



Pharmacist Workload Advisory Committee

Approved 4/20/2021

Pursuant to rule 4729-2-01 (B) of the Ohio Administrative Code, the Ohio Board of Pharmacy proposes the creation of a Pharmacist Workload Advisory Committee 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 (pending) 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.*

Issue:

In July 2020, the Ohio Board of Pharmacy disseminated a workload survey to all pharmacists working in Ohio. The intent of the survey was to capture feedback on pharmacist working conditions in the state.

Capturing this data is important as pharmacist working conditions have been identified as a concern among licensees, state regulators (several of which have issued similar surveys)ⁱ, and national organizations. For example, in 2019, the American Pharmacist Association conducted a national survey and reported “pharmacists’ perceptions of their workload continues to increase in a number of settings.”ⁱⁱ

The data revealed in this survey found similar trends reported by national organizations and other states. For example, almost half of survey respondents (49%) indicated that they did not have adequate time to complete their job in a safe and effective manner. The survey also found that 57% of pharmacists reported they felt pressure by their employer or supervisor to meet standards or metrics that may interfere with safe patient care.

Peer reviewed studies also indicate increasing pharmacist workload poses an increased risk to patient safety:

- One [study](#) found that there was an increase in the risk of dispensing a potential drug-drug interaction with higher pharmacist and pharmacy workload, use of specific automation, and dispensing software programs providing alerts and clinical information.
- A [recent 2020 study](#) found reduced pharmacist workload allows re-allocation of pharmacy time to provide prescription suggestions and, more recently, decrease dispensing errors. Continuous efforts to maintain appropriate workload for pharmacists are recommended to ensure prescription quality.
- A 2016 [analysis](#) of medication errors reported to the New Hampshire Board of Pharmacy found that a greater percentage of errors (68%) occurred when only 1 pharmacist was on duty versus 29% with 2 pharmacists on duty. The authors of the analysis noted “contributing factors for errors included high prescription volumes and lack of adequate pharmacist coverage.”

Purpose:

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.

Structure of the Committee:

Chair – Member of the Ohio Board of Pharmacy, TBD

Staff Support Members: Cameron McNamee, Director of Policy and Communications; Jenni Wai, Chief Pharmacist; Ali Simon, Public and Policy Affairs Liaison

Two Community Pharmacist Members selected by the Board (using an application process to ensure representation of diverse pharmacy practice settings not addressed by the appointments below)

One Certified Pharmacy Technician Member selected by the Board (using an application process)

Two Community Pharmacist Members Recommended by the Ohio Pharmacist Association

Two Hospital Pharmacist Members Recommended by the Ohio Society of Health System Pharmacists

One Long-Term Care Pharmacist Members by the American Society of Consultant Pharmacists - Ohio Chapter

Three Pharmacist Representatives recommended by the National Association of Chain Drug Stores / Ohio Retail Merchants

Similar Efforts in Other States

Illinois convened a similar group to study a similar issue, the [Illinois Collaborative Pharmaceutical Task Force](#). As a result of the workgroup's recommendations, a number of [new reforms](#) were implemented by the Illinois General Assembly.

ⁱAt time of writing, the following states have issued surveys: MD, MO, and TN.

ⁱⁱFull survey results can be accessed here: <https://www.aacp.org/article/2019-national-pharmacist-workforce-study>



PHARMACIST WORKLOAD SURVEY

April 2021

Committee Information



April 2021

Dear Ohio Pharmacists,

In July 2020, the State of Ohio Board of Pharmacy disseminated a workload survey to all pharmacists working in Ohio. The intent of the survey was to capture vital feedback on pharmacist working conditions in the state.

Capturing this data is important as pharmacist working conditions have been identified as a [concern](#) among licensees, state regulators (several of which have issued similar surveysⁱ), and national organizations. For example, in 2019, the American Pharmacist Association conducted a [national survey](#) and reported “pharmacists’ perceptions of their workload continues to increase in a number of settings.”ⁱⁱ

The full results of Ohio’s survey are included in this report, with freeform comments included separately (see Appendix I). The survey was sent out to 11,588 pharmacists and received 4,159 responses, a completion rate of 26.41%.

Moving forward, the data from this survey will be used to inform discussions regarding pharmacist practice in the state. The Board looks forward to working with a broad array of stakeholders to ensure Ohio’s pharmacy professionals are working safely and in the best interest of the public’s health.

Sincerely,

A handwritten signature in black ink that reads "Steven W. Schierholt".

Steven W. Schierholt
Executive Director

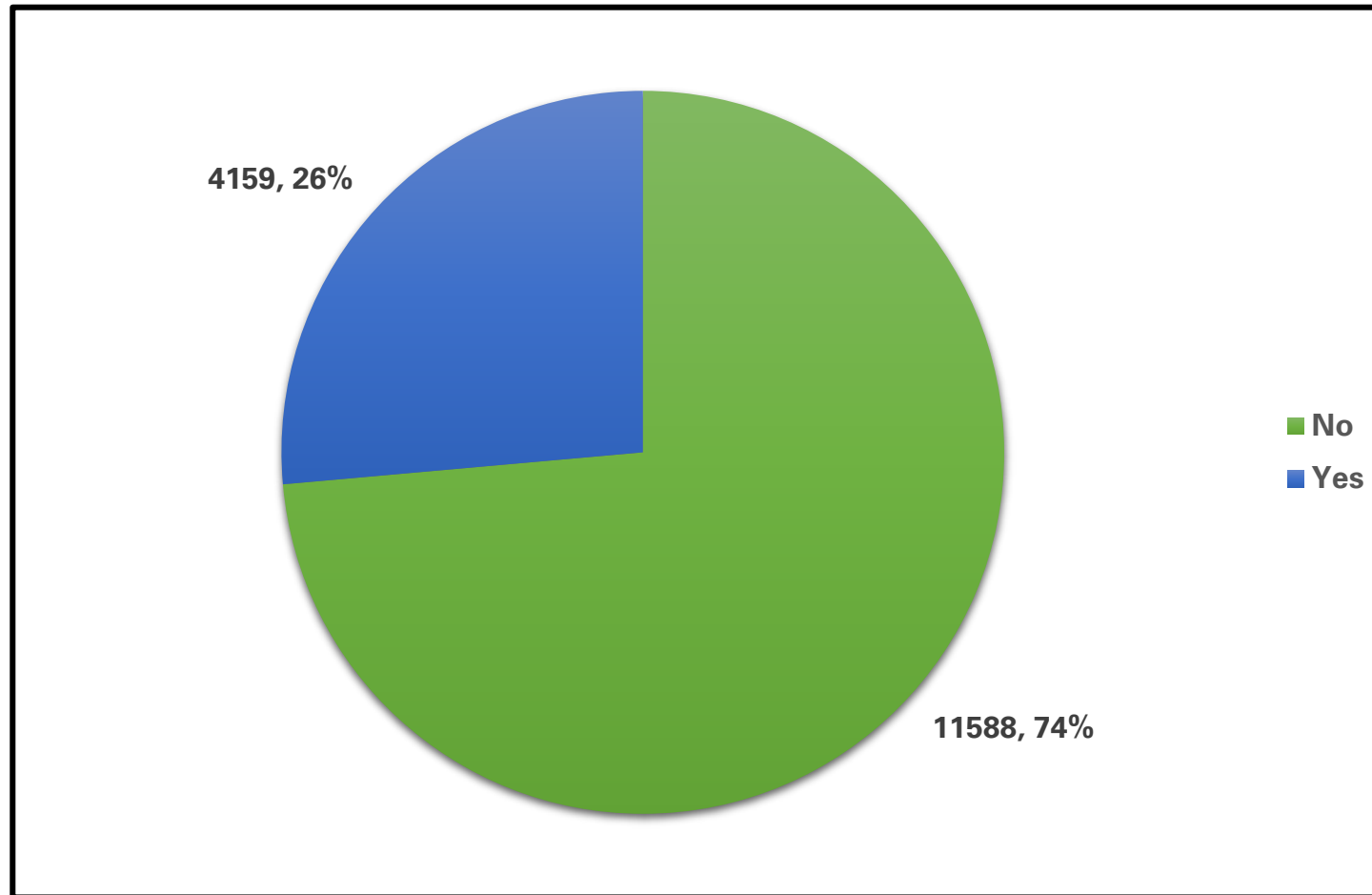
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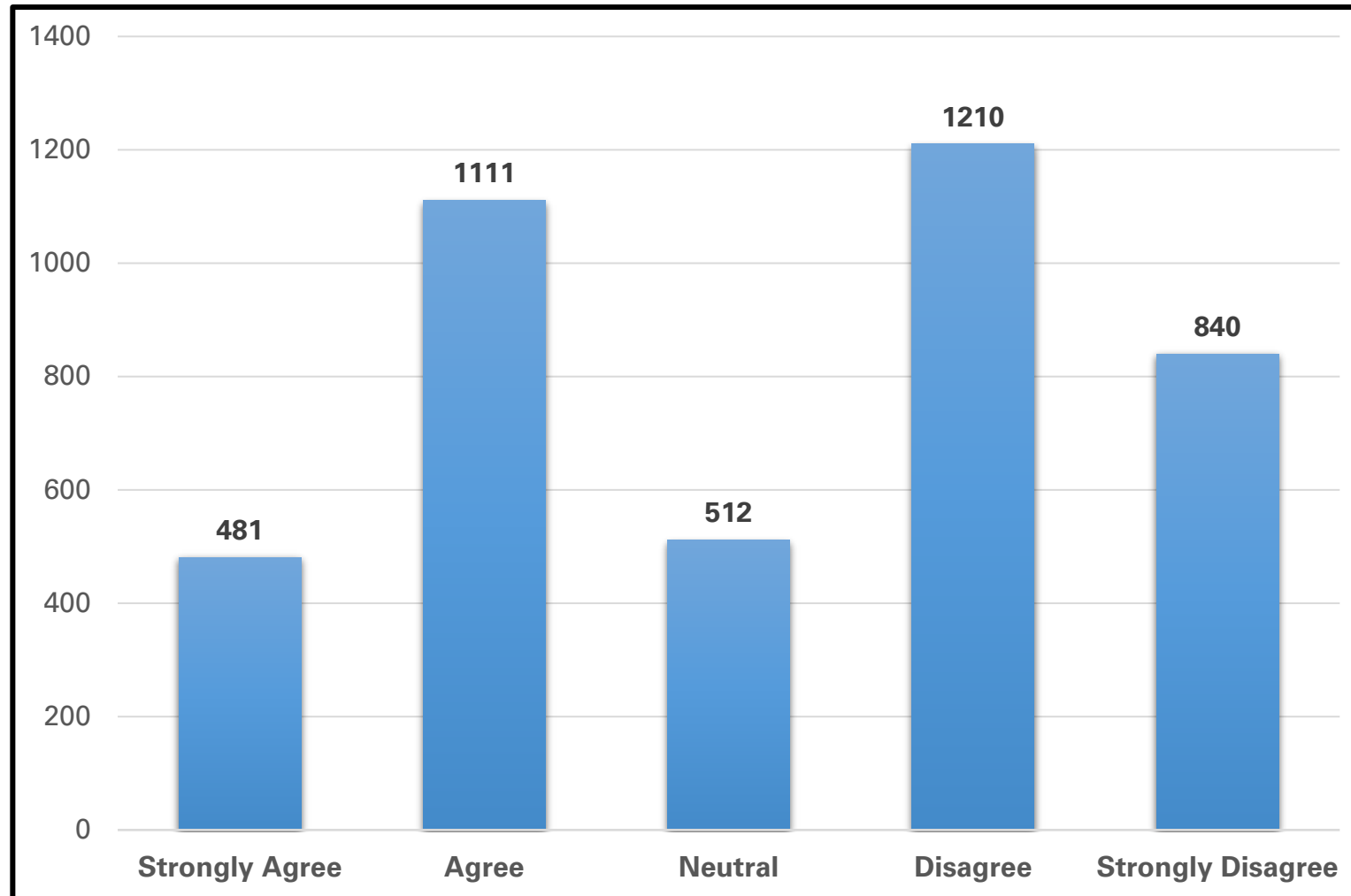
Survey Response Rate

(N=15,747 Licensed Pharmacists working in Ohio)



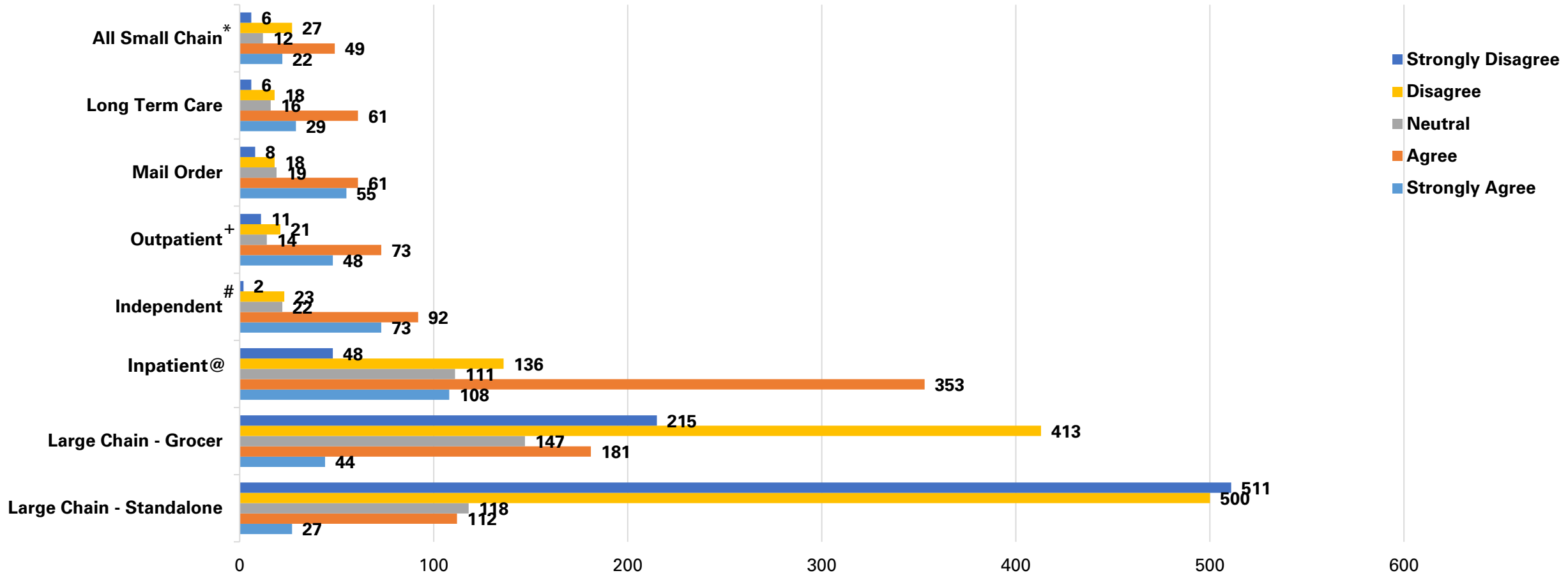
Committee Information

Q1 – I feel that I have adequate time to complete my job in a safe and effective manner.



Committee Information

I feel that I have adequate time to complete my job in a safe and effective manner, by practice site¹.



