the pharmacy and the pharmacy's responsible person. If conditions exist that could cause prescriptions to be</p>	<p>This proposal is from a current requirement in Oklahoma.</p>

Meeting Materials

		<p>dispensed in an unsafe manner the pharmacy and the pharmacy's responsible person shall take action to correct the problem.</p> <p>(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. Such form shall include, but not be limited to the following:</p> <ol style="list-style-type: none"> (1) Date and time the inadequate staffing occurred; (2) Number of prescriptions filled during this time frame; (3) Summary of events; and (4) Any comments or suggestions. <p>(C) A pharmacist shall complete the staffing report form when:</p> <ol style="list-style-type: none"> (1) A pharmacist is concerned regarding staffing due to: <ol style="list-style-type: none"> (a) inadequate number of support persons (cashiers, technicians, auxiliary supportive personnel, etc.); or, (b) excessive workload; (2) Filling out the form may enable management to make a better decision concerning staffing. (3) Any errors that occurred to the result of inadequate staffing. <p>(D) The responsible person shall submit that form in a manner determined by 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-</p>	<p>Members discussed how this spreads ownership of the problem but documenting staffing situations. It requires a duty to inform as well as a duty to address the underlying concerns raised by staff.</p> <p>The Committee discussed how it ties into staffing plan (see policy option #6) because it allows documentation of deviations from the plan. It also provides details to inform the Board regarding working conditions when investigating a possible error in dispensing.</p> <p>The Committee also discussed if submission of the form should be restricted to pharmacists or whether it would be appropriate to allow technicians to submit reports of understaffing. The technician representative indicated that they would not feel uncomfortable submitting a form, as long as the Board ensures that anti-retaliation provisions remain in place for terminal distributor license holders.</p> <p>Additional comments received from committee member representing a large chain:</p> <ul style="list-style-type: none"> ▪ "Adequate" is not defined and is too subjective. ▪ "Conditions" is not defined and too subjective. Any circumstance can be tied to a hypothetical safety danger. ▪ The staffing report form allows for a licensee to create a record, to be used as possible evidence, to justify a subjective standard. ▪ How can a pharmacist possibly make a conclusion that an error was due to inadequate staffing? This is going to create a condition where the root cause of every error is due to staffing
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Meeting Materials

			<p>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 on-site in a readily retrievable manner for at least three years from the date of creation.</p>	<p>rather than driving accountability and performing a proper root cause analysis.</p>
14	Limits on Hours Worked	Administrative Rule	<p>A pharmacy shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per a twenty-four (24) hour period.</p>	<p>Committee members discussed the issue of fatigue related to working more than 12 hours. However, it may not be a one-size fits all, especially in the hospital setting. The proposal would apply to hours worked and not hours paid, as pharmacists may only get paid for a 12-hour shift but work 14-hours to catch up. Members discussed that this proposal could apply to certain settings, especially given the level of burnout as indicated in the survey data.</p> <p>One committee member referenced an Illinois study committee on pharmacy workload and how they were not able to land on a maximum cap for pharmacist hours. However, a new Illinois law scheduled to go into effect states the following:</p> <p style="padding-left: 40px;"><i>(a) A pharmacy licensed under this Act shall not require a pharmacist, student pharmacist, or pharmacy technician to work longer than 12 continuous hours per day, inclusive of the breaks required under subsection (b).</i></p> <p>The Committee discussed how a loss of focus during extended shifts can be dangerous to the public and compared it to similar requirements in airlines and for long-haul truckers. The Committee recommended examining current studies looking at fatigue in the healthcare profession.</p> <p>Additional comment received from committee member representing a large chain:</p>

Meeting Materials

				<ul style="list-style-type: none"> I don't believe the real issue here is working long hours. I believe the issue is pharmacist's coming in early and leaving late. That should be in their discretion and having that discretion taken away could be viewed as over regulation. It is okay with a policy limiting a "shift" to 12 hours while leaving it up to the pharmacist when to come in either before or after their shift. If you're scheduled to work 8-8, are you supposed to show up right at 8 and start working or do you set up the day prior to serving customers? Need to allow pharmacist with a choice.
15	Mandatory Dark Hours	Administrative Rule	Require "open door" pharmacies to operate dark hours that allow for staff to prepare and catch up on their work without any interruptions.	<p>The Committee discussed how dark hours are more of an exception and if you do not need them, they should not be mandatory. However, they recognize they are important in situations when you are inadequately staffed. One member suggested incorporating this into the staffing plan. Another member noted that mandatory dark hours that are not needed would reduce patient access because it would potentially shorten the hours that pharmacies are open.</p> <p>Another member noted that if incorporated into a staffing plan, the staff should be paid during dark hours.</p> <p>Additional comment received from committee member representing a large chain:</p> <ul style="list-style-type: none"> The practical reality of this requirement would be that pharmacies would simply shorten their hours and have these pharmacies do their pre and post work with the gates closed.
16	Metrics	Administrative Rule	Eliminate Job impacting metrics that compromise safety and integrity of the profession. Pharmacists and technicians should not be financially impacted, or job performance impacted to meet	This proposal is based on a California law (SB 362).

Meeting Materials

			<p>corporate metrics around speed and time to fulfillment. Accuracy should be allowed as a metric. Prohibit metrics related to the volume of services provided.</p> <p>This proposal is based on a California law (SB 362).</p>	<p>Committee members discussed the issue of metrics, as metrics were raised a significant concern in the Ohio survey data.</p> <p>Committee members noted that metrics are a part of business operations, and that primary focus should be on patient care and safety. The Committee then discussed the difference between metrics (e.g., error rates) and quotas (e.g., requiring a certain number of phone calls, vaccines, etc.).</p> <p>The Committee discussed whether forgoing metrics/quotas should be incorporated into the staffing plan. If the pharmacy isn't fully staffed, should metrics/quotas apply?</p> <p>The Committee talked about how the California is law is focused on quotas and prohibiting using those quotas as a penalty.</p> <p>Additional comments received from committee member representing a large chain:</p> <ul style="list-style-type: none"> ▪ I don't believe I've seen any empirical data that directly correlates metrics with compromising safety. To the contrary, the metrics are all tied directly to promoting patient care and service. ▪ Without objective measures, not only can the business not measure its productivity, but a pharmacist could not conceivably every receive any performance feedback as their direct supervisor, who likely has limited facetime, would base a pharmacist's job performance on the few meetings they have per year in the pharmacy. ▪ The draft PWAC document is correct in pointing out that California calls their bill a quota bill, but
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Meeting Materials

				<p>it is really about metrics. California themselves never understood this. Again, this is not a Board of Pharmacy run bill. It is the state association and the unions telling the Board of Pharmacy what to enforce. As with any business, metrics are necessary.</p>
17	Elimination of Cold Call Lists	Administrative Rule	Eliminate required cold call lists.	<p>Members indicated cold calls are beneficial to the patient and aid with medication adherence. Committee members discussed that they are an excellent tool, but it may not be appropriate to mandate and tying it to a quota or metric.</p> <p>The Committee also discussed incorporating cold calls as a consideration in the staffing plan if the employer feel they are a necessary service.</p>
18*	Alabama Rule – Supervising Pharmacist	Administrative Rule	<p>There is a growing discussion among pharmacy boards throughout the country about workload conditions in pharmacy. In that discussion, there are many issues contributing to workplace dissatisfaction. It is important to understand that issues related to dissatisfaction in workplace conditions may not fall under the authority of any board of pharmacy unless it involves an adverse result to the safety of patients. The Alabama State Board of Pharmacy was established to ensure the safety of the public health. The Board is not an advocate for pharmacists or technicians but for the patients they serve.</p> <p>One concern of dissatisfaction addresses board of pharmacy disciplinary actions and the focus on the individual licensee and not on the permit or the root cause. The Board has several actions that do address the root cause as well as the permit.</p> <p>Board Rule 680-X-2-.12 Supervising Pharmacist specifically states:</p> <p>If the actions of the permit holder have deemed to contribute to or cause a violation of any provision of this section, the Board may</p>	<p>This policy was discussed because of the need to rebalance who is ultimately held responsible for a violation of Ohio laws and rules and how working conditions (or situations outside of the responsible pharmacist’s control) may have contributed to the violation. The Committee discussed the current Board process, and it was noted that each violation is handled on a case-by-case basis.</p> <p>The Committee discussed how outside of independents there are two individuals signing off on the license. Having a rule notating the shared responsibly would provide some clarity to both the license holder and the responsible person.</p>

Meeting Materials

			<p>hold the permit holder responsible and/or absolve the supervising pharmacist from the responsibility of that action. In addition, it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder.</p> <p>To fully understand the impact of the above-cited section, it should be read with the following sections of 680-X-2-.22 Code of Professional Conduct in mind.</p> <p>(2) (a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner.</p> <p>(2) (f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.</p>	
19*	Pharmacy Benefit Managers	Administrative Rule/ Legislative	The Board should ensure that its rules cannot be utilized by pharmacy benefit managers and insurers to initiate clawbacks.	<p>The Committee highlighted how some PBMs will initiate clawbacks if there is minor discrepancy with Board rules. Members discussed how clawbacks impact the ability for pharmacies to adequately staff because it makes it difficult to project revenue. Committee members suggest looking at ways the Board can provide some flexibility in rule so that such rules cannot be used against pharmacies by insurers and PBMs.</p> <p>Committee members acknowledged that the Board currently has no authority over PBMs and that an additional study committee may be warranted. The Committee did discuss the need for policymakers to review model standards by the National Academy for State Health Policy:</p>

Meeting Materials

				https://www.nashp.org/comparison-state-pharmacy-benefit-managers-laws/
20*	Improve Quality of Electronic Prescribing	Legislative	Develop a process to regulate electronic prescription transmission systems to improve quality and standardize format.	The Committee reviewed examples of electronic prescriptions that contained inaccurate directions, doses, truncated drug names, etc. Committee members noted that these prescriptions cause increased workload because pharmacists are required to call the prescriber to obtain further clarification.
21*	Authorizing Pharmacists to Prescribe Drug Devices	Legislative	Permit pharmacists to prescribe drug devices necessary to dispense a prescription.	As part of the electronic prescribing discussion, Committee members also noted that many times the prescriptions do not include orders for devices needed to administer the prescribed medication (needles, lancets, etc.). This adds to workload because pharmacy personnel are required to call the prescriber to obtain another prescription for the devices.
22*	Eliminating Manual Logs	Administrative Rule	Review Board rules to reduce the use of paper logs.	Some members noted that reliance on paper logs creates more work for pharmacy personnel. They recommended the Board review and clarify the use of electronic recordkeeping to reduce the use of paper records in the pharmacy.
23*	Change of Responsible Person Requirements	Administrative Rule	Extend notification requirement of the responsible person from 10 to 30 days.	One member suggested increasing the time from 10 days to 30 days to report a change of responsible person. Additionally, some noted that the requirement to conduct an inventory (especially when you have someone temporarily filling in as the RP) adds to overall workload.
24*	Improving the Physical Security of Pharmacies	-	Look at ways to improve the physical security of pharmacies.	The Committee expressed concerns regarding physical security, particularly in the retail settings. Some members expressed the need to implement policy 11 as a safety measure in addition to alleviating workload stress.
25*	Pharmacy Intern Ratios	Administrative Rule	Expand the number of interns that can work under the pharmacist.	Some members expressed the current limit on how many interns a pharmacist may supervise (2 for every 1

Meeting Materials

				pharmacist) need to be reexamined. The Committee recommended looking at ratios from other states.
26*	Automation and Technology	Legislative/ Administrative Rule	Examine ways to utilize automation and technology to improve working conditions.	Automation and technology currently play and, in the future, will support an increasing greater sector of healthcare including pharmacy. As discussed by the committee, telepharmacy is rapidly expanding throughout the country in several states and has been a part of pharmacy practice in some states for several years.

***Discussed by the Committee but not included in the policy ranking exercise.**



Nichole Cover, RPh
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Walgreens Co.
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July 7, 2022

Attention: Cameron J. McNamee, Director of Policy and Communications
State of Ohio Board of Pharmacy
77 South High Street, 17th Floor Columbus, Ohio 43215

Submitted via email: Cameron.McNamee@pharmacy.ohio.gov

Re: Pharmacist Workload Advisory Committee Draft Policy Options

On behalf of all pharmacies owned and operated by Walgreen Co., we thank the State of Ohio Board of Pharmacy Board for the opportunity to critically review and submit comments on the Pharmacist Workload Advisory Committee's draft policy recommendations.

Thank you in advance for your time and consideration of our comments on the following priorities:

1, 7, 8 & 9 (Technician Scope of Practice) Walgreens is very much in support of these proposed changes; we encourage the expansion of pharmacy technician roles to allow delegation of immunization administration, as well as other expanded duties, to trained pharmacy technicians. Walgreens realizes the vital role that trained pharmacy technicians' play in providing safe quality care to our patients. The PREP Act allowed pharmacy technicians to step up. Pharmacy Technicians clearly demonstrated the vital role they play in optimizing care for our patients by providing valuable services such as immunizations and testing. Allowing trained pharmacy technicians to perform these expanded roles not only improves patient access and care but also decreases workload on pharmacists so they can spend more time performing clinical functions. We support the following workload advisory committee priorities: technician immunization, tech-check-tech, technician administration of CLIA-waived testing and tech administration of other prescribed drugs.

2 (Breaks and Rest Periods) Walgreens supports policies that improve employee well-being such as allowing pharmacy staff appropriate opportunities for uninterrupted rest periods and meal breaks.

3 & 5 (Pharmacy Technicians Onboarding & Training & License Transferability) Walgreens supports the critical role pharmacy technicians' play in patient care and the need for appropriate training determined by the employer. Each pharmacy may vary regarding setting and services provided. We recommend that each pharmacy should have the ability to determine the appropriate level of training based on the skills needed for the position and this should NOT be determined by the board.

The ability to bring qualified individuals into practice quickly during times of crisis has never been more evident than during COVID. We appreciate and support the Board's technician reciprocity rule which went into effect on April 1st which increases access to patient care and can help alleviate staffing challenges.

PWA Meeting Materials

6, 10, 13, 15 (Staffing) Pharmacies have different operational models and provide different patient care services. *CONCERN - one the comments called out that "the staffing plan" should also hold the permit holder accountable, particularly for errors in dispensing related to understaffing or violations of the staffing plan.* Walgreens does not support mandating each pharmacy's responsible person developing a staffing plan. It is unrealistic to think that the RP can be the sole person to determine the staffing plan. Financial resources to support the business operations are finite and are determined by third party contracts. If the RP has unreasonable expectations of the staffing plan vs. the financial resources of the business, it may create pharmacy deserts due to lack of financial viability for business to operate under these arbitrary constraints. *We have concerns with requiring a pharmacy outlet to comply with the Pharmacist's determination even if the outlet felt that that was an unsafe practice. If the Pharmacist is responsible for making the decision, they too should be accountable for their actions, not the permit holder.*

Mandatory Dark Hours - While this is a good option for pharmacies to consider, creating a mandate does not make sense for every pharmacy in every situation. Could the board provide this as a suggestion or guidance for permit holders in the event of staffing challenges? Many pharmacies employed this technique during the height of COVID without the need for a mandate Walgreens does not support requiring mandatory dark hours which would require "open door" pharmacies to operate dark hours to allow staff to prepare and catch up on work. Adding mandatory "dark hours" could potentially shorten "open hours" that patients have access to their pharmacy. If the pharmacy is open, patients should have access to pharmacy services.

A concern with adding regulations which mandate which pharmacy touch points must be shut down may potentially limit patient access (for instance a patient with a disability needing to utilize the drive thru.)

Adding subjective staffing reports adds an additional task to pharmacy staff. In addition, this reporting may wrongfully be used as a "reason" for errors thus eliminating the purpose of quality assurance which is to identify the root cause to improve and promote patient safety.

11 (Working Conditions/Security) Walgreens supports a secure and safe workplace. We do not support mandatory language requiring at least one additional associate as it may limit flexibility in managing the business which may impact access to patient care. This too could be handled as a guidance for pharmacies to consider. However, it should not be mandated due to the potential lack of access. During the pandemic many pharmacies, out of a concern for safety of their employees moved to a drive-thru or drive-up only model with limited internal service. Arbitrary mandates may limit the flexibility of business to do what is right and safe for both patients and employees.

12 (Pharmacy Technician Career Pathways) Walgreens supports the vital role of pharmacy technicians and expanding their scope based on their training. We would be in support of a guidance document for this topic.

14 (Limits on Hours Worked) Walgreens supports a safe working environment. One size may not fit all when it comes to staffing, different pharmacy practice sites have different models and provide different patient services. In addition, pharmacists should have the choice to come in early or stay late to cover for emergencies or exceptional circumstances.

16 (Metrics) Metrics can play a significant role in identifying trends which may lead to improving patient safety and outcomes, therefore we do not support eliminating metrics

17 (Cold Calls) Patient calls are a valuable tool for optimizing patient's health outcomes such as improving adherence and identifying potential drug therapy problems such as efficacy and drug-drug interactions. In addition, patient calls can help identify and resolve patient concerns regarding safety and even cost. We do not support language eliminating cold calls.

PWAB Meeting Materials

18 (Supervising Pharmacist) We do not feel additional language is needed. Walgreens supports the following sections of 680-X-2-.22 Code of Professional Conduct.(2) (a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner. (2) (f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct. Similar to #6&10 board agents can identify and address issues during site visits.

20 (Improve Quality of Electronic Prescribing) Walgreens supports improving the quality of electronic prescribing.

21 (Authorizing Pharmacists to Prescribe Drug Devices) Allowing pharmacists to provide this additional service to patients improves patient access and helps improve health equity. We support pharmacists prescribing of drug devices.

22 (Eliminating Manual Logs) Eliminating manual logs helps decrease unnecessary workload in pharmacies. We support eliminating manual logs.

23 (Change of Responsible Person Requirements) Extending the notification requirement of the responsible person from 10 days to 30 days reduces administrative burden and workload. It will also allow for more time to ensure that pharmacies hire the person with the appropriate qualifications to do the job which may ultimately result in better compliance and lower turnover for the organization Walgreens supports this recommendation.

24 (Improving the Physical Security of Pharmacies) our comments under #11.

25 (Pharmacy Intern Ratios) Walgreens supports expanding the number of interns that can work under the pharmacist from the current 2:1 ratio and allowing the Pharmacist on Duty determine the maximum number of individuals they can supervise Allowing additional interns provides additional essential services and increases access to patient care.

26 (Automation and Technology) Walgreens supports utilizing automation and technology to improve working conditions and improve patient safety and access to patient care. The utilization of tele pharmacy in rural and underserved urban communities has played a critical role in increasing patient access to medications and care (from NABP resolutions)

Walgreens thanks the Board for the opportunity to comment on the draft policy recommendations. If the Board would like additional information, please feel free to contact me.

Sincerely,

Nichole Cover, RPh



50 West Broad Street
Suite 1111
Columbus, OH 43215
614.221.7833

July 7, 2022

Cameron McNamee
Director of Policy and Communications
Ohio Board of Pharmacy
77 S. High St., 17th Fl.
Columbus, OH 43215

Dear Cameron,

First and foremost, on behalf of all our chain drug members, I wish to thank the Board for providing the opportunity to review and comment on the draft policy recommendations of the Pharmacist Workload Advisory Committee. It is very important that the Board work with community pharmacies on issues that impact the practice of pharmacy and thus, we appreciate being asked for feedback prior to promoting any new policy changes.

Based on member input, our positions are as follows:

- Expand Technician Scope of Practice - Immunizations:** We support expanded scope allowing pharmacy technicians to immunize. The pharmacy technician must be registered in accordance with state requirements, actively certified by a national pharmacy technician body (any recognized by the state board of pharmacy), and have successfully completed a practical training program approved by ACPE.
- Mandatory Breaks/Rest Periods:** We do not support mandatory breaks, however, we would support a policy to provide “appropriate opportunities for uninterrupted rest period OR meal break.”
- Improve Resources to Promote Technician Onboarding:** We support the Board of Pharmacy creating resources that walk new technicians through the pharmacy technician *registration* process. We don’t oppose other job-specific training that is made available to new pharmacy technicians as an optional resource. It is more beneficial for us to develop training specific to our business, systems and standards ourselves.
- License Transferability:** We support. The new rule will be helpful.
- Improve Technician Training Resources:** We do not support requiring a dedicated staff member as we agree with committee members that it is difficult to enforce and manage.
- Staffing Plan:** We do not support. The language will never be clear enough for different site settings and will create more issues to manage appropriately by either the pharmacy or the company. The Board’s agents can address any concerns they may see during a site visit versus creating specific language on this.

Council Affiliates

Ohio Association of
Wholesaler-Distributors

Ohio Automatic
Merchandising Association

Ohio Bakers Association

Ohio Chain
Restaurant Division

Focus on
Ohio’s Future

Ohio Energy & Convenience
Association

Ohio Jewelers Division

Ohio Receivables
Management Association

Ohio Tire & Automotive
Association

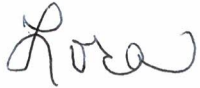
PWA Meeting Materials

7. **Tech-Check-Tech**: We support Technician Product Verification (TPV) where certified pharmacy technicians provide technology-assisted final drug product verification during the prescription-filling process.
8. **Expand Technician Scope of Practice - Order and Admin of Diagnostic Tests**: We support expanding scope of practice for pharmacists to order and administer CLIA- and non-CLIA waived tests. For technicians, we would support national certification to administer non-CLIA waived tests. CLIA-waived tests can be administered by any pharmacy associate.
9. **Expand Technician Scope of Practice – Drug Administration**: We support such a policy for nationally certified technicians.
10. **Managing Touchpoints/Ancillary Staffing**: We do not support. Similar to #6, it may cause more issues than it solves based on the language. Board agents on site visits can identify and address if they see issues.
11. **Working Conditions/Security**: While we support a secure and safe workplace, we do not support mandatory language on having at least one additional associate as it may limit flexibility in managing the business.
12. **Technician Career Pathways**: We do not support any specific rules on this. The job market will dictate pay, just as we are currently, and have been, experiencing over the last 12 months.
13. **Report of Understaffing**: We do not support this as it creates more work and documentation. Similar to #6 and #10, Board agents on site visits can address if needed.
14. **Limits on Hours Worked**: Although we believe in good work-life balance, we do not support specific language on hours as it may negatively impact patient access and limit flexibility in managing the business. Similar to the committee comments, some pharmacists may choose to come in early or stay late. Also, limiting hours in a 24-hour period may reduce the ability to cover emergency call-offs or leaves. Certain pharmacists choose to pick up overtime to cover shifts. This would limit their choice to do so and cause pharmacies to temporarily close.
15. **Mandatory Dark Hours**: We do not support specific language requiring mandatory dark hours.
16. **Metrics**: We do not support eliminating metrics. Metrics are a tool that help measure impact on patient care and business operations. Metrics have many benefits, including:
 - a. measuring how we are impacting outcomes,
 - b. identifying wasteful or unsafe practice behaviors,
 - c. reducing medication waste, and
 - d. identifying trends needed to improve standards of care.
17. **Elimination of Cold Call Lists**: We do not support as there can be a place for cold calls, especially as we move to value-based care models.
18. **Alabama Rule - Supervising Pharmacist**: Does the Board of Pharmacy not already have the ability to do this? We are not sure why any action/change is necessary.
19. **Pharmacy Benefit Managers**: We agree that the Board needs to be very careful with any new language that the PBMs can use to withhold reimbursement for pharmacy claims or services. Most work condition issues will improve if there is appropriate regulatory oversight of PBMs. The intent of the Board to improve conditions via rule could cause more harm to the industry and patient access if this is only another means for PBMs to squeeze pharmacy profits.
20. **Improve Quality of Electronic Prescribing**: We support.
21. **Authorizing Pharmacists to Prescribe Drug Devices**: We support.
22. **Eliminating Manual Logs**: We support.
23. **Change of Responsible Person Requirements**: We support.
24. **Improving the Physical Security of Pharmacies**: We would need to see what specific requirements are being recommended before commenting. We agree security is a concern, but any rule should be rational and not require significant costs to implement.
25. **Pharmacy Intern Ratios**: We support.

26. **Automation and Technology**: We agree, but we also believe the Board should review current rules that are impeding technology from being utilized to its fullest benefit. *[For example, preventing return to stock to automated dispensing machines.]*

Once again, we thank the Board for the opportunity to provide feedback on the draft policy recommendations. We stand ready to work with you going forward.

Sincerely,



Lora Miller
Director of Governmental Affairs & Public Relations

Mcnamee, Cameron

From: Ernest Boyd <eboyd@ohiopharmacists.org>
Sent: Friday, July 8, 2022 3:54 PM
To: Mcnamee, Cameron
Subject: OPA Workforce Comments

Thanks for accepting our comments in this format, Cameron. Ernie.

The Ohio Pharmacists Association would like to thank the board of pharmacy and the pharmacists who participated on the workforce committee for your work on this critical topic. The issues you are tackling are especially difficult to sort out, but very important to the public and the profession. You are dealing with subjective problems that can significantly contribute to public safety. We would like to comment on the issues we feel are most significant.

Metrics and quotas

Probably the most significant problem is the enforcement of quotas by chain pharmacies. Probably the recent legislation passed by California stated it best:

The California legislation states that pharmacies shall not establish a quota related to pharmacist or pharmacy technician duties required by their license. Here is how they define a quota: “a fixed number or formula related to the duties for which a pharmacist or pharmacy technician license is required, against which the chain community pharmacy or its agent measures or evaluates the number of times either an individual pharmacist or pharmacy technician performs tasks or provides services while on duty.” These quotas are related to prescriptions filled, services rendered to patients, programs offered to patients, and revenue obtained. Failure to comply can result in an enforcement of action by the California State Board of Pharmacy.

It is understood that metrics may be utilized if a particular pharmacist is dramatically under performing. But setting quotas of the number of phone contacts, immunizations, and prescriptions filled is dangerous when a pharmacist may need to spend additional time with particular patients.

Let me be very clear. OPA is not objecting to the use of metrics as a general management tool. We believe that any Board regulation or statutory change should only impact the concept of quotas and should be defined with this in mind. Although the California law is limited to chain pharmacies, OPA stresses that any regulations should apply to all pharmacies.

We would greatly appreciate the board adopting regulations to regulate the utilization of quotas in any way. We also strongly support the concept that the terminal distributor company or corporation should be held responsible for creating patient safety issues in any of these areas. It is inherently unfair for the pharmacist to absorb this liability, when they are following corporate directives that impact patient care.

Technician enhancement

Although we appreciate the various areas of expanding technician utilization, the reality is that very few technicians are available at this time. We believe technicians have a significant role in assisting the pharmacist in providing various immunizations and other critical services. However, we are not comfortable with technicians providing the services without the pharmacist on duty having complete confidence in their abilities. Since the pharmacist will be absorbing the liability, they should have the right to deny a particular technician from administering vaccines if they have concerns about their competence.

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Meeting Materials

We particularly object to the idea of tech-check-tech in community practice. The problems of drug theft, improper advice being given to patients, and occasional carelessness by certain technicians, demands direct pharmacist oversight at the time of dispensing. We emphasize that it is totally inappropriate for technicians to engage in patient education and counseling. A high school graduate does not have the education to provide these essential services.

Pharmacists often need to intervene with certain patients at the point of care. If the pharmacist is not directly in the pharmacy at the time of dispensing, all chance for provider services is denied to the patient.

We are open to discussion on various levels of utilization of technicians, but feel that it is unlikely to impact the workload in the short term due to the unavailability of technicians. We believe that pharmacists are still adjusting to the administration of long acting injectables, and other medications. We don't believe that the time is right to expand that authorization to technicians.

We support the improved resources for onboarding, license transfer ability, and strongly support the continued improvement of resources for onboarding, license transfer ability, and technician training resources.

Managing touchpoints/ancillary staffing

Again, the pharmacist on duty should have the ability to do what is necessary to keep patients safe with regard to keeping drive-through windows open, vaccine administration, etc. They need the authority to manage those situations at the point of care.

Working condition/security

Obviously, a pharmacy is more secure with multiple people working. We support the concept of a rule dealing with this, but again it needs to be carefully crafted for flexibility.

Limits on hours worked

Pharmacists working long hours, especially without breaks, are putting patients at risk. There should be a limit on the situation, with exceptions for emergencies. This topic is worthy of further discussion, and overall details with the issue. This is an important area of concern to our members, and we definitely support some limit on the number of hours worked in a 24 hour period. We would be happy to engage in discussions on this topic, and all others, as appropriate. We know these are challenging issues to provide regulation, but something must be done to alleviate the intense stress of pharmacists and technicians in Ohio.

Mandatory dark hours

Although this concept has strong potential, making it mandatory may cause more issues than needed. In some busy pharmacies, there's an absolute need for it, while slower pharmacies with automation may not need it. This is a worthy topic to be explored, but again we suggest caution in implementation.

Elimination of cold call list

We feel that the word elimination is too strong. Pharmacists should be allowed to utilize these lists, but also be able to prioritize patient care issues to supersede cold calls. This is an area that needs further discussion.

Staffing plan

A staffing plan is a reasonable expectation of any particular pharmacy. It is critical to give more power to the pharmacist on duty. A good example would be the Apple company, that empowers its employees to make decisions at the point of

PWA Meeting Materials

sale. Pharmacists need the ability to staff, and be sure that they can accomplish the patient safety tasks needed. Sometimes it appears that the pharmacist on duty has been stripped of authority. Like a pilot on a plane, the pharmacist on duty should be the final decision maker on important issues of patient safety.

All the elements mentioned by the board to be taken into account on a staffing plan are reasonable.

Mandatory breaks and rest

We certainly support the idea that Pharmacists should not work extended hours without a break. The wording of an administrative rule needs to be carefully crafted so that various practice sites can be properly accommodated. An independent pharmacist with no other pharmacist may have a different need than a chain with multiple pharmacists on duty. We simply ask that there be flexibility.

Expansion of Pharmacists testing ability.

OPA strongly supports expanding Pharmacists ability to do testing for various diseases and conditions, and the expansion of prescribing for those conditions. Technicians should be allowed to assist the pharmacist in these efforts, but not be allowed to order or administer tests separate from the pharmacist.

Pharmacy benefit managers

The Board of Pharmacy should be given authority over matters that impact patient care. For instance, when a patient needs a particular drug that is not on formulary, the board of pharmacy should be able to impact those decisions. Patients should not be denied appropriate medication simply due to rebates and other financial incentives that are given to pharmacy benefit managers.

We would also recommend that the board of pharmacy offer a Committee of Pharmacists to advise the Department of Insurance on PBM issues. They've been charged with regulation, but do not have the expertise necessary to do it. A group perhaps appointed by the Governor with board input could assist in these important matters.

Unit of use packaging

Although it would be inappropriate to either legislate or regulate a mandatory move to unit of use packaging, it would greatly enhance the speed of filling prescriptions. We are the only country that does not dispense the majority of prescriptions in packaging similar to birth control. A university study showed a 50% increase in dispensing speed using this technology. Manufacturers would simply sell the drugs in this manner, improving patient safety, return to stock safety, and the ability to track and trace. Recalls would be simple, since the pharmacist would have everything needed to recall down to the lot number. The only legislative change needed would be to allow the pharmacist to dispense the nearest package size, and require the insurance companies to pay for that package size. Board action could be in the form of asking the legislature to adopt a resolution recommending that all pharmacies voluntarily change to unit of use packaging for patient safety reasons.

Again, drug manufacturers already provide this packaging to nearly every country in the world except the US. This is not a mandate, but a strong recommendation that would reduce time spent dispensing by the pharmacist and technician, allowing greater savings by all parties. Profitability is maintained in other countries, and I'm sure it can happen here.

We thank the board for the opportunity to comment on this critical issue.

Ernest Boyd

Ernest Boyd, Pharm.D (hon), MBA
Ohio Pharmacists Assn

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NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

July 7, 2022

Cameron J. McNamee
Director of Policy and Communications
State of Ohio Board of Pharmacy
77 South High Street, 17th Floor
Columbus, Ohio 43215

Submitted via Cameron.McNamee@pharmacy.ohio.gov

Re: Pharmacist Workload Advisory Committee Policy Options – Expanding the Role of Pharmacy Technicians to Perform Additional Nondiscretionary Functions; Policy Options 1, 7, 8 & 9

Dear Mr. McNamee,

On behalf of our members operating chain pharmacies in the state of Ohio, the National Association of Chain Drug Stores (NACDS) thanks the State of Ohio Board of Pharmacy (Board) for the opportunity to submit comments on the various policy options recommended by the Pharmacist Workload Advisory Committee (Committee). Importantly, the Committee has made various policy recommendations to more fully leverage the skills of pharmacy technicians to optimize care delivery for patients in pharmacies among other proposed strategies. ***NACDS agrees with the Committee's recommendations for expanded pharmacy technician functions and is writing in support of the Board pursuing the statutory and regulatory changes necessary to effectuate the following policy changes:***

1. **Policy Option 1** – Expand pharmacy technician scope of practice to authorize pharmacy technicians to administer immunizations and vaccines that includes all approved ACIP-recommended vaccines for adults and children;
2. **Policy Option 7** – Implementation of “Tech-Check-Tech” to authorize pharmacy technicians to perform product verification activities;
3. **Policy Option 8** – Expand pharmacy technician scope of practice to authorize pharmacy technicians to order and administer diagnostics tests; and
4. **Policy Option 9** – Expand pharmacy technician scope of practice to authorize pharmacy technicians to administer prescribed drugs.

Empowering pharmacists to optimally deploy the skills of the pharmacy technician workforce is essential to continuing to meet increasing public demand for pharmacy care services, especially as the healthcare system evolves to further integrate pharmacists into the patient care team and the public increasingly is accessing healthcare services at community pharmacies. Accordingly, authorizing pharmacy technicians to perform the above listed nondiscretionary and technical tasks will help to provide pharmacists expanded opportunities for patient engagement and performance of activities requiring the unique, advanced expertise of pharmacists.

The COVID-19 pandemic has amplified the vital role that pharmacies play in delivering healthcare services to the public. More and more, people have come to rely on their local pharmacy for necessary care access, including for vaccines, testing services, health screenings, and other important clinical care. Meeting patient demand for these clinical

interventions while simultaneously meeting prescription dispensing needs for patients is greatly enhanced by the ability of each member of the pharmacy team to contribute at the top of their skills and training and to deploy care models that remove inefficiencies and focus the pharmacist on patient care activities. Leveraging pharmacy technicians to assist in performing nondiscretionary and technical tasks such as administration of vaccines and additional prescribed medications, ordering and administering diagnostic tests, and performing product verification (i.e. “tech-check-tech”) serves this important purpose, bolstering pharmacies’ ability to meet patients’ various and evolving healthcare needs.

Policy Option 1 - Expand Technician Scope of Practice: Authorize the administration of immunizations and vaccines by pharmacy technicians that includes all approved ACIP-recommended vaccines for adults and children.

Throughout the public health emergency, and even prior to it, pharmacy technicians have participated in the delivery of vaccine services to the American public. As authorized by the federal government under the Public Readiness and Emergency Preparedness Act (PREP Act), trained pharmacy technicians throughout the state are already administering vaccinations to the people of Ohio. Leveraging the full pharmacy team in the provision of immunizations has enhanced pharmacies’ ability to play a central role in the nationwide effort to vaccinate priority populations, and the broader public to mitigate the spread of COVID-19 and other vaccine preventable diseases. In fact, recent data from the Centers for Disease Control and Prevention (CDC) indicate that as of June 23, 2022, pharmacy vaccinators have administered more than 256.3 million doses of the COVID-19 vaccine – and that number continues to grow.¹ An internal survey of NACDS members conducted in March 2022 found that up to 38% of all COVID-19 vaccine doses provided by pharmacies were administered by pharmacy technicians.²

The actions of the federal government have also empowered pharmacy vaccinators to provide enhanced access to routine childhood vaccines, a critically important service considering the rate of compliance with recommended childhood vaccines declined significantly in the early months of the pandemic.³ Allowing pharmacy vaccinators to provide vaccinations to younger children has provided parents with an immediately accessible and convenient location for getting their children the recommended childhood vaccines. The importance of this access is reflected in recent CDC data: for children ages 5-11, pharmacy providers have administered 46.4% of all COVID-19 pediatric vaccine doses and 12.3% of pediatric seasonal influenza vaccines.⁴

Considering that pharmacy technicians have demonstrated their ability to safely and effectively assist pharmacists in administering vaccines as authorized under the federal PREP Act authorities, we urge the Board to permanently codify the ability of pharmacy technicians to administer ACIP recommended vaccines to adults and children to help ensure that pharmacies can continue to provide the level of patient care services that the public has come to expect from neighborhood pharmacies in recent times.

Policy Option 7 - Tech-Check-Tech: Implementation of Tech-Check-Tech

¹ <https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html>

² NACDS conducted a survey of their chain pharmacy membership via an established workgroup in late March 2022. The workgroup is comprised of more than 60 individuals representing about 30 chain pharmacy organizations. The purpose of the survey was to begin estimating pharmacies’ impact in responding to the COVID-19 pandemic in topic areas where data was not readily available. The survey response rate was 40%.

³ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7023a2.htm>

⁴ <https://www.cdc.gov/mmwr/volumes/71/wr/mm7110a4.htm>

Meeting Materials

PWAB Meeting Materials

NACDS Comments to the Ohio Board of Pharmacy

The deployment of technician product verification (“tech-check-tech”) allowances empower pharmacists to shift technical and nondiscretionary functions to pharmacy technicians and enhance pharmacists’ ability to focus their expertise to provide patient care services. Findings from the recent Optimizing Care Demonstration Projects funded by NACDS illustrate the efficiency, safety and patient care benefits of this workload model:

NACDS Optimizing Care Program Overview: Technician Product Verification (TPV)	
State & Pilot Background	Results
<p>Iowa⁵</p> <p>18-month pilot began in 2014 and included 7 community pharmacies</p>	<ul style="list-style-type: none"> • There was no significant difference in overall errors, patient safety errors, or administrative errors. • Pharmacists’ time in dispensing significantly decreased (67.3% vs. 49.06%, P = 0.005), and time in direct patient care (19.96% vs. 34.72%, P = 0.003), increased significantly. • Total services significantly increased (2.88 vs. 5.16, P = 0.044).
<p>Wisconsin⁶</p> <p>3-year pilot began in 2016 and included 13 community pharmacies</p>	<ul style="list-style-type: none"> • Pilot suggests the Optimizing Care Model maintained patient safety as the accuracy rate of pharmacists was 99.81% and the accuracy rate of technicians was 99.97%. • The ability to delegate the final product verification task may free up pharmacist time for increased direct patient care, such as medication management and immunizations.
<p>Tennessee⁷</p> <p>2-year pilot began in 2017 and includes 14 community pharmacies</p>	<ul style="list-style-type: none"> • Total undetected error rates were significantly less in the Optimizing Care Model phase compared to the traditional model (0.063%; vs. 0.085%; p<0.001). • Overall, pharmacist time spent delivering patient care services increased significantly upon implementation of the Optimizing Care Model (25% vs. 43%; p<0.001), while time spent performing dispensing-related activities decreased significantly (63% vs. 37%; p=0.02).
<p>Qualitative findings⁸</p> <p>14 semi-structured interviews of pharmacy techs, managers, and pharmacists directly involved with implementation of TPV in any one of the three states – Iowa, Wisconsin, or Tennessee.</p>	<ul style="list-style-type: none"> • Key themes identified include: <ul style="list-style-type: none"> ○ Optimizing Care Model catalyzes patient care service delivery expansion in the community pharmacy setting ○ Effectiveness is driven by “freed-up” pharmacist time compared with the traditional model ○ The model positively affects roles and job satisfaction of pharmacy personnel ○ Technician engagement and ownership have a strong impact on the success and ramifications of the model

⁵ Andreski M, Myers M, Gainer K, Pudlo A. The Iowa new practice model: Advancing technician roles to increase pharmacists’ time to provide patient care services. J Am Pharm Assoc. 2018;58,268 -274. Accessed at: <https://doi.org/10.1016/j.japh.2018.02.005>. Further TPV research has been conducted in Iowa on new prescriptions with similar findings. Results not yet published.

⁶ Final analyses underway, but not yet published.

⁷ Hohmeier KC, Garst A, Adkins L, Yu X, Desselle S, Cost M. The Optimizing Care Model: A Novel Community Pharmacy Approach to Enhance Patient Care Delivery by Leveraging the Technician Workforce through Technician Product Verification. Journal of the American Pharmacists Association. July 2019. [https://www.japha.org/article/S1544-3191\(19\)30347-4/fulltext](https://www.japha.org/article/S1544-3191(19)30347-4/fulltext) These preliminary results will be supplemented with a full analysis once the pilot concludes later this year.

⁸ Hohmeier, Kenneth C. et al. Exploring the implementation of a novel optimizing care model in the community pharmacy setting. Journal of the American Pharmacists Association, Volume 59, Issue 3, 310 - 318

Recognizing the numerous benefits of allowing for technician product verification, many states have acted to allow for this enhanced practice model. Specifically, Alaska, Arizona, Colorado, Idaho, Iowa, Illinois, North Dakota, Oregon, South Dakota, Tennessee, West Virginia and Wisconsin allow pharmacy technicians to check the work of other pharmacy technicians and provide final verification for prepared prescriptions either under enacted laws or regulations, or under ongoing pilot programs. We note in recommending Policy Option 7 for tech-check-tech, the Committee discussed that Iowa as being the “gold standard” for having implemented technology-assisted technician product verification programs. NACDS agrees that Iowa’s allowances for technician product verification is generally a good approach for the state of Ohio to follow in pursuing the statutory changes to facilitate allowances for tech-check-tech.

Policy Option 8 - Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests: Change in the required current law/rule(s) regarding the pharmacist’s 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). Additionally, administration of testing should be permitted by all trained pharmacy staff (interns, technician trainees, registered / certified technicians).

As accessible neighborhood health care destinations, many community pharmacies provide critical, quality testing services to the communities they serve. During the COVID-19 pandemic, the availability of these services at community pharmacies helped to quickly and safely connect the public – including medically underserved, rural, and urban communities – with needed testing services. Pharmacies’ ability to serve the public in this way has been enhanced by the federal PREP Act authorities allowing pharmacy technicians to administer COVID-19 testing.

The experience of leveraging pharmacy technicians to assist with the provision of pharmacy testing services in recent years demonstrates the safety, effectiveness and benefits of doing so. We commend policymakers in Ohio for having previously acted to authorize pharmacy technicians to administer diagnostic and antibody COVID-19 tests under OAC 4729.42. In line with the Committee’s recommendation, NACDS urges the Board to seek further statutory changes to expand the types of diagnostic tests that pharmacy personnel can order and administer to include all CLIA-waived tests. Doing so would expand further patient access to important testing services that are commonly offered in community pharmacies in many other states.

Policy Option 9 - Expand Technician Scope of Practice – Drug Administration: Develop permanent law/rule(s) to allow for pharmacy technicians to administer drugs in the state of Ohio. This would include, at a minimum, antipsychotics, Hydroxyprogesterone caproate, Medroxyprogesterone acetate, and Cobalamin. This is currently authorized by law/rule for pharmacists in the state (see ORC 4729.45).

Just as pharmacy technicians should be authorized to administer vaccines, so should pharmacy technicians be allowed to administer other medications. In both cases, administration of a drug – whether that be a vaccine or some other medication – is a technical act that the experiences of the pandemic demonstrate can be safely and effectively performed by a pharmacy technician. Furthermore, authorizing pharmacy technicians to perform this function will enhance pharmacists’ ability to spend more time providing care to patients who rely on pharmacies for prescription drug administration services. Thus, NACDS encourages the Board to seek the statutory change needed to allow pharmacy technicians to administer drugs.

PWAVE Meeting Materials NACDS Comments to the Ohio Board of Pharmacy

NACDS Comments to the Ohio Board of Pharmacy

In conclusion. With community pharmacies serving patients in new and enhanced ways and patients having become accustomed to receiving more essential healthcare services from their neighborhood pharmacies, the ability of pharmacy technicians to perform nondiscretionary and technical acts is crucial. Accordingly, we commend the Committee for recognizing the importance of leveraging pharmacy technicians for this purpose in the various policy recommendations discussed above. NACDS thanks you for the opportunity to share our perspectives on these important topics. For questions or further discussion, please contact NACDS' Jill McCormack, Regional Director, State Government Affairs, at jmccormack@nacds.org or 717-525-8962.

Sincerely,



Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer
National Association of Chain Drug Stores

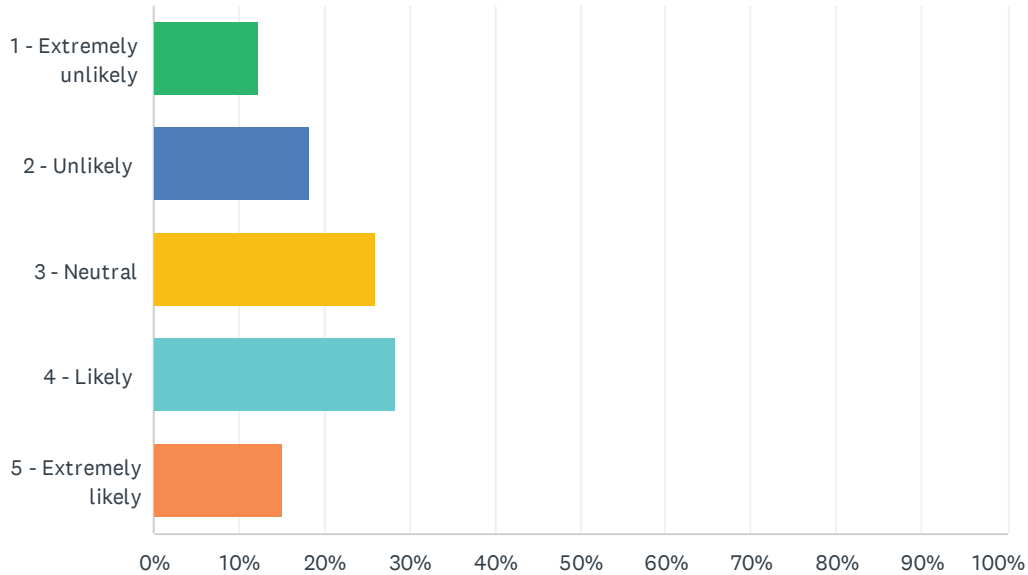
###

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS' over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit NACDS.org.

Meeting Materials

Q1 Expand Technician Scope of Practice – Immunizations Authorize the administration of immunizations and vaccines by pharmacy technicians that includes all approved ACIP-recommended vaccines for adults and children.

Answered: 219 Skipped: 8

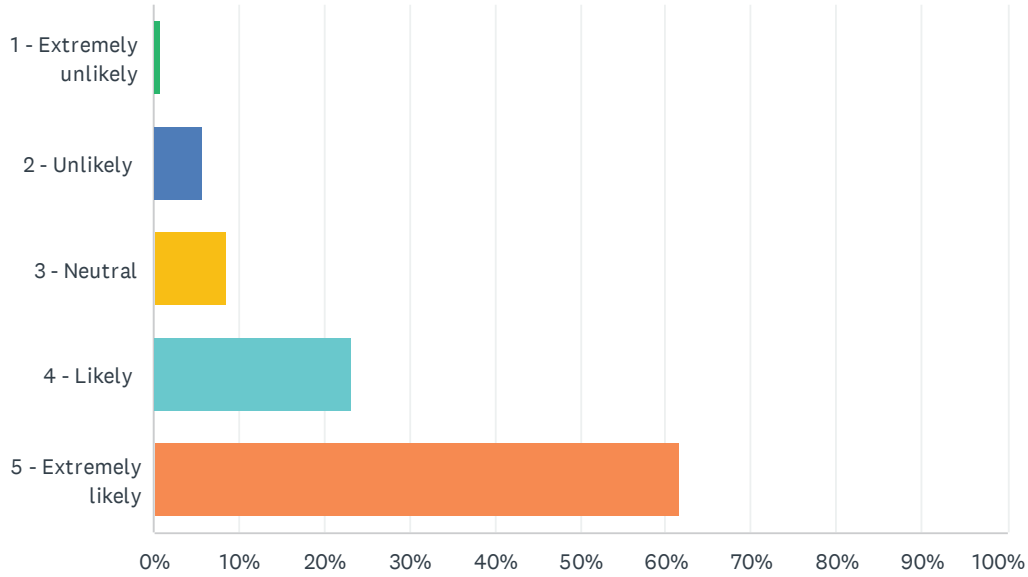


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	12.33%	27
2 - Unlikely	18.26%	40
3 - Neutral	26.03%	57
4 - Likely	28.31%	62
5 - Extremely likely	15.07%	33
TOTAL		219

Meeting Materials

Q2 Mandatory Breaks/Rest Periods Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal breaks to all staff.

Answered: 224 Skipped: 3

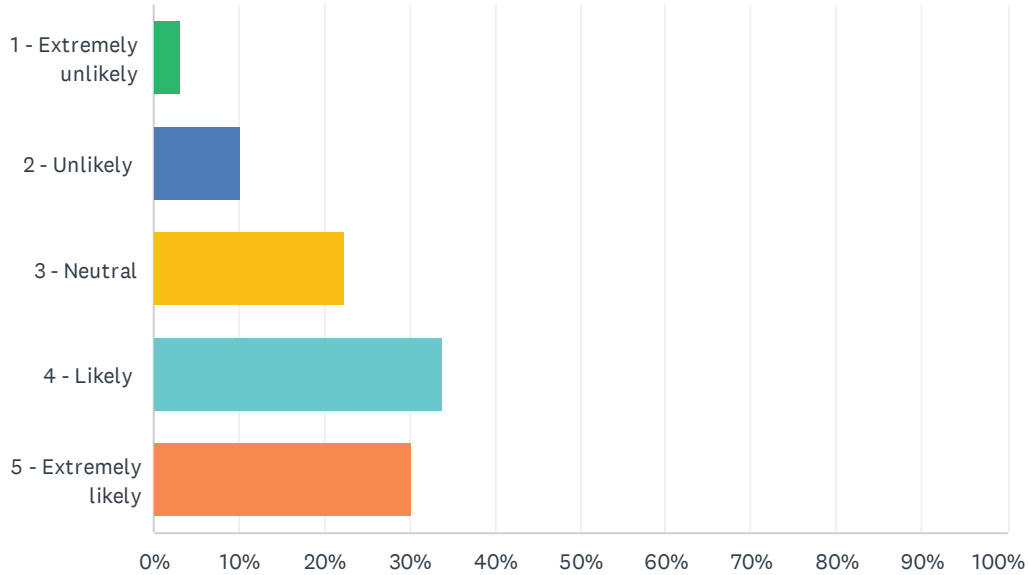


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.89%	2
2 - Unlikely	5.80%	13
3 - Neutral	8.48%	19
4 - Likely	23.21%	52
5 - Extremely likely	61.61%	138
TOTAL		224

Meeting Materials

Q3 Improve Resources to Promote Technician Onboarding Board shall develop onboarding educational videos and other materials to facilitate onboarding of new technicians.

Answered: 224 Skipped: 3

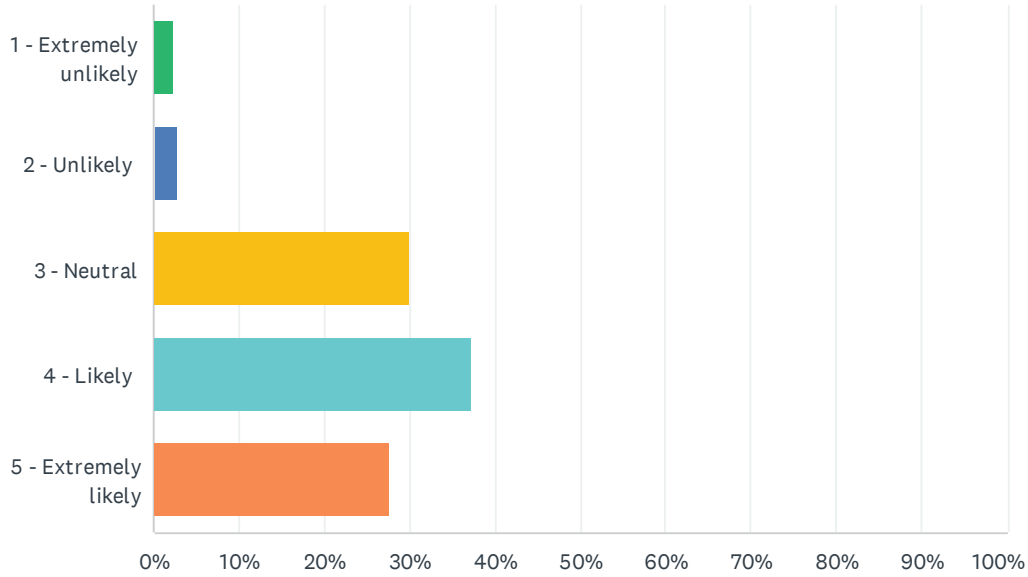


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.13%	7
2 - Unlikely	10.27%	23
3 - Neutral	22.32%	50
4 - Likely	33.93%	76
5 - Extremely likely	30.36%	68
TOTAL		224

Meeting Materials

Q4 License Transferability Board shall develop and implement a process for technician reciprocity. NOTE: The Board implemented a technician reciprocity rule effective 4/1/22. For more information [CLICK HERE](#).

Answered: 220 Skipped: 7

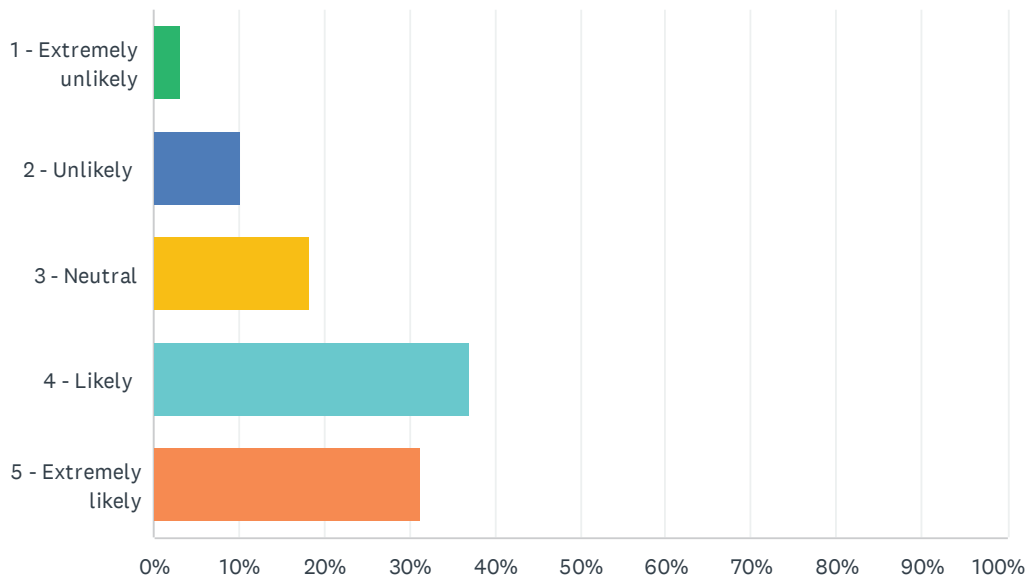


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.27%	5
2 - Unlikely	2.73%	6
3 - Neutral	30.00%	66
4 - Likely	37.27%	82
5 - Extremely likely	27.73%	61
TOTAL		220

Meeting Materials

Q5 Improve Technician Training Resources Requiring pharmacies to have a dedicated staff member to train all new technicians. Staff person should be at the pharmacy or district level.

Answered: 224 Skipped: 3



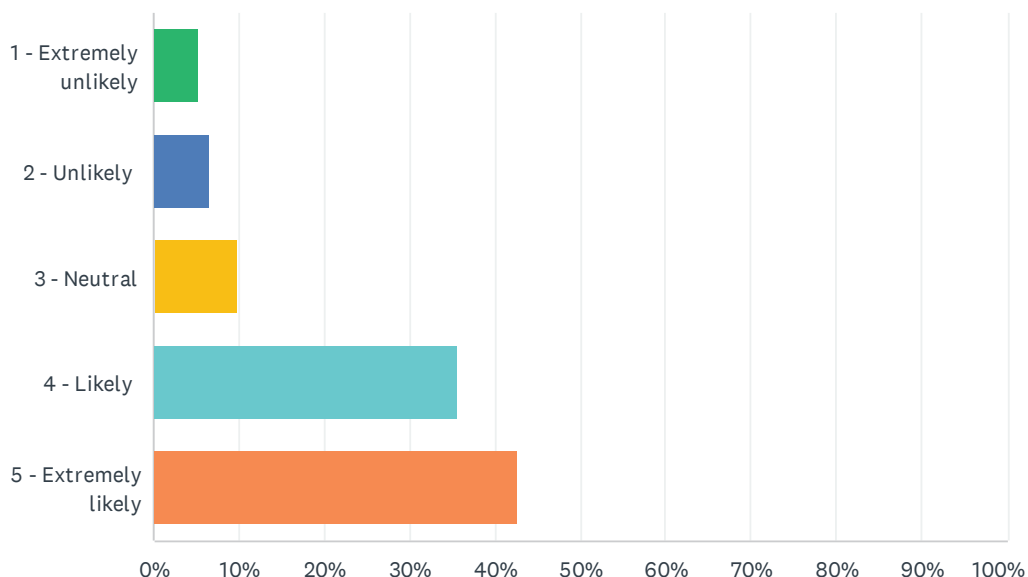
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.13%	7
2 - Unlikely	10.27%	23
3 - Neutral	18.30%	41
4 - Likely	37.05%	83
5 - Extremely likely	31.25%	70
TOTAL		224

Meeting Materials

Q6 Staffing Plan Require each pharmacy’s responsible person to develop a staffing plan that establishes the appropriate number of pharmacy technicians and interns to pharmacist(s) on duty. The staffing plan shall ensure that the number of pharmacy technicians and interns on duty can be satisfactorily supervised by the pharmacist(s) on duty. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner. In developing a staffing plan, the responsible person shall consider all the following:

- a. The volume of workload and the services provided by the pharmacy.
- b. The volume of prescriptions handled by staff to include:
 - i. Prescriptions filled, dispensed, and sold;
 - ii. Prescriptions placed on hold;
 - iii. Prescriptions returned to stock;
 - iv. Any other prescriptions metrics developed by the responsible person.
- c. Security needs of the pharmacy and pharmacy staff.
- d. Required closing or opening of certain touchpoints (drive-thru, vaccines, etc.). Provide autonomy to the on-duty pharmacist as part of the rule to close or open touchpoints.
- e. Number of staff and level of staff competency. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner.

Answered: 225 Skipped: 2



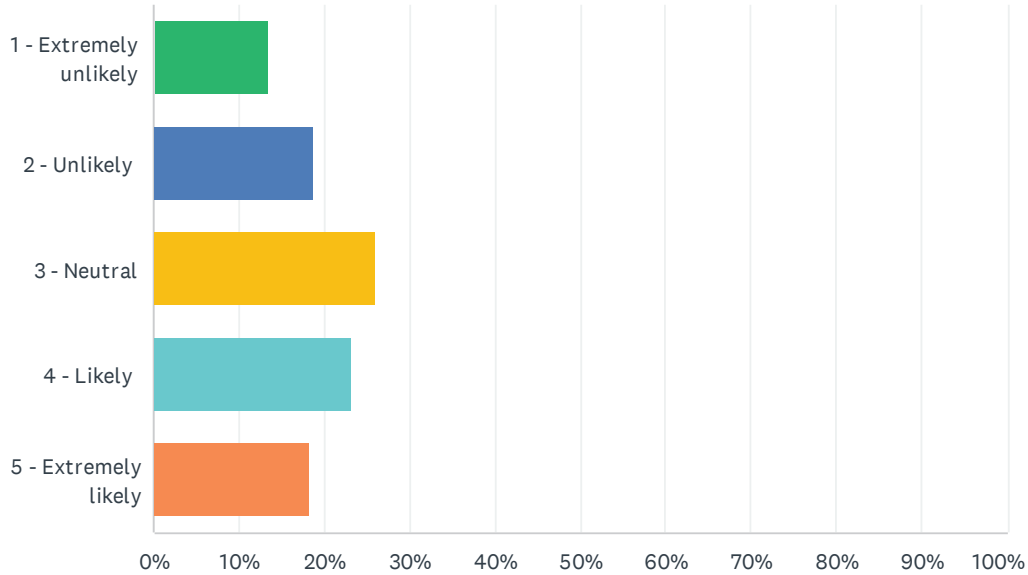
Meeting Materials

ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	5.33%	12
2 - Unlikely	6.67%	15
3 - Neutral	9.78%	22
4 - Likely	35.56%	80
5 - Extremely likely	42.67%	96
TOTAL	225	

Meeting Materials

Q7 Tech-Check-Tech Implementation of Tech-Check-Tech or technology assisted technician product verification.

Answered: 223 Skipped: 4

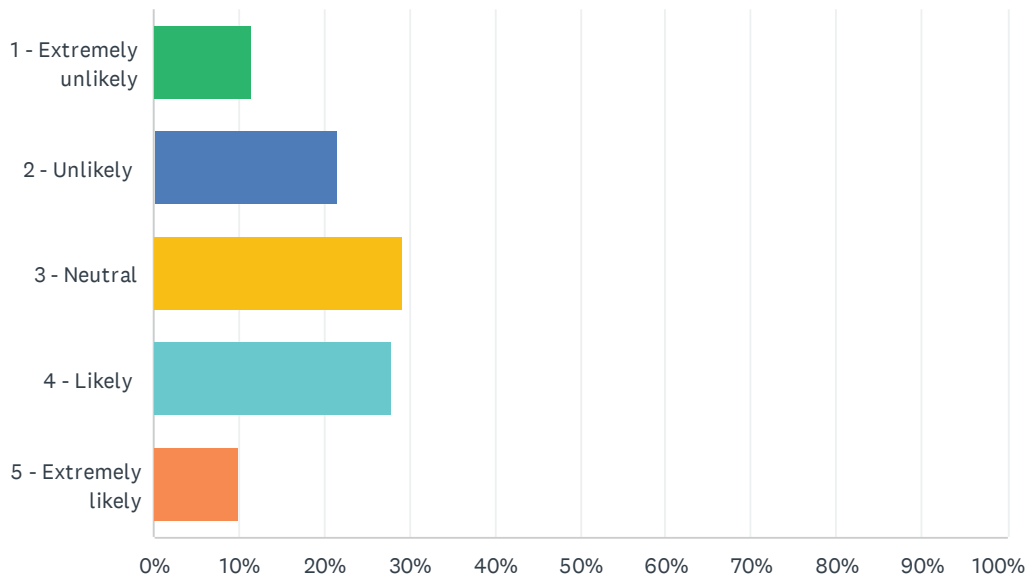


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	13.45%	30
2 - Unlikely	18.83%	42
3 - Neutral	26.01%	58
4 - Likely	23.32%	52
5 - Extremely likely	18.39%	41
TOTAL		223

Meeting Materials

Q8 Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests
 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.

Answered: 219 Skipped: 8

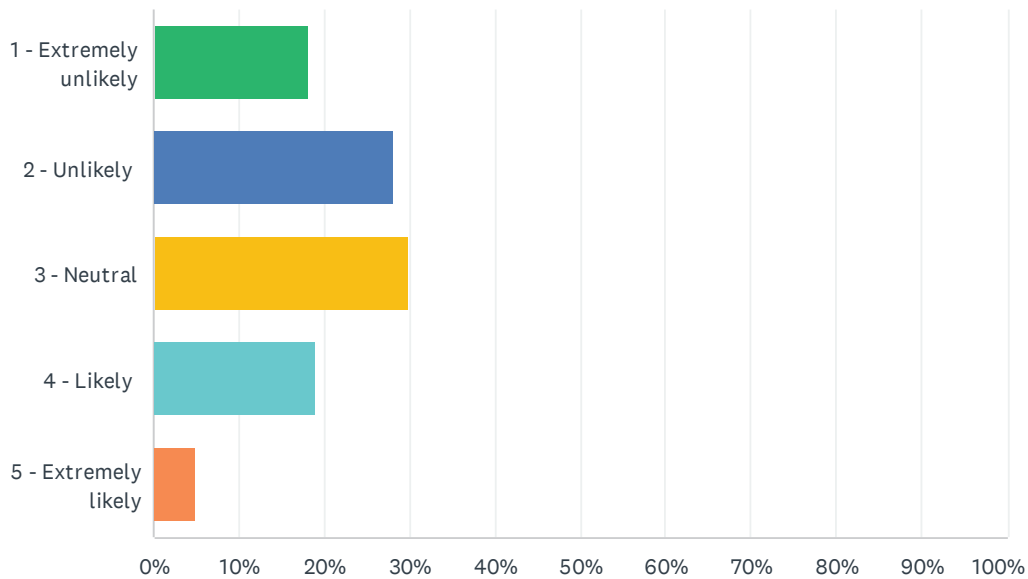


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	11.42%	25
2 - Unlikely	21.46%	47
3 - Neutral	29.22%	64
4 - Likely	27.85%	61
5 - Extremely likely	10.05%	22
TOTAL		219

Meeting Materials

Q9 Expand Technician Scope of Practice – Drug Administration 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.

Answered: 221 Skipped: 6

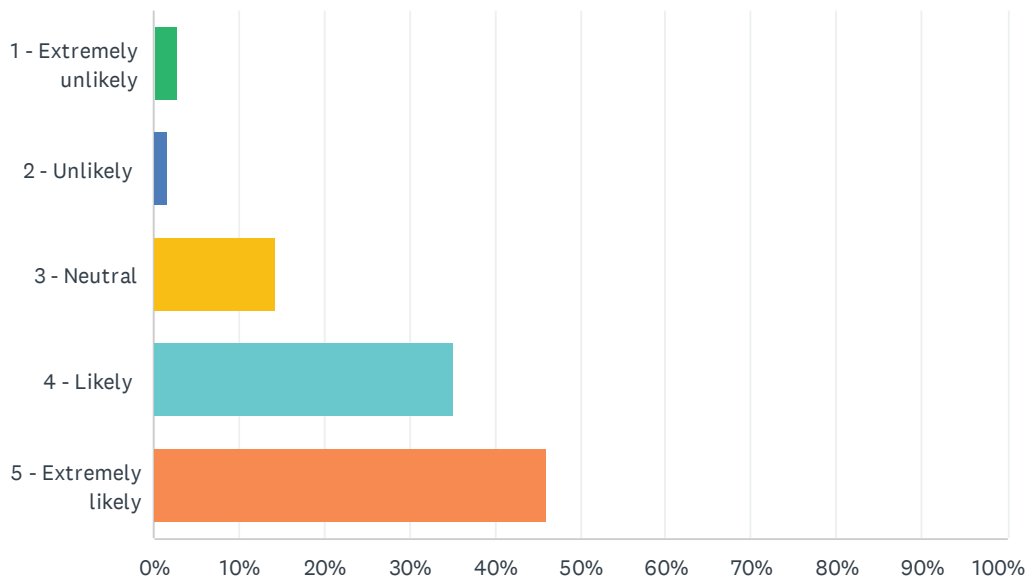


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	18.10%	40
2 - Unlikely	28.05%	62
3 - Neutral	29.86%	66
4 - Likely	19.00%	42
5 - Extremely likely	4.98%	11
TOTAL		221

Meeting Materials

Q10 Managing Touchpoints Provide autonomy to the pharmacist on duty to shut down touchpoints and non-essential services if understaffed. Require ancillary staffing (support personnel and technicians) at each point of contact when the pharmacy is open. This must include drive-thru, drop-off, register, vaccinations, and a person dedicated to phones.

Answered: 224 Skipped: 3

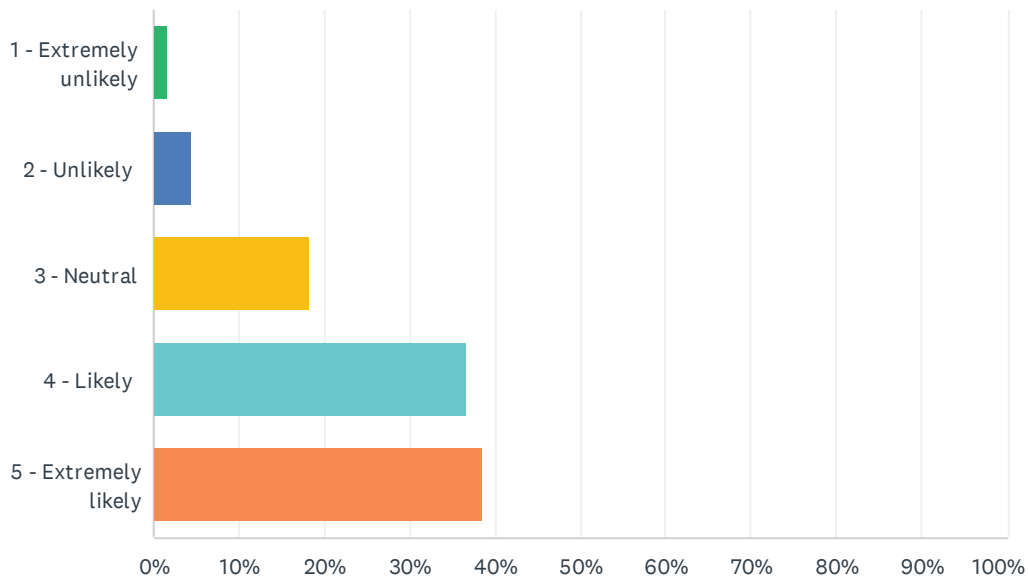


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.68%	6
2 - Unlikely	1.79%	4
3 - Neutral	14.29%	32
4 - Likely	35.27%	79
5 - Extremely likely	45.98%	103
TOTAL		224

Meeting Materials

Q11 Working Conditions / Security Require any “open-door” pharmacy must operate with at least one technician and one pharmacist (or two pharmacists). Include exception for documented absence.

Answered: 223 Skipped: 4

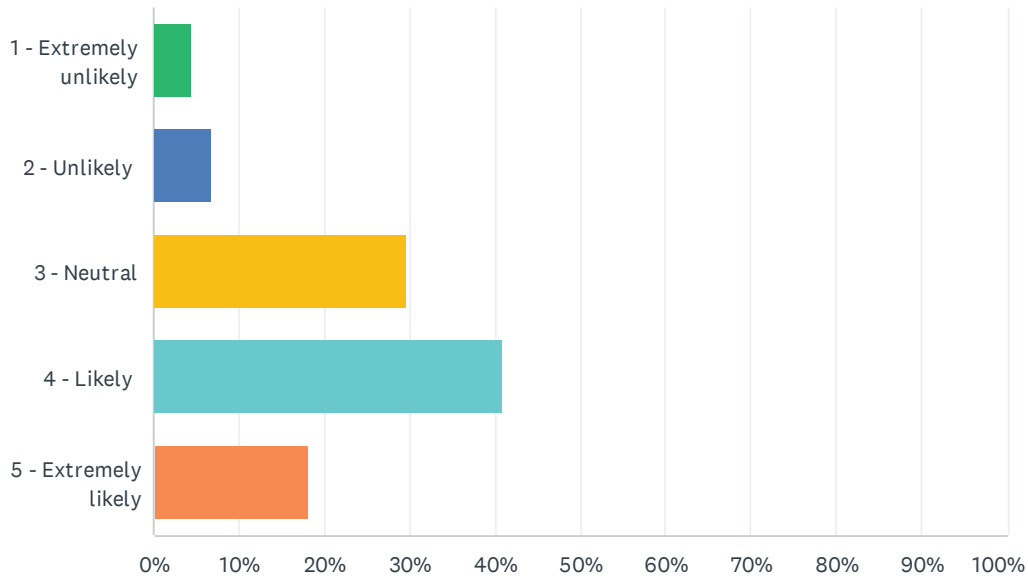


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.79%	4
2 - Unlikely	4.48%	10
3 - Neutral	18.39%	41
4 - Likely	36.77%	82
5 - Extremely likely	38.57%	86
TOTAL		223

Meeting Materials

Q12 Career Technician Pathways 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.

Answered: 220 Skipped: 7



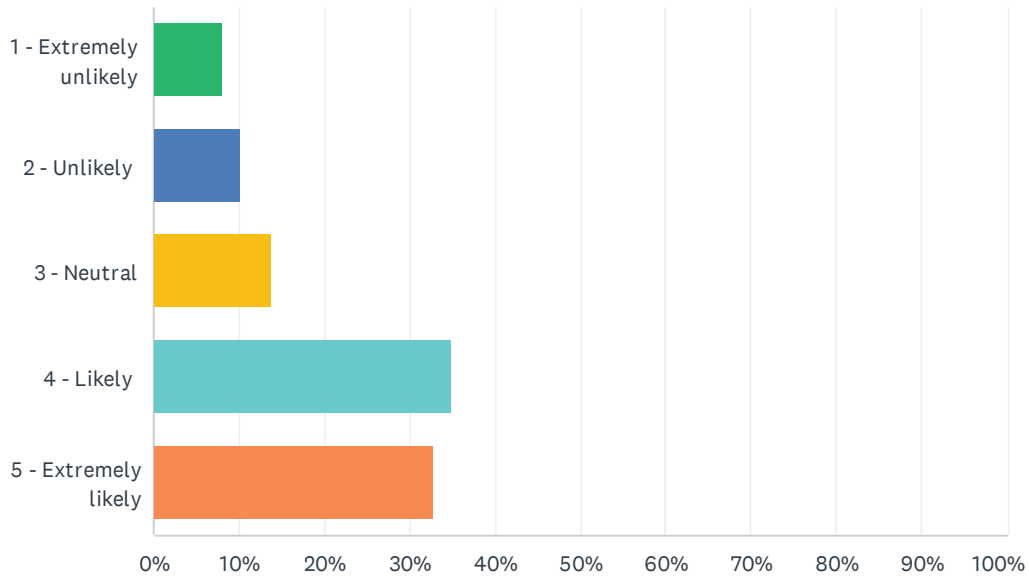
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.55%	10
2 - Unlikely	6.82%	15
3 - Neutral	29.55%	65
4 - Likely	40.91%	90
5 - Extremely likely	18.18%	40
TOTAL		220

Meeting Materials

Q13 Report of Understaffing(A) Adequate staffing to safely dispense prescriptions is the responsibility of the pharmacy and the pharmacy's responsible person. If conditions exist that could cause prescriptions to be dispensed in an unsafe manner the pharmacy and the pharmacy's responsible person shall take action to correct the problem.(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. Such form shall include, but not be limited to the following:(1) Date and time the inadequate staffing occurred;(2) Number of prescriptions filled during this time frame;(3) Summary of events; and(4) Any comments or suggestions.(C) A pharmacist shall complete the staffing report form when:(1) A pharmacist is concerned regarding staffing due to:(a) inadequate number of support persons (cashiers, technicians, auxiliary supportive personnel, etc.); or,(b) excessive workload;(2) Filling out the form may enable management to make a better decision concerning staffing.(3) Any errors that occurred to the result of inadequate staffing.(D) The responsible person shall submit that form in a manner determined by the board. (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.(F) Each pharmacy shall retain completed staffing reports on-site in a readily retrievable manner for at least three years from the date of creation.

Answered: 223 Skipped: 4

Meeting Materials

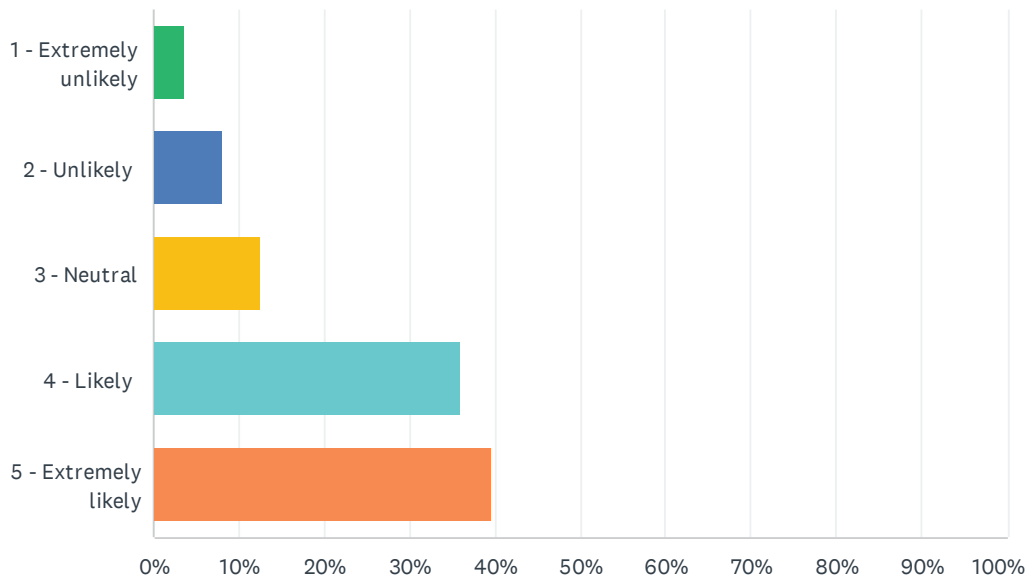


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	8.07%	18
2 - Unlikely	10.31%	23
3 - Neutral	13.90%	31
4 - Likely	34.98%	78
5 - Extremely likely	32.74%	73
TOTAL		223

Meeting Materials

Q14 Limits on Hours Worked A pharmacy shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per twenty-four (24) hour period. A pharmacist/technician 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.

Answered: 222 Skipped: 5

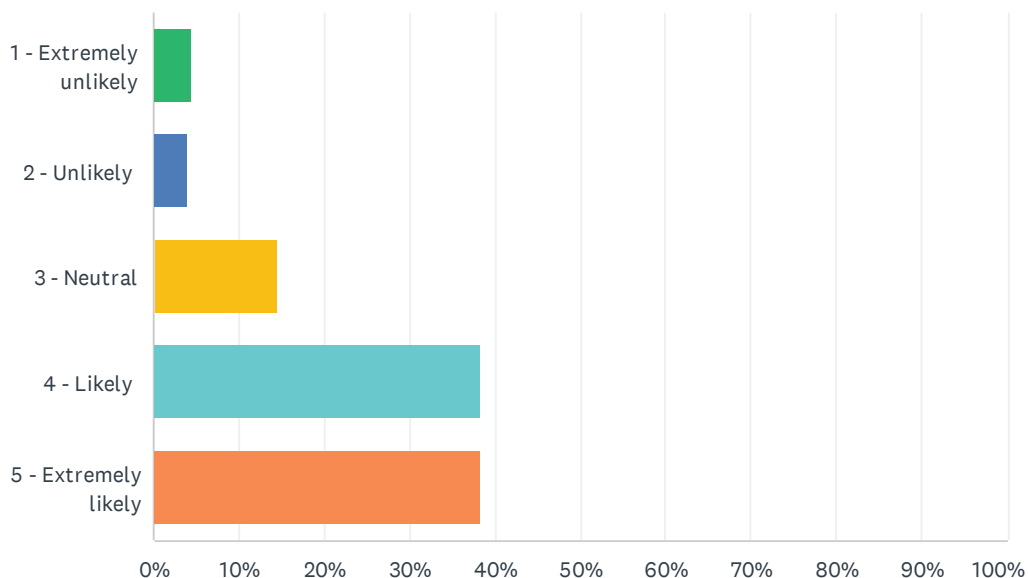


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.60%	8
2 - Unlikely	8.11%	18
3 - Neutral	12.61%	28
4 - Likely	36.04%	80
5 - Extremely likely	39.64%	88
TOTAL		222

Meeting Materials

Q15 Mandatory Dark Hours Require “open door” pharmacies to operate dark hours that allow for staff to prepare and catch up on their work without any interruptions. This will allow pharmacies to operate more efficiently and safely and help minimize distractions when engaged in activities requiring greater concentration.

Answered: 221 Skipped: 6

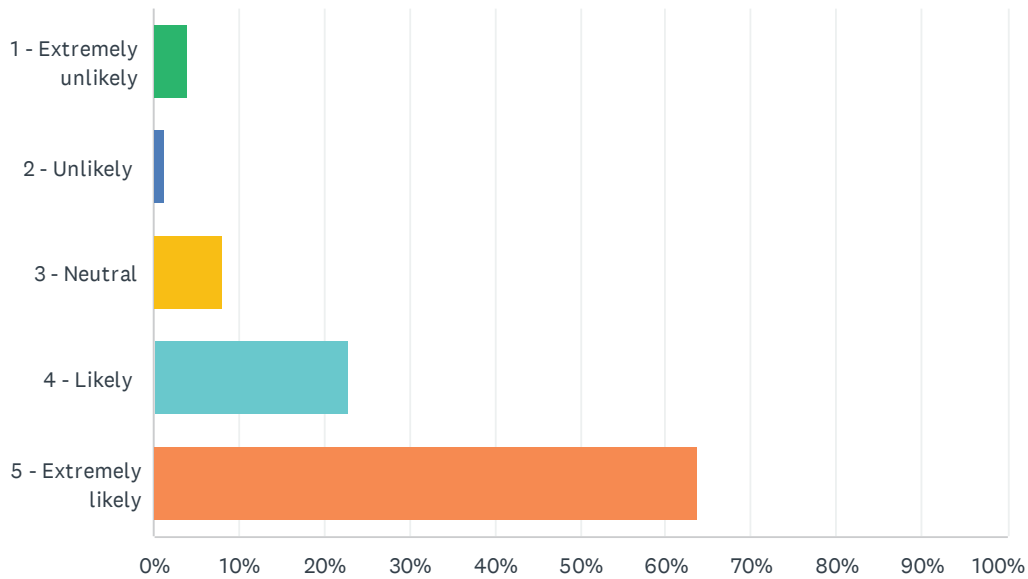


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.52%	10
2 - Unlikely	4.07%	9
3 - Neutral	14.48%	32
4 - Likely	38.46%	85
5 - Extremely likely	38.46%	85
TOTAL		221

Meeting Materials

Q16 Metrics Eliminate Job impacting metrics that compromise safety and integrity of the profession. 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. Prohibit metrics related to the volume of services provided.

Answered: 224 Skipped: 3

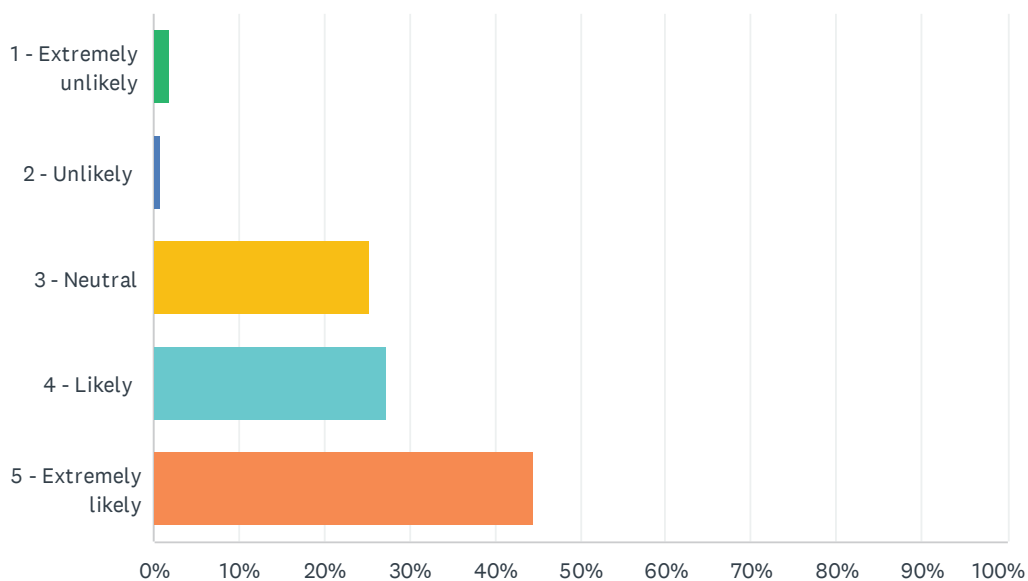


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.02%	9
2 - Unlikely	1.34%	3
3 - Neutral	8.04%	18
4 - Likely	22.77%	51
5 - Extremely likely	63.84%	143
TOTAL		224

Meeting Materials

Q17 Elimination of Cold Call Lists Eliminate required cold call lists.

Answered: 220 Skipped: 7



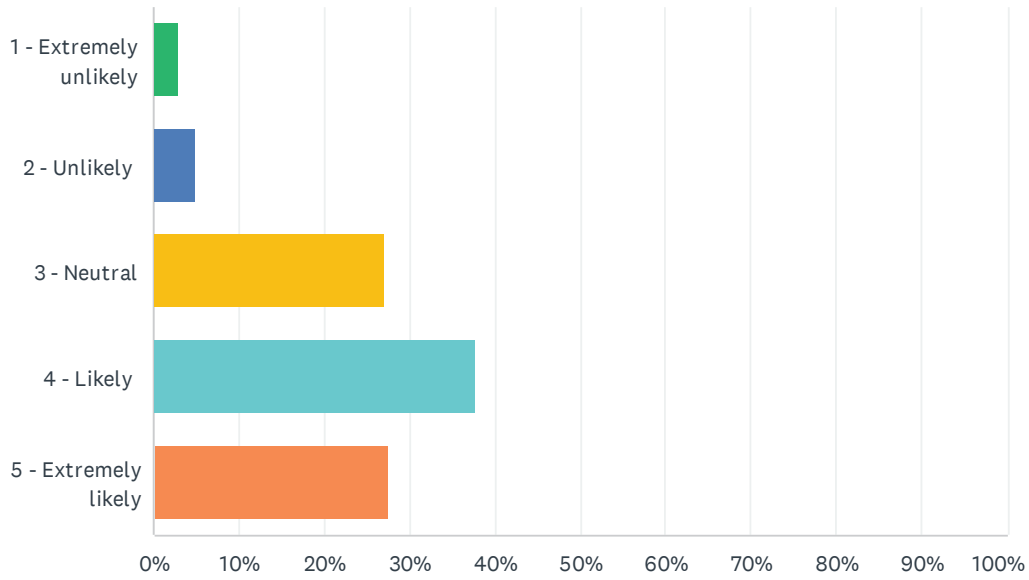
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.82%	4
2 - Unlikely	0.91%	2
3 - Neutral	25.45%	56
4 - Likely	27.27%	60
5 - Extremely likely	44.55%	98
TOTAL		220

Meeting Materials

Q18 Alabama Rule - Supervising Pharmacist There is a growing discussion among pharmacy boards throughout the country about workload conditions in pharmacy. In that discussion, there are many issues contributing to workplace dissatisfaction. It is important to understand that issues related to dissatisfaction in workplace conditions may not fall under the authority of any board of pharmacy unless it involves an adverse result to the safety of patients. One concern of dissatisfaction addresses board of pharmacy disciplinary actions and the focus on the individual licensee and not on the permit or the root cause. The Board has several actions that do address the root cause as well as the permit. Board Rule 680-X-2-.12 Supervising Pharmacist specifically states: If the actions of the permit holder have deemed to contribute to or cause a violation of any provision of this section, the Board may hold the permit holder responsible and/or absolve the supervising pharmacist from the responsibility of that action. In addition, it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder. To fully understand the impact of the above-cited section, it should be read with the following sections of 680-X-2-.22 Code of Professional Conduct in mind. (2) (a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner. (2) (f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.)

Answered: 207 Skipped: 20

Meeting Materials

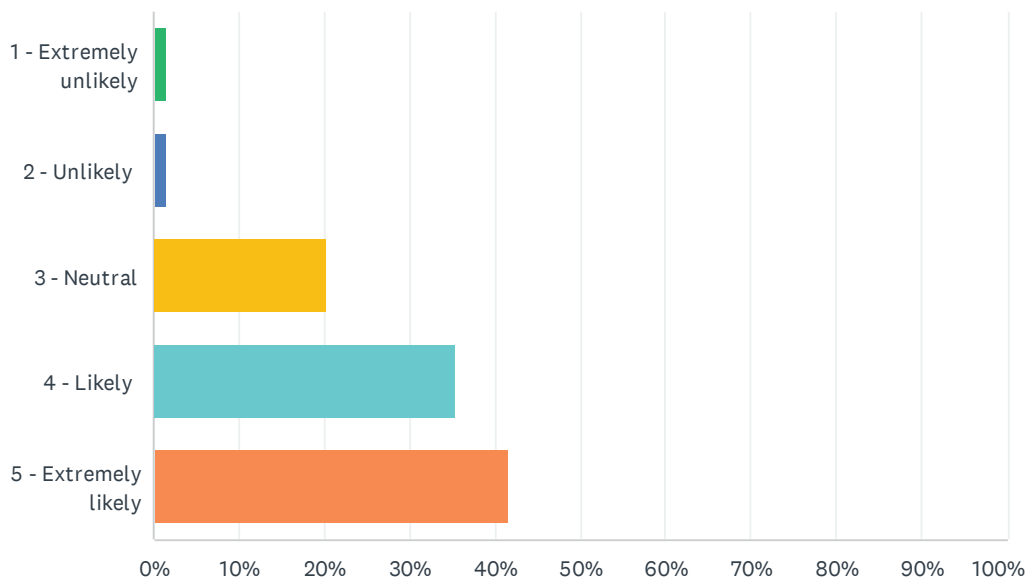


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.90%	6
2 - Unlikely	4.83%	10
3 - Neutral	27.05%	56
4 - Likely	37.68%	78
5 - Extremely likely	27.54%	57
TOTAL		207

Meeting Materials

Q19 Pharmacy Benefit Managers The Board should ensure that its rules cannot be utilized by pharmacy benefit managers and insurers to initiate clawbacks.

Answered: 212 Skipped: 15

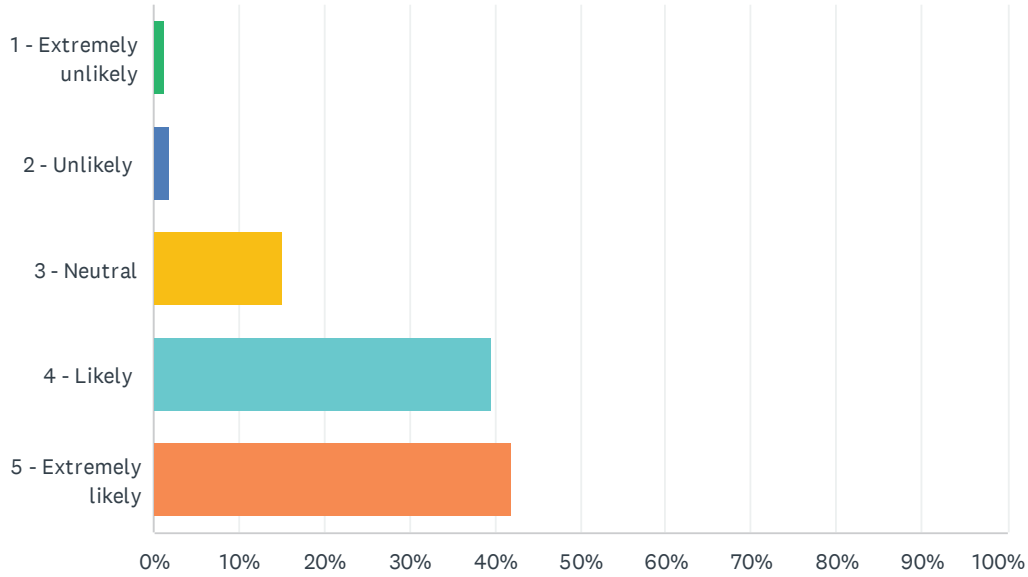


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.42%	3
2 - Unlikely	1.42%	3
3 - Neutral	20.28%	43
4 - Likely	35.38%	75
5 - Extremely likely	41.51%	88
TOTAL		212

Meeting Materials

Q20 Improve Quality of Electronic Prescribing Develop a process to regulate electronic prescription transmission systems to improve quality and standardize format.

Answered: 217 Skipped: 10

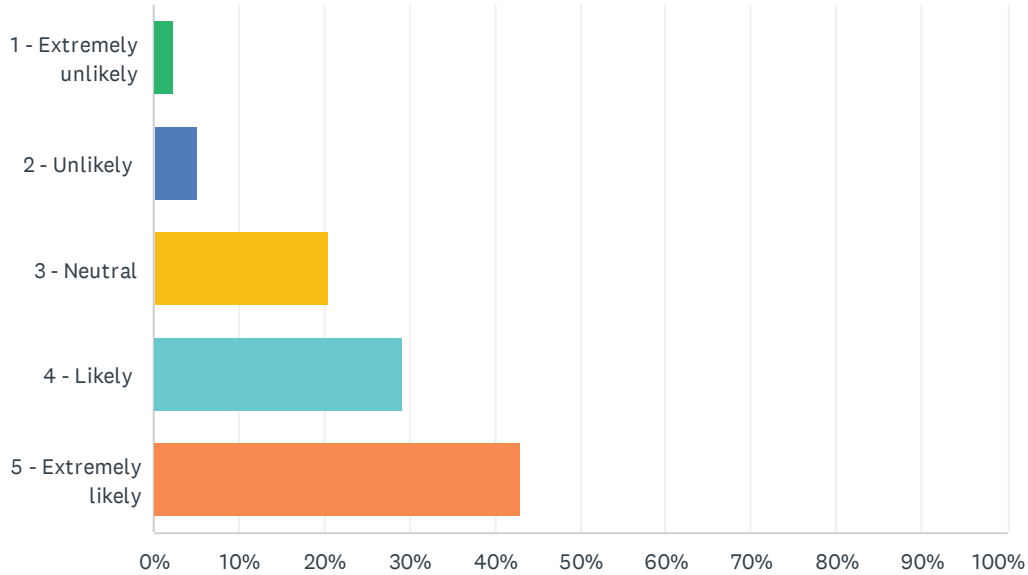


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.38%	3
2 - Unlikely	1.84%	4
3 - Neutral	15.21%	33
4 - Likely	39.63%	86
5 - Extremely likely	41.94%	91
TOTAL		217

Meeting Materials

Q21 Authorizing Pharmacists to Prescribe Drug Devices Permit pharmacists to prescribe drug devices necessary to dispense a prescription.

Answered: 216 Skipped: 11

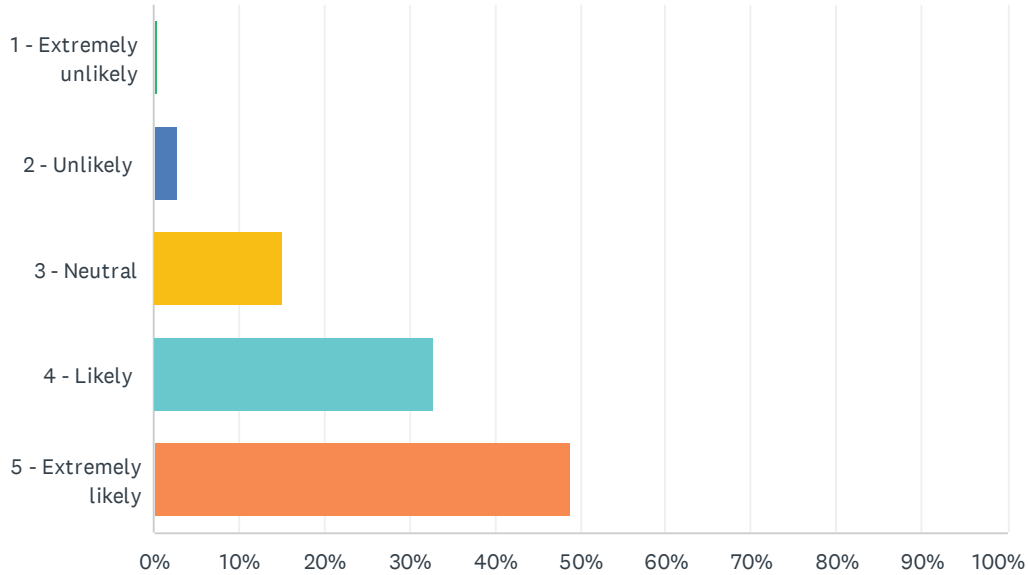


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.31%	5
2 - Unlikely	5.09%	11
3 - Neutral	20.37%	44
4 - Likely	29.17%	63
5 - Extremely likely	43.06%	93
TOTAL		216

Meeting Materials

Q22 Eliminating Manual Logs Review Board rules to reduce the use of paper logs.

Answered: 219 Skipped: 8

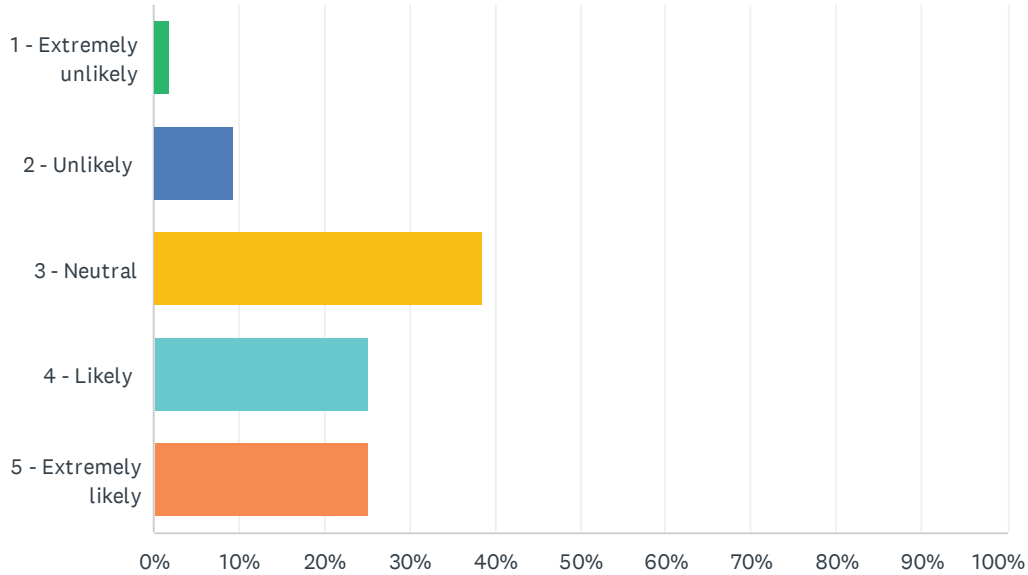


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.46%	1
2 - Unlikely	2.74%	6
3 - Neutral	15.07%	33
4 - Likely	32.88%	72
5 - Extremely likely	48.86%	107
TOTAL		219

Meeting Materials

Q23 Change of Responsible Person Requirements Extend notification requirement of the responsible person from 10 to 30 days.

Answered: 215 Skipped: 12

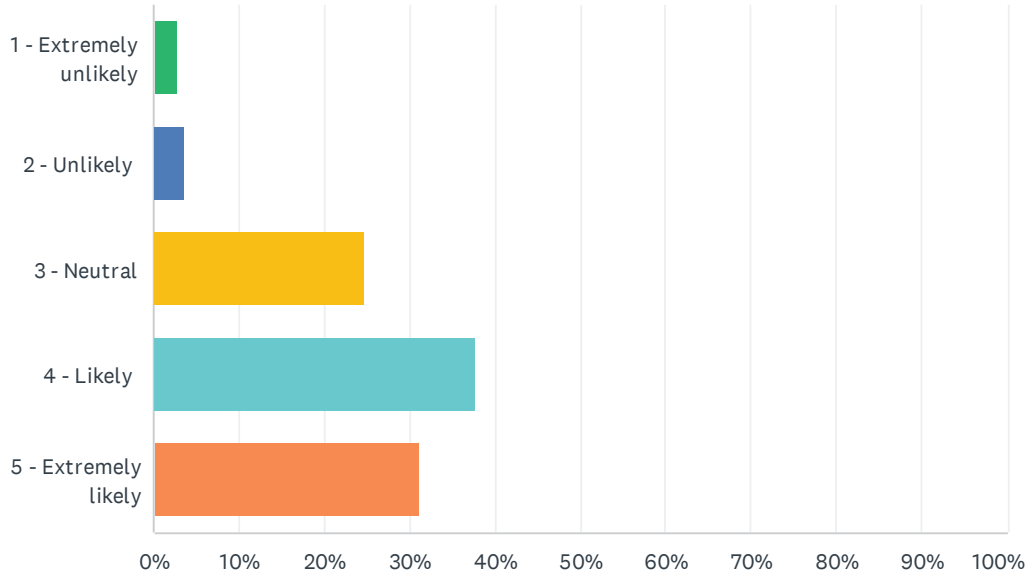


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.86%	4
2 - Unlikely	9.30%	20
3 - Neutral	38.60%	83
4 - Likely	25.12%	54
5 - Extremely likely	25.12%	54
TOTAL		215

Meeting Materials

Q24 Improving the Physical Security of Pharmacies Look at ways to improve the physical security of pharmacies.

Answered: 215 Skipped: 12

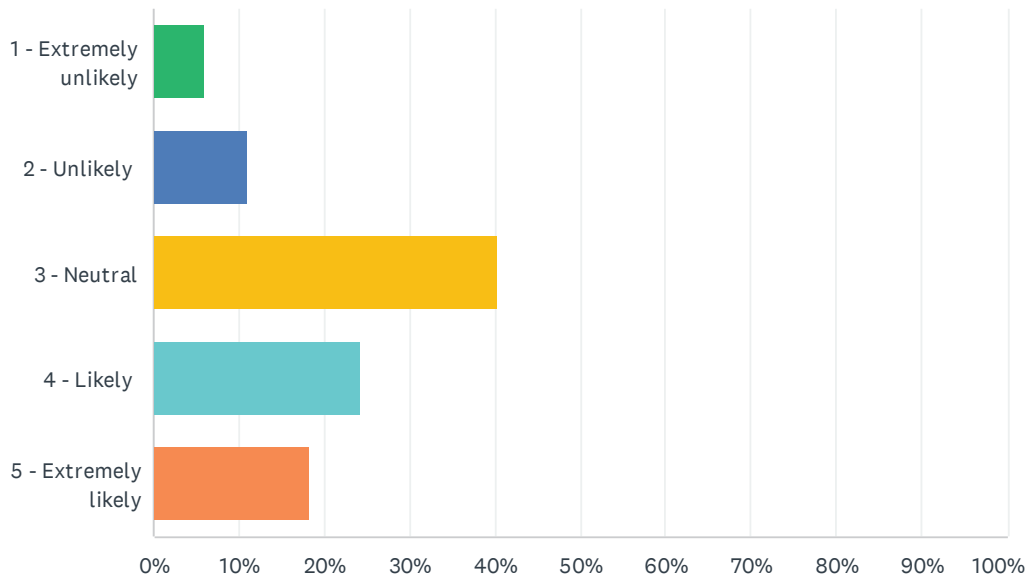


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.79%	6
2 - Unlikely	3.72%	8
3 - Neutral	24.65%	53
4 - Likely	37.67%	81
5 - Extremely likely	31.16%	67
TOTAL		215

Meeting Materials

Q25 Pharmacy Intern Ratios Expand the number of interns that can work under the supervision of a pharmacist (currently 2:1).

Answered: 218 Skipped: 9

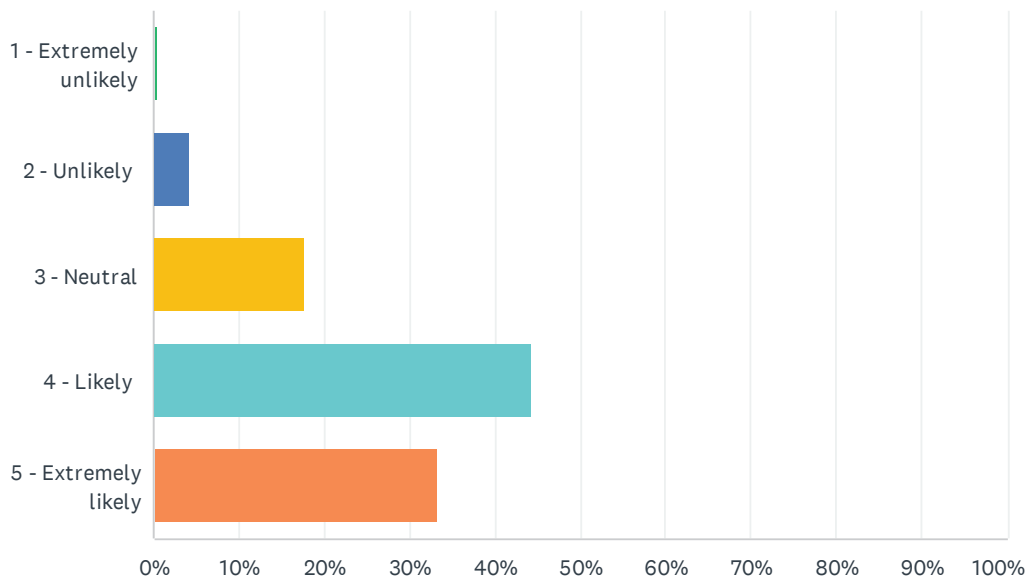


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	5.96%	13
2 - Unlikely	11.01%	24
3 - Neutral	40.37%	88
4 - Likely	24.31%	53
5 - Extremely likely	18.35%	40
TOTAL		218

Meeting Materials

Q26 Automation and Technology Examine ways to utilize automation and technology to improve working conditions.

Answered: 216 Skipped: 11

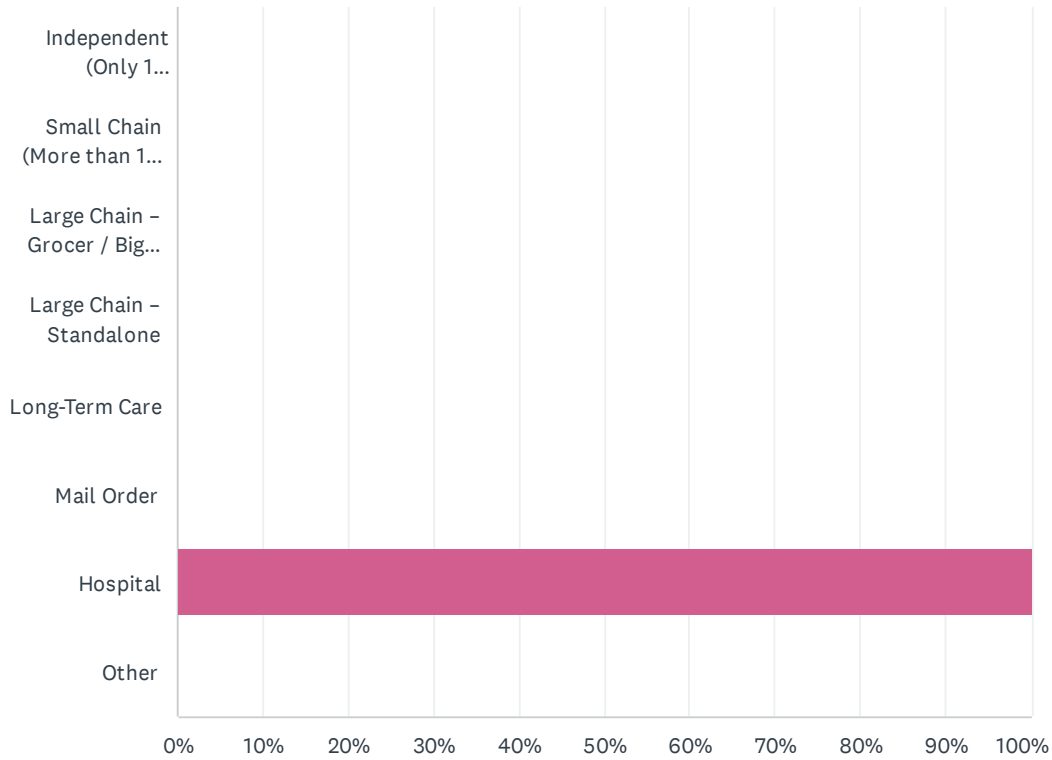


ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	0.46% 1
2 - Unlikely	4.17% 9
3 - Neutral	17.59% 38
4 - Likely	44.44% 96
5 - Extremely likely	33.33% 72
TOTAL	216

Meeting Materials

Q27 Please identify your primary practice setting:

Answered: 227 Skipped: 0

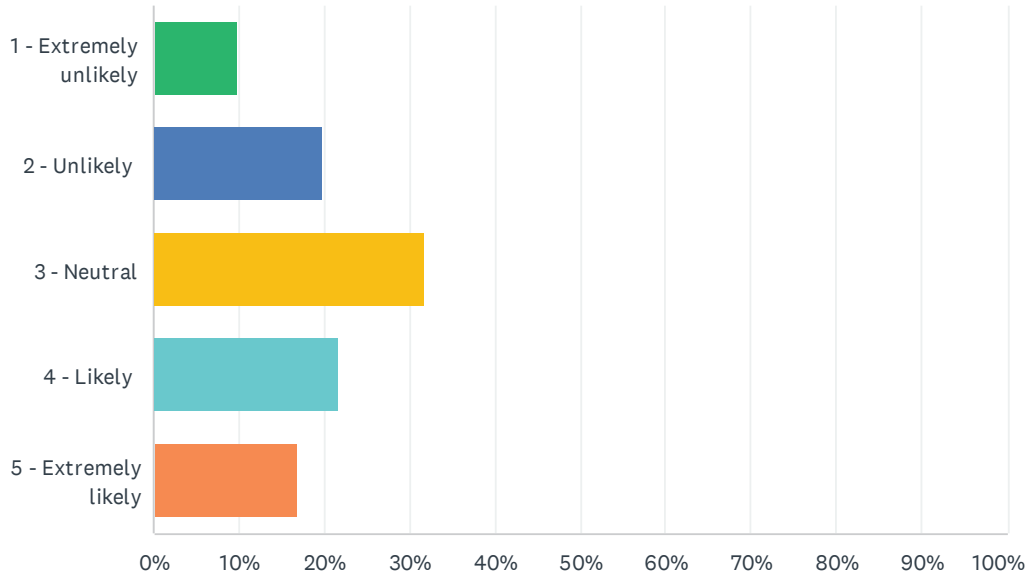


ANSWER CHOICES	RESPONSES	
Independent (Only 1 location)	0.00%	0
Small Chain (More than 1, but less than 12 locations)	0.00%	0
Large Chain – Grocer / Big Box Store	0.00%	0
Large Chain – Standalone	0.00%	0
Long-Term Care	0.00%	0
Mail Order	0.00%	0
Hospital	100.00%	227
Other	0.00%	0
TOTAL		227

Meeting Materials

Q1 Expand Technician Scope of Practice – Immunizations Authorize the administration of immunizations and vaccines by pharmacy technicians that includes all approved ACIP-recommended vaccines for adults and children.

Answered: 101 Skipped: 0

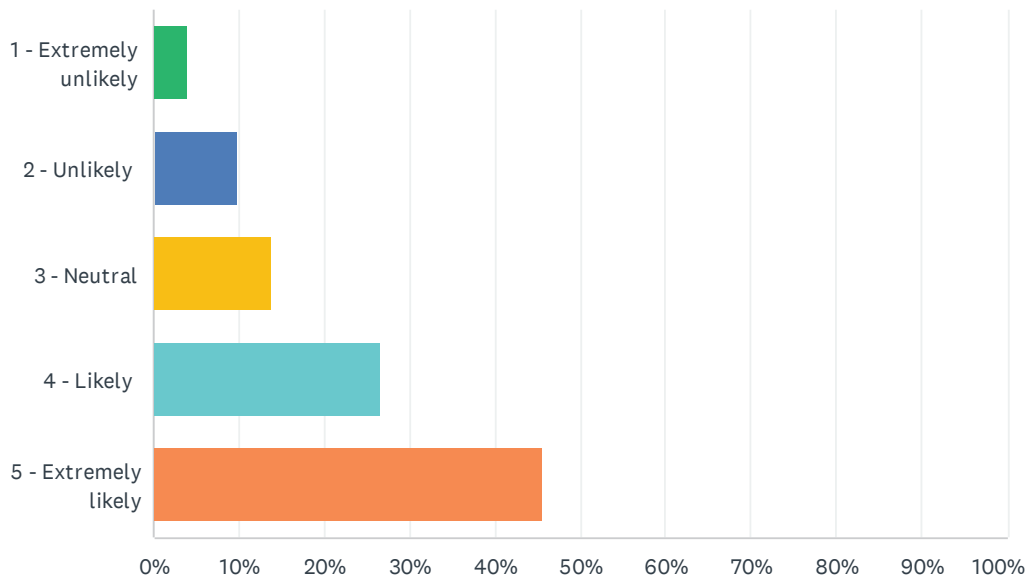


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	9.90%	10
2 - Unlikely	19.80%	20
3 - Neutral	31.68%	32
4 - Likely	21.78%	22
5 - Extremely likely	16.83%	17
TOTAL		101

Meeting Materials

Q2 Mandatory Breaks/Rest Periods Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal breaks to all staff.

Answered: 101 Skipped: 0

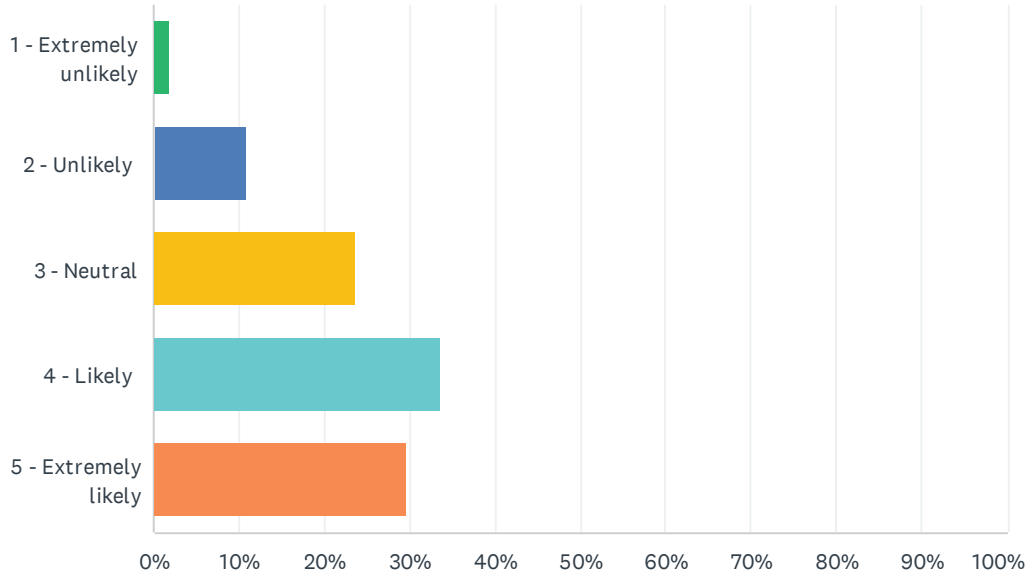


ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	3.96% 4
2 - Unlikely	9.90% 10
3 - Neutral	13.86% 14
4 - Likely	26.73% 27
5 - Extremely likely	45.54% 46
TOTAL	101

Meeting Materials

Q3 Improve Resources to Promote Technician Onboarding Board shall develop onboarding educational videos and other materials to facilitate onboarding of new technicians.

Answered: 101 Skipped: 0

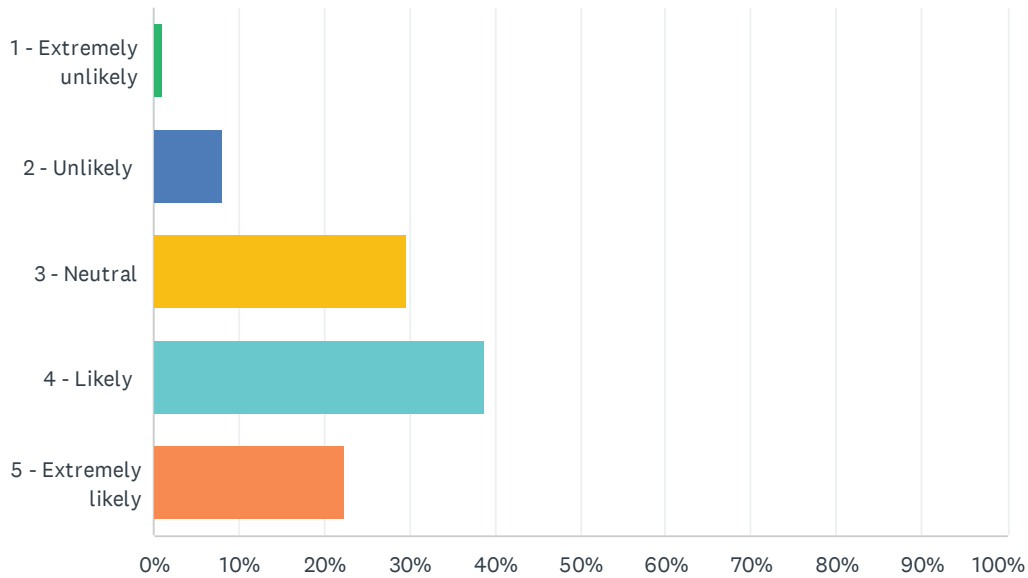


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.98%	2
2 - Unlikely	10.89%	11
3 - Neutral	23.76%	24
4 - Likely	33.66%	34
5 - Extremely likely	29.70%	30
TOTAL		101

Meeting Materials

Q4 License Transferability Board shall develop and implement a process for technician reciprocity. NOTE: The Board implemented a technician reciprocity rule effective 4/1/22. For more information [CLICK HERE](#).

Answered: 98 Skipped: 3

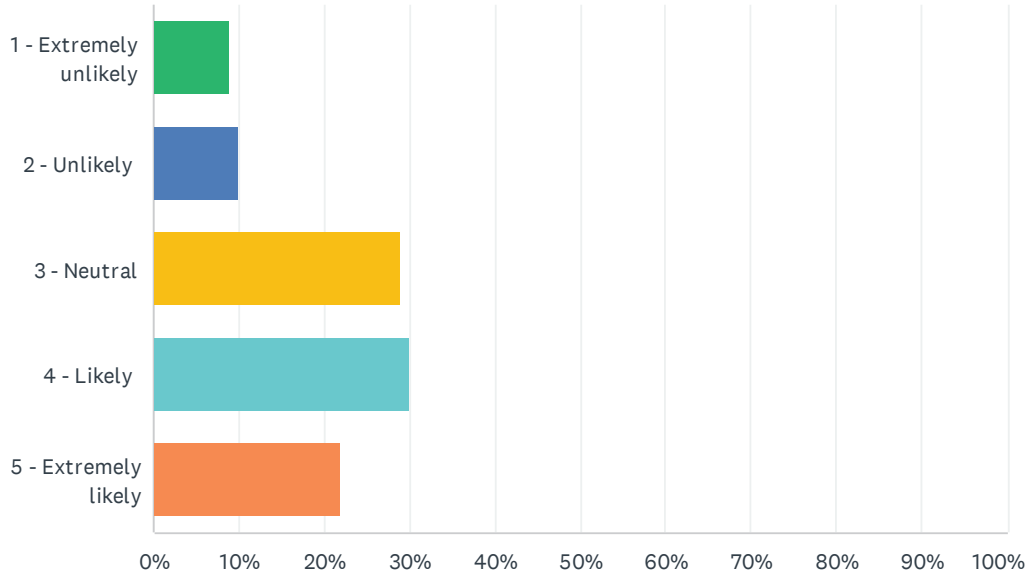


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.02%	1
2 - Unlikely	8.16%	8
3 - Neutral	29.59%	29
4 - Likely	38.78%	38
5 - Extremely likely	22.45%	22
TOTAL		98

Meeting Materials

Q5 Improve Technician Training Resources Requiring pharmacies to have a dedicated staff member to train all new technicians. Staff person should be at the pharmacy or district level.

Answered: 100 Skipped: 1



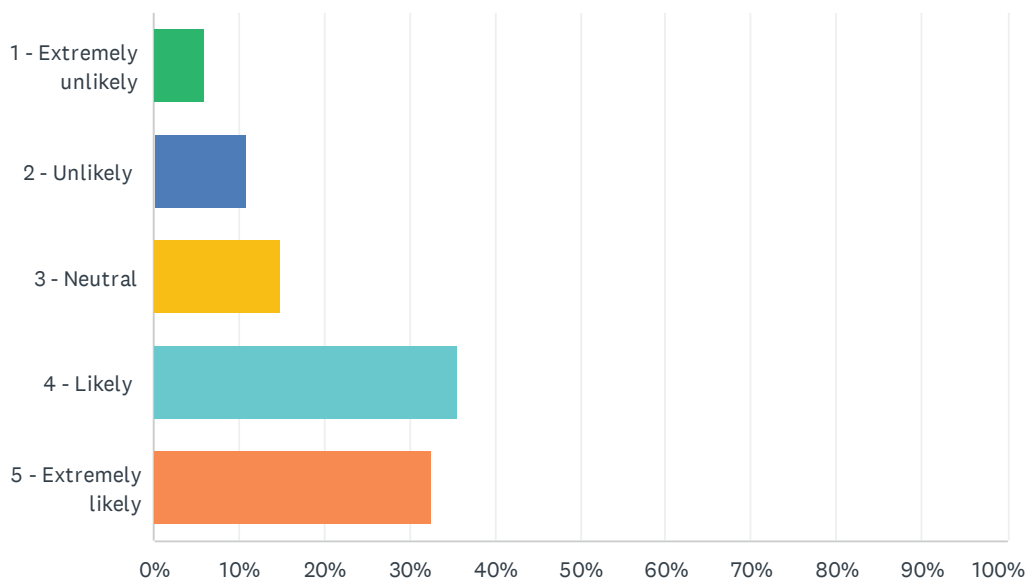
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	9.00%	9
2 - Unlikely	10.00%	10
3 - Neutral	29.00%	29
4 - Likely	30.00%	30
5 - Extremely likely	22.00%	22
TOTAL		100

Meeting Materials

Q6 Staffing Plan Require each pharmacy’s responsible person to develop a staffing plan that establishes the appropriate number of pharmacy technicians and interns to pharmacist(s) on duty. The staffing plan shall ensure that the number of pharmacy technicians and interns on duty can be satisfactorily supervised by the pharmacist(s) on duty. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner. In developing a staffing plan, the responsible person shall consider all the following:

- a. The volume of workload and the services provided by the pharmacy.
- b. The volume of prescriptions handled by staff to include:
 - i. Prescriptions filled, dispensed, and sold;
 - ii. Prescriptions placed on hold;
 - iii. Prescriptions returned to stock;
 - iv. Any other prescriptions metrics developed by the responsible person.
- c. Security needs of the pharmacy and pharmacy staff.
- d. Required closing or opening of certain touchpoints (drive-thru, vaccines, etc.). Provide autonomy to the on-duty pharmacist as part of the rule to close or open touchpoints.
- e. Number of staff and level of staff competency. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner.

Answered: 101 Skipped: 0



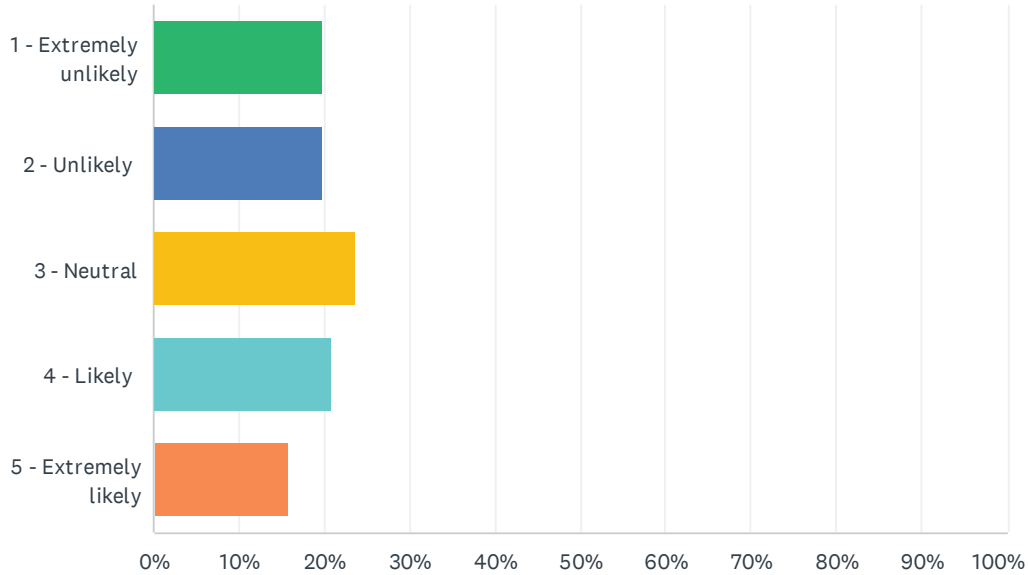
Meeting Materials

ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	5.94%	6
2 - Unlikely	10.89%	11
3 - Neutral	14.85%	15
4 - Likely	35.64%	36
5 - Extremely likely	32.67%	33
TOTAL		101

Meeting Materials

Q7 Tech-Check-Tech Implementation of Tech-Check-Tech or technology assisted technician product verification.

Answered: 101 Skipped: 0

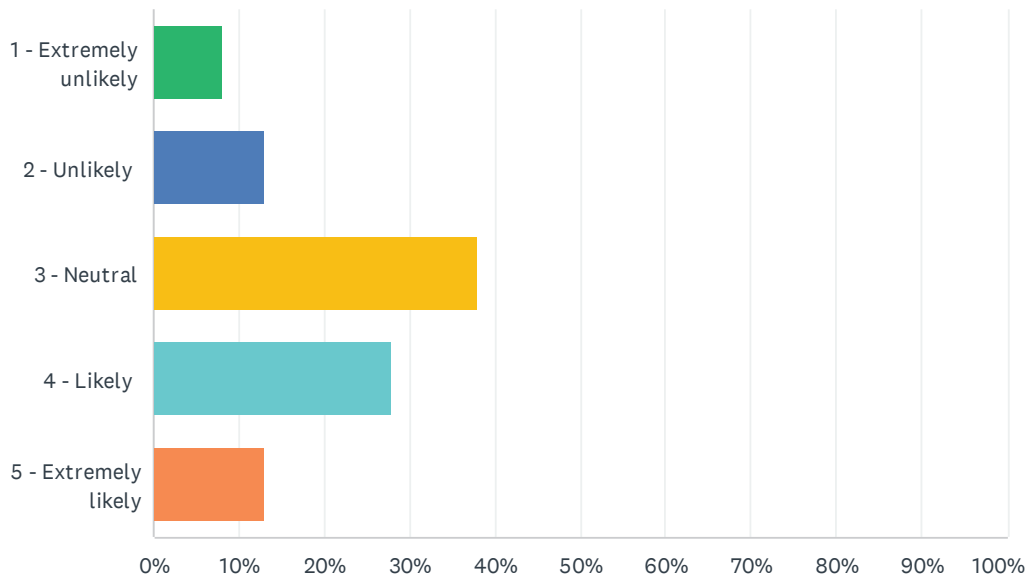


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	19.80%	20
2 - Unlikely	19.80%	20
3 - Neutral	23.76%	24
4 - Likely	20.79%	21
5 - Extremely likely	15.84%	16
TOTAL		101

Meeting Materials

Q8 Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests
 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.

Answered: 100 Skipped: 1

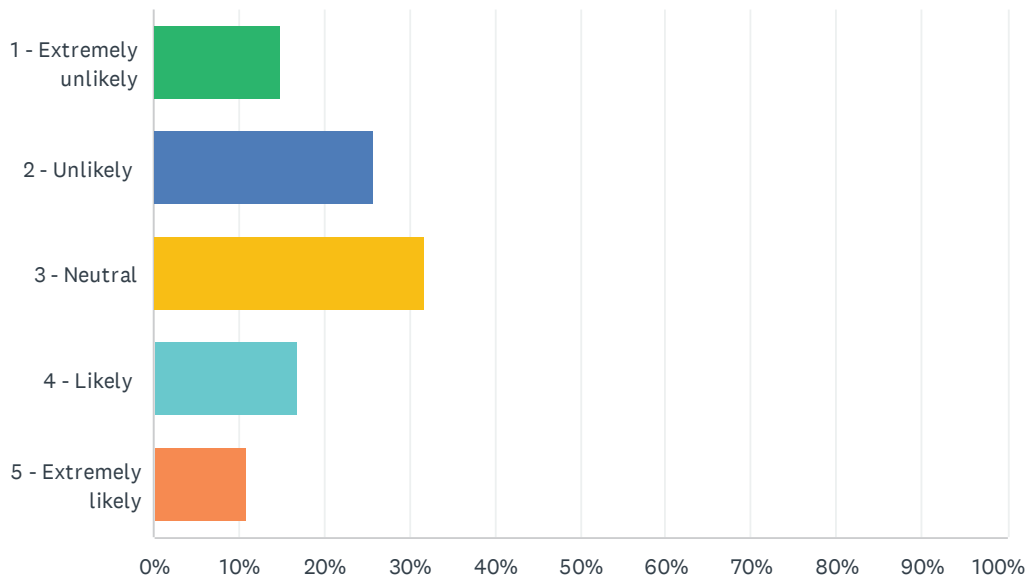


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	8.00%	8
2 - Unlikely	13.00%	13
3 - Neutral	38.00%	38
4 - Likely	28.00%	28
5 - Extremely likely	13.00%	13
TOTAL		100

Meeting Materials

Q9 Expand Technician Scope of Practice – Drug Administration 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.

Answered: 101 Skipped: 0

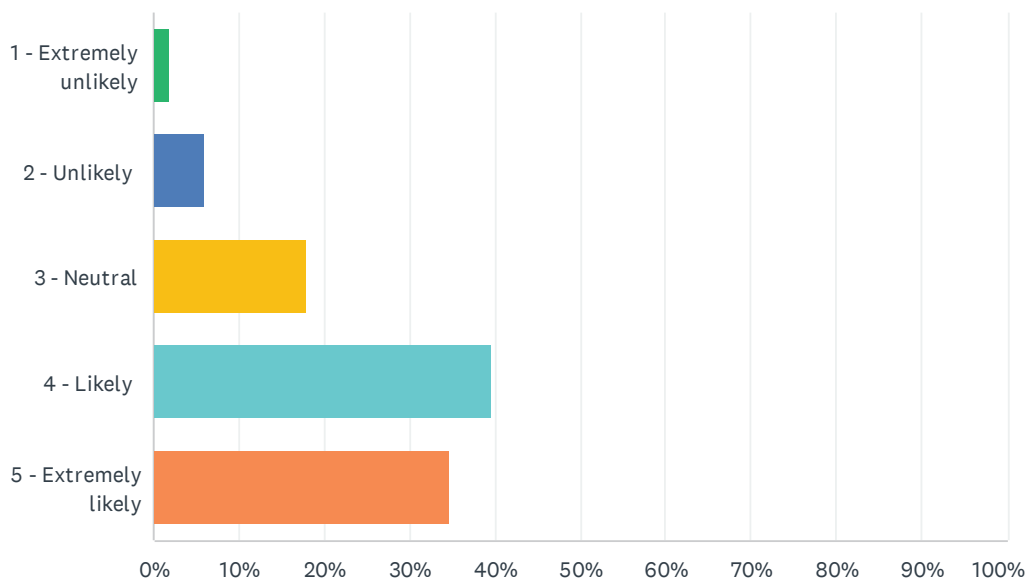


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	14.85%	15
2 - Unlikely	25.74%	26
3 - Neutral	31.68%	32
4 - Likely	16.83%	17
5 - Extremely likely	10.89%	11
TOTAL		101

Meeting Materials

Q10 Managing Touchpoints Provide autonomy to the pharmacist on duty to shut down touchpoints and non-essential services if understaffed. Require ancillary staffing (support personnel and technicians) at each point of contact when the pharmacy is open. This must include drive-thru, drop-off, register, vaccinations, and a person dedicated to phones.

Answered: 101 Skipped: 0

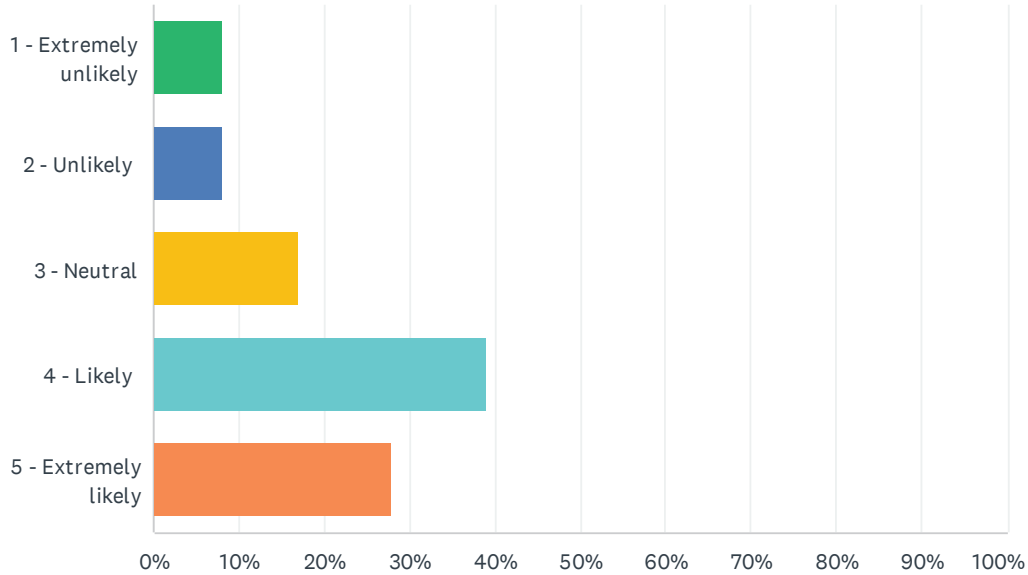


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.98%	2
2 - Unlikely	5.94%	6
3 - Neutral	17.82%	18
4 - Likely	39.60%	40
5 - Extremely likely	34.65%	35
TOTAL		101

Meeting Materials

Q11 Working Conditions / Security Require any “open-door” pharmacy must operate with at least one technician and one pharmacist (or two pharmacists). Include exception for documented absence.

Answered: 100 Skipped: 1

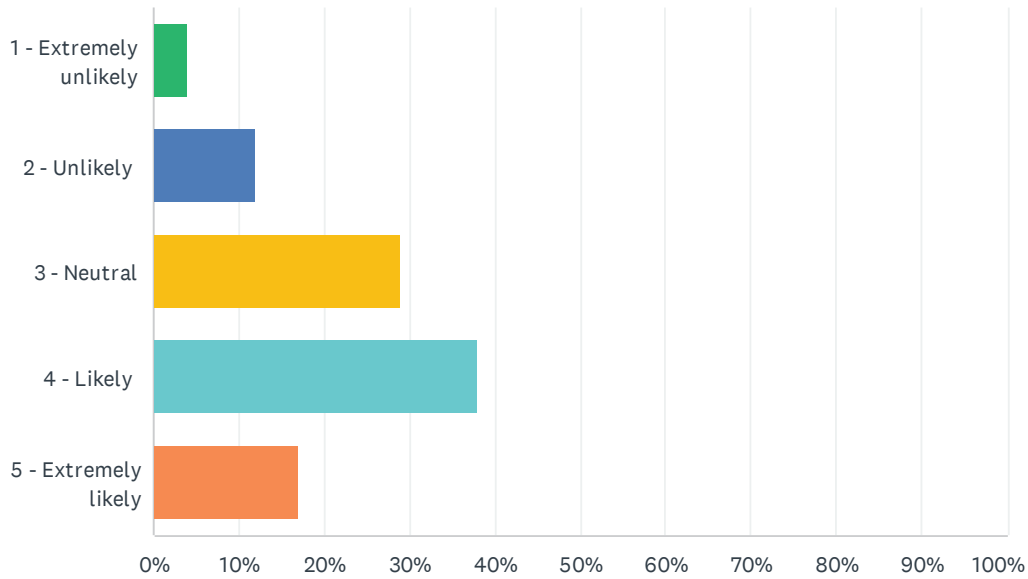


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	8.00%	8
2 - Unlikely	8.00%	8
3 - Neutral	17.00%	17
4 - Likely	39.00%	39
5 - Extremely likely	28.00%	28
TOTAL		100

Meeting Materials

Q12 Career Technician Pathways 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.

Answered: 100 Skipped: 1



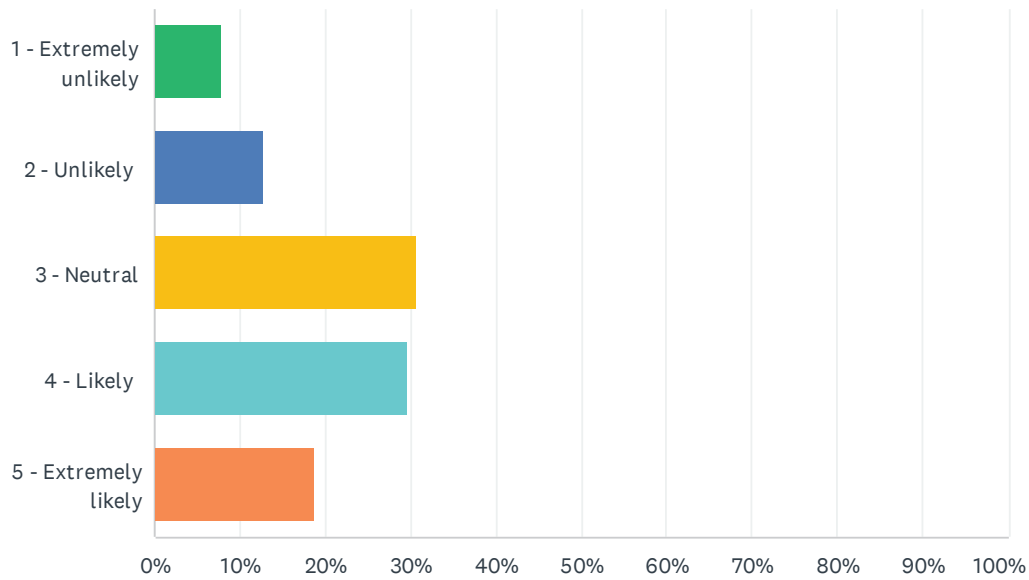
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.00%	4
2 - Unlikely	12.00%	12
3 - Neutral	29.00%	29
4 - Likely	38.00%	38
5 - Extremely likely	17.00%	17
TOTAL		100

Meeting Materials

Q13 Report of Understaffing(A) Adequate staffing to safely dispense prescriptions is the responsibility of the pharmacy and the pharmacy's responsible person. If conditions exist that could cause prescriptions to be dispensed in an unsafe manner the pharmacy and the pharmacy's responsible person shall take action to correct the problem.(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. Such form shall include, but not be limited to the following:(1) Date and time the inadequate staffing occurred;(2) Number of prescriptions filled during this time frame;(3) Summary of events; and(4) Any comments or suggestions.(C) A pharmacist shall complete the staffing report form when:(1) A pharmacist is concerned regarding staffing due to:(a) inadequate number of support persons (cashiers, technicians, auxiliary supportive personnel, etc.); or,(b) excessive workload;(2) Filling out the form may enable management to make a better decision concerning staffing.(3) Any errors that occurred to the result of inadequate staffing.(D) The responsible person shall submit that form in a manner determined by the board. (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.(F) Each pharmacy shall retain completed staffing reports on-site in a readily retrievable manner for at least three years from the date of creation.

Answered: 101 Skipped: 0

Meeting Materials

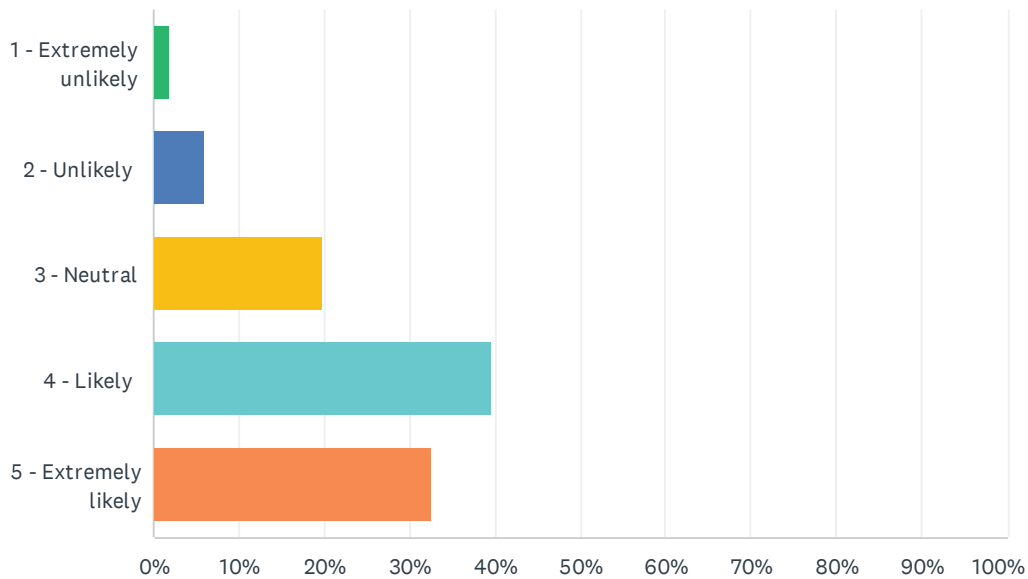


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	7.92%	8
2 - Unlikely	12.87%	13
3 - Neutral	30.69%	31
4 - Likely	29.70%	30
5 - Extremely likely	18.81%	19
TOTAL		101

Meeting Materials

Q14 Limits on Hours Worked A pharmacy shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per twenty-four (24) hour period. A pharmacist/technician 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.

Answered: 101 Skipped: 0

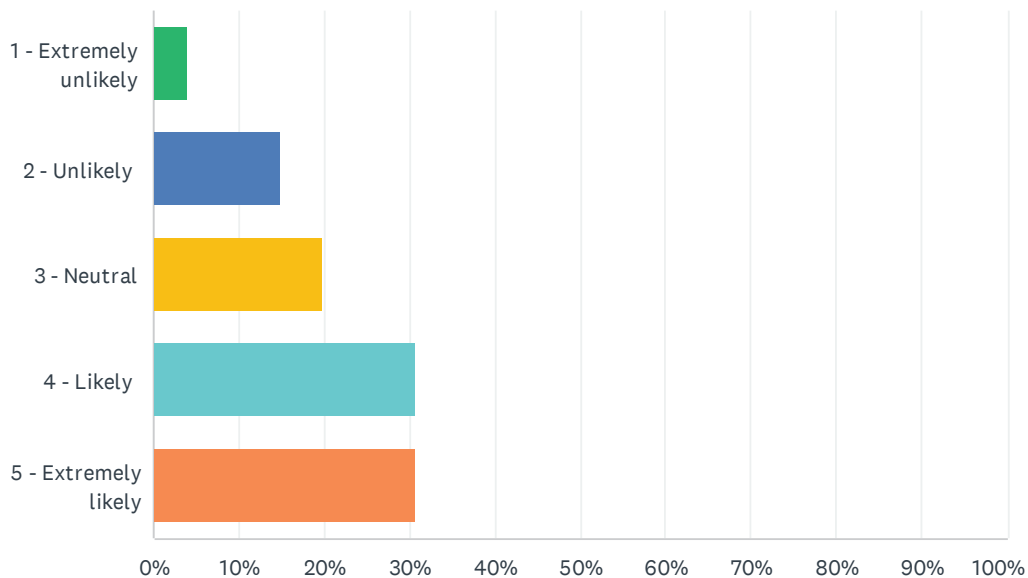


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.98%	2
2 - Unlikely	5.94%	6
3 - Neutral	19.80%	20
4 - Likely	39.60%	40
5 - Extremely likely	32.67%	33
TOTAL		101

Meeting Materials

Q15 Mandatory Dark Hours Require “open door” pharmacies to operate dark hours that allow for staff to prepare and catch up on their work without any interruptions. This will allow pharmacies to operate more efficiently and safely and help minimize distractions when engaged in activities requiring greater concentration.

Answered: 101 Skipped: 0

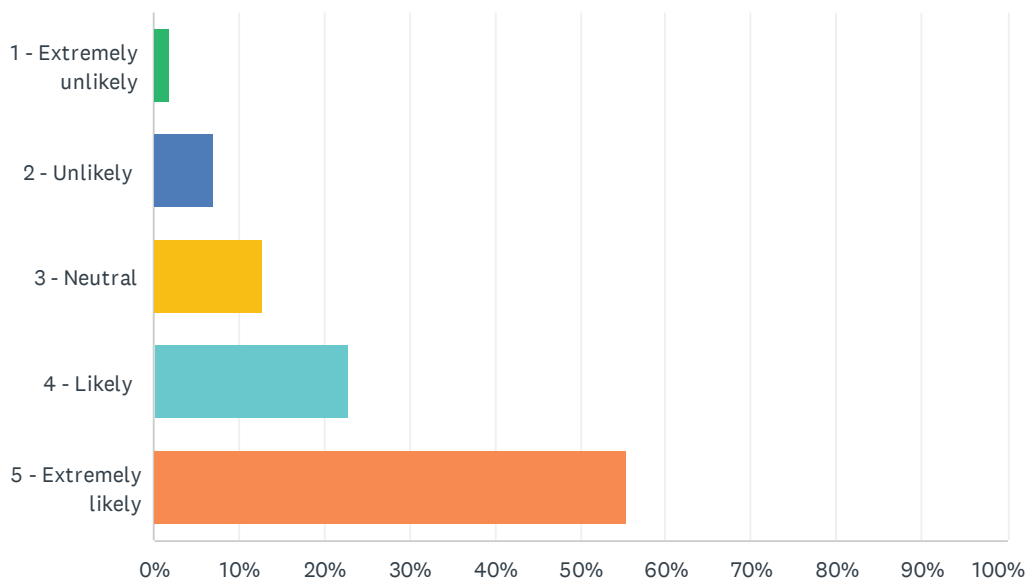


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.96%	4
2 - Unlikely	14.85%	15
3 - Neutral	19.80%	20
4 - Likely	30.69%	31
5 - Extremely likely	30.69%	31
TOTAL		101

Meeting Materials

Q16 Metrics Eliminate Job impacting metrics that compromise safety and integrity of the profession. 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. Prohibit metrics related to the volume of services provided.

Answered: 101 Skipped: 0

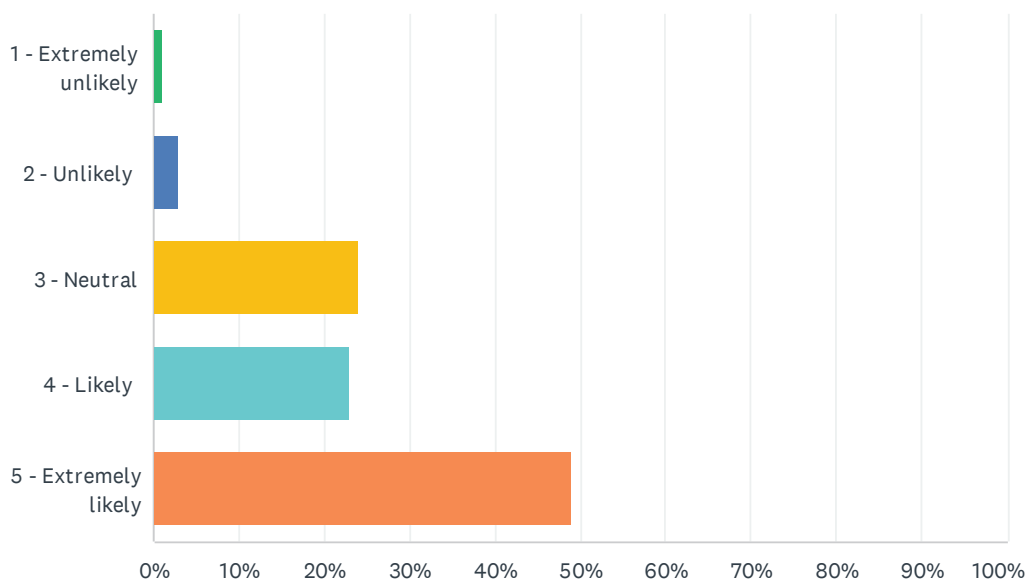


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.98%	2
2 - Unlikely	6.93%	7
3 - Neutral	12.87%	13
4 - Likely	22.77%	23
5 - Extremely likely	55.45%	56
TOTAL		101

Meeting Materials

Q17 Elimination of Cold Call Lists Eliminate required cold call lists.

Answered: 100 Skipped: 1



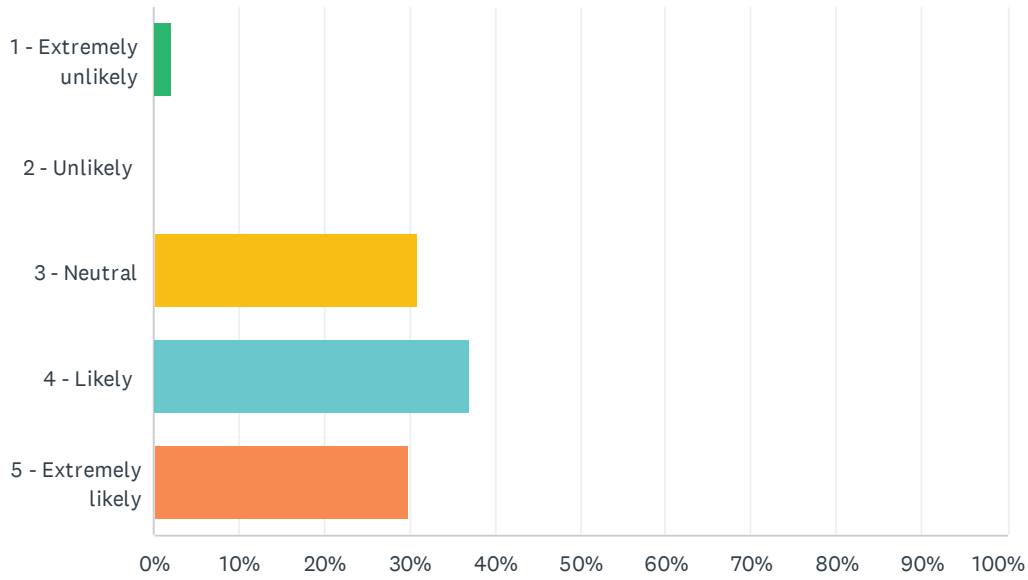
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.00%	1
2 - Unlikely	3.00%	3
3 - Neutral	24.00%	24
4 - Likely	23.00%	23
5 - Extremely likely	49.00%	49
TOTAL		100

Meeting Materials

Q18 Alabama Rule - Supervising Pharmacist There is a growing discussion among pharmacy boards throughout the country about workload conditions in pharmacy. In that discussion, there are many issues contributing to workplace dissatisfaction. It is important to understand that issues related to dissatisfaction in workplace conditions may not fall under the authority of any board of pharmacy unless it involves an adverse result to the safety of patients. One concern of dissatisfaction addresses board of pharmacy disciplinary actions and the focus on the individual licensee and not on the permit or the root cause. The Board has several actions that do address the root cause as well as the permit. Board Rule 680-X-2-.12 Supervising Pharmacist specifically states: If the actions of the permit holder have deemed to contribute to or cause a violation of any provision of this section, the Board may hold the permit holder responsible and/or absolve the supervising pharmacist from the responsibility of that action. In addition, it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder. To fully understand the impact of the above-cited section, it should be read with the following sections of 680-X-2-.22 Code of Professional Conduct in mind. (2) (a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner. (2) (f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.)

Answered: 97 Skipped: 4

Meeting Materials

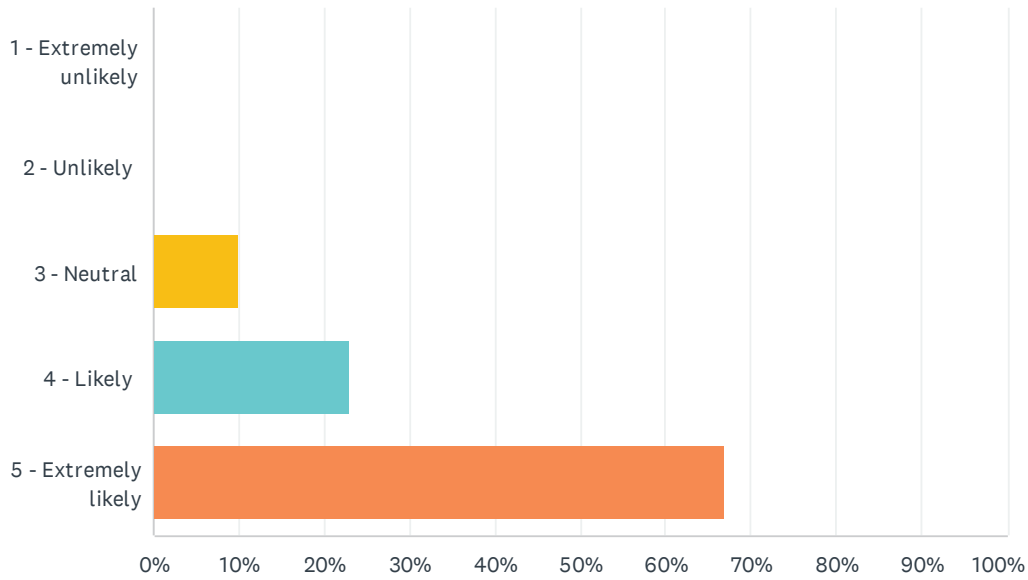


ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	2.06% 2
2 - Unlikely	0.00% 0
3 - Neutral	30.93% 30
4 - Likely	37.11% 36
5 - Extremely likely	29.90% 29
TOTAL	97

Meeting Materials

Q19 Pharmacy Benefit Managers The Board should ensure that its rules cannot be utilized by pharmacy benefit managers and insurers to initiate clawbacks.

Answered: 100 Skipped: 1

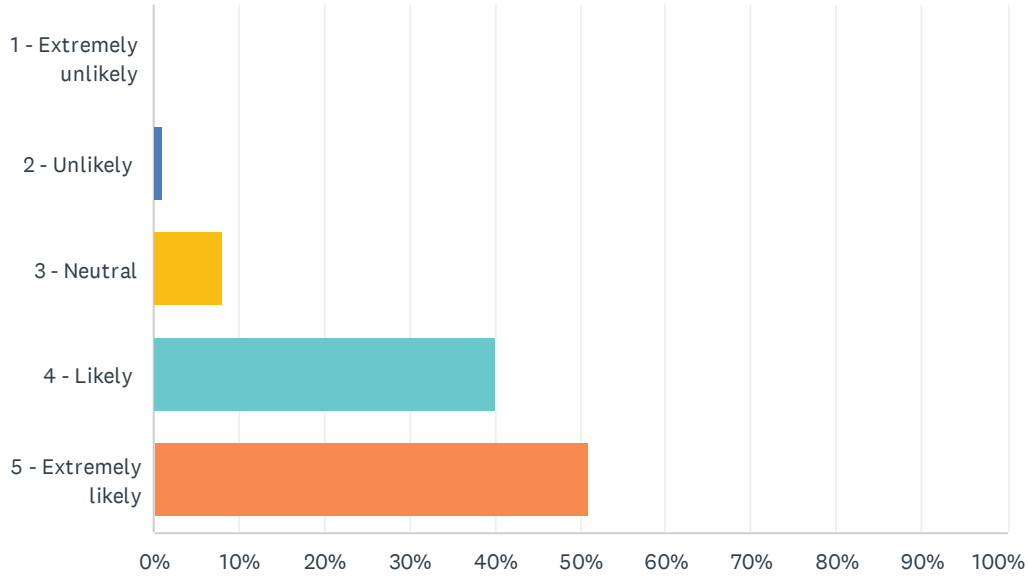


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	0.00%	0
3 - Neutral	10.00%	10
4 - Likely	23.00%	23
5 - Extremely likely	67.00%	67
TOTAL		100

Meeting Materials

Q20 Improve Quality of Electronic Prescribing Develop a process to regulate electronic prescription transmission systems to improve quality and standardize format.

Answered: 100 Skipped: 1

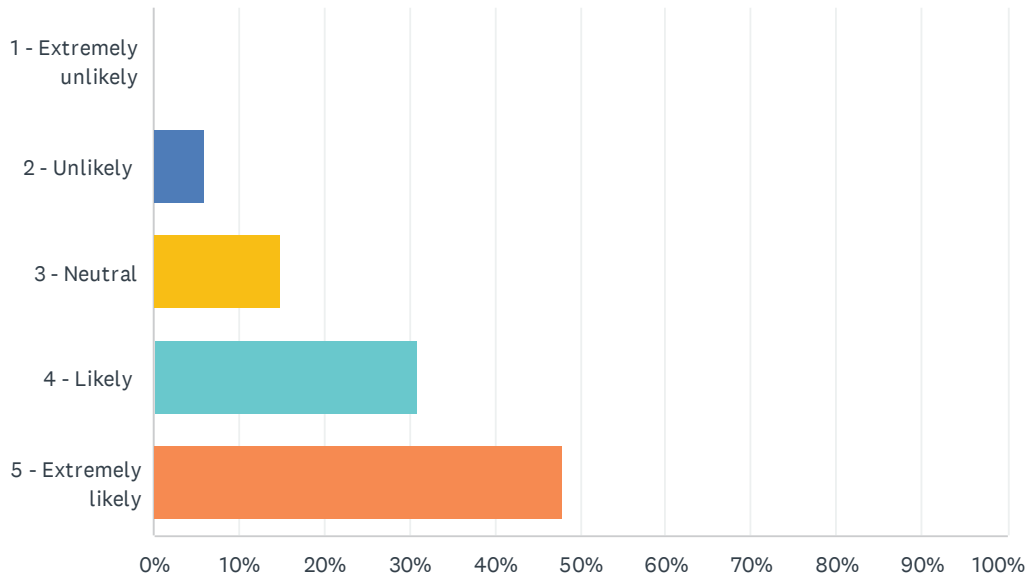


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	1.00%	1
3 - Neutral	8.00%	8
4 - Likely	40.00%	40
5 - Extremely likely	51.00%	51
TOTAL		100

Meeting Materials

Q21 Authorizing Pharmacists to Prescribe Drug Devices Permit pharmacists to prescribe drug devices necessary to dispense a prescription.

Answered: 100 Skipped: 1

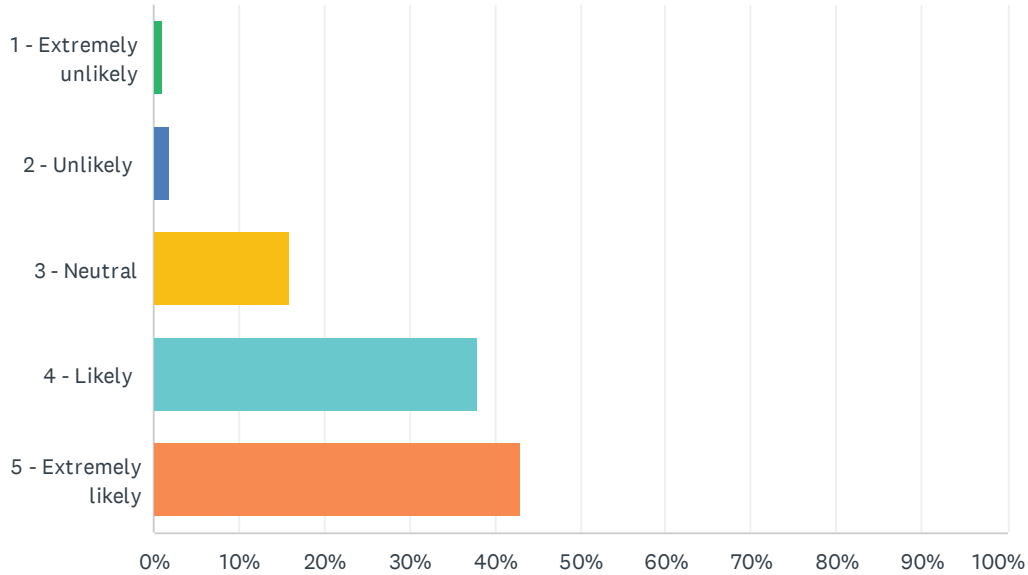


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	6.00%	6
3 - Neutral	15.00%	15
4 - Likely	31.00%	31
5 - Extremely likely	48.00%	48
TOTAL		100

Meeting Materials

Q22 Eliminating Manual Logs Review Board rules to reduce the use of paper logs.

Answered: 100 Skipped: 1

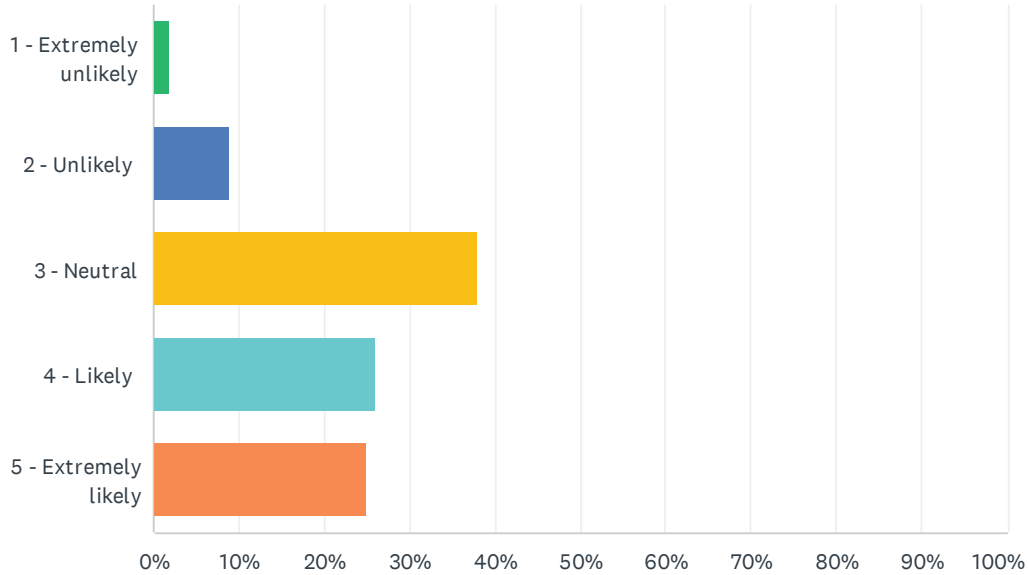


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.00%	1
2 - Unlikely	2.00%	2
3 - Neutral	16.00%	16
4 - Likely	38.00%	38
5 - Extremely likely	43.00%	43
TOTAL		100

Meeting Materials

Q23 Change of Responsible Person Requirements Extend notification requirement of the responsible person from 10 to 30 days.

Answered: 100 Skipped: 1

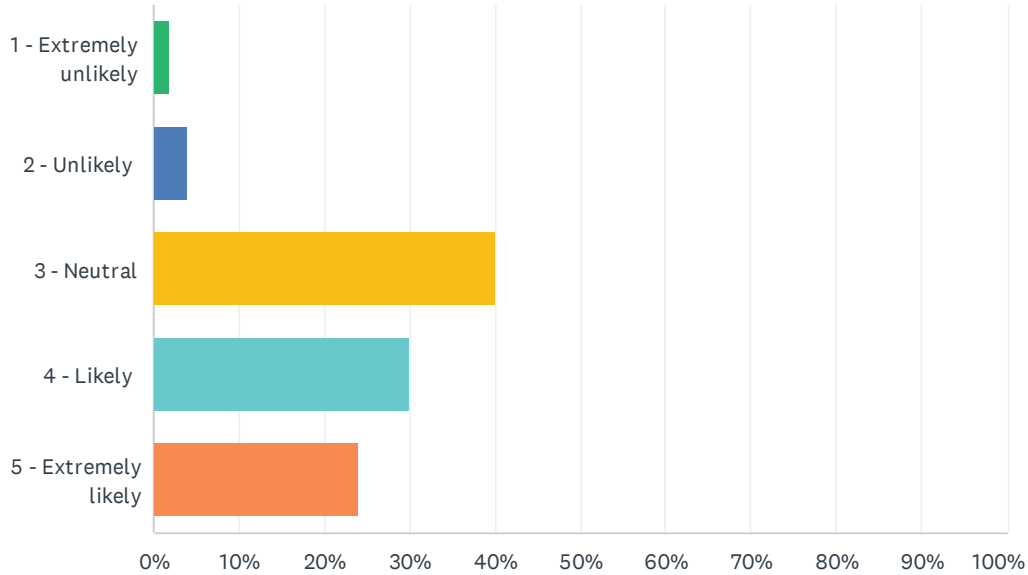


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.00%	2
2 - Unlikely	9.00%	9
3 - Neutral	38.00%	38
4 - Likely	26.00%	26
5 - Extremely likely	25.00%	25
TOTAL		100

Meeting Materials

Q24 Improving the Physical Security of Pharmacies Look at ways to improve the physical security of pharmacies.

Answered: 100 Skipped: 1

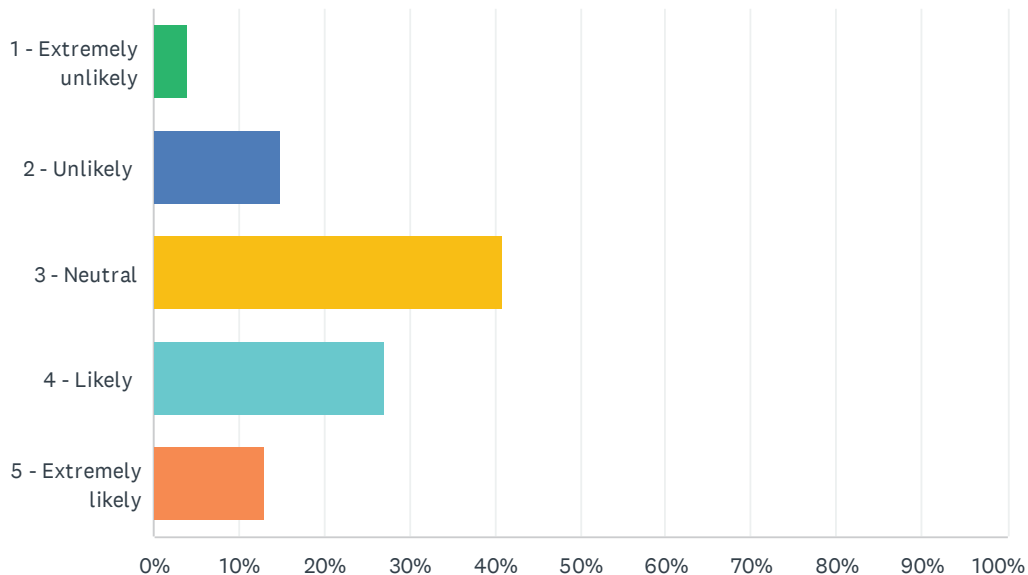


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.00%	2
2 - Unlikely	4.00%	4
3 - Neutral	40.00%	40
4 - Likely	30.00%	30
5 - Extremely likely	24.00%	24
TOTAL		100

Meeting Materials

Q25 Pharmacy Intern Ratios Expand the number of interns that can work under the supervision of a pharmacist (currently 2:1).

Answered: 100 Skipped: 1

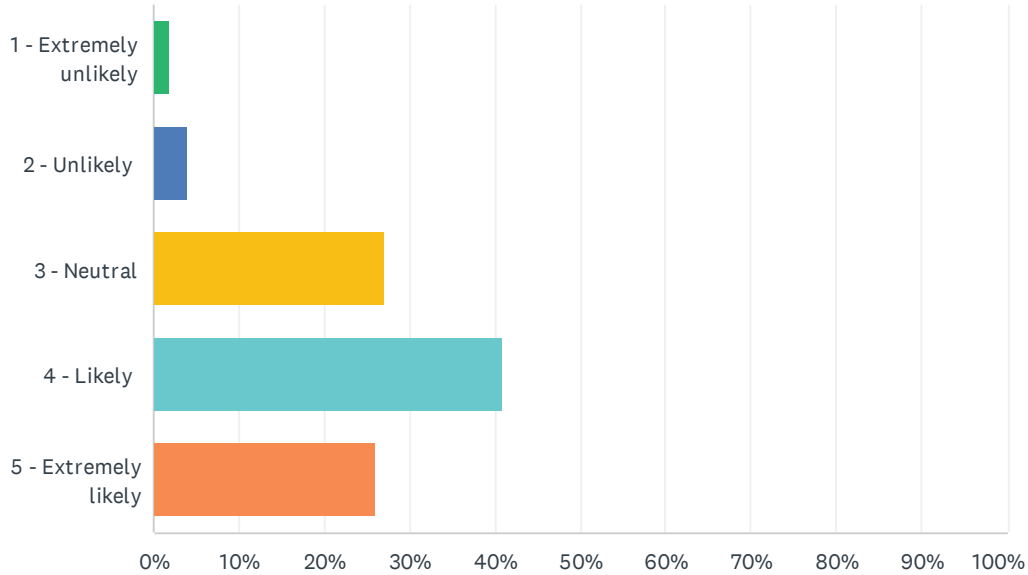


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.00%	4
2 - Unlikely	15.00%	15
3 - Neutral	41.00%	41
4 - Likely	27.00%	27
5 - Extremely likely	13.00%	13
TOTAL		100

Meeting Materials

Q26 Automation and Technology Examine ways to utilize automation and technology to improve working conditions.

Answered: 100 Skipped: 1

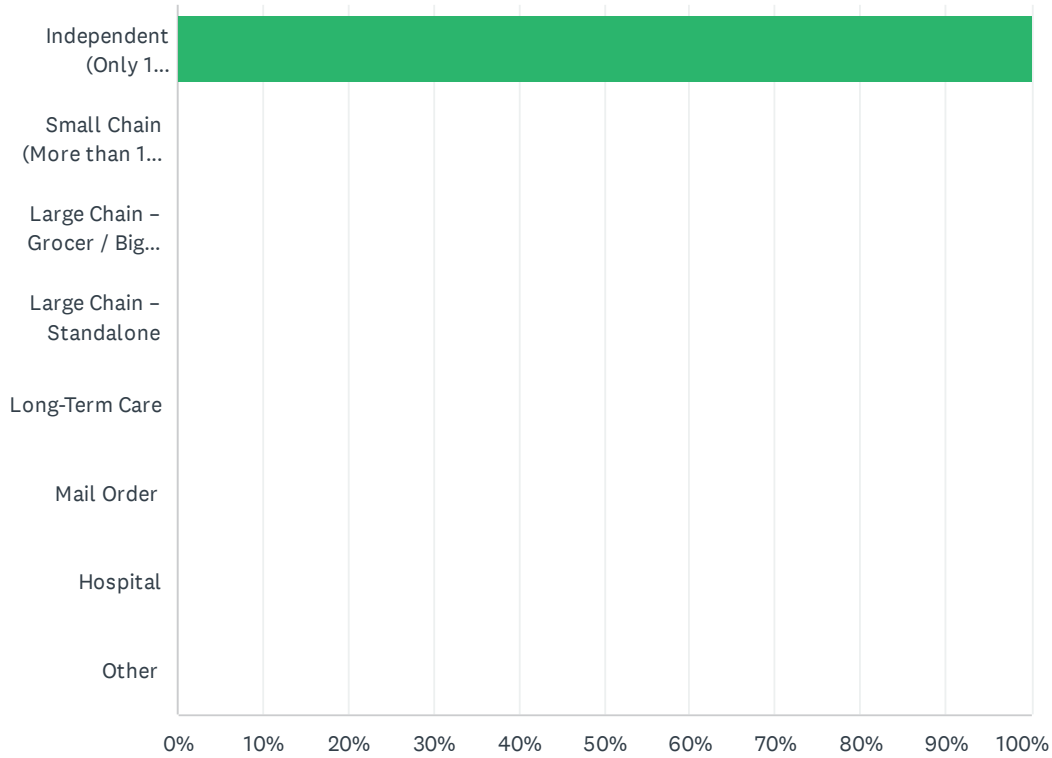


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.00%	2
2 - Unlikely	4.00%	4
3 - Neutral	27.00%	27
4 - Likely	41.00%	41
5 - Extremely likely	26.00%	26
TOTAL		100

Meeting Materials

Q27 Please identify your primary practice setting:

Answered: 101 Skipped: 0

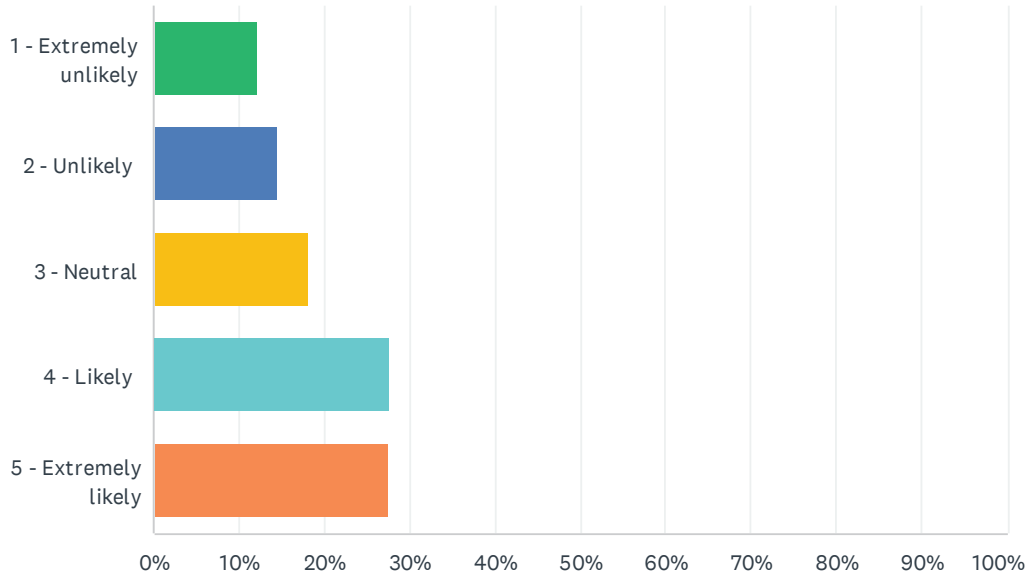


ANSWER CHOICES	RESPONSES	
Independent (Only 1 location)	100.00%	101
Small Chain (More than 1, but less than 12 locations)	0.00%	0
Large Chain – Grocer / Big Box Store	0.00%	0
Large Chain – Standalone	0.00%	0
Long-Term Care	0.00%	0
Mail Order	0.00%	0
Hospital	0.00%	0
Other	0.00%	0
TOTAL		101

Meeting Materials

Q1 Expand Technician Scope of Practice – Immunizations Authorize the administration of immunizations and vaccines by pharmacy technicians that includes all approved ACIP-recommended vaccines for adults and children.

Answered: 685 Skipped: 2

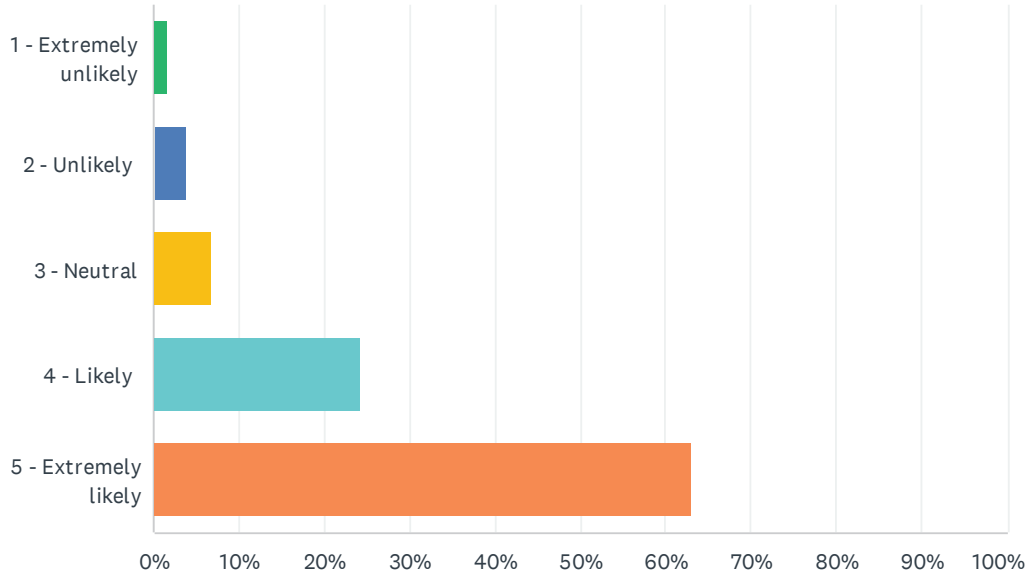


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	12.12%	83
2 - Unlikely	14.60%	100
3 - Neutral	18.10%	124
4 - Likely	27.74%	190
5 - Extremely likely	27.45%	188
TOTAL		685

Meeting Materials

Q2 Mandatory Breaks/Rest Periods Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal breaks to all staff.

Answered: 685 Skipped: 2

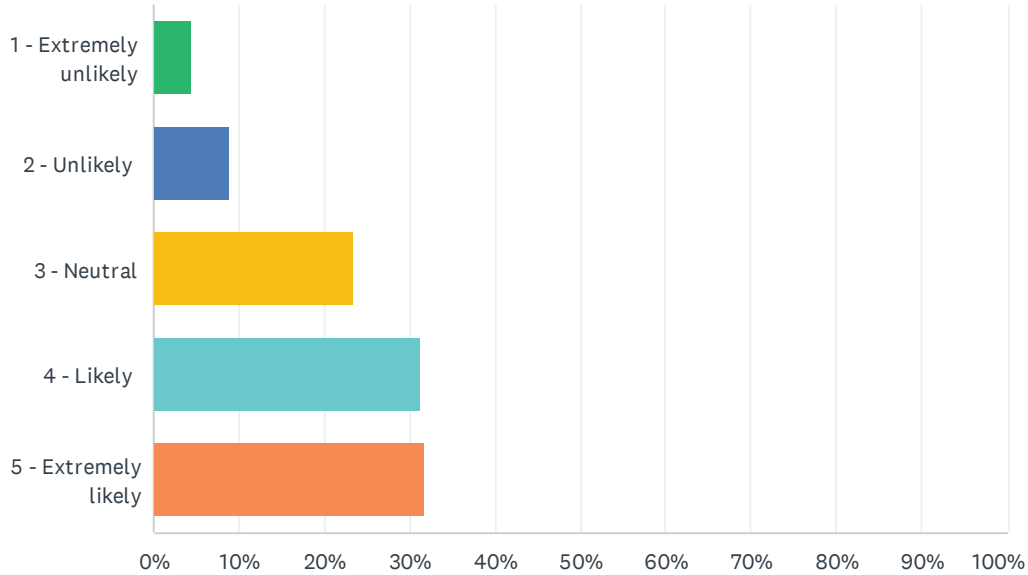


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.61%	11
2 - Unlikely	3.94%	27
3 - Neutral	6.86%	47
4 - Likely	24.38%	167
5 - Extremely likely	63.21%	433
TOTAL		685

Meeting Materials

Q3 Improve Resources to Promote Technician Onboarding Board shall develop onboarding educational videos and other materials to facilitate onboarding of new technicians.

Answered: 684 Skipped: 3

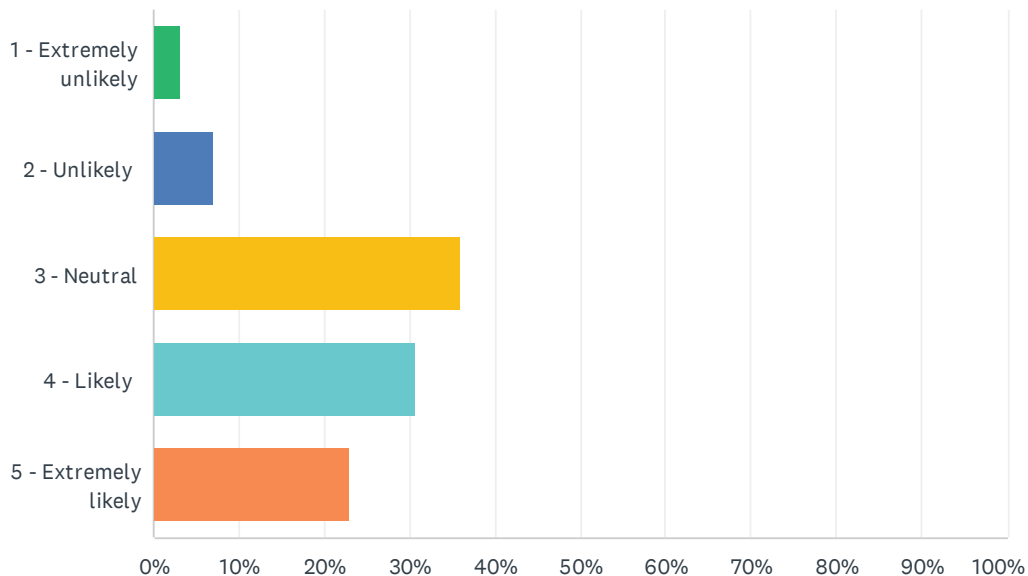


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.53%	31
2 - Unlikely	8.92%	61
3 - Neutral	23.39%	160
4 - Likely	31.43%	215
5 - Extremely likely	31.73%	217
TOTAL		684

Meeting Materials

Q4 License Transferability Board shall develop and implement a process for technician reciprocity. NOTE: The Board implemented a technician reciprocity rule effective 4/1/22. For more information [CLICK HERE](#).

Answered: 679 Skipped: 8

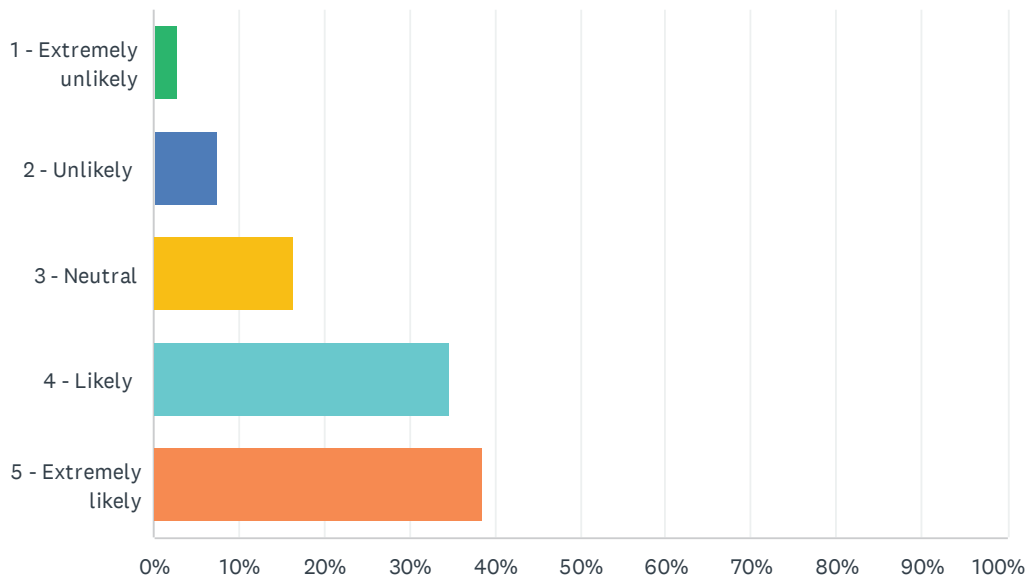


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.09%	21
2 - Unlikely	7.07%	48
3 - Neutral	35.94%	244
4 - Likely	30.78%	209
5 - Extremely likely	23.12%	157
TOTAL		679

Meeting Materials

Q5 Improve Technician Training Resources Requiring pharmacies to have a dedicated staff member to train all new technicians. Staff person should be at the pharmacy or district level.

Answered: 683 Skipped: 4



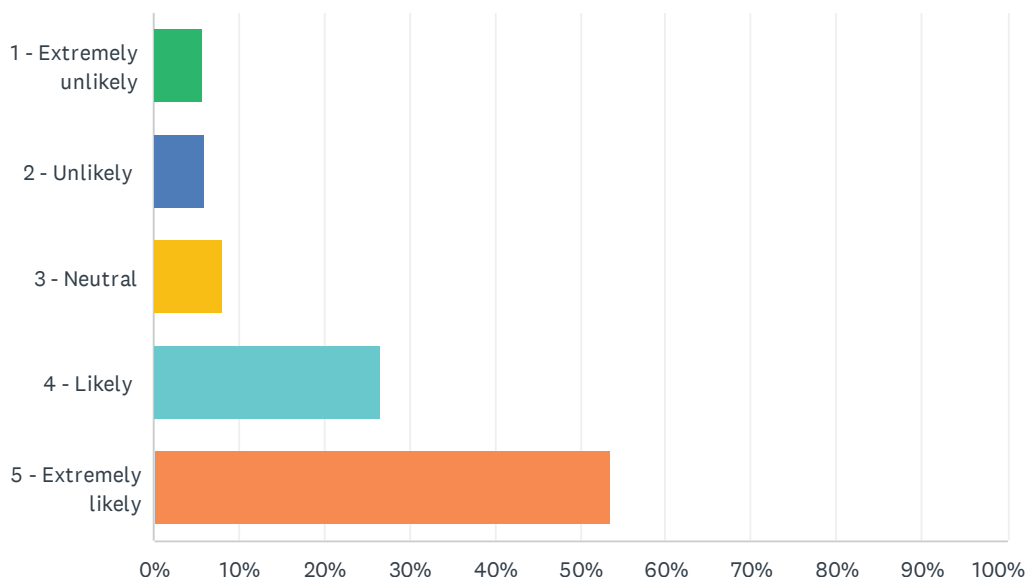
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.78%	19
2 - Unlikely	7.47%	51
3 - Neutral	16.40%	112
4 - Likely	34.70%	237
5 - Extremely likely	38.65%	264
TOTAL		683

Meeting Materials

Q6 Staffing Plan Require each pharmacy’s responsible person to develop a staffing plan that establishes the appropriate number of pharmacy technicians and interns to pharmacist(s) on duty. The staffing plan shall ensure that the number of pharmacy technicians and interns on duty can be satisfactorily supervised by the pharmacist(s) on duty. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner. In developing a staffing plan, the responsible person shall consider all the following:

- a. The volume of workload and the services provided by the pharmacy.
- b. The volume of prescriptions handled by staff to include:
 - i. Prescriptions filled, dispensed, and sold;
 - ii. Prescriptions placed on hold;
 - iii. Prescriptions returned to stock;
 - iv. Any other prescriptions metrics developed by the responsible person.
- c. Security needs of the pharmacy and pharmacy staff.
- d. Required closing or opening of certain touchpoints (drive-thru, vaccines, etc.). Provide autonomy to the on-duty pharmacist as part of the rule to close or open touchpoints.
- e. Number of staff and level of staff competency. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner.

Answered: 685 Skipped: 2



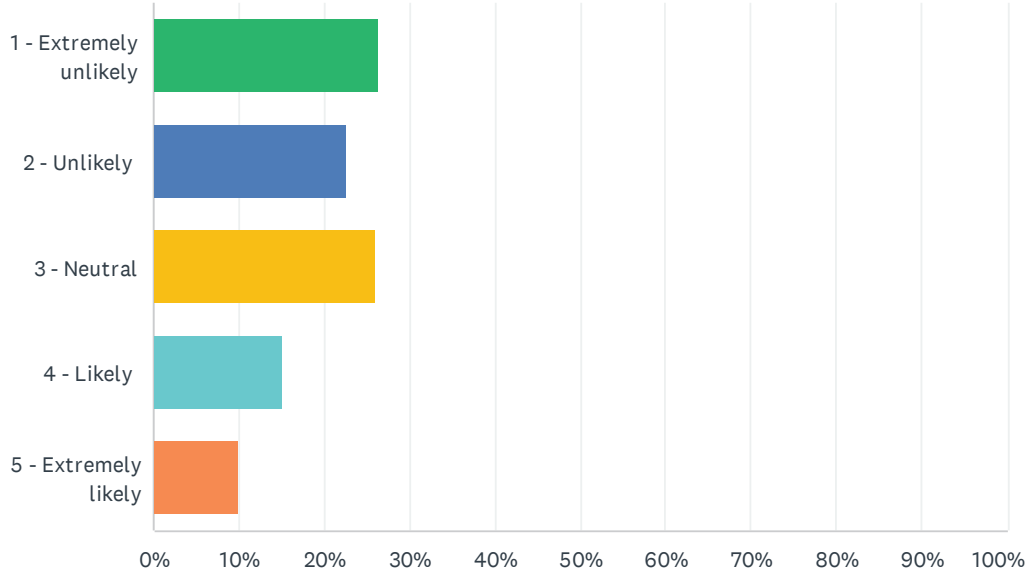
Meeting Materials

ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	5.84%	40
2 - Unlikely	5.99%	41
3 - Neutral	8.03%	55
4 - Likely	26.57%	182
5 - Extremely likely	53.58%	367
TOTAL		685

Meeting Materials

Q7 Tech-Check-Tech Implementation of Tech-Check-Tech or technology assisted technician product verification.

Answered: 684 Skipped: 3

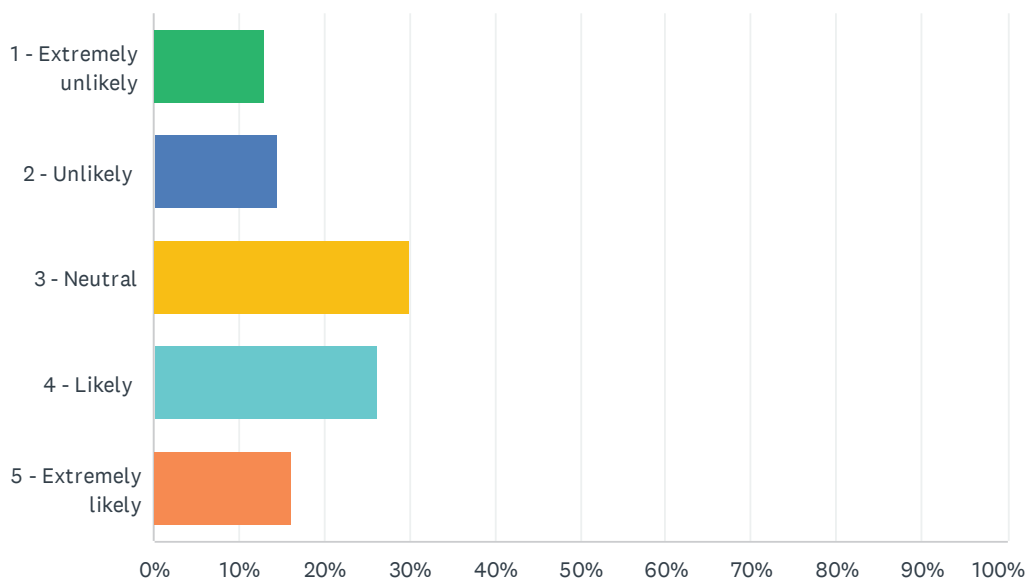


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	26.46%	181
2 - Unlikely	22.51%	154
3 - Neutral	26.02%	178
4 - Likely	15.06%	103
5 - Extremely likely	9.94%	68
TOTAL		684

Meeting Materials

Q8 Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests
 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.

Answered: 683 Skipped: 4

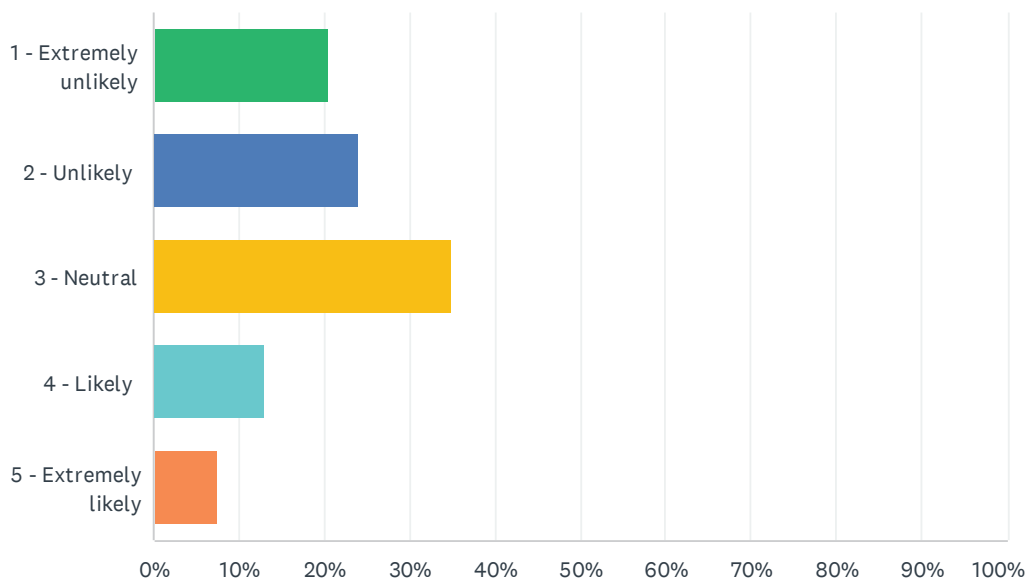


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	13.03%	89
2 - Unlikely	14.49%	99
3 - Neutral	30.01%	205
4 - Likely	26.21%	179
5 - Extremely likely	16.25%	111
TOTAL		683

Meeting Materials

Q9 Expand Technician Scope of Practice – Drug Administration 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.

Answered: 682 Skipped: 5

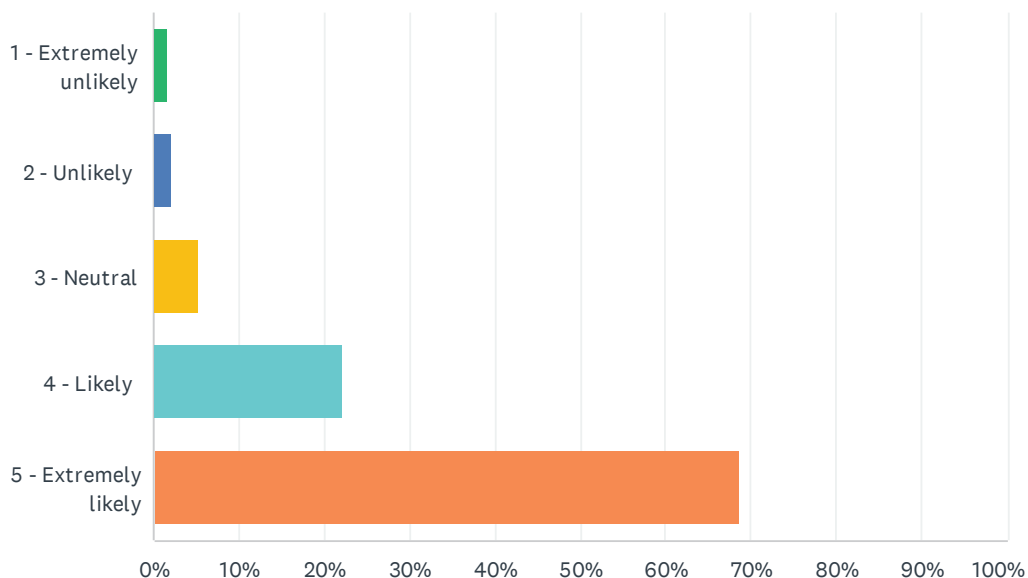


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	20.38%	139
2 - Unlikely	24.05%	164
3 - Neutral	35.04%	239
4 - Likely	13.05%	89
5 - Extremely likely	7.48%	51
TOTAL		682

Meeting Materials

Q10 Managing Touchpoints Provide autonomy to the pharmacist on duty to shut down touchpoints and non-essential services if understaffed. Require ancillary staffing (support personnel and technicians) at each point of contact when the pharmacy is open. This must include drive-thru, drop-off, register, vaccinations, and a person dedicated to phones.

Answered: 684 Skipped: 3

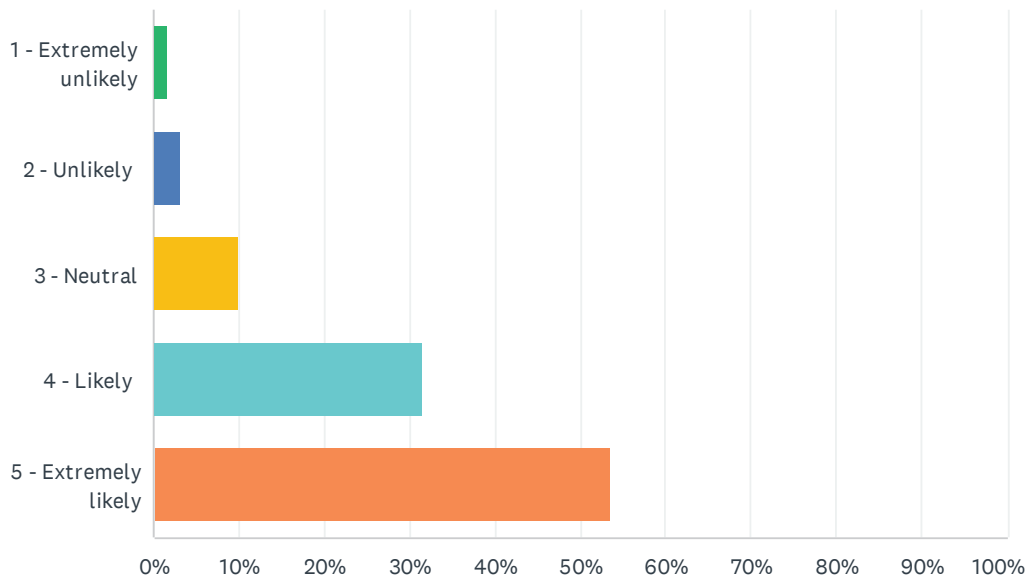


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.75%	12
2 - Unlikely	2.05%	14
3 - Neutral	5.41%	37
4 - Likely	22.22%	152
5 - Extremely likely	68.57%	469
TOTAL		684

Meeting Materials

Q11 Working Conditions / Security Require any “open-door” pharmacy must operate with at least one technician and one pharmacist (or two pharmacists). Include exception for documented absence.

Answered: 686 Skipped: 1

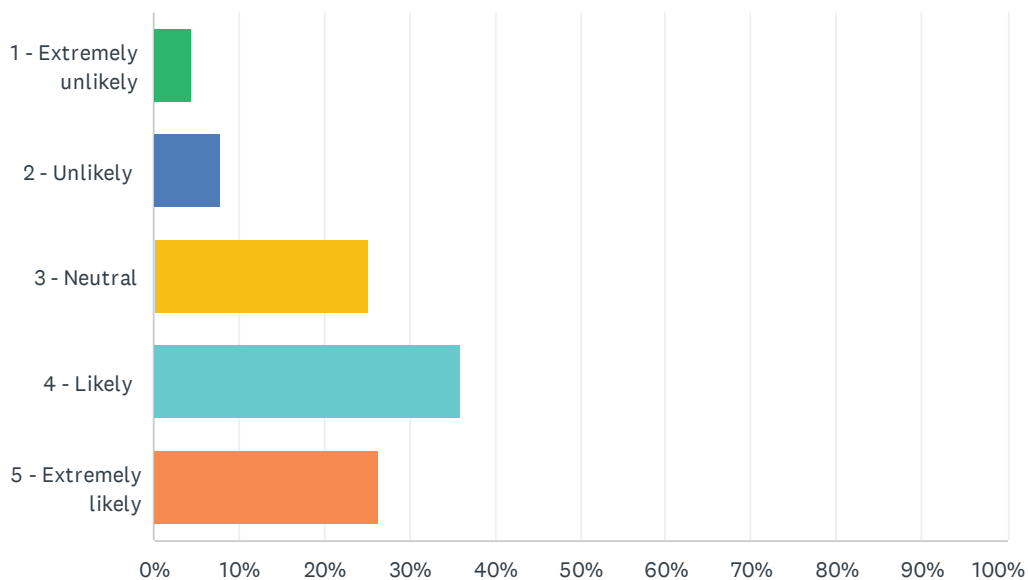


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.60%	11
2 - Unlikely	3.21%	22
3 - Neutral	10.06%	69
4 - Likely	31.63%	217
5 - Extremely likely	53.50%	367
TOTAL		686

Meeting Materials

Q12 Career Technician Pathways 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.

Answered: 681 Skipped: 6



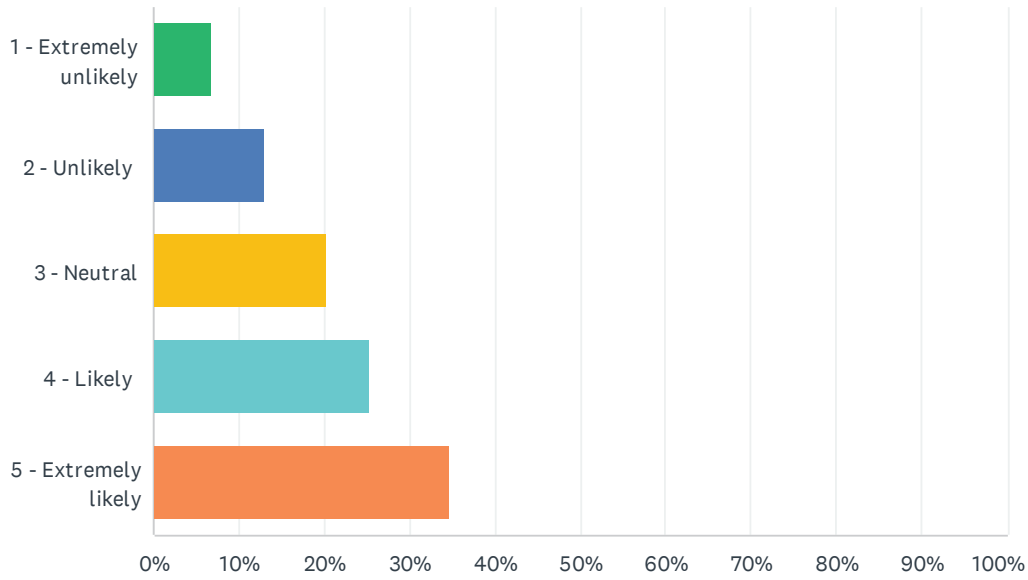
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.41%	30
2 - Unlikely	7.93%	54
3 - Neutral	25.26%	172
4 - Likely	35.98%	245
5 - Extremely likely	26.43%	180
TOTAL		681

Meeting Materials

Q13 Report of Understaffing(A) Adequate staffing to safely dispense prescriptions is the responsibility of the pharmacy and the pharmacy's responsible person. If conditions exist that could cause prescriptions to be dispensed in an unsafe manner the pharmacy and the pharmacy's responsible person shall take action to correct the problem.(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. Such form shall include, but not be limited to the following:(1) Date and time the inadequate staffing occurred;(2) Number of prescriptions filled during this time frame;(3) Summary of events; and(4) Any comments or suggestions.(C) A pharmacist shall complete the staffing report form when:(1) A pharmacist is concerned regarding staffing due to:(a) inadequate number of support persons (cashiers, technicians, auxiliary supportive personnel, etc.); or,(b) excessive workload;(2) Filling out the form may enable management to make a better decision concerning staffing.(3) Any errors that occurred to the result of inadequate staffing.(D) The responsible person shall submit that form in a manner determined by the board. (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.(F) Each pharmacy shall retain completed staffing reports on-site in a readily retrievable manner for at least three years from the date of creation.

Answered: 684 Skipped: 3

Meeting Materials

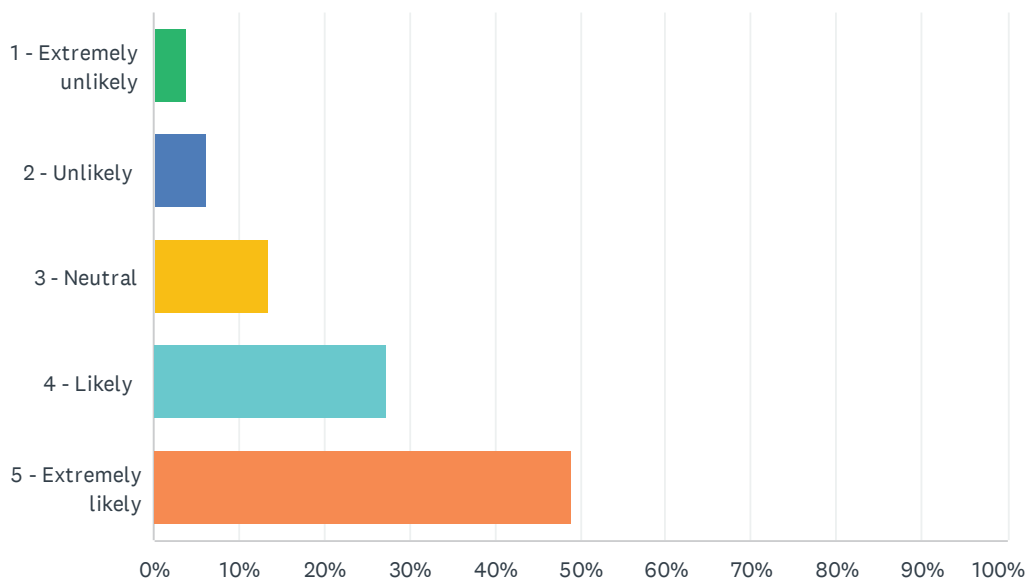


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	6.73%	46
2 - Unlikely	13.01%	89
3 - Neutral	20.18%	138
4 - Likely	25.44%	174
5 - Extremely likely	34.65%	237
TOTAL		684

Meeting Materials

Q14 Limits on Hours WorkedA pharmacy shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per twenty-four (24) hour period. A pharmacist/technician 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.

Answered: 685 Skipped: 2

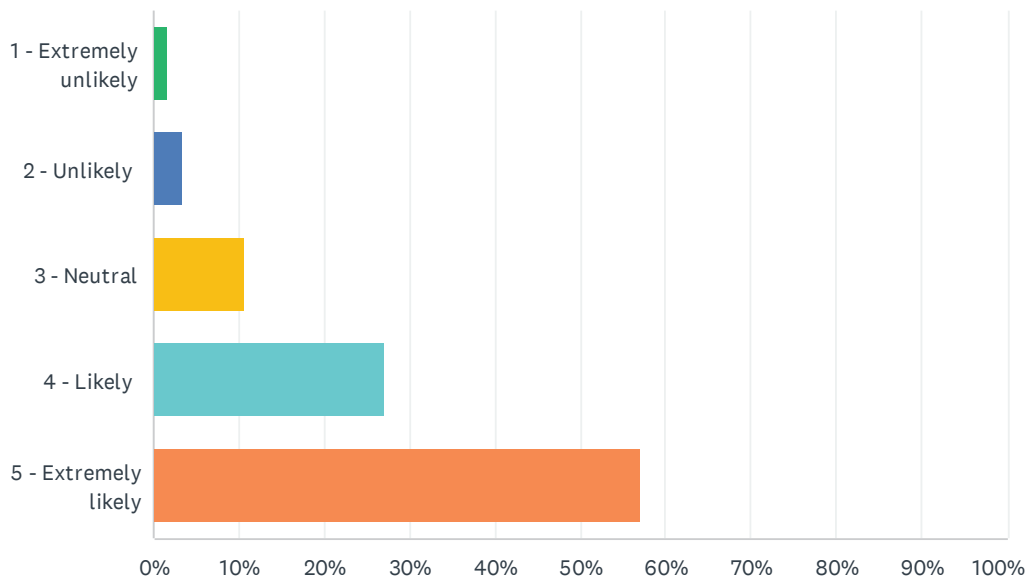


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.94%	27
2 - Unlikely	6.28%	43
3 - Neutral	13.43%	92
4 - Likely	27.30%	187
5 - Extremely likely	49.05%	336
TOTAL		685

Meeting Materials

Q15 Mandatory Dark Hours Require “open door” pharmacies to operate dark hours that allow for staff to prepare and catch up on their work without any interruptions. This will allow pharmacies to operate more efficiently and safely and help minimize distractions when engaged in activities requiring greater concentration.

Answered: 687 Skipped: 0

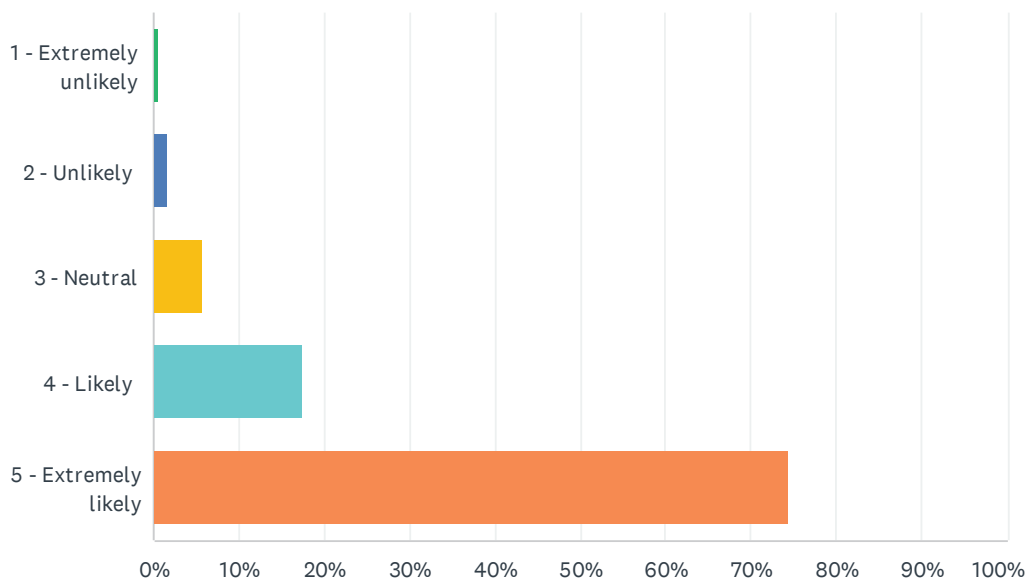


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.75%	12
2 - Unlikely	3.35%	23
3 - Neutral	10.63%	73
4 - Likely	27.07%	186
5 - Extremely likely	57.21%	393
TOTAL		687

Meeting Materials

Q16 Metrics Eliminate Job impacting metrics that compromise safety and integrity of the profession. 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. Prohibit metrics related to the volume of services provided.

Answered: 687 Skipped: 0

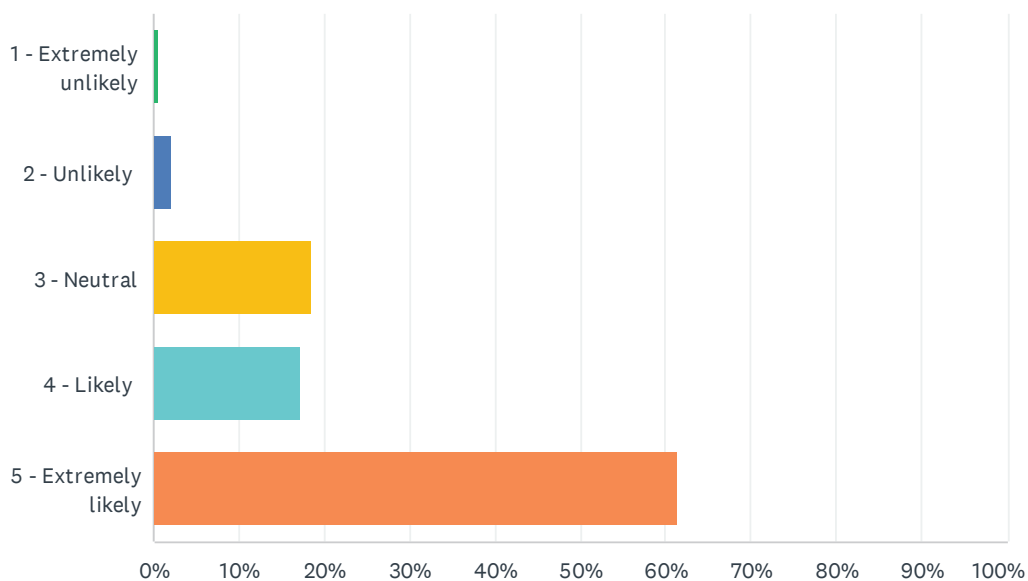


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.73%	5
2 - Unlikely	1.75%	12
3 - Neutral	5.68%	39
4 - Likely	17.47%	120
5 - Extremely likely	74.38%	511
TOTAL		687

Meeting Materials

Q17 Elimination of Cold Call Lists Eliminate required cold call lists.

Answered: 683 Skipped: 4



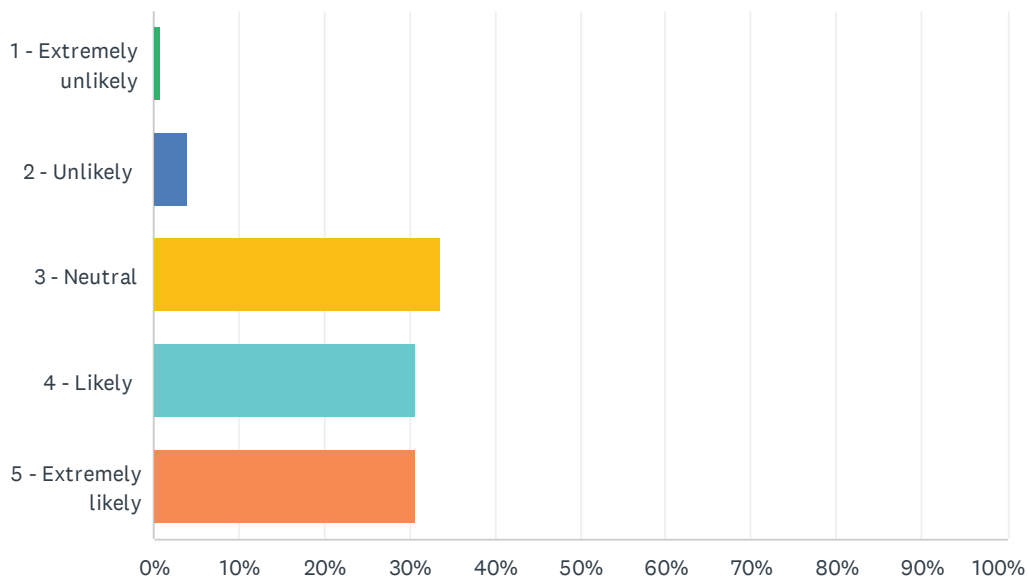
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.73%	5
2 - Unlikely	2.05%	14
3 - Neutral	18.59%	127
4 - Likely	17.28%	118
5 - Extremely likely	61.35%	419
TOTAL		683

Meeting Materials

Q18 Alabama Rule - Supervising Pharmacist There is a growing discussion among pharmacy boards throughout the country about workload conditions in pharmacy. In that discussion, there are many issues contributing to workplace dissatisfaction. It is important to understand that issues related to dissatisfaction in workplace conditions may not fall under the authority of any board of pharmacy unless it involves an adverse result to the safety of patients. One concern of dissatisfaction addresses board of pharmacy disciplinary actions and the focus on the individual licensee and not on the permit or the root cause. The Board has several actions that do address the root cause as well as the permit. Board Rule 680-X-2-.12 Supervising Pharmacist specifically states: If the actions of the permit holder have deemed to contribute to or cause a violation of any provision of this section, the Board may hold the permit holder responsible and/or absolve the supervising pharmacist from the responsibility of that action. In addition, it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder. To fully understand the impact of the above-cited section, it should be read with the following sections of 680-X-2-.22 Code of Professional Conduct in mind. (2) (a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner. (2) (f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.)

Answered: 652 Skipped: 35

Meeting Materials

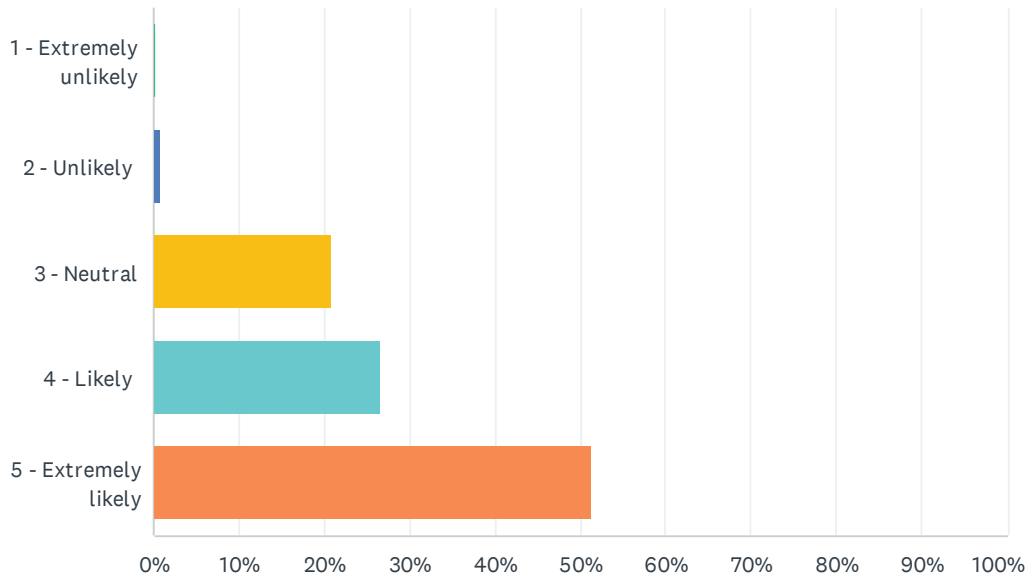


ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	0.92% 6
2 - Unlikely	3.99% 26
3 - Neutral	33.74% 220
4 - Likely	30.67% 200
5 - Extremely likely	30.67% 200
TOTAL	652

Meeting Materials

Q19 Pharmacy Benefit Managers The Board should ensure that its rules cannot be utilized by pharmacy benefit managers and insurers to initiate clawbacks.

Answered: 668 Skipped: 19

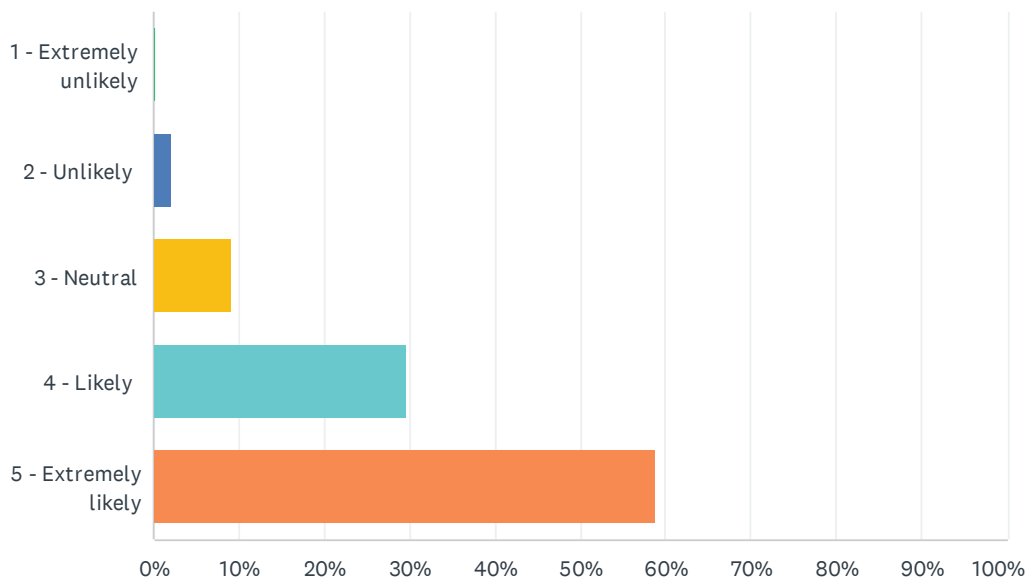


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.15%	1
2 - Unlikely	0.90%	6
3 - Neutral	20.96%	140
4 - Likely	26.65%	178
5 - Extremely likely	51.35%	343
TOTAL		668

Meeting Materials

Q20 Improve Quality of Electronic Prescribing Develop a process to regulate electronic prescription transmission systems to improve quality and standardize format.

Answered: 676 Skipped: 11

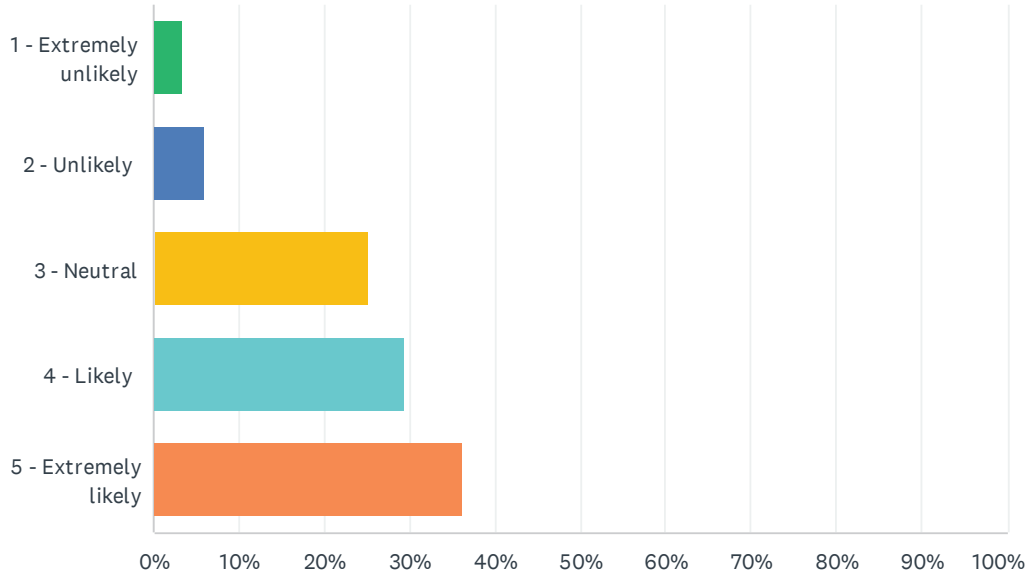


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.15%	1
2 - Unlikely	2.22%	15
3 - Neutral	9.17%	62
4 - Likely	29.59%	200
5 - Extremely likely	58.88%	398
TOTAL		676

Meeting Materials

Q21 Authorizing Pharmacists to Prescribe Drug Devices Permit pharmacists to prescribe drug devices necessary to dispense a prescription.

Answered: 677 Skipped: 10

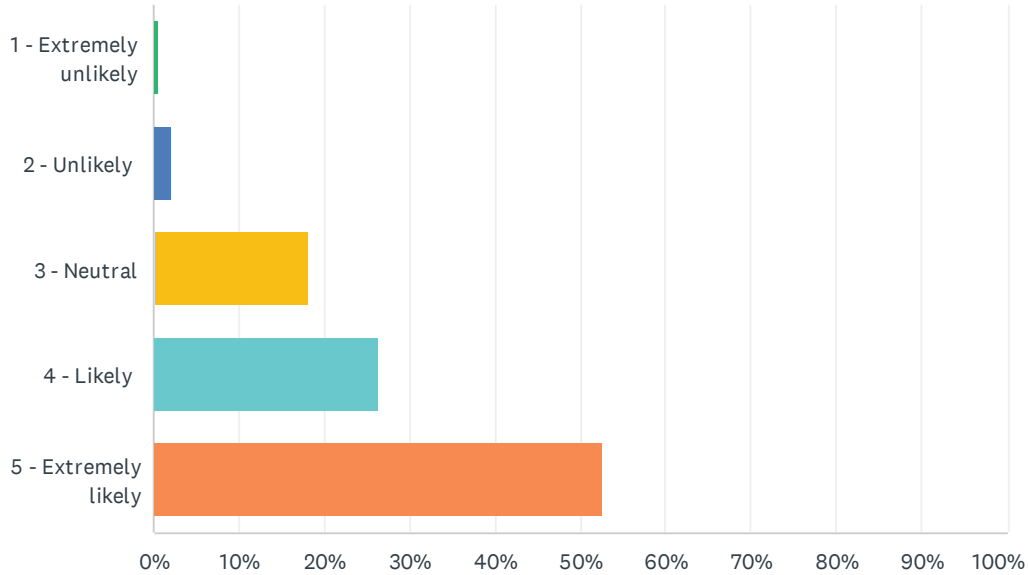


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.40%	23
2 - Unlikely	5.91%	40
3 - Neutral	25.11%	170
4 - Likely	29.39%	199
5 - Extremely likely	36.19%	245
TOTAL		677

Meeting Materials

Q22 Eliminating Manual Logs Review Board rules to reduce the use of paper logs.

Answered: 678 Skipped: 9

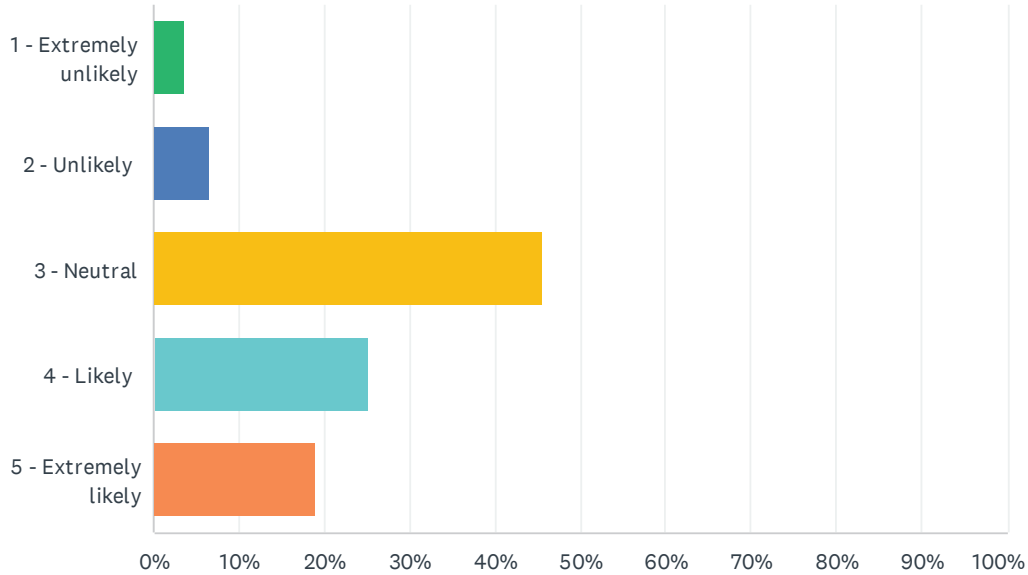


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.59%	4
2 - Unlikely	2.21%	15
3 - Neutral	18.14%	123
4 - Likely	26.40%	179
5 - Extremely likely	52.65%	357
TOTAL		678

Meeting Materials

Q23 Change of Responsible Person Requirements Extend notification requirement of the responsible person from 10 to 30 days.

Answered: 676 Skipped: 11

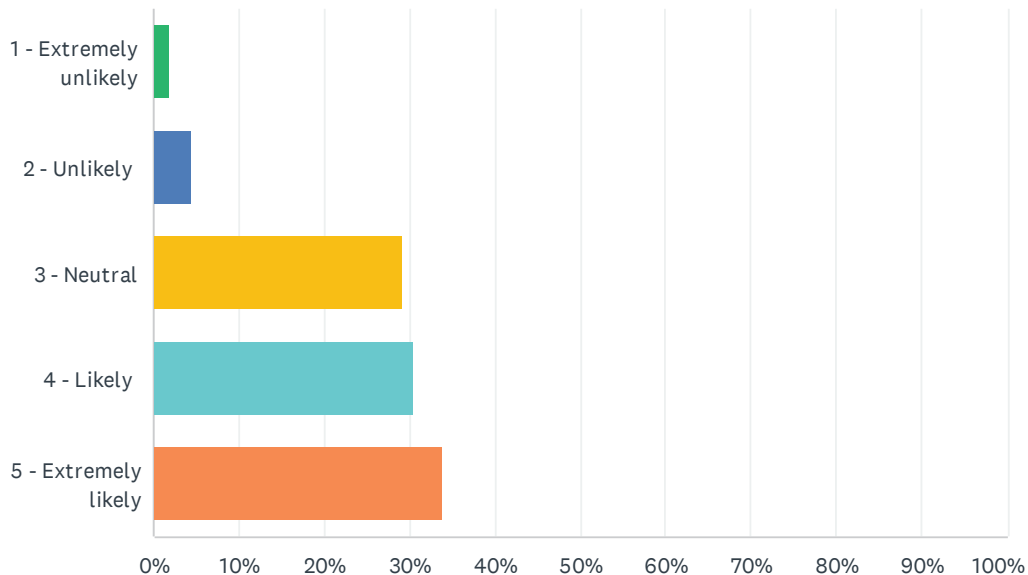


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.55%	24
2 - Unlikely	6.66%	45
3 - Neutral	45.56%	308
4 - Likely	25.15%	170
5 - Extremely likely	19.08%	129
TOTAL		676

Meeting Materials

Q24 Improving the Physical Security of Pharmacies Look at ways to improve the physical security of pharmacies.

Answered: 677 Skipped: 10

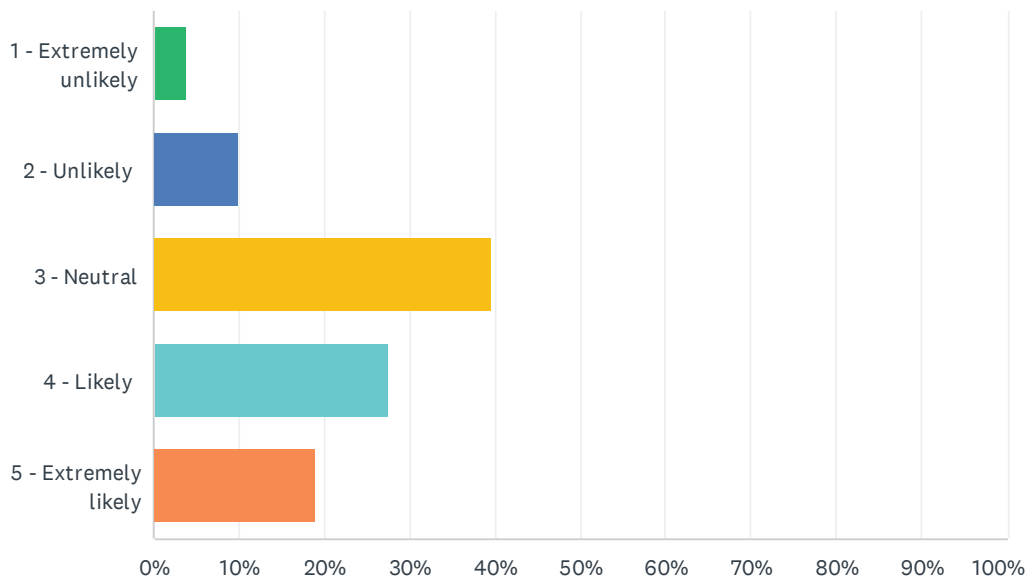


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.92%	13
2 - Unlikely	4.43%	30
3 - Neutral	29.25%	198
4 - Likely	30.43%	206
5 - Extremely likely	33.97%	230
TOTAL		677

Meeting Materials

Q25 Pharmacy Intern Ratios Expand the number of interns that can work under the supervision of a pharmacist (currently 2:1).

Answered: 675 Skipped: 12

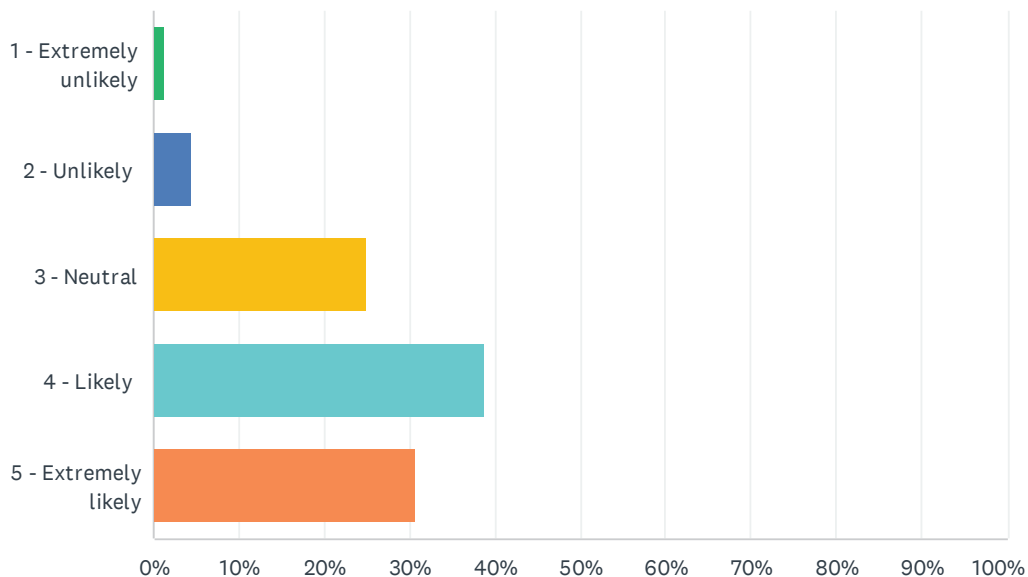


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.85%	26
2 - Unlikely	10.07%	68
3 - Neutral	39.70%	268
4 - Likely	27.41%	185
5 - Extremely likely	18.96%	128
TOTAL		675

Meeting Materials

Q26 Automation and Technology Examine ways to utilize automation and technology to improve working conditions.

Answered: 676 Skipped: 11

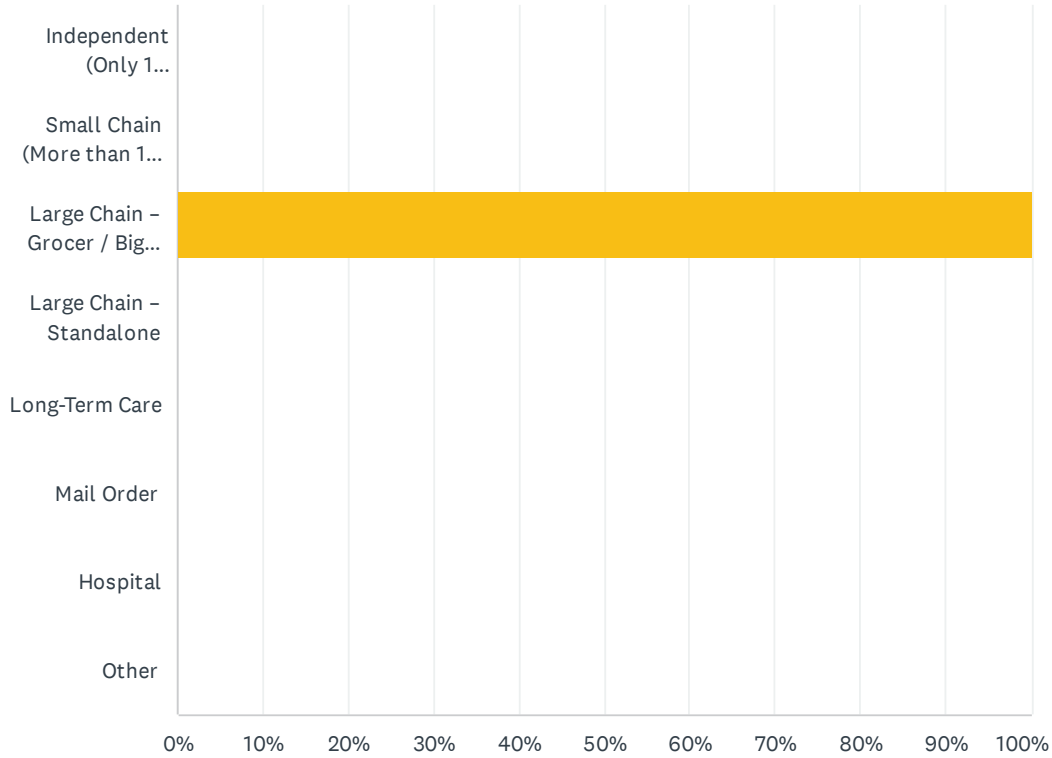


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.33%	9
2 - Unlikely	4.44%	30
3 - Neutral	24.85%	168
4 - Likely	38.76%	262
5 - Extremely likely	30.62%	207
TOTAL		676

Meeting Materials

Q27 Please identify your primary practice setting:

Answered: 687 Skipped: 0

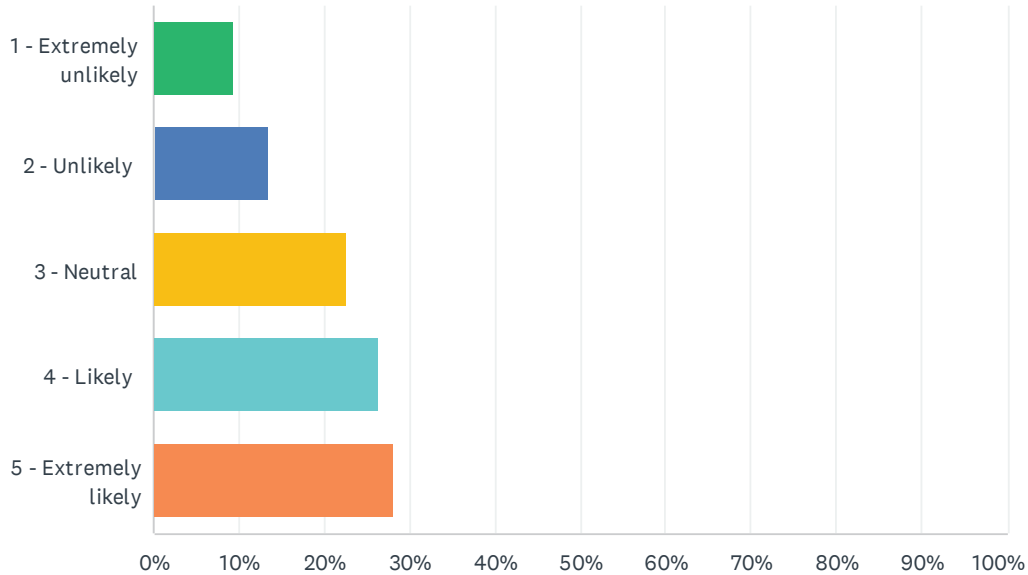


ANSWER CHOICES	RESPONSES	
Independent (Only 1 location)	0.00%	0
Small Chain (More than 1, but less than 12 locations)	0.00%	0
Large Chain – Grocer / Big Box Store	100.00%	687
Large Chain – Standalone	0.00%	0
Long-Term Care	0.00%	0
Mail Order	0.00%	0
Hospital	0.00%	0
Other	0.00%	0
TOTAL		687

Meeting Materials

Q1 Expand Technician Scope of Practice – Immunizations Authorize the administration of immunizations and vaccines by pharmacy technicians that includes all approved ACIP-recommended vaccines for adults and children.

Answered: 513 Skipped: 2

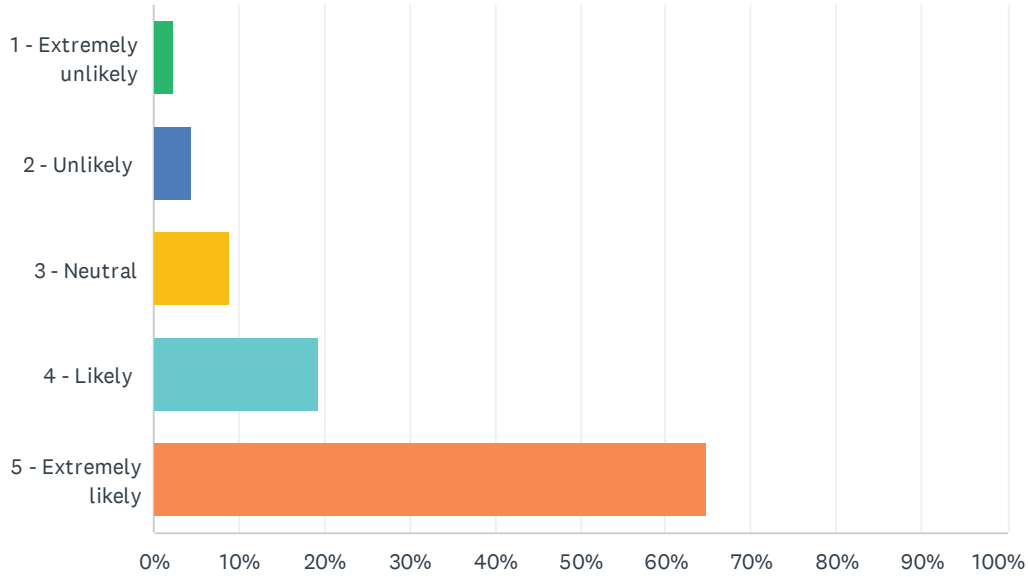


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	9.36%	48
2 - Unlikely	13.45%	69
3 - Neutral	22.61%	116
4 - Likely	26.51%	136
5 - Extremely likely	28.07%	144
TOTAL		513

Meeting Materials

Q2 Mandatory Breaks/Rest Periods Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal breaks to all staff.

Answered: 513 Skipped: 2

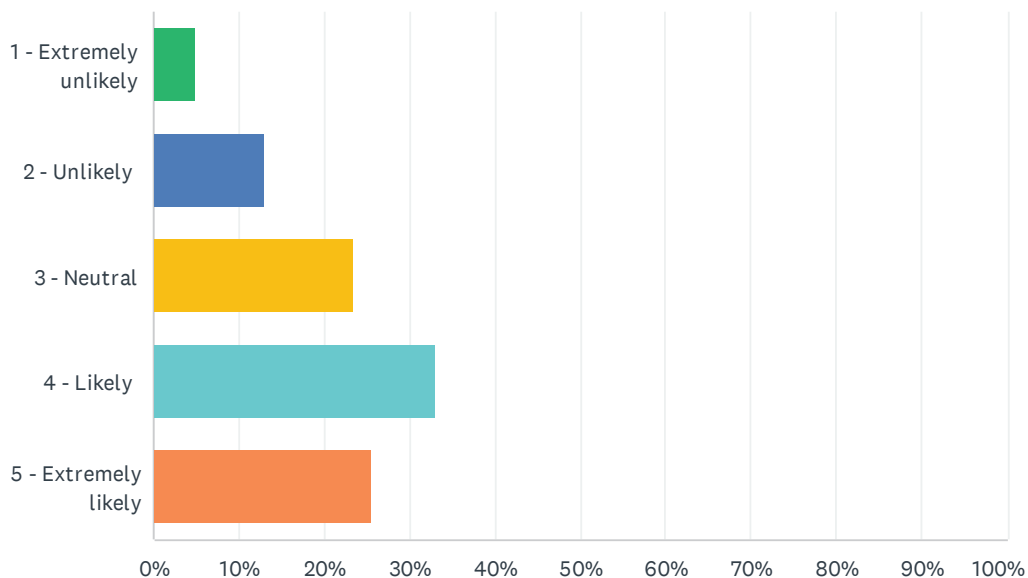


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.34%	12
2 - Unlikely	4.48%	23
3 - Neutral	8.97%	46
4 - Likely	19.30%	99
5 - Extremely likely	64.91%	333
TOTAL		513

Meeting Materials

Q3 Improve Resources to Promote Technician Onboarding Board shall develop onboarding educational videos and other materials to facilitate onboarding of new technicians.

Answered: 513 Skipped: 2

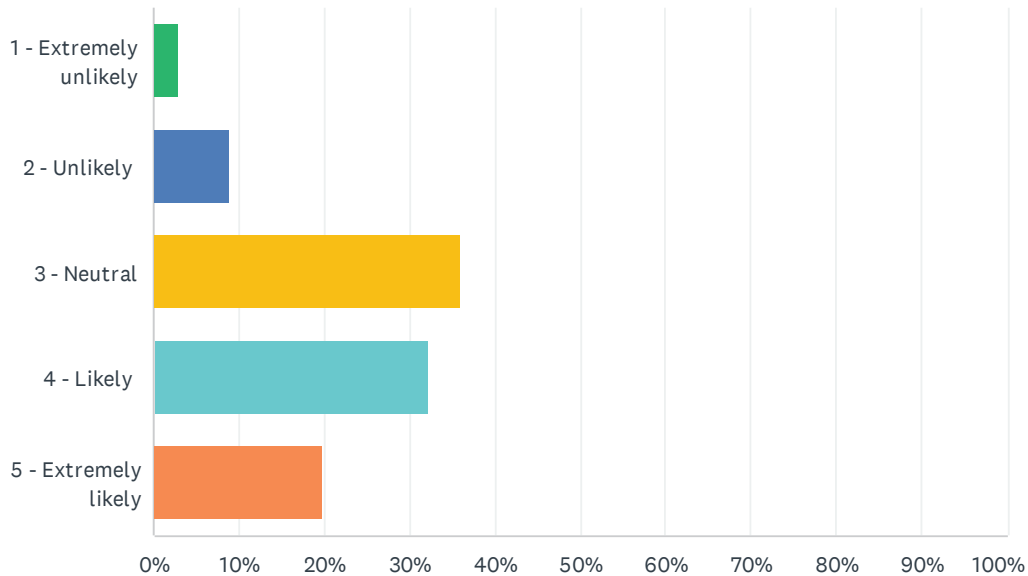


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.87%	25
2 - Unlikely	13.06%	67
3 - Neutral	23.39%	120
4 - Likely	33.14%	170
5 - Extremely likely	25.54%	131
TOTAL		513

Meeting Materials

Q4 License Transferability Board shall develop and implement a process for technician reciprocity. NOTE: The Board implemented a technician reciprocity rule effective 4/1/22. For more information [CLICK HERE](#).

Answered: 510 Skipped: 5

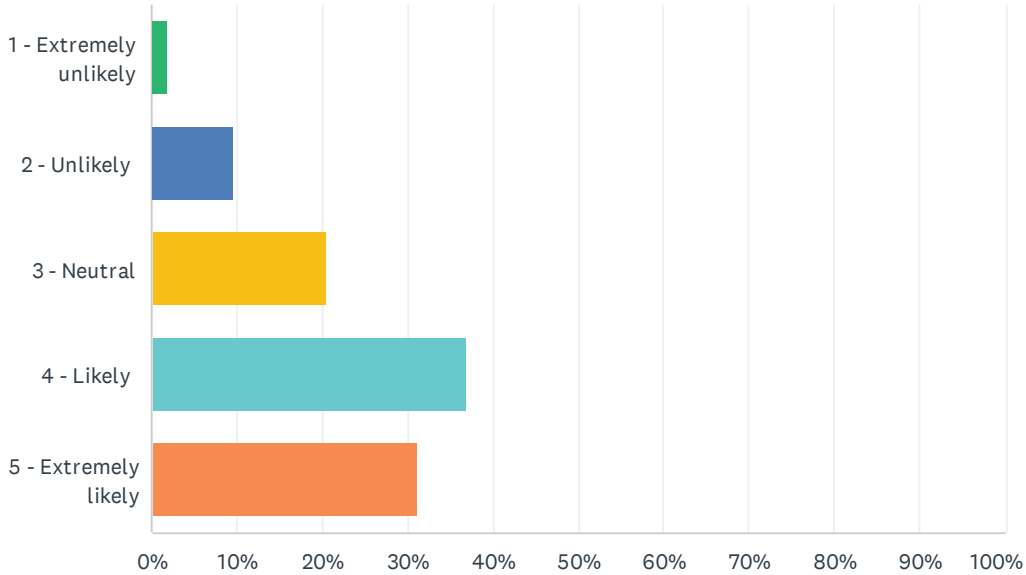


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.94%	15
2 - Unlikely	9.02%	46
3 - Neutral	36.08%	184
4 - Likely	32.16%	164
5 - Extremely likely	19.80%	101
TOTAL		510

Meeting Materials

Q5 Improve Technician Training Resources Requiring pharmacies to have a dedicated staff member to train all new technicians. Staff person should be at the pharmacy or district level.

Answered: 512 Skipped: 3



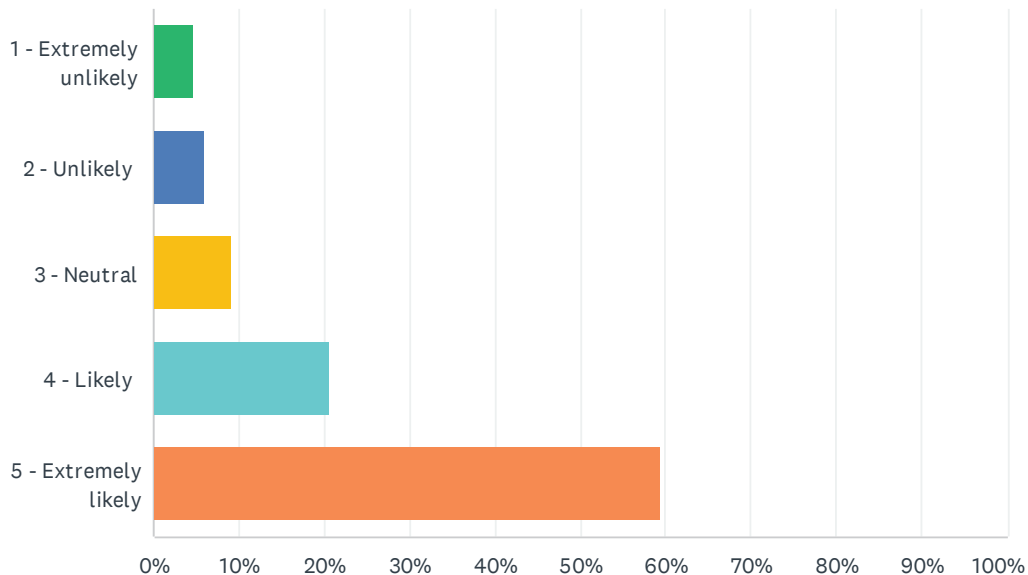
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.95%	10
2 - Unlikely	9.57%	49
3 - Neutral	20.51%	105
4 - Likely	36.91%	189
5 - Extremely likely	31.05%	159
TOTAL		512

Meeting Materials

Q6 Staffing Plan Require each pharmacy’s responsible person to develop a staffing plan that establishes the appropriate number of pharmacy technicians and interns to pharmacist(s) on duty. The staffing plan shall ensure that the number of pharmacy technicians and interns on duty can be satisfactorily supervised by the pharmacist(s) on duty. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner. In developing a staffing plan, the responsible person shall consider all the following:

- a. The volume of workload and the services provided by the pharmacy.
- b. The volume of prescriptions handled by staff to include:
 - i. Prescriptions filled, dispensed, and sold;
 - ii. Prescriptions placed on hold;
 - iii. Prescriptions returned to stock;
 - iv. Any other prescriptions metrics developed by the responsible person.
- c. Security needs of the pharmacy and pharmacy staff.
- d. Required closing or opening of certain touchpoints (drive-thru, vaccines, etc.). Provide autonomy to the on-duty pharmacist as part of the rule to close or open touchpoints.
- e. Number of staff and level of staff competency. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner.

Answered: 509 Skipped: 6



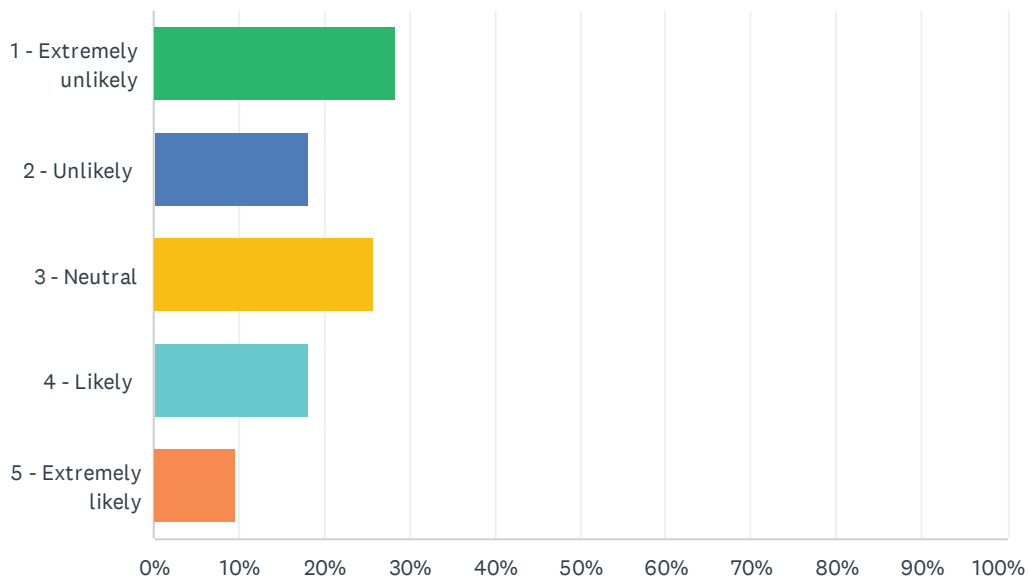
Meeting Materials

ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.72%	24
2 - Unlikely	5.89%	30
3 - Neutral	9.23%	47
4 - Likely	20.63%	105
5 - Extremely likely	59.53%	303
TOTAL		509

Meeting Materials

Q7 Tech-Check-Tech Implementation of Tech-Check-Tech or technology assisted technician product verification.

Answered: 510 Skipped: 5

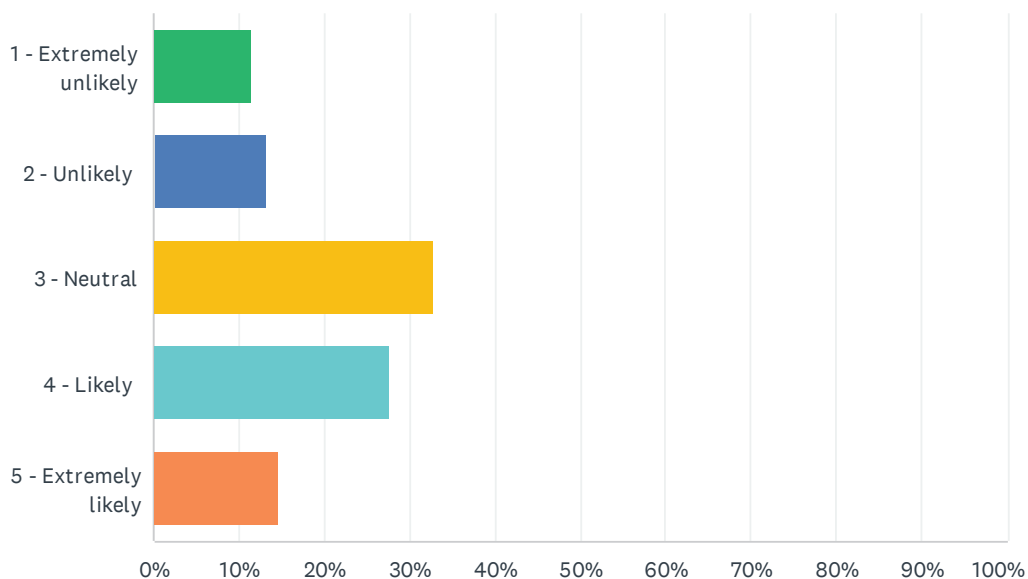


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	28.43%	145
2 - Unlikely	18.04%	92
3 - Neutral	25.88%	132
4 - Likely	18.04%	92
5 - Extremely likely	9.61%	49
TOTAL		510

Meeting Materials

Q8 Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests
 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.

Answered: 510 Skipped: 5

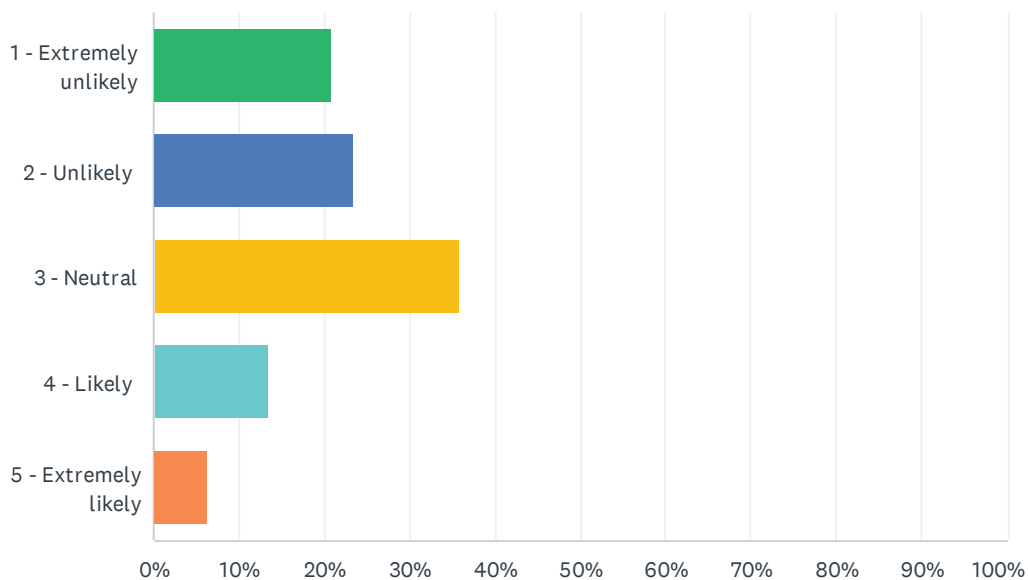


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	11.57%	59
2 - Unlikely	13.14%	67
3 - Neutral	32.94%	168
4 - Likely	27.65%	141
5 - Extremely likely	14.71%	75
TOTAL		510

Meeting Materials

Q9 Expand Technician Scope of Practice – Drug Administration 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.

Answered: 513 Skipped: 2

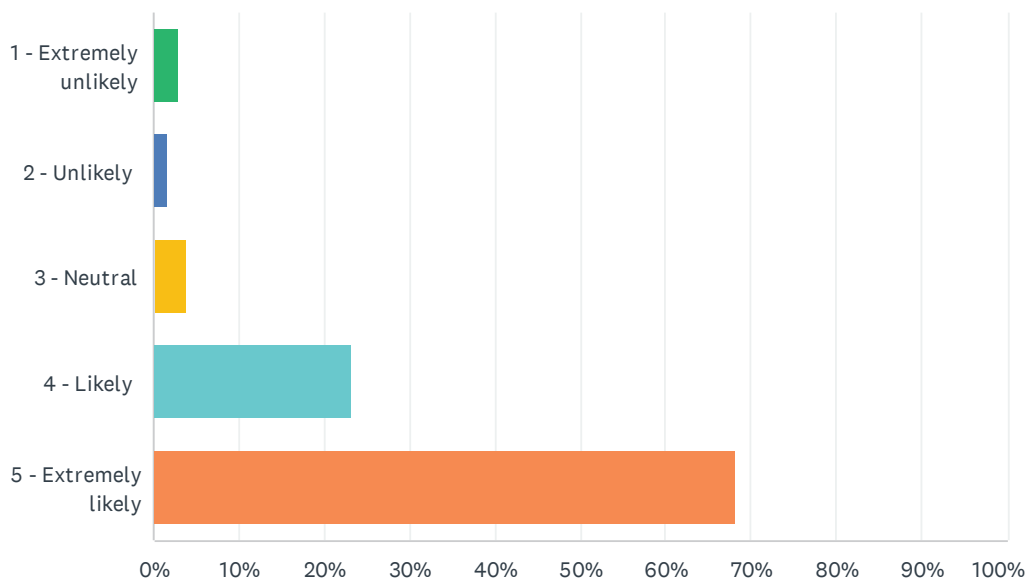


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	20.86%	107
2 - Unlikely	23.39%	120
3 - Neutral	35.87%	184
4 - Likely	13.45%	69
5 - Extremely likely	6.43%	33
TOTAL		513

Meeting Materials

Q10 Managing Touchpoints Provide autonomy to the pharmacist on duty to shut down touchpoints and non-essential services if understaffed. Require ancillary staffing (support personnel and technicians) at each point of contact when the pharmacy is open. This must include drive-thru, drop-off, register, vaccinations, and a person dedicated to phones.

Answered: 512 Skipped: 3

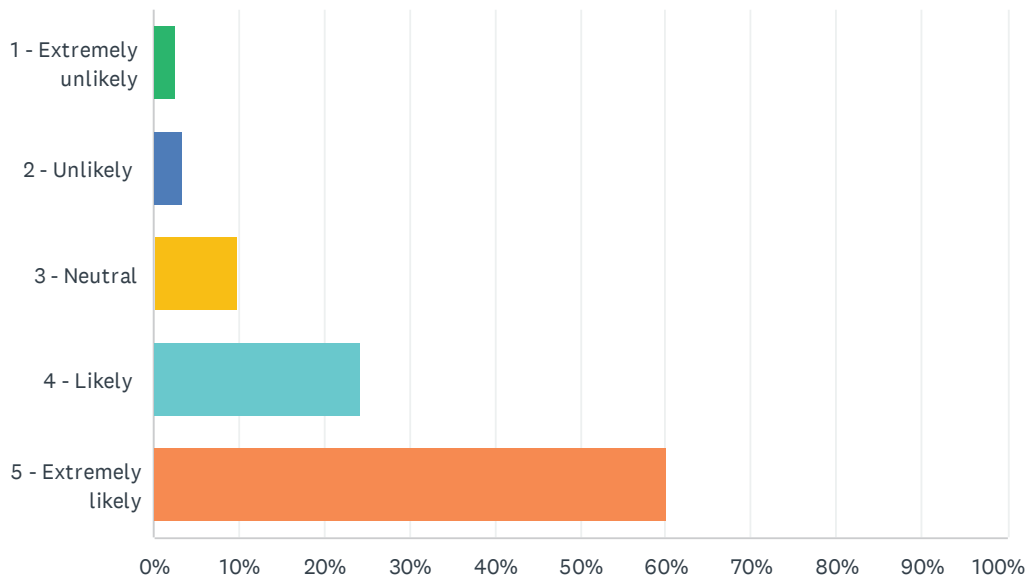


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.93%	15
2 - Unlikely	1.76%	9
3 - Neutral	3.91%	20
4 - Likely	23.24%	119
5 - Extremely likely	68.16%	349
TOTAL		512

Meeting Materials

Q11 Working Conditions / Security Require any “open-door” pharmacy must operate with at least one technician and one pharmacist (or two pharmacists). Include exception for documented absence.

Answered: 513 Skipped: 2

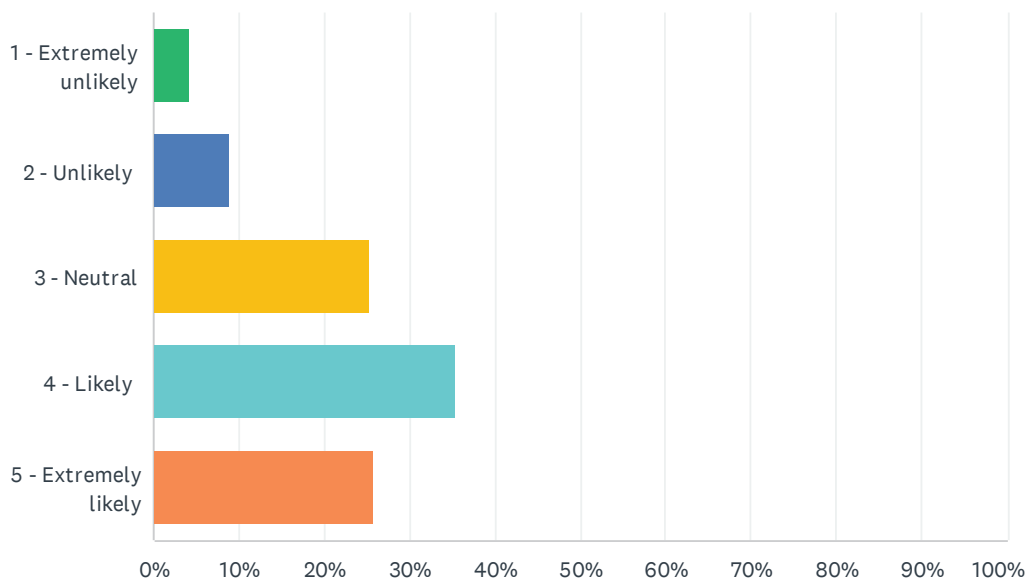


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.53%	13
2 - Unlikely	3.31%	17
3 - Neutral	9.75%	50
4 - Likely	24.37%	125
5 - Extremely likely	60.04%	308
TOTAL		513

Meeting Materials

Q12 Career Technician Pathways 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.

Answered: 511 Skipped: 4



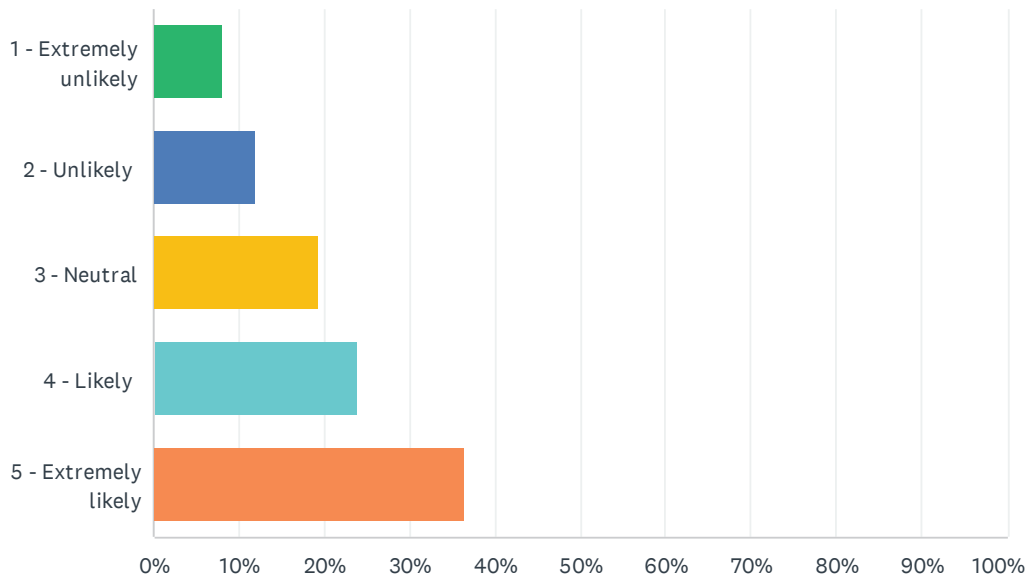
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.31%	22
2 - Unlikely	9.00%	46
3 - Neutral	25.44%	130
4 - Likely	35.42%	181
5 - Extremely likely	25.83%	132
TOTAL		511

Meeting Materials

Q13 Report of Understaffing(A) Adequate staffing to safely dispense prescriptions is the responsibility of the pharmacy and the pharmacy's responsible person. If conditions exist that could cause prescriptions to be dispensed in an unsafe manner the pharmacy and the pharmacy's responsible person shall take action to correct the problem.(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. Such form shall include, but not be limited to the following:(1) Date and time the inadequate staffing occurred;(2) Number of prescriptions filled during this time frame;(3) Summary of events; and(4) Any comments or suggestions.(C) A pharmacist shall complete the staffing report form when:(1) A pharmacist is concerned regarding staffing due to:(a) inadequate number of support persons (cashiers, technicians, auxiliary supportive personnel, etc.); or,(b) excessive workload;(2) Filling out the form may enable management to make a better decision concerning staffing.(3) Any errors that occurred to the result of inadequate staffing.(D) The responsible person shall submit that form in a manner determined by the board. (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.(F) Each pharmacy shall retain completed staffing reports on-site in a readily retrievable manner for at least three years from the date of creation.

Answered: 509 Skipped: 6

Meeting Materials

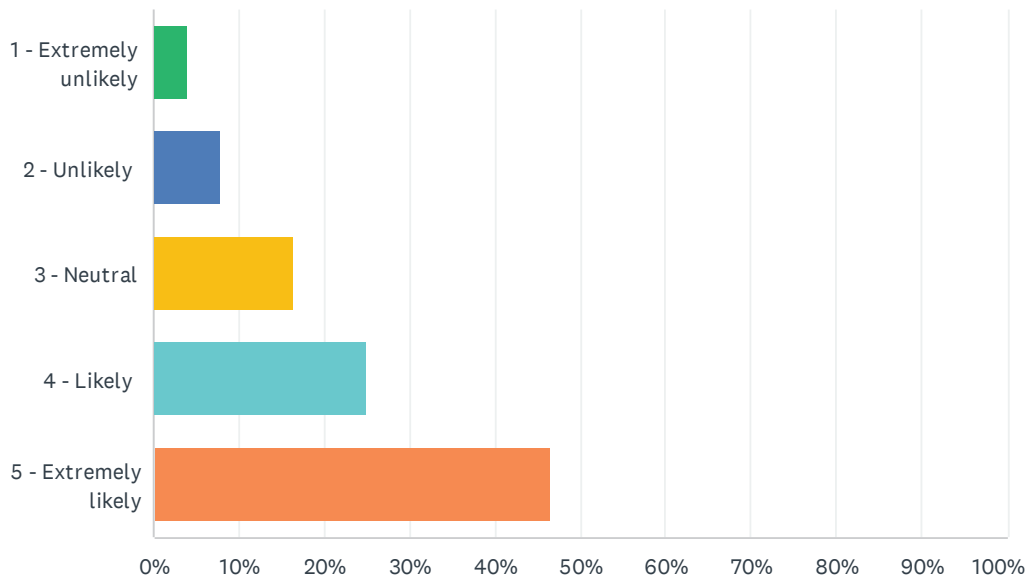


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	8.06%	41
2 - Unlikely	11.98%	61
3 - Neutral	19.45%	99
4 - Likely	23.97%	122
5 - Extremely likely	36.54%	186
TOTAL		509

Meeting Materials

Q14 Limits on Hours Worked A pharmacy shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per twenty-four (24) hour period. A pharmacist/technician 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.

Answered: 511 Skipped: 4

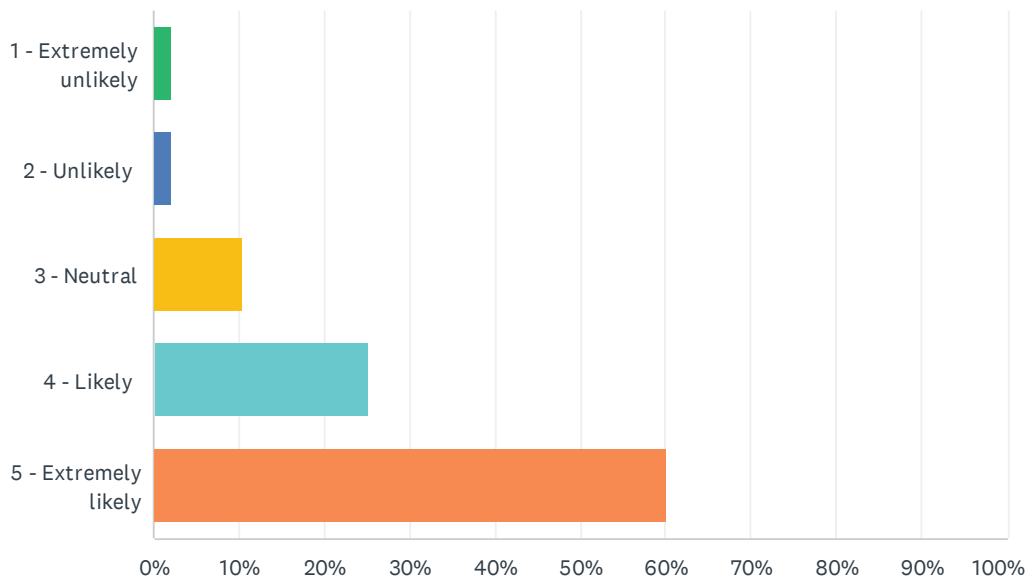


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.11%	21
2 - Unlikely	7.83%	40
3 - Neutral	16.44%	84
4 - Likely	25.05%	128
5 - Extremely likely	46.58%	238
TOTAL		511

Meeting Materials

Q15 Mandatory Dark Hours Require “open door” pharmacies to operate dark hours that allow for staff to prepare and catch up on their work without any interruptions. This will allow pharmacies to operate more efficiently and safely and help minimize distractions when engaged in activities requiring greater concentration.

Answered: 513 Skipped: 2

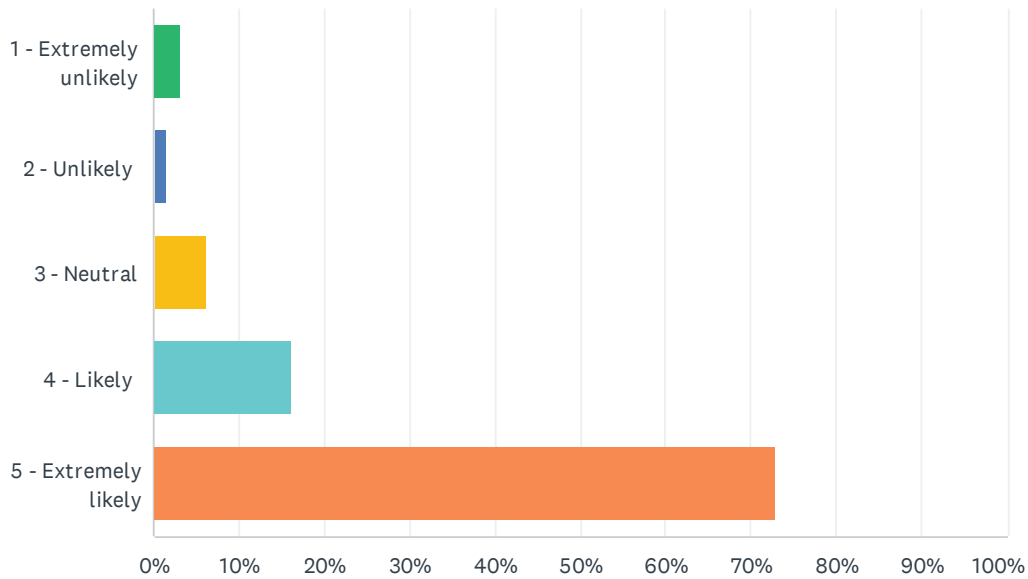


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.14%	11
2 - Unlikely	2.14%	11
3 - Neutral	10.53%	54
4 - Likely	25.15%	129
5 - Extremely likely	60.04%	308
TOTAL		513

Meeting Materials

Q16 Metrics Eliminate Job impacting metrics that compromise safety and integrity of the profession. 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. Prohibit metrics related to the volume of services provided.

Answered: 515 Skipped: 0

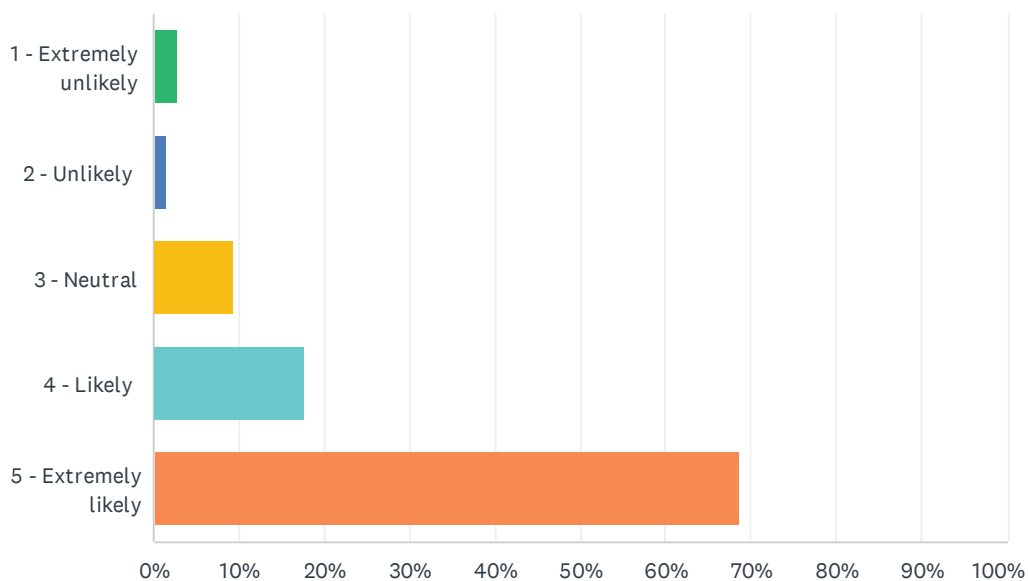


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.30%	17
2 - Unlikely	1.55%	8
3 - Neutral	6.21%	32
4 - Likely	16.12%	83
5 - Extremely likely	72.82%	375
TOTAL		515

Meeting Materials

Q17 Elimination of Cold Call Lists Eliminate required cold call lists.

Answered: 513 Skipped: 2



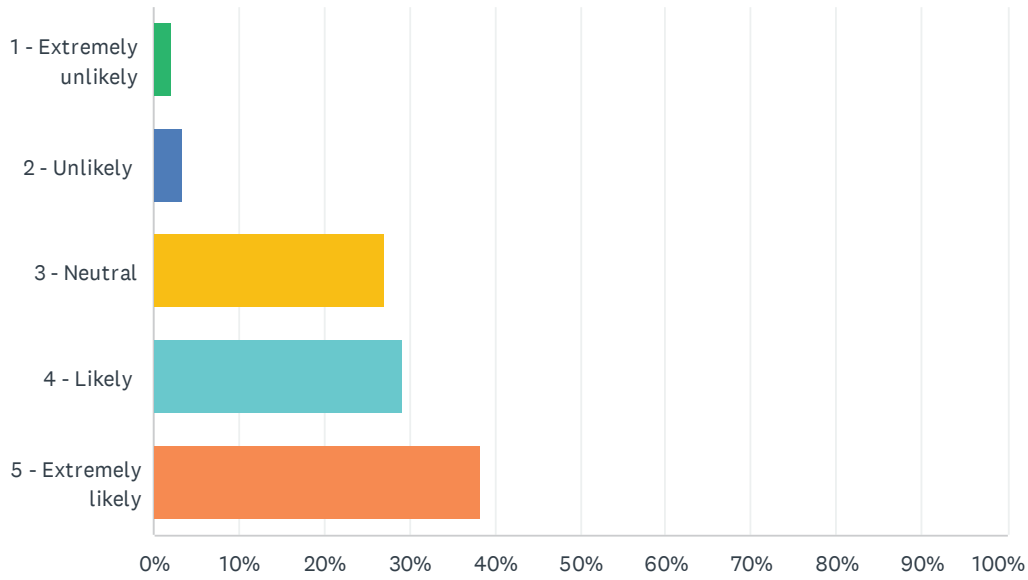
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.73%	14
2 - Unlikely	1.56%	8
3 - Neutral	9.36%	48
4 - Likely	17.74%	91
5 - Extremely likely	68.62%	352
TOTAL		513

Meeting Materials

Q18 Alabama Rule - Supervising Pharmacist There is a growing discussion among pharmacy boards throughout the country about workload conditions in pharmacy. In that discussion, there are many issues contributing to workplace dissatisfaction. It is important to understand that issues related to dissatisfaction in workplace conditions may not fall under the authority of any board of pharmacy unless it involves an adverse result to the safety of patients. One concern of dissatisfaction addresses board of pharmacy disciplinary actions and the focus on the individual licensee and not on the permit or the root cause. The Board has several actions that do address the root cause as well as the permit. Board Rule 680-X-2-.12 Supervising Pharmacist specifically states: If the actions of the permit holder have deemed to contribute to or cause a violation of any provision of this section, the Board may hold the permit holder responsible and/or absolve the supervising pharmacist from the responsibility of that action. In addition, it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder. To fully understand the impact of the above-cited section, it should be read with the following sections of 680-X-2-.22 Code of Professional Conduct in mind. (2) (a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner. (2) (f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.)

Answered: 477 Skipped: 38

Meeting Materials

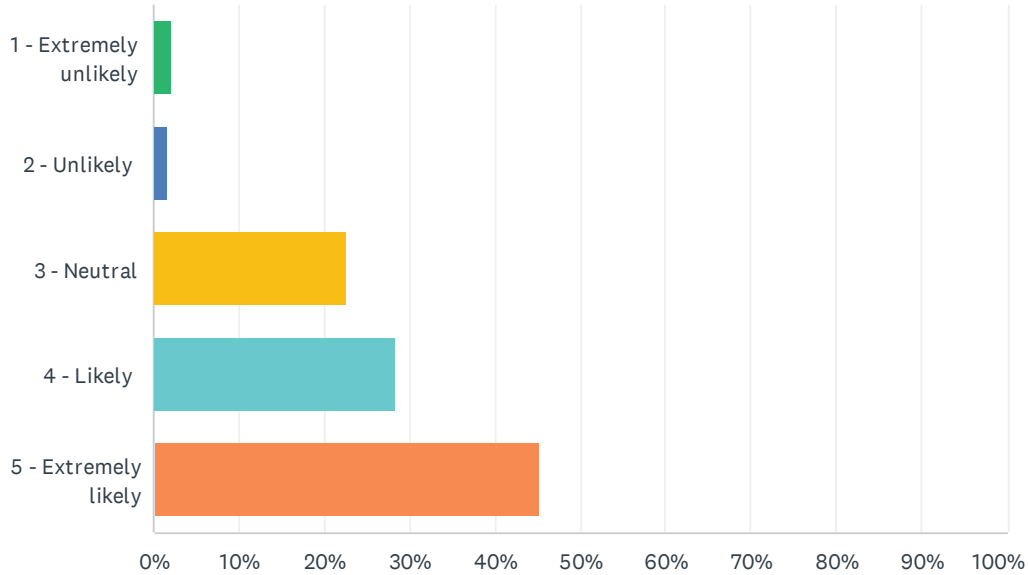


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.10%	10
2 - Unlikely	3.35%	16
3 - Neutral	27.04%	129
4 - Likely	29.14%	139
5 - Extremely likely	38.36%	183
TOTAL		477

Meeting Materials

Q19 Pharmacy Benefit Managers The Board should ensure that its rules cannot be utilized by pharmacy benefit managers and insurers to initiate clawbacks.

Answered: 496 Skipped: 19

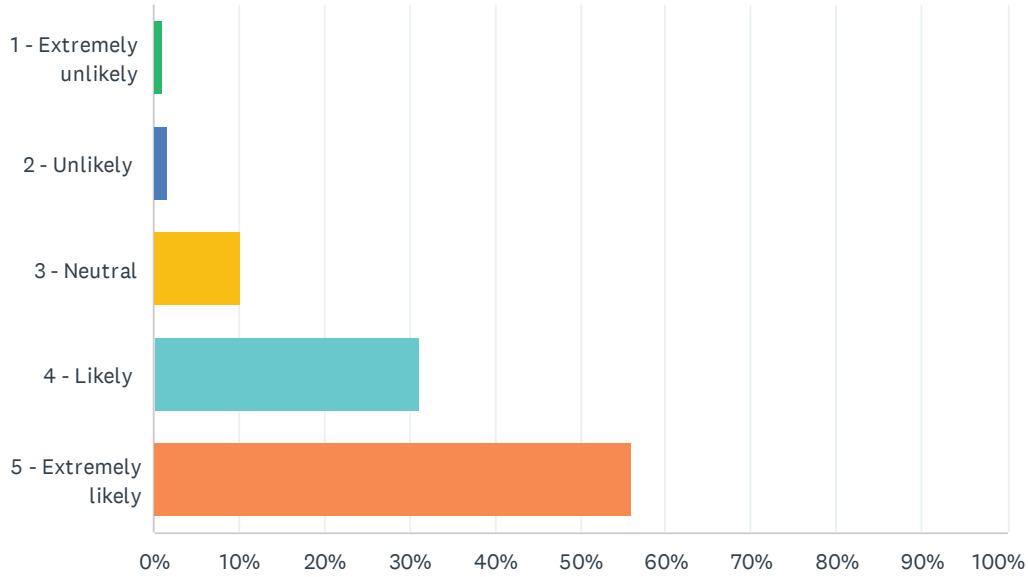


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.22%	11
2 - Unlikely	1.61%	8
3 - Neutral	22.58%	112
4 - Likely	28.43%	141
5 - Extremely likely	45.16%	224
TOTAL		496

Meeting Materials

Q20 Improve Quality of Electronic Prescribing Develop a process to regulate electronic prescription transmission systems to improve quality and standardize format.

Answered: 502 Skipped: 13

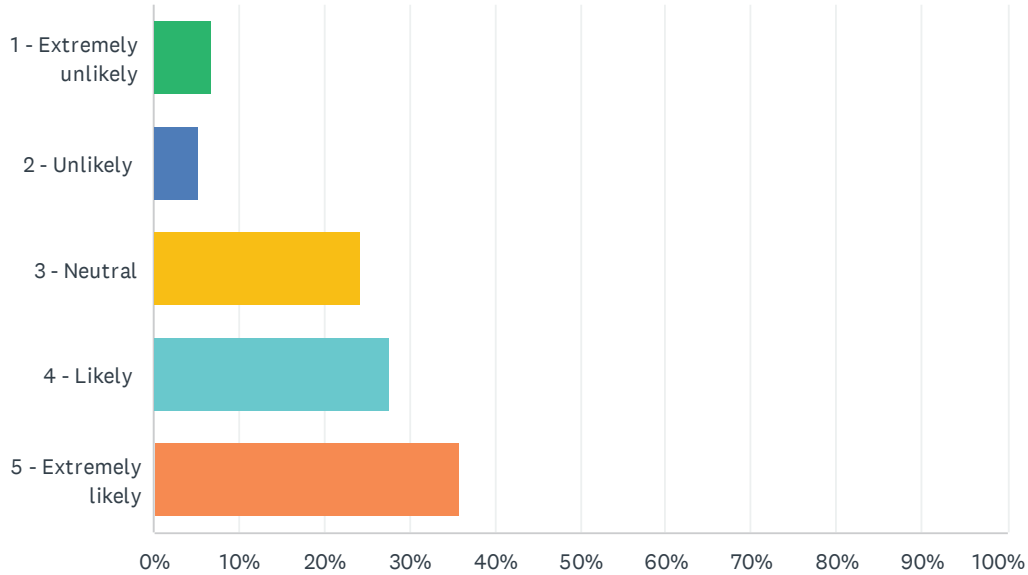


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.00%	5
2 - Unlikely	1.79%	9
3 - Neutral	10.16%	51
4 - Likely	31.08%	156
5 - Extremely likely	55.98%	281
TOTAL		502

Meeting Materials

Q21 Authorizing Pharmacists to Prescribe Drug Devices Permit pharmacists to prescribe drug devices necessary to dispense a prescription.

Answered: 502 Skipped: 13

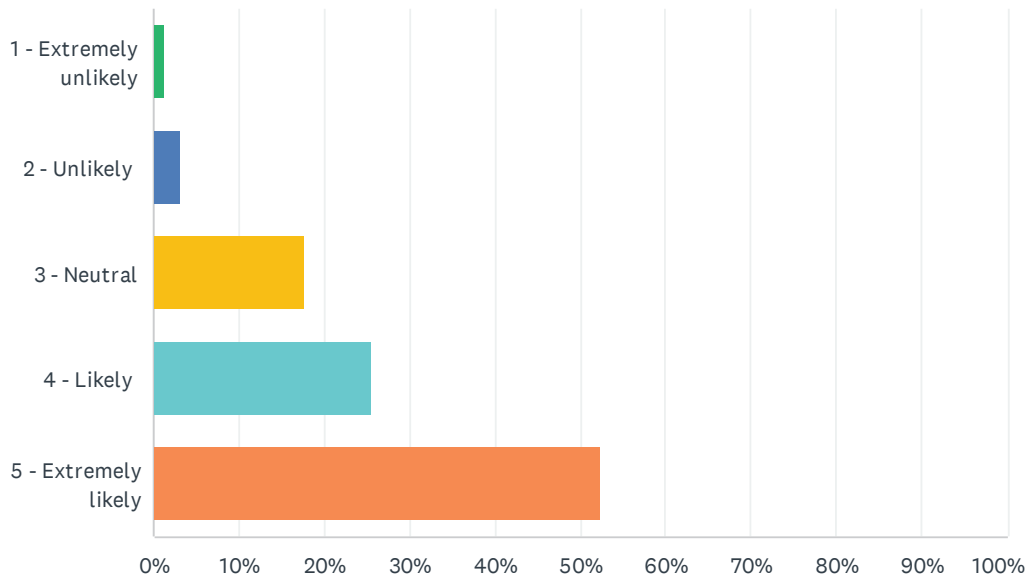


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	6.77%	34
2 - Unlikely	5.38%	27
3 - Neutral	24.30%	122
4 - Likely	27.69%	139
5 - Extremely likely	35.86%	180
TOTAL		502

Meeting Materials

Q22 Eliminating Manual Logs Review Board rules to reduce the use of paper logs.

Answered: 505 Skipped: 10

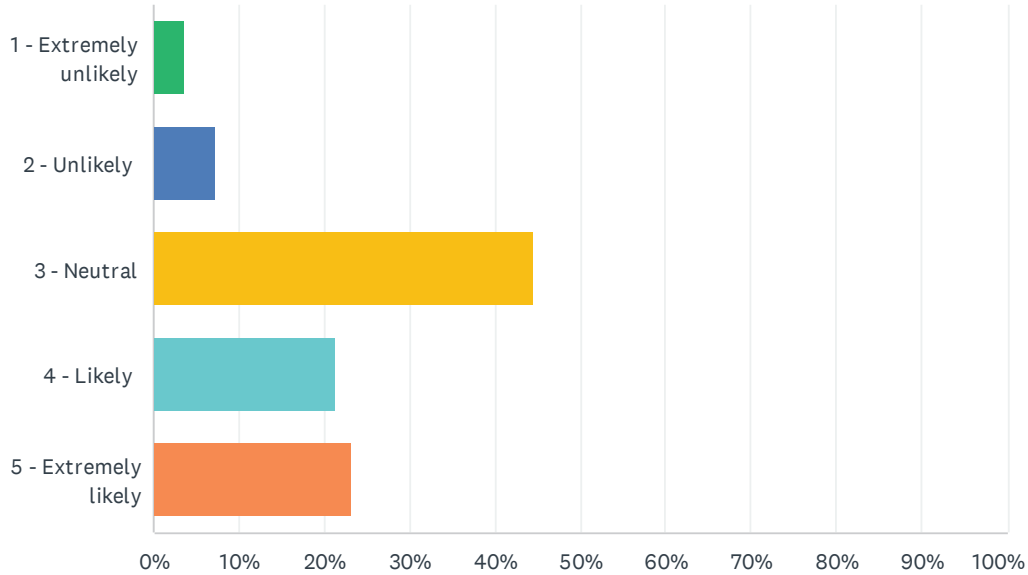


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.19%	6
2 - Unlikely	3.17%	16
3 - Neutral	17.62%	89
4 - Likely	25.54%	129
5 - Extremely likely	52.48%	265
TOTAL		505

Meeting Materials

Q23 Change of Responsible Person Requirements Extend notification requirement of the responsible person from 10 to 30 days.

Answered: 503 Skipped: 12

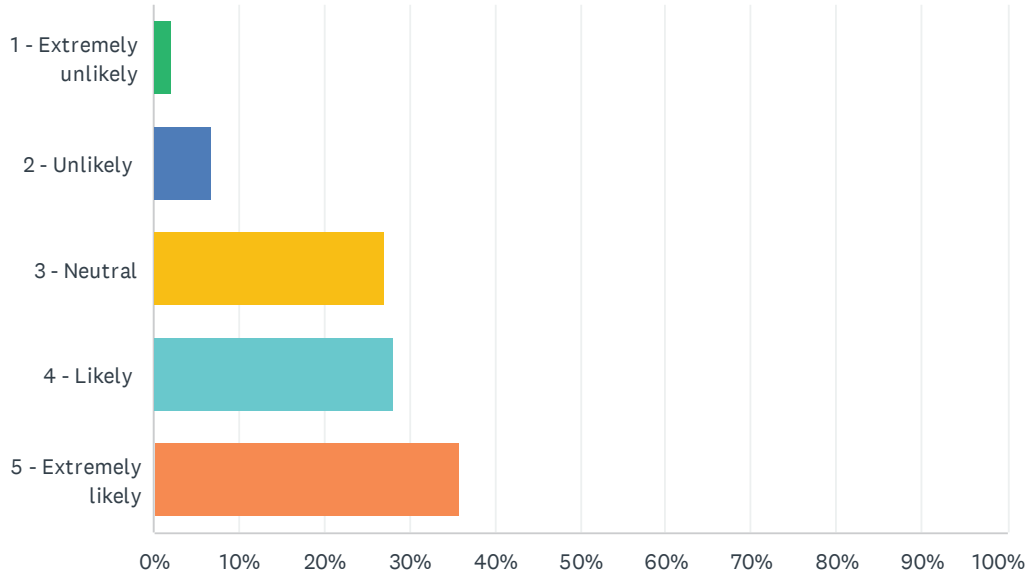


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.58%	18
2 - Unlikely	7.36%	37
3 - Neutral	44.53%	224
4 - Likely	21.27%	107
5 - Extremely likely	23.26%	117
TOTAL		503

Meeting Materials

Q24 Improving the Physical Security of Pharmacies Look at ways to improve the physical security of pharmacies.

Answered: 502 Skipped: 13

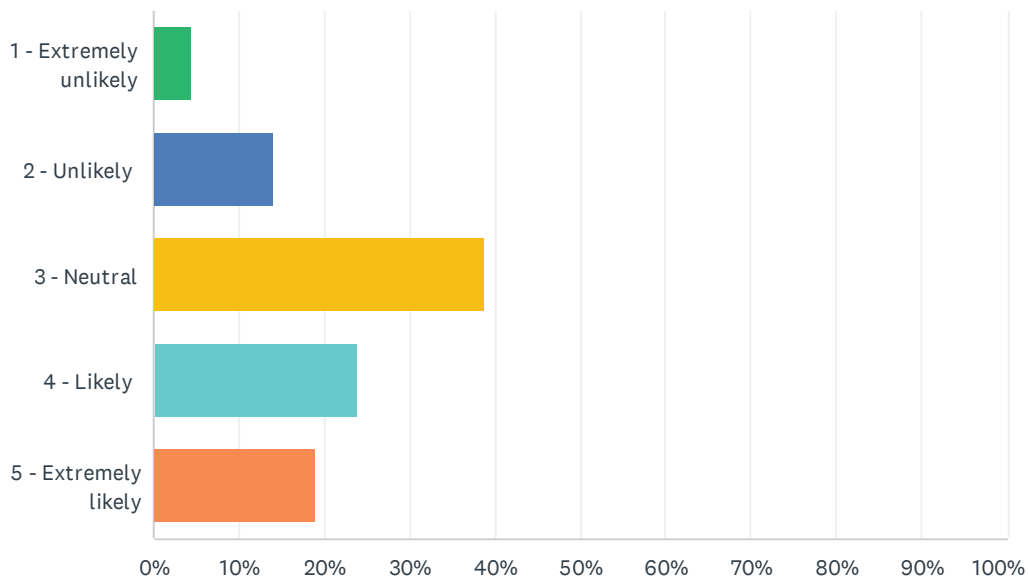


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.19%	11
2 - Unlikely	6.77%	34
3 - Neutral	27.09%	136
4 - Likely	28.09%	141
5 - Extremely likely	35.86%	180
TOTAL		502

Meeting Materials

Q25 Pharmacy Intern Ratios Expand the number of interns that can work under the supervision of a pharmacist (currently 2:1).

Answered: 501 Skipped: 14

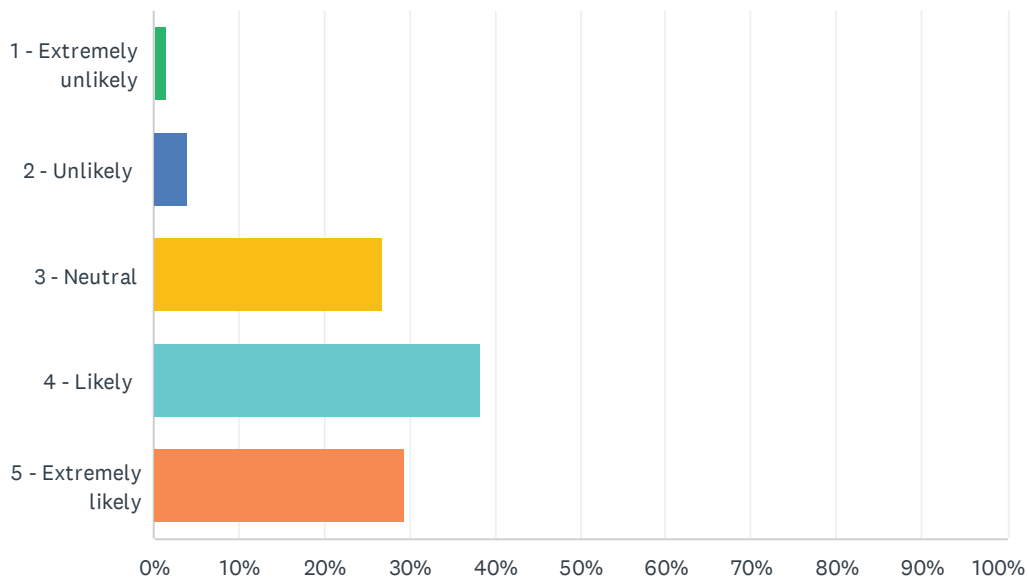


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.39%	22
2 - Unlikely	13.97%	70
3 - Neutral	38.72%	194
4 - Likely	23.95%	120
5 - Extremely likely	18.96%	95
TOTAL		501

Meeting Materials

Q26 Automation and Technology Examine ways to utilize automation and technology to improve working conditions.

Answered: 503 Skipped: 12

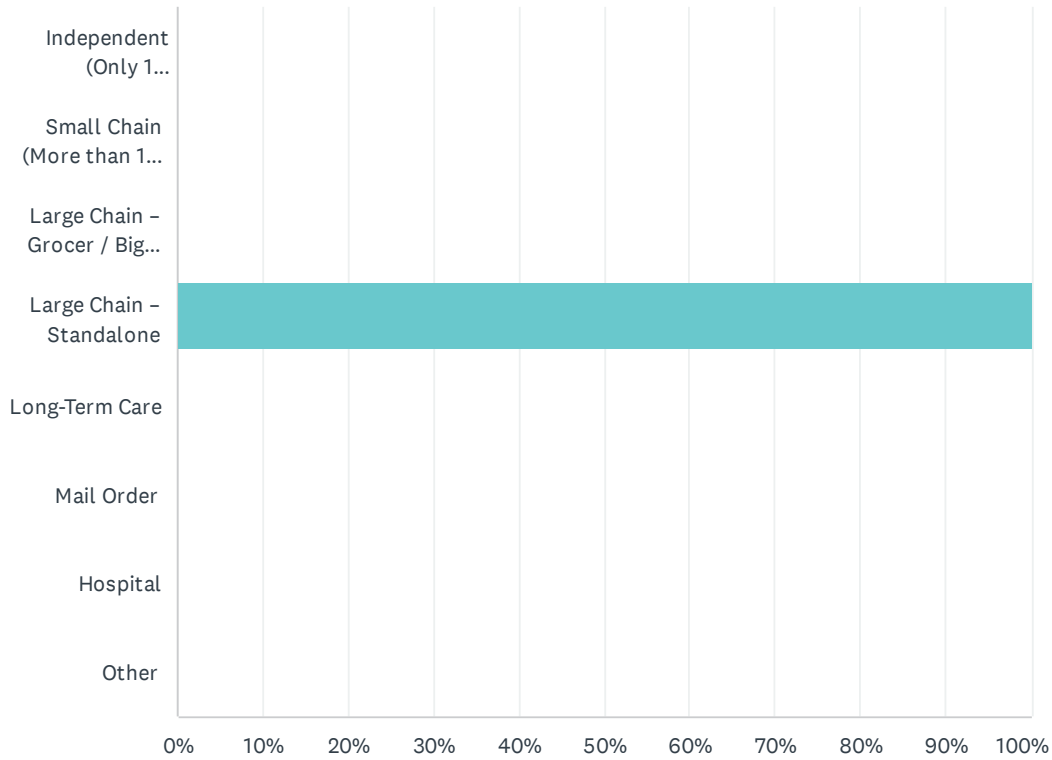


ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	1.39% 7
2 - Unlikely	3.98% 20
3 - Neutral	26.84% 135
4 - Likely	38.37% 193
5 - Extremely likely	29.42% 148
TOTAL	503

Meeting Materials

Q27 Please identify your primary practice setting:

Answered: 515 Skipped: 0

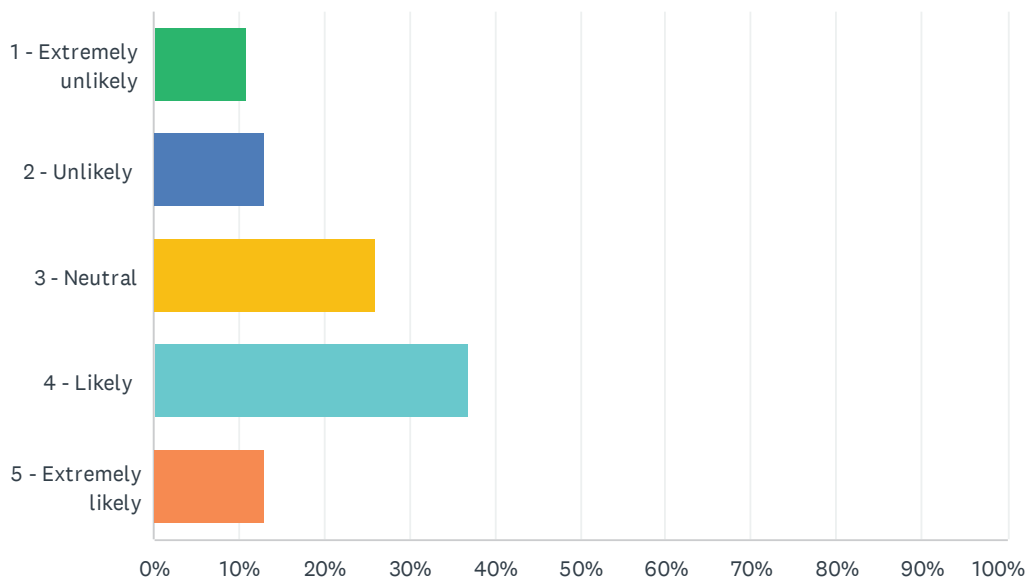


ANSWER CHOICES	RESPONSES	
Independent (Only 1 location)	0.00%	0
Small Chain (More than 1, but less than 12 locations)	0.00%	0
Large Chain – Grocer / Big Box Store	0.00%	0
Large Chain – Standalone	100.00%	515
Long-Term Care	0.00%	0
Mail Order	0.00%	0
Hospital	0.00%	0
Other	0.00%	0
TOTAL		515

Meeting Materials

Q1 Expand Technician Scope of Practice – Immunizations Authorize the administration of immunizations and vaccines by pharmacy technicians that includes all approved ACIP-recommended vaccines for adults and children.

Answered: 46 Skipped: 1

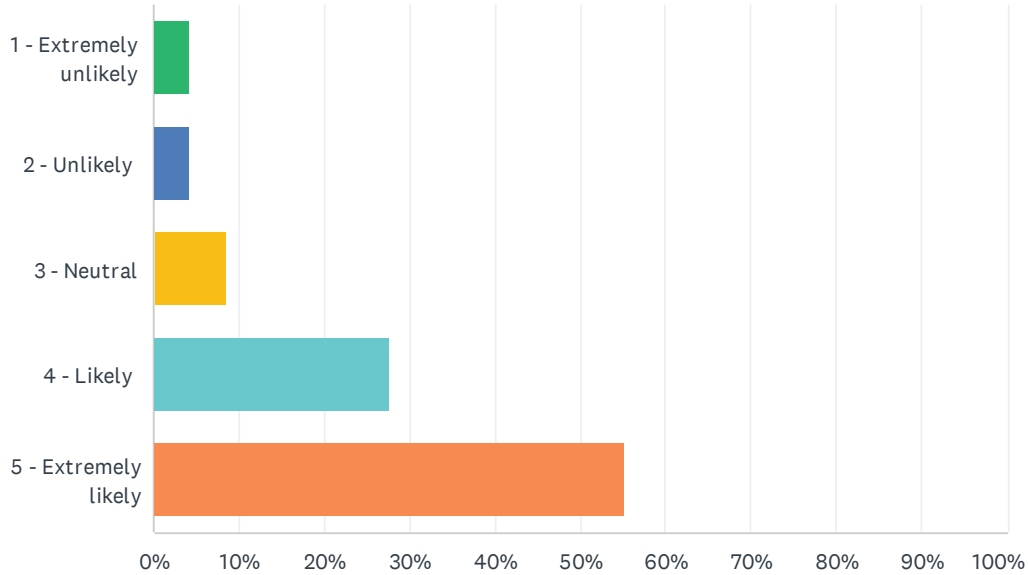


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	10.87%	5
2 - Unlikely	13.04%	6
3 - Neutral	26.09%	12
4 - Likely	36.96%	17
5 - Extremely likely	13.04%	6
TOTAL		46

Meeting Materials

Q2 Mandatory Breaks/Rest Periods Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal breaks to all staff.

Answered: 47 Skipped: 0

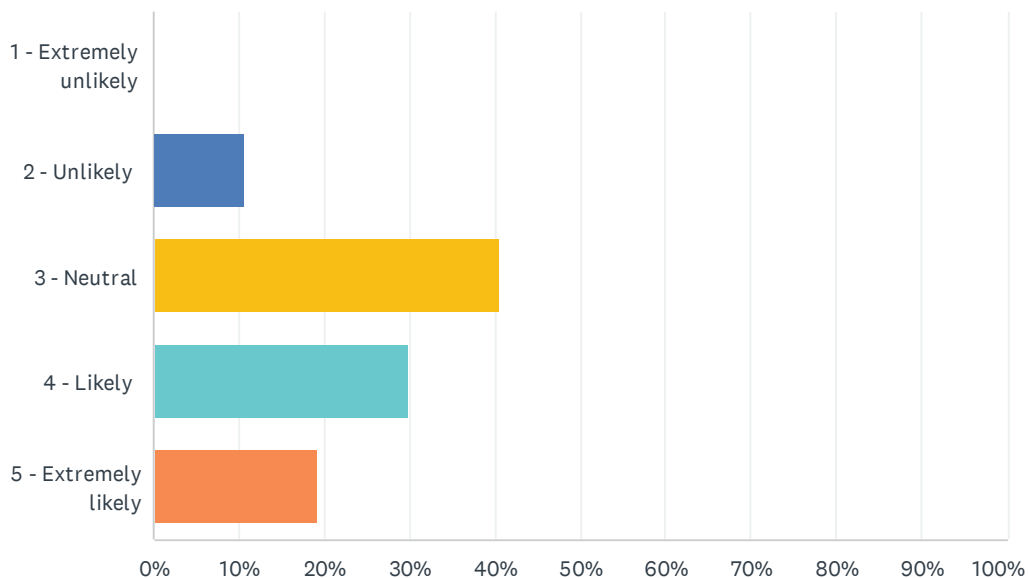


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.26%	2
2 - Unlikely	4.26%	2
3 - Neutral	8.51%	4
4 - Likely	27.66%	13
5 - Extremely likely	55.32%	26
TOTAL		47

Meeting Materials

Q3 Improve Resources to Promote Technician Onboarding Board shall develop onboarding educational videos and other materials to facilitate onboarding of new technicians.

Answered: 47 Skipped: 0

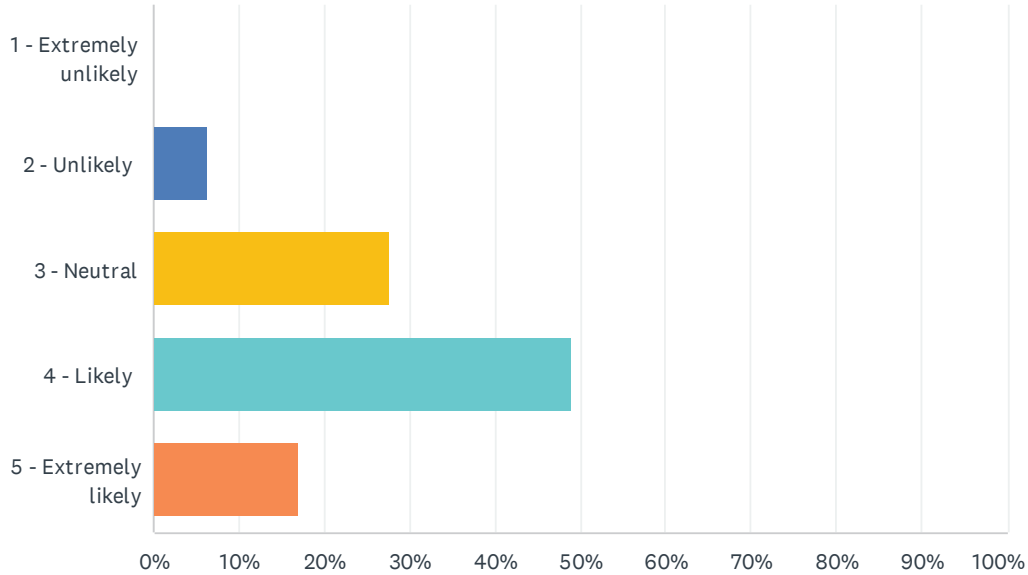


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	10.64%	5
3 - Neutral	40.43%	19
4 - Likely	29.79%	14
5 - Extremely likely	19.15%	9
TOTAL		47

Meeting Materials

Q4 License Transferability Board shall develop and implement a process for technician reciprocity. NOTE: The Board implemented a technician reciprocity rule effective 4/1/22. For more information [CLICK HERE](#).

Answered: 47 Skipped: 0

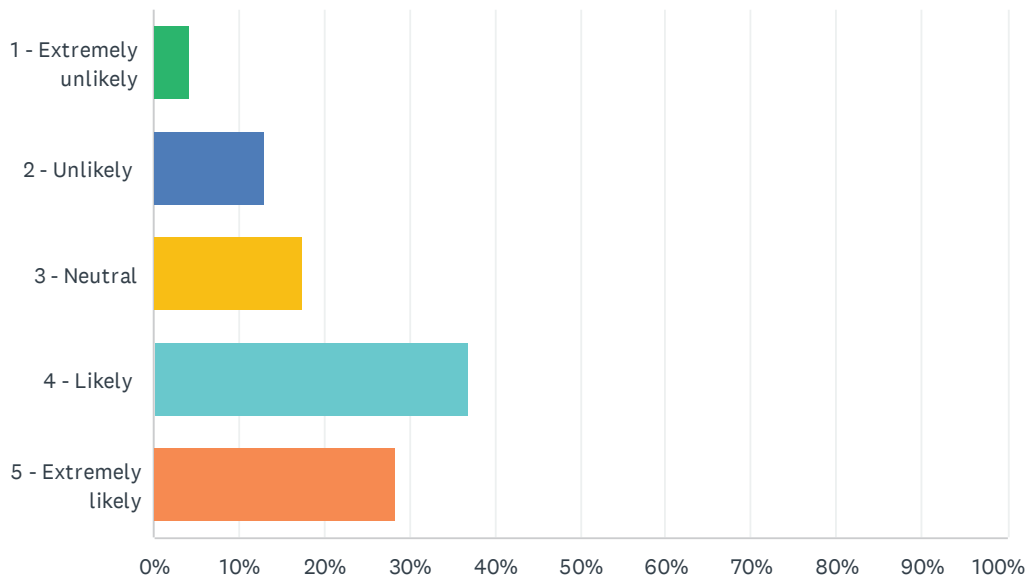


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	6.38%	3
3 - Neutral	27.66%	13
4 - Likely	48.94%	23
5 - Extremely likely	17.02%	8
TOTAL		47

Meeting Materials

Q5 Improve Technician Training Resources Requiring pharmacies to have a dedicated staff member to train all new technicians. Staff person should be at the pharmacy or district level.

Answered: 46 Skipped: 1



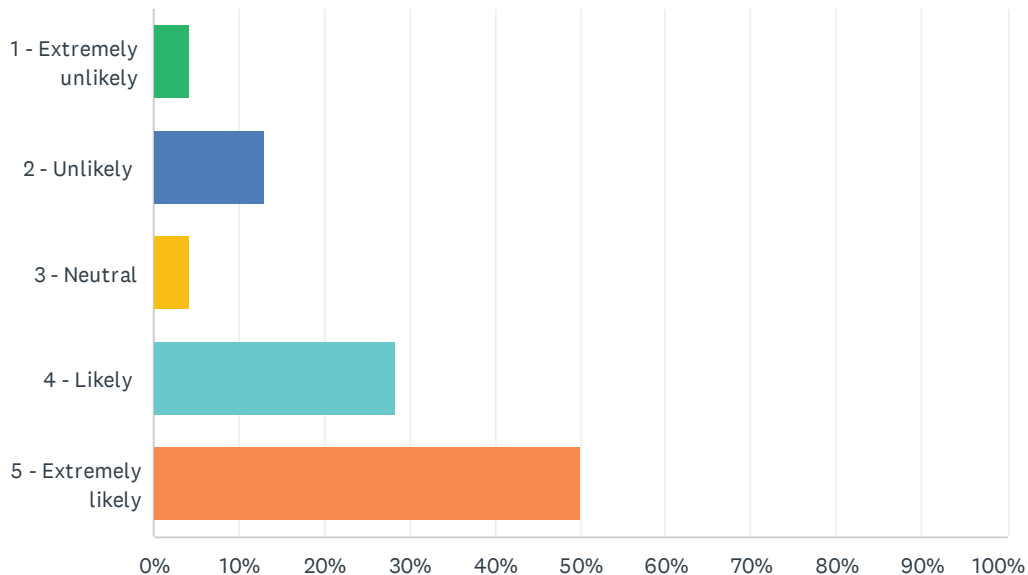
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.35%	2
2 - Unlikely	13.04%	6
3 - Neutral	17.39%	8
4 - Likely	36.96%	17
5 - Extremely likely	28.26%	13
TOTAL		46

Meeting Materials

Q6 Staffing Plan Require each pharmacy’s responsible person to develop a staffing plan that establishes the appropriate number of pharmacy technicians and interns to pharmacist(s) on duty. The staffing plan shall ensure that the number of pharmacy technicians and interns on duty can be satisfactorily supervised by the pharmacist(s) on duty. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner. In developing a staffing plan, the responsible person shall consider all the following:

- a. The volume of workload and the services provided by the pharmacy.
- b. The volume of prescriptions handled by staff to include:
 - i. Prescriptions filled, dispensed, and sold;
 - ii. Prescriptions placed on hold;
 - iii. Prescriptions returned to stock;
 - iv. Any other prescriptions metrics developed by the responsible person.
- c. Security needs of the pharmacy and pharmacy staff.
- d. Required closing or opening of certain touchpoints (drive-thru, vaccines, etc.). Provide autonomy to the on-duty pharmacist as part of the rule to close or open touchpoints.
- e. Number of staff and level of staff competency. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner.

Answered: 46 Skipped: 1



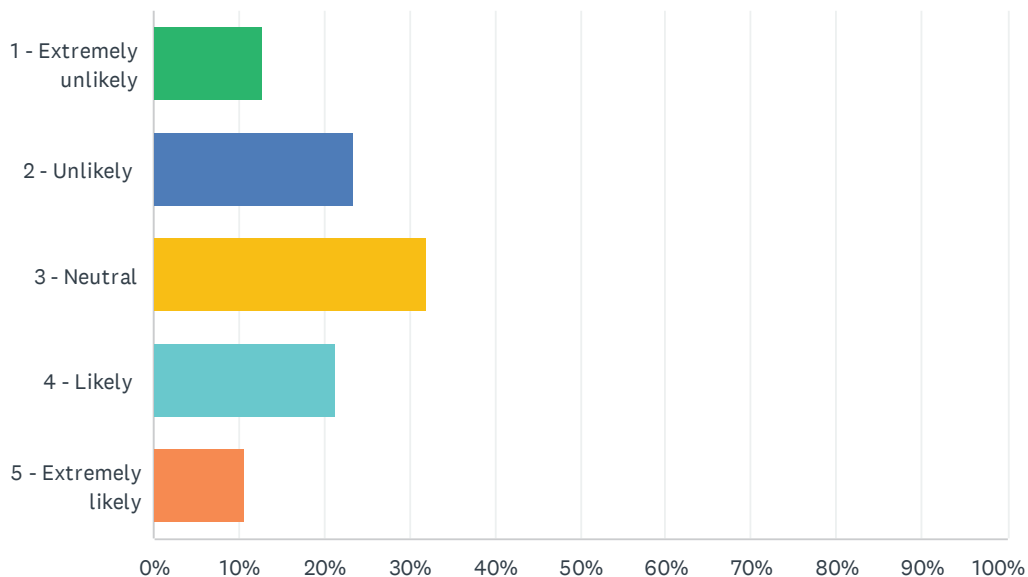
Meeting Materials

ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.35%	2
2 - Unlikely	13.04%	6
3 - Neutral	4.35%	2
4 - Likely	28.26%	13
5 - Extremely likely	50.00%	23
TOTAL		46

Meeting Materials

Q7 Tech-Check-Tech Implementation of Tech-Check-Tech or technology assisted technician product verification.

Answered: 47 Skipped: 0

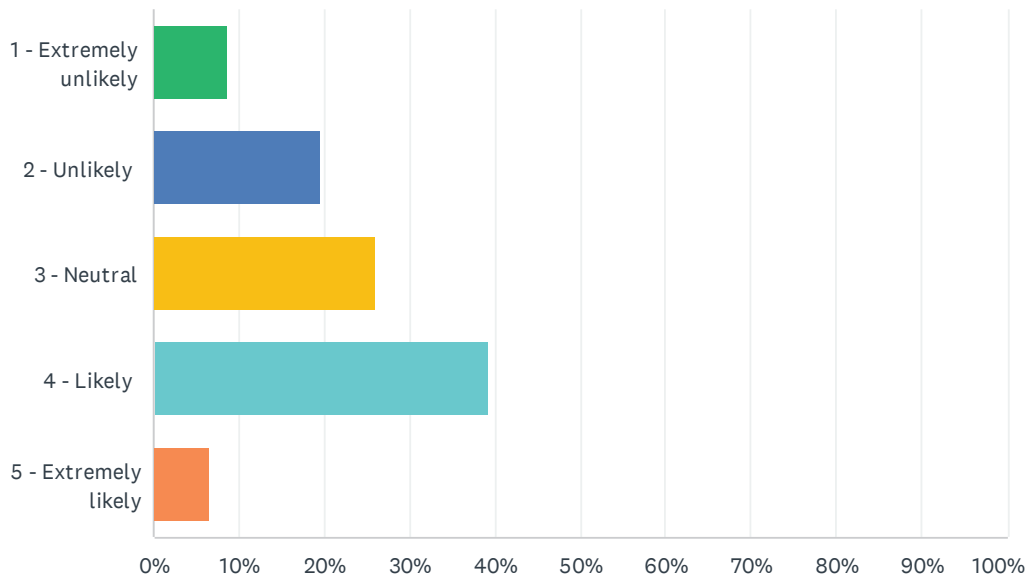


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	12.77%	6
2 - Unlikely	23.40%	11
3 - Neutral	31.91%	15
4 - Likely	21.28%	10
5 - Extremely likely	10.64%	5
TOTAL		47

Meeting Materials

Q8 Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests
 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.

Answered: 46 Skipped: 1

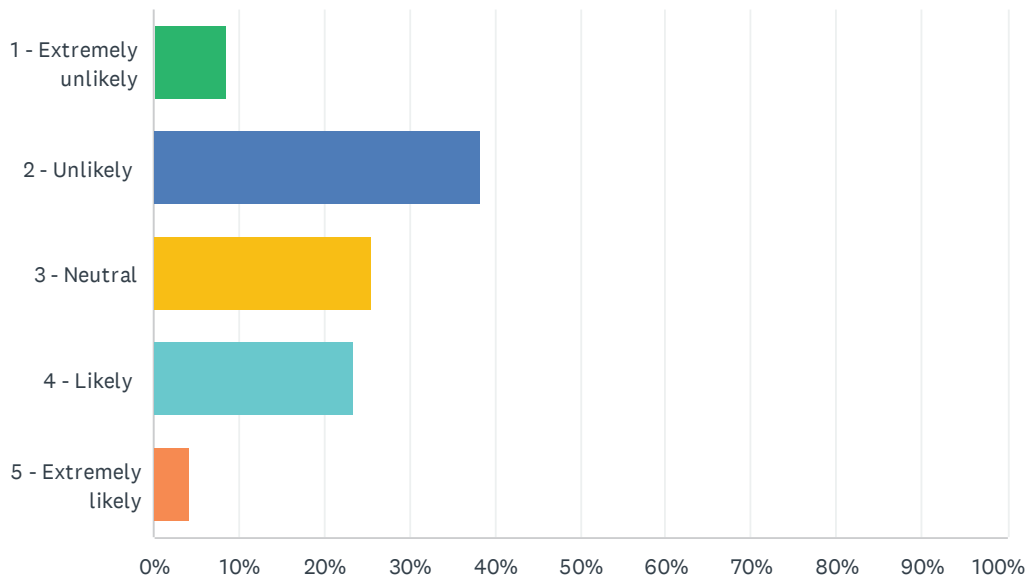


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	8.70%	4
2 - Unlikely	19.57%	9
3 - Neutral	26.09%	12
4 - Likely	39.13%	18
5 - Extremely likely	6.52%	3
TOTAL		46

Meeting Materials

Q9 Expand Technician Scope of Practice – Drug Administration 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.

Answered: 47 Skipped: 0

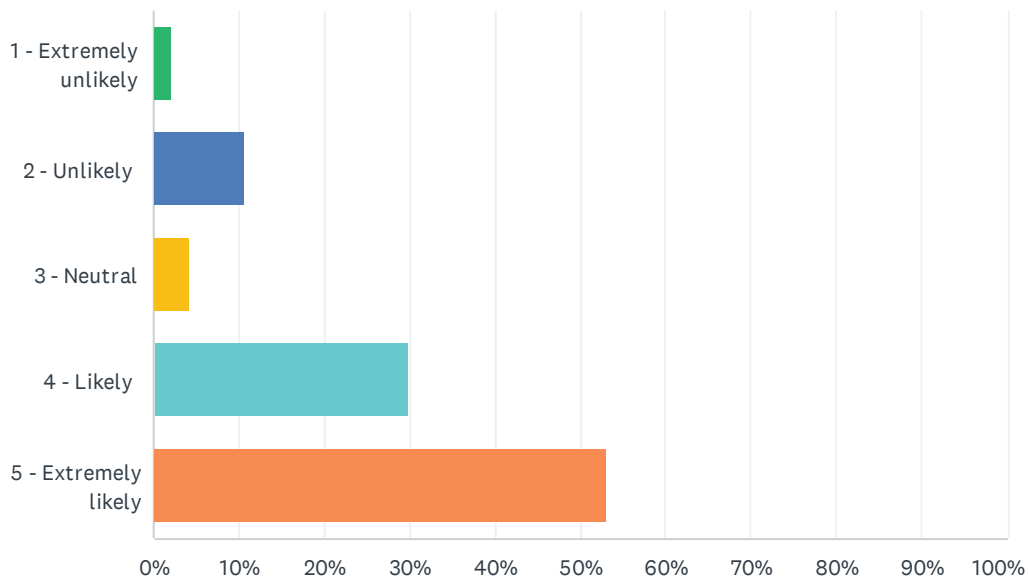


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	8.51%	4
2 - Unlikely	38.30%	18
3 - Neutral	25.53%	12
4 - Likely	23.40%	11
5 - Extremely likely	4.26%	2
TOTAL		47

Meeting Materials

Q10 Managing Touchpoints Provide autonomy to the pharmacist on duty to shut down touchpoints and non-essential services if understaffed. Require ancillary staffing (support personnel and technicians) at each point of contact when the pharmacy is open. This must include drive-thru, drop-off, register, vaccinations, and a person dedicated to phones.

Answered: 47 Skipped: 0

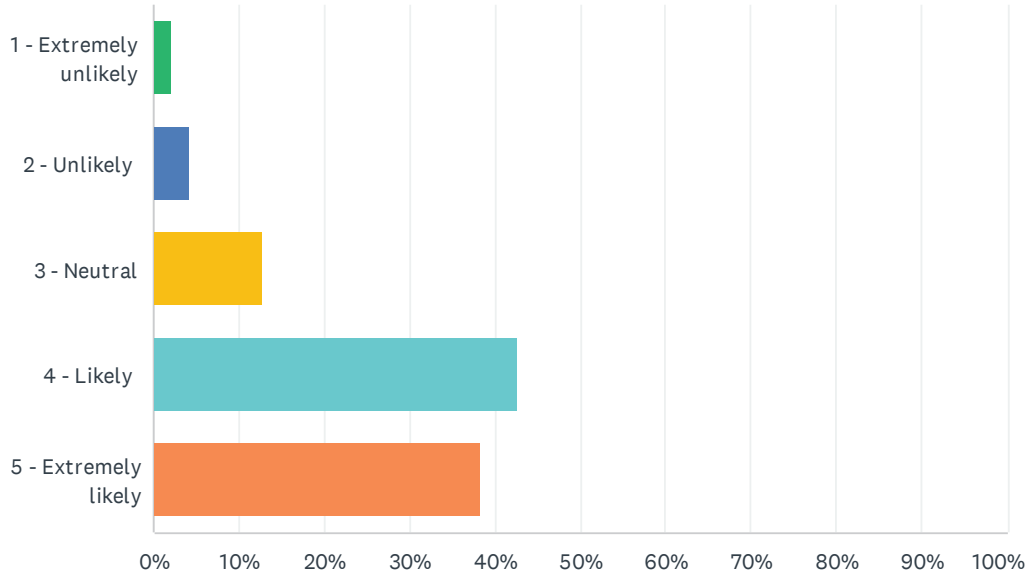


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.13%	1
2 - Unlikely	10.64%	5
3 - Neutral	4.26%	2
4 - Likely	29.79%	14
5 - Extremely likely	53.19%	25
TOTAL		47

Meeting Materials

Q11 Working Conditions / Security Require any “open-door” pharmacy must operate with at least one technician and one pharmacist (or two pharmacists). Include exception for documented absence.

Answered: 47 Skipped: 0

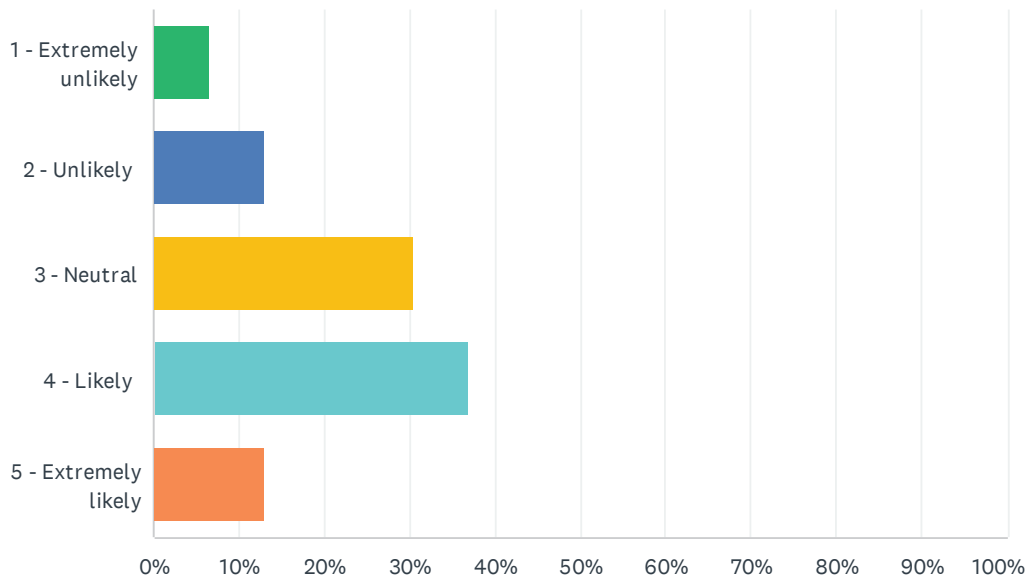


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.13%	1
2 - Unlikely	4.26%	2
3 - Neutral	12.77%	6
4 - Likely	42.55%	20
5 - Extremely likely	38.30%	18
TOTAL		47

Meeting Materials

Q12 Career Technician Pathways 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.

Answered: 46 Skipped: 1



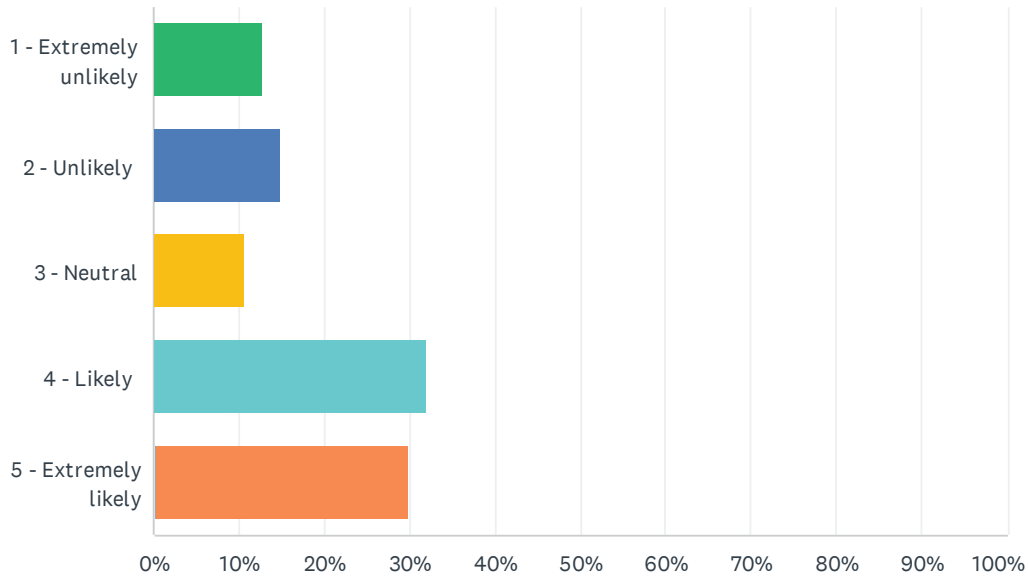
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	6.52%	3
2 - Unlikely	13.04%	6
3 - Neutral	30.43%	14
4 - Likely	36.96%	17
5 - Extremely likely	13.04%	6
TOTAL		46

Meeting Materials

Q13 Report of Understaffing(A) Adequate staffing to safely dispense prescriptions is the responsibility of the pharmacy and the pharmacy's responsible person. If conditions exist that could cause prescriptions to be dispensed in an unsafe manner the pharmacy and the pharmacy's responsible person shall take action to correct the problem.(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. Such form shall include, but not be limited to the following:(1) Date and time the inadequate staffing occurred;(2) Number of prescriptions filled during this time frame;(3) Summary of events; and(4) Any comments or suggestions.(C) A pharmacist shall complete the staffing report form when:(1) A pharmacist is concerned regarding staffing due to:(a) inadequate number of support persons (cashiers, technicians, auxiliary supportive personnel, etc.); or,(b) excessive workload;(2) Filling out the form may enable management to make a better decision concerning staffing.(3) Any errors that occurred to the result of inadequate staffing.(D) The responsible person shall submit that form in a manner determined by the board. (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.(F) Each pharmacy shall retain completed staffing reports on-site in a readily retrievable manner for at least three years from the date of creation.

Answered: 47 Skipped: 0

Meeting Materials

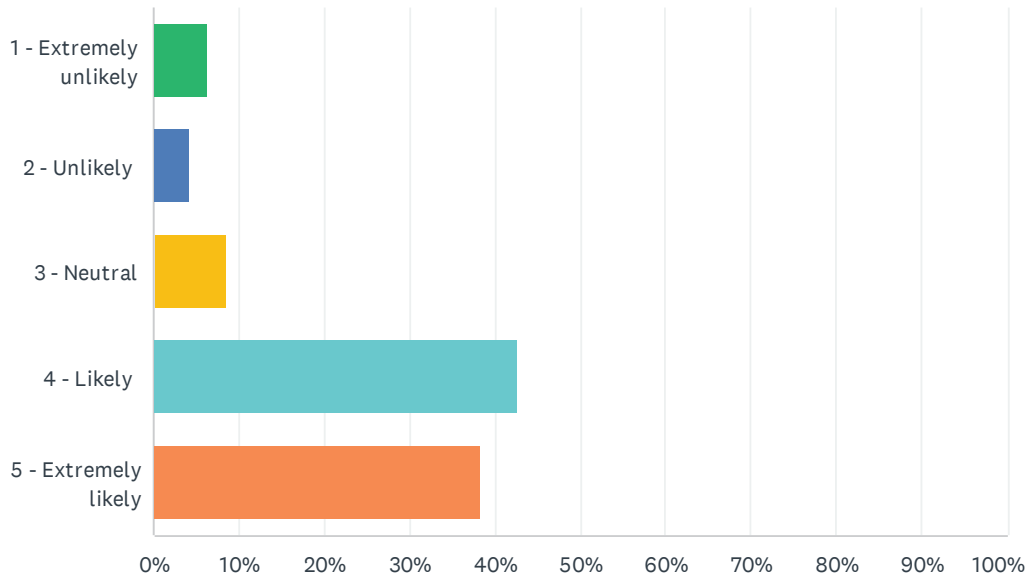


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	12.77%	6
2 - Unlikely	14.89%	7
3 - Neutral	10.64%	5
4 - Likely	31.91%	15
5 - Extremely likely	29.79%	14
TOTAL		47

Meeting Materials

Q14 Limits on Hours Worked A pharmacy shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per twenty-four (24) hour period. A pharmacist/technician 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.

Answered: 47 Skipped: 0

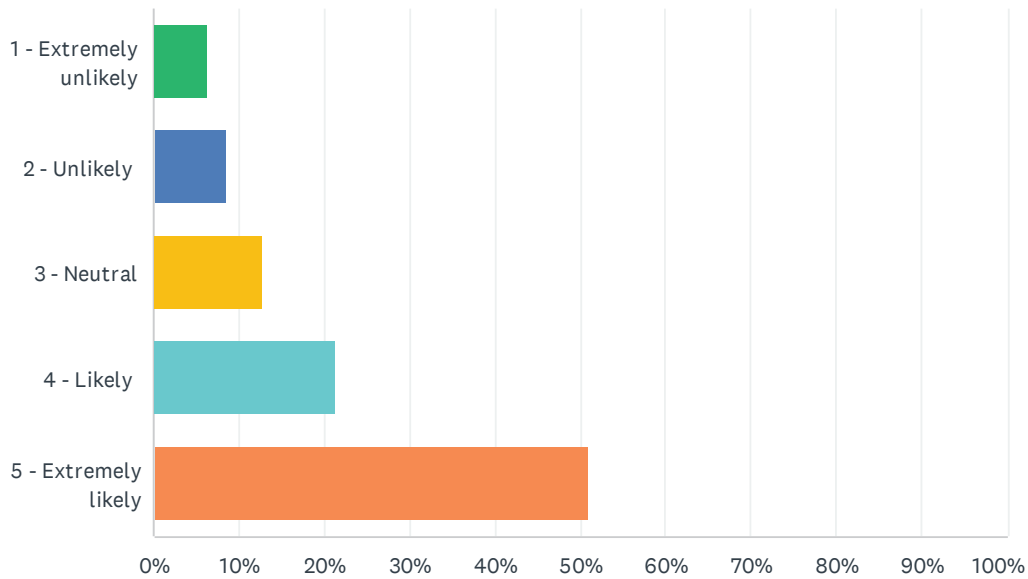


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	6.38%	3
2 - Unlikely	4.26%	2
3 - Neutral	8.51%	4
4 - Likely	42.55%	20
5 - Extremely likely	38.30%	18
TOTAL		47

Meeting Materials

Q15 Mandatory Dark Hours Require “open door” pharmacies to operate dark hours that allow for staff to prepare and catch up on their work without any interruptions. This will allow pharmacies to operate more efficiently and safely and help minimize distractions when engaged in activities requiring greater concentration.

Answered: 47 Skipped: 0

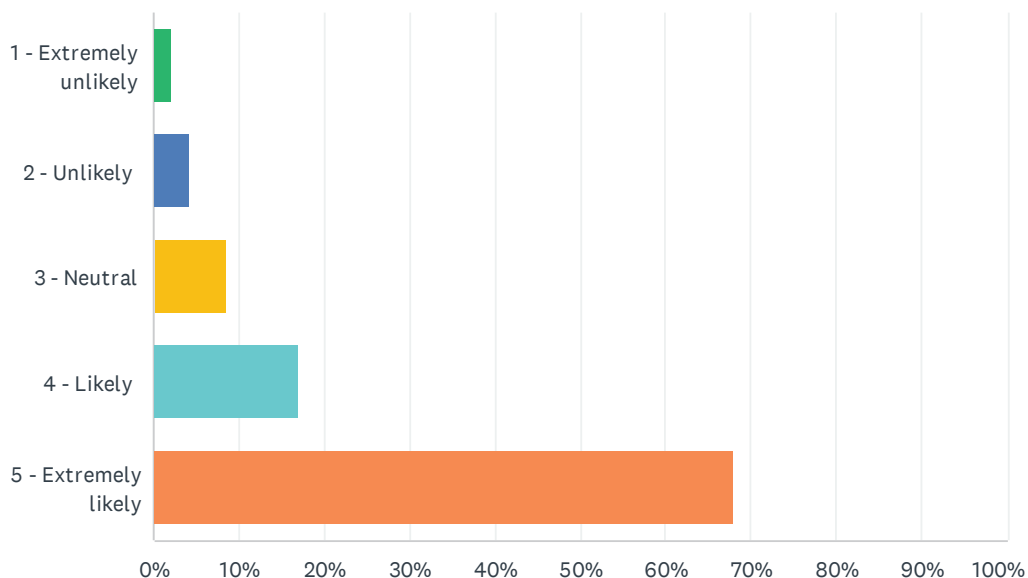


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	6.38%	3
2 - Unlikely	8.51%	4
3 - Neutral	12.77%	6
4 - Likely	21.28%	10
5 - Extremely likely	51.06%	24
TOTAL		47

Meeting Materials

Q16 Metrics Eliminate Job impacting metrics that compromise safety and integrity of the profession. 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. Prohibit metrics related to the volume of services provided.

Answered: 47 Skipped: 0

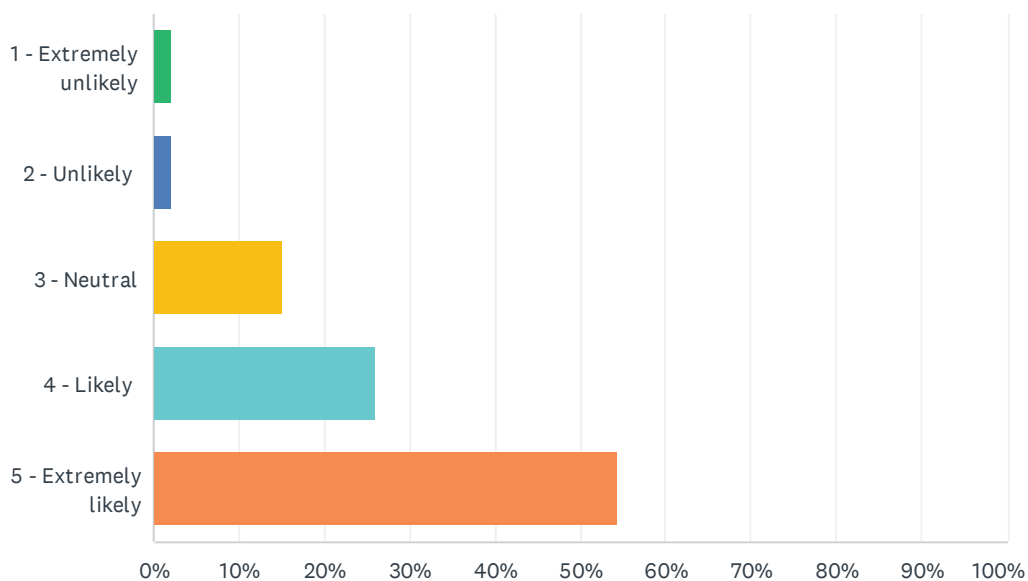


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.13%	1
2 - Unlikely	4.26%	2
3 - Neutral	8.51%	4
4 - Likely	17.02%	8
5 - Extremely likely	68.09%	32
TOTAL		47

Meeting Materials

Q17 Elimination of Cold Call Lists Eliminate required cold call lists.

Answered: 46 Skipped: 1



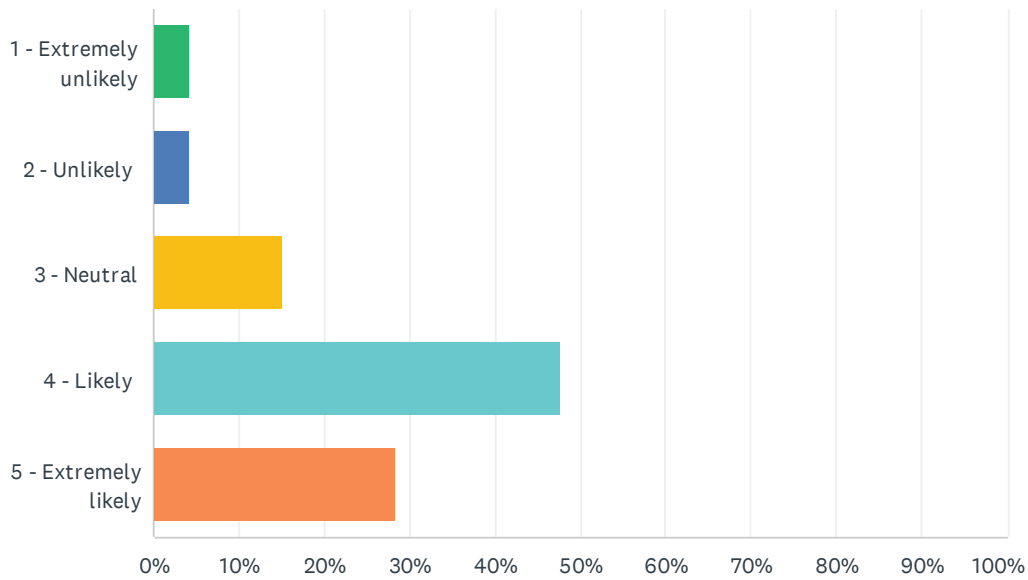
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.17%	1
2 - Unlikely	2.17%	1
3 - Neutral	15.22%	7
4 - Likely	26.09%	12
5 - Extremely likely	54.35%	25
TOTAL		46

Meeting Materials

Q18 Alabama Rule - Supervising Pharmacist There is a growing discussion among pharmacy boards throughout the country about workload conditions in pharmacy. In that discussion, there are many issues contributing to workplace dissatisfaction. It is important to understand that issues related to dissatisfaction in workplace conditions may not fall under the authority of any board of pharmacy unless it involves an adverse result to the safety of patients. One concern of dissatisfaction addresses board of pharmacy disciplinary actions and the focus on the individual licensee and not on the permit or the root cause. The Board has several actions that do address the root cause as well as the permit. Board Rule 680-X-2-.12 Supervising Pharmacist specifically states: If the actions of the permit holder have deemed to contribute to or cause a violation of any provision of this section, the Board may hold the permit holder responsible and/or absolve the supervising pharmacist from the responsibility of that action. In addition, it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder. To fully understand the impact of the above-cited section, it should be read with the following sections of 680-X-2-.22 Code of Professional Conduct in mind. (2) (a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner. (2) (f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.)

Answered: 46 Skipped: 1

Meeting Materials

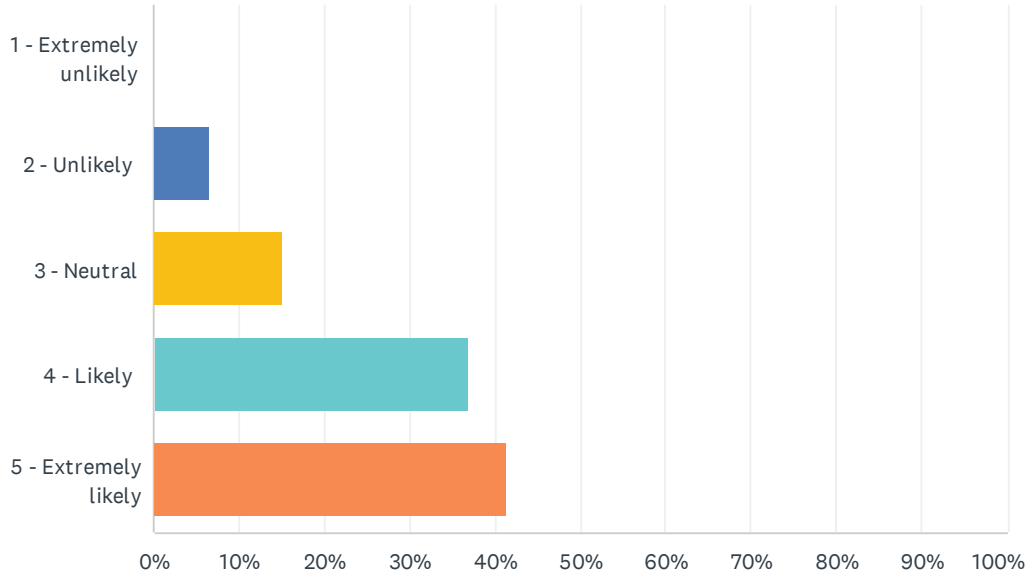


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.35%	2
2 - Unlikely	4.35%	2
3 - Neutral	15.22%	7
4 - Likely	47.83%	22
5 - Extremely likely	28.26%	13
TOTAL		46

Meeting Materials

Q19 Pharmacy Benefit Managers The Board should ensure that its rules cannot be utilized by pharmacy benefit managers and insurers to initiate clawbacks.

Answered: 46 Skipped: 1

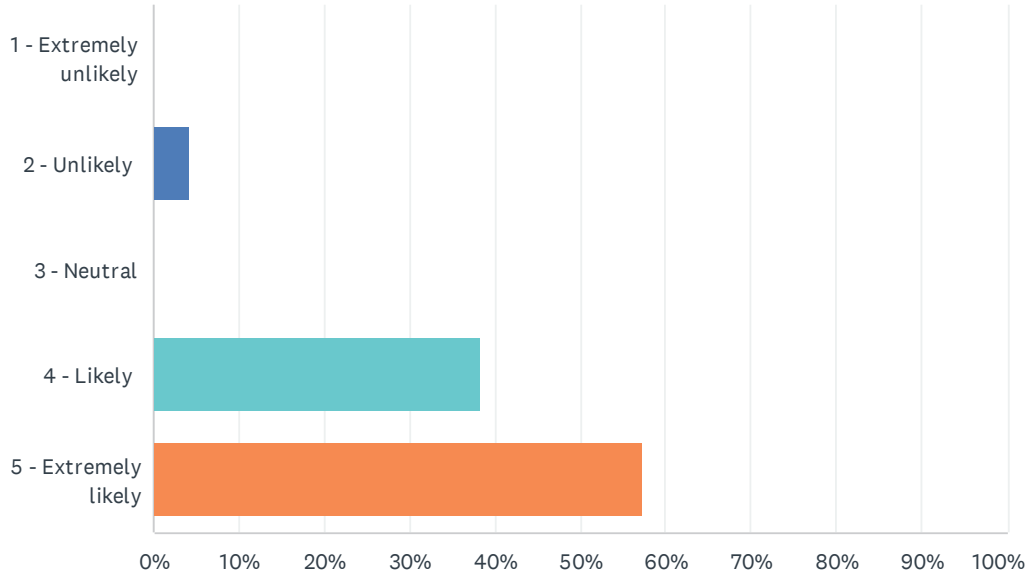


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	6.52%	3
3 - Neutral	15.22%	7
4 - Likely	36.96%	17
5 - Extremely likely	41.30%	19
TOTAL		46

Meeting Materials

Q20 Improve Quality of Electronic Prescribing Develop a process to regulate electronic prescription transmission systems to improve quality and standardize format.

Answered: 47 Skipped: 0

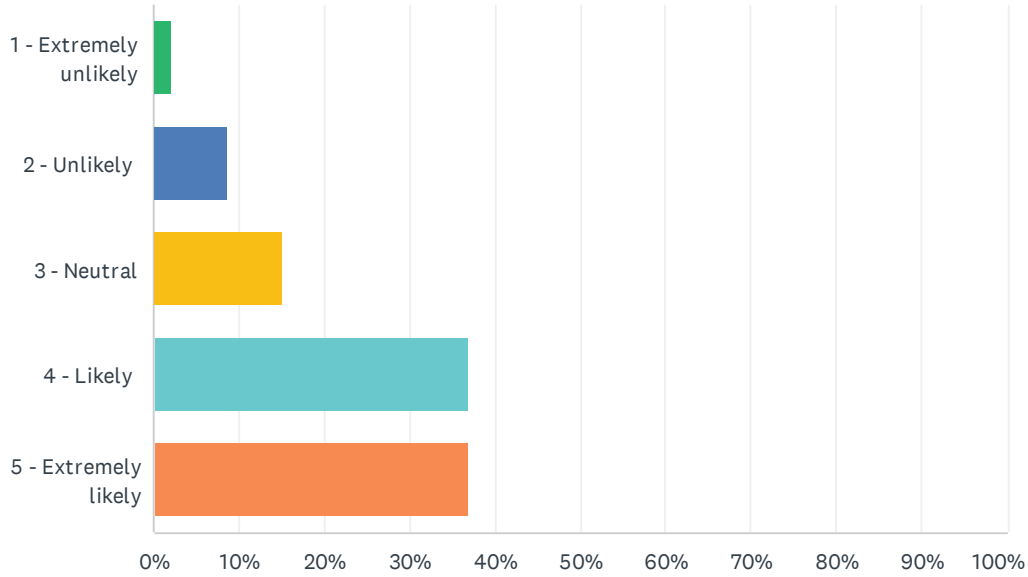


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	4.26%	2
3 - Neutral	0.00%	0
4 - Likely	38.30%	18
5 - Extremely likely	57.45%	27
TOTAL		47

Meeting Materials

Q21 Authorizing Pharmacists to Prescribe Drug Devices Permit pharmacists to prescribe drug devices necessary to dispense a prescription.

Answered: 46 Skipped: 1

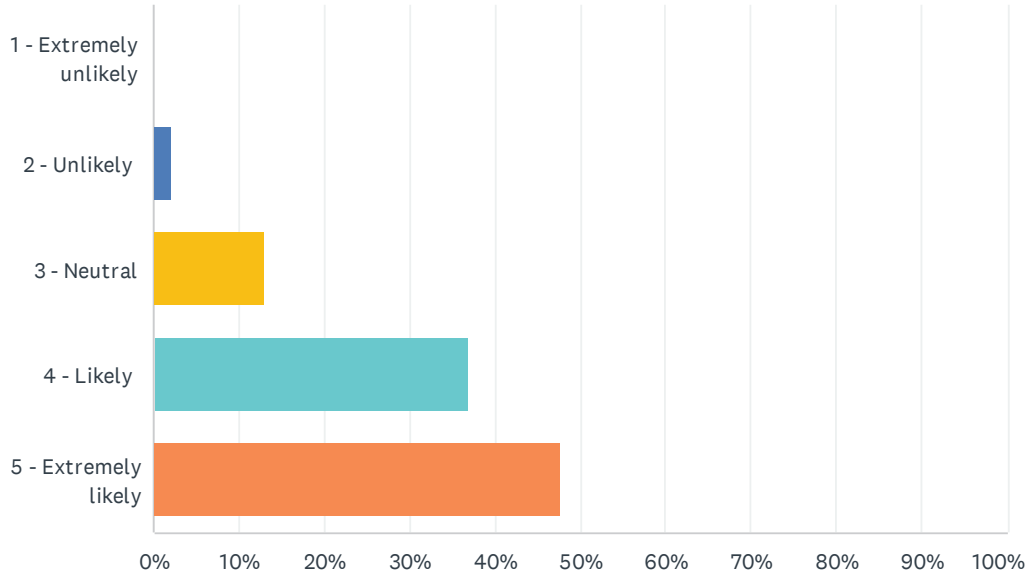


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.17%	1
2 - Unlikely	8.70%	4
3 - Neutral	15.22%	7
4 - Likely	36.96%	17
5 - Extremely likely	36.96%	17
TOTAL		46

Meeting Materials

Q22 Eliminating Manual Logs Review Board rules to reduce the use of paper logs.

Answered: 46 Skipped: 1

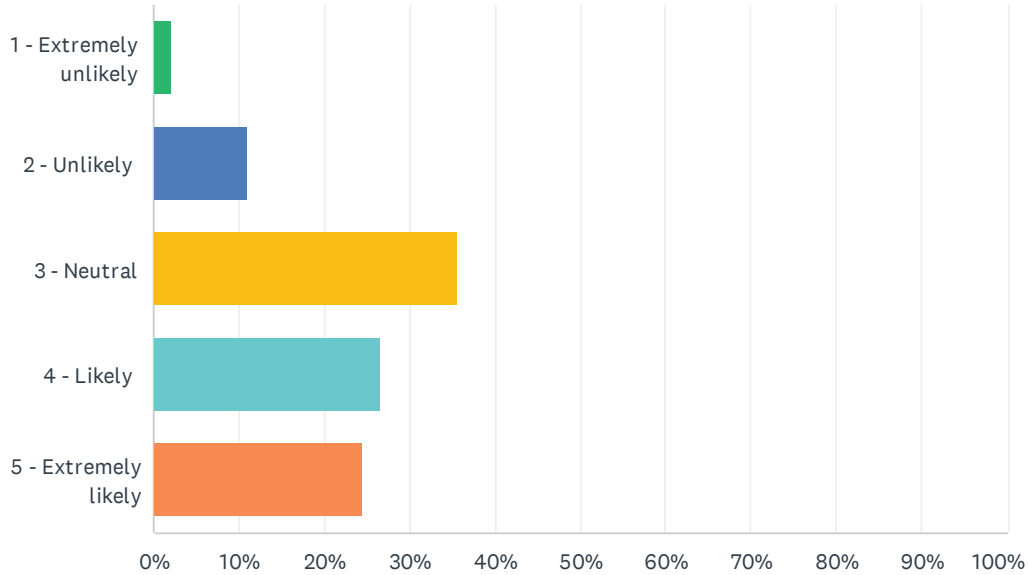


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	2.17%	1
3 - Neutral	13.04%	6
4 - Likely	36.96%	17
5 - Extremely likely	47.83%	22
TOTAL		46

Meeting Materials

Q23 Change of Responsible Person Requirements Extend notification requirement of the responsible person from 10 to 30 days.

Answered: 45 Skipped: 2

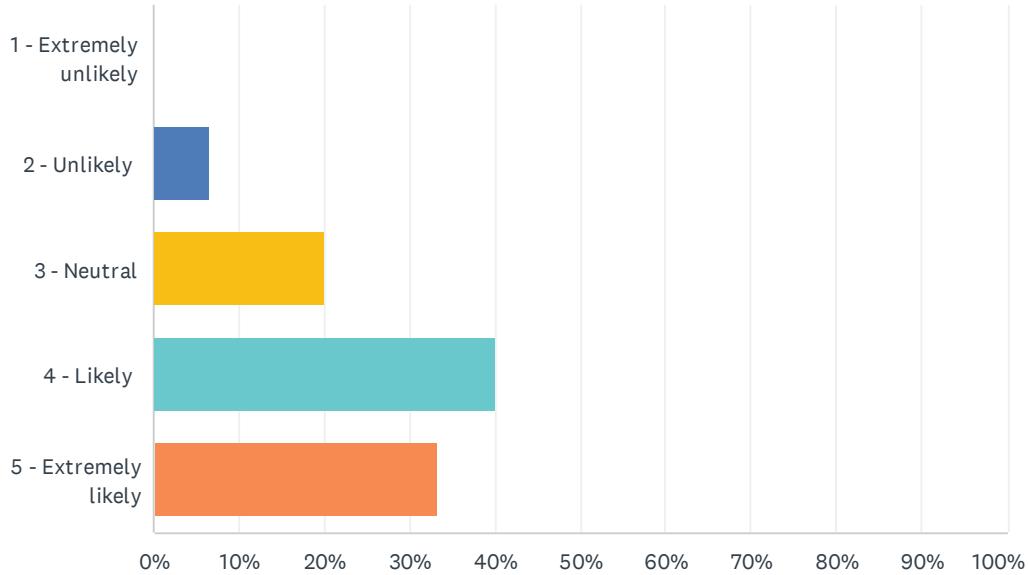


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.22%	1
2 - Unlikely	11.11%	5
3 - Neutral	35.56%	16
4 - Likely	26.67%	12
5 - Extremely likely	24.44%	11
TOTAL		45

Meeting Materials

Q24 Improving the Physical Security of Pharmacies Look at ways to improve the physical security of pharmacies.

Answered: 45 Skipped: 2

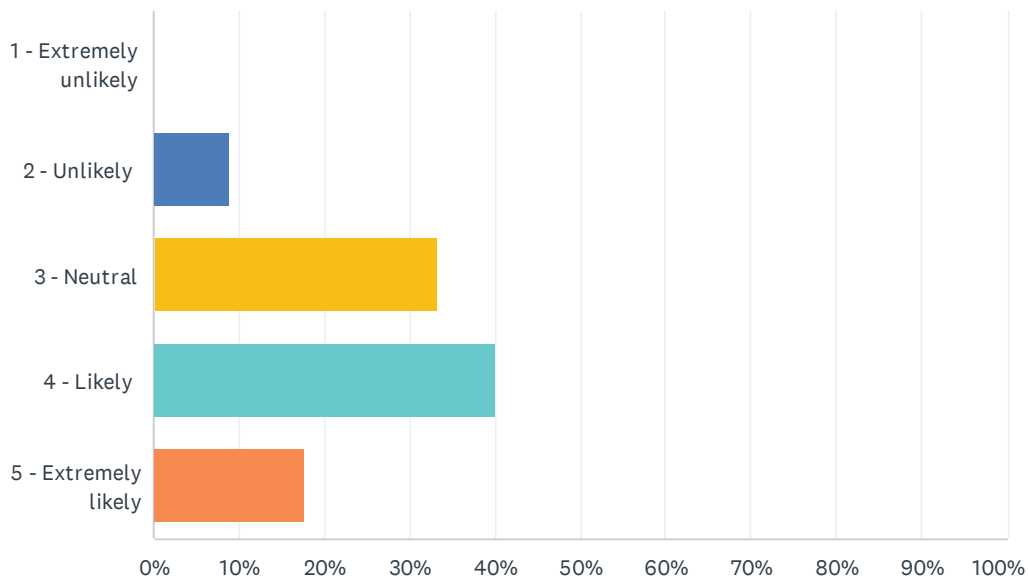


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	6.67%	3
3 - Neutral	20.00%	9
4 - Likely	40.00%	18
5 - Extremely likely	33.33%	15
TOTAL		45

Meeting Materials

Q25 Pharmacy Intern Ratios Expand the number of interns that can work under the supervision of a pharmacist (currently 2:1).

Answered: 45 Skipped: 2

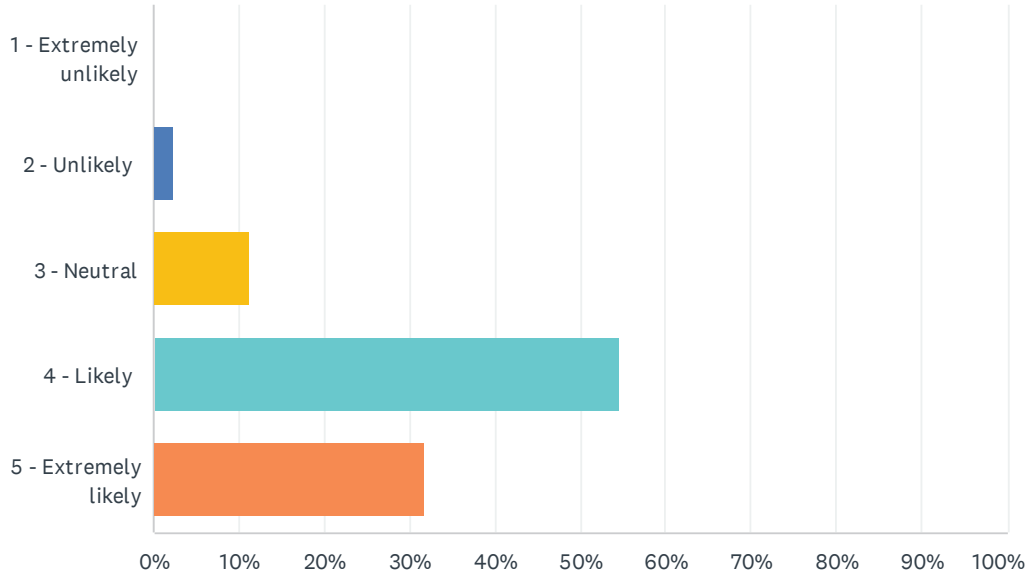


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	8.89%	4
3 - Neutral	33.33%	15
4 - Likely	40.00%	18
5 - Extremely likely	17.78%	8
TOTAL		45

Meeting Materials

Q26 Automation and Technology Examine ways to utilize automation and technology to improve working conditions.

Answered: 44 Skipped: 3

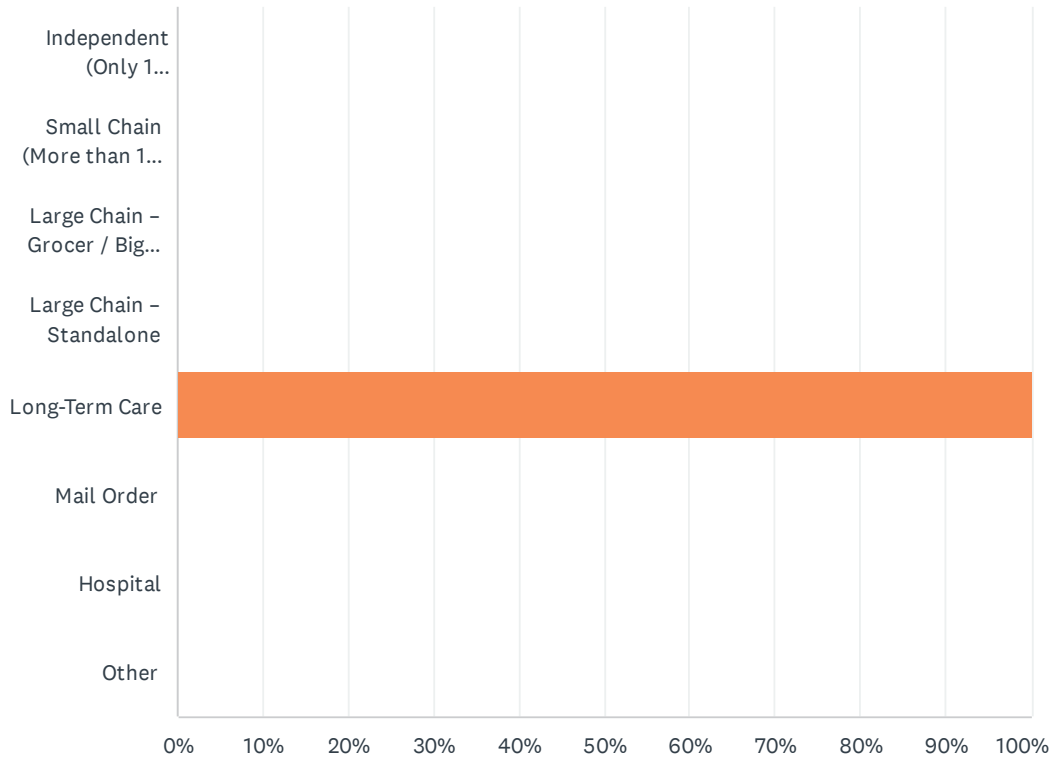


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	2.27%	1
3 - Neutral	11.36%	5
4 - Likely	54.55%	24
5 - Extremely likely	31.82%	14
TOTAL		44

Meeting Materials

Q27 Please identify your primary practice setting:

Answered: 47 Skipped: 0

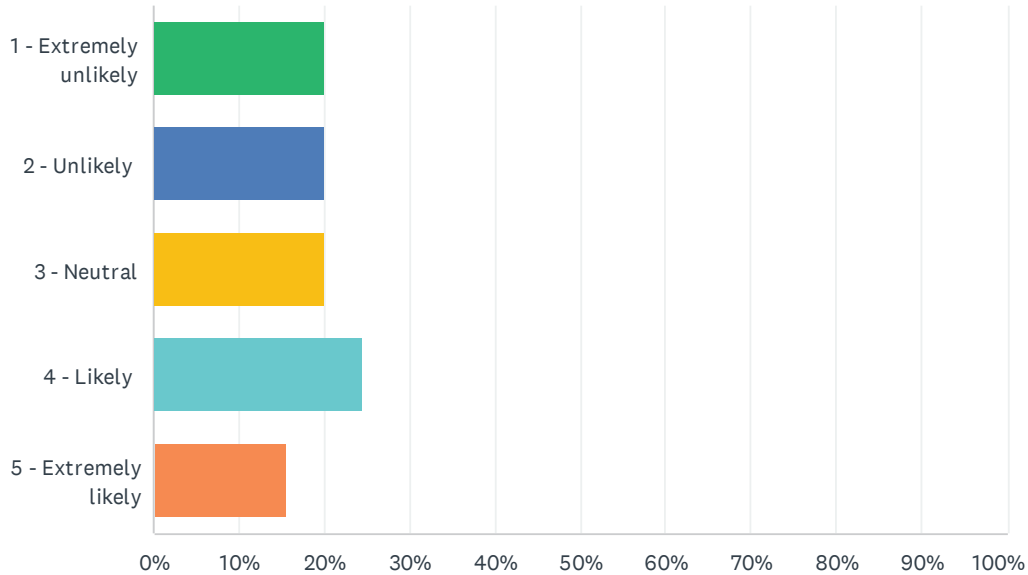


ANSWER CHOICES	RESPONSES	
Independent (Only 1 location)	0.00%	0
Small Chain (More than 1, but less than 12 locations)	0.00%	0
Large Chain – Grocer / Big Box Store	0.00%	0
Large Chain – Standalone	0.00%	0
Long-Term Care	100.00%	47
Mail Order	0.00%	0
Hospital	0.00%	0
Other	0.00%	0
TOTAL		47

Meeting Materials

Q1 Expand Technician Scope of Practice – Immunizations Authorize the administration of immunizations and vaccines by pharmacy technicians that includes all approved ACIP-recommended vaccines for adults and children.

Answered: 45 Skipped: 0

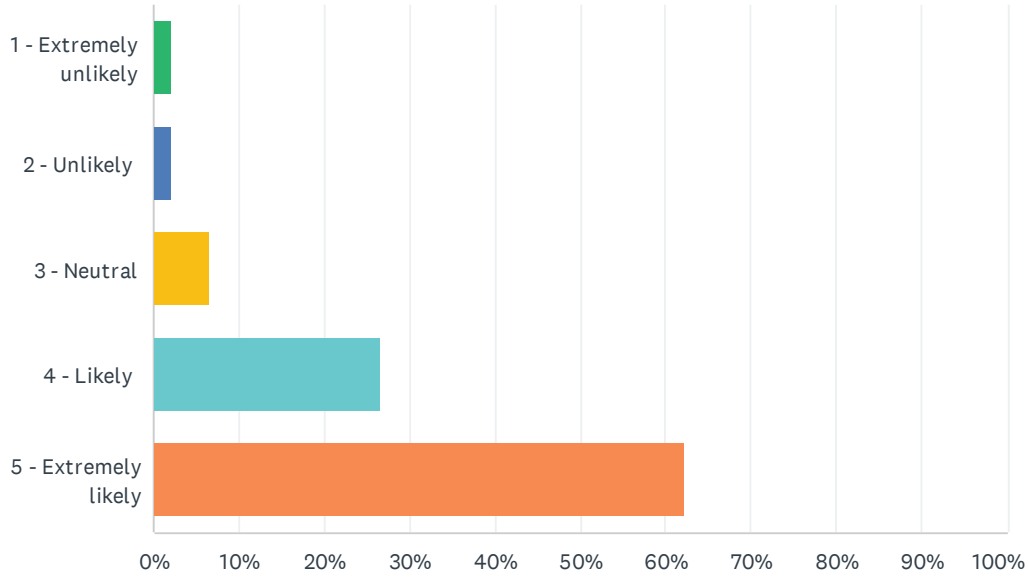


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	20.00%	9
2 - Unlikely	20.00%	9
3 - Neutral	20.00%	9
4 - Likely	24.44%	11
5 - Extremely likely	15.56%	7
TOTAL		45

Meeting Materials

Q2 Mandatory Breaks/Rest Periods Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal breaks to all staff.

Answered: 45 Skipped: 0

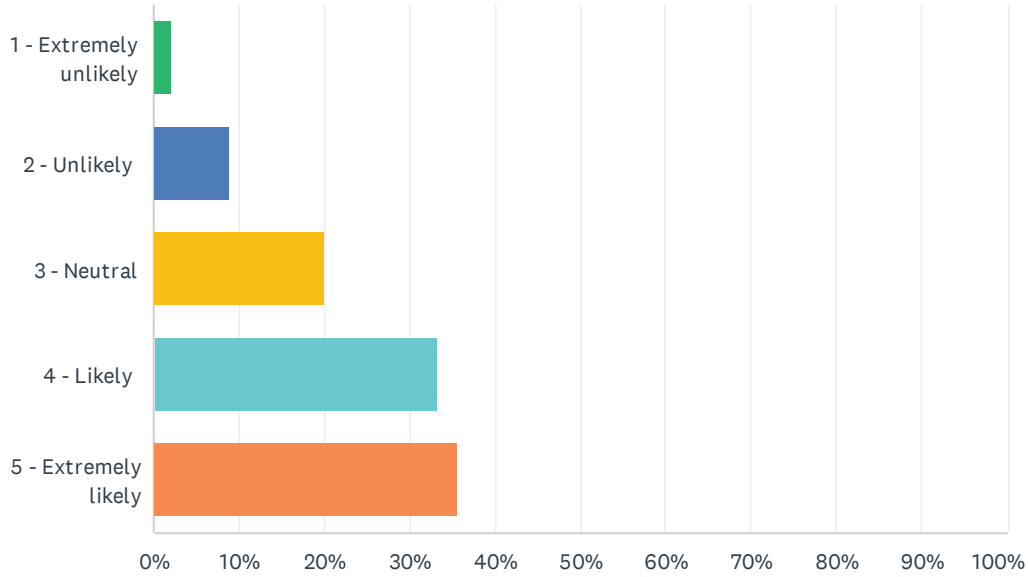


ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	2.22% 1
2 - Unlikely	2.22% 1
3 - Neutral	6.67% 3
4 - Likely	26.67% 12
5 - Extremely likely	62.22% 28
TOTAL	45

Meeting Materials

Q3 Improve Resources to Promote Technician Onboarding Board shall develop onboarding educational videos and other materials to facilitate onboarding of new technicians.

Answered: 45 Skipped: 0

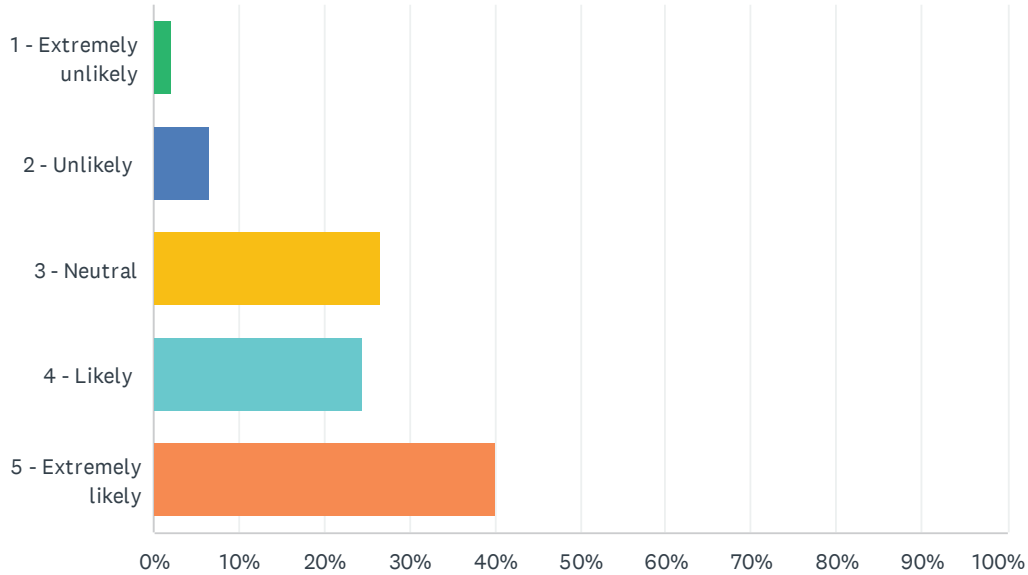


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.22%	1
2 - Unlikely	8.89%	4
3 - Neutral	20.00%	9
4 - Likely	33.33%	15
5 - Extremely likely	35.56%	16
TOTAL		45

Meeting Materials

Q4 License Transferability Board shall develop and implement a process for technician reciprocity. NOTE: The Board implemented a technician reciprocity rule effective 4/1/22. For more information [CLICK HERE](#).

Answered: 45 Skipped: 0

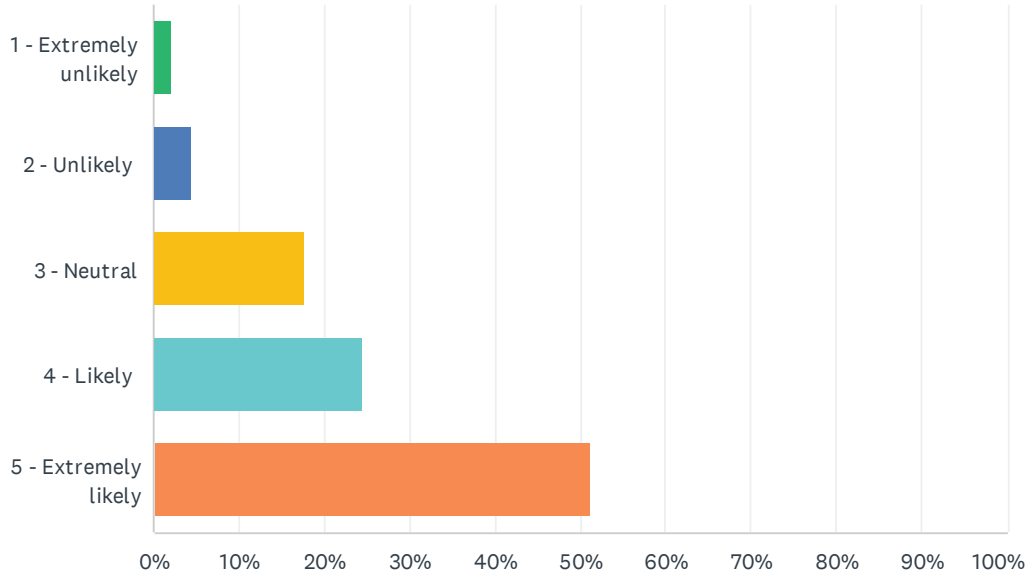


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.22%	1
2 - Unlikely	6.67%	3
3 - Neutral	26.67%	12
4 - Likely	24.44%	11
5 - Extremely likely	40.00%	18
TOTAL		45

Meeting Materials

Q5 Improve Technician Training Resources Requiring pharmacies to have a dedicated staff member to train all new technicians. Staff person should be at the pharmacy or district level.

Answered: 45 Skipped: 0



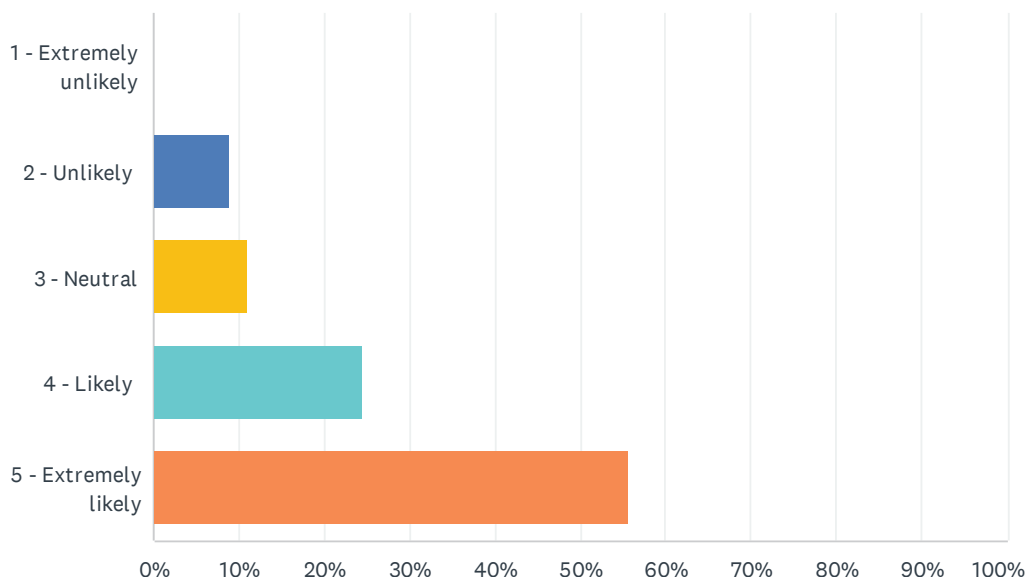
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.22%	1
2 - Unlikely	4.44%	2
3 - Neutral	17.78%	8
4 - Likely	24.44%	11
5 - Extremely likely	51.11%	23
TOTAL		45

Meeting Materials

Q6 Staffing Plan Require each pharmacy’s responsible person to develop a staffing plan that establishes the appropriate number of pharmacy technicians and interns to pharmacist(s) on duty. The staffing plan shall ensure that the number of pharmacy technicians and interns on duty can be satisfactorily supervised by the pharmacist(s) on duty. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner. In developing a staffing plan, the responsible person shall consider all the following:

- a. The volume of workload and the services provided by the pharmacy.
- b. The volume of prescriptions handled by staff to include:
 - i. Prescriptions filled, dispensed, and sold;
 - ii. Prescriptions placed on hold;
 - iii. Prescriptions returned to stock;
 - iv. Any other prescriptions metrics developed by the responsible person.
- c. Security needs of the pharmacy and pharmacy staff.
- d. Required closing or opening of certain touchpoints (drive-thru, vaccines, etc.). Provide autonomy to the on-duty pharmacist as part of the rule to close or open touchpoints.
- e. Number of staff and level of staff competency. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner.

Answered: 45 Skipped: 0



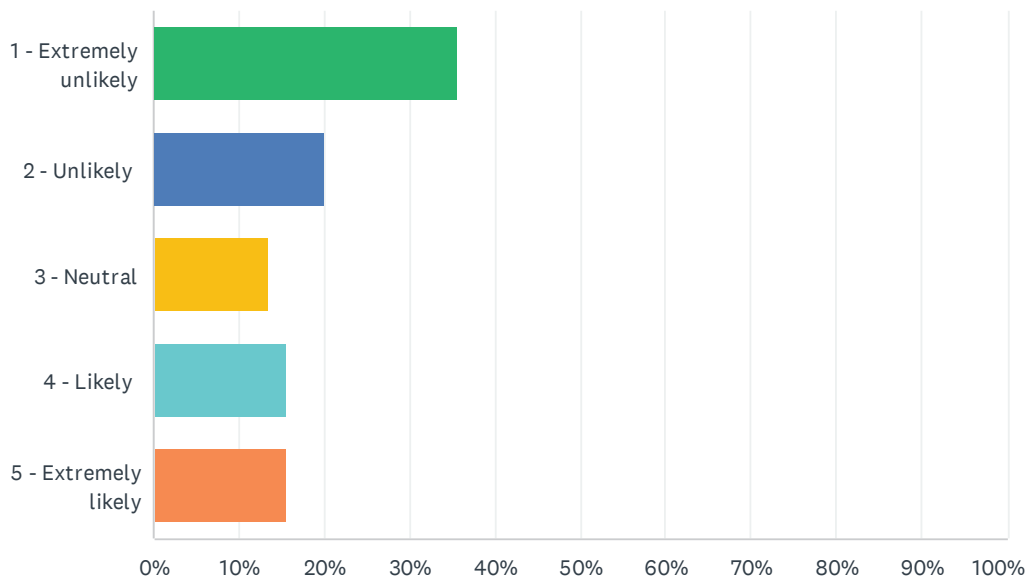
Meeting Materials

ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	8.89%	4
3 - Neutral	11.11%	5
4 - Likely	24.44%	11
5 - Extremely likely	55.56%	25
TOTAL		45

Meeting Materials

Q7 Tech-Check-Tech Implementation of Tech-Check-Tech or technology assisted technician product verification.

Answered: 45 Skipped: 0

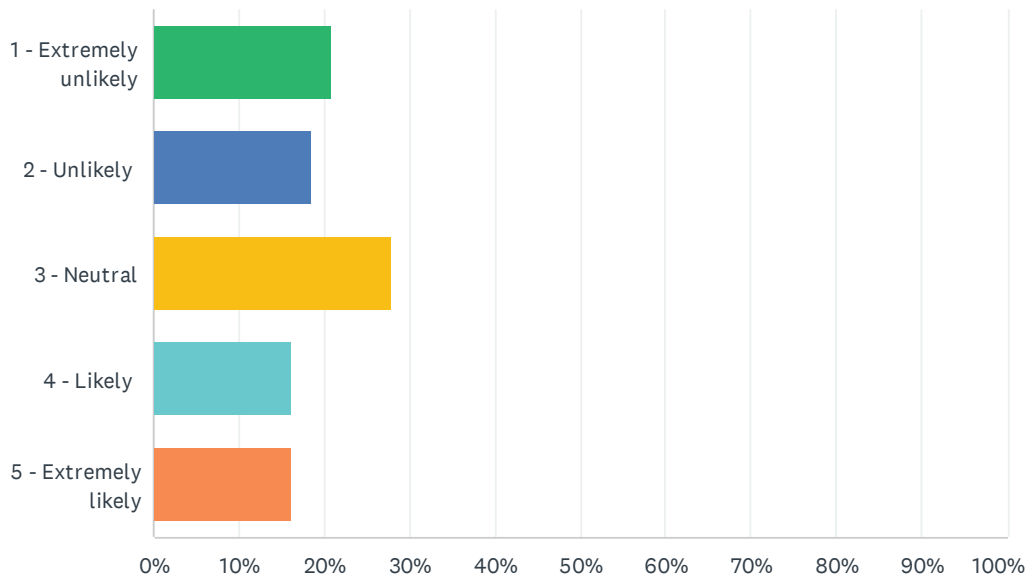


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	35.56%	16
2 - Unlikely	20.00%	9
3 - Neutral	13.33%	6
4 - Likely	15.56%	7
5 - Extremely likely	15.56%	7
TOTAL		45

Meeting Materials

Q8 Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests
 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.

Answered: 43 Skipped: 2

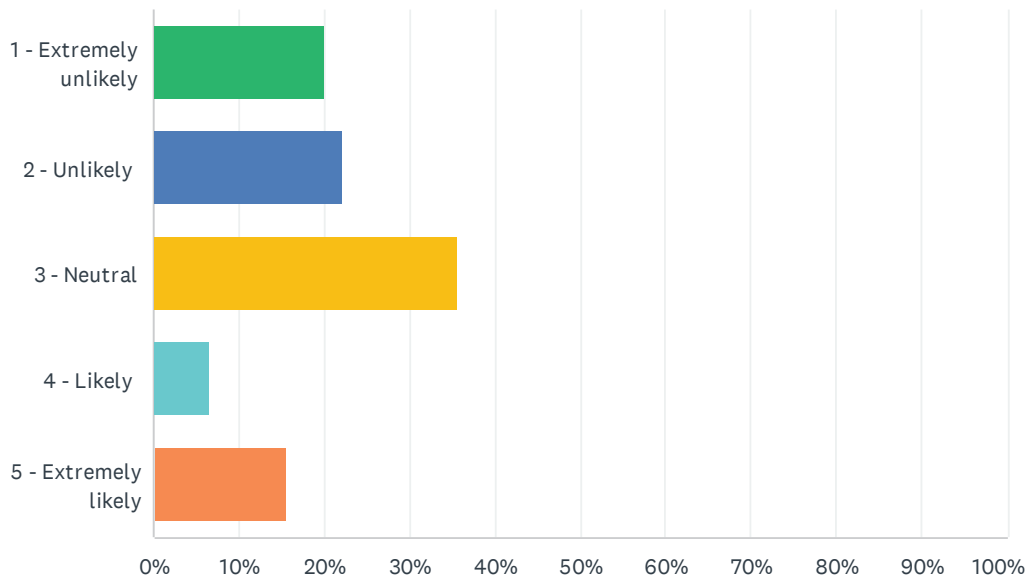


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	20.93%	9
2 - Unlikely	18.60%	8
3 - Neutral	27.91%	12
4 - Likely	16.28%	7
5 - Extremely likely	16.28%	7
TOTAL		43

Meeting Materials

Q9 Expand Technician Scope of Practice – Drug Administration 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.

Answered: 45 Skipped: 0

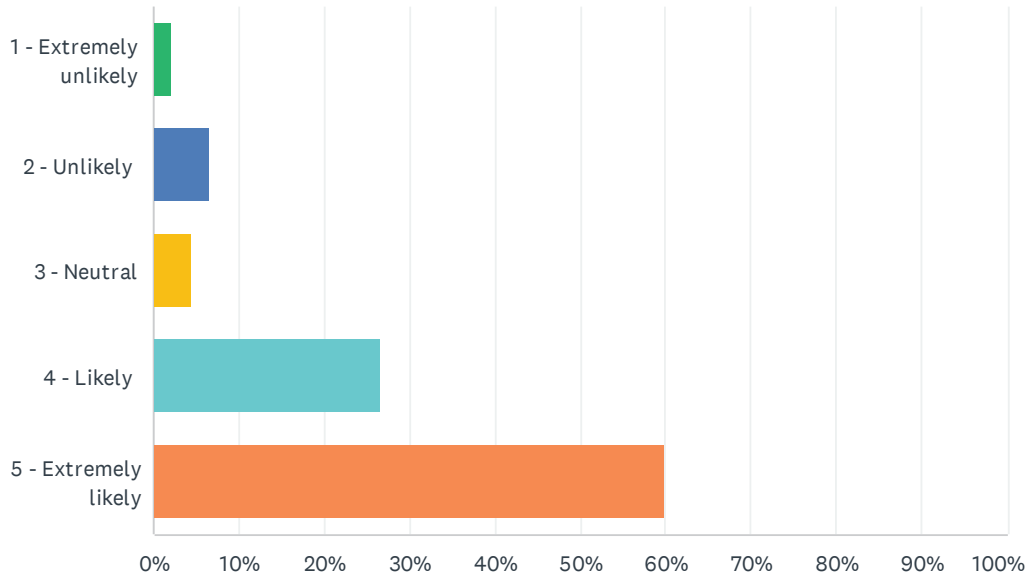


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	20.00%	9
2 - Unlikely	22.22%	10
3 - Neutral	35.56%	16
4 - Likely	6.67%	3
5 - Extremely likely	15.56%	7
TOTAL		45

Meeting Materials

Q10 Managing Touchpoints Provide autonomy to the pharmacist on duty to shut down touchpoints and non-essential services if understaffed. Require ancillary staffing (support personnel and technicians) at each point of contact when the pharmacy is open. This must include drive-thru, drop-off, register, vaccinations, and a person dedicated to phones.

Answered: 45 Skipped: 0

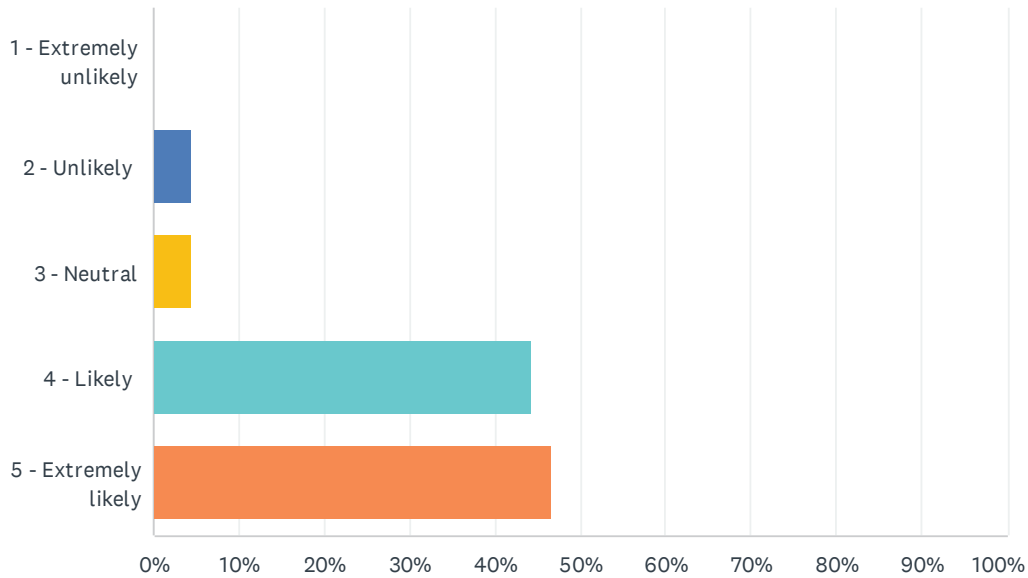


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.22%	1
2 - Unlikely	6.67%	3
3 - Neutral	4.44%	2
4 - Likely	26.67%	12
5 - Extremely likely	60.00%	27
TOTAL		45

Meeting Materials

Q11 Working Conditions / Security Require any “open-door” pharmacy must operate with at least one technician and one pharmacist (or two pharmacists). Include exception for documented absence.

Answered: 45 Skipped: 0

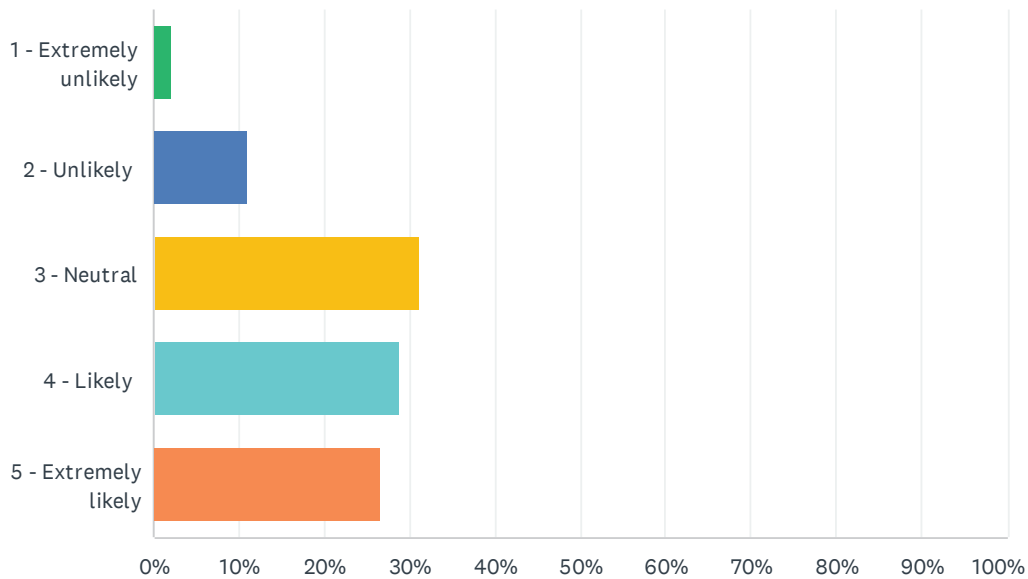


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	4.44%	2
3 - Neutral	4.44%	2
4 - Likely	44.44%	20
5 - Extremely likely	46.67%	21
TOTAL		45

Meeting Materials

Q12 Career Technician Pathways 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.

Answered: 45 Skipped: 0



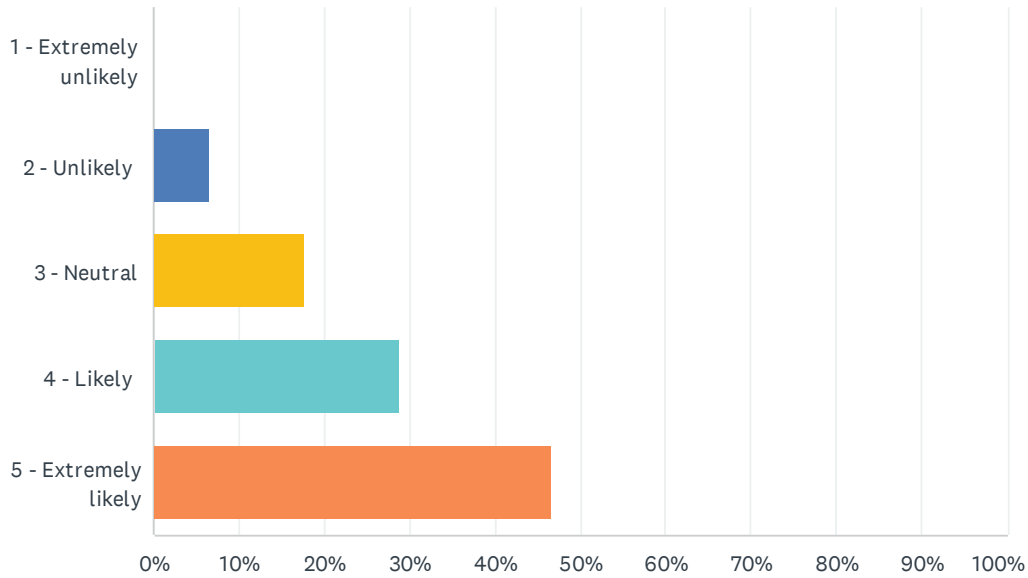
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.22%	1
2 - Unlikely	11.11%	5
3 - Neutral	31.11%	14
4 - Likely	28.89%	13
5 - Extremely likely	26.67%	12
TOTAL		45

Meeting Materials

Q13 Report of Understaffing(A) Adequate staffing to safely dispense prescriptions is the responsibility of the pharmacy and the pharmacy's responsible person. If conditions exist that could cause prescriptions to be dispensed in an unsafe manner the pharmacy and the pharmacy's responsible person shall take action to correct the problem.(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. Such form shall include, but not be limited to the following:(1) Date and time the inadequate staffing occurred;(2) Number of prescriptions filled during this time frame;(3) Summary of events; and(4) Any comments or suggestions.(C) A pharmacist shall complete the staffing report form when:(1) A pharmacist is concerned regarding staffing due to:(a) inadequate number of support persons (cashiers, technicians, auxiliary supportive personnel, etc.); or,(b) excessive workload;(2) Filling out the form may enable management to make a better decision concerning staffing.(3) Any errors that occurred to the result of inadequate staffing.(D) The responsible person shall submit that form in a manner determined by the board. (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.(F) Each pharmacy shall retain completed staffing reports on-site in a readily retrievable manner for at least three years from the date of creation.

Answered: 45 Skipped: 0

Meeting Materials

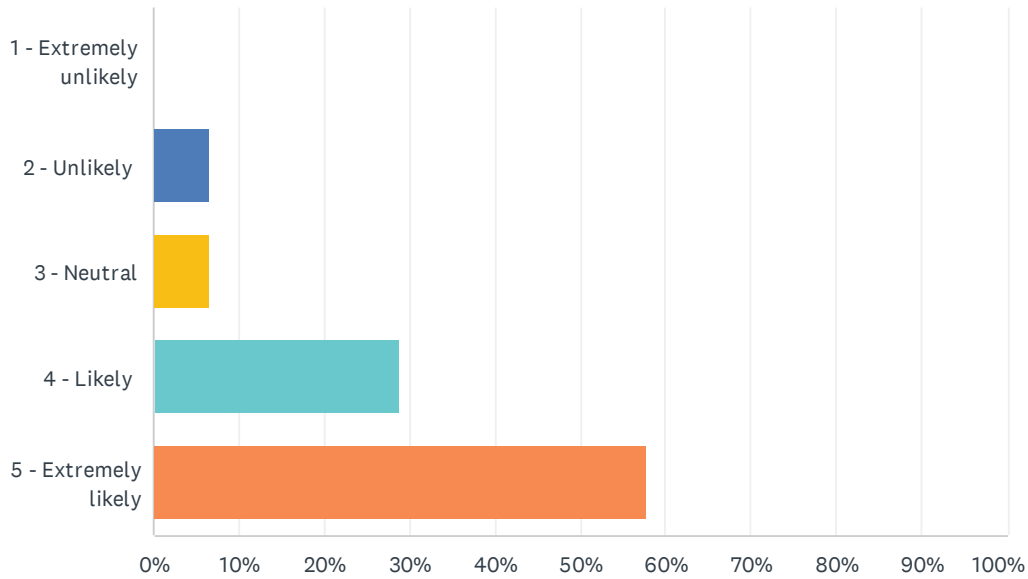


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	6.67%	3
3 - Neutral	17.78%	8
4 - Likely	28.89%	13
5 - Extremely likely	46.67%	21
TOTAL		45

Meeting Materials

Q14 Limits on Hours Worked A pharmacy shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per twenty-four (24) hour period. A pharmacist/technician 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.

Answered: 45 Skipped: 0

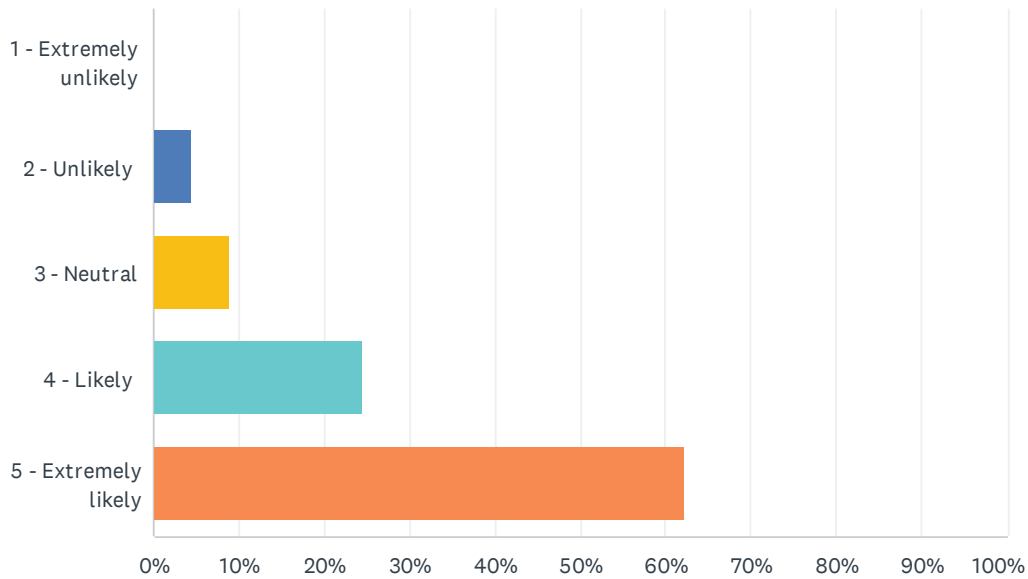


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	6.67%	3
3 - Neutral	6.67%	3
4 - Likely	28.89%	13
5 - Extremely likely	57.78%	26
TOTAL		45

Meeting Materials

Q15 Mandatory Dark Hours Require “open door” pharmacies to operate dark hours that allow for staff to prepare and catch up on their work without any interruptions. This will allow pharmacies to operate more efficiently and safely and help minimize distractions when engaged in activities requiring greater concentration.

Answered: 45 Skipped: 0

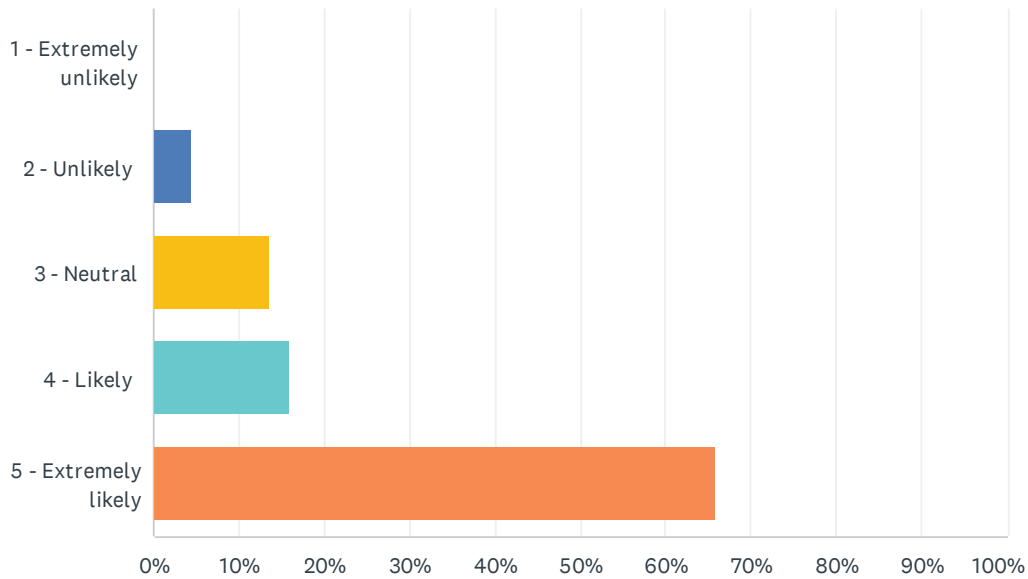


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	4.44%	2
3 - Neutral	8.89%	4
4 - Likely	24.44%	11
5 - Extremely likely	62.22%	28
TOTAL		45

Meeting Materials

Q16 Metrics Eliminate Job impacting metrics that compromise safety and integrity of the profession. 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. Prohibit metrics related to the volume of services provided.

Answered: 44 Skipped: 1

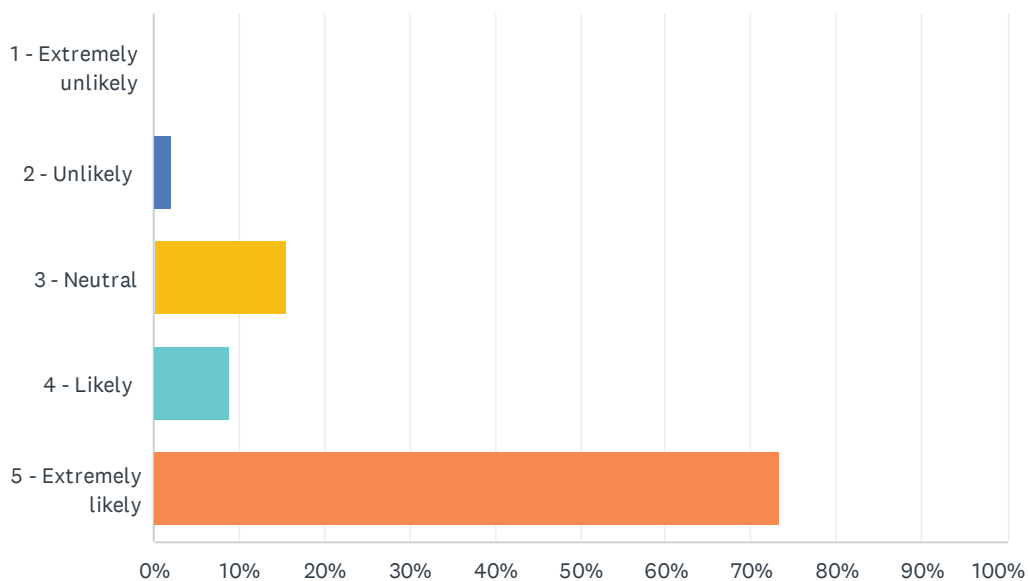


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	4.55%	2
3 - Neutral	13.64%	6
4 - Likely	15.91%	7
5 - Extremely likely	65.91%	29
TOTAL		44

Meeting Materials

Q17 Elimination of Cold Call Lists Eliminate required cold call lists.

Answered: 45 Skipped: 0



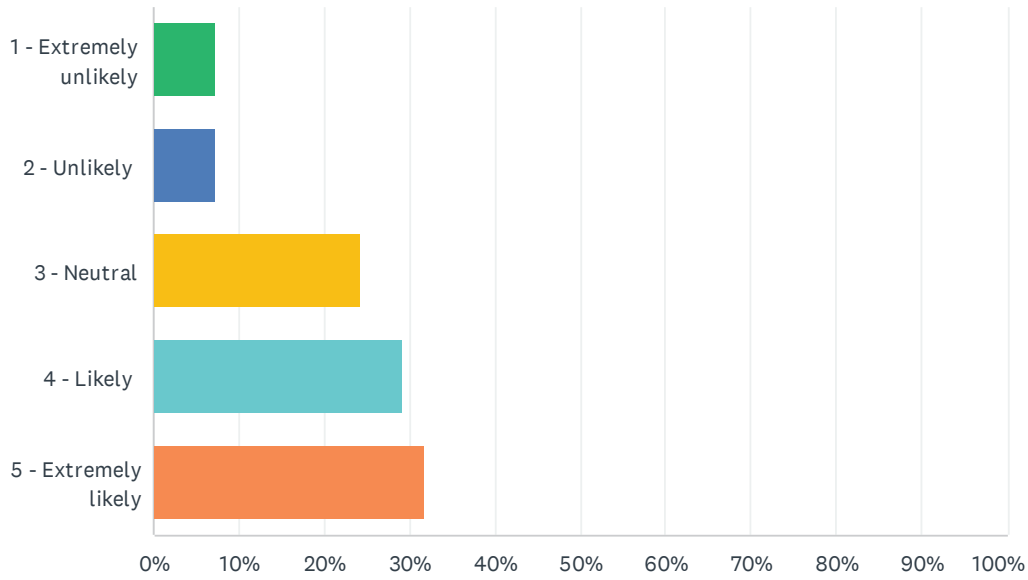
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	2.22%	1
3 - Neutral	15.56%	7
4 - Likely	8.89%	4
5 - Extremely likely	73.33%	33
TOTAL		45

Meeting Materials

Q18 Alabama Rule - Supervising Pharmacist There is a growing discussion among pharmacy boards throughout the country about workload conditions in pharmacy. In that discussion, there are many issues contributing to workplace dissatisfaction. It is important to understand that issues related to dissatisfaction in workplace conditions may not fall under the authority of any board of pharmacy unless it involves an adverse result to the safety of patients. One concern of dissatisfaction addresses board of pharmacy disciplinary actions and the focus on the individual licensee and not on the permit or the root cause. The Board has several actions that do address the root cause as well as the permit. Board Rule 680-X-2-.12 Supervising Pharmacist specifically states: If the actions of the permit holder have deemed to contribute to or cause a violation of any provision of this section, the Board may hold the permit holder responsible and/or absolve the supervising pharmacist from the responsibility of that action. In addition, it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder. To fully understand the impact of the above-cited section, it should be read with the following sections of 680-X-2-.22 Code of Professional Conduct in mind. (2) (a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner. (2) (f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.)

Answered: 41 Skipped: 4

Meeting Materials

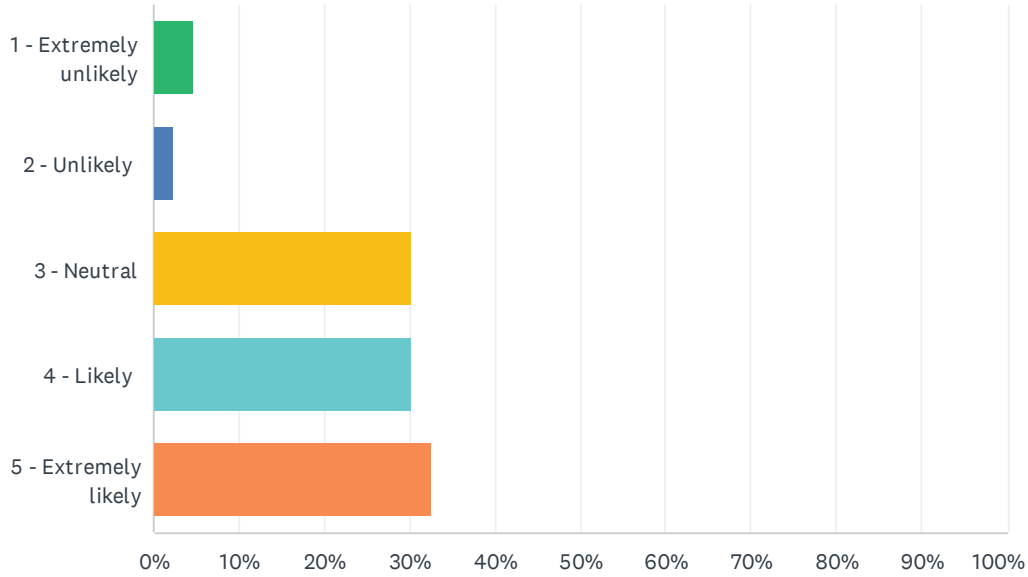


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	7.32%	3
2 - Unlikely	7.32%	3
3 - Neutral	24.39%	10
4 - Likely	29.27%	12
5 - Extremely likely	31.71%	13
TOTAL		41

Meeting Materials

Q19 Pharmacy Benefit Managers The Board should ensure that its rules cannot be utilized by pharmacy benefit managers and insurers to initiate clawbacks.

Answered: 43 Skipped: 2

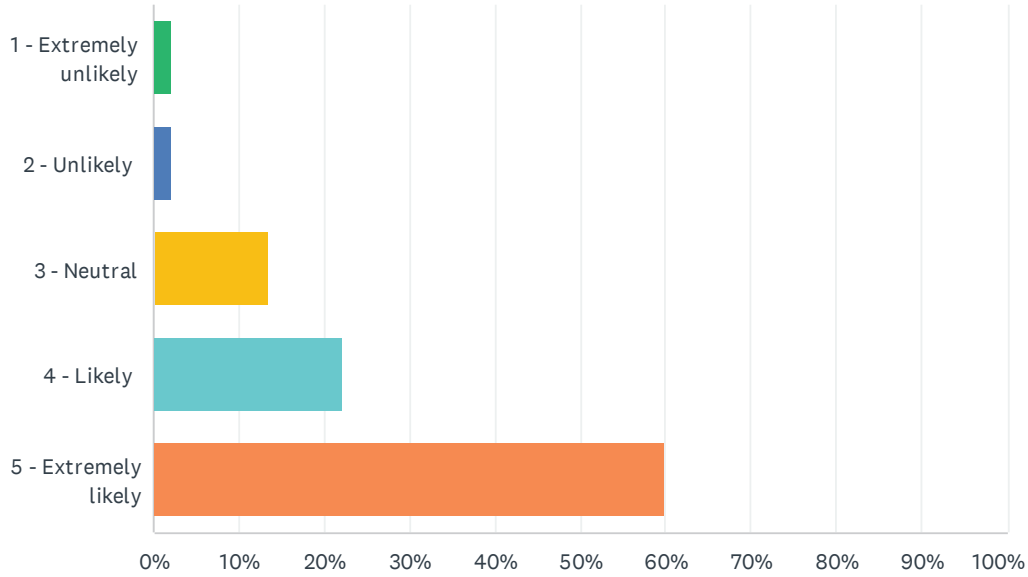


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.65%	2
2 - Unlikely	2.33%	1
3 - Neutral	30.23%	13
4 - Likely	30.23%	13
5 - Extremely likely	32.56%	14
TOTAL		43

Meeting Materials

Q20 Improve Quality of Electronic Prescribing Develop a process to regulate electronic prescription transmission systems to improve quality and standardize format.

Answered: 45 Skipped: 0

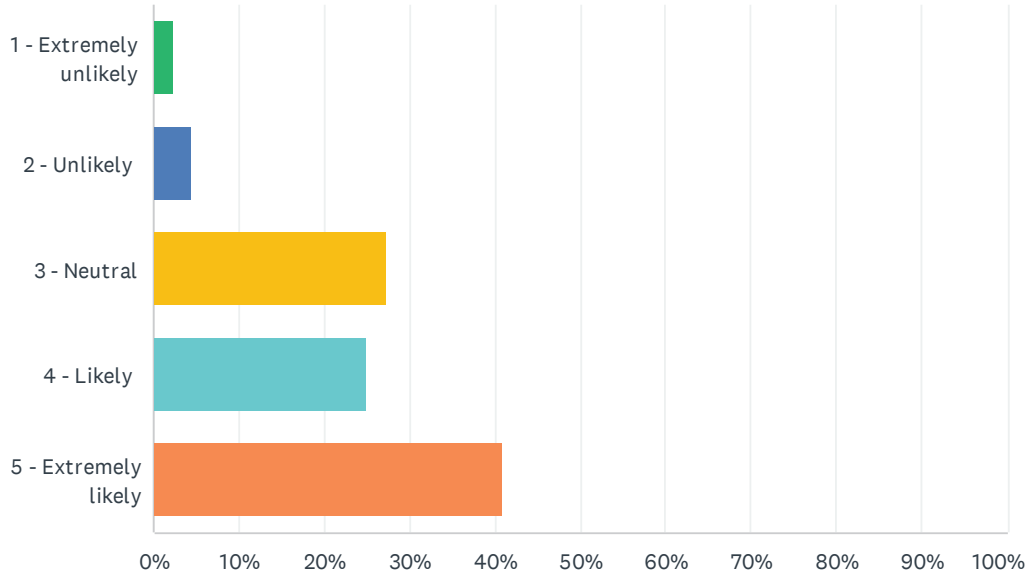


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.22%	1
2 - Unlikely	2.22%	1
3 - Neutral	13.33%	6
4 - Likely	22.22%	10
5 - Extremely likely	60.00%	27
TOTAL		45

Meeting Materials

Q21 Authorizing Pharmacists to Prescribe Drug Devices Permit pharmacists to prescribe drug devices necessary to dispense a prescription.

Answered: 44 Skipped: 1

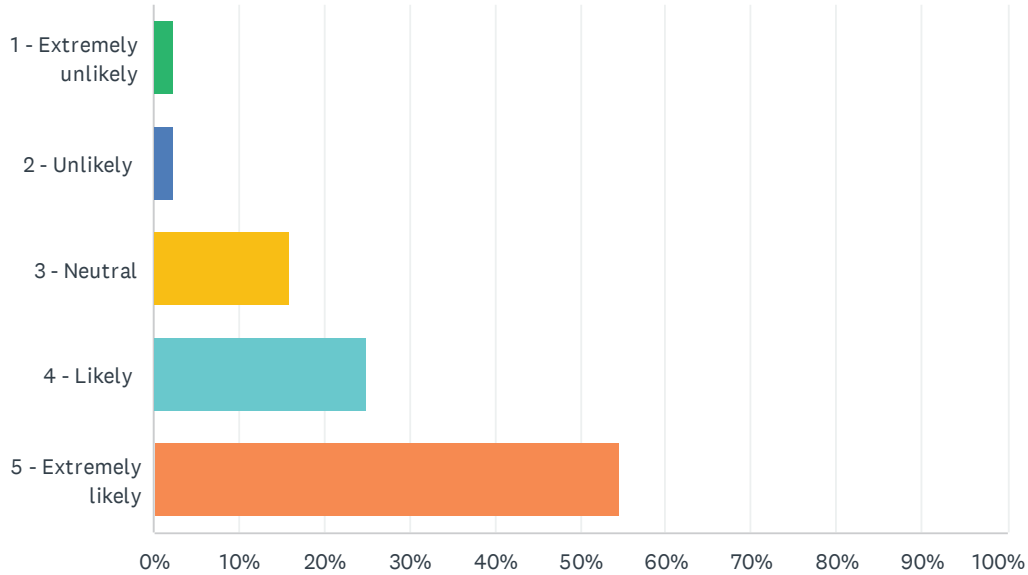


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.27%	1
2 - Unlikely	4.55%	2
3 - Neutral	27.27%	12
4 - Likely	25.00%	11
5 - Extremely likely	40.91%	18
TOTAL		44

Meeting Materials

Q22 Eliminating Manual Logs Review Board rules to reduce the use of paper logs.

Answered: 44 Skipped: 1

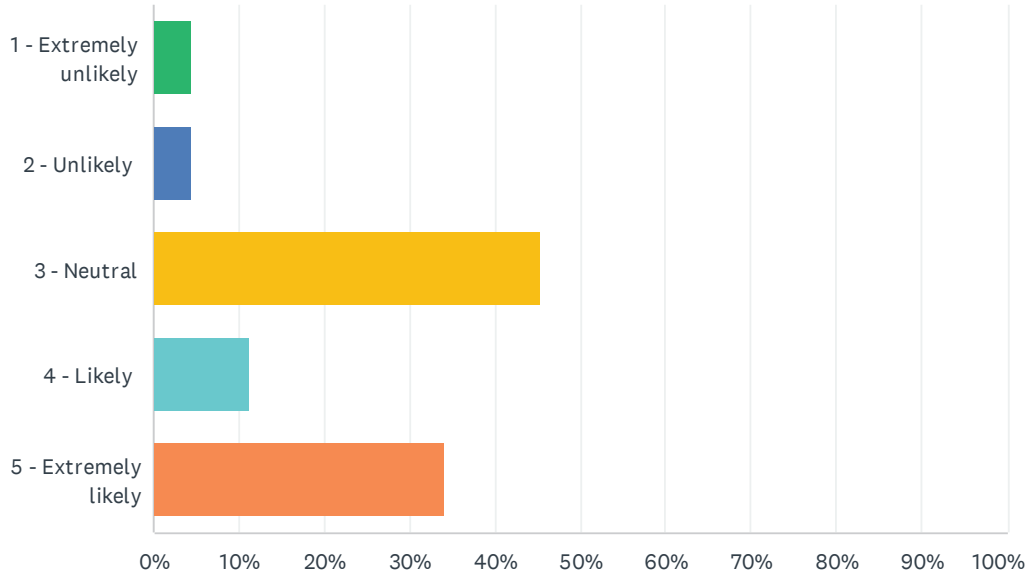


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.27%	1
2 - Unlikely	2.27%	1
3 - Neutral	15.91%	7
4 - Likely	25.00%	11
5 - Extremely likely	54.55%	24
TOTAL		44

Meeting Materials

Q23 Change of Responsible Person Requirements Extend notification requirement of the responsible person from 10 to 30 days.

Answered: 44 Skipped: 1

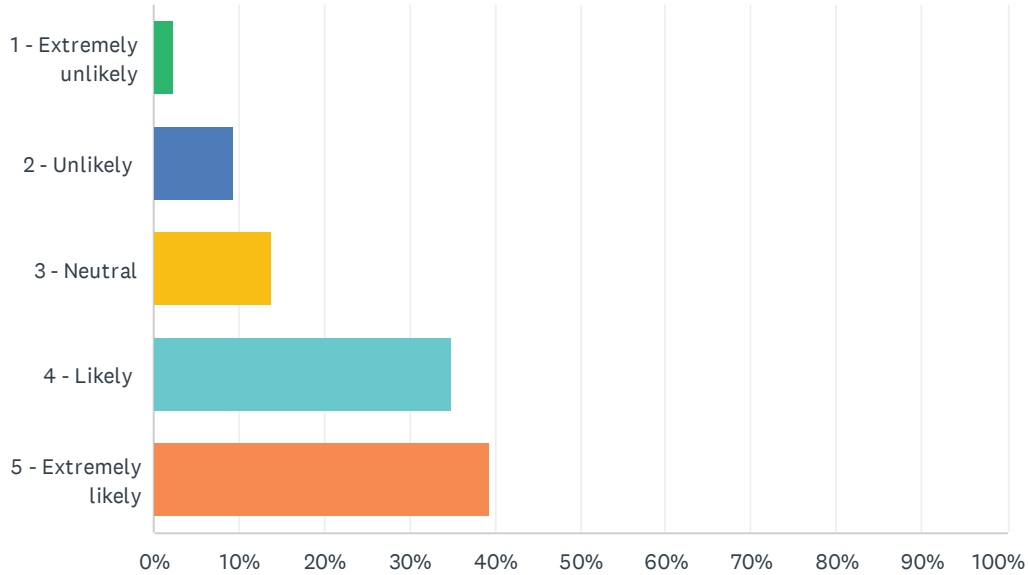


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.55%	2
2 - Unlikely	4.55%	2
3 - Neutral	45.45%	20
4 - Likely	11.36%	5
5 - Extremely likely	34.09%	15
TOTAL		44

Meeting Materials

Q24 Improving the Physical Security of Pharmacies Look at ways to improve the physical security of pharmacies.

Answered: 43 Skipped: 2

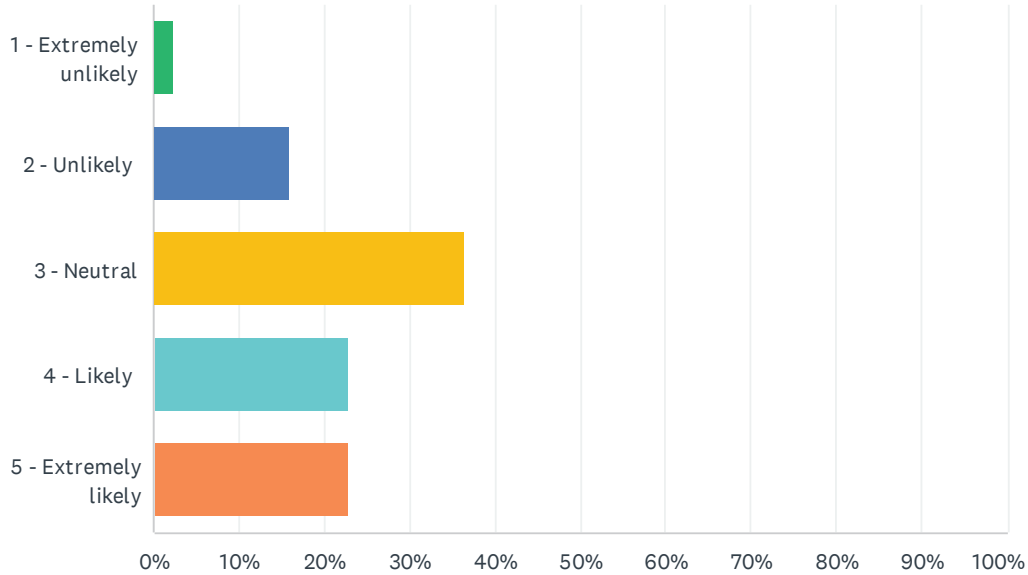


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.33%	1
2 - Unlikely	9.30%	4
3 - Neutral	13.95%	6
4 - Likely	34.88%	15
5 - Extremely likely	39.53%	17
TOTAL		43

Meeting Materials

Q25 Pharmacy Intern Ratios Expand the number of interns that can work under the supervision of a pharmacist (currently 2:1).

Answered: 44 Skipped: 1

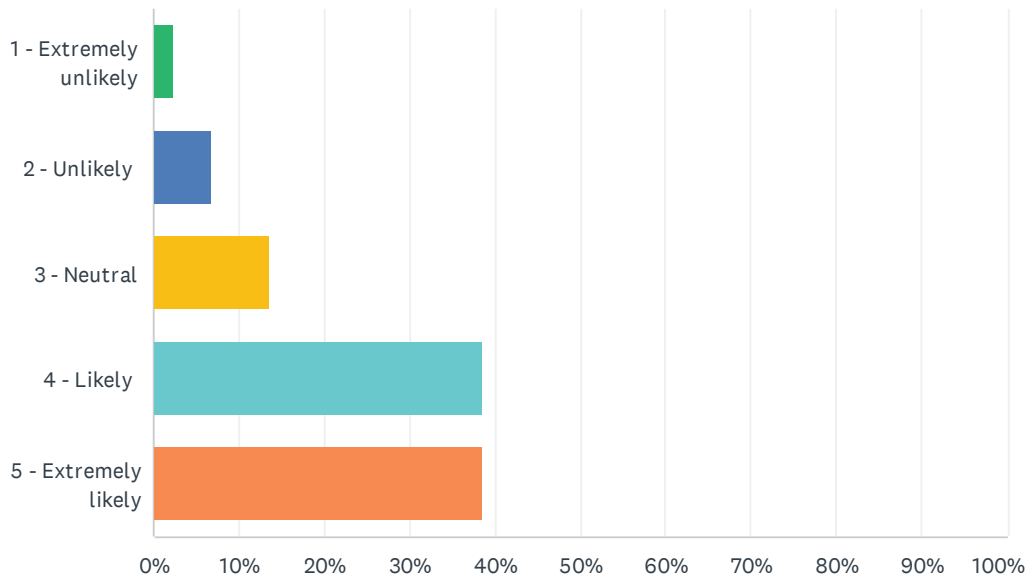


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.27%	1
2 - Unlikely	15.91%	7
3 - Neutral	36.36%	16
4 - Likely	22.73%	10
5 - Extremely likely	22.73%	10
TOTAL		44

Meeting Materials

Q26 Automation and Technology Examine ways to utilize automation and technology to improve working conditions.

Answered: 44 Skipped: 1

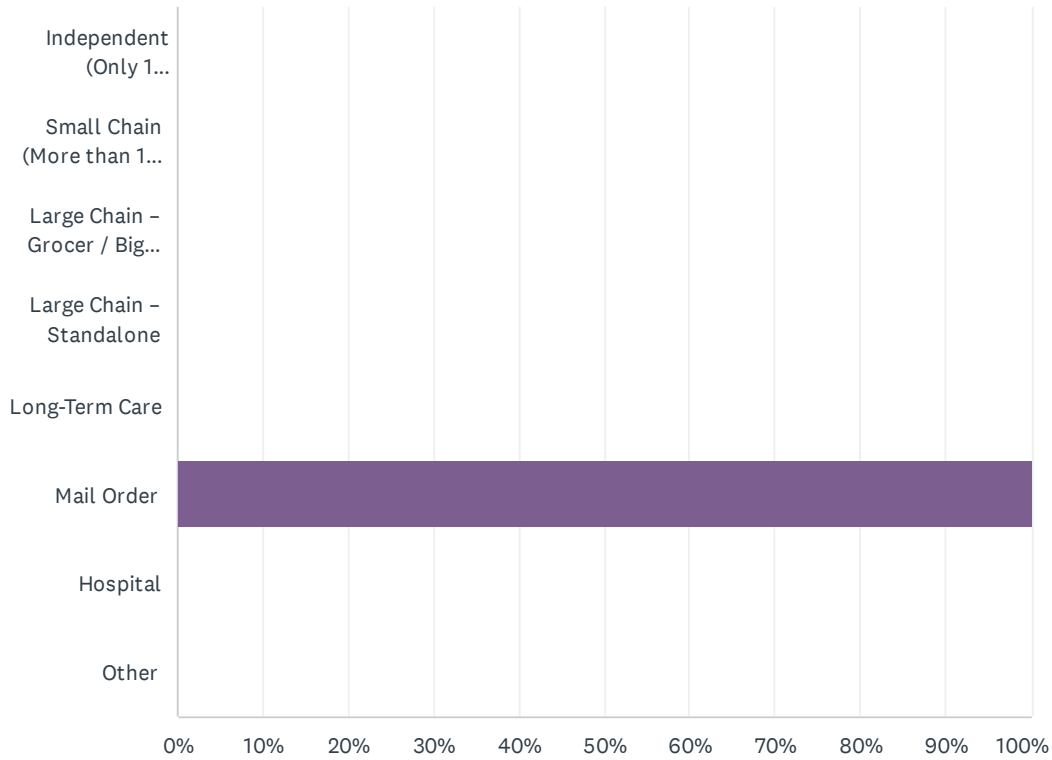


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.27%	1
2 - Unlikely	6.82%	3
3 - Neutral	13.64%	6
4 - Likely	38.64%	17
5 - Extremely likely	38.64%	17
TOTAL		44

Meeting Materials

Q27 Please identify your primary practice setting:

Answered: 45 Skipped: 0

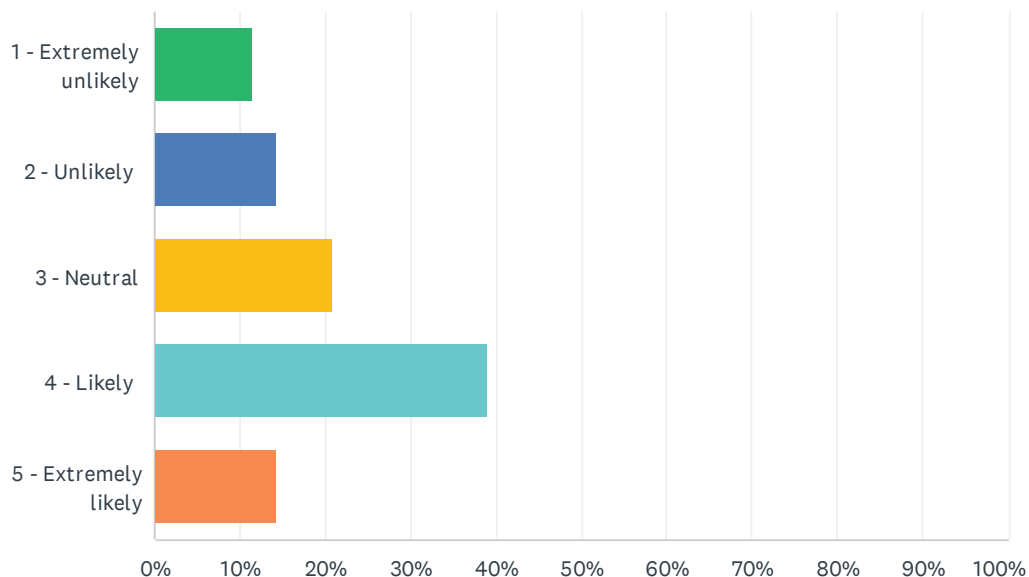


ANSWER CHOICES	RESPONSES	
Independent (Only 1 location)	0.00%	0
Small Chain (More than 1, but less than 12 locations)	0.00%	0
Large Chain – Grocer / Big Box Store	0.00%	0
Large Chain – Standalone	0.00%	0
Long-Term Care	0.00%	0
Mail Order	100.00%	45
Hospital	0.00%	0
Other	0.00%	0
TOTAL		45

Meeting Materials

Q1 Expand Technician Scope of Practice – Immunizations Authorize the administration of immunizations and vaccines by pharmacy technicians that includes all approved ACIP-recommended vaccines for adults and children.

Answered: 182 Skipped: 3

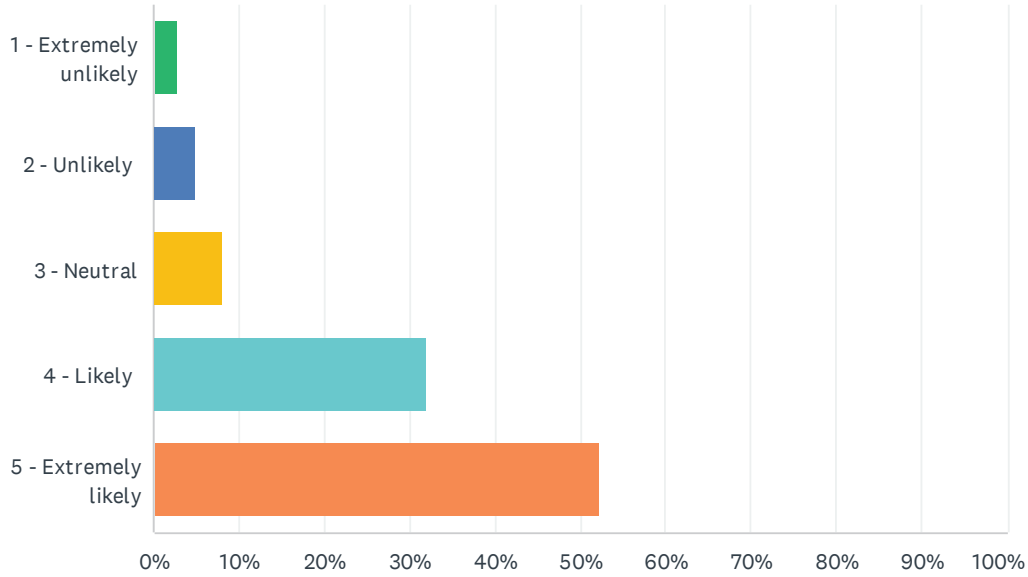


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	11.54%	21
2 - Unlikely	14.29%	26
3 - Neutral	20.88%	38
4 - Likely	39.01%	71
5 - Extremely likely	14.29%	26
TOTAL		182

Meeting Materials

Q2 Mandatory Breaks/Rest Periods Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal breaks to all staff.

Answered: 184 Skipped: 1

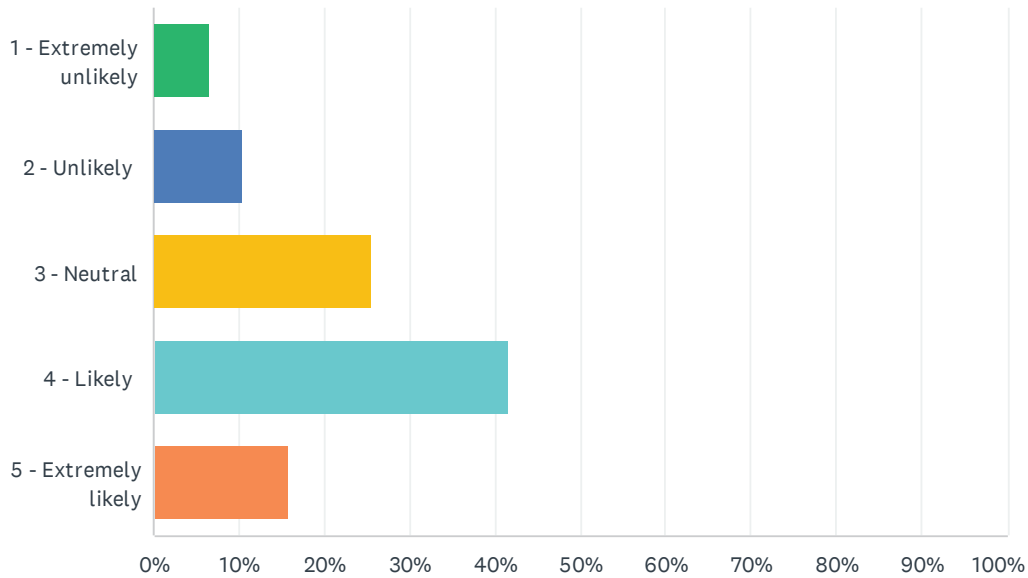


ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	2.72% 5
2 - Unlikely	4.89% 9
3 - Neutral	8.15% 15
4 - Likely	32.07% 59
5 - Extremely likely	52.17% 96
TOTAL	184

Meeting Materials

Q3 Improve Resources to Promote Technician Onboarding Board shall develop onboarding educational videos and other materials to facilitate onboarding of new technicians.

Answered: 183 Skipped: 2

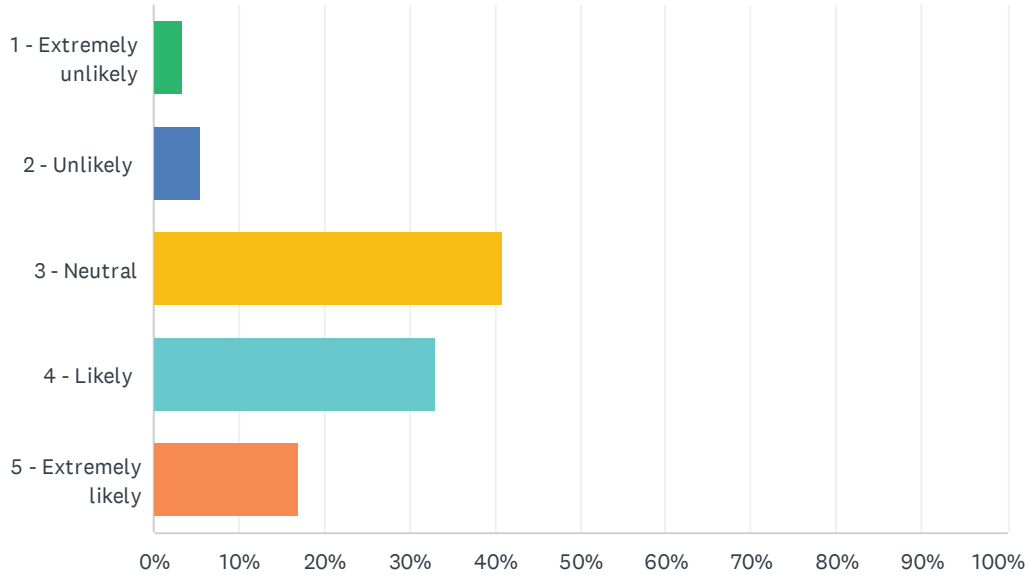


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	6.56%	12
2 - Unlikely	10.38%	19
3 - Neutral	25.68%	47
4 - Likely	41.53%	76
5 - Extremely likely	15.85%	29
TOTAL		183

Meeting Materials

Q4 License Transferability Board shall develop and implement a process for technician reciprocity. NOTE: The Board implemented a technician reciprocity rule effective 4/1/22. For more information [CLICK HERE](#).

Answered: 181 Skipped: 4

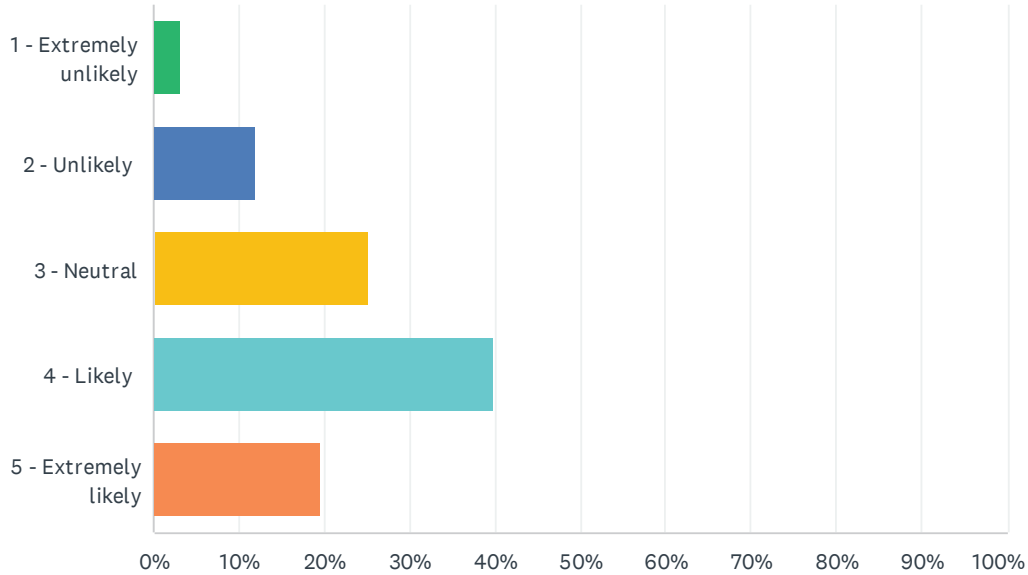


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.31%	6
2 - Unlikely	5.52%	10
3 - Neutral	40.88%	74
4 - Likely	33.15%	60
5 - Extremely likely	17.13%	31
TOTAL		181

Meeting Materials

Q5 Improve Technician Training Resources Requiring pharmacies to have a dedicated staff member to train all new technicians. Staff person should be at the pharmacy or district level.

Answered: 183 Skipped: 2



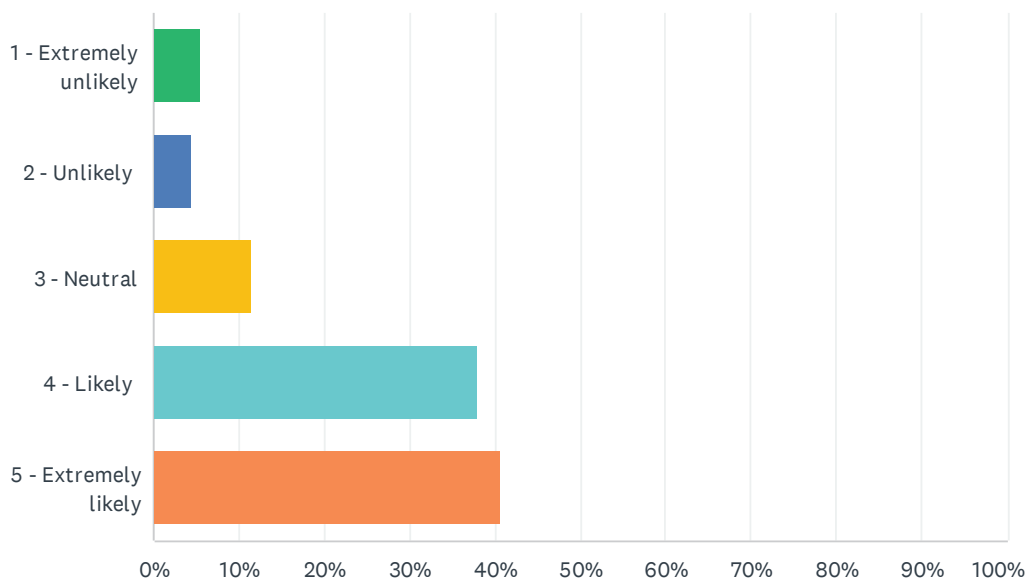
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.28%	6
2 - Unlikely	12.02%	22
3 - Neutral	25.14%	46
4 - Likely	39.89%	73
5 - Extremely likely	19.67%	36
TOTAL		183

Meeting Materials

Q6 Staffing Plan Require each pharmacy’s responsible person to develop a staffing plan that establishes the appropriate number of pharmacy technicians and interns to pharmacist(s) on duty. The staffing plan shall ensure that the number of pharmacy technicians and interns on duty can be satisfactorily supervised by the pharmacist(s) on duty. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner. In developing a staffing plan, the responsible person shall consider all the following:

- a. The volume of workload and the services provided by the pharmacy.
- b. The volume of prescriptions handled by staff to include:
 - i. Prescriptions filled, dispensed, and sold;
 - ii. Prescriptions placed on hold;
 - iii. Prescriptions returned to stock;
 - iv. Any other prescriptions metrics developed by the responsible person.
- c. Security needs of the pharmacy and pharmacy staff.
- d. Required closing or opening of certain touchpoints (drive-thru, vaccines, etc.). Provide autonomy to the on-duty pharmacist as part of the rule to close or open touchpoints.
- e. Number of staff and level of staff competency. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner.

Answered: 182 Skipped: 3



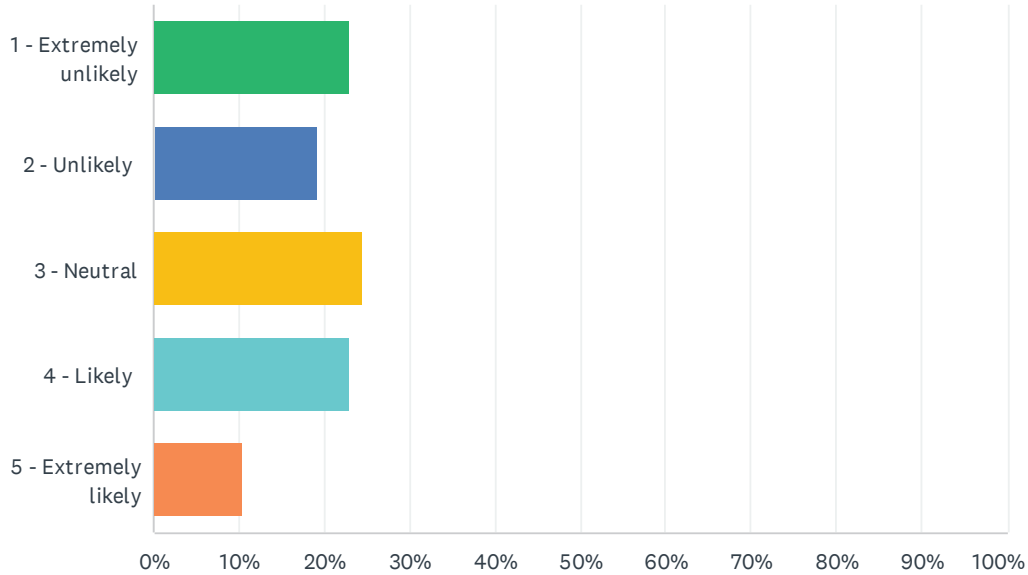
Meeting Materials

ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	5.49%	10
2 - Unlikely	4.40%	8
3 - Neutral	11.54%	21
4 - Likely	37.91%	69
5 - Extremely likely	40.66%	74
TOTAL		182

Meeting Materials

Q7 Tech-Check-Tech Implementation of Tech-Check-Tech or technology assisted technician product verification.

Answered: 183 Skipped: 2

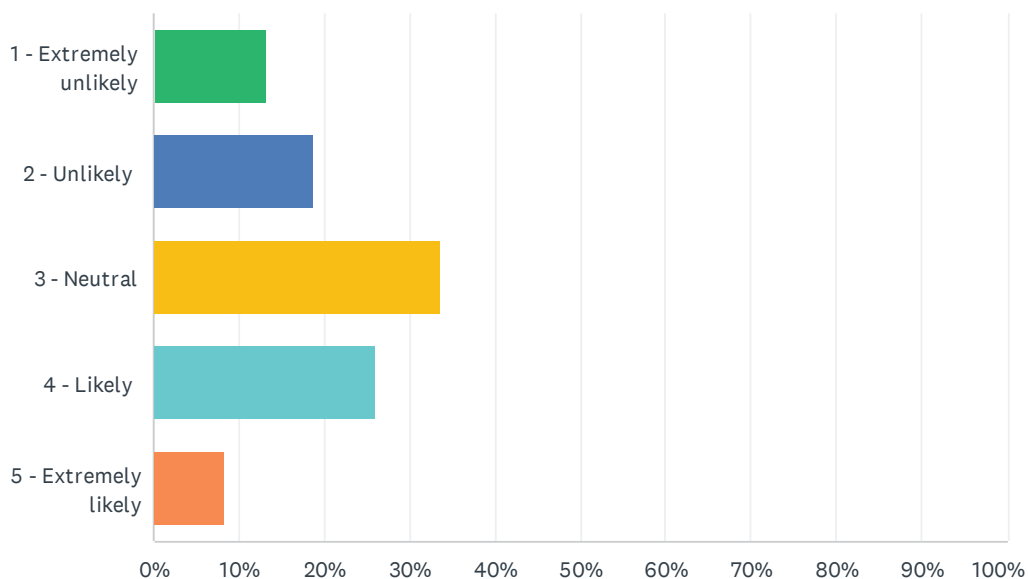


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	22.95%	42
2 - Unlikely	19.13%	35
3 - Neutral	24.59%	45
4 - Likely	22.95%	42
5 - Extremely likely	10.38%	19
TOTAL		183

Meeting Materials

Q8 Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests
 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.

Answered: 181 Skipped: 4

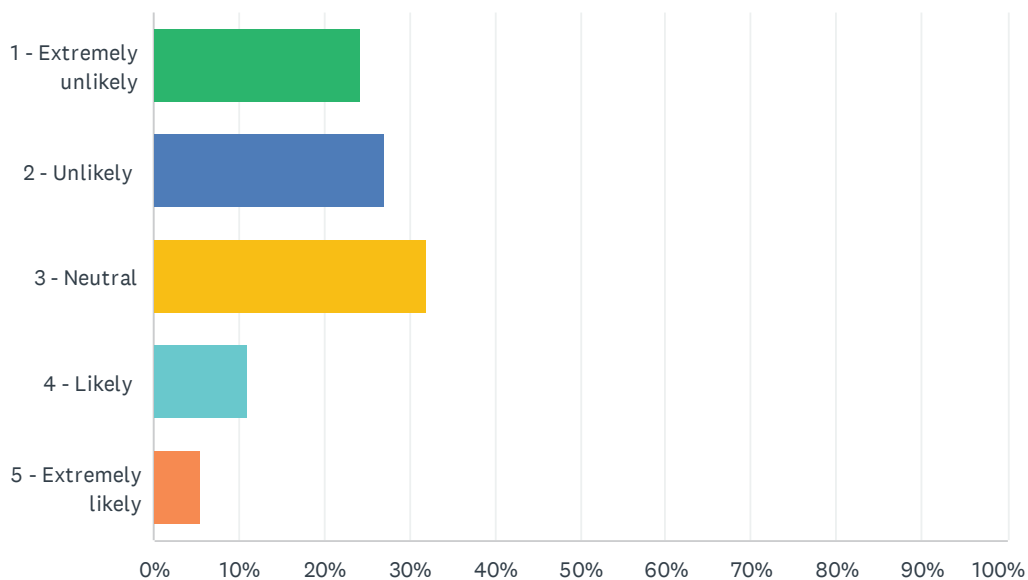


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	13.26%	24
2 - Unlikely	18.78%	34
3 - Neutral	33.70%	61
4 - Likely	25.97%	47
5 - Extremely likely	8.29%	15
TOTAL		181

Meeting Materials

Q9 Expand Technician Scope of Practice – Drug Administration 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.

Answered: 181 Skipped: 4

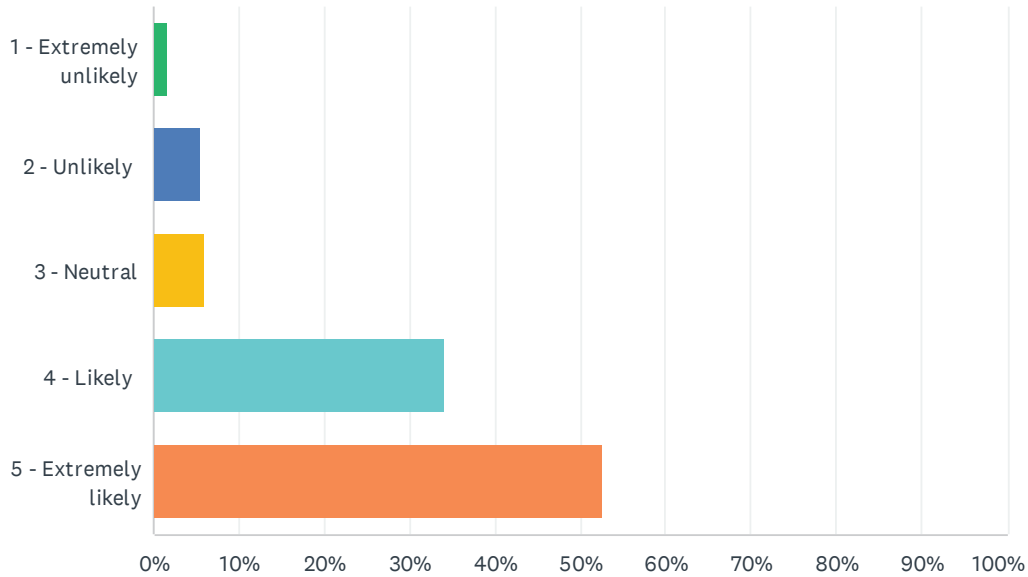


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	24.31%	44
2 - Unlikely	27.07%	49
3 - Neutral	32.04%	58
4 - Likely	11.05%	20
5 - Extremely likely	5.52%	10
TOTAL		181

Meeting Materials

Q10 Managing Touchpoints Provide autonomy to the pharmacist on duty to shut down touchpoints and non-essential services if understaffed. Require ancillary staffing (support personnel and technicians) at each point of contact when the pharmacy is open. This must include drive-thru, drop-off, register, vaccinations, and a person dedicated to phones.

Answered: 182 Skipped: 3

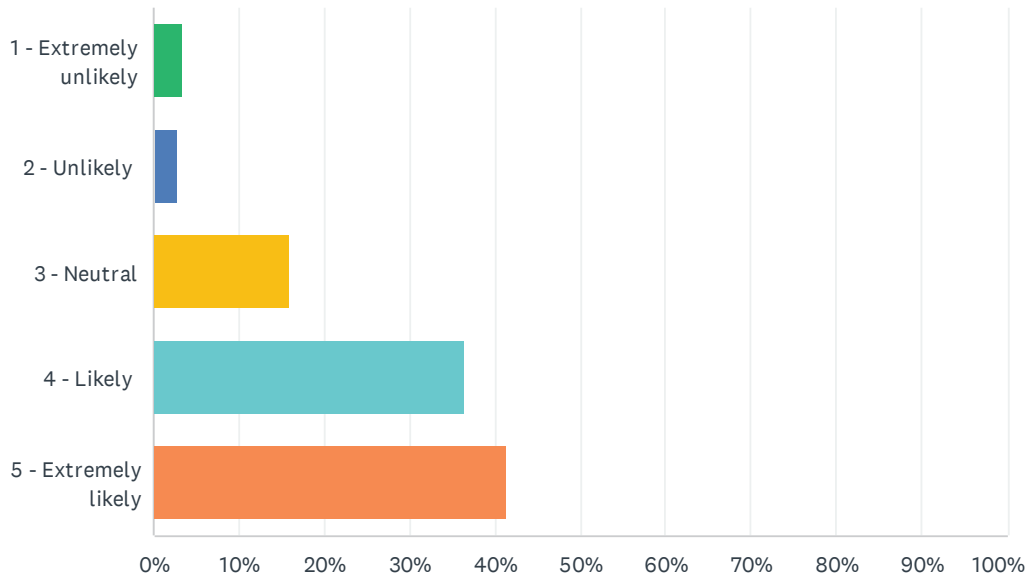


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.65%	3
2 - Unlikely	5.49%	10
3 - Neutral	6.04%	11
4 - Likely	34.07%	62
5 - Extremely likely	52.75%	96
TOTAL		182

Meeting Materials

Q11 Working Conditions / Security Require any “open-door” pharmacy must operate with at least one technician and one pharmacist (or two pharmacists). Include exception for documented absence.

Answered: 181 Skipped: 4

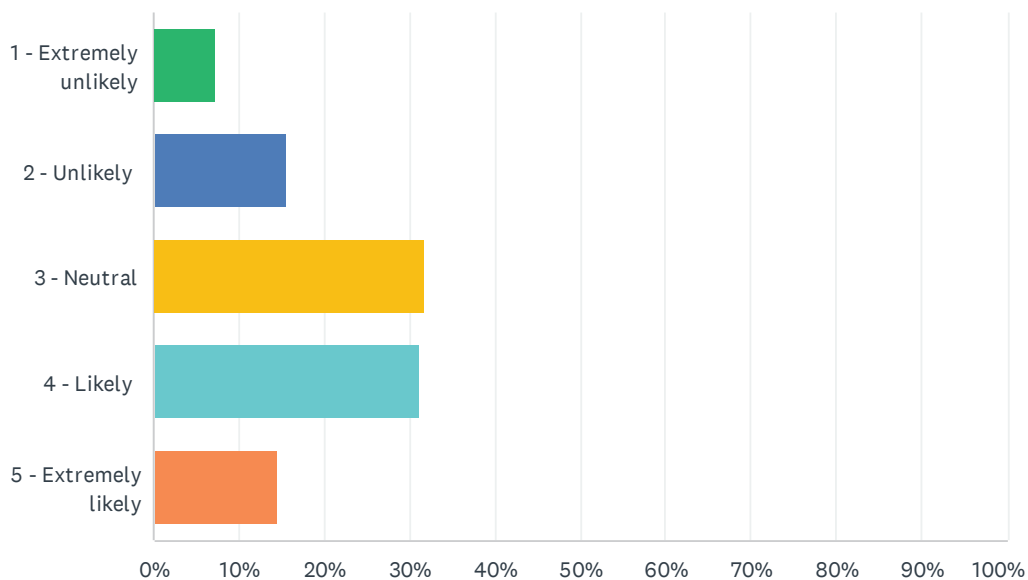


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.31%	6
2 - Unlikely	2.76%	5
3 - Neutral	16.02%	29
4 - Likely	36.46%	66
5 - Extremely likely	41.44%	75
TOTAL		181

Meeting Materials

Q12 Career Technician Pathways 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.

Answered: 180 Skipped: 5



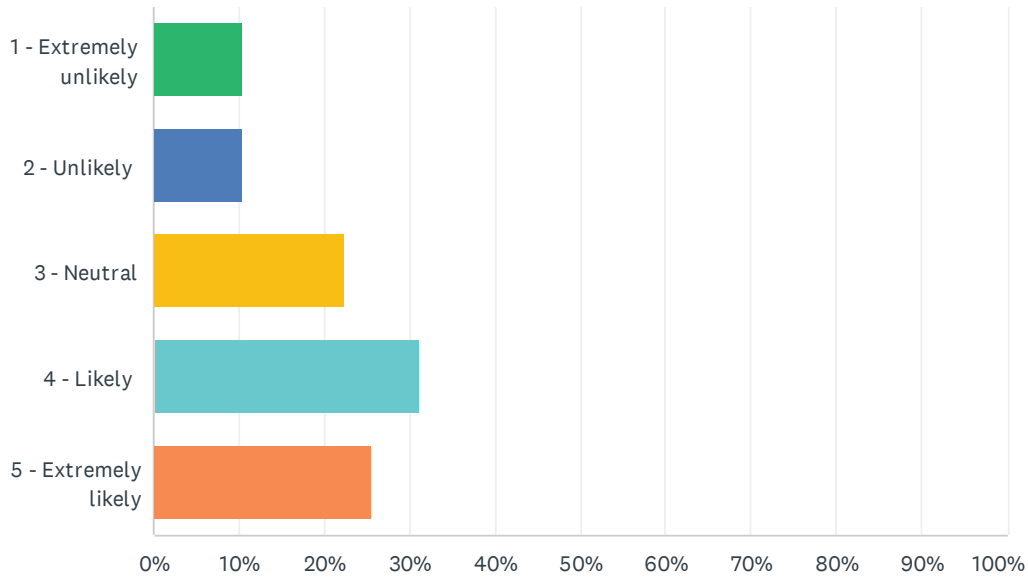
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	7.22%	13
2 - Unlikely	15.56%	28
3 - Neutral	31.67%	57
4 - Likely	31.11%	56
5 - Extremely likely	14.44%	26
TOTAL		180

Meeting Materials

Q13 Report of Understaffing(A) Adequate staffing to safely dispense prescriptions is the responsibility of the pharmacy and the pharmacy's responsible person. If conditions exist that could cause prescriptions to be dispensed in an unsafe manner the pharmacy and the pharmacy's responsible person shall take action to correct the problem.(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. Such form shall include, but not be limited to the following:(1) Date and time the inadequate staffing occurred;(2) Number of prescriptions filled during this time frame;(3) Summary of events; and(4) Any comments or suggestions.(C) A pharmacist shall complete the staffing report form when:(1) A pharmacist is concerned regarding staffing due to:(a) inadequate number of support persons (cashiers, technicians, auxiliary supportive personnel, etc.); or,(b) excessive workload;(2) Filling out the form may enable management to make a better decision concerning staffing.(3) Any errors that occurred to the result of inadequate staffing.(D) The responsible person shall submit that form in a manner determined by the board. (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.(F) Each pharmacy shall retain completed staffing reports on-site in a readily retrievable manner for at least three years from the date of creation.

Answered: 183 Skipped: 2

Meeting Materials

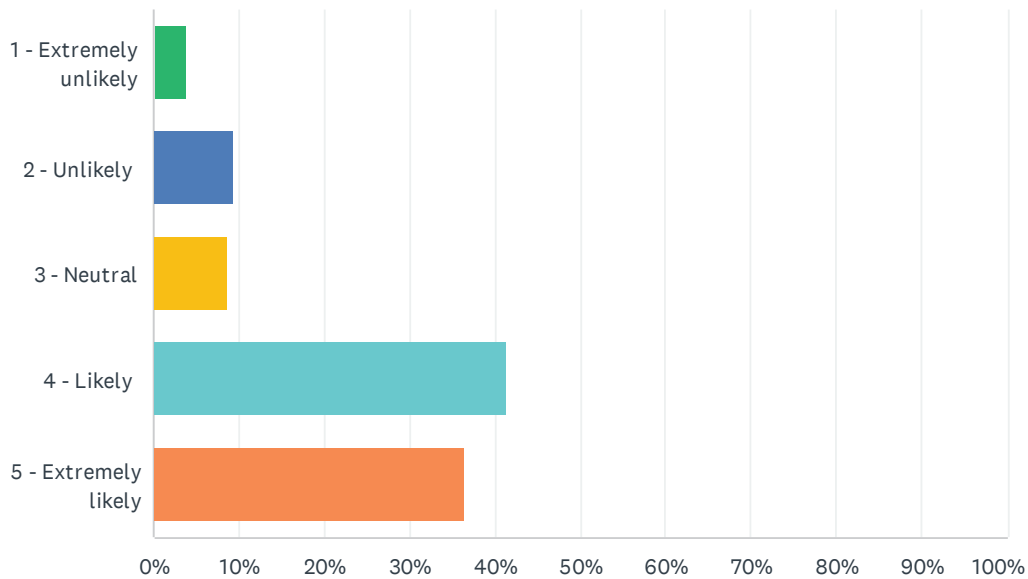


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	10.38%	19
2 - Unlikely	10.38%	19
3 - Neutral	22.40%	41
4 - Likely	31.15%	57
5 - Extremely likely	25.68%	47
TOTAL		183

Meeting Materials

Q14 Limits on Hours Worked A pharmacy shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per twenty-four (24) hour period. A pharmacist/technician 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.

Answered: 181 Skipped: 4

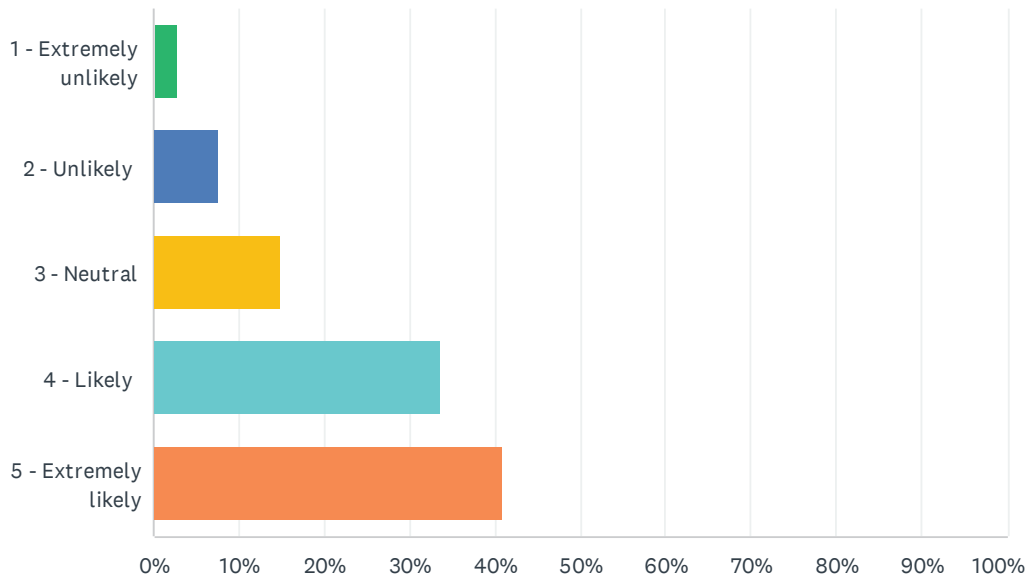


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.87%	7
2 - Unlikely	9.39%	17
3 - Neutral	8.84%	16
4 - Likely	41.44%	75
5 - Extremely likely	36.46%	66
TOTAL		181

Meeting Materials

Q15 Mandatory Dark Hours Require “open door” pharmacies to operate dark hours that allow for staff to prepare and catch up on their work without any interruptions. This will allow pharmacies to operate more efficiently and safely and help minimize distractions when engaged in activities requiring greater concentration.

Answered: 181 Skipped: 4

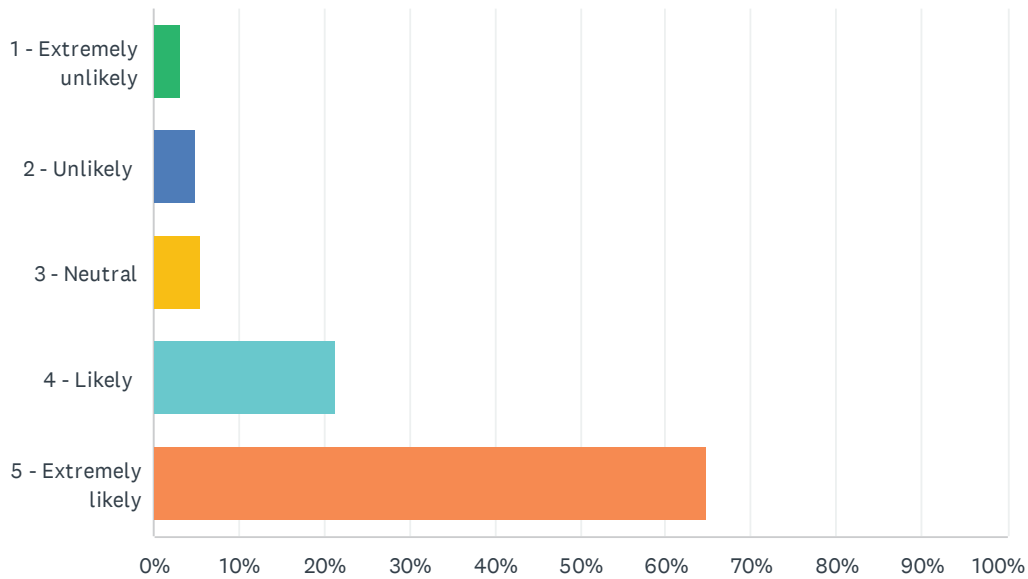


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.76%	5
2 - Unlikely	7.73%	14
3 - Neutral	14.92%	27
4 - Likely	33.70%	61
5 - Extremely likely	40.88%	74
TOTAL		181

Meeting Materials

Q16 Metrics Eliminate Job impacting metrics that compromise safety and integrity of the profession. 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. Prohibit metrics related to the volume of services provided.

Answered: 182 Skipped: 3

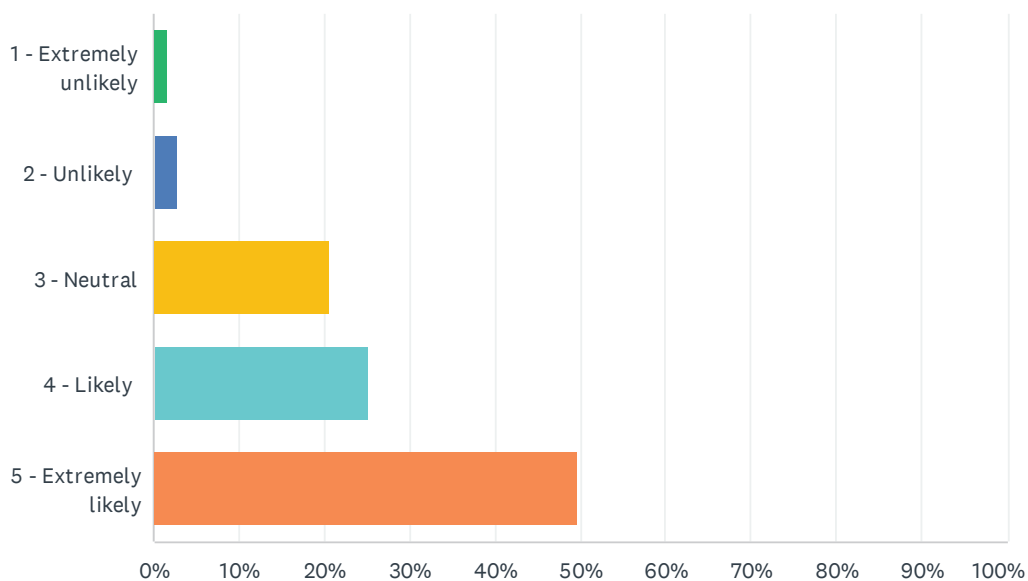


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.30%	6
2 - Unlikely	4.95%	9
3 - Neutral	5.49%	10
4 - Likely	21.43%	39
5 - Extremely likely	64.84%	118
TOTAL		182

Meeting Materials

Q17 Elimination of Cold Call Lists Eliminate required cold call lists.

Answered: 183 Skipped: 2



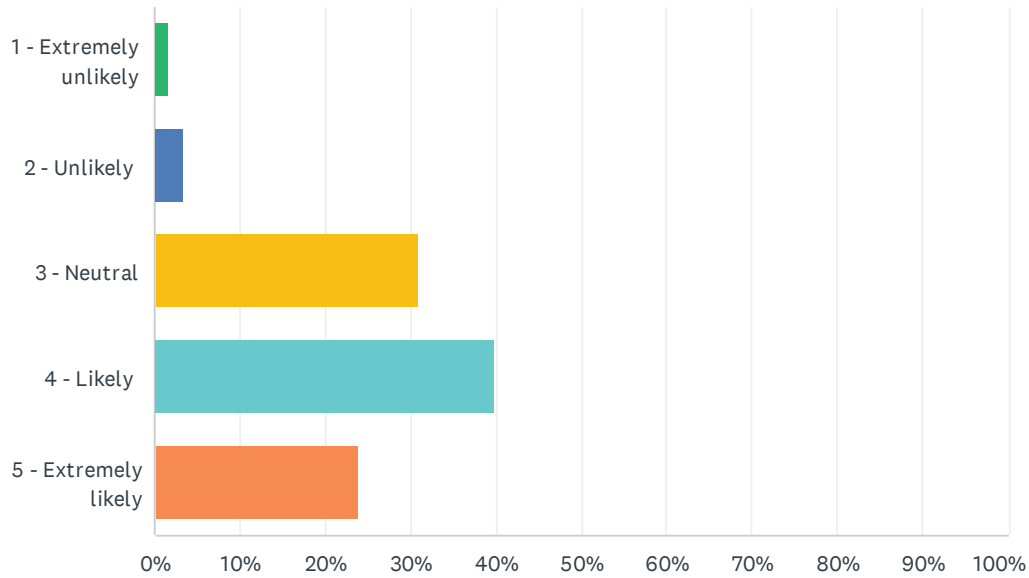
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.64%	3
2 - Unlikely	2.73%	5
3 - Neutral	20.77%	38
4 - Likely	25.14%	46
5 - Extremely likely	49.73%	91
TOTAL		183

Meeting Materials

Q18 Alabama Rule - Supervising Pharmacist There is a growing discussion among pharmacy boards throughout the country about workload conditions in pharmacy. In that discussion, there are many issues contributing to workplace dissatisfaction. It is important to understand that issues related to dissatisfaction in workplace conditions may not fall under the authority of any board of pharmacy unless it involves an adverse result to the safety of patients. One concern of dissatisfaction addresses board of pharmacy disciplinary actions and the focus on the individual licensee and not on the permit or the root cause. The Board has several actions that do address the root cause as well as the permit. Board Rule 680-X-2-.12 Supervising Pharmacist specifically states: If the actions of the permit holder have deemed to contribute to or cause a violation of any provision of this section, the Board may hold the permit holder responsible and/or absolve the supervising pharmacist from the responsibility of that action. In addition, it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder. To fully understand the impact of the above-cited section, it should be read with the following sections of 680-X-2-.22 Code of Professional Conduct in mind. (2) (a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner. (2) (f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.)