*= Includes all small chain pharmacies (e.g. more than one but less than 12 locations)

= Includes all independent pharmacies (e.g. one location)

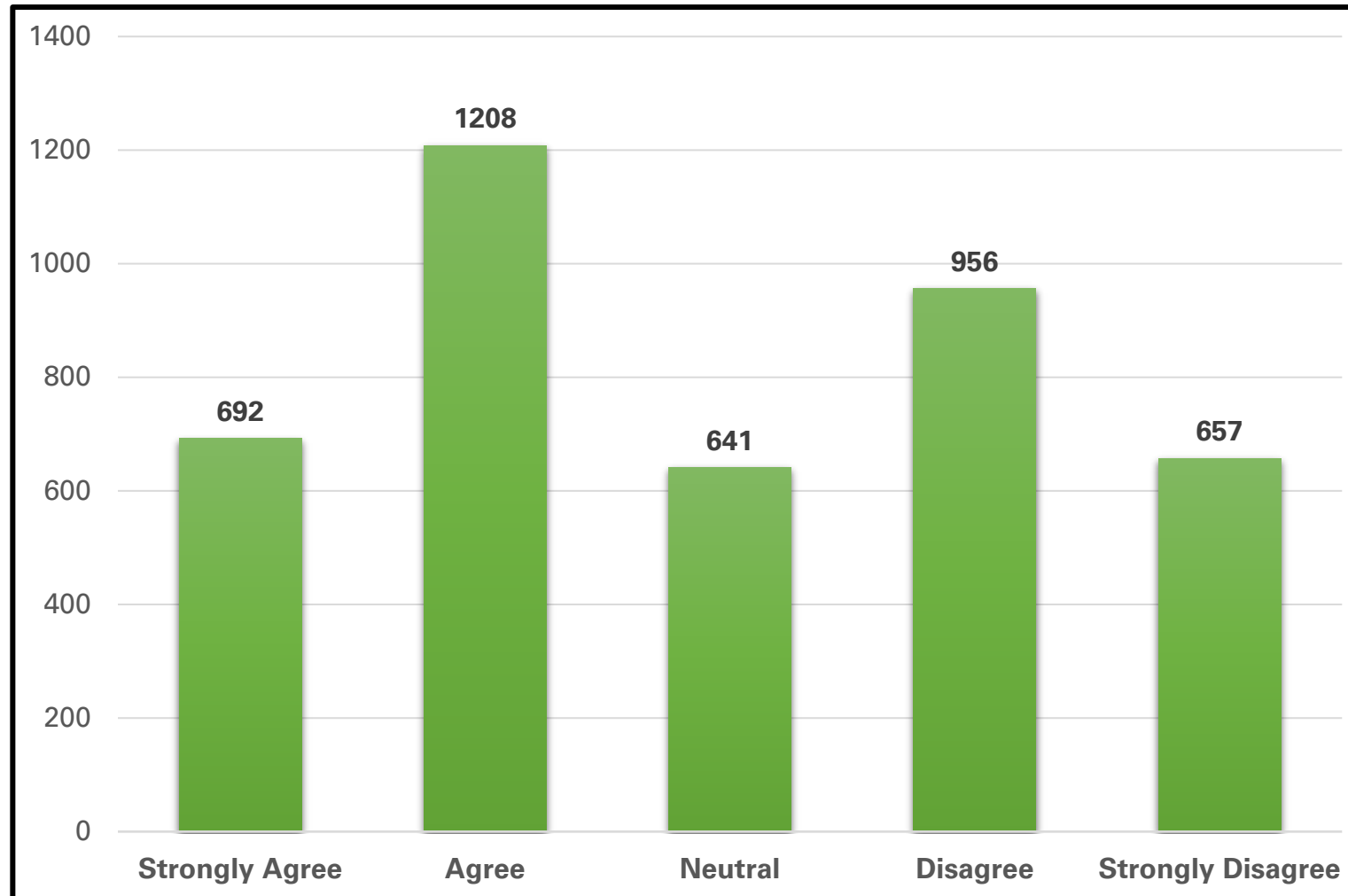
@ = Inpatient hospital pharmacies

+ = Outpatient hospital pharmacies

1 = Respondents that selected "other" (n=344) are not included in this chart.

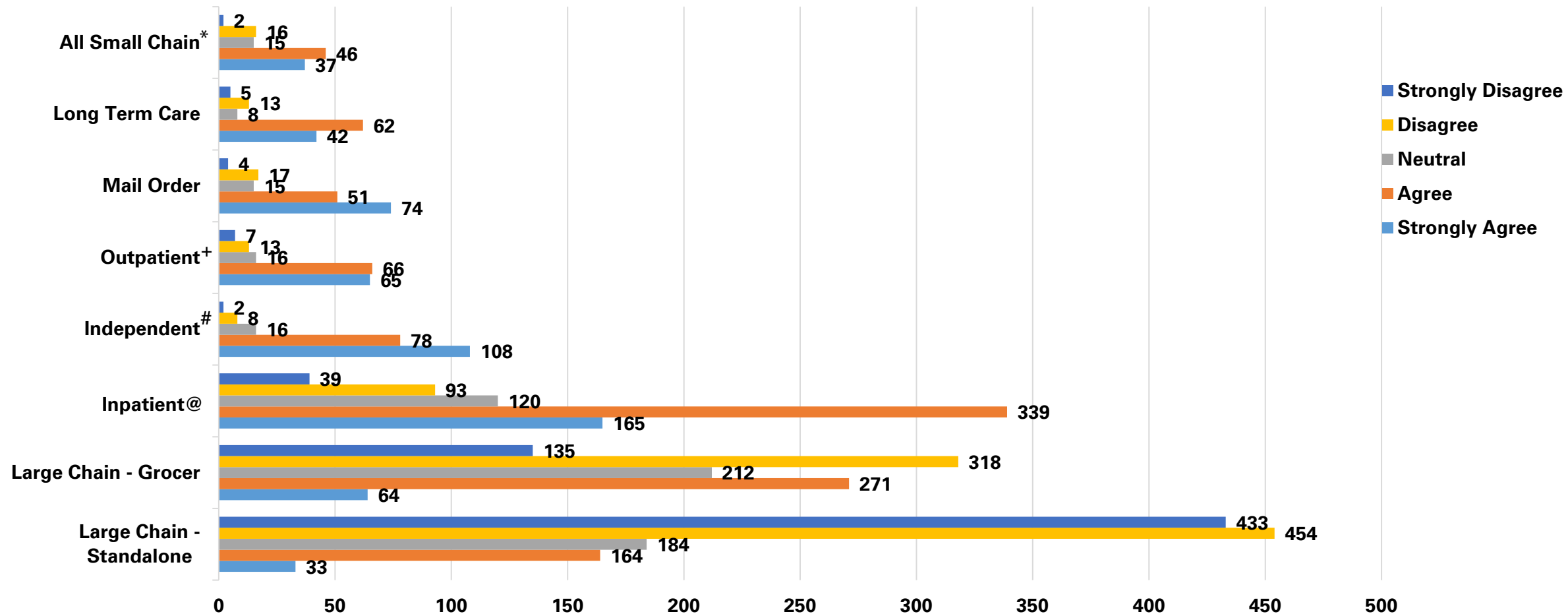
Committee Information

Q2 – I feel that my employer provides a work environment that allows for safe patient care.



Committee Information

I feel that my employer provides a work environment that allows for safe patient care, by practice site¹.



*= Includes all small chain pharmacies (e.g. more than one but less than 12 locations)

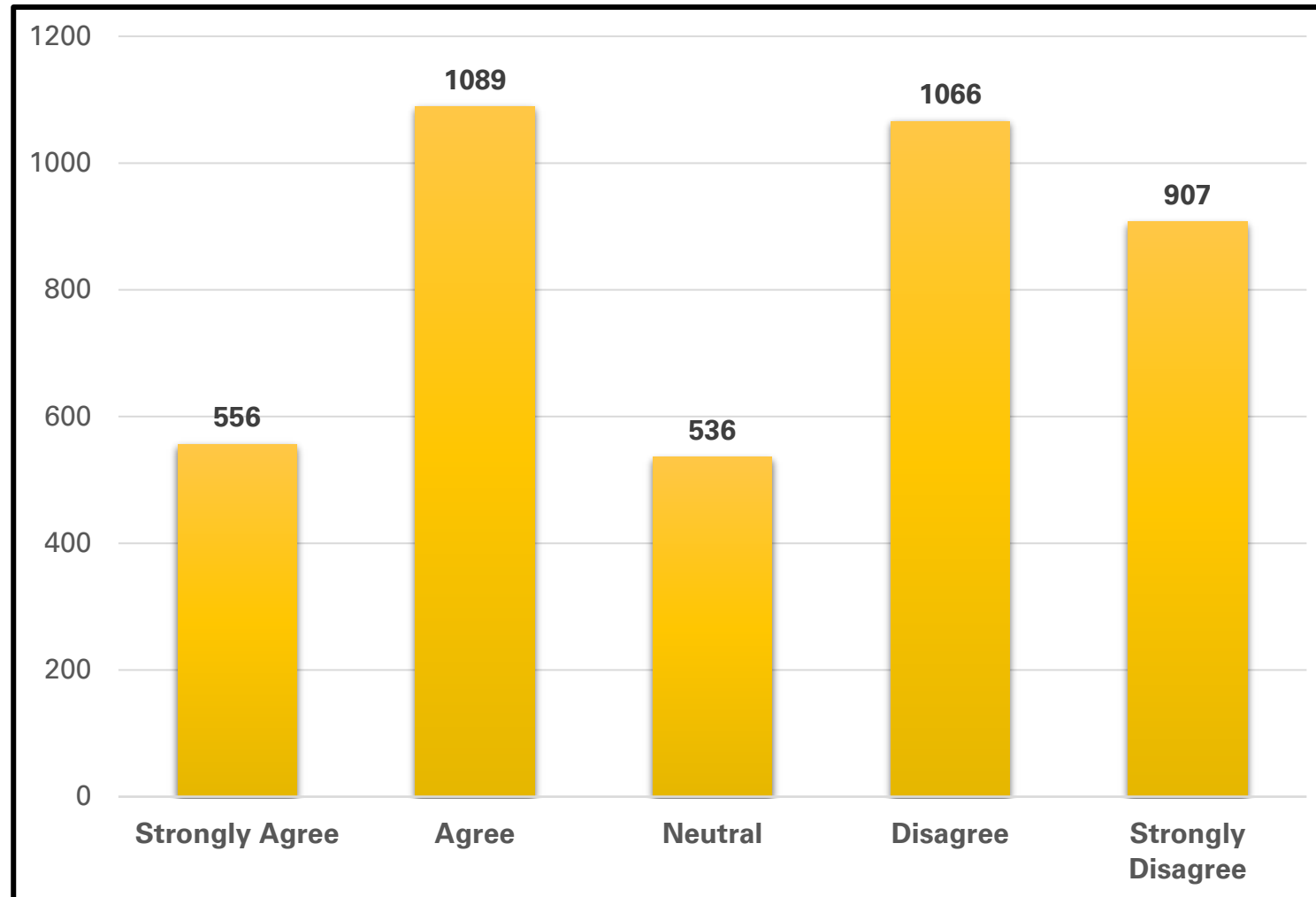
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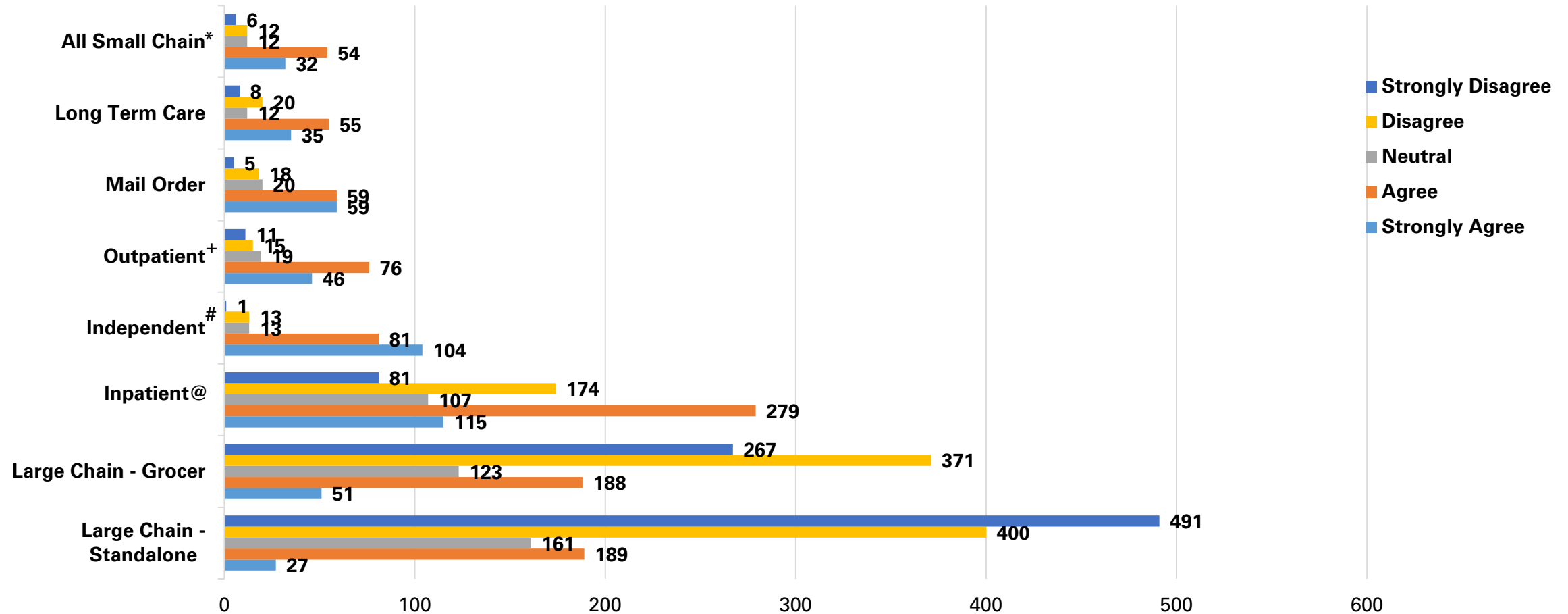
¹ = Respondents that selected "other" (n=344) are not included in this chart.

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



Committee Information

I feel that my work environment has sufficient pharmacist staffing that allows for patient safety, by practice site¹.



*= Includes all small chain pharmacies (e.g. more than one but less than 12 locations)

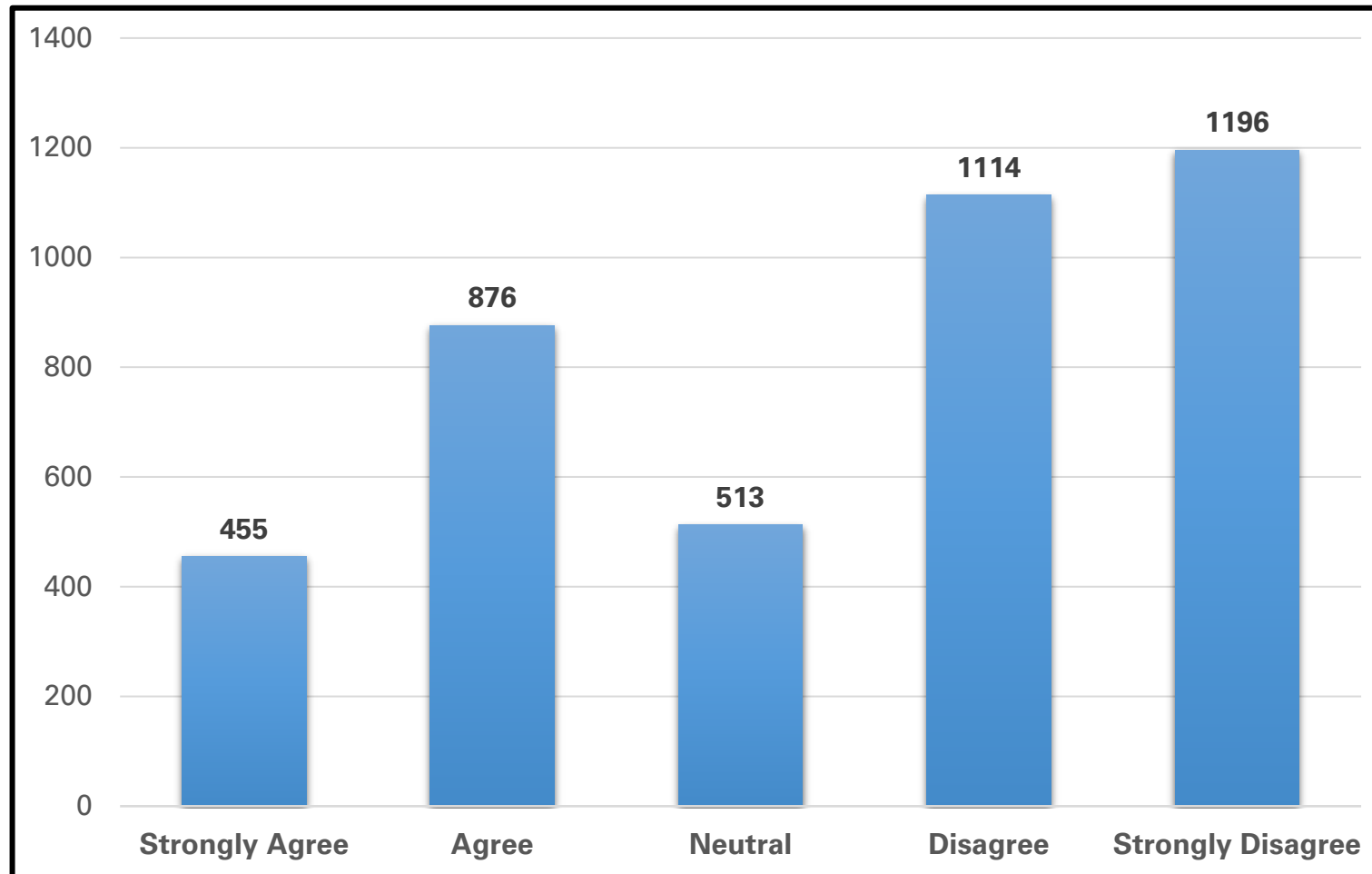
[#] = Includes all independent pharmacies (e.g. one location)

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⁺ = Outpatient hospital pharmacies