Answered: 171 Skipped: 14

Meeting Materials

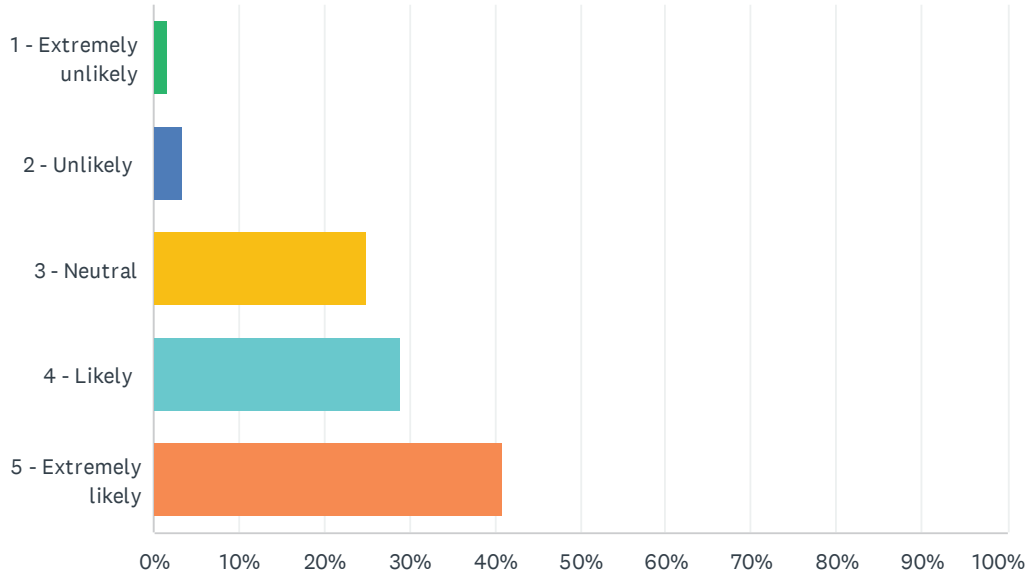


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.75%	3
2 - Unlikely	3.51%	6
3 - Neutral	30.99%	53
4 - Likely	39.77%	68
5 - Extremely likely	23.98%	41
TOTAL		171

Meeting Materials

Q19 Pharmacy Benefit Managers The Board should ensure that its rules cannot be utilized by pharmacy benefit managers and insurers to initiate clawbacks.

Answered: 176 Skipped: 9

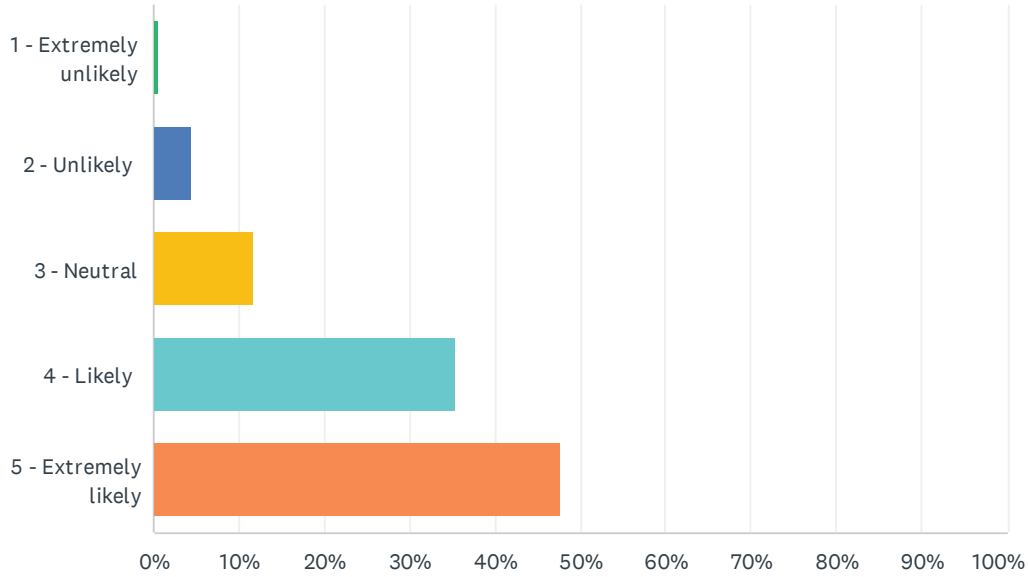


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.70%	3
2 - Unlikely	3.41%	6
3 - Neutral	25.00%	44
4 - Likely	28.98%	51
5 - Extremely likely	40.91%	72
TOTAL		176

Meeting Materials

Q20 Improve Quality of Electronic Prescribing Develop a process to regulate electronic prescription transmission systems to improve quality and standardize format.

Answered: 178 Skipped: 7

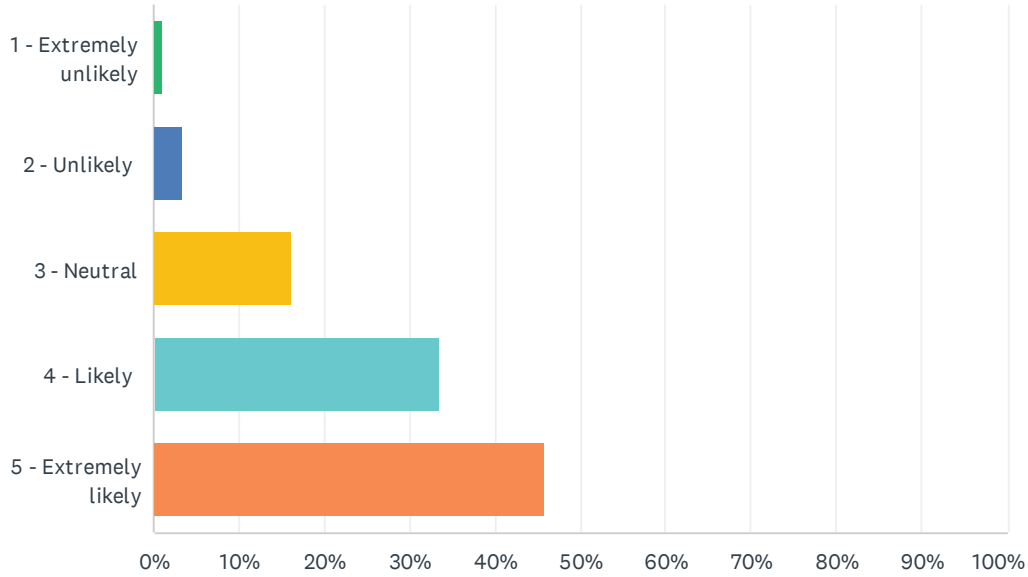


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.56%	1
2 - Unlikely	4.49%	8
3 - Neutral	11.80%	21
4 - Likely	35.39%	63
5 - Extremely likely	47.75%	85
TOTAL		178

Meeting Materials

Q21 Authorizing Pharmacists to Prescribe Drug Devices Permit pharmacists to prescribe drug devices necessary to dispense a prescription.

Answered: 179 Skipped: 6

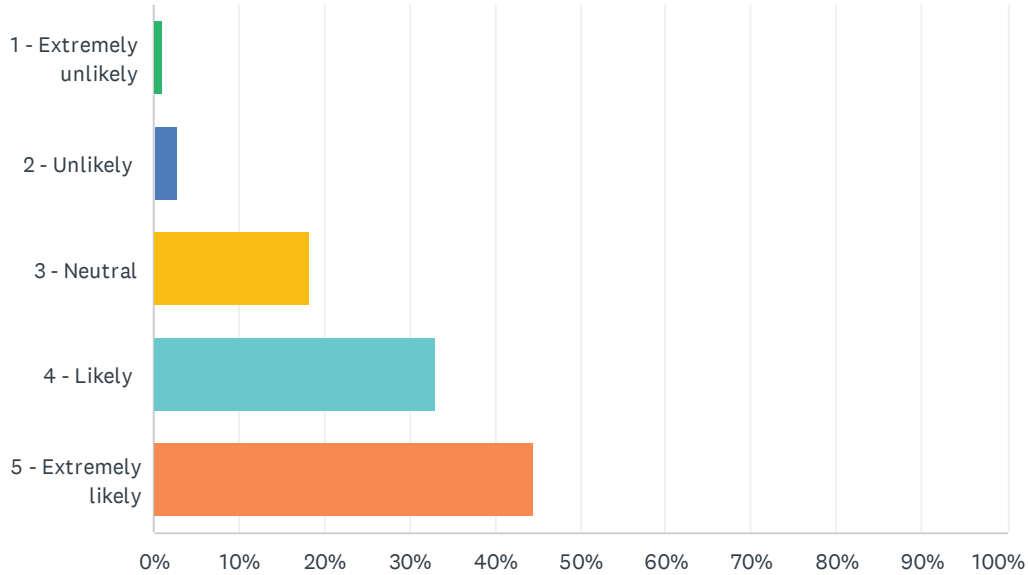


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.12%	2
2 - Unlikely	3.35%	6
3 - Neutral	16.20%	29
4 - Likely	33.52%	60
5 - Extremely likely	45.81%	82
TOTAL		179

Meeting Materials

Q22 Eliminating Manual Logs Review Board rules to reduce the use of paper logs.

Answered: 175 Skipped: 10

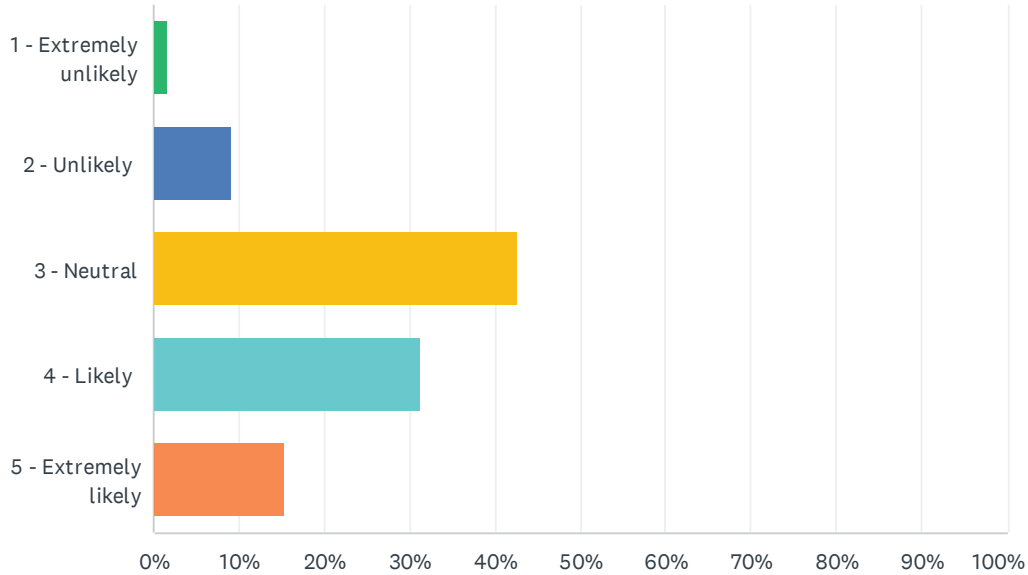


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.14%	2
2 - Unlikely	2.86%	5
3 - Neutral	18.29%	32
4 - Likely	33.14%	58
5 - Extremely likely	44.57%	78
TOTAL		175

Meeting Materials

Q23 Change of Responsible Person Requirements Extend notification requirement of the responsible person from 10 to 30 days.

Answered: 176 Skipped: 9

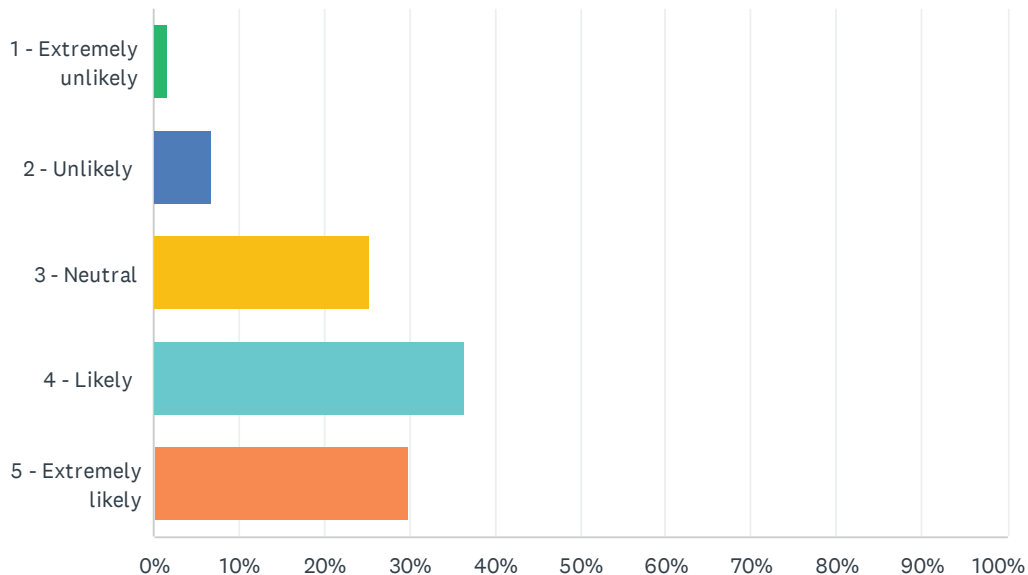


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.70%	3
2 - Unlikely	9.09%	16
3 - Neutral	42.61%	75
4 - Likely	31.25%	55
5 - Extremely likely	15.34%	27
TOTAL		176

Meeting Materials

Q24 Improving the Physical Security of Pharmacies Look at ways to improve the physical security of pharmacies.

Answered: 178 Skipped: 7

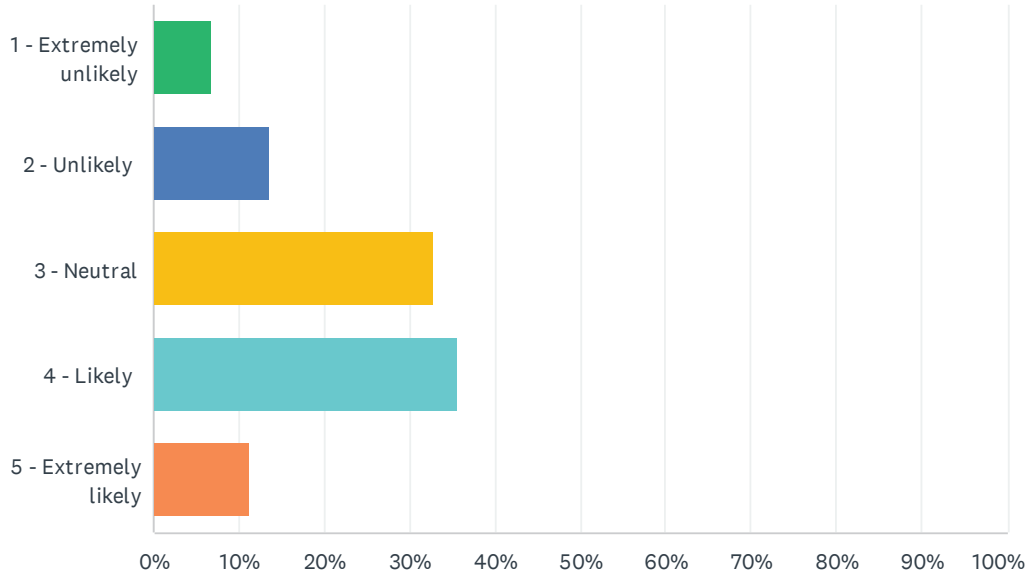


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.69%	3
2 - Unlikely	6.74%	12
3 - Neutral	25.28%	45
4 - Likely	36.52%	65
5 - Extremely likely	29.78%	53
TOTAL		178

Meeting Materials

Q25 Pharmacy Intern Ratios Expand the number of interns that can work under the supervision of a pharmacist (currently 2:1).

Answered: 177 Skipped: 8

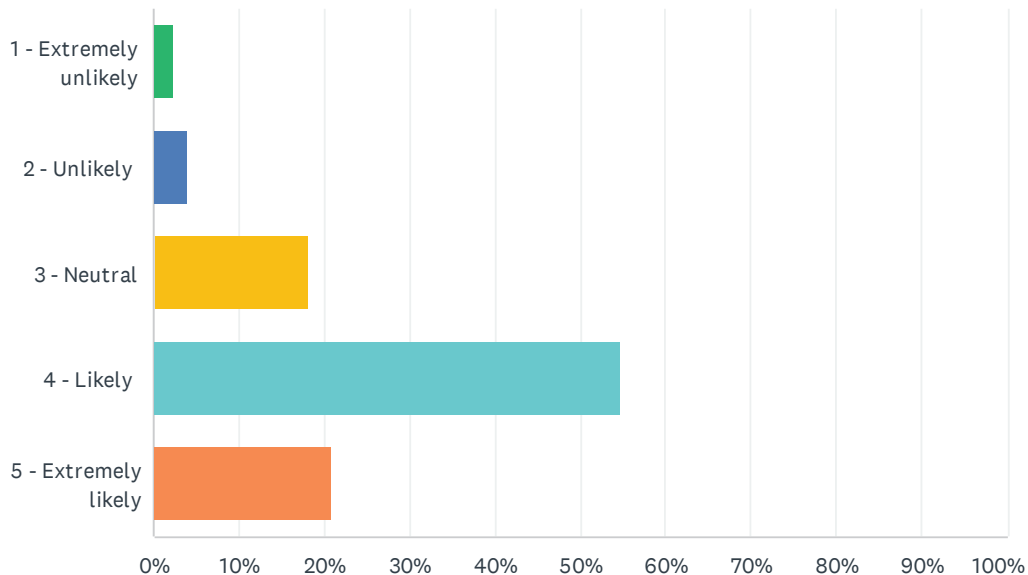


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	6.78%	12
2 - Unlikely	13.56%	24
3 - Neutral	32.77%	58
4 - Likely	35.59%	63
5 - Extremely likely	11.30%	20
TOTAL		177

Meeting Materials

Q26 Automation and Technology Examine ways to utilize automation and technology to improve working conditions.

Answered: 177 Skipped: 8

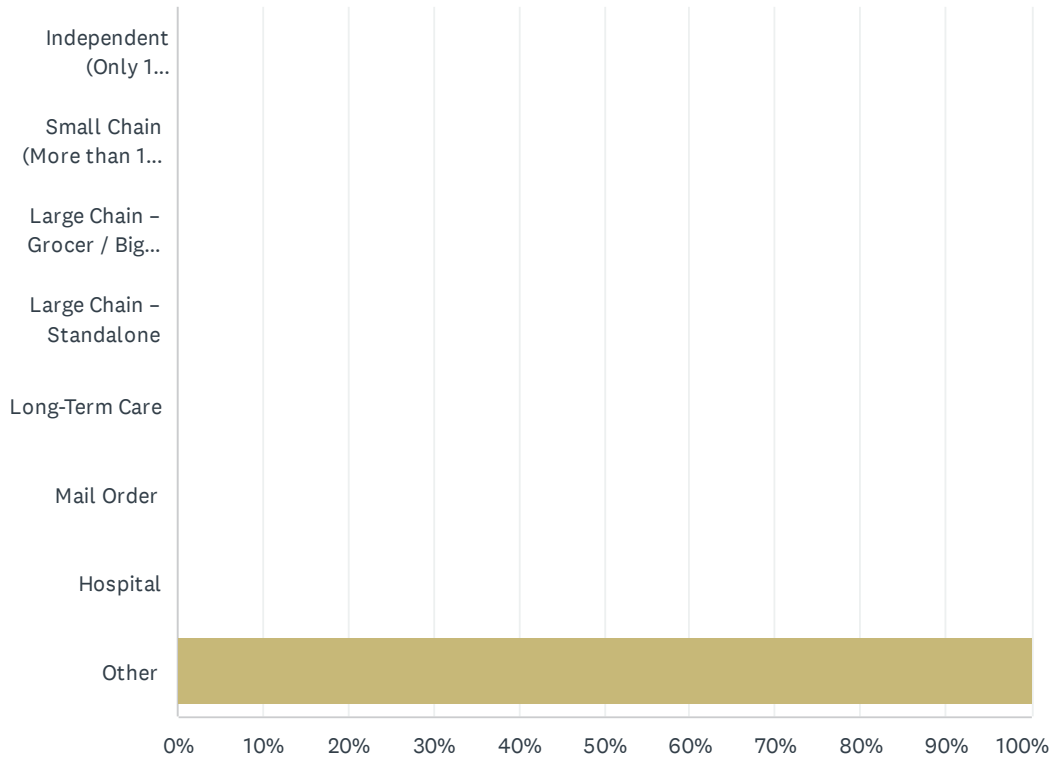


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.26%	4
2 - Unlikely	3.95%	7
3 - Neutral	18.08%	32
4 - Likely	54.80%	97
5 - Extremely likely	20.90%	37
TOTAL		177

Meeting Materials

Q27 Please identify your primary practice setting:

Answered: 185 Skipped: 0

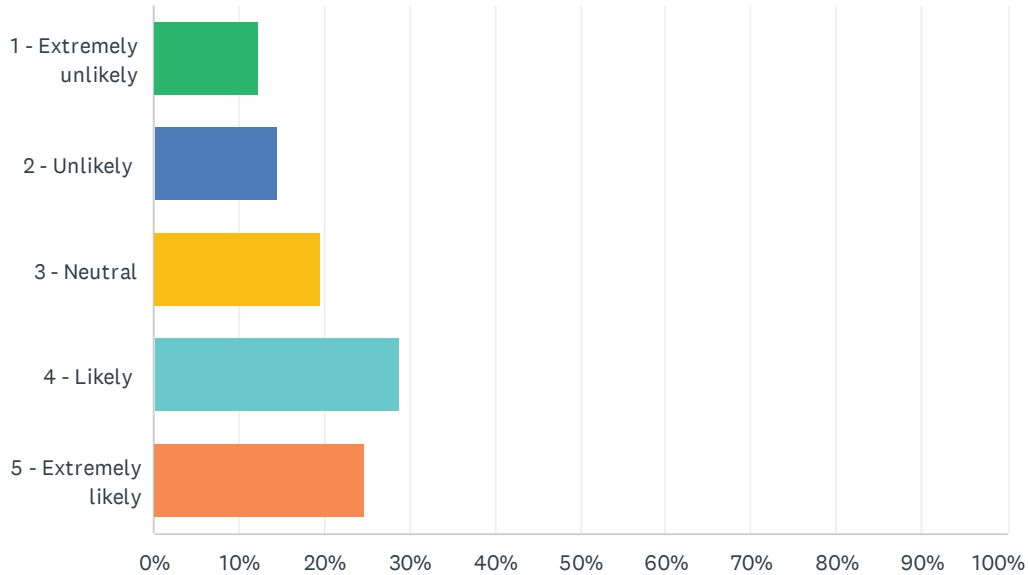


ANSWER CHOICES	RESPONSES	
Independent (Only 1 location)	0.00%	0
Small Chain (More than 1, but less than 12 locations)	0.00%	0
Large Chain – Grocer / Big Box Store	0.00%	0
Large Chain – Standalone	0.00%	0
Long-Term Care	0.00%	0
Mail Order	0.00%	0
Hospital	0.00%	0
Other	100.00%	185
TOTAL		185

Meeting Materials

Q1 Expand Technician Scope of Practice – Immunizations Authorize the administration of immunizations and vaccines by pharmacy technicians that includes all approved ACIP-recommended vaccines for adults and children.

Answered: 97 Skipped: 1

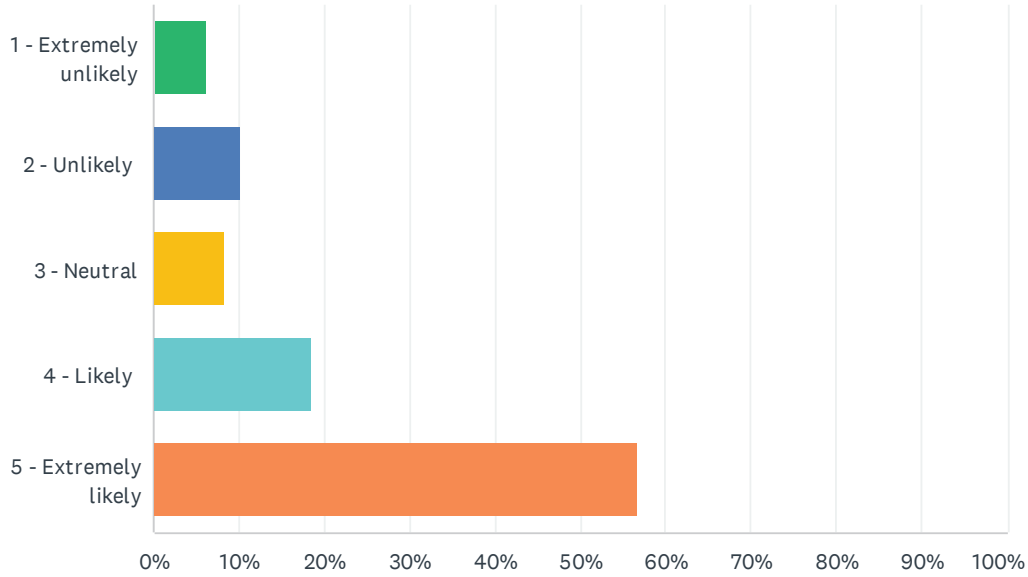


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	12.37%	12
2 - Unlikely	14.43%	14
3 - Neutral	19.59%	19
4 - Likely	28.87%	28
5 - Extremely likely	24.74%	24
TOTAL		97

Meeting Materials

Q2 Mandatory Breaks/Rest Periods Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal breaks to all staff.

Answered: 97 Skipped: 1

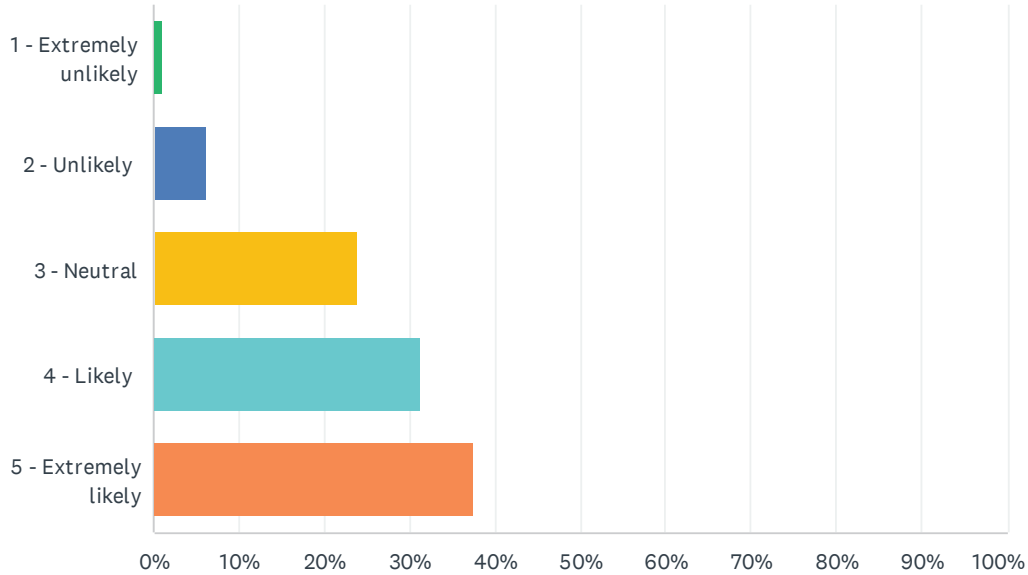


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	6.19%	6
2 - Unlikely	10.31%	10
3 - Neutral	8.25%	8
4 - Likely	18.56%	18
5 - Extremely likely	56.70%	55
TOTAL		97

Meeting Materials

Q3 Improve Resources to Promote Technician Onboarding Board shall develop onboarding educational videos and other materials to facilitate onboarding of new technicians.

Answered: 96 Skipped: 2

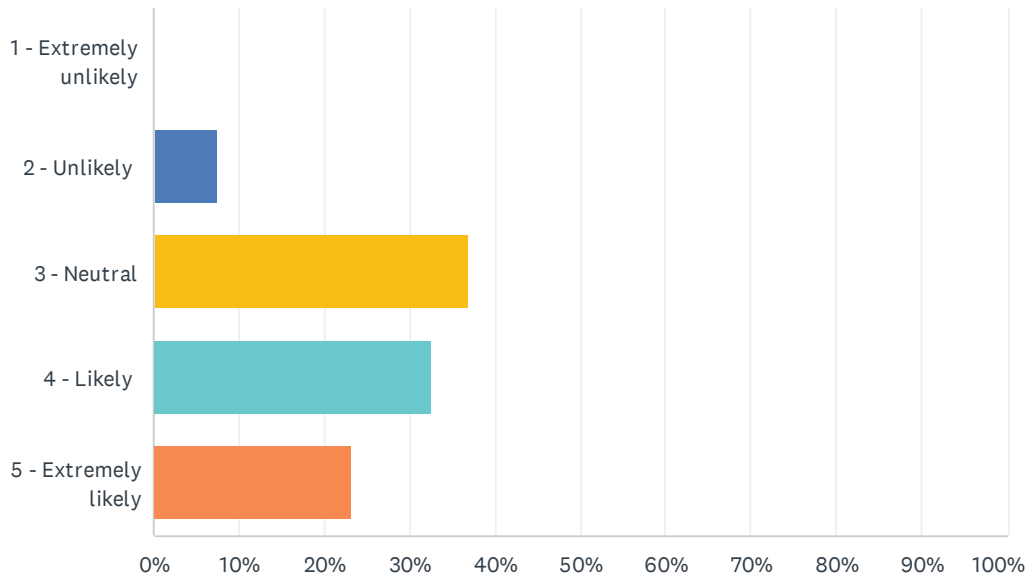


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.04%	1
2 - Unlikely	6.25%	6
3 - Neutral	23.96%	23
4 - Likely	31.25%	30
5 - Extremely likely	37.50%	36
TOTAL		96

Meeting Materials

Q4 License Transferability Board shall develop and implement a process for technician reciprocity. NOTE: The Board implemented a technician reciprocity rule effective 4/1/22. For more information [CLICK HERE](#).

Answered: 95 Skipped: 3

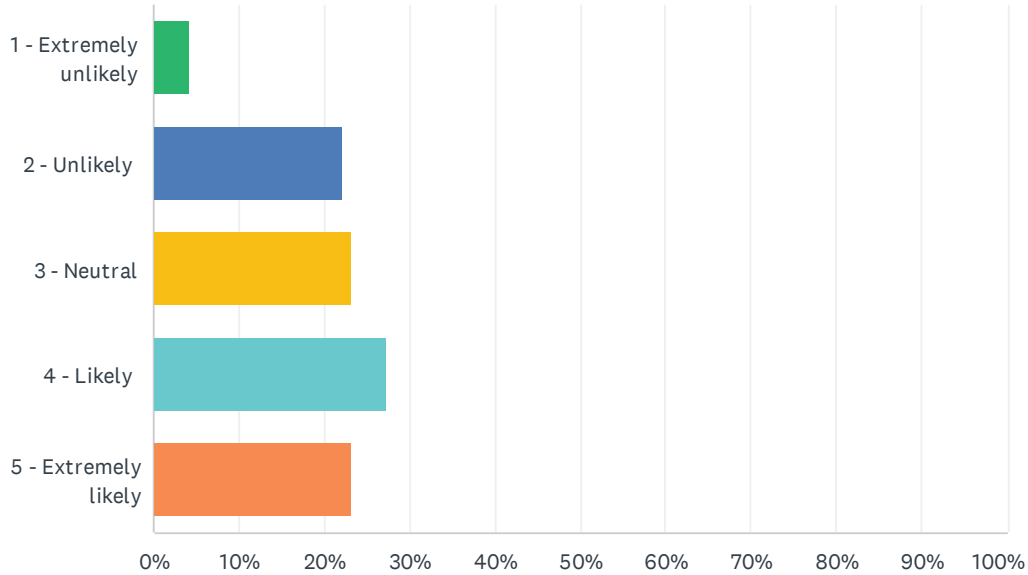


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	7.37%	7
3 - Neutral	36.84%	35
4 - Likely	32.63%	31
5 - Extremely likely	23.16%	22
TOTAL		95

Meeting Materials

Q5 Improve Technician Training Resources Requiring pharmacies to have a dedicated staff member to train all new technicians. Staff person should be at the pharmacy or district level.

Answered: 95 Skipped: 3



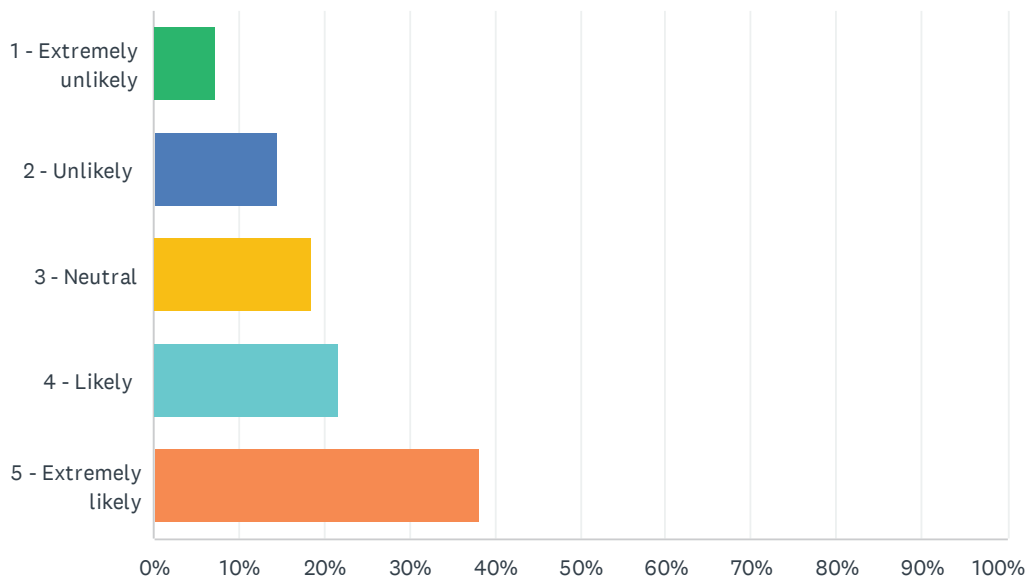
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.21%	4
2 - Unlikely	22.11%	21
3 - Neutral	23.16%	22
4 - Likely	27.37%	26
5 - Extremely likely	23.16%	22
TOTAL		95

Meeting Materials

Q6 Staffing Plan Require each pharmacy’s responsible person to develop a staffing plan that establishes the appropriate number of pharmacy technicians and interns to pharmacist(s) on duty. The staffing plan shall ensure that the number of pharmacy technicians and interns on duty can be satisfactorily supervised by the pharmacist(s) on duty. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner. In developing a staffing plan, the responsible person shall consider all the following:

- a. The volume of workload and the services provided by the pharmacy.
- b. The volume of prescriptions handled by staff to include:
 - i. Prescriptions filled, dispensed, and sold;
 - ii. Prescriptions placed on hold;
 - iii. Prescriptions returned to stock;
 - iv. Any other prescriptions metrics developed by the responsible person.
- c. Security needs of the pharmacy and pharmacy staff.
- d. Required closing or opening of certain touchpoints (drive-thru, vaccines, etc.). Provide autonomy to the on-duty pharmacist as part of the rule to close or open touchpoints.
- e. Number of staff and level of staff competency. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner.

Answered: 97 Skipped: 1



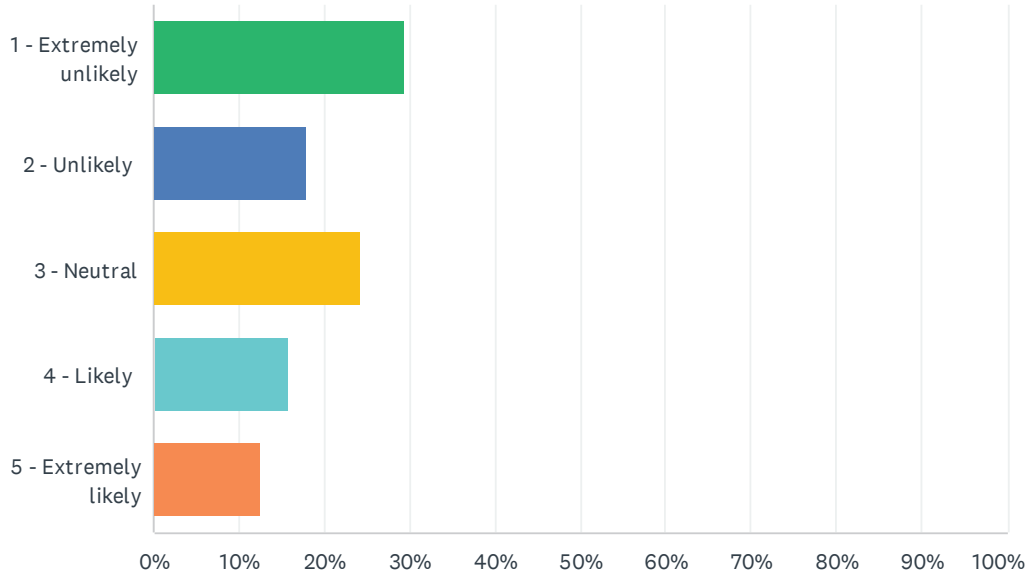
Meeting Materials

ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	7.22%	7
2 - Unlikely	14.43%	14
3 - Neutral	18.56%	18
4 - Likely	21.65%	21
5 - Extremely likely	38.14%	37
TOTAL		97

Meeting Materials

Q7 Tech-Check-Tech Implementation of Tech-Check-Tech or technology assisted technician product verification.

Answered: 95 Skipped: 3

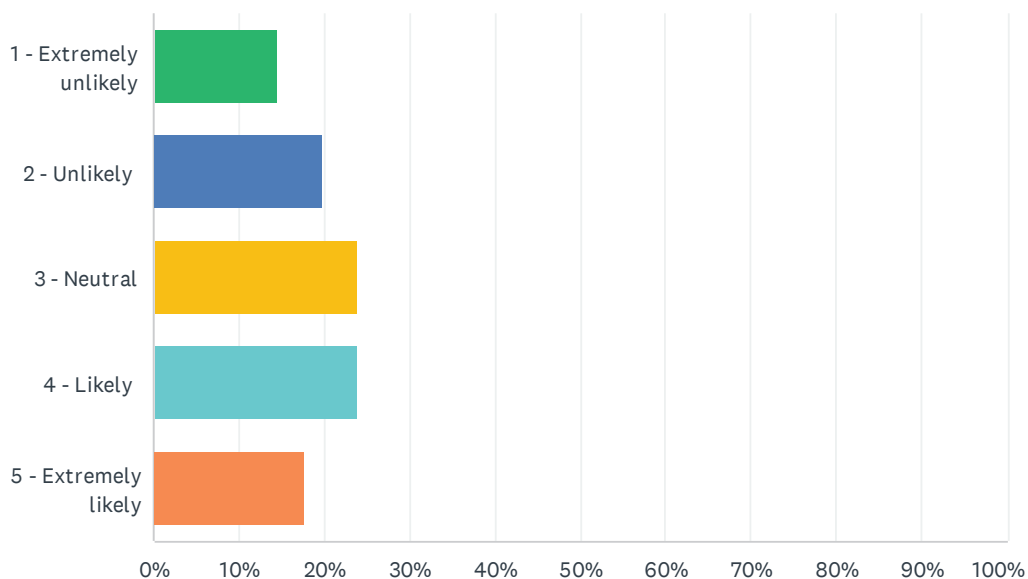


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	29.47%	28
2 - Unlikely	17.89%	17
3 - Neutral	24.21%	23
4 - Likely	15.79%	15
5 - Extremely likely	12.63%	12
TOTAL		95

Meeting Materials

Q8 Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests
 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.

Answered: 96 Skipped: 2

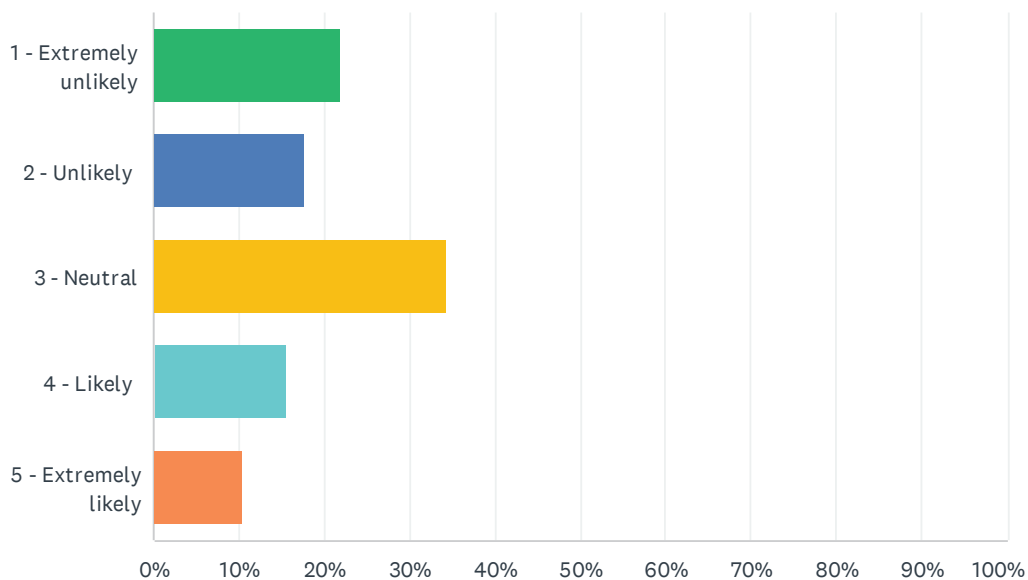


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	14.58%	14
2 - Unlikely	19.79%	19
3 - Neutral	23.96%	23
4 - Likely	23.96%	23
5 - Extremely likely	17.71%	17
TOTAL		96

Meeting Materials

Q9 Expand Technician Scope of Practice – Drug Administration 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.

Answered: 96 Skipped: 2

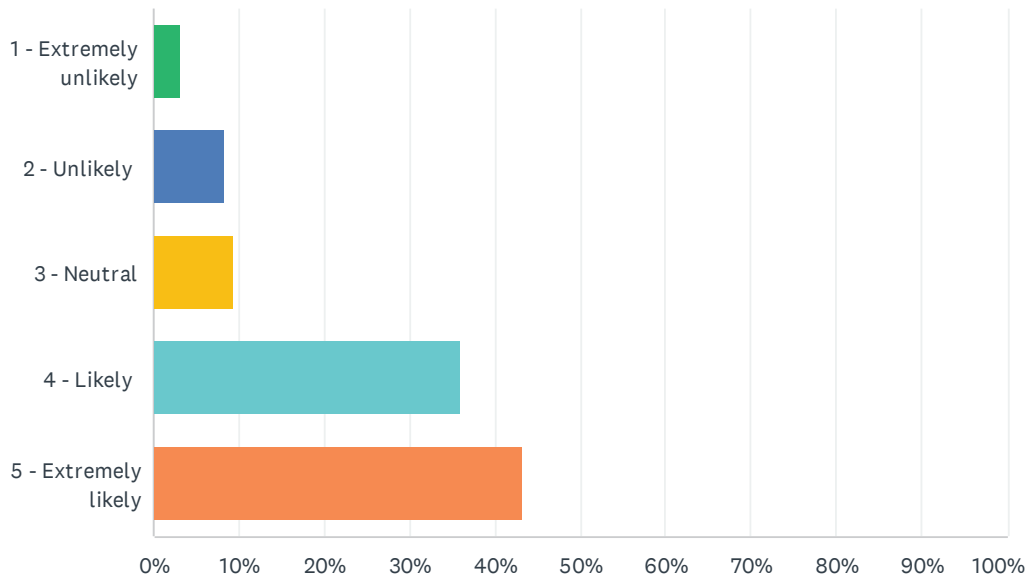


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	21.88%	21
2 - Unlikely	17.71%	17
3 - Neutral	34.38%	33
4 - Likely	15.63%	15
5 - Extremely likely	10.42%	10
TOTAL		96

Meeting Materials

Q10 Managing Touchpoints Provide autonomy to the pharmacist on duty to shut down touchpoints and non-essential services if understaffed. Require ancillary staffing (support personnel and technicians) at each point of contact when the pharmacy is open. This must include drive-thru, drop-off, register, vaccinations, and a person dedicated to phones.

Answered: 97 Skipped: 1

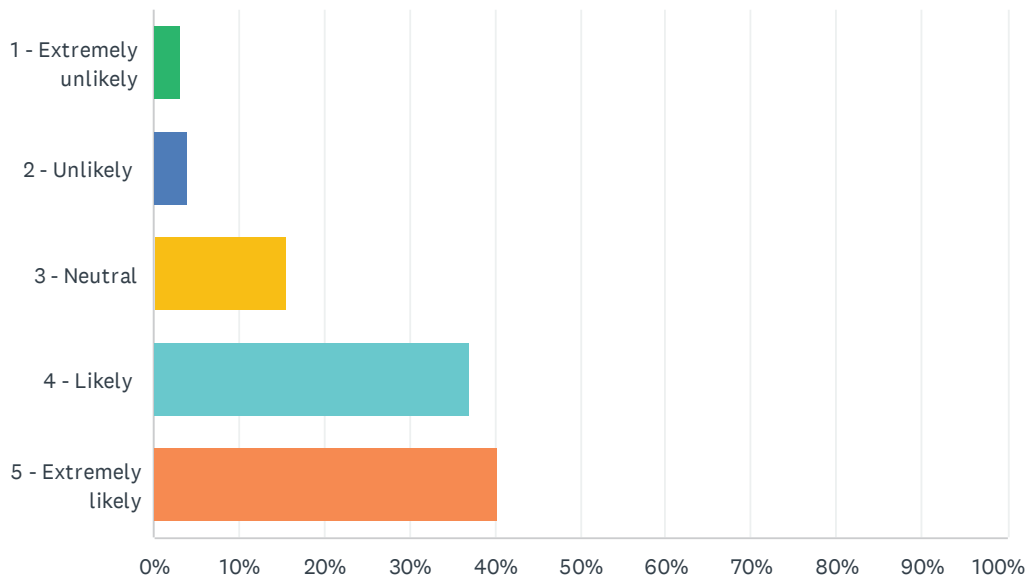


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.09%	3
2 - Unlikely	8.25%	8
3 - Neutral	9.28%	9
4 - Likely	36.08%	35
5 - Extremely likely	43.30%	42
TOTAL		97

Meeting Materials

Q11 Working Conditions / Security Require any “open-door” pharmacy must operate with at least one technician and one pharmacist (or two pharmacists). Include exception for documented absence.

Answered: 97 Skipped: 1

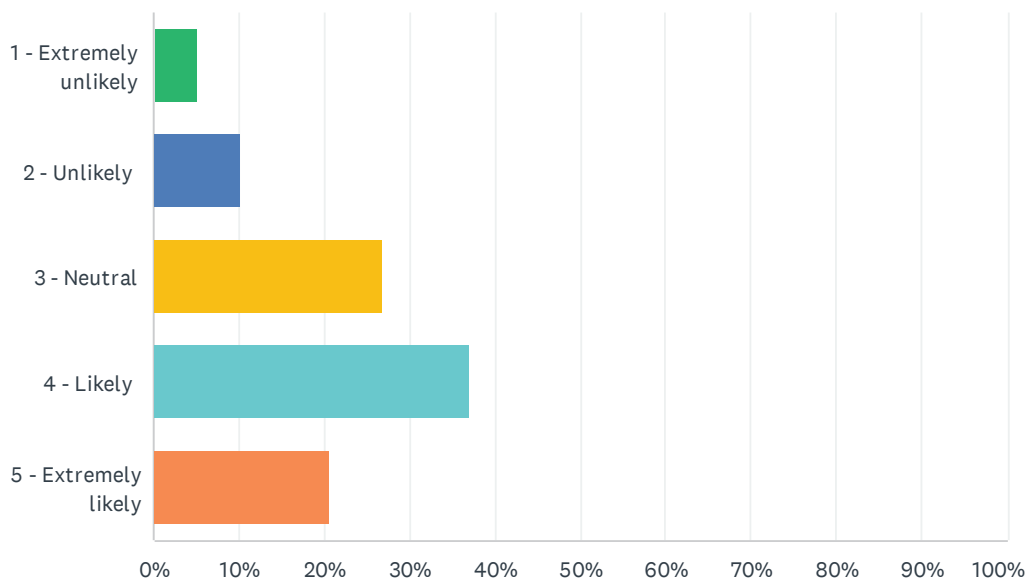


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.09%	3
2 - Unlikely	4.12%	4
3 - Neutral	15.46%	15
4 - Likely	37.11%	36
5 - Extremely likely	40.21%	39
TOTAL		97

Meeting Materials

Q12 Career Technician Pathways 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.

Answered: 97 Skipped: 1



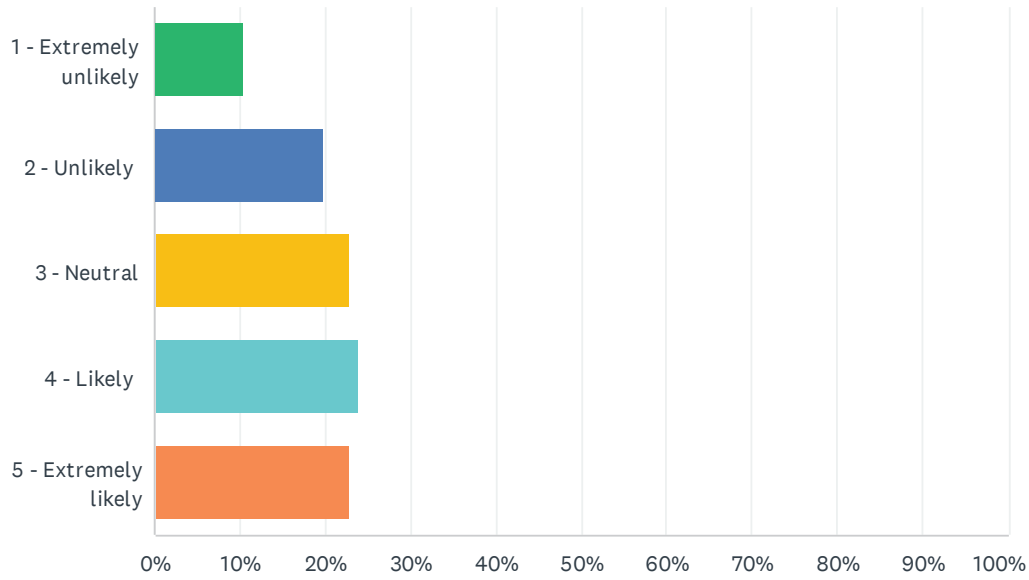
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	5.15%	5
2 - Unlikely	10.31%	10
3 - Neutral	26.80%	26
4 - Likely	37.11%	36
5 - Extremely likely	20.62%	20
TOTAL		97

Meeting Materials

Q13 Report of Understaffing(A) Adequate staffing to safely dispense prescriptions is the responsibility of the pharmacy and the pharmacy's responsible person. If conditions exist that could cause prescriptions to be dispensed in an unsafe manner the pharmacy and the pharmacy's responsible person shall take action to correct the problem.(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. Such form shall include, but not be limited to the following:(1) Date and time the inadequate staffing occurred;(2) Number of prescriptions filled during this time frame;(3) Summary of events; and(4) Any comments or suggestions.(C) A pharmacist shall complete the staffing report form when:(1) A pharmacist is concerned regarding staffing due to:(a) inadequate number of support persons (cashiers, technicians, auxiliary supportive personnel, etc.); or,(b) excessive workload;(2) Filling out the form may enable management to make a better decision concerning staffing.(3) Any errors that occurred to the result of inadequate staffing.(D) The responsible person shall submit that form in a manner determined by the board. (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.(F) Each pharmacy shall retain completed staffing reports on-site in a readily retrievable manner for at least three years from the date of creation.

Answered: 96 Skipped: 2

Meeting Materials

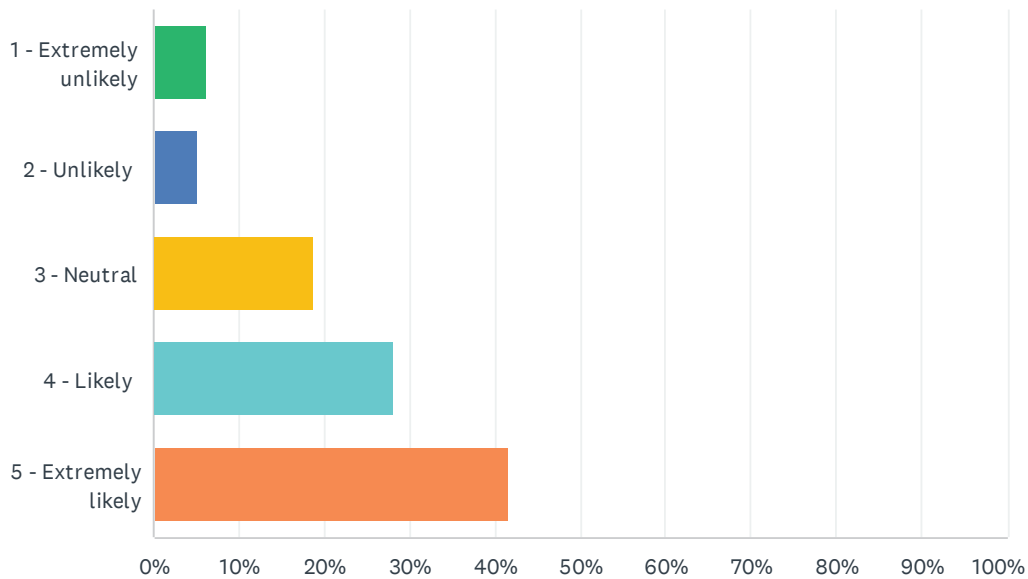


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	10.42%	10
2 - Unlikely	19.79%	19
3 - Neutral	22.92%	22
4 - Likely	23.96%	23
5 - Extremely likely	22.92%	22
TOTAL		96

Meeting Materials

Q14 Limits on Hours Worked A pharmacy shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per twenty-four (24) hour period. A pharmacist/technician 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.

Answered: 96 Skipped: 2

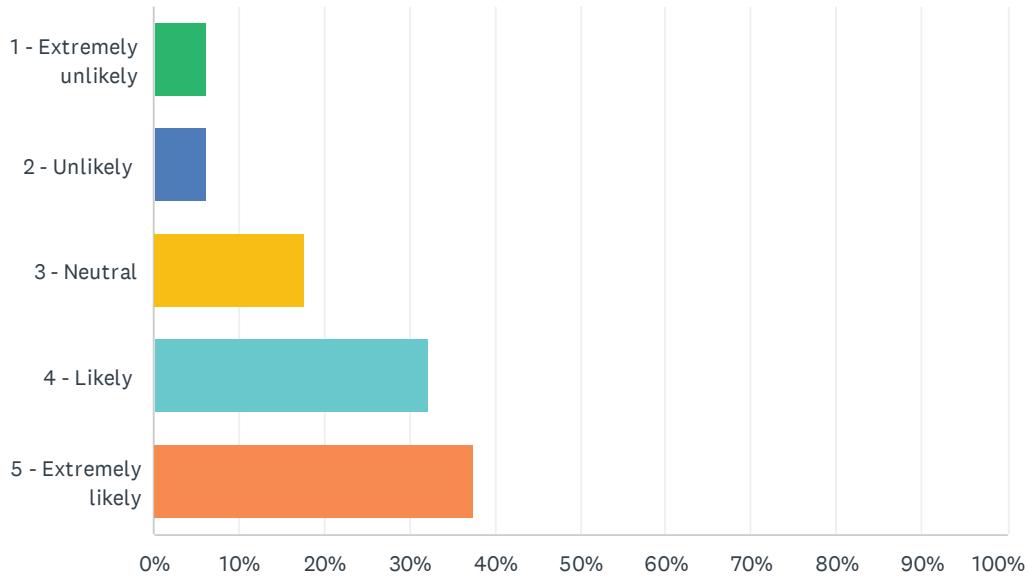


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	6.25%	6
2 - Unlikely	5.21%	5
3 - Neutral	18.75%	18
4 - Likely	28.13%	27
5 - Extremely likely	41.67%	40
TOTAL		96

Meeting Materials

Q15 Mandatory Dark Hours Require “open door” pharmacies to operate dark hours that allow for staff to prepare and catch up on their work without any interruptions. This will allow pharmacies to operate more efficiently and safely and help minimize distractions when engaged in activities requiring greater concentration.

Answered: 96 Skipped: 2

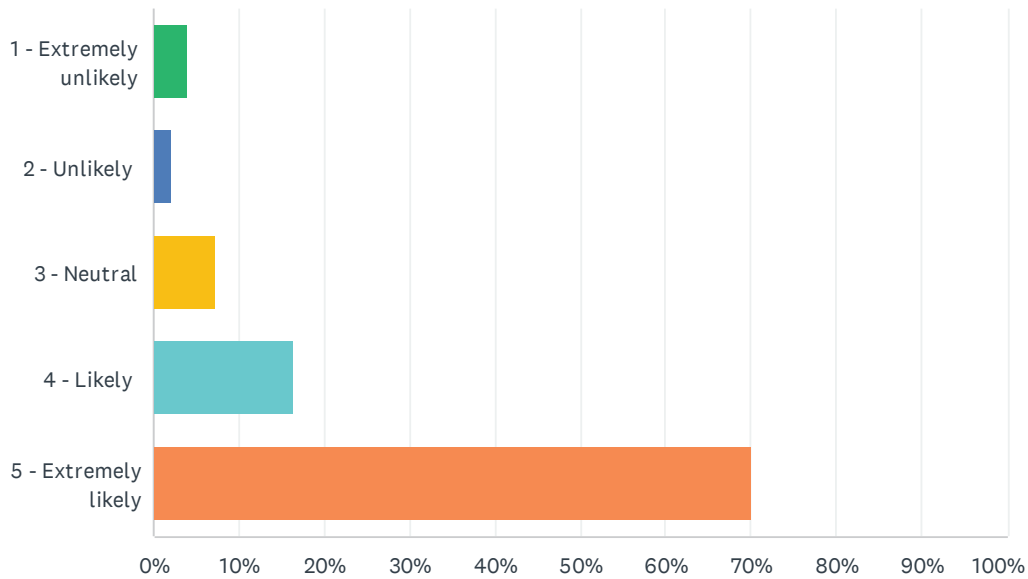


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	6.25%	6
2 - Unlikely	6.25%	6
3 - Neutral	17.71%	17
4 - Likely	32.29%	31
5 - Extremely likely	37.50%	36
TOTAL		96

Meeting Materials

Q16 Metrics Eliminate Job impacting metrics that compromise safety and integrity of the profession. 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. Prohibit metrics related to the volume of services provided.

Answered: 97 Skipped: 1

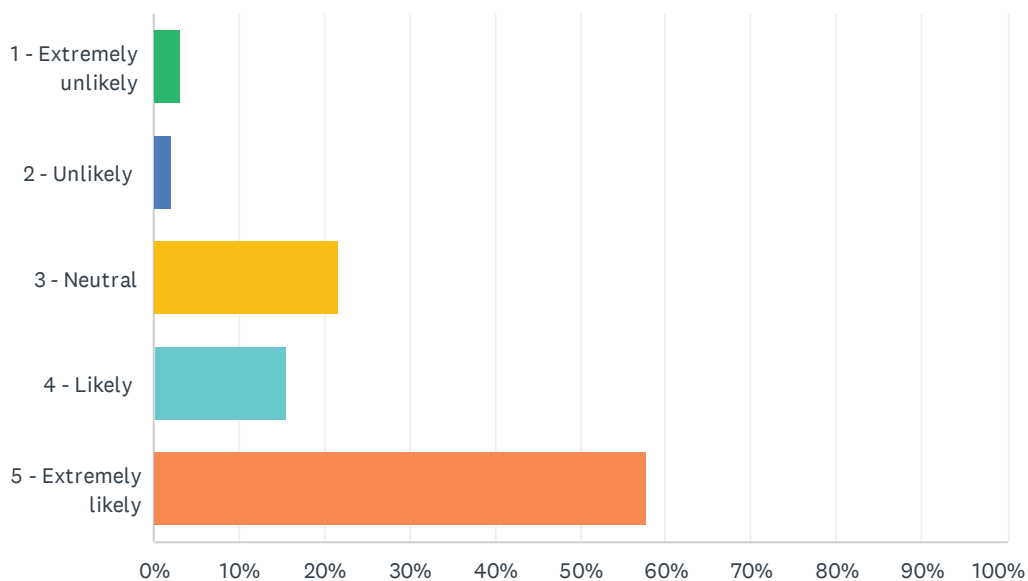


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.12%	4
2 - Unlikely	2.06%	2
3 - Neutral	7.22%	7
4 - Likely	16.49%	16
5 - Extremely likely	70.10%	68
TOTAL		97

Meeting Materials

Q17 Elimination of Cold Call Lists Eliminate required cold call lists.

Answered: 97 Skipped: 1



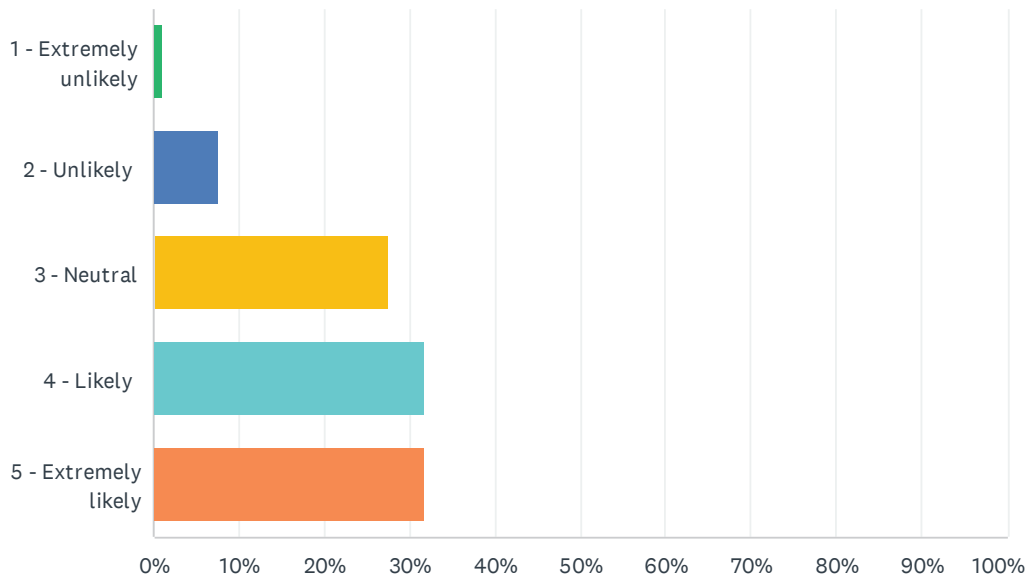
ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.09%	3
2 - Unlikely	2.06%	2
3 - Neutral	21.65%	21
4 - Likely	15.46%	15
5 - Extremely likely	57.73%	56
TOTAL		97

Meeting Materials

Q18 Alabama Rule - Supervising Pharmacist There is a growing discussion among pharmacy boards throughout the country about workload conditions in pharmacy. In that discussion, there are many issues contributing to workplace dissatisfaction. It is important to understand that issues related to dissatisfaction in workplace conditions may not fall under the authority of any board of pharmacy unless it involves an adverse result to the safety of patients. One concern of dissatisfaction addresses board of pharmacy disciplinary actions and the focus on the individual licensee and not on the permit or the root cause. The Board has several actions that do address the root cause as well as the permit. Board Rule 680-X-2-.12 Supervising Pharmacist specifically states: If the actions of the permit holder have deemed to contribute to or cause a violation of any provision of this section, the Board may hold the permit holder responsible and/or absolve the supervising pharmacist from the responsibility of that action. In addition, it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder. To fully understand the impact of the above-cited section, it should be read with the following sections of 680-X-2-.22 Code of Professional Conduct in mind. (2) (a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner. (2) (f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.)

Answered: 91 Skipped: 7

Meeting Materials

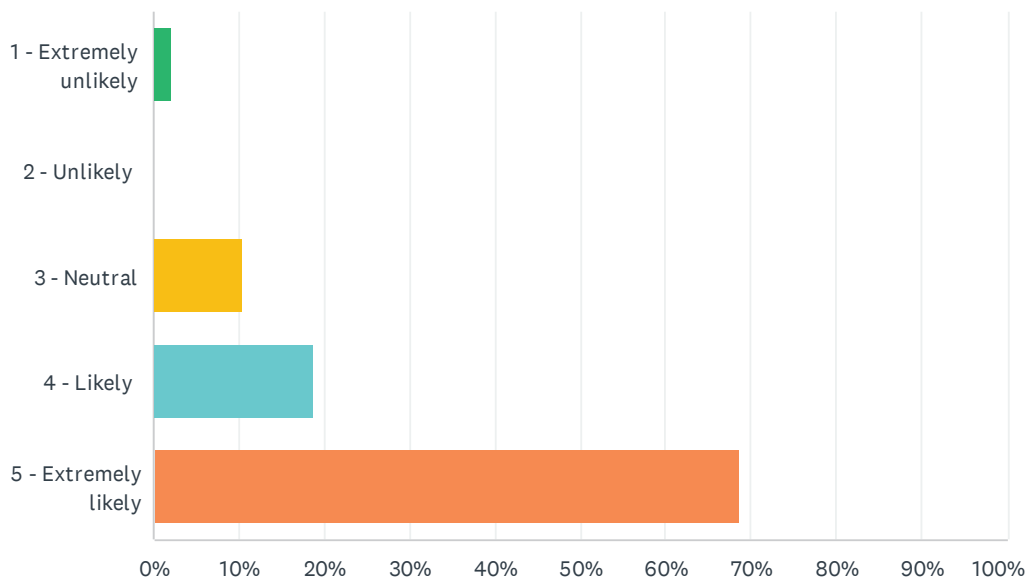


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.10%	1
2 - Unlikely	7.69%	7
3 - Neutral	27.47%	25
4 - Likely	31.87%	29
5 - Extremely likely	31.87%	29
TOTAL		91

Meeting Materials

Q19 Pharmacy Benefit Managers The Board should ensure that its rules cannot be utilized by pharmacy benefit managers and insurers to initiate clawbacks.

Answered: 96 Skipped: 2

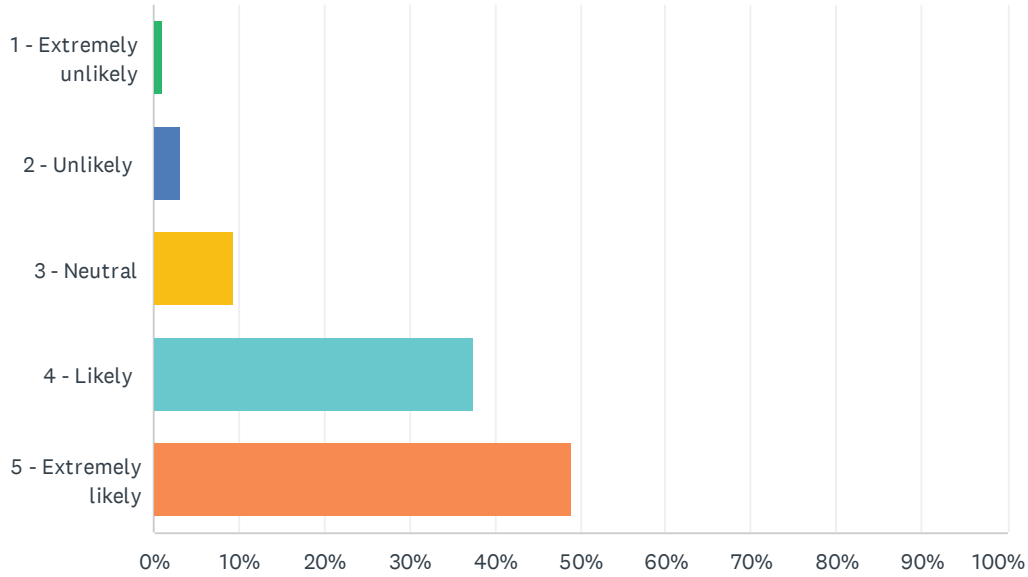


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.08%	2
2 - Unlikely	0.00%	0
3 - Neutral	10.42%	10
4 - Likely	18.75%	18
5 - Extremely likely	68.75%	66
TOTAL		96

Meeting Materials

Q20 Improve Quality of Electronic Prescribing Develop a process to regulate electronic prescription transmission systems to improve quality and standardize format.

Answered: 96 Skipped: 2

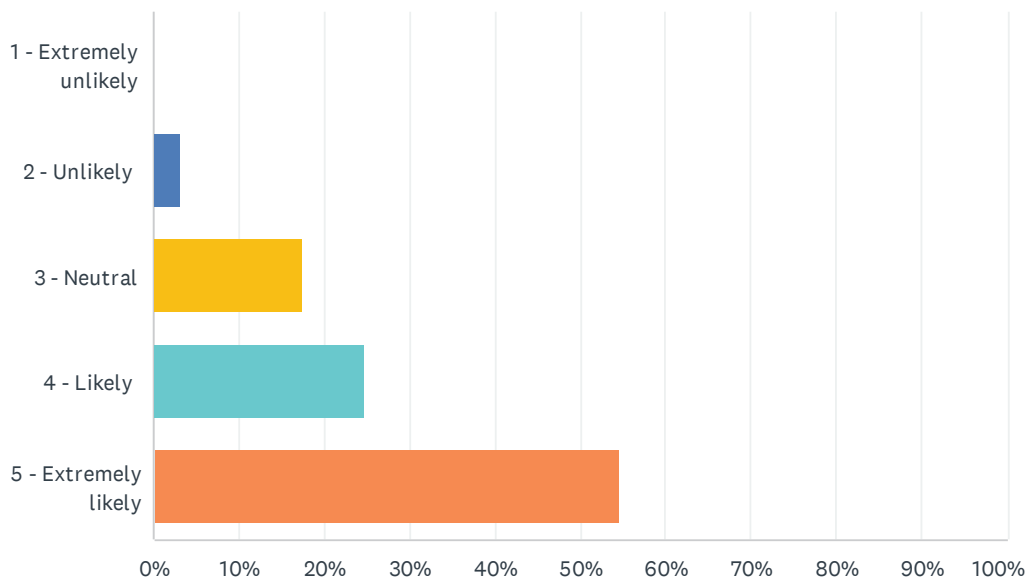


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.04%	1
2 - Unlikely	3.13%	3
3 - Neutral	9.38%	9
4 - Likely	37.50%	36
5 - Extremely likely	48.96%	47
TOTAL		96

Meeting Materials

Q21 Authorizing Pharmacists to Prescribe Drug Devices Permit pharmacists to prescribe drug devices necessary to dispense a prescription.

Answered: 97 Skipped: 1

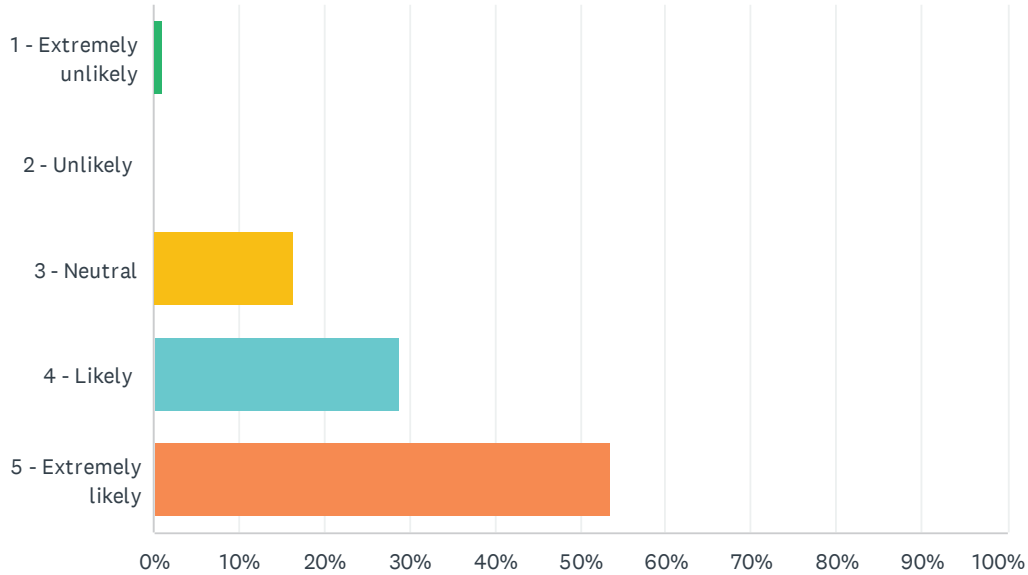


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.00%	0
2 - Unlikely	3.09%	3
3 - Neutral	17.53%	17
4 - Likely	24.74%	24
5 - Extremely likely	54.64%	53
TOTAL		97

Meeting Materials

Q22 Eliminating Manual Logs Review Board rules to reduce the use of paper logs.

Answered: 97 Skipped: 1

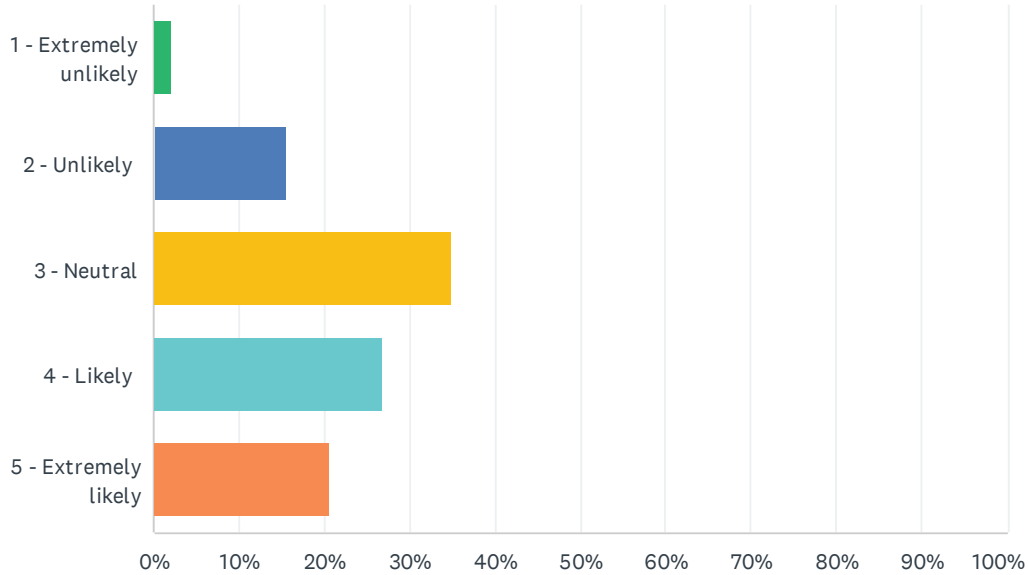


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.03%	1
2 - Unlikely	0.00%	0
3 - Neutral	16.49%	16
4 - Likely	28.87%	28
5 - Extremely likely	53.61%	52
TOTAL		97

Meeting Materials

Q23 Change of Responsible Person Requirements Extend notification requirement of the responsible person from 10 to 30 days.

Answered: 97 Skipped: 1

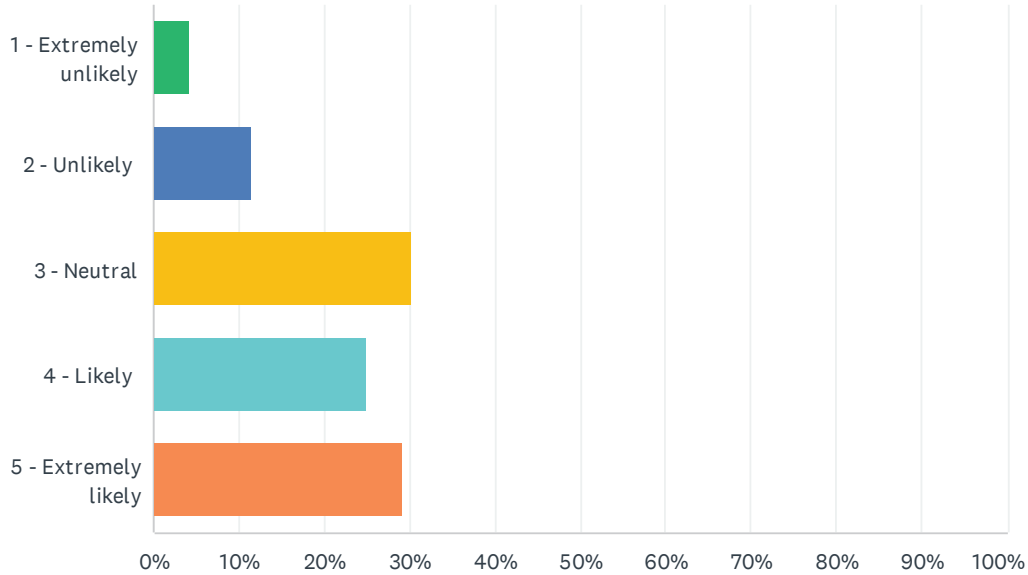


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.06%	2
2 - Unlikely	15.46%	15
3 - Neutral	35.05%	34
4 - Likely	26.80%	26
5 - Extremely likely	20.62%	20
TOTAL		97

Meeting Materials

Q24 Improving the Physical Security of Pharmacies Look at ways to improve the physical security of pharmacies.

Answered: 96 Skipped: 2

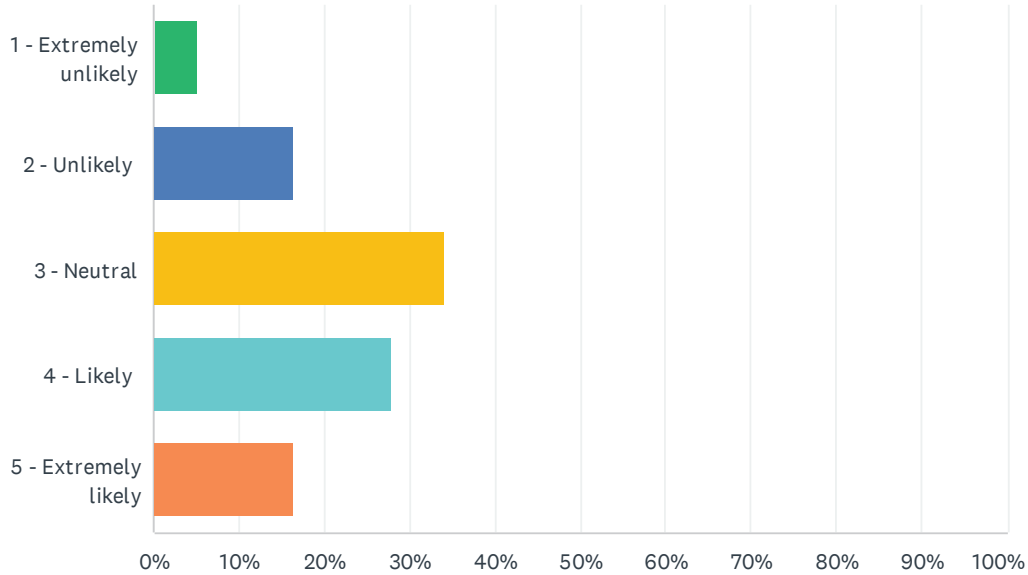


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.17%	4
2 - Unlikely	11.46%	11
3 - Neutral	30.21%	29
4 - Likely	25.00%	24
5 - Extremely likely	29.17%	28
TOTAL		96

Meeting Materials

Q25 Pharmacy Intern Ratios Expand the number of interns that can work under the supervision of a pharmacist (currently 2:1).

Answered: 97 Skipped: 1

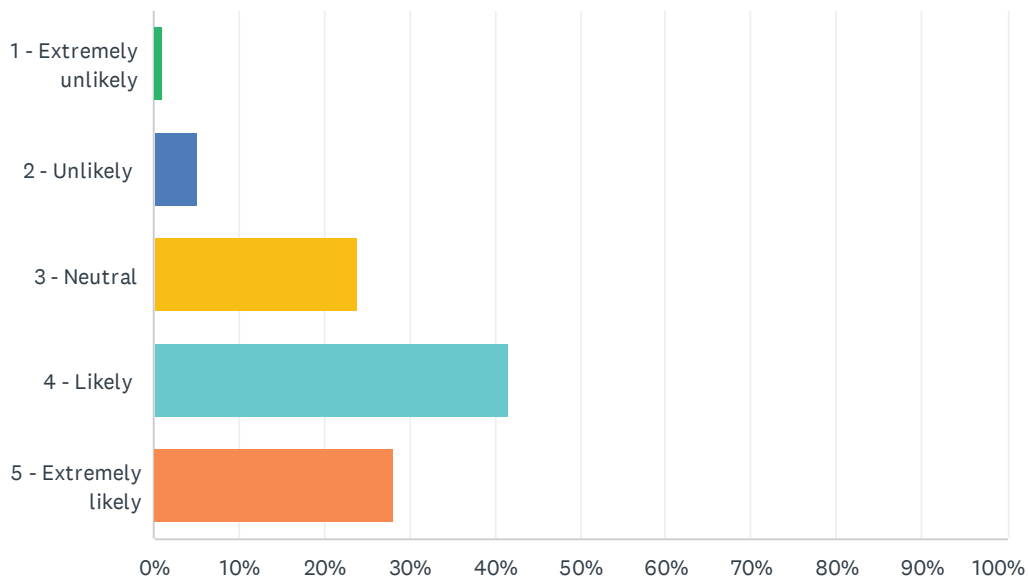


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	5.15%	5
2 - Unlikely	16.49%	16
3 - Neutral	34.02%	33
4 - Likely	27.84%	27
5 - Extremely likely	16.49%	16
TOTAL		97

Meeting Materials

Q26 Automation and Technology Examine ways to utilize automation and technology to improve working conditions.

Answered: 96 Skipped: 2

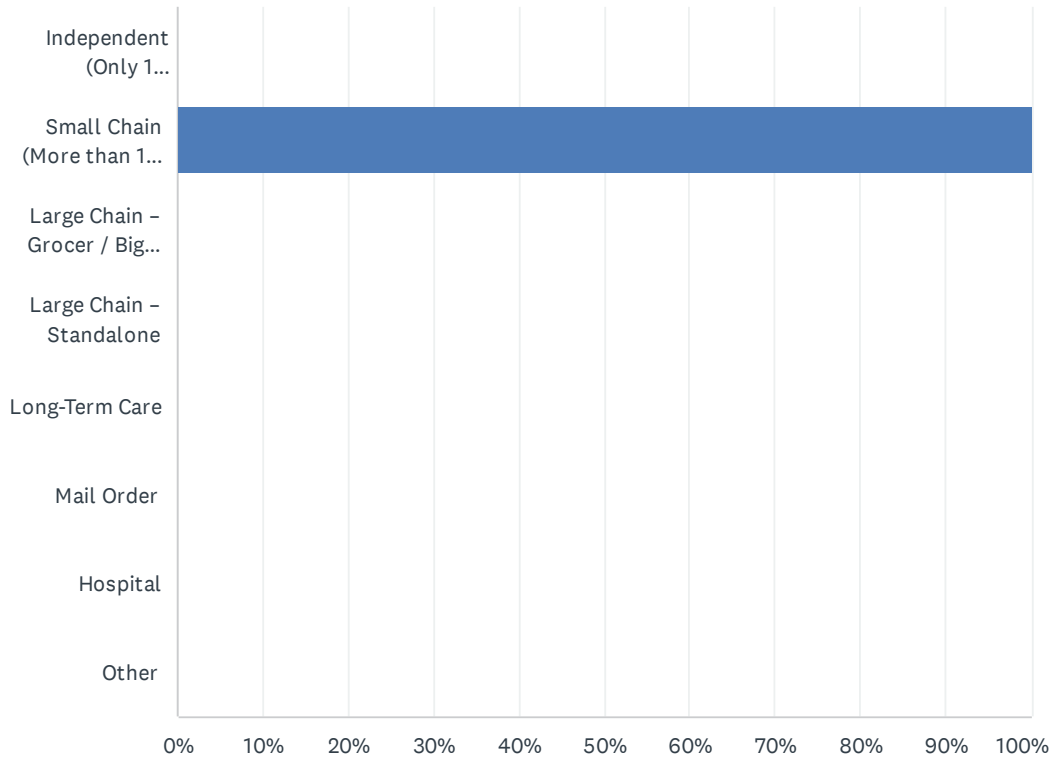


ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.04%	1
2 - Unlikely	5.21%	5
3 - Neutral	23.96%	23
4 - Likely	41.67%	40
5 - Extremely likely	28.13%	27
TOTAL		96

Meeting Materials

Q27 Please identify your primary practice setting:

Answered: 98 Skipped: 0

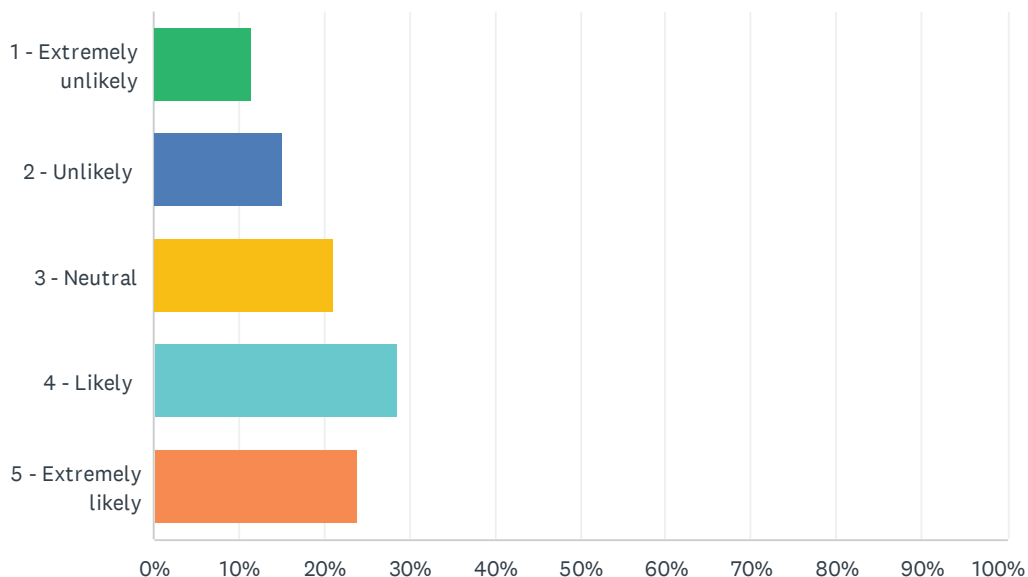


ANSWER CHOICES	RESPONSES	
Independent (Only 1 location)	0.00%	0
Small Chain (More than 1, but less than 12 locations)	100.00%	98
Large Chain – Grocer / Big Box Store	0.00%	0
Large Chain – Standalone	0.00%	0
Long-Term Care	0.00%	0
Mail Order	0.00%	0
Hospital	0.00%	0
Other	0.00%	0
TOTAL		98

Meeting Materials

Q1 Expand Technician Scope of Practice – Immunizations Authorize the administration of immunizations and vaccines by pharmacy technicians that includes all approved ACIP-recommended vaccines for adults and children.

Answered: 2,009 Skipped: 18



ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	11.50% 231
2 - Unlikely	15.03% 302
3 - Neutral	21.01% 422
4 - Likely	28.57% 574
5 - Extremely likely	23.89% 480
TOTAL	2,009

#	ADDITIONAL COMMENTS	DATE
1	I will still be responsible for the proper administration of those vaccines, and I think it will increase distraction as well as the likelihood of error.	7/9/2022 10:59 AM
2	If techs can do vaccines that then takes them out of the work flow for filling prescriptions or helping customers pick up their prescription. So then a pharmacist has to step in and we are right back to where we were if the pharmacist just did the vaccine themselves. The only way this would help is if more tech hours were given to account for this.	7/7/2022 10:53 PM
3	I think the crux of the problem here is understaffing. If technicians will be used to administer vaccines, who will be doing the technician work that is left unattended? Also, who's license is ultimately responsible for the administration of vaccines? If it is the pharmacist, will he/she actually be able to provide the appropriate oversight that makes him/her comfortable within the scope of HIS/HER license? I think a better approach here is to require vaccine clinic times	7/7/2022 8:21 PM

Meeting Materials

with a dedicated pharmacist and/or technician rather than walk-ins. Doctor's offices do not take walk-in vaccine appointments, so I am not sure why pharmacies need to as well.

4	My techs already have too many tasks and not enough tech hours are given by corporate. This is only going to make the problems worse and lead to errors and mistakes.	7/7/2022 8:00 PM
5	This depends on pharmacies being to keep quality technicians which has been difficult the past few years	7/7/2022 7:47 PM
6	Provided reliable methods exist to measure and confirm competency.	7/7/2022 4:59 PM
7	Regardless of who's giving the vaccine it's still taking away a body from filling/checking prescriptions or performing other duties needed in the basic functioning of the pharmacy. What would be helpful are rules/regulations that govern how many vaccines we can give depending on our staffing. The public and our employer treats us like McDonald's where they think they can just walk up and get a vaccine quickly any time regardless of how many call offs or staffing issues I have that day.	7/7/2022 4:46 PM
8	Stores may implement policies to restrict technician ability to do this anyways. For example, my employer does not allow certified technicians to accept refill authorization calls from prescriber offices regardless of comfort level of pharmacist on duty. In my opinion, there needs to be a way to ensure that more competent technicians are hired before discussing a way to expand their scope of practice. I have worked for three large pharmacy chains in Ohio. I have worked in multiple districts and have worked with a large number of technicians. In my experience, technician competency is lacking and there is a dearth of adequate training. It has fallen on me when I have been a staff pharmacist, floater pharmacist, and pharmacy manager to train the technicians. My workload has been increased attempting to arrange training for these technicians. I have also found myself training technicians on things such as basic competencies including math and spelling, which is not something I think I should be doing for a large portion of each shift as a pharmacist. One technician trainer per district for a chain pharmacy is not enough.	7/7/2022 4:32 PM
9	I'm all for experienced techs getting trained and administering vaccines. However, it would not help at this point as I need my experienced techs doing so many other things it would not be beneficial and it'd be one more thing to supervise. We simply do not have enough staffing and enough experienced staffing for this to be of benefit.	7/7/2022 4:29 PM
10	will spend more time over seeing staff and verifying tech work	7/7/2022 4:18 PM
11	I'm not sure ALL technicians are qualified for this or ever would be even with training	7/7/2022 4:02 PM
12	This would ease the workload but does make me nervous to think of potential liability for the pharmacist	7/7/2022 4:01 PM
13	I do not want to be responsible for a tech giving vaccines though. I can check it and verify it in workflow but do not want it to fall on the pharmacist if they administer in wrong,	7/7/2022 3:47 PM
14	Require a college degree to be a immunizing tech. These individuals have never taken a basic anatomy class.	7/7/2022 3:37 PM
15	But I don't think ALL technicians could handle this. Some definitely could, but not all.	7/7/2022 3:23 PM
16	Takes work load off the pharmacist so e we can focus on verifying prescriptions accurately. Mistakes have increased with all the distractions and multi tasking	7/7/2022 3:08 PM
17	Expanding a competent technician's role would be very helpful. However, competent technicians make up about 20% of staff. Expanding a less qualified technician's role (the other 80%) would likely compound the busy-ness of the pharmacist.	7/7/2022 2:57 PM
18	Expanding technician scope of practice is a great idea as long as there is a way to make employers incentive increase wages for increased responsibilities, otherwise, it may create of system of asking the already overburdened technicians to complete more tasks for the same wages without codifying the achievement into a certificate of some kind that could be used as transferable skills to create a career pathway.	7/7/2022 2:23 PM
19	WON'T REALLY HELP BECAUSE WHAT IS THE INCENTIVE FOR THE COMPANIES TO PAY MORE TO THE TECHNICIANS. THEY AREN'T GOING TO WANT TO DO IT UNLESS THEY'RE COMPENSATED	7/7/2022 2:20 PM
20	Without appropriate pay, which is beyond the control of the board, expanded roles and	7/7/2022 2:15 PM

Meeting Materials

certifications mean nothing.

21	Will need supervised by pharmacist. Liability will fall on pharmacist anyway. Techs are not payed enough to do these tasks.	7/7/2022 2:15 PM
22	Too hard to get them encouraged to give vaccines	7/7/2022 1:59 PM
23	Concerns about technicians administering vaccines without direct supervision. With direct supervision, it doesnt change the workload.	7/7/2022 1:56 PM
24	It will help in busy scenarios but the chains will just say that frees us up to do other things and pile on more. CVS was paying the techs extra to do Covid immunizations. They stopped the extra pay so my techs quit administering. Why should they take on extra liability with no pay.	7/7/2022 1:56 PM
25	Technicians do not poses the clinical skills and knowledge to SCREEN and administer vaccines.	7/7/2022 1:51 PM
26	It's not that I'm against a technician vaccinating...but their workload is atrocious. I don't want to add another responsibility to an already overburdened, underpaid worker.	7/7/2022 1:42 PM
27	It is not appropriate for technicians to provide vaccines. Pharmacists I know have given the wrong vaccine to patients, I can't imagine how this would work.	7/7/2022 1:42 PM
28	This would help if more technician hours are allowed by the employers. In the current climate, though, it would only shift workload and pharmacists would end up working other traditionally technician tasks	7/7/2022 1:32 PM
29	We have to directly supervise interns why would adding technicians to this help... we still have to stop going over the paper check the vaccinations and supervise while it's being given. If techs could do it without the pharmacist watching, interns should be able to.	7/7/2022 1:32 PM
30	This would be great, although many pharmacies also have a shortage on technicians as well	7/7/2022 1:31 PM
31	Companies will leverage technicians to administer vaccines and cut more pharmacist hours	7/7/2022 1:28 PM
32	may lift the burden off pharmacists, however finding qualified technicians will extremely difficult and will cause shortage of help in the ques	7/7/2022 1:22 PM
33	The medical professional in the collaborative agreement also has to approve the technicians to be able to give immunizations, otherwise they can't give the immunizations, even if they are licensed.	7/7/2022 1:17 PM
34	This is a longer term goal. Priority should be given to other areas at this time. Our workforce does not include enough quality technicians so increasing their scope is unnecessary. Technicians should provide administrative support so that pharmacists can administer vaccines.	7/7/2022 1:17 PM
35	Increase pharmacist liability and requires oversight. Also are pharmacies going to increase their pay rate??	7/7/2022 1:09 PM
36	I think it depends on the comfort of pharmacist to delegate. I know some techs I would trust and some I would not.	7/7/2022 1:07 PM
37	The average technician is not interested in paying to become certified and is not comfortable with the responsibility of providing vaccinations. The technician turn over rate in retail pharmacies is ridiculously high so even if a CPhT was trained to give vaccinations they would be tasked with usual duties (usually doing the tasks of 2-3 techs as one person) on top of a pharmacist duty increasing risk of burnout.	7/7/2022 1:04 PM
38	I don't like the idea of techs doing immunizations due to the fact that most of them do not have extensive training and are registered based on completing the company requirements, and not a formal pharmacy technician course.	7/7/2022 12:50 PM
39	This puts additional liability on the RPh who is then responsible for the administering technician.	7/7/2022 12:30 PM
40	Under supervision of pharmacists	7/7/2022 12:30 PM
41	Having technicians help with vaccinations would definitely help with pharmacist workload but I see a couple of problems with this as a solution. #1 We can't keep the pharmacy staffed adequately enough for normal operations and they usually quit well before they would be	7/7/2022 12:30 PM

Meeting Materials

trained well enough to give immunizations. #2 The increase in errors makes me nervous. The stress and work level makes it very easy to make a mistake and this is no better for the technicians.

42	Already can give Covid shots, why not flu too!	7/7/2022 12:28 PM
43	Only if there is enough staffing to allow a technician to break away from cashier/filling duties and production not stop while the imz is administered	7/7/2022 12:26 PM
44	Stop giving the techs more work. They're quitting due to overwork as it is.	7/7/2022 12:21 PM
45	The worry that comes along with technicians giving vaccination is greater than the workload of giving them myself. The act of giving the vaccine is quick. Billing it, making sure it is the correct dose and correct vaccine is the part that takes the most time.	7/7/2022 12:21 PM
46	Poses an increased risk of harm to patients for personnel unqualified to administer. Pharmacy technicians require minimal education requirements to facilitate safe practice	7/7/2022 12:16 PM
47	The deluge of flu shots in the fall creates a dangerous situation for pharmacists trying to administer shots and safely process prescriptions. Allowing techs to do this would make a huge improvement.	7/7/2022 12:13 PM
48	We have to have the technician man power for this to actually be beneficial.	7/7/2022 12:13 PM
49	It can free up the pharmacist's time, but it removes a tech from the workflow.	7/7/2022 12:12 PM
50	Fully trained technicians should be trained to do this.	7/7/2022 12:09 PM
51	I would not trust the majority of the technicians I work with to administer immunizations and many of them will not want to. It would then become another technician task that a pharmacist must complete that we are not given any time for.	7/7/2022 12:01 PM
52	This would likely only pull techs away from other duties in the absence of more technicians.	7/7/2022 11:57 AM
53	Trained technicians are already able to give flu and COVID shots. Other vaccines would not require additional training in administration, but the pharmacist should be available to counsel the patient about the vaccine.	7/7/2022 11:53 AM
54	Only helps if additional tech's are hired to help, otherwise just shifting work around.	7/7/2022 11:51 AM
55	Would help pharmacist in managing workflow and be able to immunize more people.	7/7/2022 11:50 AM
56	Adding additional supervisory responsibilities will not decrease pharmacist workload or improve working conditions.	7/7/2022 11:49 AM
57	In the retail setting where technician turnover is fairly rapid I don't see how allowing technicians to immunize will help with workflow. The vast majority of technicians will never reach the level of competency required for immunization. I also believe that allowing an individual with any type of medical training to immunize is a mistake and will lead to increased errors.	7/7/2022 11:48 AM
58	I would limit to 12 years and older. If you have learned IM injection technique, there should be no reason a technician can't administer flu, COVID, shingles, pneumonia, tetanus vaccines. Giving them this responsibility may increase their knowledge of vaccines and increase their confidence in recommending vaccines to patients.	7/7/2022 11:40 AM
59	From my experience we don't have enough technicians to do the work they already do so I don't think it's time to give them more responsibilities.	7/7/2022 11:39 AM
60	Immunization guidelines, contraindications, etc are becoming increasingly complex (even for pharmacists). The last interaction with patient is the last chance to catch any errors or address concerns. This should be a pharmacist or pharmacist-supervised task. ImpactSiis and initial patient intake are already done by this point, but the last interaction is also a critical component of patient care.	7/7/2022 11:36 AM
61	Will increase errors pharmacists have to deal with and decrease patient confidence and trust in pharmacy/pharmacists	7/7/2022 11:33 AM
62	While it may help take workload off of pharmacists, I don't think this is a safe option and envision many pharmacists simply not delegating the task. It's also the only way a pharmacist really gets to leave their station so it can be viewed as a break from the tedious repetition of script verification.	7/7/2022 11:01 AM

Meeting Materials

63	Not pharmacists or certified technicians should be vaccinating children under 10. This is preventing them from seeing a pediatrician & doing yearly well checks. We have no medical history on children this age and are ill equipped to provide proper counseling & administration	7/7/2022 9:56 AM
64	This frees up the pharmacist to do only duties a pharmacist can perform.	7/7/2022 8:56 AM
65	I dont have an issue as long as they are properly trained.	7/7/2022 8:53 AM
66	Technicians would need additional training and adequate compensation.	7/7/2022 8:33 AM
67	The actual vaccination itself takes minutes, it's the prep work beforehand and after that consumes most of the time (billing, filling out administration forms)	7/7/2022 8:05 AM
68	Most of my techs would be terrified to give vaccines	7/7/2022 7:37 AM
69	I have worked with nurses that administer - it helps but since the ultimate responsibility is the pharmacist - my attention is still needed - which disrupts workflow	7/7/2022 7:11 AM
70	This would help free up time for pharmacist	7/7/2022 6:10 AM
71	Agree with committee comments that it would be important to ensure appropriate initial training and ongoing competency assessments.	7/7/2022 12:21 AM
72	We don't have enough techs to man every station (drop off, data entry, product, register) so giving them another duty when they don't have time to complete their basic duties accomplishes NOTHING. Add to that having more phone lines than techs to answer them. The only result of this policy is that the pharmacists will take on more of the techs' work. That makes it a "wash".	7/6/2022 11:59 PM
73	I don't feel technicians have the appropriate judgement to provide vaccines, especially to children	7/6/2022 11:54 PM
74	Relief of pharmacist work but ensures duties of immunizing tech transfers to pharmacist	7/6/2022 11:31 PM
75	Only if there are enough techs scheduled to make the difference.	7/6/2022 11:20 PM
76	This helps alleviate some workload, particularly in the fall, but creates increased liability for the overseeing pharmacist.	7/6/2022 11:13 PM
77	Depends on the overall responsibility. Pharmacists will still be conducting the clinical evaluation. The act of vaccinating takes minutes. So the majority of the work is still on us.	7/6/2022 11:04 PM
78	Especially during peak seasons (covid and flu)	7/6/2022 11:03 PM
79	It will create less distractions and allow a better workflow.	7/6/2022 10:48 PM
80	i don't believe technicians should have the ability to give immunizations. To me I believe there are too many liabilities with it.	7/6/2022 10:36 PM
81	Would be helpful if technicians are recruited to do vaccinations perhaps with pay rate increases for vaccinating shifts.	7/6/2022 10:26 PM
82	Retail pharmacy technicians need to get paid a lot more if expected to immunize, and I don't believe retail chains are willing to do so. And techs are already overworked and underpaid.	7/6/2022 10:08 PM
83	Would free up the pharmacist to focus on other issues	7/6/2022 9:47 PM
84	Mandate appointments for vaccines. Limit scope of vaccines. Perhaps standard flu vaccines. Interns to have a wider scope	7/6/2022 9:44 PM
85	Techs are already overloaded with work. I don't know how receptive they will be with dealing with vaccine appointments. Of it is integrated in a way that they have to commit to so many shots a day then that would be a more likely scenario. Since, everything is numbers based in retail anyway.	7/6/2022 9:32 PM
86	It's just going to take away from the other things they need to do. It's impossible to ask a tech to immunize someone when they are running a Covid test and ringing the register and expected to type and answer the phone.	7/6/2022 9:29 PM
87	In my experience, many techs are unwilling and I take on this extra responsibility	7/6/2022 8:58 PM
88	Many of us are facing staffing issues and feel our tech are underpaid. Shifting the workload to	7/6/2022 8:27 PM

Meeting Materials

them is not going to help as they are too overwhelmed.

89	Only at RPh discretion and ONLY for Certified Techs	7/6/2022 7:41 PM
90	It will just allow corporations to abuse techs more and not compensate them for their time while still not fixing the workload issues for the rph.	7/6/2022 7:28 PM
91	Worry about the liability component. However, with proper training technicians have shown they have the ability to meet this demand.	7/6/2022 7:24 PM
92	There is such a high turn around with technicians that i would only feel comfortable with letting 1 or 2 of them at my store do vaccinations	7/6/2022 7:11 PM
93	If technicians could do shots it would free up time for more effective counseling	7/6/2022 6:48 PM
94	However even if techs can go more things done companies will not allow the tech to do it(ie) immunizations	7/6/2022 6:10 PM
95	If it will ultimately be on the pharmacist to ensure the technician gives the correct vaccination I would rather continue being the one doing it.	7/6/2022 6:00 PM
96	Can contribute to more errors by technicians with insufficient training and experience. Already saw multiple immunization errors by technicians at a major retail chain	7/6/2022 5:52 PM
97	I feel like it could help, but would be exploited and abused with retail chains	7/6/2022 5:40 PM
98	The problem would be getting the technicians trained. Due to the extreme technician shortage, getting them registered and certified is already difficult. Adding this may not help.	7/6/2022 4:54 PM
99	Should not be performed by technicians.	7/6/2022 4:46 PM
100	Why would techs want this when they're paid less than fast food workers? We need more techs, not more duties for techs	7/6/2022 4:20 PM
101	Many technicians would need to have more supervision doing this which adds work load to pharmacists.	7/6/2022 4:05 PM
102	As long as the pharmacist is checking the dosing and making sure correct drug and dose administered, it makes absolute sense to allow techs to administer.	7/6/2022 4:03 PM
103	Hard enough to get technicians to stay because they are not compensated appropriately so adding in even more responsibilities is not the best idea	7/6/2022 3:59 PM
104	Would reduce the interruptions in workflow.	7/6/2022 3:58 PM
105	Having technicians immunize doesn't necessarily reduce the workload on the pharmacy team as a whole. It frees up the pharmacist more but then that technician is missing from workflow and their specific role during that time. To find a replacement hire will be tough in this market with retail compensation.	7/6/2022 3:50 PM
106	Stop emailing these worthless emails to me. We all know you guys won't do literally anything about what's going on. You are all in bed with CVS, Wags, Wrong Aide, etc. You guys WORK for those companies. You KNOW how bad they are. Jennifer Ruddell literally is a district manager over stores I personally know crashed and burned. You guys want to act like you don't know what's going on, FINE. But LEAVE ME OUT OF IT.	7/6/2022 3:44 PM
107	Technicians should not be giving vaccines. Hire a nurse.	7/6/2022 2:56 PM
108	This doesn't matter if adequate technician help is not available. It also doesn't matter if the company does not compensate the techs for extra work.	7/6/2022 2:49 PM
109	Concern for high risk of errors	7/6/2022 2:10 PM
110	Immunizing technicians still practice under the supervision of the Pharmacist. It is difficult to supervise when working in a busy pharmacy.	7/6/2022 2:08 PM
111	I would say likely however I do not work retail where immunizations would be done but I know people who do and I think it would likely improve workflow and satisfaction	7/6/2022 2:07 PM
112	If there were enough technicians, yes.	7/6/2022 1:22 PM
113	We don't have enough tech coverage to begin with.	7/6/2022 1:19 PM

Meeting Materials

114	I think techs should be able to administer Covid and flu, but other vaccines should continue to be administered by a pharmacist.	7/6/2022 1:14 PM
115	Chain stores already staff at bare	7/6/2022 1:06 PM
116	This doesn't reduce workload, it just has a different person performing the work so then THEY would be backed up when return . The main problem is the workload.	7/6/2022 1:01 PM
117	The only problem I see is getting techs interested in giving immunizations. Very few in our stores are interested	7/6/2022 12:58 PM
118	I like this idea, but VERY concerned about the national shortage of pharmacy technicians - how can we ask them to do more, if we can't fill the open positions we have? Also, I don't like word ALL in the above statement - vaccines should be in line with those pharmacists and interns can administer.	7/6/2022 12:49 PM
119	Pharmacist still needs to review the consent form then finalize the script for the type of immunization	7/6/2022 12:39 PM
120	I don't feel comfortable allowing techs to give vaccines when I am responsible if they make a mistake. It would greatly increase my stress level! I would rather give myself than be responsible for their mistake!	7/6/2022 12:36 PM
121	Could help in short-term with workload, but see this as being another reason for large chains in particular to cut staffing, as now technicians would be able to "do it all," which may also lead to staffing pharmacist cuts instead of just helping to rebalance the workload. Feel like this could potentially backfire, although know that other states have done this provisionally for Covid and flu vaccines, which I think could be useful if done only for emergency time periods.	7/6/2022 12:25 PM
122	I do not think technicians go through qualified training that is good enough to be able to give vaccines. I tho k this will likely increase errors abs mishaps in the pharmacy. The idea of it is nice, but in the long run, I do not think without the extensive knowledge of vaccines they should be able to give them.	7/6/2022 12:21 PM
123	Overwhelmed now	7/6/2022 12:21 PM
124	There is a pharmacy technician shortage already. There isn't a pharmacist shortage. Expanding technician scope, knowing that there are limited resources will only make the situation worse as the retail giants continue to replace Rph tasks with technicians.	7/6/2022 12:15 PM
125	They are qualified and should be able to administer	7/6/2022 11:57 AM
126	Employers would need to compensate and they are not willing or will cut costs elsewhere.	7/6/2022 11:57 AM
127	Will improve working conditions however may make corporate offices more included to scale back on need for pharmacist this further impacting the job market negatively.	7/6/2022 11:55 AM
128	This will only help if there are actually enough techs scheduled to help with this task	7/6/2022 11:38 AM
129	Only if this includes increased staffing	7/6/2022 11:36 AM
130	Leave the kids out for now. Many pharmacists don't / won't vaccinate children.	7/6/2022 11:29 AM
131	I have found participation in this is extremely low for Covid vaccines as most techs don't want the responsibility for the small pay increase	7/6/2022 11:26 AM
132	Technicians to complete training similar to pharmacy interns	7/6/2022 11:20 AM
133	Administering the vaccine is but a small part of the process. The pressure to provide more vaccinations will increase yet the burden to make sure the vaccine is appropriate and safe still rest with the pharmacist	7/6/2022 11:04 AM
134	Unlikely due to tech shortage and need for higher pay for technicians	7/6/2022 11:04 AM
135	There should be a considerable increase in compensation for more professional duties.	7/6/2022 10:59 AM
136	As long as requirements are met for training and RP has documentation of competency, this is a great way to expand our profession	7/6/2022 10:58 AM
137	This will help workload ONLY if other policies are also passes that allow pharmacies to be staffed appropriately. If we are to continue to administer all vaccines, we need the tools to be	7/6/2022 10:54 AM

Meeting Materials

able to oversee this, and more information about previous vaccines.

138	Need to approve them giving flu shots ASAP before flu season	7/6/2022 10:54 AM
139	Technicians being able to administer flu and covid vaccines has greatly helped with workload balancing in the pharmacy. Expanding their role to other immunizations would be great, but those vaccines are minimal volume comparatively speaking when it comes to workload. However, absolutely think it's great to expand the role!	7/6/2022 10:51 AM
140	Most techs I talk to want nothing to do with administration. Wouu you md spend time on something more beneficial	7/6/2022 10:47 AM
141	This sounds good and might work, but I think in the end could translate to less pharmacist hours.	7/6/2022 10:47 AM
142	Allows for the workload to be better distributed.	7/6/2022 10:47 AM
143	We do not have highly qualified techs anymore at current time. We used to have highly skilled techs in past years when big chains used to abuse RPH and techs. Good Techs don't apply for tech jobs anymore and don't stay with profession due to big corporate working environment. If somehow companies and board can retains skilled techs then yes , absolutely that techs immunizations will help tremendously.	7/6/2022 10:41 AM
144	Technicians are not able to efficiently administer vaccines while still completing other daily work	7/6/2022 10:36 AM
145	Every year (prior to Covid at least), corporate would try to make a few more dollars by assigning more projects to the pharmacy. Their constant mantra was, "You can assign these jobs to your techs". Anyone could see a problem coming. Techs are expected to work as health care professionals while getting paid like grocers. The stress levels are unbelievable and they are not fairly compensated for all their work. They burn-out and there as been a constant shortage of techs for years now. Assigning them MORE work is not going to help.	7/6/2022 10:34 AM
146	Pharmacists should be the only ones giving vaccines	7/6/2022 10:33 AM
147	I am not comfortable being responsible for the administration of vaccines by at technician	7/6/2022 10:32 AM
148	Provided that technicians are given the appropriate training, this seems like a time-saving and reasonable idea. Medical assistants, who have a similar level of training, already give IM injections in the medical office setting, so this is not too far of a stretch.	7/6/2022 10:30 AM
149	Freeing up pharmacist time by expanding the scope of practice for technicians would likely improve working conditions for pharmacists. However, it could increase stress for technicians.	7/6/2022 10:29 AM
150	I believe it would be extremely beneficial to have multiple persons trained to give vaccinations. Scheduling one dedicated vaccinating technician each shift for peak vaccination season would allow better work flow.	7/6/2022 10:28 AM
151	I feel that this should be an optional certificate for technicians. Not all certified techs may want to immunize. During high volume vaccination periods, perhaps limit to a 2 hour "rotation shift" at a time per tech	7/6/2022 10:25 AM
152	Believe it could help with some workload balancing but will it just cut pharmacist hours and increase techs.	7/6/2022 10:23 AM
153	unless you have a certain extra tech scheduled to provide those vaccines, all your doing is taking that person out of workflow. if the tech is ADDED extra to the schedule to provide the vaccines then it would help	7/6/2022 10:17 AM
154	So if a technician makes a mistake with giving a vaccine, is the pharmacist on duty responsible for any errors? I do not want to risk my license and career on the actions of others.	7/6/2022 10:17 AM
155	We already have a technician shortage and I believe expanding the scope of technicians will pull them away from other tasks and create more stress and a need to rush. I also believe in protecting the role of the pharmacist and not expanding tasks we've been properly trained to do	7/6/2022 10:15 AM
156	Need training comparable to a pharmacist training. Something like APha for pharmacists. No short cuts	7/6/2022 10:14 AM
157	There would have to be adequate technician staffing in order for this to help with workflow, which most do not have.	7/6/2022 10:11 AM

Meeting Materials

158	Initial training and set up would cause MORE work for pharmacists likely. Ability to improve workflow would depend on skill level of technician.	7/6/2022 10:11 AM
159	Unless a technician is specifically scheduled to give immunizations, in addition to normal staff, pharmacies will run into the same understaffing issue they have as the pharmacist performing immunizations	7/6/2022 10:08 AM
160	My qualified technicians are certainly capable of administering other vaccines. I am fully satisfied that they can administer any vaccine under my supervision.	7/6/2022 10:02 AM
161	it is great to expand the clinical role of the pharmacist but in the retail setting as clinical duties expand, staffing does not. This causes pharmacists and techs to suffer	7/6/2022 10:01 AM
162	Unless pharmacies are going to hire a technician whose job is to only give immunizations, this would still take away help from the pharmacist.	7/6/2022 9:58 AM
163	Not appropriate	7/6/2022 9:56 AM
164	I don't think this is a good idea. The quality of technicians that we have it makes me nervous.	7/6/2022 9:54 AM
165	It is one more thing a pharmacist will be responsible for overseeing while trying to oversee dozens of other things.	7/6/2022 9:37 AM
166	Still the pharmacist's responsibility to make sure all immunizations are administered correctly	7/6/2022 9:19 AM
167	Not adequate training	7/6/2022 9:00 AM
168	There are many times when I might have 4 technicians working at one time in a 1-pharmacist store. They are standing around with nothing to do, while I am drowning in work and being pulled in every direction, with constant distractions.	7/6/2022 8:36 AM
169	Liability of what technicians do could be a big issue. It's a big help that they can give imz, but if and/or when they do something incorrectly is a big concern.	7/5/2022 10:34 PM
170	Daily immunizations aren't very cumbersome. It was only during the surge of covid shots where this would have helped. Certain days we would do close to 100 shots on top of prescriptions and our other daily duties.	7/5/2022 10:12 PM
171	Using technicians to their full potential will benefit pharmacists and patients by allowing the pharmacist more time to work on pharmacist only functions	7/5/2022 10:01 PM
172	It hurts my job security	7/5/2022 7:22 PM
173	I see where it could reduce workload on pharmacists. I personally don't feel comfortable with technicians administering vaccines and having the appropriate clinical conversations with patients.	7/5/2022 6:00 PM
174	We already have immunizing techs that are doing most of our COVID vaccinations, increasing the scope of vaccinations wouldn't alleviate pharmacist responsibilities that much.	7/5/2022 4:31 PM
175	i think it would be good if the tech can do them in mass clinics etc where a rph is directly supervising them so there are no errors. having them immunize and take them off the regular workflow wont be much helpful.	7/5/2022 2:01 PM
176	This will reduce the workload	7/5/2022 1:56 PM
177	Allowing techs to give all vaccines would help tremendously, especially during flu season when we are run ragged	7/5/2022 1:19 PM
178	This will help reduce the workload on pharmacists, expand the tech role, and provide role clarity for techs so companies can recognize and compensate techs for their skills.	7/5/2022 12:58 PM
179	By allowing the pharmacist to work with less interruptions by providing immunizations from trained technician staff, errors can be lessened.	7/5/2022 11:51 AM
180	It's likely that this would decrease burden on the pharmacist only if patient's are comfortable getting an immunization from a technician. There may be perception/trust issues there that would make this be less effective than intended.	7/5/2022 11:44 AM
181	too much variation in technician skill level--oversight needed takes as much time as doing vaccination myself--risk of technicians overstepping boundaries with clinical information in	7/5/2022 11:24 AM

Meeting Materials

vaccine booth--observation necessary which takes time

182	Must be under direct pharmacist supervision if I were to support this but it could help with workload and stress in the workplace.	7/5/2022 11:08 AM
183	Too much responsibility given to techs	7/5/2022 10:53 AM
184	Having technicians give vaccinations would definitely help, but they would want (and deserve) more money. I am also slightly afraid some of my technicians would quit if they were forced to give vaccines.	7/5/2022 10:40 AM
185	Pharmacy technicians need pharmacist oversight on administration of injections for potential contraindications. It does not make sense to restrict injections by type unless the injection procedure is significantly different than others.	7/5/2022 8:56 AM
186	Not enough technicians in the market place currently.. Need to simplify the technician registrations requirement etc.	7/5/2022 8:42 AM
187	Administration of vaccines usually requires some counseling the technicians are not able to give.	7/5/2022 7:12 AM
188	This saves pharmacists a ton of time, especially in cases where the administrator has to wait a half hour for a screaming child to calm down.	7/4/2022 4:40 PM
189	this would increase the risk of medical errors and potentially harm patients. This would create additional situations for RPH's to have to check and monitor.	7/4/2022 3:53 PM
190	especially during the flu season.	7/4/2022 3:15 PM
191	As a pharmacist I am not given enough time by my employer to adequately oversee that the correct vaccine was administered. This has raised concerns that patients have been receiving incorrect vaccinations because there is inadequate training and policies to confirm what a technician has done with a vaccine.	7/4/2022 2:53 PM
192	This option should be at the discretion of the supervising pharmacist. The pharmacist should have the final approval of allowing a certified technician to give a vaccine under their watch.	7/4/2022 12:57 PM
193	Without proper training and competency this could be dangerous to staff and patients	7/4/2022 11:42 AM
194	These people have little to no medical training- they should not be administering drugs into humans without significant training on physiology etc	7/4/2022 10:20 AM
195	I don't want to have to supervise / take on responsibility for this matter with technicians	7/4/2022 9:53 AM
196	Would require additional pharmacist oversight, leading to more strain	7/4/2022 7:47 AM
197	I'm not sure all techs are capable	7/4/2022 7:30 AM
198	This is 100% necessary. The pandemic has changed the landscape of pharmacy and vaccinations are now a daily thing and can no longer be the sole responsibility of the pharmacist.	7/4/2022 5:53 AM
199	This would be great but would require significant training. With the amount of turnover happening with staff, it would be nice if the technician could complete a certification program on their own prior to being hired.	7/4/2022 3:37 AM
200	Would improve working conditions if the technicians could opt out of giving them and were paid more than non-ims techs	7/3/2022 11:51 PM
201	I would rather do the vaccines and not worry if the technicians was doing the injection properly.	7/3/2022 11:20 PM
202	This will free up the pharmacist to do other tasks like counseling, checking prescriptions, taking prescriptions from physician offices, and transferring prescriptions.	7/3/2022 8:54 PM
203	Would love technicians to give all immunizations!	7/3/2022 7:28 PM
204	Unlicensed medical assistants administer vaccines in physician practices, this would fall into this same category.	7/3/2022 7:00 PM
205	I believe this is beyond the scope of a technician. Immunology courses and product familiarity and pharmacology requires	7/3/2022 6:09 PM

Meeting Materials

206	Consider having the certified technicians, where they only perform the injection administration of the vaccine, and not any clinical or determination of dispensing responsibilities.	7/3/2022 6:01 PM
207	Vaccines as part of the regular pharmacy workflow is always a challenge. I don't think it solves anything by authorizing technicians. Most technicians do not want to give vaccines anyway. We need to have limits on the amount of vaccines we give. And yikes the small children have defiantly put me over the edge!	7/3/2022 5:32 PM
208	Major chains will simply reduce pharmacist hours in accordance resulting in a net decrease in patient safety	7/3/2022 4:46 PM
209	Techs already giving these during pandemic	7/3/2022 3:03 PM
210	When there are multiple people waiting and a couple people there for a shot, it would definitely be helpful to have a tech able to give the immunizations.	7/3/2022 2:55 PM
211	Unlikely to help unless there will be a RPh to tech ratio enforced. Cannot expect 1 RPh to supervise an unlimited amount of techs doing increasingly clinical duties	7/3/2022 2:50 PM
212	This will help pharmacists but companies should be required to pay technicians more for the additional responsibilities.	7/3/2022 2:44 PM
213	Taking pharmacist responsibilities from technicians may relieve pharmacist workload but will ultimately lead to reduced patient safety and care	7/3/2022 2:39 PM
214	Pharmacist would still have to oversee and be responsible for all steps involved.	7/3/2022 1:49 PM
215	The shortage of technicians prohibits this from being helpful	7/3/2022 1:42 PM
216	Most of the technicians i work with are not an educational and professional level to do this. The Pharmacist will si.ple be running the walk up window.	7/3/2022 10:56 AM
217	There is a definite need to make the technician role a long term career option	7/3/2022 9:19 AM
218	Make sure techs have enough training / experience first	7/3/2022 4:53 AM
219	Technician workloads are already extreme. There is often only 1 tech on duty to cashier drive thru and front counter transactions and 1 tech to perform data entry filling. It would improve work conditions contingent upon pharmacy providing for ample enough hours as to not interfere with workflow.	7/2/2022 11:33 PM
220	Most of my technicians are not interested in the extra stress of giving shots. Some that are interested should not be allowed to do shots because incompetent.	7/2/2022 11:03 PM
221	Mandate technicians to immunize. Pharmacist need help and don't have a choice to immunize. Having technicians immunize will take a huge weight off of the pharmacist shoulders.	7/2/2022 10:58 PM
222	Corporations will not need to hire pharmacists to do this work anymore and will increase in pharmacists leaving the profession due to job loss	7/2/2022 10:06 PM
223	Would help with workflow if the pharmacist is comfortable with the technology administering the vaccines. However, this may also lead to more errors the pharmacist is responsible for	7/2/2022 6:06 PM
224	Not many technicians will be interested in doing this at current pay rates.	7/2/2022 10:02 AM
225	May reduce vaccinations given by pharmacist but doesn't reduce any pharmacist liability due to overall pharmacy workload.	7/2/2022 9:57 AM
226	Unless you can mandate a higher "level" of technician. Also, pulling a tech out of the pharmacy to do this task then shorts the rest of the team.	7/2/2022 8:56 AM
227	if go down this pAth then it should be all techs being required to give vaccines as part of their work (industry standard) i see techs within our setting leaving the pharmacy if it becomes corp mandate yet if we have techs stating they will not do it then the vaccines default back to the rxist on duty to perform again and really not solving the work load issue	7/2/2022 8:34 AM
228	Technicians need to be able to administer at minimum COVID and Influenza. The need of the community needs to be put first and overworking an already taxed system is not in best interest of the patient. BOP has the obligation to protect the public from harm and this includes proactive measures.	7/2/2022 8:30 AM
229	Eventually it may save workload for pharmacists if we are not required to physically oversee	7/2/2022 7:26 AM

Meeting Materials

every shot they give. If we have to watch them administer each one then it would take us both out of the pharmacy. Additionally I know many at my store would not want to do it unless they had increased pay and training paid for.

230	We have to have time for adequate training and oversight	7/2/2022 12:04 AM
231	Technicians were already able to give vaccinations as part of EuA during covid, did not make a significant difference in pharmacist workload.	7/1/2022 10:53 PM
232	Will help free the pharmacist but the overall workflow will be further hindered.	7/1/2022 10:27 PM
233	This is helpful if the technician is scheduled for vaccinations only. If they are taken away from phones/register/workflow and the pharmacist must then take over those duties, it makes more sense for the pharmacist to administer the vaccine.	7/1/2022 9:53 PM
234	Pharmacist will have to do tech duties when techs are busy giving vaccines	7/1/2022 9:15 PM
235	Techs are already overworked and underpaid - adding to their workload isn't the solution to improving overall working conditions	7/1/2022 7:58 PM
236	This would give nurses and pharmacists more opportunity to focus on verifying prescription safety for patients.	7/1/2022 6:58 PM
237	Turnover rate is tremendously high in retail pharmacy as it is. My new hires often struggle to complete existing state board required training. I don't have many techs on board I could trust with this task.	7/1/2022 6:38 PM
238	It's taking two people out of workflow if both the technicians and pharmacists have to verify everything before the vaccine is given. There is too much tech turnover to gain enough trust to not be watching over them constantly.	7/1/2022 5:43 PM
239	If pharmacist required to watch technician give injection it is no less work load for pharmacist	7/1/2022 5:23 PM
240	Those already certified to give Covid vaccines, know the technique and are capable of administering other vaccines	7/1/2022 2:17 PM
241	I love the idea but am concerned because finding qualified technicians and retaining them is already an issue.	7/1/2022 2:06 PM
242	It may improve conditions. However, flu and covid vaccines are the bulk of the vaccines encountered daily. I would not anticipate a meaningful impact of expanding technician's vaccinating responsibilities beyond flu and covid.	7/1/2022 2:00 PM
243	But none of the techs I work with are interested in doing this as it means more responsibility without more pay.	7/1/2022 1:52 PM
244	But it won't matter. We lack in techs, so even if they could give immunizations, we don't have them to give the immunizations.	7/1/2022 1:47 PM
245	Ohio should follow the lead of other states and move forward with the practice of pharmacy.	7/1/2022 12:59 PM
246	Until chain pharmacies are willing to increase the pay scale for technicians I doubt this will help. You can allow techs to vaccinate but when you can't hire techs it doesn't matter. The area I see this helping is in independent and institutional/hospital pharmacy.	7/1/2022 12:40 PM
247	No immunizations at my site	7/1/2022 10:31 AM
248	While it's nice to have the option to have technicians give vaccines often it's been less efficient to pull a tech out of work flow than it is for me to go give the vaccine.	7/1/2022 9:06 AM
249	Pay grade for techs is not high enough to compensate taking on this responsibility. It would be more productive to spend more on allowing more tech hours for the regular work flow at the current pay grade.	7/1/2022 8:43 AM
250	with a pay raise for techs.	7/1/2022 7:04 AM
251	with low budgets, having a technician immunizing simply means the pharmacist will be getting the windows or filling in the technician's absence. It won't help the pharmacist's workload at their own workstation.	7/1/2022 12:49 AM
252	Techs do not make enough money to do this. This will just add more to their plate	7/1/2022 12:38 AM

Meeting Materials

253	Not all pharmacies in all stores will want to get certified. For example, a pharmacy with 3 very good techs, and all 3 well seasoned may not want get certified. You cannot "force" techs to get certified. This would cause added stress to these type of techs, and allow companies to fire them for not doing the training. However, for those techs that want to do it, I'm all for it, long time coming. In other words, it may help some pharmacies, but will not help all pharmacies.	7/1/2022 12:22 AM
254	While some technicians may appreciate the opportunity to expand there skill, it will not help in workload reduction or stress of the workplace in pharmacy. In current times, we do not have the staffing to train on additional skills and consistently oversee more processes that techs are performing.	6/30/2022 11:46 PM
255	It would be helpful, however I don't believe it's fair to have technician immunize without additional compensation. I don't see myself enlisting my technicians to assist with immunization for this reason.	6/30/2022 11:42 PM
256	I feel as though a large majority of my patients would only want vaccinated by a registered pharmacist or intern.	6/30/2022 11:21 PM
257	Not sure I'd be comfortable receiving a immunization from a technician. It is difficult to find a good tech.	6/30/2022 9:59 PM
258	I believe it will add another layer of stress because the RPH will be held accountable for the technician's actions.	6/30/2022 9:56 PM
259	Overall there are too few technicians interested in taking on more responsibility with no increase in pay.	6/30/2022 9:51 PM
260	It doesn't make any sense that a technician can administer a covid or flu vaccine and not a shingles. This will make a huge improvement to workflow.	6/30/2022 8:57 PM
261	This only gives the large chains more reason to abuse the technicians. Unless they are willing to pay them more, this will not help. This will only allow chains to add more tasks and more things for the staff to do. Most chains are understaffed to begin with.	6/30/2022 8:54 PM
262	I don't think that technicians can do this on their own and I believe this would just add as much burden. We would need to monitor them and it would be just as easy for us to do it ourselves	6/30/2022 8:49 PM
263	Are pharmacist still liable under their license for this? Exp. Wrong vaccine Could really benefit or regally hurt	6/30/2022 8:30 PM
264	Would help with workload but also potentially takes away pharmacist staffing. More and more responsibilities to techs means less need for pharmacist hours.	6/30/2022 8:26 PM
265	None of the workload increases for techs over the past 2 years have resulted in an increase in budgeted hours.	6/30/2022 7:45 PM
266	As long as the immunizer does not have other technician duties that they must put on hold while immunizing	6/30/2022 7:21 PM
267	Just wonder will they carry the liability?	6/30/2022 7:20 PM
268	I would not feel comfortable getting an immunization from a pharmacy technician, therefore I couldn't expect my patient's to feel comfortable with that	6/30/2022 7:16 PM
269	Making their workload heavier just asks for more mistakes in other areas	6/30/2022 7:14 PM
270	There is a shortage already and they are already over worked	6/30/2022 7:05 PM
271	Of course to be supervised by a pharmacist similar to an intern	6/30/2022 7:05 PM
272	This will alleviate the workload for pharmacist but cannot fall under RPH supervision since it is quite impossible to monitor all vaccinations given. If this is part of their certification, then all responsibility falls on the technician's license.	6/30/2022 6:57 PM
273	most techs do not want the responsibility since their pay is absymal (they need to make at least \$20 per hr and have lots of training), pharmacists do not feel comfortable letting techs do vaccines when we cant watch what they do. How can pharmacists be responsible if they are in a different room and cant watch the techs. We cant be liable. Chains because they are greedy would rather have techs do vaccines than pharmacists. That way they fire more pharmacists. It is a totally bad perverse idea to allow techs to do more vaccines. They do not have the knowledge nor the training, nor do they want the responsibility. It just means the pharmacists	6/30/2022 6:12 PM

Meeting Materials

will be doing the menial jobs like answering phones, working drive thru, and filling because they only have one tech and that tech would be doing vaccines and covid testing while the pharmacist fills 400 scripts. ABSURD!

274	I think this would add more concern to some pharmacists, I would be one, that the tech is not adequately trained to administer and monitor. This would add more concern for me.	6/30/2022 6:11 PM
275	This store doesn't do any immunizations and vaccines	6/30/2022 6:10 PM
276	May shift techs away from prescription processing duties placing more workload on pharmacist	6/30/2022 6:09 PM
277	May help but we are always short on technician help.	6/30/2022 5:50 PM
278	Only pharmacists should give vaccines	6/30/2022 5:44 PM
279	Assuming all techs would be required to take the same training required of pharmacists as a condition of registration, employers would need to make their participation mandatory to see any change. I have worked with many techs who successfully avoided tasks by claiming inadequate training. So whether techs administering vaccines would even happen at all could hinge on employer sanctioning the change then being fully committed to improving pharmacist conditions. Also, it takes a lot of time for pharmacists to become comfortable with and to trust tech performance. Continued high turnover of techs will result in a temporary increase in pharmacist work and stress until each are comfortable with vaccination skills. (This concept can apply to all increases in tech responsibility unless decreasing turnover is made a high priority.)	6/30/2022 5:36 PM
280	Vaccines should be pulled or verified by the rph before the tech administers.	6/30/2022 5:33 PM
281	Not in favor of this	6/30/2022 4:45 PM
282	Concerned about technicians doing this- lack of professionalism.	6/30/2022 4:39 PM
283	Need more technicians in the Columbus market to have this make any waves.	6/30/2022 4:27 PM
284	It does take some of the load off the pharmacist.	6/30/2022 4:25 PM
285	This would have a similar impact that certified technicians taking prescriptions from an MD has today. It would also improve job satisfaction among technicians so long as they are compensated appropriately for the increased responsibility.	6/30/2022 4:10 PM
286	Technicians are not paid enough for this responsibility nor are they interested in becoming immunizers. They do not carry malpractice insurance and are not adequately informed of the risks and responsibilities of giving immunizations. The board should limit the scope of immunizations altogether, retail pharmacists can't be responsible for safely monitoring patients post-shot and filling 100s of scripts too! The environment is unsafe, board should look into making immunizations via dedicated clinics only to ensure pharmacists can concentrate on their task of properly filling rxs. Walk-in shots should be left to the health department!	6/30/2022 4:07 PM
287	Expanding scope of practice just means companies will require more from their employees likely without additional pay.	6/30/2022 4:07 PM
288	While this would improve working conditions for the RPh by taking a little off of their plate, I don't believe technicians are being adequately trained to do this. In my direct experience, I have seen numerous technicians not administer vaccines correctly (in regards to administration technique, not wrong med/error). They also aren't knowledgeable enough about the vaccines to be able to answer questions and provide counseling, which the patient typically expects while they are receiving the vaccine. If technician administration becomes the norm, there needs to be more intense training and observation periods prior to working independently.	6/30/2022 4:05 PM
289	Takes the tech out of the picture to give the vaccination...this leaves the pharmacist either alone or down one tech during that time.... This would be a failure	6/30/2022 4:03 PM
290	Not enough techs to do normal filling technician duties.	6/30/2022 3:58 PM
291	Only very specific techs with appropriate and advanced education regarding vaccines and technique.	6/30/2022 3:52 PM
292	if it needs to be under pharmacist supervision, then 2 people are tied up doing one job	6/30/2022 3:52 PM
293	Risky practice. techs can certainly be trained to give shots but the professional expertise required to pick up on potential issues may be overlooked	6/30/2022 3:50 PM

Meeting Materials

294	Technicians are not use to the verification process which will lead to incorrect vaccines and doses being administered. Verbiage muse be made that a pharmacist must review dose and vaccine prior to administration	6/30/2022 3:29 PM
295	Technicians are already underpaid and asked to do an awful lot. No employer is going to pay technicians extra money or give adequate extra hours for staff to administer vaccinations. This would only serve to further bog down technicians with more work and opportunity for error	6/30/2022 3:28 PM
296	not an overall large increase to workload	6/30/2022 3:17 PM
297	I feel this is an increase liability to the pharmacist.	6/30/2022 2:58 PM
298	As long as technicians are not forced to administer vaccines by their employer if they do not feel comfortable doing so.	6/30/2022 2:55 PM
299	There would still be supervision needed- depends on quality of technicians	6/30/2022 2:52 PM
300	While the the time gained from a technician actually giving the immunization would be helpful, the pharmacist would still need to complete DUR and review the patient supplied information to determine if the requested immunization is appropriate. The pharmacist will still be "checking" the same number of prescriptions.	6/30/2022 2:49 PM
301	I would probably still continue to give my own shots regardless of workloads. I just feel more comfortable and it's a way to interact with the patients	6/30/2022 2:47 PM
302	A lot of the technicians refuse to vaccinate as it is now.	6/30/2022 2:46 PM
303	Would require extra training and supervision from the pharmacist.	6/30/2022 2:37 PM
304	We would need more techs for that. Taking the limited help we have already would force many pharmacists into technician roles.	6/30/2022 2:31 PM
305	Chain pharmacies will just increase the metrics of how many immunizations can be done within an hour due to more technicians without scheduling extra techs for that role. They will be pulled from their other work increasing patient wait times and potential for errors from multitasking.	6/30/2022 2:26 PM
306	Pharmacists shouldn't be forced by retail chains to become cashiers and clerks! Staff should be attending to these tasks, leaving the pharmacists time to do what we have been educated to do!	6/30/2022 2:26 PM
307	Will need adequate training and incentives for Pharmacist to encourage to train hands on and monitor, encourage, motivate and remain part of the process	6/30/2022 2:11 PM
308	Provided corporate allows hours for adequate technician staffing	6/30/2022 2:11 PM
309	Administration is just a small part of giving vaccines in the pharmacy. Paperwork and processing is still a large part, along with counseling and asking patients probing questions about their consent form to insure accuracy and appropriateness of vaccination.	6/30/2022 2:08 PM
310	It is more for the pharmacist to directly supervise. The vaccines being given under direct supervision of the pharmacist does not make the workload any easier.	6/30/2022 2:07 PM
311	My techs do not get paid enough. In addition, most I would not feel comfortable doing this.	6/30/2022 2:02 PM
312	I think it should never be required for a technician to administer a vaccine if they feel uncomfortable doing so.	6/30/2022 2:02 PM
313	This may just cause more problems if questions or concerns cannot be answered by the technician and must be forwarded to the pharmacist which would just get another person involved. Would also depend on if the pharmacist is responsible for any vaccine errors that may occur or if they fall on the administering technician.	6/30/2022 2:02 PM
314	Will I even be able to find technicians, let alone, qualified ones.	6/30/2022 1:59 PM
315	Injection of drug needs utmost training & knowledge. I worry about an anaphylactic shock. I think a pharmacist is a better choice.	6/30/2022 1:58 PM
316	Limit to IM injections to simplify training and tech workload	6/30/2022 1:51 PM
317	vaccine workload is reduced greatly when a certified tech is helping with them	6/30/2022 1:47 PM

Meeting Materials

318	More staff training for immunizations will help.	6/30/2022 1:37 PM
319	Requires a licensed personnel. Don't trust technician. But if they take a test and they pass then I am fine with it.	6/30/2022 1:35 PM
320	And pay them appropriately for their increased skills and duties	6/30/2022 11:43 AM
321	While this would be helpful, staffing is minimal often working with only 1-2 technicians as it is, so having a tech administer vaccines doesn't really alleviate the workload, it just moves the workload around	6/30/2022 9:46 AM
322	My employer has very few cpht so this would not help. Also, I would still need to oversee this	6/30/2022 9:23 AM
323	In favor of this under the impression that the order is still generated from the pharmacist or prescriber. From past experience some question of technician responsibility to the patient and due diligence in assuring safe care	6/30/2022 8:52 AM
324	Not all pharmacies have multiple technicians working throughout the day to limit the interruptions of the pharmacist. When I spend the majority of the day alone, having a technician with the ability to give vaccines isn't going to help me.	6/29/2022 9:24 PM
325	Not enough qualified technicians to start with. The quality of current retail technicians is declining due to better jobs in hospitals. I would not trust them with this skill.	6/29/2022 8:34 PM
326	The academic equivalent of licensed and registered pharmacy technicians are providing such services in medical offices around the country, ie, medical assistants. I fail to see how properly trained pharmacy technicians could provide services that are less safe or effective. Ohio needs to get out of the Stone Age! Please share the data from other states which allow properly trained technicians to vaccinate that suggests the practice is harmful.	6/29/2022 8:22 PM
327	Gives pharmacist time to counsel on vaccine and then go back to checking prescriptions.	6/29/2022 8:16 PM
328	Horrible idea! Technicians have enough workload	6/29/2022 8:14 PM
329	Certified technicians are already allowed to administer Covid and Flu vaccinations under guidance. There is no difference in administering these vaccines and a pneumonia vaccine for instance.	6/29/2022 6:18 PM
330	We are already too short staffed to start providing more vaccines in the retail setting.	6/29/2022 5:09 PM
331	would make this for adults only - based upon the risks of adverse effects associated with administration of immunizations to children they need to be monitored by a licensed professional	6/29/2022 5:01 PM
332	This allowance during COVID was single handedly the only thing that allowed our pharmacy to continue providing our regular rx dispensing to continue. We would have been overtaken by Covid shots if the RPH was the only provider.	6/29/2022 4:58 PM
333	The impact on this proposal would be dependent on the staffing of the pharmacy. If there is not enough support staff or Pharmacist overlap it is irrelevant who is giving the immunizations. Secondly, technicians are not going to be willing to take on more responsibility without the acknowledgment of position or certification AND increased pay rates for doing immunizations.	6/29/2022 3:57 PM
334	As a senior technician of 18 years i am on the fence about the extra responsibility and blood bourne risk involved because my particular company kroger only offers .50 more per hour for this advanced training that cost pretty ample money to even get certified for.	6/29/2022 3:39 PM
335	It can be difficult to hire and retain technicians. Where staffing issues exist, expanding technician scope of practice may not have the desired impact.	6/29/2022 1:57 PM
336	Less technician candidates because they don't want the responsibility of immunizing	6/29/2022 12:47 PM
337	Techs are Not qualified and not dependable	6/29/2022 12:00 PM
338	Unfortunately, since there are not enough techs for any given job site - this will not provide adequate relief. At my previous work site for instance- techs doing immunizations was a great idea in theory, but since I had no back fill of techs - just made entering/filling/selling rx's all backed up	6/29/2022 11:58 AM
339	Very few technicians I have worked with actually care about the importance of their job and I would not feel comfortable with them giving immunizations.	6/29/2022 11:00 AM

Meeting Materials

340	Problem is the majority of techs don't want to have more liability and be forced to travel to other stores in the chain that are needing help.	6/29/2022 9:18 AM
341	Not sure all techs would be capable	6/29/2022 9:17 AM
342	Technicians require more pay and unionization, more responsibilities will not fix anything and increase adverse event risk	6/29/2022 8:10 AM
343	Technicians safely administered non-FDA Approved COVID vaccines, therefore they can safely administer all FDA Approved vaccines.	6/29/2022 7:45 AM
344	I'm already doing a lot of technician work d/t shortage. This will only be one more reason to pull them away. If it is a fully staffed pharmacy, then this may be helpful	6/29/2022 5:56 AM
345	Increasing the responsibilities of a pharmacy technician will allow for the distribution of certain tasks (e.g. immunization) over a larger group of employees which may help balance the workload in certain environments. However, there are two caveats: 1. If a technician is pulled away to give a vaccine, who will do that technician's job tasks while they are immunizing? In many cases it would be the pharmacist. So instead of providing an immunization, the pharmacist would be answering the phone or data entering prescriptions. 2. I would be hesitant to give up pharmacist responsibilities to technicians so easily. With each responsibility that is surrendered, we erode the pharmacist's role in healthcare. If we continue down this path, we will eventually reach a tipping point where the pharmacist becomes obsolete in many settings.	6/29/2022 12:31 AM
346	still pharmacists have to check, etc	6/28/2022 11:13 PM
347	As long as insurance companies would still reimburse during billing at a fair rate.	6/28/2022 10:49 PM
348	Having technicians help give immunizations would help reduce pharmacist workloads	6/28/2022 10:29 PM
349	Recently I have encountered technicians that are completing certification to give immunizations for the raise then refusing to give them. I feel like there would need to be expectations once certified.	6/28/2022 10:10 PM
350	Corporate retail will continue to understaff pharmacy with inadequate ancillary help.	6/28/2022 9:16 PM
351	additional pay for techs trained? protection from liability for techs?	6/28/2022 9:03 PM
352	Will need more highly trained, FULL TIME, techs in both retail AND hospital pharmacy.	6/28/2022 8:42 PM
353	Not sure I trust techs doing that.	6/28/2022 7:57 PM
354	I would be more stressed of my techs giving someone a shot.	6/28/2022 6:48 PM
355	If people at home can give their significant other insulin/shots techs can do it too	6/28/2022 6:20 PM
356	Not all techs want to provide imz so it may not help some stores if their staff is not interested in administering imz	6/28/2022 4:38 PM
357	This will help will speed of processing immunizations, though there needs to be an educational component before technicians are authorized to administer all vaccines.	6/28/2022 4:03 PM
358	There are very few technicians I would trust with this responsibility	6/28/2022 3:56 PM
359	It is likely to improve, however one of the main issues is getting enough tech hours scheduled (allowed by our company) to better utilize a tech. Unfortunately, my employer continues to cut tech hours and it would do not good for me to have expanded tech duties if the state doesn't do anything to help with proper staffing.	6/28/2022 3:25 PM
360	I fully support implementation of this item, however with the current absence of licensed CPhT looking actively for employment, I am unsure adding vaccine administration to the currently hired CPhT will assist in anyone's workload.	6/28/2022 3:09 PM
361	Hard to find good help and have someone you can trust to give the vaccines under your supervision. Most time is in counseling the patient anyways, not the physical aspect of giving the vaccine.	6/28/2022 2:35 PM
362	While this would be a helpful tool, we are struggling to obtain and retain technicians at a basic level. Simply stated, we do not have the staff to fill prescriptions, answer the phones and wait on patients, let alone have a technician trained to the level of administering vaccinations. Just	6/28/2022 2:34 PM

Meeting Materials

this last week, we lost 50% of our staff. So yes, helpful, but we need basic level staff first and incentives for them to stay and only then can we enhance the responsibilities.

363	Unless it is in a side by side situation. Otherwise it is just one more thing for me to supervise	6/28/2022 2:30 PM
364	Although my technicians are certified to administer immunizations, I do not feel comfortable with them administering them. I've seen errors associated with them administering them (too high on arm, wrong vaccine, wrong patient, not completing in ironman, wrong side-effects discussed with patient, etc.). I prefer to administer ALL vaccines in my pharmacy.	6/28/2022 2:04 PM
365	The technicians need to feel comfortable with this and of course be trained. The technician needs to be compensated for this service to.	6/28/2022 1:40 PM
366	There is enough liability that surrounds me daily no need to add more	6/28/2022 1:38 PM
367	If the technicians are solely responsible for the administration of the vaccine, yes. If the Rph is responsible, I may as well complete the task myself as the vaccine is generally given in an area away from where I can monitor.	6/28/2022 1:19 PM
368	Who is at fault if an error?	6/28/2022 1:10 PM
369	RPH on duty is still responsible for technician actions and oversight and would have to be comfortable that the technician is competent in this area.	6/28/2022 12:39 PM
370	This could potentially put more liability on the pharmacist if they do not administer injections appropriately. There would be limited technicians I would trust that could do this correctly and professionally without causing harm to the patient and more paperwork for us.	6/28/2022 12:37 PM
371	Only for Certified Pharmacy Technicians that receive the same education/training as a Registered Pharmacist	6/28/2022 12:32 PM
372	there are already too many tasks that techs can do that are not getting done. at this point i dont think we need to expand their scope we just need to hire more techs to do the work they currently do	6/28/2022 11:31 AM
373	Technician should go through extensive training or have several years of experience as a technician before being able to immunize, or have a pharmacist approval, as I can see this going bad. It could also be a very good thing as well.	6/28/2022 11:31 AM
374	Would definitely help pharmacist workload; not sure if this would negatively impact technician workload? Would help techs work more at the top of their license	6/28/2022 11:24 AM
375	That's just another technician task I would have to oversee and incur a risk for error in vaccine selection, dilution, administration, etc. I'd rather do it myself.	6/28/2022 11:19 AM
376	Trained technicians have already started to alleviate pressures in administering covid and influenza vaccines with the emergency order. Allowing an expansion to all ACIP recommended vaccines will further solidify this.	6/28/2022 11:13 AM
377	Children should get vaccines at pediatricians office during well visits. Too young for pharmacy administration	6/28/2022 10:45 AM
378	It was very helpfull when they started giving covid vaccines and it will improve even more if they can help with flu season	6/28/2022 10:03 AM
379	Large chains will simply increase solicitation of vaccines, as they have recently, and put more pressure and workload on those technicians who are licensed to administer.	6/28/2022 10:00 AM
380	Some technicians may not be as trustworthy as others. Hard to rely on someone for doing such an important technique if they are not competent enough-causes more stress	6/28/2022 9:59 AM
381	If we could find qualified, trained technicians, this may help. Unfortunately, we can't find qualified, trained technicians.	6/28/2022 9:43 AM
382	If the pharmacist is ultimately still responsible this would create worse and more stressful conditions since technician turnover is high, technicians' ability to perform these tasks competently varies greatly, and many times techs from other locations fill in making it difficult to assess a technician's capabilities.	6/28/2022 9:34 AM
383	Pay them per immunization	6/28/2022 9:30 AM

Meeting Materials

384	Would help greatly during flu season. Moderately during the off-season	6/28/2022 9:09 AM
385	There are few technicians I would fully trust to carry this out, and with tech staff shortages being an ongoing opportunity, I am not sure this solves much	6/28/2022 8:45 AM
386	Pharmacy technician responsibilities in terms of vaccinations are likely progressions of future technician training and employment.	6/28/2022 8:41 AM
387	While immunizations are an important part of healthcare that pharmacists provide, I do not think the volume of immunizations given is such that offloading to a technician would be a huge significant gain in working conditions.	6/28/2022 8:38 AM
388	Will this help workflow and allow a pharmacist to continue verifying/counseling/etc.? Yes. How much? Not much, except during flu shot season.	6/28/2022 8:35 AM
389	It takes out technicians on average 2 to 3 times the amount of time to complete the immunization process per patient.	6/28/2022 8:28 AM
390	This is all dependent on the level of capable staffing.	6/28/2022 8:23 AM
391	Number one I do not feel that technicians have enough training to administer vaccinations and would not feel comfortable having this happen in my pharmacy. Number two you're just switching staff members so instead of the pharmacist taking time out of their daily tasks to give a vaccine, do you have a technician stepping away from their normal test to give a vaccine. It's gotta be somebody whether it's a pharmacist or technician it's an added workload and I don't see that having technicians do this task would truly help the work load in the pharmacy.	6/28/2022 8:22 AM
392	Not really comfortable with technicians giving shots.	6/28/2022 8:18 AM
393	May help pharmacists, but could put additional burden on technicians.	6/28/2022 7:53 AM
394	I do not think this is beneficial because I do not have adequate time for proper oversight of technicians providing immunizations (review of paperwork, answering questions from tech and patient (still being needed for the vaccination as well as my tech being needed, so effectively taking 2 people out of workflow instead of just 1), ensuring proper training/technique) in the environment/lack of pharmacist hours given with the expectations to outperform year after year with less each year. It is unsafe and will continue to be unsafe. This may be helpful in the future, but this is the last thing to be thinking about until you can fix literally every other issue happening in chain pharmacies.	6/28/2022 7:43 AM
395	Must require adequate technician compensation for this increased workload on technicians	6/28/2022 7:38 AM
396	Pharmacists and tech should not be vaccinators!! Especially NOT pediatrics..do more with less..for the safety of patients the line needs drawn and age limits need established!! Leave it to the nurses. Pharmacist are drug specialists NOT immunizer s.	6/28/2022 7:24 AM
397	Especially helps retail settings	6/28/2022 7:10 AM
398	Technicians are high school graduates they do not have any knowledge on anatomy or vaccine studies. This chain pharmacy use technicians as immunization by giving 2 hr training. I find complain from so many patients that they got nerve damage due to covid vaccine given or they need to run through physical therapy because their arm is not moving etc. pharmacy tech should be in pharmacy to fill drugs resolve insurance issues that's all	6/28/2022 5:16 AM
399	As long as a pharmacist screens the patient and approves the administration of the vaccine, the actual administration is a technical, manual task and skill that can be delegated to a trained technician.	6/28/2022 3:02 AM
400	Techs rarely have enough training to perform common duties. This level of training is unrealistic at community pharmacy pay rates as they stand today. Staffing levels would rarely permit satisfactory supervision by pharmacist on duty and/or could actually cause increased pharmacist stress by having to absorb the responsibility for techs performance in vaccines	6/28/2022 12:11 AM
401	Many technicians are not comfortable giving certain age patients vaccines. They shouldn't give if not comfortable and increases job dissatisfaction	6/27/2022 11:49 PM
402	I don't think this will be helpful, I have heard some horror stories...	6/27/2022 11:46 PM
403	Having technicians give flu and Covid vaccines currently is a huge help. So being able to give	6/27/2022 11:41 PM

Meeting Materials

all vaccines would be an even greater help

404	Our staff was offered a \$1000 bonus for techs to do the training. There are few stores I float to where despite doing the training and getting paid the bonus, that the techs say they are comfortable enough to give the shots. I do not feel comfortable having them vaccinate children. Because the pharmacist still has to review and fill out the paperwork it doesn't take a lot more time to also administer the vaccine. The techs are already able to give our shots that are requested in the highest volumes, so approving them to do the rest will not greatly affect workload.	6/27/2022 11:40 PM
405	With the current wages for community pharmacy technicians it's hard to imagine a good number of technicians that I would feel comfortable giving this responsibility to	6/27/2022 11:35 PM
406	At our company, our Techs do not get paid enough to take on the added responsibility. This would also put them at a higher risk of lawsuits if anything goes wrong during an immunization.	6/27/2022 11:31 PM
407	Not enough techs on staff to increase their work load	6/27/2022 11:27 PM
408	Adults only	6/27/2022 11:26 PM
409	Technicians are overworked and underpaid as it is. Continually giving them more duties and responsibilities will be self-defeating. Nobody wants to work the stressful technician job as it is.	6/27/2022 11:20 PM
410	Many techs will refuse this increase in responsibility	6/27/2022 11:07 PM
411	the tech must bring the pharmacist the drug vial and loaded syringe so the pharmacist can check both	6/27/2022 11:07 PM
412	Pulling the technician away from their work to administer vaccines will result in the same backlog of work as pulling the Pharmacist, unless the pharmacy staffs an extra technician specifically for vaccinating	6/27/2022 11:06 PM
413	Dilutes the value of the PharmD degree by allowing what are essentially laypersons to practice pharmacy.	6/27/2022 11:06 PM
414	I don't trust the technicians to complete this task. The company will also reduce pharmacist hours and increase tech hours. However if the techs fail to complete the task or are understaffed, the job will ultimately fall back in the pharmacist.	6/27/2022 11:02 PM
415	More job stress on already stressed ataff	6/27/2022 10:49 PM
416	Currently have techs able to immunize and if they are giving immunizations it takes them out of the workflow so someone else has to pick up their tasks	6/27/2022 10:42 PM
417	This is probably one of the biggest ones! There's no reason when they give Covid immunizations that they can't give any other immunizations	6/27/2022 10:42 PM
418	No techs really want the extra stress and administration of an injectable. Of over 15 techs we've had in the last two years, only one was interested.	6/27/2022 10:36 PM
419	I do not think technicians should receive additional scopes of practice to conduct immunizations.	6/27/2022 10:32 PM
420	While it seems having technicians immunize patients may reduce workload of pharmacists, this may not make a significant difference if pharmacists are still required to visually monitor the vaccine administration.	6/27/2022 10:29 PM
421	Pharmacist are constantly distracted by patients walking in throughout the day to receive vaccines. My employer has made walk in vaccinations mandatory for pharmacists to perform throughout the day. The increased workload and distractions contributes to more drug errors.	6/27/2022 10:28 PM
422	This would have been a benefit a year and a half ago when we were giving 100+ covid vaccines a day but now it wouldn't be all that beneficial as we would have to take time away to train techs to immunize	6/27/2022 10:23 PM
423	Limiting a pharmacy immunizations to 40 per day might help per pharmacist instead of expanding techs. certified techs are already authorized	6/27/2022 10:22 PM
424	I don't believe there is enough training and the liability on the pharmacist would leave too much at risk still.	6/27/2022 10:00 PM

Meeting Materials

425	Helpful to pharmacist to keep workflow	6/27/2022 10:00 PM
426	Techs immunizing just leads to the pharmacist having to get pick up while a tech immunizes	6/27/2022 9:47 PM
427	Long-run it would help, but expanding work to a role that is in short supply will have no impact or only make the working conditions worse	6/27/2022 9:47 PM
428	May cause additional daily monitoring for RPh staff. One more function to have peripheral awareness of.	6/27/2022 9:39 PM
429	Vaccination falls under pharmacist liability and license therefore I am uncomfortable delegating vaccinations to technicians, who do not hold any responsibility or have liability insurance. Each aspect of vaccination procedure has to be done by pharmacist: from counselling about vaccine schedule, side effects and injections. Majority of the patients I vaccinated and spoke to, do not trust technicians with vaccinations, ESPECIALLY when it comes to children vaccines.	6/27/2022 9:37 PM
430	Won't help. We need more techs so that the pharmacists can do their jobs. Not give their jobs to someone else!	6/27/2022 9:31 PM
431	Most technicians do not want this added burden. I also do not feel they have enough (some none at all) medical training to administer vaccines safely.	6/27/2022 9:31 PM
432	I have a hard time feeling comfortable with them performing immunizations. I would need them to be highly trained.	6/27/2022 9:28 PM
433	Many technicians that I have worked with are scared of getting/administering vaccines even with proper training. Many were "forced" into being trained and administer vaccines and still are timid or apprehensive to administer vaccines, this could put the patient and technician at risk. Improper technique leading to vaccine injury or accidental needle sticks could increase.	6/27/2022 9:15 PM
434	It might help, but I don't think they have the training to do it or deal with something going wrong.	6/27/2022 9:12 PM
435	I feel this should stay with doctors, nurses, and pharmacists.	6/27/2022 9:04 PM
436	Short term this will improve workload, long term it will give large companies more incentive to short pharmacist hours	6/27/2022 9:03 PM
437	Maybe not children under 9	6/27/2022 8:59 PM
438	It is ridiculous to believe that a single pharmacist can give upwards of 30 vaccines per day alone SAFELY in addition to scores of additional responsibilities. The very least to help us is allowing technician immunisers.	6/27/2022 8:57 PM
439	Not all techs are willing to take on these tasks. Tech hiring has been a challenge unless pay increases.	6/27/2022 8:50 PM
440	Most technicians did not want to become immunization certified to give Covid vaccines and I would not expect it to be different with other immunizations.	6/27/2022 8:42 PM
441	Pharmacist still has to review Var, ensure proper immunization, dose, administration...still time consuming for the pharmacist	6/27/2022 8:37 PM
442	This would be similar to nurses providing shots rather than the doctors in my opinion. my opinion also includes that Pharmacists have no business administering immunizations in a retail pharmacy of any sort - independent or otherwise.	6/27/2022 8:18 PM
443	It will take burden off of pharmacist so that they can concentrate on filling prescriptions.	6/27/2022 8:14 PM
444	Pharmacist still have to have conversations and look over paperwork and sign off on consent form. By the time I am finished with that I might as well do the vaccine quickly. It doesn't save us much time at our company.	6/27/2022 8:13 PM
445	Difficult for pharmacists to oversee technicians during vaccinations.	6/27/2022 8:05 PM
446	I have witnessed techs who have completed the ASHP certification course through a large retail chain give immunizations in a questionable manner into the deltoid. I feel if the RPh is ultimately responsible for tech-administered vaccines this would place an additional burden on the RPh.	6/27/2022 8:05 PM

Meeting Materials

447	This would be helpful if technicians were paid a commensurate wage and technician staffing wasn't at an all time low.	6/27/2022 7:59 PM
448	This would help some but they still wouldn't be able to counsel so the burden would still be on the pharmacist	6/27/2022 7:58 PM
449	While the pandemic brought about unexpected volumes, the use of technicians on administering vaccines is not an idea that sits well with me. We don't allow PCA or LPN to administer medications in a hospital or doctors office.	6/27/2022 7:57 PM
450	A lot of techs don't want the extra responsibility	6/27/2022 7:55 PM
451	This would help only if there was adequate staffing. Doesn't help if rph has to run the register in order for tech to give immunization	6/27/2022 7:51 PM
452	Will then need to increase number of technicians working at any given time, as being down one technician for vaccines all day will not help anything	6/27/2022 7:46 PM
453	Technicians would be able to give more immunizations, but it is unlikely that corporate would give more tech help. So this would force are technicians who are already stretched thin to have to do more work.	6/27/2022 7:41 PM
454	Some technicians can not be trusted with this task..	6/27/2022 7:39 PM
455	Very helpful in pharmacy setting in Kentucky	6/27/2022 7:38 PM
456	I am not comfortable with a technician immunizing and the added supervision and responsibility.	6/27/2022 7:31 PM
457	There is a technician shortage already. And many technicians are not comfortable with giving vaccines. This can potentially deter employing a technicians. Additionally, using the technicians for additional task are not going to help the current workload problem. The way things are in practice, corporations will not increase support help they just shift the responsibilities.	6/27/2022 7:29 PM
458	Although it sounds helpful, I feel strongly based observed technician ability that this would be a disaster	6/27/2022 7:27 PM
459	With the proper training, I don't think there is any reason why technicians could not do this. It would help alleviate pharmacist workload immensely. I do think they should be fairly compensated for it.	6/27/2022 7:15 PM
460	Helpful for immediate relief in regards to workflow, but may cause problems with supervision tasks.	6/27/2022 7:03 PM
461	techs are not getting enough training to perform this function and most are not cpr trained	6/27/2022 6:57 PM
462	I don't want techs to immunize	6/27/2022 6:54 PM
463	The fact that techs can do covax but nothing else in adults is mind boggling. OF COURSE this will help, especially flu shots!	6/27/2022 6:47 PM
464	The ability of techs to give immunizations would only help improve working conditions if the number of techs working increases.	6/27/2022 6:45 PM
465	This depends on the skill level of the technician- proper and adequate training would have to occur first before pursuing additional tasks.	6/27/2022 6:43 PM
466	Technician mistakes will undermine the integrity of pharmacists as "the most trusted profession"	6/27/2022 6:38 PM
467	None of my technicians have enough experience to handle this extra health care job. My license is at risk if I put this part of my job on other people	6/27/2022 6:33 PM
468	Limit to certified techs	6/27/2022 6:32 PM
469	This increases the ability of our pharmacy team to care for patients dramatically.	6/27/2022 6:29 PM
470	Technicians have proven their value as immunizers through the PREP Act/COVID-19 pandemic.	6/27/2022 6:25 PM
471	As a former CPhT and now RPh, this administration requires the exercise of professional	6/27/2022 6:18 PM

Meeting Materials

judgement which the education and experience of a pharmacy technician simply cannot support. Not only would it create more problems than it would solve, it is a disservice to the technician to permit them this activity as chains will require them to perform regardless of their level of confidence or skill. It is also a disservice to the citizens of Ohio as every other health professional licensed to administer vaccines has at least a college degree in the health sciences supporting them.

472	Biggest concern is adequate training and on-going education/competence	6/27/2022 6:15 PM
473	Techs are not properly trained to administer vaccines or respond in case of a reaction. Having multiple people getting a vaccine at a time and only one pharmacist on staff to respond is a patient safety hazard.	6/27/2022 6:14 PM
474	Techs do not want to vaccinate. This was clearly put out there but a big chain sell out whose only goal is to get a promotion out of the pharmacy and was likely promised that. Why would we let people with zero working anatomical training stab people and we can get sued for it as pharmacists? We have a glut of pharmacists, not techs. This is because the chains have ruined both and neither want to work for them. Next idea please.	6/27/2022 6:13 PM
475	Short staff in techs makes this null	6/27/2022 6:08 PM
476	We mostly need help with COVID and flu. Demand for others isn't as high	6/27/2022 6:07 PM
477	My chain has a trail program in place where a handful of techs are administering vaccines. The program is working well as long as the techs CHOOSE to receive the extra training. Only a few techs are interested.... Since most are over worked and over stressed right now.	6/27/2022 6:04 PM
478	But it won't matter if companies are able to cut other tech hours. It will just pass they workload into the pharmacist while the tech is giving immunizations.	6/27/2022 6:03 PM
479	Technicians should be certified and have periodical reviews to ensure proper knowledge and technique.	6/27/2022 5:59 PM
480	we arent nurses. have them give shots. the dumbest thing we have ever done	6/27/2022 5:41 PM
481	May lead to negative customer feedback. May lead to unmotivated technicians	6/27/2022 5:39 PM
482	If able tom administer covid and flu vaccines, all other vaccines at this time are given IM so techs are very familiar with technique	6/27/2022 5:38 PM
483	Maybe if techs can be hired and retained- which right now isn't happening	6/27/2022 5:34 PM
484	The pharmacist should continue to complete a DUR and be available for emergencies. Safety protocols (accuracy scanning, proper technique and syringe disposal must be addressed specifically)	6/27/2022 5:20 PM
485	Many technicians don't want this responsibility for the pay they receive. There is already a technician shortage. Making this a job requirement would likely drive people away from technician positions and increase pharmacist workload.	6/27/2022 5:17 PM
486	unless the technician is not in the regular workflow it will not help	6/27/2022 5:14 PM
487	Techs administering vaccines is VERY helpful in our practice as it frees up the pharmacist!	6/27/2022 5:10 PM
488	This is already happening and chain pharmacies just have higher expectations that still cause imbalance between serving patients and patient safety!	6/27/2022 5:03 PM
489	Please make this happen! After my initial hesitation of letting techs immunize, I have realized that those who have embraced giving immunization are exceptional at it. I would argue those techs are better than some pharmacists who feel burdened or reluctant by the process.	6/27/2022 5:03 PM
490	If you can find good techs this would be helpful.	6/27/2022 5:01 PM
491	It's awesome but while tech is giving vaccine someone then has to fill/data entry etc.	6/27/2022 4:58 PM
492	I would only feel comfortable allowing certified technicians to do this	6/27/2022 4:58 PM
493	The training and additional checks that technicians will require does not outweigh the benefit to workflow.	6/27/2022 4:47 PM
494	Chains would likely require technicians to perform these expanded duties without allowing for additional technician staffing to carry out necessary dispensing functions. This would only	6/27/2022 4:41 PM

Meeting Materials

amount to more work for pharmacists.

495	Even with technicians helping with COVID vaccines the workload is way too much	6/27/2022 4:40 PM
496	May not help since not all technicians would be capable or trained.	6/27/2022 4:40 PM
497	Corporate would then want to increase what is done. Also corporate would not be willing to pay techs more for this added duty.	6/27/2022 4:39 PM
498	If immunizing technicians can also give Shingrix , tdap, hep a & b this would be helpful; however, The big chain pharmacies will just push our immunization goals up higher and add more pressure.	6/27/2022 4:36 PM
499	We are hospital pharmacy.	6/27/2022 4:30 PM
500	If there aren't any technicians available or willing/wanting to work then allowing them to give vaccines does not help. I don't have any technicians who currently give vaccines but I feel like many of them do not want to or do not feel comfortable giving vaccines. I feel the extra liability I would be assuming as the pharmacist would not make it any safer in the pharmacy. Someone still has to leave the pharmacy to give the vaccines and that leaves the rest of the staff still covering all of the other tasks.	6/27/2022 4:25 PM
501	Techs will be hesitant to do this without a pay increase, needing to offer more pay may actually hurt staffing issues due to less money to spread out over more employees.	6/27/2022 4:23 PM
502	If the pharmacist is still responsible for oversight of this activity, this could stretch the pharmacist's workload and duties even further	6/27/2022 4:23 PM
503	Techs do not want, and are not paid for, that responsibility.	6/27/2022 4:21 PM
504	We should not be giving this duty to technicians just because we are busy	6/27/2022 4:15 PM
505	Well trained technicians can do many of the tasks some pharmacists still do.	6/27/2022 4:13 PM
506	There is already a shortage of technicians - adding this to their workload won't help and will make increase burnout	6/27/2022 4:12 PM
507	Not sure they should be authorized or trusted in this process.	6/27/2022 4:11 PM
508	This just increases the workload of already underpaid pharmacy technicians, many will quit if this is put on them.	6/27/2022 4:11 PM
509	They don't get paid enough to give vaccinations	6/27/2022 4:05 PM
510	Things get pushed on us (CoVid testing, vaccines) then we push it to the techs saying this gives the RPh more time to do these new programs...ones we'll eventually push on the techs. When does it stop?	6/27/2022 4:04 PM
511	Most of my technicians or support staff do not have the required training for shots or are unwilling to perform vaccinations.	6/27/2022 4:02 PM
512	Although it would help with workload surrounding actually vaccine administration, it would not take away from the process of verifying vaccines and may actually add more work if having to account for increased errors	6/27/2022 3:59 PM
513	I don't think technicians are paid enough to shoulder this kind of responsibility and liability.	6/27/2022 3:58 PM
514	This is too risky, you are asking too much of them.	6/27/2022 3:55 PM
515	I don't like the responsibility of overseeing a technician administering vaccines	6/27/2022 3:54 PM
516	A RPh responsibility	6/27/2022 3:54 PM
517	I do not think this will decrease workload as the pharmacist would likely need to monitor the technician in this activity. I do not feel a technician has the education to safely perform this task.	6/27/2022 3:54 PM
518	Great idea	6/27/2022 3:50 PM
519	Although having technicians to immunize is great, the pharmacist still needs to be involved to verify dosing, and it also takes away a technician that could be processing prescriptions, ringing out customers, answering the phones, etc. It would be great if corporations would allow	6/27/2022 3:50 PM

Meeting Materials

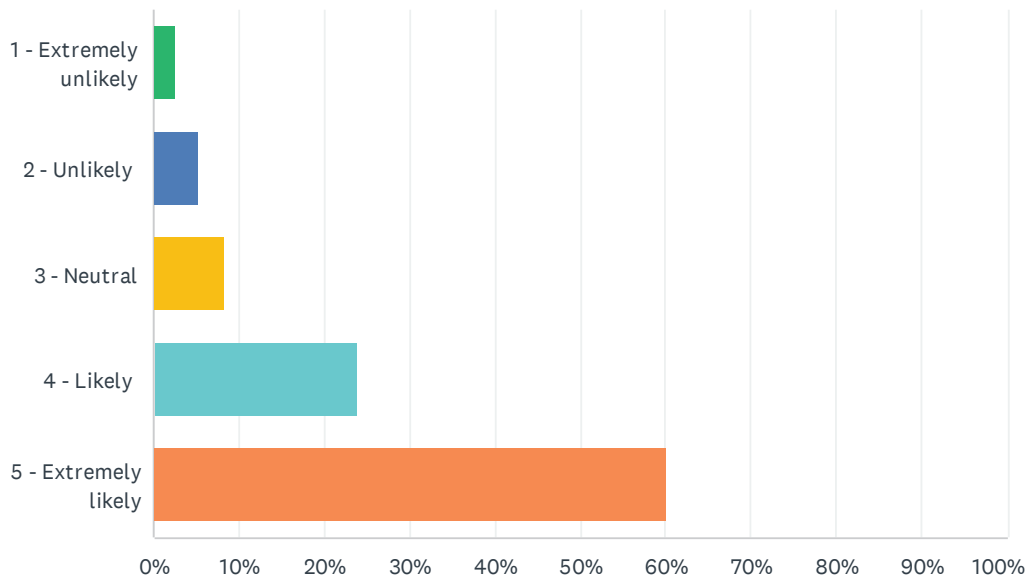
appropriate staffing, because having a technician that mostly focuses on immunizations would be a great help if otherwise the pharmacy was adequately staffed.

520	We can't keep giving away our profession. We are highly trained individuals who can't keep passing what we do off to others. Companies will see this as an opportunity to cut hours and pay. If we didn't have to constantly fight with PBMs regarding reimbursement, prior auth, narrow networks, etc, we would have plenty of time to counsel and immunize.	6/27/2022 3:48 PM
521	This would be a huge help for pharmacists	6/27/2022 3:43 PM
522	Very much needed.	6/27/2022 3:41 PM
523	The pharmacist will still ultimately be responsible. And will run the register while the tech gives a shot (I know from experience with COVID shots). It makes much more sense to have the pharmacist do the clinical work, rather than micromanage a tech and then do the techs job.	6/27/2022 3:41 PM
524	As a pharmacist you would be extremely concerned for a mistake made by the technician	6/27/2022 3:40 PM
525	Technicians are already underpaid and this will only further that sentiment and the work they would otherwise be doing would still need to be completed.	6/27/2022 3:39 PM
526	This just takes a tech away from filling rxs. It doesn't actually address workload.	6/27/2022 3:36 PM
527	Technicians won't be appropriately compensated if they're required to vaccinate.	6/27/2022 3:35 PM
528	Concerns with technician ability to do this function	6/27/2022 3:35 PM
529	Absolutely imperative to longevity	6/27/2022 3:34 PM
530	Either way someone is out of the pharmacy and this will be used as an excuse to not increase staffing.	6/27/2022 3:34 PM
531	My trained Techs aren't comfortable giving shots and are too already too busy doing the other work in the pharmacy. I'm still giving all the shots even though I have trained immunizing techs. It disrupts work flow for them to stop and give the shot.	6/27/2022 3:33 PM
532	Clinical services should be for pharmacist's only.	6/27/2022 3:29 PM
533	Most stores are short staffed with techs in the first place	6/27/2022 3:27 PM

Meeting Materials

Q2 Mandatory Breaks/Rest Periods Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal breaks to all staff.

Answered: 2,018 Skipped: 9



ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	2.63% 53
2 - Unlikely	5.25% 106
3 - Neutral	8.28% 167
4 - Likely	23.79% 480
5 - Extremely likely	60.06% 1,212
TOTAL	2,018

#	ADDITIONAL COMMENTS	DATE
1	I honestly don't know how it's legal to require people to not eat or use the restroom for 12 hours. I know I get fatigued. My employer doesn't even allow a chair to sit for 2 minutes in the pharmacy. It will be interesting to see the error rate drop if this gets passed.	7/9/2022 10:59 AM
2	All pharmacies without pharmacist overlap should schedule a mandatory break for pharmacists if working for longer than 6 hours by themselves. This would help with staying mentally collected this decreasing stress and errors from the pharmacist. If pharmacies actually closed everyday for lunch then this would also allow most of the techs to take their break at the same time and never work "short" while a tech is on break.	7/7/2022 10:53 PM
3	ABSOLUTELY!! However, the pharmacy staff should not get penalized with an overbearing workload for taking a break. For example, if a pharmacy is open from 8 am - 5 pm without a mandatory break and now the mandatory break is required, that extra half hour of workload should not get squeezed into the total only 8.5 (vs 9) hour workday now.	7/7/2022 8:21 PM
4	Everyone needs a break to rest and reset	7/7/2022 7:47 PM

Meeting Materials

5	More than 30 minutes ideally. That is barely enough time to heat up a meal and eat.	7/7/2022 5:52 PM
6	Provided the corporation/permit holder is providing adequate staffing to fulfill all pharmacist and technician responsibilities prior to and after the break.	7/7/2022 4:59 PM
7	I don't think this will help with the work load,because you will come back from break and find people waiting in lines for the pharmacy to reopen.	7/7/2022 4:47 PM
8	I agree with member concerns that mandatory breaks do not help rebalance workload, as the level of workload does not change. There is the bigger issue of pharmacists in my setting, retail, coming early and staying late just to keep things caught up, and not getting paid for this. Although some may disagree with dark hours, we closed 1 hour early and dedicated this as a dark hour during part of covid, which helped our pharmacy immensely. Most days, this was the only time my technicians had to adequately stock and clean the pharmacy. My patient population was able to get used to this for the most part. I practice in a rural area and work at the only pharmacy in town. Closing the pharmacy in the middle of the day would impair access to patients who have to travel a way to get into town, especially with the prices of gas. Technician shifts in my experience tend to be staggered. I don't think it is necessary to give the pharmacist and technicians a break at the same time for this reason. Both me and my staff pharmacist ensure our technicians take uninterrupted breaks, although the impetus is on the pharmacist working to enforce breaks. I take an uninterrupted break, except for individual counseling or emergencies. Some days have more interruptions than others. Although it would be nice to have a completely uninterrupted break, I don't know how to do this without impeding patient access.	7/7/2022 4:32 PM
9	We already have this and it's been a HUGE benefit mentally and physically to the team. The benefit to mandating would be that it'd help patients see it as expected. How the break is handled should be up to the pharmacy. I would not want to see the half hour break cause employers to extend the shift by half an hour.	7/7/2022 4:29 PM
10	i believe having work breaks will be extremely important to maintain staff health and prevent burnout	7/7/2022 4:18 PM
11	The non stop long day is a major issue	7/7/2022 4:07 PM
12	Absolutely!	7/7/2022 4:02 PM
13	I feel the workload would remain the same with just less time to complete it. Potentially making things worse for the pharmacy staff and causing customer irritation.	7/7/2022 4:01 PM
14	If working 6 or less hours I would rather not have a break. If working 8 or more- I would want one,	7/7/2022 3:47 PM
15	But, a 30 minute lunch for a 13 hour day is not enough. Should be 30 minutes for 6 to 9 hour day. Two breaks over 9 hours.	7/7/2022 3:37 PM
16	A chance to give your mind a break from the non stop "fish bowl "	7/7/2022 3:08 PM
17	Psychologically this would help staff feel like they can regain some control either by catching up on work or by separating themself from work for a moment. (I know for me I would just use it to catch up).	7/7/2022 2:57 PM
18	A 30 minute break has already made work less stressful	7/7/2022 2:56 PM
19	While pharmacies have increased the availability of meal breaks, they have behind closed doors pushed this time as more time to complete work tasks. They are in affect trying to use these meal/lunch breaks as dark hours for pharmacy staff to continue to complete tasks. It is not up to the board to step in for individual pharmacists in a workplace when it comes to standing up for themselves, but I thought it would be helpful for the board to know and understand the realities of even some of the best strides it has made. Meal/lunch breaks have been a win, it has just been one not experienced by all.	7/7/2022 2:23 PM
20	YEAH I'D LIKE TO SEE OTHER JOBS NOT GET REST PERIODS/MEAL BREAKS AND BE SUPER PRODUCTIVE.	7/7/2022 2:20 PM
21	My one 30-minute break per shift (which can be up to 14 hours) is interruptible.	7/7/2022 2:15 PM
22	Working a 10-12 hr shift with only 30 mins rest is just not enough time. Even Dr offices take an hour	7/7/2022 2:15 PM

Meeting Materials

23	Pharmacist need 5 minutes to themselves	7/7/2022 1:59 PM
24	This doesn't help workload but having just started taking lunch breaks after 30 years it does help your sanity.	7/7/2022 1:56 PM
25	I'm choosing a "5" only because of the word "appropriate". I'm against closing a pharmacy for breaks of any kind.	7/7/2022 1:49 PM
26	Just use lunch as time to catch up	7/7/2022 1:46 PM
27	It needs to be MANDATORY, not recommended. Otherwise technicians feel as if they *have* to work through breaks.	7/7/2022 1:42 PM
28	If the amount of work remains constant and the resources (staff) remains constant, changes to operating hours and times will just shift the resources artificially.	7/7/2022 1:42 PM
29	It appears that the market is heading in that direction without the State Board stepping in...	7/7/2022 1:39 PM
30	Recently implemented by my employer and does seem to help. Patients do not like it and often complain. Closing pharmacists often do not get a break though	7/7/2022 1:32 PM
31	Uninterrupted breaks would help greatly. Sometimes I attempt to eat 4 or 5 times without being successful. With walk in vaccinations, phone calls, counsels etc if you are the only pharmacist it can be very overwhelming not to get an uninterrupted break during a 12 hour shift	7/7/2022 1:32 PM
32	This would improve attention and it would help with work flow instead of staggering lunches	7/7/2022 1:31 PM
33	This should be set for an 8 hour work period and under 8 hours leave it up to the company. Break should be 30 min to 1 hr	7/7/2022 1:28 PM
34	30 min of no phones ringing does wonders to mental health	7/7/2022 1:22 PM
35	Not only is it the right of the pharmacists to have breaks just like any other working human being, but it reduces the number of errors due to exhaustion. Currently, pharmacists have to snack to even make it through a 12-hour shift, which can potentially cause an accidental allergic reaction due to contamination (such as peanuts). It is also the healthiest option for pharmacists to prevent hypoglycemia, fainting, weight loss, eating disorders, or other health conditions. It is overall a good choice for patients, pharmacists, and corporates.	7/7/2022 1:17 PM
36	Adequate meal periods should be a priority for safe patient care. This is in the top 3 priority areas.	7/7/2022 1:17 PM
37	If you have the proper staffing and pharmacist overlap, meal breaks can be worked in. The problem is you don't have that. Rules should be focused on staffing requirements based on volume. Without rules, it is not going to happen. 30 minute set breaks do not work especially Monday - Friday. U cannot just stop waiting on customers. 60 minutes more feasible but again if you don't have the help it just gets you farther behind in your work which increases the stress. Again their needs to be rules on staffing because chains are only interested in profit, not quality of life of staffs or patients	7/7/2022 1:09 PM
38	Love this. Too many times we scarf food or miss food altogether hiding in the back out of view of patients.	7/7/2022 1:07 PM
39	Most pharmacies do not have the space to eat a snack or lunch that always the pharmacist to not be visible to patients and away from drug products. A place and time to eat that allows one to reset their minds for the day is necessary, especially on 12h shifts with no overlap which a lot of us work frequently.	7/7/2022 1:04 PM
40	We need breaks or central call facilities to handle incoming calls too much to even focus on checking prescriptions.	7/7/2022 12:30 PM
41	I like that our company has implemented this and in theory if the work load was not so great this would be a great asset, but because we are always working so far behind this just adds more stress. Sitting and knowing you are just getting further behind just adds more stress.	7/7/2022 12:30 PM
42	While staff is on lunch, work piles up and customers line up-the break is good to eat uninterrupted but the aftermath is sometimes not worth it	7/7/2022 12:26 PM
43	We rarely get uninterrupted time to eat. 30 minutes would change the outlook of each and every day.	7/7/2022 12:21 PM

Meeting Materials

44	I currently work 12 hour shifts in retail pharmacy. I do not have guaranteed breaks that are uninterrupted. Not being able to have a meal or fighting to use the rest room while working 12 hours creates unnecessary stress at the job.	7/7/2022 12:19 PM
45	Unsafe for those to work 12+ work hour days without a meal break in between	7/7/2022 12:16 PM
46	I have friends in retail who get breaks, and they say when you get back from break the backed-up workload make the break almost useless.	7/7/2022 12:13 PM
47	This is extremely beneficial	7/7/2022 12:13 PM
48	Allows staff to rejuvenate and handle personal matters.	7/7/2022 12:12 PM
49	Working nonstop without food breaks becomes a risk factor with the extreme cuts in technician staff hours as we no longer get a chance to nibble or drink water. We also need mandatory rx volume to tech hours ratios	7/7/2022 12:09 PM
50	Good start but won't fix the burnout.	7/7/2022 12:00 PM
51	Name any other profession that would even ask this question? How have we gone this far without requiring a break and, more importantly, having this relayed to the patients that we serve.	7/7/2022 11:57 AM
52	It helps to have a designated time to eat or go to the restroom uninterrupted. Staff may choose to work in the pharmacy during that time though (RPh must be present).	7/7/2022 11:53 AM
53	Much needed.	7/7/2022 11:50 AM
54	Some days we do not get to eat or use the bathroom.	7/7/2022 11:49 AM
55	This is probably a good policy to ensure that the staff is at least operating while not being distracted by hunger but the largest problem faced in retail chain pharmacy is the massive amount of prescriptions being filled by a single pharmacist and this does nothing to address this issue. In fact mandating a lunch means the pharmacist will have to work more quickly for the rest of the day.	7/7/2022 11:48 AM
56	Yes! The pharmacy needs to completely close so the pharmacist can get an actual break away from the pharmacy. Currently we are offered a break 130-2pm but the pharmacy remains open and it is hard to get away.	7/7/2022 11:48 AM
57	30 minutes of uninterrupted time is invaluable. The timing of this break needs to be fluid though, versus a set 130-2pm. Often cannot close the pharmacy at 130 and then your break becomes 20 minutes instead of 30.	7/7/2022 11:40 AM
58	Companies will not address pharmacist rest/health concerns unless mandated by regulation to do so.	7/7/2022 11:36 AM
59	the workload upon return is crushing--	7/7/2022 11:35 AM
60	I sort of view it like pilots, FAA requires so much rest so they don't have accidents. Similar thought is to pharmacists not making mistakes.	7/7/2022 11:18 AM
61	I think this needs to happen, but I worry that many companies won't enforce it and pharmacists simply end up working through those breaks. There needs to be some way to ensure the breaks are actually taken. One downside is often upon returning from a break the workload is worse so it feels almost not worth it to take the break. If another pharmacist is covering during the break, this wouldn't be an issue and I can see this being a very helpful policy.	7/7/2022 11:01 AM
62	Some pharmacies do close for a lunch break	7/7/2022 9:56 AM
63	This provides a set time when all staff can break at the same time instead of staff leaving throughout the day for breaks.	7/7/2022 8:56 AM
64	It is not safe to work with no mental,physical break. It is just common sense.	7/7/2022 8:53 AM
65	all situations are different. so to create a manditory break for pharmacist or staff i dont agree with.	7/7/2022 8:35 AM
66	Some pharmacies are only providing 1 thirty minute uninterrupted break for a shift of 13 hours. That's unacceptable. This profession requires multi-tasking and extreme mental focus. That	7/7/2022 8:33 AM

Meeting Materials

combined with time constraints, supervision of others and corporate expectations of productivity demands at least what every other worker in Ohio enjoys- more than 1 break a day.

67	Having to not ration off the best time to take a 3 minute bathroom break because the phones need answered can be life-changing. Not to mention uninterrupted eating is life-changing	7/7/2022 8:05 AM
68	A mental break as well as meal break is definitely needed	7/7/2022 7:37 AM
69	While this will help me personally and a lot of other colleagues will use this time to get caught up. This needs to be a period where gates can close.	7/7/2022 7:01 AM
70	This would help pharmacist in stressful days.	7/7/2022 6:10 AM
71	We have this in theory, but doesn't really translate into practice.	7/7/2022 3:11 AM
72	This is absolutely vital for patient safety and to reduce burnout.	7/7/2022 2:47 AM
73	Agree with committee comments that it does not address the workload issue but does allow refresh and opportunity to eat, use restroom, walk around, and clear the mind which should reduce risk of errors and increase patient safety so long as staff is not working at a furious pace to make up for lost time after break.	7/7/2022 12:21 AM
74	Unfortunately, we have become accustomed to not sitting down to eat. The best thing about this policy is that the phones stop ringing for 30 minutes and that in itself is the benefit. But it still doesn't reduce our workload. It just gives us 30 minutes of quiet. We work through our breaks.	7/6/2022 11:59 PM
75	Worry that we will have our hours/pay penalized	7/6/2022 11:54 PM
76	Suggest 30 minutes for every 6 hours of work	7/6/2022 11:31 PM
77	Lunch is nice, especially since RPh overlap is bare minimum.	7/6/2022 11:20 PM
78	In my experience the breaks are useful to have a moment to breath and clear your head without pressure or as much guilt for taking the time.	7/6/2022 11:04 PM
79	New implementation of breaks has helped decrease feelings of fatigue. The quiet is amazing and refreshing. If anything just a period to work with no constant interruptions and a chance to eat without feeling rushed. I can actually pack a meal, and not warm up food to go back to it 2 hours later after I forget about it.	7/6/2022 11:03 PM
80	Better for morale.	7/6/2022 10:48 PM
81	it would be amazing to close down for 30 minutes to eat and rest for a few minutes, i always end up eating and checking scripts to help save time.	7/6/2022 10:36 PM
82	For those pharmacies which close for lunch the time is used to catch up in workflow.	7/6/2022 10:26 PM
83	Won't happen, same with coming in early or staying late. It happens for free	7/6/2022 10:11 PM
84	We have had 30 min break since 4/18/22. BeT thing Kroger has done for us in my 25 years.	7/6/2022 10:08 PM
85	This would be a nice perk, however, if we are required by our employer to "make up" these break hours, I'd rather go without.	7/6/2022 10:00 PM
86	Would offer a mental break and help with alertness	7/6/2022 9:47 PM
87	Every industry provides meal breaks for its employees!!! Pharmacy workforce is compromised of humans as well	7/6/2022 9:44 PM
88	Every other medical profession gets breaks. A mandatory break should not then punish the rph with a need to "catch up" - retail outlets need to adequately Staff more rphs with overlap	7/6/2022 9:37 PM
89	Yes! I agree with this program. I have been working in a pharmacy now where we work 13 hour days so this has been much needed.	7/6/2022 9:32 PM
90	We need an uninterrupted break to clear our heads. We can't be expected to work 12 hours without adequate time to eat and reset.	7/6/2022 9:29 PM
91	A lunch break during a long shift makes a dramatic improvement for mental and physical health.	7/6/2022 8:58 PM

Meeting Materials

92	Talking to pharmacists who get meal breaks, they do not think they are helpful. They are too short (typically 30 minutes) and are spent catching up. They can't leave usually so there is no real "break" from the pharmacy	7/6/2022 8:27 PM
93	Having a lunch break is nice during the day.	7/6/2022 7:28 PM
94	My company just mandated mandatory lunch break and it helps immensely	7/6/2022 6:48 PM
95	Currently "closed" for 30 minutes a day that the store is still open and phones are still open so I'm doing work consistently during my break.	7/6/2022 6:00 PM
96	In retail setting, most days pharmacists did not have adequate breaks or rest periods, contributing to medication errors and unsafe working conditions for pharmacists	7/6/2022 5:52 PM
97	A definite must for breaks for meals	7/6/2022 5:40 PM
98	Everyone should be able to close for 30 minutes. Even with overlapping pharmacists just to give a break from persistent distractions like phones	7/6/2022 4:20 PM
99	For companies that have breaks, I've witnessed pharmacists working through lunch to catch up.	7/6/2022 4:17 PM
100	Currently we have no breaks in an 11 hour shift. Many times you do not eat lunch till its dinner time. Leads to low blood sugar and lack of concentration. Typically restroom breaks are few and far between.	7/6/2022 4:05 PM
101	With company policies that use customer surveys to determine how well a pharmacist is performing and to determine bonuses and raises, customers will react to pharmacist breaks by giving bad surveys, causing pharmacists to work through breaks. Also, a half hour is not long enough to get or heat up food eat it and catch a break. I suggest a full hour lunch break.	7/6/2022 4:03 PM
102	I am currently nursing and have to use my meal 'break' as a pump break, I already do not get enough time to express milk effectively as I am recovering from a recent bout of mastitis	7/6/2022 3:59 PM
103	Unless we have more than 30 minutes and we have overlap in that time period they lunch breaks become our time to catch up. Patients also do not respect our breaks and still don't allow you to stop working to rest.	7/6/2022 3:58 PM
104	It was a start having retail lunch breaks but we should be able to close the pharmacy for at least 30 minutes to actually eat a wholesome meal.	7/6/2022 3:50 PM
105	It would help but will never be possible. Too short on help and too high of volume. Wishful thinking though	7/6/2022 2:56 PM
106	It would be very helpful if we actually took those breaks. Currently the retail pharmacies are closing from 1:30pm to 2:00pm, most use this time to catch up and do not actually take a rest.	7/6/2022 2:08 PM
107	Especially for nursing mothers. Walgreens did not have adequate break time much less a room to accommodate.	7/6/2022 1:22 PM
108	We're even more backed up if we take breaks	7/6/2022 1:19 PM
109	More hours at work which will be unpaid. And I GUARANTEE cvs and other companies will "suggest" pharmacists work off the clock to catch up	7/6/2022 1:06 PM
110	This also doesn't reduce workload as you would be more backed up when you return to the pharmacy. The main problem is the workload.	7/6/2022 1:01 PM
111	A break is very new to us at my work and it has been great, only it is very hard to cut off long lines at drive through and at register. In reality the break is only about 15 min. Making everyone leave the pharmacy will definitely help this.	7/6/2022 12:58 PM
112	I just don't see this happening with current staffing - we can do this in our inpatient areas but very difficult within the community pharmacy space.	7/6/2022 12:49 PM
113	Work load just piles up whiles pharmacist is on lunch break if he/ she is the only one on duty that day.	7/6/2022 12:39 PM
114	Few retail pharmacies close at all during the posted hours. As a diabetic, I consider that mandatory. It is a safety issue.	7/6/2022 12:31 PM

Meeting Materials

115	This will help a lot, although I feel many parent pharmacy companies will still pressure people to work during these times by not adjusting pharmacy workflow metrics and production metrics to allow for these breaks. There should be corresponding fines that have to be paid by the parent companies for personnel working during these rest periods.	7/6/2022 12:25 PM
116	The fact that 99% of pharmacy staff do not get adequate breaks speaks for itself. Overworked, and under appreciated. Without a break you're asking your staff to risk the safety of patients by going going going and burning out and increasing fatigue which increases errors.	7/6/2022 12:21 PM
117	But need staff to back up	7/6/2022 12:21 PM
118	This is something that is long overdue. It's not safe for Rph's to practice pharmacy without adequate rest periods.	7/6/2022 12:15 PM
119	I take a break when I need to. Mandatory breaks especially at the same time shuts down work flow and gets us behind. More likelihood of mistakes when you are rushing to get something done.	7/6/2022 11:57 AM
120	The lunch break helps get most of the technicians breaks out so there is more coverage during our open hours but the pharmacist rarely gets much of a break.	7/6/2022 11:57 AM
121	"Appropriate" leaves a lot of room for chains to put the blame on the staff	7/6/2022 11:38 AM
122	1 hour lunch breaks needed	7/6/2022 11:36 AM
123	The pharmacy must be closed so the pharmacist can actually take a break	7/6/2022 11:31 AM
124	All workers deserve proper breaks. I own 4 pharmacies and in March we started 1-2 PM closing for lunch. My staff and pharmacists love it. I feel we are operating much more safely. AND productivity has improved! We need to expand what support personnel other than technicians can do.	7/6/2022 11:29 AM
125	We almost always use break times to work uninterrupted. It's frankly the only time I feel confident I'm not making errors	7/6/2022 11:26 AM
126	This may not be able to be accomplished when 1 pharmacist is staffing overnight shifts in a hospital.	7/6/2022 11:20 AM
127	The ability to decompress and eat uninterrupted would be a welcome change from the current environment. Taking time to refresh and refocus should provide better care	7/6/2022 11:04 AM
128	Hard to have an actual break when you know you are behind. People will work through their break off the clock	7/6/2022 11:03 AM
129	The mental breaks have helped to manage frustrations during the day.	7/6/2022 10:59 AM
130	Neutral - this does promote good overall wellbeing but there may be exceptions when a break may not be able to occur in a hospital setting where timely medication administration is dire, so this could negatively impact patient care.	7/6/2022 10:58 AM
131	Actually close the pharmacy down for the break	7/6/2022 10:54 AM
132	This has been implemented at our store already, and it has been wonderful. To be able to eat and use the restroom uninterrupted is a right that all workers should have.	7/6/2022 10:54 AM
133	Having a minute to collect your thoughts and take a breath is helpful in a stressful environment. It helps to be able to refocus instead of being full go for 8-12 hours.	7/6/2022 10:51 AM
134	Since I began practicing pharmacy, I was shocked that pharmacists did not take breaks or lunches like it was some unwritten rule. I wondered why we let this happen as pharmacists. To me, it confirms the presence of high workload and how weak we are in our profession to be able to make change and demand better. Now we have to rely on a governmental body to possibly step in.	7/6/2022 10:47 AM
135	This is just plain old common sense if employers wish to retain and hire talent. Because Ohio has so many colleges of pharmacies and retail pharmacies were consolidating, there were too many pharmacists in the market. Many pharmacists were having to accept floating positions because there was nothing else available. The employers not giving breaks were just lucky a few years back.	7/6/2022 10:47 AM
136	Some stores close for breaks if there is just one pharmacist working at that time. Our chain is	7/6/2022 10:45 AM

Meeting Materials

not allowing the pharmacy to close if there are at least 2 pharmacists on duty at 1pm. These means that some Pharmacists are still not getting an uninterrupted break. I believe this needs to be standard for every store to close all operations at 1pm regardless of the number of pharmacists on duty.

137	Large chains finally already did do this but they did it by eliminating pharmacist overlap. It was not worth it because then you worked a 12 hour day.	7/6/2022 10:44 AM
138	The pharmacy must actually physically close. If not, pharmacists are pulled back to work the majority of the time	7/6/2022 10:42 AM
139	How can I survive my life in profession for 25-30 years without eating my lunch peacefully and that being said that I have to stand on my feet for 30 years while all others all sit in their chairs	7/6/2022 10:41 AM
140	Mandatory coverage for breaks for inpatient pharmacists, including coverage to answer wireless phones and messages.	7/6/2022 10:33 AM
141	Opening pharmacist gets the break. Closing rph gets no break.	7/6/2022 10:33 AM
142	Breaks don't fix the staffing models these companies use. Or lack of staff	7/6/2022 10:33 AM
143	I rather be in control of the times that breaks are taken. In the out patient setting I feel as though it is a disservice to the patients if breaks are taken on a schedule.	7/6/2022 10:32 AM
144	Periods of rest have been associated with a reduction in medical errors in medical trainees. It is also reasonable that this would also reduce errors in pharmacy settings. Lack of available break time is dehumanizing.	7/6/2022 10:30 AM
145	Most pharmacies already provide breaks for technicians, so this rule would mainly apply to pharmacists. While beneficial to some individuals in some practice locations, I am neutral on the overall benefit a rule like this could have on workplace conditions. What I think most pharmacists under stressful conditions need is MORE time, and a rule forcing them to take a break just gives them LESS time to complete the same amount of work.	7/6/2022 10:29 AM
146	I have worked many 10 or 12 hour shifts solo throughout my career. Being able to close the pharmacy for 30 minutes per day might have prevented my burn out. I believe businesses have no incentive to do this, this is something that should be required by the state board.	7/6/2022 10:28 AM
147	It's wonderful to have an actual break, especially when you are the only pharmacist in duty	7/6/2022 10:25 AM
148	Go go go with no breaks not healthy. Nice to work for a place where you can step away and regroup for 30 minutes.	7/6/2022 10:23 AM
149	once again, if the pharmacy is staffed to levels that you don't have to WORK thru your mandatory break to keep your head above water, then great!	7/6/2022 10:17 AM
150	Rite Aid offers a 30 minute lunch period for the pharmacist however the pharmacy does not close. Because we are still open to the public, I rarely have a full 30 minutes to eat and rest. I also can not leave the pharmacy unsupervised for 30 minutes so I am technically never at full rest. We need to close for 35 minutes (the extra 5 minutes will give time to reopen the pharmacy) so that all pharmacy staff is on break at the same time. We have 2 full time techs so during the lunch hour we run 90 minutes with 1/3 of our staff at lunch so the pharmacy is even more understaffed.	7/6/2022 10:17 AM
151	30 minutes is not enough time. 45 minutes is more reasonable	7/6/2022 10:16 AM
152	Not just a rest period and/or lunch but also a place uncluttered, not a store room, not someones office. A place dedicated to relaxation.	7/6/2022 10:14 AM
153	If it's not required, businesses won't do it and it's ridiculous that pharmacists can't use the restroom or eat an actual meal during a 12-13 hr shift	7/6/2022 10:12 AM
154	Making it a law would take away the room for customers to argue with staff about closures for lunches.	7/6/2022 10:11 AM
155	A mandatory break is necessary for the staff to recuperate, if the staff is already behind they will spend their time trying to catch up during the break, which is not actually a break for the pharmacist.	7/6/2022 10:08 AM
156	a mandatory break is good but it does not alleviate staffing shortages caused by large companies wanting to increase their profits	7/6/2022 10:01 AM

Meeting Materials

157	A pharmacist may say they are fine without eating, but it is unhealthy and you function better after eating and taking a break to reset.	7/6/2022 9:58 AM
158	I think this is a great idea	7/6/2022 9:54 AM
159	Hope it happens	7/6/2022 9:00 AM
160	Mandatory breaks certainly help to improve working conditions, but only if implemented in concert with other changes that prevent a backlog of work or other tasks during said breaks.	7/6/2022 8:41 AM
161	This is the absolute most Important factor in our industry. It's completely unhealthy in a healthcare industry for this to not be mandatory. It's practically part of the o.r.c for every other industry to have breaks. I.e. truck drivers, etc...	7/6/2022 8:35 AM
162	Unless they require appropriate staffing to keep operations progressing while some staff goes to breaks, we just come back to disgruntled patients (rightfully so) and a pileup of prescriptions to plow through. Closing the pharmacies for breaks is a poor solution that increases stress in the long run and compromises patient care.	7/6/2022 7:35 AM
163	Companies that provide those breaks for pharmacists make work hard enough that if you don't work through your lunch, it makes accomplishing tasks that much more difficult. And you might use half your break answering a "quick question," but you can't adjust the reopen to give yourself a true break. The reopen time never adjusts. Try shutting the gate when a patient sticks their hand under it, literally.	7/5/2022 10:34 PM
164	While it would be nice it will just lead to complaints from patient's that we're closed and prescriptions that pile up.	7/5/2022 10:12 PM
165	Currently working 11 hour shift with only one 30 minute lunch, no break	7/5/2022 7:22 PM
166	I think it's sad that many pharmacies don't do this already.	7/5/2022 6:00 PM
167	The current problem with lunch breaks that are provided to us is that you feel like you have to work through most of the lunch break or else when you come back you are 30 minutes behind and will never be able to catch up from that. It should be mandatory that all pharmacy workflow stops for the entire length of the break. For example, if you are given 90 minutes to complete a prescription before your company determines that you did not meet the verified by promised time, the pharmacy must not start this 90 minute clock on prescriptions that are sent electronically to the pharmacy or are otherwise requested until the lunch break is over.	7/5/2022 4:53 PM
168	We already get these, but often if we are behind, I let my staff go on break & I work through the rest period. It would have to be mandatory.	7/5/2022 4:31 PM
169	currently most companies are giving lunch breaks. additional 15 mins breaks or sit down time would be helpful where the rphs dont have to be on the feet for 12-13 hrs a day constantly working	7/5/2022 2:01 PM
170	Most pharmacist I know who get a lunch break still end up working through it	7/5/2022 1:19 PM
171	Meal breaks will give pharmacists a chance to eat, and recharge for the rest of the day. This will help with focus, efficiency, and productivity.	7/5/2022 12:58 PM
172	Obviously. Breaks are so necessary	7/5/2022 12:36 PM
173	Must ensure enforcement by the chains.	7/5/2022 11:52 AM
174	This should be standard. Tired healthcare workers=dangerous conditions	7/5/2022 11:51 AM
175	This would be helpful if it is actually observed. Even in some chains where this is already a policy it is often used as a "catch up" period rather than a true break where no work is being done.	7/5/2022 11:44 AM
176	It is inhumane that we do not get the amount of breaks that our support staff do when our job is monumentally more important and our mental acuity is paramount to safety.	7/5/2022 11:24 AM
177	Meal breaks do help when you are working a long shift, but I usually end up working through them anyway.	7/5/2022 10:40 AM
178	likely needs some flexibility to ensure this is not disruptive for staff or patients	7/5/2022 10:07 AM
179	It is not reasonable to expect for any staff to work without appropriate break time	7/5/2022 8:56 AM

Meeting Materials

180	This should already be present as an appropriate work conditions and safety... Will not improve workload management per workforce availability	7/5/2022 8:42 AM
181	These are basic work requirements that are rarely met in most settings.	7/5/2022 7:12 AM
182	In retail, this simply backs up already behind cues	7/4/2022 6:34 PM
183	Our employer has been providing pharmacists with this for at least a decade, thankfully.	7/4/2022 4:40 PM
184	Its ridiculous that this is even a question. Of course it would be beneficial to mandate breaks and rest periods after all we are human beings and we all need breaks. More fatigue equals more medical errors. How about go ask a doctor or nurse if they'd like to work all day with no breaks? They wouldn't!	7/4/2022 3:53 PM
185	There has been inadequate opportunities provided by employers to have uninterrupted breaks. This is a concern because the accumulated fatigue increases the chances of errors being made in the pharmacy.	7/4/2022 2:53 PM
186	Every human being requires bathroom breaks and meal breaks to function at their highest capabilities. We are NOT ROBOTS! This should be MANDATORY	7/4/2022 2:34 PM
187	To help make this more beneficial it should hold more to the uninterrupted portion of the rule. Currently, with a set time for a pharmacist rest period if patients continue to require assistance a half hour rest break can be cut short or not exist (i.e. a break would start at 1:00 and go to 1:30 but due to patient needs don't get to secure the pharmacy until 1:10 and are still expected to open back up at 1:30).	7/4/2022 11:42 AM
188	Is a MUST- retail pharmacists have just been COMPLETELY taken advantage of by corporate America like Walgreens CVS etc- they do not care about their employees AT ALL. They run them into the ground with very unsafe working conditions and then expect them not to have a lunch dinner or even a pee break. They could care less if scripts are correct for the disease state- they just need any the money at the expense of the pharmacists! You should mandate vacation time in the summer as well as these people won't let pharmacists off with their families and if they request even single days off it is a fight! It truly has done a number on our family and MANY families of pharmacists!!! They also provide no growth opportunities- they should help each of their pharmacists get board certified so clinics could be opened and instead of them making wads of money they should be focusing on helping patients get well- but NONE of this can be done without proper rest breaks!!!!	7/4/2022 10:20 AM
189	I've never had this but it feels like it would be "catch up" time or worse when we got back so doesn't feel good to me	7/4/2022 9:53 AM
190	This would allow recharge periods and should have been instituted 10 years ago	7/4/2022 7:47 AM
191	In an ideal world, this would be helpful.	7/4/2022 7:30 AM
192	This is already in place.	7/4/2022 5:53 AM
193	The "staff" needs to include the pharmacist.	7/4/2022 3:37 AM
194	I think this depends on this practice situation. The scenario for a pharmacist who teaches at a college is different than a hospital pharmacist and different for a community pharmacist.	7/3/2022 7:00 PM
195	Basic necessity to a healthy work environment.	7/3/2022 4:46 PM
196	All staff need breaks and meals in order to be more focused when filling prescriptions. It should cover those staff working afternoons and evenings and not just the morning and afternoon staff	7/3/2022 3:17 PM
197	Half hour lunch is ridiculous in a 10 hr shift	7/3/2022 3:03 PM
198	This helps but at busy pharmacies it is very hard to close and keep patients happy	7/3/2022 2:39 PM
199	We can take an 30 minute "official break" but the prescriptions still get sent to us during the break and then the Pharmacy will need to play catch up for the next 90 minutes to recover from this break. A more positive outcome would be for more pharmacist coverage so that workflow wouldn't be interrupted.	7/3/2022 2:06 PM
200	The amount of work needs to decrease or be shifted somehow, if not the breaks will just cause the work to pile up and cause more stress.	7/3/2022 1:42 PM

Meeting Materials

201	Why would you make someone work 12+ hour shifts with no reasonable opportunity to eat or use the restroom.	7/3/2022 10:56 AM
202	the designated lunch break has been a welcomed change	7/3/2022 9:19 AM
203	Need enough staff to be able to give each adequate break.	7/3/2022 4:53 AM
204	This is an obvious solution to help support pharmacy staff. Often working 12 hours without a break can leave pharmacists more susceptible to misfills and prescription errors. A break is the absolutely reasonable and humane thing to do in this situation. It will protect pharmacists and pharmacy customers. An absolute safety issue.	7/2/2022 11:33 PM
205	Since we started with a lunch break it does seem like the 12 hour day is broken up some.	7/2/2022 11:03 PM
206	Being able to eat at least one meal during my 12 hour shift and use the restroom during our break really improves my overall Day.	7/2/2022 10:58 PM
207	It's ridiculous this needs to become a law and it is outrageous this is now just happening.	7/2/2022 10:06 PM
208	Pharmacist are still working through lunch half hour due to the high volume.	7/2/2022 8:09 PM
209	Helps pharmacist to refresh and break up the monotony of the shift	7/2/2022 6:06 PM
210	I know many pharmacists use "meal breaks" as a time to catch up and don't actually take a break. Actually taking a break would probably be beneficial to clear the mind and eat without interruption.	7/2/2022 1:25 PM
211	My current job gives me a 30 minute break and I come back feeling mentally refreshed. It's much better than when I worked at Rite Aid years ago and used to work 12 hour shifts without a set break. I would hide in the bathroom for 5 minutes at a time just to take a mini mental break.	7/2/2022 12:36 PM
212	Most pharmacists get no breaks so this is at least a step in the right direction.	7/2/2022 9:57 AM
213	I need a 30 minute lunch in a 12 hour shift. At the moment I get no breaks	7/2/2022 9:21 AM
214	the corp policy will be to take a break when business merits a set time for a break is good idea but the workload remains and build during that time and again workload is greater after return from break and i am sure if a customer demands to have a prescription filled during the break it will be done as a part of customer service	7/2/2022 8:34 AM
215	We need more pharmacist overlap and 12 hour shifts eliminated.	7/2/2022 8:20 AM
216	Just like doctors offices get to close for lunch so should pharmacies.	7/2/2022 7:26 AM
217	Eating is good. Adequate overlaps would be better. Otherwise the work just piles up and that period after the lunch break is twice as stressful.	7/2/2022 12:04 AM
218	Breaks are needed for the mental health of all staff but are rarely taken because we get farther behind. This will not change.	7/1/2022 10:27 PM
219	It's about time. However several chains are already doing this.	7/1/2022 9:15 PM
220	These have been amazing!! Really enjoy being able to eat at the same time everyday and when I was nursing my daughter being able to pump during that 30 mins was so incredible!!	7/1/2022 9:13 PM
221	I have worked for two chain pharmacies that have had dedicated meal breaks and the excessive workload requires pharmacist to work thru lunch. It is just a break from customer interuptions but not a break from work.	7/1/2022 8:15 PM
222	Pharmacists are overworked as it is. Before I received a break I would go 12 hours without eating or receiving a break to relieve myself due to workload. This can cloud focus and lead to Pharmaceutical mistakes.	7/1/2022 6:58 PM
223	My company posted signs at pick up and drop off stating RPh will be unavailable for a half hour for lunch but it never happens. Drive thru, phones, vaccines, overrides, etc require our constant attention. We would need to physically close and turn the phones off in order to experience an actual break.	7/1/2022 6:38 PM
224	Mandating closed pharmacy during lunch breaks. Patients will be able to grow comfortable with this just like they do with doctors offices. It also allows all staff to break at once so that there	7/1/2022 6:31 PM

Meeting Materials

is not short staffed pharmacies other times during the day. Techs would still be fielding patient and doctor office calls if the pharmacy remains opened and it is unlikely that a pharmacist would be allowed an uninterrupted meal break. There also needs to be clear guidelines, every 8 hours equals a 30 minute meal. Every 6 hours allows for a 10 minute break, etc.

225	Patients don't stop trying to come to the pharmacy since implementing a 30 minute lunch and it's not like we can stop helping them all of the time right at the specified break times; not to mention the long lines we open back up to.	7/1/2022 5:43 PM
226	It break up the day and give pharmacist time to recharge	7/1/2022 5:23 PM
227	I think it is important if staff feels they need a break, they are able to take one.	7/1/2022 2:17 PM
228	I worked for a company that did this and in theory it was great. It was 1/2 hour break and by the time you shut gate (never on time patients always upset at prospect of having to wait) it ended up enough time to go to restroom and not much more. I think finding a way for technicians to remain in the pharmacy and continue to sell prescriptions that are completed would be key.	7/1/2022 2:06 PM
229	I am scheduled for shifts of 10 hours+ more often than not. Expecting a person to work for that long with only ONE 30 minute break is unreasonable.	7/1/2022 2:00 PM
230	The techs get to have a break, the pharmacists do not get an uninterrupted break unless we get to close the pharmacy down, we do not do that.	7/1/2022 1:52 PM
231	The work doesn't stop just because breaks are taken.	7/1/2022 1:47 PM
232	Proven successful in many states nationally.	7/1/2022 12:59 PM
233	Possibly somehow make at least some of the break time mandatory as a lot of pharmacists and staff would not take advantage.	7/1/2022 12:47 PM
234	This is a good start but often work stacks up and it can create more stress that it prevents.	7/1/2022 12:40 PM
235	This is needed in retail but in the current workforce crisis it could impact hospital pharmacies immensely. Some critical access hospitals have one rph and cannot just close pharmacy for 30 minutes.	7/1/2022 11:38 AM
236	The work will still be there if the pharmacy is forced to close and there will be less time to do the work.	7/1/2022 8:43 AM
237	Not mandatory but encouraged	7/1/2022 6:12 AM
238	We're closing our dept for a half hour each day now. it is nice to sit and relax for a few minutes. However, we come back to a larger crowd and more E-rxs that have come in while we were out, so the stress is increased. At times we stay to try and catch up once we close the window, before eating.	7/1/2022 12:49 AM
239	On the fence. Not in favor of "requiring". Many community pharmacists are very used to working long hours, and take breaks as they need to, when they want to. Additionally, many patients take the opportunity to pick up/drop off their rx's during their lunch break. Guaranteed there would be increase in customer complaints. Maybe in time patients will get used to pharmacies closing, like physician/medical offices do. Also, adding "must be available for emergencies" defeats the whole purpose. Gives companies opportunity to shave off pay to pharmacists and techs as well.	7/1/2022 12:22 AM
240	This is essential to our ability to provide quality care without the physical and mental fatigue that comes from continuous 12+ hour shifts without breaks.	7/1/2022 12:13 AM
241	Most prescribers are closed for lunch from 12-1. It would make sense that pharmacies are closed at the same time. Staggering lunch breaks leaves the pharmacy understaffed. Whereas if the pharmacy staff went to lunch at the same time the pharmacy would have better coverage during operating hours.	6/30/2022 11:48 PM
242	I work for CVS and the addition of a 30 minute lunch break has been so helpful for working conditions. It should be mandatory just like a doctors office.	6/30/2022 11:42 PM
243	Breaks are needed.. this is a physical and mental demanding job.	6/30/2022 9:59 PM
244	although it creates customer service issues, an industry wide mandate would force customers to "get it"	6/30/2022 9:56 PM

Meeting Materials

245	This has a chance to work IF the pharmacy is shut down completely during this rest period/break and IF all employees take the break.	6/30/2022 9:51 PM
246	Although just increases workload after breaks, but nice to have time to think when able. Because of staffing not always able to take lunches.	6/30/2022 9:28 PM
247	This must happen. It is just not healthy or safe for pharmacists to continue to work without a break!	6/30/2022 8:57 PM
248	This seems good in theory, but by the time you actually get to close for lunch and grab something to eat you do not get the full time. When you open from break people are lined up. When you work a 12 hour shift, only getting a quick meal at lunchtime does not help later in your shift. The district managers get to go home and eat dinner, while the pharmacists are working with no dinner break and having to eat late at night when they get home.	6/30/2022 8:54 PM
249	This would definitely help. It's hard to stand all day and have no time to eat or just rest	6/30/2022 8:49 PM
250	Realistically do you think the staff wouldn't still be working to "catch up"? I can't count the number of times, when I would put up a "back in 5 minutes" sign to use the restroom when there'd be an intercom call for "customer service to the pharmacy."	6/30/2022 8:26 PM
251	Workflow and phones must be suspended during lunch	6/30/2022 7:21 PM
252	Much needed and CVS currently has updated their policy to allow	6/30/2022 7:16 PM
253	after having worked with a 30 minute lunch break for a couple of weeks, it was amazing to me how much that helped - even if I worked through the break - just not having to answer the phone and deal with patients gave me more energy to finish the day	6/30/2022 7:14 PM
254	Already working behind, just digging a deeper hole	6/30/2022 7:05 PM
255	My employer recently instituted a lunch break for the pharmacy department where the department closes during the break	6/30/2022 7:05 PM
256	When I am working, I am afraid to even take a bathroom break because of the possibility of a "required" counseling needed for a sale of a RX. If there is a mandatory break where the pharmacy is closed, it restores the much needed mental and physical break from work.	6/30/2022 6:57 PM
257	breaks do nothing to help with work flow. Chains are giving pharmacists that work the day shift one half hour lunch now. That does not mean their workload goes away. The afternoon pharmacist gets zero benefit. If they come in at 130pm they get zero break and work until 9pm. The problem is the chains keep cutting pharmacist overlap, and tech hours yet asking for unattainable and frivolous metrics like how fast we answer the phone. There is zero time allotted for pharmacists to research drug interactions or answer patient questions or counsel them or solve patient problems or even to do MTM properly. We get zero reimbursement for counseling and researching drug question for patients or solving their problems with adherence or proper dosing, potential contraindications and drug interactions. You are barking up the wrong tree with this idea. Pharmacists and techs do need breaks but it does nothing to solve workload problems. Pharmacists just work thru their lunch to keep their head above water because we are penalized for not attaining the silly, trivial, unattainable metrics made by non pharmacist bean counter corporate idiots that have no liability or skin in the game.	6/30/2022 6:12 PM
258	This is difficult when you work for an independent pharmacy. We are less likely to get breaks unless it becomes a law that must be enforced. I work for an independent where the owners are rarely to never in the store. We don't have pharmacists willing to give up hours or, on the other hand, willing to work additional days and working shorter days. Owners will not allow for closure because of loss of revenue. Your options are to deal with it or risk the move to a chain and deal with corporate decisions/demands coming from non-pharmacists. For this reason, I now only work PRN.	6/30/2022 6:11 PM
259	It depends on the time of the day when the local Doctors take their break.	6/30/2022 6:10 PM
260	As long as employers are required to provide such breaks, without exceptions for call offs or weather or "unavailable hours", this could be beneficial. When insufficient staff are available, pharmacists must have the autonomy to make needed changes to pickup times or close the drive-thru, etc, without fear of repercussions. I personally have been told by chain retailers that I was not allowed to make the pickup time >15 minutes or close the drive-thru even though I was the only live human in the pharmacy department. Recommendation for further study:	6/30/2022 5:36 PM

Meeting Materials

Incidence of kidney stones in pharmacy employees, RPhs in particular. I stopped counting when I got to 20 coworkers (myself included) with renal stones at very young ages. And yet I have heard that at least one national chain prohibits bottles or drink cups anywhere in the pharmacy out of fear that it appears "unprofessional". If there is such an epidemic of renal issues in those of us who chose pharmacy, what other scourges are lurking? Arthritis because chairs are unprofessional? Physicians are now encouraged to sit when with patients so chairs can't be that unprofessional. Until pharmacy leaders take the health and safety of our staff as seriously as they take profits, we will continue to be abused and our concerns belittled.

261	Would be even nicer if customers accepted that this is necessary. We've had lunch breaks at my chain for two years and many customers complain, get angry, or even pound on the pharmacy gates.	6/30/2022 5:33 PM
262	This will ONLY work if you have overlap pharmacist working. Otherwise, you are just that much further behind.	6/30/2022 4:47 PM
263	A pharmacist that has had a break and eaten and used the bathroom is less likely to make mistakes!	6/30/2022 4:45 PM
264	Even though we didn't adhere to the whole 30 minutes, it was nice to get to sit down and eat and go to the restroom.	6/30/2022 4:25 PM
265	This would improve working conditions. As it stands today, many community pharmacies have instituted a lunch break. However, there is no dinner break. Providing both should be equally important.	6/30/2022 4:10 PM
266	The pharmacists need to have a scheduled 1/2 hr lunch and at least 2 - 15 mins breaks per 8 hrs regardless of salaried or hourly pay. This needs enforced across all pharmacies, especially major retailers! These lunches/breaks should be mandated to take place in a spot separate of filling prescriptions! Give rphs a 1800 to call if this isn't followed so board can fine the pharmacy for violating safe work practices!	6/30/2022 4:07 PM
267	This absolutely needs to happen, and it does for the technicians, but other than a quick lunch break (if that) the same is not afforded to pharmacists	6/30/2022 4:05 PM
268	It would be nice to be able to go to the restroom and eat uninterrupted	6/30/2022 4:03 PM
269	It's a shame we have to have a survey that asks this question. My health is horrible because of this and the stress this profession causes.	6/30/2022 3:57 PM
270	IF.....the breaks are enforced. As of now all I see is staff working during that "break" to catch up!!	6/30/2022 3:50 PM
271	Breaks are great, but the workload doesn't change. It just gives less time to complete that workload	6/30/2022 3:41 PM
272	So important	6/30/2022 3:29 PM
273	Allows for a mental break to reset. But this needs to be at separate points in the day. As a closing pharmacist, we often don't have the opportunity to utilize the lunch closure that retail pharmacies have started.	6/30/2022 3:28 PM
274	In my experience, the "lunch break" is used to catch up rather than "rest". At least it provides an opportunity to use the restroom!	6/30/2022 3:23 PM
275	already in effect	6/30/2022 3:17 PM
276	Breaks would be nice, however I feel the negative feedback from the customers having to wait because of an availability of the pharmacist would add additional stress	6/30/2022 2:55 PM
277	Not being able to use the bathroom or eat adds stress to the work day. Literally feel like I must load up on food and liquids before a shift because I may or may not even get to have something to drink during a shift .	6/30/2022 2:52 PM
278	Uninterrupted is essential. The public will learn and adjust their expectations.	6/30/2022 2:49 PM
279	My employer started closing for lunch and it has been the biggest improvement to morale and safety	6/30/2022 2:46 PM
280	We have a lunch break, but we already work through it just to try and keep up	6/30/2022 2:46 PM

Meeting Materials

281	if there is not enough staffing, breaks are nice but then you are just further behind after	6/30/2022 2:36 PM
282	Closed for lunch if only one pharmacist is working is very important	6/30/2022 2:33 PM
283	We have recently started this and it's great.	6/30/2022 2:31 PM
284	Everybody needs a break!	6/30/2022 2:26 PM
285	2 breaks and a lunch. The 30 mins lunch we work through just to catch up with workload and have to work twice as hard when lunch is over. Customers just gather around pharmacy and angrily wait until 2:01. A 30 minute lunch and 30 min transition to allow pharmacy to get to smooth place to pleasantly receive patients again	6/30/2022 2:11 PM
286	Not all companies follow this criteria and skirt around it. They will still require the pharmacy to remain open to the public while the rph is on break.	6/30/2022 2:08 PM
287	I work at a grocery store pharmacy. We do not get breaks or lunches. I would love one to reset in the middle of the day.	6/30/2022 2:02 PM
288	Everyone needs this to de-stress and refuel!	6/30/2022 2:02 PM
289	I work for a retail chain that still does not grant uninterrupted breaks. Any amount of time to myself without answering questions/phones or checking scripts would significantly improve my day and ultimately improve my efficiency and attentiveness after the break rather than working 11 straight hours.	6/30/2022 2:02 PM
290	Yes. Pharmacist need appropriate lunch break. Every employee in Ohio requires 30 minutes lunch when working over 6 hours. Pharmacist has to be focused every minute of their shift. It's people lives that are important not convenience or money	6/30/2022 1:58 PM
291	Hospital pharmacists need breaks too! Not all hospitals schedule pharmacists for breaks, but we need them! For example, I work 13 hours scheduled with no break! It's not just community setting that should have this requirement. Help us! Food/bathroom/mental breaks are all very necessary in the safety of patients and happiness of staff!	6/30/2022 1:56 PM
292	Very useful for sanity and allow us to eat	6/30/2022 1:55 PM
293	Close the pharmacy during the lunch break. Leaving the pharmacy open for "emergencies" results in the pharmacist rarely, if ever, actually taking a lunch break	6/30/2022 1:39 PM
294	This would be extremely beneficial	6/30/2022 9:46 AM
295	We've had a break time for the last 8 months. It's a great time to decompress, but the issue is that the work doesn't go away or lessen, it is just pushed to get done in less time.	6/29/2022 9:24 PM
296	In conjunction with mandatory breaks, there needs to be staff in the pharmacy to manage the calls and patients who need assistance while the staff is on break OR the pharmacy needs to be completely closed (no phones, no dispensing, etc), otherwise the work simply piles up while the staff are on break and then need to race around to catch up.	6/29/2022 8:22 PM
297	Helps pharmacists eat and just relax	6/29/2022 8:16 PM
298	This will only improve conditions as long as the pharmacist/staff take the break and don't work through it as they are sometimes encouraged to do now.	6/29/2022 6:18 PM
299	Lunches are hard to take with a constant work influx.	6/29/2022 5:38 PM
300	We currently have this at my workplace but in order to try to catch up I have to work through it anyway.	6/29/2022 5:09 PM
301	We already do this now in our setting at works well at our loacation. Although it did take time for the public to adapt to the change.	6/29/2022 4:58 PM
302	Again the impact of this proposal is dependent on staffing. UNINTERRUPTED breaks would be an improvement to combat fatigue. However, if sufficient staffing does not exist, the work will pile up and be worse than without. Same concept with pharmacist's having uninterrupted breaks. If there is no overlap, the work is simply going to accumulate during the break.	6/29/2022 3:57 PM
303	Working a ridiculously busy retail pharmacy with customers that exhibit attitude and negativity daily sometimes most of your day I definitely feel decompress time would be a huge help . It	6/29/2022 3:39 PM

Meeting Materials

also allows for mind relaxation a break from the multi tasking hussle and would definitely help prevent mistakes and our patients safety and health have to be top priority.

304	Meal breaks/breaks in general are a good fail safe to slow down the pace of the pharmacy, however; if the expectations for the amount of work to be completed during that same shift is not adjusted, there will be temptation/pressure to skip breaks or clock out for a "break" and continue working during that time.	6/29/2022 3:32 PM
305	This was actually a welcome addition at my previous job site, at least on my 13 hour days. However, 13 hour days was one of the reasons I left.	6/29/2022 11:58 AM
306	In a 12 hour work day a break would be wonderful!	6/29/2022 11:00 AM
307	Need to shut down for 30 minutes. Pharmacist are supposed to get a 30 minute lunch at 1:30. It never happens. It looks good on paper. A busy store has customers all the time. Customers would just need trained that pharmacies operate like a doctor office. I'm lucky to eat anything before 7 pm on a 12 hour shift that I am there for 14 hours to stay above water.	6/29/2022 9:18 AM
308	Would be fantastic	6/29/2022 9:17 AM
309	Working in a independent pharmacy setting I feel our pharmacy allows for break/rest periods within require a mandate to take a break.	6/29/2022 8:42 AM
310	Unless there is overlap, the time sensitive work that piles up during break May counteract any benefit.	6/29/2022 5:56 AM
311	As was mentioned in the committee's comments there are pros and cons of this proposal. Pros: potentially ensures that all pharmacy staff are given a break to allow them to refresh their mind and body and decrease the chance of burnout and errors. Some pharmacists may never take a break unless they are forced/encouraged to do so. Cons: This does not change the workload, so may just make the rest of the hours of business busier. For example, closing for 30 minutes might now require a pharmacy to do 12 hours worth of work in 11.5 hours. In addition, I have worked at a pharmacy that closed for 30 minutes for lunch (1:30-2:00). Many days it didn't work out that way. If a few patients arrived at the pharmacy at 1:25, we would do our best to help them, which would mean we would not close until 1:45. Unfortunately, the patients who showed up at 2:00 still expected us to open back up at 2:00. A significant percentage of days, the act of closing for lunch created more stress than if we had remained open during that time period.	6/29/2022 12:31 AM
312	any break helps	6/28/2022 11:13 PM
313	This would be effective in efforts to provide protective time and ability to decompress and step away.	6/28/2022 10:49 PM
314	My experience with company wide lunch breaks (aka pharmacy closes to the public, or signs are posted that pharmacist will be unavailable during certain hours) is that the pharmacist typically ends up working through the lunch break because they can't actually afford to be away from the pharmacy. Prescriptions continue to pile up creating a back log for when the pharmacist returns, so many don't see the benefit. Patients get upset when they arrive for a prescription during that time and it still needs final verification from the pharmacist, so often the pharmacist ends up doing it anyway for customer service reasons. I think it would be difficult, if not impossible, to mandate that all pharmacists take an uninterrupted break.	6/28/2022 10:12 PM
315	Yes I believe anything over 6 hr with no break is unsafe	6/28/2022 10:10 PM
316	Great idea , will only occur if mandated and significant penalties for noncompliance	6/28/2022 9:16 PM
317	some may offer the breaks now but customers get irritate and corp people insist customer is always right. so we spend (break) trying to catch up!!!!	6/28/2022 9:03 PM
318	A true break needs to be had by all employees WITHOUT customer interruption.	6/28/2022 8:42 PM
319	It is reasonable to be able to sit down for a 30 lunch break during my 12/13 hour shift (where I don't have time to even go to the bathroom)	6/28/2022 6:48 PM
320	Pharmacist are people too! They deservw a break	6/28/2022 6:20 PM
321	But even with the mandatory 30 minimum break that we start to get, we are unable to take advantage of it as we still has to achieve patient care score which depends on many factors,	6/28/2022 4:54 PM

Meeting Materials

one of them is finishing filling the prescriptions within promised time which always tight and overwhelming with only one pharmacist working the whole shift and sometimes the whole day .

322	While it is beneficial to have a work-free period in the middle of the day, it may result in stress when going back to work and feeling behind.	6/28/2022 4:17 PM
323	Rest breaks are extremely helpful and my pharmacy already has implemented them. However, this does mean there is half an hour less of time to complete the same amount of work, which is a trade off but it's very much worth it.	6/28/2022 4:03 PM
324	Walgreens tried this at our store as a pilot program. Honestly it just caused more headaches than it was worth. It's very difficult to shut the doors for only 30 min.	6/28/2022 3:56 PM
325	Please! It's depressing that we don't have proper meal and/or bathroom breaks. I can't think of any profession where we are expected to work 13+ hours with out eating, drinking, or using the bathroom.	6/28/2022 3:25 PM
326	This will be challenging in settings where the location is unable to 'close' for example inpatient settings where you can not turn the phones off to nurse/physicians or where RPh respond to codes/emergency response and/or where departmental meetings are frequently scheduled during lunch to allow for maximum participation.	6/28/2022 3:09 PM
327	We now have a lunch break and just to be able to eat, go to the bathroom and decompress is wonderful!	6/28/2022 2:35 PM
328	As mentioned in some of the comments, this is an obvious benefit. Every other field allows for breaks/down time to refresh and just as with physician offices, the public will need to adjust their expectation un regards the access.	6/28/2022 2:34 PM
329	currently required to work 13 hours shifts with no breaks and little or no pharmacist overlap in high volume stores	6/28/2022 2:33 PM
330	Everyone needs a break to debrief and recharge	6/28/2022 2:30 PM
331	Mandatory breaks has made a HUGE impact for us.	6/28/2022 2:04 PM
332	We have this now however when we return we have double the work and unhappy customers.	6/28/2022 1:40 PM
333	This could be an issue in institutional settings on 2nd/3rd shifts or smaller hospitals where only one pharmacist is on duty. Patient care can't stop especially in an emergency situation.	6/28/2022 12:39 PM
334	Allowing breaks at the same time can allow for team building for the technicians. This also is the only way pharmacists can take a bathroom and lunch break since there is no rph overlap.	6/28/2022 12:37 PM
335	The abuse from patients is worse when you try to close for a break period and forcing this as a rule would not likely be easier on staff, but it would be nice to have after not being able to have a break and eat. If this is chosen, ensure employers are required to have a space that staff can store food and eat a meal in or near the pharmacy. Sownthing along the lines of "pharmacy staff must be allowed toSpending 10-15 minutes walking all the way across a huge warehouse-size building to get to a tiny, dingy break room and restrooms does not help pharmacy staff, especially pharmacist, morale. We tend to get stopped to demand we open the pharmacy or asked questions multiple times taking up the large majority of our precious break. It's really not worth even closing unless the general public is educated by the Board or someone higher than the pharmacist themselves that a pharmacist having a meal break is acceptable. They don't currently agree, according to my decades of experience and what I think we all have experienced being said to our face over the years. It's absolutely soul crushing to be forced to close and be forced to go to the breakroom that you know is so far away from the pharmacy it will waste half your time getting there and back, it's gross, tiny, and full of people that won't shut up and leave you alone	6/28/2022 12:35 PM
336	This is already supposed to be in place, where we have signs on our windows saying the pharmacist takes a break between X-Y time, yet it does not happen.	6/28/2022 11:31 AM
337	Just because these opportunities are required to be offered, it doesn't mean pharmacists/techs will actually take a break. This won't really lift the burden as they will still have to do the same amount of work.	6/28/2022 11:24 AM
338	Fatigue is real. You need some time to take a breath and collect your thoughts.	6/28/2022 11:19 AM
339	This sounds good in theory, but the ensuing workload when re-opening is more stressful and	6/28/2022 11:13 AM

Meeting Materials

likely to lead to errors. Personally, I don't want to be forced to take a scheduled break but would rather do so when the workflow of the pharmacy slows down. This can be an inconvenience to patients and could be counterproductive in causing unnecessary stress to some pharmacists.

340	We still need to work on lunch break bc of volume and low staff	6/28/2022 10:03 AM
341	When working long hours, this is beneficial. Although it is not fun to return to a huge line of angry patients. Should probably last more like an hour, not only 30 minutes as it is difficult to close on time when other people are still in line waiting to be served.	6/28/2022 9:59 AM
342	Why now?	6/28/2022 9:30 AM
343	Mental/meal breaks are necessary for the health of patients and employees	6/28/2022 9:09 AM
344	After 25 years of working in retail pharmacy, mandatory breaks to take care of basic human needs is long overdue. Just the mental time out alone is desperately needed.	6/28/2022 8:45 AM
345	Rest periods or meals breaks for pharmacists and technicians in clinical environments for example will never be scheduled events in the workplace. The nature of the job prohibits this privilege.	6/28/2022 8:41 AM
346	Would likely allow a pharmacist and/or technician to remain sharp on the job with a short break in his/her day.	6/28/2022 8:38 AM
347	The thing with mandatory breaks (for a retail pharmacist) is that I feel like pharmacists will try to continue to work, just doing so uninterrupted, in order to "catch up" or make headway on the work for the day.	6/28/2022 8:35 AM
348	There isn't another profession that doesn't allow breaks.	6/28/2022 8:28 AM
349	Breaks are always helpful.	6/28/2022 8:18 AM
350	We currently have a lunch break, but this doesn't change the amount of work. If anything, it makes it worse...but much needed for the mental health/stress	6/28/2022 8:15 AM
351	During a 13 hour shift, a 30 minute lunch break is not enough of a rest period for a pharmacist to keep working conditions safe for patients when checking hundreds of prescriptions a day.	6/28/2022 8:07 AM
352	Everyone should be able to eat without having to do while working around medication	6/28/2022 7:57 AM
353	Very much needed.	6/28/2022 7:49 AM
354	These are great, however, a pharmacist working 8-14 hours as the sole pharmacist on duty deserves more than 30 minutes (often cut short by lines of people or backlogs of work) throughout the day. If I come in at 8am and get lunch/bathroom break from 1-1:30, but then work until 8-9pm to close, I still am working through a standard American dinner time, and this is assuming I actually get to step away for my lunch break.	6/28/2022 7:43 AM
355	Dr offices and other professionals close even blue color workers get treated better than pharmacies. Having down time to eat would help prevent fatigue and promote wellness in the pharmacy world	6/28/2022 7:24 AM
356	Very important I work 12 hr shift Harley got to sit down for 15 min in mandatory break time. It's physical and mental stress in pharmacy	6/28/2022 5:16 AM
357	If not made mandatory, some pharmacists may find themselves in employment situations where they are receiving coercive pressure from above to "voluntarily" limit or not routinely take their meal breaks.	6/28/2022 3:02 AM
358	The variety of things required 3 expanded vaccines a day, once non-primary CMR per week while hitting filling goals and compliance fills it's simply too much in a busy setting. Worse is often are unable to close for lunch on time and the techs clock out and are guaranteed say the 30 minute break and pharmacist have to be back at a certain time and often lose 10 minutes of lunch and without a tech if they have to be clocked out for 30 minutes. Why is it my break is less important?	6/27/2022 11:49 PM
359	Yes, please!	6/27/2022 11:46 PM
360	Hospital pharmacists on 2nd and 3rd shift often have no breaks and no back up coverage	6/27/2022 11:45 PM

Meeting Materials

361	Many days we don't even get the chance to finish eating anything and it's just a bite or 2 when we can. I'm supposed to have a 30 minute break a day as the pharmacist but since we don't close, I'm still always needed for counseling	6/27/2022 11:41 PM
362	Our pharmacy provides a break from 1:30 to 2 pm, but only at stores that are not 24 hours. All staff on all shifts need time to take breaks to eat, use the restroom, and administer their own medications. I am a type 1 diabetic from complications secondary to covid and this is very important to ensure I stay healthy enough to do my job.	6/27/2022 11:40 PM
363	Every human should have the opportunity to sit down and eat sometime during working hours. Expecting a pharmacist to be efficient and accurate without food and a mental break is insane.	6/27/2022 11:36 PM
364	We currently have a designated time for lunch but the pharmacy continues to operate and lunch is never uninterrupted	6/27/2022 11:35 PM
365	This needs to be incorporated in EVERY pharmacy setting! Having no breaks or lunch period is against the labor laws of Ohio and how Pharmacies are getting away with it is wrong.	6/27/2022 11:31 PM
366	Most pharmacists will work thru this you cannot afford to get 30 minutes behind one will use this to catch up and maybe leave on time	6/27/2022 11:07 PM
367	if your lunch is half an hour, you can count on staying over unpaid half an hour at the end of your shift.	6/27/2022 11:07 PM
368	A 30 minute uninterrupted break makes a big impact to increase productivity and boost positive attitude for all pharmacy personnel	6/27/2022 11:06 PM
369	Adequate staffing has always been a difficult issue for most boards of pharmacy. It's about time that they use their power to mandate either required staffing or mandatory closure for meal breaks and twice daily rest periods.	6/27/2022 11:06 PM
370	My workplace currently offers a lunch break, but we are not allowed to close the pharmacy and the phones are not shut off.	6/27/2022 10:59 PM
371	Means the computers must allow time to shut down over break	6/27/2022 10:49 PM
372	Half an hour is pretty short for an 12-13 hour day, should be extended to 45 minutes to an hour	6/27/2022 10:42 PM
373	These should be in place already!	6/27/2022 10:32 PM
374	Expecting pharmacists to work 12+ hour shifts without a break at all is inhumane. Uninterrupted breaks would not only benefit the pharmacist themselves, but the entire pharmacy team. Requiring the pharmacy to stay open during said "breaks" is laughable and helps no one	6/27/2022 10:23 PM
375	12 hour shifts (one pharmacist) should get lunch and dinner break	6/27/2022 10:00 PM
376	Will just have to work through my break	6/27/2022 9:47 PM
377	Long stretches of work hours such as 12 hour shifts with only a 30 minute break is straining and unsafe.	6/27/2022 9:46 PM
378	Pharmacies are short staffed and overworked, standard workplace lunch break and rest break must be mandatory just like in any other workplace.	6/27/2022 9:37 PM
379	We might get a break but we will have to stay over without pay with the excuse that we are salaried.	6/27/2022 9:31 PM
380	Uninterrupted is the key word here. I can find time to take a 10 minute break during the day but most times I am interrupted 2-3 times in 10 minutes.	6/27/2022 9:31 PM
381	Please specify that this be uninterrupted because simply having a lunch break with the pharmacy still being open will not be as helpful.	6/27/2022 9:28 PM
382	most organizations currently offer breaks and staff sometimes feel pressured to skip break periods to keep up with workload. offering a vague requirement to do what is already being done may raise enforcement concerns without addressing the actual issue.	6/27/2022 9:16 PM
383	Breaks are needed to decompress every now and then, we ALL are under extreme stress and short on help. Being able to take 10-15 min once or twice over a 13 hour shift would really help refocus thoughts and direction for the day.	6/27/2022 9:15 PM

Meeting Materials

384	This would be amazing. I have worked too many days without a break because of I took one, patients and other staff would get upset.	6/27/2022 9:12 PM
385	We staff our pharmacies with more than adequate techs and pharmacists. We are open 8.5 hours only each day. If we were open 10-12 hours then I can see the need for this. If the board considers this, please realize that length of shift should be considered.	6/27/2022 9:04 PM
386	My employer has switched to this and most days we are so far behind, we end up working through it anyway	6/27/2022 9:03 PM
387	We like our 30 minute lunches just to catch up on workload	6/27/2022 8:59 PM
388	Based on current situations, the work backs up requiring super human speed to take care of everything that happened/dropped in/patient line during lunch. A lunch should be required by law as a simple human dignity to allow one to use the restroom and eat a simple lunch, but requiring that person to address the workload of 30 minutes within 5 minutes.	6/27/2022 8:57 PM
389	It will make the work day longer for some as these will most likely be unpaid. Should be to the discretion of the person and not mandated.	6/27/2022 8:54 PM
390	The overload when you get back from break isn't worth it - I've worked it both ways	6/27/2022 8:42 PM
391	This certainly helps but without other measures taken—pharmacy is extremely busy for 2 hours following a half hour lunch break.	6/27/2022 8:42 PM
392	To be able to step back or eat uninterrupted during 12 or 13 hour shifts is good, however, the workpiece just piles up during the down time so you suffer more after the break	6/27/2022 8:37 PM
393	I have worked both retail and independent pharmacy. Several large chains have implemented closed lunch breaks and have no issues once those breaks became the norm. Independents and other retail pharmacies can do the same. I would recommend that said closing NOT be scheduled during the window of what would be considered the normal lunch or other breaks to enable patients to pick up their medications in their scheduled breaks. Also, expecting a pharmacist to return from a 30 min break and face 30 min worth of pharmacy work that has continued in a high volume pharmacy especially, but really any pharmacy, is NOT giving them a break. Playing catch-up on top of checking the currently processed rxs is also quite unsafe. And yes, I have worked high volume retail chain rxs (15 years) as well as newly opened independent rxs. Coming back from a 30 min break in a high volume store and playing catch up would be a nightmare	6/27/2022 8:18 PM
394	Rite Aid does not adhere to any of this	6/27/2022 8:10 PM
395	As long as not all staff are taking breaks at the exact same time, which happens at large chains and tends to put the staff a little behind. The "staggering" of breaks which I have at my current employer is far more effective than all employees' breaks being taken during the same half hour at my former employer.	6/27/2022 8:05 PM
396	Many pharmacies have started to provide daily lunch breaks but we often work through lunch in order to get caught up while the phones aren't ringing and there aren't customers in line.	6/27/2022 7:58 PM
397	As someone who has worked 13 hour days with no break this is more than just a pharmacy right but basic human necessity. Many pharmacists avoid even drinking fluids during their shift because they can't leave to use the restroom.	6/27/2022 7:57 PM
398	Majority of pharmacies already close for lunch	6/27/2022 7:55 PM
399	The same amount of work will have to be done in less hours. Pharmacists will likely use their breaks/lunches to catch up on work.	6/27/2022 7:53 PM
400	Closing for that time period not just stating pharmacist is unavailable	6/27/2022 7:52 PM
401	A previous pharmacy I worked at said if you skipped your lunch you still had to clock that you took a lunch so unlikely that pharmacies would enforce this rule even though it should be.	6/27/2022 7:51 PM
402	Must do this by increasing pharmacist hours and coverage. Closing pharmacy does NOT work. Angry customers lining up and using the time to get caught up instead of resting. Must have plenty of pharmacist coverage at all times for adequate breaks. There should never be one pharmacist on duty alone.	6/27/2022 7:46 PM
403	I've been with a company that has given lunch breaks for years, it does help you reset. This	6/27/2022 7:41 PM

Meeting Materials

may not help me personally, but I believe all Pharmacists deserve a lunch break!

404	Including hospital pharmacists	6/27/2022 7:39 PM
405	Pharmacies has already started doing that and it has provided some kind of sanity	6/27/2022 7:39 PM
406	Uninterrupted is key	6/27/2022 7:38 PM
407	The down side to this is that sometimes the work load coming back from an uninterrupted lunch break is worse than if you had just remained opened and worked through it. Adequate staffing that allows for the staggering of lunches without straining the department or closing the department is ideal because this allows a truly restful break knowing that work is still being done and that you are not just "burying" yourself deeper.	6/27/2022 7:32 PM
408	Customers and corporations do not respect or understand the need for lunch and rest periods. This needs to be enforced.	6/27/2022 7:31 PM
409	Pharmacy staff are currently taking lunch breaks in most pharmacies now; however, they are working lunch breaks. The pharmacy is closed but the staff continues to work to play catch up. Unless something changes; such as volume to RPh and Tech ratio, a forced lunch break will now have employees working for free, staying later, coming in earlier (all for free), or getting further behind.	6/27/2022 7:29 PM
410	This would be a huge help!	6/27/2022 7:27 PM
411	I don't like the idea of it being mandatory, but I do believe every company should do this. I lost 10 lbs (which was unhealthy for me) when I started working 13 hour days in retail because I wasn't able to eat. Once I switched jobs to one where I can eat and take breaks, I was so much healthier.	6/27/2022 7:15 PM
412	Should have been done years ago.	6/27/2022 7:03 PM
413	too much paperwork forced on techs and rphs to get this break	6/27/2022 6:57 PM
414	Still would have the same workload	6/27/2022 6:54 PM
415	This is important just for safety alone, pharmacists often are staring at a monitor for hours straight. This leads to human error by nature breaks are essential for safety	6/27/2022 6:45 PM
416	I have worked for a company with closed for lunch implemented and the stress for the 90 minutes after being closed wasn't worth it	6/27/2022 6:34 PM
417	Almost 2 years now with a 30 minute rest break, it is not sufficient for rest. It also creates extra extremely busy times right after we reopen and right before we close for break.	6/27/2022 6:33 PM
418	My chain now does this, thankfully.	6/27/2022 6:32 PM
419	This should be left to market conditions and individual discretion of the licensed professionals. Do we require physicians in any setting to take a certain number of breaks?	6/27/2022 6:29 PM
420	It is inhumane to allow anybody to work an 8 hr shift without authorized breaks yet alone a healthcare provider whose accuracy is directly correlated to the safety of patients.	6/27/2022 6:22 PM
421	Does not change our workload, if anything the store becomes more busy and we have the same amount of work to do in less time.	6/27/2022 6:18 PM
422	One 30-minute break during a 13-hour shift is not enough. Most other jobs get an hour and they are directly affecting the health of patients.	6/27/2022 6:18 PM
423	As a retail pharmacist, it is up to me to own my professionalism. Requiring breaks just creates a train wreck in the workflow as patients try to squeeze in their problems before the deadline and the pharmacy team will have to work through their break anyway just to keep up.	6/27/2022 6:18 PM
424	Only if this really happens. In the places that don't close completely this is not going to happen	6/27/2022 6:15 PM
425	This would be extremely hard to implement because we have so much to do that the break would most likely be used to catch up and I would refuse a break that extended my time at work because it would be unpaid and that is unacceptable to me.	6/27/2022 6:14 PM
426	Yes. Thus must be done WITH overlap at chains so the pharmacists won't fall behind. Currently, chains will say they do this, it's a sham. It's lipstick on a pig at best. Many of us are	6/27/2022 6:13 PM

Meeting Materials

interrupted and they violate their own policies. If you speak up you are ostracized.

427	Has to be all staff simultaneously, now when the pharmacist has lunch, the workload just piles up if there is just one RPh working.	6/27/2022 6:11 PM
428	Breaks would be nice. I always feel better, recharged after my lunch break	6/27/2022 6:07 PM
429	Great idea! I've been a pharmacist for 26 years. And not having any break time has always been unhealthy and stressful	6/27/2022 6:04 PM
430	Currently, my employer only allows certain stores to close for lunch depending on pharmacist overlap.	6/27/2022 6:03 PM
431	Time to rejuvenate and clear your head is needed	6/27/2022 5:39 PM
432	If mandatory, all will need to comply, even if feeling behind, want to catch up etc which leads to no break	6/27/2022 5:38 PM
433	Food and rest are basic human rights. Everyone deserves a minimum of 30 uninterrupted minutes to eat and recharge. 14 hr days with zero breaks is inhumane	6/27/2022 5:34 PM
434	Long overdue , public understands	6/27/2022 5:28 PM
435	Everyone needs a chance to relax and regroup. And time to eat	6/27/2022 5:17 PM
436	While it would be great to have breaks/lunches, that's just more time work isn't getting done, and it turns my shift/day into an extra 30-minutes (or hour) of work because I'm sure I wouldn't get paid for a lunch break. A mandatory lunch would keep me in a pharmacy longer, make customers more short tempered and increase wait times. If I have a lunch break now, I'm usually working through it just to get caught up. I don't want to be at my job any longer than necessary. Lunch isn't going to help me unwind, it will just put me more behind. The pharmacy isn't going to add staff hours to cover lunches/breaks. We can manage this on our own as pharmacists/technicians if needed.	6/27/2022 5:17 PM
437	must make it so don't get behind by taking a break...have break now if I didn't work thru it I would just get further behind	6/27/2022 5:14 PM
438	All other professions get lunches/breaks and our pharmacy staff needs them to, to regenerate.....we are humans too!	6/27/2022 5:10 PM
439	Yes this would help burn out but not work load.	6/27/2022 5:03 PM
440	I work for a company that provides for meal breaks already. Those breaks are always needed however sometimes they can contribute to increased stress and workload forcing pharmacists to work through those much needed breaks. I do feel like patients maybe more accepting of those breaks when it's a legal requirement.	6/27/2022 5:03 PM
441	The work would just pile up.	6/27/2022 5:01 PM
442	My employer has implemented this, however, it does not apply to the evening shift as there is only one break per day provided.	6/27/2022 4:58 PM
443	At least 45 mins	6/27/2022 4:57 PM
444	Unless a second pharmacist is on duty, these breaks won't actually happen. For example— currently many store “close” for 30 min, the reality is the pharmacist rarely gets anywhere near that time to take a break due to having finish helping customers before the gates go down and how many patients are waiting before they get back. I rarely get 15 full minutes, let alone 30.	6/27/2022 4:56 PM
445	I worked retail for years and found it very difficult to find the time to go to the restroom let alone eat a full lunch, especially for pharmacies with only one pharmacist on for the day. This leads to fatigue and brain fog.	6/27/2022 4:51 PM
446	Many chains already require this, but pharmacists often feel so obligated to catch up on work that they end up working through meal periods regardless.	6/27/2022 4:41 PM
447	This shouldn't even be up for debate - pharmacists should fall under usual labor laws	6/27/2022 4:40 PM
448	30 minutes rests are too short	6/27/2022 4:40 PM
449	Yes	6/27/2022 4:39 PM

Meeting Materials

450	This 1/2 hour lunch gives our minds, bodies and soul a quick break and we do come back refreshed!	6/27/2022 4:36 PM
451	we work through them now just to try to work uninterrupted	6/27/2022 4:34 PM
452	Already provided for us most of the time.	6/27/2022 4:30 PM
453	COULD POTENTIALLY PUT THE PHARMACIST MORE BEHIND, TRYING TO CATCH UP DURING THE CLOSED TIME.	6/27/2022 4:27 PM
454	The lunch period should be expanded to a minimum of 45 minutes	6/27/2022 4:25 PM
455	I think many pharmacists feel the pharmacy is too busy for them to eat or take a break. A period where no vaccines are allowed would at least let the pharmacy staff have a break to eat or use the bathroom.	6/27/2022 4:25 PM
456	Reasonable breaks would improve working conditions without being detrimental to the business or patients. I'm assuming that all staff do not need to break at once, unless only 1 pharmacist is on duty.	6/27/2022 4:23 PM
457	For everyone in the pharmacy. And keep it guilt free.	6/27/2022 4:21 PM
458	Would need to keep companies from exploiting this	6/27/2022 4:15 PM
459	Everyone needs a break, even if it's only 20 mins.	6/27/2022 4:13 PM
460	Some pharmacies claim that they do this, but especially with chains if they don't require the pharmacy to actually close then techs and pharmacists don't get these breaks	6/27/2022 4:12 PM
461	A break would be nice but it would just create more of a mess to come back to.	6/27/2022 4:11 PM
462	We rarely get breaks here. Terrible working conditions.	6/27/2022 4:08 PM
463	Rite aid does not close for lunch	6/27/2022 4:05 PM
464	Our techs eat on the job. Want the 1/2 hour lunch paid as the RPH is paid for lunch.	6/27/2022 4:04 PM
465	My chain implemented meal breaks in 2020 and more chains have been following suit lately. Making this a mandate may help other locations but I do not see this being a big impact on workload.	6/27/2022 4:02 PM
466	Even when appropriate breaks are given, the pharmacist may choose to work through the break to avoid getting behind or to try to catch up	6/27/2022 3:59 PM
467	This NEEDS TO HAPPEN! Too many work too long without breaks, leading to many health consequences. UTIs, dehydration (which especially is a problem if a nursing mother)	6/27/2022 3:55 PM
468	Absolutely necessary	6/27/2022 3:54 PM
469	Breaks and rest periods do not decrease the workload, therefore the pharmacist will need to work more after the break to catch up or they will need to work overtime to complete work.	6/27/2022 3:54 PM
470	1 hr	6/27/2022 3:54 PM
471	I frequently work multiple 12 hour consecutive shifts without going to the restroom or eating	6/27/2022 3:51 PM
472	This should be implemented 100 percent. Just clearing the brain for a half hour would do alot of good	6/27/2022 3:50 PM
473	It should be a requirement for all pharmacies to close for at least 30 minutes for lunch. Pharmacists working 12,13, or 14 hour days should have an additional mandatory break besides lunch.	6/27/2022 3:50 PM
474	It would probably make it worse.	6/27/2022 3:49 PM
475	From what I hear RPh's work through the break most times to attempt to catch up	6/27/2022 3:48 PM
476	It would be nice to have scheduled breaks, but only if it was mandatory across all pharmacies. This would be something that corporations would take advantage of and use to their advantage.	6/27/2022 3:48 PM
477	PLEASE!!!!	6/27/2022 3:43 PM

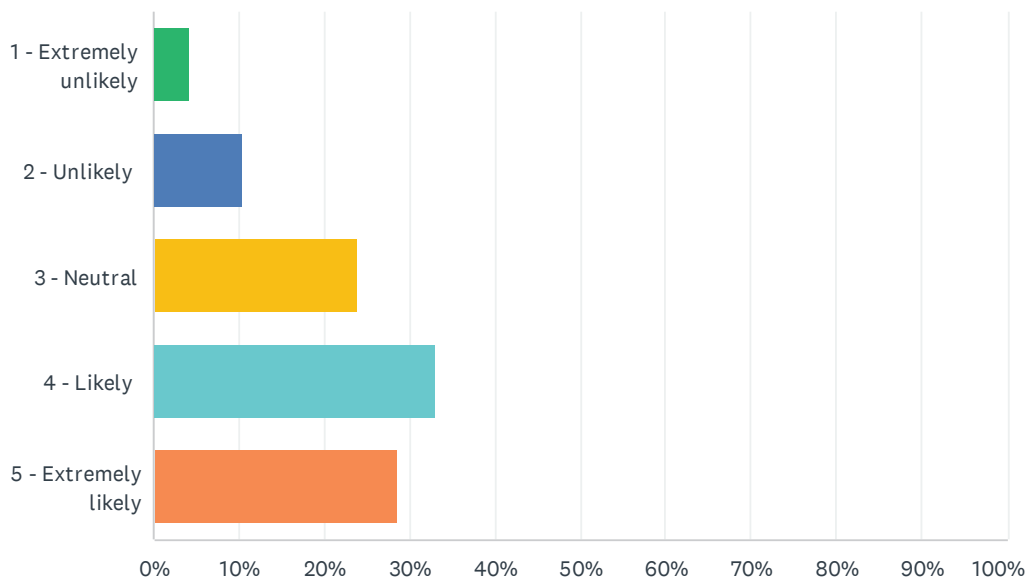
Meeting Materials

478	30 minute lunch break has started for some retail pharmacies	6/27/2022 3:43 PM
479	This should absolutely be done, but won't address the excessive work load...	6/27/2022 3:41 PM
480	If given and if the workload is spread out after so you don't feel anxious the entire break of what you had waiting for you	6/27/2022 3:40 PM
481	Who would enforce these? Also, with current staffing issues this is just going to make more shortages	6/27/2022 3:40 PM
482	This may help but the amount of work in a given day would still need completed but only with less time given.	6/27/2022 3:39 PM
483	It does help to have this provided on the surface. However, unrealistic expectations from patients lead to interruptions even through this period.	6/27/2022 3:37 PM
484	Basic human right!!	6/27/2022 3:36 PM
485	Must CLOSE in order to be uninterrupted	6/27/2022 3:35 PM
486	Could potentially lead to backlog of work	6/27/2022 3:35 PM
487	Pros and cons	6/27/2022 3:34 PM
488	But still more tech help required would help most because sometimes the lunch isn't worth it when you get back and the line is super long and stress escalates due to compounded work since we were gone for 30 minutes.	6/27/2022 3:33 PM

Meeting Materials

Q3 Improve Resources to Promote Technician Onboarding Board shall develop onboarding educational videos and other materials to facilitate onboarding of new technicians.

Answered: 2,015 Skipped: 12



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.22%	85
2 - Unlikely	10.37%	209
3 - Neutral	23.87%	481
4 - Likely	33.05%	666
5 - Extremely likely	28.49%	574
TOTAL		2,015

#	ADDITIONAL COMMENTS	DATE
1	It's so difficult to try to train a tech when you are so busy. It causes interruptions which I feel greatly increases the risk of error.	7/9/2022 10:59 AM
2	It should not take 2 months to get a texhnician working in the store. This process should be greatly streamlined to help with store staffing.	7/7/2022 10:53 PM
3	Yes! Right now it takes almost 8 weeks to get a tech into the pharmacy. They quit before they even get to start.	7/7/2022 8:00 PM
4	These teaching tools should reflect the onboarding process in different practice environments.	7/7/2022 4:59 PM
5	I agree that there needs to be resources to assist corporate and/or HR professionals to assist with technician onboarding. This has fallen on me when I have been both a floater pharmacist and pharmacy manager, and I had to navigate this on my own by referencing the OAC and guidance documents from the Board. The guidance documents were definitely helpful. It would be helpful for corporate or HR to be more involved in this process. With my employer, the	7/7/2022 4:32 PM

Meeting Materials

technician trainer usually assists the technicians with this. However, we have not had a tech trainer for the greater portion of a year so the responsibility has fallen on me rather than someone else at corporate. There should be an alternative designated person at corporate assigned to do this.

6	Without examples, I don't see the benefit since employers all have there unique work processes. Some basic laws and things that would be universal would be helpful as long as there was a module for hospital or retail to chose from so that it wasn't information overload.	7/7/2022 4:29 PM
7	yes to a degree. a lot of what is taught is specific to a work location / site.	7/7/2022 4:18 PM
8	Qualified and competent staff definitely make the workload more tolerable.	7/7/2022 4:01 PM
9	We have no time to train new techs and it slows us down right all the questions	7/7/2022 3:47 PM
10	Require a degree. Associates degree, why make the board or stores have to do it.	7/7/2022 3:37 PM
11	Forget the training videos / tutorials / etc. Increased staffing during new tech training would be extremely helpful for the technician to be adequately and efficiently trained.	7/7/2022 2:57 PM
12	REQUIRE MORE TRAINING? THE CORPORATE RETAIL PHARMACIES ALREADY REQUIRE A CRAP TON OF TRAININGS OF WHICH WE DONT GET TIME TO COMPLETE.	7/7/2022 2:20 PM
13	Training is not the issue.	7/7/2022 2:15 PM
14	They wouldn't have to keep hiring new techs if they payed the original ones a decent wage.	7/7/2022 2:15 PM
15	Need help with on boarding	7/7/2022 1:59 PM
16	CVS has their own training and it seems to work.	7/7/2022 1:56 PM
17	Any help to standardize and facilitate this process would be helpful.	7/7/2022 1:49 PM
18	The board needs to create a standard minimum living wage for technicians. \$15/hour just isn't worth it to work in these kinds of conditions. My techs can't live on their own with the wages companies are allowed to get away with calling "fair." We don't need educational videos...we need you to fight for their rights and stand up for them.	7/7/2022 1:42 PM
19	Unsure	7/7/2022 1:42 PM
20	Would this not ultimately fall on the employer to train?	7/7/2022 1:39 PM
21	Would have to see what this looks like to determine if it would help. Right now, the hiring process seems to take a very long time and much effort is involved before the candidate can even determine if the job is a good fit.	7/7/2022 1:32 PM
22	The board should further invest in streamlining the licensing process instead so companies can cater to their needs the training.	7/7/2022 1:28 PM
23	its about time you people did something	7/7/2022 1:22 PM
24	Who would be required to oversee it?	7/7/2022 1:09 PM
25	Can't hurt to have extra training.	7/7/2022 1:07 PM
26	Any help with hiring and onboarding technicians is appreciated. Sometimes hiring new technicians can take up to 2 months and when they arrive they aren't properly trained on anything except maybe the register if they have retail experience.	7/7/2022 1:04 PM
27	Computer systems differ too greatly.	7/7/2022 12:30 PM
28	Not sure how much videos can really teach. A technician's job seems much more a hands on learning process to me.	7/7/2022 12:30 PM
29	Onboarding trained techs would be beneficial but the training would have to be done correctly so the tech doesn't have to be retrained	7/7/2022 12:26 PM
30	The process is hard to understand for the store associates that do the hiring. It falls back on the pharmacists to complete this task with no time allotted.	7/7/2022 12:21 PM
31	Video or education guide to show resources the board provides and the expectations of licensure requirements by certain deadlines will be extremely helpful	7/7/2022 12:16 PM

Meeting Materials

32	Onboarding is a process that seems good in theory but most new people just get thrown in because help is needed NOW	7/7/2022 12:13 PM
33	Could be extremely beneficial if conducted in the proper manner with quality materials.	7/7/2022 12:12 PM
34	This largely depends on each techs learning style.	7/7/2022 11:57 AM
35	If all technicians have to be licensed with the state then we need to universalize how it is done to ensure continuity.	7/7/2022 11:57 AM
36	It is hard to find adequate time to train new technicians and the resulting frustration can lead to technicians leaving. Pharmacies should be identified that can be "training pharmacies" for new technicians (those that regularly have adequate staffing and have a trained technician who can also train new techs).	7/7/2022 11:53 AM
37	Provide better understanding of their work.	7/7/2022 11:50 AM
38	Most companies already have something like this.	7/7/2022 11:48 AM
39	This would be helpful, but it still takes time for a new hire to learn to be efficient and hands on training seems to be more helpful then watching videos and computer based learning.	7/7/2022 11:48 AM
40	This would be so helpful! Due to limited staff, it is extremely hard to properly hire and train new technicians.	7/7/2022 11:40 AM
41	Excellent idea	7/7/2022 11:36 AM
42	Techs learn best from on the job training. Additional resources won't help most techs to be more efficient.	7/7/2022 11:01 AM
43	The process of getting techs working in the store after hire keeps them engaged and the store staffed properly.	7/7/2022 8:56 AM
44	Anything that speeds the hiring process is welcomed.	7/7/2022 8:53 AM
45	Many companies have their own training programs for new technicians but with varying degrees of success. While I agree more resources would be helpful would this be a "standard curriculum" required before licensure?	7/7/2022 8:33 AM
46	The best on-boarding is showing. And the best showing is actually having a technician perform in real-world examples	7/7/2022 8:05 AM
47	My company trains	7/7/2022 7:37 AM
48	I had action taken against my license for not following up to see if registered though the proper steps were taken.	7/7/2022 6:10 AM
49	May impact workload and working conditions long term by providing adequate training that may contribute to increased retention rates, job satisfaction, and reduced number of unproductive workers as a result of poor onboarding. This may aid in current technician shortage. Tech certification requirements and wage imbalance are some of the barriers currently disincentivizing people from pursuing / continuing pharmacy technician careers. Improved training and onboarding could be one piece to aid in a needed action plan to incentivize people to pursue pharmacy technician careers. This may also offer an opportunity to offload individual pharmacy responsibility for development of onboarding materials.	7/7/2022 12:21 AM
50	In an effort to squeeze more blood from the pharmacy turnips, the training of new technicians is now the responsibility of the technicians that are scheduled to help the pharmacist. Formerly the training was done by trainers at the headquarters or at designated training sites. Training needs to be done in a manner that does not pull the techs away from their duties in the pharmacy and create more chaos in the already chaotic pharmacy.	7/6/2022 11:59 PM
51	We already have 160 plus hours of new tech computer training. This time has to come out of our expected payroll...make training hours mandatory and you might have something.	7/6/2022 11:20 PM
52	Any additional training of technicians would be helpful.	7/6/2022 11:04 PM
53	Current EBTP provide plenty of on site specific instructions. More required state board material could inhibit hands on training	7/6/2022 11:03 PM
54	Will allow time for proper training of new staff.	7/6/2022 10:48 PM

Meeting Materials

55	Unlikely helpful as onboarding is well defined in most pharmacies however expediting the review and licensing process would be helpful so there is less of a delay between hire date and start date.	7/6/2022 10:26 PM
56	Streamline to get in the pharmacy faster after hire date would be very beneficial. Many techs quit before their first day due to delays.	7/6/2022 10:08 PM
57	The board should allow us a 90 day period once a technician is hired before requiring registration. It requires at least that amount of time to determine whether a newly hired technician is worth keeping.	7/6/2022 10:00 PM
58	Definitely provide educational information on how field calls and questions from the public. Not all calls require a pharmacist intervention	7/6/2022 9:44 PM
59	Videos idk. I watch CE and this and that and lose interest very quickly. Back in the day we had trainings with groups of people that were more motivating.	7/6/2022 9:32 PM
60	Only if this encourages more high school students to become certified. Asking young people to get an associate degree is too much.	7/6/2022 9:29 PM
61	Technician shortages are crippling and compounding the current workforce issues. Any way the Board can aid businesses in hiring capable, effective new team members can only help reduce workload on pharmacists.	7/6/2022 8:35 PM
62	With each individual company's specific protocols, I feel they will be watching these IN ADDITION to the company's materials thus actually making it longer to onboard	7/6/2022 8:27 PM
63	Until techs are compensated properly in retail it's hard to get quality techs to stay for the pay and abuse from customers.	7/6/2022 7:28 PM
64	I think my company does extensive training for tech new hires	7/6/2022 6:48 PM
65	Many technicians do not have sufficient training in the retail setting, especially when being expected to give immunizations	7/6/2022 5:52 PM
66	Would be necessary for the various technicians types. (i.e. retail, hospital, LTC)	7/6/2022 5:23 PM
67	Absent anything concrete it's hard to predict what this would do	7/6/2022 4:20 PM
68	Resources would add value.	7/6/2022 4:17 PM
69	Sounds time consuming.	7/6/2022 4:03 PM
70	Maybe have a local training session she they can interact with other technicians instead of just more meaningless online trainings	7/6/2022 3:59 PM
71	Staffing is the most critical issue right now... we definitely need support in this area and we are exhausted of options besides trying to increase pay and streamline training, which has not happened in the large corporations.	7/6/2022 3:50 PM
72	Nobody pays attention to this stuff. People learn by doing, not by watching videos or reading pamphlets.	7/6/2022 2:49 PM
73	Hiring is difficult and time consuming. It is likely we lose many possible candidates because they take other jobs due to the time it takes to complete the hiring process. Some companies make it more difficult because it keeps tech hours low. You can't use hours if you have no techs.	7/6/2022 2:08 PM
74	Most techs "hit the ground running" which isn't safe.	7/6/2022 1:22 PM
75	Yes! We have zero time to train and therefore a ton of turn over.	7/6/2022 12:58 PM
76	I would like to see a streamlined training program administered by the Board that would meet the BOP requirements for technician training. The program can be specific to retail or inpatient pharmacy depending on where the technician will work.	7/6/2022 12:49 PM
77	I feel like this is another thing that parent companies will not use to change workflow, but something they will pressure new technicians to do unpaid and off the clock. As an intern with a large retail company, I was encouraged to come an hour early before my shifts on the weekends and do my training modules to meet deadlines. I did these off the clock and without pay, not realizing that legally I needed to be paid for this training time.	7/6/2022 12:25 PM

Meeting Materials

78	If you're expecting technicians to be able to do more work than already presented, you're asking them to think critically and clinically. Extensive training should be done, unless they're solely filling rxs and ringing out customers- which is not the case.	7/6/2022 12:21 PM
79	No time	7/6/2022 12:21 PM
80	Might help independents without resources for proper training.	7/6/2022 12:15 PM
81	Training for technicians is the single best help.	7/6/2022 11:57 AM
82	They need hands on training not more videos	7/6/2022 11:38 AM
83	Onboarding already takes too long and this would potentially make it worse.	7/6/2022 11:37 AM
84	Most chains offer very little training to new staff before they are thrown to the wolves	7/6/2022 11:36 AM
85	If would be great if I had some tools from the BOP to help me tech/train my technicians that was standardized. Technicians need to be paid more. I own 4 stores and I don't have enough money to properly pay pharmacists or technicians in the current PBM environment. I need help because we are very busy and still can't break even. Can the BOP regulate proper payment?	7/6/2022 11:29 AM
86	Tech income is low and responsibility is high. People don't want to do it due to high stress and always working from behind. Finding competent staff in lower income neighborhoods is difficult	7/6/2022 11:26 AM
87	Would be helpful for the onboarding of new techs to the process.	7/6/2022 11:20 AM
88	It may help with global issues but each provider has their own systems/workflow	7/6/2022 11:04 AM
89	This will only help if technicians are paid more. Most of the technicians we employ are students, or part time workers who are only with us for a short while. We need techs who are looking at pharmacy as a career. Creating materials for technicians who will only be with us a short while is a short term "solution" to a long term problem.	7/6/2022 10:54 AM
90	Materials from the board are unlikely to make a difference since individual practice sites are so different, not really universal training or experiences.	7/6/2022 10:51 AM
91	Yes!! Please help them to learn the right processes in a dispensing pharmacy. Many retail chains are busy and chaotic. Technicians seem to learn with trial by fire.	7/6/2022 10:47 AM
92	Majority of on-boarding is organization specific. Board developed materials will be unlikely to cover all required job functions at each organization	7/6/2022 10:45 AM
93	Onboarding new hire technicians is one of the biggest opportunities for improvement. I believe continued education of how this process should look will be the only way to improve this. Repetitive communication and an easy, accessible one page guide with links will streamline this process for hiring managers.	7/6/2022 10:45 AM
94	Techs need to be trained and give enough time to them to be trained.	7/6/2022 10:41 AM
95	Company has all this. But don't allow enough hours to hire. With the insecurity of a technician's hours, the newer techs tend to leave. So we never are fully staffed with experienced techs. Company has a designator front end employee to help the pharmacy, but this program pretty much gets ignored.	7/6/2022 10:33 AM
96	Well-trained technicians mean well-run pharmacies. A pharmacy with poorly trained technician can quadruple a pharmacist's workload, and dramatically increase error rate.	7/6/2022 10:30 AM
97	Training new employees takes a lot of time and energy from a pharmacy staff. If effective, this could reduce the burden for workplaces training new pharmacy technician hires.	7/6/2022 10:29 AM
98	Hiring and training technicians is a constant job and could be greatly improved with better materials.	7/6/2022 10:28 AM
99	Currently a HUGE roadblock to hiring. Real, practical training needed. Like how to utilize product dispensing, release to patient, etc, in addition to all the legal corporate requirements	7/6/2022 10:25 AM
100	any additional training to help new pharmacy personnel understand what they are getting involved in is good	7/6/2022 10:17 AM
101	It does take a long time to get new techs onboard and fully trained. The BOP should also ensure that there is a set number of hours used to train technicians. Often a brand new tech	7/6/2022 10:17 AM

Meeting Materials

who you are training counts against the hours that you are allowed (this has improved over the years, but is still not perfect). This gives us very little time to adequately train new techs.

102	Possibly. The onboarding at my company seems overly long and cumbersome. I feel this reduces incentive for pharmacy work.	7/6/2022 10:15 AM
103	I believe in-person hands on training would be more beneficial. New hires are already required to watch numerous videos and many people let training videos play in the background while doing other things	7/6/2022 10:07 AM
104	There is no time available.	7/6/2022 10:02 AM
105	this would be beneficial but there is no educational video or training that can properly train pharmacists or techs for the job. added tech/rph hours to help properly train techs vs throwing them in fire alone is what is needed	7/6/2022 10:01 AM
106	I love this idea	7/6/2022 9:54 AM
107	Need trained on company procedure	7/6/2022 9:53 AM
108	Sounds like another box to be checked to satisfy government regulations without much bang for the buck.	7/6/2022 9:37 AM
109	Chains have gotten rid of training hours	7/6/2022 9:00 AM
110	No substitute for well-educated technicians out of properly developed classes that take the appropriate time frame to educate and prepare the techs. We don't just need bodies with quick exposure to pharmacy. The real problem is that they are not adequately paid to attract qualified students to the programs.	7/6/2022 7:35 AM
111	You have to be kidding me...	7/6/2022 4:28 AM
112	Literally, the best thing to do is make a one page, on-boarding checklist that is able to be printed off. Check them off as they are completed then send the packet to the bop	7/5/2022 10:34 PM
113	All pharmacies utilize different systems the technicians will still have to learn.	7/5/2022 10:12 PM
114	taking the burden of training off of pharmacists will ease the workday flow.	7/5/2022 10:01 PM
115	Could be helpful in streamlining the training process.	7/5/2022 9:26 PM
116	Remove obstacles to getting techs hired & trained up.	7/5/2022 4:31 PM
117	help reduce errors	7/5/2022 2:01 PM
118	Most techs don't really improve without extensive on the job training and experience	7/5/2022 1:19 PM
119	Every tech position is different depending on the work environment and company employing the techs.	7/5/2022 12:58 PM
120	I truly feel that the technicians when first hired are not being trained effectively due to lack of time and additional people needed to help train them.	7/5/2022 11:51 AM
121	This would be helpful for courses that train technicians to be technicians from zero knowledge, but as far as practical work experience at whatever employment facility the technician ends up working at, there wouldn't be much usability with this type of general knowledge. This may be useful more for recruitment in high schools or community colleges though. Try to use local footage of all technician avenues (hospitals, retail (private and public), mail order, admin roles etc.)	7/5/2022 11:44 AM
122	Videos don't help the way that on-the-job training does.	7/5/2022 11:24 AM
123	I think this would only help if it was the universal set standard for all technician training in Ohio. It would just be a hindrance if they had to do this on top of whatever each company mandates.	7/5/2022 10:40 AM
124	It depends on the content and quality. I think it could go either way.	7/5/2022 7:12 AM
125	Don't know what "onboarding" means so do not count my response to this one, if possible.	7/4/2022 4:40 PM
126	The only way your going to increase the interest in pharmacy is to increase pay, simple as that.	7/4/2022 3:53 PM

Meeting Materials

127	needs to be more streamlined and timely. this is a good one.	7/4/2022 3:15 PM
128	New employees have been receiving inadequate training and making an increasing amount of errors in the pharmacy.	7/4/2022 2:53 PM
129	You wouldn't lose people if you had an excellent on boarding system	7/4/2022 10:20 AM
130	To make plovers uniform.	7/4/2022 7:30 AM
131	This is a must. Especially with the amount of turnover there has been.	7/4/2022 3:37 AM
132	Having well trained technicians is very important for the safety of dispensing prescriptions. Technicians that are not well trained are a burden to a pharmacist	7/3/2022 11:20 PM
133	The practice settings are too wide for this to be effective. This is a great from an idealistic perspective, but not in reality. CE courses on some basics could be helpful to get 50% of the way there. Some courses related to immunizations, nonsterile compounding, sterile compounding, processing insurance claims, medication safety and quality, pharmacy practice law, controlled substance accountability and reconciliation, etc... to name a few.	7/3/2022 7:00 PM
134	Pharmacy owners need to pay technicians a living wage in order for this to be successful. Workers in other service roles that have no affect on patients' well being (i.e., display preparation) are earning more than certified technicians.	7/3/2022 6:01 PM
135	If this would really happen it would be great as long as the information is relevant and modified for type of pharmacy setting.	7/3/2022 5:32 PM
136	Having adequate tech help is one of the most important aspects to quick and safe workflow	7/3/2022 2:39 PM
137	I think would help quality of technician but decrease initial employee pool.	7/3/2022 10:56 AM
138	General training videos introducing the technician to avenues of pharmacy practice would be beneficial but detailed training to certain role needs to be accessible. Part of the challenge we're having in hiring is that the process is so corporately centralized and electronic that there's a huge amount of time wasted trying to the individual onboarded. (i.e. waiting for approval for the company to open a 'req' just to hire someone takes weeks)	7/3/2022 9:19 AM
139	The reality of the situation is that we need technician help immediately after hiring occurs. This may just create an additional obstacle for pharmacies to be burdened with, in addition to everything else a new hire must be oriented to with regard to the job.	7/2/2022 11:33 PM
140	My company already has way too much training videos already.	7/2/2022 11:03 PM
141	Retail pharmacist training and technicians training is really lacking. It is a sink or swim approach, we get thrown into it...with minimal on hand side-by-side training. Look at and consider the reasons behind the technicians turn over rate?	7/2/2022 10:58 PM
142	This may train technicians better but retention will still be the big problem	7/2/2022 8:09 PM
143	Currently takes excessive time to get thru the red tape to get a tech thru then be hired. Often when the process takes too long, the applicant has secured a position elsewhere	7/2/2022 6:06 PM
144	Companies won't allow adequate training time or budget hours to complete. We struggle now with getting techs PTCB certified because we don't get additional hours or bodies to cover while someone is in a class.	7/2/2022 1:25 PM
145	I have never worked for an employer who allowed for proper training of techs. This would be a great asset to both the tech and the team as a whole.	7/2/2022 8:56 AM
146	all to often the new techs get about 2 days of training at another store then are placed in the pharmacy there are no slow stores to build up a tech skills and they are basically thrown to the wolves , sink or swim ... a side note have had techs walk off the shift at the break and not return is there not some policy for abandonment of the job (i believe so for health aides working at a nursing home) state board should consider something like that for rxists, techs, interns , etc	7/2/2022 8:34 AM
147	I think this is chain-dependent as I'm sure they all train new hires differently. A large part of the learning for new hires, at least at my location, is learning the computer system, which videos would not help with.	7/2/2022 7:26 AM
148	Please don't make them boring.	7/2/2022 12:04 AM

Meeting Materials

149	Every company already has their own training program. Nothing about this improves workload.	7/1/2022 10:27 PM
150	Watching videos not as helpful as hands on training in pharmacy for onboarding	7/1/2022 9:15 PM
151	I've found that if they can onboard properly they will be able to handle the pharmacy environment.	7/1/2022 9:13 PM
152	complete onboarding promotes less turnover	7/1/2022 8:15 PM
153	My company uses Pharmacist's Letter Pharmacy Technician University. Not sure state board video/materials would be advantageous.	7/1/2022 6:38 PM
154	Dedicated hands on training staff would be beneficial- videos of ideal scenarios are not what they need help with. They need real life experience and hand holding during that intro.	7/1/2022 5:43 PM
155	I think it can be confusing on all the steps needed to be completed when you hire someone	7/1/2022 2:17 PM
156	This would be very helpful.	7/1/2022 2:06 PM
157	Not real sure what onboarding means.	7/1/2022 1:52 PM
158	The current lack of techs is the primary source of issue.	7/1/2022 1:47 PM
159	The technician field needs an overhaul. They don't get paid what they should for the work they can deliver. Chain pharmacies don't understand this.	7/1/2022 12:40 PM
160	The company already has training videos etc. To add required state board training may just delay the process of allowing a new tech to work.	7/1/2022 8:43 AM
161	Pharmacies are competing for same staff so if there were more communication and professional collaboration we'd stop putting ourselves in this boat	7/1/2022 6:12 AM
162	My chain does its own intensive training program for new technician hires, but there's not enough time to actually get it all done due to the demands in the dept already. If there was time to schedule them at another location to do nothing but training before they are placed in the schedule at their home store like we did 20 years ago, would help.	7/1/2022 12:49 AM
163	The board is not the experts in training. The "education" part in the board's mission statement is about education in the laws and rules it enforces, NOT actually educating the techs (or pharmacists). A new tech is going through tech training, and an "onboarding" video when the tech is brand new will not be beneficial. Depend on the experts (PTCB, ACPE, proprietary entities/company the tech works for) for this. For a history, think about our intern law for intern hours, and how we depend on ACPE standards to make sure it is complete (part of the PharmD standards), and not compile the hours like we did years ago. The theory is the same, board stay out of training, and depend on the experts.	7/1/2022 12:22 AM
164	Technician retention is one of the biggest struggles in institutional pharmacy and providing them with thorough information and ensuring access to resources so they can feel confident will help break the cycle of continuously losing techs after a few short months.	6/30/2022 11:46 PM
165	Rite Aid already has an extensive training program, so I feel this is already adequately covered.	6/30/2022 11:02 PM
166	Depends on quality of product produced	6/30/2022 9:59 PM
167	We only hire when someone has quit. People can quit and give 2 week notice. It takes that long to even get an interview in some organizations. Typical hiring takes 4-5 weeks. It is a recipe to create more resignations and a landslide.	6/30/2022 9:56 PM
168	Possibly could work but how are we going to get all employers on the same page with this training?	6/30/2022 9:51 PM
169	This is not the slow down inhiring	6/30/2022 9:28 PM
170	As long as the chain pharmacies are cutting technician hours and give no extra hours for training, I am not sure when they will get a chance to watch these videos.	6/30/2022 8:54 PM
171	We need better technicians. With the current job market, it's hard to get reliable good technicians that stick around	6/30/2022 8:49 PM
172	Every pharmacy has their own on-boarding requirements. Board-developed videos isn't going	6/30/2022 8:26 PM

Meeting Materials

to change that. The board already tells pharmacies what the rules are. Now we have to spoon feed them too?

173	CVS currently overwhelms their staff with training. This seems like just another hurdle to discourage technicians from applying for a high stress low pay position	6/30/2022 7:16 PM
174	You have already made it extremely difficult to even become a tech, you would think that with the stricter requirements to become a tech the quality would go up but it is going down.	6/30/2022 7:05 PM
175	Corporations need to train technicians off site of the pharmacy. This should not fall on the store's responsibility to train new technicians.	6/30/2022 6:57 PM
176	corporate greed at chains do no allocate enough training hours to train techs as it is now. They will not spend adequate money to have a tech train under another tech who is actually completing the tech tasks. Onboarding just takes more time. If you can't pay enough and treat your teams well enough to retain them, you waste 10 times more money having to hire new people that have zero experience. Another absurd idea.	6/30/2022 6:12 PM
177	All techs should be required to have more training before starting work. It takes away time and adds disruption to have to teach people who have no experience...which is most of what we can get to apply.	6/30/2022 6:11 PM
178	Please it is very hard to find a tech.	6/30/2022 6:10 PM
179	As a pharmacist, I have not had the benefit of any such pre-job skills training. If adopted, it should be mandatory for each practice setting, or better yet, make the certification exams specific to practice setting. Therefore, hospital employers would be able to expect an incoming registered CPhT to be familiar with inpatient skills more specifically than outpatient skills.	6/30/2022 5:36 PM
180	Already have training programs at my chain.	6/30/2022 5:33 PM
181	Technicians at CVS are already required to complete many hours of online educational videos, and from my experience, they get overwhelmed and zone out the information.	6/30/2022 5:28 PM
182	There is too much variability between work flow and computer systems to be an effective solution.	6/30/2022 5:17 PM
183	Practical experience is more important. Videos will not help.	6/30/2022 4:47 PM
184	the trainee to registered to certified path is not very clear	6/30/2022 4:30 PM
185	The technicians are already asked to study material while working, asking/recommending more material will lead to less tech work and more time watching videos.	6/30/2022 4:07 PM
186	All technicians will require hands on training inside the pharmacy, but the more they learn before stepping into the pharmacy lessens the hours the pharmacist needs to spend on training.	6/30/2022 4:05 PM
187	What good does it do to promote onboarding??? The companies won't hire them! LOL! LOL! We could hire more techs anytime...we aren't allowed!	6/30/2022 4:03 PM
188	You wanna do something to get more techs? Increase the pay and loosen the rules that are promulgated by this board.	6/30/2022 3:57 PM
189	I would make these onboarding materials a requirement. As well as getting real life experience in a pharmacy.	6/30/2022 3:52 PM
190	Video training misses the mark if you want actual training to stick	6/30/2022 3:50 PM
191	The importance of stressing the level of responsibility the technician takes on when bypassing a pharmacist must be clearly demonstrated.	6/30/2022 3:29 PM
192	Expect that most onboarding is store/chain specific.	6/30/2022 3:23 PM
193	good idea	6/30/2022 3:17 PM
194	Faster onboarding could help however there has been a decrease in applicants in general.	6/30/2022 2:58 PM
195	Would promote standards of care , expectations , empower technicians	6/30/2022 2:52 PM
196	The recruitment and retention of talent takes up far too much time for pharmacists, especially in a retail setting. Anything can be do to take this burden away from pharmacists would be	6/30/2022 2:49 PM

Meeting Materials

	beneficial.	
197	We need to get bodies in the pharmacies and anything g that will help is welcome.	6/30/2022 2:31 PM
198	The process is difficult for technicians to understand and seems many applications are incomplete or delayed from board.	6/30/2022 2:11 PM
199	To my knowledge there are no videos readily available. If they are, it is cumbersome to find and even access with limit internet capabilities, restricted by said company	6/30/2022 2:08 PM
200	My pharmacy grocery store chain does minimal training, they already have access to these videos they don't help at all.	6/30/2022 2:02 PM
201	This would help give unexperienced technicians a better idea of what they will be doing, workflow, and knowledge on medication names/indications that would increase efficiency and customer satisfaction.	6/30/2022 2:02 PM
202	Technicians need more training	6/30/2022 1:58 PM
203	The onboarding process is way too long and confusing	6/30/2022 1:55 PM
204	It takes much effort to get new staff hired. License fees too high for technicians	6/30/2022 11:43 AM
205	May be helpful in some instances but each institution may be different and require their own additional training anyways - may just creating additional busy work	6/30/2022 8:52 AM
206	Technicians learn more by working than by videos. What's needed is extra technician hours so the experienced technicians have ample time to train the new technicians.	6/30/2022 8:41 AM
207	I don't know enough about the resources available now to have a comment.	6/29/2022 6:18 PM
208	videos do not create consolidation of information aka it is forgotten soon after the video. Training needs to include hands on learning and proper tech evaluation/testing	6/29/2022 5:01 PM
209	Not sure if promoting the onboarding of the profession will drive people to choose it. Couldn't hurt.	6/29/2022 4:58 PM
210	What would improve onboarding is a more streamlined and efficient process to apply for a trainee license and obtain background checks and fingerprints. This would make getting new employees in the door in a more timely manner.	6/29/2022 3:57 PM
211	Again, no techs to hire, means no amount of training will yield results	6/29/2022 11:58 AM
212	Chains have their own training in place and PTU.	6/29/2022 9:18 AM
213	Must be made readily available and quality as companies will naturally take advantage of the opportunity to not make their own materials	6/29/2022 8:10 AM
214	May help with turnover	6/29/2022 5:56 AM
215	This certainly won't hurt as long as they are maintained and updated to coincide with updates/changes to the state's website and registration process.	6/29/2022 12:31 AM
216	we are our own hr	6/28/2022 11:13 PM
217	State board "educational videos" sound like a waste of time. Just make the process easier and faster.	6/28/2022 11:06 PM
218	The technician pool is weak and constantly in training mode due to lack of ability to retain this population, this would help but the market needs to catch up to the demand of service.	6/28/2022 10:49 PM
219	It is concerning that anyone with zero pharmacy knowledge can complete pharmacy technician duties once registered.	6/28/2022 10:10 PM
220	That's great idea but we need more tech and RPH labor hours.	6/28/2022 9:16 PM
221	maybe	6/28/2022 9:03 PM
222	Just need actinated technician technician licences to come back faster.	6/28/2022 8:42 PM
223	Also, Board should conduct technician evaluations, not company evaluations/company technician examinations	6/28/2022 4:50 PM

Meeting Materials

224	The process is confusing to pharmacists and even more so for potential technicians.	6/28/2022 4:17 PM
225	This would standardize training and education.	6/28/2022 4:03 PM
226	Yes, this could be helpful. However, the main problem still is staffing. My employer will continually cut tech hours/pharmacist overlap hours. While this sounds like a great idea on paper, it really won't help the pharmacist or the pharmacy if we don't get schedule approval for them to work.	6/28/2022 3:25 PM
227	CPHT training programs would be optimal here, but having videos (especially covering legal/regulatory topics) would be fantastic to access	6/28/2022 3:09 PM
228	Any additional resources would of course be helpful.	6/28/2022 2:34 PM
229	Covering job limitations and the legal reason behind them	6/28/2022 2:30 PM
230	This would depend on what is discussed on the educational videos.	6/28/2022 2:04 PM
231	Most pharmacies have refined this process. The bigger issue is finding people interested in being a pharmacy technician. Focus on more visibility of technician training in career centers in high school.	6/28/2022 12:39 PM
232	As this is already a rule to have an on boarding program in place for technicians, I'm kindly wondering what good this will be unless you're seeing gaps in training?	6/28/2022 12:35 PM
233	If it helps shorten the hiring process, then great!	6/28/2022 12:32 PM
234	we need help training techs!!!!	6/28/2022 11:31 AM
235	It is difficult to train technicians initially, so any help would be welcomed.	6/28/2022 11:31 AM
236	Would be helpful, but do not know if would really impact pharmacy workload.	6/28/2022 11:24 AM
237	The hiring barriers are company specific.	6/28/2022 11:19 AM
238	This may help technicians navigate a very complex system/process. It will not impact the shortage we are experiencing with no candidates in the pool, therefore, I don't see the connection with improving the work environment.	6/28/2022 10:18 AM
239	They need to be more motivated and I think with increasing responsibility they should have an increased pay	6/28/2022 10:03 AM
240	In theory this will work, but we all know computer based training is an exercise in clicking the "next" button. Practical, hands on training, like a lab, with real people & problems is the way to go.	6/28/2022 9:43 AM
241	Likely won't make much of a difference. People don't pay attention during these videos	6/28/2022 9:09 AM
242	It is unlikely in the future that the Ohio State Board of Pharmacy Office will develop instructional videos for technicians. It is the responsibility of the employer or an educational agency or school to supply this type of training.	6/28/2022 8:41 AM
243	If done correctly, this could be a huge help to lift some of the burden of training off an already short work force.	6/28/2022 8:38 AM
244	I think this would be helpful so that all new technicians state-wide would receive the same sort of baseline training. The more specific it could be, the better (insurance reject meanings, how to enter an rx, sig codes, day supply calculations). That way the technician would know pharmacy basics, and would really only need to learn job/employer specific items. The more knowledge the state can provide, the better the work environment for all because it would put less pressure on staff (other techs, rphs, etc.).	6/28/2022 8:35 AM
245	Due to increase demand it has been extremely difficult to train technicians in the pharmacy. The quality of technicians has definitely decreased over the last several years.	6/28/2022 8:28 AM
246	Might be hard to make training universal with so many different platforms	6/28/2022 8:23 AM
247	We have trained techs wanting hours but our demand/budget says we can't give them hours.	6/28/2022 8:15 AM
248	This would be wonderful but we need more than videos - proper classroom or virtual lectures/interaction would be more beneficial.	6/28/2022 7:43 AM

Meeting Materials

249	They should have more internship hours so they can work with pharmacist and understand how process works. Technicians comes to pharmacy work or don't care abt their training got ptcb certified and starts working as immunization tech, taking rxs from dr and many stuff even they can't even pronounce any med	6/28/2022 5:16 AM
250	These resources could be VERY helpful, especially in creating a statewide minimum consistency in expectations of technician practice, as long as the focus is on "what" is to be done, and avoid too much detail on "how" it should be done.	6/28/2022 3:02 AM
251	Generalized training would only help so much. Most training needs to be on company systems in company settings.	6/28/2022 12:11 AM
252	Just the process within the store is ridiculous and meeting someone the requirements are a lot while training them and this would be wonderful.	6/27/2022 11:49 PM
253	This will require more time to onboard and the benefit will unlikely outweigh the extra time required.	6/27/2022 11:40 PM
254	We have an extensive training and on boarding for new technicians. If the theory is not practiced in the real setting it rarely sticks. Something that helps technicians get hired and certified more quickly may be slightly beneficial, but with the lack of qualified applicants it won't matter how quickly we can do these things if there isn't anyone to applying for the positions.	6/27/2022 11:40 PM
255	Onboarding has been okay in my setting	6/27/2022 11:35 PM
256	Most chains already have these. None of them do an adequate job of properly preparing them for actual work.	6/27/2022 11:20 PM
257	At CVS right now it takes close to a month to get a new tech vetted and finally in the pharmacy. If technology makes things quicker go for it.	6/27/2022 11:07 PM
258	Pharmacists don't have adequate time to effectively train technicians. As a result, it creates a high turnover rate for technicians	6/27/2022 11:06 PM
259	All facilities operate under the laws of the State of Ohio. Neither the Board nor the Legislature have a clue about the "details" of onboarding technicians across the variety of different practice sites across the state.	6/27/2022 11:06 PM
260	Depending on the company, technicians already have so many learning videos to watch and material to read. It could be overload for them to get it from their hired company and the board.	6/27/2022 10:43 PM
261	Techs are given training but it isn't sufficient. It is hard to train techs in a busy setting and still get tasks done in a timely manner and have the new tech learn at the same time	6/27/2022 10:42 PM
262	Very difficult to get new technicians trained due to how short staffed we are.	6/27/2022 10:28 PM
263	Most retailers already have their training program in place	6/27/2022 10:22 PM
264	It is difficult to properly train new technicians in a high volume pharmacy.	6/27/2022 9:46 PM
265	The board needs to expand the training opportunities for technicians. The required technician registration in correlation with the demise of pharmacy technician training schools has directly contributed to the technician shortage.	6/27/2022 9:43 PM
266	I do not really see how this would help onboarding. This might make it slower as now we have to wait for new hires to complete even more training videos before they can come to the store. Something more helpful would be to require the new technician to have a specific amount of hours to shadow. This would require employers to actually increase the amount of allotted staffing hours during the training period. Now we have to cut into our normal hours and try to somehow train a new hire with those few hours.	6/27/2022 9:31 PM
267	Onboarding materials given the current credentialing requirements are largely focused on site-specific practice. A generic overview is of no benefit.	6/27/2022 9:16 PM
268	I think this would be a challenge for the board to execute across practice range as training can vary from practice site. For example, community pharmacy technicians do not require sterile compounding training.	6/27/2022 9:04 PM
269	Quality technicians are very hard to find. Any help would be appreciated	6/27/2022 9:03 PM

Meeting Materials

270	The whole process needs to be easier	6/27/2022 8:59 PM
271	I have hired 2 technicians in the past 2-3 months and the questions from them concerning licensures and the like delay my work and interfere with my free time on days off.	6/27/2022 8:57 PM
272	Have to raise tech wage in order to entice the quality of techs	6/27/2022 8:46 PM
273	I would need to know the content of the materials to comment	6/27/2022 8:37 PM
274	Most companies already have training programs and additional videos wont likely increase skill much more	6/27/2022 8:30 PM
275	Isn't this one of the purposes of the tech certification program already???	6/27/2022 8:18 PM
276	Best way to learn is hands on learning. That would just take time out of the pharmacy and would be a hassle to complete.	6/27/2022 8:13 PM
277	Training of techs at Walgreens was highly ineffective from personal experience, especially when there was no set person available to train or documents to reference.	6/27/2022 8:05 PM
278	The basics of being a pharmacy technician should be required and should not be company specific. This will create some consistency to measure technician success.	6/27/2022 7:57 PM
279	Most people will just click through them and not pay attention	6/27/2022 7:55 PM
280	Each company will still train however they want. These will just be turned into more online videos that ppl tune out	6/27/2022 7:51 PM
281	If this happens it needs to be all inclusive to hospitals, infusion pharmacies, and retail with real Life examples - not "pretend" ones that don't actually happen.	6/27/2022 7:51 PM
282	I've never seen decent training documents but if you can make them, sure. #1 issue with technicians is that their pay needs to be increased significantly. Retail pharmacies train techs very well at least with experience, then they leave to get a better paying job. Technicians do more than half of the work in any pharmacy and deserve to be compensated.	6/27/2022 7:46 PM
283	That would get techs in stores but the more important is workflow speed and company training	6/27/2022 7:39 PM
284	Videos seem to be less than helpful and watched with little interest	6/27/2022 7:38 PM
285	When will the staff have time to watch these educational videos!? They don't need education, they need more people in the pharmacy. What benefit would it be for educational videos of what??? the rules??? their responsibility?? That is not the issue in pharmacy practice... what is the issue is lack of support, more work and expectations, and too many places to be (drive through, pick up, drop off, phone, fax, etc...)	6/27/2022 7:29 PM
286	Would be helpful if technician was a willing participant to further their knowledge base given the pay scale	6/27/2022 7:27 PM
287	I think if this is done, it should touch on the laws and nuances in pharmacy, just so they've seen them before. Technician training varies depending on the job description, so it might be hard to make the training both generic enough and specific enough where it's relevant.	6/27/2022 7:15 PM
288	Most pharmacies have their own training programs already in place. This may add more time needed for training and on boarding and may cause the techs to feel overwhelmed at the very beginning.	6/27/2022 7:03 PM
289	companies will expect techs to do on their time and not give time to do during work hours	6/27/2022 6:57 PM
290	This would make it harder to hire	6/27/2022 6:54 PM
291	Most companies already have onboarding procedures.	6/27/2022 6:54 PM
292	This will only work if the number of hours is increased	6/27/2022 6:45 PM
293	Sounds positive, proper training is key to excellent health care for my patients.	6/27/2022 6:33 PM
294	The process is still cumbersome. The drug screen and background check need to be further streamlined.	6/27/2022 6:32 PM
295	Would be extremely helpful to improve onboarding and public understanding of how to become a technician.	6/27/2022 6:29 PM

Meeting Materials

296	The onboarding process needs to be simplified to make it easy to hire technicians	6/27/2022 6:22 PM
297	This is a major time crunch. The training and educational experience requires a great deal of time	6/27/2022 6:15 PM
298	It would be very hard to make videos that cover everything that is needed for all of the different practice times.	6/27/2022 6:14 PM
299	Yes. This is needed. Chains just look for warm bodies they can throw in there and never provide any resources. They need to be held accountable. They openly lie and force pharmacists to sign off on the competencies. Hell, Walgreens was hiring pharmacists who didn't know if they could dispense ibuprofen with sertraline. I know, I worked with them. Pharmacy managers said not to hire them and they did anyways.	6/27/2022 6:13 PM
300	Our company already has a plan in place	6/27/2022 6:07 PM
301	Staffing is our largest safety issue for the past 4 years.... Covid made the situation much worse. Better on boarding would definitely help with retention	6/27/2022 6:04 PM
302	This is a good idea but many pieces of training are done on the job. The board should require pharmacies/corporations to have training hours that are not in the pharmacy but outside of a working shift. Many of these trainings now are often completed on the "back screen" to save time while working or training.	6/27/2022 5:59 PM
303	as long as they are interesting and entertaining	6/27/2022 5:39 PM
304	Would give pharmacists more time to work as a pharmacist instead of almost continually training on the most basic aspects of pharmacy	6/27/2022 5:38 PM
305	A video isn't going to attract and retain techs.	6/27/2022 5:34 PM
306	Lead tech to shadow	6/27/2022 5:28 PM
307	The directions and FAQs online are clear and easy to use.	6/27/2022 5:20 PM
308	I don't know what this is. Do you want to change technician training? Each store has their own onboarding process; how would standardizing this make anything easier. I think this would make it take longer for technicians to get in the pharmacy working because they would need to complete the board training and the store training.	6/27/2022 5:17 PM
309	Anything to improve tech training would be VERY beneficial!	6/27/2022 5:10 PM
310	This is tricky. How many hours of additional training would this require? Would it be a requirement to start working in the pharmacy? I don't think more requirements to get someone into the pharmacy would improve workload or stress.	6/27/2022 5:03 PM
311	Yes!!!	6/27/2022 5:01 PM
312	Our employer based onboarding is adequate if we are able to implement it as intended. However, time and understaffing stand in our way	6/27/2022 4:58 PM
313	Training happens on the fly. This won't make our daily workload	6/27/2022 4:56 PM
314	This would certainly help with getting new technicians up to speed, but will do nothing to address issues caused by labor budgets being set too low by employers.	6/27/2022 4:41 PM
315	We have the issue where people do not want to become techs with us because they are not being fairly compensated.	6/27/2022 4:39 PM
316	Need well trained technicians.	6/27/2022 4:30 PM
317	PHARMACY LAW WOULD BE CONSISTENT BETWEEN ALL PHARMACIES, BUT ACTUAL WORKFLOW PROCESSES ARE GOING TO VARY GREATLY DEPENDING ON WHAT COMPANY YOU WORK FOR.	6/27/2022 4:27 PM
318	What is really needed is a 1-2 year course for all new incoming technicians. This training and education would attract more qualified technicians and the corresponding abilities to learn new requirements with an understanding which translates to improved efficiencies and patient interactions	6/27/2022 4:25 PM
319	I think the training programs are a little lackluster and could be improved upon. Many	6/27/2022 4:25 PM

Meeting Materials

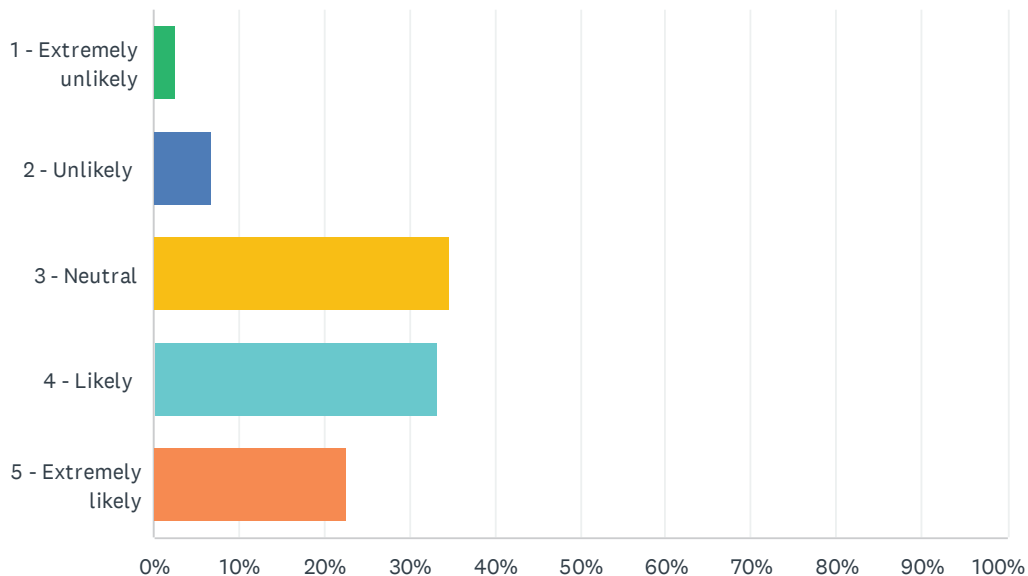
technicians are just thrown into a busy environment and get no real training.

320	Utilization of (optional) high quality training material would be very helpful in onboarding/orienting new technicians.	6/27/2022 4:23 PM
321	Videos cannot replace on the job training.	6/27/2022 4:21 PM
322	So much if it is company specific	6/27/2022 4:15 PM
323	Really depends what is on those videos	6/27/2022 4:13 PM
324	This will help get new technicians trained without putting as much stress on the already overloaded staff to try and get them up and running.	6/27/2022 4:12 PM
325	Good idea	6/27/2022 4:11 PM
326	mandatory professional pay too.	6/27/2022 4:04 PM
327	My chain has their own set of trainings that are time consuming, I feel as though adding more training to their plate will delay or eliminate onboarding all together.	6/27/2022 4:02 PM
328	The process for technician onboarding is fairly straight forward and I don't think knowing how to onboard a technician is a significant issue at all. Sometimes, the time it takes to have their application approved can slow down the process though.	6/27/2022 3:59 PM
329	Onboarding and education would be helpful, but I think you need to pay technicians more money to attract good candidates. The company I work for provides educational videos and training time and there's just too much to learn in a short amount of time for someone with no experience. People who apply for tech positions are completely shocked and overwhelmed by the expectations and workload once they get started, and many don't stick around too long. They are licensed professionals and should be educated, trained, and paid accordingly.	6/27/2022 3:58 PM
330	Yes, it would make their training more universal.	6/27/2022 3:55 PM
331	May help a little, but only for the short onboarding period.	6/27/2022 3:54 PM
332	I think hands on learning is best	6/27/2022 3:50 PM
333	It's hard enough to find techs right now. It would be nice if they had extra resources to help with their transition to working in a pharmacy.	6/27/2022 3:48 PM
334	New technicians do need more training before entering the pharmacy.	6/27/2022 3:43 PM
335	Currently ohio board of pharmacy do not have any easy onboarding process	6/27/2022 3:41 PM
336	The tech will be paid for this? And these hours will come out of our tech budget? For them to do videos that aren't even specific to their current working environment/software?	6/27/2022 3:41 PM
337	This just increases the onboarding process	6/27/2022 3:40 PM
338	This may help because we lose many candidates during the onboarding process due to the time it takes to get through the process.	6/27/2022 3:39 PM
339	Could increase support	6/27/2022 3:35 PM
340	Tech training is large obstacle to patient carw	6/27/2022 3:34 PM

Meeting Materials

Q4 License Transferability Board shall develop and implement a process for technician reciprocity. NOTE: The Board implemented a technician reciprocity rule effective 4/1/22. For more information [CLICK HERE](#).

Answered: 1,994 Skipped: 33



ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	2.66% 53
2 - Unlikely	6.82% 136
3 - Neutral	34.80% 694
4 - Likely	33.20% 662
5 - Extremely likely	22.52% 449
TOTAL	1,994

#	ADDITIONAL COMMENTS	DATE
1	It places undue burden on a tech that is already not making a living wage to pay for another license in another state. Good idea.	7/9/2022 10:59 AM
2	This would be extremely helpful along stste lines	7/7/2022 7:47 PM
3	With criteria for confirming competency.	7/7/2022 4:59 PM
4	This could help in hiring more qualified applicants. How will the Board ensure that technicians applying for reciprocity are familiar with the laws in Ohio that govern the practice of pharmacy? Will technicians be required to take a law exam before being granted reciprocity? Could the Board put together training courses that are available periodically for technicians that are taught over a reasonable number of hours, followed by an exam?	7/7/2022 4:32 PM
5	All for this, but don't know that it will help workload unless you practice near a border.	7/7/2022 4:29 PM
6	neutral	7/7/2022 4:18 PM

Meeting Materials

7	Why not also pharmacists? You allow certain states to reciprocate in but do not also allow outbound reciprocity to those very states	7/7/2022 4:08 PM
8	Qualified and competent staff definitely make the workload more tolerable so being able to access them quicker is a great thing.	7/7/2022 4:01 PM
9	We don't see a lot of out of state transfers.	7/7/2022 3:37 PM
10	NOT MANY PHARMACIES HAVE TECHNICIANS TO SPARE TO WORK AT OTHER STORES. NOT LIKELY TO HELP	7/7/2022 2:20 PM
11	We are fully staffed, but can't use them because of tech-hour limits imposed by corporate.	7/7/2022 2:15 PM
12	Never really looked into had need	7/7/2022 1:59 PM
13	More resources decrease the load per each staff member	7/7/2022 1:42 PM
14	May be helpful for technicians that work in areas bordering another state	7/7/2022 1:32 PM
15	dont understand why this isnt already happening	7/7/2022 1:22 PM
16	Is this a common occurrence?	7/7/2022 1:09 PM
17	I have been a pharmacist for 22 years and have never had this affect a potential employee.	7/7/2022 12:30 PM
18	I have not had an experience with this in my career but I can see how this would be a benefit.	7/7/2022 12:21 PM
19	Na	7/7/2022 12:13 PM
20	Allows more flexibility for employment and may encourage people to seek new opportunities.	7/7/2022 12:12 PM
21	This would be very beneficial in getting around the red-tape between states. The process to go through licensing a technician takes a while, but a technician who is already licensed in another state should be moved through the system faster (they have already been approved by another state's board of pharmacy).	7/7/2022 11:53 AM
22	Will provide flexibility.	7/7/2022 11:50 AM
23	Pharmacy technician is not a lucrative job for which an individual will move so I don't see this as helpful.	7/7/2022 11:48 AM
24	This will definitely help to attract new technicians moving to Ohio.	7/7/2022 11:40 AM
25	I believe this isn't a likely cause for any tech shortage - shortages tend to be caused by poor work environments (high stress, low pay).	7/7/2022 11:01 AM
26	Quicker access to techs coming from other states keeps us staffed.	7/7/2022 8:56 AM
27	n/a	7/7/2022 6:10 AM
28	This is a great opportunity to reduce barriers to technician licensure. This should allow technicians to maintain careers in pharmacy if moving from another state rather than choosing another career due to differing state requirements and costs associated. Reducing these barriers increase the likelihood impacting the current technician shortage.	7/7/2022 12:21 AM
29	What state do you think has all these extra techs that want to come to Ohio? Every state has tech shortages. LET HIGH SCHOOL STUDENTS BE TECHNICIANS AGAIN. That is when the problem started. Do you really think a 55 year old person who worked at a gift shop (for example) and never went to college or vocational training and has never used a computer is more qualified than a 16 year old 5.0 student to whom the use of technology is second nature? Age does not equal intelligence. Make a standardized test. Give me an energetic 16 year old any day. It's only common sense.	7/6/2022 11:59 PM
30	Either way the barrier to getting a license for most technicians is financial, especially with technicians wages remaining low at some pharmacies.	7/6/2022 10:00 PM
31	Good idea. At least for laws/rules of the new state transferring to	7/6/2022 9:44 PM
32	Working conditions are no better unless specific laws mandate it	7/6/2022 9:37 PM
33	We live close to Indiana and Kentucky so this would help those individuals that live close to borders.	7/6/2022 9:32 PM

Meeting Materials

34	I don't see people running to Ohio for work.	7/6/2022 9:29 PM
35	Has helped already with our hiring process.	7/6/2022 7:24 PM
36	Haven't had many technicians come in from out of state but it would help	7/6/2022 6:48 PM
37	Less hassle if a technician can transfer between states	7/6/2022 5:52 PM
38	I live on the border of PA and Ohio and cross trained techs would be great	7/6/2022 3:59 PM
39	I work on the border between Ohio and Kentucky. This would allow us to ask for help from a wider range of people.	7/6/2022 2:49 PM
40	It is very unlikely technicians will work in both places. So we are just taking from other states.	7/6/2022 2:08 PM
41	The Board needs to make it easier for technicians to change from registered to certified technician.	7/6/2022 12:49 PM
42	Hopefully this increases the number of qualified technicians	7/6/2022 11:04 AM
43	Again, this is necessary, but for retail, we need more technicians now. It is not likely we will be getting them from other states, but this is a good thing to have, it's just not solving any problems now.	7/6/2022 10:54 AM
44	This may help to a small degree, but certainly not a huge impact as not a large percentage of technicians are relocating.	7/6/2022 10:51 AM
45	I am under the assumption that technicians coming to Ohio from other states to work is relatively rare, except perhaps around the border between states. In terms of overall reduction of workplace stress, I think this will have little benefit.	7/6/2022 10:29 AM
46	Good to have but not often relevant	7/6/2022 10:25 AM
47	I have actually never had a tech transfer from another state, so unsure of the necessity	7/6/2022 10:25 AM
48	that's great as long as the employer is willing to take on the transfer (ie add another employee to the payroll/schedule)	7/6/2022 10:17 AM
49	This is a good policy, but not sure how often techs move into Ohio to take advantage of reciprocity.	7/6/2022 10:17 AM
50	This can only help, however little it may be.	7/6/2022 10:02 AM
51	Glad, so we can move out of Ohio, which is becoming increasingly conservative	7/6/2022 9:00 AM
52	allowing a technician to easily reciprocate would possibly ease the burden in states that are struggling with staffing	7/5/2022 10:01 PM
53	Most new techs I encounter are new new, not transfers	7/5/2022 1:19 PM
54	Recognizing certified and licensed techs from other states, enhances the opportunity to recruit top talent outside of Ohio.	7/5/2022 12:58 PM
55	This would definitely remove a barrier for translocation of work, but I imagine if someone was willing to move out of state already, they would have found a way to get licensed or change careers. I'm glad it's in place for those it does help though!	7/5/2022 11:44 AM
56	It should be easy to hire an experienced technician from another state.	7/5/2022 11:24 AM
57	Would be helpful when you have technicians relocating from other states who already work for your company so you wouldn't need to train from scratch. This is a rare circumstance, though.	7/5/2022 10:40 AM
58	I mostly see new technicians and not technicians from other states.	7/5/2022 7:12 AM
59	This could help bring in new people who have experience.	7/4/2022 3:37 AM
60	Unlikely to benefit a pharmacy unless certified technicians are paid a living wage.	7/3/2022 6:01 PM
61	This will help but technicians should have to take a course so they know Ohio law as laws differ between states.	7/3/2022 2:44 PM
62	This may be helpful but I'm not sure	7/3/2022 2:39 PM

Meeting Materials

63	It would help those technicians that live close to state borders in case a neighboring store in a different state needs help.	7/3/2022 2:06 PM
64	Would be nice but not the problem solver.	7/3/2022 10:56 AM
65	This would be a convenient additional tool for technicians to keep them in the position for a longer period of time.	7/2/2022 11:33 PM
66	Seems like this would only be helpful to stores bordering another state or for an occasional transferring employee	7/2/2022 11:03 PM
67	State law would be important education.	7/2/2022 10:06 PM
68	Need to do anything that facilitates tech hiring and get them in the pharmacy	7/2/2022 6:06 PM
69	With the current shortage of help available this would give a larger pool of potential tech help.	7/2/2022 8:56 AM
70	i think it is a good idea	7/2/2022 8:34 AM
71	It would help for pharmacy chains close to the borders to move techs when some places are severely understaffed.	7/2/2022 12:04 AM
72	Will shorten the training time but will not improve workload.	7/1/2022 10:27 PM
73	Every pharmacy is extremely short staffed. Allowing easier transferability might encourage more pharmacists to relocate to Ohio.	7/1/2022 6:58 PM
74	I have never encountered a tech seeking to transfer in from another state, but if that situation arises, I could see this being beneficial.	7/1/2022 6:38 PM
75	Depends on where you live. If in rural area probably not many technicians moving in.	7/1/2022 2:06 PM
76	It might be helpful for people moving to another state	7/1/2022 1:52 PM
77	Would increase portability of techs who would like to leave one worksite for another. May increase their job satisfaction.	7/1/2022 12:47 PM
78	Does this allow registered technicians to use a Ohio employer based training program and exam to reciprocate to another Ohio employer using that registration?	7/1/2022 10:31 AM
79	seems like we are more worried about tech help than public safety	7/1/2022 7:04 AM
80	This would expedite a transferring technician's ability to get right to work, because we are so short handed already, they are needed immediately.	7/1/2022 12:49 AM
81	No reason, if you have a tech that is registered and current in another state, to make them go through the process, especially if they are nationally certified. This is a good policy, and will allow techs coming to our state (that qualify) to start work immediately in their new role without worrying about training they have already accomplished in another state.	7/1/2022 12:22 AM
82	Quality of candidates is still a concern	6/30/2022 9:59 PM
83	I don't know	6/30/2022 9:56 PM
84	We could possibly get good, trained techs through this reciprocity but again, it is going to come down to how much an employer is willing to pay to keep good, trained people.	6/30/2022 9:51 PM
85	Due to the large turnover of pharmacy technicians, this will help to be able to hire someone quicker who is already trained and certified.	6/30/2022 8:54 PM
86	it would be a lot easier to hire new techs	6/30/2022 7:14 PM
87	another absurd idea. Techs will not be leaving the state or relocating. They only help with projects like a computer update or an acquisition and they are not paying enough mileage to make it worth their time. Another stupid idea.	6/30/2022 6:12 PM
88	It would help a lot with the current shortage.	6/30/2022 6:10 PM
89	This seems somewhat helpful along state borders. But having RPh reciprocity hasn't improved our working conditions.	6/30/2022 5:36 PM
90	Should have similar protocol that pharmacists have.	6/30/2022 4:47 PM

Meeting Materials

91	just hard to find any technicians	6/30/2022 3:17 PM
92	Unsure of how much this will help.	6/30/2022 2:49 PM
93	Unsure of the demand for this	6/30/2022 2:46 PM
94	We had to wait forever for our tech from New Mexico to get licensed here.	6/30/2022 2:31 PM
95	Nation wide, we need an ease of license transfer for all pharmacy personnel, including pharmacists.	6/30/2022 2:08 PM
96	I haven't had anyone interested in transferring from another state.	6/30/2022 2:02 PM
97	Would allow an experienced technician from out of state a seamless transfer whereas reapplying may deter them from the position.	6/30/2022 2:02 PM
98	As long as the training requirements of the state from which the tech is reciprocating the license, I think that the practice is fine.	6/29/2022 8:22 PM
99	I think techs that are licensed elsewhere and want to work in pharmacy will find a way to meet the requirements of the state.	6/29/2022 4:58 PM
100	Helpful but I do not see that very often. Not like a pharmacist.	6/29/2022 3:57 PM
101	Lack of techs	6/29/2022 11:58 AM
102	If they can work in one state they should be able to work in another	6/29/2022 9:17 AM
103	I haven't experienced this situation	6/29/2022 5:56 AM
104	Already accomplished.	6/29/2022 12:31 AM
105	Great idea but many stores have enough employees but no "labor hours" approved by management	6/28/2022 9:16 PM
106	At my location, we are not close to any state borders	6/28/2022 8:42 PM
107	Technicians is not the problem, technicians trainee is always looking for money not willing to work and certified technicians believe that they are underpaid.	6/28/2022 4:54 PM
108	I am not sure if this would be particularly helpful.	6/28/2022 4:03 PM
109	This could be helpful and I am curious to see how it helps	6/28/2022 3:25 PM
110	Why not pharmacists?	6/28/2022 1:10 PM
111	This could be helpful is limited situations.	6/28/2022 12:39 PM
112	This is where the Ohio-specific onboarding training videos for technicians will be very useful.	6/28/2022 12:35 PM
113	May increase applicant pool in Ohio	6/28/2022 10:18 AM
114	May help keep the current techs, instead of them finding jobs in other realms.	6/28/2022 9:59 AM
115	Only a benefit for those living on the edges of Ohio.	6/28/2022 9:43 AM
116	This may assist with hiring more efficiently, but in a few limited circumstances	6/28/2022 8:45 AM
117	Due to labor shortages and future pandemic events, it is possible (and likely) that technician reciprocity will take place.	6/28/2022 8:41 AM
118	Would potentially help with the technician shortage.	6/28/2022 8:38 AM
119	Don't know how common this is but if someone does move to Ohio from another state, this would help them get up to speed more quickly.	6/28/2022 8:18 AM
120	This opportunity would have helped me once in 25 years where I could benefit from this	6/28/2022 8:15 AM
121	If technician worked for certain hours than only their license can be transferred. Tech doesn't go to school to learn about medicine they should have more internship or training hours before giving them any licenses	6/28/2022 5:16 AM
122	Necessary	6/28/2022 12:11 AM

Meeting Materials

123	Makes for a smoother transition and more workers able to fill positions more readily.	6/27/2022 11:49 PM
124	I don't see how a few transfers would make a big difference in the grand scheme of things.	6/27/2022 11:40 PM
125	sounds good to me	6/27/2022 11:07 PM
126	Again, as a pharmacist it would be difficult for me to practice effectively in a different state due to varying, non-standard practice rules. Maybe we need federal licensure for both technicians and pharmacists?	6/27/2022 11:06 PM
127	It would be helpful for the state board to respond to inquiries they are emailed about this topic .	6/27/2022 10:36 PM
128	Have not see this being necessary in practice in my 12 years. So seems unlikely.	6/27/2022 10:00 PM
129	Barriers to techs entering the workforce are a major concern. Any actions to reduce barriers to entry are welcomed.	6/27/2022 9:16 PM
130	Communities that are not close to a border state will likely be underserved by reciprocity. In addition many pharmacies don't have a "float" technician that could work or fill in gaps at multiple locations across state lines.	6/27/2022 9:15 PM
131	I think it is fair to have an in State reciprocity for non Nationally Certified techs.	6/27/2022 9:04 PM
132	I have yet to encounter a technician transferring from another state. I think that may be a unicorn.	6/27/2022 8:57 PM
133	Living on the river with KY & WV within shouting distance, improving the ability to reciprocate technicians would be helpful	6/27/2022 8:18 PM
134	It's done - too bad pharmacists have to go through more hoops and fees in order to get the same.	6/27/2022 7:51 PM
135	That would be of tremendous help	6/27/2022 7:39 PM
136	Neighboring state are also short staffed	6/27/2022 7:38 PM
137	Again, this is insignificant. If anything you will gain 1-5% of technicians globally in Ohio.	6/27/2022 7:29 PM
138	Great idea.	6/27/2022 7:03 PM
139	Boarder state PA doesn't even require tech license and many states don't	6/27/2022 6:54 PM
140	Had a Florida transfer recently that took over 6 months to get approved in Ohio. More work for me doing her tech work while waiting for approval.	6/27/2022 6:33 PM
141	thank you.	6/27/2022 6:29 PM
142	Potentially increase candidate	6/27/2022 6:15 PM
143	This would help a small amount at best. Might help rural areas or border towns more than anything. Don't see a huge benefit.	6/27/2022 6:13 PM
144	Great	6/27/2022 6:04 PM
145	Not sure this would help or not	6/27/2022 5:38 PM
146	If the pharmacies would hire more people and add technician/pharmacist hours to the work day (i.e., increase staffing hours), this could help. I don't think the problem is all about not having technicians to hire; it's more about the pharmacy not hiring anyone because they think we can do more with less.	6/27/2022 5:17 PM
147	not enough techs want to come to my area	6/27/2022 5:14 PM
148	I think that would be AWESOME for techs to reciprocate as they may be quicker to make that move.	6/27/2022 5:10 PM
149	Reciprocity should include Ohio law review	6/27/2022 5:03 PM
150	The process in ohio is cumbersome so I'm not seeing a bunch of techs knocking at our doors, but anything we can do to make it easier helps.	6/27/2022 5:01 PM
151	This only helps have the potential for more certified people, not the ACTUAL day to day activities.	6/27/2022 4:56 PM

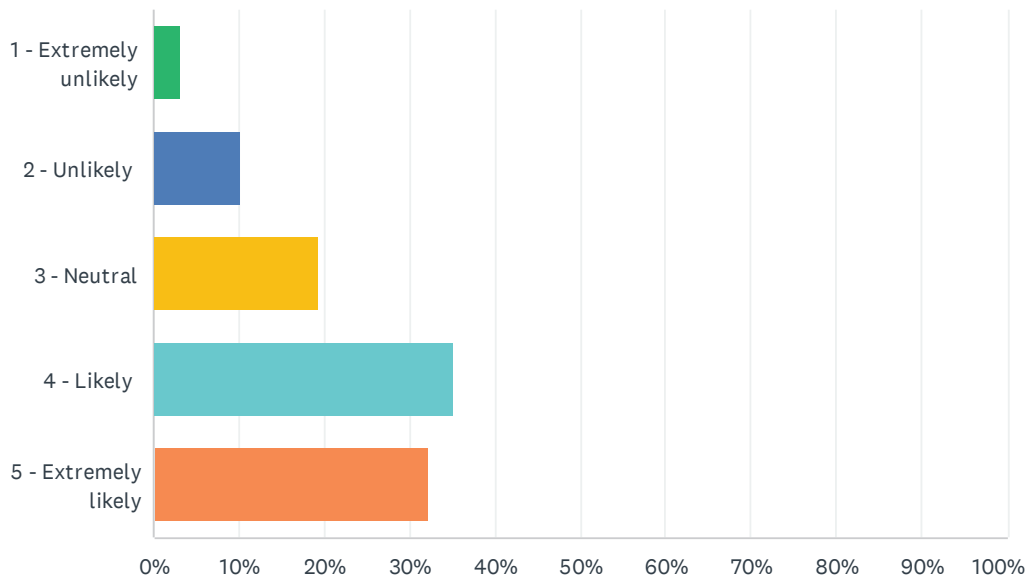
Meeting Materials

152	May help in filling open tech positions, but will do nothing to address issues caused by labor budgets being set too low by employers.	6/27/2022 4:41 PM
153	WE HAVE PHARMACIES IN INDIANA AND OHIO SO THIS WOULD BE GREAT TO SHARE STAFF IF NEEDED.	6/27/2022 4:27 PM
154	Although uncommon (possibly excepting border areas) to have out of state registered technician applicants, this could be a help to both the pharmacy and technician.	6/27/2022 4:23 PM
155	As long as they are competent and know the laws.	6/27/2022 4:21 PM
156	Should help pharmacies with staffing	6/27/2022 4:13 PM
157	I don't know that there are many technician's trying to move states, but it certainly wouldn't hurt to have some reciprocity method	6/27/2022 4:12 PM
158	Technicians are over staffed at many locations in my district. The closure of pharmacies is more due to lack of pharmacists.	6/27/2022 4:02 PM
159	This will not decrease pharmacist workload. Adding technicians will not remove the sole responsibility of the pharmacist to verify the accuracy of all prescriptions dispensed.	6/27/2022 3:54 PM
160	Would help for technicians moving from out of state, but I don't see this too often.	6/27/2022 3:50 PM
161	This is a logical step in their licensure.	6/27/2022 3:48 PM
162	I don't understand how this would help. Just move techs around to different states?	6/27/2022 3:41 PM
163	Pay is main hindrance to talent	6/27/2022 3:35 PM
164	Low impact	6/27/2022 3:34 PM
165	Difficult to comment without guarantee that moving expenses would be compensated	6/27/2022 3:26 PM

Meeting Materials

Q5 Improve Technician Training Resources Requiring pharmacies to have a dedicated staff member to train all new technicians. Staff person should be at the pharmacy or district level.

Answered: 2,009 Skipped: 18



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.14%	63
2 - Unlikely	10.20%	205
3 - Neutral	19.31%	388
4 - Likely	35.24%	708
5 - Extremely likely	32.11%	645
TOTAL		2,009

#	ADDITIONAL COMMENTS	DATE
1	I have suggested this for years. The chain I work for is too cheap for this. I also think it would increase retention.	7/9/2022 10:59 AM
2	New staff should NOT be allowed to work on their own when training. He/she should be an extra person in the workflow (in order to shadow and practice and be observed) during this training time and NOT part of the workflow.	7/7/2022 8:21 PM
3	This has the potential to be more burdensome on smaller pharmacies with limited available personnel	7/7/2022 7:47 PM
4	This would be costly and burdensome on pharmacies as they may have to hire additional staff to just perform training. Recommend individual company determine who provided training.	7/7/2022 5:11 PM
5	Consistent resources (video, print, guidance tools with examples plus Q A) within an organization should eliminate most discrepancies in levels of training regarding performance and technique.	7/7/2022 4:59 PM

Meeting Materials

6	Most technicians aren't trained properly because there isn't time when the one expected to train is constantly busy actually functioning as a tech	7/7/2022 4:46 PM
7	Having a dedicated resource could help to reduce turnover and pharmacist stress. With my employer, there is one technician trainer for the entire district who would come to our store once a week. This is simply not enough. I currently have four tech trainees and a large portion of my day is spent being interrupted with basic questions. It substantially impairs the amount of pharmacist work I can accomplish and increases the risk of errors due to constant interruptions. While I am happy these technicians are interested in learning, there needs to be a dedicated resource available for this to take the workload off of the pharmacist. Currently, we do not have a technician trainer. We have not had one for the better portion of a year.	7/7/2022 4:32 PM
8	On hands training is the best. Ideal would be a standard video presentation followed by hands on experience covering just a few topics at a time. The biggest obstacle to this is again, staffing. The trainer ends out being an experienced tech who's being relied upon to do so many other things. On top of that, the new hire has to be given time to train with a coach nearby or else they end out just being part of workflow and it's a challenge to reach them all they really need to know	7/7/2022 4:29 PM
9	would require same person at all times to do this. so if person is on vacation or leaves for another job - a new person will have to be trained in this role.	7/7/2022 4:18 PM
10	It is a great thing to have a dedicated employee for training technicians. Allowing the pharmacist to have a feeling of security about the knowledge base but requiring this could make it very difficult for smaller chains and independent pharmacies to comply, especially given the labor shortage.	7/7/2022 4:01 PM
11	It would be great that the tech has been trained before working in store	7/7/2022 3:47 PM
12	Again, require an associates degree. Why put this burden on the pharmacy and have some be lucky enough to have a good trainer and some not.	7/7/2022 3:37 PM
13	If this intimates there would be a staff member dedicated to on the job training then yes, absolutely. This is how Progressive Insurance trains new IT employees, and Progressive is consistently known for their excellent focus on training.	7/7/2022 2:57 PM
14	MIGHT HELP BECAUSE ONBOARDING A NEW TECHNICIAN TAKES SO LONG AT THE RETAIL LEVEL. AND MANY COMPANIES HAVE CRAP HR LEVEL PEOPLE THAT "TRAIN" BUT HAVE NO IDEA WHAT IT'S ACTUALLY LIKE IN A REAL PHARMACY	7/7/2022 2:20 PM
15	Training, or lack thereof, is not the issue.	7/7/2022 2:15 PM
16	We do something similar now. Not sure I see benefit.	7/7/2022 2:15 PM
17	My tech are dumb	7/7/2022 1:59 PM
18	No, at most pharmacies this just translates into a different duty for a member of staff. This adds more to the plates of everyone, but doesn't take anything off.	7/7/2022 1:42 PM
19	Any good practical training would be helpful	7/7/2022 1:32 PM
20	Due to staffing shortages, technicians are being thrown into workflow which leads to either early termination or errors.	7/7/2022 1:31 PM
21	This has been done at our company and is not very useful, each store has a slightly different process for the same end result	7/7/2022 1:28 PM
22	Currently, training is on the job and causes MANY errors due to inexperience! Constant questions slow down the work process and there are not enough techs nor enough trained techs that can oversee each new technician.	7/7/2022 1:17 PM
23	I think this is mostly already being done, so it's not a priority for me.	7/7/2022 1:17 PM
24	This needs to be a district level role. It keeps the district person involved in the realities of what goes on at the pharmacy level. And again the staff will not have time to train because they don't have enough help, that is why they are hiring.	7/7/2022 1:09 PM
25	Better trained techs are less likely to make mistakes.	7/7/2022 1:07 PM
26	Any help with hiring and onboarding technicians is appreciated. Sometimes hiring new	7/7/2022 1:04 PM

Meeting Materials

technicians can take up to 2 months. As far as chain pharmacies go there should be more than ONE person dedicated to this seeing as there will be numerous technicians across one district with varying schedules. In order to increase efficiency and decrease burn out of this person the work should be shared.

27	District level too many distractions in the pharmacy to really spend the time with technicians that would be effective and what they deserve.	7/7/2022 12:30 PM
28	Our company has done this in the past. Didn't really work. The amount of time that needs to be spent to properly train someone can't be done by one person for a few days.	7/7/2022 12:30 PM
29	In theory this would be ideal, but the reality with retail it will just be a tech that is in work flow. So either the training is lacking or the work flow suffers	7/7/2022 12:22 PM
30	Training while working in a busy pharmacy is extremely difficult. It leads to stress among all of the staff. I feel it is the reason some new technicians quit.	7/7/2022 12:21 PM
31	Help provide standardization across all team members and onboards	7/7/2022 12:16 PM
32	I do not believe this would help	7/7/2022 12:13 PM
33	Must have adequate time available for training in order for this to be effective. This can be difficult to do when the trainer is part of the workflow.	7/7/2022 12:12 PM
34	Likely but this is vague without actionables.	7/7/2022 11:57 AM
35	Unless there is a dedicated task force with the board to actually enforce this, companies will just say ok and no one will hold them accountable.	7/7/2022 11:57 AM
36	Though requiring pharmacies to have a dedicated staff member to train techs may be a stretch, having a tech training really benefits the new technician and improves technician retention. Some chain pharmacies could have a couple of dedicated tech trainers that could float between pharmacies (not every pharmacy would need to have their own independent trainers).	7/7/2022 11:53 AM
37	Should help new technicians better understand their roles.	7/7/2022 11:50 AM
38	If this person is required to be at the district level I could see this being helpful. A main problem I see when we are trying to onboard new staff is that we lose someone from our workflow to train them which causes everyone else to have to pick up the slack.	7/7/2022 11:48 AM
39	We currently have such person, but she only sets up training at different stores. There is always a lack of communication and new hires are thrown into a short staffed store and quickly get overwhelmed and leave.	7/7/2022 11:48 AM
40	This would be so helpful. There are so many facets of the job to learn and with decreased staffing it is very difficult to properly train new techs and still help your patients.	7/7/2022 11:40 AM
41	This is a good idea, but might be hard to implement given the difficulty in getting enough technicians to start with, so it will be hard to have one extra person there for training.	7/7/2022 11:39 AM
42	Major retail pharmacies have been doing this for years. Requiring it would make no difference.	7/7/2022 11:29 AM
43	Unless the trainer is with the tech at all times helping the on the job training to move faster, there isn't much benefit to having a dedicated person. Most companies likely already have this.	7/7/2022 11:01 AM
44	If all of this training will be provided, the issue of salary needs addressed for better pay for certified technicians.	7/7/2022 9:56 AM
45	Most stores already have one if not a few techs knowledgeable enough to train a new tech.	7/7/2022 8:56 AM
46	Considering the amount of employee turnover this would be great. Fully trained techs and Pharmacists don't have the time to constantly train new employees and not everyone can teach.	7/7/2022 8:33 AM
47	Training just like technicians themselves is a scarce resource. And often times different pharmacies have different set-ups/patient populations.	7/7/2022 8:05 AM
48	Sounds great in theory, but no pharmacy has time, staff or resources to put this into practice.	7/7/2022 3:11 AM
49	Do agree that improving technician training resources is needed (consistency in what is trained	7/7/2022 12:21 AM

Meeting Materials

by each trainer, consistency in what is trained from trainee to trainee), however am uncertain that making specific rules about who does this will be beneficial. Agree with all comments from committee.

50	See above.	7/6/2022 11:59 PM
51	District level responsibility. We don't have time in store.	7/6/2022 11:54 PM
52	Seemingly this training persons budgeted hours will negatively affect total pharmacy hours	7/6/2022 11:31 PM
53	If at corporate level. Taking a trained reliable qualified tech out of the workflow to train someone new does not help especially in an already understaffed pharmacy.	7/6/2022 11:04 PM
54	Extra member to mentor new hires would be a great help.	7/6/2022 10:48 PM
55	new technicians should be trained properly by certain staff, not every technician would make a great trainer	7/6/2022 10:36 PM
56	This would facilitate proper training but would require sufficient time be dedicated and required for this training	7/6/2022 10:26 PM
57	At a former job, the chain trained the technicians at a central location. Scheduling was always a problem which caused delays in training and even after district training, we had to retrain them for our specific store's needs.	7/6/2022 10:23 PM
58	Too chaotic to train in store especially when short staffed. A district trainer would be ideal.	7/6/2022 10:08 PM
59	Always seems to be a staffing issue when it comes to training new staff	7/6/2022 9:44 PM
60	This would require chains to adequately staff and provide more resources which is unlikely	7/6/2022 9:37 PM
61	At the pharmacy yes, a staff member should be delegated to help so lesser disturbance with other members. District level I'm neutral about. I trained in the pharmacy for 3 days and saw no one from the office at that time to go over training.	7/6/2022 9:32 PM
62	We had a district pharmacy trainer who the new techs and established techs could go to with questions and that seems to help with retention.	7/6/2022 9:29 PM
63	You can add as many but if people aren't out there or they can make more money at lowe's it won't happen.	7/6/2022 9:23 PM
64	There should be a set training location with adequate training staff to allow individual shadowing with the trainee and the ability to answer questions. Training should be one to two weeks. Pharmacists and technicians are not able to complete an uninterrupted task while training an individual without the ability to shadow. Less of a safety concern because of less interruptions and will result In lower staff turnover.	7/6/2022 9:11 PM
65	Currently in practice at many stores. While it is good for consistency, some stores are to understaffed to designate one person	7/6/2022 8:27 PM
66	We currently have this type setup at the district level at CVS and it doesn't help bc the bulk of training still falls on the regular staff to try to fit into workflow. It would have to be a dedicated store level individual or more hours allocated for store level trainings.	7/6/2022 7:28 PM
67	This was tried in the past at a former employer. Felt it was not executed properly to see the full benefit. May help a little but logistically would have to overcome barriers.	7/6/2022 7:24 PM
68	Our staff is much to busy to train and there are no extra hours given to us to train	7/6/2022 6:48 PM
69	It's a step in the right direction but consistency is key	7/6/2022 5:40 PM
70	Not realistic with today's healthcare financial situations.	7/6/2022 5:23 PM
71	This may be less necessary at small	7/6/2022 4:17 PM
72	Most technicians are trained "on the job". As busy and short handed as pharmacies are there is no time to properly train. No best practices or simulation of any duties are done by the company.	7/6/2022 4:05 PM
73	The pharmacists I know are able to train techs well. It just takes time and extra allotted hours to do so. The biggest problem is that we are not given enough tech hours to have any cushion in the event a tech quits. The pharmacy is then understaffed until a new tech can be hired and	7/6/2022 4:03 PM

Meeting Materials

trained which takes too long. Who trains them does not matter, it is how long it takes to get them working at a level that meets the demand. I would prefer to have the cushion of extra hours built in. I have suggested having a certain amount of floating techs available in a market to move around as needed. These techs would need financial incentive to be floaters.

74	We supposedly have one but he stops in to greet new hits but does no training and a lot of the paperwork keeps falling through the cracks	7/6/2022 3:59 PM
75	Need additional training hours for one on one training with one trainer dedicated to working with a single trainee. Making training on the job longer with a dedicated trainer.	7/6/2022 3:58 PM
76	Lead technicians already assume this role.	7/6/2022 2:49 PM
77	We already have these dedicated persons however it isn't enough.	7/6/2022 2:08 PM
78	This would help with retention.	7/6/2022 1:22 PM
79	We already have this in place. The problem is getting the trainer time to train.	7/6/2022 1:19 PM
80	In reality that person would end up just working in the pharmacy since we are so short staffed. They must learn basics before they are thrown in a chaotic environment. It's too overwhelming for them.	7/6/2022 12:58 PM
81	How do you staff that??	7/6/2022 12:49 PM
82	Need a consistent training time and sign off on each step. Annually and as needed.	7/6/2022 12:31 PM
83	I feel that this will just become an additional duty assigned to someone formally who is already maximally multitasking and will not actually change the workflow or behavior of parent companies in terms of creating a safe filling environment.	7/6/2022 12:25 PM
84	Need staff in order to train	7/6/2022 12:21 PM
85	We have tech trainers that are an immense help when onboarding	7/6/2022 11:57 AM
86	This is essential!! The lack of or inability to train appropriately in store is hurting our retail pharmacies. A dedicated training program outside of the pharmacy is urgently needed to help our industry succeed .	7/6/2022 11:57 AM
87	Not really necessary for independent pharmacies but would be helpful for chains but they have to schedule that person to just help train, not do 50 other things while training them	7/6/2022 11:38 AM
88	This could further complicate the on-boarding process which already takes too long.	7/6/2022 11:37 AM
89	We use our technician leaders at each store to train our techs in training.	7/6/2022 11:29 AM
90	Because all stores are generally working from a place of behind the trainer will most likely be asked to help with store duties and the new hire asked to work a register station all day	7/6/2022 11:26 AM
91	Having dedicated support is helpful but only if the dedicated persons sole role during training is to work only on training and not other roles	7/6/2022 11:04 AM
92	Cvs has had this for over a decade and has some of the worst working conditions	7/6/2022 11:03 AM
93	A dedicated person is difficult to come by with our current technician forecast.	7/6/2022 10:58 AM
94	Creates consistency in training and onboarding.	7/6/2022 10:54 AM
95	We already have a district trainer, and this doesn't exactly work. A store level trainer would be appropriate, but again, we don't have the depth of technicians to be able to train while keeping a store running appropriately. We need to pay them more, so we get more quality candidates that are willing to have pharmacy as a career.	7/6/2022 10:54 AM
96	This would make a huge difference. It is very difficult to train a new technician when you don't have dedicated time/employees to do so. It would be lovely to have a required "training period" where the new employee is always scheduled with a trainer that is dedicated to training without other responsibilities during that timeframe.	7/6/2022 10:51 AM
97	We don't have that kind of staff to support this - great idea but this would be very stressful as we don't have enough staff as it is but then to dedicate a whole person everyday would be hard	7/6/2022 10:47 AM
98	Depends on who is assigned and workload etc.. not sure it will translate out. It's a good idea	7/6/2022 10:47 AM

Meeting Materials

though, we often have untrained employees expected to be a normal functioning technician.

99	Training needs to be consistent in order to achieve better quality. Better quality means less errors being fixed (reduced work) or going out the door. It is also VERY stressful to discover you made a dispensing error.	7/6/2022 10:47 AM
100	Strong, effective, quality training is not being done for new hire pharmacy staff. This is both pharmacists and technicians. New hire pharmacists are being placed directly into stores and those staff members are expected to teach an entire system all while conducting daily operations. This is not fair to the staff at these locations and these new hires are not fully prepared to run the pharmacy alone. With such high turn over more needs to be done on this front because patient safety is at risk if these new pharmacists are just expected to fully operate a pharmacy alone.	7/6/2022 10:45 AM
101	Should be at the store level to allow tailor knowledge to patient base	7/6/2022 10:41 AM
102	Current busy environment does not actually train techs well.	7/6/2022 10:41 AM
103	If you do this, do NOT do this at the store level- take it out of the "bench"/store .	7/6/2022 10:40 AM
104	New technician training hours come out of the pharmacy budget. If you don't require the extra hours to train, that person is not going to be trained well.	7/6/2022 10:33 AM
105	I am unsure who this would be for small or independent pharmacies. This makes a lot of sense for chain pharmacies and for hospital pharmacies.	7/6/2022 10:30 AM
106	I think the enforcement of such a rule would be difficult and the overall benefit would be low.	7/6/2022 10:29 AM
107	I have seen this in practice and believe it is very helpful.	7/6/2022 10:28 AM
108	Another thing for the PIC to get in trouble for when we don't have enough techs	7/6/2022 10:25 AM
109	Also not practical. We have tried this. We need many trainers, as there are multiple new hires per store per district	7/6/2022 10:25 AM
110	Is this tech going to be extra and out of work flow. In theory great idea but guessing companies aren't going to give you an extra tech to train, it will just come out of tech budget so less tech help while training.	7/6/2022 10:23 AM
111	Our chain, has techs come to "training stores" to learn tech skills. This is great, except we have no extra staff to help train. I have to pull my lead tech away from her duties to teach a new hire. This creates unfair workload for the rest of my staff.	7/6/2022 10:17 AM
112	District level	7/6/2022 10:16 AM
113	Ongoing training as well. Not just computer learning modules but personal teaching.	7/6/2022 10:14 AM
114	This would be adding responsibilities to already limited staffing	7/6/2022 10:11 AM
115	My wife previously held this position with my employer and every store in our area was able to benefit.	7/6/2022 10:02 AM
116	dedicated staff members, viable hours and time and \$ to help train people properly is what is needed.	7/6/2022 10:01 AM
117	This should be at the district level. If you are only working with one technician, it is hard for them to teach and keep the flow moving	7/6/2022 9:58 AM
118	In the past this has occurred at some of the larger chains such as Kroger.	7/6/2022 9:37 AM
119	If possible, training should occur at a central site where the trainer would not be distracted performing other tasks while trying to train new technicians.	7/6/2022 9:19 AM
120	Won't work as chains use 1 person per district and is only their to help technicians pass the exam and not train on computer system	7/6/2022 9:00 AM
121	The problem will be that this designation will just end up added to an existing workload for another technician, increasing stress for that individual.	7/6/2022 7:35 AM
122	And when that person leaves??	7/6/2022 4:28 AM
123	Most pharmacies have that already. It's called a pharmacist. This requirement would put an	7/5/2022 10:34 PM

Meeting Materials

undue burden on independent pharmacies. Chains would use it as an excuse to cut tech hours to pay for it. Pharmacies would have to raise prices to pay for an extra worker. Also, this doesn't address the fact jobs outnumber available workers right now

124	Most pharmacies already have something like this in a senior technician	7/5/2022 10:12 PM
125	This just sounds like more bureaucracy and a waste. Pharmacy needs less rules and mandates.	7/5/2022 6:00 PM
126	Kroger already has one person dedicated to this task. However, I feel 'district' level is very vague. None of the technicians we have hired have ever been trained by this person as she is always staffing or at another location training. One person is not enough for the number of pharmacies in our area.	7/5/2022 5:56 PM
127	This could be a useful tool if a specific time frame is added to the rule that states the technician must shadow this trainer for a specific amount of time. If a time frame is not put in large chains and grocery chains will find ways to circumvent the rule.	7/5/2022 4:53 PM
128	this could result in more responsibility in same amount of time on a staff pharmacist	7/5/2022 2:19 PM
129	Most stores do not have the resources to adequately train. Trainer should be from corporate and train new tech in their new home store, as layout is different in each location. Most stores can't afford to let a tech just be a trainer for the day and not work in workflow.	7/5/2022 1:19 PM
130	I am not sure every pharmacy has a constant need so a district level person may help streamline training.	7/5/2022 12:58 PM
131	This goes back to the previous question about onboarding. There should be a trainer in the district so that the process is standardized and available to all new employees. Most pharmacies do not have the staffing levels to dedicate to effective training.	7/5/2022 11:51 AM
132	Again, this may seem good if it is followed, but when things like this have been acted on at the business level, its just an existing employee that gets designated the "trainer" and then when they have "training days" they get pulled to work or have to train on top of their existing work. There would have to be some subsidized compensation to make the big companies actually recognize this as a serious regulation.	7/5/2022 11:44 AM
133	Training in the beginning is so important in order to avoid bad habits forming.	7/5/2022 11:24 AM
134	If pharmacies are unable To hire additional personnel to fill this role, this could have no impact or be detrimental	7/5/2022 11:08 AM
135	Not realistic; staff too busy already	7/5/2022 10:53 AM
136	This already exists in my district, though not fully utilized.	7/5/2022 7:12 AM
137	Our lead technician already has this role, so this is not necessary and will just require more paperwork and monitoring by the Board.	7/4/2022 4:40 PM
138	District level training may work, pharmacy level would not. There's simply no time during a regular work day to give proper training.	7/4/2022 3:53 PM
139	it's hard for the PIC to do everything. having a structured dedicated staff member to follow up on new trainees and making sure all paperwork gets done would be great.	7/4/2022 3:15 PM
140	My employer has not had any training personnel available to newly hired employees for greater than 6 months.	7/4/2022 2:53 PM
141	Staff person to train all technicians should be at corporate or district level not at retail locations while conducting normal business. The hiring of technicians needs to be done at district or corporate level also and not by the pharmacists at the individual retail locations.	7/4/2022 2:34 PM
142	Chains may add that to the list of PIC responsibilities.	7/4/2022 12:20 PM
143	We do this now - for us, on the job in store training by the trainers would be most helpful - this does not happen	7/4/2022 9:53 AM
144	This should not always fall solely on the pharmacy manager.	7/4/2022 3:37 AM
145	I think this depends on the practice setting. For community and hospital pharmacy, this could be beneficial.	7/3/2022 7:00 PM

Meeting Materials

146	Will likely take a tech away to train techs, not helpful	7/3/2022 6:09 PM
147	Would be great as long as this happens in a dedicated location and the training is NOT part of the regular workflow.	7/3/2022 5:32 PM
148	As long as these hours are in addition to workflow hours and can be proved as such.	7/3/2022 4:46 PM
149	As a pharmacist i was trained in bloodbourne pathogens while i was answering the phone and counters.	7/3/2022 10:56 AM
150	We have a "technician trainer" in our district, who has never actually trained a new hire I've had in years. Would have to force companies to hire more staff for this to work.	7/2/2022 11:33 PM
151	more consistency--explanation of expectations	7/2/2022 11:03 PM
152	I started as a technician in a retail pharmacy 20 years ago and afterl completed training, I worked side-by-side a certified technician in the pharmacy for 2 weeks before I was scheduled on my own. I rotated with her to each position and had someone to ask at all times.	7/2/2022 10:58 PM
153	It is a very good plan but the resources to train will be a burden on the workforce. I still support it however.	7/2/2022 10:06 PM
154	This will only ensure technicians are trained the same way at each pharmacy.	7/2/2022 8:09 PM
155	There's so much to learn. Having someone else train the newbies so the pharmacist isn't interrupted while working	7/2/2022 6:06 PM
156	Walgreens did this years ago and it took the pressure off the store for training and didn't require taking someone out of workflow when you're already short-staffed. However it requires someone willing to do it and companies willing to pay for the position without cutting comers elsewhere.	7/2/2022 1:25 PM
157	S	7/2/2022 12:36 PM
158	For the reason given in #3 - companies do not allow for a proper training program or time period.	7/2/2022 8:56 AM
159	again we are still waiting for someone to be a head tech for our pharmacy ... an on going problem in the corporation	7/2/2022 8:34 AM
160	We have this At my location and yes it does help the new hire but having a main point person to go to, but it also takes our trainer out of workflow a lot.	7/2/2022 7:26 AM
161	District level! Don't heap it on the store.	7/2/2022 12:04 AM
162	Does nothing to improve workload.	7/1/2022 10:27 PM
163	Training is pretty important, but question is how will this actually be implemented and what kind of training will they get versus pharmacy gets too busy and all hands on deck the training will be paused.	7/1/2022 9:15 PM
164	At district level as no time in my work day	7/1/2022 7:08 PM
165	This would be helpful ONLY IF the dedicated trainer is at district level. Turn over is too high at store level and this would add to workload at the store level which would be counter productive.	7/1/2022 6:38 PM
166	Technician training should be similar to STNA program. Grandfather in those that are already certified technicians but make technicians an associates degree.	7/1/2022 6:31 PM
167	Comment above addresses the need for this.	7/1/2022 5:43 PM
168	Pharmacy should train extra technicians as floater to cover sickness or vacation just like pharmacist floaters.	7/1/2022 5:23 PM
169	I think it is important to have quality training. There are times when staffing is already an issue (after all that is why you were hiring) and to pull someone dedicated to training can be more overwhelming to current staff. It also can be overwhelming to the new hire when there is too much work to be done and not enough time to dedicate to their training.	7/1/2022 2:17 PM
170	We have discussed this but always a reason it won't work.... It is very difficult to train technicians and do your job so this is a good idea. Implementation may be difficult as hiring these people and keeping them may be difficult.	7/1/2022 2:06 PM

Meeting Materials

171	No additional comment at this time	7/1/2022 1:52 PM
172	May put undue burden on one staff member	7/1/2022 12:47 PM
173	Yes, the training requirements now are so intensive, a district trainer would help greatly to follow through with each new hire's training program and to maintain proper records to assure that we are all complying properly with the rules and requirements.	7/1/2022 12:49 AM
174	A new tech will learn from all. The pharmacists as well as the other techs. A dedicated staff member makes no sense, possibly adding more problems for some companies to comply. Some pharmacies will have techs that aren't good trainers. Then, depending on that "dedicated" trainer to be at district level will not be effective if over 25 plus pharmacies or so.	7/1/2022 12:22 AM
175	It's very difficult to train a tech in the retail setting at that location. (Especially if you are short staffed) I feel like the tech should be trained off site , computer training and not get put in a busy pharmacy	6/30/2022 10:19 PM
176	That would be great! Not sure how that would be implemented	6/30/2022 9:59 PM
177	It would force uniformity and training outside of work. However, the most effective training comes when we are facing "live rounds". Sadly, training in an office may be nice, but then joining a staff may cause resignations because of the stress. It would increase costs overall, I believe!	6/30/2022 9:56 PM
178	This has a chance to work, however, the company I currently work for has such a person but she is stretched so thin handling problems for the district manager, she has little time to spend with the technicians actually training them.	6/30/2022 9:51 PM
179	but this would need to be implemented and have a way to report when chains do not follow/find loopholes. Having a person in-store means you need staffing for it. would have to be district levels.	6/30/2022 9:28 PM
180	This is helpful. Large chains actually did this in the past. But, to save money, got rid of programs like these. If the board required this it would help to get technicians up to speed faster and would be better than the sink or swim mentality.	6/30/2022 8:54 PM
181	Is this pharmacist/other staff person solely training and not needing to process orders at the same time? There is already a tech shortage. Where are these trainers coming from? Real hardship for small chains or independents.	6/30/2022 8:26 PM
182	having a person on site has worked out so much better for us	6/30/2022 7:14 PM
183	They won't even give us time to do normal tasks.	6/30/2022 7:05 PM
184	If it is the store's responsibility, another RPH needs to be on duty to supervise the training.	6/30/2022 6:57 PM
185	A dedicated person would ensure consistency of training, decreasing error and risk of patient harm	6/30/2022 6:42 PM
186	It should always be a given that there is a tech that should be training a new tech in the pharmacy live. The new tech should have computer time to complete modules than shadow a tech to reinforce those tasks they learn. It helps in retention but it does not help in workload because corporate greed at the chains will not allocate enough training hours to train people properly period!!	6/30/2022 6:12 PM
187	Good plan. Good luck finding a person to fill this position.	6/30/2022 6:11 PM
188	It just depends if the staff member has the time.	6/30/2022 6:10 PM
189	However at my location we can't even keep a lead technician. They end up leaving for higher pay.	6/30/2022 5:50 PM
190	I foresee too many excuses for chains. One district-wide trainer to meet requirements won't make a significant difference at each local pharmacy. Perhaps "x" number of trainers for each "y" pharmacies or transactions, etc. Another option is to have the in-store trainers be certified technicians so that they could help train all new employees to a location. The trend is more cross training anyway.	6/30/2022 5:36 PM
191	already have lead tech positions and training at work.	6/30/2022 5:33 PM
192	Many new techs are not adequately trained, and therefore feel overwhelmed. They normally	6/30/2022 5:28 PM

Meeting Materials

quit shortly after that.

193	Often we would use the new training hours to pad our staffing shortage and the new person wasn't getting train except on register.	6/30/2022 4:25 PM
194	This is 100% needed. The training that most companies provide today is web based and on the job. The web based is a good introduction. The on-the-job is usually awful as there is no one to actually train the new technician. Therefore, the technician is thrown into the fire to learn by trial and error. This is very stressful and unsafe. A dedicated staff member who specializes in training and is permitted to use their time to focus on training would be a game changer in our environment.	6/30/2022 4:10 PM
195	The dedicated staff member to train should be OUTSIDE of the pharmacy at the district level. Training is significantly time consuming, and takes out the trainer and trainee from normal work activities while it is occurring, or at the very least extensively slows it down. Taking 2 people out for this is likely half the staff or more. Bringing in an additional person solely to train would be hugely beneficial.	6/30/2022 4:05 PM
196	Again, what good does this do when the companies will not budget tech hours??	6/30/2022 4:03 PM
197	Probably not practical	6/30/2022 3:50 PM
198	It will help, provided that the trainers workload allows ample time to train	6/30/2022 3:41 PM
199	Too much turnover leads to technicians who are not well seasoned or who have to many responsibilities training other techs. Techs should be trained by pharmacists with a specific outline as to what needs to be covered.	6/30/2022 3:29 PM
200	We already have lead technicians that are responsible for the training of technicians, however they are not afforded extra hours or adequate hours to do such training. The only hour supplied are to the trainee not the trainer. Therefore the training technician is having to not only do workflow but is also having to train a technician and cannot give adequate support to that technician.	6/30/2022 3:28 PM
201	Should be helpful as resources are stretched thin at the store level.	6/30/2022 3:23 PM
202	adds to workload of already busy staff	6/30/2022 3:17 PM
203	Would be dependent on the availability of the trainer and the allocation of hours to use.	6/30/2022 2:58 PM
204	Pharmacists and senior technicians needing to divide time between training new employees and servicing patients is a great concern. How focused on the practice of pharmacy can I be if I or my senior technicians are continually being interrupted to train staff? Furthermore, new staff is aware that they are imposing on the ability of the pharmacist and senior technicians to complete their required tasks so they may be less likely to ask questions thus further jeopardizing effective training and ultimately patient safety. Designated trainers, utilizing the input of the RP, would be of great value.	6/30/2022 2:49 PM
205	This may help, but would assume there was adequate time to train new people.	6/30/2022 2:46 PM
206	District level training. Let me shout that louder. The stores don't have time.	6/30/2022 2:31 PM
207	Unfortunately no company in my area has this position. And those that have a similar role, are too withdrawn to actual pharmacy workflow, that they become a roadblock in pharmacy workflow.	6/30/2022 2:08 PM
208	I'm already struggling with staffing and now I will be expected to have a sole person responsible? Doesn't work well in the retail setting we are open too many hours.	6/30/2022 2:02 PM
209	District level personnel would never be able to adequately train a technician for a particular pharmacy.	6/30/2022 2:02 PM
210	Workflow would be more similar from store to store.	6/30/2022 2:02 PM
211	Training is non existent currently. Just unhelpful computer modules	6/30/2022 1:55 PM
212	Consistent training by one or 2 people would avoid things being missed.	6/30/2022 1:52 PM
213	Different environments don't allow for on site trainers in every location	6/30/2022 1:51 PM
214	Very difficult to train adequately while performing job duties.	6/30/2022 11:43 AM

Meeting Materials

215	Yes!!!! Having an existing staff person trying to train when we are at reduced staffing makes training less effective and very difficult. Having someone come in extra to train would be a huge asset.	6/30/2022 9:46 AM
216	We have this and all they do is basic hipa training. The arrive to the pharmacy alone and have no clue how to even use a register	6/30/2022 9:23 AM
217	One specific person may make scheduling and time of onboarding more difficult to plan. I could requiring a training checklist which is a maintained document being somewhat more helpful	6/30/2022 8:52 AM
218	Yes because the current workload and hours do not allot enough time for the current staff to train new technicians	6/30/2022 8:41 AM
219	While this idea sounds good, it is unlikely to improve conditions based on trainer availability. It would take a good tech out of the store to train a new hire limiting how many people can be hired/trained at a time.	6/29/2022 6:18 PM
220	We used to have a district tech trainer. But it's only effective if that staff member themselves are trained well and a good teacher.	6/29/2022 4:58 PM
221	Especially if dedicated to only training, not daily work flow.	6/29/2022 3:57 PM
222	Again, no techs to hire, means no amount of training will yield results	6/29/2022 11:58 AM
223	We have this and it is helpful.	6/29/2022 9:18 AM
224	Technician training is crucial	6/29/2022 9:17 AM
225	Working in a independent pharmacy setting I do not feel this is necessary as we can accommodate training without a requirement to designate a person for training.	6/29/2022 8:42 AM
226	This seems a bit vague and a bit of an overextension of the Board's authority. A few thoughts: 1. I believe most pharmacies would adopt the policy/assumption that the responsible pharmacist is the "dedicated trainer" for each location. This would especially be true for independent pharmacies or smaller companies. This would not result in any tangible changes. 2. For larger companies who can facilitate a district level trainer, there is nothing in the language discussing how much time they should spend with each location/employee. A district trainer could stop in for 30 minutes once a month and still meet this requirement without having any tangible impact. The board already requires certain training requirements for registered and certified technicians. Beyond that, it seems more appropriate to leave the details of training up to the individual companies, pharmacies, and pharmacists.	6/29/2022 12:31 AM
227	could help some	6/28/2022 11:13 PM
228	We need better trained staff but we could reduce turnover and churn by staffing pharmacies appropriately	6/28/2022 9:16 PM
229	Sounds like a great idea... but we cant get enough employees hired as it is!	6/28/2022 8:42 PM
230	This would have to be a separate position that would not decrease normal fully trained technician help	6/28/2022 8:13 PM
231	We have one now where I work and barely see them.	6/28/2022 6:48 PM
232	Not someone at store level. At my company, many locations don't have a competent tech that can train a new tech	6/28/2022 4:50 PM
233	I like the idea of a consistent training program, but I am not sure if affect, positively or negatively, the workforce problems.	6/28/2022 4:17 PM
234	This would be helpful in the long run, though initially it would present some barriers.	6/28/2022 4:03 PM
235	Yes, I do fill this would be helpful. However, the issue still lies around staffing and allowing corporations to make cuts. I'm afraid this 'dedicated staff member' would just be pulled into a different direction or different location because of call-outs, etc.	6/28/2022 3:25 PM
236	This may again work in the retail setting, but may not work in institutional settings where CPhT are responsible for automation, IV compounding, chemotherapy/hazardous compounding, packaging/repackaging, deliveries, non-sterile compounding, answering the phone, etc. There	6/28/2022 3:09 PM

Meeting Materials

is not routinely ONE staff member that is able to impart knowledge in all of those areas effectively without still requiring on the job / day to day training additionally.

237	It is unreasonable to expect the staff within the pharmacy to train a new technician. The pharmacies are currently running short staffed as it is. A new technician will never receive the proper training needed and to help ensure retainment bay asking a current employee who is already overworked to add additional responsibilities of training.	6/28/2022 2:34 PM
238	Will improve consistency	6/28/2022 2:30 PM
239	Having a dedicated staff member train is not the best solution. Every technician has their own strengths, weakness, and knowledge in select areas and I have found it better to let people train new technicians in their stronger areas or specialties.	6/28/2022 12:39 PM
240	This would allow for uniform training.	6/28/2022 12:37 PM
241	This designated person would likely end up working doing typical tasks a good bit to pick up the slack, but would be welcome help and as long as they are also training and ensuring the new tech is progressing, that would be worth it. I can see this being misused by retail chain managers and schedulers to a point where it doesn't help the pharmacy staff as much.	6/28/2022 12:35 PM
242	require that training be done in addition to workflow not as part of the daily workflow (training should be given its own time and attention)	6/28/2022 11:31 AM
243	Yes, but this person should be there OFTEN and not just once a month. This would help the tech learn so much more so much more quickly and be able to help improve the pharmacy workflow	6/28/2022 11:31 AM
244	Placing an already short-staffed pharmacy technician with a trainee often makes situations worse and more stressful. Would be great to have a dedicated staff member for training purposes.	6/28/2022 11:24 AM
245	The problem with this, there is a limited amount of hours provided to train staff. Most of which are used to do useless online modules, limiting the amount used for practical experience.	6/28/2022 11:24 AM
246	In a rural area that could become a barrier to hiring. Entry level employees may be unwilling or unable to travel for training and a large company can't send a trainer to multiple locations in a timely manner.	6/28/2022 11:19 AM
247	Issue is adequately trained technicians and requiring a method of training does not guarantee adequate training. Possibly requiring a certain amount of shadowing of mentor technician should be considered.	6/28/2022 11:12 AM
248	This does not seem to be within the Board of Pharmacy's scope. However, the focus should be on a standard PROCESS for training, not a PERSON. A standard process would improve the technician's experience when coming into a new position or organization.	6/28/2022 10:18 AM
249	I have personally asked for the role of training pharmacists and pharmacy technicians for 10 years. These "trainers" are for those "who want to do more" or are seeking advancement, with no interest taken into their actual ability to educate and train staff	6/28/2022 10:00 AM
250	If the trainer only has to train, this will work. If the train is required for work flow, this will not work.	6/28/2022 9:43 AM
251	Would help streamline training and not use technicians that are on the clock and doing workflow	6/28/2022 9:09 AM
252	More consistent training would be helpful	6/28/2022 8:45 AM
253	Again, as a progression of pharmacy technician job progression, it is highly likely that training resources will be made available through pharmacy associations and universities.	6/28/2022 8:41 AM
254	If done correctly, this could be a huge help to lift some of the burden of training off an already short work force. This would also allow technicians to have a somewhat universal training (at least within a company).	6/28/2022 8:38 AM
255	A dedicated staff person for training would help with consistency as well as take some of the burden off of the pharmacist.	6/28/2022 8:18 AM
256	We have trained people wanting more hours	6/28/2022 8:15 AM

Meeting Materials

257	Taking the burden off of the pharmacist on duty to train staff while actively trying to do their job would be very helpful.	6/28/2022 7:43 AM
258	I recommend a training center for each chain	6/28/2022 7:11 AM
259	Techs are the primary support for all pharmacists. Having one primary trainer ensures better overall training of technicians. The more consistent and thorough the techs are trained the obvious positive impact on the workload of the pharmacist and overall entire pharmacy teamwork. This may also contribute to improved technician job satisfaction.	6/28/2022 7:10 AM
260	Best training they got when they work in real field and that only happens when they do have more training hours. Just like nurses they study for 2 yr and 1 year for internship.	6/28/2022 5:16 AM
261	I believe it is too early to "require" pharmacies to have a specified and named "dedicated staff member" to be their trainer. I believe this should stay at the level of "recommended", with the potential to consider requiring this perhaps some years into the future.	6/28/2022 3:02 AM
262	For medium and large chains there should be a set ratio for district trainers per stores.	6/28/2022 12:11 AM
263	PLEASE REQUIRE THIS!!! I've been begging for an FTE to coordinate training	6/28/2022 12:06 AM
264	Working in various stores in the last 25 years it's amazing how different techs abilities are because some pharmacists do not embrace the time to train and some techs that are on for 1 year are more capable than those on for 5 years or more	6/27/2022 11:49 PM
265	A dedicated trainer cannot be in more than 1 location at time and therefore the only way this is beneficial is to have a trainer at individual pharmacies.	6/27/2022 11:40 PM
266	Newer technicians are thrown to the wolves and expected to learn quickly due to short staffing. In many instances it is quicker and easier for a seasoned tech to do the task at hand on their own rather than ask a new tech and then end up having to show him/her the proper way in addition to that. A dedicated trainer would help new technicians become adequately trained while allowing more seasoned staff to run the pharmacy without distractions.	6/27/2022 11:40 PM
267	A trainee participating in on the job training shouldn't be counted as part of a store's workflow. A trainee should be able to ask questions and take the time needed to learn a pharmacy task. Those skills can then be honed once the he/she is part of workflow.	6/27/2022 11:36 PM
268	We train our own Techs now and we prefer it that way.	6/27/2022 11:31 PM
269	We have something like this but they do not make Themselves available and are not very approachable for training. It is when it is convenient for them and not when it is needed for new staff. Training is also rushed and seems to be a bother to the trainer even though that's their job. District supervisors do not seem to entertain feedback about this issue either.	6/27/2022 11:08 PM
270	Nothing like the deer in the headlight look of a new tech. Somebody to look over your shoulder to show you what you are doing wrong beats all the videos or modules in the world.	6/27/2022 11:07 PM
271	Often happens already in larger hospital practices. If retail organizations won't hire enough staff for a pee break, what makes the State think this ideal will fly? It will just be yet another assigned task.	6/27/2022 11:06 PM
272	The staff able to this are also the most highly trained and fastest to work at all tasks within the pharmacy	6/27/2022 10:49 PM
273	This should be district level personnel. If it's store level that takes away an experienced person from daily staffing.	6/27/2022 10:26 PM
274	This would take a massive load off pharmacist and technicians at busy locations	6/27/2022 10:23 PM
275	This used to exist. And now computer training is making technicians worse!	6/27/2022 10:00 PM
276	Sounds like more work	6/27/2022 9:47 PM
277	There already is a technician shortage- where is a "trainer" going to come from?	6/27/2022 9:43 PM
278	We have a training "team" and the technicians come from training not knowing anything. We basically have to re-train them. See my comments on question 3 for a better plan.	6/27/2022 9:31 PM
279	Any requirements for dedicating training personnel creates staffing challenges as you're introducing a bottleneck into the process. Especially during a critical staffing shortage,	6/27/2022 9:16 PM

Meeting Materials

requiring a dedicated staff member train all new technicians will create practical delays in onboarding new staff. While in theory one could argue this increases the quality of training, the reality is slowed onboarding will only exacerbate staffing issues, worsening the shortage and increasing the risk of patient harm. Also, it is not a reasonable assumption that a dedicated staff member is any more capable of providing high-quality training. In my experience, learning from a number of skilled individuals during the onboarding process is well-received by trainees. A dedicated trainer seems to be an ineffective end-around for having ineffective processes to provide standardization in the work.

280	This could help take some pressure off of individual stores but it could easily get out of hand if a single trainer was responsible for 50+ stores. Time and availability of the trainer could become scarce	6/27/2022 9:15 PM
281	While we currently have this in place for our small independent chain, it isn't practical for single store operators.	6/27/2022 9:04 PM
282	Better training can help	6/27/2022 9:03 PM
283	There should be more hands on training than videos and online courses	6/27/2022 8:59 PM
284	The staffing in a pharmacy is so slim that the pharmacist will be required to do all of the training. I'm often by myself.	6/27/2022 8:57 PM
285	If a dedicated training/trainer program is in place then pharmacies maintain consistency in training. This keeps everyone on the same page in regard to said pharmacy's policies and procedures. When everyone is trained the same, they perform tasks similarly and there is less confusion.	6/27/2022 8:18 PM
286	That would be nice, but pharmacy's are short staffed and never have time to train anyone. If companies would allow more staff members to work this could be possible.	6/27/2022 8:13 PM
287	This would help immensely as pharmacist not techs at there particular work place have time to train let alone teach!	6/27/2022 8:10 PM
288	I hope this would help the "sink or swim" training methods the large chains currently employ	6/27/2022 8:05 PM
289	I think this will strain all but the largest of chain pharmacies.	6/27/2022 7:57 PM
290	Will help but also will take away a tech from doing other things	6/27/2022 7:55 PM
291	Should be district level. Turnover is too high to have a staff member at each location. Would still be inconsistent	6/27/2022 7:51 PM
292	If this requires then it should be mapped out that the person has a limited amount of trainees at a time.	6/27/2022 7:51 PM
293	We had designated tech trainers in retail and the only good thing about them was that they could do the training instead of taking someone out of workflow. Techs need to be trained by other techs, but there must be enough coverage to account for the time. There should never be someone pulled out of workflow for any of these solutions	6/27/2022 7:46 PM
294	We spend quite a bit of time training new staff in the pharmacy. This could help them get up to speed quicker without taking away from our daily tasks.	6/27/2022 7:41 PM
295	Again that is related to each individual chain learning and workflow	6/27/2022 7:39 PM
296	Limits the flexibility to learn from different perspectives and different shifts	6/27/2022 7:38 PM
297	Most companies do have a dedicated staff person within the company. This is not going to change or impact the workload.	6/27/2022 7:29 PM
298	Company already has a dedicated person and it's overwhelming to them to handle the new hires and rapid turn over associated with pharmacy	6/27/2022 7:27 PM
299	I don't think it should be one person where that's their only job. As long as someone takes ownership of training the new tech it should be enough, and then everyone can help when needed.	6/27/2022 7:15 PM
300	Good idea but it's another layer of costs that will be passed to consumers.	6/27/2022 7:03 PM
301	trying to train a tech at work will not work do to not enough help from corporate	6/27/2022 6:57 PM

Meeting Materials

302	We already have this. The issue is compliance with the programs.	6/27/2022 6:47 PM
303	The individual conducting training should have the sole purpose of training.	6/27/2022 6:43 PM
304	This will get offloaded on the PIC for each pharmacy, just increasing the workload. What an absolutely idiotic idea.	6/27/2022 6:35 PM
305	We have program in place. Still understaffed.	6/27/2022 6:33 PM
306	Difficult to implement, maintain, and enforce. No real benefit. The RP is ultimately responsible for training.	6/27/2022 6:29 PM
307	It is crazy not to have a designated Personnel to train new hires and expect Technicians to train new hires while performing dispensing duties.	6/27/2022 6:22 PM
308	While I am a strong proponent of on the job training, this proposal would be better in terms of increasing quality and consistency	6/27/2022 6:18 PM
309	Hard to implement and would not be useful for specialty practice areas like my practice.	6/27/2022 6:14 PM
310	This would help, but the district managers (and higher) MUST be licensed pharmacists. Currently, at Walgreens, they are not and they lie and tell pharmacists to break the law all the time. These bean counters need to be replaced with pharmacists only. This way, if errors and unsafe practices happen under their watch, the board can pull or restrict their license and have a real impact on patient safety. Meanwhile, Walgreens will lie and say not possible. The pay is similar to pharmacist pay. Replace the bean counters with people who likely have doctorate degrees in pharmacy and have a moral and ethical obligations to protect and serve patients, not Wall Street pockets.	6/27/2022 6:13 PM
311	Better and more comprehensive training is needed in many locations. I currently float for a major chain and it just depends on the individual store how well and comprehensive their training program is since staffing varies widely among locations	6/27/2022 6:04 PM
312	See comments above regarding onboarding.	6/27/2022 5:59 PM
313	Again, would alleviate workload duties off the pharmacist and other help to take care of patients	6/27/2022 5:38 PM
314	Good luck with that.	6/27/2022 5:34 PM
315	Local tech to shadow , with manual	6/27/2022 5:28 PM
316	Depends on the competency of the trainer. Orientation to a new job is always a good idea	6/27/2022 5:17 PM
317	While a technician may be better trained by a dedicated staff member, that will likely pull my best technician away from daily tasks, and increase my workload again. Most of the training is done on the computer or learned on the job, so having only one person who can do in-person training would likely slow things down. It might make better trained technicians, but it would hurt when staff levels are low (which is often).	6/27/2022 5:17 PM
318	If not in work flow would help but when train now they are still in the work flow so hard to really train	6/27/2022 5:14 PM
319	We utilize this now and it helps IMMENSELY as this way, we can be assured that the techs are all on the same page with their training with a dedicated staff member and it helps to take some of the load off of the already overburdened pharmacist!	6/27/2022 5:10 PM
320	This is already being done by chains and one person is not enough for a whole district.	6/27/2022 5:03 PM
321	It would be helpful in retail environments but not necessarily in hospital settings.	6/27/2022 5:01 PM
322	Dedicated training hours is as important.	6/27/2022 4:58 PM
323	This is VERY important consideration with chain pharmacies. This would improve working conditions immensely.	6/27/2022 4:58 PM
324	My employer currently has this policy. Again, time restrictions	6/27/2022 4:58 PM
325	This would certainly help with getting new technicians up to speed, but will do nothing to address issues caused by labor budgets being set too low by employers.	6/27/2022 4:41 PM
326	We lost a few techs during the pandemic since they were thrown in and not trained correctly.	6/27/2022 4:39 PM

Meeting Materials

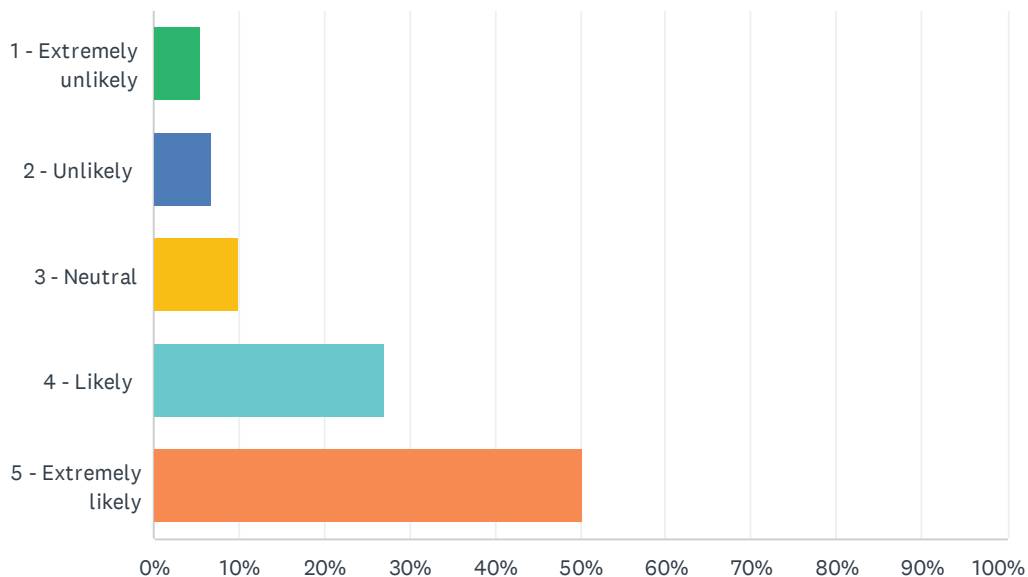
327	WOULD THIS APPLY TO INDEPENDENTS TOO?	6/27/2022 4:27 PM
328	I think a specific training person would help.	6/27/2022 4:25 PM
329	This seems unworkable. I don't believe other professions require this for support staff training	6/27/2022 4:23 PM
330	And ACTUALLY TRAIN the person. Not just sign off to meet deadlines.	6/27/2022 4:21 PM
331	Not sure you really need one dedicated staff member. We use a different person for each area of the pharmacy	6/27/2022 4:13 PM
332	With the amount of turnover already happening, I don't see this as being helpful especially if this staff member turns over	6/27/2022 4:12 PM
333	Where are the hours going to come from of staff to do this when we are already short staffed.	6/27/2022 4:11 PM
334	Poor training due to understaffing definitely contributes to high turnover.	6/27/2022 4:11 PM
335	The training video series is too long. On the job training, checking off & signing what's been covered is best. Training tech should be paid more. Maybe different levels of tech with more pay = more responsibilities.	6/27/2022 4:04 PM
336	It would only be helpful if the board established a minimum number of dedicated training hours for new technicians to complete prior to working in the pharmacy. The company I work for has a dedicated trainer and he only spends a few hours of classroom time with the new tech. They are then given 80 hours of dedicated training with a technician in the pharmacy and that doesn't seem like enough either. Plus I'm often overseeing this while trying to do my own work.	6/27/2022 3:58 PM
337	They need hands on help. Each pharmacist does things differently and is often too busy multi tasking to really address the needs of new staff. The need processes explained not just told "do this " and can often lead to frustration.	6/27/2022 3:55 PM
338	I am all for highly trained technicians, but the pharmacist is solely responsible for the accuracy of all prescriptions leaving the pharmacy.	6/27/2022 3:54 PM
339	I like this idea. In crazy chain pharmacies sometimes it is hard to adequately take the time to train someone new, and also leads to overwhelm and a greater chance of staff turnover. Personally I would not want to stay somewhere if I couldn't be adequately trained.	6/27/2022 3:50 PM
340	Additional payroll and employee doesn't make sense.	6/27/2022 3:48 PM
341	This is already in place. Need a separate place outside of pharmacy to train. Especially with computer work.	6/27/2022 3:43 PM
342	Most of the time, pharmacist end up training most of the staff	6/27/2022 3:41 PM
343	I don't think it would help much? But maybe it wouldn't hurt?	6/27/2022 3:41 PM
344	Most pharmacies barely have staff to cover. They will not have enough to staff a trainer also. And even if at the district level this would require coordination and likely there would be one per district and many staff to train.	6/27/2022 3:40 PM
345	Dedicated training on site is a must. You can't expect a technician who is working in the pharmacy workflow to be able to adequately train new technicians.	6/27/2022 3:39 PM
346	If the chains actually do this as extra hours, it will be helpful. Likely what will happen is that these hours will pull from workflow and cause additional stress on remaining staff members.	6/27/2022 3:37 PM
347	On the job training continues to be most effective	6/27/2022 3:35 PM
348	Our techs are thrown out to the wolves and I have to stop what I'm doing and help them every step of the way. It's just too busy for them to get trained and we often have a tech of 1 month training a tech of 1 day.	6/27/2022 3:33 PM

Meeting Materials

Q6 Staffing Plan Require each pharmacy’s responsible person to develop a staffing plan that establishes the appropriate number of pharmacy technicians and interns to pharmacist(s) on duty. The staffing plan shall ensure that the number of pharmacy technicians and interns on duty can be satisfactorily supervised by the pharmacist(s) on duty. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner. In developing a staffing plan, the responsible person shall consider all the following:

- a. The volume of workload and the services provided by the pharmacy.
- b. The volume of prescriptions handled by staff to include:
 - i. Prescriptions filled, dispensed, and sold;
 - ii. Prescriptions placed on hold;
 - iii. Prescriptions returned to stock;
 - iv. Any other prescriptions metrics developed by the responsible person.
- c. Security needs of the pharmacy and pharmacy staff.
- d. Required closing or opening of certain touchpoints (drive-thru, vaccines, etc.). Provide autonomy to the on-duty pharmacist as part of the rule to close or open touchpoints.
- e. Number of staff and level of staff competency. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner.

Answered: 2,009 Skipped: 18



Meeting Materials

ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	5.57%	112
2 - Unlikely	6.87%	138
3 - Neutral	10.10%	203
4 - Likely	27.08%	544
5 - Extremely likely	50.37%	1,012
TOTAL		2,009

#	ADDITIONAL COMMENTS	DATE
1	I have previously voiced my concerns to OBOP about this issue. I have been threatened with termination from management if I close the drive-thru. There have been instances when I was literally the only person in the pharmacy. How is one person supposed to answer the phones, get drop off, get pick up, get the drive thru, process and check prescriptions, give vaccinations without grave risk taking?	7/9/2022 10:59 AM
2	How will this help anything if they can't get staff hired or corporate just denies the hours in the "plan" that was created and also too time from the manager to create.	7/7/2022 10:53 PM
3	There should be a maximum number of prescriptions per hour that can be filled/checked by a pharmacist. High volume stores should have more pharmacist overlap. This would force companies to have enough qualified staff to take care of patient needs in a more timely manner. If staffing of pharmacies had more legislative oversight, companies would have to comply and save/reallocate resources in other areas and finally give pharmacies the hours/budget they and their patients deserve.	7/7/2022 10:21 PM
4	also to consider... -inventory-related tasks -patient safety by means of error prevention	7/7/2022 8:21 PM
5	This is a great idea... but retail corporations will never allow responsible pharmacist to make these decisions. They will abuse it and it will lead to cutting staffing hours and limiting the amount of techs allowed to work at one time... because they will never allow 2 RPHs to work together.	7/7/2022 8:00 PM
6	Every pharmacy should have a plan. However, reimbursement rates, availability of insurance contracts, etc. may effect the pharmacies ability to maintain those goals. Is there a consequence if it needs changes?	7/7/2022 7:47 PM
7	This will work if you can find the staff to work.	7/7/2022 7:02 PM
8	Good in theory, but more work for the responsible person for which no hours will be given to complete.	7/7/2022 5:52 PM
9	There are many different practice settings for pharmacy and pharmacy technicians. This would also be difficult to enforce as it appears very subjective	7/7/2022 5:11 PM
10	It's seems it would be a viable tool if the pharmacists' have input in defining the parameters of adequate staffing and tools used to support staff.	7/7/2022 4:59 PM
11	In my opinion, having a lesser number of trained and competent technicians could be better than having a greater number of less competent and less trained technicians. In every pharmacy I've worked, well-trained technicians significantly help reduce my stress and workload. That being said, there should be a way for the pharmacist on duty to collaborate with corporate leadership to come up with a way to modify the opening or closing of certain touchpoints to operate in a safe manner, if it is necessary. I agree it isn't practical to create a one-size-fits-all plan. But there should be a way for the pharmacist on duty to exercise their professional judgement to open or close touchpoints if necessary without fear of repercussions by the employer. One suggestion would be the ability to close the drive-thru in the event of a call off. Staff can attempt to help patients with young children or mobility issues over the phone and then bring prescriptions outside to them, or have a front store teammate take it outside. We already have pharmacy staff do this for items that are too big to fit through the drive-thru window.	7/7/2022 4:32 PM

Meeting Materials

12	Sounds like more paperwork but retailers will find a work around to assure profits. Things change day to day based on call offs, the level of tech that called off, vaccine demand, etc. I think this would just create more red tape. I do think that mgt should not be able to demand a drive through be left open when there is no staff to work it. It only increases customer frustration when no one is helping them or not quickly enough. The phones are the #1 interruption of focus. I can not imagine having a pharmacy open without someone to answer phones and manage pick up. Pushing electronic prescribing and standardization would help. Patient's calling to see if the status of their prescription and the price multiple times a day is the vast majority of the calls.	7/7/2022 4:29 PM
13	i think this is great in theory. but - if you work for any chain - they would not allow this to be managed at a store level so it would just put pressure on the store level PIC to make the plan but would have zero ability to actually choose what the plan looks like because it would be changed by their district level managers.	7/7/2022 4:18 PM
14	RESPONSIBLE PERSONS CANNOT CONTROL HR LEVEL HIRING.ALSO, MAKING IT THE RESPONSIBLE PERSONS RESPONSIBILITY CAN BACKFIRE AGAINST THEM, WHILE NOT HOLDING THE CHAIN THEY WORK FOR ACCOUNTABLE FOR SHORT STAFFING	7/7/2022 4:13 PM
15	More time spent doing "paperwork", no teeth unless there are regs around it with penalty to chain owners.	7/7/2022 4:08 PM
16	This proposal sounds good to the ears BUT in actual practice would be impossible to implement. The workload varies hour to hour/day to day and the idea of being able to "twitch my nose" for extra help to appear is a dream. Employees have schedules and personal lives so it's kind of unimaginable to expect extra help "on demand". The idea of not doing specific tasks until time allows is nothing new (drug return to stocks on slower days, etc). Unfortunately, even basing the number of techs/RPh staffed according to Rx volume doesn't equate to an easier workload. There are so many administrative/procedural/documentary and customer service related tasks that require time.	7/7/2022 4:01 PM
17	This should not have to be determined by the responsible pharmacist because they are already doing too much work. For chain pharmacies this should be done by corporate or district leads	7/7/2022 3:50 PM
18	We should be able to have the authority to close a store based on staffing	7/7/2022 3:47 PM
19	Most PIC in retail setting have no say in the number of technician hours allocated to their store.	7/7/2022 3:40 PM
20	Are you going to establish the standard parameters? If the companies do, nothing will change. Schedules will remain the SAME as they are now which is unsafe.	7/7/2022 3:37 PM
21	Won't happen. Not enough staff	7/7/2022 3:14 PM
22	One metric not accounted for here is time spent on the phone, which is typically the biggest productivity drain. Metrics need to be more all encompassing rather than just the actions that make the pharmacy money.	7/7/2022 2:57 PM
23	Placing this entire burden of this on the pharmacy manager would be unreasonable but having a group of management staff determine this may be a better strategy.	7/7/2022 2:50 PM
24	Staffing ratio is not helpful. Need to regulate staff to workload.	7/7/2022 2:49 PM
25	IF THE PHARMACIST IN CHARGE HAD THE ABILITY TO INCREASE HOURS AT THEIR DISCREPANCY RATHER THAN AT THE CORPORATE LEVEL THIS WOULD BE HUGE. ALSO REQUIRING SOME SORT OF PHARMACIST TO TECHNICIAN RATIO. THIS HAS BEEN NEEDING TO BE DONE FOR A LONG TIME NOW	7/7/2022 2:20 PM
26	Mandating appropriate staff, and allowing store-level employees the autonomy to control resources is the simplest and most effective way to reduce errors and burnout.	7/7/2022 2:15 PM
27	There really needs to be limits put on how many scripts can be filled vs tech to pharmacist ratio.	7/7/2022 2:15 PM
28	This would be great if we had say in labor hours. Chains will find a way around this though. They already take away scripts that are filled at a central fill location from our weekly script count to determine our labor hours even though pharmacist takes time to check them all and techs have to bag, sell them and deal with the issues automation comes with.	7/7/2022 2:15 PM
29	Please this is needed and it needs to be based on experience as well	7/7/2022 1:59 PM

Meeting Materials

30	No. This approach is micro-managing the rule. The number of comments the committee received suggests this.	7/7/2022 1:49 PM
31	WHY ARE YOU LEAVING THIS TO THE COMPANY??? Big corporate companies have already proven they can't be trusted to adequately staff a pharmacy with enough technicians. That's why we have a problem to begin with. You need to fight for these people, because CVS/Rite Aid/Walgreens are going to continue to abuse their employees so long as they can get away with it.	7/7/2022 1:42 PM
32	Micromanagement of pharmacies. If you're serious about improving workloads, then you have to focus on reimbursements. It's simple, you can't do more with less. The only thing that decreases workload is staffing. The only way to increase staffing is to increase profitability.	7/7/2022 1:42 PM
33	Too subjective and easily exploitable.	7/7/2022 1:39 PM
34	requiring more regulation on pharmacist and pharmacies is not going to fix an ongoing staffing / workload issue. Until reimbursement is corrected in this country not much will change.	7/7/2022 1:35 PM
35	This is ideal, however this power is often left in the hands of corporate administrators who often have no hands on pharmacy experience. Increased staffing is also linked to the bottom line of payment by third party pbms. Third party reform is crucial to adequate staffing	7/7/2022 1:32 PM
36	This is a definite need	7/7/2022 1:31 PM
37	This over steps the boards power and makes them part of the business which they have no interest in making accurate business choices	7/7/2022 1:28 PM
38	Will increase burden on responsible person. Chain pharmacies must work harder to improve conditions. By adding additional tasks onto the responsible person, it will make that title undesirable	7/7/2022 1:22 PM
39	This should be the number one priority. The metrics for completion of prescriptions required by one pharmacist in some companies creates a dangerous work environment. Patient safety is at risk in understaffed models prescribed at the corporate level.	7/7/2022 1:17 PM
40	If the chain management truly lets a pharmacist manager and supports the pharmacist manager in having that much control or that much input into the running of their pharmacy, that would be a miracle. Without state rules, it won't happen.	7/7/2022 1:09 PM
41	This sounds wonderful if you can get corporate to comply.	7/7/2022 1:07 PM
42	Do not agree that the responsible person creates the appropriate standard others should have input	7/7/2022 12:31 PM
43	Depending on who is deciding what the "safe" staffing level is. At CVS, the DM, who is not always a pharmacist, determines that unsafe and insufficient staffing levels are acceptable. As a pharmacist, I believe that DIRECT oversight from the board to ensure that these dangerous working conditions and staffing levels are corrected.	7/7/2022 12:30 PM
44	Currently a responsible person in chain pharmacies has NO say on amount of staffing required. I am one pharmacist checking 300-400 scripts, 10-20 vaccines, counseling, answering the phone, pt questions (clinical and non-clinical; where is the hair dye located?) there is lack of respect for the profession by the public and disrespect by our employers to posture their bottom lines.	7/7/2022 12:30 PM
45	We need more staffing desperately. The work load is too great for the few that are working.	7/7/2022 12:30 PM
46	This would help however corporations will still dictate	7/7/2022 12:26 PM
47	Working in a large chain we are subject to a certain number of staff hours which continually changes according to workload from months before. This does not make sense and is not in real time staffing needs. Our hours are continually being cut. When there is a call off there is nobody to call to help as hours are so lean in all of the stores. Very stressful	7/7/2022 12:23 PM
48	In retail I do not see how anything will change even with this in place.	7/7/2022 12:22 PM
49	There are multiple shifts were I, a pharmacist, am the only employee in the pharmacy. I strongly believe this creates unsafe conditions for both patients and myself.	7/7/2022 12:19 PM
50	How would this work at a chain pharmacy, I don't see this happening if it's not something set	7/7/2022 12:13 PM

Meeting Materials

by corporate

51	Most locations staff according to the staffing available and not according to the anticipated workflow. Corporate routinely cuts staffing hours in the summer and increases them in the fall.	7/7/2022 12:12 PM
52	The problem with this is corporate overrides what the pharmacy needs and sets the upper limit of tech hours. Corporations need to be held responsible for errors due to intentional understaffing. This year the corporation raised hour rx target by 20% and cut tech staff by 80%. Totally unrealistic. We are working solo for many days.	7/7/2022 12:09 PM
53	There needs to be a limit of how many techs one pharmacist can supervise at a time.	7/7/2022 12:06 PM
54	Likely or very likely as long as it is a law that must be enforced by corporate. If any loophole exists, corporate will not allow these things.	7/7/2022 12:00 PM
55	Here we go again with paperwork and no action. We can document what we need until we are blue in the face! Until we have corporations that actually want to support safe and effective work environments we will continue to go in circles about these issues. Companies will recommit to the pharmacy department, the board will have an eloquent staffing plan on file, and we will continue to burn in the pharmacy on the front line.	7/7/2022 11:57 AM
56	I like the pharmacist in charge to have the power to be able to call in "reinforcements" if there are call-offs or illness affecting staffing. The issue that comes up however is that there are certain budgets set for staffing, and if more people are called in than are budgeted for, there could be repercussions on the pharmacy manager who is in charge of keeping within in a set staffing budget (performance based on pharmacy metrics like this could kill this proposal at most pharmacy chains).	7/7/2022 11:53 AM
57	Should be responsible pharmacist responsibility and not the district leader/manager where sometimes they are not a pharmacist and fails to understand the importance of this.	7/7/2022 11:50 AM
58	As long as the responsible person is not able to be unduly influenced or threatened by management for using adequate staff.	7/7/2022 11:49 AM
59	In a chain pharmacy environment the responsible person does not have the power to increase staffing. He/She gets a certain number of hours of tech labor he/she is allowed to schedule. This idea is nonsense	7/7/2022 11:48 AM
60	I believe for this to work there needs to be a set ratio set and enforced by the Board. Tomorrow for instance...a tech has a family member in the hospital and can't work so I work 12 hours with 5 phone lines, register, drive thru, etc with 1 tech from 9-5pm and a second 2-9pm. This is not safe working conditions. I reached out to my Regional and they post the shift, but there is no one to work it. This is not an exemption this happens all the time!	7/7/2022 11:48 AM
61	This would work well as long as larger entities cannot coerce RPs into changing data or forcing staffing issues due to cuts	7/7/2022 11:47 AM
62	They big caveat here is finding certified techs or even finding someone to go through the training and stick with the process.	7/7/2022 11:40 AM
63	I think this is a great idea, but there still needs to be a way to get more technicians hired so the plans can be implemented.	7/7/2022 11:39 AM
64	this is decided at the corporate level and individual PIC's cannot be held responsible when the corporate structure dictates the staffing and the PIC is only a dummy head figure	7/7/2022 11:38 AM
65	The COVID-19 pandemic drastically increased pharmacy staff responsibilities, while companies did not react in terms of staffing. A industry-regulated standard will force retailers to get the right staffing to insure patient safety.	7/7/2022 11:36 AM
66	already over burdened with mandatory paperwork	7/7/2022 11:35 AM
67	Need a way for corporations not to dictate what this can be since they will lean on them to write plan that is not appropriately staffed	7/7/2022 11:33 AM
68	Only if the employer (via their pharmacy license) is held accountable as opposed to the responsible person	7/7/2022 11:29 AM
69	Retail pharmacies will never be on board with this idea unless the BOP explicitly states (x) amount of hours per pharmacist per (y) amount of prescriptions. Otherwise hours will continue	7/7/2022 11:29 AM

Meeting Materials

to be cut to bolster the bottom line.

70	I like this thought because basically I already do it, I doubt others do because they are more short staffed than my circumstances	7/7/2022 11:18 AM
71	In theory, sure this could be helpful- but often the pharmacist has to do this (so it adds to their workload), and corporate decides what the appropriate tech hours are and they are often absurd expectations for tech to script to rph hours. The core problem for workload is the number of tech hours allowed per prescription filled set by corporate. Fix that by setting a law saying each pharmacy much have however many techs per script filled and make sure that number is reasonable and you'll fix most workload problems.	7/7/2022 11:01 AM
72	I feel that the board of pharmacy needs to dictate a maximum number of scripts a pharmacist can fill per hr.	7/7/2022 10:08 AM
73	This should also incorporate a pharmacist-to-technician ratio that is established and required by the board. Otherwise, the higher staffing decision makers may deny the Responsible Person's staffing plan and request editing, even if it is accurate and necessary.	7/7/2022 10:00 AM
74	As long as the corporations go along with needs, this would work. Most of us working in the stores know the needs better than corporate does.	7/7/2022 8:56 AM
75	This also needs to be on demand changeable for example when you know a specific day will be higher volume you can adjust accordingly.	7/7/2022 8:53 AM
76	again this is situational. large corp then yes. the PIC knows best not the district manager. in independent pharmacy many times the PIC is the owner. they usually know best and look out for the best.	7/7/2022 8:35 AM
77	Yes! Let's staff based on ALL of the workload. Let's make sure the staff we're working with are competent and can handle their position before being asked to work on their own. Let's give the on-duty Pharmacist the authority to suspend some services and operate safely if staffing is low. Let's give the control of staffing back to the person who is legally responsible.	7/7/2022 8:33 AM
78	Yes we want to increase the pharmacy staff but it is difficult because no one applies for the position or is not qualified. Just hard to find the help.	7/7/2022 8:18 AM
79	As a pharmacy manager currently, I already perform this task (provide appropriate wait times, prioritize workflow). But having the board's support when the ratio is off and patient-safety is compromised can be a literal life-saver (closing drive-thru) again, redources are scarce so magically having enough staff to accommodate busy times is tough	7/7/2022 8:05 AM
80	Unfortunately large chains only look at the bottom line, not actual needs of the pharmacy. This could help push up budgeted tech and pharmacist staffing hours if realistic hard minimums are established.	7/7/2022 7:31 AM
81	This will increase the amount of perceived stress on the responsible person if it is not fully supported by the employer. The responsible person would then be pressured by both the board and the employer with each wanting to achieve a different goal. For example, the employer will pressure to cut hours to save labor though it is not safe while the board will promote autonomy and the responsible person will come under fire by both the board and the employer.	7/7/2022 7:11 AM
82	As long as this is a board rule and corporations cannot override this; applicability of this rule could be the most beneficial.	7/7/2022 7:01 AM
83	Due to third party payment constraints, staff keeps getting smaller to do more work	7/7/2022 6:10 AM
84	Again, sounds great in theory, but when you barely have enough staff to cover the daily tasks, this seems like a pipe dream	7/7/2022 3:11 AM
85	Agree with all comments from the committee. This is a great idea, however there are some portions that may increase red tape or lead to increased difficulty in staffing plans. May need further consideration and development prior to implementation.	7/7/2022 12:21 AM
86	But good luck with that. If you think you can make the corporations give us that power, I'm all for it. You forgot to include answering 5 ringing phones. I'm happy to see prescriptions placed on hold being included. This is always overlooked.	7/6/2022 11:59 PM
87	Drive thrus are out of control. We are forced to keep them open at all times even when extremely understaffed.	7/6/2022 11:54 PM

Meeting Materials

88	Great rule but do NOT let retail/business set these rates or standards. Put this in the hands of the pharmacist on duty	7/6/2022 11:31 PM
89	This is important and would improve working conditions ONLY IF more than the bare minimum is used. Other states have enacted similar laws, which has led to 1 RPh: 2 tech, no matter the prescription volume. In addition to prescription volume, phone volume should also be considered	7/6/2022 11:13 PM
90	This regulation has a lot of potential to help. The idea of having the responsible person collaborate with a superior to come up with an mutually agreeable plan has a lot of potential to undermine what this proposal is trying to accomplish. The superior can threaten employment or compensation if the responsible person does not agree to demands. As a result this proposal would not improve the situation at all.	7/6/2022 11:08 PM
91	Most corporations have all of these metrics accounted for in their scheduling. Making that another responsibility of the person in charge doesn't help if their aren't trained available bodies to fill the needs.	7/6/2022 11:04 PM
92	Safely is always on my mind, with the continuing crunch for the all mighty dollar, I believe companies are putting patients at risk when there is not enough staff to complete all the daily demanding tasks they expect to be completed.	7/6/2022 10:36 PM
93	These ratios may need to be more strictly defined to ensure compliance from larger retail chains	7/6/2022 10:26 PM
94	Only if the PIC can overrule the district supervisor's plan for the number of techs. Eliminate corporate metrics for number of techs dictated by script volumes. Each store can have unique needs.	7/6/2022 10:23 PM
95	Include the pick up and drop off and coverage for breaks and lunches unless the pharmacy is closed so everyone breaks together	7/6/2022 10:11 PM
96	This would be great but corporate retail won't allow us to manage ourselves at store level. They simply don't get it and always expect too much.	7/6/2022 10:08 PM
97	This is without a doubt, the worst option on this list. How is creating additional work supposed to reduce my workload?	7/6/2022 10:00 PM
98	Many retail pharmacies in the state are part of chain, many hospitals are part of a health system. The pharmacy managers tend to have little to no control of overall staffing levels because computers and upper management determine the hours the pharmacy is allowed to use. These ideas are great in theory, but would be nearly impossible to implement in a chain setting.	7/6/2022 10:00 PM
99	This would help tremendously to put in the hands of the pharmacist who's license is on the line and take out of the hands of corporate and their money hungry ways	7/6/2022 9:47 PM
100	Retail ALWAYS attacks direct labor as the primary means to control budget overhead	7/6/2022 9:44 PM
101	What happens when the rph says we need more tech hours and the retail chains continue to slash them - what is penalty for non-compliance by the chain regional/DM? because unless it's enforced it's meaningless	7/6/2022 9:37 PM
102	If the retail pharmacies want the drive through to be opened than they schedule and extra person all day for that intention also if they want walk in vaccines they schedule another technician all day for that reason otherwise close the drive through and only take scheduled appointments if extra people are not allotted for those shifts.	7/6/2022 9:32 PM
103	Corporate will then just poorly review or transfer RXMs who don't follow their policies on staffing.	7/6/2022 9:29 PM
104	In a perfect world this would be great but how does one account for automation and finding staff. I've resorted using pharmacists as technicians in this market. I also need fair reimbursement so that I can competitively hire technicians but with contracts, claw backs reimbursements being poor it is hard to be competitive.	7/6/2022 9:23 PM
105	There needs to be a clear number of tech and pharmacist hour required based on the volume of the pharmacy (vaccines and prescriptions filled). The chain pharmacies will not allow the pic to make this change	7/6/2022 9:22 PM

Meeting Materials

106	Problem with staffing, is that no one seem to want to work!!	7/6/2022 9:10 PM
107	Large chains get a number from corporate. Unfortunately Corporate Greed overtakes the needs at any of our locations.	7/6/2022 8:47 PM
108	For many stores, the responsible person does not have the authority to increase staffing. Hours are dictated from a corporate level and based upon metrics (like those mentioned above). The responsible person would need to have some recourse to the TDDD holder if staffing is not honored (within reason) or there would need to be a process to justify changes to the staffing plan. I think it's important to recognize that the responsible person already holds a lot of responsibility but often doesn't have control over some of the critical decisions (like staffing or hours).	7/6/2022 8:35 PM
109	While this sounds good on paper, it leaves the door wide open for corporate to put what THEY think is enough staffing in the equation, which is never enough and consistently gets cut. They NEVER leave it up to the pharmacist in charge. Corporate sets the parameters and we have to work inside their constantly shrinking circle. Please be like North Carolina and give an actual formula everyone must adhere to. One that DOES allow sufficient staffing	7/6/2022 8:27 PM
110	Techs aren't the issue with pharmacist workload. It's corporate giving the bare minimum of hours for both techs and rph on duty.	7/6/2022 7:28 PM
111	LET THE PHARMACIST ON DUTY DECIDE HOW HOW MUCH HELP THEY NEED! Feel this is a good idea.	7/6/2022 7:24 PM
112	Our corporate office uses an algorithm which does not work	7/6/2022 6:48 PM
113	If companies will allow rph to close drive thru unless appropriately staffed this will help	7/6/2022 6:10 PM
114	Most retail chains are grossly under staffed to the point of exhaustion and patient harm	7/6/2022 5:52 PM
115	RPs already have too many responsibilities that the board is holding them accountable for in punitive ways. It is going to be hard to find willing RPs if this continues.	7/6/2022 5:23 PM
116	Just more stuff for the pharmacist to do and for corporate pharmacy to ignore. If nobody with authority tells the giant corps what they have to do they'll always do the minimum	7/6/2022 4:20 PM
117	It is not safe having inadequate staffing. The pharmacist has peoples lives in their hands and mistakes happen when there are too many tasks on one person. Currently my store has NO technicians and the company is not providing floats till we get someone hired.	7/6/2022 4:05 PM
118	Corporations will still find a way to dictate staffing using indirect methods.	7/6/2022 4:03 PM
119	We don't have nearly enough tech hours allocated to us to ensure all of this	7/6/2022 3:59 PM
120	The number of things/ multitasking being asked of pharmacists is not safe and staffing is being reduced instead of increased and all pharmacist overlap has essentially been eliminated. The expectations are growing more and more and the support is being taken away,	7/6/2022 3:58 PM
121	This depends on who the responsible person is. Is it the rxm? The district manager? The accessibility to resources to ensure proper staffing to function safely is the issue and to find committed employees is another issue.	7/6/2022 3:50 PM
122	The rrsponsalbe person does that now. But corloration set unrealistic limits	7/6/2022 3:30 PM
123	This will not do anything unless real numbers are required. Companies will just say that their staffing plan is appropriate.	7/6/2022 2:49 PM
124	The concern here clearly is that the chains will simply require the PIC to CREATE a plan that is essentially worthless. Unless the chains themselves are required to abide by the staffing plan submitted by the pharmacy manager, this will be a busy work assignment that is tossed in the trash immediately after completing.	7/6/2022 2:41 PM
125	Where do we get the staff to operate in a safe manner. We do not have enough technicians to operate and are not given enough technician hours to complete the requirements.	7/6/2022 2:08 PM
126	This is 100% needed. The responsible pharmacist cannot insure safety under the current conditions. They know the pharmacy needs more than anyone, but people at the corporate level control everything. Currently the corporations force staff to work in unsafe conditions and continue to cut more hours and add more tasks.	7/6/2022 1:28 PM

Meeting Materials

127	Absolutely. This is what we need, more bodies and staffing hours. If retail pharmacies actually go along with this, it would help tremendously. I don't believe they will give this power to pharmacist in charge however.	7/6/2022 1:19 PM
128	Definitely. Too often there are unrealistic expectations of higher up corporate people. When I have only 1 technician and we fill approximately 2800 rx's a week and I get yelled at if my drive through isn't opened for the company big wigs that are visiting— I almost left my profession that day and many others. We rarely answer our phone because we are constantly helping the customers in the store. This has to happen ASAP please!	7/6/2022 12:58 PM
129	This is too specific to retail pharmacy? What about the hospital staffing challenges	7/6/2022 12:49 PM
130	It is almost impossible to find new techs. Also, when we do find someone, the process is way to long to get them registered with the state and in the pharmacy!	7/6/2022 12:36 PM
131	This is a great idea! Autonomy for the on-duty pharmacy to close or open touchpoints (esp the drive thru) will help immensely. However, in my personal experience, corporate parent companies will push the line on these types of rules unless there are fines / significant costs for violations of the agreed upon and documented staffing plans.	7/6/2022 12:25 PM
132	If you leave this up to store staff or per store policy and not make it a state wide rule, like most other states, you're leaving room for discrepancies and room for big corporations to come swooping in and over rule and take over this ratio. This needs to be a standard rph:tech for the state. That way there's no room for corporate to come in and ruin a good thing. Unless it's done correctly, it's a bunch of words that mean nothing as you essentially are not giving the stores the backing they need to run efficiently.	7/6/2022 12:21 PM
133	Look at independents... staff are a lot happier and productive when they are pulled in countless direcy	7/6/2022 12:21 PM
134	Unlikely chain stores would comply with staffing plan	7/6/2022 12:16 PM
135	This needs to be done in a way that takes into account the different practice settings. Hospital is not the same as retail. Retail is not the same as mail order or central fill. All too often the different practice settings are not considered when making rules or requirements.	7/6/2022 12:15 PM
136	The ability to have more techs at certain times without set ratio requirements would allow pharmacists to operate in a more safe and effective manner.	7/6/2022 12:09 PM
137	Needs to be a joint decision with district manager level and Pic. Has to be a corporate by in to work correctly	7/6/2022 12:06 PM
138	Sounds great but managers don't control the budget	7/6/2022 11:57 AM
139	More hours and a full staff is a wonderful thing!	7/6/2022 11:57 AM
140	This needs more clarification. I think there is too much room for personal interpretation. There needs to be some set of limitation to quantify what is necessary for certain tasks.	7/6/2022 11:57 AM
141	This would likely help in a hospital setting. Would not likely help in a retail setting as the responsible person does not have the authority on staffing within a large organization like Walgreens or CVS.	7/6/2022 11:55 AM
142	Can't see this happening with chains but it would be nice. They are just going to say the responsible person is the supervisor not the lead pharmacist and they will continue to cut hours	7/6/2022 11:38 AM
143	Sounds complicated and like more work as this would probably fall on the pharmacy manager.	7/6/2022 11:37 AM
144	This sounds like a lot of work for the responsible person, but some amount of control of my technician budget would be great	7/6/2022 11:36 AM
145	Please don't put in more rules on the PIC. Pharmacies need to be paid properly for the work they are doing. Staffing will solve itself once you have enough payroll dollars. We need to expand what support personnel other than technicians can do. I have small stores with one tech usually. If my one tech can't come in, I can't use other support personnel to fill the gap and that creates a very unsafe work environment. I have an obligation to serve the public--- I just can't close like many of the chain stores have. FAIR payments from PBMs will solve this problem.	7/6/2022 11:29 AM

Meeting Materials

146	This is the heart of the matter. I am asked to operate a store with 6 stations open and 1 tech. Narcotic prescriptions and vaccines should also be taken into account. A tech should be present always. RPh should not be alone in store. Open stores with full staff and let the RPh relieve staff as conditions dictate. Right now cvs asks their pharmacists to handle all work flow stations and the stress is unreal. It's unsafe. We cannot fill, verify, vaccinate, and ring people up all at the same time as well as be pulled away for a doctor call. Patients get upset and we feel that stress and start skipping safety steps to catch up. Change is long over due. The volume of prescriptions and vaccines have constantly increased and staffing hours have decreased. This burden is placed directly on the RPh.	7/6/2022 11:26 AM
147	Don't know how this would be monitored. Every pharmacy has a schedule based on order volumes.	7/6/2022 11:20 AM
148	Unlikely responsible pharmacist will be able to freely adjust staffing plans day-to-day. Would likely need to be a minimum staffing plan based on "averages"	7/6/2022 11:20 AM
149	At the very least this provides a level of support that can be counted on	7/6/2022 11:04 AM
150	The "responsible person" should be a licensed pharmacist.	7/6/2022 11:04 AM
151	Only helpful if these tech/pharmacist/workload ratios are defined	7/6/2022 11:03 AM
152	The increase in vaccinations has pulled staffing from other areas increasing wait times and reducing patient interactions.	7/6/2022 10:59 AM
153	Nothing leaves a pharmacy crippled like being short staffed	7/6/2022 10:54 AM
154	If this gives the pharmacist control over staffing at their store and under their complete discretion, this would be amazing. I think there also needs to be a statement in there about using metrics to push a pharmacist to use less tech hours as an incentive for bonus, ect. The sole goal of this is patient safety and being able to correctly do our job. The corporate directives should not be able to influence how the pharmacist runs a safe pharmacy.	7/6/2022 10:54 AM
155	How would you determine what's applicable as there are a lot of variables in how efficient different workshops are	7/6/2022 10:54 AM
156	This is ideal, but also depends on being able to hire/train the appropriate employees. Also, agree the giving the pharmacist the ability to make a decision about what services they can safely provide on a given day without penalty should be included. This gives flexibility for call offs, or for locations that may have more/less experienced employees.	7/6/2022 10:51 AM
157	If the responsible person is the pic then this would increase demands on pharmacist and likely lead to many quitting or stepping down for the chain I work for. If the chain was responsible ok - but putting they kind of task on pic would be unreasonable	7/6/2022 10:47 AM
158	Will this be supported by upper management who tells the responsible pharmacist how much staffing they can have based on company quotas? I just picked up my prescriptions at my local Target CVS pharmacy and they have NO technicians working the weekends per upper management decision. One floating pharmacist was literally stressed out and almost in tears.	7/6/2022 10:47 AM
159	Our corporation is counting everyone equal. For example, a technician with 10 years of experience is counted the same as someone newly hired on after they have completed training hours. This is simply not the case and these need to be broken down by competency levels assigned by pharmacists that work within that location.	7/6/2022 10:45 AM
160	That is all well and good however large chains do not provide competitive wages/benefits for Technicians. The job is extremely stressful for all involved and the wages/benefits isn't worth it.	7/6/2022 10:44 AM
161	Can barely staff now. Writing schedule and other managerial duties must be done at home on off days. Too busy and understaffed to do at work anymore	7/6/2022 10:42 AM
162	WE DO NOT HET ENOUGH HELP /HOURS FROM BIG CHAINS TO PERFORM TASKS WITHOUT MAKING MISTAKES. I am verifying prescriptions at very high speeds and DUR too. PLEASE DO SOMETHING OR OUR PROFESSION WILL END SOON. Period.	7/6/2022 10:41 AM
163	Stay out of this. That is micro management and would not benefit us in the retail world. Having specific requirements for staffing would make our jobs more difficult. We can't get enough techs as it is, add more requirements and it will surely crumble. Stay away from this.	7/6/2022 10:40 AM

Meeting Materials

164	Inpatient pharmacists should not be entering, verifying, and dispensing their own work when staffing is inadequate. This removes the double check process and is extremely unsafe when hazardous drugs or high risk medications are involved. Also, nurses should not be calling pharmacies to "verify" their orders so medications can be administered. This is an unsafe practice that can cause pharmacists to rush through the verification process.	7/6/2022 10:33 AM
165	Only downside is how much influence the company has on the decision making person. Are there any bonus incentives to keep payroll down? Companies judge us on kpi indicators. Need to make sure none can be used against decision making person.	7/6/2022 10:33 AM
166	Staffing models need to be transparent to all employees and account for PTO time when staff is off.	7/6/2022 10:33 AM
167	I don't think this statement would have the desired effect; rather than improving the resources at each store in a chain pharmacy, for example, the chain will just move the responsible person up the ladder (to the district manager, for example). This will not lead to improved hiring ability or staffing increases.	7/6/2022 10:30 AM
168	A rule like this adds more work for the RP to complete and continually update a staffing plan. Additionally, the RP is often not the person who drives staffing levels at most pharmacy institutions but rather the corporate leadership and supervisors. Pressure by leadership to decrease staffing levels could force RPs to create an unrealistic or insufficient staffing plan leading to more of the same issues we already see.	7/6/2022 10:29 AM
169	Oh, please no. We already do this informally, but codifying it like this just gives the Board another way to blame the PIC when it's really corporate that is tying our hands on budgets. If you want a staffing plan, make them be the ones to make it.	7/6/2022 10:25 AM
170	May be effective. Metrics tend to be skewed in favor of corporate. It would be nice to have a concrete plan as to when the drive thru or drop off could be closed to help ensure safety	7/6/2022 10:25 AM
171	this only works if there is reasonable expectations. a company could develop them but that would not mean they are reasonable, appropriate or helpful. there would need to be minimums	7/6/2022 10:23 AM
172	Better workload balancing during busy/non busy times.	7/6/2022 10:23 AM
173	this would help a great deal, for example, I do not feel it is safe or acceptable to provide vaccinations as a pharmacist when I am the only person in the pharmacy, this should not be allowed under any circumstance, it's just not safe and/or good practice in my opinion yet it is allowed to occur, if this rule allows that NOT to happen then great!	7/6/2022 10:17 AM
174	This might work. I like that there is control at the store level over scheduling. This would allow the RP to asses their store's individual needs. At Rite Aid, only the pharmacy managers are eligible for bonuses, so there is a financial incentive for the manager to make a lean bare bones schedule. If decreasing hours improves the store's EBITDA then the manager may be more likely to cut hours to increase their bonus.	7/6/2022 10:17 AM
175	All of that assumes you have enough staff	7/6/2022 10:16 AM
176	This would be great but not enough technicians to adequately staff	7/6/2022 10:15 AM
177	At my company, there are some stores that are understaffed stores but others have the staff but not "hours" allowed by company-mandated budgeting, even though that budgeting is not enough to meet the workflow requirements.	7/6/2022 10:15 AM
178	Need to account for the time the person in charge will be handling this duty. Seems like alot in an already short staffed pharmacy	7/6/2022 10:14 AM
179	This is to vague and should not be put back on the pharmacy. The board should set specific guidelines like they do in other states. There should be a specific pharmacist to tech ratio and a specific pharmacist to script ratio. Leaving it to the individual pharmacy to set a plan means there's no consistency even within the same company and could still leave to overworking pharmacy staff	7/6/2022 10:12 AM
180	As long as chains are required to follow this and not punish techs or pressure them into minimizing their requirements	7/6/2022 10:11 AM
181	This can help but I don't know how you force my employer to open up the schedule without establishing minimum standards for staffing. We lose techs all of the time and we don't have some waiting in the wings to help out.	7/6/2022 10:02 AM

Meeting Materials

182	If the corporate business people are still the ones dictating rx to tech hour ratio it will not help. They will not let the pharmacist determine this number- it is a corporate decision. The number of rx's filled to one tech hour continues to increase	7/6/2022 9:58 AM
183	Very unenforceable and subject to business needs and demands	7/6/2022 9:56 AM
184	This needs to be addressed! In retail we are routinely told to cut tech hours and figure it out, doing 1200+ scripts a day with 5 techs is not feasible or safe	7/6/2022 9:50 AM
185	It is another issue for the responsible person to be accountable but the large chains will override and still staff as minimal as possible.	7/6/2022 9:37 AM
186	The responsible person should then be given mandatory time during normal hours of operation to perform above requirements (1 shift/month for example) without interruption/performing any other duties. Otherwise, the above requirement will be dumped on the responsible person adding stress and completing above requirement outside of normal operating hours.	7/6/2022 9:19 AM
187	This just passes the blame on PIC rather than the chain pharmacy. PIC will be over ridden by the district manager but will bear the blame in retrospect	7/6/2022 9:00 AM
188	Every pharmacy and pharmacy's RP should have a staffing plan, and that staffing plan should certainly consider all of the aforementioned. One critical piece is the ability to autonomously close or open touchpoints based on the ability to safely provide care. However, the ability to increase staffing based upon need is often outside of the control or ability of the RP, depending on the situation. One cannot simply "staff up" based on volume or need, depending on the labor pool available.	7/6/2022 8:41 AM
189	Would work if there was truly autonomy to accomplish all this. The problem will be that they will probably continue to be handed unrealistic guidelines to follow from a corporate level, and rewarded for minimizing costs rather than maximizing patient safety and improving staff conditions.	7/6/2022 7:35 AM
190	Nice thought but not real world. Community pharmacies are businesses and will never allow us to operate in this manner.	7/6/2022 4:28 AM
191	This is way too micromanaged. Some of these things can be measured with metrics, others are just someone's opinion	7/5/2022 10:34 PM
192	While this is a nice idea, I'm not sure how enforceable it will be. The responsible person still has to adhere to the labor hours given to staff the pharmacy by his or her boss. Is the board going to be able to enforce companies to pay for more tech hours to be given? Also, how are these metrics going to be created? Is there going to be a guide saying for every 100 prescriptions filled you get x amount of tech hours? How does one decide workload and needed staffing fairly? This will also add another burden onto the responsible pharmacist	7/5/2022 10:12 PM
193	put the decisions in the hands of the personnel there that day. Staffing crisis can happen quickly and sometimes decisions need to be made quickly to be able to accommodate the patient needs for that day based on staffing	7/5/2022 10:01 PM
194	This would need to be worded so that the Responsible Person for that location is the ONLY person allowed to do this, otherwise corporate leadership will make the RP "rubberstamp" their plan.	7/5/2022 6:28 PM
195	Every pharmacy is different and if a pharmacy is not already doing this, then I think they will just use this idea to continue to circumvent adding staff.	7/5/2022 6:00 PM
196	This may help, but the choke point is still the rate limiting step, which is the pharmacist. The flow of all work goes through the pharmacist & if there are more techs, that's great, but also more hands producing work that has to go through the choke point.	7/5/2022 4:31 PM
197	corporate may pressure pharmacies to do additional tasks to reduce some of the metrics like return to stock etc (by calling the patients) which can increase burden on the pharmacy so other policies need to help combat that. having district supervisors work once in 2-4 weeks will help them be in touch with the reality of the pharmacy so they can make company policies accordingly. non pharmacists may not be in charge of pharmacies.	7/5/2022 2:01 PM
198	The responsible person needs to be at store level. Being able to increase staffing to safely operate the pharmacy without reprimand from corporate would be extremely helpful. If the responsible person is from corporate, it would not be as helpful, as they always want us to	7/5/2022 1:19 PM

Meeting Materials

work with less hours than is safe. Having the pharmacist be able to close stations like the drive thru would be extremely helpful when there are not enough bodies working.

199	I don't think the plan will be followed and will likely be outdated within a few months depending on business needs. Secondly, there are too many variables impacting such a plan that can't be measured (i.e. work ethic, and changing availability of staff)	7/5/2022 12:58 PM
200	It is difficult to determine due to each person's opinions on what is necessary to run a safe environment. There would be tremendous push back from large corporations. It also doesn't address the employee shortage. However, the on-duty pharmacist should be able to make the determination of what is doable and what is not when it comes to the open touchpoints.	7/5/2022 11:51 AM
201	This is likely to help, but I can see an HR response to this in the form of as standard document that the responsible person is required to sign by their company and is sent in for them that is just "X pharmacy is adequately staffed at X" but the person actually working in the pharmacy has no input they are allowed to give. Also, when this works correctly, it is adding to the workload of the responsible person, which is kind of redundant?	7/5/2022 11:44 AM
202	I especially like part d. If a pizza shop only takes the last order 30 minutes before close, why should I be forced to vaccinate someone 10 minutes before closing?	7/5/2022 11:24 AM
203	Definitely has potential to improve staffing, but operationalizing is challenge to balance needs of staff versus needs and resources of employer	7/5/2022 10:07 AM
204	This though may have potential to be abused, requiring that a pharmacist supervise more technicians/ interns than are reasonable.	7/5/2022 8:56 AM
205	Just because there is a staffing plan doesn't mean it will be followed, or that there are actual opportunities to follow the plan.	7/5/2022 7:12 AM
206	Companies will never allow the responsible person to hire as many people as they want. Also, a lot of times it is impossible to hire anyone due to no applicants. Responsible person will be shamed into using a smaller amount of supportive staff, which will keep technicians and staff pharmacists stressed and overworked. There should be a law determining the above aspects, and not placed on the shoulders of individual responsible persons.	7/5/2022 6:27 AM
207	Ability to increase tech hrs when needed and not going by previous year's sales is crucial.	7/4/2022 9:32 PM
208	I think the pharmacist manager of that particular store knows best what the staffing needs are.	7/4/2022 4:40 PM
209	Sounds like more work on the "responsible person's"shoulders.	7/4/2022 3:53 PM
210	My employer does not provide adequate staffing to safely and effectively run the pharmacy. My employer does not give the responsible person any control over staffing and continuously reduces staffing to unsafe levels for our workflow. This is a concern because there is now a noticeable increase in errors and near misses. The companies that own pharmacies are routinely reducing staffing which is causing growing harm to our communities because without adequate staffing we can no longer fill prescriptions in a safe and timely manner. Often the phone will ring for hours with no one available to answer. The companies that own pharmacies will often try to hide their shortcomings so the state board inspectors are not able to see exactly how much more dangerous it is day to day filling prescriptions than compared to a few years ago. My employer does not take in to account all the tasks that the pharmacy accomplishes on a day to day basis and we are becoming more understaffed and overwhelmed because of it.	7/4/2022 2:53 PM
211	Adds another responsibility to the PIC job duties.	7/4/2022 12:20 PM
212	This will only be beneficial if the responsible person is someone who works in the pharmacy itself. If the responsible person is someone who does not work most of their time in that pharmacy they cannot understand the ebbs and flows of the workflow to best make a schedule that works best for staff and pharmacists.	7/4/2022 11:42 AM
213	Again- corporate America will prevent the pharmacy manager in hospital or retail from determining that number. It will all be based on the buck they want to make. Needs to be done and regional directors for pharmacists (many not even a pharmacist- look at pathetic Walgreens and how they make pharmacists report to some Business idiot who has NO idea about patient care and chief pharmacy officers of health systems need to be kept out of it or they will prevent adequate staffing. Needs to be direct line managers or directors of pharmacy who are really in tune with their own places.	7/4/2022 10:20 AM

Meeting Materials

214	A plan is nice; having the staff to execute such a plan, heavenly but not yet happening	7/4/2022 9:53 AM
215	Not enough techs to hire. Can't get qualified candidates	7/4/2022 8:25 AM
216	This could be subjective even with the requirement	7/4/2022 7:47 AM
217	Imagine not having to open the drive through when you are only working with two techs and one is doing data entry the other waiting on patients at the register.	7/4/2022 7:22 AM
218	Budgets determine this not the state board. Sorry to say you have no control over this even if you tried. What do you think a schedule is? We would schedule more if we had the budget. Get real	7/4/2022 5:53 AM
219	This would be extremely helpful, as long as, the big corporations allow it to happen.	7/4/2022 3:37 AM
220	Definitely need more support staff	7/3/2022 10:13 PM
221	This is the #1 area that could benefit. This, again, is practice setting dependent!!! Be careful with technician ratios. There is a difference between sufficient supervision and not having enough help. Some pharmacists may rather have a higher number of technicians to have more support for phone calls, insurance claims, compounding, etc. Keep in mind some "checks" a pharmacist may make may not be needed in real-time (can be checked later when volume is at a low point). Also, number of prescriptions processed widely varies in practice settings; community vs hospital vs long-term care vs mail order. Additionally, this may be subjective and volume may be lower if technology is involved in safety checks (eg, barcodes).	7/3/2022 7:00 PM
222	Point D especially helpful	7/3/2022 6:09 PM
223	Only good if each individual pharmacy has a person. They need to know or be able to estimate the needs of the surrounding community.	7/3/2022 5:32 PM
224	The pharmacist on duty must be in that store not someone from corporate.	7/3/2022 5:13 PM
225	Corporations will never condone this!! That would rather see us work alone and make mistakes rather than have sufficient staff on the clock at all times	7/3/2022 3:59 PM
226	Don't ever see this happening but think it would help.	7/3/2022 3:42 PM
227	Include immunizations, testing, and other like duties	7/3/2022 3:17 PM
228	The amount of work being added to our workload is overwhelming	7/3/2022 3:03 PM
229	The idea is good but employers would have to agree with responsible person's staffing plan. The idea of how much staff is appropriate in the eyes of the employer vs the eyes of the pharmacist in charge varies making this difficult to implement.	7/3/2022 2:44 PM
230	However, in my experience corporate retains control over staffing and labor allotments. This shouldn't be put on the PIC but on corporate entities that currently have control over this.	7/3/2022 2:39 PM
231	This would help but the people that the responsible person reports this would most likely prevent any staffing that doesn't go along "company guidelines". A lot of times we would go extended period (ie: months) of times of "short" help and once you have a staff in place to "overschedule" so you can catch up from tasks and duties from when you are short you get denied by a supervisor.	7/3/2022 2:06 PM
232	If the responsible person is given adequate time to develop such a plan, and if management is supportive, this might help.	7/3/2022 1:42 PM
233	Well thought out. These directives would improve patient care and help provide a better work environment.	7/3/2022 10:56 AM
234	Corporations will still keep tight control over staffing based on metrics	7/3/2022 9:19 AM
235	Need a designated tech for inventory alone. Inventory is an important part of pharmacy business & often gets neglected	7/3/2022 4:53 AM
236	The pharmacist in store knows better than the company or district manager the needs of that individual pharmacy to function at a safe and effective level. This would empower the PIC to formulate a robust staff that operates in a way that protects the public safety and ensures the public trust. Prescriptions can be completed in a timely manner that keeps staff and patients	7/2/2022 11:33 PM

Meeting Materials

satisfied. Technicians would be more satisfied with the job and stay on longer, leading to continuity of staff and a strongly run business.

237	This would force the chains to properly staff their stores.	7/2/2022 11:03 PM
238	We are ALWAYS under staff based on the number of hours calculated/given by our employer. Not only is it a safety concern, it is impossible to run a pharmacy with 1 pharmacist and 2 technicians when we are performing Covid tests through the drive thru (up to 4 an hour from 9-5pm), are doing all 3 Covid vaccines, plus other immunizations, trying to fill prescriptions and answer the phones? That doesn't even include other tasks like patients care calls. Outcomes, deletes, etc...	7/2/2022 10:58 PM
239	This will be good only if a provision is added where corporations cannot retaliate and any retaliation would result in increased wages to the pic.	7/2/2022 10:06 PM
240	The staffing issue is the pharmacist. No matter how many or how few the ratio is, there's is only so many things ONE pharmacist can do. Also, the practice of not counting C-II scripts should stop. These are the prescriptions that take longer to fill checking OARRS, double counting and back counting.	7/2/2022 8:09 PM
241	Better to allow adjustments to work flow. Often have patients in retail who are difficult and just require extra time to deal with. Numbers are not always indicative of the days work	7/2/2022 6:06 PM
242	the responsible person for the pharmacy tends to be a pharmacist hired by a company and they have no say at all involved in the staffing levels..the corporation determines how many staff members are allowed... this will do nothing to aid the workload at all.	7/2/2022 5:32 PM
243	Must be based on volume. I know of other states that enforced a tech:RPh ratio and companies just cut the pharmacists so they weren't required to have as many techs.	7/2/2022 1:25 PM
244	May help if corporate doesn't manipulate the process to justify insufficient labor ratios.	7/2/2022 9:57 AM
245	appropriate does need to be defined if we follow the airline industry for pharmacy/errors incidents do they not have a set amount of people (crew) to fly the plane as it is now all you need is a rxists to open and operate the pharmacy this should be changed	7/2/2022 8:34 AM
246	This would be helpful, but the hours allowed to be used are dictated by corporate (which is clueless about how difficult working conditions are).	7/2/2022 8:20 AM
247	Needs wording preventing corporate override of RP staffing levels & retaliation against RP for failure to meet unreasonably low staffing goals	7/2/2022 3:10 AM
248	My fear is that these will become ceilings instead of floors. Instead of seeing it as minimum safe staffing, corporate would see it as "well, the state board says you only need 3 people, so we're cutting the 4th person off your schedule to save us some money." Also, the individuals ability is HUGE. We've all worked with people who can multitask safely and other people who make you wonder how they even tied their shoes that morning...	7/2/2022 12:04 AM
249	Staffing plans mean nothing when the company will not follow it.	7/1/2022 10:27 PM
250	Too much political pressure on that responsible pharmacist, the higher up bean counters will work against the plan to try to save \$\$\$\$\$	7/1/2022 9:15 PM
251	This is unlikely to happen in this corporate climate. The problem is not the pic it is the resources provided by the corporation	7/1/2022 9:09 PM
252	Responsible persons are currently limited to staffing within extremely limited hour budgets determined by corporate. If the board is going to hold a responsible person to ensure proper staffing they must have ability to schedule appropriately. What pharmacy managers do not need is yet another case of increase responsibility with no power or resources to effectively implement any action towards meeting that responsibility	7/1/2022 8:15 PM
253	This is an issue at a corporate level not the PIC	7/1/2022 7:58 PM
254	Depends too much on the pharmacist in charge	7/1/2022 7:08 PM
255	Being short staffed creates unnecessary pressure and extreme room for error. Pharmacies should be forced to close if they are inadequately staffed. It's unsafe for patients to have pharmacists filling medications, vaccinating, checking medications AND answering the phones and waiting on patients with a low amount or even nonexistent tech staff.	7/1/2022 6:58 PM

Meeting Materials

256	I hope the plan development process would not be labor intensive or time consuming. We need the option of closing drive thru, turning off phones, etc in the event of a call off or staffing crisis.	7/1/2022 6:38 PM
257	Requirement of a minimum of two persons inside the pharmacy during operational hours, no exceptions. If only a pharmacist on staff with no help due to call offs etc. then drive thru should remain closed to increase safety and efficiency for the pharmacist. Also a capability of the pharmacist to turn off phones if working on their own. It is impossible for a pharmacist on his or her own to safely fill prescriptions, answer phones, faxes, registers, patient questions and doctor's office questions solely on their own. Mandate a minimum operating presence.	7/1/2022 6:31 PM
258	Some time pharmacist work by themselves without any technicians on duty	7/1/2022 5:23 PM
259	Staffing and hours are a major issue. The problem comes that it can be very subjective. I am a very efficient pharmacist and if I have my very experienced, efficient techs, I can run with less staff safely. But on days it is me and less knowledgeable or just lack efficiency, then I need more staffing. The same goes with pharmacists.... I have worked with some very inefficient pharmacists, that I might as well work alone than have double coverage. I think it is very hard to have a "plan" when daily this could look VERY different. I think it is also important to find the balance of open operating hours to provide patient access, patient safety and health of the staff! We currently have "dark hour" scheduled from 8-9 am. We can accomplish a lot while there are no interruptions. I am often there at 730 am. During COVID, we had reduced hours of 9-7..... staffing was not an issue because most of the staff was there for the entire day, it was AMAZING!! Patients did not have long waits, we could immunize efficiently, talk more with our patients, etc. Not to mention, it attracted some great staffing because hours were better. Patients still had plenty of access to the pharmacy. We have since gone back to 9-9, there are many days that you feel short staffed and overwhelmed because staffing is spread out over longer hours. Over hours that are not needed. I need staffing during the main hours of business, 9-7, when offices are open and patients are picking up scripts. But now am covering 2 more hours when we see maybe a handful of patients. It doesn't make sense.	7/1/2022 2:17 PM
260	It always comes down to money. Great ideas but if we are not profitable then I see a lot of closures.	7/1/2022 2:06 PM
261	But in our case, the tech hours are cut so much that we, the pharmacists, have hours that we are working alone, so not safe or efficient.	7/1/2022 1:52 PM
262	It would seem like additional work and paperwork that would be required. I don't have time to care for patients, but I would have less to ensure a staffing plan is updated.	7/1/2022 1:47 PM
263	The technological level of the pharmacy should be considered. Not all computer systems are created equal	7/1/2022 12:47 PM
264	There needs to be minimum requirements for staffing for safety including pharmacist overlap. It is unsafe to have one pharmacist responsible for every script in a given day.	7/1/2022 12:40 PM
265	Seems like excessive paperwork that won't add anything.	7/1/2022 11:38 AM
266	In my site , we have way too many technicians working at such a great speed that it is very difficult to keep up with the work at times. My concern is that my PIC will not ever truly consider how little time we have to properly verify each order we have to check.	7/1/2022 10:31 AM
267	But really in chains it can't be the PIC responsible for this. It would place them in an impossible position must follow hour guidelines by corporate by have adequate staffing	7/1/2022 9:06 AM
268	This may just add work for responsible pharmacist, and not change staffing metrics established by administration.	7/1/2022 7:54 AM
269	MUST have leverage over corporate policy. Must fine corporations who don't comply.	7/1/2022 7:04 AM
270	Likely but an overreach by the board in a way	7/1/2022 6:12 AM
271	This may go against present budgets provided to the department. But in a "perfect world" it sounds great.	7/1/2022 12:49 AM
272	IF corporate actually lets this happen	7/1/2022 12:38 AM
273	The pharmacy manager is the one that knows the pharmacy, how well trained other techs are, and what's good for that particular pharmacy. Companies will fight against this fiercely, but, my opinion is, this is paramount. One thing that is happening now that COVID is going down, is	7/1/2022 12:22 AM

Meeting Materials

companies are cutting tech budgets worse than pre-COVID, mainly because some increased the pay for techs and they are trying to find ways to compensate the loss. I like b (iv), because there are so many more metrics/duties in a pharmacy (returns to wholesaler/whse, outdated, mandatory CE and CBT's, recalls rx edits, just to name a few). Put the power back in the pharmacy manager's hands instead of corporations who "think" they know what is best, and try to put all pharmacies in the same rubric.

274	Have a plan for busy seasons such as flu season or between Thanksgiving and Christmas is always busiest for retail. Unfortunately for chain pharmacy, training and hiring takes a significant amount of time leading to inevitable staffing issues.	6/30/2022 11:42 PM
275	Yes this, so much this. Allow the PIC or rph on duty to make these decisions and not a computer program. If anything comes from this survey. Please let it be this!!!!!!!!!	6/30/2022 10:05 PM
276	Allow for all stations to be covered . 1. Drop off and data entry, dispensing, pick up, drive- thru, and RPh checking. So minimum of 4 to 5 people in the pharmacy at a time. This allows for phones to be answered as well as special billing, orders, returns, cleaning, vaccines, and deliveries.	6/30/2022 10:01 PM
277	That would be great! But where do we get the qualified people and the money to pay them what they deserve?	6/30/2022 9:59 PM
278	Huge. As long as it was not abused.	6/30/2022 9:56 PM
279	Again, this could work IF the employer will allow it!	6/30/2022 9:51 PM
280	This puts extra workload on the person in charge and puts something that is unrealistic to keep up on in their hands. Adding on to the already overflowing work.	6/30/2022 9:28 PM
281	This needs to happen. Retail stores are businesses and money is bottom line. Pharmacists need to be protected and have adequate tech help as well as fellow pharmacist overlap.	6/30/2022 9:25 PM
282	Need pharmacist to tech ratios	6/30/2022 9:19 PM
283	This is too much for the responsible person to have to manage in a retail setting. I am also licensed in Florida where the Board there has a law requiring approval for a 3:1 tech/pharmacist ratio. The Ohio Board should adopt something similar to that instead of this additional paperwork/plan. In retail pharmacy, we do not have a large pool of employees to increase staffing when needed.	6/30/2022 8:57 PM
284	This would be helpful. The problem is how the large chains will interpret this and manipulate how they will implement the plan. It is clear, based on the comments for the committee representative for the chain pharmacy, the company will make this very difficult.	6/30/2022 8:54 PM
285	What is the magic number of appropriate staffing? Per employers having one pharmacist is already appropriate staffing, but not correct	6/30/2022 8:30 PM
286	Sounds nice in theory. Is it realistic to implement? With the allowable exceptions to the staffing (someone out sick, vacations) it's a rule with no teeth.	6/30/2022 8:26 PM
287	As long as there are no negative consequences. Such as reducing bonuses	6/30/2022 7:21 PM
288	giving that control to the responsible person in the pharmacy makes so much more sense - that person understands the needs of that particular store. It just isn't cookie cutter!	6/30/2022 7:14 PM
289	Most of these responsible pharmacist are bonus dependent on hours allowed.	6/30/2022 7:05 PM
290	For 24 hour pharmacies have a technician available for an hour after the evening shift ends and 90 minutes before day shift starts the next morning.	6/30/2022 7:04 PM
291	Would need specifics on how pharmacist in charge would be empowered to increase staffing. Concerned that pharmacy managers would be pushed to create plans that justify current staffing regardless of appropriate staffing or not.	6/30/2022 6:42 PM
292	This is a good idea. However that puts all of the responsibility on the responsible pharmacist in charge. How are you going to ensure their plan and goals are backed up by their District managers or store managers who are not pharmacists, have zero liability and dont care. You need to hold the corporation and their district managers responsible for medication errors or any other unsafe issues in the pharmacy environment. HOW is the pharmacist going to add tech hours if it is needed, when the corporate DM will not give them the hours or the resources	6/30/2022 6:12 PM

Meeting Materials

to hire and train people properly? Why not mandate overlap of pharmacists at certain script levels. You also have to account for the other non prescription tasks such as putting an order away, other inventory, answering the phones, making the necessary calls corporate asks us to do everyday. How are you going to back the PIC up? Or are you just going to blame the RXM for the errors when they have no authority to fix the problem. If we speak out negatively, they find a way to get rid of us.

293	Again, good luck finding enough people to make this happen. Force this as law so independents will close/shorten their hours. We work alone so some pharmacists can get their 40 hour week. Unsafe and now why I only work PRN.	6/30/2022 6:11 PM
294	I was under the assumption that the pharmacist on duty already had the authority to open/close touchpoints as dictated by current conditions. I have visitors pharmacies and been told that they were too busy to give vaccines at that time. The key to address is that the pharmacist cannot be reprimanded, punished or in any other way incentivized NOT to make such safety adjustments.	6/30/2022 5:36 PM
295	I think a staffing plan would be a great idea, however even with a staffing plan, CVS corporate would still try to limit hours, prevent the pharmacy from being adequately staffed, and also not pay enough money to convince overworked technicians to stay and work.	6/30/2022 5:28 PM
296	Number of phone calls coming in and out and number of phone lines need to be in this metric since it is another point of stress and distraction in pharmacies. How often does this plan have to be assessed needs to be clear to since this items could change on a daily basis. Also consider automation in the design since this could effect input/output if it is used in the pharmacy or at another location (central fill).	6/30/2022 5:21 PM
297	This will only work if this plan has the majority of input is from staff pharmacists and NOT corporate or managers who have no idea what the actual work environment is like. Corporate does not care about workers or safety - only their bottom dollar.	6/30/2022 4:47 PM
298	We had this in Florida and this just increased staffing difficulties especially with shortened hours and interns lack of availability due to labs etc	6/30/2022 4:42 PM
299	Without specific guidelines as to what the staffing ratios should look like, this can be whatever a corporate office can ask a PIC to state.	6/30/2022 4:27 PM
300	The pharmacist not a corporate company should determine safe staffing levels. Company should held liable if staff levels not correct	6/30/2022 4:10 PM
301	This is narrow in who does it. Many small chains have a Pharmacy Operations manager who manages schedules based on volume, number of techs, etc.	6/30/2022 4:07 PM
302	This will be circumvented by corporate leaders as this responsibility already exists for all managers everywhere-they simply aren't allowed to hire the proper number of staff because they are told by corporate leaders they don't have the hours in the budget and then techs leave because of unsafe/overworked conditions. There should be a hotline the rph manager can call and report the company to the board for investigation of understaffing. The managers don't have the staff and the corporate leaders won't give them the hours to hire the staff! The pressure needs to be asserted on corporate leaders that there is a safe workload and rph/tech ratio. Set that number, then give us a 1-800# to report our company when not compliant.	6/30/2022 4:07 PM
303	I completely agree that someone INSIDE the pharmacy should set staffing levels, and be able to amend as necessary, versus someone outside at a district level who can only see numbers and quite frankly has no idea what the workflow is inside the pharmacy on any given day.	6/30/2022 4:05 PM
304	As long as the responsibility does not belong to corporate...That is how the whole problem started... it must belong to the pharmacist in charge	6/30/2022 4:03 PM
305	yes, yes yes to all of it. If ratio of pharmacist/ tech/ workload is not sufficient pharmacist makes the call to reduce services available that day.	6/30/2022 3:52 PM
306	this completely depends on what the 'safe number' is decided to be....	6/30/2022 3:52 PM
307	If allowed by "corporate"	6/30/2022 3:50 PM
308	We don't have available staffing to increase to. Also, we have a business to run and payroll is one of the last remaining items a pharmacy has control over. Fix reimbursement issues and pharmacy would be able to practice in a safer environment.	6/30/2022 3:42 PM

Meeting Materials

309	This is a very good idea. Right now you have technicians working the filling area, the pick up area, and the drive thru, who are also excited to provide shots so they try to do too much and it gets dangerous	6/30/2022 3:29 PM
310	Good luck getting the corporate bigwigs to agree to this. Hours for pharmacist and technicians are often set at a general office level and is not unique to each pharmacy... Rather it is done via a computer program to estimate how long a task should take. There is no autonomy by the PIC to adequately staff the pharmacy. It is all done in the name of profits to the company	6/30/2022 3:28 PM
311	Short on technician support. I am a float pharmacist and often man the drive-thru window or cash register.	6/30/2022 3:23 PM
312	It should really also fall to the company if it's a chain. A district manager should also be required to assist	6/30/2022 3:21 PM
313	larger corporations should have a maximum number of hours worked per week	6/30/2022 3:17 PM
314	No one will work the job title "Responsible Person". Pharmacy will will Unionize or die.	6/30/2022 3:06 PM
315	Who would have final say? A pharmacist could develop a plan and what they need to safely operate but that does that mean they have the means or the approval to execute.	6/30/2022 2:58 PM
316	What if there just aren't enough employees to complete the plan. In our chain, there are high volume (>500 rx/day) stores that only employ 2 pharmacists and 2 technicians. Its like drawing up a football play for all 11 players but you only have 4 on the team - it just doesn't work. I'm all for having a plan but I need the resources at my disposal to be able to execute the plan.	6/30/2022 2:49 PM
317	Would have to set minimum and maximum numbers	6/30/2022 2:46 PM
318	The individual stores should be able to decide on their own needs. One size fits all does not work.	6/30/2022 2:31 PM
319	Putting this requirement on the "pharmacies responsible person" basically will be putting the pharmacist in charge against the company. The pharmacist in charge does not own the business and does not have freedom to make decisions on her own. Requirements need to be placed on the big corporations to staff their stores responsibly. I worked in pharmacies where I begged to increase my budget to bring on more staff but was told no, we don't have the budget by my company. This language needs to be very careful, and should focus on giving the pharmacist in charge more power in her organization to run a pharmacy safely.	6/30/2022 2:13 PM
320	Only if corporations comply. Currently closing the drive thru is disallowed even if you have only one technician assigned to customer service. Also there is pressure to administer vaccines at all costs because they are part of metrics and future compensation is based on those metrics. Also locations are chastised is not meeting daily vaccine goals	6/30/2022 2:11 PM
321	This is great in theory, but with such a flexible standard this becomes a moot point. The responsibility should not rely solely on the PIC. Corporations are already putting extreme pressure on the PIC to complete menial tasks with harsh consequences if not complete. This becomes impossible without support from our leaders and our board of pharmacy to actually work on the grounds with real pharmacies and not the "perfect model pharmacies" that businesses use as a prop. Get real and get personal! Please!	6/30/2022 2:08 PM
322	The responsible person is RESPONSIBLE for the safe dispensing of medications/vaccines/counseling to patients in the pharmacy. They should have final say in volume considered safe & should be able to close or open touchpoints for safety purposes without repercussions from their employer due to decreased profitability resulting from those decisions.	6/30/2022 2:07 PM
323	I currently have zero control over my staffing. Corporate sets my hours for techs and rph. And surprise they are cutting them again.	6/30/2022 2:02 PM
324	Each pharmacy manager should have the ability to staff their pharmacy as they see fit.	6/30/2022 2:02 PM
325	Giving the responsible pharmacist a lawful and written reason to close touch points, increase wait times, or postpone vaccines to allow for safe and accurate dispensing of medications.	6/30/2022 2:02 PM
326	That is a lot of added stress and responsibility added upon the responsible person. Although it would be beneficial to ensure adequate staffing, it has been very difficult to hire and it seems unfair to punish the responsible person because of this. I don't think this idea holds the correct person accountable.	6/30/2022 2:01 PM

Meeting Materials

327	Yes. Ratio to tech/ intern to pharmacist needs to increase. Once I worked a job with no tech at all. So chaotic with drop off/pickup/phone calls & immunization. Corporate said not warranted. Was totally placing Public at huge risk. Was unacceptable. Company no longer in business. There should be laws in place - even in chain, hospitals and with number nurses to patients in nursing homes.	6/30/2022 1:58 PM
328	There's nothing saying that the responsible person's opinion of an adequate staffing plan is appropriate. Parameters should be created by the board because my concern would be that an RP trying to look good to save money to their boss would have a super lean bare bones staffing plan, whereas, that's not best for the staff.	6/30/2022 1:56 PM
329	Useful that they responsible person can dictate staffing, but also another task the responsible person must now do. On top of everything else	6/30/2022 1:55 PM
330	If we could control some touchpoints when things get overwhelming.	6/30/2022 1:52 PM
331	Always looks good on paper but actually making it happen is a whole 'mother ballgame	6/30/2022 1:48 PM
332	Budget of hours and techs set by corporate.	6/30/2022 1:42 PM
333	Responsible person should be able to set their own labor budgets	6/30/2022 1:40 PM
334	This would have a huge positive impact	6/30/2022 1:36 PM
335	Understaffing is the root of every single problem in community pharmacy.	6/30/2022 8:41 AM
336	There are no applicants to stop the staffing shortage. We need a profession overhaul to address staffing shortages.	6/30/2022 8:38 AM
337	The responsible person should have autonomous control of their specific location without the interference of a corporate office that is not familiar with the location.	6/29/2022 10:55 PM
338	Give autonomy to the pharmacy manager that works the store, and knows the ebb and flow of business, to implement a "template" of the help that is needed to serve customers safely and effectively. Very much like this idea! As it stands now, my tech hours fluctuate weekly to the point that I can never have constant help, worrying I won't have the hours to keep my people happy -- there isn't much that can be done where one week I get 20 hours, the next 44, the next 32, then 16.	6/29/2022 9:24 PM
339	The cutting of technician help hours in retail has been extremely detrimental to patient care	6/29/2022 9:08 PM
340	This would be nice. However, we are unable to hire technicians due to lack of interest.	6/29/2022 8:34 PM
341	This should apply to institutional settings also, not just community practice sites.	6/29/2022 8:22 PM
342	Within this plan, safeguards need to established when the staffing falls below acceptable levels I.e shortened hours, temporary discontinuation of services, closure of drive thrus etc	6/29/2022 7:38 PM
343	Again, in theory, it sounds good. But due to staffing situations on a day to day basis, it is impractical. Unless the rule is written in such a way to state that "due to staffing on a particular day the responsible person is able to make a decision to close drive thru etc".	6/29/2022 6:18 PM
344	We are extremely short staffed	6/29/2022 5:47 PM
345	Good for consistent staffing.	6/29/2022 5:38 PM
346	Requiring adequate staffing is the only way things will get better in retail pharmacy.	6/29/2022 5:09 PM
347	this needs to be more clearly defined with re: to how many prescriptions, vaccinations, etc a pharmacist can safely complete, but also how much supervision a pharmacist should be providing to staff/interns. Clear definitions prevent corporations from placing inappropriate stress on the responsible person to define the ratios in a manner that would be more fitting for the corporation rather than the pharmacy and the safety of patients.	6/29/2022 5:01 PM
348	While this section sounds great in theory- I don't know if it's practical in implementation.	6/29/2022 4:58 PM
349	Again, no techs to hire, means that the minimum thresholds will never be met. I never had the minimum amount of techs I should have had for the volume of rx's.	6/29/2022 11:58 AM
350	LOVE this idea! Too often my pharmacy is under staffed!	6/29/2022 11:00 AM

Meeting Materials

351	People call in sick, etc	6/29/2022 9:17 AM
352	I do not feel this requirement is necessary in our independent pharmacy setting and would create more work for us. In our setting we can manage our staffing on our own as we do not have a corporate management needed for approval of staffing.	6/29/2022 8:42 AM
353	All good ideas but in a large retail chain we are not given the liberty to decide if we have adequate staff. The Corporation decides; which means this is often less than adequate and changes often making it impossible to hire and retain an employee when one week they may have 40 hours and the next they have 10 hours	6/29/2022 8:21 AM
354	Absolutely necessary	6/29/2022 8:10 AM
355	This is impossible to gauge and very time consuming. When would anyone working the counter have time to do this?	6/29/2022 5:56 AM
356	I appreciate the intent of this policy suggestion, but as proposed it will likely only create confusion and misunderstanding and not have any effect toward the desired outcome. In fact, it could very likely INCREASE the demands on the responsible person as they could be required to come up with a new staffing plan weekly. I believe at most pharmacies all of the above things are already taken into consideration when developing a staffing plan. However, the factor that is missing from the above list is maintaining the profitability of the pharmacy. With decreasing third party reimbursements, prescription discount cards, DIR fees, and increasing employee wages, there is a limit to the help that can be scheduled while still being fiscally responsible. Independent pharmacists/pharmacies generally have a good understanding of the balance between financial responsibility and safety. However, at large chains I foresee a significant difference of opinion between what the corporate leadership and the pharmacists feel is a responsible and appropriate level of staffing. Specifically, "the appropriate number of pharmacy technicians and interns" and "satisfactorily supervised" are highly subjective and will vary greatly from pharmacist to pharmacist. "Provide autonomy to the on-duty pharmacist as part of the rule to close or open touchpoints" - This also seems to give excessive leeway to the on duty pharmacist to negatively affect patient access with little or no justification other than "I didn't feel like it was safe." The proposed policy has the potential to create mismatched incentives between the pharmacist and their employer. A pharmacist may be creating a staffing plan primarily based on "safety" that is not financially viable. Would an employer be required to accept this plan that puts the pharmacy in the red? In general, it is in the best interest of all pharmacy companies to prioritize patient safety and customer service to advance the profession and retain customers. As such, pharmacies will generally take the above factors into account when deciding how to staff pharmacies. However, they also take financial considerations into account in order to remain profitable. I don't believe you can consider one without the other. As written, the policy would encourage and empower pharmacists to staff their pharmacies while only requiring them to consider patient safety. If the pharmacist in question does not have a stake in the financial well-being of the pharmacy, incentive mismatches will occur.	6/29/2022 12:31 AM
357	but companies will fight this	6/28/2022 11:13 PM
358	A bunch of busy work that will be impossible to enforce that the stores should be doing anyway.	6/28/2022 11:06 PM
359	Organizations need to understand and better be able to flex staffing needs similar to the field of nursing.	6/28/2022 10:49 PM
360	A staffing plan is great, but at the end of the day the staffing issues are related to lack of quality applicants interested in working as a pharmacy technician. I would argue that most good pharmacy managers do have a staffing plan, but that doesn't solve the problem of limited interest in open positions.	6/28/2022 10:12 PM
361	That will never happen. The chains are too powerful to accept that. The Ohio board of pharmacy will fold like a cheap suit when challenged in court. It would be a wonderful thing but it's just very unlikely to occur.	6/28/2022 9:16 PM
362	but i would like this the absolute best!!! to be safe esp for imz i think a tech should be a minimum be available open to close in all pharmacies with doing immunizations for safety period. both for cpr in bad reactions and safety in closing for robbery	6/28/2022 9:03 PM
363	Without enough qualified personnel willing to work, a staffing plan isn't a reasonable requirement.	6/28/2022 8:58 PM

Meeting Materials

364	This will never happen in large retail chains... the corporate honchos control staffing hour by setting up budgets a year ahead of time. This gives the PIC no discretion on what staffing is needed based on experience, availability, inventory needs, etc.	6/28/2022 8:42 PM
365	I do not believe higher up corporate management will allow for adequate staffing based on responsible pharmacists' requests alone.	6/28/2022 8:13 PM
366	I'm tired of having to work alone during my shift	6/28/2022 6:48 PM
367	The responsible person can currently do this, but with current chain pharmacies and reimbursements they have no power. This proposal only gives more power to the corporations to further punish and micro manage the responsible person. This rule should change to reflect those chain pharmacies that operate >than a certain number of pharmacies within the state should have a specific action plan with consequences and fines that actually reflect the amount of money these companies make. Let's do something that will cause real change not provide lip service.	6/28/2022 5:32 PM
368	But the responsible person is always the corporate not the pharmacy manager, as corporate assign scheduling requirements which include Certain hours and pharmacy demands . This makes the responsible pharmacist to stick to the schedule requirements not the workflow needs, Unfortunately.	6/28/2022 4:54 PM
369	My company would NEVER allow staffing considerations to come from store level. The pharmacy supervisor is not even allowed to make that decision.	6/28/2022 4:50 PM
370	This will provide RPs the encouragement that they should be able to staff the pharmacy in the safest manner.	6/28/2022 4:17 PM
371	This would be very helpful, but please consider taking the 'legal responsibility' off the PIC's shoulders and place with the company. In my experience, the company/corporation won't agree with the PIC on what the staffing needs are (they don't right now and haven't listened to us for a while) and will just find a way to 'punish' or coheres the PIC into agreeing to the corporation's staff policy (i.e. agree to us or get fired!- been told this multiple times already)	6/28/2022 3:25 PM
372	WE NEED RATIOS AGREED UPON AT THE NATIONAL OR STATE LEVEL. Leaving this up to individuals will continue to allow variability that is unacceptable. Pharmacists need prescription and/or patient ratios and if they are exceeded services will not be performed.	6/28/2022 3:09 PM
373	Re-word this to say establish the appropriate number based on pharmacy volume. As worded this will only result in pharmacist hours cut and reduction in working conditions for pharmacists. ex 2 pharmacist and 2 techs, now 1 pharmacist and 2 tech to maintain the appropriate ratio	6/28/2022 3:06 PM
374	No business is going to allow the manager to create a staffing plan. Businesses are so tight with hours and spend lots of money doing time studies in perfect world scenarios to figure out how many hours we are allotted. This is dictated to create profit for the stockholders. The bottom line is all the business cares about. Labor is too expensive.	6/28/2022 2:35 PM
375	Most definitely the staffing plan needs to be driven by the responsible person. Not only is it obvious in the title that ultimately the responsibility falls on the pharmacist in charge, but this person is the one who truly knows the needs and abilities within the pharmacy.	6/28/2022 2:34 PM
376	the corporations will never allow appropriate staffing to keep up safely with workload, unless they are mandated	6/28/2022 2:33 PM
377	This will be difficult to align with corporate limitations	6/28/2022 2:30 PM
378	This looks great but corporate probably won't approve.	6/28/2022 1:40 PM
379	Pharmacy constantly try to get by with minimal staff and makes each shift very difficult	6/28/2022 1:12 PM
380	Absolutely! Each pharmacist has his/her own working flow and it varies from person to person . The current situation where non licensed persons can determine staffing requirements is NOT working! ESP in the chain pharmacy environment.	6/28/2022 12:47 PM
381	Responsible pharmacist already create a working schedule. Creating more paperwork only serves to place more duties onto the responsible pharmacist taking them away from the daily workflow of the pharmacy and actively managing daily workflow and adjusting accordingly. FTE is unlikely determined by the responsible pharmacist and they are already staffing the	6/28/2022 12:39 PM

Meeting Materials

pharmacy the best they can with their current FTE's available. Having enough staff is sometimes due to the lack of applicants for positions.

382	This would be extremely helpful as our staffing now only goes by rx sold, when there is so much more that goes on behind the scenes	6/28/2022 12:37 PM
383	Hard to predict how the "busy" times of year fluctuate	6/28/2022 12:32 PM
384	This can not be achieved until we have new technicians entering into the work force. We all know that stores are trying to hire everyday we are not getting candidates and the candidates that we do get for the technician positions are often transient. Techs on average stay in a position 1 year. this makes it incredibly difficult to train staff to a level where they are autonomous and helpful to the pharmacist	6/28/2022 11:31 AM
385	Increase staff is a MUST! Having autonomy to adjust these things is genius!	6/28/2022 11:24 AM
386	This is already determined on a corporate level and I'm sure there will be a work around for any "requirement"	6/28/2022 11:19 AM
387	This rule in itself is creating more redtape and work for the PIC who is already stretched to their breaking point in some situations. It is also incredibly subjective and seemingly puts a liability risk on the PIC to come up with an appropriate plan...who is the judge of what is an appropriate staffing plan? What happens if corporate management disagrees with the plan and finds it excessive?	6/28/2022 11:13 AM
388	Plan is important but providing flexibility to upstage or down staff is important. Because of ongoing staff shortages it is difficult to up staff so the strategies of closing touchpoint is critical.	6/28/2022 11:12 AM
389	Additional staffing to cover drive thru at all times and for vaccine check ins	6/28/2022 10:45 AM
390	I like the part about giving the RP the authority to increase staffing.	6/28/2022 10:43 AM
391	This seems to be the first of several contradictions in the policy proposal document. Agreed upon staffing plan but can deviate from it. Staffing plan based on metrics but do away with metrics. Staffing plans may be more readily predictable in the community setting. However, they are more challenging in inpatient, home infusion, and specialty pharmacy settings. A start may be tackle this with community pharmacies and exclude other settings. This will require a separate workforce with diverse representation. The "right" staffing is VERY subjective.	6/28/2022 10:18 AM
392	The person making the staffing plan should not be the person making the budget.	6/28/2022 9:43 AM
393	The problem is that companies are so focused on the bottom line that they will cut somewhere else, ie pharmacist hours or pharmacist pay, or they will just create more profit generating tasks for the pharmacist, which will ultimately increase the pharmacist workload.	6/28/2022 9:34 AM
394	Too late now. Many have bailed.	6/28/2022 9:30 AM
395	Any time the decision making can be put in the hands of the people actually working in the pharmacy and not the corporate office, that's a good thing.	6/28/2022 9:09 AM
396	If the full tech staff is not available, then work load metrics should reduced.	6/28/2022 8:48 AM
397	This points are required responsibilities for all pharmacies both retail and hospitals in the State of Ohio under Ohio Pharmacy Board regulations and JCAHO requirements for example.	6/28/2022 8:41 AM
398	Would love that autonomy. There were times I was by myself and told I had to keep drive thru open. Impossible situation	6/28/2022 8:23 AM
399	The problem is staffing levels are hard to predict and call-offs are all too common. Also, it is hard to get someone to come in on their day off in the case of a call-off.	6/28/2022 8:18 AM
400	Supposedly this is what the scheduling tool does to decide demand/budget already. I'm sure there would still be guidelines for the responsible person. How would it change anything?	6/28/2022 8:15 AM
401	This could be a challenge due to hiring shortage of pharmacy technicians	6/28/2022 8:07 AM
402	Definitely more staffing is needed for safe operation! Always cutting hours.	6/28/2022 8:04 AM
403	I would rather have staffing measured by number of scripts filled than how many rphs. Also number of staff if there is a drop off area and a drive through/curbside that has to be manned. If	6/28/2022 7:57 AM

Meeting Materials

you have both, Then at least two techs on duty , one tech to be at each area. I think there should always be one tech or cashier present with rph.