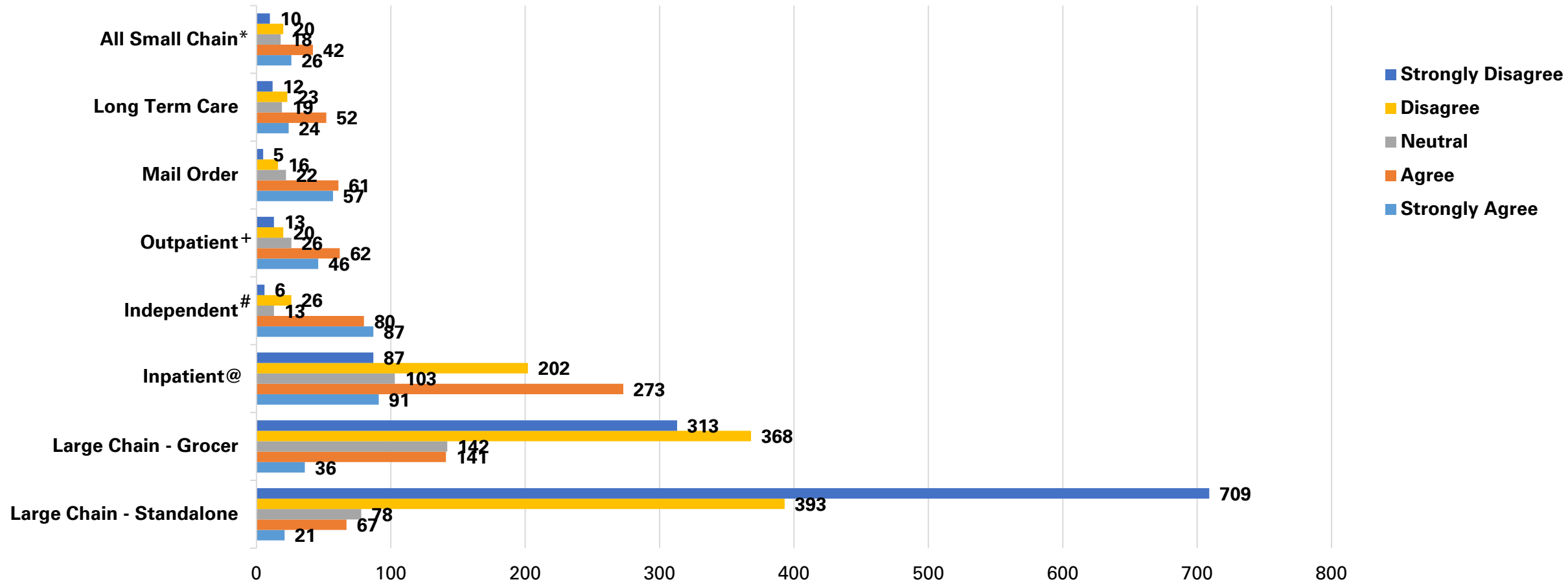
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Q4 – I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care.



I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care, by practice site¹.

Committee Information



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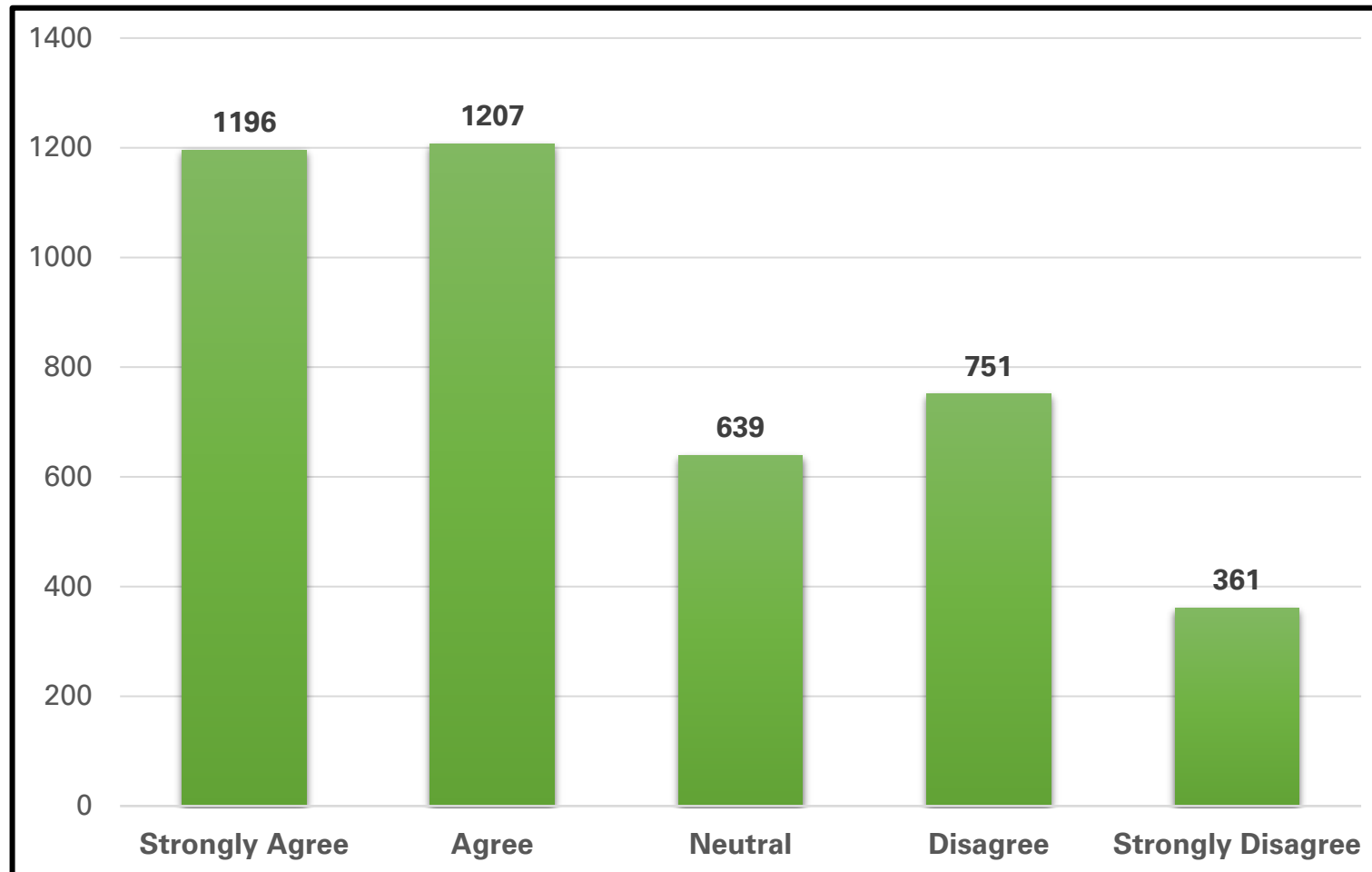
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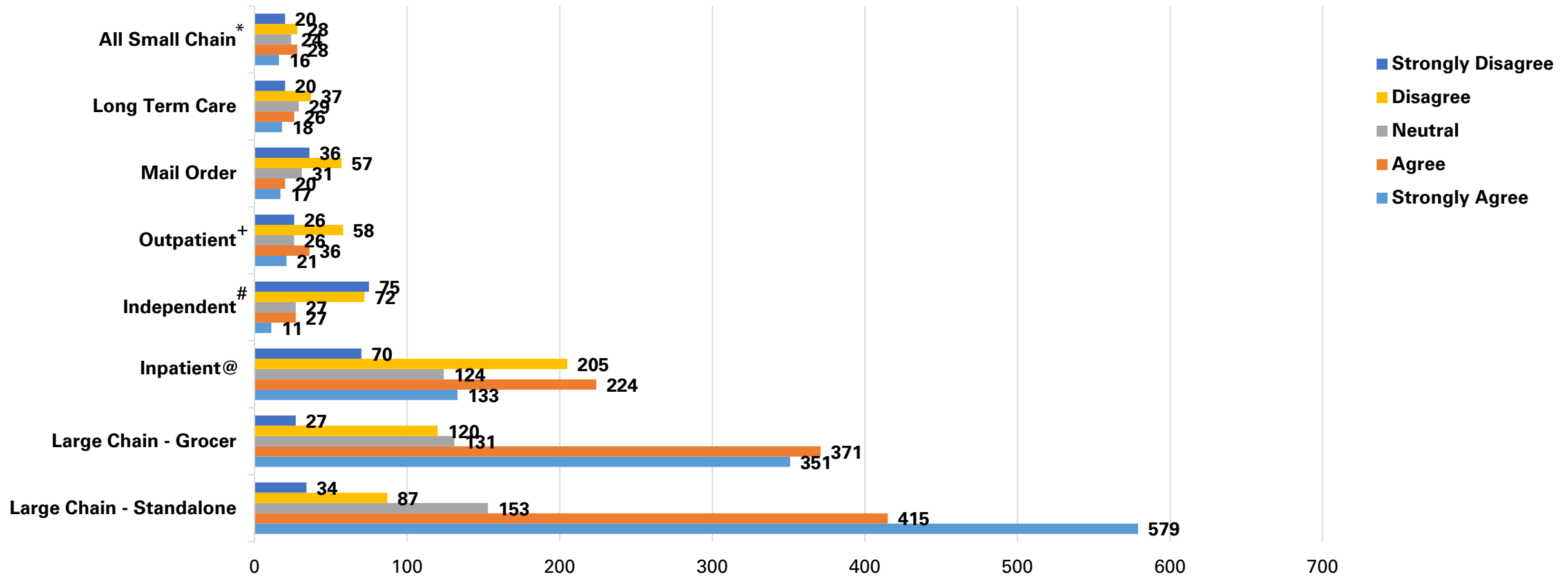
+ = Outpatient hospital pharmacies

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Q5 – I feel that inadequate staffing at my pharmacy results in delays in patients receiving medications in a timely manner.



I feel that inadequate staffing at my pharmacy results in delays in patients receiving medications in a timely manner, by practice site¹.



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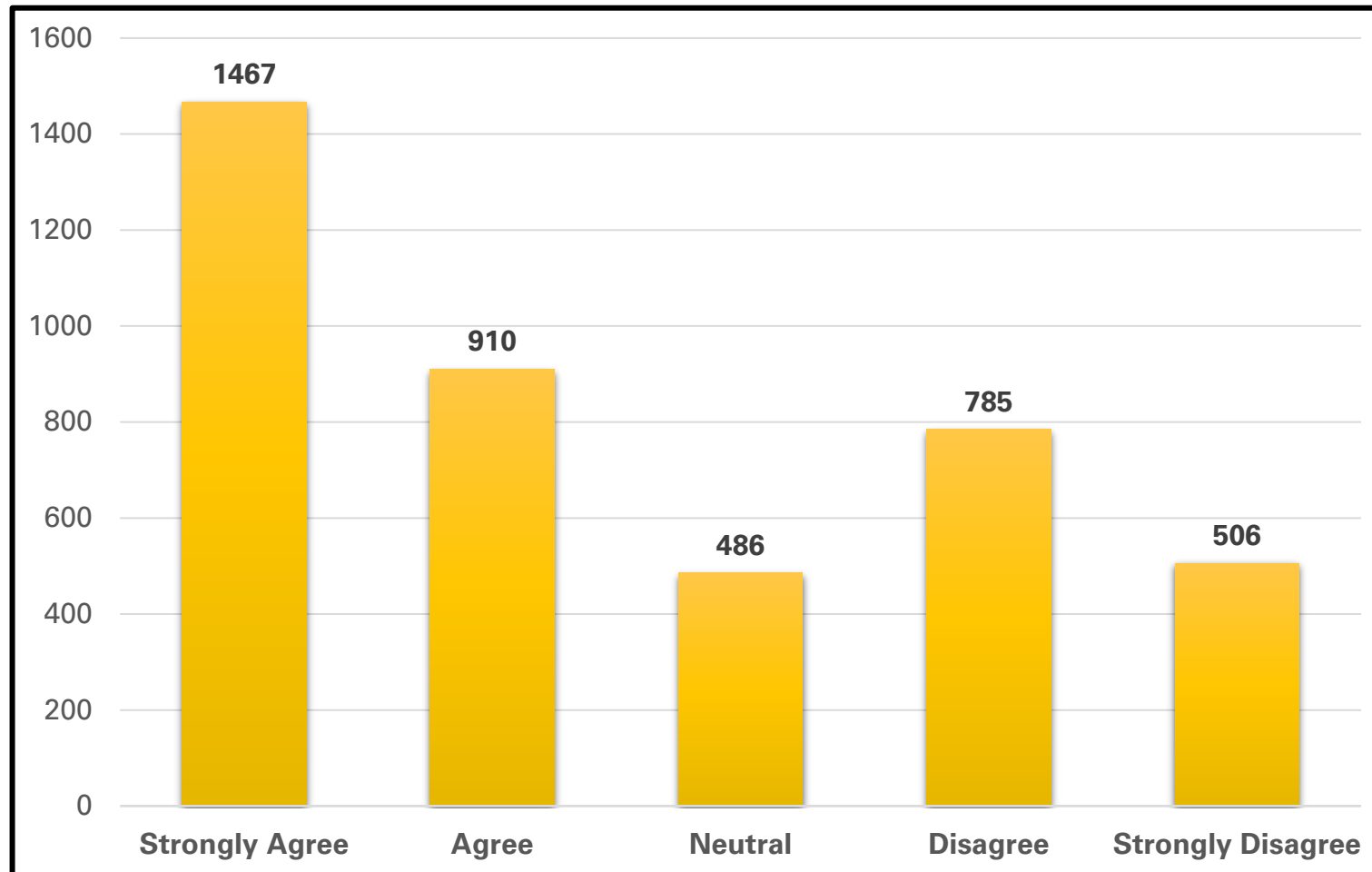
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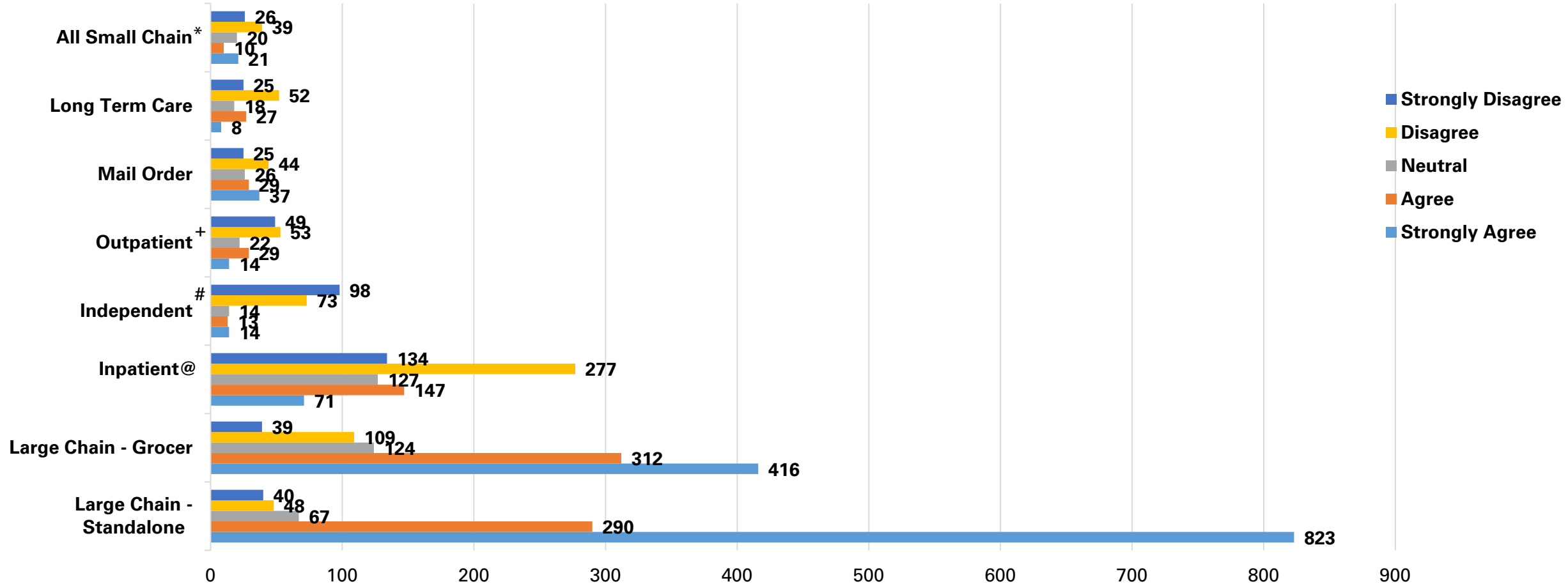
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Q6 – I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe patient care.



I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe patient care, by practice site¹.



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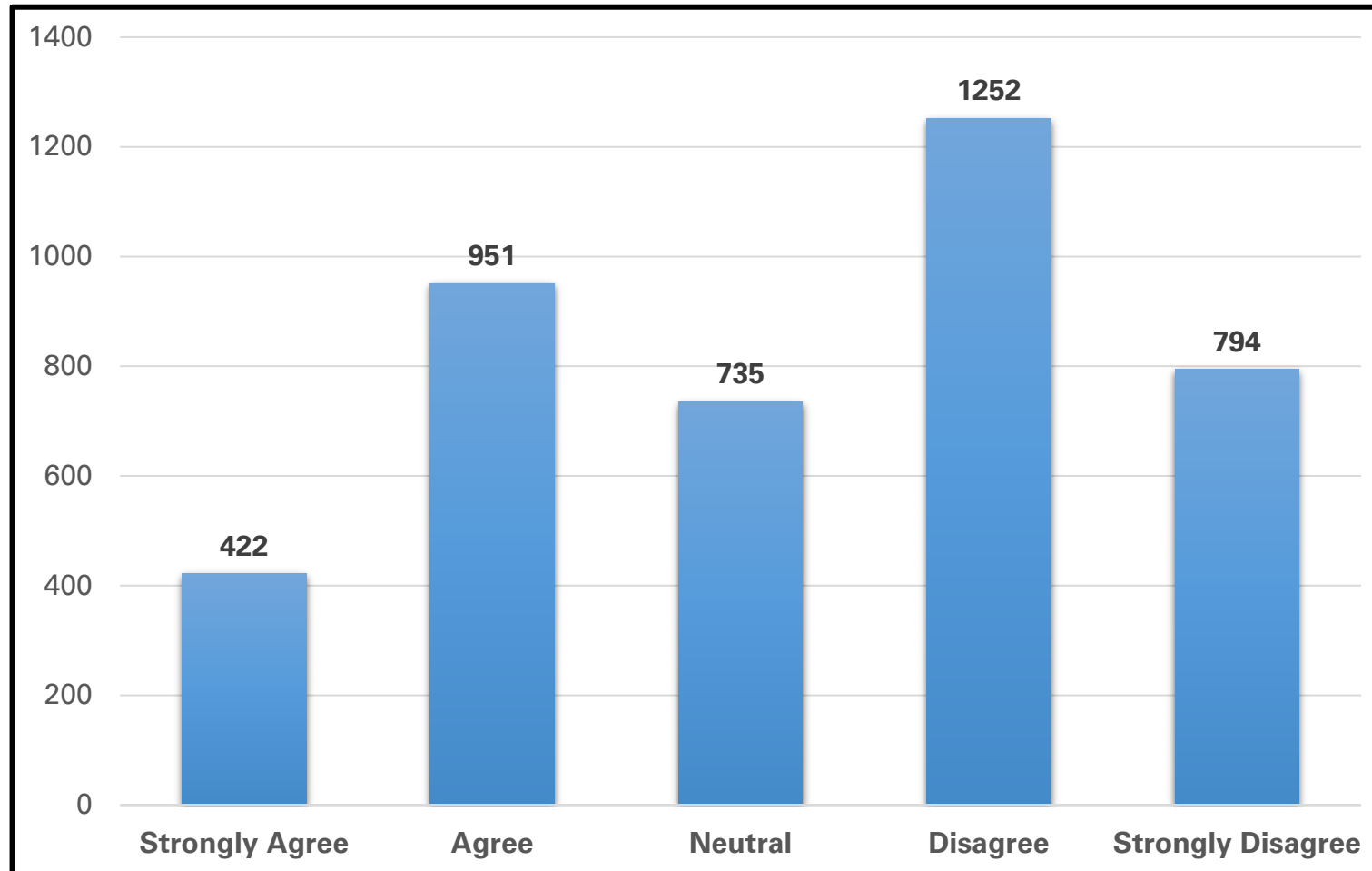
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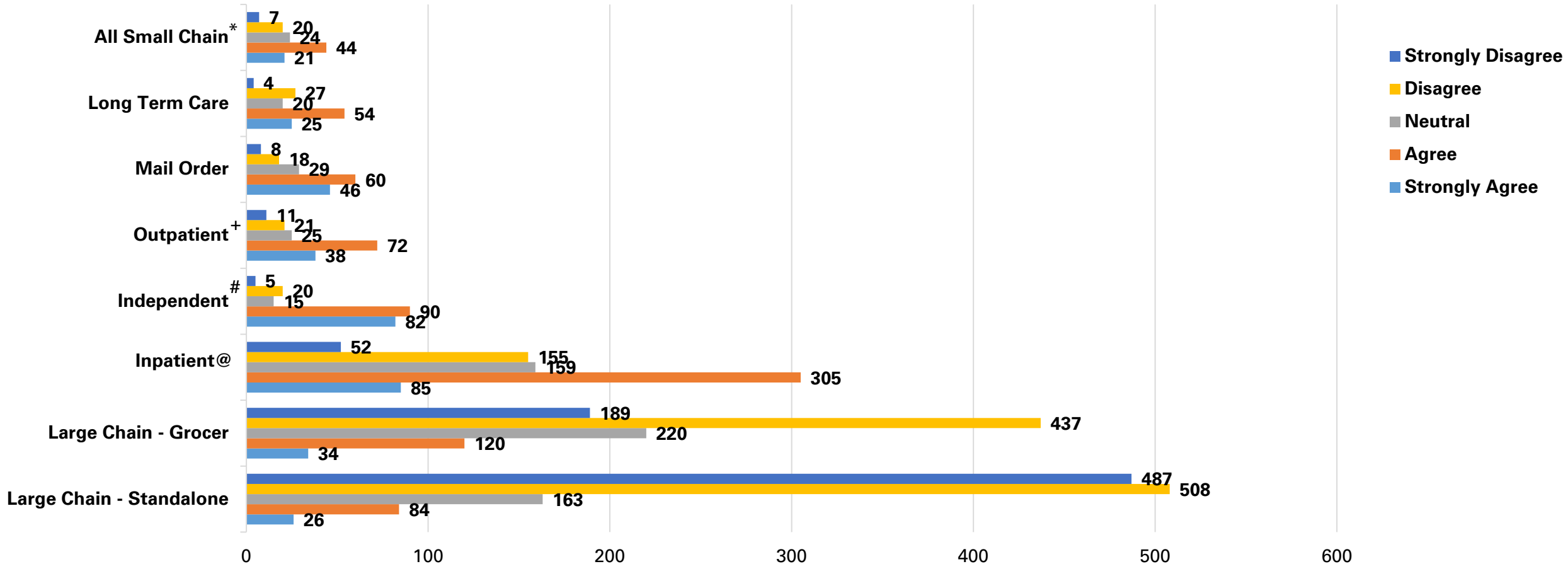
Committee Information

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



Committee Information

I feel that the workload to staff ratio allows me to provide for patients in a safe manner, by practice site¹.



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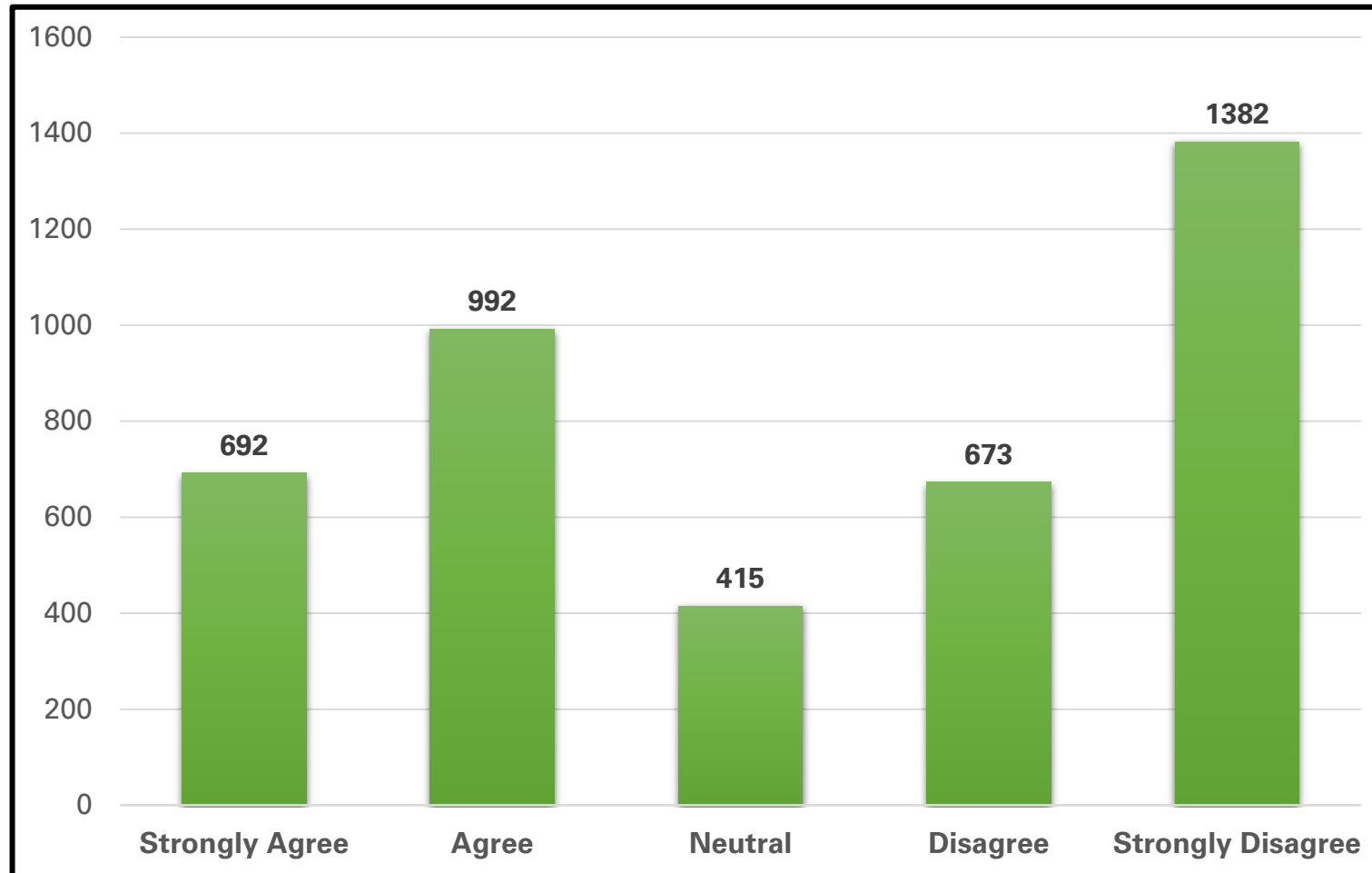
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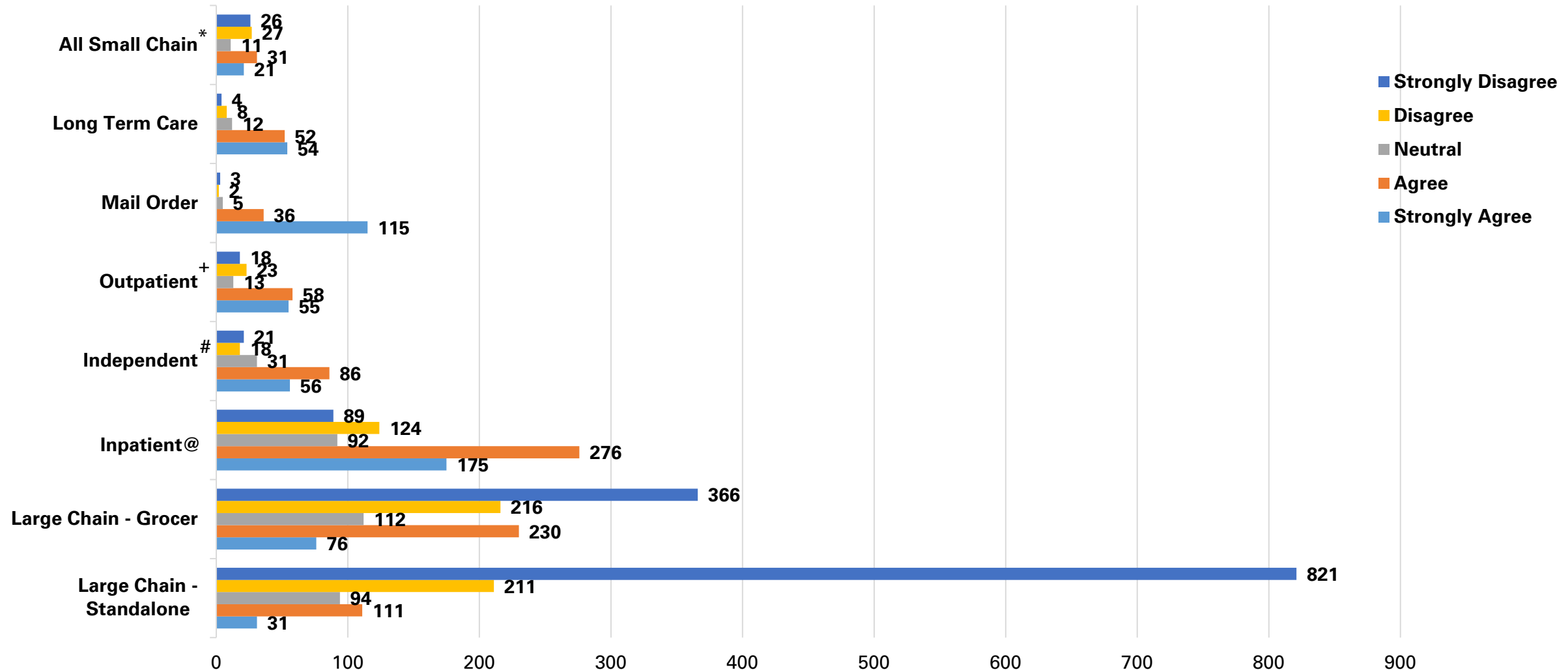
Committee Information

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



I am given the opportunity to take lunch breaks or other breaks throughout the workday, by practice site¹.