404	May be less helpful if the responsible person is not a usual staffing pharmacist and is not involved in day to day activities.	6/28/2022 7:53 AM
405	Stores unable to increase technician hours due to demand hours controlled at a corporate level.	6/28/2022 7:44 AM
406	This would be beneficial, but if specific to each individual pharmacy, would need to have the option to be amended by the responsible person at any time to accommodate changes in staffing and/or changes in the scope of practice of their staff (for instance, techs being able to immunize today when yesterday they could not - this would potentially require a change in that ratio in my opinion)	6/28/2022 7:43 AM
407	Too micromanaging the business	6/28/2022 7:24 AM
408	This could also include roles of hospital pharmacy. Especially have less pharmacists on late and off shifts with even less technician staff. Hospitals are often using traveler/contract techs to fill basic staff roles who require adequate training as well.	6/28/2022 7:10 AM
409	I work for chain pharmacy we are busy pharmacy but corporate dosent care they reduce store hours and top of that they reduce tech hours. Now I m doing 400 rx with 3 tech a day and after work the stress level is very bad but there's no body to talk abt that. Each and every rxs last responsibility is pharmacist there must be limits one pharmacist can fill certain amt of rxs only others wise it's huge business of selling drugs at pharmacy and no control what's going on top of that fake rxs fills and unsafe drugs got sold in the streets for kids like fentanyl and oxycodones	6/28/2022 5:16 AM
410	Hospital pharmacy accreditation standards (Joint Commission, HFAP, etc.) have required for many years that we have a hospital-approved written minimum staffing plan.	6/28/2022 3:02 AM
411	This is the primary duty of pharmacy managers already. Having a general ideal staffing plan would be good for transparency. But most RPs still are at the complete mercy of their corporate office for how much help they can have.	6/28/2022 12:11 AM
412	Unless state law outlines what an appropriate staffing ratio is, this will not help and just creates administrative burden for the RP	6/28/2022 12:06 AM
413	Is corporate going to support this pharmacist as this takes more time? Mangers and staff pharmacist are spread too thin and very little support from corporate. It's an attitude of do more with less and squeeze more into your day. Without dedicated time for managers to do this I feel their workload becomes less manageable	6/27/2022 11:49 PM
414	These are amazing	6/27/2022 11:46 PM
415	Ensuring a certain number of techs based on number of pharmacists won't do much. Changing the law to require a certain number of pharmacists per script volume and then requiring a number of techs based on each pharmacists would do wonders. Again short staffing is an issue, but I am personally completely overwhelmed every single day. I feel like I am constantly doing the work of 3 people.	6/27/2022 11:40 PM
416	Staffing should be driven by workload safety, not financial metrics.	6/27/2022 11:36 PM
417	Currently hours are based only on number of scripts filled and do not account for clinical activities or customers in the store	6/27/2022 11:35 PM
418	The Responsible Pharmacist should be able to set up this plan and be allowed extra Tech hours to work safely and effectively with daily changes to workflow.	6/27/2022 11:31 PM
419	It's a matter of not having staff. The information won't help if no one wants to do the job.	6/27/2022 11:20 PM
420	Corporate will Not permit increase in hours best practice rules will prevent this	6/27/2022 11:07 PM
421	I have worked welfare neighborhoods my entire career. The customers in low income neighborhoods are extremely needy of your time. Electronic scheduling does a lousy job in these situations because it does not factor in time for solving problems and it is one after another. Also the phones never stop ringing. We need phone ques so everyone is not tied up with solving problems on the phone.	6/27/2022 11:07 PM

Meeting Materials

422	Many pharmacists are working with no staffing for a number of hours/day or all day on the weekends, having to solely manage drop off, pick up, phone, drive up, vaccinations, and all aspects of filling prescriptions	6/27/2022 11:06 PM
423	Seriously? This is something the State Board of Pharmacy needs to address legally through rules. Do your damn job!	6/27/2022 11:06 PM
424	All the retail pharmacy's care about is selling scripts. They'll make us work 3 12's in a row by ourselves because we "don't have enough hours" to have more pharmacists	6/27/2022 10:32 PM
425	Working for a large corporation none of that is possible. We are never allowed to close the drive thru for any reason. Nor turn away a vaccine. And finding decent technicians at the pay corps offer is impossible.	6/27/2022 10:26 PM
426	Yes.	6/27/2022 10:00 PM
427	Ratio needs to be realistic. Pharmacists continually bombarded by questions from staff, customers, phone calls and pulled in numerous directions (Rx verification/ dispensing process, numerous vaccinations, Covid testing). Limit number of vaccinations per hour, RX volume/pharmacist etc	6/27/2022 10:00 PM
428	Literally just creates more work for responsible person	6/27/2022 9:47 PM
429	Also need to include number of pharmacists required to be appropriately staffed as well	6/27/2022 9:46 PM
430	This could be beneficial, but stating the pharmacist can increase staffing to operate in a safe and effective manner leaves a lot of room for interpretation. A technician to script volume ratio may be more helpful. Or x amount of techs/pharmacists required for this set up/volume, etc. Large corporations are not going to bend over backwards to increase staffing levels unless required to do so.	6/27/2022 9:46 PM
431	RPh to tech/intern ratio will allow for more realistic monitoring of staff functions, as well as reduce "bottlenecks" for productivity as RPh is responsible for verification, answering questions, answering calls, providing counseling, etc.	6/27/2022 9:39 PM
432	This is true depending on the number of other tasks given.	6/27/2022 9:31 PM
433	This just looks like a way for chains/board to be able to throw the responsible person under the bus when there is an issue. The problem we have is ADEQUATELY trained staff. It is a very different pharmacy when I have 3 veteran technicians than when I have 3 new hires, but in each instance I technically am staffed correctly per this rule.	6/27/2022 9:31 PM
434	This seems very helpful but unlikely to actually happen	6/27/2022 9:28 PM
435	The responsible person must be someone who actually works in the pharmacy! Not some non-pharmacist district manager who doesn't even know how to work in a pharmacy	6/27/2022 9:26 PM
436	How does the PIC communicate this to the company? Who is held accountable if staffing doesn't meet the needs outlined by the PIC?	6/27/2022 9:21 PM
437	The key here being that the responsible person be allowed to increase staffing in order to maintain safe work environment. Without that measure this only becomes another hassle for the responsible person to deal with!	6/27/2022 9:19 PM
438	What stops sites from simply enacting their current staffing plans in reaction to this requirement? And when workload levels increase and the pharmacy is unable/not permitted to increase staffing (financial constraints), what happens? The problem here is that critical areas (like hospitals) are not able to simply decline services -- during a patient surge or other emergent need, workload to staffing levels may be well above normal; despite this increased workload, staff will work longer hours or more shifts to meet patient need. To not do so based on a staffing plan that does not permit excursions above "average" will worsen patient safety.	6/27/2022 9:16 PM
439	Many chains restrict the number of hours or staff that can be in a store at any one time. When there are staffing call offs sometimes a pharmacist is left by them selves for hours on end to data enter, take phone calls, run the drive through, produce and verify prescriptions. They often times are told "no if we are open the drive through is open" or similar things when they want to try to reduce the amount of touch points to reduce overall workload. This is unsafe and having a plan in place that is backed by the board would give some power back to the responsible person and maintain safety for all.	6/27/2022 9:15 PM

Meeting Materials

440	I think there should be a pharmacist: technician ratio that can be based on the type of pharmacy, the number of scripts filled, etc. If multiple techs are needed to fill that number of scripts, it is very likely multiple pharmacists are needed to check them especially if you want the patients to be counseled properly.	6/27/2022 9:12 PM
441	We currently are doing this now. While we are still staffed heavier than the big box chain pharmacies, it is getting harder due to DIR fees and PBM patient steering. Frankly, as we approach 2024 with the financial ramifications of double DIR fees in the first quarter of 2024, you are going to be seeing a large number of independents close in Ohio. It is going to be a very challenging balancing act to operate.	6/27/2022 9:04 PM
442	The responsible person will have to stay within the bounds established by the employer	6/27/2022 9:03 PM
443	This would be ideal situation, unsure of how enforceable this would be	6/27/2022 9:03 PM
444	Hard to hire techs and interns and have to count on company to give additional hours.	6/27/2022 8:59 PM
445	The responsible person rarely has the ability to expand pharmacy tech hours due to corporate bare-bones budgeting.	6/27/2022 8:57 PM
446	The issue isn't with technicians and staffing. The issue is money. Without proper reimbursements, these mandates will only lead to more closures of independents. It's unsustainable as it is and this will just add more downward pressure. Until PBMs are corralled, all of these ideas will do little to help pharmacies and pharmacists	6/27/2022 8:54 PM
447	This could work but only if corporations will supply the pharmacist hours that would be required.	6/27/2022 8:50 PM
448	You can't mandate that realistically plus it will be used against staffing in the end	6/27/2022 8:42 PM
449	A pharmacist to tech ratio would help...after a certain number of techs you really need another pharmacist to do pharmacist only activities.	6/27/2022 8:42 PM
450	The corporation still has to give us the budget to staff the pharmacy	6/27/2022 8:38 PM
451	This is a good idea, but unfortunately the responsible person frequently puts more seasoned staff during their shifts	6/27/2022 8:37 PM
452	Empowering PIC on the ground to make the call the ground is essential. In a time with no techs and few pharmacists a "plan" sounds great, but a plan not enacted is useless. Furthermore, we are aware that we must also care for our patients— but part of that is making sure we can SAFELY deliver this care.	6/27/2022 8:25 PM
453	I would have labeled this a 5 except I see issues with finding employees willing to have hours cut at will and also have varying hours of employment each week. Again, both retail and independent Rx experience here. Rx techs are not the highest paid employees and most live paycheck to paycheck. Varying hours would be quite difficult for almost every tech I have worked with over the years. Also, not all techs are created equal in skill just as not all RPhs are. HOWEVER, being able to schedule extra help when needed if it's available would sure have been nice in those high volume stores.	6/27/2022 8:18 PM
454	Our Pharmacies are UNSAFE Start doing your job Protect the public	6/27/2022 8:14 PM
455	This would be extremely helpful only if the pharmacist working in the pharmacy can decide how many support staff hours are needed. This is usually decided by someone sitting in an office only looking at dollar amounts.	6/27/2022 8:13 PM
456	Only helpful if corporations allow pharmacists the ability to make such decisions.	6/27/2022 7:59 PM
457	Having the PIC be able to staff based on need instead of corporate having control would help the most	6/27/2022 7:58 PM
458	There has long been the degradation of pharmacy staffing. In the last 10-15 years it has reached extremely dangerous levels that contribute to most of the errors seen in recent years.	6/27/2022 7:57 PM
459	Make a mandatory tech hour to script ration	6/27/2022 7:55 PM
460	Pharmacists should work no longer than 8 hour per shift.	6/27/2022 7:52 PM
461	It is not safe for the pharmacist to be alone at anytime	6/27/2022 7:52 PM

Meeting Materials

462	The RP at a company wouldn't have any say in this. The company would still limit staffing due to payroll concerns and just repurpose their reasons to appease the board and the "plan"	6/27/2022 7:51 PM
463	Pharmacies run as thin as they can in order to bank profit - the management will "say" they do this when in reality it all about the bottom dollar.	6/27/2022 7:51 PM
464	Must make it easy for them to be able to come up with a plan, ie the retail companies can not under any circumstances shut it down. And most importantly technicians have got to be paid more. If pharmacists really get the number of techs they need, the number at each store is literally going to double. We can't get/keep techs as it is because of their low pay.	6/27/2022 7:46 PM
465	This is currently controlled by corporate offices who have no idea about the daily workings of the pharmacy.	6/27/2022 7:41 PM
466	Please include hospital pharmacists who work short staffed, taking on role of multiple pharmacists and technicians	6/27/2022 7:39 PM
467	That is just adding more work to the responsible person. They are always working to staff the pharmacy but there is a lack of serious applicants..	6/27/2022 7:39 PM
468	Find it unsafe to ever operate without a technician with the pharmacist. Adds a tremendous amount of undue stress as pharmacist is asked to multitask while concerned with his or her specific duties as a pharmacist	6/27/2022 7:38 PM
469	The closing of drive through is crucial. Give the pharmacist autonomy to decide what is safe to operate.	6/27/2022 7:31 PM
470	This would be great if a pharmacist could dictate the schedule. However, you have to have pharmacist and technicians hired to do this. Is the big chains going to hire enough support for a pharmacy manager to appropriately schedule staff???? In some of these pharmacies, the pharmacist are checking 400-500 prescriptions by themselves with plenty of technician help. How will a pharmacy manager get another pharmacist or 2 in there to relieve the one pharmacist? Where is the staffing going to come from? And corporate will override the scheduling because they don't have the manpower or the budget to add more pharmacist or technicians for the store or float pool.	6/27/2022 7:29 PM
471	Helpful!	6/27/2022 7:27 PM
472	Unsure how this will be done at chains without guidelines on numbers.	6/27/2022 7:22 PM
473	This absolutely could be helpful. When I was at a large chain pharmacy, they would only let me have 3 technicians spread out throughout a 13 hour day to fill ~400 scripts/day, run two drive thru lines, constantly help the endless line of people picking up inside, answer the never-ending phones, etc. all while I was trying to check scripts and meet unreasonable metrics. It was never enough and they would not allow me to schedule more help when it was desperately needed. We would get in trouble for having too many hours scheduled.	6/27/2022 7:15 PM
474	Great idea in theory but corporations will want to have more control of retail outlets. They like to call the PICs managers but don't like to actually let them manage.	6/27/2022 7:03 PM
475	This will only work if upper management is not allowed to pressure the PIC	6/27/2022 7:01 PM
476	are you people on the board really this stupid??!! Most responsible pharmacists- at least in retail practice- do this already!! The problem lies at the district manager level and higher- they REFUSE!!!! to provide the hours to appropriately staff the department!!! unless a ratio is developed that states xxx rx volume = yyyy pharmacist and technician hours REQUIRED BY LAW!!! you are just rearranging the deck chairs on the Titanic	6/27/2022 7:01 PM
477	It is irrelevant to put this on the responsible person. Most pharmacies are run via corporations who tie the hands of the responsible person. There needs to be a minimum tech to pharmacist ratio based off volume of prescriptions	6/27/2022 7:00 PM
478	Already in place at my pharmacy	6/27/2022 6:54 PM
479	In large retail pharmacies, the responsible person has ZERO SAY in payroll. There is NO WAY that the store level responsible person will EVER have a say in payroll! What the STATE needs to do is set FIRM ratio laws. Not some ambiguous rule that is a joke.	6/27/2022 6:47 PM
480	This is vital in operating a safe pharmacy	6/27/2022 6:45 PM

Meeting Materials

481	This sounds nice but literally unenforceable, who is going to decide what's appropriate and not.	6/27/2022 6:35 PM
482	Proper technician staffing is crucial to success	6/27/2022 6:34 PM
483	We have technology for this already. If there are no bodies to add to the schedule, it doesn't work!!!	6/27/2022 6:33 PM
484	This will become too cumbersome for an already overburdened RP. Trying to accomplish this with corporate will be a nightmare.	6/27/2022 6:32 PM
485	This is extremely onerous and micromanaging of a private business.	6/27/2022 6:29 PM
486	If this decision is left up to pharmacy, this will probably not work since the company will still want the pharmacy to work with minimum staff. District managers and the people over them receive bigger bonuses if pharmacies are operated with skeleton crews. Insane metrics and constant pressure to grow the business puts tremendous stress on pharmacists.	6/27/2022 6:27 PM
487	This would be nice but responsible persons never have this much authority within a corporate pharmacy because they approve new positions, hiring models, and staffing plans and would just find a Pharmacist willing to follow their guidelines. I was written up at a previous job when I was the responsible person for refusing my managers wishes to break sterile compounding guidelines. I stepped down immediately but there were repercussions and I ultimately had to move to a new position. This rule would be nice but impossible. A pharmacist to tech and intern limit would be better and most helpful to increase the number of pharmacist and spread out the work load better. The goal should be to increase pharmacist not techs and interns	6/27/2022 6:14 PM
488	This won't matter. The chains will threaten livelihoods and black ball them if they can't make it fit their mold. They will point at one exemplary store and say they all fit that mold. I've witnessed this happen. I've lived through it. The responsible person title is not enforced by them and the higher ups hold all the power. In January to March of 2020, I've witnessed a DM force a Walgreens pharmacist to fill and opioid they were not comfortable with. Remove the DMs who aren't pharmacist, make them equally accountable for errors that happen under their supervision and make their reporting of errors mandating under harsh penalties if not. The mechanisms are fully in place.	6/27/2022 6:13 PM
489	Love this	6/27/2022 6:08 PM
490	This will have the biggest impact. And needs to happen	6/27/2022 6:07 PM
491	Hugh issue especially this past year. Many locations due close the drive through occasionally. But I have had many many shifts the past 15 months with only 2 techs... and filling 500+ scripts a day. Very unsafe work loads.	6/27/2022 6:04 PM
492	Corporations determine what we can schedule. Unless a minimum ratio is implemented, pharmacies will still operate short staffed.	6/27/2022 6:03 PM
493	Answering the phone is never included when staffing plans and metrics are being created. This is a major pain point in retail pharmacy. It leads to distractions and mistakes. Phone calls are not monitored, tallied, or measured. But yet, they are the primary reason daily functions are delayed. This needs to be considered when creating appropriate staffing plans.	6/27/2022 5:59 PM
494	Chain pharmacies will routinely break any mandates	6/27/2022 5:58 PM
495	No chain is going to take responsibility in this - will point the finger at Rph in charge	6/27/2022 5:56 PM
496	Pretty vague and hard to implement. What's a safe and effective manner?	6/27/2022 5:48 PM
497	More time away from working as pharmacist though, couldn't a non-pharmacist manage this duty?	6/27/2022 5:38 PM
498	Again, good luck attracting and retaining techs. I applaud you if you are able to get management of the big chains- CVS and Walgreens in particular to follow and adhere to this instead of cutting hours based on ridiculous metrics.	6/27/2022 5:34 PM
499	Essential	6/27/2022 5:28 PM
500	The Board is just dodging doing what other states have done in establishing a set ratio of pharmacists to techs. Silly to throw this on the RP. Looks like the big retail companies got their way on this one.	6/27/2022 5:26 PM

Meeting Materials

501	Having a requirement for the Responsible person to complete a plan is tedious work that will likely have to be completed on that pharmacist's personal time. Maybe it would be better if the responsible person could appeal the staffing level proposed by the pharmacy owner if needed.	6/27/2022 5:20 PM
502	Can you really make this happen? Some responsible people don't even have the pleasure of writing their own schedules. If I say I need 120 hours of tech help a week and my employer wants me to only have 80 hours of tech help, how is that going to keep me from getting fired, or removed as R.P.? I think something like this could really help. I'm doubtful the board could make it happen. Nearly every R.P. I know would be asking for more help.	6/27/2022 5:17 PM
503	In theory sounds great but difficult to staff all stations because not enough techs also think will really irritate the public if closed the DT due to staff or the pick up inside.	6/27/2022 5:14 PM
504	I feel as if the pharmacy is always understaffed because of the fact that no appointment is needed and people can come all at once or then again, none at all.....but the all at once scenario can get pretty ugly when there are not enough people to staff the pharmacy at high tide!	6/27/2022 5:10 PM
505	Would depend on whether chain pharmacies would actually allow the person responsible to say what is safe or not! And can not increase what you don't have or can't get! Finding staff to actually stay and work in current conditions/current pay is tough.	6/27/2022 5:03 PM
506	This seems like it would increase workload. From my experience this is already be done.	6/27/2022 5:03 PM
507	I think it'll just result in more closed pharmacies.	6/27/2022 5:01 PM
508	These are all well Intended, but extremely unlikely for real world implementation. Until companies provide adequate PHARMACIST staffing, none of the other issues will resolve.	6/27/2022 4:56 PM
509	I don't necessarily like the pic being responsible solely as we answer to corporate limits on labor and metrics. So while this sounds nice, the likely hood of it occurring is not high and will result in pics being punished rather than their corporatations.	6/27/2022 4:52 PM
510	This will only help if employers are required to abide by staffing plans set by their pharmacy managers. Chains would likely just institute some policy telling the responsible persons what the staffing plan MUST say.	6/27/2022 4:41 PM
511	The chains will just override this, and PICs will get no say, just as things are currently going. When I was PIC at a chain store that was 24 hour dispensing over 3500 Rxs, my district leader would have to approve if I tried to schedule 2 technician hours over the "demand" algorithm. (We'd get approximately over 200 technician hours per week, which still wasn't enough)	6/27/2022 4:40 PM
512	Will be decided by company. Not responsible person. Gives no minimum requirement	6/27/2022 4:40 PM
513	This could be helpful if the person in charge understands how the pharmacy works. Corporate person is just going to want to cut hours to save money.	6/27/2022 4:39 PM
514	This sounds good on paper. The reality of it is: there is no time to sit and write a plan. This would have to be done on personal time just like preparing for shots. We spend at least 5 hours of personal time, unpaid to prepare for our day. This would be another unpaid task, and corporate will find a way to fill in with untrained upfront help.	6/27/2022 4:36 PM
515	Who decides what is an appropriate staffing level?	6/27/2022 4:35 PM
516	Excellent idea but workload to hours allotted would need a good base metrix that works	6/27/2022 4:25 PM
517	I think this should be up to employers to determine - workload is difficult to predict and it's not reasonable to think the same workload will require the same resources at different pharmacies day to day because too many factors impact this - we all know different staff/companies/technology have different efficiencies even with similar workload, and sometimes highly efficient teams are bogged down by unexpected obstacles - employers are better positioned to evaluate and make decisions based on these different factors - I fear a blanket rule could be restrictive to operations and negatively impact patient access	6/27/2022 4:24 PM
518	The responsible pharmacist already has some responsibility here. Requiring a formal staffing plan including all of these elements will only add documentation requirements	6/27/2022 4:23 PM
519	Tech levels will remain the same, all the slack will be dumped on the staff pharmacist.	6/27/2022 4:21 PM
520	Allowing the pharmacy on duty to have control of these items instead of corporate would be a	6/27/2022 4:15 PM

Meeting Materials

	huge help.	
521	Board needs to establish minimums or else companies will just incentivize the responsible person to do more with less people	6/27/2022 4:15 PM
522	Most independents and some chains already do something like this. Problem is always proper staffing shortages mostly due to the horrible reimbursement from many third party insurers. Maybe The Board of Pharmacy can do something about that?.	6/27/2022 4:13 PM
523	How can you enforce this with the chains? The responsible person is not the one who ultimately makes these decisions - the corporate level sets the thresholds and penalizes pharmacists who "over staff" their pharmacies based on corporate determinations	6/27/2022 4:12 PM
524	There's no one to work	6/27/2022 4:11 PM
525	This is too ambiguous and nothing will change. Needs specifics like so many techs per rx's done at a store or something. Corporate will never change unless forced.	6/27/2022 4:11 PM
526	Rite aid uses a terrible way to determine tech hours based on the number of prescriptions filled per hour. Only concern with bottom line and not patient safety	6/27/2022 4:05 PM
527	Rph left alone for hours in a retail setting is unacceptable! So many things could happen...it's happening more & more.	6/27/2022 4:04 PM
528	I like the idea of required ratios and pharmacist led decision making. The chain I work for doesn't always value our training and our capacity for autonomy and patient centered care. I fear the ambiguity would lead to chain leadership taking advantage of the rule, using it to strip the pharmacy down to the bare minimum required and use the law as a shield.	6/27/2022 4:02 PM
529	Only concern would be related to technician call offs. I wouldn't want a pharmacy to not be able to be open because there aren't enough pharmacy technicians that day.	6/27/2022 3:59 PM
530	This should not be left to the responsible pharmacist unless you have a way to enforce compliance of the companies. I tell my company what I think I need as outlined above already and they constantly tell me no and consistently cut back on our help. Unless you plan to have legally-established minimum numbers, companies are going to overrule what the responsible pharmacist thinks. Otherwise, I guess mandating that companies must allow fulfillment of the staffing levels that each responsible pharmacist says they need might work.	6/27/2022 3:58 PM
531	We need more help. Patients are more and more looking for cost alternatives and how to get the best price they insurance. It's a lot to handle.	6/27/2022 3:55 PM
532	The responsible pharmacist has always been responsible for the accuracy of all prescriptions leaving the pharmacy. This includes staffing. Until requirements are placed on the number of prescriptions that can be safely be filled per pharmacist per shift nothing will change.	6/27/2022 3:54 PM
533	I think that pharmacists in charge, not corporate, should be able to judge and implement staffing based on their current prescription volume and other ancillary tasks. I do think their should be some sort of limits in place so a pharmacist isn't able to schedule wildly above what they would need to safely run their pharmacy, but the bare bones hours limits imposed upon us by corporate pharmacies is ridiculous.	6/27/2022 3:50 PM
534	The issue is the corporations running the pharmacy dictate how many tech hours are allowed, and there aren't enough. The board's task force won't accomplish anything other than a feel-good for those who sit on said task force. The only answer is more tech hours. And unless the board mandates more hours, it isn't going to happen, and the pharmacists will continue to be stressed.	6/27/2022 3:49 PM
535	Unless there are true penalties for company management this will never happen in the real world. Managers who close touch points and increase staffing will be replaced	6/27/2022 3:48 PM
536	We currently do this at our pharmacy.	6/27/2022 3:48 PM
537	Our hours are determined by numbers from a year ago. They provide us with bare hours but expect more work to be done	6/27/2022 3:43 PM
538	This is exactly what needs to happen.	6/27/2022 3:41 PM
539	Again, in theory, good. But especially within chain pharmacies, it is unlikely to help. Chains will still short the hours to an unreasonable amount. If the state implements a mandatory ratio	6/27/2022 3:37 PM

Meeting Materials

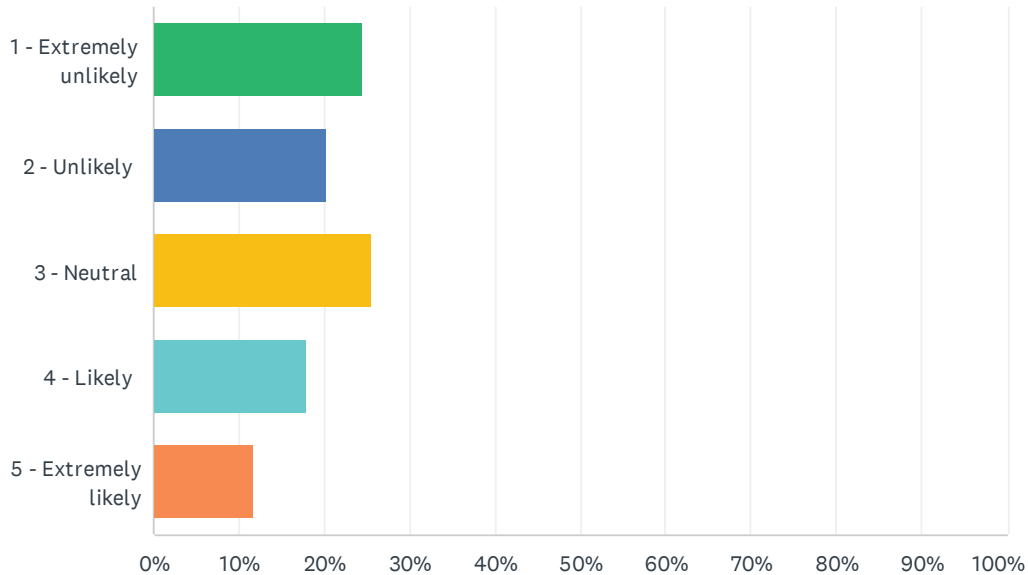
similar to California, then chains will have to comply.

540	Please include a section for "other clinical activities" such as vaccination. Having a vaccine appointment every 5 minutes for the entire shift dramatically changes workload, even when a tech is giving them, because the tech is now unavailable for other activities. I love part D in this plan!! So good	6/27/2022 3:36 PM
541	This is a necessary step after seeing what leadership/corporate does with staffing reductions to increase their bottom line. Safety of patients and pharmacy team members is a concern. Ample support and staffing is rarely provided.	6/27/2022 3:35 PM
542	Large knowledge gaps in responsible person	6/27/2022 3:34 PM
543	More pharmacist and tech help. Sometimes it doesn't matter how many techs there are everyone needs a pharmacist yet there is still just 1 of me. That's when my stress escalates.	6/27/2022 3:33 PM
544	The problem is not being able to staff appropriately, but that the company cuts tech hours.	6/27/2022 3:32 PM
545	I think this could be beneficial; however, corporations are unlikely to provide additional paid time for the responsible pharmacist to do this	6/27/2022 3:26 PM

Meeting Materials

Q7 Tech-Check-Tech Implementation of Tech-Check-Tech or technology assisted technician product verification.

Answered: 2,007 Skipped: 20



ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	24.46% 491
2 - Unlikely	20.23% 406
3 - Neutral	25.66% 515
4 - Likely	17.99% 361
5 - Extremely likely	11.66% 234
TOTAL	2,007

#	ADDITIONAL COMMENTS	DATE
1	There have been numerous times where I have caught errors at product verification. I credit that with my years of experience. I greatly value the support of my technicians but they are no replacement of a registered pharmacist.	7/9/2022 10:59 AM
2	This is just a bad idea. If tech check tech is implemented then the liability needs to be removed from the pharmacist completely in that situation. Techs do not know everything to look for and do not have the professional knowledge that was taught to pharmacists throughout their education.	7/7/2022 10:53 PM
3	I currently don't trust all of the technicians in the pharmacies I work at to catch errors. I am consistently finding mistakes they are making, even the more experienced ones, and think it would lead to more missfills and decrease the trust of our pharmacies. It would also confuse the patients and they wouldn't understand why a pharmacist isn't doing the final check. Also, selfishly, it would start to eliminate pharmacist jobs if said employer could hire more technicians to do the work of a pharmacist. Our level of education deserves a spot in the work force for those of us who work retail and didn't complete a residency etc. Trust in our profession would be in jeopardy.	7/7/2022 10:21 PM

Meeting Materials

4	We're so understaffed and stressed this will only cause more mistakes. Techs don't make enough money to take on more responsibilities like this.	7/7/2022 8:00 PM
5	Too risky.	7/7/2022 7:02 PM
6	Increased errors	7/7/2022 5:52 PM
7	There are practice environments that would benefit from such a program and seemingly would be able to implement them.	7/7/2022 4:59 PM
8	In order to implement this, technician licensing needs to be more robust or their needs to be an "advanced practice" designation. As someone who has worked in community pharmacy for 5 years, I have seen a wide range in the caliber of technicians. Some definitely would be able to handle the liability but others would not.	7/7/2022 4:59 PM
9	From what I've experienced there are very few technicians I would trust due to skill, level of education, and training to check something without involving a pharmacist	7/7/2022 4:46 PM
10	I have mentioned this to various technicians before and none of them have been comfortable with this. There would need to be more accountability on the technicians so that the pharmacist's license would not be unnecessarily put at risk by techs checking techs. I still think the bigger issue is the ability to retain technicians and having competent, well-trained technicians.	7/7/2022 4:32 PM
11	Again, that's great, but when we can get and retain technicians, I don't see the benefit. It'd just lessen RPH hours with more pharmacists not getting a break if they work the closing shift. Closing for lunch doesn't help the closing pharmacist if there's no pharmacist overlap	7/7/2022 4:29 PM
12	potential benefits - but would need to know what level of training staff would need. feels like it would need to be significant training, well beyond immunizations and or national certification.	7/7/2022 4:18 PM
13	PRODUCT VERIFICATION IS A POSITION THAT WHILE NOT CHALLENGING CAN RESULT IN SERIOUS ERRORS SUCH AS MIXED BAG CONTENTS, WHICH CAN CREATE SERIOUS MED ERRORS FOR PATIENTS WITH SIGHT ISSUES,ALZHEIMERS, DEMENTIA ETC	7/7/2022 4:13 PM
14	I mean come on Ohio	7/7/2022 4:08 PM
15	I'm unfamiliar with this concept but would be interested in learning more. Technology has definitely improved pharmacy error rates, in my mind.	7/7/2022 4:01 PM
16	Techs do not have the knowledge to check prescriptions and many errors would occur. Most are very young and don't grasp the responsibility. 2 techs do not equal one pharmacist.	7/7/2022 3:47 PM
17	Not in favor of tech check tech. Technology which requires scanning drug product is Great and works.	7/7/2022 3:37 PM
18	I would imagine most pharmacists will come up with reasons this is unsafe, with the fear that their livelihood would be at stake. However I've long thought an experienced and competent technician can definitely do the verification portion of a pharmacist's job. As a matter of fact a well trained computer algorithm could do most if not all prescription verification. Prescription verification is not really a clinical skill. The technician may not be able to answer every clinical question for a customer or doctor, but those opportunities are few anyway. Drug utilization review ought to still fall on a pharmacist though.	7/7/2022 2:57 PM
19	I think this takes lower priority until the career pathways issues are fixed for techs such that an environment of elevation is created by the tech check tech technologies, rather than an environment for companies to give techs more responsibility without adjusting wages or codifying experience into transferrable certificates etc.	7/7/2022 2:23 PM
20	REQUIRING MORE THINGS FOR OUR ALREADY STRESSED OUT TECHNICIANS WILL ONLY LEAD TO MORE QUITTING. BECAUSE THERE'S NO REQUIREMENT FOR THESE COMPANIES TO PAY MORE	7/7/2022 2:20 PM
21	Reduces errors; adds to workload. More workload, more errors. Zero-sum.	7/7/2022 2:15 PM
22	They are dumb	7/7/2022 1:59 PM
23	I think this is a horrible idea for safety. It also diminishes pharmacist role.	7/7/2022 1:56 PM

Meeting Materials

24	This would free a lot of pharmacists time, So we can focus on customers better.	7/7/2022 1:53 PM
25	Rph catch errors at final verification	7/7/2022 1:46 PM
26	No. Pharmacists should no be in the business of undermining their own careers.	7/7/2022 1:42 PM
27	This will have the biggest impact of all the aforementioned suggestions. There is no need to have a PharmD to check a pill image... It's a waste of a pharmacists time to check those orders. Make this happen ASAP!!!!!!!!!!!!	7/7/2022 1:39 PM
28	This sounds scary to me	7/7/2022 1:32 PM
29	Do not think this is a safe idea	7/7/2022 1:32 PM
30	Only useful for the final. Check and should physically located the pharmacy not remote	7/7/2022 1:28 PM
31	We do NOT have a stable technician workforce and accountability structure for tech-check-tech in Ohio. The presence of unionized wage structures which drive down compensation for technicians will result in errors due to inexperience and lack of adequate staffing structures. The overwhelming dominance of the pharmacy market in Ohio by large corporations who are already ignoring the professional responsibilities of pharmacists would only be made worse by tech-check-tech in today's environment. This might be possible later when the pharmacist patient care process/model is utilized by pharmacy providers (like CVS Walgreens, etc.) and technician workforce is stabilized.	7/7/2022 1:17 PM
32	I've worked for a company in the past that had a second round of verification involving pharmacists and there was no decrease or increase in incidents found when this process existed. Was just an extra layer of work that did not provide much benefit.	7/7/2022 1:04 PM
33	Same comment at #1	7/7/2022 12:50 PM
34	Insufficient staffing now to perform basic operations, let alone this additional task.	7/7/2022 12:30 PM
35	If this is implemented how does it effect pharmacist staffing and job security.	7/7/2022 12:30 PM
36	Can only work though if you have the technicians to do it with. We can't keep anyone long enough to be adequately staffed to do these things.	7/7/2022 12:30 PM
37	As a pharmacist I would likely feel the need to check it myself anyway so would not help	7/7/2022 12:28 PM
38	I believe this could be a good thing however it should be tested in a variety of settings first. I have seen great techs that I would easily trust doing tech check tech but I've also seen techs that I would never trust to check each other.	7/7/2022 12:27 PM
39	Stop giving the techs more work. They're quitting due to overwork as it is.	7/7/2022 12:21 PM
40	My only worry with this would be how errors would be processed. If a technician checked a prescription and a pharmacist never saw that RX would that fall on the technicians license?	7/7/2022 12:19 PM
41	Not sure what benefit this application would be better served for, perhaps on controlled substance auditing or potential vaccine administration?	7/7/2022 12:16 PM
42	The pharmacist checking is usually the rate limiting step, I am not waiting on my techs, they are waiting on me when we get backed up.	7/7/2022 12:13 PM
43	More duties placed on techs with not well compensated pay will back fire	7/7/2022 12:13 PM
44	That would just make one pharmacist responsible for many stores and the volume for the responsible pharmacist would be too much to process.	7/7/2022 12:09 PM
45	I'm worried that this would lead to less need for pharmacists.	7/7/2022 11:57 AM
46	Technicians are not valued. And until the are appropriately, they have NO SKIN in the game. At the end of the day, who is still responsible for tech-check-tech? The PIC? The RPh on duty? With their small pay and overworking I can see them being vindictive toward a patient and imagine the possibilities...	7/7/2022 11:57 AM
47	This could be helpful in verifying the correct product was pulled and counted (only after adequate internal validation of the process); RPh should complete prospective DUR for Rx's and be accountable for ALL high-risk and controlled substance verification.	7/7/2022 11:54 AM
48	There are some technicians that could be trusted with appropriate training to do final product	7/7/2022 11:53 AM

Meeting Materials

verification, but sometimes clinical decisions are made at final product check by the pharmacist. There may not be enough well-trained techs to make this a policy in every pharmacy.

49	I foresee big box stores using this as a means to reduce the number of pharmacists on staff, not necessarily using this to expand scope of practice for pharmacists.	7/7/2022 11:51 AM
50	Definitely a good option.	7/7/2022 11:50 AM
51	I don't feel comfortable with a high school graduate being the final verification step before a drug is given to a patient. This will increase errors.	7/7/2022 11:48 AM
52	I don't think i would be comfortable with this	7/7/2022 11:48 AM
53	From my experience we don't have enough technicians to do the work they already do so I don't think it's time to give them more responsibilities.	7/7/2022 11:39 AM
54	i don't think will work give the fact that the techs are paid minimum wage and we are usually not able to retain quality techs fro more than a few months.	7/7/2022 11:38 AM
55	Final product dispensing checks are the most mundane of a licensed pharmacist's duties, but they are arguably one of the most important. This must remain a licensed pharmacist task.	7/7/2022 11:36 AM
56	Techs don't want that liability.	7/7/2022 11:31 AM
57	No	7/7/2022 11:31 AM
58	This is simply dangerous.	7/7/2022 11:29 AM
59	Most pharmacies already do this and it doesn't seem to have any impact now.	7/7/2022 11:01 AM
60	I am not comfortable with technicians doing a final check on scripts, it is still the rph's license if something is wrong.	7/7/2022 10:08 AM
61	Dangerous!!! Pharmacist spend years on education & are very detailed oriented as compared to the training & education of a technician.	7/7/2022 9:56 AM
62	This does not make me comfortable and I would not feel comfortable allowing this under my license.	7/7/2022 8:56 AM
63	I am still uncomfortable with this process unless the rph is removed from liability if they never actually saw the product/image.	7/7/2022 8:53 AM
64	TCT will cause increase pay to techs and that is not a withstandable model in retain with current reimbursements	7/7/2022 8:35 AM
65	I have some reservations about this. Errors are often caught at product verification. Are the technicians going to be trained to spot those? If they're going to be held responsible shouldn't their name now appear next to mine on the bottle? Do technicians want this responsibility?	7/7/2022 8:33 AM
66	Would need to see real-world implementations where this is successful, but yes, this can be a game-changer	7/7/2022 8:05 AM
67	Product verification is not what slows down pharmacists, it's everything else being demanded on top of it.	7/7/2022 7:31 AM
68	I think pharmacist should complete final check as he/she is liable	7/7/2022 6:10 AM
69	Agree this needs to be leveraged. Agree with committee comments. Need to be very intentional about technical and clinical delineations and using this as an opportunity to free up pharmacists from technical duties when time could be better spent on clinical tasks (clarifying prescriptions, making recommendations such as dose adjustments, assessing potential for drug interactions / polypharmacy concerns, patient counseling).	7/7/2022 12:21 AM
70	I'm not comfortable with this.	7/6/2022 11:59 PM
71	I do not trust any of my technicians to be competent enough to do this. Plus it would put my job at risk.	7/6/2022 11:54 PM
72	I was a part of this pilot program in retail stores. In my opinion it did neither help nor detract from pharmacist duties or time	7/6/2022 11:31 PM

Meeting Materials

73	Possible source of errors.	7/6/2022 11:20 PM
74	No	7/6/2022 11:13 PM
75	I see this as only creating more problems. More training needed.	7/6/2022 11:04 PM
76	If pharmacist are staffed proficiently with support staff this is not necessary. I would be concerned that taking pharmacist duties away would only lead to less pharmacist on staff and more 12 hour days alone.	7/6/2022 11:03 PM
77	If the pharmacist is ultimately responsible for any misfill or other error, no pharmacist is going to be able to let the checking of a technician's work to a tech. The pharmacist will still insist on checking the work themselves which will then increase their work load. I would feel a lot of stress allowing tech check tech considering the serious consequences of any potential error. If tech check tech was permitted at my work site and I was ultimately responsible legally, I would resign.	7/6/2022 10:23 PM
78	Better for inpatient/ institutions	7/6/2022 10:11 PM
79	Would create too many errors. We don't have techs that I would trust to do this.	7/6/2022 10:08 PM
80	This is a terrible idea. I have never spoken to any practicing pharmacist, who has thought that this is a good idea.	7/6/2022 10:00 PM
81	This should Only be in the hands of the pharmacists	7/6/2022 9:47 PM
82	Seems like a nice concept, however, pharmacists seem to always carry the burden of incident reporting	7/6/2022 9:44 PM
83	Not sure about this one. I'd my license is on the line for another person to verify rxs and I have to take the cupability for errors I'm not on board with that.	7/6/2022 9:32 PM
84	At this point, retail pharmacy has lost too many well trained technicians to trust that they will reduce errors. We need well paid techs who care about their jobs first.	7/6/2022 9:29 PM
85	If they mess up is it on the pharmacist license then no. Also, I think this may allow chains to pull pharmacists from stores completely. Remote script and dial a pharmacist.	7/6/2022 9:23 PM
86	Unskilled and untrained in the practice of pharmacy. They should not be allowed to do this job	7/6/2022 9:22 PM
87	I think this would be highly ineffective and would in face increase the workforce issues the Board is currently trying to remedy. Tech-check-tech would further decrease the amount of control a pharmacist has over the patient safety process while leaving them with the same amount of responsibility.	7/6/2022 8:35 PM
88	Seen this in the past. Did not find it to be helpful. Especially difficult if only 1-2 techs on duty and task is stuck waiting for tech check and they are both busy with customers	7/6/2022 8:27 PM
89	They don't care when they enter the orders so I don't think they'll care when they check them either.	7/6/2022 7:42 PM
90	If the RPh is ultimately responsible for the tech-check-tech process I don't want that! There's only certain techs and days/workloads I would feel mildly comfortable with this. If my company Pharmacy allows this it will be all techs and I'm definitely NOT ok with that under MY RPh license	7/6/2022 7:41 PM
91	Again, until techs see better compensation you won't get the right quality to be willing to put in the effort.	7/6/2022 7:28 PM
92	Where is the liability if a patient is harmed? On the tech or pharmacist on duty? In retail, the product checked goes directly to the patient. There is no nurse or other licensed professional administering such as in a hospital. The risk is too great to the customer.	7/6/2022 7:26 PM
93	Liability is a concern. Feel without the proper regulations on this large chains would take advantage of this creating a new set of issues.	7/6/2022 7:24 PM
94	Again with the high turn around of technicians and inexperienced technicians working in the pharmacy i would not feel comfortable with them verifying.	7/6/2022 7:11 PM
95	Not sure if I'd put my license on the line for that	7/6/2022 6:48 PM
96	Technicians still don't have the education to review a patient profile and look for interactions,	7/6/2022 5:52 PM

Meeting Materials

etc, even if it is a refill prescription

97	Again, getting them properly trained will be difficult with the major chains.	7/6/2022 4:54 PM
98	This will get pharmacists fired. Unless this comes with large tech raises why would they want this responsibility? If the responsibility is still on the pharmacist for their mistakes then I definitely don't want this.	7/6/2022 4:20 PM
99	The pharmacist must be the final check. That is what they went to years of school for! Then the pharmacist will be responsible for their mistakes	7/6/2022 4:05 PM
100	There are very few techs capable of verification at the current safety standards. I do not see how this would increase safety.	7/6/2022 4:03 PM
101	Never will agree to tech check tech, ive had my techs all see the same data entered script and miss critical mistakes at each pharmacy I've ever worked at	7/6/2022 3:59 PM
102	Mistakes less likely to be caught by the pharmacist with less physical attention.)7	7/6/2022 3:58 PM
103	We do that now. But tech are stressed and ovrr worked.	7/6/2022 3:30 PM
104	No way! That should be pharmacist only. Techs don't understand the "why" of a choice of product	7/6/2022 2:56 PM
105	Increases risk of error	7/6/2022 2:10 PM
106	Only when all the proper scanning and verifications are utilized. If something "scan fails" it needs to immediately have verification by a licensed pharmacist. However, if we have enough technicians to answer the phone, ring the register, data entry, insurance adjudication and thrive thru, we wouldn't need tech-tech check. The pharmacist would actually be able to complete the work that needs to be completed.	7/6/2022 2:08 PM
107	This is more likely to increase the likelihood of errors. We need more techs to complete technician tasks.	7/6/2022 1:19 PM
108	There is already a problem of theft of controlled substances by technicians. Remote supervision is not a good idea. The pharmacist needs to be available to interact with patients anytime a drug is dispensed. Taking them out of the process is a danger to public health.	7/6/2022 1:10 PM
109	I catch too many mistakes at verification that involves clinical knowledge and unfortunately got past pre-ver and product dispensing. No	7/6/2022 12:58 PM
110	These companies will use that as a tool to reduce pharmacist hours and try to employ more techs	7/6/2022 12:51 PM
111	Again, the pharmacist would be responsible for their mistakes, which means I would have to double check. It makes the whole process useless!!	7/6/2022 12:36 PM
112	The pharmacist has ultimate authority in the pharmacy. Scripts and orders have to be checked by a multi-disciplinary system (RPh, technician and technology).	7/6/2022 12:31 PM
113	Expanding tech duties will help relieve pharmacist burden but may not actually lead to an increase in overall staffing levels.	7/6/2022 12:25 PM
114	May improve productivity but not sure I agree with tech-check-tech.	7/6/2022 12:16 PM
115	again, there is a technician shortage, why make it worse??? There is no RPh shortage. This rule would only make the retail giants more likely to cut Rph's and soak up all the available techs.	7/6/2022 12:15 PM
116	Most pharmacies have accuracy scanning already, which does prevent many dispensing errors.	7/6/2022 12:09 PM
117	I'd need more info on this to make a decision	7/6/2022 11:57 AM
118	My concern is liability and responsibility. There are technicians I have worked with that I would 100% trust to do this but there are others I absolutely would not because of carelessness.	7/6/2022 11:57 AM
119	Unsafe practice.	7/6/2022 11:52 AM
120	This is a very bad idea	7/6/2022 11:38 AM

Meeting Materials

121	Are you trying to get rid of pharmacists? This is a terrible idea!	7/6/2022 11:37 AM
122	Hate this idea	7/6/2022 11:36 AM
123	Please don't go this route. I see this as being a disaster. There are plenty of pharmacists. Fix the reimbursement issues in community pharmacy and workflow/staffing issues will resolve. Please do not do this. I trust my technicians, but I want to take a quick look before anything leaves the pharmacy. We need to expand what support personnel other than technicians can do.	7/6/2022 11:29 AM
124	Not sure what this is. It may slow down work flow.	7/6/2022 11:26 AM
125	Believe some utility in technology assisting with workload.	7/6/2022 11:20 AM
126	The pharmacist is responsible for what leaves in the eyes of the public. Shifting that responsibility to technicians yet having the pharmacist be the face of the pharmacy isn't fair to the pharmacist. If the workload is that great then add a second pharmacist	7/6/2022 11:04 AM
127	Passing around responsibility is only going to cause more confusion.	7/6/2022 10:59 AM
128	This would be of great assistance especially if barcode scanning exists.	7/6/2022 10:58 AM
129	Unless there are more cpht technicians and techs who are capable, this is a safety issue.	7/6/2022 10:54 AM
130	This may help, would like to have more information about how this is executed. This part of the process is not very time consuming from a pharmacist's perspective when considering workload.	7/6/2022 10:51 AM
131	More mistakes/ errors to deal with and not a fan	7/6/2022 10:47 AM
132	This sounds like it is going to manifest as less pharmacist scheduled hours.	7/6/2022 10:47 AM
133	Although, I would be hesitant to have prescriptions go out the door without a pharmacist check due to a difference in knowledge base. If technology can be improved to mitigate over 90% of the risk, then maybe it can be done.	7/6/2022 10:47 AM
134	Freeing up the pharmacists to provide direct patient care will help tremendously. I would love to help patients with things such as OTC recommendations or blood pressure without feeling rushed and having well-trained technicians complete this step in workflow would do just that.	7/6/2022 10:45 AM
135	Seems incredibly unnecessary and potentially dangerous for my patients	7/6/2022 10:41 AM
136	As a RPH I am NOT ok with this. My license, I CHECK THE RX. PERIOD.	7/6/2022 10:40 AM
137	If the number of techs stay the same and the techs can't keep up with their workload now, it won't work. The biggest factor in workload is our companies computer puts too many rx's due first thing in the morning. Also, every rx is due in a certain amount of time no matter what our work load is.	7/6/2022 10:33 AM
138	Ultimately the pharmacist will be responsible	7/6/2022 10:32 AM
139	In situations where full automation is implemented (hospitals where scanning is used at multiple places for automated med cabinets), this may be useful - however, this is not something the board should pursue at this time.	7/6/2022 10:30 AM
140	I think this rule would increase risks for patients, lead to more medication errors, and only worsen workloads. Corporate chains would try to take advantage of such a rule by reducing pharmacists on staff and using the minimum number of technicians in order to drive higher profits. Technicians are not trained to realize medication errors, perform DURs, or complete other checks essential to proper product verification. In addition, with such a large shortage of technicians in Ohio, this rule could have very little positive impact, if any.	7/6/2022 10:29 AM
141	Terrifies me in high volume location I am in. But may be helpful in more rural locations. I favor remote pharmacist checking over tech-check-tech	7/6/2022 10:25 AM
142	I highly disagree with implementing this.	7/6/2022 10:24 AM
143	Who's responsible then if mistake made.	7/6/2022 10:23 AM
144	Again I worry about ultimate liability being placed on the pharmacist on duty. If it is the pharmacist's ultimate responsibility and liability than I don't see the point.	7/6/2022 10:17 AM

Meeting Materials

145	Not a fan. Who's the responsible person if missfill	7/6/2022 10:16 AM
146	I believe this opens a window for more errors	7/6/2022 10:15 AM
147	Shortage of techs	7/6/2022 10:15 AM
148	If techs have to go through all the CE and training, they can be trusted to verify certain things. But they need to be compensated appropriately for the increased responsibility	7/6/2022 10:12 AM
149	Depending if technician staffing improves.	7/6/2022 10:11 AM
150	Some potential to create more work based on skill level of technician	7/6/2022 10:11 AM
151	While this would decrease workload, I feel the liability would fall on the pharmacist if technicians made an error and that's not a liability I am personally willing to take on.	7/6/2022 10:07 AM
152	You probably won't find many pharmacists in favor of this.	7/6/2022 10:02 AM
153	techs are important but this is the role of the pharmacist. the board of pharmacy and pharmacy orgs have already let the chains drive down wages thru allowing anyone to open a pharmacy school which has created a surplus of pharmacists coupled with the lack of reimbursement for clinical services. tech check tech will only erode the profession and give less importance to the pharmacist!! tech check tech is truly the nail in the coffin for this profession.	7/6/2022 10:01 AM
154	Not appropriate	7/6/2022 9:56 AM
155	This is not a good idea	7/6/2022 9:54 AM
156	I do not trust this!!	7/6/2022 9:50 AM
157	Only if the techs are held accountable for errors and not the pharmacist in the tech-check-tech. Technology assisted works except when it is overridden.	7/6/2022 9:37 AM
158	Still ultimately the pharmacist's responsibility	7/6/2022 9:19 AM
159	Lots more errors will happen and patients will suffer and we will lay the blame on minimum wage workers which are our technicians	7/6/2022 9:00 AM
160	You can't replace the value of a pharmacist's knowledge and insight with a technician with a technical background and little else. If I am responsible, I must have that final decision.	7/6/2022 7:35 AM
161	If techs are hard to keep and train, do we want them taking on this responsibility??	7/6/2022 4:28 AM
162	I don't know what that means	7/5/2022 10:34 PM
163	All this will do is give large companies a way to reduce pharmacists and cut jobs so they can save money. Techs also do not have the clinical knowledge needed to look over prescriptions.	7/5/2022 10:12 PM
164	Concerns about liability for the techs. Should continue to be a licensed pharmacist responsibility.	7/5/2022 9:26 PM
165	I hate the idea of Tech-Check-Tech.	7/5/2022 6:00 PM
166	mistakes can be made, esp when the image of the medication is not found in the technology or it is an OTC item or if more than two NDCs are used . if still needed then liability should fall on the individual tech and not the RPh	7/5/2022 2:01 PM
167	I've found mixed pills on verification, as I check thoroughly. Some people I've worked with I would not trust to be as thorough	7/5/2022 1:19 PM
168	This would free up pharmacist time to focus on judgement decisions.	7/5/2022 12:58 PM
169	Not sure what this would look like. A pharmacist is still needed in this step, I believe.	7/5/2022 11:51 AM
170	I don't think technicians have the scope of understand, or want the liability this creates for them. I guess in theory this would increased the amount of workers to decrease the amount of load, but it would take some serious overhaul of the tech training program and require a lot more clinical expertise.	7/5/2022 11:44 AM
171	Way too much liability here. Get me out of this profession if high school graduates are doing my job just to save corporations money.	7/5/2022 11:24 AM
172	Not realistic; too tedious and time consuming	7/5/2022 10:53 AM

Meeting Materials

173	This could be used for any items where there are no expectations of a basic clinical review during checking	7/5/2022 8:56 AM
174	This makes me very nervous. I would need more information.	7/5/2022 7:12 AM
175	Our employer already has effective technology assisted product verification, so I think this will require unnecessary paperwork and monitoring by the Board.	7/4/2022 4:40 PM
176	It takes about 7 years of training and six figures of debt to become a pharmacist. Now you want technicians with very little training/education to make these decisions? I think its a bad idea. I catch even my experienced technicians with many years of experience making all kinds of errors. Its bad enough that Pharmacists have to worry about all of the numerous prescribing errors that are sent our way now we have to worry about our techs checking each other's work. No Way!	7/4/2022 3:53 PM
177	I think only lead tech or most experienced tech only. can't be an entry-level technician.	7/4/2022 3:15 PM
178	The current training level of the vast majority of technicians I come across would not be capable of working like this. My employer does not provide adequate training but claims that they are.	7/4/2022 2:53 PM
179	Absolutely NOT! Quality healthcare is at its all time low in the 40 years I've been working in it. Nurse practitioners and physician assistants are replacing doctors and are given free reign practicing alone and not being supervised adequately. They are able to diagnose and write all prescription class II drugs. This is a joke. They are nowhere near qualified to do this and do not have the years of science education required. Many have undergraduate degrees in business, economics, English, etc and have no idea what they are doing. Implementing technology assisted technician product verification would amount to a similar comparison. DO NOT RISK PATIENT SAFETY	7/4/2022 2:34 PM
180	Much like my vaccine comments the final approval should come down to the supervising pharmacist for that shift. Regardless of certifications available to technicians, the supervising pharmacist will still have the potential to be held liable to some degree. I agree the technicians should have additional training for this activity. The decision for each individual shift should ultimately come down to the supervising pharmacist, depending on their confidence in the particular technician.	7/4/2022 12:57 PM
181	This leads us down a "slippery slope." It may decrease the workload on pharmacists and give the big stores the ability to crank out more prescriptions but you are taking away a fundamental function and responsibility of the pharmacist.	7/4/2022 12:20 PM
182	Again- work ethic and attention to detail not there. After many years of experience these are people who many times barely made it through high school and just look at this as a job to put food on the table- would have to be significantly more schooling- again- stop looking at the money and saving pharmacist salary and start thinking about the patients	7/4/2022 10:20 AM
183	I don't understand this	7/4/2022 9:53 AM
184	Pharmacists are the final check, NOT technicians. This idea should be put to rest, as they do not check the same way as pharmacists.	7/4/2022 7:47 AM
185	Patient safety must be upmost concern, accountability for each decision must be clear. Transparency must be in place so that patients know and may choose a pharmacy that places a pharmacist in control of their prescriptions.	7/4/2022 7:30 AM
186	This would help as long as there was a dedicated position and this tech was not also manning other touch points.	7/4/2022 3:37 AM
187	I have worked with "virtual verification" in a pilot store (CVS). I felt this was less safe for patients for two reasons. Firstly, I had no way of knowing what a technician did with the product after a photo was taken, as the product was labeled and bagged by a technician. Secondly, the photos of the product were low quality and I felt more comfortable being able to observe the actual medication/product.	7/3/2022 9:04 PM
188	No to tech check tech! There are simply things that cannot be taught. The checks that a pharmacist may do may seem mundane at times; however, it is from some of these checks serious errors can be caught from a DUR perspective. I am open to use of technology for product verification IF the technology was initially approved by a pharmacist. One example in Pyxis restock of an ADM.	7/3/2022 7:00 PM

Meeting Materials

189	I believe it is ultimately the pharmacist's responsibility to check and verify what is being dispensed. Trying to cheap down the model by replacing pharmacists with techs is the problem, not the solution	7/3/2022 6:09 PM
190	This will destroy the pharmacist profession.	7/3/2022 4:46 PM
191	I would be uncomfortable having only tech check tech and more errors	7/3/2022 3:17 PM
192	Strongly against this as it would allow things to go out of the pharmacy without the opportunity for the RPh to verify	7/3/2022 2:50 PM
193	This is more likely to lead to reduced patient care and safety.	7/3/2022 2:39 PM
194	If they assume the professional responsibility and liability then I can see this happening. But if the responsibility/liability is falls on the pharmacist then it would be unfair to the pharmacist if a mis-fill would have occurred.	7/3/2022 2:06 PM
195	In larger institutional pharmacies this is helpful as long as the pharmacist sets it all up.	7/3/2022 10:56 AM
196	Not ready to be so 'hands off' in the process	7/3/2022 9:19 AM
197	I have not heard reports of this being an efficient system from those who have utilized this process. The best way is still using the naked eye and always will be.	7/2/2022 11:33 PM
198	Not comfortable with this idea	7/2/2022 11:03 PM
199	Unless technicians are going to be help liable, I feel like this is a safety concern. If the pharmacist is going to be in charge of all of the products that go out... I feel like I want to be the one that checks each bottle?	7/2/2022 10:58 PM
200	The board of pharmacy needs to close half of the pharmacy schools if they want to implement this. There are no jobs as is and this will drastically harm pharmacists.	7/2/2022 10:06 PM
201	Definitely not, at least not at every store.	7/2/2022 8:09 PM
202	Questioning who is responsible for errors? Is the license of the pharmacist on duty on the line for any mistakes, especially if harm came to the patient	7/2/2022 6:06 PM
203	Again, companies aren't going to allow the budget hours to take a tech out of traditional workflow to product review. Then the pharmacist performs the tech duties. We're already seeing this with immunizations. If a tech gets pulled to give a shot, usually the pharmacist has to step in and cover the register or fill counter.	7/2/2022 1:25 PM
204	Doesn't help the pharmacist unless the pharmacist is not liable for prescriptions they were not personally checked by the pharmacist.	7/2/2022 9:57 AM
205	This step doesn't take very much time to complete but I think it's definitely something certified techs could complete	7/2/2022 9:21 AM
206	I feel the majority of pharmacists prefer to have final verification be done by a pharmacist. I would not want to take responsibility for anything that I did not personally verify.	7/2/2022 8:56 AM
207	I believe this is a bad idea. Pharmacists go to school for years to study pharmacology and pharmacokinetics. Sometimes it is the second check where mistakes are caught. It is these ideas that are destroying pharmacy because the CVS's and the Walgreens of the world feel it is more important for the bottom line than to take care of patients.	7/2/2022 8:42 AM
208	finding the quality people with a willingness to do this is the big obstacle	7/2/2022 8:34 AM
209	Product verification is a simple , easy task and it typically not one of the more time consuming tasks that we need to do. If everything falls under our license as the pharmacist in charge that day I would rather be the one doing that final verification.	7/2/2022 7:26 AM
210	RPh needs to be the check as long as they are legally responsible for the outcome	7/2/2022 3:10 AM
211	There would have to be a "junior pharmacist" college for me to feel comfortable with this. I would maybe allow 3rd and 4th year interns to do intern-check-tech before I'd feel comfortable with tech-check-tech.	7/2/2022 12:04 AM
212	Maybe, but assumes there is more than 1 tech scheduled. Many pharmacies do not have this overlap.	7/1/2022 10:27 PM

Meeting Materials

213	I would not feel comfortable with tech check tech.	7/1/2022 9:14 PM
214	Even the best techs get distracted in a fast paced pharmacy. I feel this would introduce more mistakes and various issues.	7/1/2022 9:13 PM
215	However this only solves the problem if there isn't a shortage of technicians which there is currently and will be for a while.	7/1/2022 8:15 PM
216	I beg you not to consider this. There are so many learning disabilities present in the tech population. Reading and writing are huge challenges for some. A few techs on staff do not know how to address an envelope. Dangerous situation would result if this was implemented.	7/1/2022 6:38 PM
217	The same technicians that would be doing this are the ones that sometimes may miss a leftover tablet from the previous order going into the next order or not seeing two close looking tablets actually being different & mixed. Too much turnover to have adequately trained and trusted technicians in my workplace.	7/1/2022 5:43 PM
218	Very strongly against	7/1/2022 5:29 PM
219	An extra eyes help reduce error. Double safety check greatly reduce error	7/1/2022 5:23 PM
220	I am all for advancing technicians but I have also worked with many that I would not feel comfortable verifying medication before it leaves. I would love to see the technology first.	7/1/2022 2:17 PM
221	Depends on the quality of the technician.	7/1/2022 2:06 PM
222	Does this mean the tech is pulling meds and counting for the final pharmacist check? Then yes, that is helpful and we do that.	7/1/2022 1:52 PM
223	But it won't matter. We lack in techs, so even if they could give immunizations, we don't have them to give the immunizations.	7/1/2022 1:47 PM
224	Not a proponent of this at all.	7/1/2022 1:12 PM
225	Must have advanced training to do this.	7/1/2022 12:47 PM
226	Only if adequate training standards are implemented	7/1/2022 12:40 PM
227	This is huge and important	7/1/2022 11:38 AM
228	In my experience, very few technicians possess the level of caring and responsibility it takes to verify prescriptions.	7/1/2022 10:31 AM
229	I still think pharmacists need to do the final check if they are the ones held responsible for the dispensing of the medications.	7/1/2022 7:12 AM
230	Techs don't verify - pharmacists do. Let's keep it reasonable.	7/1/2022 7:04 AM
231	I believe we're already doing this with the mandatory barcode scans of the product and the printed rx leaflet at the fill station. It has helped to prevent fill errors, but I don't believe it improves work conditions.	7/1/2022 12:49 AM
232	Another paramount decision. Many remote states use this (N.D. as one) and it works, as long as the tech is well trained. PTCB is/has developed an advanced test (actually called TPV, technician product verification) that the board can depend on for competency, as well as the pharmacy manager at a particular store. Additionally, tech-check-tech has been used for many decades in the military model, and works, as long as the tech is well trained. Numerous studies have shown this to be as safe and effective as a pharmacist doing the final check.	7/1/2022 12:22 AM
233	The chains will just cut pharmacist hours if techs visual verify prescriptions.	6/30/2022 11:48 PM
234	I wouldn't trust two of my technicians to check each other's work.	6/30/2022 11:42 PM
235	What is the implication on the pharmacist?	6/30/2022 9:59 PM
236	THIS IS A BAD IDEA ON A LOT OF LEVELS. First, I do not like the layer of techs having final verification due to lack of education (there is clinical involved.) Second, this will cause MORE med errors and increased stress. Third, and most importantly, large chains will use this as an opportunity to CUT HOURS for pharmacists. They will NOT add more tech help, but will cut overlap out of larger stores. Please do not do this	6/30/2022 9:56 PM
237	I personally do not like this idea. We would have to have quite a number of "super techs"	6/30/2022 9:51 PM

Meeting Materials

which sadly we do not currently have. Some of our current techs just do not have the learning capacity to be able to be trusted for such a critical task.

238	The level of many techs I have worked with would not have the detailed orientation to do this.	6/30/2022 9:28 PM
239	Most technicians I work with do not want that responsibility.	6/30/2022 8:57 PM
240	This is a bad idea. This gives the large chains more ammunition to eliminate the need for pharmacists and degrades our profession even more. We are not seen as healthcare providers.	6/30/2022 8:54 PM
241	I don't think this helps at all and would minimize the importance of the job	6/30/2022 8:49 PM
242	Bar codes bar codes bar codes. Only a pharmacist can override when bar code doesn't authenticate. Is pharmacist still on site? Is this a step towards remove verification? Public perception? Who is ultimately responsible for the final verification?	6/30/2022 8:26 PM
243	Pharmacists will then be responsible for errors which they never even viewed the script. May possibly remove pharmacists from the pharmacy to sit at a "call center" and verify work through a monitor.	6/30/2022 7:45 PM
244	This is scary. I don't see technicians having the training for this	6/30/2022 7:20 PM
245	too much potential for mistakes to get through	6/30/2022 7:14 PM
246	Should depend on the quality of tech. All techs are not created equal, some by far	6/30/2022 7:05 PM
247	This could lead to outsourcing of pharmacists.	6/30/2022 7:03 PM
248	This can apply to refills of medications.	6/30/2022 6:57 PM
249	Massive workload decrease which would allow pharmacist to focus on order appropriateness thus decreasing error rate for other activities and it's something that a tech can absolutely do bad a lot of jobs and pharmacy are literally just checking tech work	6/30/2022 6:42 PM
250	No pharmacist will ever think this is a good idea in retail unless the tech is liable for the errors. Most techs are not paid enough for the responsibility and do not have the training, or even the intelligence and knowledge to ensure the script is filled properly. As a patient, I would never get my scripts filled anywhere that I know the tech is filling the script without pharmacist oversight. This is just another absurd idea to get rid of more costly pharmacists and have them available by phone in India for counseling. This is what the chains want. They don't want to pay a \$60 pharmacist for their knowledge and skill when they only care about the task and can pay a \$15 technician. Until the reimbursement model incentivizes the pharmacist education and clinical skills over putting pills in a bottle, the chains will never change their face.	6/30/2022 6:12 PM
251	I only have one tech with experience. I don't feel comfortable with anything leaving my pharmacy unless it is finalized and checked by the pharmacist.	6/30/2022 6:11 PM
252	It still needs to be done.	6/30/2022 6:10 PM
253	Again short on tech help. Due to low wages, some technicians are not as competent as others and would be a danger to the public as a final check.	6/30/2022 5:50 PM
254	Chances of fatal errors	6/30/2022 5:44 PM
255	This strikes pure fear in me because I have worked with enough technicians who had "short-termer" attitudes. Requiring training and certification are very important in changing the perception of a pharmacy technician job as merely a stepping stone to a better paid, more respected position. Once employers realize the importance of intelligent, dedicated technicians, they will offer the pay to match. Then it will be easier to recruit and maintain only the best. As long as each tech hour requested is still scrutinized and quibbled over, turnover and frustration will be inevitable.	6/30/2022 5:36 PM
256	Very against this. Allowing techs to check will increase errors and the rph will miss an opportunity to catch mistakes, drug interactions, oarrs reports etc. Most techs do not work with the same level of care, caution or professionalism as pharmacists.	6/30/2022 5:33 PM
257	I personally do not think that this is a safe system, given that many techs do not have any clinical training.	6/30/2022 5:28 PM
258	This could be potentially dangerous	6/30/2022 5:23 PM

Meeting Materials

259	Must be technology-assisted and not reliant on two humans only.	6/30/2022 5:21 PM
260	Bypassing the pharmacist final check - I certainly would not want my name on the RX.	6/30/2022 4:47 PM
261	No way!	6/30/2022 4:44 PM
262	While this is not rocket science I am Not a fan of this at all.	6/30/2022 4:42 PM
263	Technicians should not do any verification.	6/30/2022 4:39 PM
264	I am not sure what this looks like, the pharmacist doesn't check the finished product.	6/30/2022 4:25 PM
265	How does this help if technician are not skilled enough? Is pharmacist held liable for the error for tech check tech?	6/30/2022 4:10 PM
266	Many operations already use scanning and eye cons or other technology to assist in product verification.	6/30/2022 4:07 PM
267	No no no! Rph carry malpractice insurance, mistakes still get through.... technicians are not insured nor want the responsibility of making deadly mistakes. If they wanted that, they'd have gone to school for PharmD!	6/30/2022 4:07 PM
268	There is an extensive tech check tech program in the Air Force, and this has worked very well, however it is limited to checking refills only.	6/30/2022 4:05 PM
269	This is based on the ideology that techs are competent...theory vs reality....	6/30/2022 4:03 PM
270	not sure what this means exactly	6/30/2022 3:52 PM
271	Risky to take a pharmacist out of that loop	6/30/2022 3:50 PM
272	Only if part of a "triple check system". Again too much turn over and not enough training WILL lead to patient's medication profile not being thoroughly evaluated which will lead to poorer service and more importantly poorer outcomes.	6/30/2022 3:29 PM
273	See my comment about techs doing immunizations.	6/30/2022 3:28 PM
274	Could contribute to errors - some techs are not as careful.	6/30/2022 3:23 PM
275	That would honestly lead to someone dying	6/30/2022 3:21 PM
276	prefer technology over other technicians	6/30/2022 3:17 PM
277	Well, why not. PharmD to do that? What a monumental waist of educational resources!	6/30/2022 3:06 PM
278	Do not feel comfortable with this.	6/30/2022 2:58 PM
279	This would definitely improve pharmacist workload but will the pharmacist on duty have corresponding liability if there is a misfill? If so, this provides no benefit.	6/30/2022 2:49 PM
280	Would reduce a lot of the workload on the rph, but tech hours would have to increase	6/30/2022 2:46 PM
281	I would not be comfortable with this especially with the quality of technicians and high rate of turnover	6/30/2022 2:36 PM
282	I do not support tech check tech	6/30/2022 2:33 PM
283	Unless the techs start getting paid a whole lot more, this is a slippery slope that's only going to result in more RPh hour cuts.	6/30/2022 2:31 PM
284	I'm a little worried about this one. Will patient care be compromised ?	6/30/2022 2:30 PM
285	This will only give retail chains the permission to decrease pharmacist hours. Their goal will always be to staff their stores with the least expensive staff they can. This policy will lead to pharmacists being completely removed from retail settings. Our state board should be looking out for the well being of pharmacists, not catering to the convenience of retail chains and their profits!	6/30/2022 2:26 PM
286	Too much liability on extremely underpaid technicians	6/30/2022 2:11 PM
287	There are so many issues with high turn over if technicians that error rates will skyrocket. Low wages will only get low responsibility and low mental capacity employees. Baggers at a	6/30/2022 2:08 PM

Meeting Materials

grocery store should not be paid equally as an individual checking your life sustaining medication. At that point, just give the patient \$20,000 up front for the forecasted error.

288	Would still be under pharmacist license (so no decrease in workload)	6/30/2022 2:07 PM
289	Again, I don't have the staff for this.	6/30/2022 2:02 PM
290	Bad idea	6/30/2022 2:02 PM
291	Depends on if the pharmacist would still be help responsible.	6/30/2022 2:02 PM
292	It would help but pharmacist still needs to be the final verification	6/30/2022 1:58 PM
293	I do not trust my technicians to make important decisions, especially when I am still ultimately responsible.	6/30/2022 1:55 PM
294	Lack of properly trained and motivated techs will lead to significant medication errors	6/30/2022 1:51 PM
295	Also pay level needs to be appropriate	6/30/2022 11:43 AM
296	more in favor of technology assisted tech verification as pharmacist is over-seeing the loading of products into the technology/ barcoding/ etc.	6/30/2022 8:52 AM
297	I would not trust every one of my techs with this.	6/29/2022 9:08 PM
298	Again, the quality of the retail technician is declining.	6/29/2022 8:34 PM
299	This has been implemented successfully across the country and with increased training, licensure and registration which would include legal responsibility of the technician as well, it seems like a win-win. Again, there is little evidence to suggest that pharmacists would not be needed. In Ohio we have a great deal of low literacy and ill health and there is plenty of clinical work for all pharmacists to be had. Tech-check-tech seems like it would work very well in an institutional setting where bar code technology is available for nursing staff to be a final check of unit dose medications. Anything requiring compounding should be reviewed by the pharmacist.	6/29/2022 8:22 PM
300	Another horrible idea	6/29/2022 8:14 PM
301	It frightens me as a pharmacist to continue to give more and more responsibility to technicians that are operating under my license when pharmacist hours and staffing really need to be expanded to ensure the safe dispensing of medications	6/29/2022 7:38 PM
302	Technicians don't have the schooling available for this. Increasing the schooling further drains the technician pool at this point in time.	6/29/2022 6:18 PM
303	I'm not comfortable with this	6/29/2022 5:47 PM
304	this requires significant training and oversight. In this scenario who is the responsible party if an error is made? As a pharmacist, I would not want to be responsible for an error I had no role in	6/29/2022 5:01 PM
305	Like moving technicians to immunize, this could be a big game changer in freeing up the pharmacist.	6/29/2022 4:58 PM
306	I am not a fan of this at the present. The technology slows workflow and requires significantly more technician help. My employer tried it and we were not given enough extra staffing to run it. Additionally, there is such difficulty in finding good help, the technicians may not be qualified to do tech check tech.	6/29/2022 3:57 PM
307	I do not support tech check tech.	6/29/2022 3:32 PM
308	Techs are Not qualified and techs are not dependable	6/29/2022 12:00 PM
309	The technicians would really have to show a real interest in the importance of the job of pharmacy.	6/29/2022 11:00 AM
310	Experienced techs are more than capable.	6/29/2022 9:18 AM
311	Not a fan	6/29/2022 9:17 AM
312	Worry that training of technicians would not make this a good idea.	6/29/2022 8:42 AM

Meeting Materials

313	This is what pharmacist are for	6/29/2022 8:21 AM
314	Again, with a shortage of technicians I don't see how this would help	6/29/2022 5:56 AM
315	Similar to policy #1, I am hesitant to give up pharmacist responsibilities to technicians so easily. However, I do feel that this solution would allow for a redistribution of a basic task that can currently only be performed by a pharmacist. This could decrease the burden on pharmacists and free pharmacists up for more clinical activities. This could have the added benefit of advancing the profession and increasing the scope of practice of pharmacist. This is reasonable and mirrors other medical professions. For example, most doctors do not do their own intake, triage, medical billing, vital sign collection, etc.	6/29/2022 12:31 AM
316	not comfortable	6/28/2022 11:13 PM
317	Anticipating greater error risk, would be more open if higher level of education or certification was required. Recognize that this is also easily wrought with problems like nursing second checking on insulin and heparin as reported in ISMP on numerous occasions.	6/28/2022 10:49 PM
318	This would help free up the pharmacist to counsel patients	6/28/2022 10:29 PM
319	I am not a supporter of tech-check-tech. I would not be comfortable working as the pharmacist on duty without having eyes on every prescription that leaves the pharmacy.	6/28/2022 10:12 PM
320	Those are both very unsafe pharmacy practices for general public's health and that is the Board's primary mandate to protect citizens of Ohio, That won't solve the problem your trying to address. It will cause new problems which is foolish strategy.	6/28/2022 9:16 PM
321	We have that now and was told to stop or be written up	6/28/2022 8:42 PM
322	Pharmacists need to protect their jobs. If techs can do pharmacist work pharmacists will just get fired	6/28/2022 7:57 PM
323	I find mistakes everyday that my techs make. It would take me longer to go back and check it again after them	6/28/2022 6:48 PM
324	Nice job CVS and Walgreens. This will only further degrade the profession	6/28/2022 5:32 PM
325	We are already in a technician shortage!!!	6/28/2022 4:17 PM
326	Maybe only for certain medications or under certain conditions/protocols.	6/28/2022 4:03 PM
327	I do have some wonderful techs where this might be a great program for them, however I have some techs that are 'not great' and make many repeated errors, etc and this program would not be fitting for them.	6/28/2022 3:25 PM
328	I am still concerned with CPHT availability in the market, but STRONGLY believe that increasing the scope of their practice to verifying (certain/all) products will increase their value, increase their compensation, and increase ability to recruit and retain. Pharmacists in the institutional setting do not want to verify product and have barcode technology making it absolutely something a non-RPh can do safely - PLEASE implement this. PLEASE.	6/28/2022 3:09 PM
329	If we are placing all these responsibilities on a technician they need to get paid at a level to account for it. Our pharmacy only gives 50 cents an hour for giving immunizations. That isn't enough.	6/28/2022 2:35 PM
330	I'm not sure adding this additional responsibility to a technician is worth the added task. A technician is already asked to do a tremendous amount of tasks and the task of product verification, at least in the retail setting, is not one that demands much on a pharmacist.	6/28/2022 2:34 PM
331	Not safe if no rph ever checks an order	6/28/2022 2:30 PM
332	Technology is the area to focus on. It is more accurate and eliminates human error. The issue is to implement technology is difficult with board process involved and requirements associated with it (percent of audits, etc.)	6/28/2022 12:39 PM
333	This would only work for certain techs that have the ability to focus and natural attention-to-detail. Pharmacists also have the deep understanding of liability and harm-to-license in the event of errors. There needs to either be a reduction of liability on the pharmacist if techs are final check or requirements for this allowed only if tech staffing is high enough to allow for appropriate focus on the end product and patient safety. Rushed technician tasks when	6/28/2022 12:35 PM

Meeting Materials

staffing is low will not help improve or preserve patient safety over a harried pharmacist in the same situation.

334	Would not be comfortable with ANY type of technician verification	6/28/2022 12:32 PM
335	we do not currently have enough quality technicians to make this safe or effective. Our technicians stay in position for about a year and I would not feel comfortable with new technicians performing tech check tech. However, a certified tech that had been working 5+ years, yes i think this would be great	6/28/2022 11:31 AM
336	Need well trained technicians and there are a shortage of technicians- let alone well trained. The well trained techs are also getting fed up with the pharmacy practice.	6/28/2022 11:31 AM
337	As a pharmacist, I would have to be very confident in my techs to be comfortable with this. Would need to implement all of the previously mentioned training, etc. and fix the tech shortage before doing this.	6/28/2022 11:24 AM
338	This is dangerous and a terrible idea! All this will do is decrease the amount of pharmacists hours given to stores that currently have pharmacist overlap hours. I beg you not to approve this!!!!!!	6/28/2022 11:24 AM
339	I had a college student study for 2 days and pass the Ptcb. She's clearly good and taking tests but she has no idea what she's doing. My technicians with years of experience make mistakes daily in product selection as well as counting/ quantity errors.	6/28/2022 11:19 AM
340	Data from other states shows this is safe and effective	6/28/2022 11:13 AM
341	Permitting TCT should require certain conditions such as use of barcoding verifications or in certain settings such as hospitals where there is another professional between the drug dispensed and the patient, i.e., nurse	6/28/2022 11:12 AM
342	Tech check tech will just encourage corporate to remove pharmacist overlap in stores lucky enough to have it.	6/28/2022 10:43 AM
343	Not safe based on tech competency levels	6/28/2022 10:26 AM
344	Technology assisted technician product verification is approved by the Ohio BOP in several locations. Must be standard everywhere	6/28/2022 10:18 AM
345	I personally like to verify all rx and before bagging the prescription, I recheck all new rx to increase accuracy, bc of the volume and speed that we need to work I'm always worried that something passed after first check on rx	6/28/2022 10:03 AM
346	Again, some technicians are just not competent enough and this will simply cause more stress	6/28/2022 9:59 AM
347	Technicians need better education to do this or the patients are in jeopardy.	6/28/2022 9:43 AM
348	Seriously, why did I go to school for 8 years if someone with a high school diploma can do my job. The only way this works is if liability falls back in the technician and not the pharmacist. This scares me. I have had technicians who could not read a clock that wasn't digital and couldn't count change at the register. I would be scared to fill a prescription.	6/28/2022 9:34 AM
349	Not a good idea	6/28/2022 9:30 AM
350	May increase errors but would free up the pharmacist a ton to work more clinically.	6/28/2022 9:09 AM
351	As long as the error report falls on the responsibility of the tech and not the rph	6/28/2022 8:48 AM
352	This makes me concerned about what may happen to pharmacist hours but seems like a good opportunity to eliminate a lot of busy work and free us up to do more. There could be exceptions to this such as controlled substances, warfarin, other high risk meds	6/28/2022 8:45 AM
353	I do not agree with autonomous, independent checking of medication products by technicians. A pharmacist should always be involved in this process. The Ohio Pharmacy Board Office is well aware of the high number of medication errors from routine pharmacy practice faced over the years. It would be an egregious error to compound this problem by permitting exclusive technician medication checking. Lets keep the responsible pharmacist involved in the loop.	6/28/2022 8:41 AM
354	I think this could lead to added work for the pharmacist on the back end.	6/28/2022 8:38 AM
355	As a pharmacist I feel like this is a good idea, but then my technicians would need MUCH	6/28/2022 8:36 AM

Meeting Materials

more training. For now I would say unlikely because this would stress me out . I would be worried a technician would make a mistake while I am pharmacist on duty.

356	I do not feel comfortable with techs checking techs. As the pharmacist, I carry the liability if something were to be incorrect. However, if a tech is checking another tech, I wouldn't be involved, I wouldn't have the final set of eyes on the prescription, so if something were to be wrong, or god-forbid cause harm to a patient, I'd be to blame? Unless there's wording that would put the liability on the technician(s) and specifically not the pharmacist, this should not be done.	6/28/2022 8:35 AM
357	Please DO NOT DO THIS!!	6/28/2022 8:25 AM
358	Again I'm not comfortable in the idea of a tech checking another tech.	6/28/2022 8:22 AM
359	I believe this is what CVS utilizes and it seems to work well.	6/28/2022 8:18 AM
360	Until they would be responsible 100% for any errors, then I would just feel I had to recheck just about everything	6/28/2022 7:57 AM
361	Absolutely not. This will result in a cut of pharmacist hours for the chains/shift expectations to even more unrealistic metric driven goals and make working conditions even worse, and you know it.	6/28/2022 7:43 AM
362	Really need this to happen Especially in facilities that have barcode technology. The time this could free up pharmacists is tremendous. This could also include iv compounding product selection in hospitals.	6/28/2022 7:10 AM
363	Very unsafe practice	6/28/2022 5:16 AM
364	This would be likely and valuable ONLY IF the Board of Pharmacy begins ENFORCING the standards already in Ohio law requiring the full pharmacist review of each prescription and provision of patient counseling. It is not safe nor physically possible for one pharmacist to dispense, for example, 30+ prescriptions per hour (i.e. 1 Rx ever 2 minutes) and actually be performing all of the required pharmacist discernment if these prescriptions are indeed safe and appropriate for each patient. This is in large part where we have gotten into the enormous societal mess with dispensed narcotics. Tech-Check-Tech can be safe and will allow pharmacists to reallocate more time to these very necessary professional reviews that only the pharmacist can do, as long as the Board will begin enforcing that these tasks are being completed.	6/28/2022 3:02 AM
365	Will allow more time for techs and Pharmacists to practice at top of license	6/28/2022 12:06 AM
366	My techs could NOT handle this. One has 20 yrs experience and has no accountability whatsoever	6/27/2022 11:46 PM
367	This eliminates a pharmacist's role. I do not want to be responsible for anything I haven't checked myself.	6/27/2022 11:40 PM
368	We are spread so thin, everyone works to their strengths and is working at maximum capacity. I am not comfortable with tech check tech, but even if instituted, loading more responsibilities onto technicians when we don't have the staffing levels to accommodate current workload will not solve anything.	6/27/2022 11:40 PM
369	Again, our Techs do not get paid enough to take on the added responsibility and risk	6/27/2022 11:31 PM
370	The technicians are not trained sufficiently for the rph to feel comfortable with this. The pay for techs does not attract someone that cares enough about the job to ensure this is done correctly. There is so much turn over that very few techs have enough experience or attention to detail for rph to feel comfortable with them completing product verification.	6/27/2022 11:08 PM
371	Most Techs will refuse to be held accountable in this manner	6/27/2022 11:07 PM
372	Bad idea. It takes experience to know what drug interactions are important and which are not. Techs need to know and understand pharmacology do check correctly. If I were an insurance company I would not insure a pharmacy with tech checking. Plus the press would have a field day the first time some one gets hurt or worse.	6/27/2022 11:07 PM
373	I'm unfamiliar with this	6/27/2022 11:06 PM
374	As the responsible pharmacist, I'm not signing off on a product I did not check. This is a	6/27/2022 11:06 PM

Meeting Materials

solution designed by corporate bean counters to eliminate expensive pharmacists and replace them with low salary employees. This stinks of under-the-counter campaign contributions to our Republican legislature.

375	NOOOOOO!!!!!! What are we doing as a profession? It seems like many of these options are to replace pharmacists with technicians instead of actually having enough pharmacists to do the jobs we should be doing. This is a decision being made by money only; if salary differences did not exist none of these technician options would be brought forward. Stop worrying about money and worry about what's best for our patients and the profession.	6/27/2022 10:32 PM
376	I've had a tech override a product that doesn't scan more times that I can count and when I go to verify what's in the bottle it's either the wrong strength of the right drug or the wrong drug entirely.	6/27/2022 10:26 PM
377	No pharmacist would be better off putting their license in the hands of a technician.	6/27/2022 10:23 PM
378	I would not feel comfortable being held responsible for errors made by a technician through "tech check tech" technology. I think some pharmacists will leave the field.	6/27/2022 10:07 PM
379	Depends on competency, experience and integrity of technicians involved.	6/27/2022 10:06 PM
380	unsafe	6/27/2022 10:04 PM
381	Seems terrifying. Based on the mistakes seen at pharmacist levels, does not seem to add anything but make more work on techs.	6/27/2022 10:00 PM
382	Last step before medication reaches patient. I find errors often enough in this stage. Pharmacist should be last step	6/27/2022 10:00 PM
383	This is a terrible idea. The next thing to go is licensed pharmacists.	6/27/2022 9:46 PM
384	Not good for the profession in the long run. Chain pharmacies will likely reduce pharmacist hours in favor of additional technician hours.	6/27/2022 9:39 PM
385	Final product verification must be done by pharmacist to make sure correct medication is given to a patient. I would not fill a prescription where I would not be able to verify that patient receives exactly what is prescribed. If it falls under pharmacist license and liability insurance, it must be done by a pharmacist.	6/27/2022 9:37 PM
386	This is dangerous for so many reasons	6/27/2022 9:31 PM
387	Technicians are not trained the way pharmacists are. I have worked with many technicians over the years and there are few I would feel comfortable being the person responsible for checking my prescription. Even the most veteran technicians I have worked with just don't have the same mindset of what to look for and the legality of a lot of situations. These techs would have to undergo massive training i.e. college degree which at that point I am not sure it is financially worth it.	6/27/2022 9:31 PM
388	I don't trust this system. If the techs can do almost everything and I still check as the final step that would be helpful. But I'm also worried that the main problem is finding good techs to work and don't have enough to implement this.	6/27/2022 9:28 PM
389	No thanks, would prefer the pharmacist to check the product	6/27/2022 9:26 PM
390	No, only pharmacist should verify a prescription	6/27/2022 9:21 PM
391	I don't feel that in the retail setting a tech check tech is appropriate, and will only be used to pile more responsibility on to overworked staff.	6/27/2022 9:19 PM
392	This practice is safer than pharmacist-check-tech and allows for career advancement opportunities (retention) for technician staff and redirection of pharmacist time to more critical functions. All positives for this direction.	6/27/2022 9:16 PM
393	This is a great idea that would help reduce workload burden for many. There should be some restrictions, maybe "a tech checking another tech need to have x years of experience in the pharmacy and/or be in the lead technician role" Something that would ensure experience as a factor to take on that extra responsibility.	6/27/2022 9:15 PM
394	This makes me nervous based on some of the technicians that I have worked with. Even if they had to be okayed by the PIC, I have questions on whether the PIC would deny people that wouldn't be doing that. I have worked in so many pharmacies (past floater) where techs	6/27/2022 9:12 PM

Meeting Materials

should have been fired and they were kept on because the PIC was scared to upset someone. In this instance, that is necessary and I know of too many people that wouldn't execute it properly.

395	don't you dare. This is unacceptable.	6/27/2022 9:04 PM
396	I don't like this as it invalidates my job	6/27/2022 9:03 PM
397	If rph is responsible than the rph should be doing the final verification period	6/27/2022 8:59 PM
398	This plan may result in less of a desire to schedule pharmacist overlap in stores by Corporate.	6/27/2022 8:58 PM
399	Too much liability on techs with not nearly enough training involved. This is why pharmacists are required so much schooling and training we need to be the final check for safety - other less risky aspects could be taken off our plates with enough mandatory support help that we could then handle the verification end.	6/27/2022 8:57 PM
400	Experience with this system results in huge increases in workload and delays in service and reduced efficiency.	6/27/2022 8:57 PM
401	I personally do not think from a safety standpoint this should be allowed.	6/27/2022 8:54 PM
402	The majority of techs at my store are not competent enough to check each other. And if they were they would want increased pay for the extra responsibility which these retail pharmacies don't want to do.	6/27/2022 8:46 PM
403	Only for pre packed products like inhalers - never for pills or liquids	6/27/2022 8:42 PM
404	They don't have the knowledge /education for that to be safe	6/27/2022 8:42 PM
405	They'll cut pharmacist hours more than they already have. We need more overlap with pharmacist.	6/27/2022 8:38 PM
406	If the tech is liable for what duties they are doing then fine, but if you are still throwing it back to the liability of their checking back to the pharmacist then this will not help.	6/27/2022 8:37 PM
407	Potential to be very helpful but need more information on requirements to ensure patient safety	6/27/2022 8:30 PM
408	Good techs are hard to find, it's hard to imagine (for me) becoming comfortable with some of our techs checking others' work.	6/27/2022 8:25 PM
409	If they want pharmacists to focus more on the clinical work and possibly start prescribing, then this would have to start. We can't do it all safely and efficiently.	6/27/2022 8:13 PM
410	I have had to place mandatory counselings during product verification... something that requires clinical thought that would likely not performed by a tech simply checking if the pills and qty are correct.	6/27/2022 8:05 PM
411	This would likely help but would make me, as a pharmacist, uncomfortable	6/27/2022 7:58 PM
412	While technicians are an important part of being able to run a pharmacy, a pharmacist having the final check would set more of the public at ease.	6/27/2022 7:57 PM
413	I feel like they will take away pharmacist hours	6/27/2022 7:55 PM
414	Don't feel that this is safe under current technician shortage and training	6/27/2022 7:51 PM
415	I would love to see this implemented - there are so many times a pharmacist does not need to check and they are being a glorified tech at that moment and it is definitely not a good financial decision to pay a pharmacist to do tech work.	6/27/2022 7:51 PM
416	Sure but these people need to be nominated by pharmacists. Not all techs would be good for this. And if they are a tech who can verify prescriptions they need a huge raise.	6/27/2022 7:46 PM
417	This may help workflow, but I have concerns about patient safety doing this.	6/27/2022 7:41 PM
418	Also for hospital pharmacists. At least have adequate technicians to do their own work.	6/27/2022 7:39 PM
419	It slows the process more.	6/27/2022 7:39 PM
420	Mandates a solid safe check to assist confidence with the pharmacist	6/27/2022 7:38 PM
421	Not interested in this happening.	6/27/2022 7:31 PM

Meeting Materials

422	With this, you are weeding the pharmacy profession out. More stores will be stocked with technicians to perform tech check tech... what about DUR? Maybe something was missed on a previous fill or a new prescription was brought in? Who is responsible for that?? In most retail pharmacies now, technicians are not performing the functions that they are allowed to perform in law now. Why would they want to take that extra responsibility of verifying a prescription with no pharmacy knowledge. There are enough medication errors and now you want to open the door for more errors by unlicensed individuals giving out prescriptions. You are taking the professionalism out of people who have doctorates and have worked hard to be the master of their trade. You are basically saying, individuals with very to little training are able to make the same decisions as someone who has spent 6 years in pharmacy college. On top of that, the pharmacist is responsible for when the technician make a mistake. You can't have it both ways!	6/27/2022 7:29 PM
423	Many errors will happen based on technician liability being non existent and giving them no real reason for accuracy	6/27/2022 7:27 PM
424	Too much trust in techs and pharmacist held responsible without actual verification.	6/27/2022 7:27 PM
425	This could definitely alleviate pharmacist workflow and help pharmacies run more efficiently if done correctly. I do think the liability would have to be transferred to the technicians doing the checking as opposed to the responsible pharmacist if this was implemented.	6/27/2022 7:15 PM
426	Technology assisted verification would be safer than tech check tech	6/27/2022 7:04 PM
427	Not sure how that works logistically so no comment.	6/27/2022 7:03 PM
428	ARE YOU STATE BOARD PEOPLE TOTAL MORONS!!!! TECHS CANNOT TYPICALLY TRANSCRIBE RX'S ACCURATELY AND YOU WANT THEM CHECKING!!!! BETTER GET LOTS OF BODY BAGS MORONS!!!!	6/27/2022 7:01 PM
429	not a good idea	6/27/2022 6:57 PM
430	RPh job only	6/27/2022 6:54 PM
431	A lot of risk for pharmacist license with this process, not all techs would be effective in this role	6/27/2022 6:54 PM
432	I find this unsafe and will only prompt chains to further reduce pharmacist hours to an unsafe level.	6/27/2022 6:47 PM
433	additional checks are always helpful	6/27/2022 6:45 PM
434	I could agree to implement this into workflow only if the pharmacist would perform the final check on a prescription.	6/27/2022 6:43 PM
435	I'm sure you all would love this. Have you met most retail pharmacy techs?	6/27/2022 6:35 PM
436	I am still afraid of mistakes with this	6/27/2022 6:34 PM
437	This is ultimately my responsibility. To get the right drug to the right patient for the right condition. That's what PHARMACY SCHOOL is for.	6/27/2022 6:33 PM
438	I do not feel this is appropriate.	6/27/2022 6:32 PM
439	This will cause more errors. Technicians make a lot of mistakes and granting them this power will put the public at greater risk for harm.	6/27/2022 6:27 PM
440	This sounds a little scary to me to have Technicians checking scripts with any additional training	6/27/2022 6:22 PM
441	Ohioans deserve to have their prescriptions checked by a licensed pharmacist. We must move on from a triage and pandemic perspective and back towards normalizing quality and basic standards. Technicians do not have the education nor the professional investment to shoulder that kind of responsibility. Do other states tech-check-tech? Yes. But this is Ohio.	6/27/2022 6:18 PM
442	Compliance with procedure/protocol is a big concern. How to adequately ensure it is appropriate and works to ensure accuracy and accountability.	6/27/2022 6:15 PM
443	This would increase number of scripts out the door but not the quality of work. I don't agree with this philosophy. In theory it works but quality techs are hard to find and I would trust many	6/27/2022 6:14 PM

Meeting Materials

of my techs I have worked with to do this and my employer would likely require it.

444	Why would we give untrained labor with a GED the chance to Jill someone. Someone with no legal expertise in the matter the chance to violate the law. This is a failure of public safety and decency. Full stop. Some chain a hill suggested this horrendous idea, too. This reeks of CVS.	6/27/2022 6:13 PM
445	If there's more staff this may not be needed	6/27/2022 6:07 PM
446	Hopefully some day. But do not see this happening soon	6/27/2022 6:04 PM
447	This will require extra training and increase mistakes. Only certain techs would be able to do this so there would be inconsistencies. And again, corporations would cut pharmacist hours leading to longer shifts, more weekends and more burnout.	6/27/2022 6:03 PM
448	A technician would have to be trained and working within the pharmacy for at least 5 years and at a full-time capacity before I would even consider it.	6/27/2022 5:59 PM
449	Seems errors will increase in most places	6/27/2022 5:38 PM
450	I'd only trust experienced techs. Haven't worked with one of those in a very long time- they all leave for better paying, less demanding positions.	6/27/2022 5:34 PM
451	"Pilot Programs" existed in Ohio 40yrs ago. Ohio is really behind other states on implementing this.	6/27/2022 5:26 PM
452	If technology is involved, this could work. There should be specific certification required.	6/27/2022 5:20 PM
453	Leaving out the pharmacist does not sound like a good idea	6/27/2022 5:17 PM
454	This would probably lighten workload on some level, but it's scary. Are you going to make everything automated, so I have no job at all? Do we want a bunch of non-pharmacists checking prescriptions? What about DUR? If there is tech check tech, I don't want to be responsible for their errors. Technicians are great, and helpful, and some are very good, but they go through a training program, not college or a technical school. Should these individuals be checking for prescription accuracy? Providing patient counseling? The board has given a lot of new leeway to technicians in the last few years. I'm just not sure I'm ready to expand that role anymore than it already is, and definitely not if my license is going to be held accountable.	6/27/2022 5:17 PM
455	Doesn't matter who is checking still takes man power to do it...I am old school and believe it is responsibility of pharmacist on duty.	6/27/2022 5:14 PM
456	Not so sure about this one - would have to do a trial run to see how it works and only once the techs have had so much experience should something like this be implemented.	6/27/2022 5:10 PM
457	I think this puts patient safety at risk.	6/27/2022 5:03 PM
458	There are examples of this happening successfully in other states	6/27/2022 5:03 PM
459	Technology assisted preferably	6/27/2022 5:01 PM
460	I believe that this will result in numerous errors and is a bad idea	6/27/2022 4:58 PM
461	Please don't do this it Wii take away our jobs All techs must be CphT	6/27/2022 4:57 PM
462	We would have to move to requiring a bachelors degree for technicians if this were to be feasible.	6/27/2022 4:52 PM
463	I am strongly against this, as it erodes on one of the fundamental responsibilities of the pharmacist profession, and could lead to more errors - errors for which the pharmacist would still be legally responsible.	6/27/2022 4:41 PM
464	No	6/27/2022 4:40 PM
465	I don't think so. Liability insurance will go up 300%	6/27/2022 4:36 PM
466	This is an extremely poor idea. Technicians aren't paid for the liability involved and corporations will see this as a way to reduce pharmacist payroll. As a patient, I would not be comfortable with this procedure. As a pharmacist of almost 30 years, I can count on 1 hand the number of techs I've worked with that I would trust to do this properly.	6/27/2022 4:35 PM
467	Only if final check is Rph	6/27/2022 4:34 PM

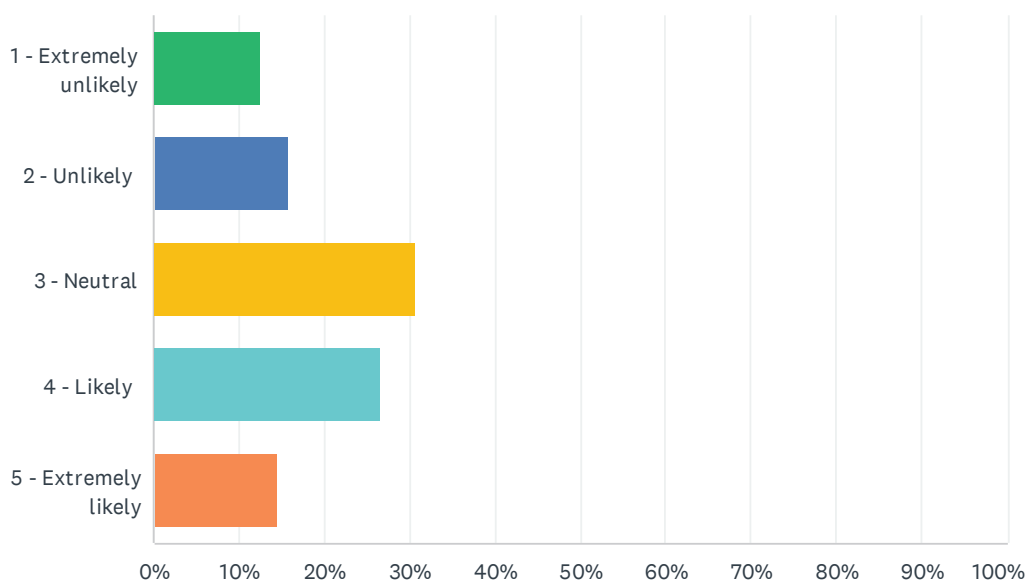
Meeting Materials

468	I feel as the pharmacist that my license is ultimately the one checking the prescription and I am liable for any mistakes or errors the technician made.	6/27/2022 4:25 PM
469	Product verification should be performed by qualified techs - maybe not input verification	6/27/2022 4:24 PM
470	This will be abused by corporations to merit less pharmacist hours per work, and in my opinion only making pharmacies in Ohio less safe with less pharmacist hours per week given.	6/27/2022 4:23 PM
471	Board guidance and approval on utilizing technology for product accuracy verification could improve workflow and patient safety.	6/27/2022 4:23 PM
472	What does this mean, exactly?	6/27/2022 4:21 PM
473	If the pharmacist is still ultimately responsible for the medication going out, I would not trust my license and livelihood to someone else.	6/27/2022 4:17 PM
474	Absolutely not, tech check tech is extremely dangerous	6/27/2022 4:15 PM
475	I have yet to work with any technician in my 40 years as a Pharmacist who had the knowledge base to properly and completely check prescriptions with regards to disease states and other drugs	6/27/2022 4:13 PM
476	I am not at all comfortable with Tech-check-Tech. They are not trained as pharmacists and I foresee an increase in errors and decrease in pharmacists being hired if this is implemented	6/27/2022 4:12 PM
477	No	6/27/2022 4:11 PM
478	Again, putting more liability on overworked and underpaid technicians is not the answer. This will not increase patient safety as much as a requirement of breaks and certain specific staffing requirements. This will feed into corporate greed to budget as little as possible without regard to safety.	6/27/2022 4:11 PM
479	Would be nice	6/27/2022 4:05 PM
480	The technology and training would be a financial burden and at the community level would put more patients at risk of being in a community desert without access to a pharmacist or brick and mortar pharmacy.	6/27/2022 4:02 PM
481	This is a poor decision...RPh is untimely responsible	6/27/2022 3:54 PM
482	Pharmacist is solely responsible for all prescriptions leaving the pharmacy.	6/27/2022 3:54 PM
483	I don't like this idea, if ultimately the responsibility lands on the pharmacist, then I want to check and have my eyes on everything.	6/27/2022 3:50 PM
484	If other issues are addressed, this wouldn't be necessary.	6/27/2022 3:49 PM
485	Would have to see how this looks	6/27/2022 3:48 PM
486	We don't need anyone doing our profession for us.	6/27/2022 3:48 PM
487	Don't put this responsibility on a minimally trained/paid technician....	6/27/2022 3:41 PM
488	As the responsible pharmacist I would want the pharmacist to have final verification of the medication before it is sold to the patient.	6/27/2022 3:39 PM
489	This prevents the pharmacist from reviewing the prescription for safety, which is a key part of our job.	6/27/2022 3:36 PM
490	Has potential especially for new hires.	6/27/2022 3:35 PM
491	Pros and Cons	6/27/2022 3:34 PM
492	Dangerous idea.	6/27/2022 3:34 PM
493	Pharmacist only responsibilities cannot be given to technicians. Corporate pharmacies will eliminate the pharmacist or drive down salary	6/27/2022 3:29 PM

Meeting Materials

Q8 Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests
 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.

Answered: 1,996 Skipped: 31



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	12.47%	249
2 - Unlikely	15.68%	313
3 - Neutral	30.66%	612
4 - Likely	26.75%	534
5 - Extremely likely	14.43%	288
TOTAL		1,996

#	ADDITIONAL COMMENTS	DATE
1	I see no benefit/risk.	7/9/2022 10:59 AM
2	Takes a tech out of workflow	7/7/2022 10:53 PM

Meeting Materials

3	Some of the people working in retail don't have the knowledge base to perform the test or know how to interpret the results. They already feel like a lot is being dumped on them now in work flow alone with phones ringing constantly and never ending queues of rxs to fill. And, some feedback I have gotten is that they don't want that interaction with a patient and would feel like they'd be forced to perform that aspect of the job (getting blood droplet, etc)	7/7/2022 10:21 PM
4	My techs already have too much work, are underpaid, and understaffed. PLEASE don't give them more responsibilities. These things are just ways for retail corporations to make more money and they will take full advantage of it. Techs will have more responsibilities without any more support hours in the pharmacies.... Leading to dangerous working conditions.	7/7/2022 8:00 PM
5	Again, provided the staffing support is available and what ever other tools that would prove beneficial.	7/7/2022 4:59 PM
6	Some technicians are trained to perform drive-thru covid tests and this helps me significantly. I think trainees should be included in this since they are training to be certified. It should include registered techs at the pharmacist's discretion. CLIA-waived tests are already considered to be simple tests with a low risk for an incorrect result.	7/7/2022 4:32 PM
7	Elevating the tech position will only help with work load if pay increase is associated with it. Then it may help attract and retain techs.	7/7/2022 4:29 PM
8	good in theory - but not sure how this would work in reality.	7/7/2022 4:18 PM
9	Anticoagulation and other forms of pharmacist lead disease state management. Lab techs can do finger sticks, we do not think our techs can handle such tasks?	7/7/2022 4:08 PM
10	Covid-19 placed such a HUGE workload on already over-worked employees. I worry about the safety of pharmacy employees (that are tremendously accessible) when faced with disgruntled customers wanting unreasonable/unlawful requests.	7/7/2022 4:01 PM
11	Not applicable at this time. Most of the companies are not doing. More test yourself at home products would be more useful.	7/7/2022 3:37 PM
12	NOT SURE WHAT THIS WOULD MEAN IN REGARDS TO STAFFING	7/7/2022 2:20 PM
13	Without appropriate pay, which is beyond the control of the board, expanded roles and certifications mean nothing.	7/7/2022 2:15 PM
14	Helped with covid tests	7/7/2022 1:59 PM
15	We are not doing these things at the store I work at now. They would add them if techs could do them. This would cut my help back further.	7/7/2022 1:56 PM
16	Again. They already can't handle the workload they have. Fix that first.	7/7/2022 1:42 PM
17	This doesn't decrease the workload?	7/7/2022 1:42 PM
18	Not sure as I work at the only pharmacy in America that did not do COVID tests :)	7/7/2022 1:39 PM
19	Again only shifts work among available staff	7/7/2022 1:32 PM
20	Don't include trainees	7/7/2022 1:28 PM
21	Regardless of who is doing the diagnostic testing an individual is being taken from their usual duties and pharmacy work flow is being disrupted. Covid-19 testing is convenient for the public but not for the safety and efficiency of pharmacy workflow. In stores that do 700+ prescriptions a day on top of usual counsels and mixes stopping to prepare and instruct a covid-19 test takes up time as queues grow and the pharmacy gets further behind. The addition of MORE diagnostic testing to supervise is not the answer. If expanding diagnostic testing is a goal then the setting, store volume, and staffing should be considered.	7/7/2022 1:04 PM
22	Is the board going to license technicians so that the liability is on them and not the RPh?	7/7/2022 12:30 PM
23	Stop giving the techs more work. They're quitting due to overwork as it is.	7/7/2022 12:21 PM
24	With staff turn over at an extreme high this would be beneficial.	7/7/2022 12:21 PM
25	Would fall under education requirements of technicians. Interns have more education requirement for vaccine administration. I believe technicians should have the same (possible an associates degree or in progress of national certification?)	7/7/2022 12:16 PM

Meeting Materials

26	Once again the big chains will need to pay their techs more for buy into this.	7/7/2022 12:13 PM
27	Would free up pharmacist time.	7/7/2022 12:12 PM
28	Pharmacies are not set up to properly and efficiently process diagnostic tests. Just doing the Covid PCR and antibody tests was difficult at best. We don't have storage space for the supplies or the staffing to run the tests. We were told to work it into the flow.	7/7/2022 12:09 PM
29	May cause undue stress to pharmacist if they are still ultimately in charge and have to take responsibility for tech work.	7/7/2022 12:00 PM
30	Again, we have to ensure that the technician feels a sense of connection with the patients that we serve. We went to pharmacy school for many years and have a degree and therefore have a different sense of connection than a technician.	7/7/2022 11:57 AM
31	Ordering of tests should be limited to those with the clinical training to understand the appropriateness of the test as well as knowledge on how it is administered. Any technician with adequate training can administer a test, but the ability to order a test would be similar to "prescribing" a lab order or vaccine which should be limited to a pharmacist.	7/7/2022 11:53 AM
32	Would help with increased demand.	7/7/2022 11:50 AM
33	Increasing responsibility for technicians who are paid 15 an hour or less is not the answer	7/7/2022 11:47 AM
34	Pharmacists were never trained to diagnose. We are busy enough already that diagnostic tests shouldn't be our responsibility at all. Store clinics staffed with nurses should be tasked with supervising covid tests.	7/7/2022 11:45 AM
35	Definitely helpful	7/7/2022 11:40 AM
36	From my experience we don't have enough technicians to do the work they already do so I don't think it's time to give them more responsibilities.	7/7/2022 11:39 AM
37	This is an area where technicians would fit a vital need.	7/7/2022 11:36 AM
38	I just think this might help healthcare overall not necessarily pharmacist workload	7/7/2022 11:18 AM
39	NA	7/7/2022 8:56 AM
40	I guess this would help speed up testing.	7/7/2022 8:33 AM
41	Registered technicians should be allowed to perform testing but not pharmacy technician trainees.	7/7/2022 8:18 AM
42	Performing/ordering these tests do not consume The majority of time. It's the prep work and after work (billing, processing)	7/7/2022 8:05 AM
43	The billing of tests is the pinch point, not who approved it.	7/7/2022 7:31 AM
44	Agree with committee comments. Need to ensure training and ongoing competency as well as appropriate oversight.	7/7/2022 12:21 AM
45	How about eliminating testing? This should have never been allowed. We give immunizations at register 1 out front and do testing across the counter of the drop off window. We don't have the facilities. This is not part of "dispensing" and not a component of any type of medication management. This is not our responsibility. Since when did pharmacists have to be the #1 provider of public health-more than any other type of practitioner? We have enough to do.	7/6/2022 11:59 PM
46	We should not be doing this at the pharmacy level. We should not be put at increased risk with no proper training and PPE. This should be medical clinic only.	7/6/2022 11:54 PM
47	This would allow retail pharmacies to increase expectations & workload without increasing pay or hours. This would become another unattainable metric	7/6/2022 11:13 PM
48	Requires much more training for me to feel comfortable and confident with signing off on technicians and trainees performing any tests	7/6/2022 11:04 PM
49	At current practice site diagnostic tests are not a significant portion of workload	7/6/2022 11:03 PM
50	That is the pharmacist's scope of practice, not a technician's. Insist on more pharmacists per shift instead.	7/6/2022 10:23 PM

Meeting Materials

51	These tests seem to be minimally invasive... properly trained staff should be able to carry out these tasks	7/6/2022 9:44 PM
52	Anyone can do Covid tests and finger sticks. I don't see why we can't have techs doing that.	7/6/2022 9:32 PM
53	It's not something that takes too much time for me to approve.	7/6/2022 9:29 PM
54	There is too much turn over in a tech role, they have not been trained and do not have the schooling required to assist in this manner	7/6/2022 9:22 PM
55	Most of these tests require significant patient counseling and screening. This needs to be done by a pharmacist regardless of who administers the test - the time required of a pharmacist would likely ultimately remain the same.	7/6/2022 8:35 PM
56	Again...like previous question. Adding work to technicians will do nothing if staffing and salary issues are not addressed	7/6/2022 8:27 PM
57	Again, techs aren't often willing to do extra work with extra responsibilities for no extra pay.	7/6/2022 7:28 PM
58	Our techs already administer the tests and the company makes the pts sign up for testing online	7/6/2022 6:48 PM
59	Again, would be abused and exploited by chains	7/6/2022 5:40 PM
60	Should not be performed by technicians.	7/6/2022 4:46 PM
61	Techs need more money before we add more duties.	7/6/2022 4:20 PM
62	Pharmacists are finally able to participate in these expanded scopes of practice. It is too soon to have to be responsible to oversee someone else. They also do not have the level of education to know when to recommend testing.	7/6/2022 2:08 PM
63	Robbing Peter to pay Paul. Shifting around job responsibilities does not address the actual problem- not enough staff to complete all necessary tasks.	7/6/2022 1:19 PM
64	There is no need for technicians to have authority over this. They certainly can work in the presence of a pharmacist to do the technical work.	7/6/2022 1:10 PM
65	Yes. Helpful with our supervision	7/6/2022 12:58 PM
66	Expanding tech duties will help relieve pharmacist burden but may not actually lead to an increase in overall staffing levels.	7/6/2022 12:25 PM
67	Need more staff	7/6/2022 12:21 PM
68	Tech shortage...	7/6/2022 12:15 PM
69	Good idea!	7/6/2022 12:09 PM
70	I would not feel comfortable with this.	7/6/2022 11:57 AM
71	Similar as above in that it will help workflow, but may impact overall pharmacist job market if corporations are able to utilize cheaper labor costs with techs.	7/6/2022 11:55 AM
72	This is a great idea. POCT is an area where pharmacy and staff can make an incredible difference. Test to Treat needs to be included for other tests also. We need to expand what support personnel other than technicians can do.	7/6/2022 11:29 AM
73	In my practice this would not help. In a clinical setting this may help	7/6/2022 11:26 AM
74	Increasing the number of groups and task that a pharmacist has to oversee without increasing the number of pharmacist hours to supervise isn't helping.	7/6/2022 11:04 AM
75	Unlikely due to tech shortage and need for higher pay for technicians	7/6/2022 11:04 AM
76	This will assist with spreading the workload during times of surges	7/6/2022 10:58 AM
77	I don't think so we can add more to the pharmacist's workload when we can not handle what we have. This is a very good idea for the future however.	7/6/2022 10:54 AM
78	If testing abilities of pharmacies are expanded it would make sense to expand the role of the technicians as well. Having technicians able to direct/assist with self administered covid tests is very helpful to pharmacist workload.	7/6/2022 10:51 AM

Meeting Materials

79	Isn't this going to increase workload in general? Not sure how many pharmacists do diagnostic tests right now so why open yourself up to more of a workload. And this may translate to less pharmacist hours.	7/6/2022 10:47 AM
80	If medical technicians can administer tests, why not pharmacy technicians?	7/6/2022 10:47 AM
81	Freeing up the pharmacists is great but do not pile more on technicians without also offering a significant pay increase. A 50 cent raise is not acceptable. This is a huge ask for some making 15 dollars an hour.	7/6/2022 10:45 AM
82	See point 1.	7/6/2022 10:34 AM
83	Can't have a certified tech their every hour pharmacy open. Only downside is we don't have enough tech hours to cover when the pharmacy is open and we don't have the tech trainee scheduled up front when we need them	7/6/2022 10:33 AM
84	There is already a lack of competent techs. Covid testing has peaked and is behind us now.	7/6/2022 10:33 AM
85	At this time I do not believe that technicians have the necessary training to order or administer diagnostic tests. This is a task that should be completed by a person with a professional degree.	7/6/2022 10:30 AM
86	While I support this rule, I am neutral on the extent of its overall benefit in reducing workloads. Does this just shift the workload to another member of the pharmacy team? A rule like this could be beneficial to reducing workloads in the event of another pandemic when testing levels are extremely elevated.	7/6/2022 10:29 AM
87	With proper training and certification technicians are completely capable of doing this.	7/6/2022 10:28 AM
88	At least it wouldn't hurt	7/6/2022 10:25 AM
89	You better pay these immunizing and diagnostic techs MUCH more than \$16 per hour.	7/6/2022 10:25 AM
90	This would be beneficial in stores that have CLIA waivers. I am not sure of the percentage of pharmacies that take part in diagnostic testing. If it isn't a lot of pharmacies, then there would be minimal impact overall	7/6/2022 10:17 AM
91	Not sure i like this idea	7/6/2022 10:14 AM
92	Depending on if technician support is increased.	7/6/2022 10:11 AM
93	Unclear if this means doing less or more testing. Expanding testing would almost certainly create more work for pharmacists, even if interns and technicians are authorized to assist.	7/6/2022 10:11 AM
94	this should only be done by pharmacists	7/6/2022 10:01 AM
95	Not appropriate	7/6/2022 9:56 AM
96	Only blood draws but RPh should be required to interpret results	7/6/2022 9:54 AM
97	Why is it, it took pharmacist with years of education to get these allowances but technicians with minimal education, it only took a pandemic? Again, only if the tech is held accountable for errors or issues and not a pharmacist. If you want to give techs all of these allowances why are we not expanding education requirements across the board and eliminating registered verse certified?	7/6/2022 9:37 AM
98	If pharmacies are not properly staffed to perform diagnostic tests, will only add to the stress/responsibilities of daily operation.	7/6/2022 9:19 AM
99	Not equipped	7/6/2022 9:00 AM
100	Risky idea.	7/6/2022 7:35 AM
101	This is having a technician assess symptoms and recommend testing. That's a pharmacist function. That requires discernment and critical thinking.	7/5/2022 10:34 PM
102	Unless Ohio starts letting us do more diagnostic tests I fail to see how this will help since my pharmacy doesn't even do covid testing anymore since demand plummeted.	7/5/2022 10:12 PM
103	I think techs can administer these with success.	7/5/2022 6:00 PM
104	There is no reason why a registered technician or trainee cannot walk a patient through how to	7/5/2022 4:31 PM

Meeting Materials

swab their nose & place swab back in package. With adequate training, they are also capable to running rapid testing like Abbott ID Now machinery.

105	Techs already run the covid tests in drive thru	7/5/2022 1:19 PM
106	Increase patient accessibility and reduce pharmacist workload.	7/5/2022 12:58 PM
107	These tasks are simple and should be conducted by the additional work groups. There is absolutely no reason that a registered tech or trainee cannot perform these duties.	7/5/2022 11:51 AM
108	This would be good. Similar to the immunization practice as far as perception. As long as they are just conducting the tests and don't have to interpret or present results it should be fine.	7/5/2022 11:44 AM
109	Too much responsibility for techs; they are not educated enough	7/5/2022 10:53 AM
110	This sounds like a good idea, but will increase workload.	7/5/2022 7:12 AM
111	As a floating pharmacist, I am not comfortable with technicians taking on this role.	7/4/2022 4:40 PM
112	Nope. I'd only say yes to this if insurance would see Pharmacists as the medical professionals that we are and allow us to bill as such.	7/4/2022 3:53 PM
113	technicians, with just a little bit of training, can handle this.	7/4/2022 3:15 PM
114	My technicians have not received any training to provide any services like this. My pharmacy is routinely too understaffed to supervise under trained staff to perform these tests.	7/4/2022 2:53 PM
115	NO NO NO	7/4/2022 2:34 PM
116	See comments above.	7/4/2022 12:20 PM
117	As long as it stays at a basic covid test and doesn't become anything else	7/4/2022 10:20 AM
118	This question makes no sense. We don't need more responsibility and people to watch over. This is already happening.	7/4/2022 5:53 AM
119	If limited to COVID = ok. Anything else is practice of pharmacy and steps into the pharmacist clinical domain. Technicians should be doing more manual tasks so pharmacist can do clinical functions. This goes too far!	7/3/2022 7:00 PM
120	Technicians lack the education to understand the oftentimes nuanced scenarios in which these tests should or should not be ordered	7/3/2022 6:09 PM
121	Need to somehow work on a way to increase pay so that technicians can earn a living wage and then possibly more people would want a dedicated career.	7/3/2022 5:32 PM
122	This will destroy the pharmacist profession.	7/3/2022 4:46 PM
123	Some technicians should not be working at release to patient much less providing direct patient care.	7/3/2022 3:42 PM
124	Adding work to technicians is not the answer, eliminating useless work is the answer.	7/3/2022 3:03 PM
125	This will lead to reduced patient care and safety.	7/3/2022 2:39 PM
126	As long as there are technicians available to do these things	7/3/2022 1:42 PM
127	Idk	7/3/2022 10:56 AM
128	This is purely pie in the sky and way off in the horizon of where priorities should be placed at the present time. Right now we simply need enough staff to not be checking prescriptions at light speed and missing 50% of phone calls entering the pharmacy departments.	7/2/2022 11:33 PM
129	Pharmacies do not need to do these tests at all. We cannot treat for any ailment. Just distracting work.	7/2/2022 11:03 PM
130	Technicians need a high school diploma. There are many good technicians but that is far above their level of education.	7/2/2022 10:06 PM
131	Board should mandate that if a technician is administering testing that another technician is scheduled.	7/2/2022 8:09 PM
132	Would be helpful	7/2/2022 6:06 PM

Meeting Materials

133	Most of my techs don't have the knowledge or independent thinking required to implement this policy. They would continue to ask me what to do and that would interrupt workflow more than me doing it myself	7/2/2022 9:21 AM
134	Unless we're going to have a "higher" level of technician I feel that this is above the scope of the technician role.	7/2/2022 8:56 AM
135	again if we chose this path then it should be a requirement for all pharmacy techs as a part of their work (industry standard) if not it will default back to the pharmacists and not solve the work load issues	7/2/2022 8:34 AM
136	This is long overdue.	7/2/2022 8:30 AM
137	This would need to be at the discretion of the RPh on duty, and with training/extra certification guidelines (similar to immunizing RPh)	7/2/2022 3:10 AM
138	First we gotta fix staffing levels. I recently had a healthcare screening accidentally get scheduled in the middle of my work day. There were so many counseling notes and rxs and phone calls backed up just in the time it took me to do a 10 minute screening.	7/2/2022 12:04 AM
139	Adding more responsibilities to the pharmacy as a whole does nothing to improve workload. It's making it worse.	7/1/2022 10:27 PM
140	The more hands on deck, the better.	7/1/2022 6:38 PM
141	Have technicians be an associates degree if they are going to broaden scope of practice. A week long course from a Chain pharmacy will not appropriately prepare them for tech-check-tech or expanded scope of practice.	7/1/2022 6:31 PM
142	I don't feel that this is a major time consuming task at our pharmacy because we do not offer it. So not sure that it is a priority at this point.	7/1/2022 2:17 PM
143	Great if you have access to qualified technicians.	7/1/2022 2:06 PM
144	Yes helpful if the techs can perform these tests but adding more than covid testing to our work flow is asking too much, just like asking us to give immunizations to children is uncalled for as they should be going to the doctor's office where they are trained.	7/1/2022 1:52 PM
145	But it won't matter. We lack in techs, so even if they could give immunizations, we don't have them to give the immunizations.	7/1/2022 1:47 PM
146	Just adding more responsibilities to an already overworked, understaffed profession and more metrics for corporations to add to their work requirements for pharmacies	7/1/2022 1:12 PM
147	This may require a mid level practice designation much like PA or nurse practitioners are, not that advanced but all techs may not feel comfortable doing these duties.	7/1/2022 12:47 PM
148	These tests need to be weighted more than traditional scripts when it comes to pharmacy volume (ex: every test should be counted as 5 regular prescriptions) when accounting for staffing.	7/1/2022 12:40 PM
149	Not done at my site	7/1/2022 10:31 AM
150	Expand RPh scope of practice.	7/1/2022 7:04 AM
151	The issue seems to focus on removing pharmacist expertise to make for a better work place. Slippery slope. It's the hours of operation and the distraction type of work vs top of license focus that is hurting the retail profession primarily	7/1/2022 6:12 AM
152	I'm upset that we have to run labs now to process Covid rapid tests and take in samples for the ones we send away. But I also know that we don't make any money filling rxs like we used to and this is another potential income producing area to expand into. So it would require more staffing and budget hours to work. But it also sounds like the "super tech" we heard about 20 years ago, trying to take away the pharmacist's job...	7/1/2022 12:49 AM
153	They should be allowed to administer the test, or any CLIA test under the supervision of a pharmacist and documented training. It is basically a CLIA test and not that difficult to administer. I am not in favor of allowing techs to order. That should only be the pharmacist. For long term, COVID should not be included in this possible rule, it will go and other viruses will emerge. Keep the rule generic.	7/1/2022 12:22 AM

Meeting Materials

154	No experience with this	6/30/2022 9:59 PM
155	Having someone else that CAN do the test is great. Have the RPH interpret it.	6/30/2022 9:56 PM
156	This would just add more services to an already full workflow.	6/30/2022 9:28 PM
157	The chains will find a way to make a lot of money with these services. It will become another metric and they will give us no extra help to do this. They are already creating offsite fulfillment centers, which will allow them to cut staffing at the stores.	6/30/2022 8:54 PM
158	Will mistakes fall under the license of a pharmacist. Could be really good or really bad.	6/30/2022 8:30 PM
159	Yes! HHS allows techs to gives covid vaccines. Ohio should just mimic hhs . Far less confusing.	6/30/2022 8:26 PM
160	None of the workload increases for techs over the past 2 years have resulted in an increase in budgeted hours.	6/30/2022 7:45 PM
161	Tech shortage, where are we going to get techs to do this?	6/30/2022 7:05 PM
162	bad idea, techs do not have the knowledge or training to do this. They can go to pharmacy school if they want this resposnsibility. Plus it should be the pharmacist responsibility. This just replaces another high salary pharmacist. Bad idea	6/30/2022 6:12 PM
163	It would help to decrease the work load off the Pharmacist.	6/30/2022 6:10 PM
164	Not likely to be of value in the long term. Again would shift technicians away from core prescription processing tasks that may then fall on pharmacist	6/30/2022 6:09 PM
165	Short on tech help.	6/30/2022 5:50 PM
166	As long as registered. Not trainee	6/30/2022 5:44 PM
167	Techs don't have the clinical background, in my opinion. If Clinical Pharmacists still don't have the authority to order such tests except as part of a collaborative agreement, why is this even being debated?	6/30/2022 5:36 PM
168	although, tech shortage is another issue. They can get stressed too.	6/30/2022 5:21 PM
169	Again - adding additional people for one pharmacist to supervise will NOT help. You need to have more pharmacists on staff.	6/30/2022 4:47 PM
170	For a well staffed pharmacy this maybe a good plan but how many well staffed pharmacies do you know of these days?	6/30/2022 4:42 PM
171	Stop! Pharmacies need to put foot down, we are not a local clinic! We fill drugs and counsel on health & drugs. if we wanted to be the ER or urgent care we would change our sign!	6/30/2022 4:07 PM
172	As stated above, expanding scope does not mean workload will be less. It will be more.	6/30/2022 4:07 PM
173	Agree, with similar comments as above regarding more extensive training.	6/30/2022 4:05 PM
174	needs a lot of training	6/30/2022 3:52 PM
175	Registered pharmacy technicians only. Trainee's? Why? If you feel they won't be thrown to the fire too soon you are wrong.	6/30/2022 3:29 PM
176	not sure that saves a lot of time	6/30/2022 3:17 PM
177	Yep, let them be "Responsible Person Technicians". Let corporations pay them \$12 per hour ... pharmacist find another profession. Oh thank you *** 7 schools of pharmacy ***	6/30/2022 3:06 PM
178	Again, if you don't have enough employees, how will this be of benefit.	6/30/2022 2:49 PM
179	This would be a retail nightmare.	6/30/2022 2:31 PM
180	This is simply too much for one pharmacist to adequately monitor. How can one person fill so many prescriptions, answer patient questions, and monitor this many staff members effectively???	6/30/2022 2:26 PM
181	This just spells disastrous results.	6/30/2022 2:08 PM
182	This all has to be done under the supervision of a pharmacist= no decrease in workload	6/30/2022 2:07 PM

Meeting Materials

183	We don't do testing currently.	6/30/2022 2:02 PM
184	Technician staffing is already short. This would just be something else that would pull them away from dispensing. This would have to be its own designated role and that is all that technician does and the rest of the pharmacy is fully staffed to dispense.	6/30/2022 2:02 PM
185	Patients should see their doctor for annual at least once a year. If not, should have a clinic system at pharmacy. Too many scripts to cover all the other health needs. Insurance just doesn't reimburse enough per each filled script	6/30/2022 1:58 PM
186	Will still need rph supervision and troubleshooting	6/30/2022 1:55 PM
187	Similar to my response about immunization, I feel this just moves work around rather than actually helping with workload. Only because we work with such a small staff. Perhaps at a store where there are 5-6 techs this would be more beneficial	6/30/2022 9:46 AM
188	Again, the quality of retail technicians is declining. I wish/ hope for qualified technicians.	6/29/2022 8:34 PM
189	The pharmacist needs to somehow be relieved of responsibility for any events that might occur with technician scope of practice expanding	6/29/2022 7:38 PM
190	This is a scary thought at the current level. Pharmacy has the ability to make pharmacy technicians a mid level career but additional schooling etc will/should be implemented.	6/29/2022 6:18 PM
191	I am all for learning and expanding my knowledge and responsibilities but kroger already under pays. There technician and the work load is very stressful so unless they up there pay I don't see there technicians sticking around for all these added responsibilities in the very menial pay we earn	6/29/2022 3:39 PM
192	If they're well trained	6/29/2022 9:17 AM
193	There are already too many tasks for the pharmacy. Adding more diagnostic tests for one pharmacist to supervise will make it harder to validate that all staff are doing things appropriately.	6/29/2022 8:43 AM
194	I think with proper training a technician could manage performing tests.	6/29/2022 8:42 AM
195	If I understand the proposal correctly, a pharmacist must still be present to oversee the administration of tests. The proposal simply would include registered pharmacy technicians and technician trainees in the groups of personnel allowed to administer the test.	6/29/2022 12:31 AM
196	as long as help is given	6/28/2022 11:13 PM
197	Great idea, doesn't solve the root cause of pharmacy staffing by big chain retail operators.	6/28/2022 9:16 PM
198	Trainees should not have this scope of practice; technicians should not be authorized to order tests	6/28/2022 8:58 PM
199	Without techs, pharmacists would be doing this and significantly cutting into costs	6/28/2022 8:42 PM
200	Already in place	6/28/2022 7:09 PM
201	More things to add on, with even less help	6/28/2022 6:48 PM
202	Techs barely know what a statin is and you're going to provide them with them power to order a test?	6/28/2022 5:32 PM
203	It is absurd to expect that adding responsibilities to technicians who are already overworked will help workforce issues.	6/28/2022 4:17 PM
204	Yes, I feel that this would be helpful but again we aren't able to get the appropriate levels of staffing in place. It makes no sense to have a tech with all these expanded scope of practice if I don't have enough hours allotted for them per week by my employer	6/28/2022 3:25 PM
205	I think this is out of the scope of technician practice, unless there is more training and a SIGNIFICANT increase in pay, close to nursing, as this is basic functionality of nursing.	6/28/2022 2:49 PM
206	While just like the addition of vaccination responsibilities, this would be helpful to the pharmacist but again at least in my setting we do not have the proper staffing for fulfilling basic responsibilities let alone a higher set. So allowing this yes, realistically can we get to a place where we can utilize it, is left to discovered.	6/28/2022 2:34 PM

Meeting Materials

207	These tests shouldn't have to be a pharmacy's responsibility anyway. We can't help having to do vaccines because we do all other vaccines. If you want to improve workload and patient safety, adding more tasks onto pharmacy staff is not the answer.	6/28/2022 12:35 PM
208	Not sure this is necessary for techs to do	6/28/2022 11:24 AM
209	They already do this	6/28/2022 11:24 AM
210	It would be more helpful if we weren't required to provide diagnostic services in a retail setting.	6/28/2022 11:19 AM
211	Expanding pharmacist scope and possibly interns is more important initially than technicians. Legislative pushback would be stronger against techs and if included with pharmacist scope would probably doom the chances of passage.	6/28/2022 11:12 AM
212	No more tests at pharmacy these need to be at clinics	6/28/2022 10:45 AM
213	Support Pharmacy Technicians administration but ordering should remain with pharmacists	6/28/2022 10:18 AM
214	They already help with covid tests	6/28/2022 10:03 AM
215	We can't find technicians! Expanding their roles is great, if there were any qualified technicians available.	6/28/2022 9:43 AM
216	The focus should be on improving the working conditions of the pharmacist so they can do their job. For instance limit the length of shifts, increase pharmacist hours when we increase the pharmacist job responsibilities (adding pharmacist responsibilities increases revenue so pharmacies should be investing back in the pharmacy not just pocketing the extra money), mandatory breaks (close the pharmacy for lunch/dinner because some of us work ALL day) and creating an environment with fewer distractions (ie. get rid of the music, give pharmacist a private place to work where customers can't just walk to them and chat, get the register out of the pharmacy so pharmacists don't have to stop in the middle of what their doing to ring out a pack of gum, get the drive through out of the pharmacy, and reroute calls to a calm center so they aren't distracted by the phone that rings incessantly).	6/28/2022 9:34 AM
217	I would prefer these types of clinical services only be administered by highly trained staff such as certified techs and interns.	6/28/2022 8:45 AM
218	I do not believe that the average pharmacy technician possesses the education and training to advice, order, and administer specific clinical tests such as COVID-19. Unless this situation changes in terms of additional training for technicians, I do not believe that this is a valid duty progression.	6/28/2022 8:41 AM
219	Honestly I think this would make absolutely no difference for helping pharmacists feel less stressed in the workplace.	6/28/2022 8:35 AM
220	Not comfortable with this idea.	6/28/2022 8:22 AM
221	Anything that helps ease the work burden on pharmacists will help.	6/28/2022 8:18 AM
222	They can administer test, but not order tests	6/28/2022 7:57 AM
223	May help pharmacists, but could put additional burden on technicians.	6/28/2022 7:53 AM
224	This is a quality issue. The training is not there. The knowledge and professional judgement is not there. It is beyond unreasonable to expect the already overworked pharmacist to be able to oversee these tasks appropriately and ensure that interns and techs do not overstep in their roles and provide professional judgement in an effort to unburden their pharmacist. Again, this will result in a cut of pharmacist hours for the chains/shift expectations to even more unrealistic metric driven goals and make working conditions even worse, and you know it.	6/28/2022 7:43 AM
225	Leave it to the Dr and hospital labs!! We are getting further and further away from the scope of our practice! Pharmacy- drugs	6/28/2022 7:24 AM
226	Tech can do covid testings it's just learning machine which dosent need any much study and this will reduce workload for pharmacist. For testing they should not need any certification. But definitely tech should not give vaccines or consultation.	6/28/2022 5:16 AM
227	As stated, this is way too broad. As a pharmacist, I work in a pharmacy where I can order, and insurance will cover, INR and A1C diagnostic tests, but I must be doing this within an established (and very cumbersome) collaborative prescribing agreement with a physician and patient. Ohio law needs to first authorize PHARMACISTS more broad independent ordering	6/28/2022 3:02 AM

Meeting Materials

and prescribing authority, with insurance companies obligated to recognize pharmacists as providers.

228	Not helpful if the workforce isn't required. Allowing and required are very different. Working for a large chain they are not going to allow a budget for adding more on even if the board allows it.	6/27/2022 11:49 PM
229	See comments above. My techs cannot count properly nor collate the receipt papers with the right basket	6/27/2022 11:46 PM
230	When there are no technicians to perform technician roles, expanding their role is not addressing the current problem.	6/27/2022 11:40 PM
231	It takes under a minute for pharmacists to approve orders for tests and techs already administer them. This would not help.	6/27/2022 11:40 PM
232	See reason 1. Retail chains have been adding duties to pharmacy technicians repeatedly for years. This is the main reason why there is so much burn-out and under-staffing.	6/27/2022 11:20 PM
233	If limited to COVID testing, then would be appropriate but beyond that it would require significant education and training, in my opinion. Will pharmacies be willing to compensate technicians for these services?	6/27/2022 11:06 PM
234	Perhaps a pharmacy intern in their last two years of education, but never a pharmacy technician who does not have the in depth training.	6/27/2022 11:06 PM
235	NOOOOOO!!!!!! What are we doing as a profession? It seems like many of these options are to replace pharmacists with technicians instead of actually having enough pharmacists to do the jobs we should be doing. This is a decision being made by money only; if salary differences did not exist none of these technician options would be brought forward. Stop worrying about money and worry about what's best for our patients and the profession.	6/27/2022 10:32 PM
236	Techs already perform testing for covid currently	6/27/2022 10:22 PM
237	would require additional training and payment	6/27/2022 10:04 PM
238	May cause additional daily monitoring for RPh staff. One more function to have peripheral awareness of.	6/27/2022 9:39 PM
239	I believe a 2, 3 or 4 year associate Pharmacist who is able to fill/check/dispense refills and new/renew scripts for scripts patient previously on. We do not need more techs trying to be pharmacists.	6/27/2022 9:34 PM
240	Dangerous	6/27/2022 9:31 PM
241	Why would we allow technicians to do this when we as pharmacists still can't in most situations?	6/27/2022 9:31 PM
242	I don't do any testing at my site	6/27/2022 9:28 PM
243	Beneficial but distribution of this workload across many healthcare systems will mean limited impact for pharmacy. But a reasonable direction to move.	6/27/2022 9:16 PM
244	I see no issue with this, especially CLIA waived tests.	6/27/2022 9:04 PM
245	Pharmacy doesn't need any more tests to give. We can barely fill rx and council patients	6/27/2022 8:59 PM
246	Same as immunization	6/27/2022 8:50 PM
247	It sounds great to allow pharmacists and techs more duties and responsibilities, however, due to lack of adequate and trained staff, additional duties should not be added to an already overwhelming situation.	6/27/2022 8:37 PM
248	Some tasks can definitely be helpful and not require as much clinical knowledge. More advanced things should be left to pharmacists	6/27/2022 8:30 PM
249	Like to see this removed from pharmacy altogether	6/27/2022 8:27 PM
250	We don't do testing at the pharmacy at my location	6/27/2022 7:58 PM
251	This would be nice for all kinds of reasons.	6/27/2022 7:51 PM

Meeting Materials

252	Sure but same as above, cannot take this tech out of workflow, must be an additional tech to do the testing	6/27/2022 7:46 PM
253	They were already doing it without extra pay, or getting someone to replace them for workflow	6/27/2022 7:39 PM
254	Concerned with safety of technicians judgement is such matters	6/27/2022 7:38 PM
255	Technicians in current practice are not performing the current functions, why do you think giving them more scope of practice is going to help the workload. The work isn't changing.... you are shifting it.... this is now creating shortages in both the pharmacist and technicians role. Additionally, by delegating these task to technicians you are weeding out the need for pharmacist. You are taking the professionalism out of people who have doctorates and have worked hard to be the master of their trade. You are basically saying, individuals with very to little training are able to make the same decisions as someone who has spent 6 years in pharmacy college. On top of that, the pharmacist is responsible for when the technician make a mistake. You can't have it both ways!	6/27/2022 7:29 PM
256	Corporate will take advantage of techs with no incentives and less staff	6/27/2022 7:27 PM
257	Not having to contact a prescriber each time a test is needed would remove some barriers and delays to care.	6/27/2022 7:15 PM
258	Hopefully COVID 19 goes away and this is not necessary. Flu testing would be very useful.	6/27/2022 7:03 PM
259	THIS IS REALLY PISSING ME OFF!!!! ITS A NUMBER OF BODIES NEEDED VS NUMBER OF BODIES ALLOWED BY CORPORATE THAT IS THE PROBLEM!!!! NEED MORE HOURS NOT MORE JOBS FOR INADEQUATELY EDUCATED TECHS TO PERFORM!! IF 1 TECH AND ONE PHARMACIST ARE COVERING THE DEPARTMENT YOU CAN HAVE SUPER TECH AND UNLESS HE/SHE CAN DIVIDE IN TWO LIKE AN AMOEBA THEY CANNOT BE IN 2 PLACES AT ONE!!! GET YOUR ASSES OUT OF THE OFFICE AND VISIT PHARMACIES - OPEN YOUR EYES AND WATCH THE CHAOS!!	6/27/2022 7:01 PM
260	adds too much work to already overworked staff	6/27/2022 6:57 PM
261	I wouldn't allow anyway	6/27/2022 6:54 PM
262	I could agree to this only if the technician could meet a certain competency level after adequate training.	6/27/2022 6:43 PM
263	Not sure how this would work	6/27/2022 6:33 PM
264	Once again will help the number of people get in and out the door but the quality of care isn't there. Techs can't adequately explain the tests, how they are used, and the clinical applicability of them and there aren't enough pharmacist to help with that part of multiple techs are doing this at a time. If patients don't ask questions it may help but the quality of care is not there for me to support this.	6/27/2022 6:14 PM
265	Yes, let's give GED holders the chance to order tests a pharmacist can not and won't get paid for. No one would willing work for their pay and do this. Chains only want this to run out higher cost pharmacists to pad their wallet more. Terrible idea.	6/27/2022 6:13 PM
266	It's not really hard (people do COVID tests at home). Would free up rph	6/27/2022 6:07 PM
267	Again would be great IF the tech wants the additional training and responsibilities	6/27/2022 6:04 PM
268	If it is only covid tests, that would help. However, any biometric screenings should only be handled by the pharmacist.	6/27/2022 5:59 PM
269	We need more help with all these responsibilities	6/27/2022 5:38 PM
270	Only after training is complete.	6/27/2022 5:20 PM
271	We don't do that many CLIA waived tests, but I believe anyone with training can do them. Again, as a supervising pharmacist I'd want to know what my role in supervising CLIA waived tests would be. At what point is it the company's responsibility if the test is done incorrectly, or the person isn't properly trained, or whatever? If the supervising pharmacist is responsible for the actions of the technicians in these situations, I don't think that's fair, and it may end up requiring more from me to supervise, monitor and keep track of everyone's training and credentials.	6/27/2022 5:17 PM
272	This is something that the techs should be qualified to do after having been trained and	6/27/2022 5:10 PM

Meeting Materials

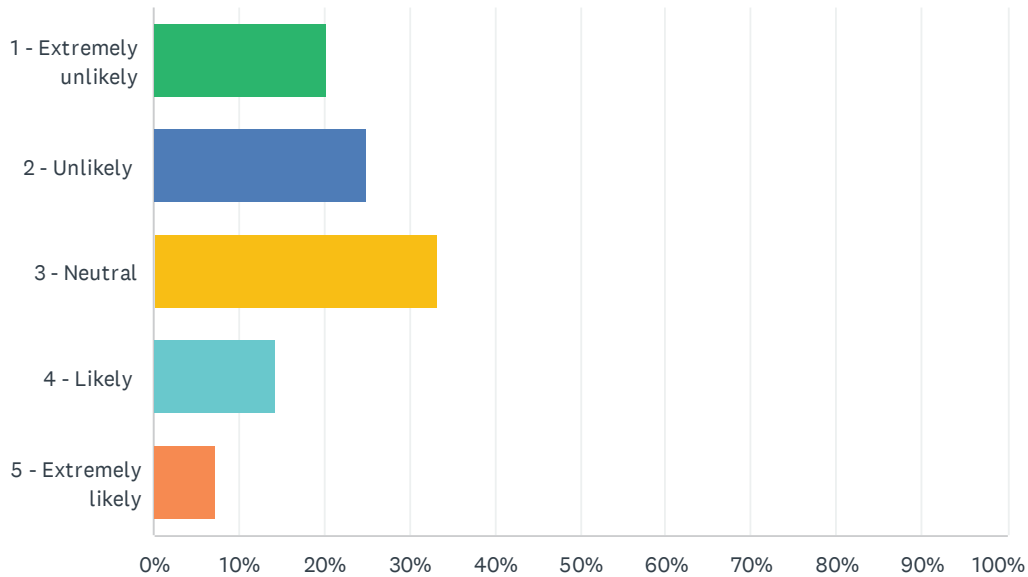
anything that helps to take the workload off the pharmacist is beneficial.

273	This is already happening and chain pharmacies just have higher expectations to be met that causes imbalance between serving patients and patient safety.	6/27/2022 5:03 PM
274	This just enables the bigger companies to demand higher results with fewer people. In theory, They now have more people who can do the same job for less money so why add extra staff? This defeats the purpose of improving pharmacist workload.	6/27/2022 4:56 PM
275	Chains would likely require technicians to perform these expanded duties without allowing for additional technician staffing to carry out necessary dispensing functions. This would only amount to more work for pharmacists.	6/27/2022 4:41 PM
276	They already perform Covid antigen tests, nobody goes to the pharmacy for antibody tests.	6/27/2022 4:40 PM
277	Doubt corporate would be willing to pay techs more to do this	6/27/2022 4:39 PM
278	I don't think this would change anything.	6/27/2022 4:25 PM
279	If the pharmacist is still responsible for oversight of this activity, this could stretch the pharmacist's workload and duties even further	6/27/2022 4:23 PM
280	Of the 50+ techs I've worked with over my career , there is only 1 that I would trust with that responsibility.	6/27/2022 4:21 PM
281	Totally inappropriate for techs to do this	6/27/2022 4:15 PM
282	Could be useful with proper training	6/27/2022 4:13 PM
283	I don't see this as impacting workloads that much	6/27/2022 4:12 PM
284	Over worked and underpaid technicians leading to high turnover and inability to staff are the problem. Adding more work to technicians is not the answer.	6/27/2022 4:11 PM
285	Again techs would need to get a much better pay increase for doing these extra work requirements	6/27/2022 4:05 PM
286	Again giving everything to the techs with low pay. These type of responsibilities should get a title & pay increase. Not all @ once.	6/27/2022 4:04 PM
287	The mornings are hectic and allowing technicians the ability to approve test orders would decrease the amount of time needed to be prepared for diagnostic tests for the day.	6/27/2022 4:02 PM
288	A RPh responsibility.	6/27/2022 3:54 PM
289	Technicians do not have the education to preform tests accurately.	6/27/2022 3:54 PM
290	This would be fine.	6/27/2022 3:50 PM
291	Again, we should minimize pharmacist burden in other ways and all them to practice their profession.	6/27/2022 3:48 PM
292	This would help free up pharmacists	6/27/2022 3:43 PM
293	Again, this is a pharmacists job, they have the schooling and incentive to carry the liability.	6/27/2022 3:41 PM
294	Concerns with technician ability to do this function	6/27/2022 3:35 PM
295	Reimbursement is greatly needed	6/27/2022 3:34 PM
296	Will still require pharmacist observation	6/27/2022 3:33 PM
297	Again, a pharmacist only task.	6/27/2022 3:29 PM

Meeting Materials

Q9 Expand Technician Scope of Practice – Drug Administration 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.

Answered: 2,004 Skipped: 23



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	20.26%	406
2 - Unlikely	24.95%	500
3 - Neutral	33.33%	668
4 - Likely	14.27%	286
5 - Extremely likely	7.19%	144
TOTAL		2,004

#	ADDITIONAL COMMENTS	DATE
1	I see no benefit.	7/9/2022 10:59 AM
2	It would help pharmacists but a lot of our patients know our pharmacists and are very particular about who gives them their vaccine and would usually prefer a pharmacist over a technician if given the choice. Current technicians never thought they would have to administer vaccines or medications when they got into the field.	7/7/2022 10:21 PM
3	I do not like this proposal. It is too much responsibility for the pharmacist's license, and I could easily see cory paste companies abusing this.	7/7/2022 8:21 PM

Meeting Materials

4	Increasing already burdened techs with more work will lead to dangerous working conditions in retail pharmacy and lead to even more mistakes.	7/7/2022 8:00 PM
5	Too much room for a mistake.	7/7/2022 7:02 PM
6	I support this decision with specific training for each medication and continuous follow up per specified period of time.	7/7/2022 4:59 PM
7	My thoughts on this are the same as allowing technicians to administer immunizations. However, this is not something my current employer allows pharmacists to do, to my knowledge.	7/7/2022 4:32 PM
8	i would not feel comfortable having techs do this. i feel that very few pharmacists are doing this currently - and i know many pharmacists who are extremely wary of these expanded administrations.	7/7/2022 4:18 PM
9	In my current job setting, this would not impact my workload. It seems most of these medications are given by physician's offices and most third-party payers require physician administration for reimbursement.	7/7/2022 4:01 PM
10	Unsafe!! Not applicable at this time. These people have never taken any medical courses. Require an associate degree for this.	7/7/2022 3:37 PM
11	Would depend on the technician, not all could handle this.	7/7/2022 3:23 PM
12	I think this would make it more difficult to find people willing to become a pharmacy technician. It's already understandably hard enough to get someone to take this type of job.	7/7/2022 2:57 PM
13	This was addressed at another point in the survey, but expanding the scope of practice for technicians and asking them to do more work and responsibilities should come with increased wages, and certifications to allow for career pathway building, skills codified in a meaningful way. I also feel until pharmacists who will be supervising technicians have been granted this same scope of practice, long enough for it to be commonplace for "most" pharmacists to be practicing this way and have the knowledge to teach and supervise technicians, I think it may be too early to grant the same scope of practice to the technicians.	7/7/2022 2:23 PM
14	MORE DUTIES FOR TECHNICIANS ARE BAD. THIS JUST MEANS MORE MONEY FOR CORPORATE GREED	7/7/2022 2:20 PM
15	Without appropriate pay, which is beyond the control of the board, expanded roles and certifications mean nothing.	7/7/2022 2:15 PM
16	End up being more work for pharmacists.	7/7/2022 2:15 PM
17	We don't use anyway	7/7/2022 1:59 PM
18	See above statement on workload.	7/7/2022 1:42 PM
19	Maybe I'm not understanding the question, but allowing technicians the opportunity to do more things, doesn't decrease the workload, it increases the workload. The only way to decrease the workload is to hire more technicians or pharmacists, the only way to do that is focus on reimbursements?	7/7/2022 1:42 PM
20	Most of these patients go thru their PCP, psychiatrist, etc... minimal impact in my opinion.	7/7/2022 1:39 PM
21	Again only shifts work among available staff	7/7/2022 1:32 PM
22	Unlikely to have any impact	7/7/2022 1:32 PM
23	what is the point of pharmacy school	7/7/2022 1:22 PM
24	Increase oversight and liability to pharmacist	7/7/2022 1:09 PM
25	Sounds reasonable in office/primary care settings	7/7/2022 1:04 PM
26	Same as #1	7/7/2022 12:50 PM
27	Is the board going to license technicians so that the liability is on them and not the RPh?	7/7/2022 12:30 PM
28	No offense but until we can fix the problems we have with staffing we shouldn't be adding anything else to the pharmacy workload. I would love to take care of every aspect of the public health but it seems the pharmacist have been left to do everything and the burden has become	7/7/2022 12:30 PM

Meeting Materials

too much without any extra help. Why are doctors not giving shots anymore? Why are nursing homes, who have their own nurses, not giving shots to their own residents? Why is everything being left to the retail pharmacists?

29	Stop giving the techs more work. They're quitting due to overwork as it is.	7/7/2022 12:21 PM
30	I have no experience with this.	7/7/2022 12:21 PM
31	Do not see this happening	7/7/2022 12:13 PM
32	It can free up the pharmacist's time, but it removes a tech from the workflow.	7/7/2022 12:12 PM
33	They would need extensive training for this	7/7/2022 12:09 PM
34	Are pharmacists allowed to do all of these? And we are going to skip over ourselves to give that duty to a technician? Are we trying to make ourselves obsolete?	7/7/2022 11:57 AM
35	If there is a situation where a technician is in a practice setting where drugs (aside from vaccinations) are regularly administered, and the technician has had the proper training and is familiar with the procedure, then those technicians can be available to administer these drugs (pharmacist should be readily available for patient counseling).	7/7/2022 11:53 AM
36	Depends on how good and willing the technician is.	7/7/2022 11:50 AM
37	In my experience the vast majority of technicians would not be qualified to perform these tasks.	7/7/2022 11:48 AM
38	Part of the issue is staffing and overworking of technicians. Increasing responsibility does not fix this	7/7/2022 11:47 AM
39	From my experience we don't have enough technicians to do the work they already do so I don't think it's time to give them more responsibilities.	7/7/2022 11:39 AM
40	This seems outside the scope of technician training and knowledge base	7/7/2022 11:33 AM
41	Pharmacists shouldn't be responsible for the administration of these drugs anyway.	7/7/2022 11:29 AM
42	Administration of medications does not seem to be an appropriate task for techs and is not a safe solution to workload problems.	7/7/2022 11:01 AM
43	At CVS, this would only affect immunizations, we do not administer any medications.	7/7/2022 10:08 AM
44	Again would free up the pharmacist to do pharmacist-only duties.	7/7/2022 8:56 AM
45	as long as they had proper training.	7/7/2022 8:53 AM
46	This would require yet another level of training for technicians. It would also increase the technician's workload.	7/7/2022 8:33 AM
47	Not appropriate for technicians to be administering these medications	7/7/2022 8:18 AM
48	Agree with committee comments. Could negatively impact workload but will definitely increase patient access to care. Appropriate provisions would be required for a balance between the two.	7/7/2022 12:21 AM
49	See above.	7/6/2022 11:59 PM
50	Still do not trust techs to be able to do this safely.	7/6/2022 11:54 PM
51	None of these are routinely done at retail level	7/6/2022 11:13 PM
52	Not currently a large portion of pharmacist services at site but might increase in volume in future and be something to help looking into future	7/6/2022 11:03 PM
53	This should be the pharmacist's responsibility only.	7/6/2022 10:23 PM
54	Immunizations would be helpful. Unsure about administration of other medications, which require additional education and training	7/6/2022 10:00 PM
55	This is a bad idea and does not seem safe whatsoever	7/6/2022 9:47 PM
56	Too many variations of these medications	7/6/2022 9:44 PM

Meeting Materials

57	If they can administer vaccines then they should be allowed to administer any other type of medication IM/SQ	7/6/2022 9:32 PM
58	These questions all hinder on staffing for these allowances. We don't have the staff for them to do these things now.	7/6/2022 9:29 PM
59	Additional area for a pharmacist to provide supervision of the pharmacy	7/6/2022 9:11 PM
60	Perhaps. Again i feel pharmacies can't people to fill open positions	7/6/2022 9:10 PM
61	Same as 8	7/6/2022 8:27 PM
62	Again ONLY Certified Techs who've been trained and under the supervision of RPh who condones that tech	7/6/2022 7:41 PM
63	I have extreme concern for patient safety in giving technicians this responsibility without formal education beyond a state board certification.	7/6/2022 7:26 PM
64	Feel this could help with proper training and the right supervision.	7/6/2022 7:24 PM
65	I feel like immunization for technicians would be a big help. But the other drug administrations listed are fairly rare and don't have large impacts on workflow	7/6/2022 6:50 PM
66	Would be very helpful if they could do immunizations	7/6/2022 6:48 PM
67	This isn't appropriate	7/6/2022 6:43 PM
68	Should not be performed by technicians.	7/6/2022 4:46 PM
69	Again, too few techs. Making them busier doesn't help	7/6/2022 4:20 PM
70	Pharmacist would still have to over see. Unless certification process happens.	7/6/2022 4:05 PM
71	We only provide immunizations.	7/6/2022 4:03 PM
72	Nurse job. Not pharmacy tech. No	7/6/2022 2:56 PM
73	We do not do this at my location.	7/6/2022 2:49 PM
74	Risk of error too high	7/6/2022 2:10 PM
75	They do not have the education necessary to recognize when the medication affects and effects need to be questioned for the safety of the patient. Why not expand the Pharmacist scope of practice and drug prescribing and administration. We have doctorates and are underutilized. Physicians and Nurses do not have the education we have about the drugs they prescribe.	7/6/2022 2:08 PM
76	Most of these rules are based around giving technicians more duties. This is not the problem. We need more staff. Anytime I have trouble getting through by tasks, it is because I am busy doing technician duties due to lack of help.	7/6/2022 1:19 PM
77	Again, as a pharmacist I don't want to be responsible for a techs mistake!	7/6/2022 12:36 PM
78	I don't believe that this is a significant driver of staffing pressures at this time, apart from immunization administration.	7/6/2022 12:25 PM
79	This sounds dangerous and is taking away from the profession and extensive schooling of pharmacy.	7/6/2022 12:21 PM
80	tech shortage, no rph shortage...	7/6/2022 12:15 PM
81	In my scope of practice this would provide no additional benefit and increases risk of diversion.	7/6/2022 12:09 PM
82	As above related to impact on job market.	7/6/2022 11:55 AM
83	This isn't am issue for most pharmacies, aside from vaccines of course.	7/6/2022 11:36 AM
84	It would be nice to add all injectable drugs, including testosterone for pharmacists and technicians with proper training. We need to expand what support personnel other than technicians can do.	7/6/2022 11:29 AM
85	Would not help in my scope but may in other clinical settings	7/6/2022 11:26 AM

Meeting Materials

86	It may help but the responsibility rest with the pharmacist so the help provided isn't as great as it may appear	7/6/2022 11:04 AM
87	Unlikely due to tech shortage and need for higher pay for technicians	7/6/2022 11:04 AM
88	Again, shifting responsibility away from the pharmacist is only going to cause confusion.	7/6/2022 10:59 AM
89	As long as specific training requirements are in place.	7/6/2022 10:58 AM
90	There hasn't been much of a demand for this in our area, but it would be something we could expand to -- nothing that the pharmacy is allowed to staff for this without corporate intervention.	7/6/2022 10:54 AM
91	Not a large part of workload currently, but as programs expand technicians should be able to provide these, similar to immunizations.	7/6/2022 10:51 AM
92	Techs do not want to do this - very few feel they get paid enough as it is but many at my practice would never be ok with this anyway	7/6/2022 10:47 AM
93	This may translate to less pharmacist scheduled hours.	7/6/2022 10:47 AM
94	Freeing up the pharmacists is great but do not pile more on technicians without also offering a significant pay increase. A 50 cent raise is not acceptable.	7/6/2022 10:45 AM
95	Nope. NOT ok with this. MY license.	7/6/2022 10:40 AM
96	See point 1.	7/6/2022 10:34 AM
97	If you Oleg the staffing issue, most of these issues would not be an issue	7/6/2022 10:33 AM
98	Besides immunizations, the others listed are very infrequent.	7/6/2022 10:33 AM
99	The pharmacist has the responsibility and liability to ensure drug administration is accurate and safe.	7/6/2022 10:32 AM
100	Freeing up pharmacist time by expanding the scope of practice for technicians would likely improve working conditions for pharmacists. However, it could increase stress for technicians.	7/6/2022 10:29 AM
101	Unsure if this would help or just make our workload more frantic and disconnected	7/6/2022 10:25 AM
102	Again, I don't think a lot of pharmacies provide drug administration so the impact overall would be minimal. Again I am concerned with ultimate liability being placed on the pharmacist.	7/6/2022 10:17 AM
103	My company removed the pay incentive for vaccinating tech so now most who are qualified will not administer them	7/6/2022 10:15 AM
104	this should only be done by pharmacists	7/6/2022 10:01 AM
105	Not appropriate	7/6/2022 9:56 AM
106	Why is it, it took pharmacist with years of education to get these allowances but technicians with minimal education, it only took a pandemic? Again, only if the tech is held accountable for errors or issues and not a pharmacist.	7/6/2022 9:37 AM
107	Ultimately still pharmacist's responsibility to ensure administration is performed correctly	7/6/2022 9:19 AM
108	Not qualified	7/6/2022 9:00 AM
109	These are not healthcare professionals. They are supporting personnel.	7/6/2022 7:35 AM
110	This would help a bit with workload, but again, liability?	7/5/2022 10:34 PM
111	This is a tiny subset of pharmacy in the state of Ohio.	7/5/2022 10:12 PM
112	But ONLY if our Certified Pharmacy Technicians are compensated FAIRLY for this added responsibility.	7/5/2022 8:53 PM
113	Not a fan of this.	7/5/2022 6:00 PM
114	This is a service that doesn't necessarily put an undue strain on most community pharmacies.	7/5/2022 4:31 PM
115	only if an rph is directly supervising them so there are no errors. having them administer the drugs and taking them off the regular workflow wont be much helpful.	7/5/2022 2:01 PM

Meeting Materials

116	No pharmacists I know administer those	7/5/2022 1:19 PM
117	Not all pharmacy setting administer medications.	7/5/2022 12:58 PM
118	This seems a little more dangerous in my opinion if the technician is not appropriately trained in this arena.	7/5/2022 11:51 AM
119	Perception again, but in some of the private clinics this would be fantastic. Especially non-prof places where techs could be hired to do somethings that pharmacists have to do out of necessity.	7/5/2022 11:44 AM
120	Too much responsibility	7/5/2022 10:53 AM
121	Would this include hospitalized patients? If so, it has potential to help with nursing shortage.	7/5/2022 8:56 AM
122	Not even utilized by most pharmacists. Not sure what impact this would have.	7/5/2022 7:12 AM
123	besides immunizations, these other meds are RARELY/NEVER administered in our pharmacy	7/4/2022 6:14 PM
124	Not sure if I am comfortable with this idea, but it will certainly save the pharmacists time.	7/4/2022 4:40 PM
125	These medications are administered in doctors' offices and that's where they can stay. We don't need more to do in Pharmacy thank you. I'd only say yes to this if insurance would see Pharmacists as the medical professionals that we are and allow us to bill as such.	7/4/2022 3:53 PM
126	Pharmacies are routinely too understaffed to provide these services, and technicians are routinely too undertrained to provide any additional services.	7/4/2022 2:53 PM
127	NO NO NO	7/4/2022 2:34 PM
128	After learning the manipulations of the styles of the medications, I feel there is very little difference between these injections and vaccines.	7/4/2022 12:57 PM
129	Not done often enough that it would significantly reduce pharmacist workload.	7/4/2022 12:20 PM
130	No! Again- major knowledge deficit. STOP LOOKING AT THE MONEY AND AT START THINKING ABOUT PATIENTS AND THEIR SAFETY!!!!!!	7/4/2022 10:20 AM
131	Pharmacist would again have to provide oversight, increasing workload	7/4/2022 7:47 AM
132	Personally I would not feel comfortable giving a technician that much autonomy without direct supervision from a pharmacist.	7/4/2022 3:37 AM
133	Unlicensed medical assistants already do this in physician practices. As long as training and ongoing competency assessment is performed, this is good use of pharmacy technician's time. Plus, they can be responsible for the supervision of a patient 15 minutes after drug administration to ensure no life threatening side effects occur.	7/3/2022 7:00 PM
134	Expansion of pharmacist's privilege to administer medications should be an aim to help fill the void left by shortage of other healthcare professionals, not in replacing pharmacists with techs. Many of these items on this survey would encourage replacement of pharmacists with techs, which would significantly reduce the quality of care available in pharmacies	7/3/2022 6:09 PM
135	Not sure this would work without some kind of salary incentive.	7/3/2022 5:32 PM
136	This will destroy the pharmacist profession.	7/3/2022 4:46 PM
137	Again giving more work to people who are underpaid is not the answer	7/3/2022 3:03 PM
138	This will help pharmacists but companies should be required to pay technicians more for the additional responsibilities.	7/3/2022 2:44 PM
139	This will lead to reduced patient care and safety	7/3/2022 2:39 PM
140	I reiterate that we would first need a wholesale restructuring of pharmacy staffing before this consideration can be discussed realistically.	7/2/2022 11:33 PM
141	I do not feel that any of my technicians are capable of this.	7/2/2022 11:03 PM
142	Very few pharmacies do more than immunizations.	7/2/2022 10:06 PM
143	Cannot trust thi	7/2/2022 6:06 PM

Meeting Materials

144	I think this is a great policy to address the needs of our patients but I don't think it would help improve working conditions	7/2/2022 9:21 AM
145	As above.	7/2/2022 8:56 AM
146	again if we follow this patch then it should be a requirement for all techs in the pharmacy as a part of their work (industry standard) also this could be an issue with gluteal injections male/female would you need another person witness the injection	7/2/2022 8:34 AM
147	I don't have enough information about this to make a safe decision.	7/2/2022 12:04 AM
148	Adding more responsibilities to the pharmacy as a whole does nothing to improve workload. It's making it worse.	7/1/2022 10:27 PM
149	It says it's allowed by pharmacists but I haven't seen this currently in practice. It should be implemented in practice by pharmacists before techs.	7/1/2022 6:58 PM
150	Bad idea in my opinion.	7/1/2022 6:38 PM
151	Have technicians be an associates degree if they are going to broaden scope of practice. A week long course from a Chain pharmacy will not appropriately prepare them for tech-check-tech or expanded scope of practice.	7/1/2022 6:31 PM
152	We don't even do this in the pharmacy as of now as pharmacists so unable to answer.	7/1/2022 5:43 PM
153	I feel like extending to expanded immunizations would be the most important	7/1/2022 2:17 PM
154	We currently do not have this in our protocol.	7/1/2022 2:06 PM
155	Our techs will not do this	7/1/2022 1:52 PM
156	But it won't matter. We lack in techs, so even if they could give immunizations, we don't have them to give the immunizations.	7/1/2022 1:47 PM
157	Again, specialized training and willingness of staff to do	7/1/2022 12:47 PM
158	Good for nursing shortage	7/1/2022 11:38 AM
159	Not done at my site	7/1/2022 10:31 AM
160	Techs are already hard to find expanding their role will only make corporate expect more with same pay leading to more burnout/turnover same with rphs	7/1/2022 9:06 AM
161	For qualified staff	7/1/2022 7:01 AM
162	once again, it all depends on whether the pharmacist must step into the technician's role when they leave to handle these other tasks.	7/1/2022 12:49 AM
163	ACIP immunizations fine, not the others for technicians at this time. Some of these anti-psychotics (Zyprexa Relprevv) have to have the patient wait for hrs after administration. They are deep IM shots. Let's look at this down the road. Not that many are pharmacies/pharmacists are going to do these other shots anyway, until the reimbursement comes, and the majority of community pharmacies have the resources. Not many pharmacists are doing this right now, why would we allow techs to do it.	7/1/2022 12:22 AM
164	Qualified people?	6/30/2022 9:59 PM
165	Again, this will add stress and large chains will add this as a service with no extra help.	6/30/2022 9:56 PM
166	The pharmacist is already stretched too thin and now we will have to oversee technicians doing other administrations. This will be another metric. We will never get provider status. So, once again, the chains will just abuse the staff in anyway they can to make more money.	6/30/2022 8:54 PM
167	Mistakes should not fall under pharmacist. Can recreate a lot of unqualified people doing uncomfortable things and more work for managing pharmacist	6/30/2022 8:30 PM
168	Can interns administer these meds? We were taught this a pharmacist only function. If a tech can administer, then an intern should be able to, too.	6/30/2022 8:26 PM
169	None of the workload increases for techs over the past 2 years have resulted in an increase in budgeted hours.	6/30/2022 7:45 PM

Meeting Materials

170	i am concerned that increasing their workload would lead to more mistakes at the input level for prescriptions	6/30/2022 7:14 PM
171	Taking away duties from nurses and giving pharmacy more responsibility.	6/30/2022 7:05 PM
172	YOur ideas are getting worse. Drug administration is even a worse idea that ordering tests and vaccines. They have no clue about the drugs. You would have to license them and they would need to incur liability for any error or any thing that goes wrong. Pharmacists will never trust the techs to do this if we are still liable.	6/30/2022 6:12 PM
173	The tech have just has much training as a LPN or Nurse.	6/30/2022 6:10 PM
174	Short on tech help. I will say that in my company techs are offered the opportunity to be able to vaccinate. Many don't do it because the pay is not much more and they do not feel that it is worth it.	6/30/2022 5:50 PM
175	Again, if pharmacists have just recently gained acceptance in this realm, why are we assuming technicians have the clinical background to administer these products safely? How is this received by the Board of Nursing?	6/30/2022 5:36 PM
176	At the pharmacy where I worked we rarely administered those drugs.	6/30/2022 5:28 PM
177	Higher chance of error when the administrator hasn't had the proper schooling to understand what they are actually giving. Potential danger there.	6/30/2022 5:23 PM
178	Limit to vaccines	6/30/2022 5:21 PM
179	Not if the pharmacist is ultimately responsible.	6/30/2022 4:47 PM
180	Technicians do not want these responsibilities. Better idea, allow pharmacies to hire RN/LPNs and they can do what they are trained to do?!	6/30/2022 4:07 PM
181	As an RPh, I would not be comfortable with this in a pharmacy, and feel it would require enough pharmacist oversight that it would be more efficient for the pharmacist to just provide the service themselves at that point.	6/30/2022 4:05 PM
182	i don't think tech are trained enough to do something like that	6/30/2022 3:52 PM
183	Risky. Maybe a better idea is to split the pharmacist certification into a lesser clinical specialty. Unless technician training is amped up to match that of a retail dispensing pharmacist	6/30/2022 3:50 PM
184	Poor supervision under current workflow standards will make this dangerous	6/30/2022 3:29 PM
185	Don't think techs should be authorized. Keep limited to high frequency administrations - flu and COVID.	6/30/2022 3:23 PM
186	again not likely to affect my workload	6/30/2022 3:17 PM
187	Would not be comfortable with this.	6/30/2022 2:58 PM
188	Techs are already overworked and underpaid. This will further increase burnout and turnover.	6/30/2022 2:49 PM
189	Again, the techs would need to be compensated accordingly, or else most of mine would walk.	6/30/2022 2:31 PM
190	If retail chains didn't force pharmacists to act as clerks/cashiers/techs they could do their actual jobs! We have been educated to care for our patients to long he's standards. Those standards should not be lowered because retail chains are whining!	6/30/2022 2:26 PM
191	Would Increase workloads	6/30/2022 2:11 PM
192	Corporate bodies will take advantage of these minimum wage works and Botch patients.	6/30/2022 2:08 PM
193	This all has to be done under the supervision of a pharmacist= no decrease in workload. We already have a hard time staffing with technicians. They won't want to work with all this extra responsibility.	6/30/2022 2:07 PM
194	I work retail not sure how this would affect me.	6/30/2022 2:02 PM
195	Very bad idea	6/30/2022 2:02 PM
196	N/a	6/30/2022 2:02 PM

Meeting Materials

197	Technician vaccination administration would be extremely helpful, but any other drug administration would have minimal impact.	6/30/2022 2:01 PM
198	This would be added work for an already overworked staff...regardless of who administers them. We currently don't do those injections.	6/30/2022 1:52 PM
199	No qualified technicians.	6/29/2022 8:34 PM
200	Vaccination is very high volume and simpler to administer than the long acting antipsychotics, for example. Also I am unsure just how many community practice pharmacists are administering long acting injections for example and if very little, this seems like it is not likely to help much.	6/29/2022 8:22 PM
201	Horrible ide. Stop making techs do everything	6/29/2022 8:14 PM
202	No pleaae	6/29/2022 7:38 PM
203	This isn't really a concern in most pharmacies as most pharmacies don't do this.	6/29/2022 6:18 PM
204	much like LPN capabilities - would format the rule and required training to match that of nursing	6/29/2022 5:01 PM
205	I am all for learning and expanding my knowledge and responsibilities but kroger already under pays. There technician andbthe work load is very stressful so unless they up there pay I don't see there technicians sticking around for all these added responsibilities in the very menial pay we earn	6/29/2022 3:39 PM
206	Customers feel more comfortable with a "white coat" give the vaccines.	6/29/2022 9:18 AM
207	Absolutely not.	6/29/2022 5:56 AM
208	See answer to policy #1.	6/29/2022 12:31 AM
209	save on contacting prescribers	6/28/2022 11:13 PM
210	Those tasks take up little of a normal chain retail pharmacist daily work load.	6/28/2022 9:16 PM
211	Pharmacy interns should have this added to their scope of practice; technicians do not have enough training to provide this service.	6/28/2022 8:58 PM
212	Perhaps in clinics or hospitals, not retail	6/28/2022 8:42 PM
213	It is absurd to expect that adding responsibilities to technicians who are already overworked will help workforce issues. Also, technicians have not been exposed to the training to administer medications in new sites and the anatomical landmarks to identify proper injection sites (dorsogluteal vs ventrogluteal).	6/28/2022 4:17 PM
214	This would be a very helpful patient service, but it's a bit difficult to add to my current practice.	6/28/2022 4:03 PM
215	Yes, I feel that this would be helpful but again we aren't able to get the appropriate levels of staffing in place. It makes no sense to have a tech with all these expanded scope of practice if I don't have enough hours allotted for them per week by my employer	6/28/2022 3:25 PM
216	I think this is out of the scope of technician practice, unless there is more training and a SIGNIFICANT increase in pay, as this is functionality of mid levels in clinics, nursing, and pharmacists.	6/28/2022 2:49 PM
217	See above comments regarding expansion of vaccination and diagnostic testing responsibilities.	6/28/2022 2:34 PM
218	Rph must supervise	6/28/2022 2:30 PM
219	Do not support	6/28/2022 12:47 PM
220	Pharmacist on duty would have to be comfortable with the technicians ability to provide these services. Pharmacist on duty should be able to make this determination.	6/28/2022 12:39 PM
221	This would need to have specific training and be monitored for appropriate technique periodically.	6/28/2022 12:35 PM
222	Unless the technician carries their own liability insurance, I don't feel technicians should administer any medications.	6/28/2022 12:32 PM

Meeting Materials

223	Technician should go through extensive training or have several years of experience as a technician before being able to administer, or have a pharmacist approval, as I can see this going bad. It could also be a very good thing as well.	6/28/2022 11:31 AM
224	Again, as a pharmacist I would not currently be comfortable with this. Until we have more techs and better training, this would not be optimal.	6/28/2022 11:24 AM
225	Minimal use of this scope for pharmacists and expanding to techs would not lead to expanding this practice.	6/28/2022 11:12 AM
226	These require a longer consult than retail pharmacy can provide	6/28/2022 10:45 AM
227	There is a shortage of technicians! We can't expand the practice of something we don't have.	6/28/2022 9:43 AM
228	Too late	6/28/2022 9:30 AM
229	Not common in retail practice	6/28/2022 9:09 AM
230	We aren't offering this within my company currently	6/28/2022 8:45 AM
231	This potential law infringes on pharmacist practice which is always under attack and increased scrutiny. I agree with basic immunization privileges for technicians, but not comprehensive drug administration by techs.	6/28/2022 8:41 AM
232	Honestly I think this would make absolutely no difference for helping pharmacists feel less stressed in the workplace. Plus, while all pharmacists can receive training for this, not all do. So maybe the focus should be on training more pharmacists to provide this service.	6/28/2022 8:35 AM
233	Again the quality of technicians does not allow for this.	6/28/2022 8:28 AM
234	Unsure about his. It kind of depends on the tech.	6/28/2022 8:18 AM
235	May help pharmacists, but could put additional burden on technicians.	6/28/2022 7:53 AM
236	I do not think this is beneficial because I do not have adequate time for proper oversight of technicians providing immunizations (review of paperwork, answering questions from tech and patient (still being needed for the vaccination as well as my tech being needed, so effectively taking 2 people out of workflow instead of just 1), ensuring proper training/technique) in the environment/lack of pharmacist hours given with the expectations to outperform year after year with less each year. It is unsafe and will continue to be unsafe. This may be helpful in the future, but this is the last thing to be thinking about until you can fix literally every other issue happening in chain pharmacies.	6/28/2022 7:43 AM
237	No!!!!!!	6/28/2022 7:24 AM
238	Very bad idea. Some certified tech I feel scared to work with because tech license is so easy to get. Not needed much studying. If these tech starts administering these drugs not sure where health care is going	6/28/2022 5:16 AM
239	In chain practice only the immunization would help but still require pharmacists to over see everything as we are responsible. Many times it is better I do it myself even if I'm stretched to thing to ensure it's correct. If I am just as liable I'm unsure how expanding duties are going to be done without very close oversight	6/27/2022 11:49 PM
240	Nope	6/27/2022 11:46 PM
241	It is against my employer's policy that pharmacists may administer these medications, so expanding it to technicians will do nothing at my particular place of employment.	6/27/2022 11:40 PM
242	Our Techs do not get paid enough to take on the added responsibility or the increased risk during an administration.	6/27/2022 11:31 PM
243	Not a good idea.	6/27/2022 11:07 PM
244	No. This is just another attempt to dilute the practice of pharmacy through the use of unqualified staffing. I would not sign off on this unless I was made legally exempt from any prosecution or liability by the State of Ohio.	6/27/2022 11:06 PM
245	NOOOOOO!!!!!! What are we doing as a profession? It seems like many of these options are to replace pharmacists with technicians instead of actually having enough pharmacists to do the jots we should be doing. This is a decision being made by money only; if salary differences did	6/27/2022 10:32 PM

Meeting Materials

not exist none of these technician options would be brought forward. Stop worrying about money and worry about what's best for our patients and the profession.

246	Expanding tech practice- difficulty in hiring, training and at end of day might demand higher wages- which in retail all about money - they will cut down help or decrease pharmacist wages to counterbalance	6/27/2022 10:22 PM
247	It sounds like we are just once again trying to add more responsibilities to the retail pharmacy. We need appropriate staffing levels, not my already overworked one or two technicians to have even more responsibility that I have to oversee.	6/27/2022 10:07 PM
248	technicians may not want to, unsafe	6/27/2022 10:04 PM
249	This is not something I do in my practice, but I personally would not want a technician administering medication to anyone in my family.	6/27/2022 9:46 PM
250	May cause additional daily monitoring for RPh staff. One more function to have peripheral awareness of.	6/27/2022 9:39 PM
251	Not comfortable with technicians administering any injectable medications	6/27/2022 9:37 PM
252	Associate Pharmacist level	6/27/2022 9:34 PM
253	Dangerous	6/27/2022 9:31 PM
254	Same situation here as administering vaccines. They aren't trained enough.	6/27/2022 9:31 PM
255	Reasonable to do, but for many health systems will have limited impact on workload.	6/27/2022 9:16 PM
256	They don't have enough training or know what to do in the case of something happening	6/27/2022 9:12 PM
257	I don't feel techs should be allowed to provide these injections unless they have CMA or similar additional certification.	6/27/2022 9:04 PM
258	I would be unlikely to allow a technician to provide this service without maximum supervision. It is one thing to allow them to do something like COVID or Flu vaccines which are repetitive, but to allow something so out of the ordinary, I feel that only the pharmacist should do this unless in a setting where it is common practice.	6/27/2022 8:57 PM
259	If the pharmacist has the ultimate liability then this is not helpful.	6/27/2022 8:37 PM
260	I would only support this if administration errors do not become the ultimate responsibility of the pharmacist, but are placed on the tech performing them	6/27/2022 8:05 PM
261	We do not administer anything besides immunizations at my location	6/27/2022 7:58 PM
262	As above - not a lot of techs will like this (retail)	6/27/2022 7:55 PM
263	Not often enough at retail for this to make a difference	6/27/2022 7:51 PM
264	Again not all techs can be trusted with such task	6/27/2022 7:39 PM
265	Not currently a problem as is rarely done in current pharmacy practices of retail settt	6/27/2022 7:38 PM
266	Shifting the responsibility is NOT the fix. You are taking the professionalism out of people who have doctorates and have worked hard to be the master of their trade. You are basically saying, individuals with very little training are able to make the same decisions as someone who has spent 6 years in pharmacy college. On top of that, the pharmacist is responsible for when the technician make a mistake. You can't have it both ways!	6/27/2022 7:29 PM
267	I haven't really seen this implemented much among pharmacists so it's difficult to say what it would be like if techs administered these injections.	6/27/2022 7:15 PM
268	Great if there is appropriate compensation for this service. But increases work load.	6/27/2022 7:03 PM
269	THIS IS A RETAIL PHARMACY PROBLEM!! IN OVER 30 YEARS OF RETAIL I'VE NEVER ADMINISTERD ANY OF THOSE AGENTS OTHER THAN IMMUNIZATIONS- WHY DON'T YOU JUST GET RID OF PHARMACISTS ALL TOGETHER ??? YOU WANT TECHS DOING EVERYTHING	6/27/2022 7:01 PM
270	not enough training	6/27/2022 6:57 PM

Meeting Materials

271	I could agree to this only if the technician could meet a certain competency level after adequate training.	6/27/2022 6:43 PM
272	Pharmacy technicians are not nurses!	6/27/2022 6:33 PM
273	Techs should not be administering any drugs, period. They are not trained clinically and don't have proper training to handle questions or side effects.	6/27/2022 6:14 PM
274	Pharmacists can even do this under current law with out their first born child signed away. This is worse that vaccinations. Let's give an undertrained person, who knows nothing of laws or medications the chance to injure an unstable schizophrenic patient with an IM shot. Horrible idea!	6/27/2022 6:13 PM
275	I don't see a lot of this in retail practice	6/27/2022 6:07 PM
276	Most stores are doing too many things right now . Some day, but let us get staffed and back in track before adding new responsibilities	6/27/2022 6:04 PM
277	Immunizations yes, anything else no	6/27/2022 5:43 PM
278	More pharmacist oversight needed, may as well do themselves	6/27/2022 5:38 PM
279	Pharmacist staffing will need to allow for oversight	6/27/2022 5:28 PM
280	I don't like this either. Hire an MA or nurse to do this, or make technicians get that level of training, and they can work in the "minute clinic". This whole survey seems to be about increasing technician duties in the pharmacy, which will increase my supervising responsibilities. That is not the answer. Where is the question about hiring more pharmacists? Where is the question about increasing the hours of pharmacist overlap? We have expanded the role of the pharmacist to include many things, but we have not expanded the number of pharmacists working in a pharmacy at one time to make this happen. If you continue to expand technician roles only, all I'm going to be doing is managing 15 technicians a shift instead of practicing pharmacy. The result will be an increased supervisory workload for me and more stress about how that will reflect on my license when one of the technicians I'm supervising does something wrong. I already know a pharmacist who got dinged by the board for a technician error.	6/27/2022 5:17 PM
281	I guess I haven't ran across a tech I would be comfortable doing this.	6/27/2022 5:14 PM
282	I feel as if the technicians are already trained on immunizations, that they should be able to perform these tasks.	6/27/2022 5:10 PM
283	New RPh to OH. Not sure how much this would aid workflow.	6/27/2022 5:04 PM
284	This will be helpful only when payors are on board	6/27/2022 5:03 PM
285	This may be useful in a non-retail setting.	6/27/2022 4:56 PM
286	Too many services in an already stretched thin area, would rather focus on what we have vs trying to add more	6/27/2022 4:52 PM
287	Chains would likely require technicians to perform these expanded duties without allowing for additional technician staffing to carry out necessary dispensing functions. This would only amount to more work for pharmacists.	6/27/2022 4:41 PM
288	Small portion of business	6/27/2022 4:40 PM
289	All of my techs and I would quit pharmacy and volunteer at the local dog shelter! This is exactly opposite of what we need in pharmacy. They already want us to do more work with less pay. No no no no no !	6/27/2022 4:36 PM
290	But not without stricter qualifications and training	6/27/2022 4:25 PM
291	This would make the pharmacy much busier if we had to inject everyone's medications they usually get injected in an office setting.	6/27/2022 4:25 PM
292	May be helpful in certain settings, but not retail pharmacy	6/27/2022 4:24 PM
293	If the pharmacist is still responsible for oversight of this activity, this could stretch the pharmacist's workload and duties even further	6/27/2022 4:23 PM
294	No way.	6/27/2022 4:21 PM

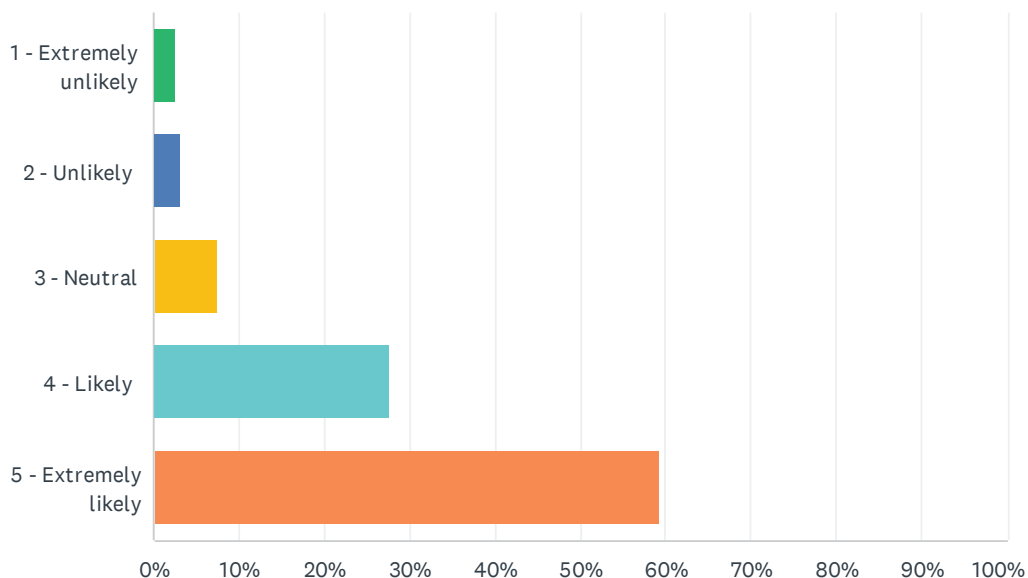
Meeting Materials

295	This sounds ridiculous to me	6/27/2022 4:15 PM
296	See above	6/27/2022 4:13 PM
297	This may take something off of the pharmacist's workload, but given the shortage of trained techs this would not help at least in the short term	6/27/2022 4:12 PM
298	Over worked and underpaid technicians leading to high turnover and inability to staff are the problem. Adding more work to technicians is not the answer.	6/27/2022 4:11 PM
299	They need better pay for them to do this. Corporate will not compensate techs for them doing this	6/27/2022 4:05 PM
300	Would not apply to my work location.	6/27/2022 4:02 PM
301	Absolutely NO, a poor decision	6/27/2022 3:54 PM
302	Bad idea.	6/27/2022 3:54 PM
303	I think this would be helpful but ultimately I don't think it would save much time.	6/27/2022 3:50 PM
304	What?	6/27/2022 3:41 PM
305	Again, pulls a tech away so will not affect workload, and there are safety concerns here.	6/27/2022 3:36 PM
306	Concerns with technician ability to do this function	6/27/2022 3:35 PM
307	Desperately need to increase revenue streams	6/27/2022 3:34 PM
308	Would still require pharmacist supervision	6/27/2022 3:33 PM
309	Pharmacist only task	6/27/2022 3:29 PM

Meeting Materials

Q10 Managing Touchpoints Provide autonomy to the pharmacist on duty to shut down touchpoints and non-essential services if understaffed. Require ancillary staffing (support personnel and technicians) at each point of contact when the pharmacy is open. This must include drive-thru, drop-off, register, vaccinations, and a person dedicated to phones.

Answered: 2,010 Skipped: 17



ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	2.54% 51
2 - Unlikely	3.23% 65
3 - Neutral	7.36% 148
4 - Likely	27.66% 556
5 - Extremely likely	59.20% 1,190
TOTAL	2,010

#	ADDITIONAL COMMENTS	DATE
1	Also required is guaranteed protection of the pharmacist from retaliation from management. See comments in question 6.	7/9/2022 10:59 AM
2	This would be very helpful. If we don't have staff and don't feel it's safe to keep drive through open, we should have the professional authority to keep the patient a safe as possible and close it if necessary.	7/7/2022 10:53 PM
3	A pharmacist in Whitehall was told by her coordinator that she is to never shut the drive thru. She was the only pharmacist with one technician working on a Saturday. The coordinator told her the technician is to run back and forth between the two stations even if there is a line at both. Meanwhile, the order hadn't been put away. No one else was there to type, fill or answer phones. Taking away our professional judgement makes us monkeys. When hospitals are	7/7/2022 10:21 PM

Meeting Materials

overfilled with patients in the ER wanting to be seen they are all lined up outside or in waiting room for a reason, there aren't enough medical personnel to help all of them at once. Heck, they even tell the ambulances not to send anymore, and are being diverted to other hospitals. If there are 6 work stations and only 2 or 3 employees, the most crucial stations must be manned first. period.

4	ABSOLUTELY!	7/7/2022 8:21 PM
5	This would help retail pharmacy!! They continue to understaff us and we get write ups for stopping any service when we don't have staffing. This would directly improve patient safety and decrease mistakes.	7/7/2022 8:00 PM
6	I think that a pharmacist is capable of discerning when it is feasible to close a touch point without cause detriment to patient care. A guideline or stand of operation could be produced addressing concerns shutting down a particular touchpoint.	7/7/2022 4:59 PM
7	I have had to work shifts by myself as a pharmacist due to call offs, short staffed, etc. My employer will not allow us to shut down drive-thru, so depending on the layout of the pharmacy I will shut down other portions of the pharmacy such as drop off. It's not safe to leave a large portion of the pharmacy open to theft when I have my back turned helping drive thru. Similarly, I will not do vaccinations if I'm by myself because I will not leave the pharmacy unattended.	7/7/2022 4:59 PM
8	For rural pharmacies this could be a problem. We have a drive through for convenience and register inside so patients can choose either but would not need support staff for both. Adding extra staff to be designated to those two spots and the phone could be a huge financial burden.	7/7/2022 4:50 PM
9	I don't like to have the pharmacist make this decision because it will be dependent on the productivity of the pharmacist. In case of technician call off, a pharmacist may be able to work through the conditions, and another pharmacist will take the easy route and shut down drive through for example. Then it will be unfair for some pharmacists.	7/7/2022 4:47 PM
10	I am curious to know which retail spaces already close touchpoints. No pharmacists that I have spoken with have been able to do this except for during the height of covid. I think the pharmacist on duty should be able to use their professional judgement to manage touchpoints if they think it is necessary for safe operations, without fear of repercussions from their employer. For example, in the event of a call off. Unfortunately, this sometimes requires a written rule to prevent repercussions. I would support committee efforts to change public perception of what is happening in the profession of pharmacy. The majority of our current patients still do not understand why it takes so long to receive care, and are closed to explanations from us.	7/7/2022 4:32 PM
11	Drop off isn't as necessary. Most scripts are electronic so there's less drop off. I'm sure this varies by pharmacy though.	7/7/2022 4:29 PM
12	this would be great - but retail chains would never ever ever go for this. also - if you shut down the drive thru - you would just be answering the drive thru line telling people to come inside.	7/7/2022 4:18 PM
13	I've seen pharmacists shut down drive thru or intake windows just because they do not want to deal with it.	7/7/2022 4:08 PM
14	I can see why a pharmacist who is overwhelmed would want to shut down services for patient safety reasons. It would be nice to think that employers would always staff according to the needs of the pharmacy. The unpredictability of busyness causes difficulties in staffing...which of course, allows chains an excuse for lack of staffing.	7/7/2022 4:01 PM
15	This would be great and much safer. Right now we are all performing 2-3 tasks at once.	7/7/2022 3:47 PM
16	We are a business. We are health providers. It is like being a parent, you don't tell a child I don't have time to make lunch for you or care for you today because I am overwhelmed today. Figure it out.	7/7/2022 3:37 PM
17	This is absolutely necessary. On days there is a call off, or just general understaffing, there needs to be an option like this.	7/7/2022 2:57 PM
18	This suggestion should take paramount priority. Some companies have more stations than there are employees to manage them. By their own standards, they are asking employees to complete the task meant for multiple people when they create workflows with multiple touch points but hire well under the minimum to attend to them.	7/7/2022 2:23 PM

Meeting Materials

19	WE ALREADY DO THIS IN PHARMACIES BECAUSE THERE'S NOT ENOUGH HELP	7/7/2022 2:20 PM
20	Mandating appropriate staff, and allowing store-level employees the autonomy to control resources is the simplest and most effective easy to reduce errors and burnout.	7/7/2022 2:15 PM
21	This would be a big help as long as the chain pharmacy can't override it....we are so short staffed that even closing the drive thru at times would help...	7/7/2022 2:15 PM
22	Close drive thrus first	7/7/2022 1:59 PM
23	There are times during the day that there doesn't need to be someone assigned to EVERY touch point. Giving pharmacists authority to shut things down or suspend certain services would be great. Take the power from the chain and give it to the person who can see what is going on.	7/7/2022 1:56 PM
24	Again, the second most commented on proposal, no. You're micro-managing with more rules. The only possible purpose may be to protect a PoD's autonomy to make that decision from his/hers employer short of prohibiting patient access.	7/7/2022 1:49 PM
25	Yes!!! The ability to shutdown a drive through when understaffed is essential.	7/7/2022 1:42 PM
26	The pharmacist should have the authority to do this anyway. If anything decreases patient safety the pharmacist should do these things naturally. The only thing the board could do is to backup the pharmacist that makes that decision against a reprisal from his firm.	7/7/2022 1:42 PM
27	This is happening anyways...	7/7/2022 1:39 PM
28	Again, this is often controlled by corporate administrators who often have no practical pharmacy experiance	7/7/2022 1:32 PM
29	Shortages lead to errors which can be dangerous or deadly	7/7/2022 1:31 PM
30	This definitely needs to happen	7/7/2022 1:09 PM
31	This sounds great as well. If you don't have the staff to work the areas, they shouldn't be open. This sounds wonderful if you can get corporate to comply.	7/7/2022 1:07 PM
32	Diversion away from and to specific touch points to increase workflow should always be in the right of the supervising pharmacist on duty.	7/7/2022 1:04 PM
33	This has to happen.	7/7/2022 12:30 PM
34	I stated previously that I find myself working in the pharmacy as the only employee. It is unmanageable to run a drive thru, pick up, drop of and answer the phone as one person.	7/7/2022 12:19 PM
35	I think this would help but again at the big chains pharmacists don't feel the authority to do this	7/7/2022 12:13 PM
36	If truly a decision autonomously made by pharmacist on duty.	7/7/2022 12:12 PM
37	Corporate response will be the store is provided enough tech hours when in reality we can't answer phones in the mandatory two rings now with only one or two people in the pharncy.	7/7/2022 12:09 PM
38	The pharmacist becomes completely overloaded when they are the only person that perform these duties. It is impossible to do it all in a safe manner.	7/7/2022 11:57 AM
39	Some of us had the courage to do this already when necessary. Again with a business that is trying to increase profits and the bottom line they are not going to support that in the real world unless they are also held accountable and fined.	7/7/2022 11:57 AM
40	Currently, pharmacy staff has the ability to close down a drive thru and can "shut down" other services (testing, vaccinations) but management often frowns on this practice because it makes patients unhappy. There are no easy ways to prevent patients from being able to schedule appointments throughout the day without having to contact upper management, and this process is slow and is not easily turned back on when staffing is back to "normal". This requires extra work by pharmacy staff (or storefront staff) to have to contact patient throughout the day to let them know their appointment has been cancelled to give them options.	7/7/2022 11:53 AM
41	This should help retail pharmacist a lot. It is extremely dangerous to man 2-3 touch points on your own and the employer refuses to shutdown one of them.	7/7/2022 11:50 AM
42	This will help avoid the pharmacist on duty having to data enter, fill and verify orders	7/7/2022 11:49 AM

Meeting Materials

independently, which can lead to more errors.

43	This is a very good idea. Many times we simply do not have the staff to operate a drive thru but we are forced to by our district manager.	7/7/2022 11:48 AM
44	This would definitely help. If we don't have the staff to efficiently fill scripts and wait on patients then all the extra workload they added needs to shut off. Or the ability to be drive thru only or inside only due to staffing. Corporate Retail does not care, their answer is always you have always done it so you will continue to do so	7/7/2022 11:48 AM
45	As long as this is enforced with the district management and corporations and not the RP this would be beneficial	7/7/2022 11:47 AM
46	2 techs can cover 3 touchpoints with a pharmacist helping out as needed in a less busy store	7/7/2022 11:45 AM
47	Companies will never allow this without a state mandate.	7/7/2022 11:36 AM
48	I love this idea. The pharmacist in charge should always have the autonomy to limit scope of services depending on staffing level	7/7/2022 11:33 AM
49	Fantastic idea. I've used such autonomy once before in shutting down a drive thru while working alone. It helped exponentially but of course came with guilt.	7/7/2022 11:29 AM
50	I picked neutral because I am not sure. This is more complicated then I am prepared to answer	7/7/2022 11:18 AM
51	Yes. This could work - half of the stress comes from having (for example) 4 windows and only 2 techs and a pharmacist. If patients are at every window, who's filling? Who's counseling? Who's answering the phones? Also, patients don't realize all the other access points and get mad at wait times. If they see the line, they tend to be more understanding and it helps with overall stress level for employees to be treated better by patients.	7/7/2022 11:01 AM
52	This would prevent the extreme multitasking that goes on at times which causes fatigue and possible errors.	7/7/2022 8:56 AM
53	Absolutely, you can not safely be at 12 places at once, again just common sense.	7/7/2022 8:53 AM
54	Yes! If there's a job station with its own unique responsibilities let's have a person assigned to it instead of asking one person to perform the duties of 2 or 3 people. How many errors have happened because someone was distracted by the constantly ringing phone?	7/7/2022 8:33 AM
55	Depends on how busy the pharmacy is. A slower store does not need as much staffing as a busy store.	7/7/2022 8:18 AM
56	Having enough staff to simply answer the constant phone ringing can 100% improve patient outcomes	7/7/2022 8:05 AM
57	Lol. We'd be closed half the day!	7/7/2022 3:11 AM
58	Agree with the many potential concerns listed by the committee. Autonomy would be ideal and pharmacists should feel supported in making these decisions for sake of patient safety without repercussions for upper management. This probably needs further worked out.	7/7/2022 12:21 AM
59	YES!	7/6/2022 11:59 PM
60	We should have complete authority to shut down the drive thru without having to beg our district supervisors.	7/6/2022 11:54 PM
61	Excellent	7/6/2022 11:31 PM
62	This!!!!!!!	7/6/2022 11:13 PM
63	One of the biggest problems I have is not having enough personnel to cover all touchpoints. Patients will be waiting in line at one touchpoint while we are trying to help patients at others, or prescriptions are not being filled while we are helping patients. It is common for me to spend hours working the register each day while getting further and further behind on scripts as not enough hours are given for support personnel to cover all touchpoints.	7/6/2022 11:08 PM
64	Having personnel dedicated to one task would greatly improve safety and decrease stress levels.	7/6/2022 11:04 PM
65	Necessary to operate in crisis staffing situation	7/6/2022 11:03 PM

Meeting Materials

66	This should be more specifically defined to indicate when the touch points can be closed	7/6/2022 10:26 PM
67	How will this work without getting in trouble with your corporate office	7/6/2022 10:11 PM
68	Yes! To help prevent errors and better take care of and protect patients by focusing on job at hand rather than being bullied by corporate to keep all stations open when short staffed.	7/6/2022 10:08 PM
69	RPh on duty should be able to say no to touch points without negative consequences from their employer.	7/6/2022 9:44 PM
70	Again what is the penalty for non-compliance to the chain? They repeatedly cut help hours year over year	7/6/2022 9:37 PM
71	I said in an earlier question. If we do not have appropriate staff to have the drive they open and properly run the pharmacy then things need to be shut down.	7/6/2022 9:32 PM
72	Honestly this is the issue most likely to help with working conditions. We need to be able to shut down services without repercussions from corporate.	7/6/2022 9:29 PM
73	I don't know a pharmacy that this isn't allowed at. Maybe it's a problem in retail I guess but can't comment.	7/6/2022 9:23 PM
74	Much needed change	7/6/2022 9:22 PM
75	I think it would be helpful to provide the pharmacist on duty the autonomy to shut down touchpoints and non-essential services. I do not agree with having an ancillary staff member at each point of contact when the pharmacy is open. I think this should be determine by a staffing plan as previously described. It is unnecessarily burdensome to a business to require a body at every point of contact if those bodies will not be significantly contributing to the workflow of the pharmacy.	7/6/2022 8:35 PM
76	Yes to shutting down touchpoints. Ancillary staffing again depends on corporations actually allowing you to train and use the staff when needed. Where are the regulations for corporations?	7/6/2022 8:27 PM
77	It's tough trying to get CMR/MTM/Vac/Health Screenings done with not staffing so this would be great to have this in place so that the MBAs don't get telling us to figure it out.	7/6/2022 7:42 PM
78	If corporate would allow higher staffing levels it would smooth over workflow but they wouldn't usually allow partial closures	7/6/2022 7:28 PM
79	Sounds good however one of the main challenges today is getting applicants. This would be a difficult transition but would be something to work towards.	7/6/2022 7:24 PM
80	There have many times when I've been severely understaffed and unable to close a drive thru do do company policy	7/6/2022 6:48 PM
81	Would love to have autonomy to shut down points. It is a safety issue having 3 counters open at all times even when there is only 2 people.	7/6/2022 6:00 PM
82	Yes. When we don't have enough staff, we sometimes try to close the drive-thru but if a customer complains then corporate gets on us. We can't run a drive thru if we don't have the staff. Drive-thrus are the worst idea anyway, but that's for another time.	7/6/2022 5:53 PM
83	As much as drive thru can be annoying, it can keep sick people out of the store and helpful for those with mobility	7/6/2022 5:40 PM
84	Depends on what type of enforcement this has. If corporations can always override the pharmacist then it doesn't matter. Touch points should be limited to close to the number of staff working	7/6/2022 4:20 PM
85	As a pharmacist that works alone many hours during a shift this would help emensly	7/6/2022 4:05 PM
86	It has already been hard to hire appropriate staffing so instead of sacrificing services to customers wouldn't it make more sense to just increase the wait time on prescriptions and services. Drive-thru and vaccinations are just as important to customers. Our customers just need to reset their expectations of how long a prescription takes to fill from the time they request. They need to request sooner. Some prescriptions like antibiotics, antiviral meds, steroids, mephyton, etc would need to be filled fast but most of the rxs we fill are not urgent. Pharmacists should have the ability to triage and manage all the customer needs. Requiring	7/6/2022 4:03 PM

Meeting Materials

companies to increase personnel would help and decreasing customers high expectations would help. Get

87	This would never fly with corporate especially because they just cut our hours in half when we were barely staffed appropriately before, but I wish we could do this	7/6/2022 3:59 PM
88	LOVE THIS. Busy pharmacies need a minimum number of employees to function. If that number is not provided, allow the RPH to shut down patient facing stations until staffing is met. I've personally known RPH's fired for shutting down drive thrus when not staffed. This is a great idea.	7/6/2022 2:41 PM
89	If the pharmacist could manage the pharmacy in a manner that allows "touch points" to be closed when necessary it would reduce overwhelming work loads. If there is only 1 person, the pharmacist, working drop off, pick-up, drive thru, phones, filling and verification, it may become necessary to reduce the pace and numbers of prescription fulfillment. For the safety of the public.	7/6/2022 2:08 PM
90	This is exactly what we need to practice safely. In our current situation one or two people are responsible for all those duties.	7/6/2022 1:28 PM
91	Again, sounds great in theory but retail pharmacies will not go along with this.	7/6/2022 1:19 PM
92	Unfortunately we have to fight corporate to do this. 2-3 people cannot cover all stations. Having this ability without conflict and push back is necessary. A store manager who has no idea what we do shouldn't be able to make us open the drive through with only 2 people! Money over safety is a huge problem in retail!	7/6/2022 12:58 PM
93	I can't speak to this - I don't work Retail	7/6/2022 12:49 PM
94	Pharmacist should absolutely have the ability to do this if understaffed. If not you increase stress, error risk, pt safety becomes compromised.	7/6/2022 12:21 PM
95	Absolutely!	7/6/2022 12:21 PM
96	Likely to help but unlikely to be implemented.	7/6/2022 12:16 PM
97	Love this! Pharmacists cannot safely and effectively supervise when required to man multiple stations and give vaccinations.	7/6/2022 12:09 PM
98	I love this idea. Currently our employer dictates this, but it should be the pharmacist choice ultimately what they can handle if understaffed	7/6/2022 11:57 AM
99	Ugh.....phones!	7/6/2022 11:57 AM
100	This would be great for chains but not really as necessary at independents. The chain I worked at (Kroger) had a drop off window, 3 registers, a drive thru, and 5 phone lines and there were many times it was me and 1 or 2 techs (filling 500 rx a day and 30-60 vaccinations a day) and our district manager told us we were not allowed to close the drive thru. I'm not sure I've ever been madder in my life	7/6/2022 11:38 AM
101	Having dedicated staff for each task would be great and reduce everyone's stress	7/6/2022 11:36 AM
102	The pharmacist on duty needs to do what is necessary to safely operate the pharmacy.	7/6/2022 11:29 AM
103	This is long overdue. Please implement this as soon as possible. I feel it is crucial to bring more power to the RPH and less power to the people with the mba's. This proposal in my opinion is essential for the safety of the public and long term well being of the pharmacist and staff.	7/6/2022 11:26 AM
104	Second part most important - require "separate" ancillary staff at each point of contact. (Ensure minimum staffing)	7/6/2022 11:20 AM
105	It is unsettling to work in locations by yourself when corporate removed your technician to work at another location. The stress and risk of making errors are great when you are	7/6/2022 11:04 AM
106	How do you protect against retaliation from upper management?	7/6/2022 11:03 AM
107	One human being is completely unable to manage a register, administer vaccines, and continue to check/fill the Rx's throughout the day.	7/6/2022 10:59 AM
108	This would empower the RP to make decisions that promote safety.	7/6/2022 10:58 AM

Meeting Materials

109	This is something that should be effective immediately. As a pharmacist looking at working a Sunday shift alone because I have been unable to find any coverage, I'm already planning on having to close drive thru and testing. Which I will have to call my supervisor for permission, which is unacceptable. We need to be able to serve the community in a timely manner and safely. I don't think any pharmacy is expecting no wait time and phones answered immediately, but we need to be able to do our jobs safely. And we can't do that with people shouting and honking at us.	7/6/2022 10:54 AM
110	This absolutely would make a difference if actually put into practice and enforceable. This will look different based on prescription volume, but it is reasonable to require a certain level of staffing based on volume. At minimum a pharmacy with a drive-thru, vaccine/testing services, checkout should have at least 1 support staff during all operating hours. Based on prescription volume of the location this could requirement could be increased. The ability for the pharmacist to close/halt certain services without penalty when staffing drops below requirements would be necessary.	7/6/2022 10:51 AM
111	When I worked retail and my only technician called off the day after a holiday in a store doing 150-200 scripts/day, I closed the drive thru window. It still sucked answering three phone lines, entering all scripts, pulling and counting all drugs, checking, counseling, ringing up the medications, etc. Guess what? I was seriously stressed out and I made a dispensing error that day. Will store management allow pharmacists to pull a person from the floor to cashier patients out?	7/6/2022 10:47 AM
112	It has become difficult at store level post-covid. Retail pharmacy is expected to continue business as normal regardless of staffing issues. There need to be dedicated patient friendly signage available to post in times when staffing shortages occur. It never the goal to close or cause a hindrance to patients but safety always must come first and when pharmacists are pulled multiple directions because of short staffing issues all of this is compromised.	7/6/2022 10:45 AM
113	I am no longer a Pharmacist after 25 years. This was due to the multiple tasks that got added when Covid hit. Sure, I understand everyone was having a difficult time keeping up. However, the large chains did not and should've closed stores due to staffing issues or at least limited services. They provided a perfect storm for unsafe environment for the employees and their patients.	7/6/2022 10:44 AM
114	Have 1 tech on weekends. Shut down drive thru when they go to lunch. You cannot answer 4 phonedlines, drive thru, counter, etc and fill 200 to 300 Rx's by yourself	7/6/2022 10:42 AM
115	Seriously- stop micro management ideas. Not sure who came up with these - but NO! Would only make our jobs harder.	7/6/2022 10:40 AM
116	Bad thing is the companies will just shorten the pharmacy hours and cut staff if this hap too much	7/6/2022 10:33 AM
117	Giving pharmacists autonomy to shut down non-essential services will improve ability to maintain essential services.	7/6/2022 10:30 AM
118	During the pandemic we were extremely short staffed and the only way to properly function was to shut down non essential tasks	7/6/2022 10:29 AM
119	This rule comes with many complications. It seems to require at least 5 pharmacy personnel on site at any one time to manage all of the different touch points. Would this make sense in a low-traffic community pharmacy setting? Would this make sense in any pharmacy setting during low-traffic hours? I believe the goal is to manage pharmacy workload without requiring them to carry an unnecessary staffing level that makes it difficult for businesses to exist.	7/6/2022 10:29 AM
120	The pharmacist should have complete control to do this if necessary. If they are the person responsible for the pharmacy then they know their needs and limitations best at that moment.	7/6/2022 10:28 AM
121	Too granular. I'd rather decide myself how to distribute staffers.	7/6/2022 10:25 AM
122	Impossible to man 1 drop off, 3 release to patient, 1 drive-thru 1 data entry, 1 product dispensing and infinite phone calls with 1 pharmacist and 2 techs.	7/6/2022 10:25 AM
123	Patient safety should be top priority if not enough staff drive-thru curbside should be able to be shut down without worry of losing job.	7/6/2022 10:23 AM
124	yes!!! the RPh on duty knows what's best for the service they need to provide and should absolutely be able to make the call	7/6/2022 10:17 AM

Meeting Materials

125	When I am working by myself (luckily at a store without a drive through) I am not allowed to even put a sign on our drop off counter directing people to go to the pick up counter. This means I am running back and forth to run both touch points. People get upset because they think they are being ignored. This adds to the frustration of working solo	7/6/2022 10:17 AM
126	It would be helpful for the pharmacist but it's unlikely the company would allow this to happen without retaliation	7/6/2022 10:12 AM
127	Having the states support in this would be so helpful	7/6/2022 10:11 AM
128	Again, you have to establish minimums.	7/6/2022 10:02 AM
129	this idea would be beneficial for the profession	7/6/2022 10:01 AM
130	YESSSS	7/6/2022 9:50 AM
131	Is this really realistic for independents to have this much staff? Or for chains to provide? This seems like a business decision and not a government decision.	7/6/2022 9:37 AM
132	Need to ensure no retaliation from upper management when decisions to shut down touchpoints/non-essential services due to understaffing are made.	7/6/2022 9:19 AM
133	State board members will have to forgo their allegiances to chains for this to happen and I don't think they have the courage	7/6/2022 9:00 AM
134	Great idea, just don't know how practical this would be to be monitored and/or followed	7/6/2022 8:35 AM
135	Great in theory. In reality, patient dissatisfaction and corporate displeasure will make it untenable. The answer is to require adequate staffing to begin with.	7/6/2022 7:35 AM
136	Again this is a business and if you think CVS is going to allow their drive thrus to be shut down due to staffing, you are out of touch with what has been happening in pharmacy for YEARS. They have never cared about patient safety or pharmacist well being and never will. Go after these corporations instead of micromanaging pharmacy managers!!	7/6/2022 4:28 AM
137	Let the pharmacist use their judgment.	7/5/2022 10:34 PM
138	All it will do is pile up complaints and create problems for when the patients can talk to us again.	7/5/2022 10:12 PM
139	There MUST be a reliable method to report employers who will not support the Pharmacists judgement and even retaliate if an issue is reported. The Pharmacists need to know that the Board of Pharmacy will support any Pharmacist regarding instances of retaliation by their employer.	7/5/2022 8:53 PM
140	This would need to be worded so that the Responsible Person for that location is the ONLY person allowed to do this, otherwise corporate leadership will make the RP "rubberstamp" their plan.	7/5/2022 6:28 PM
141	No idea here.	7/5/2022 6:00 PM
142	When we are understaffed, it would be helpful to be able to limit the number of inputs for work in order to focus better on more important tasks. Often the phone calls coming in are questions and tasks that are already manageable with the technology we offer via automated phone systems, smartphone apps, and website service.	7/5/2022 4:31 PM
143	this would be amazing. most part of the world do not have drive thru pharmacies	7/5/2022 2:01 PM
144	This would be amazing. I've worked so many places that do not have enough bodies to man all of the stations, or only have 1 tech working with the pharmacist and all stations are open with angry people at them. Being able to close touchpoints and services when necessary would help so much	7/5/2022 1:19 PM
145	Moving workload to a single touchpoint does not reduce the workload. It only shifts the workload and will reduce patient accessibility. Not all touchpoints are used 100% of the time the pharmacy is open. Reducing the hours of operation may give a pharmacy time to catch up.	7/5/2022 12:58 PM
146	Absolutely. We have to be able to close touchpoints constantly.	7/5/2022 12:36 PM
147	Yes, while increased amounts of touchpoints are convenient for the patient, it can be extremely dangerous to have so many when short staffed. Managing these should be allowed	7/5/2022 11:51 AM

Meeting Materials

without any threat of retaliation.

148	This is likely to help because they could point to this for wrongful termination lawsuits. As long as ohio is an "at-will employment" state, it would have to be a law otherwise the responsible person would shut down the drive thru and then just be terminated by their employer.	7/5/2022 11:44 AM
149	Treat us as the professionals we are! I can decide what is necessary to maintain safety.	7/5/2022 11:24 AM
150	REQUIRE staff at EACH point when the pharmacy is open? you expect chains to allow 4-5 technicians from open to close? never going to happen!	7/5/2022 11:05 AM
151	This must be balanced with safety and perhaps have some specific guidelines. I have had older patients that do not use technology inform me that they are not able to reach anyone at the pharmacy for refills for days. Phones are not answered.	7/5/2022 8:56 AM
152	This is a judgement call that will certainly be second guessed by management.	7/5/2022 7:12 AM
153	Implementing non-technicians at touchpoints without decreasing technician hrs would make an incredible difference	7/4/2022 9:32 PM
154	Definitely helpful in higher volume stores, but very unnecessary and a waste of money in low volume stores.	7/4/2022 4:40 PM
155	This is just good common sense. If we are understaffed then of course we can't offer all of these expanded services that our corporate overlords would like us to operate. When's the last time , if ever they actually worked in an extremely busy/stressful retail environment?	7/4/2022 3:53 PM
156	closing drive-thru for sure if understaffed and providing safety net (laws) so that pharmacist doesn't lose job would be wonderful	7/4/2022 3:15 PM
157	My pharmacy is routinely understaffed, without enough people to manage all points of contact. The phone will often ring continuously for hours at a time with no one available to answer. My employer will routinely say that we are adequate staffed when we are clearly not, and this proof of a growing disconnect with the companies owning pharmacies and the realities of the real world.	7/4/2022 2:53 PM
158	Yes you can't expect a lone pharmacist to man all of these stations which is the current climate of my employment and has been for the past 3 years. Our corporate office and supervisor do nothing to assist us. I mean NOTHING.	7/4/2022 2:34 PM
159	May not reduce workload but may reduce stress.	7/4/2022 12:20 PM
160	Hve seen this done between two corporate retail store and it has made a HUGE difference in patient safety, pharmacist anxiety levels and techs. A colleague of mine went from a horrible company where she was giving 600 COVID shots a week, doing 350-400 prescriptions a day with a drive through with one or two techs to a place where the pharmacists determine how many immunizations they can safely give, having 4 techs a lot of the time, where of understaffed the drive through closes and where pharmacists reprimanded if blowing through too many prescriptions. This type of environment has empowered this person to manage work and schedule all immunizations at a safe pace and techs actually want to come to work and get store is doing the same volume of prescriptions over a day but had the pharmacists and techs to do it safely!	7/4/2022 10:20 AM
161	This would be amazing - again, if the corporations allowed it.	7/4/2022 3:37 AM
162	Yes, this would help...for community pharmacy practice settings. Probably cannot do this in hospital settings as this could be considered patient abandonment. This is where a technician ratio would not be helpful (as that is usually thought of as a way to limit personnel for supervision, yet this wants sufficient personnel at major touch points).	7/3/2022 7:00 PM
163	Agree with first sentence if allowing shut down if contact points. "Requiring" ancillary staff at each contact point means that small pharmacies would have to be over staffed as a rule	7/3/2022 6:09 PM
164	Would be nice to have a LAW that tells my company that I can close the drive-thru or not give vaccinations if I am understaffed instead of worrying about customer complaints.	7/3/2022 5:32 PM
165	Again, corporations will never go for this. Bleed is till we're dead seems to be the attitude	7/3/2022 3:59 PM
166	Best thing I've seen on this survey!	7/3/2022 3:03 PM
167	This has historically been a terrible temporary solution. Leading to more complications than	7/3/2022 2:39 PM

Meeting Materials

	anything.	
168	It's likely but pharmacist would have to be aware that disciplinary action may be taken against them from people who are above if they "refuse" to administer vaccines or close the drive through.	7/3/2022 2:06 PM
169	As long as they may do so without consequence/repercussion.	7/3/2022 1:42 PM
170	Sounds like a battle with employers. There is too many interaction points. (drop off. Pick up, walk up, and phone. There is not enough employees for that set up.	7/3/2022 10:56 AM
171	It's interesting that the pharmacist on duty is trusted/considered to be ultimately responsible for the pharmacy, but when staffing shortages come up, we're not trusted to what's best for the safety of the pharmacy staff or patients. RPh on duty should have autonomy and be trusted to close a touchpoint.	7/3/2022 9:19 AM
172	This would be absolutely helpful and would immediately dramatically increase the functionality of pharmacies. The pharmacist should absolutely have autonomy to shut down touch points if necessary to ensure the consistent ability to safely quality assure prescription orders. This should always be the top priority at all times.	7/2/2022 11:33 PM
173	This is a good idea but realistically the only thing you can close is the drive thru. But it would force the chains to put in proper staffing.	7/2/2022 11:03 PM
174	100% think that this is crucial to safely and effectively run a pharmacy and not feel like a sinking ship every day. If conditions don't improve I feel like I'm going to have a heart attack or anxiety attack at work.	7/2/2022 10:58 PM
175	Drive thru is shut down on days where there's no staff	7/2/2022 10:50 PM
176	Again, there needs to be a provision that the corporation cannot retaliate.	7/2/2022 10:06 PM
177	This is very useful for when there are not enough technicians. Pharmacies should be required to staff for answering phones, making calls to patients to fill their prescriptions, drive-thru, drop off and production	7/2/2022 8:09 PM
178	Fortunately (depending on who you work for and how cooperative the district manager is) most companies do allow for these temporary changes.	7/2/2022 1:25 PM
179	My store isn't busy enough to require 5 employees at all times but this policy would allow the pharmacist to make decisions based on their current staffing and workload without retaliation from the corporation they work for.	7/2/2022 9:21 AM
180	what is the industry standard for staffing it should be established and if understaffed then touch points should be shut down the corp policy has been to been not shut down the drive thru, registers until the pharmacy is closed again it should default to the rixist on duty as to what becomes an acceptable for the given day based on staffing that day	7/2/2022 8:34 AM
181	Also include clause preventing corporate retaliation for such actions. Include that this must be fully-trained, not new trainee coverage.	7/2/2022 3:10 AM
182	No more threats from out-of-touch corporate people would be great when we can't run all of the registers and the drive thru and give shots.	7/2/2022 12:04 AM
183	This would be great in theory. There are never enough people scheduled to cover all these areas. However, the corporations will not allow this. They are the reason we don't have enough coverage already.	7/1/2022 10:27 PM
184	The chain higher ups will find a way to thwart this plan	7/1/2022 9:15 PM
185	Recently with staff shortages we have run a pharmacy with the 5 touch points mentioned with one or no technicians. Our current corporate tech budget allows for only more than 1 tech at a time 20 hours a week (we are open 76). Than leaves 3 touch points unstaffed and creates extreme pressures on staff that are there.	7/1/2022 8:15 PM
186	Call offs are frequent in the pharmacy. The ability to close down the drive thru, or at very least, turn the phones to voicemail only would be life changing and extremely appreciated.	7/1/2022 6:38 PM
187	Require staffing at each touch point or that touch point does not open. In response to large chain rep: yes, the pharmacist should have autonomy to make these decisions to provide a safe work environment for patients and staff.	7/1/2022 6:31 PM

Meeting Materials

188	Phones and drive thru especially.	7/1/2022 5:43 PM
189	Must have no repercussions from businesses and management and severe penalties should businesses seek to circumvent this rule.	7/1/2022 5:29 PM
190	Again, I feel like this is so fluid based on demand. From 9-7, yes all those points covered would be very beneficial. When open until 9 and you don't see any patients, not necessary to mandate those are covered	7/1/2022 2:17 PM
191	I love the idea but my concern is that for a pharmacy open 12 hours it is hard to staff weekends and evenings.	7/1/2022 2:06 PM
192	That would be great, if we could have enough tech hours and the techs. It is still hard to find people who want to work.	7/1/2022 1:52 PM
193	How does this impact the public? Is there BOP support if patients can't drop off a prescription because there isn't staff to operate that touchpoint? How will prescribers feel when they can't call in a prescription because there isn't staff dedicated to phones.	7/1/2022 1:47 PM
194	Good luck getting corporations to staff this adequately. Staffing is already an issue	7/1/2022 1:12 PM
195	Would help to decrease stress on the pharmacist and staff if workflow can be reshaped	7/1/2022 12:47 PM
196	All other healthcare professionals are extended this basic autonomy except in the pharmacy field. If minimum staffing is not met it would be absolutely necessary.	7/1/2022 12:40 PM
197	No points of contact at my site, but it would be helpful in regulating workflow if I were permitted to limit the number of stations running when not enough pharmacists to safely handle the work load	7/1/2022 10:31 AM
198	MUST have leverage over corporate policy. Must fine corporations who don't comply.	7/1/2022 7:04 AM
199	We did run drive through only during some Covid days without proper staffing, and we closed early too some days. I don't believe we'll ever be able to have a person at each touchpoint as you suggest however that would be a great improvement to our workload.	7/1/2022 12:49 AM
200	Patients will be upset though and then the pharmacy staff will be yelled at anyway	7/1/2022 12:38 AM
201	Shouldn't have to legislate this. However, it may keep the pharmacy manager/pharmacist on duty from being fired for closing an entry point without company approval.	7/1/2022 12:22 AM
202	I think it should be illegal for a pharmacist to work alone in a pharmacy. Sometimes I don't have the hours to schedule a technician to work with me which causes stress. More help would mean less mistakes.	6/30/2022 11:42 PM
203	That would be great, again—would it happen?	6/30/2022 9:59 PM
204	Huge. We are now forced to choose. Fill scripts or wait on customers. It is not fair, honestly	6/30/2022 9:56 PM
205	I have worked at stores where this was done and it really does work.	6/30/2022 9:51 PM
206	To stop one point of service would help. when most time there are 5 to 6 spots to fill and only 2 or 3 people working.	6/30/2022 9:28 PM
207	While I think this is a great idea, the customers will be even angrier when they have to walk into a store when the drive thru is closed because of staffing issues. Customers do not understand what we do since the companies we work for have made pharmacy a commodity.	6/30/2022 8:57 PM
208	This would be great. However, the district managers will manipulate the law and will just tell the store managers to have a designated helper in the pharmacy when busy. So you will not get any support and only get blowback. You will be staffed with someone with very limited skill, but will be told you are fully staffed and the decision will not be truly yours.	6/30/2022 8:54 PM
209	No good options for this. Drive through is so nice when there are mobility concerns or sick kids in the car. Or shut down the counter and only have drive through. Banks did this at the beginning of covid. But then giving immunizations is harder.	6/30/2022 8:26 PM
210	it might help the pharmacist, but I was raised on a customer service model - servicing the patient and I feel that could be abused and have seen it abused by lazy pharmacists	6/30/2022 7:14 PM
211	The retail giants will not care.	6/30/2022 7:05 PM

Meeting Materials

212	Power outages, Software issues, staffing issues etc- it is the RPH on duty to make a decision to shut down touchpoints without needing approval to sustain manageable working conditions.	6/30/2022 6:57 PM
213	better idea. Pharmacists have to have total autonomy to run the pharmacy as they see fit within their script count and other workload guidelines. The BOP has to back them up and not blame them, when corporate undercuts them.	6/30/2022 6:12 PM
214	Make this a requirement for ALL pharmacies, including independently owned pharmacies. I work alone at times because owners do not want to shorten hours.	6/30/2022 6:11 PM
215	It would help to take some of the pressure of the Pharmacist along with all the other duties especially on weekends.	6/30/2022 6:10 PM
216	This would be most valuable	6/30/2022 6:09 PM
217	I close my walk up if we are very short staffed . Other companies may not allow this and my company generally frowns on this as well. But I am also trying to make sure that we operating as safely as possible.	6/30/2022 5:50 PM
218	See above responses. Having staffing at every point may not always be necessary but the pharmacist(s) on duty need to have the authority to rearrange personnel as needed.	6/30/2022 5:36 PM
219	While it would be good to shut areas down, it seems unlikely to help. Customers will just be angry if the drive thru or phones are shut down and will end up coming in store anyway. You'll still end up helping the same amount of people except now the people are angry.	6/30/2022 5:33 PM
220	Absolutely. I would close regularly on a Saturday night, and after 8pm on a Saturday night, there was simply an intern and a pharmacist to do everything.	6/30/2022 5:28 PM
221	The pharmacist on duty must maintain control of these points while on duty since they are ultimately responsible for the pharmacy services while they work. Phones (plural) are another touch point.	6/30/2022 5:21 PM
222	This option may be effective, but is most likely to anger the public and lead to further dissatisfaction with the pharmacy profession.	6/30/2022 5:17 PM
223	Not a big fan of shutting down drive thru under any circumstances	6/30/2022 4:42 PM
224	This is dangerous. I've seen pharmacists capable of these decisions, however I've seen some who would shut things down every time they were a little busy. Not all pharmacist are capable of operational decisions. Having a staff member at each phone at each station at all times would add to the already difficult staffing issues.	6/30/2022 4:07 PM
225	Yes!!! Put us in control of our own business, if there are not enough people to safely operate, then certain services are not applicable that day. It a business, not an emergency room!	6/30/2022 4:07 PM
226	I very much support this idea.	6/30/2022 4:07 PM
227	Absolutely..why has this not already been established is the better question.	6/30/2022 4:05 PM
228	Bravo! The companies actually have to provide staff! There lies the basis of the entire problem... the board must require the companies to provide staffing!	6/30/2022 4:03 PM
229	yes please!!!	6/30/2022 3:52 PM
230	We do not have the human resources to do this, nor do we have the monetary resources available if we had the human resources.	6/30/2022 3:42 PM
231	Again good luck getting the big corporations like wags, cvs, Kroger on board. I am expected to have the drop off, pick up, and DT open at all times if there are even 2 people working. Not to mention phones ringing, and other workflow	6/30/2022 3:28 PM
232	Although it will reduce patient satisfaction!!	6/30/2022 3:23 PM
233	would funnel customers to fewer touchpoints and allow a slower flow	6/30/2022 3:17 PM
234	I suppose ... Question is the Board's mandate is to guard citizens safety, then why on God's green earth is finance mix in there? Paying should be in a TOTALLY different location. Insurance should be processed by accountants of the ownership! People! This is 2022AD. USA stop playing moron.	6/30/2022 3:06 PM

Meeting Materials

235	Solves the allocation of hours but if there is not applicants difficult to get to this point.	6/30/2022 2:58 PM
236	This should always be at the discretion of the RP on duty. Corporate should be able to provide feedback but if you aren't actually working at the location, you lack sufficient insight on the management of touchpoints.	6/30/2022 2:49 PM
237	Lord yes. We need help and corporate does a horrible job at giving us enough help.	6/30/2022 2:31 PM
238	Again, pharmacists should not be forced to act in every role! We cannot effectively protect patients' health and safety while being forced to run in circles without adequate staff. This is unsafe!	6/30/2022 2:26 PM
239	This is a great idea. I've worn out many pairs of running shoes covering 3+ touchpoints by myself.	6/30/2022 2:13 PM
240	If this was followed it would be amazing! We already adjust workflow as is to best serve the patients. But having more autonomy and avoid threats of job loss would help ease tensions.	6/30/2022 2:08 PM
241	Again, I work for a grocery store and answer to corporate. I already was allowed to do these things over the last year because they said I could.	6/30/2022 2:02 PM
242	This could be invaluable if used correctly. Of course, some would take advantage of this.	6/30/2022 2:02 PM
243	Many customers / patients do not know what it takes to keep certain touch points open and the pharmacy fully operating. Have a written explanation and requirements for staffing to have certain conveniences of the pharmacy open would be extremely helpful.	6/30/2022 2:02 PM
244	Excellent idea. Workable.	6/30/2022 1:59 PM
245	Chain does not allow that	6/30/2022 1:42 PM
246	Provide an element of protection from the Board of Pharmacy for pharmacists that receive pushback from their employers for closing touch points due to being understaffed	6/30/2022 1:39 PM
247	There should be no reason the pharmacy is understaffed. Solving the staffing issue should be the number one priority. Customers would just be mad and start yelling at staff if some things are shut down due to understaffing.	6/30/2022 8:41 AM
248	Staffing shortages make this impossible	6/30/2022 8:38 AM
249	Prevents the micromanaging that goes on today at every corporate pharmacy located in Ohio.	6/29/2022 9:24 PM
250	I WOULD LOVE THIS!	6/29/2022 8:34 PM
251	Takes stress off of pharmacists	6/29/2022 8:16 PM
252	Fear of retaliation is why many pharmacists practice in an unsafe manner.	6/29/2022 6:18 PM
253	The bare minimum should be 1 technician for each working station in the pharmacy. I NEVER have that now.	6/29/2022 5:09 PM
254	wording should include that a company will not penalize the pharmacist for executing this right; can be reported to the board if this were to occur with penalty	6/29/2022 5:01 PM
255	If my pharmacy had the ability to shut a touch point down, it would drive all the workflow to another touchpoint and create longer lines. But, at least work would be more focused on one thing at a time, rather than bumping between drive through, phone, in store line, etc....	6/29/2022 4:58 PM
256	Frequently, during what would be considered peak times, my employer does not allocate enough help to manage all touchpoint stations. Often times two employees short. This would be a huge improvement.	6/29/2022 3:57 PM
257	Hallelujah.	6/29/2022 11:00 AM
258	Problem... tech shortage. Of course they could offer to pay more and that would fix that.	6/29/2022 9:18 AM
259	Shutting down touch points doesn't sound good	6/29/2022 9:17 AM
260	This would greatly help! Especially in a retail chain that believes one or maybe two people can successfully and safely run a pharmacy	6/29/2022 8:21 AM
261	Up to pharmacist on duty is amazing and an important distinction	6/29/2022 8:10 AM

Meeting Materials

262	I love this idea, however it's not budget conscious, and I don't see any pharmacy being able to do this with reimbursement the way it is. Unaffordable	6/29/2022 5:56 AM
263	While this is extremely likely to "improve working conditions" it is also very impractical. There is no way that most pharmacies could afford to have staffing at each point of contact when the pharmacy is open. Similar to policy suggestion #6, I appreciate the intent of this, but it lacks the practical consideration of cost.	6/29/2022 12:31 AM
264	Good luck	6/28/2022 11:06 PM
265	Once again , based on past performance I don't think Ohio BOP has political will or clout to pass this regulation. I sure wish they would try however!!	6/28/2022 9:16 PM
266	this is best best solutions as far as i am concerned!!!! for all reasons previously mentioned. again i agree but corporations????	6/28/2022 9:03 PM
267	...unlikely to happen in retail..	6/28/2022 8:42 PM
268	If the pharmacist does what's proposed within this proposed rule What's stopping the corporate pharmacies from punishing the pharmacist on duty?	6/28/2022 5:32 PM
269	My company would never agree with this. They already require us to administer vaccines while working alone which contradicts our vaccine protocols. In there is a reaction to a vaccine we are supposed to provide help to the patient and not leave their side but also return to the pharmacy to call 911.	6/28/2022 4:50 PM
270	The RP should have the ability, if not properly staffed, to shut down touchpoints EVEN if corporate denies the request when it could result in a decrease of patient safety. This could be combined with item 13 as a way to document an understaffing and provide reasoning for the closing of a touchpoint.	6/28/2022 4:17 PM
271	This would be so helpful!	6/28/2022 4:03 PM
272	The big chains will need to be required by law or this won't happen.	6/28/2022 3:56 PM
273	Yes, this would be very helpful but again the law must have something in place where the pharmacist(s) on duty won't be penalized by their employer for it. Right now if I shut down a specific touchpoint in the pharmacy, a patient will file a complaint with corporate and that complaint score will go against my ability to get a yearly raise, a bonus, vacation days approved, etc-these corporations have 'hidden' ways to hold pharmacists hostage like this.	6/28/2022 3:25 PM
274	Can this please be inclusive of something other than retail? Institutional pharmacists are also overworked and understaffed in many locations (or completing CPhT responsibilities plus RPh responsibilities). We don't have drive thru, drop off, registers, etc. We need to be able to close satellites, reduce hours/use afterhours dispensing cabinets, cap census, cap surgeries, etc in the same way that hospitals go on diversion for RN staffing/provider staffing.	6/28/2022 3:09 PM
275	This should be the minimum requirement during busiest hours.	6/28/2022 2:49 PM
276	We shut down services regular due to staffing issues. Our company would not be happy, but that is the only way we can manage at certain times. Again corporations are not going to invest this much money in labor to have all areas staffed.	6/28/2022 2:35 PM
277	Again it is a staffing issue and one that must be regulated by the person who understands the pharmacy the best, the pharmacist on duty.	6/28/2022 2:34 PM
278	I've been in situations were I am the only person staffed in the pharmacy and have not been allowed to shut down drive-thru or COVID testing. I was told "staffing is not a reason to not provide these services." One Saturday, I administered 32 COVID tests from 10-4pm by myself. I was the only person in the pharmacy and could not attend to phones, pick-up or filling prescriptions. I had to decline to fill prescriptions from urgent cares.	6/28/2022 2:04 PM
279	This could limit access to medication for certain individuals. This should be determined in conjunction with the pharmacist on duty and the business. Not all business are run the same	6/28/2022 12:39 PM
280	This would only be effective if retail chains aren't allowed to push their store managers on the pharmacy (as extra help to meet staffing needs) that are required to train as technicians, but really can't and won't help out.	6/28/2022 12:35 PM
281	This should always be at the discretion of the pharmacist on duty to run a safe operation	6/28/2022 11:13 AM

Meeting Materials

282	This may be the most important recommendation	6/28/2022 11:12 AM
283	Need staffing at all areas at all times they are open. Focus on safely filling rx needs to be a priority	6/28/2022 10:45 AM
284	Corporate currently requires all touch points to remain open even if the pharmacist is alone. This is very dangerous. Giving the pharmacist on duty the ability to shut down areas based on staffing and not allowing corporate to over rule their judgement will be very beneficial for patient safety.	6/28/2022 10:43 AM
285	Some pharmacies already do that close drive thru and drop offs bc of safety and under staff, only way to maintain pharmacy open and running	6/28/2022 10:03 AM
286	Absolutely crucial.	6/28/2022 9:43 AM
287	Yes, yes, yes	6/28/2022 9:34 AM
288	Foe sure!!!	6/28/2022 9:30 AM
289	Same comment about those working vs corporate office.	6/28/2022 9:09 AM
290	Extreme conditions over the past year or two have already forced this at multiple locations	6/28/2022 8:45 AM
291	This touchpoint already exists in many pharmacy practice settings, but it is regulated by the hospital or corporate administration. Increased autonomy to the responsible pharmacist is realistic as long as quality patient care is preserved.	6/28/2022 8:41 AM
292	I think this is the biggest problem in retail pharmacy right now. I have a drop-off, a drive-thru, two registers to ring people up, and 5 phones. Most of the time I have enough staff working to cover one register up front and one phone. I am usually running around filling in the other spots.	6/28/2022 8:36 AM
293	This is what we need more than anything. Having a person at each station makes the workload somewhat manageable	6/28/2022 8:23 AM
294	I believe CVS already does this.	6/28/2022 8:18 AM
295	Many pharmacies have low enough volume to not need a person dedicated to each of the mentioned services. It should be decided on a site by site basis if each station needs a dedicated person or if one person could run multiple touch-points.0	6/28/2022 7:53 AM
296	When no one but me shows up to work, I have to handle: 1 drive thru, 2 drop off stations, 3 pick up lines, and 7 potential phone lines. This does not include any aspect of prescription processing, counseling, clinical work, or vaccine/test administration. Corporations threaten retaliation if any of these touchpoints are unavailable which is insane. Yes, autonomy should be given to the pharmacist on duty to make a judgement call which is protected from retaliation by their employer to keep the business running safely.	6/28/2022 7:43 AM
297	This would make the pharmacy safer if understaffed, have we really gotten to the point where we need laws to be able to do this	6/28/2022 7:24 AM
298	There must be enough staffing if pharmacy have drive through phone and daily pharmacy work.	6/28/2022 5:16 AM
299	Consider what is currently going on in the airline industry where, primarily because of ongoing staffing difficulties, will cancel flights on a daily basis in order to maintain safety. Pharmacists need the authority to make similar decisions, and the Board needs to support and defend pharmacists against disciplinary action from their employer if they determine, within established guidelines, that a touchpoint needs to be temporarily shut down. Hospital emergency departments can and do go on "diversion" at times, when they know that their workload and staffing cannot safely treat more patients. EMS crews are notified, and they then route patients to other facilities. So there is precedent in healthcare, for safety, to shut down touchpoints when necessary.	6/28/2022 3:02 AM
300	If required by law, not simply recommendations this would be extremely helpful. Again corporations will need a way to make this money back and will mandate a new metric to help ensure this is affordable. It's often joked that short of union nothing will change. Never have I seen any chain pharmacy including the one I work for show any concern for burnout or the psychological impact of the pandemic on any other the employees. It's easy for corporate heads to create a laundry list of duties when they are too far from what it is like. Maybe those	6/27/2022 11:49 PM

Meeting Materials

making the required benchmarks work 100 hours in a pharmacy a year and the pharmacist must sign off on it. That includes everyone.

301	This would be awesome, but chains wont comply	6/27/2022 11:46 PM
302	This is essential to improving safety of pharmacies.	6/27/2022 11:40 PM
303	Although standing is an issue, it would be a great help to ensure there are enough bodies to cover our 2 registers, drive through, and high volume of vaccinations. Currently we have just 1 person running all these areas the majority of the time, and wait times are horrendous.	6/27/2022 11:40 PM
304	If all areas were staffed the level of multitasking would decrease exponentially leading to fewer errors and less burnout.	6/27/2022 11:36 PM
305	This would definitely increase the safety of the patients and give more time for better and more thorough patient counseling.	6/27/2022 11:31 PM
306	It would need to be spelled out in what circumstance it is appropriate to close a touch point or service. There are times when no techs are scheduled and rph cannot just refuse service. Metrics should not be assigned to how quickly someone is helped or phone is answered in these circumstances.	6/27/2022 11:08 PM
307	No increases in staffing hours will permitted	6/27/2022 11:07 PM
308	I agree with this 100%. Drive-thrus should be the last thing manned I just put up a sign that says cash register is broke come inside. Vaccinations are a royal pain in the butt. You should not be able to schedule a covid booster at 5PM when everyone is getting off work. The chains want to do this then dedicate one store north east south and west to give vaccinations only. I actually fear working this fall because of the number of flu and possibly covid vaccines I will have to give.	6/27/2022 11:07 PM
309	No pharmacist should be working alone in the pharmacy. It is an open door for mistakes. If a pharmacist is alone, then they should have the ability to limit the services they offer	6/27/2022 11:06 PM
310	Nice idea, now back it up legally to prevent corporate retribution against the pharmacist.	6/27/2022 11:06 PM
311	Unrealistic for implementation	6/27/2022 10:43 PM
312	Amen!!	6/27/2022 10:36 PM
313	Again will never happen working for a corporation	6/27/2022 10:26 PM
314	Businesses will just retaliate against pharmacists for closing down points of contacts. Once again, we need adequate staffing levels.	6/27/2022 10:07 PM
315	This seems harmful to the customer really. Putting the choice in the pharmacist, they will always shut down. We just need to change the expectations of "fast service"	6/27/2022 10:00 PM
316	Yes, pharmacist should have capability to reduce workload if staffing is an issue. Corporate always pushing for max profit at expense of pharmacy staff well-being. Always believing Customers shouldn't be inconvenienced - but ok for staff to be burned out/ stressed out	6/27/2022 10:00 PM
317	That's a lot of technicians if there is one for each of those duties. I think this should again be dependent on volume.	6/27/2022 9:46 PM
318	Will allow RPh to make safe judgement calls in terms of staff on duty	6/27/2022 9:39 PM
319	Absolutely	6/27/2022 9:34 PM
320	Currently pharmacists in chains are scared of being terminated for closing touch points when staffing is compromised. I believe we as the pharmacists on the ground know better than some random district leader who comes to our store for 1hr/month when we need to close/open touch points in our stores. Please give us some freedom back to operate our pharmacies safely!	6/27/2022 9:31 PM
321	This would be helpful but doubt corporate would allow it. Also it would increase customer complaints.	6/27/2022 9:28 PM
322	This does seem a little overboard for lower volume pharmacies.	6/27/2022 9:19 PM
323	This rule is simply impractical. To require specific staffing levels for certain job assignments (without apparent regard for workload in those spaces) is meaningless. Additionally, what's to stop a supervisor from replacing the pharmacist on duty on the grounds he or she is	6/27/2022 9:16 PM

Meeting Materials

underperforming by closing points of contact at workload/staffing levels most benchmarks remain open at? It's opinion, and thus concerns over job protections may still result in the same performance we see today.