Committee Information



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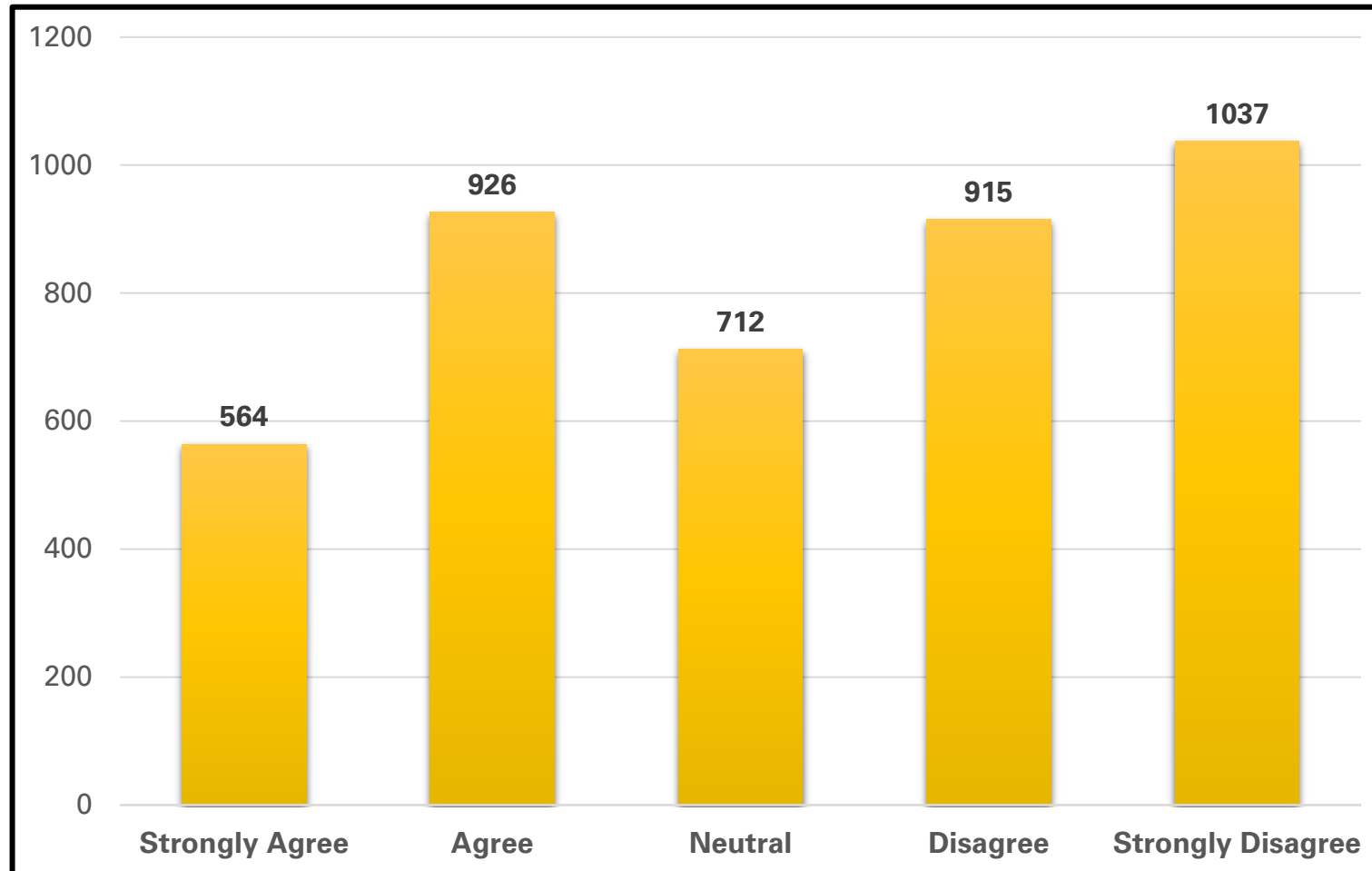
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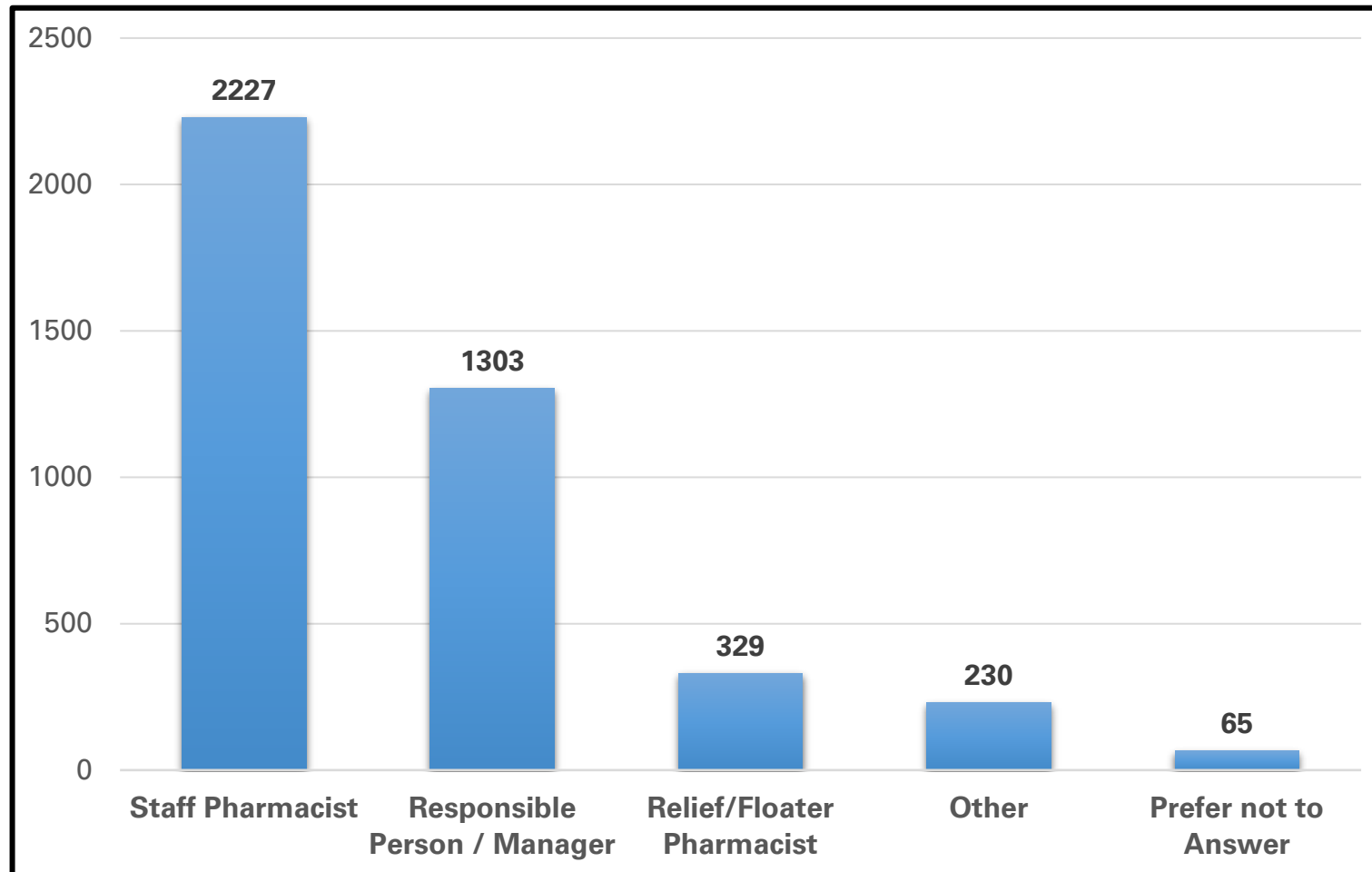
Q9 – I feel safe voicing any workload concerns to my employer.



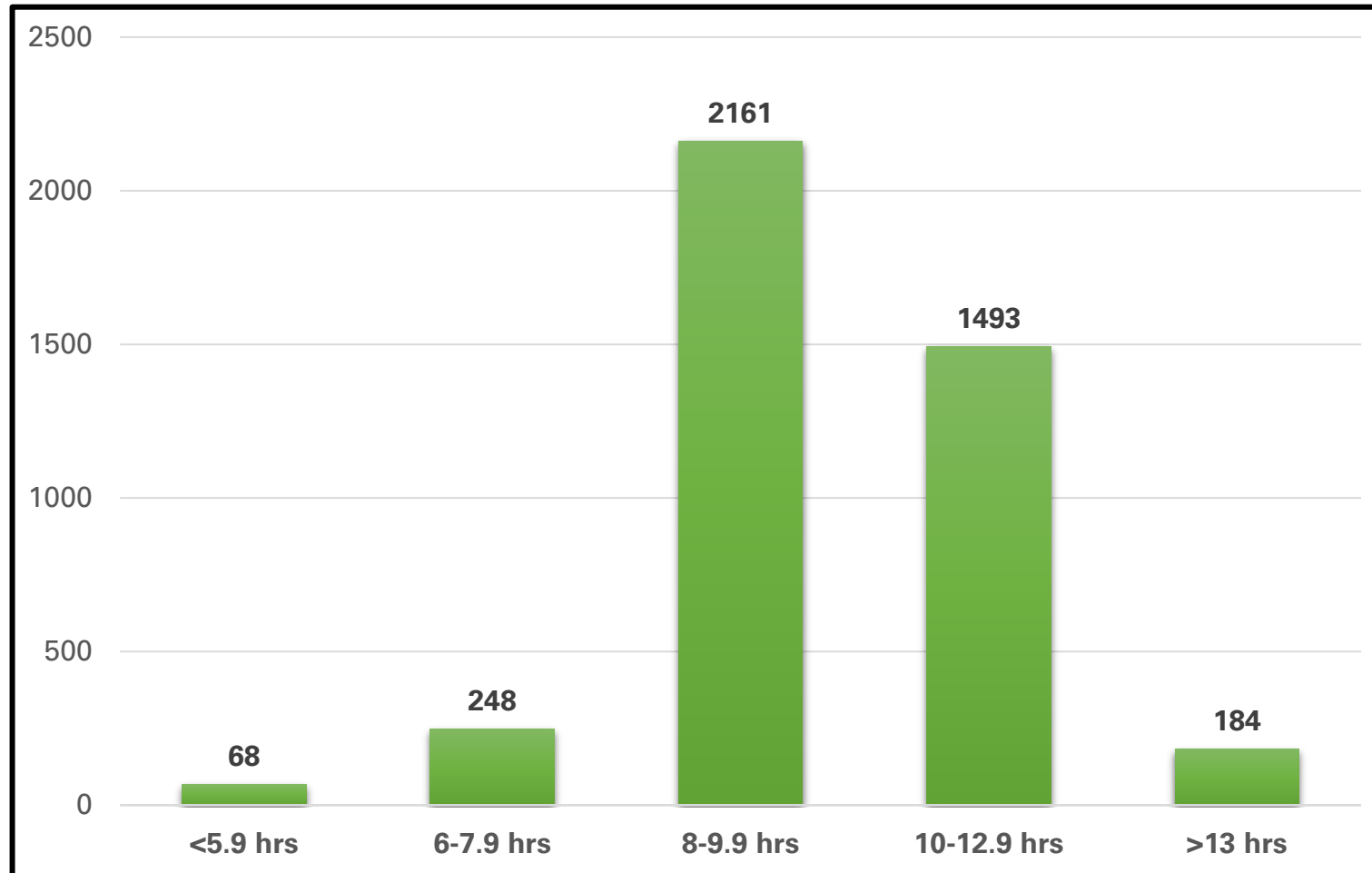
Q10 – What is your primary practice site?

Primary Practice Site	Responses
Large Chain (more than 12 locations): Standalone	1268
Large Chain (more than 12 locations): Grocer	1000
Small Chain (more than one but less than 12 locations)	116
Independent (one location)	212
Inpatient Hospital	756
Outpatient Hospital	167
Mail Order	161
Long-Term Care	130
Other (PBM, prefer not to say, compounding, VA, nuclear, specialty, academia, etc.)	344

Q11 – What is your primary role in your work environment?

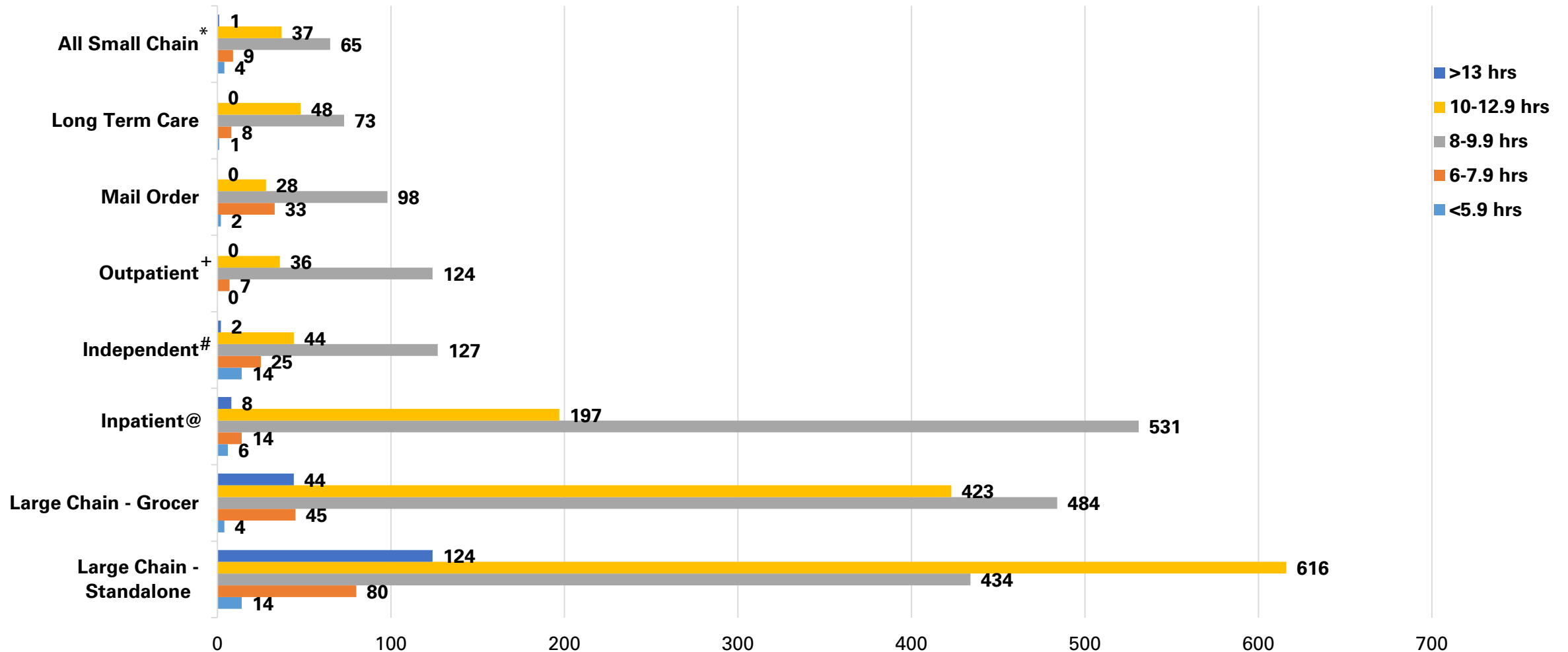


Q12 – On average, how many hours do you work per shift?



Committee Information

Average Hours Per Shift, By Practice Site¹



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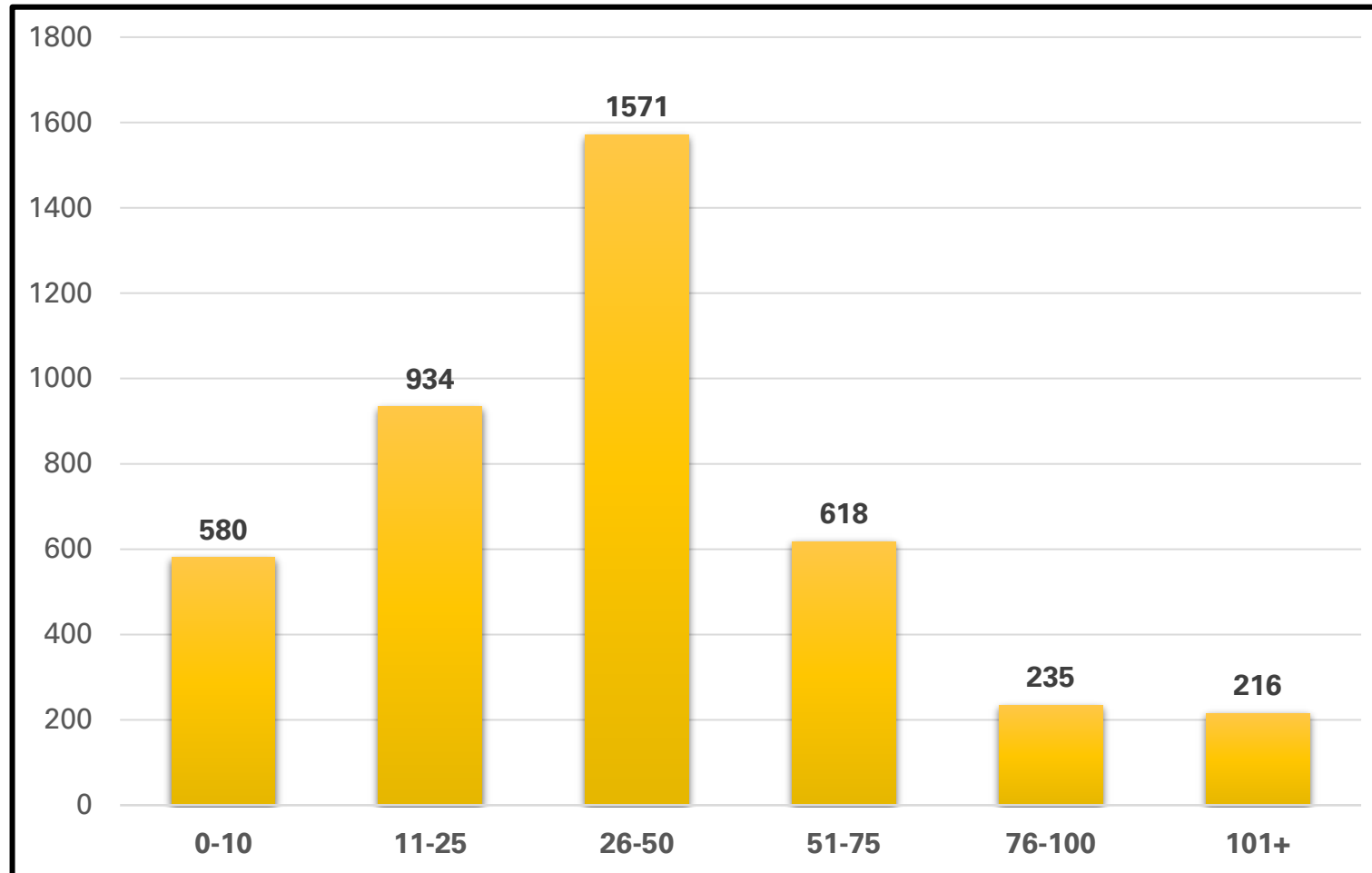
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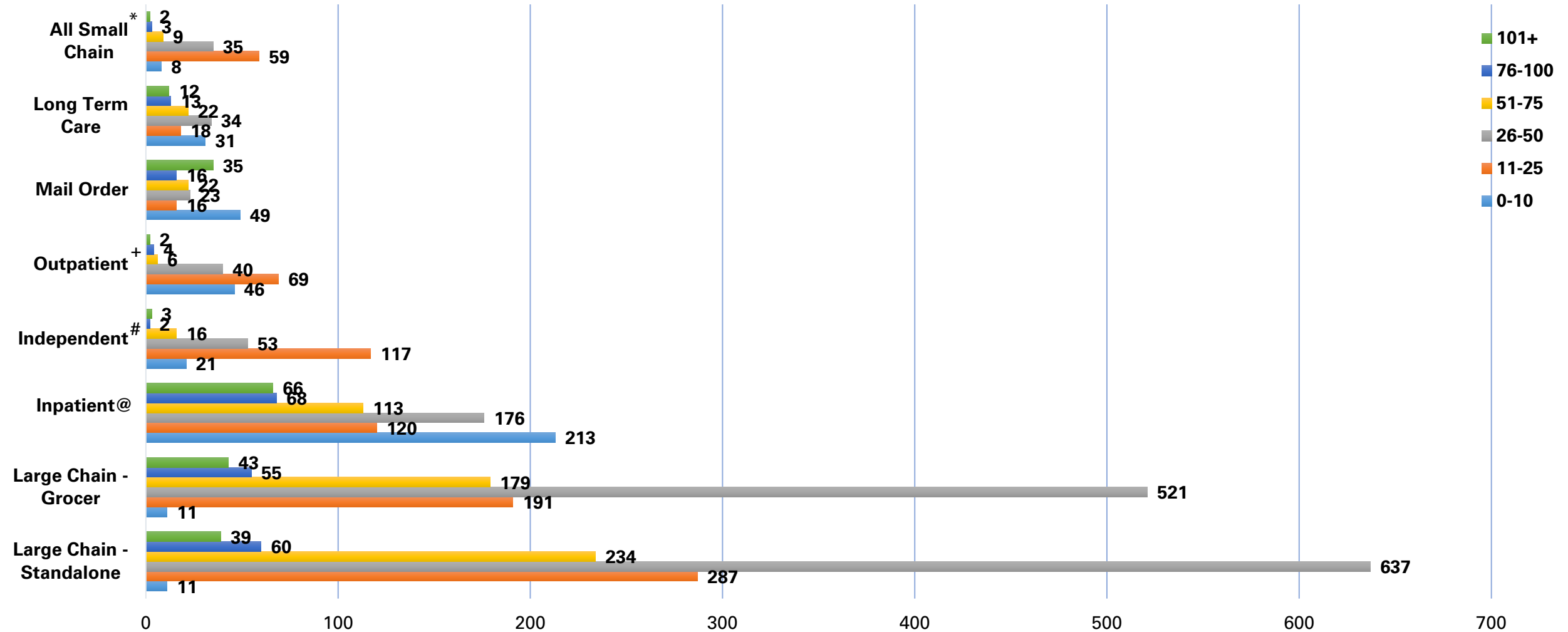
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Q13 – On average, how many prescriptions or medication orders do you personally process per hour?



Average Prescriptions or Medication Orders Processed Per Hour, By Practice Site¹



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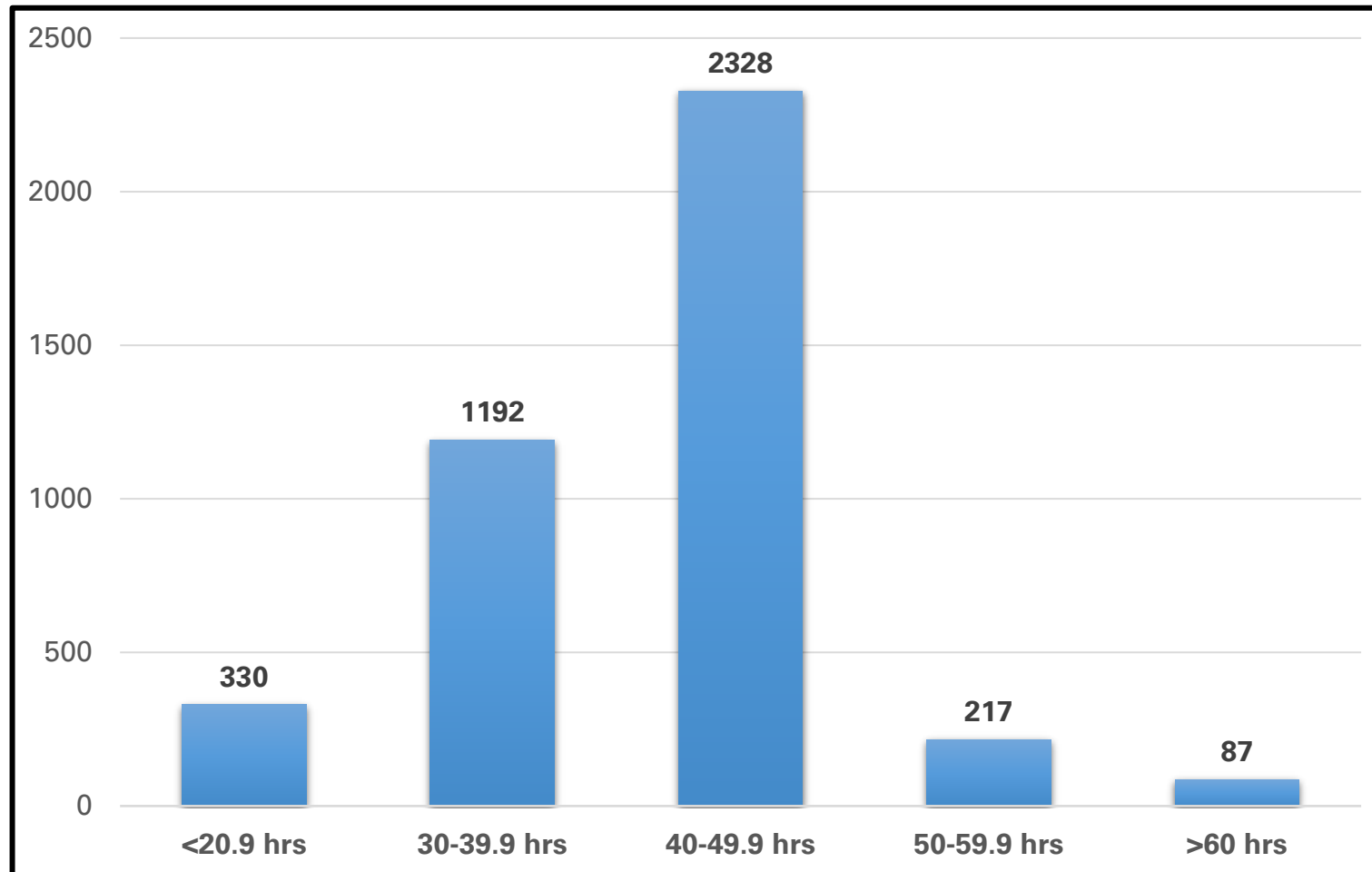
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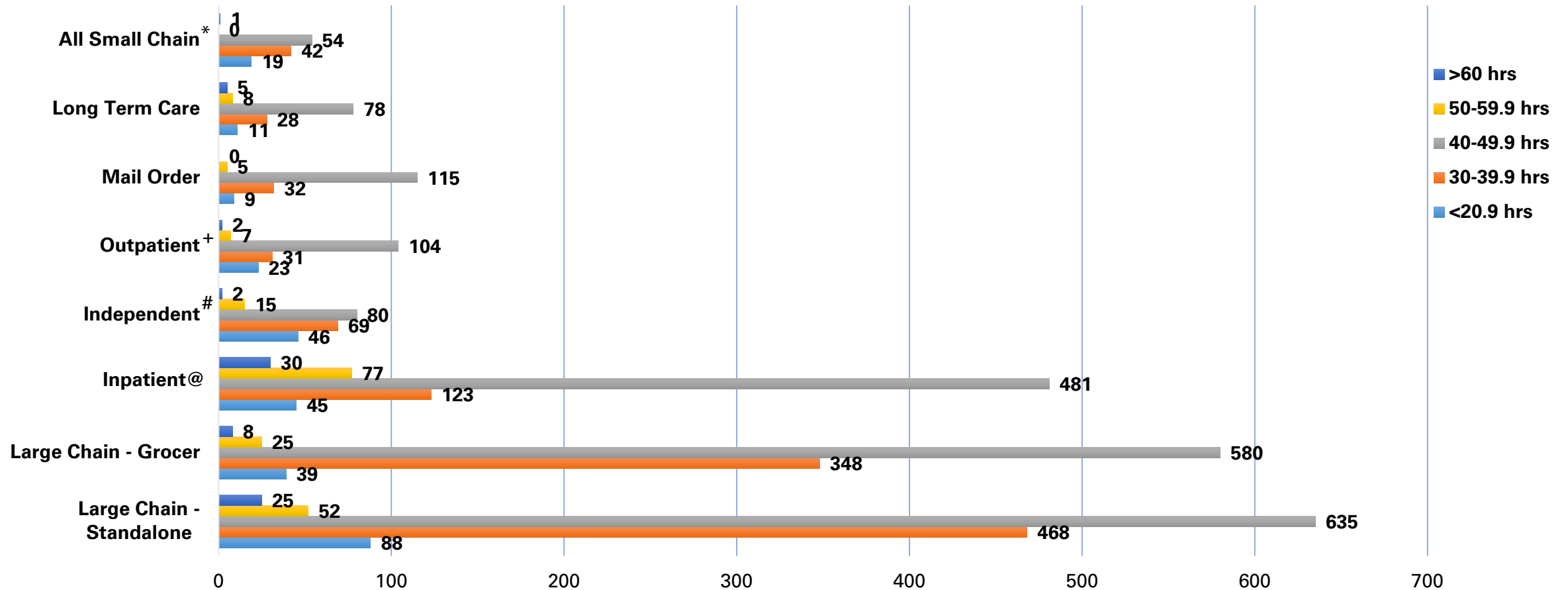
Committee Information

Q14 – On average, how many hours do you work per week?



Committee Information

Average Hours Per Week, By Practice Site¹



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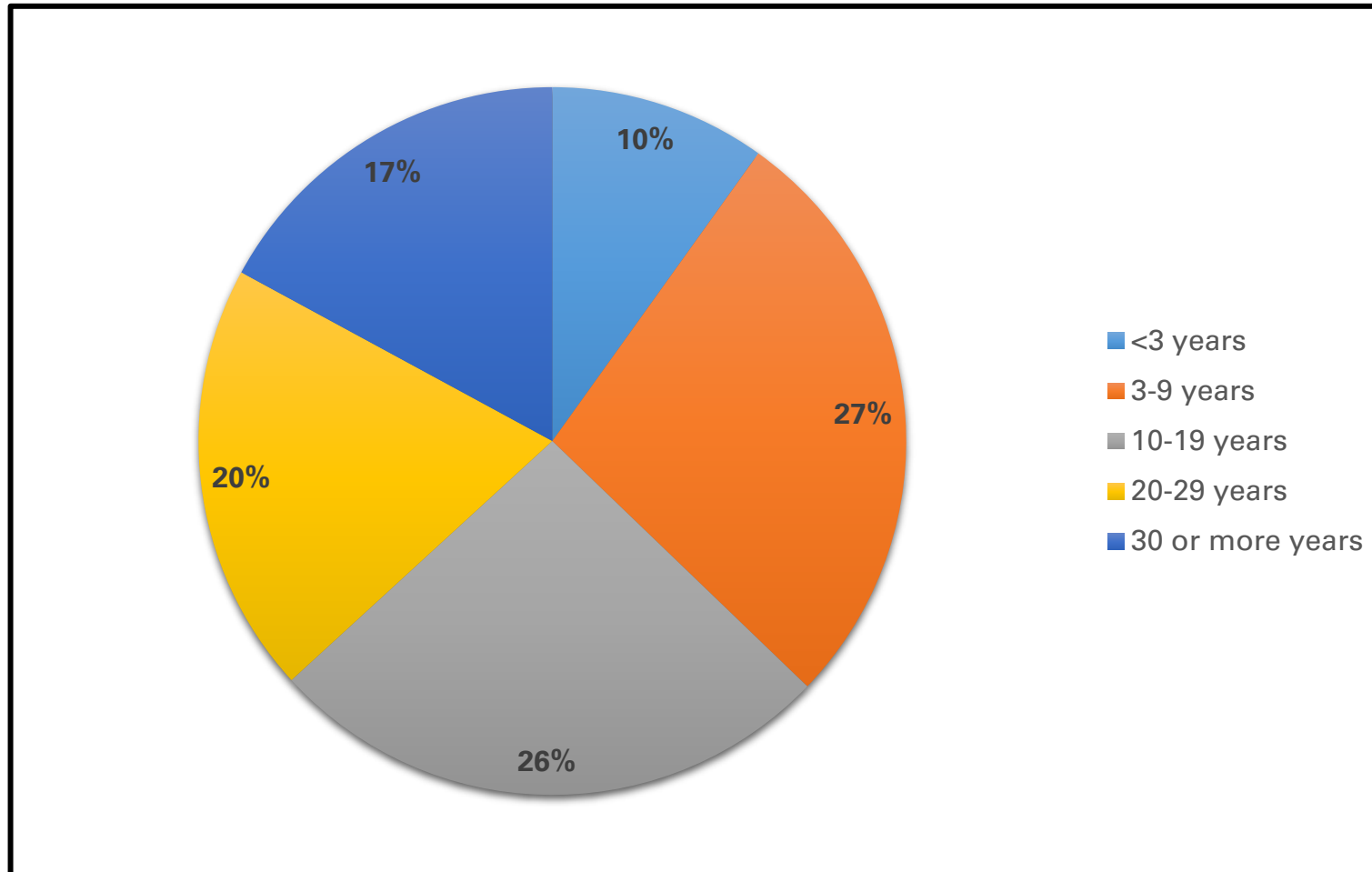
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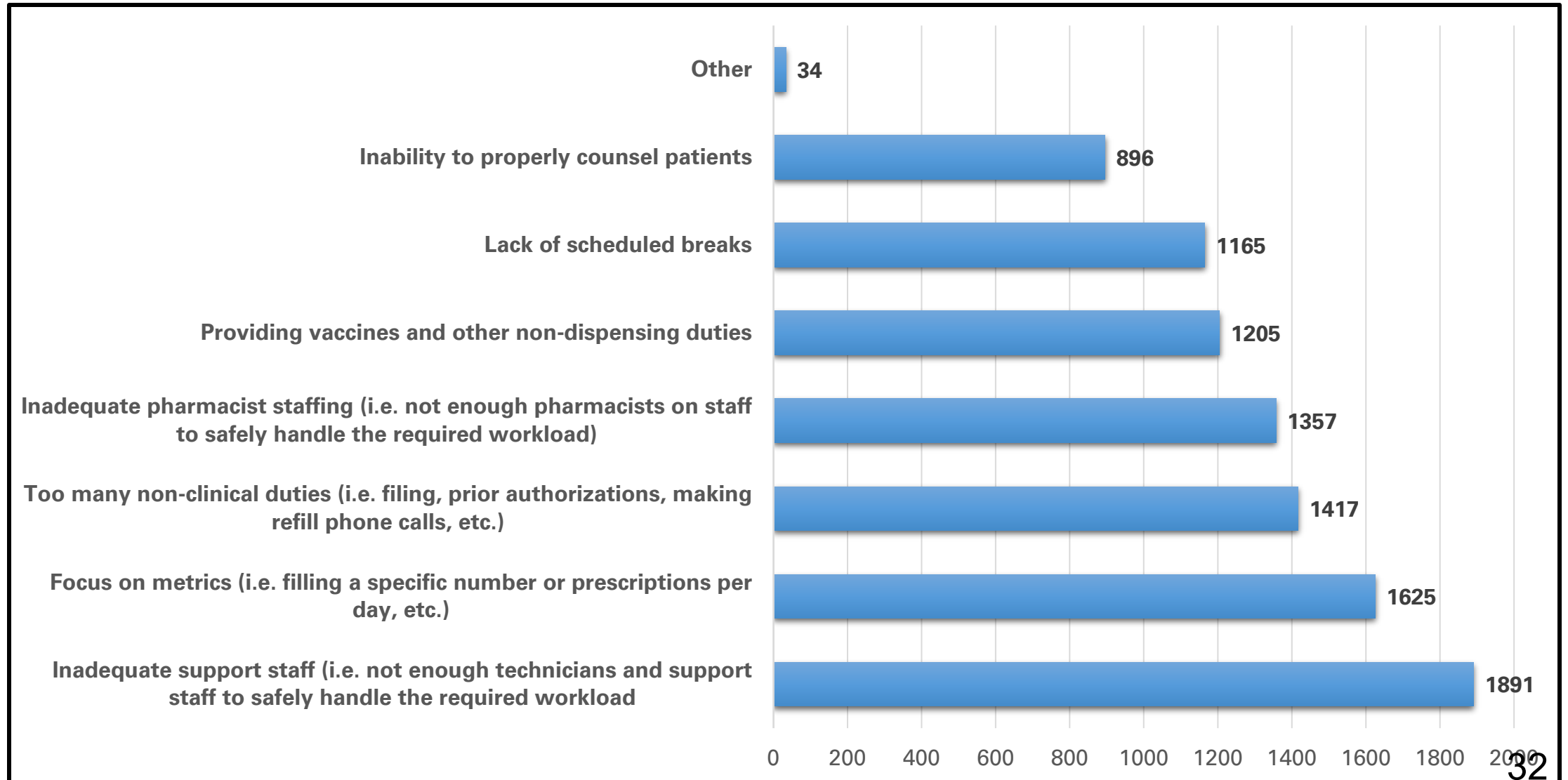
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Q15 – How many years have you been a pharmacist?