324	This would be phenomenal. I have run a pharmacy doing each job when I had call offs for every single person. It was extremely unsafe.	6/27/2022 9:12 PM
325	In this employment environment we all want this, but it is very challenging. We choose to staff our pharmacies with primarily technicians to be able to solve patient problems with insurance billing, order production etc.. The problem with "clerks" is that they have to involve another level of staff if there is a question about billing, data entry, filling, and then it bogs down the workflow.	6/27/2022 9:04 PM
326	This would give us permission that we otherwise do not have.	6/27/2022 9:03 PM
327	This would be a big help	6/27/2022 9:03 PM
328	This would be great but again corporates wouldn't allow for this bc most of rph work short handed every day. Expect to be open even if rph is alone	6/27/2022 8:59 PM
329	Unlikely the Corporate company's will allow plan.	6/27/2022 8:58 PM
330	YES!! Why would a company create workflow with stations and NEVER staff them. The pharmacist is expected to staff multiple stations in addition to checking prescriptions. LUNICY and UNPROFESSIONAL!!	6/27/2022 8:57 PM
331	Pharmacies will close if required to have a certain number of technicians unless they can be paid for. The chains will close already underperforming stores if they have to add payroll and independents can't sustain the additional payroll burden. Please work on regulating PBM reimbursements	6/27/2022 8:54 PM
332	Need to be able to close stations and turn off phones during times with no staff	6/27/2022 8:50 PM
333	Limiting immunizations during busy times would help	6/27/2022 8:42 PM
334	Have to make sure corporations don't retaliate via performance reviews because the pharmacist is doing what they think is safe.	6/27/2022 8:38 PM
335	This would be extremely helpful. If you have 3 phone lines, drop off, drive thru and pick up and just 2 staff...doesn't make sense.	6/27/2022 8:37 PM
336	Pharmacists should have say of what is individually needed versus a supervisor who is not on the front lines. Would need definitions to avoid taking advantage of the situation	6/27/2022 8:30 PM
337	Since this is simply common sense, I can't believe we have to make a law/rule for it. That's sad.	6/27/2022 8:18 PM
338	Yes!! This would be very helpful. You can't possibly get every window, curbside, and phone call with a limited staff. We have to be able to focus on one area only if needed.	6/27/2022 8:13 PM
339	The pharmacist is the one with a license and livelihood on the line. Only the pharmacist on duty should make the decision on what is appropriate	6/27/2022 7:57 PM
340	Yes but I don't think it will make a different with corp	6/27/2022 7:55 PM
341	I would love to see this actually happen but will only believe it if I see it with my own eyes - the corporations will never agree to this.	6/27/2022 7:51 PM
342	If you're saying there needs to be an increased number of technicians per shift to man these, then that would be great. And absolutely shut stuff down if there aren't enough people. It's madness that we've been forced to run multiple registers and drive thrus without the help to do it	6/27/2022 7:46 PM
343	Having appropriate staffing requirements would help tremendously.	6/27/2022 7:41 PM
344	Maybe establish a minimum safe operation standard and establish what is the safe amount of scripts that can be fulfilled within an hour, taking into consideration the immunization load and rph call load	6/27/2022 7:39 PM
345	In favor of proposal but fear inappropriate decisions due to a bit of laziness or lack of desire to complete certain task	6/27/2022 7:38 PM

Meeting Materials

346	This would be great to have staffing at each station in the pharmacy. It would allow workflow to operate as intended. But you also need to say for every XX amount of prescriptions there needs to be XX of support help and RPh. Again, you can have a body at each point of contact keeping prescriptions moving, but they still need to go through a pharmacist... if there is one pharmacist on duty checking 400-500 prescriptions how is this safe? Its more staffing to keep the scripts getting set up but it does not help the end of the line. Again, ERROR in DISPENSINGS occur when a pharmacist is rushing scripts through to meet the quota.	6/27/2022 7:29 PM
347	The touch points always outnumber staff	6/27/2022 7:27 PM
348	I don't like that it would be required to have someone at each point of contact. However, I agree that it is ideal and pharmacists should absolutely be able to shut down whatever they need to in order to practice safely. I had to shut my drive through down a couple times briefly when it was one other tech and myself and we were terrified of getting in trouble with corporate for it even though that was the only way we could practice safely.	6/27/2022 7:15 PM
349	Again great idea but I don't see corporations liking this. Too many regulations may promote closing stores for good and moving out of the state.	6/27/2022 7:03 PM
350	WOULD HELP TREMENDOUSLY RIGHT UP UNTIL CORPORATE CAME IN AND FIRED YOU FOR DOING IT	6/27/2022 7:01 PM
351	corporate will not hire enough people	6/27/2022 6:57 PM
352	This is a great idea	6/27/2022 6:54 PM
353	Pharmacist on Duty should feel empowered to make these decisions and protect patients.	6/27/2022 6:54 PM
354	This will only serve to increase stress as corporations will just say sure, operate with 1 register. And then the staff will get abused by the customers.	6/27/2022 6:47 PM
355	Having someone dedicated to phones would help immensely, it's the first thing to be ignored	6/27/2022 6:34 PM
356	This sounds great. But I'm sure metrics of how often turning off services would come back to haunt pharmacists. Or some would take advantage of the autonomy and not take the best care of their patients.	6/27/2022 6:33 PM
357	Unclear who would be funding mandatory staff at each touchpoint? Pharmacists already have authority to run the pharmacy.	6/27/2022 6:29 PM
358	This is a great idea!	6/27/2022 6:27 PM
359	The person working these touchpoints should NOT be the RPh if the RPh is also responsible for checking prescriptions at the same time—leads to lost concentration and loss of safety.	6/27/2022 6:25 PM
360	It is crazy to expect the pharmacy to function at full capacity when understaffed. This increases errors and out unnecessary pressure on the staff.	6/27/2022 6:22 PM
361	This would be excellent but once again corporations wouldn't allow this and the pharmacist would likely get in trouble for it at the region or district level. This is impossible to enforce.	6/27/2022 6:14 PM
362	Yes. This is a must. Chains force pharmacists to lie about them anyways to meet "metrics". This is an absolute must!	6/27/2022 6:13 PM
363	Much needed. Multitasking is what causes fatigue and errors	6/27/2022 6:07 PM
364	Again this past 15 months have been the most over worked and under staffed in my 26 years as a pharmacist. We need to be empowered to make safe decisions to protect our patients	6/27/2022 6:04 PM
365	Being required to keep a drive thru open when understaffed is harmful to patient care. I think allowing the pharmacist to be able to make this call when understaffed is important.	6/27/2022 6:03 PM
366	Thank you for addressing the phone!	6/27/2022 5:59 PM
367	Will never happen Too much broadness in this phrasing	6/27/2022 5:56 PM
368	Yes. Yes. Yes. Pharmacy is not fast food. We shouldn't be killing ourselves to answer a drive thru.	6/27/2022 5:34 PM
369	Very important for safety of our patients! Corporate headquarter thinks it is safe for us to run a busy pharmacy with 1 tech and 1 pharmacist for entire day and keep drive thru open the entire time along with all of our other services inside pharmacy.	6/27/2022 5:31 PM

Meeting Materials

370	With current hiring issues , this concept is a must . Must be done at store level with guidelines .	6/27/2022 5:28 PM
371	Patients should be able to expect a standard of care. This should be addressed in a different manner.	6/27/2022 5:20 PM
372	Yes, more staff at the "touchpoints" would be helpful, but remember the point I've tried to make before... more technicians increases the pharmacist to technician ratio. There is only so much I can keep an eye on while checking prescriptions and counseling patients. There is a point where it's not possible as a pharmacist to be paying attention to what everyone is doing at once. I only have one set of eyes and ears.	6/27/2022 5:17 PM
373	Again sounds great but how do you stop phones from ringing, scripts coming in and being picked up....	6/27/2022 5:14 PM
374	THIS NEEDS TO HAPPEN!! There have been so many times sine the pandemic that the pharmacists were pulled in every which way.....not only are we mentally tired, but also physically from trying to keep up with all the demands on us!	6/27/2022 5:10 PM
375	Would be helpful if they didn't face backlash from retail chains.	6/27/2022 5:01 PM
376	This MUST be addressed by Board. Chain pharmacies HAVE NOT handled this properly and have lost MANY staff members due to their inability to handle this.	6/27/2022 4:58 PM
377	Please do this	6/27/2022 4:57 PM
378	Again, these are fantastic...in theory. But sadly, few companies will actually enable any managing staff to implement without consequences. All services will just become "essential"	6/27/2022 4:56 PM
379	Doesn't make sense to have 4 stations if you can only safely man 2	6/27/2022 4:52 PM
380	While this would definitely improve working conditions, I worry what additional cost-cutting measures employers may take to make up for this expanded payroll. But perhaps that hypothetical issue is best left to be solved in the future, should this come to pass.	6/27/2022 4:41 PM
381	Ancillary staffing needs to be defined. I've worked alone in the pharmacy I mentioned dispensing over 3500 Rx's per day. And still had 3 Covid shots per hour. Phones aren't getting touched in that scenario.	6/27/2022 4:40 PM
382	This would increase staffing levels if each touch point required a person.	6/27/2022 4:40 PM
383	The reality is never what the paper says...	6/27/2022 4:36 PM
384	I think this is already happening to an extent	6/27/2022 4:24 PM
385	Requiring ancillary staffing at certain touchpoints seems an overreach and unworkable in many settings. Why these specific touchpoints? What if the business owner elects to provide pharmacist staffing to always provide drop-off intake, for instance.	6/27/2022 4:23 PM
386	Praise God.	6/27/2022 4:21 PM
387	Possibly the best suggestion I've seen	6/27/2022 4:15 PM
388	Most independents already do this, and a few chains as well	6/27/2022 4:13 PM
389	If you can actually enforce this, that's helpful. But making sure pharmacist's don't get penalized by their employers for doing this is key.	6/27/2022 4:12 PM
390	Too much expense for corporate to do this. They will never let us do this	6/27/2022 4:05 PM
391	Yes! Now you're listening. It feels unsafe @ times and certainly poor customer service when your left alone in the pharmacy.	6/27/2022 4:04 PM
392	This would protect me and my peers from disciplinary action when just trying to act in the best interest of patient care.	6/27/2022 4:02 PM
393	Wise move	6/27/2022 3:54 PM
394	This may help, but pharmacist will fear losing their job due to management complaints about this practice.	6/27/2022 3:54 PM

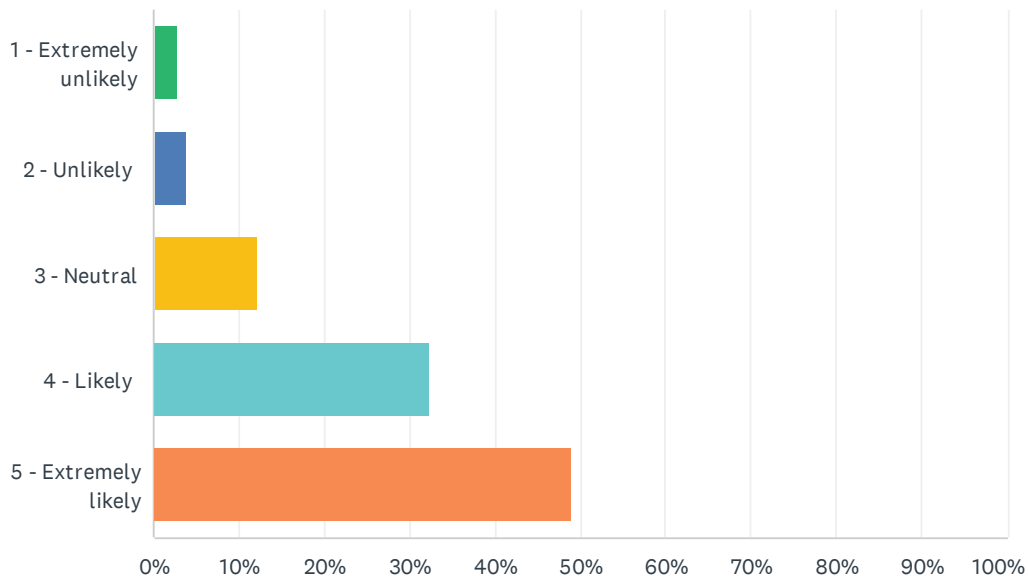
Meeting Materials

395	Drive through is often unmanageable with front registers busy	6/27/2022 3:51 PM
396	YES this needs to be allowed.	6/27/2022 3:50 PM
397	impossible with todays reimbursements	6/27/2022 3:49 PM
398	This!!! Yes please! On weekends 10-6, I have 2 techs, period. We must handle drive thru, pick up counter, counseling window, administer immunizations and Covid tests, all while answering an incessantly ringing phone. Oh yeah, we have to fill 250 prescriptions in our spare time.	6/27/2022 3:49 PM
399	As above can't believe those above Pharmacist on duty would allow this to occur without true penalties	6/27/2022 3:48 PM
400	Fair	6/27/2022 3:48 PM
401	This is needed! Kroger doesn't allow any of this. Even if you are alone on duty	6/27/2022 3:43 PM
402	This would help greatly!	6/27/2022 3:41 PM
403	Please include that pharmacist cannot be disciplined or retaliated against for closing touchpoints.	6/27/2022 3:36 PM
404	Will focus all attention to one area instead of spreading out	6/27/2022 3:35 PM
405	Not equipped to make judgment	6/27/2022 3:34 PM

Meeting Materials

Q11 Working Conditions / Security Require any “open-door” pharmacy must operate with at least one technician and one pharmacist (or two pharmacists). Include exception for documented absence.

Answered: 2,010 Skipped: 17



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.69%	54
2 - Unlikely	3.78%	76
3 - Neutral	12.09%	243
4 - Likely	32.49%	653
5 - Extremely likely	48.96%	984
TOTAL		2,010

#	ADDITIONAL COMMENTS	DATE
1	See comments in question 6.	7/9/2022 10:59 AM
2	This is a good rule. A pharmacist should never have to do every workflow step of filling a prescription. EVER. Period. This is extremely unsafe and the chance of errors goes up drastically when checking your own work, even under ideal situations. So add in to the the fact that even if the store is slow, if you get one phone call, one drop off, and one pick up all at once, plus a drive through there is no way one person should have to work under those stressful scenarios all while typing and then checking the same rx. It creates a very unsafe environment for filling prescriptions safely.	7/7/2022 10:53 PM
3	I opened one Monday morning at 8am a pharmacy who just received records from another pharmacy that shut down the Friday before. I was BY MYSELF for the first hour. I had zero technicians scheduled until 9am. (the next one wasn't scheduled until noon) There I was running the pickup window and answering phones for the first hour. Not one Rx got filled the first hour because I spent that first hour ringing people up for the medications. I missed	7/7/2022 10:21 PM

Meeting Materials

multiple calls because I couldn't answer them all at once. I was trying to help the regular customers who always go there and the ones left confused as to why their other pharmacy closed. It was stressful, overwhelming, and bad service to those patients. As a safety issue, had I been robbed, no employee witnesses would have been there to help get description of the criminal, etc.

4	I have the opinion that any "open-door" pharmacy should NEVER have only one person staging it at any time.	7/7/2022 8:21 PM
5	Pharmacists often scheduled alone by retail corporations which is very unsafe. This would be a good policy, as long as it's not written where corporate can take advantage of it and only schedule 1 tech to 1 rph all day and actually decrease staffing because of it.	7/7/2022 8:00 PM
6	None.	7/7/2022 4:59 PM
7	If a pharmacy that fills 250-300 prescriptions per day cannot be properly staffed to the point where a pharmacist is by themselves, the pharmacy has no business being open. Having to be the only point person to manage phones, registers, filling and verifying prescriptions at a busy pharmacy was the most anxiety-inducing position to ever be in. It should not be allowed. Not safe.	7/7/2022 4:59 PM
8	It really depends on the volume of prescription. If a low volume pharmacy is required to schedule a tech with the pharmacist on a weekend when they only do 20 prescriptions the whole day. Then it will be unfair for the employer. Staffing should depend on volume.	7/7/2022 4:47 PM
9	The pharmacist should not be allowed to work alone in a pharmacy that has a pick-up counter and drive-thru window, and be expected to perform additional services. This is unrealistic and unsafe but I hear from pharmacists it happens to in my district. It increases pharmacist stress, chance of errors, and delays care to patients unable to receive their prescriptions in a reasonable time. I agree this is a safety issue for the pharmacist in the event of an emergency or robbery, or if the pharmacist were to become incapacitated. In my experience in retail, front store members are not always nearby.	7/7/2022 4:32 PM
10	Wish that the "open concept" was not acceptable. It's not a great feeling when more and more people are short fused because they can't get their controlled substance early or they are irate about the wait time. When people can easily jump the counter or just walk in, it's unsettling	7/7/2022 4:29 PM
11	likely fine - but i can't imagine this would work in a small independent setting. also - would be difficult in overnight situations. while i think it would be great to have at least 2 bodies onsite at all times - not sure it is actually doable.	7/7/2022 4:18 PM
12	Why make the exception for a hospital? I have to say, this whole process leans retail heavy. You should represent all pharmacists, not just a majority retail. Institutional pharmacies share some of these issues but also have their own. All your rules prior to maybe 2-3 years ago also tend to have a retail focus.	7/7/2022 4:08 PM
13	I think from a safety standpoint this is an excellent idea! I don't see why a chain pharmacy should oppose it. Asking for two employees inside a store just makes good sense. The exceptions included seem prudent.	7/7/2022 4:01 PM
14	Needs to more than just one tech. Some pharmacies can operate with just one pharmacist but is impossible to safely fill prescriptions with one tech and one pharmacist.	7/7/2022 3:50 PM
15	No pharmacist should work alone	7/7/2022 3:47 PM
16	Does a tech need to risk their safety coming in on a level 3 snow day so we have correct ratio? I think not. Having ratio guidelines is great, but educating the public on our work conditions might be better. Their expectations are often ridiculous.	7/7/2022 3:37 PM
17	A pharmacist should never be working alone with present day workplace demands (i.e. Covid vaccines and tests).	7/7/2022 2:50 PM
18	The safety of most employees should be paramount to employers, having a singular person supervise an "open door" pharmacy of almost any size by themselves post a significant risk for robbery, assault.	7/7/2022 2:23 PM
19	AS STATED IN PREVIOUS COMMENT. A TECHNICIAN TO PHARMACIST RATIO IS WHAT I'VE ALWAYS THOUGHT TO NEED TO BE A REQUIREMENT	7/7/2022 2:20 PM
20	A pharmacist should NEVER work alone.	7/7/2022 2:15 PM

Meeting Materials

21	We need this	7/7/2022 1:59 PM
22	I never have a situation where there isn't one tech with me but I am sure it would help safety.	7/7/2022 1:56 PM
23	What is with the "require" authoritarian language? Are you really going to insist that a new store in an underserved rural area have a technician when only a pharmacist is required?	7/7/2022 1:42 PM
24	There are pharmacies where only one RPh is enough, will not hurt the big chains, will hurt some independents...	7/7/2022 1:39 PM
25	would recommend a daily limit to how many prescriptions a pharmacist can verify per hour/total shift	7/7/2022 1:22 PM
26	This should be a common sense requirement	7/7/2022 1:09 PM
27	This sounds amazing. It was always stressful working by myself as a pharmacist afraid I would rush and miss something to get the phone or help a patient. This also puts the pharmacist more at risk when they are by themselves as a target for a robbery. A store I worked at was robbed when they did not have a tech and were working by themselves. This sounds wonderful if you can get corporate to comply.	7/7/2022 1:07 PM
28	Remove the exception for documented absence which is a loophole because the majority of the time solo staffing occurs is because of BOTH documented and undocumented absence. The pharmacy should not be open without a minimum of 3 individuals. One pharmacist to check/counsel/immunize, one technician to keep prescriptions being typed and filled, and one technician/pharmacist to work the register so customer service is maintained.	7/7/2022 1:04 PM
29	Depending on the volume of the pharmacy, this may not be adequate to safely run a pharmacy.	7/7/2022 12:30 PM
30	This should have always been the case.	7/7/2022 12:30 PM
31	I am at a busy pharmacy so I have never been without a technician. But I can absolutely see why this should be a requirement.	7/7/2022 12:21 PM
32	Having just a pharmacist on duty in a retail location should be illegal. How corporations except a single person to maintain a drive through, pick up, drop off, fill/check prescriptions is unrealistic. Patient care should not suffer due do staffing ratios.	7/7/2022 12:19 PM
33	No one should ever have to work by themselves	7/7/2022 12:13 PM
34	Impossible to manage as a single person.	7/7/2022 12:12 PM
35	Corporate leaders will look at this to only provide one tech. There needs to be a tech/ work volume ratio. For example, 1 tech hour per 10 Rx. I am currently told I should process one Rx per minute when I am working by myself, while answering phones, running the cash register, giving immunizations, helping customers with OTC items and all other things we must do. It has gotten to the point of we can't even finish the day prescriptions due to severe, intentional understaffing by corporate leaders	7/7/2022 12:09 PM
36	Need two RPhs in each drug store..There is a bill in the Ohio House that want to remove RPhs from the Pharmacy ASK OPA and ERNIE BOYD	7/7/2022 12:04 PM
37	Most need more than one but this will help with corporate forcing pharmacists to work alone.	7/7/2022 12:00 PM
38	See above	7/7/2022 11:57 AM
39	I like the idea of having two people present in the pharmacy at all times. It does give a sense of security, especially if those wishing to engage in criminal activity know when there is minimal staff present.	7/7/2022 11:53 AM
40	Should make your daily tasks a little simpler knowing you will have a technician with you.	7/7/2022 11:50 AM
41	No pharmacist should ever have to work alone, from personal experience this is when I have made all of my errors and when I have been robbed.	7/7/2022 11:48 AM
42	This should have always been a thing, but often the pharmacist is expected to work by themselves, without cameras, panic buttons, or anything...this is not safe in todays world	7/7/2022 11:48 AM
43	Without the exception would be good.	7/7/2022 11:47 AM
44	Require more safeguards to prevent intimidating/violent behavior from patients/customers.	7/7/2022 11:40 AM

Meeting Materials

45	A busy pharmacy cannot sustain on just 2 employees.	7/7/2022 11:40 AM
46	most busy retail pharmacy's cannot be kept open with just one pharmacist and one tech! given the work load most pharmacies will need a minimum on 3 to 4 techs and at least one pharmacist to stay open and work safely.	7/7/2022 11:38 AM
47	I would find it extremely helpful to ensure at least one technician is staffed during all operating hours of the pharmacy.	7/7/2022 11:32 AM
48	If anything this would help strictly for those moments when script count didn't allow for a tech to be on staff.	7/7/2022 11:01 AM
49	I believe thT there should always be at minimum 2 pharmacy employees in the pharmacy at all times,	7/7/2022 10:08 AM
50	Pharmacists should not be allowed to work alone, especially at closing when there is usually only one front store employee on duty. This is very insecure and dangerous.	7/7/2022 8:56 AM
51	i think that should only be a requirement at a certain prescription volume. new start ups cant afford two.	7/7/2022 8:35 AM
52	Pharmacies are operating like this now. How does this help? If there is no technician available and a documented absence, what then?	7/7/2022 8:33 AM
53	Absolutely. Let's not disillusion ourselves. A pharmacist cannot work alone. It's not "working" then, it's "institutionalized force labor and unsafe working conditions" then	7/7/2022 8:05 AM
54	I'd love this, but we would lose money any g out of business. Thanks GoodRx!	7/7/2022 3:11 AM
55	Agree there could be political undertones, but do feel there is risk of robbery or medical emergencies with lack of assistance. Additional information / metrics / reports from California would be helpful prior to moving forward in Ohio.	7/7/2022 12:21 AM
56	That's a pretty low standard. That's pretty much what goes on now and it is not sufficient.	7/6/2022 11:59 PM
57	It should be a requirement to always have 2 personnel in the pharmacy for safety reasons, especially if a medical emergency were to occur. Giving a loophole for pharmacies operating inside another establishment would allow for chain pharmacies to not provide at least a second person while stating that someone in the front of the store could come help. While having a requirement already in the policies for front store employees to be able to help in the pharmacy if needed, this rarely occurs as most front staff are not trained to help in the pharmacy, or the front store does not have available staff to help.	7/6/2022 11:08 PM
58	Should always be two people in the pharmacy except in some emergency call of situations	7/6/2022 11:03 PM
59	any pharmacy that opens should never have just a pharmacist by themselves. there should always be minimum 1 tech and 1 pharmacist to open.	7/6/2022 10:36 PM
60	Have time for cleaning or allow cleaning staff to clean, sweep and dust. Mandatory filter changes. Every pharmacy I have ever worked in has been dirty	7/6/2022 10:11 PM
61	Yes! I have been very uncomfortable when required to work alone over the past year due to no technicians.	7/6/2022 10:08 PM
62	This would likely be helpful with regard to security of the pharmacy particularly at slower stores, but a consequence in chains would likely be cutting tech hours at other stores to account for those hours.	7/6/2022 10:00 PM
63	Very much needed. This will also minimize drug divergence	7/6/2022 9:44 PM
64	It's depends on the volume of the store for that to be considered.	7/6/2022 9:32 PM
65	Although sometimes just two people isn't enough. Requiring more when ancillary services are offered would make a huge difference. IE two techs when immunizations and drive thru are both open. It's very hard to get all these things with just two.	7/6/2022 9:29 PM
66	I think there should be some allowance here - a small pharmacy with low volume may not need a technician at every hour the pharmacy is open. Consider a % of hours?	7/6/2022 8:35 PM
67	Need 2 technicians at minimum. Just from a safety standpoint and to allow for breaks. 2 technicians would change my answer to "likely"	7/6/2022 8:27 PM

Meeting Materials

68	Worked many weekends no technician. And also many evenings.	7/6/2022 7:54 PM
69	Chains won't let this happen. They want LESS staffing	7/6/2022 7:34 PM
70	Open door pharmacy shouldn't be allowed in general. This is an unnecessary risk for staff for no real benefit other than corporate images.	7/6/2022 7:28 PM
71	This would solve a huge safety concern.	7/6/2022 7:24 PM
72	Most of the time there is at least one tech with the pharmacist	7/6/2022 6:48 PM
73	Pharmacies should not be allowed to be as open to the public as they are. A swinging door should not be the only thing that separates us from a armed criminal.	7/6/2022 6:43 PM
74	Would be nice for safety but doesn't necessarily work for workload.	7/6/2022 6:00 PM
75	Working alone is very unsafe	7/6/2022 4:20 PM
76	We currently have no technician and it is extremely difficult to operate safely. Plus is is very stressful causing anxiety.	7/6/2022 4:05 PM
77	Don't know how this will work for us nursing pharmacist mothers, there's no way they will hire a pharmacist to cover my pumping breaks	7/6/2022 3:59 PM
78	Depending on the experience of the RPH, 1 RPH can definitely run a slow pharmacy. This may place an extra burden on local, small, hometown type pharmacies.	7/6/2022 2:41 PM
79	No one person should be alone to open or close a pharmacy. I have been spit on, followed, physically attacked and terrified by persons wanting things from the pharmacy.	7/6/2022 2:08 PM
80	Corporate currently forces pharmacists to work alone when technicians are absent.	7/6/2022 1:28 PM
81	Or at least base staffing on documented script volume	7/6/2022 1:14 PM
82	You need staffing ratios based on script volume. Not just for stores that barely fill anything	7/6/2022 1:06 PM
83	Yes please!! Myself and many other pharmacists in my company have worked way too many hours at a busy pharmacy all alone. That is not ok at a high volume pharmacy. In the past I've worked for slower retail companies where it was fine, but please stop Kroger from making us work alone!!	7/6/2022 12:58 PM
84	For slower pharmacies that have a designated number of hours to schedule, it may be best to utilize those hours during busier times.	7/6/2022 12:09 PM
85	I hate working alone so that's a good plan for security, especially on 3rd shift	7/6/2022 11:36 AM
86	How about mandated bullet proof glass with the increase in robberies and mass shootings	7/6/2022 11:31 AM
87	A pharmacist should never be in the pharmacy alone. I'm not saying a technician must be on duty, but some form of support personnel.	7/6/2022 11:29 AM
88	This should be a minimum standard. It's not enough but should be a minimum standard	7/6/2022 11:26 AM
89	Don't think this should be dictated.	7/6/2022 11:20 AM
90	Any documented minimum is better that the current situation	7/6/2022 11:04 AM
91	It is physically impossible to manage all of the tasks in a pharmacy with just 1 person.	7/6/2022 10:59 AM
92	No pharmacist should ever have to work alone. Safety being a number one concern, of the pharmacy, the patients, and the actual pharmacist. There is no pharmacy that can be run by just the pharmacist alone.	7/6/2022 10:54 AM
93	This would help with safety, especially in settings where the pharmacist may need to step away to assist with patients questions, give vaccines, testing, etc.	7/6/2022 10:51 AM
94	Yes, please do this!!	7/6/2022 10:47 AM
95	Hours continue to be cut for both pharmacists and technicians. There needs to be more transparency in how this is being decided by major corporations. At the end of the day companies are estimating or guessing how much a store will need based of previous numbers.	7/6/2022 10:45 AM
96	That still wouldn't be enough staff in your busy stores. Large chains will never have two	7/6/2022 10:44 AM

Meeting Materials

pharmacists working at the same time that is how we all now work 12 plus hours because they have found a way to eliminate overlap.

97	Working a shift by yourself is horrible	7/6/2022 10:42 AM
98	Honestly, I have stopped recommending young students to join Pharmacy profession few years ago. This should tell you how we work in big chains right now. It's skilled professional labor.	7/6/2022 10:41 AM
99	???	7/6/2022 10:40 AM
100	I see the companies reducing pharmacy hours to accommodate this rule	7/6/2022 10:33 AM
101	I am in support of the requirement to have at least 2 individuals on site anytime an "open-door" pharmacy is open for staffing and security purposes.	7/6/2022 10:29 AM
102	There are too many responsibilities for a pharmacist to work solo.	7/6/2022 10:28 AM
103	Doesn't help much if your location really needs multiple techs	7/6/2022 10:25 AM
104	I work in grocery store for a reason. I feel safe in my location, but I have never worked in a stand alone pharmacy with less than 3 people.	7/6/2022 10:25 AM
105	it's a safety issue and this would be a welcome requirement	7/6/2022 10:17 AM
106	Due to budget cuts and having to make our corporation (Rite Aid) look more profitable, we have had to cut our hours drastically. We are filling 1300 rxs per week and were only running with 16 hours of tech help a day. This creates a situation where the pharmacist is working solo for 4 hours per day. So for 4 hours the pharmacist is responsible for answering multiple phone lines, drop off counter, pick up counter, entering, filling and verifying all prescriptions filled during this time period. This creates a situation of fatigue making errors more likely. It is also quite a bit harder to catch your own errors.	7/6/2022 10:17 AM
107	Would have to put safeguards in to prevent management "blowback" both official and otherwise when a pharmacist exercises judgement.	7/6/2022 10:15 AM
108	No one should be working alone; that just increases the risk for error	7/6/2022 10:12 AM
109	One pharmacist and one technician is not reasonable for pharmacies that have drive thru, pickup, drop off, 4-10 call in lines, automatic refills and e scripts. It's impossible to do this much work with 2 people. Regardless of the volume of scripts, 2 people cannot keep up with this many touch points safely and effectively.	7/6/2022 10:08 AM
110	this is a good idea	7/6/2022 10:01 AM
111	I don't see corporate agreeing to this increased cost, but it would be helpful if it could be done. That was how it used to be years ago.	7/6/2022 9:58 AM
112	Should be mandatory	7/6/2022 9:56 AM
113	A pharmacist should never have to operate a pharmacy without help, especially in a retail setting.	7/6/2022 9:19 AM
114	Board members have sold their souls.	7/6/2022 9:00 AM
115	Great idea	7/6/2022 8:35 AM
116	Is this really a question?	7/6/2022 7:35 AM
117	Some pharmacies do not need 2 people. Let the pharmacist or business decide.	7/5/2022 10:34 PM
118	This helping all comes down to how enforceable it is.	7/5/2022 10:12 PM
119	If there is proper documentation when exceptions are made.	7/5/2022 8:53 PM
120	Every pharmacy is different and this may not apply to all stores?	7/5/2022 6:00 PM
121	I'm not aware of any open door pharmacy that is slow enough to justify having a pharmacist juggling multiple services on their own.	7/5/2022 4:31 PM
122	or only have drive thru function	7/5/2022 2:01 PM
123	I floated in a store where I was suprised with working the last 4 hours alone in a rough area of	7/5/2022 1:19 PM

Meeting Materials

town. The store was busy enough to always have an automated dispensing machine. There should have always been an army of techs working, it was that busy always. I was informed that this happens sometimes, it was not unusual to be alone there. Which is absurd. No one should ever be in those unsafe conditions. Unsafe for pharmacists and customers. Pharmacist should never work alone ever.

124	Does not improve work load on pharmacists, but only establishes a minimum requirement for a pharmacy to open.	7/5/2022 12:58 PM
125	Two individuals minimum should be required in all pharmacies at all times regardless of door situation	7/5/2022 12:36 PM
126	Without a doubt, there should ALWAYS be at least 2 staff members on duty. It is a fact that errors occur when a pharmacist has to do the data entry and checking work. This is an absolute no brainer.	7/5/2022 11:51 AM
127	Not sure how helpful this would actually be, but it seems like it should be better. The 24 hour pharmacies are going to have a fit though. They will probably all have to be "closed-door."	7/5/2022 11:44 AM
128	This also seems like a minimum work requirement.	7/5/2022 7:12 AM
129	our pharmacy is busy enough that this does not affect our pharmacy, but I know others in our chain where only 1 person is in the pharmacy at times	7/4/2022 6:14 PM
130	I have never had to work alone in a pharmacy with no help, but there is no way I would in today's environment with many pharmacies being robbed.	7/4/2022 4:40 PM
131	having a "bare-minimum" law would be beneficial	7/4/2022 3:15 PM
132	There a many times where I will be working alone as the only person in the pharmacy for several days at a time. This is dangerous because one person can not safely monitor every aspect of the pharmacy, due to pharmacies becoming more and more busy as compared to years ago. There is always need for someone, and there are always productive tasks that can be accomplished. When I work by myself I do not feel that I can effectively ensure the safety of the pharmacy in the event of an emergency or a robbery. I have been working by myself and had a patient become unconscious need my attention while I am trying to contact 911, one person can only provide so much medical attention in these situations. With my pharmacy routinely understaffed there are often delivery totes and boxes on the floor of the pharmacy, an I am concerned that if I accidentally trip and have a severe fall when I work by myself no one will be able to find me.	7/4/2022 2:53 PM
133	A retail pharmacy should never be allowed to open for business with just one pharmacist and no technician no matter what volume of prescriptions you fill. Not safe on many levels. Corporate doesn't care as long as you are making them money. It's all about the almighty dollar and greed. Profits are the number one priority not safety	7/4/2022 2:34 PM
134	Two people can only operate the smaller pharmacies. This would allow a chain to demand opening and processing of 6-800 Rex's to keep up "normal" output.	7/4/2022 12:20 PM
135	Not needed late at night but for sure until 7:30 pm. Not sure this is needed in 50 bed to 100 bed hospitals either	7/4/2022 10:20 AM
136	This should already be in place. No one person can run the show anymore. It should be an automatic shut down of pharmacy if there are no techs.	7/4/2022 5:53 AM
137	There have too many robbers with guns gaining access to the pharmacy - more staff won't help that situation. The pharmacy should never be "open-door" any longer. It has become extremely unsafe for any staff member. The robber can walk right into the pharmacy and stand next to a pharmacist/safe and make whatever demands they want. It is a terrifying situation and one that I personally experienced.	7/4/2022 3:37 AM
138	Low volume open door pharmacy may not need this. (Ex pharmacy that just opened and has less than 25 Rx per day).	7/3/2022 7:00 PM
139	Helps with security, but not necessarily workload. One of the staff could be processing remote orders. Again, this extra regulation would either necessitate additional staff or remodeling of pharmacies, which would hurt small and independent pharmacies disproportionately	7/3/2022 6:09 PM
140	It is never a good idea to be the ONLY person with hands/eyes on a prescription.	7/3/2022 5:32 PM

Meeting Materials

141	There should always be at least one tech on duty with a pharmacist.	7/3/2022 5:13 PM
142	There should be 3 staff members at all times.	7/3/2022 2:39 PM
143	A RPh to tech ratio would do a lot for the pharmacy.	7/3/2022 2:06 PM
144	Simply not enough hours and technicians	7/3/2022 10:56 AM
145	Yes, yes, yes, please!	7/3/2022 9:19 AM
146	Many pharmacists work alone for entire shifts at lower volume stores. This creates an untenable situation at times. It can lead to misfills, missed phone calls, increased anxiety, and less security for the pharmacist on duty. The pharmacy department is at increased risk of robbery in this situation without question. Also the pharmacy department may be left unattended if a customer needs help on the floor. It is highly highly dangerous to ever have a pharmacist working alone. However, some major retailers only grant 50-60 tech hours per week to a store open for 75 to 80 hours a week, so this is occurring all across Ohio right now. Please make it stop!	7/2/2022 11:33 PM
147	At least for safety and peace of mind.	7/2/2022 11:03 PM
148	How many other companies feel that it is safe to run an entire business with 1 employee in it? An employer with access to multiple registers and full access to medications?	7/2/2022 10:58 PM
149	Would prefer armed guard at pharmacy to act as deterrent. Todays world has too many mass shootings and pharmacies could be next	7/2/2022 6:06 PM
150	When I worked at Rite Aid, I didn't have anyone scheduled to work with me on Sundays or Saturday afternoons and it got quite stressful at times.	7/2/2022 12:36 PM
151	Yes! I feel unsafe in dispensing when I complete all aspects of the process from data entry to verification with no other person involved	7/2/2022 9:21 AM
152	Should be more technicians	7/2/2022 8:42 AM
153	even if this calf rule was driven by the state organization it should apply yo independents also but chain pharmacists should be encouraged by their corporation to join the state organization or have the corp reimburse them for joining the organization better mix in the state organization would produce better solutions	7/2/2022 8:34 AM
154	Two KNOWLEDGEABLE people, not a tech on their second day. They're more of a liability than an asset at that point. Perhaps at least one tech must be certified or registered? This would encourage corporate to get them adequately trained and converted from trainee to proper tech as quickly as possible.	7/2/2022 12:04 AM
155	One technician for at least 2 customer windows, multiple phone lines, etc does not work.	7/1/2022 10:27 PM
156	It was just established most open door pharmacies with drive thrus have 5 touchpoints, mandating 2 people leaves 3 touch points untouchable.	7/1/2022 8:15 PM
157	If a pharmacy is so slow that only a RPh is on duty, I suggest they decrease operating hours as not to waste labor on a tech just sitting around.	7/1/2022 6:38 PM
158	Yes, mandate 2 people within the pharmacy. A cashier up front at a chain and a pharmacist in the pharmacy should not count as the mandatory second staff member.	7/1/2022 6:31 PM
159	Also for safety reaaon	7/1/2022 5:23 PM
160	I think it is extremely important that no pharmacist be left alone in a pharmacy. It is unsafe for the patient and pharmacist!	7/1/2022 2:17 PM
161	This is absolutely necessary.	7/1/2022 2:06 PM
162	That would be the safe thing to do	7/1/2022 1:52 PM
163	Great in theory, but again, corporations treat pharmacy like a company, not a health care entity. It's all about the money and do more with less	7/1/2022 1:12 PM
164	Monday through Friday	7/1/2022 7:01 AM
165	It's a budget thing again. slower stores do run with only a pharmacist on duty many hours a week. I do believe we should have a mandatory minimum one technician to work with the	7/1/2022 12:49 AM

Meeting Materials

pharmacist to alleviate some of the pressure.

166	Many pharmacies do not need a tech the first hour, or the last hour or 2. I agree that some do however.	7/1/2022 12:22 AM
167	Depends on the need. Some pharmacies are outliers and truly do not need two workers.	6/30/2022 11:46 PM
168	Agree agree agree.	6/30/2022 11:42 PM
169	Yes. Under no circumstance should one RPh be allowed to work with no other tech and/or RPh. It is insane to think one person can do it all.	6/30/2022 10:19 PM
170	However, if some of the above get implemented, I fear that large chains will use this as a guideline for staffing. Ie, just 1 tech all day.	6/30/2022 9:56 PM
171	No one should work ALONE! You don't see a dentist or a physician working alone, why should pharmacists work alone? Unsafe and very stressful, even in slow stores! No wonder some chains have such high error rates!	6/30/2022 9:51 PM
172	It is never safe to have only one person working.	6/30/2022 9:28 PM
173	This would be a nice safety feature. However, district managers will just utilize up front employees to check on the pharmacy and will not actually provide you with the proper staffing.	6/30/2022 8:54 PM
174	Also a rule with no teeth. Documented absence is a huge loophole. Absent because there just aren't any techs.	6/30/2022 8:26 PM
175	My partner had asked me to take over his shift so he can take over his pregnant wife's shift so she can go to the hospital. She wasn't allowed to shut the pharmacy down without a replacement. This is absurd.	6/30/2022 6:57 PM
176	Would help remove unsafe working conditions that lead to pharmacist missing errors	6/30/2022 6:42 PM
177	better idea. IF there is a drive thru there must be at least 2 cashiers (register and drive thru or a tech), and one fill tech depending on script counts or volume during certain hours of the day. We should always have 2 hours of pharmacist overlap for pharmacies filling at least 250 scripts per day, plus vaccines and tests.	6/30/2022 6:12 PM
178	I do not feel safe working without a second person in the pharmacy with me. I now carry a gun because customers know there are times we are alone. Make this a requirement for ALL pharmacies, including independents.	6/30/2022 6:11 PM
179	The more the people working the safer the store is from any robberies.	6/30/2022 6:10 PM
180	Company that I work for was going to require us to be open even though we had no techs. As long as we had a pharmacist we would be open. Meanwhile, 5 phone lines don't stop ringing , nonstop line up front and no way to fill prescriptions- not a safe work environment by any means.	6/30/2022 5:50 PM
181	There should never be just one set of eyes reviewing a prescription order. There should be no excuses allowed other than breaks/meals.	6/30/2022 5:36 PM
182	It depends on volume of work at the pharmacy and services provided. Cashier can cover the register while a pharmacist does basic dispensing in a new pharmacy that just opens until they have the volume.	6/30/2022 5:21 PM
183	If someone calls off - it is corporate's responsibility to replace that person. Period.	6/30/2022 4:47 PM
184	Doesn't make sense across the board. What if store does 50 scripts a day and is a new start? What if it's extremely dead and pharmacist wants to send help home since they are standing around? Seems little input by multi store operation pharmacists.	6/30/2022 4:07 PM
185	Yes!	6/30/2022 4:07 PM
186	yes! that would be amazing!	6/30/2022 3:52 PM
187	See my above comment.	6/30/2022 3:28 PM
188	Otherwise pharmacist cannot even use the restroom!!	6/30/2022 3:23 PM
189	Is not be safe or efficient to work alone	6/30/2022 3:17 PM

Meeting Materials

190	When I owned my own pharmacy I would not have been able to afford a full-time tech.	6/30/2022 3:07 PM
191	Not enough. Minimum crew per volume (or UNSAFE) shut it down. Really (shut it down). The responsible person should have the power to shut it down without recourse and ability to bring suit against all parties.	6/30/2022 3:06 PM
192	This should be done for safety	6/30/2022 2:58 PM
193	Pharmacies are understaffed and the staff that is there is overworked. This is a step towards righting that wrong.	6/30/2022 2:49 PM
194	With the short staffing and increased workload something has to give.	6/30/2022 2:37 PM
195	This should be the bare minimum. 3 personnel should be the least.	6/30/2022 2:31 PM
196	Does this include overnight? Requiring a night technician to be with the pharmacist is an excellent idea for safety.	6/30/2022 2:13 PM
197	It would be great, but it should really be based on volume per location. There have been locations with one rph and one tech with over 600 scripts to complete, and absolutely no support from leadership.	6/30/2022 2:08 PM
198	I've heard too many times about cvs and Walgreens having the pharmacist work alone. Should not be allowed.	6/30/2022 2:02 PM
199	Pharmacist need Better protection against theft like someone coming with a gun. Too easy to get in pharmacy. Should be like a bank. More money in pharmacy due to cost pain meds street value. Pharmacist like sitting ducks.	6/30/2022 1:58 PM
200	Chain will schedule rph by himself numerous times	6/30/2022 1:42 PM
201	Remove the exception so that employers will be required to make sure pharmacies are staffed in the event of absences	6/30/2022 1:39 PM
202	This would excellent and cut down on medication errors	6/30/2022 1:36 PM
203	Coming from a store that operates close to 60% of the time with just a pharmacist on duty, I am 100% on board with this law. In addition, I am one that has gone through an attempted armed robbery of my pharmacy while I was on duty. Thankfully I happened to have an intern on the premise with me at the same time who was able to call 911 and get the police on their way. Had my intern not been there, I don't want to think about what could have happened. For this I think it is criminal to require a pharmacist to be at the pharmacy alone doing every task.	6/29/2022 9:24 PM
204	Pharmacist should never be left alone in the pharmacy	6/29/2022 8:16 PM
205	For safety (in many varieties) no one should ever be alone.	6/29/2022 6:18 PM
206	require that if the second person is not available at least a non-pharm staff e.g. cashier is available to do things like check out	6/29/2022 5:01 PM
207	This would provide at least minimum required operating conditions. I'm not sure how it would apply to 24 hr pharmacies.	6/29/2022 4:58 PM
208	Safety first. I've been working during a robbery. No brainer	6/29/2022 9:18 AM
209	I do not think making this a requirement fits for all pharmacies. Making this a requirement for all pharmacies could have a negative impact on independent pharmacies. Pharmacies should be able to make this decision on their own based on the pharmacy's need.	6/29/2022 8:42 AM
210	This has always been a concern of mine as I am often left in my retail chain pharmacy alone as a pharmacist. There are so many reasons there should always be two staff members (deter robbery but also to always have 2 sets of eyes on each rx that is filled to prevent errors)	6/29/2022 8:21 AM
211	If this were enacted, it would remove a pharmacist's ability to choose when to have staff present. For example, if I am running a pharmacy that is open for 12 hours (9-9) and I have 14 hours to schedule, I may decide to have more help during the day and work alone at night so that more help is present during the busy times. For example, one technician working 9-5 and another working 11-7. However, enacting this policy would force the pharmacist to schedule those technicians 9-5 and 1-9 reducing the help when it is most needed.	6/29/2022 12:31 AM
212	Not addressing the root cause. The pharmacy's budget and staffing suggestions are	6/28/2022 11:06 PM

Meeting Materials

reasonable. Taking 3 to 4 weeks because State Board requirements to hire entry level position will kill you every time.

213	Would unintentionally force independent pharmacist to face hardship	6/28/2022 10:49 PM
214	That would help minimally. Most of day the majority of chain pharmacies have more staff than that. It fails to address the true problem of daily retail chain understaffing in 2022 with high daily rx volumes in stores.	6/28/2022 9:16 PM
215	again i agree but corporations??????	6/28/2022 9:03 PM
216	Pharmacist can not work alone	6/28/2022 8:42 PM
217	This is not an adequate number in high volume stores	6/28/2022 7:49 PM
218	YES YES YES YES	6/28/2022 6:48 PM
219	Extremely likely to be of benefit, extremely unlikely company would comply	6/28/2022 4:50 PM
220	As someone on the committee said, there is always work for 2 people to do. This is a simple safety issue that always happens in other realms (i.e. restaurants and stores).	6/28/2022 4:17 PM
221	Minimum of 4 techs while pharmacy opened	6/28/2022 4:07 PM
222	This would be great and very helpful to the pharmacy staff, but curious to see how it would be enforced. I just feel that companies will find a 'work-around' and try to avoid this ruling.	6/28/2022 3:25 PM
223	I think this is dependent upon workload, but good option from a safety standpoint overall.	6/28/2022 2:49 PM
224	For safety of the patient and the pharmacist, this should be implemented.	6/28/2022 2:34 PM
225	Not all situations may required this. Small independent pharmacy's may not need this type of staffing. Requiring this type of staffing could further eliminate more independent pharmacies and reduce patient's access to medication. Independent pharmacy margins are slim. For instance reducing the medicaid reimbursement and the PBM's claw-backs have already served to eliminate many independent pharmacies in the state reducing access for patients.	6/28/2022 12:39 PM
226	Exception may be valuable for certain low volume (of all functions: vaccines, scripts, MTM services, etc.). Thinking of independents that may be able to function fine with just a pharmacist for certain shifts and may be an undue staffing expense/burden on the business. Chains should absolutely be required to run with two people. There is always enough business and work to never have to work alone. Safety is a considerable concern when working alone at a chain too.	6/28/2022 12:35 PM
227	No one should ever have to work alone.	6/28/2022 11:19 AM
228	There may not be tremendous advantages to "overwork", but it clearly addresses a black hole in safety. This should apply to non-critical access hospitals as well. I was required to staff, as a resident, as the sole individual for 3 hospitals and that should be illegal.	6/28/2022 10:32 AM
229	How does this align with staffing plan policy	6/28/2022 10:18 AM
230	When working with one pharmacist and one technician, we close drop off for safety, we still work on new rxs but the gate is closed	6/28/2022 10:03 AM
231	In reality, this should be a minimum or 3-4 people, otherwise you simply do not open with less staff than that. Working alone or with one other technician only creates more room for burnout.	6/28/2022 9:59 AM
232	Definitely a step in the right direction for safety	6/28/2022 9:43 AM
233	I hope	6/28/2022 9:30 AM
234	Tech must be in the pharmacy, a crossed trained front store person working in the front store should not count for this.	6/28/2022 8:50 AM
235	It has been a number of years since I have operated without any support staff	6/28/2022 8:45 AM
236	Yes, this is standard of practice for all pharmacies. The exception being the facility is closed and secured, and all patients have other options for their needs and services.	6/28/2022 8:41 AM
237	I would almost say 2 technicians.... I haven't worked at very slow retail positions but I will say I work with myself and one technician a lot and it's so stressful because I am having to do	6/28/2022 8:36 AM

Meeting Materials

pharmacist duties as well as technician duties (which I don't care to do, but I can barely get my own job finished).

238	Not allowing a pharmacist to work alone would be an advantage to all pharmacists. It would allow pressure to be taken off the pharmacist	6/28/2022 8:35 AM
239	This would be great, but will be hard to find staffing.	6/28/2022 8:18 AM
240	I feel like a Rph should never be alone. Must always have at least a technician in the pharmacy	6/28/2022 8:15 AM
241	Worried that some places could interpret this as okay to have just two staff members present when their volume requires more staff members for safe operation.	6/28/2022 7:53 AM
242	A pharmacist should not be working alone in an open door setting. This is dangerous to patients in terms of accuracy and medication safety and dangerous to the pharmacist in terms of mental health and physical safety.	6/28/2022 7:43 AM
243	Very important to have atleast 1 tech all the time. And during busy timing more than one. I got robbed at pharmacy around 6 pm. Very scary.... It's been few years but still today I got scared if I see any one standing at consultation window	6/28/2022 5:16 AM
244	Without at least one other body, ONE PHONE CALL can effectively shut down the whole operation! I believe this should also apply to hospital pharmacies. Where I practice, I can't compound an urgently needed IV and answer the phone at the same time, and BOTH can involve a patient emergency that requires immediate attention.	6/28/2022 3:02 AM
245	If it is mandated and required by law yeas this would be great. I do see corporate working any angle to avoid this. Maybe mentioning many pharmacists have talked about a union would help encourage them to be open to new mandates.	6/27/2022 11:49 PM
246	Please!	6/27/2022 11:46 PM
247	This will help reduce safety issues that arise when a pharmacist is working alone	6/27/2022 11:41 PM
248	There should be no exception for absence. If there are not 2 people in a pharmacy then it is unsafe - the pharmacist should work closed door if no assistant is present.	6/27/2022 11:40 PM
249	This is already the case where I work. If there is no technician the front of the store manager is required to come back to help.	6/27/2022 11:40 PM
250	Safety in numbers	6/27/2022 11:36 PM
251	Most Management will find loophole or just not follow law/rule.	6/27/2022 11:32 PM
252	This would definitely improve patient safety	6/27/2022 11:31 PM
253	There is no concern for rph safety in retain pharmacies. Sometimes there is only one front store employee and the rph in the building overnight. This is dangerous. Security should be implemented in 24 hour stores.	6/27/2022 11:08 PM
254	I recently had a thief jump the counter and try to steal a bottle of promethazine/codeine I was able to chase him out of the pharmacy but was glad I had someone there with me. If it was just me it could have gotten ugly.	6/27/2022 11:07 PM
255	No pharmacist should be working alone. It is an unsafe practice	6/27/2022 11:06 PM
256	Forgive my ignorance, but isn't every pharmacy in ohio required to have at least one pharmacist?	6/27/2022 11:06 PM
257	Rather than required a licensed tech as second person, allow unlicensed support person as the second. Small, low volume locations may run efficiently with RPH as lone licensed staff.	6/27/2022 10:58 PM
258	Just had to work another shift by myself (no technician help at all) for 3 hours due to a call off. I was extremely busy with 15 people in line all night and had to run back and forth to due DUR, count, and verify prescriptions then return to the pick up line. This has happened many times before. It's an extremely dangerous way to operate the pharmacy for patient safety.	6/27/2022 10:28 PM
259	Pharmacists should never be required to work alone, but due to many company hour cuttings, they have no other choice but to work some part of the day by themselves, putting a huge risk for missfills and errors to occur	6/27/2022 10:23 PM

Meeting Materials

260	A pharmacist should NEVER have to work alone. It is not safe for the PUBLIC or the pharmacist.	6/27/2022 10:07 PM
261	I've always felt strongly there should never be just one person in the pharmacy ever. It's extremely unsafe.	6/27/2022 9:46 PM
262	I have a 2 page list of hours worked by a pharmacist entirely alone because of staffing shortages.	6/27/2022 9:31 PM
263	I was robbed once and believe this wouldn't have happened if I wasn't working alone	6/27/2022 9:26 PM
264	Given tech shortage and prescription margins at some stores, I have to wonder how many will close if minimum staffing levels are raised. Additionally, in the comments the committee discussed exceptions for call offs or other unplanned staffing events. This reasoning seems to argue it is safe on those days to staff at potentially 50% plan but on other days it is not? Or that it's only unsafe in certain pharmacy types but not others? That makes no sense. There are minimums for safety or there are not; "sometimes" is a business decision, not safety. The Board should not be making "business" decisions.	6/27/2022 9:16 PM
265	We do not staff our pharmacy with one person ever for this reason. However, as pharmacy economics continue to stress the cashflow for operations, all pharmacies are going to have to make decisions on what is possible for profitable operation. We are concerned about safety, we have cameras, hold up alarms, and ideally don't want only one person in pharmacy. Reality is, if someone wants to hold up a store, if they are desperate enough they will.	6/27/2022 9:04 PM
266	This would be helpful	6/27/2022 9:03 PM
267	No one should ever work alone in pharmacy but it happens all the time.	6/27/2022 8:59 PM
268	A required ratio to volunteer within the store would be better as most big chain companies would still allow the bare minimum which is higher than 2 but greatly unsafe all the same.	6/27/2022 8:57 PM
269	Safety of pharmacy personnel has long been forgotten by companies. This should be a bare minimum safety requirement.	6/27/2022 8:57 PM
270	What if that business doesn't support the need for a technician?	6/27/2022 8:54 PM
271	Not sure what this means.	6/27/2022 8:37 PM
272	Since I've worked in a pharmacy alone and been robbed, YES!!	6/27/2022 8:18 PM
273	No exceptions for documented absence. Close the pharmacy.	6/27/2022 8:10 PM
274	While I appreciate the concern for safety, there have been a few times when I have felt confident in performing my duties without tech help	6/27/2022 8:05 PM
275	This would not affect my location since we always have at least one RPh and one tech but I do think it would help other locations	6/27/2022 7:58 PM
276	Having know pharmacists who have been held at knife point and physically assaulted at the pharmacy counter, this should be a bare minimum.	6/27/2022 7:57 PM
277	One of the hospitals I worked at has two pharmacists - one in the iV room and one on main floor. If there was a code then the one pharmacist left has to cover both floors so I don't think absence of a pharmacist should be allowed ever - it's just not safe !	6/27/2022 7:51 PM
278	Not enough. There should always be 2 pharmacists on duty at least to account for breaks and workload, and enough techs to staff each station individually. There should never be only 1-2 people working in a pharmacy.	6/27/2022 7:46 PM
279	Very rarely do we operate without a technician, but I have seen complaints from other pharmacies that do.	6/27/2022 7:41 PM
280	Establish a minimum safe working conditions	6/27/2022 7:39 PM
281	Best proposal yet. Would add drive thru only open with staff of three	6/27/2022 7:38 PM
282	Yes it is unsafe for there to only be one pharmacist there.	6/27/2022 7:31 PM
283	This should happen already and even if all of the other things you came up with were in effect. A pharmacist should NEVER be left a lone to do all aspects of the workload. Its is the	6/27/2022 7:29 PM

Meeting Materials

companies responsibility to ensure safe practice which means having the correct amount of people, support, etc.

284	Will impact lower volume but what about higher volume?	6/27/2022 7:22 PM
285	This would absolutely require exceptions to be put into place for pharmacies that don't necessarily need two people at certain hours (i.e. when first opening or before close - that would mostly apply to smaller pharmacies).	6/27/2022 7:15 PM
286	Costs especially 24hour stores overnight	6/27/2022 7:03 PM
287	No one should be left alone. Every Pharmacy must have at least 3 people at all times	6/27/2022 7:01 PM
288	IT'S A STAFFING ISSUE- CORPORATE WILL NOT PROVIDE THE HOURS NEEDED TO STAFF THE DEPARTMENT APPROPRIATELY	6/27/2022 7:01 PM
289	This shouldn't even be a question. There should always be a minimum of 2 people in any pharmacy	6/27/2022 7:00 PM
290	The minimum should be raised based on a volume formula, meaning a 3000 rx a week pharmacy needs a required higher minimum then a 1000 rx a week pharmacy. There needs to be a formula based on volume or it won't have an effect	6/27/2022 6:45 PM
291	If there is a documented absence of a technician, the pharmacist should be able to conduct business in such a way to provide safe and effective pharmacy services based of their own judgment.	6/27/2022 6:43 PM
292	I don't work alone now, nor could I even attempt to cover my store myself.	6/27/2022 6:33 PM
293	Documentation to avoid citation of this rule would add to workload.	6/27/2022 6:29 PM
294	This should already be a rule. The safety of pharmacies and their staff has not been a focus of the bird and should be. Having at least 2 people opening and closing should be a minimum standard.	6/27/2022 6:14 PM
295	Yea. This is a must. Sure there are some concerns with what the chains will do to cut more all around to help the slower stores but you can't in all honesty help at the counter, answer 2 phone calls and be expected to check prescriptions. This is how many independent and FQHCs operate.	6/27/2022 6:13 PM
296	Tech to pharmacist ratio would be better. Corporations will interpret this to mean that's the legal minimum do no need for more help.	6/27/2022 6:03 PM
297	A must at minimum..	6/27/2022 5:28 PM
298	Not sure what an open door pharmacy is	6/27/2022 5:17 PM
299	I like the idea of never leaving a pharmacist alone in the pharmacy. I worry that if you say only 1 pharmacist/1 technician or 2 pharmacists is the minimum staffing level, we will be held to that even in the super busy locations. 500 Rx/day with 1 R.Ph/1 tech is still a lot, but the company would say they are meeting the board requirement. If a store is open 12-hours and fills 500Rx, they are filling 41+ Rx/hr., not including interruptions, phone calls, vaccines, MTM, other tasks, etc. It's still too much work and not enough people.	6/27/2022 5:17 PM
300	I already do this but still difficult because have so many stations to cover.	6/27/2022 5:14 PM
301	I think this is crucial because of the fact that I know of where a customer had a reaction to the covid vaccine and 911 had to be called - had the pharmacist NOT had a tech that day, it could have been fatal not being able to do that alone.	6/27/2022 5:10 PM
302	While this would be a good start to ensure patient safety it is not enough to reduce workload. Managing touch points and this combined would be more helpful however.	6/27/2022 5:03 PM
303	Would simply result in closures bc of a lack of staff.	6/27/2022 5:01 PM
304	Require 2 pharmacists!! Or mandate shorter shifts by putting a maximum number of consecutive hours workable. Occasionally working 12-16 hour shifts is one thing, but retail and clinical settings are now STARTING with 12 hour shifts. This is not just a workload issue, but a liability issue for patient safety and for the practicing pharmacist!	6/27/2022 4:56 PM
305	Safety definitely a concern, should only have one or two windows open if you don't have	6/27/2022 4:52 PM

Meeting Materials

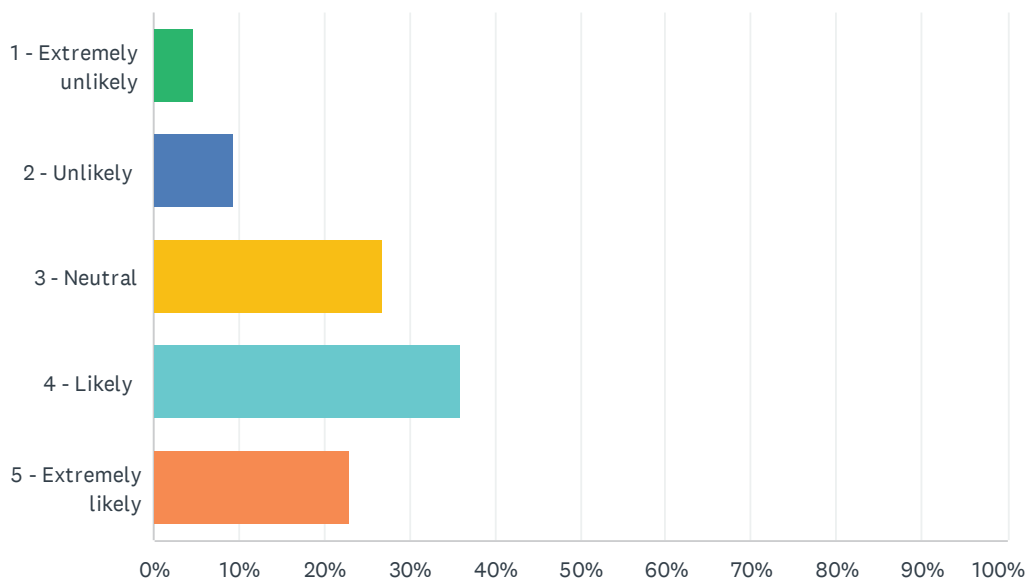
enough man power to man each gate.

306	I am of two minds on this proposal. While I certainly believe it would help in the most general sense, I have personally worked at lower-volume pharmacies (about 100 Rx/day) with no drive-thru where a technician was definitely not necessary at all times. However, that is certainly an outlier situation, and this is likely the best practical proposal for solving the current workload crises.	6/27/2022 4:41 PM
307	Pharmacists shouldn't have to work alone! At least they need a cashier.	6/27/2022 4:40 PM
308	Most days we cannot get our work done with more staff than that. This would allow chain drugstores to cut more hours and save money.	6/27/2022 4:36 PM
309	No pharmacist should work without at least one technician not because we don't want to the register because we do quite often but for safety for employees and patients	6/27/2022 4:25 PM
310	I'm not sure if requiring a technician would always make sense. The vaccines are really the most difficult process to accomplish on your own. I feel that making standard hours for providing vaccines that a technician would be required to be present would be helpful. But if I am not giving any vaccines this might put a financial strain on some pharmacies.	6/27/2022 4:25 PM
311	One person cannot run a pharmacy, no matter how capable they are.	6/27/2022 4:21 PM
312	Don't expect chains to follow this one.	6/27/2022 4:13 PM
313	This would cut down on a lot of the stress that happens when a pharmacist realizes they are all alone at a busy store. They should be allowed to work, but just not have the pharmacy open if there is no other staff member with them.	6/27/2022 4:12 PM
314	Never felt uncomfortable	6/27/2022 4:05 PM
315	Agreed. Of course then gets will just expect rph to do more programs as we have "increased staffing".	6/27/2022 4:04 PM
316	This NEEDS TO BE A MINIMUM but I still get asked a lot to work without a technician.	6/27/2022 3:55 PM
317	A wise move	6/27/2022 3:54 PM
318	Pharmacists should never have to work alone - that is so unsafe not to mention the pharmacist cannot go to the bathroom, eat, feel like a human being, etc.	6/27/2022 3:50 PM
319	Every week night, I am the only person staffing the pharmacy from 9-10pm. I do not feel safe at all.	6/27/2022 3:49 PM
320	One pharmacist in my business can be sufficient at times. However, this would be necessary at chains.	6/27/2022 3:48 PM
321	Great.	6/27/2022 3:36 PM
322	Yes need one tech	6/27/2022 3:34 PM
323	I fear admin will take hours away from peak times to meet this requirement.	6/27/2022 3:32 PM

Meeting Materials

Q12 Career Technician Pathways 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.

Answered: 1,996 Skipped: 31



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.66%	93
2 - Unlikely	9.37%	187
3 - Neutral	26.90%	537
4 - Likely	36.12%	721
5 - Extremely likely	22.95%	458
TOTAL		1,996

#	ADDITIONAL COMMENTS	DATE
1	Give a man a raise. Give a woman a title. This is complete crap. I think if you require adequate staffing in a pharmacy, it will increase retention and the pay will come.	7/9/2022 10:59 AM
2	Yes please. My employer mandated every store have a tech certified to give immunizations, but never compensated correctly for the additional work and responsibility. They also offered inadequate training.	7/7/2022 8:00 PM
3	If permit holders/corporations continue not adjust compensation for additional skills sets brought to the technician role, high turnover will continue. Some states require classroom	7/7/2022 4:59 PM

Meeting Materials

training for certification resulting in significant out-of-pocket expense for what a position offering minimum wage or just above with no direct incentives or perks.

4	If they aren't compensated for the extra skills they acquire they will quit. Period. Which is what is happening now. They are not going to endure the current working conditions while being expected to administer vaccines, perform point of care testing, covid tests, and carry out all of the other initiatives required by our employers without extra pay. And I wouldn't expect them to.	7/7/2022 4:46 PM
5	If we were training and allowing our technicians to perform these services like MTM, what would be the reason to free up the pharmacist's time? These are things the pharmacist should be doing for patients. However, it goes back to my experience of not having enough competent, well-trained technicians.	7/7/2022 4:32 PM
6	There will be employers that will start to recognize this with pay. This will force others to compete with pay in order to keep staff	7/7/2022 4:29 PM
7	would be great. again - not sure how it would be regulated with large chains and locations that are unionized.	7/7/2022 4:18 PM
8	Unless there is a pool of money you plan to use to subsidize. You've got to tie this to pay and that will all fall to organizations of course. Tech pay already is terrible.	7/7/2022 4:08 PM
9	Pay is such a difficult thing right now. The labor shortage has increased the pay at many job sites, making it difficult to attract technicians who must pass tests, get certified, pay a licensing fee and face liability, all for similar pay rates to fast-food restaurants. Likewise, pharmacist salaries have not increased with the increase in responsibilities and workload.	7/7/2022 4:01 PM
10	Nobody wants a piece of paper to recognize them. Money talks.	7/7/2022 3:37 PM
11	Having a higher paying tier of technician would I think help the attractiveness of the field, and reward the high performing technicians.	7/7/2022 2:57 PM
12	One of the many solutions to the current pharmacy workforce issues fixing the pipeline of technicians into pharmacies and creating an environment that allows for career pathways instead of creating a job with stagnant wages that does not draw applicants.	7/7/2022 2:23 PM
13	THEY NEED TO BE PAID MORE.... PERIOD. THIS FLUFF ISN'T GOING TO LEAD TO RETAIL CHAIN PHARMACIES PAYING MORE. THERE NEEDS TO BE MORE ACCOUNTABILITY	7/7/2022 2:20 PM
14	Without appropriate pay, which is beyond the control of the board, expanded roles and certifications mean nothing.	7/7/2022 2:15 PM
15	Again getting them to do	7/7/2022 1:59 PM
16	I agree with the comments. Will the certifications really do more than the "duties allowed" rule? The two should coincide and focus on patient access and safety. ie, if some credentialing is required for patient safety, it should be required for the allowed duties. I see certification as the another word for the same thing.	7/7/2022 1:49 PM
17	You need to figure out a way to improve pay. And if you can't do that, that you have to figure out working conditions.	7/7/2022 1:42 PM
18	Having dedicated certifications increases the likelihood that technicians will be used for the particular billable service, but remember, the driving force is the reimbursement. The resources chase the money, if there is no money in filling RXs, as increasingly there is not, then they will be filled with the fewest number of resources possible. Econ 101 and maybe microEcon 201.	7/7/2022 1:42 PM
19	Should happen, but will it impact my workflow? Not a ton...	7/7/2022 1:39 PM
20	Titles mean less than money in most cases but it wouldn't hurt	7/7/2022 1:32 PM
21	Would not actually affect workload	7/7/2022 1:32 PM
22	The more you pay the higher the quality of employees you will get. It will allow us to pick and choose instead of just hiring people on the spot because of extreme need.	7/7/2022 1:31 PM
23	immunizations yes, MTM no	7/7/2022 1:22 PM
24	Certification around the administrative responsibilities in immunizations, MTM, inventory	7/7/2022 1:17 PM

Meeting Materials

control, third party billing, etc. would be helpful to provide options for professional development for technicians.

25	I feel this will allow the technician to help take some tasks off the pharmacist and allow the technicians to feel more fulfilled in their ability to advance their position.	7/7/2022 1:07 PM
26	Not opposed to this	7/7/2022 1:04 PM
27	Giving more work to the technicians without giving them more pay is insulting and if you are not going to require it the chains are not going to do it. This just makes the few techs we have left feel even more unappreciated and quit.	7/7/2022 12:30 PM
28	Stop giving the techs more work. They're quitting due to overwork as it is.	7/7/2022 12:21 PM
29	Yes they need to be compensated for these responsibilities	7/7/2022 12:13 PM
30	They should be compensated according to their experience and services.	7/7/2022 12:12 PM
31	Technicians are not willing to work now for the extremely low pay given. The get trained and leave for a clinic or hospital. We were able to pay a tech more 10 years ago than we can now.	7/7/2022 12:09 PM
32	We associate unhappiness as always being tied to the almighty dollar. We need businesses and licensing boards to be genuinely concerned with PEOPLE.	7/7/2022 11:57 AM
33	Without a pay increase it is doubtful this would increase retention.	7/7/2022 11:54 AM
34	It is important to recognize technicians for extra training, but recognition outside of increased pay may not motivate many technicians to pursue the additional training. Considering may retail technicians in the current environment make less than those in fast food chains, there should be increased pay tied into the credentials.	7/7/2022 11:53 AM
35	Great way to advance the technician career path.	7/7/2022 11:50 AM
36	May bring more career fulfillment and therefore better caliber of applicants.	7/7/2022 11:49 AM
37	A pharmacy technician should never be allowed to get an MTM certification as that is clinical and they should not be performing that function.	7/7/2022 11:48 AM
38	without increase in pay how will this work?	7/7/2022 11:38 AM
39	I don't think this will help pharmacist workload BUT I think it increases the likelihood technicians will pursue additional training and responsibilities.	7/7/2022 11:33 AM
40	Money is probably the best motivator.	7/7/2022 8:56 AM
41	increase certification should result in increase pay. but where would you like that pay to come from in todays market? push for increase pay to pharmacy thru provider status then tell me to increase pay	7/7/2022 8:35 AM
42	Yes! Recognize them for all their training and hard work.	7/7/2022 8:33 AM
43	Pay more for services being offered. Simple as that. Techs don't necessarily care about "recognizing" certifications. They care about being paid for them.	7/7/2022 8:05 AM
44	Payment to pharmacist or not, it still takes time away from pharmacist; however, it would allow pharmacist to know patient better	7/7/2022 6:10 AM
45	Additional qualifications should be accordingly compensated for in order to incentivize technician career pursuit and advancement	7/7/2022 12:21 AM
46	I'm not sure how this would help us but I agree that technicians need more recognition. My techs have to look at a sign posted on the register out front advertising positions for cashiers at a starting wage higher than theirs'.	7/6/2022 11:59 PM
47	They will not do the work without the pay	7/6/2022 11:54 PM
48	This could help provide an incentive for technicians to continue working. There has been high turn-around for pharmacy technicians.	7/6/2022 11:08 PM
49	It's not a fair expectation to require them to do more without pay. So I say no to the added responsibility unless they are paid accordingly. It should be the RPhs burden if corporate stores aren't willing to compensate	7/6/2022 10:08 PM

Meeting Materials

50	The more accountability a staff member Has, the more they should be compensated	7/6/2022 9:44 PM
51	If employers would pay the techs more on the dollar for each service they provide than it would be more likely they would appreciate their jobs	7/6/2022 9:32 PM
52	Offering official certification will encourage employers to compensate techs for them.	7/6/2022 9:29 PM
53	Unless you can increase reimbursement to fair then I don't know if I could supplement income while still providing delivery to elderly etc. MTM really in counseling and therefore I don't think it's safe to cover that under a technician scope completely.	7/6/2022 9:23 PM
54	Technicians will be motivated by salary unfortunately	7/6/2022 8:27 PM
55	I know the board can't regulate pay but some additional recognition might help for some techs.	7/6/2022 7:28 PM
56	I feel an increase in pay should correlate to advanced education. A minimum of an associate degree plus training for a pharmacy tech to justify increased pay	7/6/2022 7:26 PM
57	The proper training and certification someone could help with some components as long as a pharmacist is available to answer clinical questions	7/6/2022 7:24 PM
58	If these techs are willing to take in extra responsibility they should be compensated	7/6/2022 6:48 PM
59	Would like to see them simply paid but know is out of your control.	7/6/2022 6:00 PM
60	If they could earn higher wages then yes	7/6/2022 4:20 PM
61	Technicians are not paid well anyway so no one wants to apply. If there were incentives more people would be enticed.	7/6/2022 4:05 PM
62	Recognition is powerful. However, this would complicate the hiring process and record keeping processes.	7/6/2022 4:03 PM
63	It would be better to implement minimum wages for each level of certification.	7/6/2022 2:08 PM
64	Technicians are under paid and under appreciated which makes it difficult to retain staff.	7/6/2022 1:28 PM
65	This should work in reverse, allowing a technician assistant role to be utilized during time of training to gain hours for certification	7/6/2022 1:13 PM
66	I think this is a great idea, only if employers increase tech pay and recognition.	7/6/2022 12:25 PM
67	What's the point in doing more if you aren't getting recognized in some way- pay, acknowledgment of any sort, praise etc.	7/6/2022 12:21 PM
68	Recognition is an effective form of motivation.	7/6/2022 12:09 PM
69	Until technicians are reimbursed appropriately, there will continue to be a shortage as they flock to the well paying organizations.	7/6/2022 11:57 AM
70	Great idea. Significant concerns about corporate blowback on the individual reporting.	7/6/2022 11:55 AM
71	This would be nice but they aren't going to want the extra responsibility if they aren't going to get paid for it. I understand you can't regulate pay though	7/6/2022 11:38 AM
72	Employers would probably ignore this, let's be real here.	7/6/2022 11:36 AM
73	PTCB offers some certificate programs I like. PBMs must pay us fairly so we can properly compensate our staff.	7/6/2022 11:29 AM
74	It could help if it led to increased pay. If company X asked for these qualifications and hired in at a higher rate based on these certifications then perhaps company Y would copy company X in order to stay competitive	7/6/2022 11:26 AM
75	The should be recognized for their achievements and skills. Hopefully that will lead to better pay and ultimately having more technicians stay in the field	7/6/2022 11:04 AM
76	If we're going to pass more professional duties on to technicians, they should be compensated appropriately.	7/6/2022 10:59 AM
77	It would help to recognize absolutely, but without a compensation, there is no incentive for any technician to obtain certifications.	7/6/2022 10:54 AM

Meeting Materials

78	Would love to see different levels of certification for technicians! Those who have pursued these additional responsibilities should absolutely be recognized and given different titles/certifications. This may encourage employers to offer different levels of pay in turn.	7/6/2022 10:51 AM
79	Increases career satisfaction	7/6/2022 10:47 AM
80	Freeing up the pharmacists is great but do not pile more on technicians without also offering a significant pay increase. A 50 cent raise is not acceptable. Having a staff that is consistent for years is better for stores and their patients. If you go into a pharmacy and have a team of technicians who have been with a company for years it is a much stronger, more efficient group to work with. All in all, in order to get back to this we need to continue to offer paths for technicians to grow in addition to a wage that is competitive.	7/6/2022 10:45 AM
81	Techs don't get paid enough, turnover is high	7/6/2022 10:33 AM
82	Chains are taking advantage of added services that both pharmacists and techs can do without additional pay	7/6/2022 10:29 AM
83	I believe we need to support careers for pharmacy technicians beyond a single "status" level.	7/6/2022 10:29 AM
84	Technicians are underpaid and always have been. They should be treated as professionals and thus compensated as such.	7/6/2022 10:28 AM
85	They want and deserve more money. Period.	7/6/2022 10:25 AM
86	keeping the morale of techs high and recognizing them for their efforts would be a great thing	7/6/2022 10:17 AM
87	Not sure if this is going to do any good. Career pathways are nice but if it doesn't lead to a larger income what is the point. Pharmacists have added to their duties without getting extra pay.	7/6/2022 10:17 AM
88	Pay incentive	7/6/2022 10:15 AM
89	If you can't implement rules or regulations regarding pay, the recognition is meaningless	7/6/2022 10:12 AM
90	I do not feel this would have any direct impact on improving working conditions	7/6/2022 10:11 AM
91	I feel very strongly that many technicians will not take on additional responsibilities and many people will not choose to become technicians if pay is not increased. This is a skilled job and is becoming more skilled with these proposed changes and pay should be adjusted accordingly. While adequate pay cannot be mandated, it can be strongly suggested/advocated for. I believe in recognizing the achievements of technicians and hopefully that is a start to more fairly compensated technicians.	7/6/2022 10:07 AM
92	If you want to give techs all of these allowances why are we not expanding education requirements across the board and eliminating registered verse certified?	7/6/2022 9:37 AM
93	\$2 incentive for vaccinations is already out the window. Chains will not do it willingly	7/6/2022 9:00 AM
94	Will only help if they are compensated accordingly.	7/6/2022 7:35 AM
95	Certifications should be mandatory, if techs are going to provide a clinical service. But not mandatory to have to just work in the pharmacy.	7/5/2022 10:34 PM
96	This will again lead to companies just cutting pharmacists to pay a technician to do it.	7/5/2022 10:12 PM
97	If an employer wants Technicians to provide these services, they should be REQUIRED to pay the technician appropriately.	7/5/2022 8:53 PM
98	We are demanding too much of our certified techs that are also immunizing techs without assurances of liability protection or enhanced salary. Maybe offering a pathway to enhance administrative functions like insurance billing, CMS specialization, scheduling, etc like having an administrative manager & give a certification for that which would allow them to demand greater salary. Having someone in that role would greatly assist a responsible pharmacist, if they could make more than working at McDonalds.	7/5/2022 4:31 PM
99	Would be nice for techs but wouldn't necessarily help workflow	7/5/2022 1:19 PM
100	This could reduce the workload on pharmacists if the state recognized certification. A better trained staff will reduce workload on pharmacists.	7/5/2022 12:58 PM
101	Yes, with a standardized training program, these certifications may help with compensation. If	7/5/2022 11:51 AM

Meeting Materials

the technician staff is performing more clinical services, they should be paid accordingly in order to attract/retain good talent.

102	This allows for technicians to not feel like they are in dead end jobs. Upward mobility is always an incentive to stay at a position longer.	7/5/2022 11:44 AM
103	Additional certification and additional duties should confer additional compensation.	7/5/2022 7:12 AM
104	This may help some, but money talks. Our technicians want to be paid appropriately for the extra responsibilities they take on, and I don't blame them!	7/4/2022 4:40 PM
105	I don't think the answer to everything is give more responsibility to the least educated /trained and under paid people in the pharmacy. I know that all of the corporate people on the board would love this move because the end game is to hire more cheap techs and fire/not hire as many RPH's. For them its all about the all mighty dollar. From a safety perspective I think its a bad idea.	7/4/2022 3:53 PM
106	The large companies that own pharmacies do not adequately staff, train, or pay technicians to provide additional services.	7/4/2022 2:53 PM
107	Technicians do need compensated accordingly to parallel their responsibilities. This needs to be recognized	7/4/2022 2:34 PM
108	Agreed- need a step ladder and not these ridiculous 10-25 cent a year pay increases- the tech pay scale needs totally revamped- there is ZERO reason a certified tech makes the same as these people flipping burgers. Techs need to start at \$20 an hour and then be compensated based on certifications and overall performance which must be subjective!	7/4/2022 10:20 AM
109	Again increased tech services would burden already understaffed pharmacists with increased workload due to rph overseeing the technician during this.	7/4/2022 7:47 AM
110	Yes inc in pay and bonuses.	7/4/2022 5:53 AM
111	It may not help with pay but it is a good idea on the off chance it could help.	7/4/2022 3:37 AM
112	Hi u	7/3/2022 11:51 PM
113	I am against this in principle. Technicians should be doing manual tasks so the pharmacist can do clinical functions. This is the opposite of what pharmacists have worked for and went to school for.	7/3/2022 7:00 PM
114	This will not work if technicians do not get more compensation and I do not blame them!	7/3/2022 5:32 PM
115	Again adding work is not the answer	7/3/2022 3:03 PM
116	I feel that this would just lead to chains avoiding hiring technicians with additional credentials to keep costs down.	7/3/2022 1:49 PM
117	Accurate compensation for a career seems like a reasonable request, just like every other industry compensate negotiation out there.	7/3/2022 9:19 AM
118	If there is no financial incentive with increased workload, it isn't reasonable to think that these increased responsibilities would lead to higher job satisfaction. Otherwise it is simply exploitation.	7/2/2022 11:33 PM
119	Most of my techs would not do the additional training if there is no pay increase attached.	7/2/2022 11:03 PM
120	Techs get paid nothing for what they do. There needs to be required compensation and techs won't do these new things without it, and shouldn't.	7/2/2022 10:06 PM
121	Technician who are certified for immunization and MTM should be compensated. There is no incentive if they are not.	7/2/2022 8:09 PM
122	Anything that gives more confirmation and recognition to techs who strive for knowledge, which helps in the workflow	7/2/2022 6:06 PM
123	I believe this is a bad idea. Pharmacists go to school for years to study pharmacology and pharmacokinetics. Sometimes catching drug interactions or duplicates of therapy or gaps in care are somethings technicians will not catch when doing MTMs. It is these ideas that are destroying pharmacy because the CVS's and the Walgreens of the world feel it is more important for the bottom line than to take care of patients.	7/2/2022 8:42 AM

Meeting Materials

124	certifications should be tied to duties performed and again all techs need to be required to have them otherwise it all defaults back to the rxist to perform these tasks	7/2/2022 8:34 AM
125	Most technicians will not take on the extra tasks without pay compensation.	7/2/2022 7:26 AM
126	Also helps encourage long term retention and growth of the individual.	7/2/2022 12:04 AM
127	The more work you add to the pharmacy staff the less efficient they will become.	7/1/2022 10:27 PM
128	Money is what would work	7/1/2022 7:08 PM
129	More work and training requirements should be accompanied by increased compensation or there will be no desire for more responsibilities.	7/1/2022 6:38 PM
130	An increase in technician duties should equate to increase in pay. Word the law something to the effect of each certification could be followed with compensation adjustment.	7/1/2022 6:31 PM
131	The qualified ones would be the ones trusted enough to provide this extra services- while I support them moving forward in their careers and being compensated accordingly, it follows with more turnover and starting from scratch.	7/1/2022 5:43 PM
132	Those with additional certifications should get higher pay rate	7/1/2022 5:23 PM
133	Not sure if this will help with staffing.	7/1/2022 2:17 PM
134	I think even if you do not mandate increase in pay of course it would follow that if a technician is providing these services they would get compensated.	7/1/2022 2:06 PM
135	Getting recognized would be nice, but pay is better	7/1/2022 1:52 PM
136	Increased responsibility should come with increased pay, suggest mid level technician designation	7/1/2022 12:47 PM
137	Increasing tech responsibilities without pay is not going to help the profession, the public, or staffing.	7/1/2022 7:04 AM
138	It would be great if there were more technicians that view their job as a career instead of a learning experience that drives them away and into another different career altogether. We get too many students who can't help when Flu shots begin in the fall because school starts then too.	7/1/2022 12:49 AM
139	Once PTCB certified, they are allowed to put "CPht" legally behind their name. Also, PTCB has a CPht-ADV certification. In both instances, they can wear a pin. It is not the board's job to do this/recognize. However, I'm assuming under e-licensing we do this, and list them and their credentials. If not, this would be the way to do it.	7/1/2022 12:22 AM
140	I feel like pay would be the most important factor	6/30/2022 9:59 PM
141	see above comments	6/30/2022 9:56 PM
142	Give technicians more worth and reason to improve their skills.	6/30/2022 9:28 PM
143	Large chains will never pay the technicians what they deserve for doing all these extra things. Another metric to add to an already overused metric board.	6/30/2022 8:54 PM
144	Technicians without appropriate compensation will not be happy if added responsibilities could create unsafe work environment with poor attitudes.	6/30/2022 8:30 PM
145	That's an employer issue with their employees.	6/30/2022 8:26 PM
146	In the real world if they are not making more money they don't care to pursue these	6/30/2022 7:05 PM
147	Technicians need more pay for more responsibility. This should also apply to RPH roles as more and more are piled onto our plates	6/30/2022 6:57 PM
148	bad idea. Techs will not assume any more responsibility until they are paid a fair wage for their responsibility at least \$20 per hr, be guaranteed full time hours and benefits, and have fair schedules. IT is up to the pharmacist to decide what clinical services they can provide safely based on script counts and other services they are providing.	6/30/2022 6:12 PM
149	You should get paid more the school staff for our children get compensated for the higher education they received.	6/30/2022 6:10 PM

Meeting Materials

150	Pharmacists should be also compensated for these additional certifications	6/30/2022 6:09 PM
151	When they find out they can make more money somewhere else, they leave. Use certifications to boost resume.	6/30/2022 5:50 PM
152	Employers should be incentivized to pay their staff well, both professional and technical. The best and brightest will gravitate to where their skills are rewarded. But I hesitate to turn medication management over to technical staff as MTM is the essence of professional pharmacy practice.	6/30/2022 5:36 PM
153	Unless employers offer pay incentives, I don't see technician retention rate to improve.	6/30/2022 5:28 PM
154	This question/comment does not effect workload, which is the topic of this issue at hand. This pathway statement is an employer issue taking care (or not) of their more advanced technicians. Do technicians really do clinical services or more of operational services at the pharmacy that support the pharmacist (injections after clinically reviewed/approved by a pharmacist for example). What is the line that they technician crosses into pharmacist clinical services? I'm not sure, but this might cross it which reduces the safety-net of having a pharmacist how is highly trained in preventing or foreseeing medication-related issues. We are not dispensing candy or OTC's, but prescription medications/vaccines with risks.	6/30/2022 5:21 PM
155	Even though we cannot change rules regarding pay, technicians ARE NOT paid their worth!!!!!! It leads to high turnover and the loss of great techs. Any great pharmacy is because of great technicians.	6/30/2022 4:11 PM
156	Feel good policy. Doesn't ad to patient safety.	6/30/2022 4:07 PM
157	yes!	6/30/2022 3:52 PM
158	I think they would rather be recognized on their paycheck	6/30/2022 3:50 PM
159	Stop overloading techs unless you will enact rules that deviate these technicians from regular workflow. Also. Why even have pharmacists at this point of you want technicians to do everything. You are basically erasing the pharmacist role.	6/30/2022 3:28 PM
160	likelihood of this type of intervention lowering workload is minimal	6/30/2022 3:17 PM
161	I suppose that could do some good too. However at the end of the day nobody is going to want to work pharmacy anymore	6/30/2022 3:06 PM
162	Techs leave because of working conditions, lack of pay to justify work, and lack of opportunities for advancement. This will encourage tech retention.	6/30/2022 2:49 PM
163	Until the pay is there, recognizing them does nothing.	6/30/2022 2:31 PM
164	This would also clarify training and education standards.	6/30/2022 2:26 PM
165	Big corporations will not compensate more unless they are forced to.	6/30/2022 2:13 PM
166	In a retail setting, technicians are extremely under compensated and why most are leaving. Without additional compensation I suspect it would further lower morale among technicians	6/30/2022 2:11 PM
167	But, employers must be held accountable for compensating these technicians appropriately and covering the required courses conducted by third parties and NOT the pharmacy/corporate employees. To help reduce short cuts and bias.	6/30/2022 2:08 PM
168	More certifications should = more pay	6/30/2022 2:02 PM
169	Providing credentials to technicians may be beneficial.	6/30/2022 2:01 PM
170	Techs don't care much about additional certifications, they want compensated for the extra work they're doing.	6/30/2022 1:56 PM
171	Board supported certifications	6/30/2022 1:51 PM
172	For the RARE qualified technician.	6/29/2022 8:34 PM
173	Higher pay for higher work would certain incentivize workers to consider pharmacy technician careers.	6/29/2022 8:22 PM
174	Technicians need to be paid more. They have gone through a lot of training. Pharmacy technicians should be a well paid trade.	6/29/2022 8:16 PM

Meeting Materials

175	The pharmacy profession needs to begin to understand that technicians are valuable. Technicians can be trained/schooled to practice at the top of their license. Additional training/schooling might be needed.	6/29/2022 6:18 PM
176	there are a lot of things that technicians should not be doing including MTM	6/29/2022 5:01 PM
177	This then justifies pay. Offer the pay, they still do the training for added responsibility.	6/29/2022 3:57 PM
178	I am all for learning and expanding my knowledge and responsibilities but kroger already under pays. There technician andbthe work load is very stressful so unless they up there pay I don't see there technicians sticking around for all these added responsibilities in the very menial pay we earn	6/29/2022 3:39 PM
179	They could use those certificates to get the higher paying jobs and force the other chains to pay up.	6/29/2022 9:18 AM
180	Again, if they're well trained	6/29/2022 9:17 AM
181	I believe certificates already exist for completing accredited training programs for some of these tasks.	6/29/2022 12:31 AM
182	I believe those that have attended technician school has a stronger base knowledge than those that learn on the job.	6/28/2022 10:10 PM
183	Great idea ,however doesn't address chronic retail chain understaffing in most stores.	6/28/2022 9:16 PM
184	Not sure... so far new hires don't even want to work in pharmacy	6/28/2022 8:42 PM
185	This will make the onboarding process even more cumbersome than it already is.	6/28/2022 4:17 PM
186	Yes, having staff appropriately compensated for their duties would be very helpful. I do understand that you can't force an employer to pay a certain wage but it would be helpful in retaining staff if a wages/raises were respectful for the work that is completed.	6/28/2022 3:25 PM
187	This doesn't occur at the state level for pharmacists. When will we recognize residency training and board certification for pharmacists if we're going to do it for technicians? If this is implemented, sterile compounding should be added to immunization and MTM.	6/28/2022 3:09 PM
188	I don't know that this would increase efficiency, as it may actually feel burdensome to technician staff. Again, if there is no incentive (realizing that pay increase are out of your jurisdiction), what is the point of all that work? Different career path? Are there opportunities for technical staff to work in these outlets that makes it more desirable?	6/28/2022 2:49 PM
189	While recognizing is important to any individual in any position of any field, it is not the driving factor for retention. Compensation and environment are what retains employees. Obviously the board does have the power to impact compensation, thus all efforts should be towards environment and reduction of the undue stress and unfortunately simple recognition does not aid in this regards.	6/28/2022 2:34 PM
190	Y	6/28/2022 1:38 PM
191	The pharmacist on duty is ultimately responsible for the technicians actions and needs to be confident in their abilities.	6/28/2022 12:39 PM
192	Everyone in every position deserves to have their efforts and professional growth recognized when they go through the educational processes to gain more knowledge and be able to do more. Creating an environment that helps keep the good techs we already have in the industry should be the focus instead of easier, faster training for new ones.	6/28/2022 12:35 PM
193	No pay increase, no gain. Unfortunately that is the fact here.	6/28/2022 11:31 AM
194	Regardless of current compensation this has the potential to improve job satisfaction for techs because of the increased responsibility. If a current employee doses not want to increase compensation another employer may be eager to hire the tech at a higher rate. This improves tech job mobility.	6/28/2022 11:12 AM
195	Hire and keep better help	6/28/2022 10:45 AM
196	Increasing standards have an impact on compensation within organizations. Our organization has pay scales tied with degrees. Alternatively, this may help.	6/28/2022 10:18 AM

Meeting Materials

197	Taking our jobs?	6/28/2022 9:30 AM
198	Would make the job of technician more desirable and then would hire more qualified individuals	6/28/2022 9:09 AM
199	Not sure how this would help? Unless it were attached to a pay increase, I feel most people are unlikely to expand their scope of liability	6/28/2022 8:45 AM
200	These changes are the prevailing trends for pharmacy technician career pathways. I support the progression of pharmacy technicians as long as pharmacist oversight and cooperation in the patient care process is maintained.	6/28/2022 8:41 AM
201	Could help with the technician shortage.	6/28/2022 8:38 AM
202	I don't necessarily agree that the pharmacy technician needs expanded roles and responsibilities. Most of the issues in the pharmacy are a result of not having enough bodies working.	6/28/2022 8:35 AM
203	Most people want compensation. Not recognition.	6/28/2022 8:23 AM
204	I agree with offering additional certifications.	6/28/2022 8:18 AM
205	Technicians may not be willing to get additional certifications without some sort of recognition.	6/28/2022 7:53 AM
206	I see this as beneficial for a tech looking to leave a company to go to one that recognizes and compensates for additional training, but because that cannot involve rule implementation, I think it is largely unhelpful as most pharmacy technicians do not choose this as a lifelong career. If these 'certificates' can change the status of their licensure (create additional levels of technician licenses) I think this could be far more beneficial.	6/28/2022 7:43 AM
207	Mtm is something you are discussing medications with patients. If u never know that medication how it works and it's mechanism of actions and it's drug class how can tech can do mtm	6/28/2022 5:16 AM
208	If the duties taken are not replaced with unreasonable benchmarks this would be very helpful	6/27/2022 11:49 PM
209	Many of these staffing issues, I feel, result from corporate greed and not paying people what they are worth. It is a fast paced, stressful job, yet techs can get paid similar wages working at Starbucks or Sam's club for a far less stressful position. I have personally worked for my current employer for 7 years with no raise. I have recently started submitting my CV for open positions due to inflation and current gas prices.	6/27/2022 11:40 PM
210	There is currently not much opportunity for advancement in my setting	6/27/2022 11:35 PM
211	There should be more opportunities for those techs willing to put in the time to learn and get certified. There should also be mandatory financial incentives if they do so.	6/27/2022 11:08 PM
212	screw certificates pay them. Recently CVS watched many of their best techs quit because because mailorder and hospitals were paying \$5 more per hour.	6/27/2022 11:07 PM
213	If responsibilities are added, the technicians will expect pay increases	6/27/2022 11:06 PM
214	Good start before most of the preceding 11 ideas.	6/27/2022 11:06 PM
215	They need to be rewarded	6/27/2022 10:49 PM
216	Not suggesting anything concrete	6/27/2022 10:43 PM
217	More tech duties- more scarcity of techs- market is already stretched- with Board regulations it is becoming impossible to hire the right techs. If we allow more duties , they need more training, they just leave after a year or so you are back at square one. Instead please limit the no of imz a pharmacist can perform in a 12 hour shift to a max of 40 per day!	6/27/2022 10:22 PM
218	need additional pay increases for techs to take on additional duties!	6/27/2022 10:04 PM
219	MTM requires clinical assessment in most cases, it is not a pharmacy tech duty	6/27/2022 9:37 PM
220	Create a pathway for pharmacy students to get an associate degree instead of full PharmD	6/27/2022 9:34 PM
221	You just said you can't force employers to recognize increase pay for more training so I am not sure how this would help technicians. But I do agree with more pay for more education.	6/27/2022 9:31 PM
222	Certificates for these services are already available. I'm not clear on what's being proposed	6/27/2022 9:16 PM

Meeting Materials

here.

223	This is a good idea so that we can know up front what a technician would be able to perform when filling in at a location. However it would be great if the certifications were at no additional cost to the technician. As stated some places pay while many do not. It would just be a "title change" and nothing more to most organizations.	6/27/2022 9:15 PM
224	Tech wages have surged over 20% this year. We are all paying market rate. You have no right to dictate what someone gets paid. If you go here, then you need to reel in the PBM paid under cost claims and DIR fees as well.	6/27/2022 9:04 PM
225	Better techs are always a help	6/27/2022 9:03 PM
226	Technician staffing is already extremely difficult. We are one of the few industries that we cannot pass cost on to the consumer. Any increased cost, the pharmacy has to absorb it, including payroll. We are in a labor shortage and cannot pay more because reimbursements are abysmal and then we are going to ask the technician to do more. It does not seem like the best strategy. Again, this only benefits the few pharmacies that are very profitable and can afford to pay more. As wages go up, the small independent will shoulder more of the burden.	6/27/2022 8:54 PM
227	Again if pay doesn't increase will not work	6/27/2022 8:50 PM
228	The techs want to money not the Title for these extra services they would be expected to provide	6/27/2022 8:46 PM
229	Could help to attract more potential employees to try the job with ability for advancement	6/27/2022 8:30 PM
230	I'm sorry, do we pay RPhs additional rates for having these certifications and performing these services??? I hardly think so... I know I personally never have been, nor has any RPh I've known. I'm sorry, but until you pay RPhs more for them, I don't feel techs should be paid extra for them.	6/27/2022 8:18 PM
231	Most my staff is not super interested in the extra certifications. But if they wanted to it would help.	6/27/2022 8:13 PM
232	Increase pay comes with additional certifications and duties	6/27/2022 8:10 PM
233	Techs feel underpaid	6/27/2022 7:55 PM
234	Recognition is meaningless to them they need to be paid more.	6/27/2022 7:46 PM
235	Not all techs can handle	6/27/2022 7:39 PM
236	Nice touch but does not increase safety to patients	6/27/2022 7:38 PM
237	I feel it has been difficult enough to hire technicians to be appropriately staffed. Shifting more work responsibility onto technicians without being able to ensure they are appropriately compensated for these responsibilities would not lead to appropriately staffed pharmacies. While these would be great solutions in the long run and for the practice of pharmacy in general, I feel like this is doing nothing but robbing Peter to pay Paul making RPhs less stressed but shifting it down the pay scale to someone who is already grossly underpaid and underappreciated. The honus for any of these proposed solutions needs to be at the owner/upper management level and not mid level management and down.	6/27/2022 7:29 PM
238	Again, you can pay a technician more based on services performed but most are not willing to do the roles that will be asked of them. Again, You are taking the professionalism out of people who have doctorates and have worked hard to be the master of their trade. You are basically saying, individuals with very to little training are able to make the same decisions as someone who has spent 6 years in pharmacy college. On top of that, the pharmacist is responsible for when the technician make a mistake. You can't have it both ways!	6/27/2022 7:29 PM
239	They should be recognized for it, but I doubt it will make much difference in pay most places.	6/27/2022 7:15 PM
240	Great but retail is already being replaced by mail order. Companies can't keep throwing money without costs getting out of hand for the consumer.	6/27/2022 7:03 PM
241	PHARMACISTS TOTALLY CAPABLE OF DOING THOSE TASKS IF AND ONLY IF ADEQUATE STAFFING PROVIDED- IF DEPARTMENT HOURS NOT INCREASED ALL YOU WILL DO IS BURN OUT TECHS AS MUCH AS PHARMACISTS ARE NOW - THIS IS NOT ROCKET SCIENCE---NEED HELP/RX LEGALLY MANDATED RATIO NOT SHIFTING MORE	6/27/2022 7:01 PM

Meeting Materials

OF THE BURDEN TO THE TECH WHO IS NOT EDUCATIONALLY PREPARED TO HANDLE THE ADDED RESPONSIBILITY- AND SPEAKING OF RESPONSIBLE- WHO IS BOARD GONNA HOLD ACCOUNTABLE FOR TECH SCREW UPS?? THE PHARMACIST AS ALWAYS???!?

242	corporates will not want to pay for extra services and or give extra help to do these services	6/27/2022 6:57 PM
243	Increasing their scope of practice and compensating accordingly is vital to retention of employees.	6/27/2022 6:43 PM
244	Unsure	6/27/2022 6:33 PM
245	Don't make the Technicians do extra work for the same crappy pay they are receiving.	6/27/2022 6:22 PM
246	This would encourage techs to invest into their education	6/27/2022 6:18 PM
247	Techs should not be involved in clinical services and it is up the employer this is a waste of time money and resources at the bird if they can not increase compensation. Employers don't pay pharmacist or techs well enough to deal with the current situations and often aren't giving cost of living raises. This means they aren't going to increase anyone salary unless their required too.	6/27/2022 6:14 PM
248	If they want a pathway in pharmacy, they can be trained to manage accounting, upfront inventory, manage other issues and innovate, or go to school like pharmacist, nurse or physician did. We need to stop settling for the least qualified person and do what so right by the patient. They already think everyone behind the counter is a pharmacist, we need to keep a level of distinction. Otherwise, just just put Percocet in a candy machine.	6/27/2022 6:13 PM
249	They should get paid more	6/27/2022 6:07 PM
250	Very much needed. Our techs need to know how valuable they are for the pharmacy	6/27/2022 6:04 PM
251	They are only willing to take on more responsibilities if they are compensated accordingly	6/27/2022 5:31 PM
252	Increased revenue stream should allow for appropriate compensation	6/27/2022 5:28 PM
253	If I'm a technician, pay is my motivator to do more. A certificate isn't going to feed my family or pay my car insurance. It's nice to be recognized, but I don't think this will change the workload issues in the pharmacy.	6/27/2022 5:17 PM
254	I think this would be great to recognize our techs with some sort of certifications as we already do this with people who go for higher degrees as masters, doctorate, etc.	6/27/2022 5:10 PM
255	No one wants to do more work and not be paid accordingly.	6/27/2022 5:03 PM
256	Techs need higher pay for certain! They are the backbone of our industry! I doubt companies will adopt a "more pay for higher training" mentality, but we can hope!	6/27/2022 4:56 PM
257	I don't see how this would have any impact.	6/27/2022 4:41 PM
258	Most of the practicing pharmacists are not specialized. Adding technician certifications (especially if required) is only going to disrupt staffing	6/27/2022 4:23 PM
259	A higher level, well trained tech would be a huge asset.	6/27/2022 4:21 PM
260	Employers wil either step up the compensation or lose their best people	6/27/2022 4:13 PM
261	All my techs care about is better pay and benefits for their hard work.	6/27/2022 4:11 PM
262	If they don't compensate the techs then I won't make them do it	6/27/2022 4:05 PM
263	Perfect!	6/27/2022 4:04 PM
264	I think technicians should be compensated for ALL that they do.	6/27/2022 3:55 PM
265	A very poor decision. You are giving up your authority and diluting your profession.	6/27/2022 3:54 PM
266	technician do not have the education to preform immunizations or MTM. The pharmacist will be held responsible for any thing that goes wrong.	6/27/2022 3:54 PM
267	These pharmacy's do not function properly with out the proper staff which includes the proper training. With that next level of training , ie immunizations, health testing, there should be	6/27/2022 3:53 PM

Meeting Materials

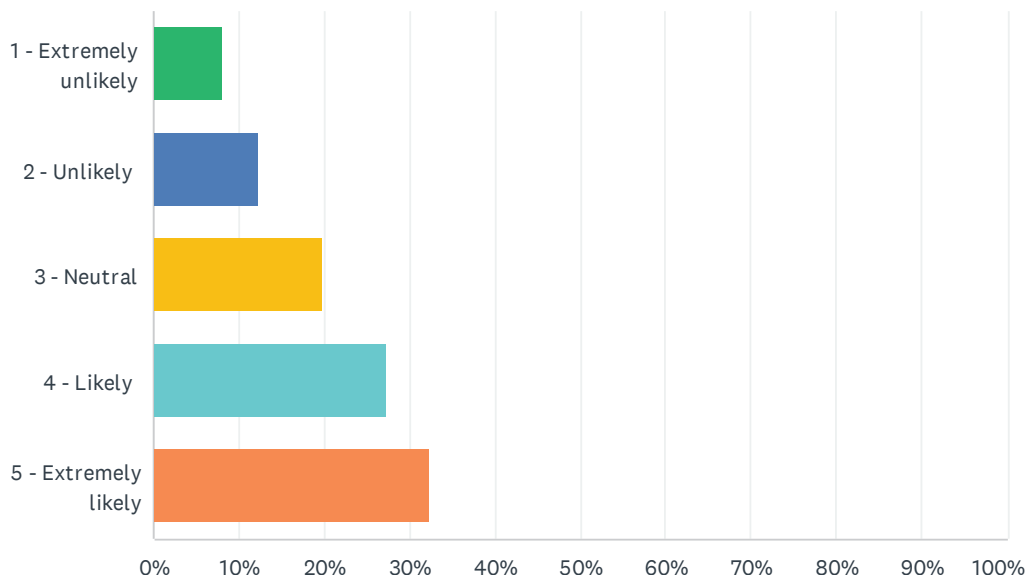
	proper compensation.	
268	I think giving technicians additional certifications and responsibilities would be helpful but not sure how much it would ultimately ease workload	6/27/2022 3:50 PM
269	The current model of PBM reimbursement will not allow for higher rate of pay. Companies that don't consider their pharmacy as a money maker can make wage adjustments as they see fit. True pharmacies struggle with the current model.	6/27/2022 3:48 PM
270	I do not see any reason why a pharmacy technician cannot conduct MTM adherence calls.	6/27/2022 3:41 PM
271	Couldn't hurt	6/27/2022 3:41 PM
272	We need to keep good technicians in the pharmacy with recognition and compensation	6/27/2022 3:36 PM
273	Techs need a pathway to grow	6/27/2022 3:34 PM
274	Every pharmacy should have several full-time techs earning \$40k or more. Otherwise we are destined to run pharmacies on a skeleton crew of part-timers.	6/27/2022 3:34 PM

Meeting Materials

Q13 Report of Understaffing(A) Adequate staffing to safely dispense prescriptions is the responsibility of the pharmacy and the pharmacy's responsible person. If conditions exist that could cause prescriptions to be dispensed in an unsafe manner the pharmacy and the pharmacy's responsible person shall take action to correct the problem.(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. Such form shall include, but not be limited to the following:(1) Date and time the inadequate staffing occurred;(2) Number of prescriptions filled during this time frame;(3) Summary of events; and(4) Any comments or suggestions.(C) A pharmacist shall complete the staffing report form when:(1) A pharmacist is concerned regarding staffing due to:(a) inadequate number of support persons (cashiers, technicians, auxiliary supportive personnel, etc.); or,(b) excessive workload;(2) Filling out the form may enable management to make a better decision concerning staffing.(3) Any errors that occurred to the result of inadequate staffing.(D) The responsible person shall submit that form in a manner determined by the board. (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.(F) Each pharmacy shall retain completed staffing reports on-site in a readily retrievable manner for at least three years from the date of creation.

Answered: 1,997 Skipped: 30

Meeting Materials



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	8.16%	163
2 - Unlikely	12.27%	245
3 - Neutral	19.88%	397
4 - Likely	27.29%	545
5 - Extremely likely	32.40%	647
TOTAL		1,997

#	ADDITIONAL COMMENTS	DATE
1	This feels comparable to a whistleblower. I've tried this. It does nothing. I feel like it's another of a myriad of reasons an employer can use to fire you. There's no protection for the pharmacist. No one is looking out for the interest of the Pharmacist whose primary concern is always for our patients. If you work for a company that does not allow you to hire/pay reliable employees because they want to keep costs down, but you hold the Pharmacist responsible, how is that fair? The burden should be on the employer to keep the pharmacy staffed. The pharmacist has absolutely no leverage in this situation. It must be anonymous, otherwise it will never be reported.	7/9/2022 10:59 AM
2	While this is ok to keep documentation during times when situations were far less than ideal, this also seems like a lot of extra work and paperwork to file during those times as well. Which then adds to the stress and workload of the pharmacist. It won't actually help anything unless it prevents liability if an error is made in that situation. I think it's a decent idea but needs to be simplified to prevent extra work added to the pharmacist.	7/7/2022 10:53 PM
3	This proposal will, in effect, put more responsibility in the daily to-do list of pharmacists. Please consider accordingly.	7/7/2022 8:21 PM
4	Sounds good in theory...for a pharmacy that isn't owned by a giant corporation. This is too vague and there's too much room for interpretation. What is "inadequate staffing"? Because my interpretation as a pharmacist is going to be drastically different than corporate's. They won't allow the responsible pharmacist to staff above their staff hours given. So this isn't really going to help...it's just going to mean corporate won't have to take responsibility for cutting hours. The responsible pharmacist will somehow take the blame for understaffing issues and they would also get in trouble from corporate for staffing adequately as they are fit.	7/7/2022 8:00 PM

Meeting Materials

5	When staffing issues arise in smaller pharmacies, the time to replace a person could cause undue costs	7/7/2022 7:47 PM
6	If the stores actually do this.	7/7/2022 7:02 PM
7	No time to file report	7/7/2022 5:52 PM
8	This would create additional burden on the responsible person to create and maintain. I think it could also be subjective.	7/7/2022 5:11 PM
9	Maybe its just me, but creating more reporting/work is not going to help	7/7/2022 5:00 PM
10	Must have time, therefore staffing to complete and maintain reports.	7/7/2022 4:59 PM
11	Management doesn't care about staffing. They are currently allowing people to call off over their allotted call-off "points" so the employee knows there are no consequences for their actions. They are also allowing employees who require "intermittent leaves" to keep their position in the pharmacy which means they can call off up to 3 days a week without being terminated. Those employees need to be placed in another area of the store where the call offs wouldn't be so detrimental to business operations, but it is like pulling teeth to get management to make that move.	7/7/2022 4:46 PM
12	How well does this work in Oklahoma? Could there be a way to automate this so as not to increase the workload on the pharmacist?	7/7/2022 4:32 PM
13	More red tape that would only put more liability on the pharmacist and pharmacy manager. Lack of staffing is already a key reason pharmacists don't want to be PIC	7/7/2022 4:29 PM
14	while this sounds nice - all this would do is put more paperwork on the PIC at a location when stores are already incredibly short staffed. i dont think any of us got into pharmacy to do more paperwork.	7/7/2022 4:18 PM
15	This is more of what I mentioned earlier: job duties required for pharmacists to complete that take time but do not equate to prescription volume and thus don't increase staffing.	7/7/2022 4:01 PM
16	What is the point. Have you heard of just culture. This would just be a tool to unfairly penalize rphs and techs regarding errors. Let the companies do there own thing.	7/7/2022 3:37 PM
17	I think this to be an effective method of dealing with Purposeful "chronic" understaffing of pharmacies. Some companies' policies and methods of determining staff is both inadequate and purposeful. While the companies may hide those methods behind "proprietary" information, forcing them to submit documentation could help curb said issues. Some companies staff based on "prescriptions filled" this unfortunately is discriminatory and unreasonable because it assume all pharmacies are working with similar pt populations with the same needs. Some pt populations have more acute needs but decreased prescription volumes, so when you cut staffing due to lower prescriptions filled it becomes a feedback loop that disincentives pts with acute needs to frequent your pharmacy due to increased wait times.	7/7/2022 2:23 PM
18	THIS WILL JUST PUT MORE STRAIN ON THE PHARMACIST MANAGERS ACROSS CHAIN PHARMACIES. JUST REPORTING IT ISN'T ENOUGH. THE BOARD OF PHARMACY NEEDS TO DO MORE THAN JUST SIT IDLY BY	7/7/2022 2:20 PM
19	Sounds good on paper, but without concrete definitions for things like excessive workload, how does this reporting system have any teeth? Highly subjective terminology.	7/7/2022 2:15 PM
20	Will the chain be held liable or the responsible person (pharmacy manager)? Company sets the hours, not responsible person.	7/7/2022 2:15 PM
21	Good thought but extra paperwork is hard	7/7/2022 1:59 PM
22	Many times these wouldn't be filled out. Staff would fear repercussions. Even if not direct repercussions you would be made to feel that you now have a label if someone who just can't cut it when it is busy.	7/7/2022 1:56 PM
23	No, no, no. Including this info in an error or adverse event would be helpful. So a rule requiring documentation of errors including minimal information may be more appropriate.	7/7/2022 1:49 PM
24	What objective criteria will be used? Adding another duty to the plate will decrease workload? I don't know who comes up with these ideas. It must be someone with corporate background, large companies can simply add a single employee to push this to all pharmacies, smaller	7/7/2022 1:42 PM

Meeting Materials

pharmacies just struggle to come up with the SOP--Pharmacists and owners working late into the night to jump through a hoop that doesn't actually fix a problem, but threatens to punish if anything goes wrong.

25	Will turn into a retaliation tactic for petty pharmacists to attack their DMs... How do you weed those out?	7/7/2022 1:39 PM
26	Maybe this would help, seems like an awful lot of extra paper work though	7/7/2022 1:32 PM
27	Has some potential but also adds work to the pharmacy	7/7/2022 1:32 PM
28	Although potentially cumbersome, this would be a valuable tool for communication and compliance. Is there any way to prevent a pharmacist (or protect the pharmacist maybe a better way to state) from being "let go" due to reporting understaffing?	7/7/2022 1:17 PM
29	Just more paperwork for an understaff, overwork pharmacy department. Would accomplish nothing. Besides if you need more staffing, it is not like you can just wave your magic wand, and they appear.	7/7/2022 1:09 PM
30	I feel for some of these concerns regarding staffing is created by corporate and not the responsible pharmacist. Adding another task for them to keep track of when they are already overworked seems silly to me, and adding another layer to the bucket that is overflowing. Perhaps giving the pharmacists an area on the board website to report concerns with their name or anonymously would be better than through a form kept on file by their employer who controls the amount of tech hours they are allowed to receive. I feel keeping this on file at the store might be a reason for corporate to punish or retaliate if a pharmacist reports to the board their concerns or blows a whistle. I do like the idea of letting the board know there's a problem here. Especially if the pharmacist has concerns it isn't safe for the public with chance of errors.	7/7/2022 1:07 PM
31	Thats normal understaffing should be 1 tech per 75 scripts it's not the scripts it's patient needs that slow down pharmacy	7/7/2022 12:52 PM
32	Time to start holding the company responsible not the pharmacy manager. Pharmacy Managers have their hands tied when it comes to hiring.	7/7/2022 12:30 PM
33	We don't need more paper work to do.	7/7/2022 12:30 PM
34	Good idea but I feel many would not do as they feel there would be repercussions	7/7/2022 12:26 PM
35	Concern about retribution from employers	7/7/2022 12:25 PM
36	Chain just cares about their bottom line. Unless a law is passed about tech hours per pharmacist per workload I don't believe this accounting will work. Techs need to be paid more so that they will come to work. They don't want to work hard as it is not worth it for the low pay they get.	7/7/2022 12:23 PM
37	I feel in the corporate retail world this would backfire on the pharmacy manager with corp passing the blame onto the pharmacy manager!	7/7/2022 12:22 PM
38	Na	7/7/2022 12:13 PM
39	This may result in push back from supervision if instituted by staff. May create uneasy work environment in the future.	7/7/2022 12:12 PM
40	Corporate already says we have enough staffing and should get one rx out per minute even when I work alone. This just puts the responsibility on the pharmacist, and we have no control over staffing levels. Corporate gives us the max tech hours we can use and in order to get everything finished that needs to be legally finished, we would need to double the tech staff. This will not compel the company to allow more staff. This past February we had our rx volume target increased and our tech staff cut from 140hours/week to 20hours/week. No explanation was given. This was disastrous. At this point, all miss fills are due to understaffing as one person cannot do the work of 3 or more people.	7/7/2022 12:09 PM
41	Need more RPHs in the drug store.	7/7/2022 12:04 PM
42	Bureaucracy. Paperwork and red-tape...	7/7/2022 11:57 AM
43	This process, though important to know how many were working at the time, seems tedious to have to complete. There are times when there are constant call-offs of regular tech staff, but	7/7/2022 11:53 AM

Meeting Materials

storefront personnel can be called in to help. Again, pharmacy staffing alone can't account for errors made in the pharmacy during a staff shortage.

44	Great way to ensure adequate staffing and report to the Board if not followed.	7/7/2022 11:50 AM
45	This at least makes the big chains somewhat accountable for their practices.	7/7/2022 11:48 AM
46	Corp has us fill out QA forms if a prescription error occurs. We have been told by our Regional that lack of staffing or numerous distractions is not a reason. If we fill out the form listing that it is rejected and sent back to correct. I have also been asked to correct a form from another pharmacists error due to time form needs to be completed and they aren't working, etc. I will not do that again, its just not right	7/7/2022 11:48 AM
47	This is punishing to the RP, who does not have a choice in staffing due to budget cuts and choices of their management. Enforcement needs to go up multiple levels. If an RP can without management intervention they make their pharmacy appropriately staffed.	7/7/2022 11:47 AM
48	Yes, I feel the State Board needs to see working conditions on a day to day basis. Upper management just sweeps this under the rug.	7/7/2022 11:40 AM
49	I think this could help, but from my experience it can be very difficult to almost impossible to get technicians hired at some times so I think it could be hard to correct the pharmacy not being staffed properly.	7/7/2022 11:39 AM
50	again why isn't the corporate pharmacy being questioned on the staffing issues	7/7/2022 11:38 AM
51	This seems like busy work to report inadequate staffing (more forms/widgets when you already don't have time). Could this be automated/online form and simpler to complete?	7/7/2022 11:33 AM
52	Good in theory. But more paperwork compounds the problem.	7/7/2022 11:31 AM
53	Adds a bother layer of bureaucracy	7/7/2022 11:18 AM
54	Since this is the core problem of workload this seems to be a helpful solution by providing specific data about the issue - but, I will say, every single pharmacist I've known, myself included, has tried to do this independently and their bosses simply don't care or don't have the power or claim it's not in the budget. So, while I feel this is a great practice to do to have proof/data of the issue, I don't see corporate offices doing anything about it. If the reports go to the board of pharmacy or someone who can and will require changes to be made, this would be a great solution. It's less about the recording and more about who the information is going to and what will they do about it.	7/7/2022 11:01 AM
55	As long as this helps solve the problem and prevent the pharmacist from being held responsible for performance while understaffed. Also, as long as this is not an additional task to add to an already overwhelmed situation.	7/7/2022 8:56 AM
56	I feel corporate rules would change if this was policy. Currently there is no repercussion for allowing inadequate staffing to continue	7/7/2022 8:53 AM
57	lets put more on the pharmacist! you want to limit work load by adding something else on?	7/7/2022 8:35 AM
58	This adds to the workload but maybe it's necessary for patient safety.	7/7/2022 8:33 AM
59	Inadequate staffing has already contributed to prescription errors. Our employers are aware of the issue. Having board involvement I don't think will unfortunately change it.	7/7/2022 8:05 AM
60	Puts pressure on corporations to increase staffing.	7/7/2022 7:31 AM
61	is more paperwork going to help ? not what we need.	7/7/2022 7:11 AM
62	Echo the concerns outlined by the committee	7/7/2022 12:21 AM
63	...As long as we get to decide what is "adequate".	7/6/2022 11:59 PM
64	Having complete access to metric and empirical data of retail operations available to pharmacist	7/6/2022 11:31 PM
65	Simple accountability.	7/6/2022 11:20 PM
66	The extent included in the report would seem to add more paperwork to a person who already feels understaffed. A notification to the superior could help to find more staffing in this time.	7/6/2022 11:08 PM

Meeting Materials

67	Could be helpful if the responsibility doesn't end with responsible person on site.	7/6/2022 11:04 PM
68	Possible this would encourage employers to do more to compensate for staffing needs and change metrics to prevent staffing shortages... but the burden of reporting falling on those directly impacted when often they have little control over recruiting, retention and pay scales.	7/6/2022 11:03 PM
69	That's a lot of work for the responsible pharmacist to fill all of that out on top of what would have turned out to be a miserable day. The information would be helpful though if the upper management (district level and on up) used the information in a proactive way. Hopefully, if this is implemented, the form would be easily filled out.	7/6/2022 10:23 PM
70	Only if this form can quickly be filled out. Sounds like additional work when we already don't have enough time	7/6/2022 10:08 PM
71	This once again involve additional work and additional responsibilities for the responsible pharmacist. Additionally, it seems like a way to assign blame to the responsible pharmacist for understaffing when most of our staffing issues are due to insufficient pay and a complete lack of a pool of competent pharmacy technicians available to hire.	7/6/2022 10:00 PM
72	Other states have implemented similar ideas, but with different details. The one common detail seems to be potential for retaliation from management. Also, the main issue in all of this is that in chain pharmacy the responsible person has little to no control over staffing levels and hour allowance. The pharmacist can opt to use more hours than allowed by corporate, but that usually results in threats of disciplinary action or actual disciplinary action. The Board of Pharmacy ought to consider disciplinary action for corporations who limit pharmacist hours and limit technician hours, instead of making problems for the pharmacy manager, who does not have the power to make changes.	7/6/2022 10:00 PM
73	A form is not enough! We have been dealing with this for years and nothing is being done! Safety is a large concern. A form will not help matters at all, action needs to be taken immediately. Conditions are so bad right now and there's a mass exodus of retail workers.	7/6/2022 9:47 PM
74	Documenting attendance needs to become mainstream	7/6/2022 9:44 PM
75	What happens when it's reported	7/6/2022 9:37 PM
76	If I'm allowed to report this to the boards you would be tired of hearing from me. This is a wonderful idea. Unfortunately, no one wants to work, so the hiring of techs is nearly impossible	7/6/2022 9:32 PM
77	After 26 years I have little faith in corporate business to respond positively to these reports. Many good pharmacy employees will just be moved.	7/6/2022 9:29 PM
78	Well this might create more work for board. I have one pharmacist that would do this at her store that she needs more help it's so busy but the other two pharmacist who work there and covered her maternity both say they are overstaffed and slow and ask to take on more tasks to make the day go by faster. It's such a subjective vs objective that how do you really quantify. I do have staffing problems but even when I actively higher I can't compete with \$27/hr at home position the hospital offers. I've become creative but unless reimbursement is fixed I can't just raise my price on drugs to compensate employees.	7/6/2022 9:23 PM
79	They just staff us with brand new people or "crossover" people that have no idea how a pharmacy works or what to do.	7/6/2022 8:47 PM
80	This should not be reported to the supervisor but instead to the Board directly. It should also be done in a format that will allow for anonymity of the person reporting.	7/6/2022 8:35 PM
81	Would have to see if the board will ACTUALLY take a stand against those truly responsible.	7/6/2022 8:27 PM
82	Will get the pharmacist fired	7/6/2022 7:34 PM
83	Only likely to help if there was action against the company. But many rph will fear retaliation for reporting like this. Also, who determines the proper staffing level?	7/6/2022 7:28 PM
84	All this added documentation and paperwork will add to workload burden	7/6/2022 7:26 PM
85	Proper documentation would provide information on future improvements.	7/6/2022 7:24 PM
86	Companies should be held responsible for understaffed work locations	7/6/2022 6:48 PM
87	Call offs and poor staffing are do frequent we would have to contact the board constantly	7/6/2022 6:10 PM

Meeting Materials

88	Having to fill out a form and having an inspection during a period of understaffing seems as though that would further exacerbate the issue.	7/6/2022 6:00 PM
89	= even more work in reporting	7/6/2022 5:23 PM
90	This is too specific to retail pharmacies. Long term care and specialty pharmacies, for instance, need different measurements and parameters.	7/6/2022 4:46 PM
91	perhaps I'm not understanding, but this is adding work.	7/6/2022 4:22 PM
92	Possibly, but this is a wide open door for unprotected retaliation. Reporting your employer to the board invites bad news if it cannot be done anonymously	7/6/2022 4:20 PM
93	If there is no repercussions on the employer they won't care and just adds more paperwork to the pharmacist.	7/6/2022 4:05 PM
94	I feel like we would be penalized by our superiors if we tried reporting this	7/6/2022 3:59 PM
95	If we have the time to fill out the form which is unlikely since we are consistently understaffed.	7/6/2022 3:58 PM
96	Corporate set the hours responsible person can only follow.	7/6/2022 3:30 PM
97	This just shifts blame to the PIC and off the company which regulates staffing. This also just creates extra paperwork that had to be managed.	7/6/2022 2:49 PM
98	This would be an additional documentation burden that overworked pharmacists likely would not have the time to complete.	7/6/2022 2:49 PM
99	If these reports are actionable, and the CHAINS are held accountable, this would be good. Would not like to see these reports used to punish the employees working at the time.	7/6/2022 2:41 PM
100	Unclear what would be deemed inadequate staffing	7/6/2022 2:10 PM
101	This as many other requirements to report will cause more trouble for the pharmacist. Pharmacists that report problems usually end up with more problems. Retail pharmacy is managed by accounting and marketing. Pharmacists do not manage a pharmacy. If you report a problem, such as staffing, you become a liability. You are too expensive and will cost them money.	7/6/2022 2:08 PM
102	Would be afraid to report this to the board. Would be flagged by pharmacy as trouble maker.	7/6/2022 2:05 PM
103	Yes, employers must be held accountable for forcing unsafe conditions and these documentations will help.	7/6/2022 1:28 PM
104	I feel like this will be a cause for retaliation from retail chains.	7/6/2022 1:19 PM
105	This would be adding work and burdens , not reducing them .	7/6/2022 1:01 PM
106	A pharmacist may be labeled by corporate for reporting. I don't see this being utilized out of fear	7/6/2022 12:58 PM
107	More paperwork and data collection that takes away from face-to-face communication.	7/6/2022 12:31 PM
108	This is a great idea, but have heard that threat of retaliation often precludes pharmacists with this legislation in their state from filling out the form. I wonder if it would be possible to have RPh's only list city and state and pharmacy name / chain that they work at? This way, it will not be specific enough to have them targeted as the reporting individual but still specific enough for Board inspectors to do a visit and audit. In my experience, if one pharmacy in a retail chain is having understaffing issues, it is not an issue unique to the one pharmacy, but to the chain management.	7/6/2022 12:25 PM
109	As long as this just isn't creating additional paperwork and workload for the staff rph since they are already behind on a day to day basis. If this data collected actually made a difference then absolutely.	7/6/2022 12:21 PM
110	Concept is good, but unless it releases the pharmacist from liability due to a dispensing error during understaffed time period, I don't see much benefit and a lot of paperwork.	7/6/2022 12:09 PM
111	Company dictates and controls this so must start with making corporate follow good pharmacy practices	7/6/2022 12:06 PM
112	Responsible persons are often not in charge of the budget	7/6/2022 11:57 AM

Meeting Materials

113	I'm not sure what this would accomplish except more paperwork.	7/6/2022 11:57 AM
114	Same comment as above regarding potential blow back on the individual.	7/6/2022 11:55 AM
115	In theory this is great but when will chain pharmacists have time to do this? This would have needed done almost every day at Kroger. Are the pharmacy companies going to get fined if they have so many of these? How are you going to stop retaliation on pharmacists that fill these out?	7/6/2022 11:38 AM
116	WE don't need another thing to do as RP. I feel overwhelmed as it is. Please don't do this. I see more pharmacists leaving the workforce as a result of additional regulations.	7/6/2022 11:29 AM
117	If the board takes steps to define what adequate staffing should be and follows thru with fines then this can help.	7/6/2022 11:26 AM
118	Pharmacists will not have time to fill out additional paperwork when they are already short-staffed	7/6/2022 11:20 AM
119	Unless there are numbers documented as reportable levels this will just be used to identify individuals that are not "team players"	7/6/2022 11:04 AM
120	The large pharmacy companies should be held to a higher standard than what they currently hold themselves to. Accountability should be maintained at the state level to ensure these practices are in place.	7/6/2022 10:59 AM
121	I do not disagree with the reporting of violations when safety is a concern. Productivity from outpatient to inpatient pharmacies is measured in a different manner and for this to work appropriately I feel like productivity should be standardized.	7/6/2022 10:58 AM
122	What are the consequences of these staffing forms? We have an excessive workload already, I can't imagine any pharmacist wanting to stay even more after their shift to fill out a long form. Necessary? Definitely, to track and try and hold corporate accountable for poor staffing issues. But again, what consequences?	7/6/2022 10:54 AM
123	More work for rph	7/6/2022 10:54 AM
124	This would only be helpful if these reports were required to be reviewed by the employer and problems addressed. Not sure it is adding any benefit to current situation. Generally direct managers/pharmacists know when there is inadequate staffing, and have little ability to change the situation when it happens.	7/6/2022 10:51 AM
125	Management would penalize Rph doing this. So would not be done.	7/6/2022 10:48 AM
126	Adding more paper shuffling to the workload is a big NO. The responsible pharmacist is usually a full-time dispensing pharmacist. Why add more to their plate than the burden they already carry?	7/6/2022 10:47 AM
127	Understaffing is happening everyday without being reported. The only time this becomes apparent is when a patient files a major complaint or an error occurs.	7/6/2022 10:45 AM
128	In my case, being the Responsible Pharmacist, I perceive this as too little, too late.	7/6/2022 10:44 AM
129	Although this would shed light on the problem, the reporting pharmacist risks retaliation from management	7/6/2022 10:42 AM
130	Lol. This happens regularly. I am not doing more paperwork! Can barely get bare minimum done	7/6/2022 10:42 AM
131	Pls open a channel so we can directly report to board that what's going on at ground level without fear of loosing out job from chains.	7/6/2022 10:41 AM
132	Again. Stop micro managing. That is just adding extra work to US. If you want to help, set a ratio for retail/Hospital etc for tech:rph to go by...NOT THIS.	7/6/2022 10:40 AM
133	Ramifications from the employer likely to be taken against pharmacist reporting the issues.	7/6/2022 10:35 AM
134	Problem is we just see how many rxs we entered. We don't have access to the number of rxs we filled	7/6/2022 10:33 AM
135	I have worked at the same place for 5 years and have never seen the staffing model when asked to.	7/6/2022 10:33 AM

Meeting Materials

136	Self-reporting in this manner opens the pharmacist or technician to retaliation.	7/6/2022 10:30 AM
137	I think there needs to be accountability and documentation of staffing shortages.	7/6/2022 10:29 AM
138	Oh, it's another task for an overworked PIC who's getting squeezed by corporate and verbally abused by patients. No thanks.	7/6/2022 10:25 AM
139	Pharmacists will be afraid of retribution for reporting their employers to a state board	7/6/2022 10:25 AM
140	this only works if the responsible pharmacist is actually the one who gets to make decisions about staffing. this is usually determined by the chain district managers and not the person in the store. So i disagree with it being responsible pharmacist's responsibilities in a retail/chain setting. should be the responsibility of the persons making the staffing decisions	7/6/2022 10:23 AM
141	Will it actually be addressed? Job in jeopardy if do so.	7/6/2022 10:23 AM
142	this would help greatly if employers were able to actually see the documentation of concern of their employees and hopefully then feel obligated to help out with staffing if an ongoing issue. knowing that there might be repercussions for continued behavior like this may help	7/6/2022 10:17 AM
143	Maybe if corporations would be concerned about being reported to the Board of Pharmacy they would staff our stores adequately. Reporting understaffing / overworking would also give an outlet to improve the situation.	7/6/2022 10:17 AM
144	There would need to be adequate safeguards to prevent management "blowback" official or "unofficial "	7/6/2022 10:15 AM
145	Great idea	7/6/2022 10:14 AM
146	Extra paperwork that won't change anything. This should be an electronic form and it should be anonymous, but there's no way to make it anonymous if you have to list specific dates and times because there's usually only 1 pharmacist working at a time	7/6/2022 10:12 AM
147	The addition of a form to fill out when already understaffed seems stressful. An adequate time frame to fill out form would be needed and/or ability to fill out form outside of the pharmacy (ex. from home).	7/6/2022 10:11 AM
148	This would be beneficial if it wasn't another task for the pharmacist to complete. Being understaffed and now having to complete a report about understaffing is another burden for an overworked pharmacist. There has to be another way to monitor this without sacrificing the pharmacist's time.	7/6/2022 10:08 AM
149	I feel some pharmacists may be hesitant to fill out this form due to fear of retribution or simply not recognizing the pharmacy is understaffed when those are the conditions they have been led to believe are normal.	7/6/2022 10:07 AM
150	It works on paper but again with what time does an understaffed pharmacist have to fill this out?	7/6/2022 10:02 AM
151	The form should not be too lengthy or complicated as this will decrease the likelihood it will be utilized.	7/6/2022 10:01 AM
152	This sounds good but pharmacists already have too much to do. Filling out more forms is not helpful	7/6/2022 9:58 AM
153	Reporting these issues would subject employee to behind the scenes harassment and adverse employment situation.	7/6/2022 9:56 AM
154	If there is an overage of pharmacists available for hire, no pharmacist will complete this and chance losing a job. Seriously, what is the board going to do about it?	7/6/2022 9:37 AM
155	Please ensure no retaliation from upper management for filing inadequate staffing report	7/6/2022 9:19 AM
156	In the last 20 years I have seen rxs per technician hours now go close to 20 with vaccines extra. I don't have faith in our board.	7/6/2022 9:00 AM
157	Needs to be some type of system of checks and balances. If not nothing will change	7/6/2022 8:35 AM
158	Unlikely to create better environment unless also sent to BOP. The supervisors and corporate level persons will definitely frown on this. Additional paperwork for the already overwhelmed pharmacist- questionable idea.	7/6/2022 7:35 AM

Meeting Materials

159	More paperwork for the pharmacy to fill out and keep for the board to do nothing to the corporations!!	7/6/2022 4:28 AM
160	So fill out a form in the copious amount of free time you have when you are short staffed? Oh and then put a target on yourself for completing said form? Then hire extra people when unemployment is currently at a historic low? Not z feasible idea.	7/5/2022 10:34 PM
161	Again, this has to be enforceable. If the responsible person complains to his or her superiors about unsafe working conditions and they refuse to budget more help then the responsible person SHOULD NOT be punished. The board would need to be able to take action to either give the responsible person the ability to do this without repercussion or those above him/her should be held responsible.	7/5/2022 10:12 PM
162	The idea is a good one in theory. However, in practice I think it just adds one more responsibility/task to do for a pharmacist doesn't even have time to breathe. This process would have to be made exceptionally streamlined and only take a minute to fill out in order to have any chance of helping.	7/5/2022 5:56 PM
163	Turning staffing challenges into a punitive issue will just dissuade upcoming pharmacists from taking positions as responsible pharmacists. We are already having difficulty convincing young pharmacists to take positions of increased responsibility.	7/5/2022 4:31 PM
164	this would hold companies accountable and prevent pharmacy personnel burnouts	7/5/2022 2:01 PM
165	This is a good idea in theory, but implementing may be a problem. Also there can be discrepancy about being short staffed, as many stores are short staffed but were scheduled that way as that is how corporate demanded the hours be. So we who are working may say we are short staffed because we truly needed more help, but we are staffed as scheduled so corporate would not see us as "short staffed"	7/5/2022 1:19 PM
166	Patient safety should always be number 1 priority. However, this does not reduce the workload on a pharmacist but adds tasks to the pharmacist in charge. Staffing levels are also subjective to each pharmacist's opinion.	7/5/2022 12:58 PM
167	I would be afraid of retaliation by the employer. This is more of the problem. These things are happening but at what expense? The employees and patients are equally suffering. A report is not necessary if these things are happening DAILY!	7/5/2022 11:51 AM
168	This is more work to do when there is not enough people to do the work that needs to be done. Also, it's basically just a whistleblower document. I can see this getting filled out and then a district manger getting a board call and that employee getting fired. It would 100% have to be anonymous and even then, with schedules and this document having times recorded, it wouldn't be hard to figure out who sent it in. Not to mention that it will probably never be filled out correctly even if it is filled out.	7/5/2022 11:44 AM
169	more paperwork for us to find space for	7/5/2022 11:05 AM
170	This just seems like one additional report we would need to fill out for a day while we are already understaffed.....	7/5/2022 10:40 AM
171	There is not enough staff to do the work let alone complete a report for the board to use against the site and responsible person.	7/5/2022 8:42 AM
172	These are very important issues, but I would worry about my job after submitting a couple of these.	7/5/2022 7:12 AM
173	I think pharmacists have enough paperwork to deal with as it is. Implement some of the other ideas above first, before resorting to this.	7/4/2022 4:40 PM
174	I like the concept but creating more paper work to fill out, manage, and retain would be just one additional burden on an already demoralized and depleted staff	7/4/2022 3:53 PM
175	Staff will be reprimanded from filling these out in some way. This could be through bonus reduction, moving to less desirable retail settings, etc.	7/4/2022 3:35 PM
176	for some retail pharmacies, if you make too many errors (doesn't matter what type of error, it's a certain number per year) you lose your job. I think if the errors occur due to being understaffed, I think this form would help if it would provide as a means of evidence to show that understaffing was due to the error and not negligence.	7/4/2022 3:15 PM

Meeting Materials

177	My pharmacy is routinely understaffed and my employer will do nothing about it. My employer incorrectly says that we have enough staff. We need a way to show that they are incorrect, because understaffing the pharmacy hurts our communities when people can not safely and efficiently receive their prescriptions.	7/4/2022 2:53 PM
178	Just excess documentation and nothing will be done. The staffing problem needs corrected and these companies need to get on the ball and hire and compensate accordingly. This is like a broken record we've been playing for years. In the past 10 years I have received a total of \$1.50 per hour in accumulated raises. I have an impeccable record and have not one write up on file. I'm told I'm on the higher end of the pay scale having been with the company for 20 years. I have been licensed for 40 years and make \$61.40 per hour. I work a lot of overtime and cover when needed. Why am I staying with them? I am actually reactivating my Pennsylvania license in September and am looking to leave my job. My company will do nothing to retain me. They don't care about turnover. I have a long standing relationship with probably 90% of my customers. They ASK FOR ME. They TRUST ME. My company doesn't recognize any of this. It's all about payroll	7/4/2022 2:34 PM
179	This will only work if the board sets some kind of minimum staffing standards. The board and PIC may "feel" like a pharmacist and a technician can safely fill 200 Rx's a day. But if management thinks it should be 250, then what? The PIC needs support from the board to fall back on. ie: "we filled 200 safely and per the board rules I shut it down."	7/4/2022 12:20 PM
180	Fear of retaliation for individual pharmacists would be too high for anyone to risk using this system	7/4/2022 11:42 AM
181	Should happen but corporate America whether it be these bad retail establishments like CVS or Walgreens or big corporate hospitals like Cleveland Clinic who believe the rules don't apply to them- they would bully and intimidate the pharmacists in charge to fudge those numbers- guaranteed- have seen the bully and intimidation!	7/4/2022 10:20 AM
182	This report takes a lot of time when you don't have staff and are under pressure then the board is going to "inspect" if we have the report? That sounds backward	7/4/2022 9:53 AM
183	What would be done with these reports once submitted? What about pharmacies that submit multiple reports in a short time period?	7/4/2022 7:47 AM
184	This is just more work and no one will care. We are in essence punishing ourselves if this goes live... we can't control circumstances and when there is call offs it's last minute. We Need to reduce workload not increase it. LIMIT THE NUMBER OF SHOTS, TESTS ADMINISTERED DAILY- SHORTEN OPERATING TIMES OF BOTH.	7/4/2022 5:53 AM
185	Love the idea but corporations could retaliate against anyone utilizing the form. Especially if errors occurred. Corporations will take action against the pharmacist and refuse to acknowledge a staffing issue.	7/4/2022 3:37 AM
186	Good idea in concept; won't be used or implemented for fear of retaliation including loss of job. Presume something like this would be like incident reports, which falls out of scope of the Board.	7/3/2022 7:00 PM
187	Not sure that a person will have time to fill out these reports.	7/3/2022 5:32 PM
188	This will help hold accountability	7/3/2022 4:46 PM
189	Just more paperwork for an already understaffed pharmacy to have to do.	7/3/2022 3:42 PM
190	I like the idea but again adds something to our plate	7/3/2022 3:03 PM
191	The form should not be used to justify errors. Each medication should be correct despite high levels of volume. However, if the workload volume is too much and the pharmacy staff are not able to get through the queue, this form could help support the pharmacist if the employer believed more should have been accomplished.	7/3/2022 2:44 PM
192	This will help but it will be unlikely to consistently be filled out.	7/3/2022 2:39 PM
193	I think this is a good idea, but I fear that the pharmacist filling the report may experience backlash from management. Maybe a way to anonymously report?	7/3/2022 1:05 PM
194	This could help must be enforced.	7/3/2022 10:56 AM
195	Adding extra paperwork when already understaffed seems like an undue burden	7/3/2022 10:24 AM

Meeting Materials

196	Sounds like another tool that is going to take time away from patient care. More retroactive than proactive.	7/3/2022 9:19 AM
197	Seems like additional record keeping that there isn't any realistic time to complete. Would be easier just to give PICs autonomy over all staffing decisions rather than introducing more red tape.	7/2/2022 11:33 PM
198	The time spent filling out these forms could be spent filling prescriptions. And many of these factors are not easily determined. And the chains will just "recommend" we not fill these out.	7/2/2022 11:03 PM
199	If we are running short staffed filling out any additional forms seems unrealistic. Especially if we are negatively reporting anything about our working conditions.	7/2/2022 10:58 PM
200	The board needs to determine the need of each chain. What CVS deems appropriate vs what Walgreens will be going to be different. The board needs to step in and put in a reasonable number for each chain in each major geographic region. They also need to ensure no retaliation will happen to pharmacists reporting dangerous working conditions.	7/2/2022 10:06 PM
201	Staff who report should not get backlash from upper management. This may help the board to compare.	7/2/2022 8:09 PM
202	Numbers often do not represent what the workday could have included	7/2/2022 6:06 PM
203	Requires a lot of work and documentation when you're already short-staffed.	7/2/2022 1:25 PM
204	I'm not sure people would take the time to fill this out if they are already understaffed and behind	7/2/2022 9:21 AM
205	This will only be helpful if the corporation faces some sort of ramifications for violations.	7/2/2022 8:56 AM
206	board needs to define adequate or industry standard again as we search for root cause or an error staffing has been an issue in some cases do we hold the corporation accountable in any way to the staffing issue or again it still falls upon the pharmacist	7/2/2022 8:34 AM
207	We are already short staffed and over worked, this is a lengthy report and in reality will do no good.	7/2/2022 8:20 AM
208	This may at least show trends, such as if Fridays tend to be short handed, or Monday mornings, etc.	7/2/2022 7:26 AM
209	Need to assure no retaliation by supervisor/corporate; time to prepare & submit report should be compensated as it will likely occur outside of RPh regular scheduled hours	7/2/2022 3:10 AM
210	Additionally, pharmacist being forced to work when ill or feeling poorly. An extreme example would be Ashleigh Anderson, the pharmacist that had a heart attack waiting for a relief pharmacist.	7/2/2022 12:04 AM
211	This has been happening daily for years and no one cares or does anything about it.	7/1/2022 10:27 PM
212	While helpful, this is likely to just get added to the already overwhelming workload of the unsupported pharmacist.	7/1/2022 9:53 PM
213	No time in a busy pharmacy for this kind of paperwork to get done. It will not happen	7/1/2022 9:15 PM
214	The amount of Reports will most likely be minimal. This puts the job of the individual reporting at risk	7/1/2022 9:09 PM
215	This is just documenting the consequences of understaffing not addressing problem.	7/1/2022 8:15 PM
216	Not a realistic expectation	7/1/2022 7:08 PM
217	I support this only if a staff pharmacist would also have the ability to file this report. The PIC is not present every day. Please do not add the the PIC's responsibilities/task list with a cumbersome form/challenging submission process. Make it easy.	7/1/2022 6:38 PM
218	Filling out a form when already understaffed seems counterintuitive	7/1/2022 6:31 PM
219	Must have no repercussions from businesses and management and severe penalties should businesses seek to circumvent this rule.	7/1/2022 5:29 PM
220	As long the form does not required much time to complete. Form should be simple & have choices to choose that does not require much writing/ time	7/1/2022 5:23 PM

Meeting Materials

221	I hate the thought of another "task" that would need completed when you are already stressed from working short handed. But I also see the importance of having it documented	7/1/2022 2:17 PM
222	So you are short staffed and you are adding paperwork?	7/1/2022 2:06 PM
223	Seems like this is just adding more workload onto an overworked time, filling out the paperwork. And pretty sure it will not change anything with the district manager's on tech hours.	7/1/2022 1:52 PM
224	Adding another report for PICs to do is just asinine and won't fix anything. Mistakes made with adequate staff or not are always on the pharmacist regardless of the staffing	7/1/2022 1:12 PM
225	More paperwork and decisions may be at odds with upper management	7/1/2022 12:47 PM
226	Only if this will be enforced. This needs to be implemented in the way of an online form submission so that it can be easily and quickly flagged by the board and not wait until the next inspection	7/1/2022 12:40 PM
227	Management at my site has no clue when the tech to RPh ratio exceeds safety levels	7/1/2022 10:31 AM
228	Again pic will be put in an impossible spot owners or corporate should be held accountable in some way	7/1/2022 9:06 AM
229	MUST have leverage over corporate policy. Must fine corporations who don't comply.	7/1/2022 7:04 AM
230	Should be up to the business not an agency	7/1/2022 6:12 AM
231	I feel pharmacists will be hesitant to report this, for fear of retaliation, particularly in pharmacies that are chronically understaffed.	7/1/2022 2:48 AM
232	It would take way too much time to try and answer all of those questions after experiencing a staffing shortage period. Plus since Covid sent many technicians and pharmacists running away from retail, we simply need help hiring and training a staff so the dept can run smoothly.	7/1/2022 12:49 AM
233	Holds accountability to corporate entities	7/1/2022 12:38 AM
234	Creates more work for the pharmacist	7/1/2022 12:26 AM
235	Good, as long as this does not become a "draconian" document the board will use against the pharmacy/pharmacist	7/1/2022 12:22 AM
236	We want to be safe... but where do you find the people? And a PIC only has so much control!?!?	6/30/2022 9:59 PM
237	as long as there was no penalty for reporting.	6/30/2022 9:56 PM
238	I'm not sure extra forms and documentation will be helpful. It's hard to do it all now.	6/30/2022 9:52 PM
239	More forms to fill out and worry about? We don't need any more paperwork to be burdened with!	6/30/2022 9:51 PM
240	All blame is being put on the pharmacist, when in reality the unsafe conditions are being put in place by companies and there lack of budget given, metrics needed, and lack of pay for techs.	6/30/2022 9:28 PM
241	This is just additional paperwork that honestly won't change anything if the employers aren't helping the situation. There is nothing we can do if we don't have the employees.	6/30/2022 8:57 PM
242	It would be nice to have a way to report how understaffed you are. It would be nice to have a document to confirm the situation.	6/30/2022 8:54 PM
243	What is definition of appropriate staffing?	6/30/2022 8:30 PM
244	Asking a busy, understaffed pharmacist to write a report. Reminds me of when pharmacists had to write up their dispensing errors for their bosses. We never wrote them up in fear that WE would lose our job for making an error.	6/30/2022 8:26 PM
245	Only if the pharmacist is protected from repercussions and has resources available if corrections/reasoning are not made by the pharmacy.	6/30/2022 7:45 PM
246	Adding additional paperwork when already understaffed seems counterproductive	6/30/2022 7:40 PM
247	Although the idea behind this is good, what it really becomes is more paperwork	6/30/2022 7:20 PM

Meeting Materials

248	sounds great - but if we are understaffed, do you really think we have time to fill out even more paperwork than we already do?????	6/30/2022 7:14 PM
249	More busy work	6/30/2022 7:03 PM
250	If state board is here to oversee work conditions, then I hope corporations will likely to improve work conditions.	6/30/2022 6:57 PM
251	Reporting is useless if there won't be a follow-up or enforcement	6/30/2022 6:42 PM
252	this is helpful. However if it still just up to the pharmacist to keep track of forms, and not have an option to file a complaint to the BOP, nothing will get addressed. The DM's will just blow it off because they are not liable. THE BOP must have a way of holding the corporation and the DMS and corporate managers accountable for unsafe conditions. You don't seem to want to put a "stick" in place to hold them accountable. Without that. nothing changes!	6/30/2022 6:12 PM
253	Yes! Yes! Yes!!! Include autonomy and not allow backlash for independent pharmacists who submit this report. Owners do not care that we have to work alone and will not shorten hours.	6/30/2022 6:11 PM
254	A safety check in place sounds adequate for everybody including the customers.	6/30/2022 6:10 PM
255	Making this a requirement may deter corporate chains from ignoring staffing concerns	6/30/2022 6:09 PM
256	Seems like there could be retaliation from employer for reporting something like this.	6/30/2022 5:50 PM
257	While this seems wise on the surface, there will be pharmacists who choose not to use the forms for fear of seeming unable to handle the situation. This, in turn, could make other pharmacists unwilling to report staffing shortages for fear of being whistleblowers. Employers need to be held responsible for adhering to minimum levels without it always being up to the staff to call out problems. Pharmacists and store managers/dept leaders should compile data and be given time to address results prior to being required to submit to the Board.	6/30/2022 5:36 PM
258	It is a wonderful idea to document the unsafe conditions, but an overworked pharmacist now has another form to fill out on top of all the demands from corporate. I could see it being easy to forget to fill out the form.	6/30/2022 5:28 PM
259	Pharmacies would be directed by upper staff to just close during those times and patients would be affected negatively during that time.	6/30/2022 5:23 PM
260	Since this states "pharmacy", it seems like more burden/workload in the pharmacist in charge at the "pharmacy". Isn't it more of a responsibility of the owner/operator of the pharmacy itself? I see this as being put on the plate of the pharmacist in charge at the pharmacy.	6/30/2022 5:21 PM
261	I do not foresee having the time to complete this ask in addition to the already heavy workload.	6/30/2022 5:17 PM
262	Again - these numbers of appropriate staffing need to be decided by staff pharmacists and not corporate.	6/30/2022 4:47 PM
263	Sounds like more work for the rp and more ways management can come back on them for errors and issues	6/30/2022 4:45 PM
264	Do we really need another report to manage? I think not	6/30/2022 4:42 PM
265	corporate mandates of number of hours allowed to schedule needs to be addressed	6/30/2022 4:30 PM
266	Pharmacy staff already have an endless list of responsibilities; creating another task is NOT going to help the understaffing crisis. Going after corporate pharmacies who are utilizing non-pharmacy personnel (aka "business majors") to use metrics as a means to justify placing thousands of patients at risk of harm every day just to make a few extra bucks should be your MAIN FOCUS. The big chain companies do not care about their employees, about their community, nothing; it's just a game for them make more money off of their pharmacies, and since medications are not turning a profit for pharmacies like they used to, cutting labor costs is how they're looking to turn profits. When, how, and why did it get like this?	6/30/2022 4:13 PM
267	This is a great idea, but when I'm barely able to maintain a semblance of control with workload, I will have no way to fill out more paperwork. I've actually tried to do this when managing a retail pharmacy as the only person for an 8 hour shift and there just isn't the time or brainpower to keep adding to the list of issues. It's even hard to adequately record after the fact. Retail pharmacies are chaotic and unsafe with the current expectations/metrics and corporate	6/30/2022 4:11 PM

Meeting Materials

initiated staff reductions. My store IS NOT short staffed due to lack of help, but due to tech hour limits.

268	It can't be the the pharmacist would be held liable for understaffing. It HAS to be the corporation that dictates the hours that a pharmacist can have	6/30/2022 4:10 PM
269	This implies each pharmacist knows what's adequate staffing. You would get 5 different answers from 5 different pharmacist working at same store. Who decides ultimately who is correct? I've seen pharmacist do 150 a day with a tech and a cashier who say they were under staffed. I've had others who would say that's too much and they just need a tech.	6/30/2022 4:07 PM
270	Having a pharmacist fill out additional paperwork doesn't help any sort of workflow.	6/30/2022 4:07 PM
271	We are already understaffed..... we don't have the time of staffing to fill out this report.... Ridiculous! How long do you think this would take as this happens nearly every day!	6/30/2022 4:03 PM
272	I would have that form on the ohio board of pharmacy website. This will keep occurrences organized and streamlined. Also can notice patterns at certain locations that can be acted upon	6/30/2022 3:52 PM
273	More work for the pharmacist to complete and track while not solving any problem related to the staffing issue...pointless.	6/30/2022 3:42 PM
274	I mean this is all fine and good, but how does this protect my license as a pharmacist? Are you going to find the corporations for these incidents so they stop understaffing us for the purpose of making profits for shareholders and CEOs??	6/30/2022 3:28 PM
275	Urgent situations occur. What is the alternative? Closing altogether?	6/30/2022 3:23 PM
276	may help but may also be something that just isn't reported	6/30/2022 3:17 PM
277	What that would result in is the people that are trying to help the board out by promoting safety will be fired, will be prosecuted, will end their career, will not have money for their family, will have a terrible life.	6/30/2022 3:06 PM
278	Nice to track	6/30/2022 2:58 PM
279	Completing reports only increases workload. Completing reports that hold employers accountable for unsatisfactory working conditions thus leading to real improvements is necessary.	6/30/2022 2:49 PM
280	good idea but is it just for documentation or will it change anything ?	6/30/2022 2:36 PM
281	We would fill this out daily. It would fall on deaf ears at corporate.	6/30/2022 2:31 PM
282	Make these stores accountable!	6/30/2022 2:26 PM
283	This is a fine idea, again unless there is a way to hold the parent company accountable it will not accomplish anything. The pharmacist does not own the business and does not have freedom to make decisions. Making them accountable assuming they do is a mistake and will only make the situation in the pharmacy worse.	6/30/2022 2:13 PM
284	If the pharmacy falls within those guidelines, it seems counterintuitive to have the said parties fill out a form during those times of low staffing/increase work burden... Employers must have a one step action to look up the information and not have to search through multiple platforms. One step! We all know how to count to one. One step! Anything more and you might as well toss this idea out of the requirements. Also what actions will be taken if multiple occasions occur? It had better be taken up with the COMPANY, and NOT the PIC.	6/30/2022 2:08 PM
285	I have worked for organizations that will not allow pharmacists to cite unsafe work conditions or inadequate staffing as a reason for an error. I believe this would help to see the actual volume of prescriptions with errors due to these unsafe conditions.	6/30/2022 2:07 PM
286	My concern is how am I going to fill out this form if I am so short staffed? Seems confusing.	6/30/2022 2:02 PM
287	Again, this should also apply to hospital pharmacies, not just community. We're short staffed too! Also, what are the repercussions of continued inadequate staffing? I think there should be some from the Board or what is going to motivate leaders to get staffing handled.	6/30/2022 1:56 PM
288	Corporate chains will force the responsible person to work without proper staff, then the responsible person will be punished rather than CVS/Walgreens.	6/30/2022 1:55 PM

Meeting Materials

289	Just one more thing to do in an already overworked situation...needs to be easier to complete vs paperwork being filled out....maybe an on-line form?	6/30/2022 1:52 PM
290	Chain will staff according to numbers and stats	6/30/2022 1:42 PM
291	Need to hold corporations accountable for patient safety	6/30/2022 1:36 PM
292	This is the most important one	6/30/2022 8:41 AM
293	Excellent, documentation to provide evidence of the working conditions should an issue arise.	6/29/2022 10:55 PM
294	Just another report that doesn't go anywhere or change anything.	6/29/2022 9:24 PM
295	This is putting a lot of extra stress on the responsible person. Most staffing issues are not able to be resolved by the responsible person. Corporate controls the pay, hours allocated and the hiring procedures. I've been trying (unsuccessfully) to hire for the last 3 years.	6/29/2022 8:34 PM
296	I would be afraid of retaliation if I were a staff pharmacist put in the position of reporting understaffing to the Board.	6/29/2022 8:22 PM
297	Great ideas - hoping there would be no retaliation against the pharmacist(s) by corporate for the above when / if it occurs	6/29/2022 7:38 PM
298	Guidelines will be in place which would hopefully prevent fear of retaliation.	6/29/2022 6:18 PM
299	I think this would become one more thing I would have to do thus increasing my workload and time again	6/29/2022 5:47 PM
300	The chains will blame the responsible person when they don't allow adequate staffing m.	6/29/2022 5:09 PM
301	again preventing penalization for making a report	6/29/2022 5:01 PM
302	I'm all in for some accountability and regulations this has gotten out of hand with an extreme unmanageable workload with just one to three techs when normally you would needs 6 or more. It's not safe for anyone	6/29/2022 3:39 PM
303	Responsible person isn't necessarily the one deciding the ancillary hours. Also, things happen. Maybe just report if it is an on-going not temporary issue.	6/29/2022 9:18 AM
304	But there's still the problem of not enough people on staff	6/29/2022 9:17 AM
305	This is adding on more paperwork and responsibilities to the PIC in a situation in which they cannot control if they work for a large company with multiple locations. The PIC for large chains has no say in the number of hours that corporate allows for staffing. This also puts the responsibility for hiring on the PIC, even though there may be no qualified candidates applying.	6/29/2022 8:43 AM
306	This sounds great on paper, but again, who has time for this?	6/29/2022 5:56 AM
307	I agree with committee member's comments on this topic. "Adequate" is not defined and is too subjective. "Conditions" is not defined and too subjective. Any circumstance can be tied to a hypothetical safety danger. The staffing report form allows for a licensee to create a record, to be used as possible evidence, to justify a subjective standard. How can a pharmacist possibly make a conclusion that an error was due to inadequate staffing? This is going to create a condition where the root cause of every error is due to staffing rather than driving accountability.	6/29/2022 12:31 AM
308	Why do you think and short staffed pharmacist would have time to fill out a to zzz form?	6/28/2022 11:06 PM
309	This will be hard but allow us as a profession to better go to business partners for required resources	6/28/2022 10:49 PM
310	This just adds more work to an already overwhelmed pharmacist. Additionally, I don't feel most would utilize this in fear of retaliation from company if poor working conditions are called out. At the end of the day the response will be that the PIC fixes the staffing problem which they are already trying to do. This isn't a solution to bring in more applicants.	6/28/2022 10:12 PM
311	Again Board lacks political will to make these radical (yet excellent ideas) changes	6/28/2022 9:16 PM
312	I would welcome this	6/28/2022 9:03 PM
313	Places another burden on already overloaded pharmacist who is trying to provide patient care	6/28/2022 8:58 PM

Meeting Materials

314	Sounds like a great idea, as long as pharmacists aren't reprimanded for not having staff to fall back on	6/28/2022 8:42 PM
315	I don't have time to eat/drink/take a break/etc but I have time to fill out this massive form.....?	6/28/2022 7:57 PM
316	Again this does nothing but punish the pharmacist on duty. What stops the corporation from coming into the store and inspecting the binder and punishing the pharmacist for filling out this form? How can we make this a form that is submitted to the board that results in board follow up and action (fines and loss of license) stand up against the corporations that have done cause this instead of providing lip service.	6/28/2022 5:32 PM
317	A pharmacist turning in such a form would suffer severe consequences. I personally have brought concerns up to supervisor and was kicked out of my store and threatened with job loss.	6/28/2022 4:50 PM
318	This will provide evidence created at the time of an incident. It would prevent trying to remember an event when investigating at a later time.	6/28/2022 4:17 PM
319	I support this, but not all of the reporting requirements.	6/28/2022 4:03 PM
320	Hold the corporation responsible	6/28/2022 3:56 PM
321	Yes, this would be helpful however the responsibility needs to fall on the pharmacy/company vs the PIC (or staff pharmacist). Many corporations already have instilled retaliation fears in staff members if one was to fill out staffing concerns forms. I just hope the board is able to have their laws in a manner where corporations aren't able to hold their employees hostage	6/28/2022 3:25 PM
322	This is just extra work placed on pharmacists. Also, in MANY instances the staff is not available due to Covid quarantine, illness, lack of childcare due to daycare/school closures, etc etc etc. Unless there will be agreed upon ratios implemented, how will 'understaffing' be determined. Even if determined, if there's no requirement to staff to a certain level with some wiggle room to allow for unexpected absences/tasks, how will these absences be filled? Productivity in most places does not allow for enough people to cover vacation/ill time let alone non-productive activities.	6/28/2022 3:09 PM
323	This would be helpful if reported directly to the board. If reporting directly to employer we are likely to face possible repercussions for reporting	6/28/2022 3:06 PM
324	If there is changes made, and this is not something that just adds to the checklist of paperwork	6/28/2022 2:49 PM
325	This would just add more responsibility on an already overworked and stressed manager. Just reading all the things in the list above causes me stress. And the worry of what the fallout from the employer would be.	6/28/2022 2:35 PM
326	While this most definitely should occur, please understand that the amount of work that is on the plate of the responsible pharmacist is immense. This task should be assigned to the district/regional leader with a required sign-off from the responsible pharmacist (manager).	6/28/2022 2:34 PM
327	This may help or may create more pressure on the pharmacist. If one works for a corporation, there will be someone criticizing the fact that we have not maintained enough staff.	6/28/2022 2:30 PM
328	Because of the frequency of short staffing, I'd be filling out reports daily- adding to my stress.	6/28/2022 1:19 PM
329	If rph understaffed, doubt they would take the time to fill this out.	6/28/2022 12:47 PM
330	All individuals have differing perceptions of workload and what is expected of them as an employee. Day to day workload in a pharmacy varies due to outside factors and reasons why business traffic fluctuates. Responsible pharmacist will make adjustments but sometimes workflow is not predictable.	6/28/2022 12:39 PM
331	I'm torn on this. With my many years in retail pharmacy, I can see this being used against the RP/PIC and pharmacists by chains as punishment for reporting...and not bucking up to make do with what they have. Also, number of scripts filled during that time doesn't reflect what was expected to have gotten done plus all the number of customers and patients served, calls made/answered, problems worked on that take a lot of time to complete, vaccines, etc. which makes up the workload in general. I do like this idea of being able to report you feel conditions are unsafe and staffing is inappropriate, but please be open to revisiting and editing requirements or changing this rule once the Board sees how it functions in practice. Also, it would be important to prevent pharmacy staff from being retaliated against by reporting unsafe	6/28/2022 12:35 PM

Meeting Materials

conditions. That is a large and important concern with this kind of reporting, especially with retail chains that this already happens at when someone tries to speak up for the safety of our patients and staff.

332	More paperwork to worry about. Don't have time to do misfill reports as it is.	6/28/2022 12:32 PM
333	Fear of retaliation.	6/28/2022 11:31 AM
334	The staffing shortages should not be a liability for the pharmacist in charge. Rather the company or district supervisor. A technician floater pool requirement would help alleviate issues with this as well.	6/28/2022 11:24 AM
335	Subjective in nature...how is this enforced and how is it ensured employees are not retaliated against for filing reports?	6/28/2022 11:13 AM
336	Considering the committee discussion about all errors being attributed to inadequate staffing, staffing may be a contributing factor but it should not be the cause. For example the cause may be wrong strength was not caught on checking because the final check was inadvertently skipped.	6/28/2022 11:12 AM
337	Hold corporate accountable for low staff levels and too much extra work	6/28/2022 10:45 AM
338	This is retrospective and difficult to predict. Additionally, must support a just culture related to unexpected medication events and explore all potential root causes.	6/28/2022 10:18 AM
339	C3- Corporate is going to use for grounds of dismissal. If we are short staffed another job to do (filling out this report), is not going to help. Add a time frame to complete report (7 days?)	6/28/2022 9:43 AM
340	Good luck getting chains to allow that	6/28/2022 9:30 AM
341	Will force employers to be more accountable	6/28/2022 9:09 AM
342	At least this might force corporations to have a solid plan in place to correct these issues so one store is not suffering with inadequate staffing for an extended period of time	6/28/2022 8:45 AM
343	This is a good idea in order to protect patient care and patient safety, but it would be difficult to monitor and mandate compliance on inadequate staffing in writing. Considerable resistance and inconsistencies would occur in many clinical and retail sites by the administrative hierarchy at the institution. I also believe that the Ohio Pharmacy Board Office would have a hard time insuring compliance from all licensees with this type of mandate.	6/28/2022 8:41 AM
344	I like this idea, but realistically not sure how much will change by just filling out a form.	6/28/2022 8:36 AM
345	I like the idea of a formal report, however the basis of the report is subjective. That is, unless there is going to also be specific rules/laws defining "inadequate number of support persons" and "excessive workload." If we don't standardize the information that would be included on the form, there is no point to the form.	6/28/2022 8:35 AM
346	Expansion of tech roles isn't the answer. They are already overworked and underpaid. We need more mandatory pharmacist overlap. I currently have none. Doing 500-600 plus scripts in a day by myself. It's taxing beyond belief.	6/28/2022 8:23 AM
347	Not sure I agree with giving pharmacists more forms to fill out and keep on hand. Also, if the staffing is inadequate there will be no time to fill out said form until the shift is over and be then you just want to go home.	6/28/2022 8:18 AM
348	I don't need another task!! Also, some pharmacists are slower than others. Since we don't hire or fire staff pharmacists this could be brutal for those with slower and less efficient pharmacist	6/28/2022 8:15 AM
349	Yes, we will document a reason for companies to fire us. Company will say rph on duty responsible	6/28/2022 7:57 AM
350	Worried that such a form might not get filled out and causes additional burden on an understaffed day to complete.	6/28/2022 7:53 AM
351	This would only be useful if the BOP issues a warning that if not corrected, the pharmacy would have to shut down until corrected.	6/28/2022 7:44 AM
352	This feels like it will wind up as another thing for the PIC to do when already overworked, and another target on their back by corporate for things they 'did wrong' or 'failed' to fix (for example, the PIC has no control over lack of applicant pool and a report where understaffing	6/28/2022 7:43 AM

Meeting Materials

needs resolution or errors on the pharmacist due to that understaffing will foster an environment of fear on their license to under report).

353	This is very good suggestions so chin pharmacy won't kill pharmacist. There must be mandatory rules of staffing	6/28/2022 5:16 AM
354	I believe, while admirable, this could be VERY risky to the pharmaicst for employer retaliation. But in my career in Ohio I have also seen the Board of Pharmacy "crucify" pharmacists for explaining why they committed a dispensing error was because of extreme understaffing and being required to work under conditions where they felt forced to cut corners in order to avoid discipline for not dispensing the expected volume of prescriptions. In these cases, the Board never would consider the employer at least partially responsible for the error. The Board, for many years, 'has hung the pharmacist out to dry' in these situations, admonishing simply that the pharmacist should have refused to work unsafely. This proposal effectively creates written documentation that "we were operting unsafely". Should an error occur that harms a patient during one of these documented times, the legal liability for the pharmacist and the pharmacy becomes almost clear-cut.	6/28/2022 3:02 AM
355	Many pharmacies are understaffed every day and the companies won't add additional tech hours or pharmacist overlap. What would the consequences be for a company to ignore the understaffing?	6/28/2022 1:54 AM
356	Unlikely that it would make any impact unless corporate management is required to respond directly to the board. Which if they were would make it likely to have an impact.	6/28/2022 12:11 AM
357	Documentation so the board can see and possibly a way the board can be notified without retaliation under specific circumstances the pharmacy if reported in a timely manner makes no effort to remedy the issues the documentation serves as a way to enforce through fines or penalties it would be less expensive for companies to support this than be found not helping fix the issues.	6/27/2022 11:49 PM
358	Just creates more work	6/27/2022 11:40 PM
359	If there is no punitive action exacted by the board for understaffing this will end up being nothing more another records file we must upkeep.	6/27/2022 11:40 PM
360	Will management care & act accordingly?	6/27/2022 11:32 PM
361	This would definitely help with patient safety but with that documentation in place, it would also hold the company responsible if patient safety was compromised.	6/27/2022 11:31 PM
362	OMG you just don't get it. Problem one with this idea is this form creates more work. Pharmacists don't need more work they need less work. Time is required to do this work, and there is no time as it is. The second problem, and more important problem, is that these chains are ruthless. They don't give a you know what about their employees. If someone fills out this form they won't get raises, if they're lucky. They will get demoted or fired. STOP this idea of giving more work to understaffed people. OSBP needs to DO the work! Go to the workplace and if it looks understaffed, WRITE up the corporate office of that pharmacy! Have some teeth to your inspections. Impose a HEFTY fine! Put them on probation. Show these greedy chains that enough is enough! Before a patient dies in Ohio from an understaffed pharmacy!!!	6/27/2022 11:26 PM
363	More paperwork will probably not help an overworked employee. Can you imagine how self-conscious an employee would be to report their own corporation to a state board.	6/27/2022 11:20 PM
364	This should not fall on the shoulders of the pharmacy manager. We cannot be responsible for someone not showing up to work and cannot be on call 24/7	6/27/2022 11:08 PM
365	This will only serve to allow the staff to blame the rph in charge companies will not take the blame for this	6/27/2022 11:07 PM
366	yea good luck with this one. Unless you are willing to hire undercover state inspectors and actually fine the pharmacy owners it wont do a thing. The owners will just claim that a whole bunch of customers showed up at the same time.	6/27/2022 11:07 PM
367	Useless. These should go directly to the BOP for followup with the corporate management and also include "whistle blower" protections.	6/27/2022 11:06 PM
368	You are setting reporting staff member up for recrimination by management. Such reports	6/27/2022 10:58 PM

Meeting Materials

should be made directly to the board only, so that the board is responsible for citing upper management.

369	The pharmacy has inadequate staff and are so busy things can't get completed safely so we're suppose to stop and fill out a form??	6/27/2022 10:43 PM
370	Something must be done to address the issues, if not, it will end up just being another report that gets filed	6/27/2022 10:42 PM
371	So this is just an additional list of checkboxes we have to complete and have on file that tells us in the pharmacy what we already know. It should be the district managers of the big chains filling this out to actually initiate change and fix the problem instead of a paper that is shoved in a file for SBOP inspection and no action.	6/27/2022 10:36 PM
372	Seems like a lot of extra work that we already don't have time for	6/27/2022 10:35 PM
373	This is not a realistically fair plan to fall entirely on the responsible person when he/she is typically only working 50% of the time in most pharmacies.	6/27/2022 10:29 PM
374	This just adds another task for the pharmacist to do when they are already understaffed	6/27/2022 10:23 PM
375	This will create unnecessary paper work increasing load on PIC who also must act as a dispensing pharmacist	6/27/2022 10:22 PM
376	This report should be easy and quick to fill out... not labor intensive.	6/27/2022 10:06 PM
377	Again this just creates more work for busy and understaffed pharmacies. Would literally make things worse	6/27/2022 9:47 PM
378	Are we now blaming PICs for lack of staffing? In most cases, they are given a tech budget out of their control. Continual inaction? Corporate said no, but I am to blame? I repeatedly request additional staffing at my location and am repeatedly denied, but I will be the one left to explain our staffing situation and my supposed inaction?	6/27/2022 9:46 PM
379	If understaffed, the pharmacist is already overwhelmed- now we are adding completing a mandatory report to their duties? Having a form to prove you were understaffed doesn't fix the ramifications of a misfill.	6/27/2022 9:43 PM
380	So you fill out a form and keep it in the pharmacy to look at later? CVS doesn't care if you are understaffed. If the board is only going to review it during inspection, CVS won't care. The board needs to enforce minimum staffing requirements.	6/27/2022 9:41 PM
381	Will allow RPh to not be solely liable for any errors that occur due to understaffed working conditions	6/27/2022 9:39 PM
382	More paperwork we do not need "each pharmacy shall retain completed staffing reports..."	6/27/2022 9:38 PM
383	I don't see how filling out a form and keeping it in my store for a board officer to look at once every 3-4 years actually helps my staffing issues. Better options are touch-point management.	6/27/2022 9:31 PM
384	Helpful but overall more work to have to fill out	6/27/2022 9:28 PM
385	Why is this all on the PIC? At chain pharmacies the PIC can't set pay for technicians which has led to understaffing. By putting all the responsibility on the PIC you are just going to have a lack of people willing to be PIC	6/27/2022 9:21 PM
386	Again, this simply adds more work when already short handed! The last thing I need is yet another thing to fill out and file when I'm trying to keep everything afloat.	6/27/2022 9:19 PM
387	So many concerns with feasibility here. To begin with, how are we defining "inadequate staffing?" Any employee that feels like they're working too much? Tied to staffing plans on file with the Board of Pharmacy? Many issues with difference of opinion and performance / skill / knowledge/ experience of individual pharmacists. Also, I can't imagine a circumstance where a complaint form that I must keep on file for inspections will spur me to "make a better decision" concerning staffing - in chains, I wouldn't be surprised this would put the leadership team on the defensive (i.e. proving it's not a staffing issue, which of course means not improving staffing, as that would be admitting fault). Another thing -- determining causes of errors becoming a reportable issue -- you're now making this a blame game - was it inadequate staffing (leadership to blame) or a pharmacist that blew past alerts and information, knowingly violating procedure and trying to displace blame by saying it was "staffing." That is an	6/27/2022 9:16 PM

Meeting Materials

INCREDIBLY negative situation that undermines "just culture" that many organizations strive for, as "proving" the cause wasn't staffing is now incentivized given potential Board action. I see no good coming from pitting employees against employers with a reportable complaint form that undermines decades of safety culture work. Especially in middle management, where I'm responsible for daily staffing but wholly incapable of gaining additional resources without higher approval, who's going to catch the blame? Making me a scapegoat for corporate greed and the inability of the Board of Pharmacy to address the real issue (reimbursement for pharmacy services being tied to dispensing functions and continually decreasing margins) helps nobody.

388	This would cause larger companies to prevent understaffing	6/27/2022 9:12 PM
389	So what you are saying is, when we have a call off, and we have 10 people at register and on the phone, you want us to stop everything and document it - make the patients wait longer. While I understand the premise, I don't see the chains doing this.	6/27/2022 9:04 PM
390	I feel like my employer would fire me if I filled out too many of these	6/27/2022 9:03 PM
391	Just another form to fill out . It's not going to change how corporates work.	6/27/2022 8:59 PM
392	I appreciate the sentiment, but more paperwork adds to workload.	6/27/2022 8:57 PM
393	I think it is a mistake to mandate staffing levels. It is akin to unionization. Businesses need the autonomy to dictate their needs. If a pharmacy is not reimbursed appropriately and having money clawed back, how can they be required to have a certain payroll without closing the doors? What happens if the pharmacy has trouble hiring technicians...will they be penalized? Pharmacies are struggling already and while I can appreciate the intent of these rules, they are Inadvertently going to create more burden	6/27/2022 8:54 PM
394	Adding more work after already being understaffed, even when it's paperwork, is not wise	6/27/2022 8:42 PM
395	However having to document this this stuff when we are already short staffed would be an extra burden. Also make sure corporations can't retaliate against a pharmacist for reporting this.	6/27/2022 8:38 PM
396	Would need to address ability to false report or to standardize when to report based on conditions	6/27/2022 8:30 PM
397	Extremely likely if the board takes this information and acts on it, namely by punishing chains who discourage these safe practices. We shut down the drive through once due to our inability to safely dispense prescriptions and we got yelled at and threatened by our DM.	6/27/2022 8:25 PM
398	More work that we already don't have time to do ...	6/27/2022 8:18 PM
399	Pharmacy chains will just use this form to retaliate against pharmacists that submit the form.	6/27/2022 8:10 PM
400	This would be nice to have but would also require extra work by the pharmacist who is already dealing with being understaffed	6/27/2022 7:58 PM
401	With anti-retaliation policies in place, the pharmacist or technician should be able to report unsafe conditions that hold the permit holder accountable.	6/27/2022 7:57 PM
402	More reports = less time to run a pharmacy. Expectations will still be to get pharmacy work completed on top of reports.	6/27/2022 7:53 PM
403	All this does is add more work to already overworked rph	6/27/2022 7:51 PM
404	This is a dream list and would love love to see it come to fruition.	6/27/2022 7:51 PM
405	Useless unless big changes happen. I would have had to fill this out daily when I worked retail, and I didn't have time to do it.	6/27/2022 7:46 PM
406	Although good to have documentation of incidents, this is ultimately creating more work when we are already short staffed!	6/27/2022 7:41 PM
407	Please include hospital pharmacists. We are checking iv drugs and are also grossly understaffed, at least in terms of staff pharmacists	6/27/2022 7:39 PM
408	Hopefully that will result in more help in pharmacy	6/27/2022 7:39 PM
409	Holds business accountable for understaffing. Errors occurred during staffing shortage May net	6/27/2022 7:38 PM

Meeting Materials

	be know on same day	
410	Pharmacist do this already! And they are told that they are within the scheduling matrix. So what does documenting it and storing in the store for 3-years do? Its more paperwork, more things to do, and no outcome.	6/27/2022 7:29 PM
411	How with the responsible pharmacist get the employer to respond?	6/27/2022 7:22 PM
412	Pharmacy workers will need to know they cannot be retaliated against if they fill out this form. I do think it's a great idea but it is a little subjective so it couldn't be something that would be docked on an audit if none were filled out.	6/27/2022 7:15 PM
413	No time to fill this out.	6/27/2022 7:13 PM
414	If you are under staffed the likelihood that you have time to fill out reports about being under staffed is very small.	6/27/2022 7:03 PM
415	DO YOU IDIOTS THINK PHARMACISTS ARE NOT ALREADY COMPLAINING ABOUT HOURS TO SUPERVISORS?? YOU FILL OUT THAT FORM AND WATCH HOW FAST YOU END UP ON THE UNEMPLOYMENT LINE!!! THERE ARE LOADS OF SURPLUS YOUNG GRADS WHO ARE UN OR UNDER EMPLOYED JUST WAITING TO STEP IN AND TAKE OVER- AT \$42 AN HOUR OR LESS	6/27/2022 7:01 PM
416	I used to be involved in a situation where going to the board, I knew I would be terminated. This would be helpful in protection of the RPH for doing the right thing	6/27/2022 7:00 PM
417	corporate will push under the table and say deal with it	6/27/2022 6:57 PM
418	Again, as a responsible person, this will in no way do anything but hold ME accountable to the board for what I can NOT influence at CORPORATE level. This is bullshit and does NOT hold the CHAINS accountable.	6/27/2022 6:47 PM
419	If the pharmacists are understaffed and barely have time to accurately fill prescriptions, they won't always prioritize or have the energy to fill out a form. There should also be some sort of anti-retaliation wording to prevent chain stores from giving disciplinary action towards pharmacists who report such events.	6/27/2022 6:36 PM
420	Oh I'm sure corporate will love PICs that report understaffing, this is just a recipe for retaliation.	6/27/2022 6:35 PM
421	Don't need more forms and paperwork to fill out	6/27/2022 6:34 PM
422	We don't need any more regulated paperwork	6/27/2022 6:33 PM
423	Adding additional documentation requirements does not help with the lack of time in a day	6/27/2022 6:15 PM
424	This would be very useful if there is a way to enforce in upon the employer and not the local pharmacy license. That would be the tricking part. This might get employers to improve working conditions and quality.	6/27/2022 6:14 PM
425	Yes. Anonymity must be protected and patients must be able to report with a sign stating this out front. Then the chains would be forced to change or go out of business. Take their TDD away and not the poor pharmacists who are stuck there. While we are at it make error reporting mandated 100%.	6/27/2022 6:13 PM
426	Board needs to specify pharmacist to tech ratio that is safe or the chain pharmacies will make this ratio an unsafe one in order to skew this in their favor.	6/27/2022 6:07 PM
427	Great idea. We have been way under staffed and operating at un safe levels	6/27/2022 6:04 PM
428	If there are multiple holes in the schedule, they will not be filled. I do not see hoe logging the lack of staff will not help this situation.	6/27/2022 6:02 PM
429	This report needs to be able to bypass corporations due to possible 'cover-ups'.	6/27/2022 5:59 PM
430	Too broad ... there will be retaliation from corporate staff against pharmacists that report this	6/27/2022 5:56 PM
431	Inadequate staffing comes from not enough applicants. This just creates more work without addressing any issue.	6/27/2022 5:43 PM
432	This seems like it would cause more work while already understaffed	6/27/2022 5:34 PM

Meeting Materials

433	This puts more work on the pharmacist in charge who is already working above and beyond every day to complete all tasks. Yet again corporate leaders who create the poor working conditions not punished	6/27/2022 5:31 PM
434	Burdensome paperwork that has no demonstrable positive impact on patient care.	6/27/2022 5:26 PM
435	This is very subjective. Also, having to complete a staffing log when you are already feeling short staffed puts increased burden on the pharmacist. Both pharmacists and technicians have strengths and weaknesses, so each individual will have different opinions on need.	6/27/2022 5:20 PM
436	Not sure how this is enforced and are there any fines/consequences to violations	6/27/2022 5:17 PM
437	This could be nice, but what's going to prevent me from getting fired for reporting inadequate staffing to the board? In some locations the squeaky wheel is replaced.	6/27/2022 5:17 PM
438	I feel this report would be helpful, but then again, I look at it as just another thing for us to do when we are already understaffed and overworked.....	6/27/2022 5:10 PM
439	Chains will just put this on pharmacy managers and use them as scape goats for staffing issues.	6/27/2022 5:03 PM
440	There isn't always an action to take beyond being present and helping. This simply puts more work on those trying to hold it all together.	6/27/2022 5:01 PM
441	This will only add more paperwork and regulations to already over taxed by pharmacists and will change nothing for those pharmacies that are chronically understaffed due to employer limitations. It would be better to change the technician to pharmacist ratio or to require pharmacist or technician hours per volume.	6/27/2022 4:58 PM
442	I see this as a potential pit fall at the accountability level from companies expectations and consequences for employees who report	6/27/2022 4:56 PM
443	Again verbiage falls solely on the responsible pharmacist yet again. When are we going to address the corporations that are limiting the amount of labor and demanding requests while not giving the needed support to complete them? Sounds pretty that the pic is responsible for this and that, I personally don't know any pharmacist that enjoys working alone for 13+ hours with 1 or 2 techs or even alone. But if that's all the labor you're given, that's what you work under. All these new services and expansion in tech responsibilities are nice, but again, there is no regulation on how much compensation is given. It's hard enough to hire in this climate, but god forbid your company does not offer competitive wages then you are scrapping the bottom barrel of a group that does not require higher education to be trained and authorized to do these tasks so we can cut back on rphs. Until we hold corporations accountable, these rules and restrictions will go no where.	6/27/2022 4:52 PM
444	I like this idea, as it creates a legal record of staffing incidents and any errors or problems that arose pursuant to them. However, without any strict requirements on employers to increase staffing past a certain threshold, I fear employers would simply file the reports and choose not to make the necessary changes.	6/27/2022 4:41 PM
445	It should be quite obvious that pharmacies understaff.. reporting it won't help.	6/27/2022 4:40 PM
446	Creates more workload for pharmacy and the board	6/27/2022 4:40 PM
447	Corporate will most likely ignore this since we already report being under staffed	6/27/2022 4:39 PM
448	Sounds good in theory, you are making a Daily extra burden for responsible rph. Plus more record keeping. These shortages are our daily lives. No one has time or energy to fill out more forms when we should be home eating dinner with our families!	6/27/2022 4:36 PM
449	This will be an additional responsibility pharmacists don't have time to oversee.	6/27/2022 4:35 PM
450	no time for excessive paperwork	6/27/2022 4:34 PM
451	Ability to remain anonymous or guarantee no retribution essential	6/27/2022 4:34 PM
452	The responsible pharmacist already has some responsibility here. Requiring additional paperwork including all of these elements will only add documentation requirements	6/27/2022 4:23 PM
453	The supervisors will tear the report apart telling the pharmacist. Likely the staff pharmacist, how they don't try hard enough and could easily overcome the issues by doing things that are impossible.	6/27/2022 4:21 PM

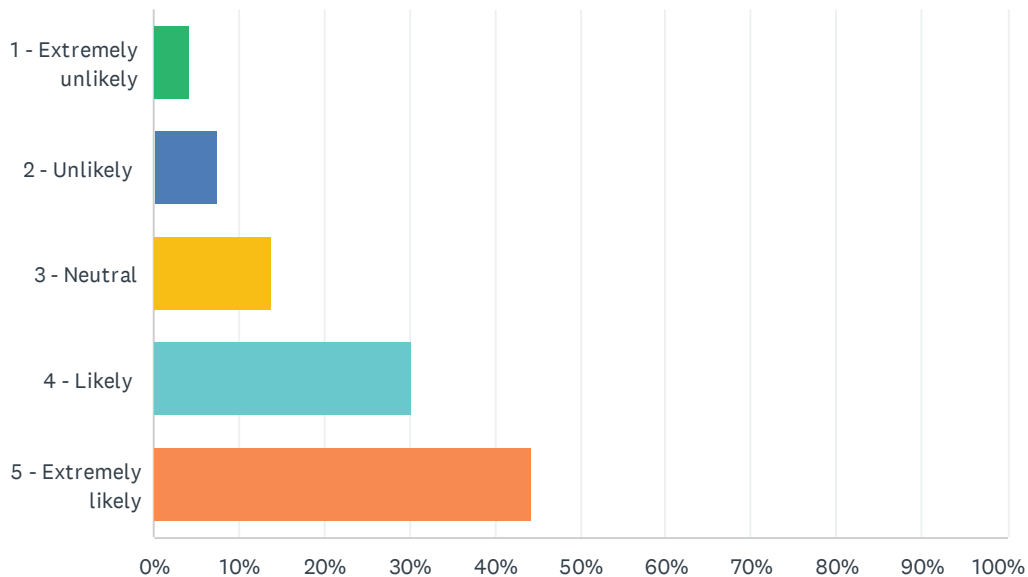
Meeting Materials

454	Any pharmacist who fills out the form will be slaughtered by their company and told they are just a bad manager	6/27/2022 4:15 PM
455	Worth a try, but I feel some pharmacies will threaten employees who complain	6/27/2022 4:13 PM
456	I think this is a good idea in theory. I think realistically, that having this as more of a whistleblower format that gets sent to the board and then forwarded to the employer in question might be more helpful for getting chains to accept that staffing changes are necessary	6/27/2022 4:12 PM
457	This puts the problem back in the staff. Corporate management is the problem and this will not lead to any change there. They need to require a better tech staffing and better pay for technicians.	6/27/2022 4:11 PM
458	Corporate will still find a way to prevent adequate staffing	6/27/2022 4:05 PM
459	Something has to be done.	6/27/2022 4:04 PM
460	As long as there were no repercussions to employment by employer for completing form.	6/27/2022 4:03 PM
461	This sounds like more work and responsibility for me. Companies should hold the responsibility for staffing pharmacies. It sounds like the board is putting responsible pharmacists in a difficult position with their companies. My boss isn't going to be happy if I say I'm inadequately staffed and shut down the pharmacy. I'll be afraid of losing my job. I have no power to resolve our staffing situation, so I don't want any responsibility for it.	6/27/2022 3:58 PM
462	This seems complicated and May end up causing more work.	6/27/2022 3:55 PM
463	More work for the pharmacist.	6/27/2022 3:54 PM
464	I feel my company would never divulge the information regarding how understaffed we work	6/27/2022 3:51 PM
465	Pharmacist will be punished by upper management	6/27/2022 3:50 PM
466	If corporations are held accountable for allowing the pharmacy to remain in operation without adequate and safe staffing levels, subject to fines or investigations by the board, would be very helpful.	6/27/2022 3:50 PM
467	If I were to fill out such a form, my employer would find a way to fire me, despite a policy against repercussions. It is laughable to think that any pharmacist or tech would refer fill out that form. Retaliation would be 100%	6/27/2022 3:49 PM
468	How will this help? Stack of papers but no action	6/27/2022 3:48 PM
469	Seems fair, just more busy work for the pharmacist to complete when understaffed.	6/27/2022 3:48 PM
470	Retail pharmacies need to be held accountable!	6/27/2022 3:43 PM
471	When will they have time to fill this out? How can we ensure there is no backlash on the person who takes their own personal time to fill this out?	6/27/2022 3:41 PM
472	Siting that these conditions occur on a form isn't enough. The ability to take action so that these instances cannot occur and risk patient safety is a must.	6/27/2022 3:39 PM
473	Chain pharmacies will retaliate in all likelihood against pharmacists who document shortages.	6/27/2022 3:37 PM
474	Please include that staff cannot be disciplined or retaliated against for filing a form. Also, give suggestions for what actions to take if understaffed (part A) since the responsible person is likely the pharmacist on duty.	6/27/2022 3:36 PM
475	Additional paperwork for pharmacies to manage when understaffed	6/27/2022 3:33 PM

Meeting Materials

Q14 Limits on Hours Worked A pharmacy shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per twenty-four (24) hour period. A pharmacist/technician 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.

Answered: 1,998 Skipped: 29



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.25%	85
2 - Unlikely	7.36%	147
3 - Neutral	13.81%	276
4 - Likely	30.23%	604
5 - Extremely likely	44.34%	886
TOTAL		1,998

#	ADDITIONAL COMMENTS	DATE
1	Why 12 hours? It's ridiculous to me that 12 hours should be the norm. I would like to see data that says the majority of the workforce that requires intense brain power is 12 hours. A sign would be great. The public needs to be re-educated about the necessity for a break.	7/9/2022 10:59 AM
2	This seems like a proper plan. Not sure the rules on what would happen if you are scheduled a 12 hour shift on paper, but are expected to come in early to open the pharmacy and stay late because you need to catch up. A "12 hour" scheduled day turns into a 13 or 14 hour day. How do you prevent that from happening?	7/7/2022 10:53 PM
3	I think in retail they should cap it at 8 hours.	7/7/2022 10:21 PM

Meeting Materials

4	However, the pharmacy staff should not get penalized with an overbearing workload for taking a break. For example, if a pharmacy is open from 8 am - 5 pm without a mandatory break and now the mandatory break is required, that extra half hour of workload should not get squeezed into the total only 8.5 (vs 9) hour workday now.	7/7/2022 8:21 PM
5	There is no reason 1 pharmacist should have to work 12-14 hr shifts.... Yet many do in this state for retail pharmacies and just recently started getting 1 break during that time frame.	7/7/2022 8:00 PM
6	The longer the shift, especially in a busy store, the more fatigue sets in	7/7/2022 7:47 PM
7	Prefer longer than 30 minutes. Most Dr offices take an hour.	7/7/2022 5:52 PM
8	Difficult as there are many different pharmacy practice settings. Not all are RPHs and Techs work in a community pharmacy model where fatigue is a concern. Additionally, this could create an access to care issue for small pharmacies when employees call out or do not show up. To ensure access to care, overtime may be prudent.	7/7/2022 5:11 PM
9	I'm not sure how. Covering weekends almost always involves doubling back after a 12 hour shift.	7/7/2022 4:59 PM
10	Sometimes this is needed during emergency situations and COVID spikes. While it shouldn't be the norm, I don't think it should be straight up prohibited. But more breaks should be allowed.	7/7/2022 4:50 PM
11	There should be limit on hours worked, but to close the pharmacy for a break usually have a negative effect on the pharmacist.	7/7/2022 4:47 PM
12	While I think it's necessary to allow pharmacists with a choice to arrive early or leave late, I do not think so many pharmacists should have to do this just to keep things caught up at the store. There needs to be a way to ensure enough well-trained staff to get daily tasks complete during normal hours. A dark hour could help with this.	7/7/2022 4:32 PM
13	Not sure how this would work for a closing pharmacist. Most employers are offering a paid break. I wouldn't want the "paid" part to be eliminated and the shift extended.	7/7/2022 4:29 PM
14	i like this idea - but i think it would need to be something like...14 hours per 26 hour period or something like that. i think if someone works a mid-shift to close and then an open to mid-shift that is completely appropriate staffing. however - i think the working a full shift - then opening the next day is a lot.	7/7/2022 4:18 PM
15	Unfortunately, this isn't a one-size-fits-all proposal. Some people would rather work longer hours and fewer days. Most technicians I know would rather work through a break to stay on top of the job as opposed to taking a break and getting behind on the workload and then having to stay late.	7/7/2022 4:01 PM
16	Why should this be legislated. Encourage companies to do but really. 30 minutes per 24 hour day? Insulting. 30 minutes for every 6 hours or forget it.	7/7/2022 3:37 PM
17	Breaks at other times would be helpful, even using the restroom causes stress	7/7/2022 3:34 PM
18	Having workhour limits in line with other concentration-dependent industries makes sense in an attempt to limit the possibility of errors.	7/7/2022 2:23 PM
19	HELPS SOMEWHAT BECAUSE THERE ARE STILL PHARMACISTS THAT WORK 13/14 HOURS A DAY WITH NO BREAK...	7/7/2022 2:20 PM
20	We have 14-hour shifts at times. Our 1 break is impractical to even take, because of accumulated workload.	7/7/2022 2:15 PM
21	We already work 10-12 hr shifts with a 30 min break....just isn't enough time to shovel your food in and attempt to relax and unwind for a bit. Even Dr offices take an hour lunch.	7/7/2022 2:15 PM
22	I don't think it's the long hours itself. Its what happens in those 12 hours that makes the difference.	7/7/2022 2:15 PM
23	I agree to the 30 minute lunch break. I don't agree with the 12 hour day in 24 hours. Maybe no more than 14 hours out of 24 hours because many locations will do 7 days on and 7 days off work week.	7/7/2022 2:11 PM
24	I need a break as a rph	7/7/2022 1:59 PM

Meeting Materials

25	The first sentence, yes. The rest, no; micro-managing.	7/7/2022 1:49 PM
26	Should be up to rph discretion to work 13 hours. Cutting this would just increase days worked with less days off.	7/7/2022 1:46 PM
27	Doctors somehow claim that they are clear and focused to work for 18-hours straight. On the other hand truck drivers are limited by the number of hours they work. Arguments can be made for both sides, but I doubt seriously that the arguments will not be abused for the underlying bias of the one making the argument. Again, resources chase dollars.	7/7/2022 1:42 PM
28	Why hold back employees that want overtime? Let them make their own decisions as adults...	7/7/2022 1:39 PM
29	This should be recommended not mandated, many people are fine working more while others are not. I would hate to limit people who do want to work more	7/7/2022 1:32 PM
30	worked in a state with 12 hour max, as someone who has worked in multiple high volume stores, there was no benefit to the 12 hour max rule.	7/7/2022 1:22 PM
31	Yes, and don't pay attention to pharmacists who want to work 14 hours (if there still are any). That is irrelevant and dangerous to patient safety in the end.	7/7/2022 1:17 PM
32	Why should pharmacists be required to work 12 hours in a 24 hour period? They have more responsibilities tacked onto them than ever before. And not once in their duties was it mentioned the uninterrupted time needed to counsel patients (MTM). Maybe adding a requirement of having a clinical pharmacist (pharm D) rotate between pharmacies daily providing services that would take a load off the staff	7/7/2022 1:09 PM
33	I do feel breaks would help a pharmacist clear their mind and start back fresh after.	7/7/2022 1:07 PM
34	A lot of times a paid 12 hour shift turns into a 14 or 15 hour shift. Of those hours only 12 are paid to pharmacists because of "salary". This makes a pharmacist work for free those remaining hours just to get caught up for the day. This is mainly due to under staffing constraints with techs. If I work over, I do it to get caught up for that day because I will not leave a mess for the pharmacist working the next day. I think that needs to be compensated for.	7/7/2022 12:29 PM
35	I enjoy working 12.5-13 hour days-it frees up full days to do errands and I am aware of what's happening in the pharmacy all day	7/7/2022 12:26 PM
36	My 12 hour days (operating hours) often go longer as I work on other things. I worry that writing 12 hours into law will affect my malpractice insurance if I am not done with my duties.	7/7/2022 12:22 PM
37	Na	7/7/2022 12:13 PM
38	An occasional shift over 12 hours may be ok. Consistently working those hours is detrimental.	7/7/2022 12:12 PM
39	See above	7/7/2022 11:57 AM
40	I like the fact that there would be a cap on hours worked, but as made in comments by committee members, some pharmacists may choose to come in to work before their start of shift or stay after. I've done that many times myself so that I would be prepped and ready when patients arrived and to make sure I had everything cleaned up and checked once the gate was closed. Again, this could be the choice of the pharmacist, but could the pharmacist get paid for the extra time they are putting in?	7/7/2022 11:53 AM
41	Should create a good work-life balance.	7/7/2022 11:50 AM
42	I agree, but again I feel this 30 minute break needs to be fluid so that the pharmacist is able to take the full allotted time.	7/7/2022 11:40 AM
43	I believe this should mostly be to the discretion of the pharmacist. I personally prefer working 13 hours.	7/7/2022 11:29 AM
44	Most community pharmacies already do this and it doesn't change the workload. Corporate still expects the same amount of work to be completed, simply in less hours.	7/7/2022 11:01 AM
45	My store is open 13 hours and I work one long shift a week. If this rule is applied, I would never get a day off and I'm sure corporate would not shorten business hours.	7/7/2022 8:56 AM
46	Anything over 12 hours is excessive and leads to mental/physical fatigue increasing chance of error	7/7/2022 8:53 AM

Meeting Materials

47	if a pharmacy is open only 8 hours per day this isn't necessary in most situations.	7/7/2022 8:35 AM
48	Finally! How can we expect someone to concentrate when they're hungry and exhausted? One break over 13 hours is not enough!	7/7/2022 8:33 AM
49	Scheduling would be too complicated for the can't work more than 12 hours in 24 hour period. Also I like my current schedule but that means I close in a Tuesday and work a 12 hour day on Wednesday. My current schedule gives me a consistent day off every week in order to plan doctor appointments. I do like the required break portion of this.	7/7/2022 8:18 AM
50	Again, having a moment to breathe, eat, use the restroom without the phone ringing or constant interruptions is life-changing. Will 100% Improve outcomes for everyone if basic human needs are met uninterrupted	7/7/2022 8:05 AM
51	Limiting hours worked could create a situation in which the pharmacist is required to still complete the same amount of work in a shorter time and therefore would not be beneficial or even harmful.	7/7/2022 12:21 AM
52	No one should be forced to work more than 12 hours but if there's a young energetic pharmacist that wants to do it that should be up to him or her. I don't think this will have any effect on workload. I would rather work a long shift than 2 six hour shifts. Since they have taken away most of our overlap, a 32 hour work week is 4 six hour days and 1 eight hour day. It's getting ridiculous.	7/6/2022 11:59 PM
53	Would then shift burden to the next staff or pharmacist	7/6/2022 11:31 PM
54	Signs don't help	7/6/2022 11:28 PM
55	A limit on hours worked could help, but I think that 12 hours is too much for a single shift. Many in the medical industry do work 12 hour shifts, but human performance drops off before that. I don't know why 12 hours became a standard, but it should not be.	7/6/2022 11:08 PM
56	Decrease in fatigue and increase in accuracy.	7/6/2022 11:04 PM
57	This would greatly improve stress and errors.	7/6/2022 10:23 PM
58	My pharmacy is not open more than 12 hrs a day. And the closing staff also should get meal breaks, not just the openers, so yes.	7/6/2022 10:08 PM
59	Many pharmacies already have started closing for meal breaks which is helpful. Limiting shift length may or may not be helpful when you consider many physicians and other health care workers work 24+ hour shifts regularly	7/6/2022 10:00 PM
60	This needs to also pertain to exempt/salaried staff as well	7/6/2022 9:44 PM
61	Yes! I work 13 hour days, so I would be on board with 12 hour days! That extra hour is treacherous.	7/6/2022 9:32 PM
62	This right here will resolve many problems. We have too many pharmacists and techs working too long without breaks.	7/6/2022 9:29 PM
63	I think this would create more staffing problems or maybe I'm reading this wrong. I have students that choose a schedule of two 12 hours shifts due to their scheduling choices. Or others that like to work for long days off. I have patient attitude and aggression that would happen if closing but if it was state wide it may work.	7/6/2022 9:23 PM
64	An pharmacist should have the choice to work a 13 hours shift if the store is open from 8:00-9:00, assuming there is downtime during a lunch break.	7/6/2022 8:58 PM
65	This is already in practice at most pharmacies I know of. If not, yes, this is a good idea.	7/6/2022 8:27 PM
66	It's not the hours it's the level of staffing	7/6/2022 7:54 PM
67	13 hour shifts are killer. I don't even benefit from an extra day off per week to recover from them either. I def feel less safe dispensing on those days as the day progresses.	7/6/2022 7:28 PM
68	With the proper staff this could provide some relief. The issue would be the transition.	7/6/2022 7:24 PM
69	This is not really an issue for most pharmacists	7/6/2022 6:48 PM
70	I would recommend this be changed to no more than 24 hours in a 36 hour period because	7/6/2022 6:43 PM

Meeting Materials

many pharmacists enjoy a schedule of working two 12s and then having a day or two off.

71	Normally I would agree but my location has 14 hours open daily which this would be an issue for us.	7/6/2022 6:00 PM
72	This often happens for on-call pharmacists and technicians in hospitals, who need to stay for a double shift.	7/6/2022 4:17 PM
73	The sign is great. The hours stipulation hurts when you want to switch days with your partner for a needed day off for an appointment or other situation	7/6/2022 4:05 PM
74	A half hour lunch break is not long enough especially for a full shift. Customers always limit these breaks to 15-20 min anyway. They have the power to give bad surveys.	7/6/2022 4:03 PM
75	We are already permitted a 30 minute lunch break but the customers are so rude to my technicians during this time since no prescriptions can be dispensed. I don't even get a meal break at this time as I have to use it to express my breastmilk for my infant since I don't get enough breaks as it is	7/6/2022 3:59 PM
76	Offer better pay to techs	7/6/2022 3:58 PM
77	I think some places, like rite aid, where sometimes you work 13 or 14 hours but then have three or four days off in a week works better than working 8-10 hours five days a week so I would still like the option to work a 14 hour shift if it means I get more days off in the week.	7/6/2022 3:50 PM
78	Should be 8 hours max.	7/6/2022 3:30 PM
79	Size of workload is more important than hours worked.	7/6/2022 2:10 PM
80	We have a pharmacist shortage in retail pharmacy. It is due to the mistreatment of Pharmacists. We are mistreated by the public, mistreated by the prescribers, mistreated by the companies we work for and underpaid. When limits are put into place, hour wages will be reduced by reducing the hours we are paid. The workload will not be reduced and as usual we will end up working for free. I work roughly 10-15 hours a week without pay. If I did not work these hours then I would not get the requirements of my job completed. My hours were cut from 43 hours a week to 32 hours a week to do the same amount of work. Actually the script counts have increased but the pay and hours are not increased.	7/6/2022 2:08 PM
81	I used to work 14 hr days with no break. Very stressful	7/6/2022 12:58 PM
82	As long as those breaks actually happen. Most of the time they're "given" but not taken bc there's no time in the day to do it being under staffed and constantly playing catch up.	7/6/2022 12:21 PM
83	For pharmacies that are open 8am to 9pm, for example, this would make scheduling unnecessarily complicated.	7/6/2022 12:09 PM
84	12 hours is still too long at a store doing over an average of 400 a day even with a break. 9 or 10 hours is the most that should be expected. You just can't think straight after that at a busy store	7/6/2022 11:38 AM
85	This is how walgreens already works, more or less	7/6/2022 11:36 AM
86	I say across OHIO make 1-2 pm mandatory for all community pharmacies to close so everyone can have a break would fix this problem.	7/6/2022 11:29 AM
87	I would prefer this number to be decreased to 10 hours or a total number of prescriptions say 300 per shift.	7/6/2022 11:26 AM
88	Work will just pileup during the break times	7/6/2022 11:20 AM
89	This hopefully will cut down on exhaustion	7/6/2022 11:04 AM
90	Again, I love this idea. Pharmacists are people too - however many operating hours of pharmacies are 13-14 hour days. We can split shifts but then it usually means we get no complete day off per week? So if this is implemented, maybe we can only operate for 12 hours per day then? Or there needs to be 3 pharmacists per store	7/6/2022 10:54 AM
91	Meal breaks are great, 12 hours per shift is fine. Limiting to every 24 hours may limit scheduling flexibility for pharmacists that can handle working longer shifts for more full days off.	7/6/2022 10:51 AM

Meeting Materials

92	Honestly if I'm limited to hours worked it just harms me. Things need to get done so I'd rather be able to stay late and get it done then come in the morning to a disaster	7/6/2022 10:47 AM
93	Longer work days usually means more risk of an error. Creating errors equals more stress.	7/6/2022 10:47 AM
94	Although meal breaks are being offered at stores with one pharmacist on duty other stores are expected to maintain status quo and try to squeeze in a meal break. These meal breaks do not seem to be happening at these locations and I believe it should be standard to close all locations for 1/2 hour so staff can grab a meal or rest.	7/6/2022 10:45 AM
95	This is already being done so it will have no impact. What you fail to realize is that pharmacists are basically salaried employees. I stayed past 12 hours because if I didn't I was just passing the work load/disaster to the next day employees.	7/6/2022 10:44 AM
96	What is a break! It is a sprint all day, everyday. Techs sometimes don't take a lunch. Never get 15 minute break. Retail is hell and dying fast	7/6/2022 10:42 AM
97	Mandatory coverage for breaks for inpatient pharmacists, including coverage to answer wireless phones and messages.	7/6/2022 10:33 AM
98	I challenge anyone to stand up only 4 hours straight and see how tired you get	7/6/2022 10:33 AM
99	I am in support of this provision. Although it does not address workload issues, it provides staff an adequate level of necessary rest to come back refreshed for their next shift.	7/6/2022 10:29 AM
100	We currently implement tech limits. I believe it is helpful for pharmacists as well	7/6/2022 10:25 AM
101	this is the key but NOT 12 hours! 10 hour max shifts is the key. an Rph working 12 hours is going to harm or kill someone. After 9 or 10 hours your brain is mush you cannot be as sharp as you were earlier in the day. You are burnt out. This is one of two things that will help. The other being max number of rx's per hour per Rph. If you are filling 70 rx's per hour with 1 Rph, how much time care and concern goes into those rx's and patients? less than 1 minute. Anything other than these two issues is just window dressing to appease the corporations.	7/6/2022 10:21 AM
102	Our store is open 8am to 10pm. By cutting the day to 12 hours, means our pharmacists would end up working more days (less hours per day) which could negatively impact the pharmacist's home life. They could close our store 2 hours early but that means we would have 2 hours less to get our work done. The work is not decreasing just because we are open less.	7/6/2022 10:17 AM
103	I don't know that this rule really changes much right now to current practice. Many of us work a 12 hour shift already and get a break.	7/6/2022 10:02 AM
104	I have been hearing this for the last 15 years	7/6/2022 9:00 AM
105	See above, pharmacists should be mandated a break just like literally every other industry	7/6/2022 8:35 AM
106	There should simply be enough staffing required to cover breaks and stay open. Otherwise, you come back to more stress than you left.	7/6/2022 7:35 AM
107	CVS pharmacists go in early and stay late every day to not bury themselves or their partner. Go after the corporations!	7/6/2022 4:28 AM
108	Does it limit just bench work? What about conference calls and other non-clinical work? What happens if work accumulates due to staffing shortage? Can you stay to work extra, or is the pharmacist or company penalized? If so, how?	7/5/2022 10:34 PM
109	This will be hard to enforce. I agree it will help tremendously IF the rule is enforced.	7/5/2022 8:53 PM
110	We are already having trouble staffing our locations with pharmacists, this would make it more difficult to staff locations...leading to store closures that increase the workload on days the pharmacy is open.	7/5/2022 4:31 PM
111	very good idea. or if working 12 hours or more in 24 hr period, then have extra 30 min break	7/5/2022 2:01 PM
112	12 hour shifts are still brutal on pharmacists and are difficult to safely work. Max should be 10hrs	7/5/2022 1:19 PM
113	This does not change the workload, but considers patient safety and pharmacist health. Another point should be the number of hours a pharmacist works in a week.	7/5/2022 12:58 PM
114	Breaks are so needed	7/5/2022 12:36 PM

Meeting Materials

115	I can tell you from experience that long shifts lead to less mental acuity and errors. Even 12 hour days are mentally difficult and shouldn't be permitted in most work places.	7/5/2022 11:51 AM
116	This could go either way. It would definitely help burn out to have a cap, but people who want to go over the cap may be frustrated. Also, there might just be not enough workers then. If you have open positions and just can't find technicians, then this actually hurts more than it helps. The signage is a good idea though.	7/5/2022 11:44 AM
117	Twelve hours sounds like a lot, and my family would agree, but with a single pharmacist on duty at a time it is a common practice.	7/5/2022 7:12 AM
118	Yes please... limit the number of retail managers aloud to serve on the board to well zero	7/4/2022 9:32 PM
119	Sometimes we are scheduled 13 hours (8 AM to 9 PM) to provide a paid hour of time to work before the pharmacy opens. If this idea is implemented, companies may just schedule pharmacists 9 AM to 9 PM. Then pharmacists will be coming in an hour early to do this work unpaid, because they feel they need to in order to be caught up.	7/4/2022 4:40 PM
120	Pharmacy is the most accessible industry I can think of. Most only actually close their door a couple times a year and are usually open 12 hours or more to the public.	7/4/2022 3:53 PM
121	13-14 hour shifts are brutal, especially if you are in a higher volume community pharmacy.	7/4/2022 3:15 PM
122	My employer will continually overwork staff. This is a concern because the additional fatigue leads to more errors and more near misses which is a danger to our patients.	7/4/2022 2:53 PM
123	Must make it mandatory for ALL pharmacies not just the Walmarts and Walgreens.	7/4/2022 2:34 PM
124	California already does this!	7/4/2022 12:20 PM
125	A pharmacist (no matter who they are) is not as focused after long hours	7/4/2022 11:42 AM
126	Completely agree	7/4/2022 10:20 AM
127	Also 15 minute breaks should be permitted.	7/4/2022 7:47 AM
128	There should also be a limit to the number of days "in-a-row" worked.	7/4/2022 3:37 AM
129	As long as pharmacists aren't prohibited from working greater than 12 hours (assuming they agree to it) I support this.	7/3/2022 9:04 PM
130	Good idea. Keep in mind practice settings. Hospital pharmacy night shift pharmacist may not have ability to take a break. Can't close the hospital pharmacy. 24/7 LTC pharmacy cannot close either for calls from nurses at nursing homes.	7/3/2022 7:00 PM
131	12 hours is reasonable	7/3/2022 4:46 PM
132	There would no longer be weekends off since working 12 hours on Saturday and 8 hours on a Sunday would not be allowed. The breaks and meal breaks are excellent	7/3/2022 3:17 PM
133	Must include time that an employer expects the pharmacist to be there before and after business hours	7/3/2022 2:50 PM
134	Some employees like working long shifts. Having more people available is better than limiting resources.	7/3/2022 2:39 PM
135	This could work but it also relates more to staffing, if we place a "hard stop" at 12 hours and there is still work that needs to be done after those 12 hours then it will just be passed down to the next pharmacist on duty and it will create a snowball where eventually you are working inefficiently just to play catch up. More mandated hours would allow everything get done in a timely and safely manner.	7/3/2022 2:06 PM
136	If you change the 12 to 8 hours the dynamic will change. Outcome will be better.	7/3/2022 10:56 AM
137	I'm not allowed to clock into my shift until 5 minutes before it starts and 5 minutes after the end of my shift, ridiculous! Behind from the start.	7/3/2022 9:19 AM
138	8 hours per 24 hours would be more reasonable than 12 hours per 24 hours.	7/2/2022 11:33 PM
139	I don't think any person should work more than 12 hours in this profession--even though it still happens. Mistakes are inevitable.	7/2/2022 11:03 PM

Meeting Materials

140	There needs to be a provision of not being paid while working. It is unacceptable that corporations give unreasonable expectations where the pharmacist must stay over to complete the work. Pharmacists should only be allowed to work when being paid to work as well.	7/2/2022 10:06 PM
141	Walgreens already follows this, except technicians no more than 10 hour shifts and pharmacists can't be scheduled back-to-back 12-hour shifts (unless voluntarily picking up extra shifts)	7/2/2022 1:25 PM
142	I quit Rite Aid when they wanted me to increase from 12 hour days to 13-14 hour days because I felt those long hours would not be in the best interest of the patients.	7/2/2022 12:36 PM
143	i still come in early and leave late after a shift i down get paid for these hours i don't want to come into a "pig pen" and i don't leave a "pig pen" for the rxist coming in to work we on average fill 20% of our prescriptions in the first few hours of the business day	7/2/2022 8:34 AM
144	12 hour shifts are too much.	7/2/2022 8:20 AM
145	12 hour shifts suck.	7/2/2022 12:04 AM
146	We already have this. Breaks are not being taken because we cannot get caught up.	7/1/2022 10:27 PM
147	Lots of pharmacists work off the clock to keep up with the pace. This rule won't change anything.	7/1/2022 9:15 PM
148	A tech can work 8 hours if a pharmacist can work 12	7/1/2022 7:08 PM
149	There should be limits, unless signed off by the technician or pharmacist that specifically states they're okay going over the allotted hours and by how many and when.	7/1/2022 6:58 PM
150	Some of our locations are open 14 hours. Operating hours would need to be decreased which makes complete sense to me.	7/1/2022 6:38 PM
151	Limit hours to 12 hour shifts, no more than 24 hours worked in a 48 hour period. Large chains should start a pharmacist shift 30 minutes before and after their shift and pharmacists should be paid for that time worked. Unless the large chain would like the pharmacist to walk in and out with the patients.	7/1/2022 6:31 PM
152	This is a hard one for me. I currently work 13 hour days when I close (13 on paper...13.5-14 because I come in early to get more done in quiet). I don't have an issue with them. Some pharmacists can't do them or like them, and I respect that. I have a colleague that works for a chain and for awhile they couldn't work long shifts, so she was working 6 short 6 hour days. That would be awful to be working basically every day.	7/1/2022 2:17 PM
153	I would suggest a thirty-minute meal break for every 6 hours worked, thus 12 hour shift would have two separate thirty-minute meal breaks.	7/1/2022 2:00 PM
154	If it will help that would be great	7/1/2022 1:52 PM
155	Not feasible to be implemented. Good thought but not possible	7/1/2022 1:12 PM
156	Time worked when not open should count to the 12 hours. Many times this is used to clarify/correct prescriptions and basically catching up on what would be routine work during the day.	7/1/2022 12:47 PM
157	Should the meal break be in the middle of a 12 hour shift? Because lunch 130 to 2 makes the Rph work 7 hours after lunch when they close at 9	7/1/2022 9:06 AM
158	May want to allow 13 hour shifts.	7/1/2022 7:04 AM
159	Except the meal break	7/1/2022 7:01 AM
160	I agree, but pharmacists should be able to pick up additional paid hours as needed, on a voluntary basis. I'm more concerned about mandatory time between shifts, giving appropriate rest time between shifts. Overtime rules should apply. Pharmacists should not be routinely required or expected to come in early or stay late, just to get their necessary work done. They should be paid for all hours worked. Lunch breaks are great, but sometime unfeasible in closed door pharmacies where the pharmacist may be working alone (such as long term care pharmacies), or only with techs meaning the pharmacy would have to close when they leave. They should be otherwise compensated though.	7/1/2022 2:48 AM
161	we used to work 14 hour days without breaks. Now with the lunch break and shorter store	7/1/2022 12:49 AM

Meeting Materials

	hours this wouldn't be much of a change.	
162	See #2 comments....agree anything over 12 hours is too much	7/1/2022 12:22 AM
163	Protect pharmacists from getting burnt out.	6/30/2022 11:42 PM
164	If a pharmacist works 12 hour days- 2 breaks should be implemented if the pharmacist is the only pharmacist on duty.	6/30/2022 10:01 PM
165	Great idea, but customers don't care if we get a break	6/30/2022 9:59 PM
166	Please do not affect the schedule writing. I would gladly work 3 back to back 12 hour shifts to get a couple of extra days for vacation.	6/30/2022 9:56 PM
167	Some chains just take advantage of their employees, especially floaters. Scheduling them back to back 13 hour shifts over an hour away from their homes. This turns into a 15 or 16 hour day!	6/30/2022 9:51 PM
168	This could be problematic for non 24 hour hospital pharmacies. If one of my pharmacists closes (1030-2100), and comes back in at 0800 the next day, they'll have 12:30 worked between 1030 and 1030, assuming 30 a minute lunch on day 1. Those 10 hour shifts are actually preferred by my staff to any other suggestion I've made, yet would be non-compliant with this rule.	6/30/2022 9:49 PM
169	Unless pharmacies could only be open 12 hours. Most are 13 and would make pharmacist/techs have to work an extra day	6/30/2022 9:28 PM
170	A 12 hour shift is still way too long!!! It's exhausting. The max a pharmacist should work is 10 hours.	6/30/2022 8:57 PM
171	I am not sure why the board thinks it is okay that pharmacists should even be allowed to work 12 hour shifts in the first place. We are required to focus on so many different tasks at the same time. Over and over again in a 12 hour period. A truck driver focuses on one, driving. Yet, we worry the truck driver will get fatigued. We do not worry about a pharmacist standing on his or her feet all day, barely having time to run to the restroom, shoving food in before they open back up from lunch, having to focus on everything going on in the pharmacy (while trying not to make a mistake that could kill someone), not being able to get another meal in and blood sugar dropping, being constantly interrupted, etc, etc. Pilots and truckers do not have boards like we do. They have union representation.	6/30/2022 8:54 PM
172	Working hours vs paid hours? I can't count the number of times I worked after closing to get caught up on refills, paperwork, inventory ordering, etc. 12 hours of open counter time ended up being 14 hours of work. Two hours basically unpaid. Then back at work at 8am the next morning.	6/30/2022 8:26 PM
173	So when there is a call off, people will just work alone and really be overworked	6/30/2022 7:05 PM
174	Breaks are needed for the RPH. It will be nice for technicians to have an extended break from 15 to 30 mins.	6/30/2022 6:57 PM
175	Would need exceptions for voluntary hour/shift pickup	6/30/2022 6:42 PM
176	Under Dept of Labor rules, aren't techs supposed to be legally able to have a lunch break if they work more than 6 hrs? HOId the corporation accountable to the labor laws currently in place. They should be doing this now, unless there is an emergency.	6/30/2022 6:12 PM
177	This would help with employee morale and personally, as the pharmacist, give me time to regroup and feel more comfortable working while understaffed. Please don't forget the independent pharmacies.	6/30/2022 6:11 PM
178	The general public hardly reads any posted information unless it is placed everywhere.	6/30/2022 6:10 PM
179	Also two 15 min breaks for 12 hrs	6/30/2022 5:44 PM
180	I think the public have become used to the idea of pharmacies needing to close for breaks. And Covid has brought unannounced closings to the forefront. If businesses don't stay ahead of hiring/staffing issues, forced closures should be the next best plan.	6/30/2022 5:36 PM
181	I would expect that there would be some exceptions for national disasters, etc.	6/30/2022 5:21 PM
182	Again - ONLY if someone is covering for that person at lunch. Otherwise there is no point. You	6/30/2022 4:47 PM

Meeting Materials

are just backed up.

183	This needs to apply to hospitals too	6/30/2022 4:17 PM
184	Agree with the first part. Not the second.	6/30/2022 4:07 PM
185	I'd go further, fair labor practices say 1/2 hr lunch and 2-15 min breaks. Drive time should count in the 12 hrs!	6/30/2022 4:07 PM
186	The public wants their prescriptions. The reason the lunch break is difficult to institute in a retail setting is the perception of "bad customer service".	6/30/2022 3:42 PM
187	Even 12 hours is too long in a retail environment. Pharmacists just like it because they can work full time and have more days off but again it can be dangerous	6/30/2022 3:29 PM
188	I think you should have a hard rule on working an excess of 9-10 hours. At that point most people are starting to have a cognitive/focus decline at that time frame. 12 hour days are unsafe and unnecessary with the sheer volume of pharmacists out there. Again. We are forced into these predicaments by the corporations who are only interested in "doing more with less" to make record profits at the cost of our mental health and the safety of our patients	6/30/2022 3:28 PM
189	I was required to work five days in a row each 12 hours in a chain. Yes this needs to stop	6/30/2022 3:21 PM
190	there should be weekly limits as well.	6/30/2022 3:17 PM
191	If you look at soldiers in war time it's soldiers overall duty cycle. If you getting shot or bombed or blown up most of the time then you're going to suffer mentally. If you get shot at very little and most of your job is support or what night you'll come out unscathed . Right now Pharmacy has a constant battle everyone it seems and everything is against the technician to pharmacist and people will become sick of this	6/30/2022 3:06 PM
192	Could reduce errors	6/30/2022 2:58 PM
193	It is ridiculous to expect someone to maintain constant focus and diligence for long periods without breaks. The parallels between pilots, long-haul truckers, and pharmacists are real.	6/30/2022 2:49 PM
194	will this apply to all shifts ? most just close from 130-2 so the evening pharmacist does not get a real break	6/30/2022 2:36 PM
195	This would interfere with working the closing then the opening shift the following day	6/30/2022 2:33 PM
196	This would be great. Our current break time is right after lunch. I commonly come in after that time and work 6-8 hours with no break as a result. I would love to have an evening break, but not sure how to implement.	6/30/2022 2:31 PM
197	And meal breaks are not fluid. If 2pm hits, the place is closed not 2:03pm	6/30/2022 2:08 PM
198	We need a break. We do not currently get one.	6/30/2022 2:02 PM
199	Yes. A meal break should be a requirement. Pharmacists cannot empty the tank and continue safely working. They must refuel to stay attentive.	6/30/2022 2:02 PM
200	The meal break seems appropriate but the 12 hour max rule seems strict. There are many instances I can think of where a technician would work more than 12 hours in a 24 hour period but not continuously.	6/30/2022 2:01 PM
201	Hospital pharmacists need limits too! I work 13 hours scheduled with no break multiple days in a row! Getting adequate rest is necessary for best mental function which is so important for patient safety! Help us keep our patients safe!	6/30/2022 1:56 PM
202	This would help a lot	6/30/2022 8:41 AM
203	Yes!!	6/29/2022 10:55 PM
204	Prevent Burnout	6/29/2022 9:24 PM
205	Pharmacy must be closed during this time.	6/29/2022 7:10 PM
206	I believe this would help with safety.	6/29/2022 4:58 PM
207	See above comments. Won't work unless you shut down. It just won't happen in a busy store if the staff cares at all about their customers.	6/29/2022 9:18 AM

Meeting Materials

208	Great idea	6/29/2022 9:17 AM
209	YES. YES. YES.	6/29/2022 8:09 AM
210	This should be no longer than 8 hours or after 8 hours another pharmacist comes in for 4 hours overlap. Would you want your surgeon operating on you for 12 hours after operating for 12 hours every day for the last 3 days? I wouldn't.	6/29/2022 7:45 AM
211	I don't like the wording. "Shall not require" means you still can "voluntarily" if you want to keep your job.	6/29/2022 5:56 AM
212	I believe that pharmacists pursue a job which fits their lifestyle and schedule. For many pharmacists (including myself) we prefer to work longer days and then have more days off. This regulation would micromanage the options and attempt to create a one-size-fits-all approach to pharmacists' schedules.	6/29/2022 12:31 AM
213	The question is when working 12 hours with one 30 minute break	6/28/2022 10:10 PM
214	Great idea you can probably get this done politically too. Go for it!	6/28/2022 9:16 PM
215	Luckily, this was recently implemented in our pharmacy	6/28/2022 8:42 PM
216	This would not be helpful in a store with multiple pharmacists and many times causes pharmacists to work longer at the end of shift to catch up	6/28/2022 7:49 PM
217	Make a mandatory shutting of the gates break	6/28/2022 6:48 PM
218	Is this a joke? Isn't every chain already doing this? What's the error rate currently? Is it acceptable? Would you trust your loved one to fill their prescriptions at a Walgreens or CVS?	6/28/2022 5:32 PM
219	In many other fields, hours are limited. We are dealing with patient's lives and are sometimes expected to work 14 or more hours.	6/28/2022 4:17 PM
220	Yes, subject to the pharmacist's willingness to work longer if they so choose.	6/28/2022 4:03 PM
221	Require or allow? If a staff wants to pick up a shift electively >12h total is that allowed? ASHP standards allow for residents to work up to 16h per day in their duty hour policy - this should not override that.	6/28/2022 3:09 PM
222	See above comments regarding breaks/rest periods.	6/28/2022 2:34 PM
223	This may help if corporations can pare down their 13, 14 hour days. Otherwise the pharmacist just ends up working in the pharmacy more days per week...ie instead of 3 13 hr days to get 39 hrs, they would work 3+ days	6/28/2022 2:30 PM
224	I	6/28/2022 1:38 PM
225	This could reduce access to medication in small communities with limited staff.	6/28/2022 12:39 PM
226	The 30 minute break will only actually be near 30 minutes if we are allowed to keep food items in a non-drug-handling area of the pharmacy or near the pharmacy, not across a huge warehouse-size building that wastes the majority of our break getting to and from and get interrupted by patients and customers a half dozen times walking through the store to their gross, tiny break room. This is more stressful than no break, so there must be allowances for keeping and eating a lunch in the pharmacy, in a non-drug-handling area, of course.	6/28/2022 12:35 PM
227	The option to work longer hours should be up to the individual.	6/28/2022 11:24 AM
228	Is this a rolling 24 hours? That should be clarified so there aren't issues in a close/ open situation.	6/28/2022 11:19 AM
229	I don't want to be forced to take a 30 minute meal break...I would rather do it at a time during the day that makes sense...or take smaller breaks when pharmacy is not as busy.	6/28/2022 11:13 AM
230	8 hrs shifts are fine with the appropriate staffing	6/28/2022 10:45 AM
231	I work 14 hours shifts with a lunch break that is constantly interrupted as company policy requires that I am available to counsel patients during that time (so no break)	6/28/2022 10:26 AM
232	Would be nice	6/28/2022 9:30 AM
233	Working 13 hours straight not including coming in early or staying late is not healthy. Limiting	6/28/2022 9:09 AM

Meeting Materials

hours worked would help a lot. Even if it's just one less hour.

234	We have implemented this recently at my company (meal breaks), but having it backed by the Board would be nice	6/28/2022 8:45 AM
235	A mandate of this type has been achieved in other jurisdictions (e.g. California), but it is not a universal requirement. Patient care, operations, and revenue take precedence over work hours.	6/28/2022 8:41 AM
236	I think 12 in 24 is fine, but in retail, many locations are open 13 hours. The result could be that the pharmacist work 8 hours and another work 5, but cumulatively for the week the pharmacist could actually lose hours, which isn't really fair.	6/28/2022 8:35 AM
237	Would be hard at my store where we are open 13 hours during the week	6/28/2022 8:23 AM
238	I think this is consistent with federal labor laws.	6/28/2022 8:18 AM
239	Agree with the requirement for a lunch break. Disagree with the twelve hour limit. Some technicians may prefer to work a few long shifts (the longest I have seen is 14 hours) in a week rather than more shorter shifts.	6/28/2022 7:53 AM
240	Hours worked is not the issue. Inadequate staffing is the issue.	6/28/2022 7:44 AM
241	This rule would be the death of effective instruction in pharmacy residency programs where residents have learning opportunities 16 hours a day. Residencies would need to expand to more than 12 months for the same amount of learning to occur. The learning times are often very low stress, so excepting these programs for such a rule would be appropriate.	6/28/2022 7:10 AM
242	I works most of time 12 hr shift hardly got break for 20 mins. It's very hectic	6/28/2022 5:16 AM
243	We get 30 minutes as it currently stands but as mentioned it is often dwindled down as the pharmacist is due back by sag 2 pm but the tech must clock out for 30 minutes. I end up with an only 20 minute break and then work without staff for 10 minutes. If the board rules require opening at certain times and much at certain times this needs to be flexible for lunch. If I go 10 minutes late I come back 10 minutes late.	6/27/2022 11:49 PM
244	This would help. Today I was 2 to 10 pm, tomorrow I am 9 am to 9 pm, and the next day I am 8 am to 4 pm. This shouldn't be allowed. It's too much I am only supposed to be 32 hours per week and I worked almost 100 hours last pay period.	6/27/2022 11:40 PM
245	Absolutely needed for patient safety and to reduce Pharmacist burnout.	6/27/2022 11:31 PM
246	Some stores are open 13 hours and that is not much more strenuous than 12. It should be based on workload and how much tech help is staffed during the shift. Meal breaks should be mandatory for pharmacists working long shifts including overnight rph.	6/27/2022 11:08 PM
247	The wear and tear that standing in one place in front of a computer screen takes on your body over the years is bad. Obesity,diabetes,bad knees and hips are just some of the problems. This is what I propose, you can work one 12hour shift in a 7 day cycle. No pharmacist can work more that 8 hours in a shift except one the one 12 hour day.	6/27/2022 11:07 PM
248	Putting a sign up that says the pharmacist will be taking a 30 minute break is just optics. The pharmacy should close for 30 minutes, otherwise, pharmacists are not taking breaks.	6/27/2022 11:06 PM
249	And any infractions should be reported to the BOP for reasonably timely follow-up with corporate management and include "whistle blower" protections.	6/27/2022 11:06 PM
250	Yes, please!! Enough of these companies scheduling a 12 hour shift followed by another 8-12 hour shift the following day.	6/27/2022 10:51 PM
251	Please!!	6/27/2022 10:06 PM
252	Some rphs like working long hours due to family obligations during the week	6/27/2022 10:03 PM
253	Work life balance allows RPhs to work 3-4 days per week with full time hours. Changing allowed hours, especially RPhs who drive long commutes and don't want to work extra days would be disappointing. Not every store is "overworked" this would make me have to work more days and not be at home as much.	6/27/2022 10:00 PM
254	This is not something that is one size fits all. Some pharmacists are fine and prefer working long hours. A lunch break is nice, but I do not personally require or need one for a 6 hour shift.	6/27/2022 9:46 PM

Meeting Materials

255	This would solve my interruptions issue. It however will have no impact on workload as work will pile up during this time.	6/27/2022 9:31 PM
256	Has the pandemic taught us nothing? We have to have flexibility in staffing plans to respond to staffing shortages and patient surges. This requirement also hinders the ability to provide continuity of services for typical staffing coverage. For example in a hospital, operating 24/7, it's not uncommon for a PM call off to be covered by the AM pharmacist staying late. That may be greater than 12 hours, but still can provide >10 hours between shifts for rest/recovery. To place limits on how to respond to unexpected staffing needs puts patients in danger. Also, this conflicts with a large body of research and experience in high-risk medical settings -- see medical resident duty hours restrictions for comparison.	6/27/2022 9:16 PM
257	This would prevent closing late and opening early which would help decrease stress and increase safety	6/27/2022 9:12 PM
258	This doesn't apply to my pharmacies, we are only open 8.5 hours a day. All staff that work more than 6 hours already get a lunch break. I fear if this is implemented, it will somehow be twisted to be a detriment. What happens if we have a natural disaster - tornado, flood, etc.. and emergency measures are needed. Are you going to require emergency rooms and hospitals to follow the same rule?	6/27/2022 9:04 PM
259	This would help with patient safety	6/27/2022 9:03 PM
260	No one want to work 5-6 days a week splitting days. It would be nice if pharmacy was only open 12 hours but many are open 13 hours and we always come in early so work 13-14 hours a day	6/27/2022 8:59 PM
261	Simply isn't safe to expect pharmacists in the current retail environment to work even 12 hour days. It's not good for patient safety and certainly not for pharmacist's health and well-being.	6/27/2022 8:57 PM
262	Already happening...12 hours as lone pharmacist is not always safe.	6/27/2022 8:50 PM
263	Same as answer above, the overload after you get back from break is not worth it	6/27/2022 8:42 PM
264	Should be limited to 10 hours. And if it is 12 hours then the pharmacist should get 2 meal breaks	6/27/2022 8:38 PM
265	Rite Aid posts this at the cash counter but as small as a penny for patients and guests to see	6/27/2022 8:10 PM
266	I personally work up to 14 hour days and would appreciate a cap at 12 hours	6/27/2022 7:58 PM
267	Pharmacists who are adequately supported and with appropriate breaks could potentially work for slightly longer than 12 hours. The limit should be 14 hours	6/27/2022 7:57 PM
268	12 hour shifts are entirely too long.	6/27/2022 7:53 PM
269	Pharmacists should not work more than 8 hours per shift.	6/27/2022 7:52 PM
270	Companies will find a way around it. They already don't pay us for extra hours used for catch up, they won't let us count those towards the 12 hours here either	6/27/2022 7:51 PM
271	Except I also think it should say that they should be allowed eight hours before their next shift - hospitals have on call and therefore have some people working to cover a night shift then require them to come back for their evening shift. Also sometimes a tech is working almost 16 hours if they work their evening and then get called in. There should definitely be more regulation.	6/27/2022 7:51 PM
272	No one in a pharmacy should ever be scheduled more than 10 hours. 12+ is madness. It's physically exhausting to stand (not allowed to sit) that long without breaks, it's mentally draining and after about 9 hours you are NOT checking prescriptions as accurately as you were at hour 2. Extremely dangerous and useless. No one needs to work that long if we're properly staffed. 12 hour cap is NOT enough.	6/27/2022 7:46 PM
273	That is great for rph sanity	6/27/2022 7:39 PM
274	I see this as a logical directive	6/27/2022 7:38 PM
275	I have worked 13 hour days and it is too much.	6/27/2022 7:31 PM
276	If a pharmacist is not allowed to work more than 12 hours; the following scenarios will have to happen: 1. store hours will need to change to 12 hours, 2. pharmacist will end up working 7	6/27/2022 7:29 PM

Meeting Materials

days a week due to the fact that they will be working 5-6 hours shifts. Corporations do not give 8 hour overlap days, at most (if any) pharmacist overlap 1-2 hours once a week. 3. Pharmacist hours will be cut from 40-42 hours to 32-36 hours to meet this criteria. Again, its not the hours as much as having staffing for the VOLUME of prescriptions; this includes more pharmacist and technicians.

277	My 13 hour days with no break were way too long, and I think in most retail pharmacies this would be a good thing. Hospitals run differently and might not need as stringent requirements.	6/27/2022 7:15 PM
278	There are definitely not enough pharmacists or technicians to do this. Stores will have to close	6/27/2022 7:13 PM
279	Again common sense requirement that should have been done long ago.	6/27/2022 7:03 PM
280	HOW ABOUT THIS- TIME AND A HALF FOR OVER 8 HOUR SHIFT AND OVER 40 HOUR WEEK- FORCE THESE DAMNED GREEDY CORPORATIONS TO TREAT US LIKE HUMAN BEINGS INSTEAD OF ROBOTS	6/27/2022 7:01 PM
281	corporate will still expect all work done so will have to stay late or come in early off the clock without compensation	6/27/2022 6:57 PM
282	This does nothing for mandatory 12 hours back to back to back to back, etc.	6/27/2022 6:47 PM
283	We do this already	6/27/2022 6:33 PM
284	This should be left to market conditions and individual discretion of the licensed professionals.	6/27/2022 6:29 PM
285	Single RPh coverage retail pharmacies are often open to patients 12 hours per day. This does not give time for the RPh to organize the morning prior to opening or stay to help a patient who comes just before close. A maximum 12 hour day is only helpful to patient safety if it is accompanied by at least one hour of mandatory dark hours daily.	6/27/2022 6:25 PM
286	Perhaps have exemptions for natural disasters or other unforeseen circumstances	6/27/2022 6:18 PM
287	Not sure mandating how a business operates is appropriate	6/27/2022 6:15 PM
288	Hourly limits requiring overtime over 40 hours would drastically help. This rule is only helpful depending on the person and if they want to be at work for 8 or 8.5 hours. I personally refuse breaks so I can work straight 8 hours and get home to my family earlier. This helps with child care and work life balance. Employers don't normally pay for 30 minute breaks and I won't accept a job that requires me to take a break. There will also be pharmacies that ignore this rule and post a lunch break but just work through it to catch up and help the irate customers that show up sat this time not knowing they are closed for lunch.	6/27/2022 6:14 PM
289	Yes! This is needed. Trying to check a prescription when you are barely awake because you just worked 9-9 or 8-10 for 5 straight days is so tough without copious errors or near misses.	6/27/2022 6:13 PM
290	Fatigue is a big reason for error	6/27/2022 6:07 PM
291	It would also be nice to opt in or out of 12 hour shifts. I worked many 12 hour days when I was young... but at 50 it is not feasible any more. Any my large chain is starting to implement them again due to staff shortages and cutting hours to meet last year's budgets (we are not bringing in as much \$\$\$ since we are not administering 60 Covid vaccines a day anymore).	6/27/2022 6:04 PM
292	I would go further in saying 10 hours should be the max shift unless the pharmacist wants to pick up OT	6/27/2022 6:03 PM
293	This would affect hospital based pharmacists as sometimes we work second shift then the next day work first. Or even 24 hr pharmacies.	6/27/2022 5:36 PM
294	Even 12 is too much.	6/27/2022 5:34 PM
295	10 should be max,	6/27/2022 5:28 PM
296	Shift length should be optional.	6/27/2022 5:20 PM
297	If I'm forced to take a meal break, I'm forced to work longer hours, or I'm working through my meal to get caught up, and I'm not getting paid for that time. I don't know anyone who works longer than 12-hours now anyways. I'm not sure this changes anything.	6/27/2022 5:17 PM
298	I have worked long days forever it's the lack of support staff that makes it unsafe.	6/27/2022 5:14 PM
299	We already practice this and it seems to really help and we all look forward to having our lunch	6/27/2022 5:10 PM

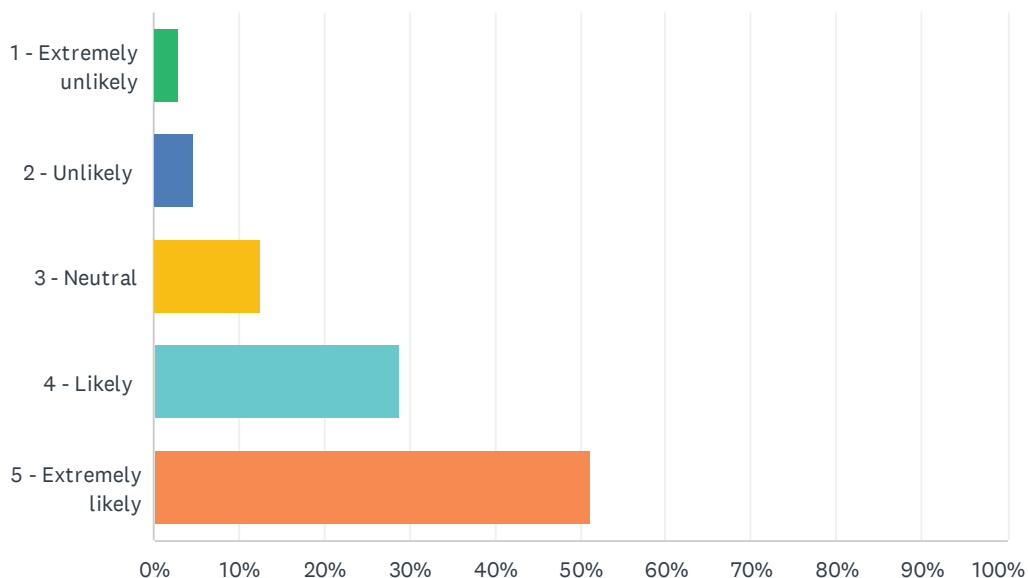
Meeting Materials

	break to recharge!!	
300	While this should be a basic human condition for anyone employed and goes a long way to help with burn out and treating people like people it does not help with workload.	6/27/2022 5:03 PM
301	Yes!!	6/27/2022 4:56 PM
302	This is just human courtesy that should've always been in place	6/27/2022 4:52 PM
303	Twelve hour days are already too long for a busy pharmacist, in my estimation, but it would be good to have this codified to prevent employers abusing their staff with absurdly long shifts.	6/27/2022 4:41 PM
304	Yes please. 13+ hour shifts are a danger to public health.	6/27/2022 4:40 PM
305	This works. Food works. Bathroom breaks work. Decompressing works!	6/27/2022 4:36 PM
306	Again, I think this could cause restrictions to patient access	6/27/2022 4:24 PM
307	A reasonable maximum number of hours per 24 hour period makes sense. Meal break signage would not be needed unless only 1 pharmacist is on duty.	6/27/2022 4:23 PM
308	A person can dream.	6/27/2022 4:21 PM
309	Long hours with no breaks causes errors, no doubt	6/27/2022 4:13 PM
310	This is absolutely necessary	6/27/2022 4:12 PM
311	It's listed but rite aid doesn't close ever.	6/27/2022 4:05 PM
312	Wonderful.	6/27/2022 4:04 PM
313	Yes please.	6/27/2022 3:55 PM
314	It's about time	6/27/2022 3:54 PM
315	I like this alot.	6/27/2022 3:50 PM
316	We all are human beings and pharmacist do need mandatory breaks. Without closing a pharmacy for 30 min, even if rph are allowed breaks , they cannot because the patient is right in front of them every time and we cannot run away from our duty.	6/27/2022 3:41 PM
317	Is this only for outpatient? Because lots of pharmacy residencies require longer periods. Please be clear	6/27/2022 3:36 PM

Meeting Materials

Q15 Mandatory Dark Hours Require “open door” pharmacies to operate dark hours that allow for staff to prepare and catch up on their work without any interruptions. This will allow pharmacies to operate more efficiently and safely and help minimize distractions when engaged in activities requiring greater concentration.