Committee Information

Q16 – If you believe you are unable to practice safely at your current pharmacy practice site, please select the reason why.



Q17 – Any additional comments on this topic that you think would be helpful to the Board

Appendix I

Question17 - Any additional comments on this topic that you think would be helpful to the Board
<p>- telemarketing calls (late to refill, late to pick up, new to therapy, MTM, med sync enrl'll ent, well calls to just check on patient for 90 days/ covid) - upwards of 59 calls daily expected to be reached. (These calls don't include the needed calls to Drs for DDI/DUR/clarification etc) - expectation to hit metrics like:Verified By Promised Time 80% (With high volumes but reduced staffing- our tech hours got cut from 186hrs/wk to 130. And flu season is starting in a month. It will not be safe or care with the reduced staff, increased workload, and immunization requirements) Time to answer phone &lt;20sec% waiters want above 40%</p> <p>*There should be a time limit Working before a break Or lunch. For example no more than 6 hours worked without a Scheduled break or lunch. Consideration should be made for longer than 30 minute lunch. Potentially 45 minutes. My understanding is closing for lunch can be difficult. Pharmacists should not be eating while actively checking prescriptions. *I know in some other states there is a technician / RPh ratio. This may be a consideration. *Pharmacy hours for chains have been SIGNIFICANTLY cut, but volumes continues to increase. With the amount of immunizations this fall there is concern with volume/staffing. It will be difficult to administer the amount of flu vaccinations predicted while Simultaneously managing work flow. *Why are some pharmacies providing N95 masks and others aren't for their immunizations?</p> <p>1) Employer keeps denying my time off requests due to "lack of pharmacist coverage." I don't understand how this can be a thing with an over-saturated market. 2) Employer just released an HR document outlining pharmacist meal breaks from 1:30-2:00pm while keeping the pharmacy open. I still feel like I won't be able to take this break due to excessive workload and barebones staffing. Other pharmacists in the company feel the same way. HR created the document to protect the company (and say they do offer breaks) rather than truly protecting the employees. 3) Due to being short-staffed, employer forced us to expedite hiring a technician without doing a background check during the early phases of the COVID outbreak. She had multiple felonies and then subsequently stole from our pharmacy. Also, due to being short staffed, the theft was not reported by District Leader or Pharmacy Manager in a timely manner and was a violation.4) I work alone 30% of the time. I have had a few prescription mistakes in the past months due to this. Thankfully no patient harm resulted from these mistakes. Having a pharmacist work alone is a horrible work environment and it is not safe for the general public. 5) I work a 12 hour shift with barely anytime to eat anything. I'm lucky if I get the chance to use the restroom more than once per shift. My physical health and mental health are declining. I have been trying to find another pharmacist job for 14 months. I can't find any jobs with the oversaturated market. 5) Something needs to change. And now. I understand pharmacy is a business and needs to be profitable, but barebones staffing and extra metrics put too much pressure on the pharmacy staff and is dangerous quite frankly. Insurance reimbursement and PBM abuse is the root to these problems and must be addressed soon. Please do something Ohio BOP.</p> <p>1. Every Cancer Center that prepares chemotherapy most be required to have an Oncology Pharmacist on Staff..2. There are some places that have Nurses mixing Chemotherapy and Physicians checking Chemotherapy.3. There are Cancer centers that have Nurses Mixing Chemotherapy and Nurses Checking Chemotherapy..4. A Pharmacist Trained in Chemo must be present ie Board Certified Oncolgy Pharmacist5. A Oncology Pharmacy Technician also must be presentThis should be required no matter what the License..Either a infusion Pharmacy or Pharmacy LicenseThanks</p> <p>1. One of my biggest issues with my current job is my company requires a lot of online training that is to be completed only at work. We do not have access to the site at home and we are not given time at work to complete it. Instead most pharmacists play the training video in the background until it is complete or we stay after our shifts to complete the trainings. These trainings are assigned multiple times a year and include things like blood borne pathogen training, naloxone training, and more. 2. Another frustrating aspect is the expectation that we are supposed to fill a patients medication within 15 minutes. My company has set the expectation that we are speedy fast food workers and our patients are constantly expecting quicker times. 3. My company also does not take into account how many phone calls we received during the day. The phones are an incessant sound that breaks my concentration multiple times throughout the day. We also now have robots that fill prescriptions for us which are even louder than the phones. Then there is the nonstop music that plays over the loudspeaker. Altogether these sounds make for a very distracting environment4. Lastly, as pharmacists we are the most readily available healthcare provider. We require no appointments and anybody may ask me a question. I wish that my company could understand and factor in how often I am pulled away from my current work to answer patient questions. Instead they push meaningless metrics and savings cards. Then punish us for things out of our control by cutting our hours.</p>

Committee Information

1. The amount of responsibilities that are placed upon us as pharmacists continue to grow, yet the number of hours for RPh overlap and technician help continue to decrease. My company uses up-front store staffing that are "certified technicians" to help on a daily basis, but they know very little about pharmacy practices and pose a safety issue in my opinion working in the pharmacy. This is done to avoid having to actually hire applicants that want to work as technicians and pay them an hourly rate- they would rather have an employee that runs a register upfront come back and work occasionally and just give them a small increase in hourly pay. 2. Corporate continues to push vaccination numbers, but without pharmacist overlap it is physically and mentally draining (as well as unsafe) for one human to verify hundreds of prescriptions while continually running out of the pharmacy to vaccinate. I have known many pharmacists, including myself, that have literally went into the back of the pharmacy to cry because the stress was too much. 3. Metrics such as NPS teach patients that it is for some reason okay to treat pharmacy staff with no respect and have unrealistic expectations-adding to the stress. With Covid, there is additional "services" that our company offers, but again with no additional help. We have customers wanting to buy hundreds of dollars of groceries through our drive thru because it is advertised that they do not have to come into the store, so now I am also a personal shopper as well as a PharmD and lastly 4. Most pharmacists would agree that they are at the stores working well over what they are being compensated for hourly in their salary. It is impossible to walk in when the pharmacy opens. By showing up right on time, you will already be behind. Going thru emails, invoices, etc need to be done and there are no scheduled hours for this. I had a district manager even tell me once that he couldn't believe RP

12 hour shifts are brutal.

12 hours is too long for single pharmacist to work. It is unsafe after about hour 10: eye fatigue, brain fatigue, and not as fresh and alert as at beginning of shift. Too many interruptions to focus on just one task at a time. Cannot immunize and fill over 300 rx a day with one rph. Due to retail settings looking for profit, focus is on filling as much and as fast as possible. Safety is not a concern for the large companies. Scheduling a break from 1 30 to 2 for lunch leaves a 12 hour pharmacist still no dinner, and no rest. Immunizing is important, but stores should account for at least 10 minutes per patient for shots, not just work it in. Our jobs are changing, some for the better. We should immunize since we are accessible, but not at the expense of rest of patients in the store. How do you council when by yourself for an hour and other patients waiting? The Board has been great at preserving our profession and expanding it for the future. Please look out for our mental health. How many errors occur due to increased hours per shift? Easy for corporations to make us work 12 hours, but how does that really affect patient safety? There should always be a tech on duty with rph to allow counseling , immunizing, or MTM to occur without jeopardizing patient safety and care.

700+ prescriptions checked most days and 1 hour of pharmacist overlap. Something has to give to ensure patients are taken care of safely. On days I open I normally always go in an hour early just to get a good head start on the day, but company seems to think that is okay. Do what you need to do to get the work done. "Figure it out." Company budgets are absurd and something should be done about it.

99% of our Pharmacy and #39;s day to day problems are caused by the Board of Pharmacy. While regulation is necessary for patient safety, the Board oversteps common sense boundries. Retail pharmacies are chronically understaffed in the entire state of Ohio. It is not a CVS, Walgreens, or Kroger problem. The common denominator is the Board. The Ohio BoP feel it is both necessary and appropriate to be involved in the hiring process of Technician Trainees who have comitted no crimes/errors. Ohio requires a photo ID, proof of diploma, signed attestation, background check, fingerprints, and a fee. This red tape is neither appropriate, necessary, or safe. Let me be clear; the Ohio BoP is causing technician shortages which is resulting in unsafe pharmacy practices. The 3 tiered process for technicians is obviously just a money grab. It is not appropriate for anyone to have to pay 3 fees for 3 separate applications with all of the same informatioin order to advance oneself from Trainee, to Registered, to Certified Technician. Bordering states do just as well protecting the public and only require a flat yearly fee with only 1 form per employee instead of the endless swamp of paperwork Ohio requires. The Executive Directer needs to be a Pharmacist with real world experience, not a lawyer setting up red tape. The Board also creates inventory problems by not allowing Pharmacies to return Amber bottles to an automated dispensing machine that the vial came out of. The lot and expiration are accounted for, and this process should be allowed as it is standard practice in 49 states. Lastly, with the entire Hydroxychloroquine spectacle the Ohio BoP embarrassed itself on a national scale. It is patently obvious that it is not trying to promote patient safety. FDA is clear that approved drugs can be used off label for any medical purpose. Ohio BoP needs to do Ohioans a favor and let the market regulate itself. Get involved only when needed. Stop harassing all R.Ph and #39;s and Techs

A company cannot function without profits; if reimbursement rates are one of the largest determining factors in providing prescriptions and having profits, and the profit margins are being shrunk to the point where 40+ prescriptions are required per hour from companies to achieve "desired" goals and profits, then the end result WILL be exactly what you might imagine. If pharmacists are healthcare providers, increase and tie reimbursements to the everyday clinical expertise and services that pharmacists provide. To give you an example of what our goals in healthcare should be, ask an expert trained "doctorate" craftsman to shape, carve, and mold you a chair out of a tree by tomorrow. He will show his craftsmanship, smooth the chair, and make sure it works. However, if profit-margins have demanded that he now have to craft 4 chairs by tomorrow in order to keep his business, he will complete those chairs to survive, but there may be splinters where he simply lacked the time to smooth.

Committee Information

A lot needs to be done to make this overall a better environment for us pharmacists. We are being forced to do constant metrics that take us away from patient care. We are constantly be strained to the minimum staffing if not meeting any of the desired metrics, or meeting script volume. Most of us are being stressed to the limit working 13 hour shifts by ourselves with no breaks and barely time to even go to the bathroom without being bombarded when we come back. Being forced to immunize with a specific number we have to meet instead of offering this as a service to our patients especially with flu season (its seen as a performance issue and we have to constantly push a patient to get a shot instead of respecting a decision they make. Then we have constant store meeting or store visits that literally take us out of the workflow and while we have no coverage as a backup (manager role) to help while we discuss with the visitors our pharmacy is being pushed way behind, customers are not being helped and we are being again forced to focus on the metrics not what matters, HELPING OUR PATIENTS. I got into this field because I liked how we were on the front line to help out patients. Truly a pharmacist can be one of the most impactful healthcare workers out there. We have so much knowledge of disease states and medications themselves. This allows us to be impactful on delivering tremendous care and delivering people on a path to better care. But this is not what it is like today, we are more of a robot. There is no patient care of what was just described. We constantly are strained at a staffing level, always stressed out, metrics are being pushed as what we should focus on, and being constantly yelled at as the reason for the issues (ie calls, drug prices, etc). What I love to do is converse with my patients, understand what's wrong and try to help them back to better health. I hope with this survey, you guys can see this issue and help us get back helping our pati

A lot of retails got away with having Pharmacy staff support because they have front store leaders who are "available" to help out; however, majority of the times Front stores leaders are busy and cannot help which leaving pharmacist to be by themselves. There are too many metrics they focus on with inadequate help. Retails trying to push MTM, 90days, refill calls, delay pick up calls, save a trip refills call, delivery services etc. All these would help patient with adherence; but there's no adequate tech help. Pharmacist overlapped is no longer available; thus, no direct communication among co-workers which can lead to delaying in treatment for some patient. Retail chains are getting rid of older pharmacists and hiring new ones at an extremely lower rate so pharmacist has no work protection. They also got away with pharmacist pay increase and bonuses. In addition, they got away with salary pharmacist to attend meeting/conference calls on their day off.

A lot of slower stores at my grocery chain are running 1 pharmacist with 1 technician for 13 hours with zero overlap and we are not allowed to shut the drive thru down. Some of the busier stores have 2 techs all day with maybe a 4 hour 3rd tech overlap with full lines and running the drive thru. It's insane. I'm answering the phones all day doing all the Rx intake typing all the prescriptions that I'm checking about 90 % of and doing all the counseling, vaccines, putting the order away. It's exhausting because we have no time to focus on one task, the most important task which is checking the typed prescription and verifying that everything is correct. Not to mention they have certain floaters driving 1 hour just to get to work and then working an 8 or longer shifts without breaks then having to drive back home an hour only to have to do it all again the next day. So that's a 2 hours of driving in 1 day which is exhausting in itself. My company also wants us to do all vaccinations. I do not feel safe without face shields and the CDC isn't recommending vaccines at this time. Flu shots are gonna to be shipped soon and they will probably start making us do health care screenings again soon during this pandemic. As for metrics, they want us to complete so many per week and we have zero staff to do any of it nor are there many trained to help with outcomes and doing the syncing of medications and the daily tasks that are involved with that. I've been told that people have been told to never shut down the drive thru by upper management. Not to mention salary but we haven't received raises in 4 years. It's been really hard to maintain work flow with such a graveyard of staff and the closing staff are left with a huge mess to clean up everything that night if they are not maintaining the queues all day. Something has to be done and soon. I fear that this is a safety concern with this company and they are not listening to the pharmacists and the technicians by ignoring us.

A lot of stores have a very high turnover of techs and pharmacists. New techs hired take a very long time to train and enough hours of overlap are not provided to train these techs on the job. Another issue is lack of breaks. I have had multiple techs call off during 12 hr shifts where I could not take more than 3 mins to eat. There should be laws requiring minimum staffing and closure of pharmacy during call offs if a substitute is not found. Lastly in our profession the least importance is given to patient safety which is very alarming. I never get to just verify a prescription. The level of multitasking required all day -from making phone calls (about 120+) to get patients to pick up medication, to answering non stop questions of newly hired techs and dealing with increased work load due to call offs, and not knowing if there will be time to eat during long shifts is a perfect storm for burn out and mistakes to occur. Recommendation: 15 min uninterrupted lunch everyday, minimum staffing laws (close pharmacy if staff don't come to work), and adequate training/adequate hours to train newly hired techs.

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A lunch break would be amazing. Also, more tech support would be so helpful. I want to spend time helping patients on the floor or counseling them on what I would consider to be important tidbits about their prescriptions. But I don't have the time. I feel like my patients aren't getting the best possible care due to this. I take my time to ensure their Rx is correct but that's the extent of my time. I don't have time to go over everything I wish I could. Or when I do go more in depth with a patient, I get backed up on all other aspects of my job. I feel like I spend 65% of my day doing actual clinical pharmacy work. The other 35% is non-clinical. I can spend 45 minutes straight ringing people out. That is not a good use of my time. Sometimes I am also left alone in the pharmacy. Whether it is due to my technician taking a break or just not having the hours to schedule a technician all day, I struggle during these times. I'm not sure how I'm supposed to safely fill prescriptions while also being responsible for every other task in the pharmacy. I have to be extra attentive during this time because I am the only one who manages a prescription. There is not a second person to double check. I have to enter the RX, fill it, and verify it. There is no second set of eyes. But by doing so, I move slower alone because I try my best to avoid a mistake. But then I get backed up and scripts aren't done on time and patients and corporate get upset. Another issue I have is working a 12-13 hour shift with no breaks. By the end of it, I'm starving and exhausted. I'm not as sharp as I was when I started in the morning. The only 2 mistakes I've ever made was either when I was alone due to a tech calling off and I didn't catch my own error in the process of filing the RX from start to finish, or at the end of a 13 hour day, 5 minutes before closing, rushing to get something done. Please help us. I

A monthly newsletter with up to date safety practices that list everything the state board would like pharmacies to follow. This would be in addition to the weekly emails

A pharmacist should never be completely alone in the hospital setting. It is not uncommon to have a critical baby in LDR and a trauma in the ED at the same time. With short staff of techicians, pharmacists not only have to do their job, but the work of techs also. In the tough hours, critical patients do not get the focus they need because pharmacists are pulled in multiple directions while working solo. I feel, especially in flu season, a hospital should be able to add a pharmacist when workload exceeds the abilities of one pharmacist alone. Being a solo pharmacist, I also do not get any type of designated lunch or restroom break. It does not promote health for the pharmacist. Having a requirement of 2 pharmacists on duty minimum in the hospital setting would give every intense, critical patient the attention they need. Even having the extra help would allow one pharmacist to focus on the critical patient and the other to keep the rest of the whole house moving forward.