Answered: 2,004 Skipped: 23



ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	2.99% 60
2 - Unlikely	4.59% 92
3 - Neutral	12.57% 252
4 - Likely	28.74% 576
5 - Extremely likely	51.10% 1,024
TOTAL	2,004

#	ADDITIONAL COMMENTS	DATE
1	It sounds great. I can't imagine big box pharmacy is going to allow this to happen.	7/9/2022 10:59 AM
2	This would help a lot to get things caught up instead of forcing us to come in unpaid or stay late unpaid.	7/7/2022 10:53 PM
3	I would add that they need to add curtains we can pull so customers cannot see us but that we can still work in plain sight of overhead cameras to keep that aspect secure. They don't care if lights are off or gate is closed they still demand to know why if people are back there, why we cannot help them when we are on lunch break.	7/7/2022 10:21 PM
4	ABSOLUTELY!!	7/7/2022 8:21 PM

Meeting Materials

5	Uninterrupted time to focus on work to be done and work completed would absolutely benefit both pharmacists and technicians.	7/7/2022 4:59 PM
6	I feel like this needs to depend on RX volume. It is unfair to require low volume pharmacies to open extra hours for staff to catch up, when staff don't really need to. May be put a rule of pharmacies with workload greater than certain amount are required to do so.	7/7/2022 4:47 PM
7	We closed at 8PM instead of 9PM during part of covid. This provided a tremendous help to the pharmacy. There are many pharmacies whose normal business hours run until 8, I don't think it would greatly impact care. In my rural area of practice the majority of people rise early and come to our pharmacy during the day.	7/7/2022 4:32 PM
8	Being open but having phones off for an hour first thing in the morning is very beneficial.	7/7/2022 4:29 PM
9	don't think this would help. all it would do is allow big chains to find ways to cut open operating hours for pharmacies. so it would still be the same amount of work in the same or fewer hours.	7/7/2022 4:18 PM
10	MAY CREATE LONGER WORK DAYS AS CHAINS STILL WOULD WANT TO KEEP IDEAL HOURS OPEN FOR CUSTOMERS I E 9-8 PHARMACIES WOULD STILL BE OPEN 9-8 BUT PEOPLE WOULD BE ON STAFF 8-9. WHICH MAY BE ONE PHARMACIST ONLY	7/7/2022 4:13 PM
11	I personally never leave work on time because I get caught up and verify many things during "dark hours". It is a luxury that I have in my job, given that I do get paid for those hours. I do feel that it helps my mental health knowing that I can go home and not be concerned that maybe an error occurred.	7/7/2022 4:01 PM
12	Why legislate. Encourage companies do do or maybe a union should begin trying to organize.	7/7/2022 3:37 PM
13	I can get 4-8 hours worth of "operating hour" work done in 1 "non-operating" hour	7/7/2022 2:57 PM
14	This method is much better than some current practices of bringing in a mercenary team to help "clean" up pharmacies that get behind. Often those teams are ineffectual as they are a band aid solution to a systemic problem. The other issue with the current practice is it often introduces more people into a pharmacy workflow that it was not necessarily built to accommodate causing increased workplace mistakes and issues.	7/7/2022 2:23 PM
15	DON'T KNOW WHAT THIS WOULD MEAN LOGISTICALLY. BUT IT SOUNDS GOOD	7/7/2022 2:20 PM
16	We had a dark hour at the end of every weeknight. Not having to answer phones or deal with the public in general was a GODSEND. We were all sad to see it go.	7/7/2022 2:15 PM
17	If I'm understands correctly, closing at 8 but working til 9 with no customers or phones....would help	7/7/2022 2:15 PM
18	Help I'm drowning in paperwork	7/7/2022 1:59 PM
19	We did this when a lot of our staff was out for Covid. It helped greatly.	7/7/2022 1:56 PM
20	Please implement this, would really help us have a good start and close for the day with less distractions and can take better care of patients in timely manner.	7/7/2022 1:53 PM
21	14 and 15 address the same issue. I am a firm believer in beginning the day a little before the doors open, and taking time after to wind up. But the same isn't true for non-retail. This also falls under micro-managing.	7/7/2022 1:49 PM
22	This could actually help. It will depend on how management tries to maneuver around it, but ultimately more time without interruption is a blessing.	7/7/2022 1:42 PM
23	Will it have a big impact? Yes, it's huge for our store... Is it overreach by a bureaucratic agency? Also, yes.	7/7/2022 1:39 PM
24	Patients will hate it though	7/7/2022 1:32 PM
25	One dark hour makes a difference	7/7/2022 1:32 PM
26	need to include 24 hour pharmacies as well	7/7/2022 1:22 PM
27	Love this idea	7/7/2022 1:09 PM
28	Love this. I recall coming in an hour before shift when I knew we were short staffed to get stuff done ahead and uninterrupted to try and make the day go easier.	7/7/2022 1:07 PM

Meeting Materials

29	Yes, this is extremely important	7/7/2022 12:40 PM
30	This was the unofficial expectation and staff were not compensated when staying late to catch up.	7/7/2022 12:30 PM
31	Would love to be able to get some work done without constant interruptions.	7/7/2022 12:30 PM
32	As long as a pharmacist is getting paid for those hours worked. See above	7/7/2022 12:29 PM
33	With no interruptions you could get SO much done!!!	7/7/2022 12:28 PM
34	Our store has had success with this by scheduling 1 hour prior to opening-however hours were cut and this is no longer an option	7/7/2022 12:26 PM
35	This poses a security risk for possible diversion, if dark hours were implemented then board members should be able to investigate during this time as well	7/7/2022 12:16 PM
36	I can see how this may help at a store that is really in the trenches but not needed if a store has proper staffing	7/7/2022 12:13 PM
37	The uninterrupted time would significantly help.	7/7/2022 12:12 PM
38	Just mandate increased staffing so you can have a team filling prescription without interruptions and another group to interface with customers.	7/7/2022 12:09 PM
39	There have been some pharmacies (back when there was adequate staffing) that would begin the day with a "dark period" before opening so that the pharmacist and techs could get a start on the morning work (filling rx's, prepping for vaccines and tests) before patients start coming in. Not every pharmacy may need this (a lower volume store where prep work can be done during regular work hours for example). I believe this should be set on a pharmacy-by-pharmacy basis.	7/7/2022 11:53 AM
40	Just a little bit of dark hour time would help a lot of pharmacies catch up quickly.	7/7/2022 11:50 AM
41	For some pharmacies this is very necessary but not for all so I don't think it should be a requirement.	7/7/2022 11:48 AM
42	Yes, we did this for a bit with dark hours 8-9pm it was very helpfull and gave us the piece of mind that we would have an hour to catch up	7/7/2022 11:48 AM
43	As long as this does not allow chains to determine this as creation of third shift hours	7/7/2022 11:47 AM
44	Nights and weekends are already slower times conducive to playing catch up	7/7/2022 11:45 AM
45	I do feel this would be helpful, but unlikely due to staffing issues.	7/7/2022 11:40 AM
46	Interesting concept but I like the idea of having customer free time to catch/clean up	7/7/2022 11:33 AM
47	This would help in a similar manner to being allowed to close access points. As much as we would love to be counseling patients and be accessible, corporate doesn't reward successful counseling so the pressure is more about filling prescriptions and not getting behind.	7/7/2022 11:01 AM
48	This sounds amazing!	7/7/2022 8:56 AM
49	At the minimum / no phone during dark hours	7/7/2022 8:53 AM
50	Do you want to run my business? if i need time to work undistracted i come in early or stay late	7/7/2022 8:35 AM
51	Great! Let's remove the daily operations which don't require patient care away from the hours that do.	7/7/2022 8:33 AM
52	Many days my technicians come in at 8:30 before we open at 9 in order to get the day started. It is very helpful.	7/7/2022 8:18 AM
53	In my pharmacy we already start working before our posted business hours and often stay late just to get some uninterrupted work done. Would be fair to actually get paid for it.	7/7/2022 8:05 AM
54	It should not be "required" to have such hours, but it should be an available option if deemed necessary by the responsible person.	7/7/2022 7:11 AM
55	The problem with this being most pharmacists work a 12 hour day. This would require	7/7/2022 7:01 AM

Meeting Materials

shortening of store hours or some other compromise. Being able to work uninterrupted helps the day go smoother and you can focus on patient safety.

56	This could reduce patient access to care. Not all pharmacies require dark hours. Should be at the discretion on a pharmacy to pharmacy basis.	7/7/2022 12:21 AM
57	Great idea.	7/6/2022 11:59 PM
58	Would love this for the first and last hour of the day. Customers waiting til the last minute to show up cause us to close late constantly	7/6/2022 11:54 PM
59	This one would make the most impact!!!!	7/6/2022 11:37 PM
60	Currently using my "lunch break" for this. Also required pay for pharmacy managers to complete their extra steps involved with the job. Currently we stay late, come in early, come in on days off or all of the above.	7/6/2022 11:20 PM
61	If a pharmacy needs mandatory dark hours to complete daily tasks, the pharmacy is not staffed well enough to complete its tasks. The option to run dark hours when the pharmacy understaffed would be a great boon.	7/6/2022 11:08 PM
62	Absolutely helpful. If we had 30 to 60 minutes before open and after close with staffing (not just the pharmacist staying over on their time) we could address problems, get a good open and close.	7/6/2022 11:04 PM
63	Uninterrupted breaks allow for exponentially greater work to be done and to decrease errors and get caught up. Phones being off even is a blessing.	7/6/2022 11:03 PM
64	i believe this would benefit so many stores especially when behind due to staffing. this gives the pharmacy the opportunity to get the work accomplished in a more timely fashion to meet the needs of patients.	7/6/2022 10:36 PM
65	This would eliminate the pharmacist having to go in early (on their personal time, ie. no pay) to get an early start on the work load. It would also eliminate staying after a shift ends to help out their partner get caught up or staying after the store closes to get the work done.	7/6/2022 10:23 PM
66	Yes! We could use an hour of quiet in the am to get things done for the day without distractions .	7/6/2022 10:08 PM
67	This would be great as long as it doesn't add hours to my work week.	7/6/2022 10:00 PM
68	Many pharmacists already do this on their own time, unpaid, just to keep up with work flow. Some pharmacies do this as well.	7/6/2022 10:00 PM
69	Perhaps 2 tech to begin pre-opening, and 2 techs to close and file after business hours	7/6/2022 9:44 PM
70	It would be nice if we had the 1st hour of the day to type away and get a bunch of things done before the pharmacy opened. Hence, that would lose sales for that first hour day we go in at 8 but don't open the phones or the pharmacy until 9.	7/6/2022 9:32 PM
71	There would be so much we could do safely if we had time to check without answering phones or running to vaccinate.	7/6/2022 9:29 PM
72	We do this at some of our locations with high volume. It is effective but I have two locations that do not need this staffing and would require the pharmacist to stay late come early (current hours 9 to 6). I don't think they would appreciate it. If maybe all pharmacies statewide go 1-2 across board law for dark hours it may work without making those that this would be unnecessary to come In early or stay later taking away from family time and not being able to drop their kids off to school. Also then patients would know that 1-2pm all pharmacies across the state close decreasing complaints and poor attitudes/aggression from patients.	7/6/2022 9:23 PM
73	This would make a great improvement to catch up when workload is overwhelming	7/6/2022 8:58 PM
74	This would be fantastic! It allows me to get work done without interruptions.	7/6/2022 8:47 PM
75	I think this should be optional based on volume and necessity. With adequate staffing during the day this should be unnecessary.	7/6/2022 8:35 PM
76	Unless they include them in our current hours (ie open later or close earlier to accommodate) I don't think it will help. I fear that corporations will ADD hours to our schedule so as t not change their operating hours	7/6/2022 8:27 PM

Meeting Materials

77	The irony is I can get more done to help my patients if I have time to do it without the patients there. Our store did this for a week during the worst of Covid and it made such a huge difference for the positive for everyone.	7/6/2022 7:28 PM
78	Feel this could really help with proper guidelines.	7/6/2022 7:24 PM
79	This is essential to allow uninterrupted verification	7/6/2022 7:20 PM
80	Time away for phones and pt interaction would help catch up in an unrushed manner and allow for more accurate filling	7/6/2022 6:48 PM
81	Did this during covid, it was lovely and allowed tons of work to get done without phones.	7/6/2022 6:00 PM
82	Like this, for outside of hours of operation and can focus on getting things accomplished with little interruption	7/6/2022 5:40 PM
83	This would allow for much better work life balance and safety. Fewer distractions would lead to better accuracy.	7/6/2022 4:20 PM
84	More staff would be better	7/6/2022 4:05 PM
85	Yes!	7/6/2022 4:03 PM
86	We had these dark hours and they were effective to catch up however we were not allowed to leave once our work was complete, we were required to stay until a certain time	7/6/2022 3:59 PM
87	They call that lunch at most pharmacy's	7/6/2022 3:30 PM
88	This will solve many problems. I currently work for free to do my job. I can complete the same number of scripts in one "dark hour" that I can in 4 "open door" hours.	7/6/2022 2:08 PM
89	This would be extremely helpful if actually given the extra hours to accommodate	7/6/2022 1:19 PM
90	Yes. Great idea. Maybe immediately after lunch break to get organized and grounded. Closed for 1 hour, but only 30 min is a break	7/6/2022 12:58 PM
91	I was advocating for this at a store and I was transferred to another location which was worse, just because I was calling for this policy	7/6/2022 12:51 PM
92	Great idea!!!	7/6/2022 12:25 PM
93	Absolutely	7/6/2022 12:21 PM
94	Excellent!	7/6/2022 12:09 PM
95	This will help set retail locations up for success. A dark period in the morning for set up and in the evening for clean up would be amazing. Interruptions and phone calls keep staff from completing basic tasks.	7/6/2022 11:57 AM
96	As long as they get paid for it!!	7/6/2022 11:38 AM
97	This can be a great idea. Let designated pharmacists come in after hours and work uninterrupted to clean the store up for open. This is a wonderful suggestion.	7/6/2022 11:26 AM
98	This reduces stress by giving time to complete task	7/6/2022 11:04 AM
99	Helped tremendously when we had a dark hour during the big Covid vaccine rush	7/6/2022 10:54 AM
100	There are definitely times when this would be helpful	7/6/2022 10:54 AM
101	Not all pharmacists would want this	7/6/2022 10:54 AM
102	This would be very helpful for minimizing distractions and being able to provide better patient care when the pharmacy is open. Pharmacists would have more time to catch up on non patient facing tasks outside of open hours.	7/6/2022 10:51 AM
103	Love this!!!! This would help tremendously in getting work done with little distractions such as non stop phones!!! Of all the items listed this instills the most hope for me.	7/6/2022 10:47 AM
104	Likely will just make shifts start earlier and end later. May help with overall work-load, but could also lead to longer daily hours which could also contribute to burnout	7/6/2022 10:45 AM
105	Our company was closed for the first hour to administer vaccines in the first hour. We continue	7/6/2022 10:45 AM

Meeting Materials

to have phones off for that first hour which has helped tremendously. The end of the day is hectic because of ordering items for the next day before the cut off and I believe having phones off for at least 30 minutes in the evening may help this.

106	That would've been very helpful to play catch up on scanning/processing of Covid vaccination and testing forms.	7/6/2022 10:44 AM
107	Been working off clock forever	7/6/2022 10:42 AM
108	We definitely need paid dark hours in order to finish tasks so we can assist patients safely during open hours without any distractions.	7/6/2022 10:41 AM
109	If not at beginning and end of day then this is useless.	7/6/2022 10:33 AM
110	More work gets done when phones aren't ringing and the doors are shut	7/6/2022 10:33 AM
111	Mandatory dark hours should not apply to all settings or situations. Many open-door pharmacies do not need to operate under dark hours. This can be highly beneficial in understaffed/overworked locations, but how to enforce the difference is tricky. Also, this rule does not define dark hours or the length of time they must be. A loophole could be for a pharmacy to begin working 10 minutes before opening the gates which defeats the purpose of the rule.	7/6/2022 10:29 AM
112	This is very helpful.	7/6/2022 10:28 AM
113	I love this idea. When the phones are on, we are only paying "half attention" to dispensing. Most prescriptions are filled while talking to a customer on the phone	7/6/2022 10:25 AM
114	Hospital settings need to be open to serve patients from Ed.	7/6/2022 10:23 AM
115	would definitely help	7/6/2022 10:17 AM
116	To have uninterrupted time to focus on tasks would drastically improve workplace demands. It is hard to concentrate with constantly ringing phones, patients at 2-3 touchpoints, problems that need to be solved quickly. Our brains were not meant to function under this many distractions. We all need time to focus on tasks that are important to patient safety. I wish the corporate executives could work one day in a pharmacy to see how hard it is to focus on any one task for more than 5 minutes.	7/6/2022 10:17 AM
117	Would have to be careful on how/when implemented	7/6/2022 10:15 AM
118	How will you make sure the 'dark hour' isn't used to replace a lunch break? The dark hour also needs to be included in the 12 hour limit	7/6/2022 10:12 AM
119	This would be a huge help!	7/6/2022 10:07 AM
120	It sounds great. I already do this but don't get paid for it. Would be nice for something like to be put in place during the day so I could be paid for it.	7/6/2022 10:02 AM
121	Great idea!	7/6/2022 9:37 AM
122	Great idea!	7/6/2022 9:19 AM
123	Gaslighting	7/6/2022 9:00 AM
124	Good idea, don't know if it's something that can be mandated	7/6/2022 8:35 AM
125	Would this mean before opening and after closing? Requires additional staffing.	7/6/2022 7:35 AM
126	Do dark hours count against a 12 hour shift? Or is the 12 hour shift separate from dark hours?	7/5/2022 10:34 PM
127	This will be helpful depending on when the dark hours are and how companies decide to staff these dark hours. If it takes away staffing from other times of day you'll still have unsafe conditions.	7/5/2022 10:12 PM
128	This will increase cost of doing business with no way to recoup?	7/5/2022 6:00 PM
129	We already do this on our own accord. Having a requirement for it, so that we can assure that our staff gets compensated for doing what it takes to keep the workday sane, would be welcome.	7/5/2022 4:31 PM
130	only beneficial if these required hours are paid	7/5/2022 2:19 PM

Meeting Materials

131	very good idea to be able to catch up .. yesssss please	7/5/2022 2:01 PM
132	This would be extremely helpful. If the first and last hour of our shift were when the pharmacy was closed to the public, we could get a head start on the morning work to open in a good place, and would give us a chance to catch up at night after close so we don't leave as much overdue in the morning	7/5/2022 1:19 PM
133	These hours would need to be included in the total hours worked in 1 day and 1 week. Now that technicians are registered with OHBOP, should they be permitted to operate the dark hours without a pharmacist present if 2 techs are there together. This may be an option to reduce the number of hours a pharmacist works in a day when preparing for the workday.	7/5/2022 12:58 PM
134	This is a fantastic idea! When you are so backed up and have so many distractions, you cannot possibly keep caught up in a safe manner.	7/5/2022 11:51 AM
135	This would be helpful if it's done with the lunch break as well. That way the pharmacist doesn't feel like they have to work through lunch. But if anything, this one is almost better.	7/5/2022 11:44 AM
136	require it?	7/5/2022 11:05 AM
137	Require that pharmacists are paid for thus and not make it part of required work above regular hours	7/5/2022 7:49 AM
138	I love this idea. My staff used to clock in early and get a head start on the day, but this practice was discouraged.	7/5/2022 7:12 AM
139	I used to work 14 hour days with no breaks. It was never good enough for corporate cvs. Will never work retail pharmacy again based on my experience there. I would leave profession before returning to retail... it's not even close to pharmacy	7/4/2022 9:32 PM
140	Not certain what open door pharmacies are...is this a pharmacy that is open 24 hours? During covid, we had a dark hour the last hour of the day before close and that was VERY helpful in completing back-log from the day.	7/4/2022 6:14 PM
141	Our employer already provides this as noted above.	7/4/2022 4:40 PM
142	We used to have "dark hours" now we get bombarded by the public the second we arrive until we close 12 hours later. I do miss having that time in the morning to actually think and get things sorted out.	7/4/2022 3:53 PM
143	especially during flu season in busy community pharmacy. pharmacist should get paid for this. I did this frequently when I worked at a busy chain store but I was a salaried employee and I wasn't reimbursed for my efforts, even though it enhanced patient care and safety. technicians usually get paid because they are usually hourly workers but the salaried pharmacist gets the shaft.	7/4/2022 3:15 PM
144	When my pharmacy falls behind my employer does not provide any additional assistance or time to catch back up.	7/4/2022 2:53 PM
145	Working without patient distractions increases productivity substantially. Also, if basic work is able to be completed it leaves more time for patient interaction and assistance during open hours.	7/4/2022 11:42 AM
146	Not necessary if staffing is appropriate	7/4/2022 10:20 AM
147	I don't want to work and then open and still work	7/4/2022 9:53 AM
148	This is the least effective option. No one has staffing for this! Absolute nonsense!	7/4/2022 5:53 AM
149	This is a great idea.	7/4/2022 3:37 AM
150	Good idea. This would also still have the pharmacist on the clock and paid for these hours.	7/3/2022 7:00 PM
151	Would impede services in 24 hour pharmacies	7/3/2022 6:09 PM
152	At my company we open at 8am but the phone calls do not start until 9am Monday through Friday.	7/3/2022 5:32 PM
153	This is needed and will have a huge impact on decreasing dispensing errors	7/3/2022 4:46 PM
154	Not every day but must be part of a staffing plan if needed especially on high volume days	7/3/2022 3:17 PM

Meeting Materials

155	Many employers abuse the good will of the pharmacists who come in early and stay late. If this amount of extra work really is required to keep up with workload, then it should be documented and paid to the RPh as part of their worked hours.	7/3/2022 2:50 PM
156	Have an hour of uninterrupted work in the morning or evening would be very helpful for managing workflow.	7/3/2022 2:39 PM
157	This is a great idea. A lot of times there are too many prescriptions to be processed to run the pharmacy efficiently. If we are able to operate dark hours then more focus can be centered around the patient when the pharmacy is opened during regular hours.	7/3/2022 2:06 PM
158	This seems like one of the best proposals.	7/3/2022 1:45 PM
159	If there is sufficient quality and quantity of technicians its not a problem. Wait i come in at least a half hour early every day. Im not really paid for that. If there was adequate help i wouldn't have to do this.	7/3/2022 10:56 AM
160	I could definitely see the benefit of this in majority of pharmacies	7/3/2022 9:19 AM
161	A great idea in order to allow pharmacy staffs to maintain order in the store. Particularly if the pharmacy operation is falling dramatically behind due to staffing shortages.	7/2/2022 11:33 PM
162	This is how we spend our "lunch break"	7/2/2022 11:03 PM
163	The argument put up is that pharmacists are salary employees so the dark hours are not paid.	7/2/2022 10:50 PM
164	We did this in 2020 during COVID and it was great. Allowing time to catch-up, follow up on problems, and clean up. Also good time to check in and have staff meetings.	7/2/2022 1:25 PM
165	lets not have a corporate policy that states you cannot begin your shift before scheduled it should be the rixists choice	7/2/2022 8:34 AM
166	Our pharmacists have been going in an hour before opening to catch up and this is so helpful!	7/2/2022 7:26 AM
167	Likely to help, but not realistic. If there is someone in the pharmacy, customers will expect to be helped. My pharmacy did this for several years and we were constantly interrupted.	7/1/2022 10:27 PM
168	We have been saying for years "if only we could work for 30 minutes without getting interrupted..."	7/1/2022 9:53 PM
169	Many pharmacist come in early WITHOUT PAY to keep their sanity. When we had overlap at Walgreens we used it to come in 1 hour early instead and it was very helpful. Mandating dark hours with pay is the BEST IDEA EVER !!! Please Please do this ! I have been a RPh for 28 years and both Walgreens and CVS and this would make the most dramatic improvement to patient safety, pharmacist sanity and technician retention.	7/1/2022 8:15 PM
170	Some Rphs already work on their off hours to catch up (occasionally without pay). Some retail chains already do this and it does help clear prescriptions. However, if patients can see staff members working, they expect to be helped or have their medications dispensed. The public does not understand or are sympathetic about open hours if they want their medications. I have seen patients wait at the gate and drive-thru an hour prior to opening when the hours are posted.	7/1/2022 7:25 PM
171	ABSOLUTELY. I cannot stress this enough. This may allow pharmacists to check all the prescriptions with more focus creating less mistakes and medication errors.	7/1/2022 6:58 PM
172	Dark hours would be much appreciated. The VRU, signage and website would need to be updated in order to reflect when the pharmacy is open to the public. Plus, we'd need something to prevent the customers sight of us in the pharmacy. When we employed this tactic during COVID, customers would lay on the horn in the drive thru, call the front end of the store complaining, come inside screaming, etc because they could see us inside.	7/1/2022 6:38 PM
173	In response to: "The practical reality of this requirement would be that pharmacies would simply shorten their hours and have these pharmacies do their pre and post work with the gates closed." Yes then shorten the hours and pay the pharmacist for the time worked when they are behind the gate and getting caught up. The pharmacy does not need to be accessible for 12 hours, 10 operational hours will suffice to the public.	7/1/2022 6:31 PM
174	This greatly help the efficiency of work load	7/1/2022 5:23 PM
175	I love our current dark hours. We have at least 1 hour prior to opening of uninterrupted work.	7/1/2022 2:17 PM

Meeting Materials

We can get so much done.

176	We were doing this for awhile last year and it worked great, giving us time to catch up. Pharmacists were alone at this time but we could get alot accomplished without interruptions	7/1/2022 1:52 PM
177	LOVE THIS!!! I currently come in at least an hour before the pharmacy opens to try to get ahead for the day's work. This is unpaid and on my own personal time because the pharmacy staff are only paid during open business hours worked.	7/1/2022 1:30 PM
178	Good thought but good luck getting big corporations to participate	7/1/2022 1:12 PM
179	It would be a lot safer and less stressful for the staff.	7/1/2022 12:40 PM
180	Work is so much more efficient and less stressful when there's no interruptions from phone or people but I'm sure corporate would tell us to take care of anyone who approached the pharmacy during dark hours	7/1/2022 9:06 AM
181	As long as these hours are paid, this is a great idea. Retail, especially chain, pharmacies get a lot of free pharmacist work by making pharmacists feel that they must come in early or stay late in order to get their required jobs done.	7/1/2022 2:48 AM
182	any time without customer interfacing to concentrate on the work at hand would be great, but when can these hours be fit in the day?	7/1/2022 12:49 AM
183	Perfect! Need this!!	7/1/2022 12:26 AM
184	No idea how this will work. For example, if a pharmacist is willing to stay an hour or so (after doing a 12 hour shift) to catch up, will this madate the company paying them? How brain dead is the pharmacist after 12 hours to do dark hours? When are these dark hours to be implemented. I agree with concept of "catching-up" for next day, but, this depends on how motivated the pharmacist is to catch up.	7/1/2022 12:22 AM
185	I don't want to work any extra unpaid. I don't see corporate chains ever being okay with this and paying for it.	6/30/2022 11:42 PM
186	This is an awesome idea. I have found at my location coming in an hour early to get a head start makes a huge difference	6/30/2022 10:19 PM
187	It would lovely to catch up on things without being interrupted	6/30/2022 10:05 PM
188	Again, great - if the above rule limiting number of hours we work is in effect.	6/30/2022 9:59 PM
189	phones off is a MASSIVE help	6/30/2022 9:56 PM
190	This actually works. I worked in a store where we did this last winter during the Covid peak and it actually worked well.	6/30/2022 9:51 PM
191	Even an hour without phone calls/people makes for a smoother day. This should be required not recommended to have pharamcist do unpaid, which is the current situation.	6/30/2022 9:28 PM
192	We are constantly interrupted while performing tasks	6/30/2022 8:54 PM
193	Similar comments as item 14. Paid dark time?	6/30/2022 8:26 PM
194	Currently many pharmacists working for box-chain stores work at least 2 hrs daily outside normal hours without pay. Employers know it is happening (login to networks) and willingly turn a blind eye. The OH BOP also knows employers are condoning (in some cases requiring) this practice, and they also turn a blind eye.	6/30/2022 7:45 PM
195	This is already an option for pharmacies. Mandating it does not make sense for all pharmacies. Let it up to each pharmacy to decide if they want to schedule staff before/after hours.	6/30/2022 7:40 PM
196	having staff in the pharmacy before the pharmacy is open, after the pharmacy is closed and during lunch if the employees wish to work would definitely help	6/30/2022 7:14 PM
197	This should be paid hours and instead of opening 12 hour days, it should open for 11 hours but the extra hour can be used to prepare for opening and/or tying loose ends at the end of the day.	6/30/2022 6:57 PM
198	can be helpful as long as the pharmacist can control this work environment and be paid for any of those additional hours worked. How are you going to enforce the chain to make those hours	6/30/2022 6:12 PM

Meeting Materials

available? and under what guidelines?

199	I would love for this to happen. I always arrive early but do not get compensation. If I don't then we can never get caught up.	6/30/2022 6:11 PM
200	It should be up to the individual stores depending where they are located.	6/30/2022 6:10 PM
201	As a pharmacist who frequently had to work through lunch and stay late to catch up, I believe if this were allowed, it would quickly become the norm. If the bakery or the automotive department must finish their workload within specified hours, so should the pharmacy. Plus, I can easily see how employers would pay less for those dark hours for the very reason that it would be perceived as not as busy/stressful/interrupted.	6/30/2022 5:36 PM
202	It should be required when certain metrics indicate that the staffing levels are not met and the pharmacy needs dark hours. If staffing levels are adequate, then dark hours should not be required. How is this going to be assessed? A regulatory requirement?	6/30/2022 5:21 PM
203	This would be extremely beneficial IF additional staffing is in place. That is, the pharmacist is not expected to work these dark hours on top of their regular shift.	6/30/2022 4:47 PM
204	We do this already and it is very beneficial to workload reduction during the day.	6/30/2022 4:42 PM
205	Additionally, phones should not be required to be on during all open hours.	6/30/2022 4:10 PM
206	That's a business decision. Some stores do this some don't even within the same company. Mandating dark hours is a business decision. Who decides which stores are busy enough to merit it? What if the store has high volume but had 50% of scripts on sync? Legislating business decisions is a bad path. Chains would prob fight some of these policies.	6/30/2022 4:07 PM
207	I worked unpaid 2 hrs every shift after we closed to catch up! This is a must to keep things organized and caught up for safe working conditions, but these hours aren't calculated for salaried rphs and they go unrecorded!	6/30/2022 4:07 PM
208	Great idea that will be hard if not impossible to implement due to patient expectations and demand. And from the standpoint of the staff "it will just make more work later"	6/30/2022 4:05 PM
209	Managers will never allow this.	6/30/2022 3:57 PM
210	Not sure if I understand this	6/30/2022 3:29 PM
211	Please for all that is holy	6/30/2022 3:21 PM
212	not sure this would limit workload but would improve safety	6/30/2022 3:17 PM
213	It is an interesting idea, however it's not a one job fair non-related duties are always going to be there till people decide to change them a cash register in the pharmacy is one of those things. Patient should know everything about what the price of their medicine will be at the doctors office. People, we are living in the year 2022!	6/30/2022 3:06 PM
214	Would be nice to have this time.	6/30/2022 2:58 PM
215	This would greatly reduce the amount of distractions. The public will adjust.	6/30/2022 2:49 PM
216	Pharmacies can choose to do this. There's no reason to require it if workload doesn't require it	6/30/2022 2:33 PM
217	We used to be closed to outside business except vaccinations for the first hour of the day. It was glorious. Just having the first hour without phones would be welcome.	6/30/2022 2:31 PM
218	This will help with pharmacist burnout due to adequate working time on the clock. One argument against would be that chains will just decrease their hours however the rebuttal to that is that the pharmacy will be able to distribute medications much more efficiently and safely with the same or more medications distributed than current hours. Since the extra tasks would be completed during dark hours, patients and patient safety can and should be the first priority during business hours. (Which also leaves time for counseling on immunizations and patient care phone calls chains love so much)	6/30/2022 2:26 PM
219	Pharmacists should not be forced to verify prescriptions while being "available" to the public! Do we really want someone who is verifying your warfarin dose to be interrupted by store customers asking where the bathroom is??? I'm looking at you, Walgreens! The layout is unacceptable!	6/30/2022 2:26 PM

Meeting Materials

220	Only if these are still paid hours and bit volunteered hours	6/30/2022 2:24 PM
221	This is something that happens and many pharmacists will work these hours unpaid. Requiring the parent company to support this time and getting the labor paid for would be a huge win for pharmacists.	6/30/2022 2:13 PM
222	This is perfect. Or even hours where the phones are off. The amount of phone calls are by far the worst.	6/30/2022 2:08 PM
223	In my grocery store pharmacy we already do this for about 30 mins. It helps but there are still distractions. The customers still see you and bother you.	6/30/2022 2:02 PM
224	This could allow to get more scripts filled and dispensed without any questions or vaccine interruptions. This could be reserved for extremely high volume stores. But these "dark hours" would have to be included in the 12 hour max rule and 6 hour = 30 min lunch rule.	6/30/2022 2:02 PM
225	I do not believe every open door pharmacy needs dark hours. However, higher volume pharmacies that do more prescriptions could absolutely benefit.	6/30/2022 2:01 PM
226	This would be a literal dream come true	6/30/2022 1:55 PM
227	All pharmacies said be open a minimum of 30 minutes prior to receiving phone calls or patients	6/30/2022 1:51 PM
228	Chains do not allow that	6/30/2022 1:42 PM
229	Only if it counts toward this shift. Aka staying after closing or Coming in early beyond what you are scheduled only adds To burn out	6/30/2022 9:23 AM
230	This would help a lot and solve many problems	6/30/2022 8:41 AM
231	YES!!	6/29/2022 10:55 PM
232	I really like the idea of requiring pharmacy chains to pay pharmacists for a "dark hour" either before open or after close. I am a pharmacist that likes going into the pharmacy 1 hour early just to prep for the day so that when I open, I feel like I have control over my day and am able to serve my patients from the start.	6/29/2022 9:24 PM
233	This has proven to be a very beneficial practice.	6/29/2022 8:34 PM
234	They'll just count those hours toward my staffing hours and I'll have to work longer days then I already do.	6/29/2022 5:09 PM
235	This would definitely help with workload. A pharmacy staff can get things done 200% faster without interruptions.	6/29/2022 4:58 PM
236	Without interruption, an incredible amount of work can be done by qualified individuals.	6/29/2022 3:57 PM
237	We did this for a short time and it was amazing what we could get done with no interruptions. Life was better in retail pharmacy no doubt.	6/29/2022 9:18 AM
238	Until a customer starts banging on the door	6/29/2022 9:17 AM
239	I do not think this needs to be required for all pharmacies. Our pharmacy manages our staff and hours appropriately and I do not feel like we need to be required to operate dark hours. This would also negatively impact our patients.	6/29/2022 8:42 AM
240	Fix the conditions during the day, otherwise companies will continue unsafe and inhumane practices while using dark hours to make up the work	6/29/2022 8:10 AM
241	Has to be paid time.	6/29/2022 5:56 AM
242	This would not decrease the work that needs to be accomplished each day. It would only decrease patient access.	6/29/2022 12:31 AM
243	This is not feasible in a hospital pharmacy, but it would be nice.	6/28/2022 11:07 PM
244	There does come a point when work is so backed up I feel like this is required. I have never seen it happen.	6/28/2022 10:10 PM
245	Good luck telling retail chains to cut executive bonuses so they can adequately staff their stores. There would be no need for dark hours if properly staffed during normal operating hours.	6/28/2022 9:16 PM

Meeting Materials

246	but i love it!!! corporations ??? nahhh	6/28/2022 9:03 PM
247	This is a GREAT IDEA! Need time to focus on scripts only... not phone calls, immunization, testing, or anything else!	6/28/2022 8:42 PM
248	This will allow pharmacies to not start out behind when the gate goes up.	6/28/2022 4:17 PM
249	This doesn't need to be mandatory though.	6/28/2022 4:03 PM
250	Yes, this would be very helpful in the pharmacy department. Again, staffing issues will come into play and the board must have regulations in place where companies aren't allowed 'work-arounds'	6/28/2022 3:25 PM
251	Another option that feels written to be not inclusive of institutional settings	6/28/2022 3:09 PM
252	In a retail setting though, this may not be feasible, unless front store could just ring out patients picking up prescriptions.	6/28/2022 2:49 PM
253	This has helped when our company has done just this. We currently have the phones off the first hour which helps a great deal.	6/28/2022 2:35 PM
254	Uninterrupted work is bay far the safest and most efficient way to complete any tasks. Any time allotted to this would be consider highly valuable.	6/28/2022 2:34 PM
255	Is this to be included in the maximum rph hours per day?	6/28/2022 2:30 PM
256	This was very helpful in the beginning of the pandemic.	6/28/2022 1:19 PM
257	Often don't have time to catch up. This would help tremendously	6/28/2022 1:12 PM
258	This should be up to the business and their business model. No two business operate the same.	6/28/2022 12:39 PM
259	I like the idea of dark hours, and this would have been so very welcome over many of the years I worked retail, but can't see how this would translate in real life other than making us pharmacists and potentially techs work extremely long hours early in the morning and late at night. Chains aren't going to close the pharmacy on a Sunday for staff to catch up and would just make for even longer, later hours on a weekday with pressure to stay open anyway. Though theoretically it would at least help with salaried pharmacists not working so many hours early and later than our shifts to attempt to get scripts filled and things like inventory, orders, etc. done that aren't the high priority when we are busy during open hours. If this is imposed, it needs to be clearly communicated that this is to be used as uninterrupted time to catch up and help preserve patient safety, not to be allowed to further abuse pharmacy staff or expect this to be "unpaid" and beyond the usual scheduled time for salaried staff. The need for dark hours will also ebb and flow so there needs to be a way that the pharmacist on duty can adjust as needed if the current workload is complete.	6/28/2022 12:35 PM
260	It would be helpful, but I don't think it should be required. If the pharncist and staff could get paid for their time spent just getting caught up, for instance if staying past closing to finish the day's prescriptions, then make it required.	6/28/2022 12:32 PM
261	Include techs here as well	6/28/2022 11:31 AM
262	They must be paid for this time! Many cvs stores have pharmacists that go in early or stay late and are not paid for this	6/28/2022 11:24 AM
263	That should be optional. Not required.	6/28/2022 11:19 AM
264	This might help, but it's ridiculous for the BOP to mandate private businesses operate "dark hours"...there are pharmacies that this would be completely unnecessary and this would be a gross overreach.	6/28/2022 11:13 AM
265	The issue is uninterrupted time and this should be built into the work flow. Major contributor to errors is interruption of processes.	6/28/2022 11:12 AM
266	8-9am and 8-9pm without interruptions would help safety	6/28/2022 10:45 AM
267	Starting 1 hour earlier would help So when we open some rxs will be done and easy for our patients instead now we tell them that we just open and they need to wait at least 1 hr	6/28/2022 10:03 AM
268	YES!!	6/28/2022 9:34 AM

Meeting Materials

269	Great idea	6/28/2022 9:30 AM
270	Many pharmacies implemented these plans during COVID. Opening to the public an hour later and closing an hour sooner but still working during that time to catch up. This would give pharmacies a time to work at an appropriate pace to maintain safety	6/28/2022 9:09 AM
271	Seems like a great idea but not sure how it would be implemented unless we come in early or stay late?	6/28/2022 8:45 AM
272	Again, this is a good idea but unlikely in modern day practice. Almost routinely, there are slow periods during the day for "catch-up" activities for the staff to complete their work.	6/28/2022 8:41 AM
273	Unfortunately I still work during our lunch break. But I can get a lot done without constant interruptions so I use that time for catch up.	6/28/2022 8:23 AM
274	I don't know how this would be implemented, but it sounds good.	6/28/2022 8:18 AM
275	I don't have time to do any scheduling, training or paperwork during my shifts. All of this is done unpaid on my own time	6/28/2022 8:15 AM
276	Depends on if the dark hours are additional hours that are added to the pharmacy. Most pharmacy employees are already working more hours than they would like, adding additional dark hours would further this problem.	6/28/2022 7:53 AM
277	Corporate management would spread out hourly demand and cause staffing to be worse throughout the day during "open hours"	6/28/2022 7:44 AM
278	If there is one thing that is implemented as a result of this survey, please let it be this.	6/28/2022 7:43 AM
279	This would be a great idea	6/28/2022 7:11 AM
280	We have every day patient call list which includes more than 30 patients to call to talk abt their medications or to remind them to refill rx or pick up rx's. We are high volume we do not get enough time to fill rx and corporate wants us to do all this during working hours...	6/28/2022 5:16 AM
281	Always going to be someone needing help or have to have something filled. If the pharmacy design was such it was not visible to prevent interruptions it may work but if you're there working there will be many interruptions	6/27/2022 11:49 PM
282	My pharmacy previously had a dark hour for a few months and it allowed for catching up on everything in the pharmacy and was much needed	6/27/2022 11:41 PM
283	Only helpful if open door hours are reduced	6/27/2022 11:40 PM
284	This is my best liked policy thus far. Uninterrupted filling, compounding, and adjudication trouble shooting would make a world of difference.	6/27/2022 11:40 PM
285	To be able to focus on a task without interruption would be amazing.	6/27/2022 11:36 PM
286	Will management use dark hours to require longer shifts? Thus change would need to go hand-in-hand with #14.	6/27/2022 11:32 PM
287	This would help with Pharmacist overload	6/27/2022 11:31 PM
288	Include this in 24 hour pharmacies as well and make sure rph is paid during this time.	6/27/2022 11:08 PM
289	These hours will be on the rphs own time off the clock	6/27/2022 11:07 PM
290	If CVS paid me for all the hours I have stayed over or come in early, they would owe me another years pay at least. At CVS we have to main ques one for verification and one for troubleshooting. The troubleshooting que sometimes has more than 100 individual claims that require individual attention. It puts you behind 1 hour before you can even think about filling prescriptions. The verification que is okay except you have to still check a prescription thats been filled multiple times. Dark hours would help us alot with the QT and the QV. Working without telephones ringing constantly would be a godsend.	6/27/2022 11:07 PM
291	This was tried during the busy months of COVID vaccinating. The pharmacy closed the last hour of the day for a "dark hour" but most were so far behind that one hour was not enough to make a difference	6/27/2022 11:06 PM
292	I agree with the concept, but don't see it happening or we would have this kind of rule already. This has been discussed, literally, for decades and has gone nowhere.	6/27/2022 11:06 PM

Meeting Materials

293	My workplace transitioned to this during peak pandemic. We closed an hour early to catch up. However, as soon as the vaccination demand decreased, they took it away. Our shift starts when we open at 9am, yet we are expected to have everything up and running and ready for patients at 9am when we open. Our shift ends when we close 9pm yet we can't start closing up until 9pm. A 30 minute buffer before opening and after closing would make a huge difference.	6/27/2022 10:59 PM
294	Such a requirement unnecessary for independent pharmacies , clinic pharmacies, and other pharmacy settings that are generally adequately staffed. Burdensome for your small business pharmacies, who barely stay afloat now.	6/27/2022 10:58 PM
295	Would help tremendously if staff can work to get "caught up" without customer and phone and drive through interruptions!	6/27/2022 10:42 PM
296	Yes please!!	6/27/2022 10:06 PM
297	This was the only way we got thru covid.	6/27/2022 10:00 PM
298	It would be nice to get paid for the hours I work before the pharmacy opens.	6/27/2022 9:46 PM
299	Pharmacies should be staffed to allow work to be completed during their business hours. This will encourage chains to require extra hours worked without compensation. Will these dark hours count towards the hour limits?	6/27/2022 9:43 PM
300	As long as this is paid. A shift starting an hour before the pharmacy opens would be glorious to be caught up by opening time. I know many come in early or stay late anyway, but compensation is key.	6/27/2022 9:26 PM
301	I don't know that requiring dark hours is a great idea, I know I've used dark hours in the past, but I don't think it should be required to keep things running.	6/27/2022 9:19 PM
302	I've never met a regulation that improves efficiency. It's frustrating to me that the "workload committee" does not understand that requiring "dark hours" does nothing to address the workload-to-staffing ratio that is the crux of burnout concerns. The work doesn't go away because you implement dark hours. It just means when you open again, there's a higher volume of incoming work to process. Over a given time period, workload is unchanged; this will do literally nothing but increase complexity of workflow. In current form, there is NOTHING stopping a pharmacy from implementing workflows that minimize distractions.	6/27/2022 9:16 PM
303	Many pharmacies already do this and it makes a world of difference.	6/27/2022 9:12 PM
304	This is out of the Boards scope of influence. You cannot penalize me if we are adequately staffed by a rule of this nature. In addition, as we approach the 2024 double DIR period, there will be no funds to have excessive staff beyond what is necessary or additional payroll hours that could be used to maintain cash flow.	6/27/2022 9:04 PM
305	This is an interesting idea that would help a lot I think	6/27/2022 9:03 PM
306	That would be great	6/27/2022 8:59 PM
307	This is the best idea yet. 1 hour prior to opening, mandatory and paid!!	6/27/2022 8:57 PM
308	Who is paying for this? Are the payers and PBMs willing to compensate for the money needed? Most likely it's the pharmacies.	6/27/2022 8:54 PM
309	But pharmacist be paid for those hours	6/27/2022 8:42 PM
310	Require is too strong. Wont apply to all locations	6/27/2022 8:30 PM
311	Yes!	6/27/2022 8:27 PM
312	This will only work if you pay the staff from top to bottom to work during these dark hours... and if you have adequate staffing, you should never need this	6/27/2022 8:18 PM
313	During my experience, customers of chains and grocery store pharmacies will still try to interrupt the staff for questions or press the drive thru bell when they see someone working in the pharmacy even if lights are dimmer and gates are closed. However, my most productive times are when the pharmacy is closed and phone interruptions cease.	6/27/2022 8:05 PM
314	This is essentially what we do during our lunch but it would be nice to have this at a different	6/27/2022 7:58 PM

Meeting Materials

	time so that we could actually take lunch	
315	1st hour of the day - but they may extending operation hours	6/27/2022 7:55 PM
316	Having time to do work uninterrupted each day would be game changing	6/27/2022 7:51 PM
317	If only this would be a rule - that phone in the pharmacy CONSTANTLY rings and rings and the pharmacist gets interrupted so many times which is just asking for an error.	6/27/2022 7:51 PM
318	Wouldn't need this with proper staffing	6/27/2022 7:46 PM
319	This will only help if you also implement the max hours allowed to work per 24 hours, otherwise we will be working 14-15 hour days!	6/27/2022 7:41 PM
320	Some pharmacist are already doing that on their own time, unpaid!!!	6/27/2022 7:39 PM
321	In some cases would be more helpful than others. I have arrived at pharmacies with over 500 prescriptions to fill before the doors open. Perhaps is mandated at a particular moment of being behind in workload	6/27/2022 7:38 PM
322	This is being done in most retail outpatient pharmacies now. However, the time is donated by the pharmacist after an already long 12 to 14 hour day. I have heard of pharmacists working 48 hours straight through the night and next day to get caught up. This is not safe.	6/27/2022 7:32 PM
323	This is not a horrible idea as long as they are getting paid and not coming in on their own time. (which does occur often) But this should not take away of the appropriate staffing during active business hours.	6/27/2022 7:29 PM
324	I love the idea of dark hours for busy pharmacies but don't think it should be mandatory.	6/27/2022 7:15 PM
325	Again it's all about the money for the company.	6/27/2022 7:03 PM
326	I really like this suggestion	6/27/2022 7:01 PM
327	WE COME IN AN HOUR BEFORE OPEN AND IT MAKES A HUGE DIFFERENCE WHEN YOU OPEN CLEAN INSTEAD OF BEHIND THE 8 BALL FROM THE GET GO	6/27/2022 7:01 PM
328	corporates will not want to pay if working when pharmacy is dark	6/27/2022 6:57 PM
329	This will need tied to no reduction in payroll while doors are open or it does nothing.	6/27/2022 6:47 PM
330	Fantastic idea.	6/27/2022 6:36 PM
331	Rite aid did this and it worked great	6/27/2022 6:34 PM
332	We do this anyway after we close or before we open if needed. It would be nice to be paid for this service.	6/27/2022 6:33 PM
333	Great idea!	6/27/2022 6:27 PM
334	This will greatly help to meet the demand.	6/27/2022 6:22 PM
335	This would help the most by far. Restaurants do this why shouldn't pharmacies?	6/27/2022 6:18 PM
336	If these are before or after "normal" hours of operation it just lengthens the hours worked which is primary concern already. They would have to be at the beginning or end of existing open hours	6/27/2022 6:15 PM
337	That would be nice as many pharmacist show up early to do this unpaid. The major issue is determining how many "dark hours" are needed and if this rule applies to non retail pharmacies. I've worked in specialty, compounding, and nuclear pharmacies and this isn't as important there as it is in retail.	6/27/2022 6:14 PM
338	This may enrage patients. As long as mail order (which is violating every safe temperature law on the books) is held to a similar standard.	6/27/2022 6:13 PM
339	We do this already. It does help with the daily workload	6/27/2022 6:07 PM
340	My company utilized this approach last year and it was very helpful. The staff and I could get a lot accomplished in an hour with no phones, drive thru!!	6/27/2022 6:04 PM
341	Great idea. My company currently has 1 hour windows in the morning upon opening where phones do not ring. I think that would be helpful at the end of the day as well.	6/27/2022 6:03 PM

Meeting Materials

342	Only if needed. Not all pharmacies need this. Managing distractions through appropriate staffing, training, coaching, etc. would be more appropriate.	6/27/2022 5:20 PM
343	This will only work if the pharmacy adds staff to cover the dark hours. If I work 9a-9p (12-hours) who's going to cover the dark hours? If the dark hours are mandatory, and I only get 80 technician hours/week, now I need to spread those 80 hours over 7-14 more hours a week (assuming 1 hour of dark hours at open and maybe 1 hour at close), so I'm still short staffed. Actually, I may be more short staffed during operating hours.	6/27/2022 5:17 PM
344	If company gives techs to help during this time it would be very helpful.	6/27/2022 5:14 PM
345	This should only be used for the pharmacies who truly need it as I can see that it wouldn't be for everyone, being that some do higher volume than others and might also be shorter staffed.....should be left to the discretion of the pharmacy manager.	6/27/2022 5:10 PM
346	This has been seen to help pharmacies get caught up if used appropriately.	6/27/2022 5:03 PM
347	Each individual pharmacy should be able to decide this. I would not want mandatory dark hours if they aren't needed.	6/27/2022 5:03 PM
348	Great idea!	6/27/2022 4:56 PM
349	This would likely help, but I would provide one caveat. The board must be careful that such a rule doesn't give employers an excuse to require their pharmacists to begin their day unusually early or work unusually late to make up for these dark hours. Realistically, retail pharmacies are open many more hours than should be necessary. I understand the convenience of having a few pharmacies open late for emergency reasons, but this should be the exception, not the rule. If people can manage to make it to their bank between 9 and 5 to cash a check, they can make time to visit their local pharmacy before 6 or 7pm as well.	6/27/2022 4:41 PM
350	This would help but chains would likely have "salaried" pharmacists work once the pharmacy closes	6/27/2022 4:40 PM
351	This would allow better maintenance of inventory etc. preventing the dispensing of expired drugs. As one example. This also allows for more focus while open not trying to squeeze in non dispensing functions.	6/27/2022 4:40 PM
352	We do this now but we don't get paid! You must include a clause that companies must pay the rph for this!	6/27/2022 4:36 PM
353	I'm not sure when that would happen during a regular pharmacy's hours. It might be helpful but if it requires the pharmacist to work overnight it might be difficult.	6/27/2022 4:25 PM
354	Shouldn't be mandatory - employers should have a good handle on this	6/27/2022 4:24 PM
355	This seems disruptive to workflow and confusing for patients and prescribers	6/27/2022 4:23 PM
356	I've accomplished more alone in 3 hours after closing than in a 12 hour shift with 3 techs.	6/27/2022 4:21 PM
357	May not be necessary or may be inefficient for smaller pharmacies	6/27/2022 4:15 PM
358	Good idea, takes some of the stress off	6/27/2022 4:13 PM
359	I don't think mandatory dark hours are necessary everywhere. Maybe make this only apply to pharmacies that fill higher volumes of prescriptions?	6/27/2022 4:12 PM
360	Would be nice	6/27/2022 4:05 PM
361	Must be included in the 12 hours max per 24 hour period.	6/27/2022 4:04 PM
362	Trying to handle too many prescriptions or problems at once as well as high background noise from the waiting room can make it hard to concentrate.	6/27/2022 4:02 PM
363	The company I work for is unlikely to reduce our operating hours to make room for "dark hours" and I don't want to work any more hours, or any earlier or later, than what I already do. A better way to do this would be to require companies pay their staff when the responsible pharmacist feels they need to operate some "dark hours" to keep up with workload.	6/27/2022 3:58 PM
364	This is not one I thought about, but I like this idea.	6/27/2022 3:55 PM
365	A move in the right direction.	6/27/2022 3:54 PM

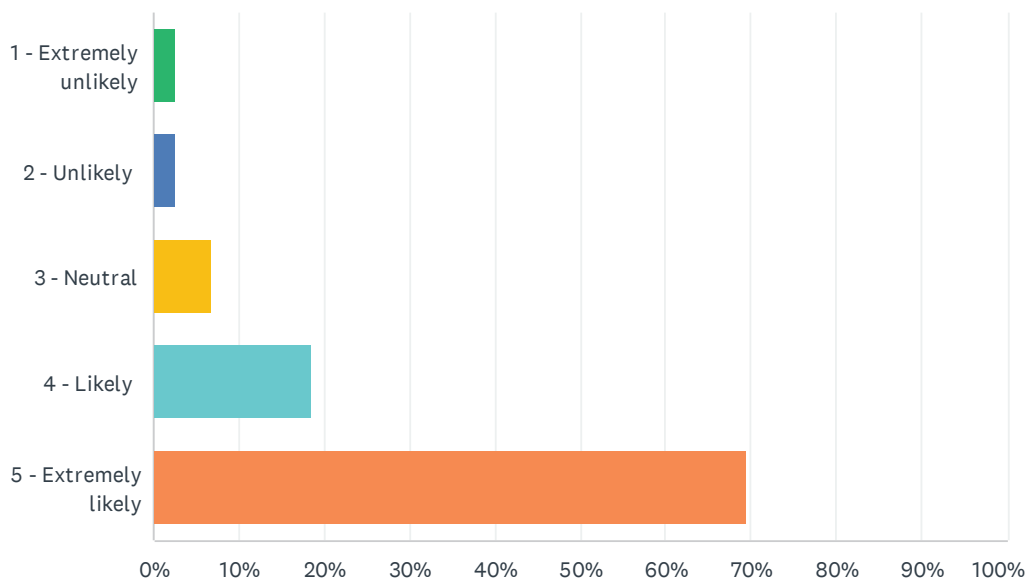
Meeting Materials

366	Often work without getting paid to do the "clean up" so my partner wil not have to	6/27/2022 3:51 PM
367	Please provide tech help for safety and security during this time. We frequently work after close just to get caught up. And some locations are questionable especially when leaving late nights	6/27/2022 3:51 PM
368	This would be very helpful.	6/27/2022 3:50 PM
369	This would be a huge way to help with workload.	6/27/2022 3:49 PM
370	This would help, but my employer would not allocate any more budget hours for those dark times. Maybe I should have answered "unlikely."	6/27/2022 3:49 PM
371	This isn't needed prior to following pharmacy operation hours	6/27/2022 3:43 PM
372	Or you could just staff the pharmacy adequately	6/27/2022 3:41 PM
373	Any way to limit interruptions and distractions will go a long way to increase patient safety.	6/27/2022 3:39 PM
374	This would be fantastic and is something I personally have done off the clock for years.	6/27/2022 3:37 PM
375	Specify that this must be PAID TIME. Currently many pharmacists do this for free.	6/27/2022 3:36 PM
376	Dark hours sound amazing. It's so much easier to get caught up without interruptions	6/27/2022 3:33 PM
377	Likely will result in more hours required to be worked by staff when we are already understaffed effectively spreading us thinner. In theory would be beneficial if staffing supported.	6/27/2022 3:33 PM

Meeting Materials

Q16 Metrics Eliminate Job impacting metrics that compromise safety and integrity of the profession. 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. Prohibit metrics related to the volume of services provided.

Answered: 2,012 Skipped: 15



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	2.53%	51
2 - Unlikely	2.63%	53
3 - Neutral	6.91%	139
4 - Likely	18.49%	372
5 - Extremely likely	69.43%	1,397
TOTAL		2,012

#	ADDITIONAL COMMENTS	DATE
1	Amen. This has been on my evaluation for years. It's laughable. Quality care should not be linked to speed. Does a cardiac surgeon get a slap on the back for zipping through a transplant?	7/9/2022 10:59 AM
2	There should be no need to rush to fill anything. This just increases errors	7/7/2022 10:53 PM
3	My physician was very upset that I was given quotas to meet for metrics with MTM, non-flu vaccines, etc.	7/7/2022 10:21 PM
4	ABSOLUTELY!! ABSOLUTELY!! ABSOLUTELY!!	7/7/2022 8:21 PM
5	PLEASE. Corporate runs on metrics. Everything I do is a metric. We will never meet all their	7/7/2022 8:00 PM

Meeting Materials

metrics. If we do they add more or cut hours so we don't meet metric so they don't have to give raises and bonuses. It's a sick game. If you don't meet metrics you get write ups but in order to meet metrics you have to cut corners and it impacts patient safety.

6	There need to be some productivity expectations when running a business	7/7/2022 7:47 PM
7	Extremely needed!!! Corporations make the metric but do not understand the demands at store level!!!!	7/7/2022 7:02 PM
8	I can't do my job effectively while worrying about meeting arbitrary, money-making goals for my company. I'm sure they love the "free money" but I love patient safety more.	7/7/2022 5:52 PM
9	Metrics are part of an effective business model. This would essentially remove accountability for poor performers and lead to increased costs and business impacts.	7/7/2022 5:11 PM
10	Financial punitive measures rarely improve quality of work long term. A combination of metrics and quality with review and discussion would be welcomed. An exchange, not simply a directive.	7/7/2022 4:59 PM
11	Right now my employers goal is "10 expanded vaccines per week" (ie shingrix, pcv 20 etc) which is fine if getting the vaccine is what the patient wants. We've had conference calls, role playing etc on how to speak to a patient that would mostly likely lead them to get a shot. And recently we received an email that if your store was giving 3 shots or less per week we would have to have a conference call with our clinical services team to figure out "what we're doing wrong." We are also experiencing a slow down in vaccine interest due to summer vacations and activities, and we were warned via email that this wasn't acceptable and wouldn't lead to us meeting our goal of 480 vaccines by year end.	7/7/2022 4:46 PM
12	Unfortunately I think some of these metrics are necessary to provide objective measures. One of them emphasized by my employer is ancillary vaccines, which do provide a public health benefit. My employer also puts some emphasis on Medicare star medications, which also have been proven to benefit patient care and outcomes.	7/7/2022 4:32 PM
13	Metrics are ok if they are used as a coaching opportunity. Definitely metrics cause distractions if they are tied job performance or pay. Time and attention is spent achieving the metric or a workaround when it should be on other things	7/7/2022 4:29 PM
14	i think this would make a lot of sense. it would put pharmacists in areas where they are able to do pharmacist work and not be doing things just to meet numbers.	7/7/2022 4:18 PM
15	Yes these are not in best interest of the patient	7/7/2022 4:07 PM
16	It sounds wonderful to not have metrics to meet but once again, in reality, every job is tied to metrics. It's basically part of any business model. Maybe I just can't think outside the box on this one...because if it is possible to maintain a great pharmacy that has accuracy and profitability without them, I like the idea.	7/7/2022 4:01 PM
17	This!!! Safety and filling prescriptions correctly should be the metric- not how many scripts an hour you can fill or how many phone calls you make. Also, the push to give vaccines is also stressful.	7/7/2022 3:47 PM
18	This is huge!	7/7/2022 3:47 PM
19	None of your business. Again , maybe a union should consider trying to organize.	7/7/2022 3:37 PM
20	There is nothing wrong with metrics so long as they are used in the right context for trending and not absolute	7/7/2022 2:50 PM
21	Eliminating certain metrics seems sensible. We understand companies needs some metrics to be able to standardize stores and how they are operating but some metrics cause more harm than good as mangement focuses on incresing or improving some metrics such as prescriptions filled while ignoring the consequences of that such as more prescription abandonment and increased returns which creates a faux limited stock as we can't use the medications that are currently filled for pts that may never come pick them up. This might in the short term increase prescriptions filled but ultimately ends in more work when those prescriptions have to be returned and stock/drug availability adjusted.	7/7/2022 2:23 PM
22	YES. YES. YES. THIS HAS ALWAYS BEEN A HORRIBLE ADDITION INTO THE PHARMACY WORLD	7/7/2022 2:20 PM

Meeting Materials

23	PERFORMANCE METRICS ARE THE DEVIL. GET RID OF THEM COMPLETELY. I CAN ONLY VACCINATE SO MANY PEOPLE BEFORE THE ENTIRE COMMUNITY HAD HAD THE JAB, AND THEN WHAT? MORE SHOTS, OF COURSE. Because that makes perfect sense.	7/7/2022 2:15 PM
24	Too many metrics to meet....whatever happened to filling scripts efficiently and correct? I feel that the last think my employer wants with all the immunizations, and other metrics were expected to meet.	7/7/2022 2:15 PM
25	This would be a dream. But unfortunately not a reality today. Accuracy as a metric sets people up for fearing to report errors, etc.	7/7/2022 2:15 PM
26	Especially immunization metrics	7/7/2022 1:56 PM
27	Finally someone is looking into the metrics pressure put on pharmacists which usually compromise quality of care, rush patients and wasting time to make the metrics look good for the bosses. Please implement.	7/7/2022 1:53 PM
28	YES!!!	7/7/2022 1:51 PM
29	Metrics are necessary. I refer back to number 13. Utilize this info in adverse event/error reports that can be accessed for data analysis. This could lead to future, more meaningful and effective measures.	7/7/2022 1:49 PM
30	Taking some requirements off the plate obviously leads to less things to do for pharmacists and technicians.	7/7/2022 1:42 PM
31	If you don't know what you're to aim at, you will aim at nothing. If you aim at nothing you will fail you just will not know you are failing until it is too late. Who determines what metrics compromise safety and integrity of the profession? That's pie in the sky garbage with no teeth to it. People need something to aim at, otherwise what the hell is the point?	7/7/2022 1:39 PM
32	It would help. Most metrics are those that impact the financial bottom line which is why corporations value them	7/7/2022 1:32 PM
33	Metrics are unrealistic	7/7/2022 1:32 PM
34	may relieve stress however retailers will ensure RPh compensation decrease	7/7/2022 1:22 PM
35	I chose extremely likely because I think reasonable expectations should be set. We'll not eliminate time to fulfillment metrics because that impact patient care, but they should be measured in a different way, perhaps through patient satisfaction.	7/7/2022 1:17 PM
36	This is much needed and over due. Corporate greed is impacting patient care.	7/7/2022 1:12 PM
37	LOve this idea. We each are different in speed/time. But it does not correlate to how good we are at our job.	7/7/2022 1:09 PM
38	Having metrics makes it stressful to try and verify prescriptions and give a certain number of vaccines, tests, or MTM, and do safely. This sounds wonderful if you can get corporate to comply.	7/7/2022 1:07 PM
39	Metrics force pharmacists to focus on volume of prescriptions being filled per hour or day which leads to hasty prescription checking. This definitely causes sloppiness and sometimes errors. This is true for closed door pharmacies also who only verify prescriptions and are forced to check hundreds of prescriptions every day. They are evaluated yearly based on the production volume (evaluated on other things also but production is considered the "most important" part of the job above accuracy, or counseling notes to discuss key points with patients)	7/7/2022 12:46 PM
40	The metrics expected of us are ridiculous. Flu goal is one of the worst, and if we're short staffed, it's like I'm trying to do a million things at once.	7/7/2022 12:39 PM
41	Take the customer service metrics away as well. Meeting customer expectations with speed should not be measures. Turning away people with multiple controlled substance medications should be okay without impacting our scores. We are losing our autonomy because we need please every person that walks in the door.	7/7/2022 12:30 PM
42	I hate metrics but I don't think this is the biggest problem right now.	7/7/2022 12:30 PM
43	My large retailer only worries about metrics. How long it takes you to answer the phone, how many people did you reach on phone calls, how many people wanted a certain vaccine, how	7/7/2022 12:29 PM

Meeting Materials

many rxs are filled on time that a patient can expedite via the app regardless of work load. A pharmacist is rewarded for high metrics for raises and bonuses. But they are not rewarded for patient safety and dedication to the profession, or many years working for that company.

44	How much does it really matter if you answer the phone on the third ring or less if it means you're compromising what you're doing right in front of you???	7/7/2022 12:28 PM
45	The stress of obtaining an unattainable number of vaccines is terrible-most pharmacists were not trained as sales people. It is different to educate patients but pushing vaccines the way corporate wants is not good	7/7/2022 12:26 PM
46	This would be nice, but I can not imagine this would ever come to fruition.	7/7/2022 12:13 PM
47	We need to be evaluated on our services not our speed and volume. Also we need to be evaluated by other pharmacists not corporate district managers that are not pharmacists	7/7/2022 12:13 PM
48	No professional should be forced into job performance based on metrics. It is not a one size fits all environment.	7/7/2022 12:12 PM
49	Accuracy should be the only metric. We are measured on how fast we answer the phone, an arbitrary time is assigned to prescriptions on when they should be finished, how fast we ring people out, how many phone calls we make to reach out to customers, how many immunizations we give. All this has a metric and if we don't meet these we are classified as does not meet expectation. Thuse no raise. Nobody gets a raise as it is impossible to meet these expectations with the severe understaffing that is forced on us.	7/7/2022 12:09 PM
50	Managers focusing on wrong things.	7/7/2022 12:06 PM
51	The job should not be based on time or rx number metrics. It is unsafe.	7/7/2022 11:57 AM
52	Yes--I feel like this would reverse the trend of quantity over quality and actually re-inspire why I got into pharmacy.	7/7/2022 11:57 AM
53	14 years in community pharmacy tells me this may not be sustainable.	7/7/2022 11:57 AM
54	This would be huge for patient safety and pharmacist satisfaction!!	7/7/2022 11:55 AM
55	Metrics are a pain (especially if they are tied to performance and pay), but there are benefits to metrics that allow a pharmacy/business to see how they are doing and how they are making an impact on patient care.	7/7/2022 11:53 AM
56	This would eliminate a lot of retail pharmacies current metrics.	7/7/2022 11:50 AM
57	Metrics (excluding accuracy) are incredibly damaging to patient safety. I know from personal experience that I have made several errors due to trying to increase my data verification speed.	7/7/2022 11:48 AM
58	Corp only cares about metrics and profit, not our associates or customer care and safety. Daily we are expected to push vaccines and flowflex testing kits to every customer to increase script volume. They tell us script volume will increase tech hours, yet when tech help is needed there is no one to cover and we continue to work short staffed	7/7/2022 11:48 AM
59	Eliminate pharmacist bonuses tied to arbitrary pharmacy metrics	7/7/2022 11:40 AM
60	Absolutely!! I feel that several hours/month are wasted on conference calls and emails regarding vaccines, time my med programs, adherence. If this pressure wasn't be pushed on us constantly, we could implement into our daily routine. We are salesmen more often than a health care professional.	7/7/2022 11:40 AM
61	This would help staff and the patients since focus will be safety and efficacy	7/7/2022 11:33 AM
62	Very helpful	7/7/2022 11:31 AM
63	Would quite literally solve almost all retail pharmacies stresses. That being said, Goodluck.	7/7/2022 11:29 AM
64	This will be the most impactful change if implemented	7/7/2022 11:28 AM
65	This aspect is critical to improving work conditions especially in retail pharmacies. Especially vaccination metrics which places pharmacists in compromising situations to meet company goals	7/7/2022 11:24 AM
66	Change the metrics and you change the priorities and you thus change the company culture -	7/7/2022 11:01 AM

Meeting Materials

this can be profound. Pharmacists should be valued for expertise and accuracy not speed in tediousness.

67	This will never happen in a mail order pharmacy. Their entire business model is based on metrics. Certain work at home pharmacists are batch checking 1000 prescriptions an hour	7/7/2022 9:56 AM
68	Yesss!! our clinical expertise and error prevention cannot be tracked by standard corporate metrics related to volume	7/7/2022 8:58 AM
69	My entire pharmacist life is engulfed in keeping up with these metrics and worrying about floaters getting me behind when I'm not there.	7/7/2022 8:56 AM
70	I dont feel this would ever work in retail because this is their entire business model	7/7/2022 8:53 AM
71	Fabulous! Why did we let this happen in the first place? Let's move at our own safe pace. This might look different for each Pharmacist but we should never have to apologize for taking our time when it comes to patient safety. Let's move job performance away from quantity and base it on quality.	7/7/2022 8:33 AM
72	This. Aside from mandatory breaks this right here is single-handedly the best way to improve safety and performance. When you can focus on providing correct care and not how many auto-fill prescriptions you've enrolled, you will improve all outcomes (patient care and employee satisfaction)	7/7/2022 8:05 AM
73	my employer does not use metric - usually	7/7/2022 7:11 AM
74	We're constantly worried about meeting metrics, in place of patient satisfaction and safety. Give more vaccines! Oh wait....you have to accurately fill scripts to?!	7/7/2022 3:11 AM
75	Unsure that it would be possible to fully eliminate metrics surrounding productivity / time, but do agree that this needs to be balanced with patient safety metrics such as accuracy / error rates.	7/7/2022 12:21 AM
76	Absolutely!	7/6/2022 11:59 PM
77	Absolutely change the dynamic of pharmacy operations. Too much emphasis on these non contributing factors	7/6/2022 11:31 PM
78	Starbucks has more employees and gets more time to make my coffee than the expectations put on pharmacy staff.	7/6/2022 11:20 PM
79	Yes!!! This!!	7/6/2022 11:13 PM
80	This could help relieve some anxiety in the pharmacy about metrics. However, something else will take their place.	7/6/2022 11:08 PM
81	I think the metrics should be monitored to help in training and guiding your team but not used as a tool to determine compensation	7/6/2022 11:04 PM
82	YESSSSSSSS!!!!!!!!!!	7/6/2022 10:52 PM
83	i agree that we need metrics to make a profit and stay in business but the amount that they encourage/nag on a daily basis of what you have done and what needs to be done needs to stop. Especially during flu shot season, it always seems like it's the biggest competition to see who can get the most flu shots as soon as you receive them in. we shouldn't feel that pressure and patients should not as well. there is no reason we need to be giving so many shots in august. if the patient comes in 2 weeks prior to thanksgiving i am happy	7/6/2022 10:36 PM
84	Metrics have no place in health care and only add to stress, add to an already large workload and increase errors.	7/6/2022 10:23 PM
85	Yes! Please stop the metrics.	7/6/2022 10:08 PM
86	The emphasis on safety is important. Random metrics in some cases make it difficult to practice pharmacy.	7/6/2022 10:00 PM
87	Exactly!!	7/6/2022 9:47 PM
88	Too many good pharmacist are not promoted because metrics are not met. This should also be implemented to prevent employers from unreasonable scheduling of staff (RPh, techs, support) This may also lead to wrongful termination suits.	7/6/2022 9:44 PM

Meeting Materials

89	Chains crest arbitrary metrics that they want completed which reduces the time the support staff has to actually assist the pharmacist	7/6/2022 9:37 PM
90	They pharmacy metrics are a joke. I spend hours calling people to tell they a new pneumonia vaccine is available when I could be using my time to fill prescriptions	7/6/2022 9:32 PM
91	I live in fear of metrics. When my entire review revolves around how fast I fill or my verified by promise time I want to scream and it increases my stress.	7/6/2022 9:29 PM
92	Speed and time should not be monitored. I disagree on Volume and see it as punishing those pharmacists at higher volume stores out of bonus bc they will just take it away vs changing it. There will be just no bonus anymore.	7/6/2022 9:23 PM
93	Metrics in itself has its own set of flaws. Are the metrics measured accurately? Using accuracy as a metric is dangerous. Pharmacists should never be penalized for reporting a discrepancy. Discrepancy reporting should be utilized with the goal of the preventing the same error. What about near misses?	7/6/2022 9:11 PM
94	Stop telling us we need so many 90 days and auto refills, calls made, different types of vaccines given.	7/6/2022 8:47 PM
95	Metrics are an important way to measure business success and set goals around continued advancement however quotas that require specific data points to be met by pharmacists and pharmacy technicians are dangerous and create patient safety barriers. Quotas of numbers of scripts filled per hour, number of vaccines given or numbers of calls made in a day are artificially limiting pharmacist time and creating a culture of plug and chug rather than patient engagement.	7/6/2022 8:35 PM
96	I think to be effective the board needs to be very specific about what is and is not allowed	7/6/2022 8:27 PM
97	Most important topic in this survey	7/6/2022 7:57 PM
98	It creates a dangerous work environment by bean volunteers in some corporate office causing harm	7/6/2022 7:54 PM
99	This should already be in place. Speed should not come at the cost of safety	7/6/2022 7:24 PM
100	To much emphasis is placed on how long some is on hold or how long it takes to answer a phone vs actual consultation	7/6/2022 6:48 PM
101	My job requires more scripts every year to get a bonus, while increasing workload and decreasing tech hours. Also lack of raises makes increased demands even more ridiculous.	7/6/2022 6:00 PM
102	To me metrics is a four-letter word. They are a complete joke and have absolutely no relevance or meaning. We're supposed to have a ready rate of 90%. So all we do is change the pickup time when we do the final check of the medicine. It's completely artificial and a total joke. Also, we're supposed to do so many vaccines a week. It's not like vaccines are an impulse-buy like chocolate. You can buy chocolate whether you need it or not. You can't just get a vaccine if you don't need it. So it's not something we can up-sell.	7/6/2022 5:53 PM
103	We alllllll HATE metrics. This should include clinical services or programs that pharmacists work under such as doing Medication Reconciliations after discharge and Comprehensive Medication Reviews (CMR)s. Quality is better than quantity.	7/6/2022 5:40 PM
104	There should be no incentive or punishment based on volume or time	7/6/2022 4:05 PM
105	My large company does not use volume, or speed metrics but uses customer surveys instead. Customers expect speed and individual attention. My company expects near perfect surveys and increases the expectation each year. While customer satisfaction is very important, the level of expectation along with its financial ties is extremely distracting. These surveys typically are more heavily weighted to being completed by the upset customer and are not a true gauge of how well the staff is performing.	7/6/2022 4:03 PM
106	This would be great, they push us to meet metrics for immunizations and MTM bit do not give us the staff in order to safely meet them while safely dispensing medications as well	7/6/2022 3:59 PM
107	Healthcare shouldn't be a number. I don't know how you'd actually do this, but if you could, it'd be great.	7/6/2022 2:41 PM
108	The large retail chain I work for would be able to save thousands of dollars by not counting the	7/6/2022 2:08 PM

Meeting Materials

number of scripts I didn't get finished within 15 minutes. This would be helpful but how do you stop the public from being abusive?

109	100% agree. Metrics have ruined the profession.	7/6/2022 1:28 PM
110	These are the tasks that are getting in the way of patient care. 50-80 calls needing to be made every day is a problem.	7/6/2022 1:19 PM
111	Although some type of metric is useful over a monthly period, it is been abused by some chains even checking in every few hours. They need to be severe limits on the use of metrics.	7/6/2022 1:10 PM
112	DIR fees and PBM need to be addressed	7/6/2022 1:09 PM
113	The problem with metrics is they are not set by the people actually doing the work	7/6/2022 1:01 PM
114	I've seen quality go way down when metrics are emphasized. At my company we can see EVERYONE'S metrics in every store. I've seen it create a ton of personal conflict among co-workers. They can be great but they shouldn't be emphasized to the point of totally judging one's self worth.	7/6/2022 12:58 PM
115	I cannot emphasize enough the negative impact of corporate metrics especially involving volume, quantity, time limits etc. it is so mentally taxing on staff; it creates burn out and creates the perfect storm for feeling the need to fly through your work instead of ensuring patient safety and clinically thinking your way through a prescription. Companies in healthcare promote quantity over quality and it is deteriorating the profession of all healthcare workers, especially pharmacists. These metrics scream 'I don't care about patients as individuals but rather the financial gains for the company.'	7/6/2022 12:21 PM
116	Absolutely	7/6/2022 12:21 PM
117	It makes sense to have metrics to see business growth and for coaching opportunities, but to focus on metrics alone creates a hostile working environment and doesn't take care of our patients.	7/6/2022 11:57 AM
118	Please make it illegal for Corporate to Implement Metrics on pharmacists and technicians! Pharmacy staff was called out and reprimanded for not making enough sales! It's such a hostile work environment every time reading emails from the supervisor stating that we didn't meet their metrics requirements.	7/6/2022 11:43 AM
119	Yes yes yes! Whoever came up with metrics should be shot!	7/6/2022 11:38 AM
120	Metrics are constantly pushed and adds to the daily stress of being a pharmacist.	7/6/2022 11:37 AM
121	Again, we need proper payment. The PBMs have created this whole mess.	7/6/2022 11:29 AM
122	Metrics are a ridiculous standard of practice and in my experience are unattainable unless the pharmacists is working 55 to 60 hours a week and paid for the scheduled 40 hours	7/6/2022 11:26 AM
123	These metrics involve doing more work with less help more often than not	7/6/2022 11:04 AM
124	Working to meet these metrics to better improve our salary or yearly bonuses only to have the move to another set of metrics the following year means they weren't that important to begin with. Focusing on Rx sales this year and then moving it to MTM calls the next is just moving the goal posts.	7/6/2022 10:59 AM
125	Metrics often help hold staff accountable and are part of their job performance.	7/6/2022 10:58 AM
126	Metrics are always the main focus of corporate pharmacy and it places extreme pressure and stress on the pharmacy manager/staff	7/6/2022 10:54 AM
127	We are not salesmen. We are healthcare professionals and we expected to be treated as such. We can call patients to speak on therapies and compliance, but our bonuses and star ratings should not be dependent on our "sales" and speed	7/6/2022 10:54 AM
128	Pharmacists should be responsible for service and performance of their business. This is too broad a statement. You will impact patient health outcomes and service if you remove metrics. There will be no incentives to do a good job. I get the thought process, but very bad downstream effects	7/6/2022 10:54 AM
129	There are beneficial metrics and non beneficial metrics. Those focusing on patient care are fine (accuracy, compliance, etc.) Metrics focused on corporate initiatives (use of app, credit	7/6/2022 10:51 AM

Meeting Materials

card on file, email on file, rewards/store card member) are not helpful to patient care.

130	Volumes should include vaccines and mtm not just script count	7/6/2022 10:47 AM
131	This one is a doozy, sounds good but good luck implementing this.	7/6/2022 10:47 AM
132	Agree!	7/6/2022 10:47 AM
133	Metrics/quotas are a way to measure business productivity and are appropriate. The types and number of measures may be the problem. Metrics associated with MTM in a busy chain pharmacy whose primary focus is likely dispensing would be an example of a metric that is not as beneficial to measure, and may be associated with stress/burnout of staff	7/6/2022 10:45 AM
134	Again, too little too late.	7/6/2022 10:44 AM
135	Some of these metrics are also being used to decrease tech hours if not met.	7/6/2022 10:42 AM
136	Metrics lead to focusing on numbers and stretching pharmacists too thin. I feel it would be much better to shift the focus back toward patients	7/6/2022 10:41 AM
137	Did I go to pharmacy school to learn how to achieve metrics ? I should have done a business school and then run pharmacy so patients suffer everyday and that's how our society wants to be. I am constantly monitored to meet metrics including how long I am staying on phone. What the heck ! I know it's not a social call but I am being tortured from CVS. My BP has gone up to 140 in last 5 years. I get chest pain during my shifts sometimes. My techs are worried about me.	7/6/2022 10:41 AM
138	Yes. Now this makes sense.	7/6/2022 10:40 AM
139	We may not see them, but if bosses do that is how our evaluation will be determy	7/6/2022 10:33 AM
140	Again, this is a difficult item to enforce. Large corporate chains will argue that quotas and metrics are beneficial to taking care of patients. Overworked staff members will argue that quotas increase stress and accumulate into an unmanageable workload that compromises patient safety. To some extent, both are correct.	7/6/2022 10:29 AM
141	Good luck enforcing it though.	7/6/2022 10:25 AM
142	We are being reprimanded for typing prescriptions. But corporate has no idea how busy the techs are with customer service	7/6/2022 10:25 AM
143	Metrics are dangerous. We are healthcare professionals, not money generators for corporations. This isn't a used car lot where we need to turn over a certain amount of inventory to keep our jobs.	7/6/2022 10:24 AM
144	100% agree	7/6/2022 10:17 AM
145	I can not express how stressful metrics can be. Instead of counseling and dispensing I am worried about 90 day conversions, courtesy refill participation, mandatory vaccine goals. It takes away from actually being able to help patients.	7/6/2022 10:17 AM
146	Very much this!	7/6/2022 10:15 AM
147	YES THIS NEEDS TO HAPPEN	7/6/2022 10:11 AM
148	This is likely one of the major ways that working conditions in the pharmacy can be improved.	7/6/2022 10:11 AM
149	Volume and time metrics are a huge hindrance to safety. Accuracy metrics would be much more helpful and pertinent to the job.	7/6/2022 10:07 AM
150	Metrics have no place in a clinical profession.	7/6/2022 10:02 AM
151	As soon as pharmacies started having drive-thru windows, the integrity of the profession became compromised. Eliminating these will mean many employers will no longer give out bonuses which some of us lean on. P	7/6/2022 10:02 AM
152	If you do not implement this you are not taking this entire endeavor seriously.	7/6/2022 10:01 AM
153	this would really increase QOL for staff. Metrics are demoralizing and punitive. They only exist to make termination easier for the large chains.	7/6/2022 10:01 AM
154	I don't see this happening, but it would be nice to always have 1 tech even if you don't have	7/6/2022 9:58 AM

Meeting Materials

the numbers

155	Cigna Accredo and Express-Scripts currently require work at home Ohio pharmacists to deliver obscene metrics at the cost of outreaches to prescribers on issues that should be called on but don't, I would compare these metrics to sweat shop labor standards. Also they require pharmacists to perform xx amount of work before they are allowed to leave. This compromises the quality and effectiveness of the practice of pharmacy. I welcome you to inquire what the standard rate is for prescription verification for work at home pharmacist to get credit for 1 hour of work.	7/6/2022 9:56 AM
156	No metrics !!!! It's not why we are pharmacists !!!!!	7/6/2022 9:53 AM
157	Another great idea!	7/6/2022 9:37 AM
158	The best suggestion out of all the policies. Probably the biggest contributor to stress besides staffing in retail pharmacy.	7/6/2022 9:19 AM
159	California tried it and chains found a work around	7/6/2022 9:00 AM
160	Our industry is all about the bottom line and honestly it seems to be about shareholders not public health and safety.	7/6/2022 8:35 AM
161	End the insanity!	7/6/2022 7:35 AM
162	Will never happen. Corporations are businesses and operate at such unless you go after THEM	7/6/2022 4:28 AM
163	This is slippery, bc part of pharmacy is the promptness in which things get done. This could negatively impact patients	7/5/2022 10:34 PM
164	Metrics are terrible and should not have a place in healthcare. Can the board legally change how pay works though?	7/5/2022 10:12 PM
165	This is big I know for chain pharmacy. I don't see this pressure as an Independent. I feel sorry for the chain pharmacy staff and everything they deal with	7/5/2022 6:00 PM
166	fantastic idea	7/5/2022 2:01 PM
167	Metrics are a huge huge problem in retail pharmacies. Trying to be fast enough to meet metrics often leaves safety in question. And having to do other duties to meet their metrics often leave customers unhelped in a timely manner or angry and prescription filling behind, also leaving customers angry, and leading pharmacists to unsafely rush	7/5/2022 1:19 PM
168	Metrics are a report card on how a pharmacy is operating, which could help identify staffing issues, training gaps, or performance opportunities. Therefore metrics should be used to help identify a root cause of an opportunity or best practice for success.	7/5/2022 12:58 PM
169	Metrics are only useful if they don't impact evaluations of the employees and add more stress when it is not needed. Trying to "hit numbers" only causes the patient to suffer because the pharmacy is not really caring about them. We only care about getting that certain "number" that is determined by someone at corporate that is not working in an actual pharmacy.	7/5/2022 11:51 AM
170	This will help as long as it's enforced, but it's also likely that it will just not be talked about and just end up a back door reason for firing less productive employees with "behavior" reasons.	7/5/2022 11:44 AM
171	yes, please!	7/5/2022 11:05 AM
172	I THINK THIS IS THE MOST IMPORTANT THING OF ALL. We are not salespeople, we are healthcare professionals. Our companies should not be able to mandate how many vaccines we give in a certain day. It creates more safety issues just to make more money.	7/5/2022 10:40 AM
173	As highlighted by the chain representative, metrics are important for all businesses. An appropriate balanced mix of metrics is necessary to broadly track and evaluate work and productivity. It must be recognized that "how" metrics are used by businesses has a significant impact on safety and workload. Negative implications of metrics and quotas must be evaluated	7/5/2022 10:07 AM
174	The quotas are a deterrent to patient service since they only count the money- making services. Underlying issue is that there is not reimbursement for cognitive services for many patients. Many pharmacists do not seem to follow up on serious drug-drug or drug-disease interactions by the patients I see admitted with these.	7/5/2022 8:56 AM

Meeting Materials

175	Metrics are often a poor measure of the quality of work being done.	7/5/2022 7:12 AM
176	These metrics are not a good use of pharmacy employees time and take away from patient care	7/4/2022 9:32 PM
177	This seems like a good idea on the surface. But you can have a very accurate pharmacist who is slow as molasses which results in poor customer service which harms the business.	7/4/2022 4:40 PM
178	We waste a large amount of time on metrics and meetings and emails on metrics and how to improve. Of course this will never change because our corporations (big box retail pharmacy) simply love beating us over the head with their metrics. I guess we can dream, but yeah this will never change.	7/4/2022 3:53 PM
179	one chain used to have a policy where you would get a 5 dollar coupon if your order wasn't done in 15 minutes. ridiculous	7/4/2022 3:15 PM
180	My employer seemingly only cares about certain metrics, and does so at the cost of the safety of the pharmacy, the pharmacy staff, and the patients that rely on the pharmacy. May of the management staff outside of the pharmacy	7/4/2022 2:53 PM
181	MTM and CMR have no place in operating retail pharmacies. They are not being done correctly because of time restraints and many are submitted without actually contacting the patient. I refuse to participate in this fraudulent activity. Also the concept is a waste. People are going to do what they want to do regarding their care. When confronted about adherence many tell you what they know you want to hear. Meanwhile they are not going to change their habits. This is all a waste of money	7/4/2022 2:34 PM
182	The threat of not meeting metrics leads to extreme increases in stress and anxiety in the pharmacy	7/4/2022 11:42 AM
183	Agree BUT - accuracy should be based on if the prescription is even appropriate which means all these pharmacists who haven't picked up a book since pharmacy school and who just look for the answer in the CE will have to pick up their game- also- u fortunately you are dealing with this new generation that does not want to work. 40 and under are very lazy- so I see the speed reasoning but that has to be carefully assessed or a measure like what Giant Eagle has in place of no more than 13 RXs at a time can come to the pharmacists needs Implemented. Based on ThT model the appropriate staffing should be able to be determined. It is a balancing act but at the end of the day patients need taken care of and the lazy generation needs to be held accountable for actually working and not being on social media or doing whatever.	7/4/2022 10:20 AM
184	Looking at you, CVS.	7/4/2022 7:47 AM
185	Imagine we don't have to worry about how vaccines we given per day, how many MTM claims we have to make and how fast we can fill a prescription and actually cared only about the safety and well-being of our patients.	7/4/2022 7:22 AM
186	We have been pleading for this for years! This is 100% necessary!	7/4/2022 5:53 AM
187	This is great, as long as, corporations are on board with following it.	7/4/2022 3:37 AM
188	There is way too much pressure to meet the metrics and I feel that pharmacists should not get a bad yearly evaluations or lose their job because the metrics were not met. It is enough pressure trying to learn all the new and constantly evolving updates with the covid immunizations, related to dilution, age groups, expiration dates, boosters, etc	7/3/2022 8:54 PM
189	Yes!	7/3/2022 7:00 PM
190	I'm not sure that companies will go for this and will certainly find a work around.	7/3/2022 5:32 PM
191	Absolutely needed.	7/3/2022 4:46 PM
192	Again corporations don't care. Even if a major mistake happens, ultimately it's the pharmacists fault so the company continues on making money while the pharmacist pays for the mistake and probably ultimately loses their life due to it. But, what does the company care about that one person in a sea of many pharmacists	7/3/2022 3:59 PM
193	It has been all about volume up till now. The expectations have been to complete the days work even when you have to work on your own time and not getting paid	7/3/2022 3:17 PM
194	Again best thing I've seen. Needless goals and busywork should be eliminated	7/3/2022 3:03 PM

Meeting Materials

195	My employer tracks metrics but doesn't punish for failing to meet them. I think that they are a helpful tool to managing things like staffing, volume, and profitability.	7/3/2022 2:39 PM
196	Metrics distract the pharmacies from the patient. There is always a balancing act between the metrics that doesn't always serve the best interest of the patient. Taking this away would allow pharmacy teams to focus more on the patient instead of playing these metric "games" that corporate teams try to promote. 4 out of 5 metrics probably serves the best interest of the company than the patient.	7/3/2022 2:06 PM
197	This one can go both ways. The metrics need to be there to determine the staffing and should be there to identify outliers. At the same time metrics need to be realistic which many corporations who are staffed with non pharmacists don't understand. Having non pharmacists and/or those who have never worked in a pharmacy in charge of pharmacy metrics is a root cause of this issue. When Kroger started putting employees who had never worked in a pharmacy in charge of things like inventory and workflow metrics, it illustrated the knowledge gap that those with no pharmacy experience have when determining proper metrics. Pharmacy workflow is different than working in a deli.	7/3/2022 2:00 PM
198	Metrics is a horrible way to provide medical services. Metrics definitely impacts patient care in a negative way.	7/3/2022 10:56 AM
199	Just seems like a poor way to gauge success and patient satisfaction	7/3/2022 9:19 AM
200	Constant pressure being applied to maximize profits has no place in this business. These need to be eliminated as pressure is placed on staff to be completing metrics, and therefore there is incentive to work at dangerous speeds in order to allot time to perform corporate metrics. This practice has the potential to lead to increased medication errors, pure and simple.	7/2/2022 11:33 PM
201	Too much pressure to meet many different metrics.....	7/2/2022 11:03 PM
202	Metrics to not take into considerations such as computer problems, insurance problems, child vaccines that take longer, etc..,	7/2/2022 10:58 PM
203	Corporations will still find a way to do this without documentation.	7/2/2022 10:06 PM
204	This should be passed as law immediately.	7/2/2022 8:09 PM
205	Difficult for pharmacists to offer services and get graded on metrics. If there is a patient for example that pharmacist has called, counseled face to face and on phone how important it is to take cholesterol medication and the patient still noncompliant, this counts against the pharmacist. Many examples exist	7/2/2022 6:06 PM
206	Having goals isn't a bad thing and gives you something to work for and accomplish. But the problem is having too many to focus on at once, outrageous goals, and disciplinary action if they aren't met. Bonus compensation for meeting certain goals should be allowed. If there's no incentive to work hard, most people won't.	7/2/2022 1:25 PM
207	Metrics need to be removed or pharmacy will continue to devolve.	7/2/2022 9:57 AM
208	need some type of standard for performance or lack of performance	7/2/2022 8:34 AM
209	Majority of metrics are patient outcome driven. This would impact compliance of medical adherence	7/2/2022 8:30 AM
210	Yes! Some prescriptions require much more research and phone calls and should never have a time limit.	7/2/2022 7:26 AM
211	Any time the number of shots I give goes up, the percent of rxs ready in 20 minutes or less goes down.	7/2/2022 12:04 AM
212	Metrics should never have been a part of pharmacy. No other health care provider is expected to work this way.	7/1/2022 10:27 PM
213	THis is not business wize- realistic	7/1/2022 9:15 PM
214	Our regional manager held a conference call to remind us that it is our duty as employees of a "for profit" company to deliver metrics, specially in regards to Walmart's expanded vaccine goal of 480 this fiscal year. I end up getting behind in workflow because I am trying to be a salesman of expanded vaccines, potentially compromising accuracy of the prescriptions I am processing since I am forced to rush to catch up. I hate it.	7/1/2022 9:14 PM

Meeting Materials

215	This is the most important initiative on this list!!	7/1/2022 7:58 PM
216	Healthcare should not be metric based. We cannot effectively care for patients if we are worrying about numbers.	7/1/2022 7:25 PM
217	This would be amazing. However, I do worry about some less than motivated pharmacists using this as cop out.	7/1/2022 6:38 PM
218	Metrics are not necessary in a medical setting. Prohibit metrics related to volume of services. While working for a large chain it tracked how long phone calls were, how much time it took to check prescriptions etc. Pharmacy is about patient care and not about how many prescriptions can bring in a profit. If the large chains have problems basing performance due to limited face time then they should put themselves in the store more to have increased face time - seems like their problem.	7/1/2022 6:31 PM
219	I agree that speed and time should not be a driving factors to meet metrics.	7/1/2022 2:17 PM
220	no additional comment needed	7/1/2022 1:52 PM
221	Every job in life has metric so as long as this metric is focused around speed, it could be helpful.	7/1/2022 1:47 PM
222	I'd love to see this implemented. Metrics are the root of evil in a pharmacy.	7/1/2022 1:12 PM
223	Let's face it, we are a business, without some metrics business decisions can't be done adequately. There almost has to be a minimum expectation of production but this must come with accuracy	7/1/2022 12:47 PM
224	This is an absolute must. Metrics fly directly in the face of what pharmacists are meant to do which is provide patients the minimum drug therapy to treat conditions. Let marketing departments drive new customers to businesses but metrics should not be mandated by companies in any pharmacy.	7/1/2022 12:40 PM
225	Technicians at my site have to maintain volume metrics. We do fulfillment in for only, so this affects the labeling of prescriptions. I am appalled at the appearance of work I get. Labels cover pertinent information on the package, interfere with the opening of the package, and sometimes don't even go on the ultimate container of the prescriptions. The volume is so high that the pharmacists do not have time to correct. We barely have time to actually verify that the label matches the contents.	7/1/2022 10:31 AM
226	This is huge. Company metrics hold no value to individual patients. They only help the company make more money. It should be about patient care.	7/1/2022 8:59 AM
227	The State Board MUST start addressing MTMs that focus on getting everyone on statins (& specific meds) and affect DIR FEES that lead to clawbacks. THIS IS VERY UNSAFE FOR THE PUBLIC. BOPs MUST leverage the power of their state legislature and AG to go up against the FDA & other regulatory agencies that work to enrich corporations but cause harm to the public and to small businesses. Statins can and do have devastating side effects - no pharmacist (or prescriber) should EVER have to conduct predesigned MTMs that allow insurance companies to influence prescribing esp with an extortion clause that if we don't they'll take back money and put us out of business. It's insanity. Please have integrity about this - DO SOMETHING. It's your obligation.	7/1/2022 7:04 AM
228	Absolutely! Speed metrics impact patient safety. Certain metrics, such as seconds to answer the phone, seconds in the drive through lane, etc, are ridiculous micromanagement. They cause unnecessary stress and reduce patient safety. Patient satisfaction can be measured by surveys and how well the pharmacy is run, not by irrelevant minutiae.	7/1/2022 2:48 AM
229	this could alleviate some of the pressure we shoulder day in and day out. Setting a promised time of 11am on every rx that is entered yesterday for tomorrow or auto-fill rxs does make it impossible to accomplish when I only have one technician from 9am to noon and the windows and phones are both nonstop all morning.	7/1/2022 12:49 AM
230	See all comments from above.	7/1/2022 12:22 AM
231	Metrics totally change my motivations for my work. Most of the time I'm trying to just get my boss off my back which just cheapens what I do and doesn't make me feel fulfilled.	6/30/2022 11:42 PM
232	Absolutely necessary	6/30/2022 10:54 PM

Meeting Materials

233	Yes, it would relieve stress. But, watch many chains board up and consolidate and limit access. If you can measure it, it will be scored. Understand that removing this will cause much more financial issues	6/30/2022 9:56 PM
234	Get rid of all nonsense corporate metrics eg) quotas for how many immunizations you are doing per week, pushing speed in filling rxs, etc.	6/30/2022 9:51 PM
235	A push for programs/calls takes concentration away from checking prescriptions and typically requires multi-tasking to be able to do both which is unsafe	6/30/2022 9:28 PM
236	While I love this idea, getting the large chains to change this practice will be difficult.	6/30/2022 8:57 PM
237	Allow pharmacists to do what we are suppose to do. The metrics that the large chain representative believes is a good measure of how well an employee works obviously has no idea what a pharmacist should be doing. How fast I verify a prescription is not indicative of how good a pharmacist I am. These are not related. This person is clearly someone who went to business school and partied while I was studying. I had to take a test to get my license. You do not need to do that for a business degree. Metrics do not take into account the intangibles of my job. Face to face patient care cannot be quantified by a metric.	6/30/2022 8:54 PM
238	Speed decreases accuracy	6/30/2022 8:30 PM
239	Cvs won't like eliminating metrics. Screw them.	6/30/2022 8:26 PM
240	Metrics are a distraction to pharmacists and put the patient at risk for pressure to fill rxs in a certain amount of time. Safety is thrown out the window! Absurd!	6/30/2022 8:23 PM
241	allow us to take care of the patients and not be a slave to numbers!!!	6/30/2022 7:14 PM
242	Again corporate pharmacy will find a way around this.	6/30/2022 7:05 PM
243	metrics around speed should be used to monitor safety and accuracy of the prescriptions being checked. It was found that my average time of checking Rx was slower than my partner but my accuracy was better.	6/30/2022 6:57 PM
244	My concern is that pharmacy is developing a situation similar to the Wells Fargo scandal that happened a couple years ago where unachievable metrics incentivized/forced employees to find illegal ways to meet the metrics (in that case signing up clients for accounts they did not ask for). Pharmacist maybe not adequately checking prescriptions in order to meet metrics	6/30/2022 6:42 PM
245	Definitely eliminate the stupid silly metrics that do nothing relevant and compromise patient safety. How do you mandate this? This is one of the biggest things that infuriate and demoralize pharmacists and techs.	6/30/2022 6:12 PM
246	Never used at this store.	6/30/2022 6:10 PM
247	Metrics add unnecessary workload and add little to no value in terms of improving patient outcomes.	6/30/2022 6:09 PM
248	Current metrics lead to hours getting cut. Never in time as a pharmacist have we had zero overlap between pharmacists. Often do not see manager at all . Mostly communicate by emails, texts. Not a great environment for communication. Company not only cannot keep good techs but is losing a lot of pharmacists too.	6/30/2022 5:50 PM
249	The sum of all of the above! Speed should be eliminated first. If I were receiving IV chemotherapy, I would hope and pray the pharmacy staff involved had as much time as needed to verify accuracy. With automation, it is easier than ever to order medication in advance. No one would try to pressure their bankers into working harder and faster so why allow (or even promote?) it at the pharmacy?	6/30/2022 5:36 PM
250	Wonderful idea.	6/30/2022 5:28 PM
251	There is a lot of this pressure currently in the retail setting.	6/30/2022 5:23 PM
252	Metrics are a part of any business and other medical disciplines to assess staff. However, staffing levels are often not a part of these assessments. If an employer has performance metrics, then staffing metrics should be tied to them qualify to be fair to both the staff and the employer.	6/30/2022 5:21 PM
253	Absolutely!	6/30/2022 5:17 PM

Meeting Materials

254	100% agree on this. Corporate metrics has killed pharmacy and made it unprofessional and unsafe.	6/30/2022 4:47 PM
255	Visual reminders of things past ready time or almost to ready time add additional stress. Reports that determine all the metrics are unreliable and tend to be glitchy at best.	6/30/2022 4:30 PM
256	YES!!!!!!!	6/30/2022 4:13 PM
257	Corporate Rx fulfillment metrics are rarely accurate in how orders get prioritized leading to missed goals...especially when the pharmacy is not staffed properly.	6/30/2022 4:11 PM
258	Then you will need to change the reimbursement model. It would be welcomed by all. . Pharmacist can't be paid without profits. With this policy pharmacist would Have no consequence for not engaging patients about vaccinations or other life saving services. Therefore the level of vaccinations etc will decline.	6/30/2022 4:07 PM
259	This technology needs banned! Since it's started, it's done nothing but deteriorate the work environment by corporate leaders who don't understand the bias of the system. Also, unnecessary promises to the customers, a 15 min wait time is a ridiculous promise! I want to make sure the medicine is correct, not ready as fast as the speed of light?!	6/30/2022 4:07 PM
260	The pressures placed on many retail pharmacists around speed and volume are absurd and without a doubt a reason for most errors that occur	6/30/2022 4:05 PM
261	While I do not believe metrics should justify a job well done, without metrics to guide a business it is difficult to run a business.	6/30/2022 3:42 PM
262	Please	6/30/2022 3:29 PM
263	This. Right here. Taking away hours because I'm not giving as many vaccines as I was in 2021 when there was a banner year due to COVID. Yet here I am getting constantly barraged with emails about my vaccine numbers vs last year. Refill programs, 90 day fills, ect as metrics that I'm graded on and constantly hassled about offers minimal benefit to the patients health especially when that is a larger focus that patient care and safety	6/30/2022 3:28 PM
264	Yes! Thank you for that. Problem is: is that achievable in any way shape or form? No a resounding NO. Ownership does not care about the human condition.	6/30/2022 3:06 PM
265	Metrics should not come at the cost of safety	6/30/2022 2:58 PM
266	So much focus is placed on speed/ volume instead of quality of work -it's been this way for way too long . Quality of work , quality of patient care should be the focus .	6/30/2022 2:52 PM
267	Metrics should only be used for informative purposes. They do absolutely nothing to improve pharmacy workload. I'd like to remind the big chain representatives that your goal is to improve pharmacy workload. Penalizing someone because they don't answer the phone in a certain number of rings or wait on the drive thru in so many seconds is laughable and you should be ashamed. Each and every patient is unique. Each and every prescription is unique. Each and every employee has their own strengths and weaknesses. Metrics fail to account for all of this.	6/30/2022 2:49 PM
268	This definitely effects work performance negatively	6/30/2022 2:47 PM
269	This right here would be the most impactful thing to ever happen to retail pharmacy	6/30/2022 2:46 PM
270	Metrics play a role in staffing and compensation. Every year during "budget" time we are expected to do more work while cutting hours, all to meet some grand expectation from the higher ups.	6/30/2022 2:37 PM
271	Yes!!! The amount of stressed placed on pharmacists by managers to meet metrics overshadows all other aspects of running a pharmacy.	6/30/2022 2:34 PM
272	Accuracy should be the only metric measured.	6/30/2022 2:31 PM
273	If you want to run promotions, let your front end clerks so the promoting! Pharmacists are healthcare professionals whose credibility is harmed when they are forced to promote garbage the store wants to sell!	6/30/2022 2:26 PM
274	I know some companies are flirting with this idea already. I think this would help protect pharmacists from backlash for not sacrificing the quality of their work.	6/30/2022 2:13 PM
275	This would be ground breaking	6/30/2022 2:11 PM

Meeting Materials

276	Vaccination metrics! Flu vaccine goals or ancillary goals per week turn the pharmacy into a "Vaccine Dealership" staff members have signed up for vaccination to meet a minimum number to keep their job	6/30/2022 2:08 PM
277	I have worked at locations whose metrics required >80% of prescriptions to be completed faster than 15 minutes. This leads to errors/ judgement calls on whether to call and clarify or pass the med through due to metrics.	6/30/2022 2:07 PM
278	This will never happen but it's a great idea.	6/30/2022 2:02 PM
279	Let the pharmacist work safely and correctly. We are in healthcare. Not customer service / fast food.	6/30/2022 2:02 PM
280	The US operates as a capitalistic society, and pharmacies have to be profitable in order to stay open. While I understand that the way some metrics revolving around volume and speed are emphasized far too much, the way healthcare is provided in the US would have to be altered before we can prohibit those measures. Ultimately pharmacies are businesses. It is crucial to provide safe service to patients, but that's not possible if the pharmacy goes out of business.	6/30/2022 2:01 PM
281	This would be extremely helpful	6/30/2022 1:59 PM
282	Especially metrics around number of immunizations provided. Immunizations should not be an impulse buy offered at the cash register for the sole purpose of meeting goal.	6/30/2022 1:45 PM
283	Chains base everything on metrics	6/30/2022 1:42 PM
284	Yes yes and yes safety before profits	6/30/2022 1:36 PM
285	Metrics are used daily to judge, evaluate, and ultimately used against the pharmacist. This includes the number of vaccines given daily, script count, clinical interventions. 90 day conversions, etc	6/30/2022 9:52 AM
286	Metrics are a source of a lot of stress and poor working conditions for employees	6/30/2022 8:41 AM
287	Beyond YES!!!	6/29/2022 10:55 PM
288	While metrics are great and used to see how the business of pharmacy is doing, those metrics related to number of shots given/time to get scripts out the door/and # of attempts on phone calls to patients should be eliminated.	6/29/2022 9:24 PM
289	Chasing numbers or perfect metrics has taken time away from the patient. The stress it puts on employees can be debilitating.	6/29/2022 9:08 PM
290	Yes!	6/29/2022 7:38 PM
291	To meet metrics, a lot of checking etc is done in a very cursory manner.	6/29/2022 6:18 PM
292	One of my biggest pet peeves with my company is there constant additions of more and more responsibilities and shorter times to complete it. Or no techs to handle the workload so it stresses the few techs we have along with there hundreds of metrics they push you to meet speed wise or volume wise it is simply unrealistic and again not safe for anyone involved	6/29/2022 3:39 PM
293	Accuracy and safety are the only metrics that should be considered. Corporate metrics around speed and time to fulfillment have no place in pharmacy!	6/29/2022 2:21 PM
294	Corporate metrics only consider speed & increased business.	6/29/2022 10:12 AM
295	I like the accuracy metric but chains can basically manipulate things and not have to give you a bonus.	6/29/2022 9:18 AM
296	Yes!	6/29/2022 9:17 AM
297	Our independent pharmacy does not operate based on metrics so do not have any experience to comment.	6/29/2022 8:42 AM
298	Absolutely	6/29/2022 8:10 AM
299	Promising a prescription in 15 minutes or less is an absurd and outdated metric. Promising a safe prescription in a timely manner after a thorough review of the patient's medications, medical history, and legitimate consultation is what a pharmacist is trained to do.	6/29/2022 7:45 AM

Meeting Materials

300	Some metrics are necessary, some aren't	6/29/2022 5:56 AM
301	Most important measure you could take!	6/29/2022 1:00 AM
302	Metrics are necessary to run a business objectively, work with underperforming employees, and reward and recognize high achieving employees.	6/29/2022 12:31 AM
303	this is the silver bullet. always feeling guilty of pushing services not needed to get metric police off of my back	6/28/2022 11:13 PM
304	"Metrics" measure how efficiently a pharmacy is operating, the care provided to patients, and service provided to patients.	6/28/2022 11:06 PM
305	Right now we are seeing a huge push from corporate for expanded vaccinations.	6/28/2022 10:10 PM
306	Likely to help, extremely unlikely for board to be able to make this a reality. I really hope it happens.	6/28/2022 9:16 PM
307	i love employer hate	6/28/2022 9:03 PM
308	YES! Get rid of all color coding that designate "late"! We are professionals and should NOT be timed!	6/28/2022 8:42 PM
309	The volume and demand exists regardless of these metrics. If a financial impact is removed that's great, but an angry patient is still an issue when everyone goes excessively slow. Additionally, this deters anyone from "picking up the slack" from excessively slow pharmacists	6/28/2022 7:49 PM
310	I feel pressured by corporate chain to give a certain number of vaccines per week, complete clinical calls and started a program called time my meds. I believe these programs provide benefit but we do not have the proper staffing to fill prescriptions. Adding these services is risking safety due to feeling rushed to do more with less help.	6/28/2022 4:59 PM
311	While metrics are important, quotas are harmful to patient safety. It can lead to poor work quality while trying to meet an unattainable quota. Also, these quotas set by some of Ohio's largest pharmacy chains are leading to pharmacist (and technician) burnout and causing many pharmacists to leave the profession completely.	6/28/2022 4:17 PM
312	We have been saying this for years.	6/28/2022 4:03 PM
313	This would be very helpful, however I feel that most companies will just change their 'metrics' wording to something else in order to create another 'work-around'. My employer has already stopped referring to them as 'metrics' in order to escape this.	6/28/2022 3:25 PM
314	An internal study was done at my place of employment (at the time) looking at accuracy of medication order transcription and duration of shift, years of experience, evening/night shifts, etc were NOT found to be correlated to medication errors. I would like to see data that speed impacts accuracy before enacting legislation for this. However, I do think requiring volume (prescription / patient) to pharmacist ratios should be required to ensure the intent of this is preserved in the opposite manner.	6/28/2022 3:09 PM
315	I don't know that prohibiting is the a necessity, but making them less of a focus and transitioning to patient centered care rather than business centered model would help.	6/28/2022 2:49 PM
316	Accuracy/safety should always be the main focus and allowed as a metric. Because pharmacy is a business, time should not be ignored and should be allowed to monitored but not be allowed to be utilized as a metric against an individual.	6/28/2022 2:34 PM
317	It would reduce the pressure	6/28/2022 2:30 PM
318	Yesss! The fact that we can't humanly get all the things done to meet metics corporate wants shouldn't impact our performance/opportunities for growth or pay.	6/28/2022 12:35 PM
319	Any time you can take the pressure off and just do your job accurately	6/28/2022 12:32 PM
320	Unreasonable expectations impacts accuracy to the detriment of patient safety.	6/28/2022 11:34 AM
321	Except I would add to this to increase time to fill or eliminate promise times all together. Regardless if it is a scored metric or not, all pharmacists look at the promise time and will race to finish it before it goes "red" it's just second nature to us. Eliminating promise times all together and just having the rx's in order that they are received with no times attached at all	6/28/2022 11:24 AM

Meeting Materials

can help with this. It can also help set expectations with wait times for patients dropping off to be able to say, we have this many ahead of you.

322	Agreed. These metrics cheapen the profession and put patient safety at risk. These metrics do not take into account the time sometimes needed for advanced counseling, in depth medication review, or answering questions. It incentivizes pharmacists to work faster and focus on quantity over quality.	6/28/2022 11:13 AM
323	Agree with the discussions of metrics vs quotas. If metrics are used they should be prioritized based upon importance, e.g., immunizations, dispensing, counseling should come before cold calls	6/28/2022 11:12 AM
324	Metrics are a huge stress on pharmacists.	6/28/2022 11:06 AM
325	Metrics cause focus on speed not safety	6/28/2022 10:45 AM
326	Reporting accuracy as a performance metric is a dangerous precedent. Data demonstrate this leads to decreased reporting and not a decrease in errors. The Board of Pharmacy should fully support a just culture as outlined by the Institute of Safe Medication Practices. This policy proposal is counter to that approach.	6/28/2022 10:18 AM
327	OMG, yes that would be VERY helpful, besides all the rxs that needs to be done we need to perform calls that should be done from a call center or after the pharmacy is closed	6/28/2022 10:03 AM
328	This one is very likely to help in the pharmacy field. CVS is horrible about requiring all of the extra phone calls which is very disrupting to the flow of the pharmacist. usually for the bonus of the boss and employee.	6/28/2022 10:02 AM
329	I think this is essential!	6/28/2022 9:43 AM
330	YES!	6/28/2022 9:34 AM
331	I hope. I ignore them	6/28/2022 9:30 AM
332	Accuracy > safety every time. Speed metrics make the culture unsafe	6/28/2022 9:09 AM
333	Please remove wait time metrics	6/28/2022 8:48 AM
334	These should have never been allowed in the first place!	6/28/2022 8:45 AM
335	Yes, metrics are necessary measures in order to insure the accuracy of operations and patient safety. These points should essential mandates for all pharmacies. I am not sure how job metrics impacts financial success of the pharmacy staff. It is a complicated question.	6/28/2022 8:41 AM
336	Yes!!!	6/28/2022 8:36 AM
337	I know in retail there are many metrics that shouldn't count "against" the store. I also think it is unfair that overall store performance, including some of these 'on time' metrics, are the only determining factor of a yearly raise and/or yearly bonus. I agree with the thought that things should be done "on-time" however, if the pharmacist gets behind because of whatever reason, it shouldn't "go red" or count against that pharmacist, because in all likelihood, it's because the pharmacist was doing something important such as counseling.	6/28/2022 8:35 AM
338	Yes!!! Way too many metrics including time to answer the phones! With little staff, metrics shouldn't matter!	6/28/2022 8:23 AM
339	I am very against metrics! It only adds to the stress.	6/28/2022 8:18 AM
340	Let's do away with forcing patients to be on readyfill or getting an expanded vaccine or refilling something that is PRN	6/28/2022 8:15 AM
341	Most important item here.	6/28/2022 7:49 AM
342	Too many pharmacist are worried about menial task required by corporate HQ when they should be focused on each prescription and each customer.	6/28/2022 7:44 AM
343	The idea that corporate chain pharmacy is about improving health care is laughable in its current state, largely due to the insane pressure to meet metric goals. Removal of these metrics that can and do effect the livelihood of pharmacists will allow the profession to go back to one where pharmacists can actually connect with patients and impact lives.	6/28/2022 7:43 AM
344	Metrics are unfortunately a 'two edged sword'. Without them, an employer is at high risk of	6/28/2022 3:02 AM

Meeting Materials

lawsuit for terminating a poor-performing pharmacist (i.e. slow far beyond reasonable performance expectations) because the termination becomes much more subjective and objective. As the RP, I had such a situation where I terminated such a pharmacist and her complaint was that I was prohibiting her the time she felt necessary to safely review and process the medication orders. I had no metrics to prove how slow she was, versus my other pharmacists. In that situation, I wish that I had such metrics. BUT, as the RP I was also under what I felt were unreasonable departmental volume metrics by my employer in other areas, that created enormous stress for me and my staff because they were often impossible to meet. Thus, the two-edged sword.

345	One example is we are required to get 3 expanded vaccines a day and one non primary CMR a week. If the expanded goal is not met we have to attend a weekly conference call. I'll talk to at least 30 people a day about important vaccines and many are just exhausted hearing about vaccines due to the pandemic. Some days you get lucky but many people are in a hurry OR we simply can't fit it in due to the volume and the time.	6/27/2022 11:49 PM
346	Metrics are useful when used appropriately. The goal should be patient care and safety. Relying on quotas and surveys of patient satisfaction (which is a subjective data point) harms patient care by forcing the pharmacist to take time away from focusing on the patient standing in front of them. A lot of these metrics/quotas/calls could be made by outside remote staff and not in a retail setting. Not tying these to performance/raises actually improves patient care.	6/27/2022 11:44 PM
347	The metrics and required calls are what drive the errors as well as the stress levels. This would be amazing. To do annual evaluations based on accuracy, and things that improve the patient experience without being quantity, but quality based is an amazing idea.	6/27/2022 11:40 PM
348	The amount of time spent on the phone doing metric type duties is unreal. This would allow a pharmacy team to give their in-store patients the time and care they deserve.	6/27/2022 11:36 PM
349	Yes!	6/27/2022 11:32 PM
350	Too many patients are currently at high risk for errors because of quotas. If we are supposed to be a trusted profession, then give us the opportunity to do our jobs with the standards The State Boards hold us to.	6/27/2022 11:31 PM
351	Every time these representatives from the chains get on TV they say "Safety is our number one priority" That's BS and we all know it. When I worked at CVS my partner made 11 errors in 6 months. But he stayed the manager and I stayed staff because he was faster. I made 0 mistakes. You're on the right track with this idea. Good luck implementing it.	6/27/2022 11:26 PM
352	This. This. This. Why is this the only health care field where the practitioners are expected to meet quotas to keep their jobs?	6/27/2022 11:20 PM
353	This could easily eliminate bonuses all together	6/27/2022 11:07 PM
354	Chains are terrible at burning out pharmacists and metrics are the reason why. We are people not robots. I gave up on metrics a long time ago, I also have not had a pay raise in 5 years. The only thing metrics are good for is screwing the pharmacists out of their bonuses so corporate and district execs can pad their salaries.	6/27/2022 11:07 PM
355	Quotas have no place in healthcare. Keeping track of how fast a prescription is filled etc results in errors. Accuracy and customer service should be most important. Also, quotas on vaccines is ridiculous. It becomes evident to patients that the "push" to vaccinate is tied to compensation	6/27/2022 11:06 PM
356	Nobody in Columbus has the balls to do this. The legislature will never give the BOP the authority.	6/27/2022 11:06 PM
357	Metrics as above cause major stress as well as a greater possibility of errors as you rush to perform. All metrics related to ready rate, wait times and pressure to perform a certain number of vaccines and other clinical services should be eliminated.	6/27/2022 10:26 PM
358	Metrics should literally be illegal	6/27/2022 10:23 PM
359	The metrics matter to run a profitable pharmacy and we might be staring at more closings leading to unemployment or decreased wages for pharmacists if metrics are eliminated	6/27/2022 10:22 PM
360	Making calls for new to therapy, delayed pick up, drug utilization review, etc is a burden in patient care at retail level	6/27/2022 10:13 PM

Meeting Materials

361	With increased volume we are allowed increased staff. By hearing this. It means I am only to do the bare minimum.	6/27/2022 10:00 PM
362	Accuracy and patient safety should be most important. Ridiculous metrics in which a pharmacist has no control in outcome should not determine raise or bonuses. (Eg. customer surveys, patient call lists)	6/27/2022 10:00 PM
363	THIS!!! This has to change! The pressure to meet metrics is RUINING the profession of pharmacy!	6/27/2022 9:47 PM
364	While I agree we should not be required to fill scripts as fast as possible, these metrics can come in handy for identifying bottlenecks in workflow. If we address the staffing issues, these metrics should improve anyway.	6/27/2022 9:46 PM
365	Essential to safer working conditions.	6/27/2022 9:39 PM
366	I understand metrics do have a place in business. But requiring a store to complete metrics which are unattainable puts undue stress on pharmacists and technicians. Requiring pharmacies to meet metrics could potentially lead to FWA issues. (Ex- billing patients insurance for at home Covid tests they do not need because your chain requires you to bill a certain amount per week).	6/27/2022 9:31 PM
367	I don't even have words to describe how ludicrous it is to "prohibit" volume metrics. Safety is tied to volume; productivity is tied to volume; revenue is tied to volume. If I can't measure volume, how can I ensure I'm 1) providing a safe/reasonable workload and 2) meeting financial targets to keep the doors open and pharmacy personnel paid for their work. Saying "you're not allowed to measure workload" in a committee trying to ADDRESS WORKLOAD CONCERNS defies comprehension. In no performance improvement process-- LEAN, Six Sigma, TPS, etc. -- would you EVER decide to NOT measure the single metric most closely tied to safety, burnout, financial performance, etc.	6/27/2022 9:16 PM
368	Having metrics such as time limits causes shortcuts and increased stress which leads to decreased safety	6/27/2022 9:12 PM
369	This would be great! Instead of asking our pharmacists to check 20 prescriptions an hour or our techs to complete data entry for 20 rx an hour (which is more than reasonable) lets go back to 1990 before PBMs learned how to suck the life out of independent pharmacy. We would not be having these problems or discussion if it were possible to fill and bill prescriptions at a fair price. We could have two pharmacists and six technicians in every store like we used too. Again, the scary stories that this survey are coming from are based on the big chains abuse of staff at all costs, not the independents.	6/27/2022 9:04 PM
370	That would take stress off of the whole pharmacy team. Timed on everything we do. They should be eliminated all together	6/27/2022 8:59 PM
371	Metric do nothing but make money for corporations and reduce patient safety.	6/27/2022 8:57 PM
372	All pharmacists want to be able to provide exceptional patient care and have the time to do it. Unfortunately, as with all businesses, it requires revenue to be able to support it. The only way to generate revenue is to process prescriptions. The only way to make enough money is to process a lot of them because the margins are so slim. Therefore, unless reimbursements change, this will be unsustainable especially if you tell pharmacists and teams to not worry about doing the functions deemed necessary by the business. Who is to decide what metrics are necessary and not? Some may think what one does is not necessary versus another. Honestly all of this can be fixed with proper reimbursement. Until then, I do not think laws pertaining to how a pharmacy is run and staffed is going to help.	6/27/2022 8:54 PM
373	Absolutely necessary	6/27/2022 8:50 PM
374	Excellent idea	6/27/2022 8:42 PM
375	Metrics increase stress and lead to rushing	6/27/2022 8:30 PM
376	Corporate will replace this or rename this with something else. I agree they are toxic, but we also do need a way to measure performance.	6/27/2022 8:25 PM
377	Total number of rx's filled needing to increase by a certain % was a metric at CVS every one of the 15 years I worked for them. They also expected that volume increase to take place with minimal or no increase in pharmacist, tech or support staff. They also "dinged" if you didn't	6/27/2022 8:18 PM

Meeting Materials

have prescriptions checked and cleared from the queue within a certain period of time from data entry. Other retail chains have done or do the same. This is not and has never been a safe practice

378	Companies have metrics for money and could care less about patients.	6/27/2022 8:13 PM
379	No patient shall ever be a number!!!!	6/27/2022 8:10 PM
380	Most of my errors occurred when I worked for a pharmacy that had cold call, timing, and immunization and enrollment metrics as an additional burden requiring me to take my focus off of rx verification and clinical judgment. I simply could not meet both the metrics and safely check a prescription, but the time i was allowed required me to do both at them simultaneously. THIS is the most significant impact we can have on patient safety.	6/27/2022 8:05 PM
381	The driving force behind going too fast in a pharmacy is fear of the loss of employment. Speed is directly correlated to error rates	6/27/2022 7:57 PM
382	Excellent!	6/27/2022 7:53 PM
383	Creates additional stress	6/27/2022 7:52 PM
384	Companies can say metrics are about pt safety but they're not. They're about sales and customer loyalty/happiness. To be healthcare, we need to eliminate these metrics. Otherwise we're glorified retail workers	6/27/2022 7:51 PM
385	Companies would never agree - this is their reasoning for NOT giving their employees decent raises.	6/27/2022 7:51 PM
386	1000% this! We need to be trying to provide quality patient care, not working towards a number.	6/27/2022 7:41 PM
387	Please include hospital pharmacists	6/27/2022 7:39 PM
388	We are here to serve patients.... Eliminating those metrics can help eliminate the continuous threat to perform and retaliation from corporate.. we are here to safely and efficiently serve our patients	6/27/2022 7:39 PM
389	Has been a constant issue as undue expectations are added to an already stressful environment	6/27/2022 7:38 PM
390	This would be great! Customer service comes from the service they provide. This would automatically go up if they had the time to actually do their job, like be a pharmacist! The moral would go up and get corporate off their back for not giving 5000 shots, how many surveys to pass out, etc.	6/27/2022 7:29 PM
391	A lot of metrics do hinder workflow and patient safety. However, I do see the benefit of certain metrics as far as performance and accuracy/efficiency goes. Unfortunately, most metrics are unrelated to those and require much more staff to meet than companies are willing to provide.	6/27/2022 7:15 PM
392	This would be wonderful. I've always said my accuracy should count for something but it never does.	6/27/2022 7:13 PM
393	Again common sense but companies don't care.	6/27/2022 7:03 PM
394	Another great Idea. No metrics from some one who does not currently work in a pharmacy	6/27/2022 7:01 PM
395	THEY WILL STILL TRACK AND PUNISH ACCORDINGLY - UNLESS COMPILATION OF SUCH METRICS IS PROHIBITED AND PUNISHABLE BY TREMENDOUS FINES IF DISCOVERED CORPORATE GREED WILL CONTINUE TO PREVAIL	6/27/2022 7:01 PM
396	this is why pharmacists can not accurately get work done safely	6/27/2022 6:57 PM
397	Pharmacists should not be performance reviewed for business growth metrics which indicate they're sales people not clinicians.	6/27/2022 6:54 PM
398	Fantastic.	6/27/2022 6:36 PM
399	Metrics are nothing more than information. We need information in order to continue to improve ourselves as professionals and do the best we can as healthcare providers. Seems very onerous with no evidence of benefit. In fact, there is substantial evidence that having goals	6/27/2022 6:29 PM

Meeting Materials

and data improve satisfaction and fulfillment. If we are going to implement rules, at a minimum the rules should be evidence based.

400	Yes. Please implement this. Metrics place too much stress on pharmacists.	6/27/2022 6:27 PM
401	Pharmacist are not sales people. These companies should not be allowed to impose metrics on pharmacist. They should just allow pharmacist to provide patient care.	6/27/2022 6:22 PM
402	Metrics are important for a company to run. Some may be more appropriate. Without these how is the threshold of needing more staff demonstrated?	6/27/2022 6:15 PM
403	This would be great but would also impact bonuses for a lot of pharmacist because metrics are tied to earnings and this may have significant financial implications to pharmacist who's salaries aren't increase and most recently decreasing in many fields.	6/27/2022 6:14 PM
404	Yes. Patient safety is the only metric that should be measured. This false narrative that chains push about their business is laughable. They report record profits and can't staff a store to even keep it open. They deserve worse than they are getting for pushing these nonsensical metrics, especially with phone calls and no one answers the phone these days!	6/27/2022 6:13 PM
405	We all hate the metrics	6/27/2022 6:07 PM
406	All of us hate our metrics but we are a business?! So good luck	6/27/2022 6:04 PM
407	Ready rate, wait time, etc should be eliminated as these metrics can be manipulated anyway. Volume is subjective anyway due to increased 90 day fills which are greater in suburban areas compared to urban areas due to insurance limitations. We should encourage metrics that are equality driven.	6/27/2022 6:03 PM
408	This. This right here is the key to so many pharmacy problems. Instead of chasing metrics, big chains can use their district managers to actually practice pharmacy- filling in when needed, training, etc	6/27/2022 5:34 PM
409	Corporate pharmacy is making us sound like used car salesmen with all the metrics forced upon us to meet.	6/27/2022 5:31 PM
410	Reasonable metrics , safety first , insist on accountability	6/27/2022 5:28 PM
411	Again, this is subjective. The course of this survey is leading me to believe that some pharmacists might be fearful of discussion their concerns with their management. Maybe the state can provide guidance and training so that pharmacists can work to provide feedback to their employers and provide mediation services when needed.	6/27/2022 5:20 PM
412	Metrics are a terrible way to rate job performance. It's not fair to people who work in busy stores with not enough help. They can never succeed, unless it's at the expense of the patient.	6/27/2022 5:17 PM
413	This would be awesome to not be pressured to do more faster.	6/27/2022 5:14 PM
414	Ban corporate requirements and goals of x amount of shots done per day and week	6/27/2022 5:12 PM
415	I think that using metrics is VERY DANGEROUS in our profession and should be thrown out the window in my own personal opinion. No job should sacrifice safety for speed!	6/27/2022 5:10 PM
416	As a former retail chain employee, these should have been gone long ago. All they do is put pressure on the health care team for metrics that aren't in line with providing authentic, personal patient care.	6/27/2022 5:04 PM
417	This would help to reduce unnecessary work forced on pharmacy staffs that only serve to hinder public safety!	6/27/2022 5:03 PM
418	Metrics are the downside in retail. Stores and district leaders are so hyperfocused on metrics they fail to see the brokenness of the system. It would have to help some.	6/27/2022 5:01 PM
419	This should be a high priority item for the Board to address.	6/27/2022 4:58 PM
420	Sadly, most companies have already navigated metrics around the speed and time to fulfillment concerns. I see a potential loophole issue here!	6/27/2022 4:56 PM
421	Again, I am of two minds regarding this proposal. While it is certainly true that many employers often misuse metrics and weaponize them against their own employees, some metrics are important for a business and indeed for a pharmacy manager to track which employees are	6/27/2022 4:41 PM

Meeting Materials

truly not performing up to a reasonable expected standard. Metrics are often required to identify technicians or pharmacists who are underperforming and consequently need some additional training to help contribute to a more well-run pharmacy. This is a healthy use of metrics. Unfortunately, it is common to see chains use metrics as a cudgel against genuinely talented and hard-working employees by continuously moving the goalposts or adding new metrics that are wildly beyond the control of local staff so that no one is ever "good enough" in the eyes of management. It is the latter sort of practice that needs to be eliminated.

422	I don't know if this will successfully be implemented, but I like the concept	6/27/2022 4:40 PM
423	Creates more respected atmosphere placing more importance on the job at hand filling and dispensing prescriptions accurately.	6/27/2022 4:40 PM
424	This is a current metric in certain pharmacy positions that must be eliminated in order to be able to practice more efficiently and safely without fear of retribution for missing the metric	6/27/2022 4:37 PM
425	No one can meet these metrics anyhow - so no one gets raises or bonuses - yes eliminate the Money making metrics and let us actually Help people, which, if you remember , is our actual goal of showing up each day!	6/27/2022 4:36 PM
426	I DON'T WORK FOR A CHAIN BUT HELL YES TO THIS ONE!	6/27/2022 4:27 PM
427	Companies are driving metrics and this is always impacting safety. If I am required to check so many prescriptions in a certain period of time or by a certain time or it affects my review then things will definitely be checked improperly.	6/27/2022 4:25 PM
428	As long as the service is a benefit to the patient I don't have a problem with this - metrics can motivate teams to educate patients on recommended services and sometimes the patient would have not heard it anywhere else	6/27/2022 4:24 PM
429	While this might improve working conditions, most pharmacies are commercial businesses operating for profit and reasonable metrics should be allowed (just as in other medical and health care businesses).	6/27/2022 4:23 PM
430	Praise God. But then what would supervisors do if they can't yell at you for not making 200 calls x3 over the weekend, and filling out metrics you haven't been trained to understand?	6/27/2022 4:21 PM
431	These ridiculous metrics are not only insulting to our profession, but also cause errors from rushing.	6/27/2022 4:13 PM
432	The speed and time to fulfillment metrics are big contributors to unsafe working conditions	6/27/2022 4:12 PM
433	Great!	6/27/2022 4:11 PM
434	Quotas and " contests" based on number of vaccines, covid tests, MTMs or other clinical services should NOT be allowed.	6/27/2022 4:11 PM
435	They will still focus on metrics of immunizations MTMs	6/27/2022 4:05 PM
436	Amen!	6/27/2022 4:04 PM
437	I see people make decisions or take actions to improve metrics. These metrics are presented as being markers of exceptional customer care but ideally line pockets of leadership while putting the burden on the pharmacy staff. The metrics also limit patient autonomy and make pharmacists liable for patients that don't opt in to programs.	6/27/2022 4:02 PM
438	This seriously needs to be addressed. Pharmacists are not robots.	6/27/2022 3:55 PM
439	About time	6/27/2022 3:54 PM
440	How would this be enforced???	6/27/2022 3:54 PM
441	Unfortunately, too many metrics require multiple tasks to be performed while reviewing drug orders and during product verification. This leads to medication errors	6/27/2022 3:53 PM
442	We should be paid for any time stay over it should be mandatory	6/27/2022 3:51 PM
443	Corporations only care about numbers not safety Good idea	6/27/2022 3:50 PM
444	YES - we get BULLIED over metrics. To the point where we receive threatening emails, text messages, and phone calls. We should not have to be worried about our jobs for not	6/27/2022 3:50 PM

Meeting Materials

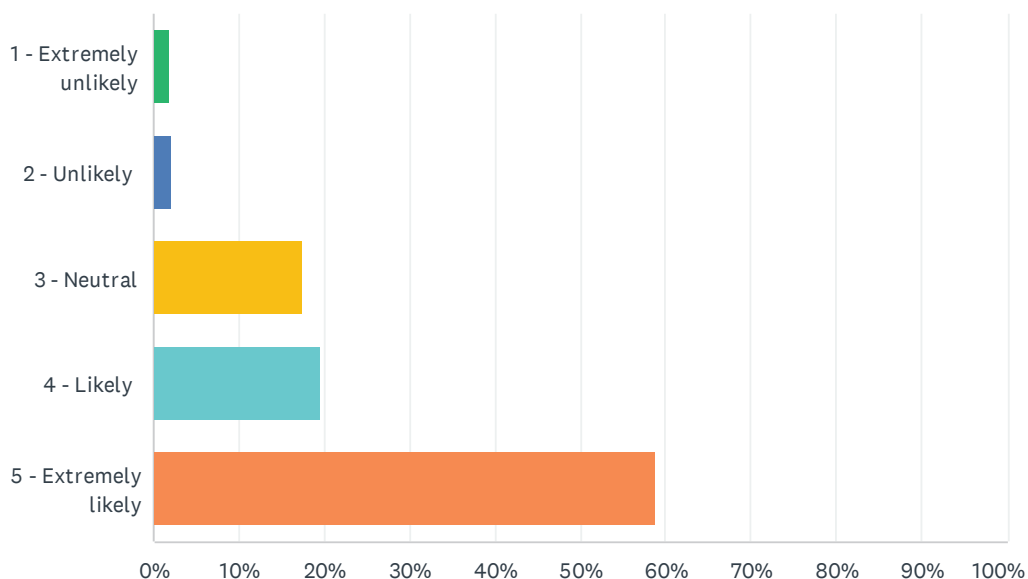
completing x number of phone calls, MTMs, vaccines, selling enough COVID tests, etc....
corporate just uses us to line their pockets and doesn't care about our wellbeing.

445	Yes! Everything is based on metrics with no time to complete	6/27/2022 3:43 PM
446	This is the biggest driver for ensuring unsafer working conditions, dispensing errors, stress, mental health issues and eventually leaving the job altogether	6/27/2022 3:41 PM
447	Metrics to simply "check the box" should never be measured.	6/27/2022 3:39 PM
448	These are detrimental to patient safety	6/27/2022 3:37 PM
449	YES YES YES	6/27/2022 3:36 PM
450	Metrics should have never been allowed.	6/27/2022 3:34 PM

Meeting Materials

Q17 Elimination of Cold Call Lists Eliminate required cold call lists.

Answered: 2,002 Skipped: 25



ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	1.85% 37
2 - Unlikely	2.15% 43
3 - Neutral	17.48% 350
4 - Likely	19.63% 393
5 - Extremely likely	58.89% 1,179
TOTAL	2,002

#	ADDITIONAL COMMENTS	DATE
1	Another ridiculous duty that takes away from patient care and increases interruption and the likelihood of error.	7/9/2022 10:59 AM
2	Just extra busy work that rarely gets anything helpful accomplished.	7/7/2022 10:53 PM
3	Customers don't want to be bothered for the most part. And, I didn't go to college for marketing. We should be able to address vaccine status when they come to get rx's, not call to ask them if they want one. I feel like a car salesman doing that.	7/7/2022 10:21 PM
4	I have never been a fan of these. Maybe pharmacies can move to automated texts to replace cold calls. Regardless, the pharmacy staff should not be responsible for conducting any sort of cold call outreach.	7/7/2022 8:21 PM
5	Last Saturday we had over 100 calls to make. Corporate says each call must last 30 seconds to hit metric. We have to call twice in one day. 1 rph and 1 tech. It took half our shift just to make these calls. On top of our normal work. Further more, most of these calls are to drum up business and money... making even more work for us. It's ridiculous. If we don't make these calls because of understaffing to instead focus on safely filling scripts, we get in trouble.	7/7/2022 8:00 PM
6	Not familiar with cold call lists	7/7/2022 7:02 PM

Meeting Materials

7	Cold calls are extremely important to patients by providing important information to them related to cost savings, drug recalls, medication adherence, refill reminders, etc. This should be managed by the patient and pharmacy via communication preferences vs an administrative rule.	7/7/2022 5:11 PM
8	These should definitely be considered in a staffing plan if the employer feels they are necessary. Pharmacists are penalized at some chains if they do not complete patient calls. Consider dedicating someone at corporate clinical outreach to do these.	7/7/2022 4:32 PM
9	Not sure exactly what a "cold call list" is. I think the clinical calls are good. Calls to assure people pick up their script shouldn't be necessary with all of the technology and automation available	7/7/2022 4:29 PM
10	i think this could be good - but we would need to define what cold call means. is a list of patients whose refills are beyond due a cold call list? is calling patients who have unresolved prior authorizations a cold call list? i think this would have to be parsed out as i think the thought behind them has good intentions - but when they are clearly used to help fill more prescriptions i see where the frustration comes from.	7/7/2022 4:18 PM
11	Calls is a distraction and takes away from time that needs to be dedicated to patient safety and good rx care	7/7/2022 4:07 PM
12	Some patients find these helpful while others find them annoying. I can definitely see these calls increasing some profits but in no way think they should be required. They fall on that list of things that can be done on slower days.	7/7/2022 4:01 PM
13	I have no idea what this is. My company doesn't do this.	7/7/2022 3:37 PM
14	As alluded to previously, time spent on the phone is typically the biggest productivity drain.	7/7/2022 2:57 PM
15	While I would like to decrease the number of self-serving and useless call to patients, I understand there are calls patients want or need. A better wait to implement Patient care calls would be an auto opt in, but allowing the patient to regularly choose what kind of calls they would receive. I.e pts may want calls when they are running low on medicines, or reminders to follow up on provider appointments, but do not want calls about smoking cessation or vaccines etc. This allows the patient to choose what is important to them and allows companies to nudge them into receiving other types of useful calls as well.	7/7/2022 2:23 PM
16	I don't know what cold call list are.	7/7/2022 2:20 PM
17	YES, THIS IS A METRIC IN MOST RETAIL CHAIN PHARAMCIES. AND NEEDS TO BE DONE WITH	7/7/2022 2:20 PM
18	Horrible MTM and vaccine cold-call a just add work to our plate, and money to corporate's bank account.	7/7/2022 2:15 PM
19	Not exactly sure what this refers too, we reach a lot of people who need to be educated on vaccines or medication this way.	7/7/2022 2:11 PM
20	Some help some hurt	7/7/2022 1:59 PM
21	This is such a distraction. I am constantly doing them while checking prescriptions. It is so important to them that we are getting daily texts about it.	7/7/2022 1:56 PM
22	It's horrible how pharmacists have a goal of no. of cold calls pharmacists have to make per week under the name of clinical services(vaccine marketing, 90 day fill goals, Adherence) and being supervised by the corporation via metrics. Pharmacists sound like marketers and customers think we are intruding there privacy and supervising them. All these calls needs done as part of work flow. 90% of customers won't even answer and we have to keep calling and document, waste of pharmacists time and still get punished in the form of metrics. Please have corporations hire dedicated people to make these clinical calls so we can have less distractions and focus better in taking care of patients.	7/7/2022 1:53 PM
23	The cold call lists are a pain and removal would lighten the load. However, some of these improve patient outcomes. Do you really want a "rule" that could risk that?	7/7/2022 1:49 PM
24	Pharmacists should not be in the business of cold calling anyone.	7/7/2022 1:42 PM
25	It would save a lot of time	7/7/2022 1:32 PM

Meeting Materials

26	No idea what this is. I think we are all too busy to be making phone calls.	7/7/2022 1:07 PM
27	Waste of time and resources	7/7/2022 12:57 PM
28	I think this is a highly beneficial service if done correctly. The problem is we do not have the time and staffing to do it correctly so it currently does nothing but add extra stress to the pharmacy without real benefit to the patient. To be done properly you would have a pharmacist or highly trained tech dedicated to this but we don't even have enough staff to constantly keep the pharmacy open and running	7/7/2022 12:30 PM
29	90 % of the time, patients just yell at us for calling them. Many of them leave bad reviews and call corporate to stop the calls. These bad reviews also work into metrics. Most people will not leave a review if they are happy, the mad people always leave a review	7/7/2022 12:29 PM
30	Waste of time, they can just send out automated call blasts and accomplish the same thing	7/7/2022 12:28 PM
31	Most pharmacies that are understaffed don't do these any ways. Have call center pharmacists make all of these calls	7/7/2022 12:13 PM
32	This is a very time-consuming metric. In most cases, it is not beneficial.	7/7/2022 12:12 PM
33	We have so many cold calls lists every day. We don't just have to make the call; we have to talk to the customer for a minimum length of time for it to count as a call, and if the customer says no, we don't credit for the call, and we must have a certain level of yes for credit.	7/7/2022 12:09 PM
34	The worst distraction.	7/7/2022 12:06 PM
35	This practice serves no purpose and should be banned.	7/7/2022 11:57 AM
36	Having to complete a list of cold calls can be a pain (and hard to complete daily if workload is excessive or there is a staffing shortage). However, whether they need to be eliminated seems like a stretch. Most of the calls made are calls that can improve patient adherence of medications or help the staff complete MTM activities (which also benefits patient care). More likely should be less emphasis on performance metrics if calls can't be completed for whatever reason.	7/7/2022 11:53 AM
37	Depends. Some programs calling patients are good like clinical checks to reduce gaps in care and adherence issues.	7/7/2022 11:50 AM
38	A pharmacist is not a telemarketer and eliminating required cold calls lets them focus on providing patient care	7/7/2022 11:48 AM
39	this is a waste of time and our patients do not like all these phone calls and demand to be removed from the list	7/7/2022 11:48 AM
40	Again, if the pressure was released that this was an absolute, I feel we could implement better into our routines. The anxiety this adds to an already stressful workday is unreal.	7/7/2022 11:40 AM
41	YES!! This is so much busy work and has zero clinics implication for patient care	7/7/2022 11:33 AM
42	Waste of time and unhelpful	7/7/2022 11:31 AM
43	Can't advocate for this enough	7/7/2022 11:28 AM
44	These have no purpose other than to increase script count. If the pharmacist wants to go above and beyond by creating their own list of patients or doctors to call about medications needed (like statins for diabetics), then they can do so if they feel they have time. Or companies can dedicate a pharmacist to a job like that not involved in filling and verification. Cold call lists only reinforce the idea that corporate is more concerned about money and not safety (taking the pharmacist away from verification or basically setting it up so they have to multitask, increasing the risk for a medication error).	7/7/2022 11:01 AM
45	1-this takes tons of time to complete each day/week and 2-customers calling back not knowing what they were being called about is very confusing and time consuming. Get rid of it!	7/7/2022 8:56 AM
46	Let's spend less time on the phone.	7/7/2022 8:33 AM
47	We are healthcare providers, not telemarketers	7/7/2022 8:05 AM
48	Patients absolutely hate this as much as staff hates to do it We've become telemarketers.	7/7/2022 3:11 AM
49	Agree that this could be incorporated into a staffing plan so that if there is a shortage in the	7/7/2022 12:21 AM

Meeting Materials

pharmacy it is able to be bypassed at that time. Do agree with concerns for subjectivity of current staffing plan proposals.

50	I would not work for a company that requires this so I'm not qualified to comment.	7/6/2022 11:59 PM
51	Yes please	7/6/2022 11:37 PM
52	Brings the focus more on patient safety. Provides more time for pharmacist to discuss with prescribers about patient care and well being	7/6/2022 11:31 PM
53	Cold call lists are sales calls masked as patient care calls. These calls are about increasing the number of scripts filled and picked up, not about helping patients with their medications.	7/6/2022 11:08 PM
54	Cold call lists are rarely beneficial in attaining a recognizable amount of participation in intended goal. That time is more beneficial elsewhere .	7/6/2022 11:04 PM
55	Some generated lists and adherence calls increase patient trust and help identify patient issues and concerns or gaps in care. Pharmacists are still the most accessible providers and not using some opportunities to check in on patients could be a mistake, although unfortunately many of these calls are metric and pay for performance contract based.	7/6/2022 11:03 PM
56	Our attention should be on the prescriptions, physicians and patients who are in front of us or on the phone. Cold calls are just a form of metrics.	7/6/2022 10:23 PM
57	We rarely have time to do them anyway	7/6/2022 10:08 PM
58	Pharmacists already make enough phone calls. Extra calls added on for pharmacists and pharmacy techs to complete only makes day to day operations more difficult.	7/6/2022 10:00 PM
59	66 calls today between RPh And techs	7/6/2022 9:59 PM
60	These are so annoying and take up so much of our time. If they want this done, they should hire outside people to do this!	7/6/2022 9:47 PM
61	Everyone gets more than their fare share of unsolicited calls. Pharmacy profession should not contribute to this problem	7/6/2022 9:44 PM
62	Pharmacy is not sales - it's ridiculous that these lists exist Today	7/6/2022 9:37 PM
63	Dislike cold calling people. 90% get irritated that we are calling them on weekends or just a bad time in general. I feel like a telemarketer with these calls and metrics. Funny, because some phone lines ask if you aren't a telemarketer then press 8.	7/6/2022 9:32 PM
64	When I'm on the phone all day making calls it takes my attention away from verification. I have to multitask these together to get anything done.	7/6/2022 9:29 PM
65	If this is like PCI calls at CVS back in the day yes!!!! We spent countless hours doing those and honestly as a pharmacist I didn't have the ability to to say albuterol is PRn without being called. I also know we are now graded and reimbursement based on those complaint and see t sometimes these calls are necessary or you can be kicked out of plans or claw back fees.	7/6/2022 9:23 PM
66	Busy work that just adds up. We should be more worried about accurately filling prescriptions and giving vaccines. Develop call centers for all of those nonsense calls.	7/6/2022 8:47 PM
67	I think the key here is "required". If there is time, cold call lists can be an effective strategy to grow the business but it shouldn't be a required activity for staff who could otherwise be verifying prescriptions, counseling patients or otherwise providing patient care.	7/6/2022 8:35 PM
68	Automate this they already do and want you to repeat it over again. Just dangerous and evil.	7/6/2022 7:54 PM
69	I see the benefit in some of these call however i feel they should not be responsibility of the store level and if a company wishes to continue these they should be done at a central location for the company.	7/6/2022 7:24 PM
70	These calls takes hrs on weekends and usually amount to very few rxs being filled	7/6/2022 6:48 PM
71	Please. They are annoying to do for very little benefit. They often end up having to talk to me even if my techs are the ones making the calls since they often have issues. Let corporate send them letters or call if they want it shouldn't be at the store level.	7/6/2022 6:00 PM
72	I personally hate receiving cold calls, so I don't want to have to make them. Most people won't answer the phone anyway if they don't recognize the number, so it's a waste of time.	7/6/2022 5:53 PM

Meeting Materials

73	Please, please please. I get these some of these cold call lists have to do with meeting STARs and Hedis scores, but there has to be a better way than harassing patients, again in retail and clinical settings and programs	7/6/2022 5:40 PM
74	N/A	7/6/2022 5:23 PM
75	I have no idea what a cold call means.	7/6/2022 4:46 PM
76	Adds more time a pharmacist could be filling or counseling	7/6/2022 4:05 PM
77	Pharmacy is still a business with competitors.	7/6/2022 4:03 PM
78	Our company is trying to push immunizations on patients, we ask everyone we have a chance to and are always on the bad list because of the area we are in with immunization rates as it goes	7/6/2022 3:59 PM
79	The public, patients, hate being called multiple times a day, or week. It is not necessary. Most complaints from patients are the number of phone calls and the ridiculous computer prompts they have to go through to get to speak to a pharmacist. We are supposed to be the accessible healthcare providers.	7/6/2022 2:08 PM
80	Most customers do not like them	7/6/2022 12:58 PM
81	I personally did cold calls and would have patients state, 'you all are worse than car warranty companies.' It is harassment the manner in which these calls are done. Pharmacy tries so hard to interject themselves into clinical roles in the community but is going about it in all the wrong ways; because again, all they care about is the financial gains for the company and making these new interventions work, that they don't care about how it's being executed. Corporate pharmacies have completely ruined the patient pharmacist relationship. Cold calls are one of the many ways they are doing it.	7/6/2022 12:21 PM
82	Cold calls should not be required.	7/6/2022 12:09 PM
83	People don't like getting random calls!!	7/6/2022 11:57 AM
84	Waste of valuable time!!	7/6/2022 11:38 AM
85	I don't know what this is?	7/6/2022 11:29 AM
86	Calls should not be made during times of filling prescriptions.	7/6/2022 11:26 AM
87	Any task that can be eliminated increases the time that can be used to complete other task	7/6/2022 11:04 AM
88	Not sure what this means	7/6/2022 11:04 AM
89	Our number one complaint is the calls. Non stop, multiple calls daily that you can't shut off is harassment.	7/6/2022 10:59 AM
90	Again, we are not salesmen. Patients and pharmacists both HATE these calls. Patients are aware we are here to help them, we are the most visible and easily contacted health care professionals. We do not need to cold call patients about refills and side effects they are needing or having. Please please get rid of these. They are truly awful and take a huge part of our day away just leaving voicemails for people to meet a "metric"	7/6/2022 10:54 AM
91	Impact adherence and patient health outcomes	7/6/2022 10:54 AM
92	Many are done systematically.	7/6/2022 10:47 AM
93	We are still expected to manage an unreasonable amount of clinical queue tasks weekly. This is not being done properly at the store level due to staffing issues. I'm order to conduct these calls accurately then uninterrupted, offsite teams need to complete them.	7/6/2022 10:45 AM
94	These eat up SO much time!	7/6/2022 10:42 AM
95	Company wants me to call 100 patients a day for their profits saying that we are helping them. More than half Customer hangs up on Pharmacist. This is how my image is. I have 90% of my customers who complains how May calls that they receive from Chain pharmacy.	7/6/2022 10:41 AM
96	Yep, busy work.	7/6/2022 10:40 AM
97	Most calls are a waste of time from list. Patients just don't answer the phone. Most	7/6/2022 10:33 AM

Meeting Materials

conversations I have with patients are when they call me. It's better to Fred up the rph so we have the time the patients need when they call us.

98	Assumption this is related to refill calls, and MTM? How will Pharmacy performance be impacted?	7/6/2022 10:30 AM
99	I am unsure of the definition of "cold calls" in this rule.	7/6/2022 10:29 AM
100	Customers get so many phone calls already. Many are either confused or upset by them	7/6/2022 10:25 AM
101	no one like unsolicited calls and to most they are a nuisance and no one answers the phone anyway, so it is a time waster	7/6/2022 10:17 AM
102	Patients get annoyed by cold calls which adds frustration to the pharmacist's day. They often do not result in much positive outcome.	7/6/2022 10:17 AM
103	In some cases they may provide benefit, but many patient are annoyed and start to view us as telemarketers. This also distracts staff from the present workflow.	7/6/2022 10:15 AM
104	This is a waste of everyone's time and is aggravating to patients. If the company wants to contact them, send an email or text	7/6/2022 10:12 AM
105	This is a huge way that pharmacy working conditions can be improved.	7/6/2022 10:11 AM
106	Anyone can make phone calls, why must it be someone in the pharmacy? Do calls from a call center, let pharmacies fill prescriptions.	7/6/2022 10:02 AM
107	Start this right now. These could be automated calls or performed by a call center. The phone is the end of many in my position and drives us out of retail practice altogether. It is a major stressor.	7/6/2022 10:02 AM
108	Required cold calls from big chains are an embarrassment to the profession	7/6/2022 10:01 AM
109	Should not be a part of pharmacy practice.	7/6/2022 9:19 AM
110	Babysitting entitled boomers is not going to change	7/6/2022 9:00 AM
111	Who cold calls in pharmacy!?! Terrible	7/6/2022 8:35 AM
112	Ridiculous use of professional time. Let the marketing department make cold calls, and not about medical topics.	7/6/2022 7:35 AM
113	Again let businesses decide. If they have the time, let them do it. If they don't, they won't	7/5/2022 10:34 PM
114	Yes, yes, yes. We are required to do this in order to show we are making an effort toward improving CMS Medicare Star Ratings, yet because we are so busy...these calls lack the quality that would achieve that goal.	7/5/2022 4:31 PM
115	unsure what this is	7/5/2022 2:01 PM
116	Having to make cold calls for many different things during our day severely takes away from helping the customers and filling safely in a timely manner	7/5/2022 1:19 PM
117	Pharmacies should only call patients when looking our for their best interest.	7/5/2022 12:58 PM
118	Some calls are appropriate, but the amount of these calls is what should be looked at. It is not uncommon to have 50 calls a day on these lists in addition to the regular calls made to doctors to clarify the increasing amount of errors on their side.	7/5/2022 11:51 AM
119	Not sure what this is, but less phone calls are better for everyone.	7/5/2022 11:44 AM
120	yes, please!	7/5/2022 11:05 AM
121	These are the worst jobs on my list, and the reason I block calls from my own pharmacy.	7/5/2022 7:12 AM
122	Waste of time with no results	7/4/2022 9:32 PM
123	Great idea! I think these cold calls annoy patients and doctors and are not very effective anyway.	7/4/2022 4:40 PM
124	All cold calls should be completed by a call center that does nothing but cold calls all day everyday. This is a big distraction and keeps us further away from the patients we are trying to help in front of us.	7/4/2022 3:53 PM

Meeting Materials

125	This is a poor use of time in a modern pharmacy. Often these lists are not helpful in finding the patients that have the most need of the pharmacy staff. And are just a metric focused on my companies to try to sell more things to people to make more money.	7/4/2022 2:53 PM
126	Waste of time. People need to take responsibility for themselves and not place the responsibility on pharmacists	7/4/2022 2:34 PM
127	Thank you for this recommendation.	7/4/2022 7:47 AM
128	These lists are a complete waste of time and annoy patients.	7/4/2022 3:37 AM
129	Absolutely needed.	7/3/2022 4:46 PM
130	Filling prescriptions doesn't seem to be a priority anymore, doing tests, immunizations, cold calls, and anything else the company deems important overrides is being pharmacists. All those things are presented as if they are our responsibility as pharmacists, but in truth our patients need their medications.	7/3/2022 3:59 PM
131	Many pharmacies are still required to do this even though most patients have auto texts or emails for prescription reminders. If rphs and techs are expected to do more clinical and point of care responsibilities, then they shouldn't have to do robotic responsibilities that a machine can do.	7/3/2022 2:50 PM
132	These are always a colossal waste of time in the retail setting. These should be automated.	7/3/2022 2:39 PM
133	Cold calling doesn't work and it's an inefficient use of time. A lot of time people will not answer calls from an "unknown" number. If there was a way to do it online I think that would be beneficial cause that way it can be done at both the pharmacists and patients convenience.	7/3/2022 2:06 PM
134	Just say no.	7/3/2022 10:56 AM
135	I feel like a used car salesman - if I know my patients and the programs they're interested in, can I not be trusted to enroll or unenroll them?	7/3/2022 9:19 AM
136	This is unnecessary and has everything to do with profiteering. It has no place in the pharmacy.	7/2/2022 11:33 PM
137	Another task we do not have time for.....these MTM calls should be done centrally outside of the store.	7/2/2022 11:03 PM
138	Too many calls are being made from the pharmacy to our patients creating a negative experience and frustration	7/2/2022 10:58 PM
139	This will help many customers especially the elderly as this only confuses patients in what they are currently taking.	7/2/2022 8:09 PM
140	We have around 80 calls a day to make. Ridiculous waste of time.	7/2/2022 1:25 PM
141	I don't know what this is	7/2/2022 9:21 AM
142	n/a	7/2/2022 8:34 AM
143	I'm not sure exactly what you mean by this. If you're referring to the outcomes-esq performance metrics, I'm less worried about these. There are some that seem appropriate, like late to refill or late to pick up or due for another round of vaccine. Some cold-calls like "need statin" are frustrating and I hate them because it feels like we're telling the patient their doctor is incompetent. Everyone in the patient-facing side of healthcare knows diabetics should be considered for a statin. I'm sure the doctor's computer system gives them the same flag.	7/2/2022 12:04 AM
144	Have always been a waste of time.	7/1/2022 10:27 PM
145	Not business friendly, doubt it will go over with businesses	7/1/2022 9:15 PM
146	I agree these can be frustrating, but I've honestly had some good conversations in regards to patients general health, Med questions, and vaccines.	7/1/2022 9:13 PM
147	These are similar to metrics. Healthcare should not be about numbers. Patient hold a responsibility for their healthcare as well. They need to notify pharmacies if they need their medications.	7/1/2022 7:25 PM
148	These calls can absolutely be made electronically and most patients are annoyed by these	7/1/2022 6:58 PM

Meeting Materials

calls anyway. This unnecessarily increases work load and doesn't decrease medication errors. The profit is not enough for the stress unloaded on pharmacists.

149	I and my staff would appreciate this. Corporate letters or texts/emails can accomplish the same thing.	7/1/2022 6:38 PM
150	If cold calls are necessary for business then they should be completed outside of the pharmacy department in a call center or corporate office.	7/1/2022 6:31 PM
151	not sure what this is. If it is involving calling customers to remind them to pick up meds or schedule their 2nd shingrix shot (for example), that does not take much time, as most people get texts reminders	7/1/2022 1:52 PM
152	Great idea. Another task that should not be required in a retail setting	7/1/2022 1:12 PM
153	Disagree with elimination as these can help in adherence and compliance issues. Possibly most calls could be automated	7/1/2022 12:47 PM
154	These are plain and obvious money grab schemes by chain pharmacies for profit, not patient adherence or benefit.	7/1/2022 12:40 PM
155	Not done at my site but cannot imagine how pharmacists fit this into their work day on top of everything else they are doing	7/1/2022 10:31 AM
156	FOR THE LOVE OF GOD GET RID OF THESE	7/1/2022 8:39 AM
157	Profits over people is an ideology that has to make its way out of healthcare. There's no Federal or National Board of Pharmacy or Medicine. State and Federal government has failed to protect the public from the greed of Big Business.	7/1/2022 7:04 AM
158	These calls do nothing to impact patient satisfaction, and most patients hate these calls. In addition, they cause patients to disregard important calls, thinking it is just another sales call from the pharmacy, intended to impact its bottom line more than care for the patient.	7/1/2022 2:48 AM
159	I've always thought these calls should be made by an employee in an office concentrating on just making calls rather than trying to fit them in between other distractions.	7/1/2022 12:49 AM
160	Degrading	7/1/2022 12:26 AM
161	Pharmacists should be pro-active, especially pertaining to immunizations for the good of the patient. But to mandate it, especially when busy, is not right. MTM's also. If some of the policies listed above come to fruition, maybe a good thing. Leave it up to the pharmacy manager.	7/1/2022 12:22 AM
162	I am a pharmacist not a telemarketer. I wish my corporate employer would stop requiring us to make cold calls. Our customers hate it but every weekend we have 100 calls to make.	6/30/2022 11:42 PM
163	such a time eater.	6/30/2022 9:56 PM
164	Eliminate these lists entirely. Very few stores have the chance to do this anyway due to cuts in staffing.	6/30/2022 9:51 PM
165	Waste of time for most and requires multi-tasking to complete.	6/30/2022 9:28 PM
166	This would be fantastic.	6/30/2022 8:57 PM
167	Sometimes the calls have good patient outcomes.	6/30/2022 8:54 PM
168	Automated texts/emails ok. Allow patients to opt in for those.	6/30/2022 8:26 PM
169	Not a good use of staff time	6/30/2022 7:40 PM
170	Good idea	6/30/2022 7:20 PM
171	Do not understand what is a cold call lists	6/30/2022 6:57 PM
172	Definitely get rid of the cold call lists. Let a call center do that unless it is pharmacist MTM.	6/30/2022 6:12 PM
173	Most patients do not like cold calls. A few may benefit but overall majority don't answer or get mad that they are being solicited. Most of the time do not make cold calls which may be another reason why our metrics are low and they cut hours.	6/30/2022 5:50 PM

Meeting Materials

174	This is obvious.	6/30/2022 5:36 PM
175	A lot of our calls favor the business aspect of increasing sales or the insurance trying to switch to a cheaper medicine that may not be good for them. The calls do not feel genuine or really make an impact on patients because most patients don't want to be bothered.	6/30/2022 5:33 PM
176	Cold call lists are a task that is a pain, and often don't gather a lot of success.	6/30/2022 5:28 PM
177	What exactly is the cold call in relation to (about)? Is it a clinical issue or just drumming up pharmacy business? What are the staffing levels? Adequate to support cold calls? Then they probably could be supported. This idea seems to be in the weeds too much.	6/30/2022 5:21 PM
178	Please for the love of God if you do anything in this survey have it be this.	6/30/2022 4:47 PM
179	These are pointless and the people called are annoyed.	6/30/2022 4:47 PM
180	No one likes cold calls...not the one making them or the one receiving them.	6/30/2022 4:11 PM
181	Unfamiliar with what this is.	6/30/2022 4:07 PM
182	This is the biggest waste of time and gains very little extra except angst with the customers! We're not operating a telemarketing co, the only calls going out should be important ones regarding patient medication.	6/30/2022 4:07 PM
183	Thank you.	6/30/2022 4:07 PM
184	This is a ridiculous practice! Waste of time and it makes people mad!	6/30/2022 3:50 PM
185	Please eliminate cold call lists a lot of patients see this as harassment	6/30/2022 3:46 PM
186	Please and can we make it legal to email medication guides. Heck we email register receipts now, why not medication guides!	6/30/2022 3:29 PM
187	Yes! Yes! Did I say yes? Yes!	6/30/2022 3:21 PM
188	and the metrics that surround them	6/30/2022 3:17 PM
189	Right what does this have to do with patient safety. What does this have to do with a pharmacist or technicians effort to keep the public safe.	6/30/2022 3:06 PM
190	Very time consuming during times of low staffing	6/30/2022 2:58 PM
191	There is absolutely no reason this needs to be done within a operating pharmacy.	6/30/2022 2:49 PM
192	Time issue but does work	6/30/2022 2:47 PM
193	I hate these with a passion. The customers hate these with a passion. We are not a marketing or sales department. Doctors don't cold call.	6/30/2022 2:31 PM
194	What a waste of time!	6/30/2022 2:26 PM
195	There is no business doing this activity from the pharmacy. A call center or WFH employee can make calls if needed. The pharmacy staff should be available to help the customers in store.	6/30/2022 2:13 PM
196	We are not dealers or telemarketers	6/30/2022 2:08 PM
197	This is an unnecessary requirement that directly increases workload of an already overwhelmed pharmacy workforce. These calls are designed to increase volume and profitability with little to no increase to patient safety.	6/30/2022 2:07 PM
198	This goes along with the metrics. Patients are very unlikely to give personal health info over the phone and getting a certain number complete is very difficult while also working and dispensing medications.	6/30/2022 2:02 PM
199	Would be amazing if this was implemented	6/30/2022 1:55 PM
200	Most locations aren't doing this anyways.	6/30/2022 1:52 PM
201	Takes away from the professional nature of our work. Can you even imagine a Doctor being required to cold call pts in order to solicit business?!	6/30/2022 1:45 PM
202	This is a significant waste of employee's time and takes away from proper patient care	6/30/2022 8:41 AM

Meeting Materials

203	this is a waste of time that could be used somewhereelse	6/30/2022 12:53 AM
204	It is ridiculous to be graded on how many calls are completed to get patients to refill medication when we do not have time to fill the prescriptions we already have.	6/29/2022 9:08 PM
205	Yes!	6/29/2022 7:38 PM
206	This is just busy work which even the majority of patients don't like.	6/29/2022 6:18 PM
207	We simply do not have time in a day where I work for cold calls they want us to make. There should be a team or person responsible for calls so we can concentrate on our safety required workload	6/29/2022 3:39 PM
208	Ridiculous numbers of cold calls each week which take up valuable time away from patients' needs are getting completely out of hand. We should not be in the marketing business.	6/29/2022 10:12 AM
209	We don't do this now.	6/29/2022 9:18 AM
210	Absolutely	6/29/2022 8:10 AM
211	YES. At a previous large chain that I worked for, I was often required to cold call patients about PRN medications, which I felt promoted overuse of potentially unnecessary drugs and was an unhelpful interruption in my patients' lives.	6/29/2022 8:09 AM
212	Again, what's more valuable, a metric on cold calls or having legitimate consultations and managing a patient's medication therapy.	6/29/2022 7:45 AM
213	One less thing to worry about	6/29/2022 5:56 AM
214	Contacting patients is a necessary part of the practice of pharmacy. It is not within the State's purview to dictate how a pharmacy should go about contacting said patients.	6/29/2022 12:31 AM
215	find a better way to market on an even playing field	6/28/2022 11:13 PM
216	What does this even mean?	6/28/2022 11:06 PM
217	Great idea but small part of total daily workload at most retail chain pharmacies	6/28/2022 9:16 PM
218	i love employer hate	6/28/2022 9:03 PM
219	Limit phone distraction some how please	6/28/2022 9:01 PM
220	I did not go to college to train to become a telepharmacist! The majority of the time the patients are annoyed by these!	6/28/2022 8:42 PM
221	I think some of these adherence lists are good. But only if there is time allotted	6/28/2022 3:56 PM
222	Please!! This is something that takes up so much of our time and is a biggest waste of time. And our company requires it all in the name of greed and increasing their profits.	6/28/2022 3:25 PM
223	Reminders for things such as adherence can be provided during a pick-up process. The act of cold calling not only adds a significant amount of work to the pharmacist but then places the pharmacist in a position where he/she is now required to add to the many other calls patients receive on a daily basis.	6/28/2022 2:34 PM
224	Not sure if this would impact safety unless it is taking up the time which should be used to ensure accuracy of prescriptions	6/28/2022 2:30 PM
225	Cold calls are not helpful for patients, unwelcome by the large majority of patient, a waste of time for staff, and nearly impossible to get done which makes metric-loving corporate unhappy and impacts our pay and increases abuse from higher ups when we are trying to take care of tasks that improve patient safety and customer service. Patient privacy is also a HUGE concern with making these calls. Always.	6/28/2022 12:35 PM
226	Takes away from face to face patient interaction	6/28/2022 11:34 AM
227	this is very time consuming with little benefit	6/28/2022 11:31 AM
228	A+!!! AMAZING!!!!!! Yesssssssss!!!!!!!!!!!! This is the best thing ever!!!!!!	6/28/2022 11:24 AM
229	Luckily I don't know what this is.	6/28/2022 11:19 AM
230	See comments in #16 above	6/28/2022 11:12 AM

Meeting Materials

231	Stop the excessive phone calls!!!	6/28/2022 10:45 AM
232	YES, YES	6/28/2022 10:03 AM
233	Yesss	6/28/2022 9:34 AM
234	Please	6/28/2022 9:30 AM
235	Additional work requirements that are unnecessary most times. Patients also get upset about getting several calls	6/28/2022 9:09 AM
236	This take up too much time in my work flow	6/28/2022 8:48 AM
237	Another positive idea, but unlikely to happen. A manager must utilize all on-call options in the event of a severe staffing shortage or in an emergency situation.	6/28/2022 8:41 AM
238	I honestly don't know what this means.	6/28/2022 8:35 AM
239	This just frustrates our patients.	6/28/2022 8:28 AM
240	Total waste of time and resources. Plus they're added to metrics which affects compensation. We pretend to care about patients health by making these. It's just to increase scripts filled and profits. Plain and simple.	6/28/2022 8:23 AM
241	I don't like calling patients out of the blue. We don't need more work and it makes me feel like those people at Mall kiosks accosting you as you walk by!	6/28/2022 8:18 AM
242	Please help retail pharmacists. You are our only hope against the big box stores. We are scared of retaliation and ridicule from our supervisors, which are not always even pharmacists. The entire system is so backwards. Patient safety is in danger. Thank you for working on this.	6/28/2022 8:05 AM
243	Yes please!	6/28/2022 8:04 AM
244	Literally no one appreciates these - staff or patient/customer. Maybe it worked with an older generation, but as someone who is on the cusp of gen x/millennial who works almost exclusively with gen z, I can tell you that absolutely none of us picks up our phone unless we are expecting the call. As the population continues to age, it has become a waste of everyone's time.	6/28/2022 7:43 AM
245	This has been occurring since the 90's when I started. It changes nothing.	6/27/2022 11:49 PM
246	These should never be required, but could be still used as a suggested task when the pharmacy is fully staffed	6/27/2022 11:40 PM
247	We have been told by district management and front of store managers to prioritize these calls over all else. If we can't reach a patient, we are made to call them again the same day on the next shift. It is held against us and reported if not completed and may affect merit raises. These calls, therefore, sometimes take precedence over calling for clarification and getting actual meds into a patient's hands, which is very sad. It really should be done away with.	6/27/2022 11:40 PM
248	Hallelujah!! These are a waste of everyone's time in a media based society.	6/27/2022 11:36 PM
249	This is one of the best ideas	6/27/2022 11:26 PM
250	Identical to point 16. This burden is absurd when trying to avoid mistakes.	6/27/2022 11:20 PM
251	I am not a telemarketer. This is the job of the Marketing Department. Gee if they stopped cold calls, I might actually have time to councel more customers.	6/27/2022 11:07 PM
252	I never worked retail, so have no knowledge of this.	6/27/2022 11:06 PM
253	These are terrible when you're already short handed.	6/27/2022 10:48 PM
254	We spend too much time during the day, every day, making calls to people for various reasons. It is hard to get them done when in a busy setting and if you some get through on the first attempt then a second attempt is recommended later in the day	6/27/2022 10:42 PM
255	It is harrassing and telemarketing.	6/27/2022 10:36 PM
256	With CMS mandating adherence rates on pharmacies, without the calls adherence by patients might go down even though there might be decreased work load, may be counterproductive in the long run	6/27/2022 10:22 PM

Meeting Materials

257	Time consuming, disrupts day workflow, doesn't change outcome of patient care.	6/27/2022 10:00 PM
258	Cold call lists are the worst and patients hate them too.	6/27/2022 9:46 PM
259	This is a joke.... Your solution is to replace pharmacists with machines or techs.	6/27/2022 9:31 PM
260	This is a terrible metric and patients hate it. It causes more stress when we get yelled at by people than it actually helps anyone.	6/27/2022 9:31 PM
261	not sure what this is	6/27/2022 9:28 PM
262	Pharmacists are there to provide a service, not to be salespeople.	6/27/2022 9:26 PM
263	I'm assuming you're referring to cold calls for patient adherence? Refill reminders, pickup reminders, etc.? How does removing and adherence tool help improve patient care? The Board should definitely better define this recommendation, because all I'm seeing is the Board LIMITING communication with a patient -- there's no way that improves safety.	6/27/2022 9:16 PM
264	This would be a huge reduction to current workload. I have to make 200-300 phone calls a week to patients about services that do not apply to them because it has been deemed by my corporation as "the best way to provide customer service" We are being badgered day in and day out to complete these required calls and even have 2 conference calls a week that I have to be on while in the pharmacy checking prescriptions. Most of the time calls have to be made while checking prescriptions or answering technician questions or multi tasking with other things. This creates huge distractions and could continue to be a large focus of errors.	6/27/2022 9:15 PM
265	I don't even know what this is.	6/27/2022 9:04 PM
266	This practice is a big time detriment	6/27/2022 9:03 PM
267	We just bother patients and it's very time consuming. Have a call center for these calls	6/27/2022 8:59 PM
268	Cold call lists do not need to be acted on by retail pharmacy employees. Open a call center for outgoing calls of all kinds. We don't have time to do that!!	6/27/2022 8:57 PM
269	Not sure what this is	6/27/2022 8:54 PM
270	Excellent idea	6/27/2022 8:42 PM
271	Please	6/27/2022 8:38 PM
272	Cold calls are very time consuming and should not be required by all. They can be beneficial to the patients though but most do not answer calls so requiring them as a metric leads to extra time of repeat phone attempts	6/27/2022 8:30 PM
273	Would help free up time	6/27/2022 8:25 PM
274	Never get answers anyway and patients know where they can go to get whatever it is they need. The pharmacy or pharmacist because all advise and additional work consultations etc are free	6/27/2022 8:10 PM
275	I hateeeee being required to make these calls. They are a pretty unimportant task but we are required to do them and it makes it harder to get other work done	6/27/2022 7:58 PM
276	While lists to increase adherence are a great idea in theory, the application has traded safety for volume and revenue.	6/27/2022 7:57 PM
277	Not sure what this is	6/27/2022 7:55 PM
278	All phone calls are done while multitasking, increasing risk of errors due to split focus. No one gets dedicated time for these calls. They're expected daily, regardless of staffing or volume that day	6/27/2022 7:51 PM
279	What about also stopping pharmacies such as target/CVS from asking patients that are shopping to transfer prescriptions? This is their way to get more prescriptions.	6/27/2022 7:51 PM
280	Decrease some of the wasted time making these calls	6/27/2022 7:39 PM
281	Again undue stress added. Some stores requiring pharmacist to make same set of calls twice in same day if patient not reached	6/27/2022 7:38 PM
282	This is a waste of time for all parties. Patients get mad and staff does not have time to do it.	6/27/2022 7:29 PM

Meeting Materials

Not to mention, taking medication is part of the patient's responsibility. The auto refill program and daily calls to patients is creating more errors than helping. If its used appropriately then its great for all parties. But staff is required to have a certain amount of patients reached on cold calls, and certain amount of auto fills. Then staffing starts putting all people on autofill which leaves them with baskets and baskets of returns every day! Again, counterproductive, a waste of time, and errors waiting to happen.

283	This would make it easier but I don't think they should be banned either.	6/27/2022 7:15 PM
284	Pharmacies will lose money if this is eliminated. Something must also be done about insurances taking too much money from the pharmacies.	6/27/2022 7:13 PM
285	Except refill reminders can increase compliance and improve outcomes for many patients.	6/27/2022 7:03 PM
286	Our job is to help the public by filling their medications and and counseling. NOt calling patients to try to increase revenue.	6/27/2022 7:01 PM
287	NO TIME TO DO THEM ANYWAY	6/27/2022 7:01 PM
288	wants done even though you may be behind on filling rxs	6/27/2022 6:57 PM
289	Love this	6/27/2022 6:33 PM
290	It is ridiculous to me that pharmacist are required to cold call patients. No healthcare professional does this.	6/27/2022 6:22 PM
291	Don't know what this means	6/27/2022 6:14 PM
292	100%. This and eliminate patient steering with shady letters and calls.	6/27/2022 6:13 PM
293	There are now many more ways to contact patients besides a phone call (or have a call center do it)	6/27/2022 6:07 PM
294	TRANSFER REWARDS SHOULD BE ILLEGAL. This only increases transfer volume and polypharmacy which puts the patient at risk.	6/27/2022 6:03 PM
295	This combined with elimination of metrics will solve all kinds of problems.	6/27/2022 5:34 PM
296	See above	6/27/2022 5:31 PM
297	Great idea , doesn't work in practice very well .	6/27/2022 5:28 PM
298	These calls help pharmacists identify opportunities to help improve outcomes.	6/27/2022 5:20 PM
299	Many of us don't get to these anyways, so this might not change workload very much, but I'm all for their elimination. They are forced, and many patients don't like them either.	6/27/2022 5:17 PM
300	Anything to help take more pressure off of us, being short staffed and overworked, would be a blessing!	6/27/2022 5:10 PM
301	These were the BIGGEST waste of time in my retail chain. Approximately 15-20% of my time had to be devoted to cold calls to meet minimum requirements. And they resulted in a positive patient experience about 5% of the time. Absolutely absurd.	6/27/2022 5:04 PM
302	This should be a high priority item for the Board to address.	6/27/2022 4:58 PM
303	Stop this	6/27/2022 4:57 PM
304	Cold calls are of no use and hinders daily tasks	6/27/2022 4:52 PM
305	As a retail pharmacist, I often felt I spent much more of my day as a telemarketer than a medical professional. I understand the business importance of outreach phonecalls and the like, but it should never, under any circumstances, be the responsibility of a pharmacist to make the initial outreach. These calls can very easily be initiated by support personnel working remotely, and would only need to be escalated to the pharmacist when the situation warrants it (e.g., patient has a clinical question). Marketing calls distract from essential pharmacist duties, have nothing whatsoever to do with our skillset, and are often a significant source of stress when employers track ridiculous metrics such as the percentage of phonecalls that were answered by the intended patient.	6/27/2022 4:41 PM
306	Will help!	6/27/2022 4:40 PM

Meeting Materials

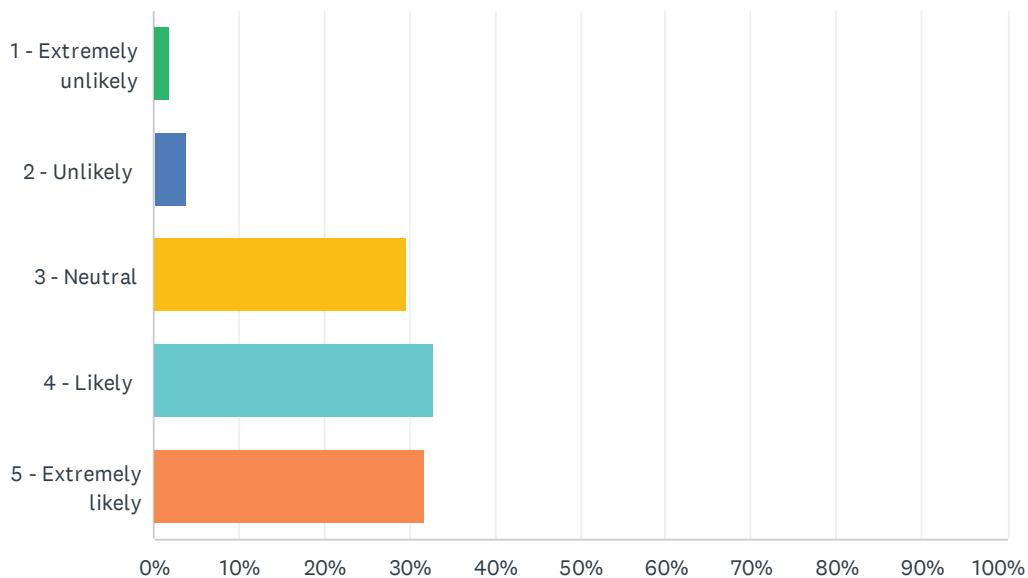
307	Robo calls can effectively accomplish this	6/27/2022 4:37 PM
308	Please !	6/27/2022 4:36 PM
309	Should be up to the pharmacy staff to determine need and benefit	6/27/2022 4:24 PM
310	I'm not familiar with details, but this seems like this could be just eliminating an unpopular job duty (one that isn't required to fill a prescription, but it could be an important job duty, nonetheless)	6/27/2022 4:23 PM
311	No comment required.	6/27/2022 4:21 PM
312	Just bad business all around	6/27/2022 4:13 PM
313	Calls should be made by a call center or individual outside of the pharmacy .	6/27/2022 4:11 PM
314	This is how to push immunizations and targeted medications	6/27/2022 4:05 PM
315	Who wants numerous calls. Many many patients complain & are confused.	6/27/2022 4:04 PM
316	This is a burden to all workflow and instead of directing our energy to filling prescriptions and solving insurance issues, we waste time calling patients that don't want to be bothered with staff that doesn't want to make the calls. If I have to chose between making the calls or being a pharmacist, I risk disciplinary action because metrics will drop and it is viewed as a vital part of my job by leadership.	6/27/2022 4:02 PM
317	This can be painful and often upsets the patients and confuses them further.	6/27/2022 3:55 PM
318	I greatly appreciate this initiative and hopefully this will translate into some meaningful actions. Closer doors meal breaks must be mandatory. Dark hours at the beginning and end of the business hours will greatly reduce the anxiety. More importantly pharmacists should not be under pressure to administer any minimum number of vaccines or any other ancillary services. We are health care providers not used car salesmen. Please help the pharmacists.	6/27/2022 3:54 PM
319	Please, this would be wonderful. We should spend more time clinically and not making phone calls. Like a telemarketer.	6/27/2022 3:51 PM
320	This would be very helpful - there is so much pressure to do these calls which really don't do much in the long run.	6/27/2022 3:50 PM
321	This wastes time and causes a distrust between our patients.	6/27/2022 3:49 PM
322	This would help. We condition out patients to not answer their phone because we call them when their Rx is ready, again when it's been ready for 2 days, again when it's been 7 days, again when 10 days ready letting them know we're going to return it to stock, and again to say "ok now we're really going to delete it." It's harassment. And then we call them 2 days after they picked it up (and offered consultation at time of pickup) and ask if they have any questions. We call them if their late to refill their Rx, because hey, we need the Star rating (I mean money). Then we call if they want automatic refills. Then we call if they want Save Trips to the Pharmacy Refills. Then we call them asking if they need any immunizations. It's harassment. And, we get written up if we don't make the calls.	6/27/2022 3:49 PM
323	This takes up too much time	6/27/2022 3:43 PM
324	Those suck, no one likes them.	6/27/2022 3:41 PM
325	Any job in the pharmacy should not be to sell a product or service.	6/27/2022 3:39 PM
326	These are detrimental to patient care and safety.	6/27/2022 3:37 PM
327	These are evil and must go.	6/27/2022 3:34 PM
328	These lists are ridiculous. It's the same people over and over and our lists are always 3 pages long.	6/27/2022 3:33 PM

Meeting Materials

Q18 Alabama Rule - Supervising Pharmacist There is a growing discussion among pharmacy boards throughout the country about workload conditions in pharmacy. In that discussion, there are many issues contributing to workplace dissatisfaction. It is important to understand that issues related to dissatisfaction in workplace conditions may not fall under the authority of any board of pharmacy unless it involves an adverse result to the safety of patients. One concern of dissatisfaction addresses board of pharmacy disciplinary actions and the focus on the individual licensee and not on the permit or the root cause. The Board has several actions that do address the root cause as well as the permit. Board Rule 680-X-2-.12 Supervising Pharmacist specifically states: If the actions of the permit holder have deemed to contribute to or cause a violation of any provision of this section, the Board may hold the permit holder responsible and/or absolve the supervising pharmacist from the responsibility of that action. In addition, it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder. To fully understand the impact of the above-cited section, it should be read with the following sections of 680-X-2-.22 Code of Professional Conduct in mind. (2) (a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner. (2) (f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.)

Answered: 1,782 Skipped: 245

Meeting Materials



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.85%	33
2 - Unlikely	3.93%	70
3 - Neutral	29.74%	530
4 - Likely	32.77%	584
5 - Extremely likely	31.71%	565
TOTAL		1,782

#	ADDITIONAL COMMENTS	DATE
1	I have re-read the associated material for this question and to be quite honest it is so riddled with legal speak I don't understand what you're getting at. It sounds like you're placing the blame of a system set up to squeeze a pharmacist to get as much out of a human as possible and then place the blame of the system on their shoulders. If that's not what you're saying, this needs to be spelled out with a little more clarity.	7/9/2022 11:00 AM
2	I'm not sure how much companies would agree to their employees having this much power	7/7/2022 10:58 PM
3	Employment pressure can be overwhelming at times. Especially if you have a family to support and need the job.	7/7/2022 4:35 PM
4	i think it is up to the situation. its that line between negligence and system failure. not sure how to truly walk that line. so - i would say if that line can be clearly stated - it would be great. but also im not sure if that is possible either.	7/7/2022 4:32 PM
5	I agree that pharmacists do seem to be the main focus when mistakes are made and that a tremendous amount of responsibility is put on their shoulders when many things cannot be controlled by them.	7/7/2022 4:25 PM
6	THE PHARMACIST IN CHARGE IS ONLY ACTING HALF OF THE TIME BY DIRECTION OF UPPER MANAGEMENT. ITS NOT THE PHARMACY MANAGER'S FAULT OF THE STAFFING ISSUES.	7/7/2022 2:31 PM
7	I'm not sure how much this directly affects workload and stress, but I can see that it could. I have seen that employers can require things that may increase risk to the patient, knowing that the legal burden will fall on the dispensing pharmacist. That is wrong. This is similar to my comment on Pod Autonomy earlier. I'm really curious how the Alabama rule went over.	7/7/2022 2:19 PM

Meeting Materials

8	I think this would help greatly. Safety should be their responsibility.	7/7/2022 2:00 PM
9	Unsure.	7/7/2022 2:00 PM
10	Pharmacists should be able to act on their own judgement...	7/7/2022 1:44 PM
11	hold company responsible, not individual pharmacists	7/7/2022 1:29 PM
12	root cause must be addressed	7/7/2022 1:26 PM
13	If this is asking if the corporation should be help liable when appropriate then absolutely, extremely likely to increase patient safety.	7/7/2022 1:22 PM
14	Pharmacist have been put in a very bad position. We want to take care of our patients but due to circumstances out of control we do not feel that safely without help from those in higher positions than us.	7/7/2022 12:47 PM
15	Sounds good however I still feel as if a pharmacy manager may be a scapegoat	7/7/2022 12:31 PM
16	Good luck on getting that through and making it stick. It would be great to have this. Currently the pharmacist is penalized and responsible for the extreme understaffing and excessive workload. This came about from the ever-lower reimbursement rates the corporation agree to and they cut staff to make up for it or fine new revenue streams to add to the pharmacy without adding staffing. PBMs are always pushing lower reimbursement rates and it has gone past what is reasonable, which leads to the "do more with less" approach.	7/7/2022 12:21 PM
17	Na	7/7/2022 12:17 PM
18	This would hold the owners accountable.	7/7/2022 12:16 PM
19	This should be determined on a case-by-case basis. Where there are situations where the permit holder may be responsible, there may be situations where pharmacy personnel made bad judgement or were reckless and did not follow set safety protocols. A blanket rule would not be applicable.	7/7/2022 12:08 PM
20	Only problem is that corporate leaders say these are their priorities, as well. It's all talk and no action though. They say patient safety is number one but then don't put the support behind us to ensure that we can put patients first. All talk; no follow through on corporate side.	7/7/2022 12:03 PM
21	Unionizing?	7/7/2022 12:00 PM
22	Most of the issues in terms of workload are outside of the responsible person's control. Putting more pressure on the company to staff correctly would be helpful.	7/7/2022 11:56 AM
23	Pharmacists should not have to choose between meeting metrics over patient care to ensure continued employment.	7/7/2022 11:01 AM
24	Yes! Let's hold employers accountable for their policies, the working conditions they ask Pharmacists to work in and their legal responsibility to the public's health. Let's give Pharmacist's the authority to refuse to work in a manner that compromises safety, integrity and healthcare. Give us back our right to practice responsibly.	7/7/2022 9:31 AM
25	It's a known fact the the Ohio State Board of pharmacy is not a true advocate of Ohio pharmacists. Instead of viewing the State Board as an ally, most pharmacists fear their control, which ads to the everyday stress of retail pharmacists.	7/7/2022 3:24 AM
26	This should already be a rule. It's hard to practice when you know the Board is always looking for something to punish you for yet it doesn't hold the employer responsible for anything.	7/7/2022 12:14 AM
27	Companies / chain pharmacy owners should be held accountable for the pressure placed on pharmacy employees to where they feel they have no choice but to work under conditions impairing quality of services	7/6/2022 11:35 PM
28	Honestly too much legal jargon for me to even know what I'm answering	7/6/2022 11:17 PM
29	Yes to driving successful metrics. No if it compromises patient safety	7/6/2022 9:58 PM
30	We should have a day on how we run our daily practice. We are the ones in store.	7/6/2022 9:42 PM
31	In my experience, corporate only fixes problems when faced with lawsuits.	7/6/2022 9:38 PM

Meeting Materials

32	Corporations should be held responsible for putting PICs in unsafe conditions	7/6/2022 8:35 PM
33	Unlikely to help just bc of the culture of fear of relation most pharmacists have with going that directly against their business policy.	7/6/2022 7:33 PM
34	Hold the company accountable for the root cause of the error. Protect the pharmacist who are forced to meet unrealistic expectations.	7/6/2022 7:31 PM
35	Pt safety and consultation should be number one however many companies want us to call to see if they a refill on a Flonase spray	7/6/2022 6:52 PM
36	Probably misunderstanding since that seems to be how it currently is?	7/6/2022 6:25 PM
37	Disciplinary actions on individual licenses is absolutely a dissatisfaction. Negligence is one thing but misinterpreting laws/rule, missing updates/changes etc. is another. The fact that a DA is permanent and could prohibit future employment options makes it extremely punitive. At minimum give opportunity to have a DA removed (with additional education/ certification) or expire after a period of compliance.	7/6/2022 5:42 PM
38	We will be penalized by the very company that we report against. The "ethics" only apply to Pharmacists not the giants we work for and certainly not the investors expecting a return. Physicians are required to be paid by physicians, we need to have Pharmacists in charge of pharmacy not the money managers and marketing executives.	7/6/2022 2:28 PM
39	Sounds like the blame is being placed on pharmacists and not companies creating these working conditions.	7/6/2022 1:25 PM
40	In my 27 years as a pharmacist I have seen many great improvements such as immunizations and MTM. But with them we've ended up being pressured into doing more and more to the point of people getting duplicate vaccines (all the time!!) and pharmacists faking or stretching to complete MTM claims!! This is the ugly part of corporate pharmacy that I refuse to be involved with. But if I'm not then my metrics look bad, right? Please let us be the professionals we once were. There must be a happy balance somewhere	7/6/2022 1:23 PM
41	It is critical to hold pharmacy license holders as accountable as pharmacist license holders for errors and health and safety. Making it a business requirement to promote patient health and safety in order to keep the pharmacy open for business is essential to change the current business model.	7/6/2022 12:34 PM
42	No one will be an RP. All risk, no reward.	7/6/2022 12:00 PM
43	Companies should be responsible for not giving a pharmacist the proper tools to do their job in a safe responsible manner. This would include proper staffing and time off	7/6/2022 11:42 AM
44	I currently have formal action on my TDL because my RP TWICE had non pharmacy technicians fill the role of a technician without my knowledge or consent. My RP that did this quit after the second infraction and now I'm left with this scar on my TDL.	7/6/2022 11:36 AM
45	This provides a means for a pharmacist to provide services that are in the best interest of the patient. This also provides a penalty to the supervisor for not looking out for the patient	7/6/2022 11:15 AM
46	Yes! Yes! Yes! put control of the pharmacy back into the hands of the pharmacist.	7/6/2022 11:12 AM
47	This is helpful to patient safety.	7/6/2022 10:58 AM
48	Pharmacists are there to help and we all want to help patients live healthier lives. The pandemic and staffing shortages have greatly affected retail pharmacy but at the end of the day patient safety is a top priority. Having more of a voice in times where I don't feel comfortable to fill prescriptions would be significant.	7/6/2022 10:53 AM
49	Sometimes conditions deteriorate so quickly it's difficult to crawl out of the hole. The presumed reporting required with this sounds detrimental	7/6/2022 10:43 AM
50	The intent of this rule is necessary -- to determine who ultimately is held responsible for pharmacy working conditions. I am not sure if this fully rebalances the leverage between corporate leadership and RP, but it at least provides some clarity.	7/6/2022 10:43 AM
51	It's a good idea, though it'll be hard to pin the corporate chains down.	7/6/2022 10:27 AM
52	I don't know how you quantify or judge such terms.	7/6/2022 10:08 AM

Meeting Materials

53	This sounds good but I have my doubts the Board will enforce this in any meaningful way against large chain drugstores.	7/6/2022 10:03 AM
54	This issue is larger than an individual. The board of pharmacy should take a larger role in ensuring working conditions are safe. For an individual to attempt to stand up puts them at risk of losing their job and a way of supporting family, since the board of pharmacy allows colleges of pharmacy to now spam out thousands of new pharmacists per year, which decreased the individual power a person may have and just increases the ability to abuse pharmacists.	7/6/2022 10:01 AM
55	We will not be allowed to make those decisions or they will be highly rare and looked down upon	7/6/2022 9:56 AM
56	Sounds like the pharmacy would get a slap on the wrist and the pharmacist will lose a job as a scapegoat.	7/6/2022 9:43 AM
57	It's easy to blame the rph by doing some system upgrades and then reducing the time to look into depth into a problem and if overlooked blame the rph	7/6/2022 9:07 AM
58	But what happens to the livelihood of the refusing professional?	7/6/2022 7:41 AM
59	We will need something to hold the people above the responsible person accountable if they refuse to comply with whatever is established to help with workload.	7/5/2022 10:20 PM
60	Permit holders will have a reason to ensure proper health and safety of patients and to take care of employees.	7/5/2022 1:19 PM
61	Sure, this could put more blame on the pharmacy company, but at the point this is helpful, usually the damage is already done. The hope of this is that it will force change at the pharmacy level, but that is unlikely until something bad happens, and usually it has to have monetary consequences for the company to care. AND those consequences have to be big otherwise they will just pay it like a tax or fine.	7/5/2022 11:59 AM
62	I don't understand this fully.	7/5/2022 11:28 AM
63	More judgement calls, it's hard to know where to draw the line.	7/5/2022 7:22 AM
64	There has been a noticeable decline in working conditions the last several years, and this is a danger and potential harm for our patients.	7/4/2022 3:22 PM
65	It definitely would but this also comes down to the lazy generation saying that more than 50 RX a day is too much- is a slippery slope but there could be common ground. But- many work for corporate America and they could care less about patient safety or quality and likely would intimidate or find a reason to fire any Rob who says it is unsafe	7/4/2022 10:25 AM
66	Subjective	7/4/2022 7:51 AM
67	I had a store management employee tell me he was in charge of the pharmacy. I told him that I would close the pharmacy and he and the company could work that out with the state board if he interferes with what I do in the pharmacy. I completely control and responsible for what happens within the pharmacy.	7/3/2022 3:31 PM
68	Current conditions of all retail chain pharmacies. Reckless	7/3/2022 3:08 PM
69	This puts a lot of power on the inspection entities plate especially if there is financial penalties	7/3/2022 11:06 AM
70	Seems reasonable and purpose of the job	7/2/2022 11:09 PM
71	Sounds good but if a retail pharmacist chooses not to open for any reason there will be negative consequences and retaliation from their employer.	7/2/2022 11:02 PM
72	Pharmacists almost always have the interest of the patient in mind, corporations always have the interest of their income in mind. Unethical things happen due to corporate pressure.	7/2/2022 10:10 PM
73	How would the board determine the root causes? Companies have lawyers and not every pharmacist has one.	7/2/2022 8:20 PM
74	Depends on each situation. Something's happen because of improper policies handed down from corporate levels and others are more negligence by individuals.	7/2/2022 1:31 PM
75	n/a	7/2/2022 8:42 AM
76	Perhaps corporate metrics for RPh/techician should require board approval, much like erx and	7/2/2022 3:18 AM

Meeting Materials

	security systems	
77	If I'm understanding this correctly, it sounds like this law is trying to hold corporate responsible for asking pharmacists to do a difficult job with inadequate resources and then blaming the pharmacist when something goes wrong.	7/2/2022 12:10 AM
78	Not sure what this does to improve working conditions. Most people will do what corporate tells them so they don't lose their job.	7/1/2022 10:34 PM
79	I feel that anything that can and does go wrong is blamed on the PIC. A PIC who resigned recently was quoted as saying, "The Pharmacy Manager is responsible for everything yet in control of nothing." So true!	7/1/2022 6:45 PM
80	I think the liability should rest with companies not employees at store level.	7/1/2022 2:10 PM
81	To me this just looks like common sense	7/1/2022 2:01 PM
82	No way to implement this. Pharmacist will be retaliated against, without a doubt	7/1/2022 1:17 PM
83	The real question is who is deciding what is ethical and unethical when it comes to services. I would point to gender hormone treatment in pre-pubescent children as a good example. Each pharmacist must be able to exercise their judgement in these cases.	7/1/2022 1:05 PM
84	Safety of the patient is the primary end goal to any changes and root causes of issues need to be addressed.	7/1/2022 1:01 PM
85	Safe guards against pharmacists and technicians going to jail for safety issues are needed.	7/1/2022 11:41 AM
86	MTMs should NOT be controlled by insurance companies, PBMs and Cardinal Health or other Warehouses/Stakeholders through Outcomes MTM - these predesigned MTMs requiring prescribing of specific drugs with a huge focus on statins are in DIRECT CONFLICT with an ethical practice of pharmacy and medicine.	7/1/2022 7:10 AM
87	Good, but very subjective, and could cause pharmacists to experience pushback and retaliation from management.	7/1/2022 2:51 AM
88	hold corporate accountable for conditions	6/30/2022 9:58 PM
89	There would be repercussions for the pharmacist if they raised alarms or went against policy in a retail setting.	6/30/2022 9:53 PM
90	Big box stores and retail stores will put pressure and hold salary from pharmacists and techs if they refuse to work due to unsafe conditions. No one will go without pay, this won't be utilized	6/30/2022 9:20 PM
91	I would love to work under the rule that patient care is actually of the utmost importance.	6/30/2022 9:04 PM
92	Neutral because I don't really understand this. May be hard to differentiate between pharmacist responsibility and corporate failure to provide a safe environment. It's a he said she said situation.	6/30/2022 8:55 PM
93	Don't really understand this one	6/30/2022 7:43 PM
94	We are trained to take the oath when we get our white coat ceremony, passing the state boards so why should we change our standards now. we are one of the most highly regarded professions.	6/30/2022 6:20 PM
95	root cause should be done routinely now for errors, but when it is a lack of staff or proper training, the corporate folks dont care to address it. HOLD THE CHAIN ACCOUNTABLE FOR THESE ERRORS CAUSED BY UNSAFE ENVIRONMENTS NOT THE PIC or STAFF pharmacist.	6/30/2022 6:19 PM
96	This would be huge in the independent setting.	6/30/2022 6:18 PM
97	Employers dictate how much time we can spend with patients based on ridiculous systems to calculate hours for employees in the pharmacy. The only option depending on the willingness of the employer to staff pharmacies appropriately, might be to find new employment. But is that really safe for the public? Leads to closure of pharmacies certain days and a three ring circus on the days they are open. Lack of employees and appropriate staffing is a major concern. A lot of the problem is pay. A lot of it is also how employees are treated - like being expected to do the work of 2-3 people (whether it be from technicians leaving for other jobs or corporate cutting hours to ridiculous levels).	6/30/2022 6:02 PM

Meeting Materials

98	I addressed holding individual pharmacists accountable in previous answers.	6/30/2022 5:51 PM
99	Retail pharmacists are pushed beyond limits by their upper staff to keep working even under bad conditions. This would just cause head pharmacists to leave and staffing issues would be further affected. The uppers in the company should be held more accountable. Get to the root cause analysis. Uppers will just further pressure head pharmacists to still go against this to keep their job. If companies themselves are held more responsible maybe they will not put that type of pressure on the staff in the first place. They won't care if you guys write up their pharmacist cause there would be no consequence for them. They will just keep replacing us.	6/30/2022 5:31 PM
100	These statements/rules are broad/generic with not much detail or power. Open to interpretation. These put the burden on the pharmacist and not on the permit holder/owner of the pharmacy itself who put pressure on the same pharmacist. It is a Catch 22 and this is why we have the issues that exist now. Independent pharmacies have dwindled and now companies prevail the operations/ownership of pharmacies.	6/30/2022 5:29 PM
101	The supervising pharmacist in chain pharmacies does not determine hours and hiring, those are given to them by the metrics of the corp leader. Maybe we need the market managers/district leaders etc for each pharmacy chain to be registered with the board as a responsible person for those pharmacies they are giving operational instructions to? Then they will be forced by the board to operate at proper staffing ratios with proper services and hours.	6/30/2022 4:13 PM
102	Push back and retribution from administration would likely happen.	6/30/2022 4:00 PM
103	Pharmacists are doing the best they can to get through a shift and care for their patients. However, nothing they do contributes to their pay check...they are paid by the owner not from their professional contributions to their patients.	6/30/2022 3:49 PM
104	Again. You need to hold these corporations accountable. The pharmacist always has the patients best interest in mind but we are being burdened and badgered by our companies to achieve their goals or possibly face termination, loss of hours, ect which in no way acts to help the patient health and safety. The corporations don't have the patient safety in mind	6/30/2022 3:34 PM
105	Again, while this may not change workload it would increase safety.	6/30/2022 3:22 PM
106	Correct	6/30/2022 3:17 PM
107	This is extremely important. I almost lost my license in MO because my parent company would not allow me to increase my budget. The pharmacy across the street closed, not an acquisition, and I begged for significant staff increase. The company told me no and the pharmacy started to fall apart because we were overwhelmed. Follow that up with a board inspection and I'm sure you can understand my frustration.	6/30/2022 3:03 PM
108	Corporate must be held liable for errors that occur when their employees are working in unsatisfactory conditions.	6/30/2022 2:56 PM
109	The PIC absolutely should not be held accountable in all cases.	6/30/2022 2:38 PM
110	If the employers have legal ramifications for the errors that occur due to metrics & volume that they push with no regard to safety of patients the workload volume should inherently decrease. When they are held responsible for their part in the error they will work on decreasing errors as much as they do productivity.	6/30/2022 2:18 PM
111	If the employer is not providing safe and healthy work environments, then they should be held responsible for the results of that.	6/30/2022 2:07 PM
112	I don't understand.	6/30/2022 2:05 PM
113	Would like to see this work, but I am cynical that CVS rich lawyers will still blame and punish the pharmacist.	6/30/2022 1:57 PM
114	Most pharmacists have basically sold their soul to the devil by going to pharmacy school add incurring massive student loan debt, you basically feel trapped into working long hours and under crazy conditions.	6/29/2022 9:25 PM
115	This is just who to blame and unlikely to help working conditions	6/29/2022 6:00 AM
116	If I refuse to work because of poor staffing conditions, it is more likely that I will be fired than help create a better work environment	6/28/2022 11:09 PM

Meeting Materials

117	I like sound of that regulation. Would benefit both citizens of state and pharmacists.	6/28/2022 9:25 PM
118	Mute point if company does not allow supervisor to implement any solutions	6/28/2022 5:16 PM
119	RPs should not be forced to hold all of the liability when the licensee makes the rules and holds very little liability. Unless the RP is empowered to make change when necessary, the licensee should hold the liability.	6/28/2022 4:22 PM
120	This would be helpful, as long as the charges that are filed against the permit holder are significant. If the punishment is just a basic monetary fine, then these billions of dollars corporations are just going to continue to pay the fines vs actually making changes. Please make the punishment something significant.	6/28/2022 3:36 PM
121	Many responsible pharmacists or DDD holders are not in any more control of staffing issues than the working pharmacist is. Is there a pharmacy leader on this panel? Covid quarantines, unexpected call offs, technician shortages, etc are not able to be fixed even with appropriate staffing intentions. I do think that in light of the Vanderbilt legal case recently that individuals should not be able to be held accountable if system errors contributed significantly to the error/death in question. Just Culture language should absolutely be included somewhere here to support the second victim instead of imprisoning them if they were following policy/procedure that existed and a human unintentional error was made.	6/28/2022 3:15 PM
122	This will only make corporations find reason to fire pharmacist.	6/28/2022 2:32 PM
123	My greatest concern with this is that the Board will actually back the RP or supervising pharmacist that reports or is found to be struggling against corporate pressure and expectations in this situation. Those of us working in the pharmacy can't get our superiors that no longer or never did work in the pharmacy to believe that it's an issue and we are therefore stuck and/or retaliated against when we bring these safety concerns up. There isn't a single pharmacist out there that wants to put patient safety in jeopardy. Not. A. One. We have had to learn to do our best with the situations that corporations put us in and we have no backup or help or we will be out of a job and can't continue to protect our patients that we truly care about, but the abuse won't stop unless we have an organization like the Board to back us up. Retail corporations will never respect our needs as healthcare providers and patient safety on their own. We've seen that to be the case over many years already.	6/28/2022 1:13 PM
124	Pharmacist is solely held responsible in most cases. The corporate organization needs to have some responsibility in some cases.	6/28/2022 11:23 AM
125	Treat retail pharmacists like professionals not grocery clerks	6/28/2022 10:50 AM
126	It's clear that a major cause of unsafe practices is from the way large retail chains try to juice the bottom line by understaffing pharmacies. The opioid epidemic only further exemplifies that failure.	6/28/2022 10:35 AM
127	State boards of pharmacy around the nation have long catered to the interests of the corporate and institutional hierarchy over the interests of individual licensee. I do not see these facts changing. An Ohio law that protects pharmacists from employer unethical or unreasonable conduct would be welcomed by pharmacy groups.	6/28/2022 10:01 AM
128	2f- We will be fired and lose our livelihood, if we do "not agree to practice..."	6/28/2022 9:52 AM
129	The issue is a staff pharmacist definition of safe and our employer's definition of safe are not the same and I as responsible person am in the middle.	6/28/2022 8:21 AM
130	Unsure of the legal ramifications of this law	6/28/2022 8:05 AM
131	Short staffing and extremely heavy workloads is a major dissatisfier of pharmacists. Our employers expect us to run a full service pharmacy, offering every patient vaccines, have the drive through open, answer phones etc. with less than half the technician staff that we should have. We are so poorly staffed, if my technician calls in sick and I am expected to run the whole pharmacy by myself.	6/28/2022 8:03 AM
132	Almost all issues with workload of today's pharmacies are created by corporate policy, while the responsibility of the business to perform remains on the pharmacist with the threat of loss of job/employer retaliation to continue to operate in what most pharmacists deem unsafe conditions. Many pharmacists refuse to manage/be PIC for this reason, and I think this ruling would be beneficial to helping alleviate some of that worry.	6/28/2022 7:57 AM

Meeting Materials

133	Would pharmacists be protected from losing their jobs for upholding these standards?	6/28/2022 7:56 AM
134	A significant stressor for workplace safety is how much pressure is put on the individual pharmacist while the resources and demand are derived from the corporate office. When a pharmacy has reached a critical point, it is rarely because the pharmacists themselves are lax, but because the demands of the business have exceeded the resource capacity provided by the business model.	6/28/2022 12:44 AM
135	I see too many legal ramifications that are beyond the scope of the purpose of this rule. Many unintended consequences arise unless it is solely the permit holder only (the corporation). The chain I work for is large under two names and there is no way they would let themselves be accountable. I'm confident the lobbying efforts would prevent this.	6/27/2022 11:59 PM
136	A pharmacist walked out on a shift where there was no technician and 300 on the counter to fill. She was told if it happened again she would be fired. She should have been able to cite this without issue and should never have had her job threatened.	6/27/2022 11:57 PM
137	Metrics always make you feel like you have to go faster rather than safer.	6/27/2022 11:41 PM
138	Yes, hold the big corporation responsible, not the people at store level. This is a no brainer.	6/27/2022 11:39 PM
139	Corporations will work around this and not follow it.	6/27/2022 11:38 PM
140	The root cause is often corporate greed, not the responsibility of even a supervising pharmacist.	6/27/2022 11:24 PM
141	Our profession used to be run by pharmacists now it is run by business people who manipulate assets to make more money. I would quit before I would sacrifice my personal integrity to make a corporation happy.	6/27/2022 11:24 PM
142	Again, where's the whistle blower protections?	6/27/2022 11:22 PM
143	Pharmacists, and their staff are burned out physically and emotionally. You can not protect the public from a burned out staff	6/27/2022 11:13 PM
144	I like that verbiage!	6/27/2022 10:35 PM
145	This is an idyllic idea, however if a pharmacist refuses to practice under these conditions as the potential law would state, my employer would likely terminate that pharmacist.	6/27/2022 9:55 PM
146	We took a code when we graduated and pass the Board to hold the health and safety of patients. I fear that 2(f) could be very subjective and give a pharmacist any manner of reason to determine that they "should not agree to practice" under terms or conditions of their desire. It is one thing if they have no tech support staff or their DM has asked them to work back to back 12 hour shifts. But what about the pharmacist that is just mad because they have had a poor progress review, or because the store ran out of M&M's. This looks like an attorney goldmine.	6/27/2022 9:19 PM
147	Corporations are our bosses. THEY need to be the focus of such action under the requirements of terminal distributor's license.	6/27/2022 9:01 PM
148	I need to know further details	6/27/2022 8:49 PM
149	While I agree greatly with this, I also know that less "attention" will be paid to the work of the RPH if both are not held accountable.	6/27/2022 8:32 PM
150	I would hope such a stance would cause chain pharmacies to conduct better work environments but they always seem to find a loop hole to work through.	6/27/2022 8:32 PM
151	This is nice language but it's very hard to go up against a large corporation as a lone pharmacist	6/27/2022 8:04 PM
152	The pharmacy should be separate from the pharmacist as the upper management will always blame the pharmacist.	6/27/2022 7:58 PM
153	Until companies are held responsible and not individual rph, the conditions won't improve. One rph can't tell a large chain that they won't work in conditions and still have a job.	6/27/2022 7:55 PM
154	This rule would absolve 90% of the errors in dispensing as many of the errors are a result of lack of staffing, lack of support help, lack of time, with more expectations. I think this could	6/27/2022 7:47 PM

Meeting Materials

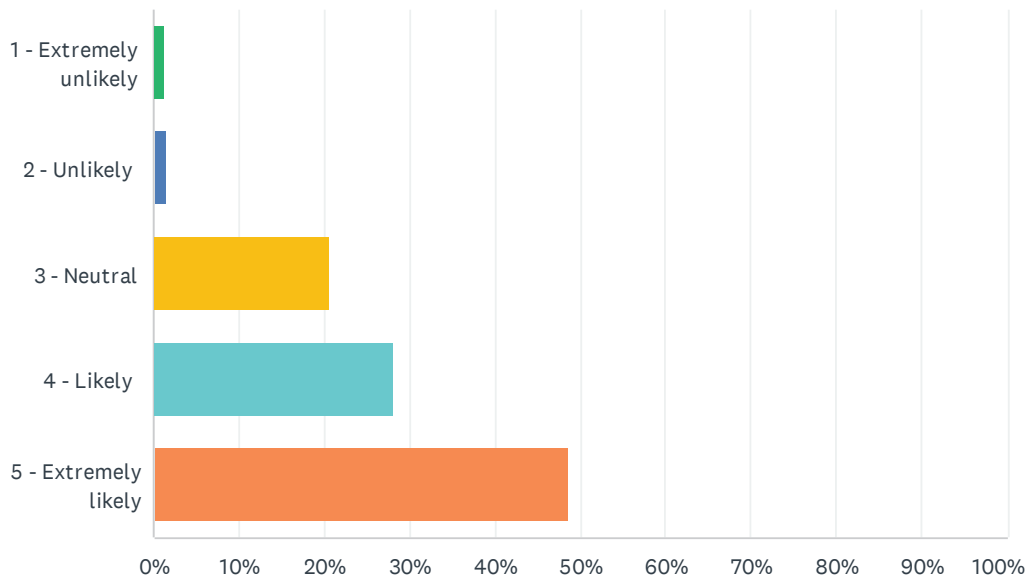
work in some areas, but if you fix what's broken (staffing) then theoretically you don't need this rule.

155	Corporate greed make us work more with less..	6/27/2022 7:44 PM
156	HOW ABOUT GETTING RID OF INDIVIDUAL RESPONSIBLE PHARMACISTS AT THE STORE LEVEL AND MAKING THE DM OR HIGHER RESPONSIBLE AND ACTIONABLE ? IF MIDDLE AND UPPER MANAGEMENT HAVE THEIR BEHINDS ON THE LINE THEY MIGHT ACTUALLY BEGIN TO APPROPRIATELY STAFF THEIR STORES	6/27/2022 7:15 PM
157	corporate will try and find a way around	6/27/2022 7:01 PM
158	Can't cut down all distractions	6/27/2022 6:36 PM
159	Theoretically this seems Ok but I don't see how the Baird can implement it correctly 100% of the time but as I mentioned previously as the responsible person I had a manager trying to force me to break the law and I refused and I was punished because I was worried about patient safety and knew if something happened I would be responsible because another pharmacist was break the law and had power over the other employees that I did not have. The imbalance of power was the problem there and he should have been responsible. Instead he hired a fresh grad pharmacist to immediately be a responsible person and just follow his order because she didn't know better.	6/27/2022 6:23 PM
160	Yes!! This needs to be done! This is the ticket!! Ding ding ding!	6/27/2022 6:23 PM
161	Corporation care about money. Stating that they should care more about safety won't make them care more about safety.	6/27/2022 6:11 PM
162	This is a very good proposal, as it specifically protects pharmacy managers from retaliation from their employers for taking steps to ensure pharmacy can be practiced in a safe manner.	6/27/2022 5:42 PM
163	This makes up for how the BOP hung that pharmacist in the Children's Hospital years ago but let the hospital off the hook for their staffing policy? Too weak and too late. Bet the Board folds up and blames the individual pharmacist rather than the big hospitals or big retail companies.	6/27/2022 5:33 PM
164	This could encourage pharmacy chains to hire more pharmacists. I hope the board would hold the pharmacies accountable if they make this a rule in Ohio.	6/27/2022 5:33 PM
165	SAFETY FIRST!!	6/27/2022 5:19 PM
166	Leave it up to employers	6/27/2022 5:03 PM
167	For fear of losing my job, I'm not going to answer this question	6/27/2022 4:45 PM
168	As for part 2. If you disagree , with the edicts from upper management , you will be replaced. But if it could realistically happen, it would be great.	6/27/2022 4:30 PM
169	Making the actual companies accountable will definitely help	6/27/2022 4:26 PM
170	Correct to penalize the persons responsible for these issues	6/27/2022 4:22 PM
171	How are you going to be able to hold chain pharmacies liable when they put pressure on the pharmacist on duty? Even when voices are raised, nothing is done to help the pharmacist rather they are told to pick up the pace and provided no help	6/27/2022 4:15 PM
172	Again corporate determines the priorities and patient safety is low on the list	6/27/2022 4:09 PM
173	I think if there were consequences for corporations, changes to staffing and workload would have to happen.	6/27/2022 3:59 PM
174	If I don't agree to practice under the terms set by my employer, I can't earn a living. And that doesn't help me pay my bills,etc.	6/27/2022 3:55 PM
175	This sounds like a way to blame RPhs for their actions when they really have no choice due to management actions. People need their jobs especially with the overabundance of RPhs. Management will just replace them	6/27/2022 3:53 PM
176	Part 2f does make poor staffing the pharmacist's fault again. But important.	6/27/2022 3:39 PM

Meeting Materials

Q19 Pharmacy Benefit Managers The Board should ensure that its rules cannot be utilized by pharmacy benefit managers and insurers to initiate clawbacks.

Answered: 1,837 Skipped: 190



ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	1.20% 22
2 - Unlikely	1.47% 27
3 - Neutral	20.63% 379
4 - Likely	28.09% 516
5 - Extremely likely	48.61% 893
TOTAL	1,837

#	ADDITIONAL COMMENTS	DATE
1	Can you do this? It would be great.	7/9/2022 11:00 AM
2	PBMs should have no right to any changes regarding these proposed laws.	7/7/2022 10:58 PM
3	The more money corporations loose, it trickles down to those individual pharmacies loosing hours because shareholders will always get theirs so the store looses money. This translates to "you get less technician hours" since your pharmacy lost \$46, 000 in one month from GoodRx". Well, we still filled Rx's and took care of those patients and if you want to live our promise of helping people live healthier lives, you did.	7/7/2022 10:28 PM
4	PBM's are out of control.	7/7/2022 7:15 PM
5	PBM should be eliminated or regulated.	7/7/2022 4:35 PM
6	i think because of the excessive PBM clawbacks - pharmacies have lost revenue and this has contributed to the decrease in staff levels, hours, and pay for staff.	7/7/2022 4:32 PM

Meeting Materials

7	Clawbacks and discount card programs are a huge disdain for pharmacies in today's work environment.	7/7/2022 4:25 PM
8	Of course this is prophetic, but absolutely true. Again, if you create rules that essentially micro-manage pharmacies, it will be devastating.	7/7/2022 2:19 PM
9	Clawbacks are the worst!	7/7/2022 2:01 PM
10	Whatever puts more money on the table to purchase resources will help pharmacists.	7/7/2022 2:00 PM
11	here is the problem...good luck addressing this issue.	7/7/2022 1:38 PM
12	Please get risk of clawbacks in general.	7/7/2022 1:16 PM
13	PBMs are definitely part of the problem.	7/7/2022 12:47 PM
14	Na	7/7/2022 12:17 PM
15	I would love for there to be ways for stat boards to be able to close "loopholes", but those who are looking for loopholes will always find ways to justify their practices. What really needs to happen is for state legislatures to make laws prohibiting such practices.	7/7/2022 12:08 PM
16	Pharmacy benefit manager clawbacks are the root problem that is causing all the issues with pharmacy workflow. Pharmacy revenue's have gone down which led to hour cuts for both pharmacists and techs and has created a less safe environment for ohio patients.	7/7/2022 11:56 AM
17	PBM's must be dissolved immediately as they do not help to serve the public they are supposed to help instead only help the shareholders	7/7/2022 11:41 AM
18	much needed--reimbursements are way too small--can't afford all the legalese as it is	7/7/2022 11:39 AM
19	This would prevent the businesses from losing money and therefore cutting hours to make up for losses.	7/7/2022 11:01 AM
20	I'm uncertain what this means.	7/7/2022 9:31 AM
21	PBMs are ruining this profession and creating adverse patient outcomes	7/7/2022 8:12 AM
22	Of course this should be the case. If this trickles down to the pharmacists because it saves the corporations money so they stop cutting our hours then it's definitely helpful.	7/7/2022 12:14 AM
23	Less money being taken away from pharmacies means less metrics and hoops to jump through. in theory anyway.	7/7/2022 12:01 AM
24	This issue has faced pharmacy for decades. This would provide a cover for the real problem. The revamping of reimbursements and the health care system.	7/6/2022 11:34 PM
25	This probably won't help our workload, but should be implemented.	7/6/2022 10:09 PM
26	Unnecessary MTM's need to stop for reimbursement purposes	7/6/2022 9:58 PM
27	PBMs should not be allowed to dictate how we go about our jobs. They all work from home so they can call all the patients.	7/6/2022 9:42 PM
28	How would these initiate Clawbacks	7/6/2022 9:38 PM
29	PBMs are destroying pharmacies.	7/6/2022 9:38 PM
30	Yes!!! This would allow more reimbursement and which would relieve some of issues trying to staff.	7/6/2022 9:29 PM
31	I don't think this will help workload specifically but PBMs are part of the problem as they hold contracts over the heads of corporations and are the driving force behind many cost cutting decisions	7/6/2022 8:35 PM
32	PBM's should not be involved in how pharmacy is practiced.	7/6/2022 4:15 PM
33	Good Luck! The government has a STAR rating and is the biggest offender of clawbacks.	7/6/2022 2:28 PM
34	YES	7/6/2022 1:10 PM
35	It's all about the money.	7/6/2022 12:05 PM

Meeting Materials

36	PBM should be eliminated!	7/6/2022 11:47 AM
37	PBMs have destroyed community pharmacy. We are all gonna be closed and what is the public to do? It is a huge mess.	7/6/2022 11:36 AM
38	As long as the actions were in the best interest of the patient	7/6/2022 11:15 AM
39	PBMs need to be held accountable for their unfair practices as well. This is an issue with all states, not just Ohio.	7/6/2022 11:02 AM
40	I work for a PBM and I agree that unnecessary claw backs should not be done. However, pharmacies that inappropriately bill a medication (e.g. enoxaparin billed by syringe instead of ml) or perform dishonest transactions should have the monies paid back.	7/6/2022 10:59 AM
41	Not sure how these are being used now, but if the PBMs are able to do this based on rules/regulations of the boards this should definitely be evaluated.	7/6/2022 10:58 AM
42	If you limit metrics their members will not get good service	7/6/2022 10:56 AM
43	It sure how this would be implemented.	7/6/2022 10:52 AM
44	Almost all of our problems can be traced back to money. Pharmacy was totally different 15 years ago. The financial squeeze insurance industry has placed on pharmacies is criminal. Literally, it informs every decision we make. Less staff saves money. More diagnostic tests and immunizations are needed because we lose money on prescriptions. We are hamsters on a wheel chasing after the illusion of fair prescription reimbursement	7/6/2022 10:43 AM
45	PBMs and the obscure pricing schemes within the pharmacy space are a main contributor to workload issues. Pharmacies cannot accurately budget for staffing when clawbacks and rebates change the bottom line months after the point of sale. This leads to understaffing in all pharmacy environments. It is important for the board to address these issues. Other rules proposed previously have shifted the workload around between staff members, but rules like this hit at the root of the problem and allow for increased staffing to truly address workload issues.	7/6/2022 10:43 AM
46	Any regulations that reduce PBM power in the marketplace would be warranted.	7/6/2022 10:38 AM
47	PBM's have been slowly eroding this profession for too long.	7/6/2022 10:33 AM
48	The number one issue	7/6/2022 10:11 AM
49	End the problem that is pbm. This has been the single largest setback to the practice of retail pharmacy and has drive. The most negative change since I started 20 years ago.	7/6/2022 10:08 AM
50	poor reimbursement has played a part in these staffing issues, has killed independent pharmacies, created pharmacy deserts, and has steered patients to big chains (CVS owns a PBM, THIS IS A CONFLICT OF INTEREST). Managed medicaid claims lose money and medicare DIR fees turn net positive claims into losses a year later. The fact that this is allowed is pathetic.	7/6/2022 10:07 AM
51	Republicans control Ohio not gonna happen	7/6/2022 9:07 AM
52	Pbms are destroying this profession, where did all the independents go?	7/6/2022 8:38 AM
53	Everything stems from pharmacies ability to make money. PBM's claw back millions of dollars that could have gone to paying for more technicians.	7/5/2022 10:20 PM
54	Pharmacies must get paid the full value of their services by all medicaid and medicare health plans or the environment in pharmacies will continue to deteriorate!	7/5/2022 5:00 PM
55	Does not effect store level safety	7/5/2022 1:27 PM
56	If a pharmacist does the work to dispense a medication to a patient as prescribed. PBMs or insurers should not be able to recoup payment. The product was dispensed to the patient to improve an outcome.	7/5/2022 1:19 PM
57	While this will improve pharmacy reimbursement, it is not likely to improve workplace conditions, in my opinion.	7/5/2022 1:10 PM
58	If you do anything, make sure they don't benefit at all.	7/5/2022 11:59 AM
59	I don't see how this could be avoided without restructuring the entire medical payment system.	7/5/2022 7:22 AM

Meeting Materials

60	PBM's, one of the worst things to ever happen to pharmacy.	7/4/2022 4:05 PM
61	Often large corporations will try to take advantage of the state board. They will try to use their money and influence to have the state board make changes that will benefit them financially but will become a long term detriment to local communities. This has severely jeopardized the integrity of the state board and need to be ensured that it does not continue.	7/4/2022 3:22 PM
62	PBM's look for ways to claw back money every year every	7/3/2022 3:31 PM
63	We need to start going after PBMs. There is no reason that a well staffed and high volume location should be unprofitable. And PBMs seem to be the root cause.	7/3/2022 2:43 PM
64	What an insurance driven healthcare system does definitely decreases quality of healthcare	7/3/2022 11:06 AM
65	I do not know enough of this to make a decision	7/2/2022 11:09 PM
66	Criminalize PBMs. They do nothing to benefit the people or the profession.	7/2/2022 10:10 PM
67	n/a	7/2/2022 8:42 AM
68	PBMs create unnecessary incentives by large corporations to make pharmacists and technicians workhorses for profits.	7/1/2022 7:00 PM
69	Love it.	7/1/2022 6:45 PM
70	Elephant in the room.	7/1/2022 2:10 PM
71	Not a big fan of PBM's	7/1/2022 2:01 PM
72	Good luck! Why hasn't this been done already? Oh, the PBMs have way more money than BoP	7/1/2022 1:17 PM
73	This is a must for independent pharmacies.	7/1/2022 1:05 PM
74	Need this immediately	7/1/2022 7:12 AM
75	PBMs must be regulated, all clawbacks must go back to the providers immediately for the last 5 years. Insurance companies and PBMs as well as third party stake holders should have never been able to influence prescribing with devastating clawbacks if not. Has your BOP benefitted from the lobbying money dumped into lawmakers and regulators accounts??	7/1/2022 7:10 AM
76	Please get them under control. They will use any excuse they can	6/30/2022 9:58 PM
77	PBMs are what have ruined our profession and has made the businessmen taken us down a horrible path.	6/30/2022 9:04 PM
78	PBMs care only about their profits.	6/30/2022 8:55 PM
79	Would relieve pressure for employers to cut staffing and increase workload to achieve desired profitability.	6/30/2022 7:14 PM
80	They basically own us, reimbursement rates are a joke	6/30/2022 7:08 PM
81	No more PBM.	6/30/2022 6:20 PM
82	needs to address the PBM reimbursement model now. It is a 5 alarm fire and one of the main reasons pharmacies are closing, and RPH and techs are leaving the profession.	6/30/2022 6:19 PM
83	Pbm's are a major reason why pharmacies are understaffed.	6/30/2022 6:02 PM
84	Should be obvious yet needs to be stated.	6/30/2022 5:51 PM
85	This is the root of many of the problems trying to be addressed in this survey.	6/30/2022 4:12 PM
86	Remove the ridiculousness that is the PBM and pharmacy has the potential to become a profession, again.	6/30/2022 3:49 PM
87	Good thought. Standardize dispensing fees.	6/30/2022 3:35 PM
88	Pharmacy practice should be completely segregated from financial affairs that's the owners problem . As impractical as that may sound it's gospel truth.	6/30/2022 3:17 PM
89	PBM should not be able to require someone to utilize one pharmacy over another. This creates	6/30/2022 3:03 PM

Meeting Materials

more work for pharmacists and creates unnecessary confusion as patients are forced to shift from pharmacy to pharmacy whenever their insurance changes. Additionally there should be universal access to 90 day supplies, at least for generic drugs, for chronic medications for diabetes, blood pressure, cholesterol and depression. Currently some pbm plans will only allow 90 days at mail order but restrict local pharmacy to 30 days. This makes more work for the local pharmacy and is less convenient for the patient as well.

90	DIR is killing community pharmacy.	6/30/2022 2:56 PM
91	Eliminate clawbacks. It's ridiculous. Maybe we could get adequate staffing since that's the reason we're given that hours are being cut.	6/30/2022 2:38 PM
92	Decreasing reimbursements from PBMs is what is driving the metrics craze and causing locations to require more of their employees with less resources to do it.	6/30/2022 2:18 PM
93	Should set statewide minimum reimbursement rates to pharmacies. And state boards need to work in conjunction to help eliminate such entities that control all aspects of the market place. Example: own retail sites, mail order sites, pbm sites, medical insurance sites, etc	6/30/2022 2:16 PM
94	Yes.	6/30/2022 2:07 PM
95	Clawbacks seem to be tied to quality metrics which is hard for a single pharmacy/pharmacist to affect.	6/29/2022 8:27 PM
96	Please investigate pbm practices they are the root causes of most of these problems	6/29/2022 12:02 PM
97	Not sure if it will help working conditions, but entire system needs an overhaul	6/29/2022 6:00 AM
98	This is very important. Currently, clawbacks and poor reimbursement are the root causes for the workload problem that we are in. Any additional regulation put in place should be crafted to ensure that additional clawbacks are not created. This would only further exacerbate the problem as it would force pharmacies to further reduce staffing.	6/29/2022 12:39 AM
99	would slow down metric chasing	6/28/2022 11:16 PM
100	We need to make independent pharmacy and chains have level playing field . More transparency would accomplish that	6/28/2022 9:25 PM
101	PBMs are the driving force behind so much of this. Greedy PBMs claw back millions to deny care to patients and give bonuses to their c-suite. Less money for the pharmacy means less labor hours but no decrease in labor required	6/28/2022 8:01 PM
102	PBMs are the problem	6/28/2022 5:37 PM
103	While I agree that PBMs may be bad actors and misuse rules, I do not feel that the BOP has the ability to regulate PBMs.	6/28/2022 4:22 PM
104	Don't know what a clawback is. Should be defined.	6/28/2022 12:37 PM
105	Wording can address compliance standards as being quality assurance and may be able to shield from discovery outside to the organization and state board. This is common practice in hospitals that protect quality assurance cases for litigation or accreditation body access.	6/28/2022 11:23 AM
106	Yes, any changes should not be permitted to be used as another profit stream by pbms/insurers	6/28/2022 11:19 AM
107	A new law that regulates PBM operations would be a benefit to insurers and state agencies. It is an overdue regulation.	6/28/2022 10:01 AM
108	I don't know what clawbacks are.	6/28/2022 8:26 AM
109	This is obvious.	6/28/2022 7:57 AM
110	PBM's HAVE DESTROYED THE VIABILITY OF PHARMACIES IN OHIO!! If PBM's were compensating gas stations for the dispensing of gasoline like they compensate pharmacies for the dispensing of medications, they'd still be charging their customers \$5/gallon of gasoline, but only paying the gas station \$3/gallon of gasoline. And the gas station under their contract had to accept the \$3 as full payment. The PBM gets rich, and the gas station goes out of business!	6/28/2022 3:27 AM
111	I do not fully understand the breadth or scope of this question.	6/27/2022 11:57 PM

Meeting Materials

112	PBMs are ruining businesses and lives, and causing pharmacy deserts. Somebody do something, please.	6/27/2022 11:39 PM
113	?	6/27/2022 11:38 PM
114	This is a problem with federal and state legislatures that is unlike to be resolved as long as "campaign contributions" by business are allowed.	6/27/2022 11:22 PM
115	I agree, but what mechanism does the Board have to impact that?	6/27/2022 9:23 PM
116	the PBMs continue to invent ways to put community pharmacy out of business. I am not sure the Board of Pharmacy has the power to ensure patient access. I believe they are trying very hard to do the right thing. But we are not a charity, and things are not good.	6/27/2022 9:19 PM
117	Pbm clawbacks are hurting profits which can be used to increase rates of pay which will attract more high quality technician candidates and allow for more wages and more staff	6/27/2022 9:10 PM
118	Need more details	6/27/2022 8:49 PM
119	This the root cause of all of the pharmacy understaffing issues. Until this is fixed we are just treating the symptoms	6/27/2022 8:42 PM
120	I don't think anyone should be able to take back any funds paid for rxs previously dispensed. Pharmacies - especially independents - dispense rxs based on the reimbursement they receive upon dispensing. At times this amount barely covers the cost of a particular Rx much less the cost of the support staff to dispense it. Taking back funds is going to shut down a lot of pharmacies ... And since when should RPhs/staff be responsible for doing the work of the insurance companies anyway???	6/27/2022 8:32 PM
121	I'm not sure that this would help, unless more universally applied across all states (ie, in regards to national STARS ratings for Medicare).	6/27/2022 8:14 PM
122	The removal of revenue for a provided service based on minor deviations is barbaric. It can also have a negative impact on patient safety by removing staffing from the pharmacy to cover said costs.	6/27/2022 8:03 PM
123	The PBMs rule pharmacy currently and is the main reason why the profit margin is so thin.	6/27/2022 7:58 PM
124	Absolutely, PBM's need to understand scope of practice and limitations on the pharmacy end too.	6/27/2022 7:47 PM
125	Unfamiliar with issue	6/27/2022 7:46 PM
126	It's difficult for pharmacies to survive when reimbursement is negative (less than the cost) for many drugs they dispense. Clawbacks make this so much worse.	6/27/2022 7:22 PM
127	THE GREEDY INSURANCE COMPANIES WILL CONTINUE TO DECIMATE THE PROFESSION- IF THEY CANNOT CLAW BACK THEY WILL JUST GO TO AWP MINUS 24 PERCENT OR WHATEVER THEY CHOOSE- MTM IS A TOTAL JOKE- IS A BONE THROWN BY GREEDY INSURANCE COMPANIES TO PHARMACIES - JUMP THROUGH THEIR EVER CHANGING HOOPS AND OVER THE BARS THEY SET HIGHER AND HIGHER AND THEY WILL THROW YOU SOME FINANCIAL CRUMBS	6/27/2022 7:15 PM
128	VERY important	6/27/2022 6:57 PM
129	Don't completely understand this one but insurers should not be asking for money back because of their own errors. Especially months later.	6/27/2022 6:23 PM
130	Yes! Money is what drives this. We need this to fight the earlier issues and concerns.	6/27/2022 6:23 PM
131	We. Lose. Money. To. PBMs. Therefore, corporations are left to push vaccines, MTM, transfer rewards, and whatever else will increase profit. That leads to the metrics and the unsustainable workload that had already been covered. PBMs are the problem.	6/27/2022 6:11 PM
132	Numerous states have granted their board of pharmacy authority to license and regulate PBMs in their state. I strongly encourage Ohio to do the same. Predatory PBM contracting has created the current environment that encourages pharmacy chains to squeeze as much profit as possible from as little human resources as possible. It is my opinion that PBMs are the very root cause of staffing issues in pharmacy. Placing strict limits on the number of prescriptions per location that a PBM may audit in any given year, as well as providing protection for pharmacies from PBM clawbacks for simple typographical or clerical errors	6/27/2022 5:42 PM

Meeting Materials

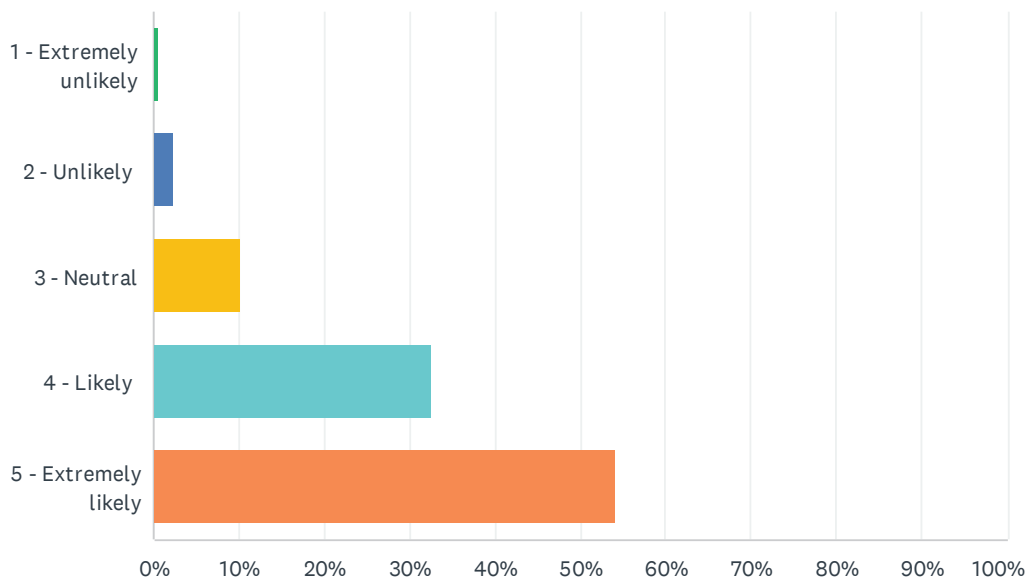
would go a long way in ensuring retail pharmacy can be profitable enough to justify much needed staffing increases. Some states strictly limit PBM recoupment potential unless intentional fraud can be proven, and I strongly feel Ohio should implement this and similar protections from predatory PBM practices.

133	I don't know how this applies to workload. However, PBMs are a totally different problem!	6/27/2022 5:33 PM
134	Absolutely	6/27/2022 5:09 PM
135	This should be criminal - pharmacies are robbed of hard earned money for services provided and administrative	6/27/2022 5:03 PM
136	Good luck with that	6/27/2022 4:58 PM
137	Adequate reimbursement by third party payers (especially Medicaid) is the most important step in keeping independant pharmacies in business - with the corresponding increase in patient safety and improvement in pharmacy working conditions	6/27/2022 4:33 PM
138	This is definitely a must - PBMs look for any excuse to initiate clawbacks	6/27/2022 4:26 PM
139	I have absolutely nothing positive to say about PBMS	6/27/2022 4:22 PM
140	The root of most if not all problems in pharmacy originate with PBMs	6/27/2022 3:50 PM
141	How is this even a question?	6/27/2022 3:41 PM
142	Won't affect workload, but important.	6/27/2022 3:39 PM
143	Making pharmacies profitable should ensure more job satisfaction	6/27/2022 3:30 PM

Meeting Materials

Q20 Improve Quality of Electronic Prescribing Develop a process to regulate electronic prescription transmission systems to improve quality and standardize format.

Answered: 1,861 Skipped: 166



ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	0.64% 12
2 - Unlikely	2.31% 43
3 - Neutral	10.21% 190
4 - Likely	32.72% 609
5 - Extremely likely	54.11% 1,007
TOTAL	1,861

#	ADDITIONAL COMMENTS	DATE
1	Electronic prescribing requires just as many phone calls for clarification, except for illegible handwriting.	7/9/2022 11:00 AM
2	Less time deciphering handwriting. Also, when Rx comes electronically, it saves time from having to scan in.	7/7/2022 10:28 PM
3	please, make product intent clear (brand or generic) and quantity (15 Lantus, is intent mL or pens)	7/7/2022 10:20 PM
4	ABSOLUTELY!!	7/7/2022 8:34 PM
5	We get mistakes on escripts multiple times a day	7/7/2022 8:08 PM
6	Fewer clarification calls - more time with patients	7/7/2022 5:54 PM
7	A standardized format would be very much welcomed.	7/7/2022 5:11 PM

Meeting Materials

8	There are so many errors due to doctors not understanding how to use these systems or giving permission to nurses or other individuals to submit prescriptions on their behalf who don't know what they're doing. Half the time they don't even proofread what they send which leads to some pretty ridiculous errors	7/7/2022 4:50 PM
9	While this would be helpful, I am finding that many errors in electronic prescriptions is caused by the healthcare software used the prescribers or their offices. In addition, we are now seeing an increased number of prescriptions coming from out of state prescribers from patients using telehealth services. How would the committee go about trying to standardize this?	7/7/2022 4:47 PM
10	Electronic prescribing is beneficial, reduces errors, and should be mandated for most providers.	7/7/2022 4:35 PM
11	Would save time if we could eliminate phoned and hand written scripts to emergencies	7/7/2022 4:35 PM
12	i think this would be great. but i also think a minimum level or required labs should be required as well for certain meds like SCr or CrCl or weight or things along those lines for medications that it is required.	7/7/2022 4:32 PM
13	Standardization would help prevent errors.	7/7/2022 4:25 PM
14	You have to start w/ NCPDP standard but the issue is not always e-prescribing vendors but the EHR that transmits.	7/7/2022 4:08 PM
15	Yes please!! Require the md offices to learn how to use the e scribe. They dont!!	7/7/2022 3:49 PM
16	Improved automation should probably be the #1 focus as current technology and tools are available but not typically leveraged by the pharmacy industry.	7/7/2022 3:02 PM
17	HELPS LESSEN THE BURDEN OF PAPER PRESCRIPTIONS	7/7/2022 2:31 PM
18	Nothing wrong with standardization.	7/7/2022 2:21 PM
19	Many are not coming correct	7/7/2022 2:01 PM
20	There are currently more problems with electronic prescriptions than when they were hand written.	7/7/2022 2:00 PM
21	Escribing is very good, I'm doubtful that a lot of effort on this front will yield outsized results.	7/7/2022 2:00 PM
22	This will help reduce the time pharmacists spend on the phone making calls verifying the discrepancies.	7/7/2022 2:00 PM
23	A lot of unnecessary phone calls for clarifications if prescribing systems were better or offices just proofread what they are sending	7/7/2022 1:35 PM
24	1 easy to read and use format will decrease errors	7/7/2022 1:29 PM
25	This has been mostly addressed by the board already.	7/7/2022 1:22 PM
26	This has been a sore point since it's inception. As the saying goes: "garbage in, garbage out". Too many offices, when we contact for confirmation seem uninterested in actually addressing or fixing the issue; we often receive a terse "well that's what she wrote" when calling to fix the issue. Yes, we can clearly read the error. E-scripts have not resulted in fewer errors, only more, legible errors.	7/7/2022 1:19 PM
27	There should be an alert when doctors are entering wrong directions, missing info, incorrect doses, etc. We do spend way too much time on this because the doctors are not reading what they are typing.	7/7/2022 12:47 PM
28	Diagnosis codes on all RX and specific directions use as directed should not be allowed.	7/7/2022 12:34 PM
29	Regulate that a pharmacy must have a way to send back the erx if there is an error	7/7/2022 12:31 PM
30	Soooo many mistakes by doctors on all prescriptions requiring many phone calls	7/7/2022 12:21 PM
31	Na	7/7/2022 12:17 PM
32	This would have to be a nationwide action because software would have to be standardized for all users. Decreasing errors made in e-prescribing would decrease the time spent trying to resolve those issues, but most likely, clarification will still need to be made.	7/7/2022 12:08 PM

Meeting Materials

33	E scripts often come across very inaccurately and require a call to the doctor. If this could be improved it would reduce pharmacy workload.	7/7/2022 11:56 AM
34	YES!!!!	7/7/2022 11:45 AM
35	Electronic prescribing was touted as the way to "virtually eliminate medication errors by the year 2000". Inconsistent systems and inadequate training has caused new, unexpected errors. Doctors put conflicting information in message fields because "the system would not let me select what I wanted". Standardization and training are needed.	7/7/2022 11:40 AM
36	many errors seen in electronic prescribing	7/7/2022 11:39 AM
37	Better yet, require only electronic prescribing.	7/7/2022 11:32 AM
38	Many electronic prescriptions are unclear as they have 2 sets of directions that contradict each other and this causes time delays for the patient and unneeded extra work for the pharmacy.	7/7/2022 11:01 AM
39	And mandate use of electronic prescribing for all prescribers, we still have medical offices telling us that they do not have electronic prescribing and yet it comes with the software required for the electronic medial records they are required to keep.	7/7/2022 10:12 AM
40	Yes please! It will make reading them easier, less errors will occur and it will take less time to check.	7/7/2022 9:31 AM
41	E-scripts don't necessarily make mistakes go away, they just make mistakes known up front. A board-approved way to clarify/correct e-scripts would improve patient outcomes	7/7/2022 8:12 AM
42	MAKE eCLINICAL WORKS FIX THEIR SYSTEM. We don't have time to call for verbal verification because doctors are able to choose a drug that is not matched to an NDC number. When this happens, the prescription comes over as a fax with an electronic signature. I have actually called eClinical Works and begged them to fix it but they didn't even understand their own system no matter how hard I tried to explain it to them. How did this system get approval from the Board?	7/7/2022 12:14 AM
43	Teach doctors and assistants how to properly send an rx and what needs to be included. In theory erx should be better but cause a lot more work than written rxs because we have to call and clarify so much and because they send over so many and a lot get returned to stock because never picked up. Responsibility needs to go back onto the patients.	7/7/2022 12:01 AM
44	To make it a real time system would help	7/6/2022 11:34 PM
45	Any decrease in the number of calls to be made to clarify would be helpful in time and safety	7/6/2022 11:19 PM
46	STOP REQUIRING PHARMACIST TO VERIFY ELECTRONIC PRESCRIPTIONS THAT ARE RECEIVED AS FAXES! IT IS A WASTE OF TIME!	7/6/2022 10:09 PM
47	All controlled drugs should be prescribed electronically. This will eliminate may forgeries	7/6/2022 9:58 PM
48	There are definitely flaws with e scripts. If they had a program that all do actors use across the board it may be a better process versus all the different types they use.	7/6/2022 9:42 PM
49	Standardized format would be beneficial, however there are already issues with multiple sets of directions being sent on one escript. There currently is an issue where prescriptions with geriatric, family practice, women's health, and internal medicine offices in one location transmit to the pharmacy with one main phone number. Pharmacists have no idea which office to select on the phone prompt to clarify scripts because the prescription does not indicate which practice the physician is with. Short phone calls become lengthy phone calls due to lack of information on the prescription.	7/6/2022 9:39 PM
50	I would love standardization. And clearer demarcations of sig code and prescriber ancillary comments.	7/6/2022 9:38 PM
51	In NY electronic is only rx available. This would help relive some but I think most software is usually the same.	7/6/2022 9:29 PM
52	Less errors increase patient safety.	7/6/2022 7:31 PM
53	Many rxs that are escribed are incomplete or just sent wrong	7/6/2022 6:52 PM
54	Has improved over the years but would be fantastic if it further improved. Was under the	7/6/2022 6:25 PM

Meeting Materials

impression that there was supposed to be electronic scripts only at this point which would be nice.

55	Electronic prescriptions were supposed to solve so many problems but all they've done is create different problems. I don't know if prescribers don't know how to use the software, but we have to call to clarify something on a e-script far more often than a written one. Two sets of directions, qty and sig don't match up, wrong med or dosage form picked, the list goes on.	7/6/2022 5:59 PM
56	So many mistakes happen due to prescribing errors and not knowing how to use their system	7/6/2022 5:44 PM
57	If prescribers gave more refills on maintenance meds then there would be less errors. Every new rx is a potential error. Prescribers are giving less refills on meds in order to make more money. This increases risk.	7/6/2022 4:15 PM
58	Most offices can't even send them correctly now	7/6/2022 4:11 PM
59	Move towards requiring all electronic or at least computer printed rxs as dr handwriting is atrocious in my area and no matter how many times we call to clarify it never gets any better	7/6/2022 4:03 PM
60	Standardized format is a great idea but that would ultimately be a monopoly on the technology companies. Who gets the contract or who has to share their idea???	7/6/2022 2:28 PM
61	This would help minimize errors.	7/6/2022 1:35 PM
62	Don't feel like this is an issue.	7/6/2022 1:25 PM
63	It's obviously very easy to just send out an e-script. Just the other day I got an rx for the drug "NONE" put in as a compound with no ingredients. Way too often we get duplicate c2 rx's. Many prescribers will send over 3 to 4 (yes 4 months!) c2 rx's every 2 months or so. "Ok to fill when due" no fill date— it's a huge mess. I call, I fax them the rules and most ignore us. Big waste of time. I really wish the state board could view or regulate these.	7/6/2022 1:23 PM
64	I don't believe this addresses the true core issues driving the current issues with pharmacist / tech workload, although it would be great to improve.	7/6/2022 12:34 PM
65	It seems what is visible to the provider is often different that what we see the the pharmacy. For example the quantity of insulin pens to be dispensed, they see boxes we see each.	7/6/2022 12:05 PM
66	This already seems ok to me	7/6/2022 11:51 AM
67	Any improvements in technology can improve workflow. Time to do away with faxes as well.	7/6/2022 11:42 AM
68	The time that was previously used to clarify handwriting is now used to clarify orders because far too often they have errors that could have been easily removed	7/6/2022 11:15 AM
69	Currently electronic rxs from Promedica in the Toledo area at least have outrageously log sigs. Instead of 1 tablet 4 times per day for 10 days. the directions will read, 1 tablet (500mg) by mouth every morning, 1 tablet (500mg) by mouth at noon, 1 tablet (500mg) by mouth every evening, 1 tablet (500mg) by mouth at bedtime. Do all this for 10 days. First, this takes forever to type in. Second it is so long that many patients will be confused. These sigs are the default - i see a ton of Adderall xr 1bid come across as 1 capsule in the morning and 1 capsule in the bedtime. Now I have to call to make sure the doctor really wants a dose of a powerful stimulant at bedtime. We all know they don't want it to be 1 bid (with 2nd dose in mid afternoon) but we can't change it without contacting the prescriber.	7/6/2022 11:12 AM
70	Any standardization will help with errors and error detection. It will be difficult to get MD offices on board possibly.	7/6/2022 11:02 AM
71	Prescribers rely on systems more than when they wrote prescriptions on paper. The systems need to be correct.	7/6/2022 10:59 AM
72	Electronic prescribing has errors just like anything else. Not sure standardizing changes anything.	7/6/2022 10:58 AM
73	I know some states require certain prescriptions be sent electronically. This needs to be adopted in Ohio. I know there are circumstances a prescription need to be called in or faxed but prescribers offices need to update systems to make it easier for patients. There have also been fake prescriptions circulating and mandating prescribers send electronically will help reduce this.	7/6/2022 10:53 AM
74	Electronic prescribing should be mandatory. Written should only be allowed in emergencies.	7/6/2022 10:52 AM

Meeting Materials

75	This wiki help tremendously and reduce errors drastically. And we can track history here.	7/6/2022 10:45 AM
76	Yes! We have MORE errors from this than when Dr just handwrote the rx.	7/6/2022 10:44 AM
77	Every prescriber I talk to has difficulty with their e-scribing system. They have to guess from a minuscule drop-down menu of sigs. The errors are crazy, and result in more time spent on the phone	7/6/2022 10:43 AM
78	This too solves a root problem that leads to increased pharmacy workload.	7/6/2022 10:43 AM
79	Why are hand written rxs still allowed.	7/6/2022 10:36 AM
80	Standardized formatting would be helpful.	7/6/2022 10:33 AM
81	In the hospital setting, prescribers should not be able to submit incomplete orders (missing dose, frequency, parameters)	7/6/2022 10:33 AM
82	Due to recent pharmacy closures due to staffing shortage would there be a way to implement an electronic script be denied and sent back to prescriber if the pharmacy is closed?	7/6/2022 10:23 AM
83	Any improvements can only help. Start by improving adoption of other practitioners like DVM and DMD. This would eliminate many of the phone calls and voicemails I receive on a daily basis.	7/6/2022 10:08 AM
84	Escripts needs to be more of a two way street. The pharmacy needs a way to reject an escript if it is written incorrectly or has errors .	7/6/2022 10:07 AM
85	so many drs checked send whatever pops up, this is so dangerous and a waste of time for pharmacists	7/6/2022 10:07 AM
86	Teach doctors to review their prescriptions before sending. So many errors that have to be called on and often waiting for a clarification call	7/6/2022 10:01 AM
87	The electronic prescribing systems are a joke. They are abused by drug manufacturers s to insert bogus new strengths for their products that are not intended by the prescriber	7/6/2022 10:01 AM
88	Ensure electronic prescription transmission system must have an appropriate diagnosis code entered before being able to transmit electronic prescriptions that require such codes for dispensing (controlled prescriptions, Medicare part b prescriptions)	7/6/2022 9:36 AM
89	We still have dentists and older doctors who don't use electronic prescribing	7/6/2022 9:07 AM
90	Good idea	7/6/2022 8:38 AM
91	e-scripts are much better than paper, fax, and verbal prescriptions. Everything should be electronic. It gives the pharmacy the ability to work on things ahead of time before the patient arrives.	7/5/2022 10:20 PM
92	great if the prescribers have to inform the pharmacy of change in med , dose , strengths etc.	7/5/2022 2:04 PM
93	Consistency would help safety	7/5/2022 1:27 PM
94	This will drive patient safety and efficiency.	7/5/2022 1:19 PM
95	This would be really useful because there are so many "looks" to an electronic prescription. So many formats can lead to errors such as in missing certain comments or important factors of the prescription.	7/5/2022 12:08 PM
96	This would be great, but you can't fix providers who just suck at it. Please try though.	7/5/2022 11:59 AM
97	absolutely , yes, please!!	7/5/2022 11:07 AM
98	More quality and standardization make it easier to avoid mistakes in prescribing, producing, and dispensing medication.	7/5/2022 7:22 AM
99	Electronic prescriptions have been a real blessing in many ways, but recently I have observed an increase in sloppiness and errors by prescribers using this method. I think they are submitting the prescription too quickly without checking it first. A standardized format could help resolve this.	7/4/2022 4:47 PM
100	This is one of the best ways to actually help those actively practicing in a retail setting. Please mandate that all rx's be escribed! This would dramatically decrease transcribing errors and also	7/4/2022 4:05 PM

Meeting Materials

improve how quickly we can process a rx. The only exception would be if there is a power outage or system failure, otherwise it should all be electronic. It should be mandated all prescribers, even dentists, should only ecribe.

101	The has been an noticeable increase with issues relative to electric prescriptions versus hand written prescriptions. Many electric prescriptions are sent with a mistake, or some portion of the prescription that the prescriber did not mean to write in the way that the electric prescription was received at the pharmacy.	7/4/2022 3:22 PM
102	Many errors with electronic prescribing on the receiving end. Not sure if operator, training or software errors on the sending end	7/4/2022 2:38 PM
103	I thought this was already in place in most practice settings. Can more really be done?	7/3/2022 7:05 PM
104	Every prescriber should be required to use electronic transmission.	7/3/2022 5:39 PM
105	Yes. Too many prescribers don't look before they send. Constantly calling on same issues over and over	7/3/2022 3:08 PM
106	Escribes seem to reduce errors and improve efficiency overall.	7/3/2022 2:43 PM
107	We should eliminate paper or faxed prescriptions if possible. Electronic Prescriptions are far and away better (and safer) options. Health systems and doctors should be penalize if their practice doesn't reach a certain percentage. This would also go a long way in drug diversion as well.	7/3/2022 2:13 PM
108	Physicians and their employees utilizing electronic prescribing need to be adequately trained and held accountable for appropriately using the system. Countless calls are made from the pharmacy each day due to their carelessness when entering data.	7/3/2022 1:54 PM
109	If the diagnosis code needs to be on the electronic transmission why would the system evem let him transmit it to me.	7/3/2022 11:06 AM
110	This would prevent many calls to the prescribers for simple things--writing for unavailable drugs/strengths or conflicting directions	7/2/2022 11:09 PM
111	Very helpful to work with the medical board to ensure the prescribers/transmitters double check their work before sending. They are busy but pharmacies are busy also and patients do not complain about having to wait in the office.	7/2/2022 8:20 PM
112	doctor offices should have training in the e-scribe process	7/2/2022 8:42 AM
113	The number of times we have the conversation about "no, the urgent care hasn't sent it yet"...	7/2/2022 12:10 AM
114	Electronic prescriptions are as much of a problem as handwritten ones. Until prescribers can fill them out and send them correctly they require just as many extra phone calls as handwritten ones.	7/1/2022 10:34 PM
115	Mandate escripts to be utilized for most/all instances (similar to New York). This ensures security and accountability from the provider to the pharmacy during the encryption process. This will decrease the amount of errors and fraudulent prescriptions.	7/1/2022 7:35 PM
116	We have several E-Rx per day with two sets of directions on them. I wish the software would inform the prescriber. It seems to be the same prescribers day after day.	7/1/2022 6:45 PM
117	Pharmacist spend so much time contacting prescribers for clarification on prescriptions because it incomplete, don't make sense or errors	7/1/2022 5:37 PM
118	Also training on the prescriber end of how to operate their program. I call multiple times a day on escribes that contain conflicting directions	7/1/2022 2:26 PM
119	That sounds like a good idea but the doctors, etc, sending the scripts still have to proofread before hitting send. Mistakes are still being made by them and we have to waste time calling to correct	7/1/2022 2:01 PM
120	Be great, but will it really happen?	7/1/2022 1:17 PM
121	A lot of time is spent clarifying prescriptions that are sent through because the prescriber picked a wrong selection from a drop down box. Ie metoprolol ER sprinkles when tablets were meant. Happens with sig codes also. HaNd written rx's should be eliminated in most cases	7/1/2022 1:01 PM

Meeting Materials

122	Training those sending the rxs in would help	7/1/2022 9:08 AM
123	Great.	7/1/2022 6:15 AM
124	we keep calling on the same issues	6/30/2022 9:58 PM
125	Electronic prescriptions are quicker and easier to process. However, prescribers should not be able to reject requests for more information when scripts are sent incorrectly in these systems automatically without looking at them.	6/30/2022 9:53 PM
126	Electronic prescribing did not fix prescription mistakes. It only created new problems.	6/30/2022 9:04 PM
127	Nice idea, but how? Electronic Rx's are just easy to read mistakes. Erxs were supposed to make it easier. I've made more clarification calls on Erx than I ever did with paper Rx's and reading md handwriting. And now we even get fraudulent erxs too.	6/30/2022 8:55 PM
128	All physicians need to utilize E prescribing to eliminate phone calls, voice messages and fake prescriptions being called in. Also it eliminates the skill required to decipher handwriting and hopefully lessen potential errors being made when interpreting prescriptions.	6/30/2022 7:04 PM
129	It doesn't hurt to stay ahead with the latest technology.	6/30/2022 6:20 PM
130	would definitely help if you can get doctors to use the e prescribing systems properly and proof read their work. We have to call on tons of scripts because they are too lazy to proof read what they send or fix the problem	6/30/2022 6:19 PM
131	I thought the Board had to approved systems already.	6/30/2022 5:51 PM
132	Make us a state to only allow electronic ways and have this and that will improve things a lot.	6/30/2022 5:31 PM
133	This is a technology issue that will not be fixed by regulations/requirements. Too many inter-system issues.	6/30/2022 5:29 PM
134	Prescribers need to be held liable for errors just like a pharmacist is	6/30/2022 4:12 PM
135	I have doctors sometime write their scripts in Spanish...	6/30/2022 3:22 PM
136	a large amount of time spent fixing errors in the current system.	6/30/2022 3:22 PM
137	It seems to me it's pretty good right now on the other hand at the office when they press the button who is screening that one for accuracy a doctor I think not	6/30/2022 3:17 PM
138	Also allow pharmacists to be able to practice with more autonomy. Often times we know what the answer will be before we call to clarify prescriptions.	6/30/2022 2:56 PM
139	E scripts only created more legible MD errors and a whole set of new ones. We should have the ability to send rx's needing clarification back to the offices electronically without making a phone call.	6/30/2022 2:38 PM
140	Standardized form should include "note to RPh" field that is only used to communicate with the pharmacy and not the patient or for intra office communication! That standard form should be laid out in a sensible manner.	6/30/2022 2:33 PM
141	This really would only help in cases where people are moving from one organization to another.	6/30/2022 2:18 PM
142	Block hacked scripts or flag suspicious activities from prescribing locations. Refusal to send if all mandatory fields are not complete. (DEA, Diagnosis, Valid Address, minimum day supply)	6/30/2022 2:16 PM
143	Could help more safely transfer prescriptions.	6/30/2022 2:07 PM
144	We experience issues and concerns with e prescribing and medical offices often do not seem trained then they attach md notes	6/30/2022 1:38 PM
145	Also there should be more emphasis on having the pharmacies required to be tied to electronic medical record systems such as EPIC. I am a prescriber and if the pharmacist had access to my records he/she could probably answer questions by simply reading progress notes.	6/29/2022 8:27 PM
146	Sadly, too many prescribes cannot properly send electronic rx's and better than writing them	6/29/2022 12:02 PM
147	Should be standardized	6/29/2022 9:21 AM
148	I love this idea	6/29/2022 6:00 AM

Meeting Materials

149	This would possibly decrease unnecessary calls to prescriber's	6/29/2022 12:39 AM
150	every escript should be uniform or not allowed to send	6/28/2022 11:16 PM
151	Standardization still has issues and flaws.	6/28/2022 11:09 PM
152	Great idea	6/28/2022 9:25 PM
153	Need patient allergies included	6/28/2022 8:47 PM
154	Doctors will still mess it up regardless of improvements. They just don't care	6/28/2022 8:01 PM
155	Force all doctors to use an electronic system to cut down on Rx errors	6/28/2022 6:52 PM
156	This problem does cause an increased time requirement on pharmacy staff, but I am not sure that the BOP has any ability to regulate this. It would also be a minor fix for the workforce issues and may not be impactful.	6/28/2022 4:22 PM
157	This would be helpful. Please see if there is anything that can be done to require that prescribers (and their staff) obtain adequate training on their own software systems. I've heard from multiple provider offices that they get these systems and have little (some physicians say they get nothing) in training and the errors they make are atrocious! They simply don't know how to use their own systems and expect pharmacists to help them	6/28/2022 3:36 PM
158	Standardization in all realms would be helpful (additional consideration to standardization of pharmacy insurance cards, as a side note).	6/28/2022 2:45 PM
159	Prescribers need to check accuracy and directions of every prescription that is sent to the pharmacy!! The number of times I've been unable to fill a prescription because there are at least two sets of directions is infuriating!	6/28/2022 2:07 PM
160	Educational requirements for prescribers would be important. They waste a lot of time and out patient safety in jeopardy because they don't know how to use their software correctly. Also, having a requirement for software that can be sent back to them for corrections and/or clarification would be valuable. Would improve patient safety and increase efficiency vs getting yelled at by nurses that don't know what we are talking about when we inevitably call to correct an unsafe and incorrect e-prescription. A standardized format will help with prescribers not being able to figure out all the different software systems.	6/28/2022 1:13 PM
161	Should be able to electronically "reject" a prescription that is missing information or send a message to the prescriber that they can respond to in a timely manner	6/28/2022 12:37 PM
162	CVS system is pretty good with this. My main concern is the increase in fake electronic scrips.	6/28/2022 11:37 AM
163	Many electronic prescription systems are extremely flawed. Truncation and order of appearance of meds in drop down menus are major contributors.	6/28/2022 11:23 AM
164	This would be safer for patients and improve efficiency	6/28/2022 11:19 AM
165	The electronic rx should be made to provide necessary info like bmi diagnosis codes and correct med selections! We should not have to call the office back and wait on hold 20 min to fix the crappy rx we get	6/28/2022 10:50 AM
166	Standard elements necessary	6/28/2022 10:30 AM
167	Electronic formats for prescribing is now commonplace in healthcare. Additional regulation is essential for quality and safety monitoring.	6/28/2022 10:01 AM
168	Would help streamline the process	6/28/2022 8:40 AM
169	The fact that this doesn't already exist is sad.	6/28/2022 8:38 AM
170	Hopefully this would help decrease the need to call doctors for clarification.	6/28/2022 8:26 AM
171	Yes! We get two sets of directions all the time or the wrong drug was picked and when you call they say, we couldn't find the one we wanted and that the pharmacy would figure it out	6/28/2022 8:05 AM
172	There are many errors on electronic prescriptions themselves that we have to spend a significant time calling on. Not sure we need to standardize format, but we see lots of "double sigs"	6/28/2022 8:03 AM

Meeting Materials

173	I hear from prescribers that their software forces certain standardized sigs for certain drugs, and this is often why they result is double sig lines with yet another sig line in the notes section. Some regulation here would help all of us.	6/28/2022 7:57 AM
174	Requiring all scripts to be prescribed as e-scripts would help decrease the chance of data entry error and decrease prescription forgery.	6/28/2022 7:50 AM
175	Any form of streamlining and standardization will always improve speed and accuracy.	6/27/2022 11:57 PM
176	Billing meters, test strips, etc to Medicare B is cumbersome. Medicare B needs to get with the 21st century. Honor a doctor's prescription without all the face to face and other paperwork. Ridiculous.	6/27/2022 11:39 PM
177	This needs to come as a Federal standard. It will not be resolved on a state by state basis.	6/27/2022 11:22 PM
178	There's always room for improvement	6/27/2022 11:13 PM
179	Many e-rx are unclear and when we send them back for correction our messages are ignored or "not received" by dr offices.	6/27/2022 11:11 PM
180	Being able to reject an e-script electronically with notes to ask for clarification would help tremendously by decreasing phone calls required.	6/27/2022 10:39 PM
181	We spend too much time wasted trying to clarify prescriptions.	6/27/2022 10:09 PM
182	dx code requirement for all controls	6/27/2022 10:07 PM
183	This would be a nice luxury	6/27/2022 9:55 PM
184	Please force the Cleveland clinic to accept requests for clarification on e-scripts electronically. If I have to call them for a clarification, I am on hold for 20 minutes minimum.	6/27/2022 9:37 PM
185	This could cause less prescription errors and less calls needing to be made to offices to correct omissions and errors on prescriptions.	6/27/2022 9:20 PM
186	I totally support this, but with so many EMR systems out there it will take a very long time to get them all to update code to support a State standard. I admire the idea, I just think it will be a challenge.	6/27/2022 9:19 PM
187	Will increase rate of verification and reduce errors as a standard format will allow all areas of the script to be accounted for and not miss something because it was in a random spot on the e-script	6/27/2022 9:10 PM
188	It would be nice if the prescribers would simply learn to correctly use their own systems... but I guess we will create rules to force that	6/27/2022 8:32 PM
189	I feel like most issues stem from physician error (multiple sigs on a single rx), but feel that requiring an additional step in e-prescribing to select the dosage form separately from the drug (so that docs do not write "take 1 tablet" for a liquid rx) may help	6/27/2022 8:14 PM
190	All scripts esp controls be electronic and that only	6/27/2022 8:12 PM
191	Could help prevent common errors which cause us to spend additional time	6/27/2022 8:04 PM
192	Allow pharmacists to use professional judgement in correcting prescriptions. For example if a set of directions read "1 bid for 7 days" and the quantity states 10 the pharmacist should be able to make corrections to quantity to fulfill said directions.	6/27/2022 8:03 PM
193	I hope this happens as a standard format prevents errors.	6/27/2022 7:58 PM
194	This is pretty much monitored now. Not sure how this plays a roll in the issues at hand.	6/27/2022 7:47 PM
195	That would make a standard prescription format	6/27/2022 7:44 PM
196	They are already standard at least in my chain. Not an issue	6/27/2022 7:33 PM
197	If everything was fairly standard it would help, but most pharmacies standardize them when they receive them.	6/27/2022 7:22 PM
198	Doctors offices should be held accountable for sending things to us wrong. So many times we have to call to clarify and we can't get through. We are on a constant hold.	6/27/2022 7:18 PM

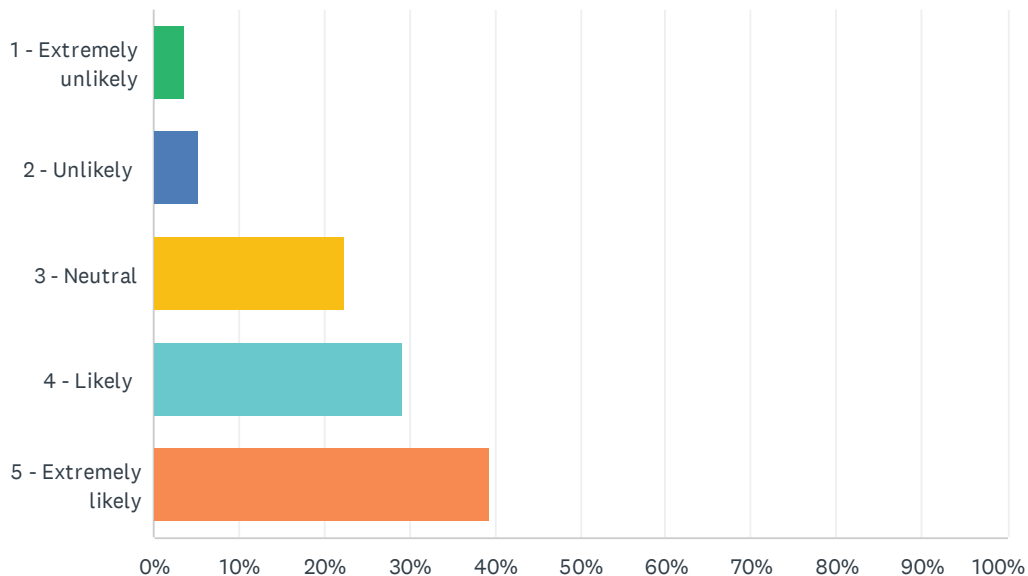
Meeting Materials

199	HOW ABOUT MANDATING PHARMACY COMPUTER SOFTWARE THAT EASILY ALLOWS AN INCORRECT RX TO BE RETURNED TO THE PRESCRIBER FOR CLARIFICATION WHEN WRONG	6/27/2022 7:15 PM
200	drs do not pay attention to what they send	6/27/2022 7:01 PM
201	There are a lot of errors on ERx systems	6/27/2022 6:57 PM
202	Maybe	6/27/2022 6:36 PM
203	This would be awesome but at my current employer they would likely ignore it if it didn't fit their current system requirements to their outdated system.	6/27/2022 6:23 PM
204	This will help but not in a huge way.	6/27/2022 6:23 PM
205	I'd go further to say all MDs should have escribe capabilities.	6/27/2022 6:11 PM
206	Electronic scripts are so much better then paper scripts. Any changes to make them more standard would be even more helpful	6/27/2022 6:07 PM
207	This may possibly help, depending on how it is handled. If electronic prescribing systems became more standardized, it could help prevent extra work (such as calls to prescriber office to verify confusing directions or the like), and could also expedite pharmacy workflows by permitting a greater extent of automation in the prescription data entry process.	6/27/2022 5:42 PM
208	Single system. One format.	6/27/2022 5:36 PM
209	There are electronic prescribing errors. There are still calls to be made for clarifications, etc. If there was a way to curb those, it would be great.	6/27/2022 5:33 PM
210	There are SO many times we have to call the prescriber to verify the prescription which is VERY time consuming! I wish the offices would at least look over the prescription before sending to make sure it states exactly what was prescribed.	6/27/2022 5:19 PM
211	Please!	6/27/2022 5:09 PM
212	When it works , it's amazing.	6/27/2022 4:30 PM
213	Many times we have to call because of autopopulated directions that don't make sense. Some software allows for the pharmacy to communicate back to the prescribed electronically but most do not. It would be helpful to be able to message the prescriber electronically for clarifications instead of calling or faxing.	6/27/2022 4:28 PM
214	Also include a way for pharmacies to reject poor or incorrect prescriptions and send back to provider for corrections electronically	6/27/2022 4:22 PM
215	Needs improvement	6/27/2022 4:09 PM
216	I spend a great deal of time fixing mistakes on pre-typed prescriptions from e-rx's that have multiple directions stated or incorrect sig codes used.	6/27/2022 4:08 PM
217	Yes please.	6/27/2022 4:01 PM
218	We spend an exorbitant amount of time calling providers for clarification on electronic prescriptions as well as verification of escripts that have failed.	6/27/2022 4:01 PM
219	Now, if we could only do away with 2 sets of directions on an E-Rx. (Sigh)	6/27/2022 3:55 PM
220	We need to be able to decline e scripts with a note if rx is not complete	6/27/2022 3:45 PM
221	Common ERx formats in LTC pharmacy are a nightmare. THOUSANDS of characters on a form that have nothing to do with the prescription.	6/27/2022 3:41 PM
222	Many providers do not understand how to use software requiring clarification calls from pharmacy: adding time for phone trees, leaving messages, waiting for responses.	6/27/2022 3:37 PM

Meeting Materials

Q21 Authorizing Pharmacists to Prescribe Drug Devices Permit pharmacists to prescribe drug devices necessary to dispense a prescription.

Answered: 1,861 Skipped: 166



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.55%	66
2 - Unlikely	5.32%	99
3 - Neutral	22.35%	416
4 - Likely	29.23%	544
5 - Extremely likely	39.55%	736
TOTAL		1,861

#	ADDITIONAL COMMENTS	DATE
1	This will eliminate unnecessary wait time for the patient.	7/9/2022 11:00 AM
2	Unless pharmacists get more support, I do not support this proposal.	7/7/2022 8:34 PM
3	Yes. Most times when the devices aren't prescribed, the decision is left to the patient and the pharmacist any way.	7/7/2022 5:11 PM
4	YES YES YES THIS IS A MUST—WR KNOW WAY MORE ABOUT THESE DEVICES THAN ANY OTHER HEALTHCARE PROFESSIONAL	7/7/2022 4:51 PM
5	I have spent a lot of time going back and forth with prescriber offices because they have prescribed insulin pens without needles. It does not require any additional specialized knowledge by the pharmacist to determine what type of pen needles, syringes, spacers, etc a patient would need to be able to administer their medication. Time spent contacting prescriber offices has resulted in delays in patients getting their medications. In addition, pharmacists should be allowed to switch brands to comply with insurance requirements, with the	7/7/2022 4:47 PM

Meeting Materials

requirement to alert the prescriber if there were any changes. I have also spent time trying to contact offices to change between different fast-acting or long-acting insulins, or different brands of diabetic testing supplies that have also delayed patients getting their medications or supplies.

6	Would probably provide greater access to care.	7/7/2022 4:35 PM
7	i assume this would be like...pen needles for insulin pens and the doc didnt send the pen needles. i think this would be appropriate and make sense.	7/7/2022 4:32 PM
8	In practice, it would definitely be easier for pharmacists to create prescriptions for such things as lancets, strips, needles, etc!	7/7/2022 4:25 PM
9	Providers want to provide all diabetic supplies to the patient and it would save a lot of time if we could do this for them and the patient	7/7/2022 3:50 PM
10	Don't know how this will improve safety or help with workload. Interesting idea but not relevant to this.	7/7/2022 3:49 PM
11	This may initially streamline the tedious process of getting MD authorization, but pharmacists may then eventually become the primary means of obtaining this service.	7/7/2022 3:02 PM
12	Drug devices such as Blood glucose monitors, lancets, test strips, and in some cases Continuous blood glucose monitors account for a large amount of workflow time for some pharmacists. When issues arise around simple mistakes and the interchanging of devices, the contact time between providers, pharmacists, and patients is unnecessarily increased due to the fact pharmacists cannot prescribe what is an over-the-counter necessity for most diabetes patients. Simplifying that process would greatly decrease the time to patients receiving the drug devices they desperately need, reduce unnecessary interaction time between pharmacies and provider's offices and allow for more time for providers and pharmacists to discuss and attend higher priority issues.	7/7/2022 2:32 PM
13	NO THIS JUST ALLOWS CHAIN PHARMACIES TO MAKE US DO MORE WITH THE SAME PAY	7/7/2022 2:31 PM
14	This adds to my workload. This does nothing to help.	7/7/2022 2:21 PM
15	Getting a Prescriber to support adding these prescriptions to a drug order is easy because it falls under the spirit of the law. But, it is impossible to argue it to a third party payer without legal authority.	7/7/2022 2:19 PM
16	More work for little pay	7/7/2022 2:01 PM
17	Wouldn't be a huge difference but might save trouble for the patients.	7/7/2022 2:00 PM
18	Pharmacists are burdened with unresponsive doctors offices. How much time does a pharmacist sit on hold waiting for someone to clarify some mundane detail. If pharmacists were able to prescribe it would increase our workload, but it would also remove many of the impedem	7/7/2022 2:00 PM
19	Would be nice to be able to get patients a device to use their medication in when the provider forgets to send. Would also love for this to include pen needles or syringes with medication to close the gaps even further	7/7/2022 1:16 PM
20	We have received so many scripts for insulin without pen tips or syringes. As well as doctors that write for specific glucose testing supplies that aren't covered by insurance.	7/7/2022 12:47 PM
21	Can not tell you how much time could be saved because doctors love to dispense insulin pens with no needle script, etc.	7/7/2022 12:47 PM
22	This would be good for missed pen needles for insulin pens	7/7/2022 12:21 PM
23	Na	7/7/2022 12:17 PM
24	Being able to "prescribe" diabetic testing supplies and pen needles would definitely limit time spent trying to reach prescribers for orders and would increase the quality of patient care. However, not all insurers may recognize a pharmacist as a "prescriber" and insurance issues could prevent a patient being able to afford the order issued by a pharmacist.	7/7/2022 12:08 PM
25	We hold doctorate degrees!	7/7/2022 12:00 PM

Meeting Materials

26	This would save lots of time and phone calls.	7/7/2022 11:56 AM
27	This will require more time that we don't have and corp pushing for more scripts	7/7/2022 11:50 AM
28	In order to bill Medicare for medical equipment like a nebulizer we would need a diagnosis code	7/7/2022 11:48 AM
29	Test strips, lancets, meters, Libre sensors, spacers, masks!	7/7/2022 11:45 AM
30	rph are very underulized	7/7/2022 11:39 AM
31	Could be expanding to almost all maintenance medications	7/7/2022 11:32 AM
32	Some situations should allow pharmacists to not need the blessing of the doctor to proceed to help a patient.	7/7/2022 11:01 AM
33	We've been recommending and teaching the public about blood glucose monitors, nebulizers, and inhalation spacers for years. A drug is only useful if you have the device to use it.	7/7/2022 9:31 AM
34	As pharmacists, we care for our patients. So we have a responsibility to make sure our patients receive necessary drug devices for a prescription. If that includes following up with a practitioner, that's what we do all the time, every day	7/7/2022 8:12 AM
35	It's silly we can't do this. We know 100 times more than prescribers that try to prescribe this!	7/7/2022 3:24 AM
36	I really don't know what you mean by this.	7/7/2022 12:14 AM
37	Time saving and patient centered improving patient outcome	7/6/2022 11:19 PM
38	This would work with the caveat that companies not make this into a metric	7/6/2022 11:17 PM
39	especially when it comes to glucose testing supplies or insulin, there always seems to be something missing, we get script for meter and test strips, but no lancets, we get order for insulin pens but no needles	7/6/2022 10:42 PM
40	It is so counterproductive when we can dispense eg. nebulized meds, but we can't dispense a delivery device without having to call for another rx	7/6/2022 9:58 PM
41	If they need a device that should've been dispensed with the prescription they are using them we should have the autonomy to do as such in a professional manner with documentation	7/6/2022 9:42 PM
42	Fewer calls to prescribers will save so much time.	7/6/2022 9:38 PM
43	This would be easier for pharmacists- if this rule would accommodate rules for Medicare prescriptions for Part B billing.	7/6/2022 8:34 PM
44	So many holdups for patients to get their meds based on prescribers being unaware they need a script for pen needles or the like would be fixed by this	7/6/2022 7:33 PM
45	Would help the providers and the patients	7/6/2022 7:31 PM
46	This would help with compliance ex air chambers with inhalers	7/6/2022 6:52 PM
47	Seems it would make more work for us.	7/6/2022 6:25 PM
48	Need diagnosis code I'm sure.	7/6/2022 5:44 PM
49	Wouldn't this increase workload? It would be better for the customer.	7/6/2022 4:15 PM
50	Save a call to the doctor	7/6/2022 4:11 PM
51	We already have enough responsibilities that we are not getting compensated for and then this will just be another unrealistic metric they want us to meet	7/6/2022 4:03 PM
52	Pharmacists should be able to prescribe. We see hundreds of people every day that need life sustaining medication but the doctor is closed, or they didn't write the prescription correctly and insurance wont pay. Believe it or not sometimes the prescribers make mistakes and the patient gets nothing because we can't get the prescribers to listen or return a phone call. This is a huge issue.	7/6/2022 2:28 PM
53	L LLP	7/6/2022 1:12 PM
54	Training a patient on a new insulin pump, is very difficult and time consuming.	7/6/2022 12:35 PM

Meeting Materials

55	This would be great to eliminate rhetorical asks of physicians that only lead to a delay in care and are an obvious patient need in order to start treatment, i.e. nebulizer machine for patients newly prescribed albuterol nebulizers, glucose meter with test strips and lancets (perhaps allow first fill of meter with a blanket frequency depending on if using or not using insulin while wait for MD to send in Rx for how often they would like patient to test), etc. This would eliminate a lot of the back and forth between prescriber and RPh and improve patient care by reducing unnecessary bureaucracy, outreach and lag times before a response is received.	7/6/2022 12:34 PM
56	Often a provider oversight impacting patient care.	7/6/2022 12:05 PM
57	Let pharmacists prescribe diabetic supplies	7/6/2022 11:42 AM
58	This would remove the time to contact a prescriber for an order or correction on an order	7/6/2022 11:15 AM
59	It is such a time sink to have to contact a prescriber for a spacer, pen needles, lancets etc. they prescribed insulin pens of course they will need pen needles. Just let us dispense them in a quantity consistent with the directions.	7/6/2022 11:12 AM
60	I would love to not have to call for a meter after the MD just sends test strips. That would be amazing.	7/6/2022 11:02 AM
61	If this is regarding nebulizers, spacers, etc with an RX for medication to be used with these devices this would be helpful.	7/6/2022 10:58 AM
62	Would be Huge for patients using insulin needing pen needles or syringes	7/6/2022 10:56 AM
63	Beneficial to all parties. Removes workload from prescriber office and pharmacy (calling, waiting on hold, leaving voicemail, waiting 3 days for a call back, etc.). And reduces delay of care to patient.	7/6/2022 10:48 AM
64	I take best interest of patient before any laws	7/6/2022 10:46 AM
65	We know more that drs here and patients comes to us all the time. Let's help patients	7/6/2022 10:45 AM
66	Yep, include spacers for MDIs please. Tired of calling on that. Or a nebulizer to go with the albuterol because the prescriber forgot to ask if the patient had a nebulizer	7/6/2022 10:44 AM
67	I don't know enough about this to comment intelligently	7/6/2022 10:43 AM
68	In most instances, pharmacists that call prescribers about these devices missing have to leave a message and wait for a call back hours later. This leads to increased workload and decreased patient care. This rule allows the pharmacist to take better care of patients while also addressing workload issues. Win-win.	7/6/2022 10:43 AM
69	Pharmacists are completely capable of doing this.	7/6/2022 10:33 AM
70	Save time with Dr calls etc as long as access to current therapy plans for patients and make sure be followed etc.	7/6/2022 10:25 AM
71	Meaning nebulizers?	7/6/2022 10:23 AM
72	If it's not a drug, it's not a pharmacy issue. I don't know how to fix a medical device but if I dispense one, I'll be held accountable for trouble shooting problems with it	7/6/2022 10:15 AM
73	Another no-brainer. If you have an Rx for nebulizer solution we should be able to write for a nebulizer.	7/6/2022 10:08 AM
74	no patient should need to see a dr for a glucometer and diabetic testing supplies	7/6/2022 10:07 AM
75	Eliminates steps of communication to obtain prescription and it provides better patient care.	7/6/2022 9:43 AM
76	Would reduce many unnecessary phone calls back and forth with prescribers	7/6/2022 9:36 AM
77	Give us time first	7/6/2022 9:07 AM
78	Like spacers...	7/6/2022 8:38 AM
79	Providers never know what product needs a pen needle or which syringes patients need for different drug products. it would be so helpful to not rely on them for getting the patient the necessary equipment to receive the medication the provider wrote for.	7/6/2022 8:07 AM
80	No brainer, as long as third parties are required to pay.	7/6/2022 7:41 AM

Meeting Materials

81	I'm all for pharmacists prescribing. But if you're looking to reduce workload, this is not reducing work for us	7/5/2022 10:50 PM
82	May help in certain situations but they would be few and far in between.	7/5/2022 10:20 PM
83	This may seem like a minor inconvenience, but these issues take up a large chunk of time. It's common sense to dispense a device if a medication requiring the device is prescribed. Prescribers will NEVER deny dispensing such devices. It is a waste of both parties time.	7/5/2022 8:58 PM
84	Save time trying to contact a prescriber.	7/5/2022 1:19 PM
85	Yes, this would be good. Doctors are making so many more errors these days and leave off things such as pen needles, etc.	7/5/2022 12:08 PM
86	This will just give us more work again, but it would be good for patients.	7/5/2022 11:59 AM
87	I think it would be especially helpful if we could prescribe glucometers, test strips and lancets. Much time is spent on getting these rx's sent and resent to meet Medicare requirements that prescribers are not aware of.	7/5/2022 11:28 AM
88	This is a problem that comes up regularly, but is usually resolved by communication with the prescriber.	7/5/2022 7:22 AM
89	Not interested in going down this road. We have enough on our plate as it is.	7/4/2022 4:47 PM
90	This is another good idea that would benefit patients and lessen phone calls.	7/4/2022 4:05 PM
91	Pharmacies do not have enough staff for additional services like this. And when additional services are add companies often just use it as something to force on patients to get more money out of them.	7/4/2022 3:22 PM
92	Common sense	7/4/2022 2:38 PM
93	The need for a prescription to bill diabetic supplies in particular (strips, pen needles, lancets, alcohol swabs, etc.) causes patients to go without the needed supplies to test as suggested or causes them to reuse items, increasing risk of infection and pain. Additionally, when a patient's insurance causes a change in the preferred testing system, delays occur in getting the necessary prescriptions approved.	7/4/2022 1:11 PM
94	Would help patients immensely	7/4/2022 10:25 AM
95	We don't need added work. But with this here I guess it's coming. So, thanks for that-please get the sarcasm in that	7/3/2022 4:05 PM
96	This would reduce unnecessary physician calls.	7/3/2022 2:43 PM
97	It depends would depend on the device.	7/3/2022 2:13 PM
98	This issue pops up multiple times a week	7/3/2022 9:27 AM
99	Another task to do....I have not been trained in any of this	7/2/2022 11:09 PM
100	Adding more responsibility to the already overwhelmed pharmacist.	7/2/2022 11:02 PM
101	No. Prescribers should know patients need lancets and alcohol swabs to do blood sugar testing and therefore would need scripts or syringes and needles for insulins.	7/2/2022 8:20 PM
102	Helpful and would not cause harm to patient	7/2/2022 6:18 PM
103	More work from the staff we already don't have	7/2/2022 1:31 PM
104	This would prevent the cycle of calling the prescriber and waiting on a new prescription rather than helping the patient immediately	7/2/2022 9:26 AM
105	needles, lancets, spacers again it will probably be a protocol to follow and will pharmacy be paid for such claims	7/2/2022 8:42 AM
106	Saves us less phone calls.	7/2/2022 7:31 AM
107	So like needles when the doctor writes for insulin?! Or a spacer for a 7 year old with an inhaler?! That would be amazing. Save the patient money, save the pharmacy time, and reduce delays in therapy for the patient.	7/2/2022 12:10 AM

Meeting Materials

108	Adding more work to the pharmacy staff does not improve workload.	7/1/2022 10:34 PM
109	adding more services just increases workload	7/1/2022 8:17 PM
110	The biggest one has been the dexcom, but would need more research for others.	7/1/2022 7:00 PM
111	Example. Prescriber send in insulin rx without the necessary needle/ pen needles, lancets swabs etc	7/1/2022 5:37 PM
112	There is no reason that if a patient has a script for nebulized medication, that we can't provide a nebulizer. Same goes for diabetics to issue them testing supplies, syringes or needles.	7/1/2022 2:26 PM
113	Are we talking like a aerochamber for inhalers? That could be helpful in some cases.	7/1/2022 2:01 PM
114	Minimal effect	7/1/2022 1:17 PM
115	Pharmacists are best positioned to correctly assess these needs and would be appropriate and beneficial.	7/1/2022 1:05 PM
116	If needed, then yes. Many prescribers forget to prescribe lancets, etc for diabetic supplies, that must be used.	7/1/2022 12:31 AM
117	A patient needs syringes for insulin, not all prescribers can remember that	6/30/2022 10:13 PM
118	It would save us time.	6/30/2022 9:58 PM
119	Drug devices? Like pen needles? Or what?	6/30/2022 9:55 PM
120	Less calls to doctors who don't always prescribe all pieces necessary.	6/30/2022 9:53 PM
121	This would save providers and pharmacists so much time. Not having to call for something that is obvious and allowing the pharmacists the ability to fix this will help.	6/30/2022 9:04 PM
122	Pharmacists should have more authority to change prescriptions when there is an error that can be easily fixed.	6/30/2022 9:03 PM
123	Yes yes yes! Not only for syringes but for otc diabetic supplies. Alcohol swabs. Sharps containers. Testing strips. Allow pharmacist to prescribe (on Rx) so patients can use their flexible spending cards.	6/30/2022 8:55 PM
124	It would help eliminate trying to get hold of a Doctor late at night or on a weekend.	6/30/2022 6:20 PM
125	not sure what this means or entails	6/30/2022 6:19 PM
126	This would need to have the Board of Medicine's input. Collaborative agreements might be a better way.	6/30/2022 5:51 PM
127	I'm not sure how this would reduce workload, sounds like it would increase it. Are we paid for this new service?	6/30/2022 5:29 PM
128	I don't need more work.	6/30/2022 4:14 PM
129	The pharmacist knows what manufacture is covered on the patients insurance. Allowing the pharmacist to prescribe diabetes testing devices will eliminate waiting for the doctor to get the prescription for the right brand.	6/30/2022 3:03 PM
130	It is a shame that this isn't already allowed.	6/30/2022 2:56 PM
131	Meh. I could see how spacers and testing supplies would be helpful.	6/30/2022 2:38 PM
132	This would decrease phone calls for things like spacers and allow for pharmacists to increase patient use of medications	6/30/2022 2:18 PM
133	Diabetic supplies..... MDI spacers	6/30/2022 1:58 PM
134	Takes out a step needed for basic items that pharmacists know much about.	6/29/2022 9:25 PM
135	Way overdue. Insurance changes these devices on their formularies regularly. Complete and utter waste of a pharmacist's time to have to call a prescriber to OK a change.	6/29/2022 8:27 PM
136	This would help tremendously. The time spent to get these prescriptions to go through on insurance is days.	6/29/2022 8:20 PM

Meeting Materials

137	Will become a metric for me to have to meet	6/29/2022 5:11 PM
138	Another thing to be trained on...	6/29/2022 9:21 AM
139	This would be a huge help. We have offices that prescribe DME products but the scripts do not meet DME requirements (ie wet signatures, frequencies,etc) and it can take weeks for the offices to correct the mistakes. This leads to decreased patient care. If the pharmacy could prescribe the products, we could issue a correct script ourselves instead of waiting on the offices.	6/29/2022 8:50 AM
140	YES. This is an area where our ability to exercise our professional judgement is very limited.	6/29/2022 8:12 AM
141	I love this idea	6/29/2022 6:00 AM
142	This would possibly decrease unnecessary calls to prescriber's	6/29/2022 12:39 AM
143	Great idea ,doesn't address retail chain understaffing the main issue needing to be addressed.	6/28/2022 9:25 PM
144	Let us prescribe diabetic testing kits	6/28/2022 6:52 PM
145	Unsure if this is necessary at this time.	6/28/2022 4:06 PM
146	Yes this would be helpful but insurance reimbursement would need to be the same for a pharmacist vs MD (or mid-level) prescribing	6/28/2022 3:36 PM
147	devices and supplies (syringes, needles, BP cuffs, glucometers, test strips, lancets, etc etc etc)	6/28/2022 3:15 PM
148	Could cut down on calls to prescribers, which has simply gotten out of control with all the need for clarifications and corrections from the prescribers, along with the prior authorizations required for many medications/supplies.	6/28/2022 2:45 PM
149	This would improve patient care and	6/28/2022 2:42 PM
150	Prescribers often forget necessary devices or order incorrectly because of software issues when the pharmacist could order and provide the patient with whatever is needed and will be covered by patient's insurance without having to attempt to get ahold of prescriber as a technicality for correction.	6/28/2022 1:13 PM
151	Very logical	6/28/2022 11:23 AM
152	Like a glucometer? Syringes? That would be great.	6/28/2022 11:22 AM
153	The amount of time I've spent calling to request a prescription for pen needles that are required for an insulin pen to work and other similar device type products is infuriating. If a patient needs alcohol swabs, pen needles, testing supplies, a spacer device for inhaler and insurance covers, I should be able to authorize that. It's common sense and hours and hours of pharmacist and provider time is wasted on this every day in Ohio.	6/28/2022 11:19 AM
154	Why not allow Board Certified pharmacists to prescribe drugs and devices? It's literally the pinnacle of training regarding drug therapy and comes with no actual ability to provide direct care.	6/28/2022 10:35 AM
155	In certain situations, pharmacists should be permitted to prescribe medical devices. In the area of diabetes care for example, pharmacists may improve patient care with immediate and on-site assistance to patients.	6/28/2022 10:01 AM
156	Would eliminate MANY phone calls to doctors offices as well as increase patient satisfaction so they do not have to wait for the doctor to approve the device or make another trip back to the pharmacy.	6/28/2022 8:40 AM
157	I don't think it would help with workload much, but I do see this as something that would be incredibly beneficial.	6/28/2022 8:38 AM
158	Like spacers if needed.	6/28/2022 8:26 AM
159	Not sure what is meant by this except maybe Aerochambers for inhalers?	6/28/2022 8:26 AM
160	Prescribers send prescriptions for a blood glucose monitor with no testing supplies all the time. Also, insulin pens with no pen needles. This would be very helpful.	6/28/2022 8:03 AM
161	This is obviously helpful.	6/28/2022 7:57 AM

Meeting Materials

162	Than corporate factors starts pushing to sell those stuff. Just happened recently test kits were covered under insurance. Corporate are making matrix with that who does most test kits we have even race on that all employee are mandatory have to get test kits under their insurance	6/28/2022 5:23 AM
163	Why can't a pharmacist legally add needles or syringes, etc and continue to waste resources contacting the provider. This is way overdue to take care of patients	6/27/2022 11:59 PM
164	Does this mean permit pharmacists to have prescriptive authority? 1000 times yes, if that's what this question means, but if not, I do not understand the question.	6/27/2022 11:57 PM
165	This should have happened 40 years ago.	6/27/2022 11:39 PM
166	This should be part of physician prescribing requirements.	6/27/2022 11:22 PM
167	Ex: pen needles for insulin pens, alcohol swabs, testing supplies	6/27/2022 11:11 PM
168	Empower the pharmacists to work to the top of their licensure. I like it.	6/27/2022 10:35 PM
169	I would love to be able to dispense spacers for inhalers without a prescription.	6/27/2022 9:49 PM
170	Will improve patient safety in addition to reducing unnecessary calls to physician offices	6/27/2022 9:41 PM
171	Very need for basic maintenance medications for underserved areas and those without insurance/pcp/out of refills	6/27/2022 9:40 PM
172	Please stop wasting my time calling doctors for scripts for pen needles/lancets/syringes etc.	6/27/2022 9:37 PM
173	Yes yes yes yes yes -- addressing scope of practice to improve efficiency AND safety is exactly where the Board should be focusing. More of this type of recommendation, please!	6/27/2022 9:23 PM
174	Having the authority to write for pen needles or something that the physician has omitted would be a huge help to the pharmacy team and patient population. Especially when it come to insulin and other injected products.	6/27/2022 9:20 PM
175	I think there should be a defined class(s) of drugs where this is an option. Example, Tamiflu without requiring a physician to patient individual protocol.	6/27/2022 9:19 PM
176	This would prevent so many phone calls for syringes, which the patient needs	6/27/2022 9:15 PM
177	It would cut down on some red tape and allow the patient to receive everything they would need without having to wait for the physician to respond	6/27/2022 9:10 PM
178	One more thing we shouldn't have to do. We already are a rph. Dea agent. Insurance agent . Social worker . Nurse . We would like to be a professional in drugs	6/27/2022 9:06 PM
179	It depends on requirements to do so whether it will create more work for the pharmacist	6/27/2022 8:45 PM
180	Will save so much unnecessary phone calls and delay in therapy.	6/27/2022 8:37 PM
181	Again, this is a common sense thing that shouldn't have to require a rule/law but since we can't get prescribers to do their jobs any other way, YES	6/27/2022 8:32 PM
182	I spend way too much time chasing down prescriptions for additional testing supplies. This would help immensely. My concern is how we would address documentation for Medicare reimbursement.	6/27/2022 8:14 PM
183	This is common sense	6/27/2022 8:03 PM
184	Less time on Dr calls	6/27/2022 7:56 PM
185	This is just a given, we should be able to supply anything a patient needs to administer a med	6/27/2022 7:48 PM
186	This would be great for the practice of pharmacy. Pharmacist should be able to increase their practice and responsibility. Again, with support help and appropriate levels of both pharmacist and technicians, then pharmacist will actually be able to practice pharmacy.	6/27/2022 7:47 PM
187	Prevents necessity of delayed process to obtain orders that are simply logical	6/27/2022 7:46 PM
188	This is key! Meters and needles etc	6/27/2022 7:33 PM
189	I cannot count the number of times I have had to wait over a day or two to get a script for pen needles for a patient. That's just one example.	6/27/2022 7:22 PM

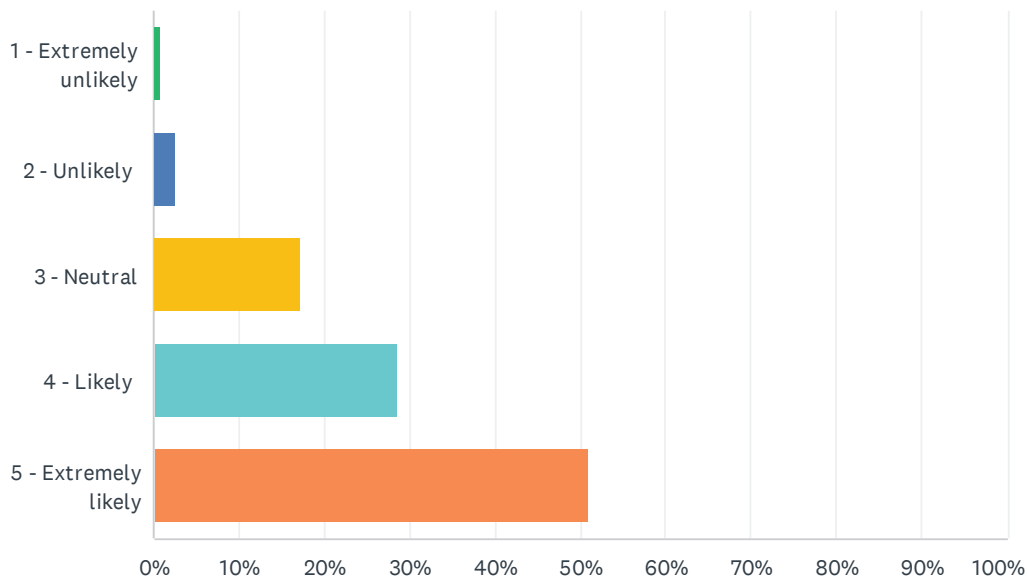
Meeting Materials

190	THIS IS A NON ISSUE FOR MOST RETAIL PHARMACISTS	6/27/2022 7:15 PM
191	This would save so many unnecessary phone calls and waste time and vastly improve patient care in these cases.	6/27/2022 6:23 PM
192	Yes! Test strips and other necessities. It is so irritating to have to wait weeks to hear back from a physician when we know the answer.	6/27/2022 6:23 PM
193	Like a nebulizer, tubing and other commonly used devices	6/27/2022 6:11 PM
194	Great idea! Once a month we have an issue with no meter, etc	6/27/2022 6:07 PM
195	Too many times we have to re-print a prescription to create an additional one for inhaler spacers and diabetes supplies.	6/27/2022 6:04 PM
196	I feel like this would have a rather negligible impact on pharmacy workload, as it is not a situation I feel occurs frequently.	6/27/2022 5:42 PM
197	I'm not sure how much this would improve workload based on volume, but it would certainly help if I could prescribe the insulin needles or glucose monitoring test strips when the prescriber forgets to write the prescription and I know the patient is a diabetic, and they need the supplies for disease management.	6/27/2022 5:33 PM
198	It helps the public but again piles the work on n those already struggling to keep it together.	6/27/2022 5:27 PM
199	This would be great. Please also include spacers and masks for inhalers!	6/27/2022 5:23 PM
200	This happens ALOT with glucometers prescriptions sent over without supplies or insulin without needles or inhalers without devices - this would be VERY HELPFUL!!	6/27/2022 5:19 PM
201	This is needed	6/27/2022 5:03 PM
202	No!	6/27/2022 4:45 PM
203	Especially for insurance, like Medicare.	6/27/2022 4:30 PM
204	Many times the prescribers forget pen needles or other diabetic supplies that would eliminate a phone call or the patient getting upset.	6/27/2022 4:28 PM
205	This would help cut down on wait times and decrease the amount of unnecessary calls pharmacists/tech have to make	6/27/2022 4:26 PM
206	Common sense here	6/27/2022 4:22 PM
207	Giving more duties?	6/27/2022 4:08 PM
208	Doctors are increasingly requiring patients to contact them directly or take over a week to respond. Being able to dispense what my patient needs would help decrease the time patients wait for necessary equipment.	6/27/2022 4:08 PM
209	This would be helpful in a lot of circumstances.	6/27/2022 4:01 PM
210	We waste alot of time calling for things like this.	6/27/2022 3:59 PM
211	Won't decrease workload but good practice	6/27/2022 3:39 PM

Meeting Materials

Q22 Eliminating Manual Logs Review Board rules to reduce the use of paper logs.

Answered: 1,864 Skipped: 163



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	0.86%	16
2 - Unlikely	2.47%	46
3 - Neutral	17.27%	322
4 - Likely	28.54%	532
5 - Extremely likely	50.86%	948
TOTAL		1,864

#	ADDITIONAL COMMENTS	DATE
1	Such a waste of time and paper	7/7/2022 10:58 PM
2	Paper logs are duplicate work	7/7/2022 7:51 PM
3	It would reduce anxiety in retrieval of records especially in instances when record are stored off site from the actual pharmacy practice.	7/7/2022 5:11 PM
4	No need to store paper logs that can be generated electronically.	7/7/2022 4:35 PM
5	it would decrease clutter in the pharmacy - but overall i dont think it would improve quality of life and there are other bigger issues.	7/7/2022 4:32 PM
6	Paper/bookkeeping is a time-consuming part of the job.	7/7/2022 4:25 PM
7	The amount of paper is silly. There are all sorts of 2FA and barcode scan technology that you could allow, align your inspectors on so that we do not get differing opinions of the regs, etc that could make processes much better.	7/7/2022 4:08 PM
8	We are using less and less. Usually when you the board says we don't have to. So yes, let's	7/7/2022 3:49 PM

Meeting Materials

see more reduction please. Waste of trees.

9	Welcome to the 21st century.	7/7/2022 3:02 PM
10	WOULD HELP NOT HAVING TO FILE PRESCRIPTIONS	7/7/2022 2:31 PM
11	I am not aware of any requirement that currently is any slower than electronic compliance.	7/7/2022 2:19 PM
12	Too much paperwork!	7/7/2022 2:01 PM
13	Again, taking something off our plates increases our ability to do other things. Doing anything in triplicate or duplicate makes for wasted time. Most computer RX dispensing systems are rather perfect compared to imperfect paper.	7/7/2022 2:00 PM
14	Paper logs are ridiculous....	7/7/2022 1:44 PM
15	It is 2022, let's get rid of the paper when we can! Or allow us to scan so we don't need to keep hardcopies.	7/7/2022 1:16 PM
16	We waste over 100 sheets of paper per day at just on end of the day reports.	7/7/2022 12:47 PM
17	These logs are dumb and a waste of time and paper.	7/7/2022 12:47 PM
18	In this day and age paper anything is outdated!	7/7/2022 12:31 PM
19	Most are gone	7/7/2022 12:21 PM
20	Depends on if the pharmacy can have an accessible server to provide proof of logs, especially during downtime (no electricity)	7/7/2022 12:19 PM
21	I'm not sure what manual logs are	7/7/2022 12:17 PM
22	Most records are kept electronically anymore. Before a requirement is made, however, there should be sufficient software in place and assistance to pharmacies to meet those requirements if not feasible.	7/7/2022 12:08 PM
23	It's 2022!	7/7/2022 12:00 PM
24	They are a possible backup in case of technology failure	7/7/2022 11:58 AM
25	Manual logs are a pointless waste of time when everything I do all day is electronically tracked.	7/7/2022 11:56 AM
26	Not a huge concern, but it is such a waste when all of that information is stored electronically.	7/7/2022 11:45 AM
27	YES PLEASE!!!	7/7/2022 11:34 AM
28	We almost exclusively just sign these every day without even looking or many times even fully understanding them. If some egregious action occurred I doubt it will rely on who signed the log that day.	7/7/2022 11:32 AM
29	.	7/7/2022 11:01 AM
30	Let's save trees and time spent on paperwork.	7/7/2022 9:31 AM
31	Yes there should be another way to track instead of signing a paper log everyday. Especially now that all technicians working have to sign the daily logs. It is very cumbersome.	7/7/2022 8:22 AM
32	Requiring paper prescriptions for immunizations covered under a pharmacist-physician protocol would reduce space needed and resources	7/7/2022 8:12 AM
33	Temperature logs are redundant and a waste of time. Other than that I don't think this would have any impact.	7/7/2022 12:14 AM
34	the amount of wasted paper in pharmacies is almost ridiculous. being able to cut down on paper printed would be amazing	7/6/2022 10:42 PM
35	Everything should be electronic! And all records stored electronically so we don't have to print, sign and file everyday.	7/6/2022 10:15 PM
36	Too much paper to file, and too much space required to store the files on site	7/6/2022 9:58 PM
37	If we could use driver licenses for needles and syringes that would be helpful. Maybe like the	7/6/2022 9:42 PM

Meeting Materials

	pse process	
38	Nobody reads paper logs. It's a waste.	7/6/2022 9:38 PM
39	Again, while "greener" it won't affect workload significantly	7/6/2022 8:35 PM
40	Less paper logs would mean less physical clutter and time spent on log keeping busywork instead of actual patient care.	7/6/2022 7:33 PM
41	would be easier for multiple reasons including storage.	7/6/2022 7:31 PM
42	This is a no brainer. That the board would require pharmacies to waste so much paper every single day is irresponsible	7/6/2022 6:46 PM
43	We have to sign off on hundreds of pages of paper daily that are all checked electronically. It would save massive time and storage if it was removed.	7/6/2022 6:25 PM
44	Old and outdated	7/6/2022 5:44 PM
45	2022	7/6/2022 5:42 PM
46	Please get rid of manual logs	7/6/2022 4:15 PM
47	Our company has a log for everything. It is very time consuming	7/6/2022 4:11 PM
48	If we have everything we do recorded by cameras and key strokes, monitored by outside companies why do I have to write the temperate on a piece of paper? I sign into a computer every day and can't fill a single RX without credentials. Why do I have to sign a little book?	7/6/2022 2:28 PM
49	Will just be replaced by burden of whatever is needed to maintain these logs digitally.	7/6/2022 12:34 PM
50	May negatively impact small pharmacies based on increased technology costs.	7/6/2022 11:57 AM
51	Don't have many of those still around in my scope of practice	7/6/2022 11:42 AM
52	These are so dumb	7/6/2022 11:40 AM
53	Paper logs are highly unnecessary.	7/6/2022 11:39 AM
54	The board has done a good job with this already	7/6/2022 11:15 AM
55	Again, we are overworked as it is, any less paper we can fill out is a plus	7/6/2022 11:02 AM
56	More paper shuffling just adds to the burden of the job.	7/6/2022 10:59 AM
57	That would be nice to have less garbage in the world.	7/6/2022 10:46 AM
58	Yes!!!!!!!	7/6/2022 10:44 AM
59	I find them unnecessary, but signing one log book per day also doesn't require much time	7/6/2022 10:43 AM
60	Pharmacy systems are backed up and secure. This rule seems like common sense to me.	7/6/2022 10:43 AM
61	Very inefficient	7/6/2022 10:11 AM
62	We waste so much paper on daily transaction journals.	7/6/2022 10:08 AM
63	printing the daily log is such a waste of paper when we have the ability to pull up prescriptions electronically and store hard copies for 10 years. there is no reason to waste trees like this.	7/6/2022 10:07 AM
64	This should be a business decision, pharmacies commonly operate fine with paper logs.	7/6/2022 9:43 AM
65	No need for this with electronic logs	7/6/2022 9:07 AM
66	No reason to have 40 pound boxes stored in the stock room...move with the technology	7/6/2022 8:38 AM
67	Paper logs still have a place, especially when technology fails	7/5/2022 10:50 PM
68	Good for the environment and totally not necessary to keep paper logs.	7/5/2022 8:58 PM
69	There are not very many paper logs being used	7/5/2022 1:27 PM
70	Board should consider the environmental impact on requiring the printing of paper logs. Reduce the number of requirements by OHBOP reduces the workload/tasks on pharmacists.	7/5/2022 1:19 PM

Meeting Materials

71	Yes, be kind to the environment!!! Why is it necessary to sign 25 pages of transactions journals daily per pharmacy when we have electronic everything!! What a total waste of space, paper, and ink!	7/5/2022 12:08 PM
72	Get rid of as much written work as you can. Anything that can transfer to automated reporting makes life easier.	7/5/2022 11:59 AM
73	Annoying and waste of space and paper but not that time consuming.	7/5/2022 11:28 AM
74	please, please, please!	7/5/2022 11:07 AM
75	We waste so much paper in Ohio it makes me sick.	7/5/2022 10:43 AM
76	This sounds great. My online temperature monitoring system did go down the other day, and I had to manually enter a single day on my log sheet!	7/5/2022 7:22 AM
77	There is not enough time in modern pharmacies for these type of activities.	7/4/2022 3:22 PM
78	No! Some types of logs cannot be captured electronically. To name a few: repackaging logs, temperature logs (if using min/max thermometer and not an expensive electronic recording and alert system), controlled substance audits.	7/3/2022 7:05 PM
79	We have to log temperatures that are electronically stored. Why?	7/3/2022 2:43 PM
80	Everything is available and readily retrievable electronically. Paperlogs can lead to mistakes and can get misplaced easily.	7/3/2022 2:13 PM
81	It's 2022. The fact that any paper logs are still required or used is a travesty.	7/3/2022 2:02 PM
82	Too manual and time consuming	7/3/2022 9:27 AM
83	Not problematic	7/2/2022 11:09 PM
84	It's 2022! Everything is documented electronically anyway and the paper journals are a waste of paper and storage space.	7/2/2022 1:31 PM
85	n/a hard copy records board my drop them but insurance companies, dea, fda etc 10 year holds on them?	7/2/2022 8:42 AM
86	It is the 21st century.	7/2/2022 12:10 AM
87	Unnecessary honestly!	7/1/2022 9:17 PM
88	Everything can be done electronically.	7/1/2022 7:00 PM
89	Streamline everything eclectically	7/1/2022 5:37 PM
90	Let's help save paper and reduce the number of items needing printed	7/1/2022 2:26 PM
91	I am all about saving paper	7/1/2022 2:01 PM
92	Why is there a need for a law about this, it's 2022?!	7/1/2022 1:17 PM
93	Why waste paper when reports can be generated from computer systems readily	7/1/2022 1:01 PM
94	Please use only digital logs, this is a colossal waste of natural resources!!!!!!	7/1/2022 9:52 AM
95	A great deal of work is to stay in compliance with a rule written 30 years ago. That's a great area of focus. Let technology be used to accomplish similar compliance to move the workload	7/1/2022 6:15 AM
96	Waste reduction. Also, as professionals we should be able to counsel a patient without needed paper documentation	6/30/2022 10:13 PM
97	We are creating checklists to make sure we get checklists done and checklists to confirm we are storing checklists where they are supposed to be stored.	6/30/2022 9:58 PM
98	This will only save minimal time and effort.	6/30/2022 9:53 PM
99	We spent way too much time with paperwork. This is something that the large chains do not take into account when slashing tech hours.	6/30/2022 9:04 PM
100	Maybe. If the software system isn't positive ID compatible, then what serves as positive ID?	6/30/2022 8:55 PM
101	It's 2022 and this is till required, what a joke	6/30/2022 7:08 PM

Meeting Materials

102	there is no point in paper logs when everything else electronic	6/30/2022 7:04 PM
103	I still use it as a back up system.	6/30/2022 6:20 PM
104	helpful if we can track everything electronically	6/30/2022 6:19 PM
105	One additional signature daily would have no impact.	6/30/2022 5:51 PM
106	as long as the electronic ones that will be created instead are easy to use and easy to access	6/30/2022 4:34 PM
107	Too much paper. It's wasteful on resources and valuable storage space. Almost everything that is kept manually has an electronic record.	6/30/2022 4:14 PM
108	Particularly in double documentation.	6/30/2022 3:22 PM
109	Yes technology can be formulated. Ownership Hass to be incentivized or told to implement Reduction in "stupid work"	6/30/2022 3:17 PM
110	This is a major time sink. I have worked in NY where they have mandatory electronic prescribing. The transition was difficult, but after about 3 months with it things got a lot better. All record keeping was digital and the doctors did a good job transitioning to e-prescribing. One bit of feedback from that experience is that it is helpful for the pharmacist to have a way to document changes to the script after receiving. There was a time when we had to request updated scripts if it came over wrong. Having the ability to alter an escript after receiving was very helpful.	6/30/2022 3:03 PM
111	Technology has long existed to satisfactorily eliminate paper logs.	6/30/2022 2:56 PM
112	The documentation required for compounds is ridiculous. Seriously. 3 pages for a magic mouthwash is excessive.	6/30/2022 2:38 PM
113	This isn't really an increase in workload	6/30/2022 2:18 PM
114	Everything electronic.	6/30/2022 2:07 PM
115	Yes, no reason for paper to exist. It's just food for the mice in the back room.	6/30/2022 1:57 PM
116	An enormous amount of time is spent organizing and signing electronic scripts when the computer system tracks every step Of the process and who checked it	6/30/2022 9:55 AM
117	Good idea, but won't make my job much easier.	6/29/2022 5:11 PM
118	Unnecessary to have in the modern era.	6/29/2022 4:01 PM
119	Everything needs to be online if it's to be documented	6/29/2022 3:45 PM
120	Don't see the need for them	6/29/2022 9:21 AM
121	Again, paper logs are absurd and grossly outdated and have been for a decade. Why does Ohio continue this? Every keystroke is logged and captured digitally. This is a waste of storage as well as environmental resources.	6/29/2022 7:51 AM
122	I love this idea	6/29/2022 6:00 AM
123	very annoying signing 200 pieces of paper every day	6/28/2022 11:16 PM
124	So much wasted paper and time signing	6/28/2022 10:13 PM
125	We hardly have any already not a major problem or solution	6/28/2022 9:25 PM
126	Almost everything is digital now	6/28/2022 8:47 PM
127	absolutely needs changed asap	6/28/2022 5:50 PM
128	We don't use many paper logs anymore.	6/28/2022 4:06 PM
129	Yes, this would be great for the pharmacy staff and helpful for the environment.	6/28/2022 3:36 PM
130	Would take away a task -- sign log, file log, store log	6/28/2022 2:42 PM
131	Paperwork filing is out of control! This would be wonderful!	6/28/2022 11:37 AM
132	When paper is a redundancy of computer records it creates a significant burden.	6/28/2022 11:23 AM

Meeting Materials

133	Less papers to keep track of!!!	6/28/2022 10:50 AM
134	Can we please consider getting continuous monitoring systems that digitize temp logs, so we no longer manually record temperatures twice daily?! It would alert us if the refrigerator goes out of range and we only need to act then?	6/28/2022 10:02 AM
135	Electronic logs are also commonplace and effective tools for record keeping which will replace manual logs.	6/28/2022 10:01 AM
136	As long as the technology is not broke or complicated	6/28/2022 9:52 AM
137	Please!!!	6/28/2022 9:33 AM
138	I don't think it would help with workload much, but I do see this as something that would be a good thing.	6/28/2022 8:38 AM
139	Not sure exactly what is meant by this.	6/28/2022 8:26 AM
140	It's 2022. Paper is so 1990s	6/28/2022 8:07 AM
141	I don't feel that we have a lot of manual logs currently.	6/28/2022 8:03 AM
142	It is 2022. It's time.	6/28/2022 7:57 AM
143	I am finding papers are important to use and board asking to keep records for 5 yrs which is manageable	6/28/2022 5:23 AM
144	Too time consuming and the impact on the waste of paper in all the pharmacies is beyond my comprehension. Just from an environmental stand point this should be a priority.	6/27/2022 11:59 PM
145	I don't see this saving a ton of time or allowing reallocation of effort to other areas.	6/27/2022 11:57 PM
146	Hello it's 2022 not 1988.	6/27/2022 11:39 PM
147	Good idea.	6/27/2022 11:22 PM
148	Signing multiple pages of a daily report is cumbersome and non productive.	6/27/2022 11:13 PM
149	Such a waste of paper which is terrible for the environment	6/27/2022 10:27 PM
150	I mean what is the point of manual logs? Such a waste of time.	6/27/2022 10:09 PM
151	Minimal impact	6/27/2022 9:55 PM
152	I'm not sure why we still have manual logs anymore.	6/27/2022 9:49 PM
153	If our focus is workload/efficiency, electronic isn't always better. Flexibility should be the goal.	6/27/2022 9:23 PM
154	PLEASE! I have pallets of records that you never ever look at.	6/27/2022 9:19 PM
155	Filing rx's is such a time consuming process	6/27/2022 9:15 PM
156	Paper logs are difficult to review for needed information and very time consuming	6/27/2022 9:10 PM
157	So many regulations with paper. Everything should be electronic	6/27/2022 9:06 PM
158	More details needed	6/27/2022 8:49 PM
159	As many times as the computer company we use has screwed up our backups, I don't feel super comfy with this one	6/27/2022 8:32 PM
160	This is the 21st century	6/27/2022 8:12 PM
161	Paper is no longer necessary - digital documents are much better and more accurate.	6/27/2022 7:58 PM
162	Then positive ID will need to go away completely unless the companies are willing to invest in software upgrades. Lets be honest no one reads the logs anyways.. There are over 400-500 entries on a given day.	6/27/2022 7:47 PM
163	Would prefer the book as used in Kentucky yet not sure how this becomes a safety issue	6/27/2022 7:46 PM
164	Everything is better digital	6/27/2022 7:44 PM
165	Zero paper would be amazing.	6/27/2022 7:33 PM

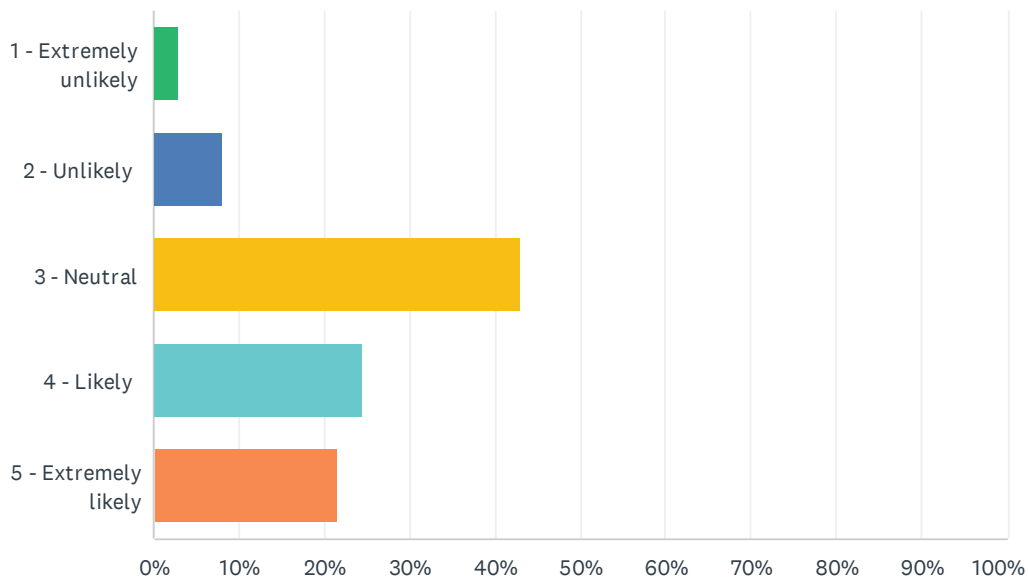
Meeting Materials

166	Less paperwork is always good, and it saves storage space.	6/27/2022 7:22 PM
167	MOST ARE ALREADY DIGITAL OR BIOMETRIC- IN FACT BIOMETRIC SHOULD BE REQUIRED BY THE BOARD- INCOMPREHENSIBLE THAT IT IS NOT REQUIRED NOW	6/27/2022 7:15 PM
168	Already too much paperwork	6/27/2022 6:57 PM
169	This should already of happened it's 2022.	6/27/2022 6:23 PM
170	Yes. With the exception of people or places prone to issues	6/27/2022 6:23 PM
171	Paperwork and filing in pharmacy is antiquated. Everything is electronic. Hard copy RXs needing to be signed and out in order, etc wastes time.	6/27/2022 6:11 PM
172	Great!!	6/27/2022 6:07 PM
173	Why do we live in the middle ages and still sign every single controlled Rx? If it is e-prescribed, we should not have to sign off. We would save time and resources.	6/27/2022 6:04 PM
174	I feel that the board already permits most important records to be stored in electronic format, so I don't feel there is any particular need to pursue this.	6/27/2022 5:42 PM
175	But you want all those staffing micro management reports described earlier in this survey. LOL	6/27/2022 5:33 PM
176	Anytime we can use less paper and be responsible for less printing/signing/filing workload is reduced.	6/27/2022 5:33 PM
177	Everything should now be digital - this is 2022!	6/27/2022 5:19 PM
178	Examining Board rules to reduce the overall regulatory burden placed on staff and responsible pharmacists would be an excellent way to improve working conditions	6/27/2022 4:33 PM
179	There is no space to store needed supplies , let alone paper logs.	6/27/2022 4:30 PM
180	If more logs can be switched to digital that will help increase resources that can be used elsewhere and add space for pharmacy use since there won't be as many boxes of records taking up space	6/27/2022 4:26 PM
181	Great idea	6/27/2022 4:09 PM
182	These waste paper.	6/27/2022 4:08 PM
183	Printing 25 pages of journals per day is so wasteful of resources. And, we have to keep them for 10 years!	6/27/2022 3:55 PM

Meeting Materials

Q23 Change of Responsible Person Requirements Extend notification requirement of the responsible person from 10 to 30 days.

Answered: 1,856 Skipped: 171



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	3.02%	56
2 - Unlikely	8.03%	149
3 - Neutral	43.00%	798
4 - Likely	24.52%	455
5 - Extremely likely	21.44%	398
TOTAL		1,856

#	ADDITIONAL COMMENTS	DATE
1	Yes. Many things can introduce a delay in the notification of change/transfer of responsibilities.	7/7/2022 5:11 PM
2	Advance notice is essential.	7/7/2022 4:35 PM
3	totally neutral	7/7/2022 4:32 PM
4	This could be a burden lifted.	7/7/2022 4:25 PM
5	With medical leaves and many board members working from home, would be helpful.	7/7/2022 3:49 PM
6	DOESN'T MATTER	7/7/2022 2:31 PM
7	Why triple it anyway? 14? 15?	7/7/2022 2:19 PM
8	3 times In Last month	7/7/2022 2:01 PM
9	The task must still be done, flexibility always helps spread the workload, but at the end of the day it's one more thing on the plate.	7/7/2022 2:00 PM

Meeting Materials

10	Extra time is always helpful	7/7/2022 12:47 PM
11	Na	7/7/2022 12:17 PM
12	With the current pharmacist shortage, this may offer some flexibility to employers who are trying to find a new pharmacy manager. I have been a temporary RP for a pharmacy, and it was a very rushed process with having only 10 days to fill out paperwork and do inventory.	7/7/2022 12:08 PM
13	I don't see how this is helpful	7/7/2022 11:56 AM
14	10 days should be sufficient to submit paperwork and doing controlled drug audit	7/7/2022 11:45 AM
15	.	7/7/2022 11:01 AM
16	This is a relatively easy task	7/7/2022 8:12 AM
17	I have no thoughts on this.	7/7/2022 12:14 AM
18	With electronic submission 10 days is not difficult or unreasonable	7/6/2022 11:19 PM
19	Should be immediate and be able to be done in real time on line through OSBP website	7/6/2022 9:58 PM
20	10 days has always been a scramble. It usually ends up that the person leaving doesn't get to leave on the date they want to because of that reason	7/6/2022 9:42 PM
21	How does this help workload significantly?	7/6/2022 8:35 PM
22	Dont feel this is a major issue unless a replacement has not been found.	7/6/2022 7:31 PM
23	10 days is way too short, vacations commonly are longer than that especially if traveling overseas.	7/6/2022 6:25 PM
24	Do not extend! The companies make us do the work and be responsible without naming us the pharmacy managers because they don't want to pay us more. If they can go for a longer period, they already lie and cheat this requirement, we will be the ones who lose.	7/6/2022 2:28 PM
25	Serval times I've needed to take a store over and it would be nice to have a little longer to report the new person as it takes weeks to get them hired and boarded.	7/6/2022 11:36 AM
26	This should be left alone as this makes sure that someone is responsible	7/6/2022 11:15 AM
27	I think that will help all parties involved	7/6/2022 11:02 AM
28	My supervisor had to take over a store. They both quit.	7/6/2022 10:46 AM
29	Only difficult when a member of the team is on vacation and their signature is difficult to obtain	7/6/2022 10:43 AM
30	I don't see this as an issue currently, but I see no harm in the change either.	7/6/2022 10:43 AM
31	10 days is a very fast turn around when someone still has to be a pharmacist of record.	7/6/2022 10:08 AM
32	I think it is more important to remind pharmacists of the requirement along with the other requirements such as notification of name change, employer change, etc. Especially email update and/or reminder this is how notified of license renewal.	7/6/2022 9:43 AM
33	You will need that because nobody wants to be a PIC	7/6/2022 9:07 AM
34	10 days is enough time	7/5/2022 10:50 PM
35	Wouldn't help safety	7/5/2022 1:27 PM
36	This task still has to be completed, but can it be simplified?	7/5/2022 1:19 PM
37	This seems completely normal and doable to lessen the stress of the new responsible person.	7/5/2022 12:08 PM
38	It's just a bandaid, but more time is good in the short term.	7/5/2022 11:59 AM
39	I think notification should be one of the early required steps.	7/5/2022 7:22 AM
40	Often in a pharmacy the change of responsible person is a difficult and hectic time.	7/4/2022 3:22 PM
41	more realistic timeline	7/4/2022 3:21 PM
42	Yes instead of just throwing someone in- look for the right person	7/4/2022 10:25 AM

Meeting Materials

43	This would give pharmacies more time for the transition.	7/3/2022 2:13 PM
44	10 days is more than enough time for notification.	7/3/2022 2:02 PM
45	Not personally a problem--this is a corporate problem	7/2/2022 11:09 PM
46	Change over doesn't happen Enough	7/2/2022 11:02 PM
47	n/a	7/2/2022 8:42 AM
48	There is no need for a change in responsible person for a pharmacy manager when on short leave of absence or vacation.	7/1/2022 2:26 PM
49	no comment at this time	7/1/2022 2:01 PM
50	Sounds more like a turnover problem	7/1/2022 10:40 AM
51	There should always be a PIC, even from another store temporarily. Board rules are sufficient.	7/1/2022 12:31 AM
52	Sure	6/30/2022 9:58 PM
53	Since most of the pharmacists are leaving retail this will allow the ne person more time to get settled.	6/30/2022 9:04 PM
54	Seriously, is this an issue? Not like the rp changes that often. One good thing about this change is that it's consistent with the time allowed to report other changes such as name/address/change of employer. Whatever the time frame, just make it consistent.	6/30/2022 8:55 PM
55	Don't use it.	6/30/2022 6:20 PM
56	helpful but does not fix the problem	6/30/2022 6:19 PM
57	That is actually enabling these crummy owners that have no vested interest in the career of a "Responsible Person". Whatever the position or title people are just pieces of meat to an owner because that's what citizens have allowed, that's what the profession has allowed.	6/30/2022 3:17 PM
58	Things happen quick.	6/30/2022 2:38 PM
59	I don't see how this would help workload	6/30/2022 2:18 PM
60	10 days is not much time when switching roles and changing managers. 30 days would be much better.	6/30/2022 2:07 PM
61	No major impact.	6/29/2022 12:39 AM
62	Fine idea	6/28/2022 9:25 PM
63	absolutely needs changed asap	6/28/2022 5:50 PM
64	10 days is adequate.	6/28/2022 4:06 PM
65	Patient care comes first and things like notification of chance in RP is important, but hard to get to when patient care volume is high. As long as the notification is just that and the Board will respects the date noted of the actual change, not just the notification of it.	6/28/2022 1:13 PM
66	Seems reasonable	6/28/2022 11:23 AM
67	This is a positive requirement for the change of responsible pharmacist and should be enacted.	6/28/2022 10:01 AM
68	This may help, especially if a manager leaves and the new one isn't starting right away.	6/28/2022 8:26 AM
69	With the high rate of turnover and the legal requirements involving change in PIC, this could be helpful during those times.	6/28/2022 7:57 AM
70	How often does this happen? I don't see it making any difference for anyone except the responsible person, since they have to complete the control inventory counts.	6/27/2022 11:57 PM
71	10 is a little quick when there is never any time.	6/27/2022 11:39 PM
72	Not sure of the impact of this one.	6/27/2022 11:22 PM
73	The change in PIC is already poorly done and documented incorrectly. Go audit half of your stores and see whose name is on the License. They prob don't even work for the company	6/27/2022 10:40 PM

Meeting Materials

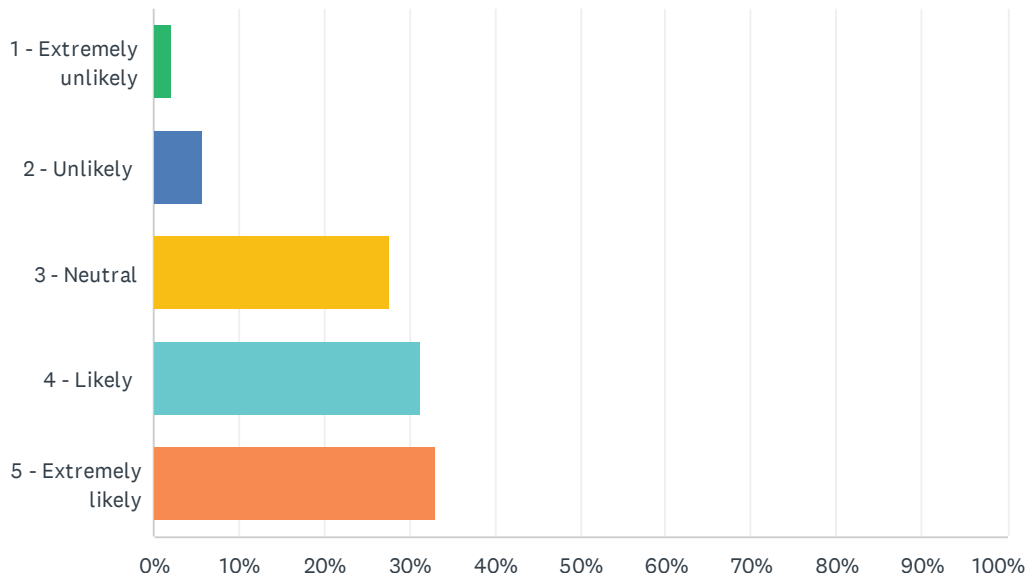
anymore. Prolonging that change only decreases the chance that anything including the control audit with change in PIC be completed properly.

74	Minimal impact	6/27/2022 9:55 PM
75	Definitely in favor of this change but it won't substantially impact workload.	6/27/2022 9:23 PM
76	There are so many steps to do when unexpected turnover happens. A little more time would be nice.	6/27/2022 9:19 PM
77	I feel like this is only being implemented because chain pharmacies have pharmacists dropping like flies due to awful work conditions	6/27/2022 8:14 PM
78	Why are we reverting back to old rules? What does changing the RP have anything to do with the issues. If a pharmacist is hired to be the RP then the paperwork is filed, if a pharmacist replaces a RP then the paperwork is filed. A pharmacy needs a RP 100% of the time. So they should be able to file the paperwork 100% of the time. Again, this issue is insignificant!	6/27/2022 7:47 PM
79	Effective on safety to patient not recognized	6/27/2022 7:46 PM
80	This gives you so much more time to transition the pharmacy and make sure the new person stays.	6/27/2022 7:22 PM
81	NON ISSUE	6/27/2022 7:15 PM
82	corporates need to be held accountable	6/27/2022 7:01 PM
83	Good improvement.	6/27/2022 6:23 PM
84	Yes, but small change here	6/27/2022 6:23 PM
85	This has no practical impact in reducing pharmacist workload, as it is not a frequently-occurring situation.	6/27/2022 5:42 PM
86	This will just make stores go without an R.P. for longer than necessary. I know we are supposed to have an R.P. at all times, but sometimes stores don't. If the store doesn't have an R.P. they should not force the staff RPh to become the R.P. the DM should become the temporary RP. I don't think increasing the time to complete the controlled substance inventory will do anything to improve workload.	6/27/2022 5:33 PM
87	This could be helpful in giving the PIC more time to get things in order before taking over.	6/27/2022 5:19 PM
88	They still won't follow that rule.	6/27/2022 4:30 PM
89	Since the notification sometimes has to go through corporate entities, this would be helpful and cut down on stress to the responsible person	6/27/2022 4:26 PM

Meeting Materials

Q24 Improving the Physical Security of Pharmacies Look at ways to improve the physical security of pharmacies.

Answered: 1,856 Skipped: 171



ANSWER CHOICES	RESPONSES
1 - Extremely unlikely	2.16% 40
2 - Unlikely	5.71% 106
3 - Neutral	27.80% 516
4 - Likely	31.25% 580
5 - Extremely likely	33.08% 614
TOTAL	1,856

#	ADDITIONAL COMMENTS	DATE
1	I work in some areas where I am afraid to walk to my car after work by myself.	7/7/2022 10:28 PM
2	ABSOLUTELY!! When I worked in retail pharmacy less than two years ago, I would say a prayer before every shift to not get robbed. I should not have to be that fearful to come to work.	7/7/2022 8:34 PM
3	Yes! Right now anyone can just walk through our swinging door or jump the 36" counters. This is how my past store was robbed, they just jumped right over the counter. Retail pharmacies need to do more to protect their staff and make them more secure. My staff should not be on display to the general public while we work. We need less points of contact with the public.	7/7/2022 8:08 PM
4	Becoming a dangerous place due to	7/7/2022 7:15 PM
5	At times, pharmacy designs are moving in the opposite direction. Privacy and security need to be improved, real physical barriers (walls).	7/7/2022 5:11 PM
6	Interested in hearing suggestions about this. There are not many ways to protect ourselves from belligerent patients, although they are not common. Not allowing the pharmacist to work	7/7/2022 4:47 PM

Meeting Materials

alone would help because they could be less of a target.

7	Most places I have been to appear secure.	7/7/2022 4:35 PM
8	like the idea in theory - but	7/7/2022 4:32 PM
9	Physical security is becoming a major concern.	7/7/2022 4:25 PM
10	We should be better protected. Not as open to the public. It's scary out there!	7/7/2022 3:50 PM
11	We want to keep our " sneeze guards" . Not just for physical safety but health safety. Our company plans to remove. Help us with that.	7/7/2022 3:49 PM
12	WE ARE UNSAFE AS IS WORKING. CHAIN PHARMACIES RUN ON OLD OUTDATED EQUIPMENT	7/7/2022 2:31 PM
13	No issue	7/7/2022 2:01 PM
14	This doesn't affect resource allocation, but it would really help job satisfaction.	7/7/2022 2:00 PM
15	We need to remove distractions, both visual and auditory, in order to perform our job safely. We need not fear assault or robbery.	7/7/2022 1:19 PM
16	All we have are hand crank gates. If there's ever a threat, it would take us an extensive amount of time to close them.	7/7/2022 12:47 PM
17	Pharmacies should not be so accessible. Never should have pharmacist so exposed in the first place.	7/7/2022 12:47 PM
18	My pharmacy is too open someone could walk right in due to swinging gate. Also people just yell into the pharmacy as they walk by asking where items are, interrupting our work causing distractions and errors.	7/7/2022 12:34 PM
19	Since having the plexiglass up due to COVID the pharmacy feels safer-no one can jump the counter as previously-it would be nice if it was permanent with bullet proof glass	7/7/2022 12:32 PM
20	Always a good ifea	7/7/2022 12:17 PM
21	I would love to have additional security present (cameras, alarms, physical security people) but this may not be feasible for all pharmacies.	7/7/2022 12:08 PM
22	Pharmacies are often robbed so improving security would be helpful.	7/7/2022 11:56 AM
23	We need to have cameras in the pharmacy	7/7/2022 11:50 AM
24	but who is going to pay??	7/7/2022 11:39 AM
25	We are completely exposed to the public. Glass enclosures for security and privacy reasons would make sense.	7/7/2022 11:01 AM
26	Pharmacy robberies happen now more than ever because of the open format of retail stores. It's harder to jump a high counter and more difficult to enter a restricted area when there are fewer windows and doors. There is a fine line between customer friendly and safe. Toddlers like little doors and it only takes a second for accidents to happen.	7/7/2022 9:31 AM
27	In my pharmacy there is no separate entry for pharmacy team members and easily accessible by the general public. We don't have a separate locking door to the pharmacy, just a gate that closes/locks during non-business hours	7/7/2022 8:12 AM
28	I have never worked in a pharmacy where I was worried about my safety so I don't feel qualified to comment.	7/7/2022 12:14 AM
29	With the number of mass shootings especially in grocery stores on the rise, all pharmacies should have an emergency exterior exit. All pharmacies should have electric gates instead of manual crank or accordion style that don't work properly	7/7/2022 12:01 AM
30	our location i feel safe in but there are definitely locations that need more to feel secure	7/6/2022 10:42 PM
31	All pharmacies should be required to have alarms	7/6/2022 10:15 PM
32	Metal detectors. No guns in a drug store, just like no guns are welcome in a bank	7/6/2022 9:58 PM
33	The pharmacy I work at has way too much open space. They need to fix that and give us more	7/6/2022 9:42 PM

Meeting Materials

shelving. I really feel too exposed to people out there in every direction and not so much secure with all these mass shooting going on

34	Many pharmacies have limited barriers when fully open. Does workload and lack of staffing cause potential security risks for the pharmacy or its employees?	7/6/2022 9:39 PM
35	I'd like to see safer locations in a health manner (fewer sick days) but not for safety.	7/6/2022 9:38 PM
36	I think culture of pharmacy needs to change the patients see us as fast food vs doctors office. I'm not sure if a physical security would help that's not already in place.	7/6/2022 9:29 PM
37	Always a good idea	7/6/2022 8:35 PM
38	Put us back behind walls with small specific points of contact for customer interactions. We're treated like glorified zoo exhibits by many customers and it's too easy for them to access my pharmacy. I've literally had patients walk through our gates before to come try to look at what I was doing on the computer for them.	7/6/2022 7:33 PM
39	Pharmacies being robbed has increased drastically, would love if we had additional security.	7/6/2022 6:25 PM
40	Lighting and cameras at drive thru	7/6/2022 3:35 PM
41	I have zip ties holding my gate together. The front doors of the building are so difficult to open I couldn't quickly get in if someone was coming up behind me.	7/6/2022 2:28 PM
42	Our counseling room is outside the entrance of the pharmacy (yet behind the gate after hours) and we have vaccines and PHI in there. Awkward	7/6/2022 1:23 PM
43	Unlikely to improve current working conditions, but would be great to require bullet-proof windows in chain pharmacies for safety and to improve willingness for staff to work in a pharmacy, esp. in current cultural / political climate.	7/6/2022 12:34 PM
44	Panic robbery buttons should be required and cameras	7/6/2022 12:11 PM
45	Low counters which could be easily jumped!	7/6/2022 12:05 PM
46	Too many shoplifters and robberies. Not sure it would have any affect on workload	7/6/2022 11:42 AM
47	Look, it the bad guys want in and make it too hard to break in, then I get the gun in the face. I'm all for security.	7/6/2022 11:36 AM
48	Bullet proof glass barriers	7/6/2022 11:33 AM
49	Anything that would increase the feeling of safety would be welcomed. The threat to safety is certainly a increase stressor today	7/6/2022 11:15 AM
50	We are open sitting ducks to anyone watching us. We have no privacy making phone calls because corporate wants us to be visible and available, but does not care about our safety or security	7/6/2022 11:02 AM
51	Any way that we can reduce robberies and improve the safety of the staff is a win.	7/6/2022 10:59 AM
52	How does this relate to workload?	7/6/2022 10:52 AM
53	Please provide glasses and close door like Walmart. Now a days anyone can shoot who is angry. Please	7/6/2022 10:45 AM
54	40 years ago we were in an elevated glass room for safety reasons. Now we have 20 feet of open counter space.	7/6/2022 10:43 AM
55	I do not see how addressing physical security of the pharmacy changes workloads for staff.	7/6/2022 10:43 AM
56	Our pharmacies are essentially open doors for any criminal to walk in, due to the perceived need to have the pharmacist wholly accessible to the patients. This can all be done inside of a closed pharmacy modified to allow two way communication and to facilitate the transactions for the meds with customers.	7/6/2022 9:56 AM
57	It is always necessary to afford everyone a safe environment to work but government regulations can not provide 100% safety.	7/6/2022 9:43 AM
58	Not much protecting pharmacy staff from the public while operating	7/6/2022 9:36 AM

Meeting Materials

59	With everyone packing guns in Ohio, it should be a must	7/6/2022 9:07 AM
60	This won't reduce workload, but will help us do our job in a safer environment	7/5/2022 10:50 PM
61	Having the pharmacies be less open and more closed off would help with safety	7/5/2022 1:27 PM
62	Not having to deal with issues outside the pharmacy and escorting angry customers out would decrease workload, yes.	7/5/2022 11:59 AM
63	My pharmacy was just remodeled and contains FIVE manual (hand-crank) gates. If there was an active threat in the building, we would just be sitting ducks in the pharmacy.	7/5/2022 10:43 AM
64	I have been robbed several times. It never seems to get any better.	7/5/2022 7:22 AM
65	My pharmacy has no physical gate to close and secure the safety of the pharmacy when the rest of the store is open. We only have an "open air barrier" which is not sufficient when the pharmacy is closed and no staff are there but the store is still open an customers are present.	7/4/2022 3:22 PM
66	No clue why pharmacies are open to public watching us work and thus causing security issues	7/3/2022 3:08 PM
67	I have been robbed 5 times and my employer refuses to do anything to make the pharmacies safer. Our layout is wide open the robbers just let themselves in or jump the counter. It should be all closed up with a steel door that can only be opened from the inside.	7/3/2022 12:03 PM
68	There was a shooting at the store in which my pharmacy is located. The only way to drop the gate is with a key on the outside of the pharmacy; therefore, there is no way to secure the pharmacy unless I'm standing outside of it. Had to lock myself and my intern in the hall bathroom during the event.	7/3/2022 9:27 AM
69	I would feel more secure at work. I often worry I will be robbed again.	7/2/2022 11:09 PM
70	This will help with security of pharmacy personnel.	7/2/2022 8:20 PM
71	Pharmacy while open is very vulnerable to robberies, mass shootings. Need someone at the pharmacy- guards, police I don't know- to monitor the crowd/people in line	7/2/2022 6:18 PM
72	If someone wants in, they'll find a way.	7/2/2022 1:31 PM
73	instead of a open chain gate for the pharmacy an entirely closed gated so that customers can not look into pharmacy before opening or after closing while rxist checks up on work or finishes it the phones turn off at closing the gate should do the same	7/2/2022 8:42 AM
74	Yes, physical security should be on site. A 3 foot counter can not protect a pharmacist from patients jumping over a pulling a weapon to get to narcotic prescriptions.	7/1/2022 7:17 PM
75	Security is awesome, not sure how it benefits workload though.	7/1/2022 6:45 PM
76	Important	7/1/2022 5:37 PM
77	We are pretty secure at this time	7/1/2022 2:01 PM
78	Great, but good luck getting companies to comply	7/1/2022 1:17 PM
79	Both with pharmacy staffing as well as front end staffing/security.	7/1/2022 1:05 PM
80	The general public needs a little less access so we can work uninterrupted.	6/30/2022 10:13 PM
81	Really like the newer Meijer stores pharmacy layout. It is enclosed so well you would not have a problem with being interrupted while doing a critial task.	6/30/2022 9:57 PM
82	We are sitting ducks. We have absolutely no protection. The large chains do nothing to protect the safety of the employees.	6/30/2022 9:04 PM
83	A pharmacy can still do this on their own. Is this overreach by the Board? Updating the security system isn't going to make my workload any easier.	6/30/2022 8:55 PM
84	security can help with unruly patients or questionable patients and provide a sense of security esp for pharmacy staffed with mainly females.	6/30/2022 7:04 PM
85	You can never stay ahead of the next time a robbery happens. They are always one step ahead of law enforcement.	6/30/2022 6:20 PM
86	helpful since everyone carries guns these days and pharmacists are at risk because of mean	6/30/2022 6:19 PM

Meeting Materials

	nasty people who want to yell and scream at the counter and take no responsibility	
87	Requiring additional staff during targeted hours, such as opening, closing, breaks.	6/30/2022 5:51 PM
88	This totally needs to happen for the safety of pharmacies. Anyone could jump my counter at anytime and that shouldn't be legal.	6/30/2022 5:31 PM
89	Not sure what this has to do with workload.	6/30/2022 5:29 PM
90	Most pharmacies are currently wide open to everyone. Accessible is one thing, but being so open is conducive to thefts and people that are intimidating is scary. What other health care profession does their work in full view of everyone?	6/30/2022 4:34 PM
91	I will say that someone who has suffered a crime from some drug seeking criminal well all parties involved all victims involved should be compensated somehow somehow a little bit like how a deaf and a service member would elicit some financial pay to the family members. Perhaps a mandated insurance.	6/30/2022 3:17 PM
92	One should never be fearful of going to work.	6/30/2022 2:56 PM
93	This open concept is a recipe for disaster. Someone could walk in a rob us at any point without being stopped. I'd like to see us behind glass or offered at least the same security as bank tellers.	6/30/2022 2:38 PM
94	I don't see how this would help workload	6/30/2022 2:18 PM
95	Should be easier to lock down the pharmacy to not allow anyone in or to shoot through. Would also be nice for all pharmacies to have a direct exit to outside.	6/30/2022 2:07 PM
96	We have 2 alarm buttons in non convenient places.	6/30/2022 2:04 PM
97	pharmacy should not have open counters that people can just jump over, especially during night hours	6/30/2022 12:57 AM
98	More secure pharmacies like 25 years ago would be beneficial compared to the openness of today's pharmacies. The SBOP should mandate this.	6/29/2022 8:43 PM
99	Pharmacies should not be on display for the public to watch. Barriers should keep the workflow out of customer view.	6/29/2022 4:01 PM
100	I do not feel safe at work. Our flimsy locked door would not keep anyone out who truly wanted in. I've even had a patient punch through a plexiglass barrier when I wouldn't sell him Sudafed.	6/29/2022 8:50 AM
101	I resigned from my last job partly from feeling unsafe	6/29/2022 6:00 AM
102	Does not contribute to workload.	6/29/2022 12:39 AM
103	Always good to be secure	6/28/2022 9:25 PM
104	May improve safety, but not workflow	6/28/2022 8:47 PM
105	Make pharmacies like the doctors office. Closed doors.	6/28/2022 5:37 PM
106	I am always looking for ways to improve the security of the pharmacy and for any potential deficiencies in security.	6/28/2022 4:06 PM
107	Yes, I do find this would be helpful. Please place the responsibility on the company/corporation vs the PIC	6/28/2022 3:36 PM
108	This is a good idea but unclear how this will impact overstaffing issues	6/28/2022 3:15 PM
109	Definitely would improve employee safety.	6/28/2022 2:42 PM
110	I have been in situations when patients became aggressive and it is scary to be in the situation where there are little to no security barriers around the pharmacy.	6/28/2022 2:07 PM
111	Completely open pharmacy fronts aren't necessary and make pharmacy staff uncomfortable when working in higher-crime areas or early/late when robbery is higher risk. We accept robbery/armed-robbery is a risk of our job, but it's not necessary to have us wide open and also less able to shield ourselves from ill patients spreading their germs to us and those verbally abusing staff that appear could turn into physical altercations. This is not uncommon at any pharmacy, I can assure the Board this happens at every retail pharmacy. I've worked in	6/28/2022 1:13 PM

Meeting Materials

three states and 43 individual retail pharmacy locations (more including inpatient) throughout my career. It's a common discomfort and increasing risk with people more willing to endanger pharmacy staff when they are unhappy at our staffing volume, laws we much uphold, or anything else they are unhappy about.

112	I and many of my staff do not feel safe at our location, we have been robbed multiple times. We only have a half door separating us from patients, they walk into the pharmacy. Better security to have thick or bullet proof glass with talking windows and a physical door would make us feel a lot safer.	6/28/2022 12:40 PM
113	This would be nice. I work in a 24 hour store we only have a small amount of hours to have a security guard. Increasing that could help with robberies.	6/28/2022 11:37 AM
114	Very important issue	6/28/2022 11:23 AM
115	No walk thru gates and open windows! Security and personal info disclosure	6/28/2022 10:50 AM
116	Yes, in the age of cyber crime and theft, increased electronic security of pharmacies are essential.	6/28/2022 10:01 AM
117	Should always have barriers to stop counter jumping	6/28/2022 9:33 AM
118	This would be huge with soaring rates of theft.	6/28/2022 8:40 AM
119	Can't hurt to look into.	6/28/2022 8:26 AM
120	Yes!	6/28/2022 8:07 AM
121	I do like the plexiglass guards now for both health safety and the fact people cannot throw things at you or grab you or jump the counter	6/28/2022 8:05 AM
122	At most of the pharmacies I work at, the pharmacist can set the alarm even if there is a gate unlocked. Some of the gates are in poor working condition so this is a problem.	6/28/2022 8:03 AM
123	I'm rating this as 'likely' because I do think some basic changes (gates vs heavy doors and bulletproof glass in the case of an active shooter situation, for example) would be nice. The better solution would be to take the operations side of the pharmacy process out of patient view (drugs, product dispensing counter, pharmacist station).	6/28/2022 7:57 AM
124	Strongly support in these times!!! I once had a patient who threatened to jump the counter to come after me bc I refused to fill an opiate.	6/28/2022 7:17 AM
125	The Board could provide recommendations, but needs to avoid obligating in minute detail security features in pharmacies. (As the RP, in years past, my Board inspector made requests that I change some physical layout aspects of my pharmacy that I felt were unreasonable. I took a chance and ignored the inspector's requests. Our existing design met all requirements of Ohio law for security, and I was never cited for ignoring the inspector's verbal request.)	6/28/2022 3:27 AM
126	What safeguards do we really currently have? It's only a matter of time before each of us are a random victim.	6/27/2022 11:59 PM
127	I float, and I am salary. I am required to come in early and stay late for whatever amount of time it takes for the store manager to get the keys, open the safe, give me keys that are secured with a zip tie that I have to break, sign out with a log, etc. I don't get paid for this time. 10 or 15 minutes a shift over the course of a week, month, year, lifetime, adds up to a lot of my time that I won't get back, unpaid. If I'm required to do that as part of my job, and additional 5 minutes minimum should be added to the beginning and end of each shift to accommodate. Otherwise, keyless entry on pharmacy doors should be a requirement.	6/27/2022 11:57 PM
128	A good idea but it won't help workload.	6/27/2022 11:39 PM
129	The pharmacist should have a wall not just a counter between them and the customers. pharmacists in high crime areas should be allowed to carry a gun. If the pharmacist on duty feels the safety of themselves or their crew is in danger they can shut the pharmacy down immediatley	6/27/2022 11:24 PM
130	Bulletproof glass and walls, dispensing through a drawer similar to bank drive-in window, direct to police panic button, and many other safety other suggestions abound. One inner city hospital I worked at was proud of their new bulletproof glass mounted in a 4 inch wall consisting of two layers of 5/8 drywall that wouldn't a .22, much less a 9mm slug.	6/27/2022 11:22 PM

Meeting Materials

131	Most pharmacy departments are easily accessed during business hours to robbery etc	6/27/2022 11:13 PM
132	Please do this. Especially for 24 hour pharmacies where rph is alone	6/27/2022 11:11 PM
133	Most pharmacies are out in the open (especially retail pharmacies) with several entry points (drop off, pick up, drive through, other counters, etc) which leaves pharmacy staff incredibly vulnerable	6/27/2022 10:27 PM
134	Robberies are getting out of control	6/27/2022 10:15 PM
135	There are zero security features in the retail setting when it comes to times we are open	6/27/2022 9:55 PM
136	Not sure this would do much.	6/27/2022 9:23 PM
137	Tech expenses are weighing heavily on independent community pharmacies. I don't want to suggest that we are cutting corners, because we are not. But a recent quote from a fully managed IT vendor indicated that we "should" be spending 10% of our sales a year on IT services (firewalls, antivirus, alarms, cameras, etc). The margin is Not there. If you intend for us to have security beyond physical barrier for pharmacy, alarm system, cameras, hold up alarms, safes, etc.... please be reasonable in expenses.	6/27/2022 9:19 PM
138	While this should be done anyway to protect pharmacy staff from increasing safety issues it will not reduce workload.	6/27/2022 8:32 PM
139	The increasing number of irrationally irate customers/patients I have, especially in regards to controlled substances, has me questioning the current safety of my pharmacy, especially now that essentially anyone can carry a gun in this state	6/27/2022 8:14 PM
140	Full closed gates so no patient can I interrupt nor bother you on breaks or prior to opening	6/27/2022 8:12 PM
141	Until that counter is raised back up then the security is not enough.	6/27/2022 7:58 PM
142	No half doors	6/27/2022 7:54 PM
143	Bullet proof glass??? Put the pharmacist in a bubble?? Not sure how this is relevant to the practice issues. To me the biggest concern is having a safe that doesn't open or not being allowed to have narcotics available to give to the criminal robbing me. Sure build walls and operate like a bank with pass throughs, that's really all you can change.	6/27/2022 7:47 PM
144	One less stressor for staff	6/27/2022 7:46 PM
145	Robbery and safety are getting out of control	6/27/2022 7:44 PM
146	Peace of mind is always good.	6/27/2022 7:22 PM
147	NON ISSUE	6/27/2022 7:15 PM
148	This would be nice but extremely difficult to enforce in public facing pharmacies.	6/27/2022 6:23 PM
149	Yes. This lessens the chance of violence which is so prevalent.	6/27/2022 6:23 PM
150	Also, in other parts of the world, pharmacists aren't expected to be standing up front near the customer. They are hidden so they can focus	6/27/2022 6:11 PM
151	While I am not sure it would have a great impact on pharmacist workload, I do feel this should be explored. Unfortunately, due to the pandemic, extreme staffing shortages, and other factors, many patients have been acting in a more aggressive manner towards pharmacy staff.	6/27/2022 5:42 PM
152	Anytime you can make improvements with pharmacy security is a PLUS!! I sometimes think we are TOO accessible and worry about being robbed or shot at ~ especially nowadays!	6/27/2022 5:19 PM
153	A panic button would be good.	6/27/2022 4:30 PM
154	This is a good idea, but not sure how much of a difference it will make to workload	6/27/2022 4:26 PM
155	Pharmacy security is becoming a big problem	6/27/2022 4:22 PM
156	Safety has definitely become a growing concern during the pandemic whether from the virus or violent patients. Security needs improving.	6/27/2022 4:14 PM
157	I would like to feel safer. Pharmacies are too exposed and can easily be accessed while working alone especially.	6/27/2022 4:01 PM

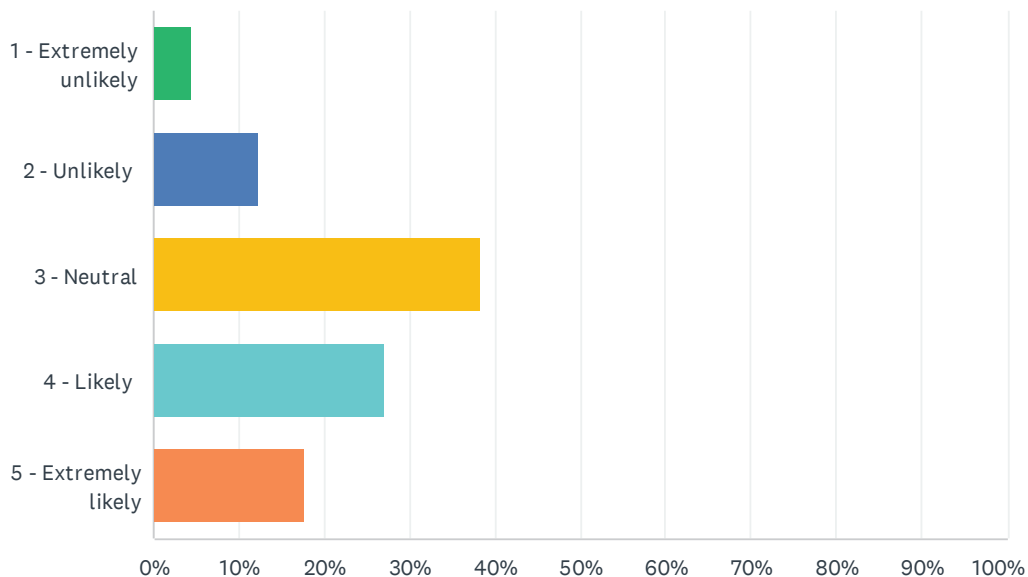
Meeting Materials

158	Having wide open counters with 7 service windows decreases security and increases interruption. Customers are able to walk up to the counter and shout at me all day.	6/27/2022 4:01 PM
159	Should make electronic gates mandatory.	6/27/2022 3:54 PM
160	Most pharmacies are like a fishbowl where we can be looked at from every angle causing a lot of anxiety and stress to pump out scripts.	6/27/2022 3:51 PM
161	Not just security in the physical safety aspect, but pharmacists should not have to check prescriptions in full view of the glaring public. We are often forced to check with people yelling at us.	6/27/2022 3:41 PM
162	Very important!!	6/27/2022 3:39 PM

Meeting Materials

Q25 Pharmacy Intern Ratios Expand the number of interns that can work under the supervision of a pharmacist (currently 2:1).

Answered: 1,857 Skipped: 170



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	4.47%	83
2 - Unlikely	12.28%	228
3 - Neutral	38.40%	713
4 - Likely	27.09%	503
5 - Extremely likely	17.77%	330
TOTAL		1,857

#	ADDITIONAL COMMENTS	DATE
1	Adds to the pharmacist squeeze.	7/9/2022 11:00 AM
2	This would help in theory, but companies usually don't have that many interns working so I don't think the ratio would actually change even if it was allowed.	7/7/2022 10:58 PM
3	Interns help us SO much. And, they get practice so they will become more confident in their abilities also so they will be better prepared future pharmacists.	7/7/2022 10:28 PM
4	I work with interns constantly. I feel that more than two interns per pharmacist is not safe. It requires too much oversight by the pharmacist, and it puts too much responsibility on the pharmacist's license. Perhaps the problem at this point is that another pharmacist is necessary.	7/7/2022 8:34 PM
5	Anymore than 2 is asking for mistakes, especially in busy retail locations. Not all interns have the same competency level.	7/7/2022 8:08 PM
6	Interns requir supervision and oversight	7/7/2022 7:51 PM

Meeting Materials

7	The type of work environment plays such a significant part in making that judgement. I think there should be an absolute maximum.	7/7/2022 5:11 PM
8	Unsure if this could help. Expanding the number of interns I can supervise, while also supervising technicians seems like it would increase my workload, but maybe there is something I am missing or maybe it is non-applicable to my setting.	7/7/2022 4:47 PM
9	It depends if there is adequate time dedicated to train and the pharmacist is not part of the scheduled workflow.	7/7/2022 4:35 PM
10	I think more could be supervised but their limited availability keeps it from being a huge impact	7/7/2022 4:35 PM
11	interns can be a lot - so if someone wants to expand the number of interns they can supervise - i am not sure they are utilizing them in the most appropriate fashion. so i would say no to this.	7/7/2022 4:32 PM
12	Extra hands do not always increase efficiency, usually leads to chaos.	7/7/2022 3:49 PM
13	ITS ALREADY A DECENT RATIO	7/7/2022 2:31 PM
14	Increasing error-prone staff is not the right answer.	7/7/2022 2:21 PM
15	Maybe?? A little?	7/7/2022 2:19 PM
16	2 is enough	7/7/2022 2:01 PM
17	Interns require training. This only helps in a scalable business like OSU's MTM service. When the job of a pharmacy is pure dispensing, there's only so many people a single pharmacist can effectively manage (keep in mind all of the techs and other pharmacists one might manage).	7/7/2022 2:00 PM
18	2:1 seems arbitrary. Let them use as many as they want. If the logic is that a RPh can't handle supervising more than 2, then make it 1. Why not apply the same logic to techs as their responsibilities evolve? One RPh per two techs? Watch every pharmacy die under that rule. Eliminate the rule, it makes no sense.	7/7/2022 1:44 PM
19	This is often limited by corporations	7/7/2022 1:35 PM
20	its hard enough to find an intern, especially not near a university	7/7/2022 1:29 PM
21	Especially in high volume pharmacies or even in low volume where tech staffing is an issue for a temporary solution	7/7/2022 1:26 PM
22	We never seem to have any interns anymore so don't know if this is needed. No one is going to pharmacy school anymore thanks to the PharmD program, saturation of the market, and pay cuts.	7/7/2022 12:47 PM
23	Na	7/7/2022 12:17 PM
24	A higher ratio would be great! I currently precept for a pharmacy school, and it is difficult (especially in the summer when our staff interns are more available to work) to schedule my IPPE and APPE students around their schedules. I want to schedule my students during times I'm available or when there is more "trainable" work available, but recently, I've had to require students to come in later due to interns already scheduled for day shifts (when no other tech is available). It has not been clear if an intern has to work "as a tech" but if a pharmacist can supervise multiple tech, why not multiple interns?	7/7/2022 12:08 PM
25	Interns are very helpful, the more the better. Also they are more qualified than techs who don't have a ratio which makes no sense.	7/7/2022 11:56 AM
26	When I interned in PA 20+ years ago, my retail pharmacy had 6-8 interns on staff.	7/7/2022 11:45 AM
27	The current ratio should be kept for quality and safety.	7/7/2022 11:40 AM
28	If one is doing a task such as immunizations, the ratio could be higher without safety issues.	7/7/2022 11:01 AM
29	Depends on the training and quality of the interns. Some require more supervision than others.	7/7/2022 9:31 AM
30	Pharmacy interns? They went the way of the woolly mammoth. Can't tell you the last time I saw one.	7/7/2022 12:14 AM
31	Interns are not common in pharmacies. This would only affect large pharmacies that have multiple interns. Most locations would benefit from a single intern.	7/6/2022 11:22 PM

Meeting Materials

32	Increasing the number could be good in the short term for the current pharmacy but negatively impact the education of the interns if they are being used for technicians.	7/6/2022 11:19 PM
33	never have that many interns ever work at a time, most i ever have is 1	7/6/2022 10:42 PM
34	This will not equally improve workflow capabilities for all pharmacies but rather only for those close to colleges of pharmacy	7/6/2022 10:30 PM
35	More worried about tech to pharmacist ratio than interns. We rarely ever get interns.	7/6/2022 10:15 PM
36	They need to learn from each other	7/6/2022 9:58 PM
37	We don't get many interns so I'm not sure how much preceptors have to do anymore. Besides the interns seem limited now on the amount of hours they work per week.	7/6/2022 9:42 PM
38	The level of the intern should be considered. 3:1 new interns would be overwhelming depending on the circumstances. 2 experienced interns and 1 new vs 1 experienced and 2 new...it does make a difference?	7/6/2022 9:39 PM
39	It's funny how you think we can get that many interns in one place outside of cities with pharmacy schools.	7/6/2022 9:38 PM
40	Would benefit pharmacies located near a school of pharmacy as well as provide more opportunities potentially for current students to gain experience.	7/6/2022 7:31 PM
41	Never have that many anyway.	7/6/2022 6:25 PM
42	I wish my company would allow me to hire even just one intern.	7/6/2022 4:15 PM
43	It is ok at this ratio	7/6/2022 4:11 PM
44	After 2 and 1/2 years I have not yet worked with a technician.	7/6/2022 2:45 PM
45	Find me an intern, no one wants to work retail.	7/6/2022 2:28 PM
46	Interns should be able to get some 1:1 attention from pharmacist in order to learn and not just work as a technician.	7/6/2022 1:35 PM
47	I don't know a store that has more than 1 intern. We have none	7/6/2022 1:23 PM
48	Might help with workload but could be unsafe to supervise to many interns	7/6/2022 12:00 PM
49	The more interns the better. They are able to take transfers and vaccinate which in turn decreases responsibilities on the RPh.	7/6/2022 11:42 AM
50	There are very few interns because no one's going to pharmacy school any more	7/6/2022 11:40 AM
51	Yes, each intern knows their limitations. The pharmacist on duty can safely supervise more than 2.	7/6/2022 11:36 AM
52	Have to have interns for this to be beneficial	7/6/2022 10:49 AM
53	2 interns per pharmacist is suitable to me. I think 3 would be more stressful, but it depends on the intern expertise	7/6/2022 10:43 AM
54	I think that pharmacists could safely supervise up to 3 or 4 interns at one time, depending on the location and activities involved.	7/6/2022 10:43 AM
55	At this time I believe that the 2:1 ratio is reasonable. I do believe that there may be extenuating circumstances where this could be expanded (e.g. immunization clinics) but do not believe that this would dramatically impact working conditions.	7/6/2022 10:38 AM
56	Should be more pharmacists on duty at the same time (overlapping pharmacists)	7/6/2022 10:37 AM
57	Interns are a huge help.	7/6/2022 10:33 AM
58	We need more supervision of interns. Not less.	7/6/2022 10:14 AM
59	We would all welcome the help.	7/6/2022 10:08 AM
60	One more person to be responsible for the actions.	7/6/2022 9:43 AM
61	Depending on the setting, may increase stress/responsibility	7/6/2022 9:36 AM

Meeting Materials

62	Not gonna happen, extra cost for chains	7/6/2022 9:07 AM
63	Just shifts the stress to an overload of supervisory tasks.	7/6/2022 7:41 AM
64	This will help a little in the short term	7/5/2022 10:50 PM
65	Not safe to have so many people assigned to one Pharmacist. A Pharmacist should not be held responsible for more than 2 interns at any given time.	7/5/2022 8:58 PM
66	I've never seen more than 1 intern working at a time in retail	7/5/2022 1:27 PM
67	Pharmacist can supervise more than 1 tech so they can supervise more than 1 intern.	7/5/2022 1:19 PM
68	I have found that 2 is about all that I can personally handle at a given time.	7/5/2022 12:08 PM
69	It helps the pharmacy/pharmacist get more workers, but it doesn't exactly help the intern get better experience, which is what they need and should be after. If you're just using your interns as techs, that's not good, but I guess it helps with workload?	7/5/2022 11:59 AM
70	This has potential for abuse. Would need to lay out in what circumstances this would be allowed.	7/5/2022 9:01 AM
71	This is just another way to abuse the workforce. Supervision of interns is intended to also be instruction. Don't make it more complicated.	7/5/2022 7:22 AM
72	Nope	7/4/2022 4:05 PM
73	Pharmacies are too understaffed to be able to monitor more people.	7/4/2022 3:22 PM
74	Nope- quality of training of interns would decline and then just using as worker bees and they don't learn anything and if they do make a mistake the pharmacist is on the hook	7/4/2022 10:25 AM
75	Can a pharmacist truly supervise more than two at a given time? Or is this just a way to have a cheaper, unlicensed person to complete expanded activities?	7/4/2022 7:33 AM
76	Really???? This is the least of our concerns!!!! This question shows how out of touch the board is with what's going on in retail, who cares about this	7/3/2022 4:05 PM
77	Feel like currently students are less likely to go into retail	7/3/2022 3:08 PM
78	I have never had more than one intern...	7/2/2022 11:09 PM
79	4th and 5th year interns have been very helpful	7/2/2022 6:18 PM
80	Most interns operate as techs anyway.	7/2/2022 1:31 PM
81	A good preceptor takes the time to make sure the intern is learning during the internship. So more interns could mean taking more time to work with them.	7/2/2022 12:39 PM
82	industry standards for intern/rxist ratios	7/2/2022 8:42 AM
83	The 2:1 is appropriate for Y1 interns, but with interns having 1yr or more experience a 3:1 or even 4:1 ratio may be appropriate	7/2/2022 3:18 AM
84	We don't see that many interns. If it'll help the hospitals that would be great.	7/2/2022 12:10 AM
85	Yes expand.	7/1/2022 7:17 PM
86	It's impossible to listen, watch that many people, all while still performing your own tasks.	7/1/2022 6:45 PM
87	Don't usually have any intern	7/1/2022 5:37 PM
88	I feel a pharmacist could supervise more than 2 if needed. We have a large number of pharmacy schools in this state and should be able to accommodate them if we have them.	7/1/2022 2:26 PM
89	This will probably add more stress than relieve it	7/1/2022 2:01 PM
90	If the techs responsibilities are expanded, more will be needed to perform the new tasks	7/1/2022 1:01 PM
91	The ratio should be in place to ensure proper learning experience for the intern not to help with workload.	7/1/2022 10:40 AM
92	We need to encourage more people to become technicians through any programs in schools-colleges-vocational centers or any other avenues-this may be the most important issue facing	7/1/2022 7:12 AM

Meeting Materials

	pharmacy today	
93	More helpful to city stores versus rural.	6/30/2022 9:58 PM
94	Still need technicians, which is the real shortage.	6/30/2022 9:53 PM
95	This is great in theory. But, I have not seen an intern in over 10 years. I am always surprised when I hear that a large chain pharmacy has an intern.	6/30/2022 9:04 PM
96	Maybe 3:1 but my job as a preceptor is to teach the intern, not just supervise them. Techs...I just supervise. The bigger issue with interns is that so many get their intern hours only from their rotations. Then they get licensed but are not proficient enough in anything to actually work without me being there for at least a month. After a month they can fill a Rx, but know nothing about running a business. The mechanics of inventory. Csos. Insurance billing because there aren't any techs!	6/30/2022 8:55 PM
97	A pharmacist is unable to supervise more than 2 people if supervising appropriately	6/30/2022 8:34 PM
98	by increasing that number you cause a decline in the quality of that intern's experience	6/30/2022 7:16 PM
99	The colleges of pharmacy are basically telling students not to work, quality of interns is bad	6/30/2022 7:08 PM
100	No problem.	6/30/2022 6:20 PM
101	helpful but it depends on the experience and pharmacy school year the intern is in.	6/30/2022 6:19 PM
102	Spread the interns out to more pharmacies. Make this a requirement as a part of their curriculum.	6/30/2022 6:18 PM
103	This could result in placing too much work into interns. Perhaps limit to interns graduating soon? Interns earlier in their training require the same supervision as technicians.	6/30/2022 5:51 PM
104	It is difficult to find interns who want to work at large chains because of the reputation that they have for low intern pay and hard work.	6/30/2022 5:31 PM
105	Once trained, we should be able to manage 4	6/30/2022 5:29 PM
106	Could go either way, the pharmacist may be distracted or the intern may be super helpful.	6/30/2022 4:13 PM
107	Some interns are working on projects etc and do not need 24/7 supervision.	6/30/2022 4:12 PM
108	Interns require a high level of supervision, particularly when there is a broad range in levels of competency. Any more than 2 could possibly cause more work than help.	6/30/2022 4:08 PM
109	interns should be learning not doing the majority of the workload	6/30/2022 3:22 PM
110	Obviously there has to be many technicians again the owner asked to be held responsible. Man the pharmacy correctly or shut the doors.	6/30/2022 3:17 PM
111	Interns are very important in the pharmacy and they are not always interacting in clinical ways. I think we can expand the number of interns but should be careful that we are focused on the intern learning on the job, not just working to fill a labor shortage.	6/30/2022 3:03 PM
112	Interns are only available certain times of the year.	6/30/2022 2:56 PM
113	We live in a college town and would love to have more interns on board.	6/30/2022 2:38 PM
114	They still have to be under the direct supervision	6/30/2022 2:18 PM
115	I work near a pharmacy school these interns don't really want hours.	6/30/2022 2:04 PM
116	We shouldn't look at pharmacy interns solely as a way to improve staffing models. I believe a pharmacist working in a fast pace environment can only adequately instruct, teach, advise, and mentor 2 pharmacy interns at a time. The primary purpose of pharmacy internships should be education, not fixing inadequate staffing.	6/30/2022 1:49 PM
117	Interns are better qualified compared to current technicians. The workload is substantially easier when staffed with interns.	6/29/2022 8:43 PM
118	this has to be taken into concert the level of supervision an intern needs as well as the number of technicians also being supervised; having an intern in the final years of school are different than in the early years	6/29/2022 5:04 PM

Meeting Materials

119	I'm neutral because interns take away our technician hours so if there is more then we may not be able to get our full-time hours that i depend on	6/29/2022 3:45 PM
120	Most interns are capable	6/29/2022 9:21 AM
121	I never have interns, but could be great for those who do	6/29/2022 6:00 AM
122	I think 2:1 is a safe ratio.	6/29/2022 12:39 AM
123	In WV it's unlimited and that's working well	6/28/2022 9:25 PM
124	Pethaps more than 1, just not always at the same time	6/28/2022 8:47 PM
125	Please don't promote more pharmacy schools.	6/28/2022 5:37 PM
126	Again, this could have unintended consequences.	6/28/2022 4:06 PM
127	Yes, I do find this helpful. However, the board must be able to implement staffing requirements or else the companies will not allot me the hours in the budget to have an intern work.	6/28/2022 3:36 PM
128	within reason, or if they could somehow be staggered	6/28/2022 2:50 PM
129	I'm not sure that adding additional personnel under the supervision of one pharmacist would be helpful. Some interns require much attention and realistically carrying on one's own job and responsibilities and supervising 2 other individuals seems that additional responsibilities with additional interns could then place an unrealistic load on one individual which could then be a potential safety issue, the very thing we are working to preserve.	6/28/2022 2:45 PM
130	Well equipped interns help tremendously	6/28/2022 2:42 PM
131	Requiring more pharmacist overlap would go farther, but increasing tech help would help. The issue is that there's so much turnover that many techs need more supervision and help, plus the pharmacist still bottlenecks workflow. A requirement for more pharmacist staffing would increase patient safety all around though. I know pharmacists are the expensive staff, but increasing techs and therefore volume will only put more workload and supervisory stress on that one, lone pharmacist that companies are currently willing to operate with and that will backfire on increasing patient safety. Trust me that it's very stressful to supervise most technicians because they have to be corrected often, on-the-spot educated, and monitored closely to ensure you aren't missing one of many mistakes they make, but you also don't have anyone else willing to work so you're stuck with what you have.	6/28/2022 1:13 PM
132	Interns aren't supposed to be technicians. They're supposed to be learning to be a pharmacist.	6/28/2022 12:37 PM
133	Yes!!!!	6/28/2022 11:37 AM
134	May cause more stress for the pharmacist	6/28/2022 11:27 AM
135	Always wondered why we have intern ratios and not technicians ratios.	6/28/2022 11:23 AM
136	I would understand the increase in need during this difficult hiring period. However, I am concerned with the quality of learning an intern will receive if there is a much larger ratio.	6/28/2022 11:22 AM
137	It will be necessary to ensure the bad actors that abuse student/intern presence are assessed. College's can handle this with students, but there is a growing trend in places setting up sham "residencies" to hire gobs of new grads to pay peanuts.	6/28/2022 10:35 AM
138	In high volume pharmacies, this would be a positive improvement to practice. I believe that a 4:1 ratio would be acceptable.	6/28/2022 10:01 AM
139	Dont care	6/28/2022 9:33 AM
140	Interns are primed to help out in a way that technicians simply cannot.	6/28/2022 8:40 AM
141	This would be great but with the company I work for we don't have many interns to begin with. So although this sounds like a great idea, not sure how this would play out in the retail setting.	6/28/2022 8:39 AM
142	This would stress me out more. Granted, it depends on the quality of the intern and what year he or she is in pharmacy school.	6/28/2022 8:38 AM
143	I think 2:1 is probably adequate.	6/28/2022 8:26 AM
144	We usually don't ever have more than 1 intern anyway so not sure this is a big issue.	6/28/2022 8:03 AM

Meeting Materials

145	This is great if you have good interns, bad if you don't. I do feel that students on rotation (IPPE or APPE) should be counted differently than students working as employees.	6/28/2022 7:57 AM
146	Concerned that a pharmacist may not be able to adequately supervise more than 2 interns at once if they are performing intern duties beyond what a certified technician can perform.	6/28/2022 7:56 AM
147	Too busy to supervise two interns at once.	6/28/2022 7:51 AM
148	2:1 is good ratio should not change	6/28/2022 5:23 AM
149	As our technician workforce has become more uniformly educated and licensed, poorer (as in "dumber") technicians are becoming the exception. Pharmacists need to spend MUCH MORE direct interaction time with the patients. More good techs doing more of the manual dispensing tasks would allow this. For example, in an open door pharmacy I believe it should be THE PHARMACIST always making the initial physical contact with patient before the initial dispensing of EVERY prescription. Currently, this is almost always a tech, just asking, "You got any questions for the pharmacist?"	6/28/2022 3:27 AM
150	Corporate won't allow for more staff. Even if increased it's not required so not going to impact much in my opinion	6/27/2022 11:59 PM
151	Not all interns are learned, motivated, or useful. This may be helpful or more work for the pharmacist depending on the intern.	6/27/2022 11:57 PM
152	You have heard the term just enough knowledge to be dangerous. You can only pay attention to so many interns at a time.	6/27/2022 11:24 PM
153	Three would be the max that can be adequately supervised in a busy pharmacy.	6/27/2022 11:22 PM
154	Only one intern per pharmacy was allowed	6/27/2022 11:11 PM
155	Depends on experience of the interns involved. Many Inexperienced interns can sometimes be detrimental due to time it can take for training and intense supervision.	6/27/2022 10:13 PM
156	I don't disagree with this ratio. It's hard to effectively teach more than 2 interns with so many other duties.	6/27/2022 9:49 PM
157	More trained individuals available to assist with workload provides more flexibility to employers -- this is GOOD - more like this please!	6/27/2022 9:23 PM
158	We don't get many interns anymore, where are they all going? 2:1 is plenty at this time in my mind.	6/27/2022 9:19 PM
159	Hard to watch too many people	6/27/2022 9:06 PM
160	As I stated before, not all RPhs are created equal so this could help or hurt depending. But I don't think adding extra folks for a pharmacist to supervise on top of regular pharmacy staff will help make things safer. Isn't the goal to create LESS distraction/chaos??	6/27/2022 8:32 PM
161	While this can help with workload it can lead to safety issues if each intern can not be properly supervised.	6/27/2022 8:32 PM
162	In retail, I don't think I have ever had more than one intern under my supervision, but see how it may impact hospital pharmacies	6/27/2022 8:14 PM
163	Not enough interns to go around so unlikely to matter	6/27/2022 8:04 PM
164	This sounds good in theory but at some point the interns are just working, not learning anything. More technicians would be better.	6/27/2022 7:48 PM
165	Where are you going to find the interns or a company that wants to pay interns???? Again, its not the issues of how many interns to pharmacist plus the Board grants additional help if asked. The issue is the COMPANY is not going to pay for interns... its more \$\$\$\$\$.	6/27/2022 7:47 PM
166	If more than 2 are needed than there should more than one pharmacist	6/27/2022 7:46 PM
167	Interns are very crucial	6/27/2022 7:44 PM
168	I think that in most cases this would not be a problem.	6/27/2022 7:22 PM
169	Not enough interns available to do this. Many stores don't even have 1 intern.	6/27/2022 7:18 PM

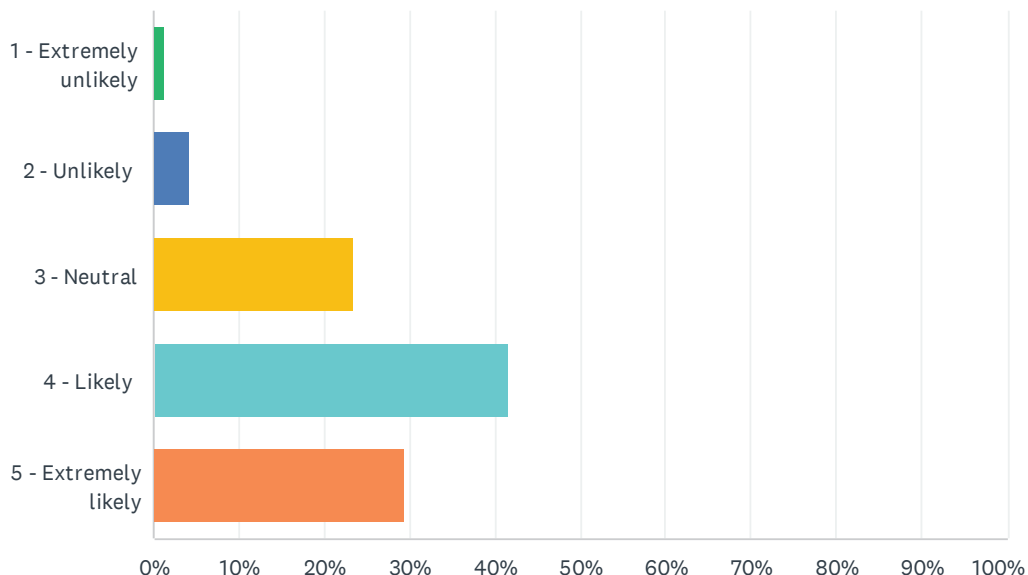
Meeting Materials

170	SCHOOLS ARE PRODUCING KIDS WHO ARE ILL PREPARED TO ENTER THE WORKFORCE- THE SCHOOLS LOATHE RETAIL PHARMACY- WE ARE THE KNUCKLE DRAGGING CAVE MEN OF THE PHARMACY PROFESSION AND STUDENTS ARE INCOURAGED TO AVOID RETAIL BY THE UNIVERSITIES	6/27/2022 7:15 PM
171	only good if the company will allow us interns	6/27/2022 7:05 PM
172	I can't have too many bodies to manage.	6/27/2022 6:36 PM
173	2:1 is sufficient. Increasing the number of pharmacists should be the priority not increase techs or interns as that doesn't help pharmacists improve patient care.	6/27/2022 6:23 PM
174	Meh. Not that many interns these days.	6/27/2022 6:23 PM
175	The skills and capabilities vary substantially between interns as their education progresses. Expanding the ratio does the intern a disservice to their learning and does the public a disservice by enabling interns to operate functionally unsupervised	6/27/2022 6:22 PM
176	While this is a fine idea, I doubt it would have much of a practical impact in pharmacist workload. Interns are few and far between, especially interns willing to work in retail (where they are needed most and can gain the most practical experience). I do not know of any retail pharmacies that even employ more than 2 interns currently.	6/27/2022 5:42 PM
177	2:1 is a good, fair ratio	6/27/2022 5:41 PM
178	This comes back to the total number of people I'm supervising at once. Techs, interns, cashiers; it doesn't matter who they are, I'm still only one person. If there are too many interns, I can't teach them much. On the other hand, interns are more knowledgeable than technicians, so I'd rather have more interns than technicians. It's still the total number that matters.	6/27/2022 5:33 PM
179	Might help. Interns have helped us fill tech gaps but new interns have to wait too long for their initial license so they're already in school when they get licensed making it very hard to get them trained and up to speed quickly.	6/27/2022 5:27 PM
180	I think the ratio of 2 to 1 is sufficient, but then again, I don't work in a very high volume store. Having too many interns to be responsible could be overwhelming to the pharmacist.	6/27/2022 5:19 PM
181	Sometimes more interns have more questions and you are constantly being pulled in too many directions	6/27/2022 4:45 PM
182	How much can an intern learn at a higher ratio? At that point they become free techs.	6/27/2022 4:30 PM
183	This will help some, but I don't want the number to increase too much or corporations will take advantage and make unsafe conditions by loading a pharmacy with interns instead of pharmacists	6/27/2022 4:26 PM
184	2 or maybe 3 to 1 is plenty	6/27/2022 4:22 PM
185	Depending on their duties	6/27/2022 4:17 PM
186	To chaotic to supervise more.	6/27/2022 4:08 PM
187	We need more pharmacists, not more individuals that require supervision, especially if your responsibility is to teach as well as all other duties. Legally the buck stops here!	6/27/2022 4:04 PM
188	Helpful for sure, but most interns World like to concentrate on clinical work and we need more help with customer care/phone calls/ etc	6/27/2022 4:01 PM
189	There's really not much need for more than two interns at one time, unless the store is extremely busy	6/27/2022 3:59 PM
190	It could only help	6/27/2022 3:55 PM
191	Interns will not receive proper training and depending on pay companies will ramp up staffing with them if they can save anything at all	6/27/2022 3:53 PM

Meeting Materials

Q26 Automation and Technology Examine ways to utilize automation and technology to improve working conditions.

Answered: 1,856 Skipped: 171



ANSWER CHOICES	RESPONSES	
1 - Extremely unlikely	1.35%	25
2 - Unlikely	4.26%	79
3 - Neutral	23.38%	434
4 - Likely	41.49%	770
5 - Extremely likely	29.53%	548
TOTAL		1,856

#	ADDITIONAL COMMENTS	DATE
1	Needs clarification.	7/9/2022 11:00 AM
2	As long as it doesn't eliminate technician hours in our stores. We will always need bodies to ring people out and to answer the 6 phone lines that seem to constantly ring.	7/7/2022 10:28 PM
3	Appropriate automation can reduce errors	7/7/2022 7:51 PM
4	Sometimes fixing the machine is more time consuming than doing the job	7/7/2022 5:54 PM
5	Automation and technology enhancements has to be considered in pharmacy practice. They reduce workload on employees, improve efficiency, accuracy, quality, and reduce overall costs.	7/7/2022 5:12 PM
6	It's probably been done many times before, but what's important is who is doing the examining because that usually determines the focus. A collaborative effort from different contributors to the process with a common focus identified for specific outcomes could yield a more useful result. Perhaps, expansion of the test users in various practice environments could be helpful.	7/7/2022 5:11 PM

Meeting Materials

I don't know what happens currently in product research and development. By the way, patient input wouldn't hurt.

7	Getting people to utilize apps would be aid huge benefit. However, this isn't something that could be made into a law	7/7/2022 4:35 PM
8	could be good. just depends on what automation the board wants to approve / require.	7/7/2022 4:32 PM
9	Ohio is behind here. While strides are being made, it is at a slow pace. Then let us couple this with the fact that what one inspector allows or denies differs across regions, and at times within the same inspector. Align and education your inspectors that there is no reason to be scared of technology.	7/7/2022 4:08 PM
10	Improved automation should probably be the #1 focus as current technology and tools are available but not typically leveraged by the pharmacy industry.	7/7/2022 3:02 PM
11	LIKE MAKING IT MORE AFFORDABLE?	7/7/2022 2:31 PM
12	Do you honestly think I'd want to give the thumbs up to having my job replaced?	7/7/2022 2:21 PM
13	Likely an examination might be helpful. I don't see a rule needed here.	7/7/2022 2:19 PM
14	Automation or any technological improvement increases the available resources a pharmacist has at his or her command. Think of robotic dispensing in the hospital. What a force multiplier!!	7/7/2022 2:00 PM
15	Don't tread on my robots	7/7/2022 1:44 PM
16	Only if it truly helps	7/7/2022 1:35 PM
17	automation cuts tech help	7/7/2022 1:29 PM
18	But nothing can replace human contact. Automation requires maintenance. There has to be a balance	7/7/2022 1:26 PM
19	Access to electronic medical records to improve patient safety!	7/7/2022 1:22 PM
20	Automation could definitely help.	7/7/2022 12:47 PM
21	most retail pharmacies are not built for this equipment. Ours is a converted storeroom, too small for automation.	7/7/2022 12:21 PM
22	Na	7/7/2022 12:17 PM
23	In certain situations, automation can improve workflow, but cost of those systems can be prohibitive and extra training is needed to train staff how to manage issues with the automation (and sometimes trying to fix automation issues creates more work on the staff).	7/7/2022 12:08 PM
24	As long as the technology works 99% of the time.	7/7/2022 11:01 AM
25	It doesn't take skill to count but imagine the time it takes a person to do 900 prescriptions in a day. That's a lot of repetition and that leads to a lack of concentration.	7/7/2022 9:31 AM
26	I don't see how things can get any more automated.	7/7/2022 12:14 AM
27	Could also put pharmacist jobs at risk	7/7/2022 12:01 AM
28	Mandatory escribing	7/6/2022 11:28 PM
29	Require robotics if extra volume is over a certain level or require more technician help for high volume store without robotic filling.	7/6/2022 10:15 PM
30	Dispensing machines are nice but still requires humans to operate them and keep them productive	7/6/2022 9:58 PM
31	The computer systems should always be updated	7/6/2022 9:42 PM
32	Only if the automation is checked regularly for potential errors. There must be SAFE automation.	7/6/2022 9:38 PM
33	Technology helps but with it comes problems	7/6/2022 9:29 PM
34	great idea but healthcare costs are a concern	7/6/2022 5:42 PM

Meeting Materials

35	We can't even get a KIRBY this is a financial decision by the accounting and marketing managers. They all make more money than the pharmacists.	7/6/2022 2:28 PM
36	Yes! Communication with senders of ecribes. Messages get lost or translated wrong then they send another rx that doesn't answer the question. Then you have 5 different rx's sent over 3 days and which is correct? Break in communication	7/6/2022 1:23 PM
37	Always pros and cons for these. With technology comes a different set of problems.	7/6/2022 12:05 PM
38	Central fill and our robot did not help at Kroger AT ALL! Robot always malfunctioning causing more problems	7/6/2022 11:51 AM
39	Automation is amazing when it works.	7/6/2022 11:42 AM
40	Processes break down due to people, procedures, or technology. Improve the technology to support the process and the people.	7/6/2022 10:59 AM
41	Remote data entry, verification, MTM would all be helpful	7/6/2022 10:43 AM
42	These technologies come with a cost and enforcing mandatory use of any of them does not seem right to me. I support the expansion and use of automation and technology, but I think the Board's time could be better spent examining other issues because any rules around these devices would be difficult to enforce and nearly impossible to require.	7/6/2022 10:43 AM
43	Beneficial but there must be enough staff to service the automation when it has errors/needs refilling as well as someone to continue to fill prescriptions	7/6/2022 10:14 AM
44	This should be left as a business decision, not government regulation.	7/6/2022 9:43 AM
45	We're already automated	7/6/2022 9:07 AM
46	Too vague of a statement to be positive or negative	7/5/2022 10:50 PM
47	As long as it doesn't put people out of jobs.	7/5/2022 10:20 PM
48	YES!!!!	7/5/2022 8:58 PM
49	All automation and technology should be designed to challenge current operation standards, drive safety, efficiency, and productivity.	7/5/2022 1:19 PM
50	Better technology is always good. Unfortunately, I can tell you that our computer system has so many inadequacies, that I have missed some drug allergies/duplicate therapies because of the number of things it warns about (all people over 65 have age related concerns on all BP meds!).	7/5/2022 12:08 PM
51	Technology often is viewed as more of a problem because it takes a while to learn or is always buggy, but the data constantly shows that good technology makes technician's lives easier. Please find a way to make it cheaper so it gets more widely used. Cost is the #1 barrier to technology.	7/5/2022 11:59 AM
52	I do not see additional comment line, but please note this issue needs examined for hospital pharmacies also. Like other professions practicing in hospitals, a patient to pharmacist ratio needs created.	7/5/2022 9:01 AM
53	Some changes are likely to improve conditions eventually, while others are a problem waiting to happen (photo verification)	7/5/2022 7:22 AM
54	You can only automate so much. Eventually even automation breaks down, then what are you going to do? Just stick with mandating all providers must Escribe, its the best idea there is frankly.	7/4/2022 4:05 PM
55	The lack of quality working conditions is a known issue that has caused many errors and harm to our communities.	7/4/2022 3:22 PM
56	it would be nice to remotely check prescriptions for a retail pharmacy from a laptop. I know mail-order has this and long-term care but it would be nice if chain pharmacies would be permitted to do this on a greater level	7/4/2022 3:21 PM
57	Comes down to cost and you should not be mandating what a company should spend - sometimes a good ole handshake and hard work and dedication go a long way	7/4/2022 10:25 AM
58	This can also be a huge help from a safety perspective, to help prevent errors even reaching a	7/3/2022 7:05 PM

Meeting Materials

pharmacist.

59	Yes Yes Yes. As technology grows so should the profession as well to embrace it. It would alleviate a lot of the stress currently being put on by pharmacist and increase patient safety.	7/3/2022 2:13 PM
60	depending on the automation	7/2/2022 11:09 PM
61	Technology is only great when it works. And companies will find the cheapest way to meet these requirements. Fixing broken equipment and trouble shooting technology takes time.	7/2/2022 1:31 PM
62	technology is a beautiful thing when it works if it does not then workload and frustration take over	7/2/2022 8:42 AM
63	But adding a robot doesn't mean we take a human out of the schedule.	7/2/2022 12:10 AM
64	If the technology works, it would be great. My pharmacy has a Parata Mini which is not impressive and not helpful.	7/1/2022 6:45 PM
65	We have a machine that counts out some meds now, it is handy when it works but it also takes time to fill it	7/1/2022 2:01 PM
66	Possible positive but will lead to tech hours being cut, and those are already bare minimum	7/1/2022 1:17 PM
67	Mandatory electronic prescribing except in rare cases	7/1/2022 1:01 PM
68	Chains are doing this daily. No need for the board to step in. I do NOT want a robot having final verification	6/30/2022 9:58 PM
69	This will also lead to fewer jobs for pharmacists in the long run!	6/30/2022 9:57 PM
70	This is constantly being updated by companies and is used as an excuse to cut hours because theoretically should save time/hours.	6/30/2022 9:53 PM
71	When ever you add automation, corporate pull back on fte for the store	6/30/2022 9:20 PM
72	I think the large chains would get rid of pharmacists if they could just find the artificial intelligence and machines to do our jobs.	6/30/2022 9:04 PM
73	I have automation in my pharmacy. When it's working, it's great but when it's not, it makes for a long day.	6/30/2022 9:03 PM
74	Again, this is an employer issue, not something the board can force. Of course the board seems to need to approve any automated systems. Another comment not related to this item but there doesn't seem to be an area for general comments.....I use to love being a pharmacist. Now, I find it hard to be enthusiastic about the profession around my interns. I love my patients, but I don't love my job. Every day I hold my tongue, Stopping myself before I encourage them to look at alternate career options. If I could do it over again, I don't think I would. The professions isn't what it used to be.	6/30/2022 8:55 PM
75	This is a subject I am a bit passionate about. I currently work in an inpatient pharmacy, and we use a program called DoseEdge for making IV and oral medications. Once the pharmacist verifies that the medication was prepared correctly in the pictures, they verify the medication. Then, you scan a barcode on the initial dose and another label pops out that you then put on the medication as a sign to everyone that this dose was checked and is correct; this process is called 'sorting'. Sorting is incredibly basic and is not meant to be another check of the medication, it is just meant to show that it has been checked and can be done by anyone. I previously worked in Connecticut where technicians could sort medications. Here in Ohio, there is a law that all medications must be touched by a pharmacist before getting delivered to the floor; therefore, pharmacists are required to sort all of these medications. When there are hundreds of doses you make in a day, standing and sorting medications for hours is not a proper use of our time. If several technicians and the pharmacist could sort, it makes things so much easier. Again, the process is just scanning the label on a dose, getting the new label that prints out, and putting the new label over the old label, so it is not a difficult process. This could be an easy fix and help many hospitals in Ohio.	6/30/2022 8:48 PM
76	Concern about outsourcing pharmacists	6/30/2022 7:04 PM
77	If it will make the day go more smoothly i am all for it.	6/30/2022 6:20 PM
78	technology that works is always a god send but it still cant replace the pharmacist knowledge and education skills and the time to use those skills to help patients. Patients have to use the	6/30/2022 6:19 PM

Meeting Materials

technology available to them too instead of being lazy and just calling the pharmacy for every little thing, like to see if their scripts are ready.

79	If used properly. More details needed. Thank you for taking pharmacy workplace matters seriously! -A Grateful Pharmacist	6/30/2022 5:51 PM
80	Best idea yet, employers/owners need to invest into it.	6/30/2022 5:29 PM
81	Technology is not going to save this profession.	6/30/2022 4:50 PM
82	Business decision. Our company can prove that counting machines are more efficient and have same error rates as most automation.	6/30/2022 4:12 PM
83	We need to slow down the thought that technology is always going to improve. Time and time again unanticipated consequences happen.	6/30/2022 3:35 PM
84	This will only serve to allow the corporations to further cut down human bodies in the pharmacy. At my personal location we do not have a counting robot at my request. Because I was told that if I have an automated or artificial intelligence in the pharmacy to assist with workflow we would lose Technician hours as a result. So this is in no way shape or form going to be helpful unless you initiate that we still have to keep the same number of Technician hours for servicing customers safely and efficiently	6/30/2022 3:34 PM
85	Segregate finance from Pharmacy entirely are you kidding me ! All people with a conscience have to stop going into the professional pharmacy if this continues. You don't ask the Farmer to do the books while he's driving the tractor planting the seeds, you also don't ask the pilot to land the aircraft and count the tickets at the same time	6/30/2022 3:17 PM
86	This should be an ongoing initiative.	6/30/2022 2:56 PM
87	I feel like the locations that have a Parata spend more time fixing and filling the Parata than manually filling rx's.	6/30/2022 2:38 PM
88	Not all pharmacies would be able to invest in these	6/30/2022 2:18 PM
89	Need ability to work remotely from home like in neighboring states	6/30/2022 2:14 PM
90	Increased automation of chronic meds would be very helpful. And could help guarantee patients get them 5-7 days in advance without "running out"	6/30/2022 2:07 PM
91	Poor technology slows pharmacies down and creates unnecessary problems	6/30/2022 8:42 AM
92	One more thing I have to fix when it breaks	6/29/2022 5:49 PM
93	Anything to improve working conditions	6/29/2022 9:21 AM
94	Retail chains don't like expense associated with "robots "	6/28/2022 9:25 PM
95	We still have to be in charge of automation	6/28/2022 8:47 PM
96	Having automation would be very helpful. I know several pharmacies that have some filling robots and it's very helpful in filling many of their common medications.	6/28/2022 3:36 PM
97	There is no reason lower volume stores can't use automated filling technology to help save the people for tasks that a robot can't do. It also increases safety if used correctly because it takes a large portion of the human error element out of the equation.	6/28/2022 1:13 PM
98	Not only improves working conditions but has the potential to improve safety dramatically.	6/28/2022 11:23 AM
99	This is a continuous and positive improvement for all pharmacy workplaces!	6/28/2022 10:01 AM
100	Tech and automation have their own set time-consuming challenges.	6/28/2022 9:52 AM
101	Bottom line is that you must have enough people! We have any overnight filling facility capable of filling a large volume of prescriptions. You still must have available staff to deal with putting all of that away, reprocessing orders that don't show up and dealing with issues when the service is overloaded or unavailable. Automation doesn't always mean less work.	6/28/2022 9:48 AM
102	Sometimes these implementations cause more work if the technology is not working properly	6/28/2022 8:50 AM
103	I feel like CVS is good with this but I don't know about other companies.	6/28/2022 8:26 AM

Meeting Materials

104	We have a robot at most of the busier stores.	6/28/2022 8:03 AM
105	Some times it creates more mistakes	6/28/2022 5:23 AM
106	Technology is further ahead than what pharmacy currently utilizes it for such things.	6/27/2022 11:59 PM
107	Only our busiest stores have automated filling machines. The current technology takes a very long time to scan a product and print a label. Any new automation would be a vast improvement.	6/27/2022 11:57 PM
108	Stop the phone calls.2	6/27/2022 11:41 PM
109	Counting machines and the flavor rx ultra would help some	6/27/2022 11:39 PM
110	I've seen this before. Every single time a new system is implemented, a company will use it as an excuse to cut hours. Again, the root cause of many of these issues is fundamentally corporate greed.	6/27/2022 11:24 PM
111	Having a person training a tech right next to them is the best way to train someone.	6/27/2022 11:24 PM
112	Better software that allows transparent movement of prescriptions would be a godsend. Current practice of calling for transfers is outrageously tedious.	6/27/2022 11:22 PM
113	This would like just incentivize retail pharmacies to eliminate staff, which is the central issue now	6/27/2022 9:55 PM
114	We have issues every day with technology that is supposed to make things easier not doing that.	6/27/2022 9:37 PM
115	Broadening access / easing requirements on technology use will definitely help address workload.	6/27/2022 9:23 PM
116	We are doing this now and successfully using our central fill to reduce the burden on front line pharmacists and staff by 50%. I just don't see how the Board can require this if the cashflow and funds to pay for expensive equipment and maintenance fees are not there.	6/27/2022 9:19 PM
117	Shoudn't we always be doing this????	6/27/2022 8:32 PM
118	Automation is great as long as it's functioning.	6/27/2022 7:58 PM
119	Technology is being used. Again, if the company is not going to pay for it or if the technology only helps with the product, who is doing the DUR, who is doing the final check? Technology is only as good as the environment and how its being utilized. And we don't want it to eliminate the need for pharmacist!	6/27/2022 7:47 PM
120	Increase in technology will decrease stressors	6/27/2022 7:46 PM
121	Please include hospital pharmacists	6/27/2022 7:41 PM
122	Technology can act up and not work, but most of the time it is more helpful.	6/27/2022 7:22 PM
123	EVERY CHAIN SHOULD BE REQUIRED TO RUN A CENTRAL FILL PHARMACY TO REDUCE IN STORE WORKLOAD	6/27/2022 7:15 PM
124	corporates will not want to put more money into	6/27/2022 7:01 PM
125	My employer already tries to do this	6/27/2022 6:36 PM
126	Make it mandatory for pharmacies to have at least one counting machine I.e. Kirby lester	6/27/2022 6:30 PM
127	This doesn't even need to be a question.	6/27/2022 6:23 PM
128	It could help, but the chains use technology form 1982 anyway so not sure that will help much (if they use it).	6/27/2022 6:23 PM
129	Not allowing central fill or return to stocks to be put in the robot is killing workflow and leading to unsafe conditions for dispensing. Automation is non-existent now because if these board rules. The robot is not a stock bottle. A patient can receive multiple Lots and Exp in one full (multiple boxes, 270 tabs from different bottles, etc) so why can't they go in the machine if the pharmacist is reporting the lot and exp when it is returned to the robot??	6/27/2022 6:11 PM
130	While this is very vague, advances in prescription automation doubtlessly have the potential to	6/27/2022 5:42 PM

Meeting Materials

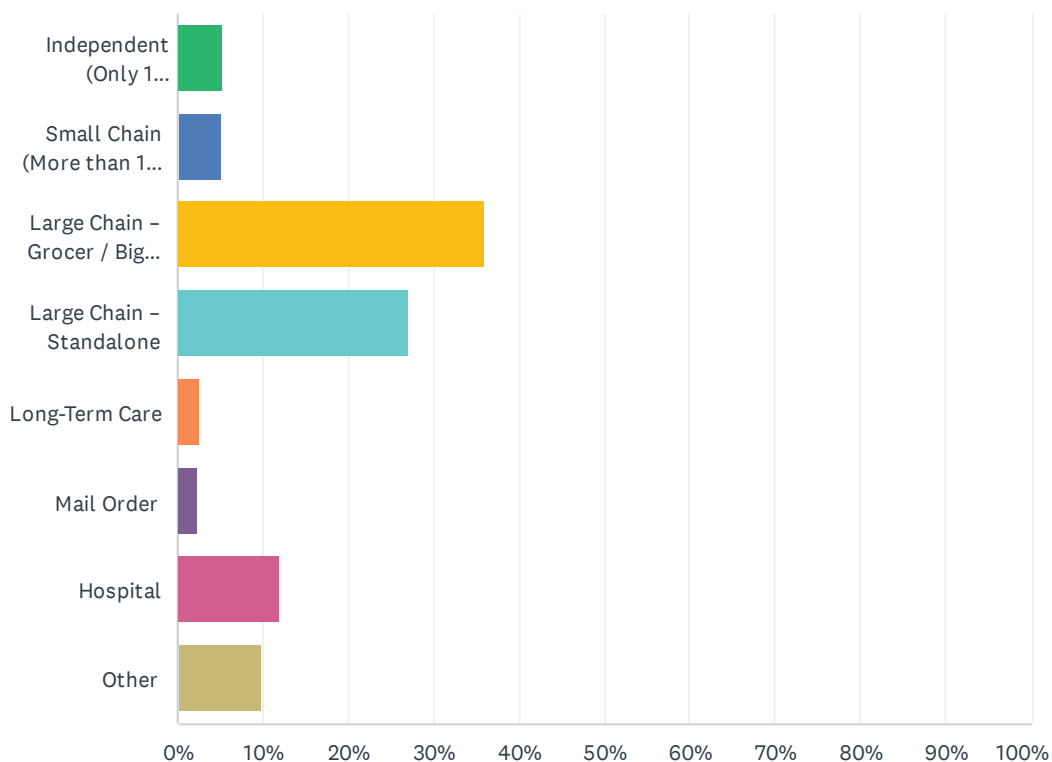
greatly reduce pharmacist workload and stress, as long as they are implemented intelligently.

131	Some automation is good because it gets things done faster, but automation also needs people to stock it, audit it, repair it, etc. I think there is room for improvement with automation in retail pharmacy, but I'm not sure I want to see retail pharmacy move in the direction of mail order pharmacies.	6/27/2022 5:33 PM
132	Anything to improve working conditions is a PLUS and a MUST!	6/27/2022 5:19 PM
133	Most times technology (or it not working) is the problem. Why don't you force companies to have a person who actually Works in the stores assist before they waste money on things that don't work!	6/27/2022 4:45 PM
134	Refills being automated sounds good.	6/27/2022 4:30 PM
135	Automation and technology definitely help take workloads off of pharmacists and technicians, but they also create new workloads when they break down	6/27/2022 4:26 PM
136	Anything that helps with workload and will free up time for a pharmacist	6/27/2022 4:22 PM
137	I fear these types of measures would displace my technicians but I hope technology could reduce pharmacist burnout.	6/27/2022 4:08 PM
138	Some stores have some items, others don't have anything. This also plays onto how much staff is needed and makes each store unique.	6/27/2022 4:01 PM
139	Unfortunately, this is just another way for my employer to cut hours	6/27/2022 3:55 PM
140	But staffing requirements should be protected. You still need a pick up, drop off, drive thru, data entry, filling, and RPh spot.	6/27/2022 3:41 PM

Meeting Materials

Q27 Please identify your primary practice setting:

Answered: 1,906 Skipped: 121



ANSWER CHOICES	RESPONSES	
Independent (Only 1 location)	5.30%	101
Small Chain (More than 1, but less than 12 locations)	5.14%	98
Large Chain – Grocer / Big Box Store	36.10%	688
Large Chain – Standalone	27.02%	515
Long-Term Care	2.47%	47
Mail Order	2.36%	45
Hospital	11.91%	227
Other	9.71%	185
TOTAL		1,906

Meeting Materials

Pharmacist Workload Advisory Committee – Draft Policy Options with Feedback

Rank	Title	Type of Change	Description	Committee Comments	Pharmacist Survey	NACDS / Retail Merchants	OPA												
1	Expand Technician Scope of Practice – Immunizations	Administrative Rule / Legislative	Authorize the administration of immunizations and vaccines by pharmacy technicians that includes all approved ACIP-recommended vaccines for adults and children.	<p>In general, committee members were supportive of expanding the scope of practice for pharmacy technicians to provide immunizations. Committee members highlighted the utilization of the PREP Act, which allowed registered/certified technicians to provide immunizations in response to the COVID-19 pandemic.</p> <p>Committee members indicated that administration of vaccinations was a significant contributor to stress in the retail setting.</p> <p>There was discussion regarding creating a separate credential for vaccinating technicians to justify enhanced pay rates. However, Committee members were not certain that creating another credential would incentivize companies to offer higher rates of pay for technicians because, just like pharmacists, immunization administration may become the standard for technicians.</p> <p>The Committee did discuss training components, including requiring initial training that matched the PREP Act requirements (e.g., ACPE approved 20-hour course, such as APHA) as well as requiring continuing education to ensure technicians maintain competence. The Committee discussed making sure that technicians receive more training than pharmacists/interns given that pharmacists and interns have already completed courses in anatomy and other relevant topics as part of their pharmacy education. Additionally, the Committee discussed making sure a preceptor signs off on technician qualifications prior to completing the training.</p> <p>The Committee discussed limitations for the number of pharmacists supervising technicians conducting vaccinations.</p>	<p>All Respondents:</p> <table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>11.50% 231</td> </tr> <tr> <td>2 - Unlikely</td> <td>15.03% 302</td> </tr> <tr> <td>3 - Neutral</td> <td>21.01% 422</td> </tr> <tr> <td>4 - Likely</td> <td>28.57% 574</td> </tr> <tr> <td>5 - Extremely likely</td> <td>23.89% 480</td> </tr> </tbody> </table>	Answer Choices	Responses	1 - Extremely unlikely	11.50% 231	2 - Unlikely	15.03% 302	3 - Neutral	21.01% 422	4 - Likely	28.57% 574	5 - Extremely likely	23.89% 480	<p>SUPPORT: We support expanded scope allowing pharmacy technicians to immunize. The pharmacy technician must be registered in accordance with state requirements, actively certified by a national pharmacy technician body (any recognized by the state board of pharmacy) and have successfully completed a practical training program approved by ACPE.</p> <p>Throughout the public health emergency, and even prior to it, pharmacy technicians have participated in the delivery of vaccine services to the American public. As authorized by the federal government under the Public Readiness and Emergency Preparedness Act (PREP Act), trained pharmacy technicians throughout the state are already administering vaccinations to the people of Ohio. Leveraging the full pharmacy team in the provision of immunizations has enhanced pharmacies' ability to play a central role in</p>	<p>Although we appreciate the various areas of expanding technician utilization, the reality is that very few technicians are available at this time. We believe technicians have a significant role in assisting the pharmacist in providing various immunizations and other critical services. However, we are not comfortable with technicians providing the services without the pharmacist on duty having complete confidence in their abilities. Since the pharmacist will be absorbing the liability, they should have the right to deny a particular technician from administering vaccines if they have concerns about their competence.</p> <p>Pharmacists often need to intervene with certain patients at the point of care. If the pharmacist is not directly in the pharmacy at the time of dispensing, all chance for provider services is</p>
Answer Choices	Responses																		
1 - Extremely unlikely	11.50% 231																		
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Meeting Materials

				<p>Some members expressed concerns about having set ratios, indicating that it would be preferential to leave up to the responsible pharmacist and that states are moving away from ratios.</p> <p>The Committee also discussed making sure that pharmacists feel empowered to ensure appropriate levels of oversight of technicians providing immunizations to ensure patient safety.</p> <p>Generally, the Committee felt that this proposal should apply to certified and registered pharmacy technicians if they are adequately trained.</p> <p>The Committee discussed a requirement to assess the competency every two years, including a review of appropriate technique. It was also mentioned that certain pharmacy technicians may not be administering immunizations on a regular basis, so it is important to have regular reviews. The members also discussed how other aspects of pharmacy practice (sterile compounding) require regular reviews to ensure competency.</p>		<p>the nationwide effort to vaccinate priority populations, and the broader public to mitigate the spread of COVID-19 and other vaccine preventable diseases. In fact, recent data from the Centers for Disease Control and Prevention (CDC) indicate that as of June 23, 2022, pharmacy vaccinators have administered more than 256.3 million doses of the COVID-19 vaccine – and that number continues to grow. An internal survey of NACDS members conducted in March 2022 found that up to 38% of all COVID-19 vaccine doses provided by pharmacies were administered by pharmacy technicians.</p> <p>The actions of the federal government have also empowered pharmacy vaccinators to provide enhanced access to routine childhood vaccines, a critically important service considering the rate of compliance with recommended childhood vaccines declined significantly in the early months of the pandemic.³ Allowing pharmacy vaccinators to provide</p>	<p>denied to the patient.</p> <p>We are open to discussion on various levels of utilization of technicians, but feel that it is unlikely to impact the workload in the short term due to the unavailability of technicians. We believe that pharmacists are still adjusting to the administration of long acting injectables, and other medications. We don't believe that the time is right to expand that authorization to technicians.</p>
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Meeting Materials

						<p>vaccinations to younger children has provided parents with an immediately accessible and convenient location for getting their children the recommended childhood vaccines. The importance of this access is reflected in recent CDC data: for children ages 5-11, pharmacy providers have administered 46.4% of all COVID-19 pediatric vaccine doses and 12.3% of pediatric seasonal influenza vaccines.</p> <p>Considering that pharmacy technicians have demonstrated their ability to safely and effectively assist pharmacists in administering vaccines as authorized under the federal PREP Act authorities, we urge the Board to permanently codify the ability of pharmacy technicians to administer ACIP recommended vaccines to adults and children to help ensure that pharmacies can continue to provide the level of patient care services that the public has come to expect from neighborhood</p>	
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Meeting Materials

						pharmacies in recent times.																			
2	Mandatory Breaks/Rest Periods	Rule	Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal breaks to all staff.	<p>Representatives from chain pharmacies indicated that most pharmacies are moving in this direction. Usually, 30-minute breaks are provided, and everyone must leave the pharmacy.</p> <p>Some members raised concerns that mandatory breaks do not help rebalance workload, as the level of workload does not change.</p> <p>However, there were discussions about whether mandating a closed pharmacy would negatively impact patient access.</p> <p>The Committee raise concerns about allowing technicians to bag/sell prescriptions without the pharmacist present. Committee members did not take issue with technicians continuing to prepare prescriptions for pharmacists to check when they return as a way of making sure that patients can still get their medications in a timely fashion.</p> <p>Some committee members cautioned against mandatory breaks and requested an approach like Oregon, which states that there must be "appropriate opportunities for uninterrupted rest periods and meal breaks."</p> <p>Committee members expressed that most physician offices are closed for lunch. Therefore, it's about setting expectations for the public that pharmacies need to take breaks.</p> <p>Generally, the committee agreed that uninterrupted breaks are good for patient safety in all pharmacy settings, as they allow for staff to come back refreshed.</p>	<p>All Respondents:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Answer Choices</th> <th colspan="2" style="text-align: center;">Responses</th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td style="text-align: center;">2.63%</td> <td style="text-align: center;">53</td> </tr> <tr> <td>2 - Unlikely</td> <td style="text-align: center;">5.25%</td> <td style="text-align: center;">106</td> </tr> <tr> <td>3 - Neutral</td> <td style="text-align: center;">8.28%</td> <td style="text-align: center;">167</td> </tr> <tr> <td>4 - Likely</td> <td style="text-align: center;">23.79%</td> <td style="text-align: center;">480</td> </tr> <tr> <td>5 - Extremely likely</td> <td style="text-align: center;">60.06%</td> <td style="text-align: center;">1212</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	2.63%	53	2 - Unlikely	5.25%	106	3 - Neutral	8.28%	167	4 - Likely	23.79%	480	5 - Extremely likely	60.06%	1212	<p>OPPOSE: We do not support mandatory breaks, however, we would support a policy to provide "appropriate opportunities for uninterrupted rest period OR meal break."</p>	<p>We certainly support the idea that Pharmacists should not work extended hours without a break. The wording of an administrative rule needs to be carefully crafted so that various practice sites can be properly accommodated.</p> <p>An independent pharmacist with no other pharmacist may have a different need than a chain with multiple pharmacists on duty. We simply ask that there be flexibility.</p>
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3	Improve Resources to Promote	Board Initiative	Board shall develop educational videos and other materials to	Committee members expressed the need to improve resources to assist with the licensing of pharmacy technicians. Specifically, they would like resources to	<p>All Respondents:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Answer Choices</th> <th colspan="2" style="text-align: center;">Responses</th> </tr> </thead> <tbody> </tbody> </table>	Answer Choices	Responses		<p>SUPPORT: We support the Board of Pharmacy creating resources that walk</p>	<p>We support the improved resources for onboarding, license transfer</p>															
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Meeting Materials

	Technician Onboarding		facilitate the onboarding of new technicians.	assist both technicians as well as pharmacists and HR professionals responsible for coordinating the onboarding and training of technicians. Resources include additional guidance documents and step-by-step training videos assisting licensees in navigating the eLicense application process.	<table border="1"> <tr> <td>1 - Extremely unlikely</td> <td>4.22%</td> <td>85</td> </tr> <tr> <td>2 - Unlikely</td> <td>10.37%</td> <td>209</td> </tr> <tr> <td>3 - Neutral</td> <td>23.87%</td> <td>481</td> </tr> <tr> <td>4 - Likely</td> <td>33.05%</td> <td>666</td> </tr> <tr> <td>5 - Extremely likely</td> <td>28.49%</td> <td>574</td> </tr> </table>	1 - Extremely unlikely	4.22%	85	2 - Unlikely	10.37%	209	3 - Neutral	23.87%	481	4 - Likely	33.05%	666	5 - Extremely likely	28.49%	574	new technicians through the pharmacy technician registration process. We don't oppose other job-specific training that is made available to new pharmacy technicians as an optional resource. It is more beneficial for us to develop training specific to our business, systems and standards ourselves.	ability, and strongly support the continued improvement of resources for onboarding, license transfer ability, and technician training resources.			
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4	License Transferability	Administrative Rule	Board shall develop and implement a process for technician reciprocity.	The Board finalized its technician reciprocity rule effective April 1, 2022. More information about this process can be accessed here: www.pharmacy.ohio.gov/techrecguide	<p>All Respondents:</p> <table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>2.66%</td> <td>53</td> </tr> <tr> <td>2 - Unlikely</td> <td>6.82%</td> <td>136</td> </tr> <tr> <td>3 - Neutral</td> <td>34.80%</td> <td>694</td> </tr> <tr> <td>4 - Likely</td> <td>33.20%</td> <td>662</td> </tr> <tr> <td>5 - Extremely likely</td> <td>22.52%</td> <td>449</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	2.66%	53	2 - Unlikely	6.82%	136	3 - Neutral	34.80%	694	4 - Likely	33.20%	662	5 - Extremely likely	22.52%	449	SUPPORT: We support. The new rule will be helpful.	We support the improved resources for onboarding, license transfer ability, and strongly support the continued improvement of resources for onboarding, license transfer ability, and technician training resources.
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5	Improve Technician Training Resources	Administrative Rule	Requiring pharmacies to have a dedicated staff member to train all new technicians. Staff person should be at the pharmacy or district level.	<p>Committee members raised concerns about the impact of this provision on independent pharmacies and small chains. Additionally, concerns were raised about how difficult this would be to enforce and whether it is best to leave this up to the individual companies to determine.</p> <p>Committee members did express that the stressful work environment leads to high turnover among technicians and that having a dedicated resource (or someone the trainee could shadow) would be beneficial to reduce turnover.</p>	<p>All Respondents:</p> <table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>3.14%</td> <td>63</td> </tr> <tr> <td>2 - Unlikely</td> <td>10.20%</td> <td>205</td> </tr> <tr> <td>3 - Neutral</td> <td>19.31%</td> <td>388</td> </tr> <tr> <td>4 - Likely</td> <td>35.24%</td> <td>708</td> </tr> <tr> <td>5 - Extremely likely</td> <td>32.11%</td> <td>645</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	3.14%	63	2 - Unlikely	10.20%	205	3 - Neutral	19.31%	388	4 - Likely	35.24%	708	5 - Extremely likely	32.11%	645	OPPOSE: We do not support requiring a dedicated staff member as we agree with committee members that it is difficult to enforce and manage.	
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6	Staffing Plan	Administrative Rule	Require each pharmacy's responsible person to develop a staffing plan	Committee recommended the following adjustments to this proposal (NOTE: The	<p>All Respondents:</p> <table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th></th> </tr> </thead> <tbody> </tbody> </table>	Answer Choices	Responses		OPPOSE: We do not support. The language will never	A staffing plan is a reasonable expectation of any															
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Meeting Materials

			<p>that establishes the appropriate number of pharmacy technicians and interns to pharmacist(s) on duty. The staffing plan shall ensure that the number of pharmacy technicians and interns on duty can be satisfactorily supervised by the pharmacist(s) on duty to safely oversee the practice of pharmacy.</p> <p>In developing a staffing plan, the responsible person shall consider all the following:</p> <ul style="list-style-type: none"> a. The volume of workload and the services provided by the pharmacy. b. The volume of prescriptions handled by staff to include: <ul style="list-style-type: none"> i. Prescriptions filled, dispensed, and sold; ii. Prescriptions placed on hold; iii. Prescriptions returned to stock; iv. Any other prescriptions metrics developed by the responsible person. c. Security needs of the pharmacy and pharmacy staff. 	<p>proposal has been updated to reflect these changes):</p> <ul style="list-style-type: none"> ▪ Add the word "safety" to the opening paragraph of proposal. ▪ For paragraph (D), add the word opening to show that the proposal is intended to allow the pharmacist, based upon workload, the ability to close touchpoints but also open touchpoints. <p>Committee members also made some additional comments for Board consideration:</p> <ul style="list-style-type: none"> ▪ Ensure the proposal does not preclude the use of tools (metrics) to develop the plan, including current errors rates or "near misses." ▪ Make this plan a setting specific rule or make it broader so it is applicable in different settings. ▪ Incorporate a notification requirement to the district managers and a decision tree to ensure decision makers in larger organizations are made aware. ▪ Ensure the staffing plan can be modified to conditions in the pharmacy, which is why notification to corporate is important. Have a way to remedy if corporate tells the pharmacist to not comply with the provisions of the staffing plan. Ensure there are penalties for overriding the responsible person's judgement. ▪ Everything should be documented to protect the person reporting violations of the staffing plan. ▪ The staffing plan should require all pharmacies with a drive-thru to make sure they are staffed. ▪ The staffing plan should consider that not all pharmacies are going to be fully staffed and should require each licensee prioritize essential services to manage workload and patient safety. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">1 - Extremely unlikely</td> <td style="text-align: right;">5.57%</td> <td style="text-align: right;">112</td> </tr> <tr> <td style="text-align: left;">2 - Unlikely</td> <td style="text-align: right;">6.87%</td> <td style="text-align: right;">138</td> </tr> <tr> <td style="text-align: left;">3 - Neutral</td> <td style="text-align: right;">10.10%</td> <td style="text-align: right;">203</td> </tr> <tr> <td style="text-align: left;">4 - Likely</td> <td style="text-align: right;">27.08%</td> <td style="text-align: right;">544</td> </tr> <tr> <td style="text-align: left;">5 - Extremely likely</td> <td style="text-align: right;">50.37%</td> <td style="text-align: right;">1012</td> </tr> </table>	1 - Extremely unlikely	5.57%	112	2 - Unlikely	6.87%	138	3 - Neutral	10.10%	203	4 - Likely	27.08%	544	5 - Extremely likely	50.37%	1012	<p>be clear enough for different site settings and will create more issues to manage appropriately by either the pharmacy or the company. The Board's agents can address any concerns they may see during a site visit versus creating specific language on this.</p>	<p>particular pharmacy. It is critical to give more power to the pharmacist on duty. A good example would be the Apple company, that empowers its employees to make decisions at the point of sale. Pharmacists need the ability to staff, and be sure that they can accomplish the patient safety tasks needed. Sometimes it appears that the pharmacist on duty has been stripped of authority. Like a pilot on a plane, the pharmacist on duty should be the final decision maker on important issues of patient safety.</p> <p>All the elements mentioned by the board to be taken into account on a staffing plan are reasonable.</p>
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Meeting Materials

			<p>d. Required closing or opening of certain touchpoints (drive-thru, vaccines, etc.). Provide autonomy to the on-duty pharmacist as part of the rule to close or open touchpoints.</p> <p>e. Number of staff and level of staff competency.</p> <p>The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner.</p>	<ul style="list-style-type: none"> ▪ The staffing plan should also hold the permit holder accountable, particularly for errors in dispensing related to understaffing or violations of the staffing plan. ▪ Staffing plan should not just be based upon prescription volume only, as pharmacies are offering additional services. ▪ Incorporate pharmacy “dark hours” as an option in the staffing plan. <p>Additional comments received from committee member representing a large chain:</p> <ul style="list-style-type: none"> ▪ There should be a level of collaboration between the RP and their leadership in crafting the plan. The plan should be based on an agreement between the parties. ▪ The term “appropriate” in the opening sentence too subjective. ▪ Execution of this plan would be difficult. Projected volume is the primary driver behind labor budgeting. Considering these projections vary on a weekly basis, the only way to truly comply is to have a staffing plan for every week. This may create more red tape and workload to a pharmacist. A one size fits all plan that does not account for peak and slow times of year is not prudent. ▪ Proposing eliminating metrics, yet the RP can develop their own to drive this staffing plan. Seems contradictory. ▪ This clause at the end essentially negates the value of the staffing plan. IF the RP can deviate whenever they see fit, it’s not a plan at all but rather a compliance issue to enforce whether a schedule meets the basic requirements of the plan. 			
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Meeting Materials

7	Tech-Check-Tech	Legislative Change	Implementation of Tech-Check-Tech.	<p>The Committee discussed how Iowa is considered the “gold standard” and has implemented technology-assisted technician product verification programs.</p> <p>The Committee discussed whether the current technician shortage would make it difficult to implement this provision.</p> <p>The Committee expressed the need to have well trained technicians and those clinical responsibilities such as counseling should remain under the purview of the pharmacist who has the appropriate training. The Committee discussed the need to have a clear separation between technical and clinical work.</p>	<p>All Respondents:</p> <table border="1" data-bbox="1703 163 2337 451"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>24.46%</td> <td>491</td> </tr> <tr> <td>2 - Unlikely</td> <td>20.23%</td> <td>406</td> </tr> <tr> <td>3 - Neutral</td> <td>25.66%</td> <td>515</td> </tr> <tr> <td>4 - Likely</td> <td>17.99%</td> <td>361</td> </tr> <tr> <td>5 - Extremely likely</td> <td>11.66%</td> <td>234</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	24.46%	491	2 - Unlikely	20.23%	406	3 - Neutral	25.66%	515	4 - Likely	17.99%	361	5 - Extremely likely	11.66%	234	<p>SUPPORT: We support Technician Product Verification (TPV) where certified pharmacy technicians provide technology-assisted final drug product verification during the prescription filling process.</p> <p>The deployment of technician product verification (“tech-check-tech”) allowances empower pharmacists to shift technical and nondiscretionary functions to pharmacy technicians and enhance pharmacists’ ability to focus their expertise to provide patient care services.</p> <p>Recognizing the numerous benefits of allowing for technician product verification, many states have acted to allow for this enhanced practice model. Specifically, Alaska, Arizona, Colorado, Idaho, Iowa, Illinois, North Dakota, Oregon, South Dakota, Tennessee, West Virginia and Wisconsin allow pharmacy technicians to check the work of other pharmacy technicians and provide final verification for</p>	<p>We particularly object to the idea of tech-check-tech in community practice. The problems of drug theft, improper advice being given to patients, and occasional carelessness by certain technicians, demands direct pharmacist oversight at the time of dispensing. We emphasize that it is totally inappropriate for technicians to engage in patient education and counseling. A high school graduate does not have the education to provide these essential services.</p>
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Meeting Materials

						prepared prescriptions either under enacted laws or regulations, or under ongoing pilot programs. We note in recommending Policy Option 7 for tech-check-tech, the Committee discussed that Iowa as being the "gold standard" for having implemented technology-assisted technician product verification programs. NACDS agrees that Iowa's allowances for technician product verification is generally a good approach for the state of Ohio to follow in pursuing the statutory changes to facilitate allowances for tech-check-tech.																			
8	Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests	Legislative Change / Administrative Rule	Change in the required current law/rule(s) regarding the pharmacist's 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). Additionally, administration of testing should be permitted by all trained pharmacy staff (interns, technician trainees, registered/certified technicians).	<p>The Committee discussed that with the proper training, a technician trainee would be able to conduct these tests. Committee members discussed that sometimes there are only technician trainees working in the pharmacy and the ease of CLIA-waived tests reduces the risk that something could go wrong.</p> <p>The Committee then discussed whether there should be proof of competency. The Committee said that such a determination should fall back to the pharmacist in charge who would need to supervise the technician.</p> <p>Committee members expressed that COVID-19 testing was the same for all pharmacy staff so it would be appropriate if there is training.</p>	<p>All Respondents:</p> <table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>12.47%</td> <td>249</td> </tr> <tr> <td>2 - Unlikely</td> <td>15.68%</td> <td>313</td> </tr> <tr> <td>3 - Neutral</td> <td>30.66%</td> <td>612</td> </tr> <tr> <td>4 - Likely</td> <td>26.75%</td> <td>534</td> </tr> <tr> <td>5 - Extremely likely</td> <td>14.43%</td> <td>288</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	12.47%	249	2 - Unlikely	15.68%	313	3 - Neutral	30.66%	612	4 - Likely	26.75%	534	5 - Extremely likely	14.43%	288	<p>SUPPORT: We support expanding scope of practice for pharmacists to order and administer CLIA- and non-CLIA waived tests. For technicians, we would support national certification to administer non-CLIA waived tests. CLIA-waived tests can be administered by any pharmacy associate.</p> <p>As accessible neighborhood health care destinations, many community pharmacies provide</p>	OPA strongly supports expanding Pharmacists ability to do testing for various diseases and conditions, and the expansion of prescribing for those conditions. Technicians should be allowed to assist the pharmacist in these efforts, but not be allowed to order or administer tests separate from the pharmacist.
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Meeting Materials

				<p>The Committee agreed that expansion of administering CLIA-waived testing should apply to all pharmacy personnel.</p> <p>The discussion then moved on to other non CLIA-waived testing, which would require a legislative change, as ordering diagnostic testing is only permitted for COVID-19 (under the PREP Act and ORC 4729.42) and as part of pharmacist consult agreements. The Committee discussed laws in other states that allow pharmacists to order and administer non CLIA-waived tests such as strep.</p>		<p>critical, quality testing services to the communities they serve. During the COVID-19 pandemic, the availability of these services at community pharmacies helped to quickly and safely connect the public – including medically underserved, rural, and urban communities – with needed testing services. Pharmacies’ ability to serve the public in this way has been enhanced by the federal PREP Act authorities allowing pharmacy technicians to administer COVID-19 testing.</p> <p>The experience of leveraging pharmacy technicians to assist with the provision of pharmacy testing services in recent years demonstrates the safety, effectiveness and benefits of doing so. We commend policymakers in Ohio for having previously acted to authorize pharmacy technicians to administer diagnostic and antibody COVID-19 tests under OAC 4729.42. In line with the Committee’s recommendation, NACDS urges the Board to seek further statutory changes to</p>	
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Meeting Materials

						expand the types of diagnostic tests that pharmacy personnel can order and administer to include all CLIA-waived tests. Doing so would expand further patient access to important testing services that are commonly offered in community pharmacies in many other states.																			
9	Expand Technician Scope of Practice – Drug Administration	Legislative Change	Develop permanent law/rule(s) to allow for pharmacy technicians to administer drugs in the state of Ohio. This would include, at a minimum, antipsychotics, Hydroxyprogesterone caproate, Medroxyprogesterone acetate, and Cobalamin. This is currently authorized by law/rule for pharmacists in the state (see ORC 4729.45).	<p>The Committee discussed whether these medications would be appropriate for technician administration. Committee members expressed that this is an underutilized provision in the law and that expanding it to technicians could improve accessibility of healthcare.</p> <p>One Committee member mentioned a Pennsylvania rule that permits the administration of any medication by a pharmacist if it came in a syringe. This would also assist patients who often must pick up their medication from the pharmacy and return to the doctor’s office to get it administered.</p> <p>The Committee felt that if pharmacy personnel were appropriately trained to give injections, then they should be able to administer such medications, with some exceptions. The Committee also discussed that, in certain areas of the state pharmacies are the only healthcare facilities for miles and expanding this for pharmacy professionals would be beneficial to public health.</p> <p>The Committee also discussed that this proposal could possibly lead to increased workload and would need to be coupled with other provisions to ensure it does not exacerbate existing workload issues.</p>	<p>All Respondents:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Answer Choices</th> <th style="text-align: left;">Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>20.26%</td> <td style="text-align: right;">406</td> </tr> <tr> <td>2 - Unlikely</td> <td>24.95%</td> <td style="text-align: right;">500</td> </tr> <tr> <td>3 - Neutral</td> <td>33.33%</td> <td style="text-align: right;">668</td> </tr> <tr> <td>4 - Likely</td> <td>14.27%</td> <td style="text-align: right;">286</td> </tr> <tr> <td>5 - Extremely likely</td> <td>7.19%</td> <td style="text-align: right;">144</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	20.26%	406	2 - Unlikely	24.95%	500	3 - Neutral	33.33%	668	4 - Likely	14.27%	286	5 - Extremely likely	7.19%	144	<p>SUPPORT: We support such a policy for nationally certified technicians.</p> <p>Just as pharmacy technicians should be authorized to administer vaccines, so should pharmacy technicians be allowed to administer other medications. In both cases, administration of a drug – whether that be a vaccine or some other medication – is a technical act that the experiences of the pandemic demonstrate can be safely and effectively performed by a pharmacy technician. Furthermore, authorizing pharmacy technicians to perform this function will enhance pharmacists’ ability to spend more time providing care to patients who rely on pharmacies for</p>	
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Meeting Materials

						prescription drug administration services. Thus, NACDS encourages the Board to seek the statutory change needed to allow pharmacy technicians to administer drugs.																			
10	Managing Touchpoints / Ancillary Staffing	Administrative Rule	<p>Provide autonomy to the pharmacist on duty to shut down touchpoints and non-essential services if understaffed.</p> <p>Require ancillary staffing (support personnel and technicians) at each point of contact when the pharmacy is open. This must include drive-thru, drop-off, register, vaccinations, and a person dedicated to phones.</p>	<p>The Committee discussed incorporating this provision into the staffing plan proposal (see policy option #6).</p> <p>Committee members raised the need to provide some autonomy of the pharmacist on duty to increase staffing. For example, having three people in the drive thru and four people waiting at the counter but only one technician working.</p> <p>It is important to allow the pharmacist to close certain touchpoints within the staffing plan when the workload exceeds what is necessary to staff the pharmacy. It also prevents distractions that could endanger patient safety.</p> <p>The Committee also discussed the need to ensure the staffing plan (see policy option #6) should be agreed to by both the responsible pharmacist and the permit holder.</p> <p>A committee member expressed that there is no need for any new rules in this space because closing of touchpoints already occurs in the retail space. Another member raised concerns that they need something in rule to ensure that they can feel supported making changes to protect patient safety. For example, what happens if your district manager says you cannot shut down any touchpoints.</p> <p>The Committee discussed the need to change public perception on what is happening in the profession of pharmacy. Frustration stems from not understanding why it takes so long to receive care.</p>	<p>All Respondents:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Answer Choices</th> <th colspan="2" style="text-align: center;">Responses</th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td style="text-align: right;">2.54%</td> <td style="text-align: right;">51</td> </tr> <tr> <td>2 - Unlikely</td> <td style="text-align: right;">3.23%</td> <td style="text-align: right;">65</td> </tr> <tr> <td>3 - Neutral</td> <td style="text-align: right;">7.36%</td> <td style="text-align: right;">148</td> </tr> <tr> <td>4 - Likely</td> <td style="text-align: right;">27.66%</td> <td style="text-align: right;">556</td> </tr> <tr> <td>5 - Extremely likely</td> <td style="text-align: right;">59.20%</td> <td style="text-align: right;">1190</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	2.54%	51	2 - Unlikely	3.23%	65	3 - Neutral	7.36%	148	4 - Likely	27.66%	556	5 - Extremely likely	59.20%	1190	<p>OPPOSE: We do not support. Similar to #6, it may cause more issues than it solves based on the language. Board agents on site visits can identify and address if the see issues.</p>	<p>Again, the pharmacist on duty should have the ability to do what is necessary to keep patients safe with regard to keeping drive-through windows open, vaccine administration, etc. They need the authority to manage those situations at the point of care.</p>
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Meeting Materials

				<p>Concerns were raised that closing the drive thru restricts access to those who have small children, who are sick (or avoid exposure to sick individuals), or who may have mobility issues. This has changed somewhat with mandatory closures for lunch that are readjusting people's expectations. The Committee discussed how the drive thru is viewed as beneficial by patients but also expressed the need to make sure it is staffed, much like a drive-thru in other settings.</p> <p>A member suggested adjusting the staffing plan to require all pharmacies with a drive-thru to make sure they are staffed (this comment was added in policy option #6). Another suggestion raised was to have set hours for a drive thru window to allow for access and ensure it is properly staffed.</p> <p>Additional comments received from committee member representing a large chain:</p> <ul style="list-style-type: none"> ▪ Difficult to assess what services are "non-essential" and what "understaffed" means. If the term is subjective, then this could give pharmacists a blanket allowance to shut down portions of a pharmacy that would, in turn, impact patient access. ▪ Could this be viewed as an attempt to dictate staffing levels. Basically, I'm counting a minimum of 5 technicians/ pharmacists at any given time to account for coverage of each of these workstations. It also contradicts the development of a "staffing plan", which presumably accounts for coverage of these workstations. 			
11	Working Conditions / Security	Administrative Rule	Require any "open-door" pharmacy must operate with at least one employee	This provision is modeled off a 2018 California Law entitled "No Pharmacist Left Behind."	All Respondents: Answer Choices Responses	OPPOSE: While we support a secure and safe workplace, we do	Obviously, a pharmacy is more secure with multiple

Meeting Materials

			<p>and one pharmacist (or two pharmacists). Include exception for documented absence.</p> <p><i>California has a similar provision (two individuals required to work in a pharmacy).</i></p> <p><i>A community pharmacy shall not require a pharmacist employee to engage in the practice of pharmacy at any time the pharmacy is open to the public, unless either another employee of the pharmacy or, if the pharmacy is located within another establishment, an employee of the establishment within which the pharmacy is located, is made available to assist the pharmacist at all times.</i></p> <p><i>Includes the following exceptions:</i></p> <p><i>(1) A hospital pharmacy.</i></p> <p><i>(2) A pharmacy located in a hospital facility, including, but not limited to, a building where outpatient services are provided in</i></p>	<p>A representative of chain pharmacies questioned the exemption for independents and questioned if there was data to reflect the exemption for independent pharmacies. The Committee discussed the differences in the survey data between large chains and independent pharmacies.</p> <p>The committee discussed this provision as a safety factor in case there is an emergency or a robbery. In addition, a committee member who is a practicing pharmacist noted that there's always work to be done for another staff member (e.g., cleaning, pulling outdates, etc.). There was also discussion as to whether a pharmacist working alone should be able to reduce touchpoints if there are safety concerns.</p> <p>The Committee discussed whether pharmacists feel safe and supported, particularly considering an increase in robberies.</p> <p>Members were also concerned if a pharmacist working alone has an emergency in the pharmacy where they are incapacitated there would be no one to call 9-1-1.</p> <p>The Committee discussed what would happen if there was not another staff member available or someone calls out sick. It was noted that the proposal contains exceptions for such situations.</p> <p>Committee members asked whether there are data or feedback from California regarding the impact of this law. Board staff have reached out to California for additional information.</p> <p>Additional comment received from committee member representing a large chain:</p> <ul style="list-style-type: none"> ▪ This requirement is inherently bias against chain pharmacies. If it 	<table border="1"> <tr> <td>1 - Extremely unlikely</td> <td>2.69%</td> <td>54</td> </tr> <tr> <td>2 - Unlikely</td> <td>3.78%</td> <td>76</td> </tr> <tr> <td>3 - Neutral</td> <td>12.09%</td> <td>243</td> </tr> <tr> <td>4 - Likely</td> <td>32.49%</td> <td>653</td> </tr> <tr> <td>5 - Extremely likely</td> <td>48.96%</td> <td>984</td> </tr> </table>	1 - Extremely unlikely	2.69%	54	2 - Unlikely	3.78%	76	3 - Neutral	12.09%	243	4 - Likely	32.49%	653	5 - Extremely likely	48.96%	984	<p>not support mandatory language on having at least one additional associate as it may limit flexibility in managing the business.</p>	<p>people working. We support the concept of a rule dealing with this, but again it needs to be carefully crafted for flexibility.</p>
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Meeting Materials

accordance with the hospital's license.

(3) A pharmacy owned or operated by a federal, state, local, or tribal government entity, including, but not limited to, a correctional pharmacy, a University of California pharmacy, or a pharmacy operated by the State Department of State Hospitals.

(4) A pharmacy owned by a person or persons who, collectively, control the majority of the beneficial interest in no more than four pharmacies in California.

(5) A pharmacy entirely owned and operated by a health care service plan that exclusively contracts with no more than two medical groups in the state to provide, or arrange for the provision of, professional medical services to the enrollees of the plan.

(6) A pharmacy that permits patients to receive medications at a drive-through window when both

applies to chains, it should apply to independent pharmacies as well as the issue the Board is trying to mitigate would be applicable to them as well.

- The reason why independents are exempt is because the state association was the sponsor; this was not a Board of Pharmacy run bill; there is no patient safety reason to exclude independents; this is all about politics.

Meeting Materials

of the following conditions are met:

(i) A pharmacist is working during the times when patients may receive medication only at the drive-through window.

(ii) The pharmacist's employer does not require the pharmacist to retrieve items for sale to patients if the items are located outside the pharmacy. These items include, but are not limited to, items for which a prescription is not required.

(7) Any other pharmacy from which controlled substances, dangerous drugs, or dangerous devices are not furnished, sold, or dispensed at retail.

The board shall not take action against a pharmacy for a violation of this section if both of the following apply:

(1) Another employee is unavailable to assist the pharmacist due to reasonably unanticipated circumstances,

Meeting Materials

			<p><i>including, but not limited to, illness, injury, family emergency, or the employee's termination or resignation.</i></p> <p><i>(2) The pharmacy takes all reasonable action to make another employee available to assist the pharmacist.</i></p>																					
12	Technician Career Pathways	Administrative Rule	<p>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.</p>	<p>The Committee discussed advanced certification for technicians and how some entities recognize these advanced skills with new job codes for technicians.</p> <p>The Committee discussed whether a Board certification would translate to increased pay and whether such recognition would help with existing stress on technicians.</p> <p>Additional comment received from committee member representing a large chain:</p> <ul style="list-style-type: none"> ▪ This may create a slippery slope. If these certifications are not tied to pay, then they need to be tied to something. Otherwise, the policy is completely redundant. Is there a concern with the Board tying these certifications to duties that may be performed, which may be counterproductive. 	<p>All Respondents:</p> <table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>4.66%</td> <td>93</td> </tr> <tr> <td>2 - Unlikely</td> <td>9.37%</td> <td>187</td> </tr> <tr> <td>3 - Neutral</td> <td>26.90%</td> <td>537</td> </tr> <tr> <td>4 - Likely</td> <td>36.12%</td> <td>721</td> </tr> <tr> <td>5 - Extremely likely</td> <td>22.95%</td> <td>458</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	4.66%	93	2 - Unlikely	9.37%	187	3 - Neutral	26.90%	537	4 - Likely	36.12%	721	5 - Extremely likely	22.95%	458	<p>OPPOSE: We do not support any specific rules on this. The job market will dictate pay, just as we are currently, and have been, experiencing over the last 12 months.</p>
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13	Report of Understaffing	Administrative Rule	<p>(A) Adequate staffing to safely dispense prescriptions is the responsibility of the pharmacy and the pharmacy's responsible person. If conditions exist that could cause prescriptions to be dispensed in an unsafe manner the pharmacy and</p>	<p>This proposal is from a current requirement in Oklahoma.</p> <p>Members discussed how this spreads ownership of the problem but documenting staffing situations. It requires a duty to inform as well as a duty to address the underlying concerns raised by staff.</p>	<p>All Respondents:</p> <table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>8.16%</td> <td>163</td> </tr> <tr> <td>2 - Unlikely</td> <td>12.27%</td> <td>245</td> </tr> <tr> <td>3 - Neutral</td> <td>19.88%</td> <td>397</td> </tr> <tr> <td>4 - Likely</td> <td>27.29%</td> <td>545</td> </tr> <tr> <td>5 - Extremely likely</td> <td>32.40%</td> <td>647</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	8.16%	163	2 - Unlikely	12.27%	245	3 - Neutral	19.88%	397	4 - Likely	27.29%	545	5 - Extremely likely	32.40%	647	<p>OPPOSE: We do not support this as it creates more work and documentation. Similar to #6 and #10, Board agents on site visits can address if needed.</p>
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Meeting Materials

		<p>the pharmacy's responsible person shall take action to correct the problem.</p> <p>(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. Such form shall include, but not be limited to the following:</p> <p>(1) Date and time the inadequate staffing occurred;</p> <p>(2) Number of prescriptions filled during this time frame;</p> <p>(3) Summary of events; and</p> <p>(4) Any comments or suggestions.</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</p>	<p>The Committee discussed how it ties into staffing plan (see policy option #6) because it allows documentation of deviations from the plan. It also provides details to inform the Board regarding working conditions when investigating a possible error in dispensing.</p> <p>The Committee also discussed if submission of the form should be restricted to pharmacists or whether it would be appropriate to allow technicians to submit reports of understaffing. The technician representative indicated that they would not feel uncomfortable submitting a form, as long as the Board ensures that anti-retaliation provisions remain in place for terminal distributor license holders.</p> <p>Additional comments received from committee member representing a large chain:</p> <ul style="list-style-type: none"> ▪ "Adequate" is not defined and is too subjective. ▪ "Conditions" is not defined and too subjective. Any circumstance can be tied to a hypothetical safety danger. ▪ The staffing report form allows for a licensee to create a record, to be used as possible evidence, to justify a subjective standard. ▪ How can a pharmacist possibly make a conclusion that an error was due to inadequate staffing? This is going to create a condition where the root cause of every error is due to staffing rather than driving accountability and performing a proper root cause analysis. 			
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Meeting Materials

			<p>to make a better decision concerning staffing.</p> <p>(3) Any errors that occurred to the result of inadequate staffing.</p> <p>(D) The responsible person shall submit that form in a manner determined by 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 on-site in a readily retrievable manner for at least three years from the date of creation.</p>																						
14	Limits on Hours Worked	Administrative Rule	<p>A pharmacy shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per a twenty-four (24) hour period.</p>	<p>Committee members discussed the issue of fatigue related to working more than 12 hours. However, it may not be a one-size fits all, especially in the hospital setting. The proposal would apply to hours worked and not hours paid, as pharmacists may only get paid for a 12-hour shift but work 14-hours to catch up. Members discussed that this proposal could apply to certain settings, especially given the level of burnout as indicated in the survey data.</p> <p>One committee member referenced an Illinois study committee on pharmacy workload and how they were not able to land on a maximum cap for pharmacist hours. However, a new Illinois law</p>	<p>All Respondents:</p> <table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>4.25%</td> <td>85</td> </tr> <tr> <td>2 - Unlikely</td> <td>7.36%</td> <td>147</td> </tr> <tr> <td>3 - Neutral</td> <td>13.81%</td> <td>276</td> </tr> <tr> <td>4 - Likely</td> <td>30.23%</td> <td>604</td> </tr> <tr> <td>5 - Extremely likely</td> <td>44.34%</td> <td>886</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	4.25%	85	2 - Unlikely	7.36%	147	3 - Neutral	13.81%	276	4 - Likely	30.23%	604	5 - Extremely likely	44.34%	886	<p>OPPOSE: Although we believe in good work-life balance, we do not support specific language on hours as it may negatively impact patient access and limit flexibility in managing the business. Similar to the committee comments, some pharmacists may choose to come in early or stay late. Also, limiting hours in a 24-hour period may</p>	<p>Pharmacists working long hours, especially without breaks, are putting patients at risk. There should be a limit on the situation, with exceptions for emergencies. This topic is worthy of further discussion, and overall details with the issue. This is an important area of concern to our members, and we definitely support</p>
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Meeting Materials

				<p>scheduled to go into effect states the following:</p> <p><i>(a) A pharmacy licensed under this Act shall not require a pharmacist, student pharmacist, or pharmacy technician to work longer than 12 continuous hours per day, inclusive of the breaks required under subsection (b).</i></p> <p>The Committee discussed how a loss of focus during extended shifts can be dangerous to the public and compared it to similar requirements in airlines and for long-haul truckers. The Committee recommended examining current studies looking at fatigue in the healthcare profession.</p> <p>Additional comment received from committee member representing a large chain:</p> <ul style="list-style-type: none"> ▪ I don't believe the real issue here is working long hours. I believe the issue is pharmacist's coming in early and leaving late. That should be in their discretion and having that discretion taken away could be viewed as over regulation. It is okay with a policy limiting a "shift" to 12 hours while leaving it up to the pharmacist when to come in either before or after their shift. If you're scheduled to work 8-8, are you supposed to show up right at 8 and start working or do you set up the day prior to serving customers? Need to allow pharmacist with a choice. 		<p>reduce the ability to cover emergency call-offs or leaves. Certain pharmacists choose to pick up overtime to cover shifts. This would limit their choice to do so and cause pharmacies to temporarily close.</p>	<p>some limit on the number of hours worked in a 24 hour period. We would be happy to engage in discussions on this topic, and all others, as appropriate. We know these are challenging issues to provide regulation, but something must be done to alleviate the intense stress of pharmacists and technicians in Ohio.</p>												
15	Mandatory Dark Hours	Administrative Rule	Require "open door" pharmacies to operate dark hours that allow for staff to prepare and catch up on their work without any interruptions.	<p>The Committee discussed how dark hours are more of an exception and if you do not need them, they should not be mandatory. However, they recognize they are important in situations when you are inadequately staffed. One member suggested incorporating this into the staffing plan. Another member noted that mandatory dark hours that are not needed would reduce patient</p>	<p>All Respondents:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d0d0d0;"> <th style="text-align: left;">Answer Choices</th> <th style="text-align: left;">Responses</th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td style="text-align: right;">2.99% 60</td> </tr> <tr> <td>2 - Unlikely</td> <td style="text-align: right;">4.59% 92</td> </tr> <tr> <td>3 - Neutral</td> <td style="text-align: right;">12.57% 252</td> </tr> <tr> <td>4 - Likely</td> <td style="text-align: right;">28.74% 576</td> </tr> <tr> <td>5 - Extremely likely</td> <td style="text-align: right;">51.10% 1024</td> </tr> </tbody> </table>	Answer Choices	Responses	1 - Extremely unlikely	2.99% 60	2 - Unlikely	4.59% 92	3 - Neutral	12.57% 252	4 - Likely	28.74% 576	5 - Extremely likely	51.10% 1024	<p>OPPOSE: We do not support specific language requiring mandatory dark hours.</p>	<p>Although this concept has strong potential, making it mandatory may cause more issues than needed. In some busy pharmacies, there's an absolute need for it, while slower</p>
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Meeting Materials

				<p>access because it would potentially shorten the hours that pharmacies are open.</p> <p>Another member noted that if incorporated into a staffing plan, the staff should be paid during dark hours.</p> <p>Additional comment received from committee member representing a large chain:</p> <ul style="list-style-type: none"> The practical reality of this requirement would be that pharmacies would simply shorten their hours and have these pharmacies do their pre and post work with the gates closed. 			<p>pharmacies with automation may not need it. This is a worthy topic to be explored, but again we suggest caution in implementation.</p>																		
16	Metrics	Administrative Rule	<p>Eliminate Job impacting metrics that compromise safety and integrity of the profession. 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. Prohibit metrics related to the volume of services provided.</p> <p>This proposal is based on a California law (SB 362).</p>	<p>This proposal is based on a California law (SB 362).</p> <p>Committee members discussed the issue of metrics, as metrics were raised a significant concern in the Ohio survey data.</p> <p>Committee members noted that metrics are a part of business operations, and that primary focus should be on patient care and safety. The Committee then discussed the difference between metrics (e.g., error rates) and quotas (e.g., requiring a certain number of phone calls, vaccines, etc.).</p> <p>The Committee discussed whether forgoing metrics/quotas should be incorporated into the staffing plan. If the pharmacy isn't fully staffed, should metrics/quotas apply?</p> <p>The Committee talked about how the California law is focused on quotas and prohibiting using those quotas as a penalty.</p> <p>Additional comments received from committee member representing a large chain:</p>	<p>All Respondents:</p> <table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>2.53%</td> <td>51</td> </tr> <tr> <td>2 - Unlikely</td> <td>2.63%</td> <td>53</td> </tr> <tr> <td>3 - Neutral</td> <td>6.91%</td> <td>139</td> </tr> <tr> <td>4 - Likely</td> <td>18.49%</td> <td>372</td> </tr> <tr> <td>5 - Extremely likely</td> <td>69.43%</td> <td>1397</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	2.53%	51	2 - Unlikely	2.63%	53	3 - Neutral	6.91%	139	4 - Likely	18.49%	372	5 - Extremely likely	69.43%	1397	<p>OPPOSE: We do not support eliminating metrics. Metrics are a tool that help measure impact on patient care and business operations. Metrics have many benefits, including:</p> <ol style="list-style-type: none"> measuring how we are impacting outcomes, identifying wasteful or unsafe practice behaviors, reducing medication waste, and identifying trends needed to improve standards of care. 	<p>Probably the most significant problem is the enforcement of quotas by chain pharmacies. Probably the recent legislation passed by California stated it best:</p> <p>The California legislation states that pharmacies shall not establish a quota related to pharmacist or pharmacy technician duties required by their license. Here is how they define a quota: "a fixed number or formula related to the duties for which a pharmacist or pharmacy technician license is required, against which the chain community pharmacy or its agent measures or evaluates the</p>
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Meeting Materials

				<ul style="list-style-type: none"> ▪ I don't believe I've seen any empirical data that directly correlates metrics with compromising safety. To the contrary, the metrics are all tied directly to promoting patient care and service. ▪ Without objective measures, not only can the business not measure its productivity, but a pharmacist could not conceivably every receive any performance feedback as their direct supervisor, who likely has limited facetime, would base a pharmacist's job performance on the few meetings they have per year in the pharmacy. ▪ The draft PWAC document is correct in pointing out that California calls their bill a quota bill, but it is really about metrics. California themselves never understood this. Again, this is not a Board of Pharmacy run bill. It is the state association and the unions telling the Board of Pharmacy what to enforce. As with any business, metrics are necessary. 		<p>number of times either an individual pharmacist or pharmacy technician performs tasks or provides services while on duty."</p> <p>These quotas are related to prescriptions filled, services rendered to patients, programs offered to patients, and revenue obtained. Failure to comply can result in an enforcement of action by the California State Board of Pharmacy.</p> <p>It is understood that metrics may be utilized if a particular pharmacist is dramatically under performing. But setting quotas of the number of phone contacts, immunizations, and prescriptions filled is dangerous when a pharmacist may need to spend additional time with particular patients.</p> <p>Let me be very clear. OPA is not objecting to the use of metrics as a general management tool. We believe that any Board regulation or statutory change should only impact the concept of</p>
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Meeting Materials

						<p>quotas and should be defined with this in mind. Although the California law is limited to chain pharmacies, OPA stresses that any regulations should apply to all pharmacies.</p> <p>We would greatly appreciate the board adopting regulations to regulate the utilization of quotas in any way. We also strongly support the concept that the terminal distributor company or corporation should be held responsible for creating patient safety issues in any of these areas. It is inherently unfair for the pharmacist to absorb this liability, when they are following corporate directives that impact patient care.</p>																		
17	Elimination of Cold Call Lists	Administrative Rule	Eliminate required cold call lists.	<p>Members indicated cold calls are beneficial to the patient and aid with medication adherence. Committee members discussed that they are an excellent tool, but it may not be appropriate to mandate and tying it to a quota or metric.</p> <p>The Committee also discussed incorporating cold calls as a consideration in the staffing plan if the employer feel they are a necessary service.</p>	<p>All Respondents:</p> <table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>1.85%</td> <td>37</td> </tr> <tr> <td>2 - Unlikely</td> <td>2.15%</td> <td>43</td> </tr> <tr> <td>3 - Neutral</td> <td>17.48%</td> <td>350</td> </tr> <tr> <td>4 - Likely</td> <td>19.63%</td> <td>393</td> </tr> <tr> <td>5 - Extremely likely</td> <td>58.89%</td> <td>1179</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	1.85%	37	2 - Unlikely	2.15%	43	3 - Neutral	17.48%	350	4 - Likely	19.63%	393	5 - Extremely likely	58.89%	1179	<p>OPPOSE: We do not support as there can be a place for cold calls, especially as we move to value-based care models.</p> <p>We feel that the word elimination is too strong. Pharmacists should be allowed to utilize these lists, but also be able to prioritize patient care issues to supersede cold calls. This is an area that needs further discussion.</p>
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Meeting Materials

<p>18*</p>	<p>Alabama Rule – Supervising Pharmacist</p>	<p>Administrative Rule</p>	<p>There is a growing discussion among pharmacy boards throughout the country about workload conditions in pharmacy. In that discussion, there are many issues contributing to workplace dissatisfaction. It is important to understand that issues related to dissatisfaction in workplace conditions may not fall under the authority of any board of pharmacy unless it involves an adverse result to the safety of patients. The Alabama State Board of Pharmacy was established to ensure the safety of the public health. The Board is not an advocate for pharmacists or technicians but for the patients they serve.</p> <p>One concern of dissatisfaction addresses board of pharmacy disciplinary actions and the focus on the individual licensee and not on the permit or the root cause. The Board has several actions that do address the root cause as well as the permit.</p> <p>Board Rule 680-X-2-.12 Supervising Pharmacist specifically states:</p> <p>If the actions of the permit holder have deemed to contribute to or cause a violation of any provision of this section, the Board may hold the permit holder responsible and/or absolve the supervising</p>	<p>This policy was discussed because of the need to rebalance who is ultimately held responsible for a violation of Ohio laws and rules and how working conditions (or situations outside of the responsible pharmacist’s control) may have contributed to the violation. The Committee discussed the current Board process, and it was noted that each violation is handled on a case-by-case basis.</p> <p>The Committee discussed how outside of independents there are two individuals signing off on the license. Having a rule notating the shared responsibly would provide some clarity to both the license holder and the responsible person.</p>	<p>All Respondents:</p> <table border="1" data-bbox="1693 161 2343 453"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>1.85%</td> <td>33</td> </tr> <tr> <td>2 - Unlikely</td> <td>3.93%</td> <td>70</td> </tr> <tr> <td>3 - Neutral</td> <td>29.74%</td> <td>530</td> </tr> <tr> <td>4 - Likely</td> <td>32.77%</td> <td>584</td> </tr> <tr> <td>5 - Extremely likely</td> <td>31.71%</td> <td>565</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	1.85%	33	2 - Unlikely	3.93%	70	3 - Neutral	29.74%	530	4 - Likely	32.77%	584	5 - Extremely likely	31.71%	565	<p>Does the Board of Pharmacy not already have the ability to do this? We are not sure why any action/change is necessary.</p>	
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Meeting Materials

pharmacist from the responsibility of that action. In addition, it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder.

To fully understand the impact of the above-cited section, it should be read with the following sections of 680-X-2-.22 Code of Professional Conduct in mind.

(2) (a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner.

(2) (f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.

Meeting Materials

19*	Pharmacy Benefit Managers	Administrative Rule/ Legislative	The Board should ensure that its rules cannot be utilized by pharmacy benefit managers and insurers to initiate clawbacks.	<p>The Committee highlighted how some PBMs will initiate clawbacks if there is minor discrepancy with Board rules. Members discussed how clawbacks impact the ability for pharmacies to adequately staff because it makes it difficult to project revenue. Committee members suggest looking at ways the Board can provide some flexibility in rule so that such rules cannot be used against pharmacies by insurers and PBMs.</p> <p>Committee members acknowledged that the Board currently has no authority over PBMs and that an additional study committee may be warranted. The Committee did discuss the need for policymakers to review model standards by the National Academy for State Health Policy: https://www.nashp.org/comparison-state-pharmacy-benefit-managers-laws/</p>	<p>All Respondents:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Answer Choices</th> <th style="text-align: left;">Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>1.20%</td> <td>22</td> </tr> <tr> <td>2 - Unlikely</td> <td>1.47%</td> <td>27</td> </tr> <tr> <td>3 - Neutral</td> <td>20.63%</td> <td>379</td> </tr> <tr> <td>4 - Likely</td> <td>28.09%</td> <td>516</td> </tr> <tr> <td>5 - Extremely likely</td> <td>48.61%</td> <td>893</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	1.20%	22	2 - Unlikely	1.47%	27	3 - Neutral	20.63%	379	4 - Likely	28.09%	516	5 - Extremely likely	48.61%	893	<p>We agree that the Board needs to be very careful with any new language that the PBMs can use to withhold reimbursement for pharmacy claims or services.</p> <p>Most work condition issues will improve if there is appropriate regulatory oversight of PBMs.</p> <p>The intent of the Board to improve conditions via rule could cause more harm to the industry and patient access if this is only another means for PBMs to squeeze pharmacy profits.</p>	<p>The Board of Pharmacy should be given authority over matters that impact patient care. For instance, when a patient needs a particular drug that is not on formulary, the board of pharmacy should be able to impact those decisions. Patients should not be denied appropriate medication simply due to rebates and other financial incentives that are given to pharmacy benefit managers.</p> <p>We would also recommend that the board of pharmacy offer a Committee of Pharmacists to advise the Department of Insurance on PBM issues. They've been charged with regulation, but do not have the expertise necessary to do it. A group perhaps appointed by the Governor with board input could assist in these important matters.</p>
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20*	Improve Quality of Electronic Prescribing	Legislative	Develop a process to regulate electronic prescription transmission systems to improve quality and standardize format.	The Committee reviewed examples of electronic prescriptions that contained inaccurate directions, doses, truncated drug names, etc. Committee members noted that these prescriptions cause increased workload because pharmacists are required to call the prescriber to obtain further clarification.	<p>All Respondents:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Answer Choices</th> <th style="text-align: left;">Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>0.64%</td> <td>12</td> </tr> <tr> <td>2 - Unlikely</td> <td>2.31%</td> <td>43</td> </tr> <tr> <td>3 - Neutral</td> <td>10.21%</td> <td>190</td> </tr> <tr> <td>4 - Likely</td> <td>32.72%</td> <td>609</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	0.64%	12	2 - Unlikely	2.31%	43	3 - Neutral	10.21%	190	4 - Likely	32.72%	609	<p>SUPPORT: We support.</p>				
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Meeting Materials

					5 - Extremely likely	54.11%	1007		
21*	Authorizing Pharmacists to Prescribe Drug Devices	Legislative	Permit pharmacists to prescribe drug devices necessary to dispense a prescription.	As part of the electronic prescribing discussion, Committee members also noted that many times the prescriptions do not include orders for devices needed to administer the prescribed medication (needles, lancets, etc.). This adds to workload because pharmacy personnel are required to call the prescriber to obtain another prescription for the devices.	All Respondents:			SUPPORT: We support.	
					Answer Choices	Responses			
					1 - Extremely unlikely	3.55%	66		
					2 - Unlikely	5.32%	99		
					3 - Neutral	22.35%	416		
					4 - Likely	29.23%	544		
					5 - Extremely likely	39.55%	736		
22*	Eliminating Manual Logs	Administrative Rule	Review Board rules to reduce the use of paper logs.	Some members noted that reliance on paper logs creates more work for pharmacy personnel. They recommended the Board review and clarify the use of electronic recordkeeping to reduce the use of paper records in the pharmacy.	All Respondents:			SUPPORT: We support.	
					Answer Choices	Responses			
					1 - Extremely unlikely	0.86%	16		
					2 - Unlikely	2.47%	46		
					3 - Neutral	17.27%	322		
					4 - Likely	28.54%	532		
					5 - Extremely likely	50.86%	948		
23*	Change of Responsible Person Requirements	Administrative Rule	Extend notification requirement of the responsible person from 10 to 30 days.	One member suggested increasing the time from 10 days to 30 days to report a change of responsible person. Additionally, some noted that the requirement to conduct an inventory (especially when you have someone temporarily filling in as the RP) adds to overall workload.	All Respondents:			SUPPORT: We support.	
					Answer Choices	Responses			
					1 - Extremely unlikely	3.02%	56		
					2 - Unlikely	8.03%	149		
					3 - Neutral	43.00%	798		
					4 - Likely	24.52%	455		
					5 - Extremely likely	21.44%	398		
24*	Improving the Physical Security of Pharmacies	-	Look at ways to improve the physical security of pharmacies.	The Committee expressed concerns regarding physical security, particularly in the retail settings. Some members expressed the need to implement policy 11 as a safety measure in addition to alleviating workload stress.	All Respondents:			We would need to see what specific requirements are being recommended before commenting. We agree security is a concern, but any rule should be rational and not require significant costs to implement.	
					Answer Choices	Responses			
					1 - Extremely unlikely	2.16%	40		
					2 - Unlikely	5.71%	106		
					3 - Neutral	27.80%	516		
					4 - Likely	31.25%	580		
					5 - Extremely likely	33.08%	614		

Meeting Materials

25*	Pharmacy Intern Ratios	Administrative Rule	Expand the number of interns that can work under the pharmacist.	Some members expressed the current limit on how many interns a pharmacist may supervise (2 for every 1 pharmacist) need to be reexamined. The Committee recommended looking at ratios from other states.	<p>All Respondents:</p> <table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>4.47%</td> <td>83</td> </tr> <tr> <td>2 - Unlikely</td> <td>12.28%</td> <td>228</td> </tr> <tr> <td>3 - Neutral</td> <td>38.40%</td> <td>713</td> </tr> <tr> <td>4 - Likely</td> <td>27.09%</td> <td>503</td> </tr> <tr> <td>5 - Extremely likely</td> <td>17.77%</td> <td>330</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	4.47%	83	2 - Unlikely	12.28%	228	3 - Neutral	38.40%	713	4 - Likely	27.09%	503	5 - Extremely likely	17.77%	330	SUPPORT: We support.	
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26*	Automation and Technology	Legislative/ Administrative Rule	Examine ways to utilize automation and technology to improve working conditions.	Automation and technology currently play and, in the future, will support an increasing greater sector of healthcare including pharmacy. As discussed by the committee, telepharmacy is rapidly expanding throughout the country in several states and has been a part of pharmacy practice in some states for several years.	<p>All Respondents:</p> <table border="1"> <thead> <tr> <th>Answer Choices</th> <th>Responses</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 - Extremely unlikely</td> <td>1.35%</td> <td>25</td> </tr> <tr> <td>2 - Unlikely</td> <td>4.26%</td> <td>79</td> </tr> <tr> <td>3 - Neutral</td> <td>23.38%</td> <td>434</td> </tr> <tr> <td>4 - Likely</td> <td>41.49%</td> <td>770</td> </tr> <tr> <td>5 - Extremely likely</td> <td>29.53%</td> <td>548</td> </tr> </tbody> </table>	Answer Choices	Responses		1 - Extremely unlikely	1.35%	25	2 - Unlikely	4.26%	79	3 - Neutral	23.38%	434	4 - Likely	41.49%	770	5 - Extremely likely	29.53%	548	SUPPORT: We agree, but we also believe the Board should review current rules that are impeding technology from being utilized to its fullest benefit. [For example, preventing return to stock to automated dispensing machines.]	
Answer Choices	Responses																								
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***Discussed by the Committee but not included in the policy ranking exercise.**

Additional Comment by OPA:

Unit of Use Packaging:

Although it would be inappropriate to either legislate or regulate a mandatory move to unit of use packaging, it would greatly enhance the speed of filling prescriptions. We are the only country that does not dispense the majority of prescriptions in packaging similar to birth control. A university study showed a 50% increase in dispensing speed using this technology. Manufacturers would simply sell the drugs in this manner, improving patient safety, return to stock safety, and the ability to track and trace. Recalls would be simple, since the pharmacist would have everything needed to recall down to the lot number. The only legislative change needed would be to allow the pharmacist to dispense the nearest package size, and require the insurance companies to pay for that package size. Board action could be in the form of asking the legislature to adopt a resolution recommending that all pharmacies voluntarily change to unit of use packaging for patient safety reasons.

Again, drug manufacturers already provide this packaging to nearly every country in the world except the US. This is not a mandate, but a strong recommendation that would reduce time spent dispensing by the pharmacist and technician, allowing greater savings by all parties. Profitability is maintained in other countries, and I'm sure it can happen here.