A specific chain pharmacy is currently switching over to a smaller format store. This means that technicians and pharmacists are taking on extra workloads. We are now not only being responsible for daily pharmacy tasks, but we are responsible for "front end" tasks. We are now required to stock shelves for items like food, OTC medications, medical equipment and supplies. We are also responsible for tasks such as managing Fedex drop off and pickups for customers, cash management, cleaning and facing the entire store. All these tasks would be done by non-pharmacy personnel previously. These tasks are expected to be done with a decrease in labor budget as well.

A surprising number of technicians at various locations cannot meet basic competencies (or are unwilling to learn) despite being registered or certified. I suspect low pay and high workload burden from chain pharmacies a barrier for their personal improvement.

Additional workloads and additional duties have put in place an unsafe and very very stressful environment in the chain pharmacy i worked at until last fall. Management continues to add workload without additional help. We had a pharmacist leave because she felt the work environment was unsafe. It felt more like working in a factory with quotas than it did working in a pharmacy. None of the pharmacist are happy with the work conditions where i was at. WM. I would not encourage any young person to take up Chain pharmacy as a vocation at this point in time.

After 20 years of working at the same retail pharmacy and being asked to do more and more (MTMs, vaccines, RX sharing, etc) with inadequate ancillary help; I recently decided to step away from pharmacy completely. My MAIN reason was because I did not feel safe- the environment was set up for me to fail and it was only a matter of time before I would make a horrific mistake. The technicians we had were paid near minimum wage and our turnover was large. In a 12 hour shift, every single minute and second were spoken for. I rarely ate any kind of normal lunch or supper and could have the same cup of coffee all day because I didn't have time to drink it. An occasional bathroom break meant customers had to be on phone hold longer and rxs had to wait even longer. Retail pharmacy became so much more stressful over the years... I've moved on, but I hope for the current and future pharmacists, that changes are made to improve safety for all.

After 35 years as a Registered Pharmacist everything we do now seems to be all about money. It is doing more with less help and more importantly less control. My work environment is poor simply from uncaring management that is driven for the sole purpose to please those above him.

All issues revolve around lack of tech help. I work 9 or 10 hour shifts during the week after which I generally stay an hour late as a result of having little to no tech help. My store is open 50 hours per week of which I get 20 hours of tech help. 60% of my work week I am entirely alone in the pharmacy with no scheduled break. Most days I do not have time to stop and eat. I'm burnt out and lack focus at work. Granting a few extra hours of technician help would improve patient safety and my stress level.

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All of the above
All of the work can be done if given enough staff and time to do it. I will never put metrics over my patients, but I eventually may lose my job because of that ethic. I do not take breaks. I don't have time. Additionally, right now, as we're pushing into flu season, tech hours are being cut drastically. We have not lost business during Covid.
All pharmacies should be able to close for at least 30 minutes either to walk away from the stress or get caught up. More technicians are needed to work safely.
All pharmacies should contain a private bathroom where the pharmacist would not have to leave the area.
All pharmacist MUST be given mandatory half hour lunch break . We personally don't get a break to even eat which stresses us out. It's one of the top retail chain I work for. Also not having enough pharmacy tech is dangerous for safer patient care that needs to be addressed.
All RPh are working over 45 min-3 hours on average per shift (unpaid of course b/c we're salaried) just to get the work done and not stick your partner with the burden. If you leave and the work isn't complete then you feel the pressure that your job is replaceable. Customers have even reflected on surveys that there is not enough staff.
All RPhs work extra unpaid to meet the needs of the business. If tech/rph ratios are set, profits will decrease resulting in less pay for Rphs and techs which will result is less qualified staff. Independents will struggle with that since they don't have other stores to keep struggling ones afloat. Please keep this in mind when creating rules. Please learn about the MOU. This is a separate issue but directly affects my pharmacy. We need to continue to be able to ship 50% of our compounds out of state. If we can only ship 5% we will close.
Allotted payroll for pharmacy technicians has declined drastically over the past 15+ years in retail pharmacy. No explanation is every clearly given through corporate channels to address specific reasoning for payroll demands/budgets. A clear, and definitive technician:prescription ratio is long overdue to ensure the safety and proper counseling of patients. Many pharmacists have inhibitions to speak up and bring these factors into discussion out of a concern for losing employment. The overwhelming majority of us do not receive scheduled breaks or even lunch breaks during 8+ hour shifts. Change is overdue.
Almost all of our stores are under staffed. Turnover is high due to burnout. It is impossible to train new employees due to staffing issues. Many pharmacists can not keep up with the unrealistic expectations of the number of scripts we can fill on our own while also trying to meet metrics.
Also focus on improper storage of pharmaceuticals, such as greater than 77 degrees F. I currently work in a staging and storage area where temperatures range from 80 to 84 degrees with above normal relative humidity. I have brought concerns to management repeatedly, but until the company is cited, they will not force the landlord to make the needed corrections to the HVAC system.
Although I feel now that I have the ability to practice safely, this has not always been the case. I previously worked for a large chain pharmacy that did not have nearely enough staffing to correctly fill patient's medications plus they pushed metrics very hard. There was little concern for patients in that practice setting, it was all on profitability. I felt there wasn't enough pharmacist or support staff there, I would work 13 plus hours with no break, 9 out of 12 days. When vaccinations got added to the work flow it increased the pharmacist load with no increase in support staff.
Although I know my working conditions are great, I do have friends at other pharmacies that are just the opposite. I have worked in other states and the BOP there put limits on how many scripts a pharmacist can do with out additional backup. I think there should always be a tech for a good check and balance system and anything over 200 scripts should have Additional RPh staff. There should be coverage for the pharmacist to get a lunch and if no coverage then close for 30-60 min. This should be mandatory !!
Although I see my workload and level of support staff as appropriate for my work environment, I believe I am in a very small minority of pharmacists who feel that way. Several pharmacists I converse with on a regular basis, who mainly work for large chain pharmacies, struggle to keep up with workload demands due to staffing constraints/restrictions, increases in volume targets, and corporate mandated metrics. Retail pharmacy is becoming less safe as time goes on. Having worked for a large chain previously, I understand the pressure that is placed on pharmacists in that environment to process prescriptions as quickly as possible, which oftentimes leads to preventable errors. I believe it would be in the public's best interest if the Board would consider adopting regulations that would require certain staffing levels based on historical Rx processing volume to create a safer pharmacy environment for all parties involved.

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Although we exist and operate in a capitalist environment and competition drives us to work under the most stringent of conditions, we have to at some point consider the impact this will have on our patients. I do not believe that I am above tasks not directly related to my status as a healthcare provider such as operating the register, answering phone calls, or filling of prescriptions. In fact, there are times when I really do enjoy these aspects of my work as they put me in closer contact with the community. However, I certainly do have an issue performing these tasks when I do not have the time to perform my duties as a pharmacist such as data, clinical, product review, etc. I very rarely have the technician help that I need to spend an adequate amount of time checking prescriptions. As a floater, I've seen ridiculous mistakes being made from store to store. If you want any chance of staying caught up, you have to blow through auto/courtesy refills. I've seen pharmacists approve 4 different calcium channel blockers for a year (all were on auto refill even with changes in doses), patients receiving multiple blood thinners (was on Xarelto but switched to Eliquis and kept getting both via courtesy refill), and the list goes on. We desperately need support from those whom can make a change. PBM's, GoodRx, and other sources have made it so hard for us to turn a profit that we're forced to hold the tightest tech/pharmacist hours possible. We will reach a breaking point if things don't change. I hope you are willing to stand for us. I know none of my colleagues will in fear of losing their jobs, which is true for myself as well.

An adequate support staff is necessary for a safe environment. There is never enough staff to cover all work stations and the excess non-dispensing duties and metrics you have to meet take away from customer interaction and safely handling the workload.

An unsafe practice environment has been created by inadequate hours provided for pharmacist and support staff, as well as in high turnover of support staff employees due to continued stress of retail chain pharmacy. A common misconception is that support staff come out of their scheduled new hire training sessions as highly trained adequate technicians, who are ready to perform all tasks at a high functioning level. The hours allocated to the pharmacy for support staff in the current retail climate is based on the perception that every support staff employee is at a high functioning level. With the increased turnover in support staff due to inadequate staffing to perform daily tasks, support staff is often <2 years with the company, and they have many questions as a trainee that distract the pharmacist, which results in reduced patient safety and inadequate patient care. Pharmacist staffing has reduced drastically and provides inadequate time to provide safe pharmacy workload practices. Pharmacists in chain settings often work unpaid outside of scheduled shifts to perform pharmacist workload tasks and regulatory tasks due to insufficient pharmacist staffing. Pharmacists have to support non-clinical duties as well due to reduced support staff hours, which can all lead to reduced safety. Increased risk of patient safety errors occurs from a pharmacist being the only individual to touch all points of the script (i.e. typing it in, filling it, and verifying the safety and accuracy of the script), so a pharmacist should never work alone. Fatigue can result in patient safety risk when required to work 13 hour shifts as the only pharmacist without a break. Patients and employers treat pharmacy like a fast food chain, but patient safety matters in healthcare! Chain pharmacy was the safest during the slowdown with Covid-19, when pharmacist and support staffing remained at the historically inadequate levels, but business slowed down to actually provide patient

Answers to these questions fluctuate throughout the year. I answered them as of today and lunch breaks literally just started one day ago. But the upcoming Flu shot season will be very stressful. We usually don't have enough help then. Even if we have plenty of technician help (which we rarely do) there is only one of me. Trying to do all that a pharmacist does and adding vaccinations to the mix is nearly impossible. All overlapping pharmacist shifts were taken away. I'm worried if we get stuck doing covid vaccines it's going to be even worse. Also administering flu shots to children takes a lot of extra time because they are not always willing participants.

Anytime I have brought up my concerns to supervisors they laugh and say our staffing is better than (insert competitor name here) it is absolutely ridiculous. All they care about is money. They don't care about us or safe patient care. I work 8-9 hours with no lunch or any other scheduled breaks. I often run around like a chicken with my head cut off. I often am so distracted multitasking I lose track of what I'm doing.

As a Clinical Pharmacist (I do not dispense drugs) for now 40 years, I am dismayed but not surprised that this survey reflects the sad state of pharmacy practice. Despite all of the flowery language around medication management and clinical activity in the pharmacy, the vast majority of pharmacists continue to jockey a computer and dispense drugs and behave as simple drone laborers. (hours per shift/breaks/number of Rx's filled.....arrrrh!) How do I know this? I have many practicing pharmacist acquaintances who are stuck in drone like jobs in a chain or hospital. I observe what happens in a CVS or Krogers or Walgreens. I also know a few who are truly practicing clinical pharmacy with direct patient care decision making at a high level. Others work in clinical research or drug development (academic or for profit). This survey leaves those of us practicing in a non-dispensing role questioning if the Board has any clue or any desire to understand or support us. It is revealing that in question 16 you include "providing vaccines and other non-dispensing duties" as reasons one is unable to practice safely. Really! So, what you are implying is that if I am spending my time working to optimize patient pharmacotherapy through non-dispensing activities I am not really practicing pharmacy? Perhaps we no longer question the Board's understanding as it has been clearly demonstrated over many years. I'll be retiring soon, but I can't stop caring and mourning the sad state of my chosen profession.

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As a clinical pharmacy specialist, I spend several hours of my day mostly fixing medication safety errors that were from the pharmacists on initial order verification. Our staff pharmacists are often left alone to handle MULTIPLE areas of pharmacy, including inpatient (often with a ratio of > 1:100), outpatient, and chemotherapeutic agents. Due to the high ratio of work for a staff pharmacist to patient ratio- I often have to decided to either complete my clinical responsibilities or help staff. The safety of our patients is at stake, when on nights, only 1 pharmacist is on duty by themselves. It is very concerning to me the numbers of errors I see on a DAILY basis due to unsafe pharmacist:patient workload in the inpatient setting.

As a collective group of several pharmacists/pharmacy managers we have expressed concerns to our direct managers with the hope that they would try and accomplish changes to bring about a safer work experience. Instead the opposite has occurred as we have now been faced with additional cuts in technician and pharmacist staffing plus an increased push for vaccinations and patient out reach (sales calls). CVS continues to show a blatant disregard for patient or employee safety as pharmacists are not even allowed a formal meal break per company policy. They continue to demand more from fewer people at each store and stress money and sales over patient health or safety. Everything expressed and revealed in The NY Times article from the beginning of the year was in fact true, has resumed, and has resumed with a stronger presence and emphasis from field management and corporate. They are going to get someone seriously injured or worse in this state all for the sake of extra profits.

As a floater my days vary a lot. But since Covid we have had staff reductions (business did slow dramatically in April...but has since re-bounded). Many days are fine, but recently we are becoming busy across all locations and staff is still at a minimum. I do really worry about the Fall: flu shots, hopefully Covid vaccinations, in addition to pressure on metrics and disinfecting all surfaces hourly.

As a pharmacist for CVS the working conditions are very dangerous. They are constantly cutting hours and expecting us to do more with less. I feel like there are at least 1-2 dispensing errors every month in my pharmacy. If we were allowed to work at a safe pace, this would be completely avoidable. All of the retail pharmacists I work with feel like they need to cut corners to finish all of the work in time. Many cvs stores had over a hundred pages in their queues at the beginning of 2020 because they were so far behind (15 prescriptions per page so this equates to over a weeks worth of work). I have made the decisions to leave the profession in the next year or two once I can financially afford to do so due to the unsafe and stressful working conditions. Sadly almost all of my colleagues have similar plans. Giant chain retail pharmacies , along with greedy PBM's (many of which are owned by these same companies which is also a very big problem) have ruined pharmacy. As the board of pharmacy you have the power to make serious changes to the profession through your legislation and I really hope you take that responsibility seriously. It will not benefit me because I will be out of pharmacy soon, but hopefully you can make the working conditions of future retail pharmacists not so horrible. I also want to make sure you understand this review is specific to retail pharmacy in the chains. Many of my peers working in hospital, managed care, independent pharmacy, and other settings have not had similar experiences. They tend to find their work much more fulfilling. Unfortunately it can be fairly difficult to pivot within the profession to a new setting due to the current employment landscape.

As a pharmacist that has worked in big box chains and for independent pharmacies, I can say my workload has been better with the independent. I do have certain quotas to meet with my current role, but it is in relation to improved health outcomes for the patients; not how many scripts I can verify in an hour on top of the other key performance indicators that big box roll down onto the pharmacy staff. Great technicians can make the difference in any pharmacy setting, but now their hours are being cut, putting more work back into the pharmacist. We are on the front line to impact patients and their health so every employer should be giving the pharmacist the ample time and opportunities to be able to have uninterrupted time with patients to go over any issues or concerns or lifestyle modification goals. Especially while we are still waiting our provider status, we need to document these situations and show our results to non-pharmacy management that we are not robots just to verify what's in the bottle is right.

As a pharmacy manager it is frightening how little control over staffing I have. It is all dictated by our corporate office. Although my name is on the pharmacy's license, I truly am not "the person in charge" when it comes to this key aspect of safely operating a pharmacy. I believe the board needs to require corporate individuals who make these decisions (Vice President, Director of Operations etc) to also have their names on the person in charge license. This would require the decision makers to protect patients and employees rather than just find another RPH to throw into understaffed stores. Alternatively give the pharmacy manager control over staffing with protections from the board. Technician staffing is a huge problem in our large chain. The turnover is so rapid that most locations are staffed primarily with trainee/entry level technicians. This puts an extreme burden on the pharmacist to support tech duties at all times. It also puts patients at a disadvantage by not having knowledgeable people to help them get their prescriptions on time. It is also frustrating that I'm not able to incentivize techs who perform well to stay with our company. Most technicians don't last longer than a year because we don't compensate them well. Although we can operate better with 1-2 experienced techs, I'm forced to work with 3-4 very inexperienced techs due to this system. Again this is something I have no control over, even as the "responsible person". We need to put more power in pharmacy managers hands since we are the ones pointed to when incidents happen.

As a profession, we need to mandate a break for pharmacists, it is the unhealthiest healthcare profession period.

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As a profession, we would be less focused on metrics and productivity if we were recognized as providers and reimbursed for our professional services by major payers. Reimbursement that is tied to a product that is dispensed makes it very challenging to be viewed as anything other than a product ourselves. Add in the recent push from payers and PBMs forcing hospitals to white bag - now we are performing professional functions like compounding without any reimbursement at all - not even for the product. We have all of the costs of compliance (USP 795, USP 797 and USP 800), yet none of the reimbursement. The pressure on us as a profession to do more without compensation for our professional abilities makes many of us concerned for the future of our profession. The Board of Pharmacy has the unique ability to create rules that are intended to keep the residents of the State of Ohio safe. Rules that would prevent unsafe practices by payers and PBMs, like white bagging of compounded sterile products, from being permitted in Ohio are desperately needed. I do not feel that my employer has a culture that is unsafe, or that they focus on metrics too heavily. I also suspect that I am a minority. I do however feel that they will be challenged to continue to staff the pharmacy as well as they have been if we are unable to be paid for our professional services - or the products that we compound and dispense.

As a small independent pharmacy we have been able to work at a reasonable pace. One of the main reasons for our drop in volume have been mandatory mail order programs and PBM rules that limit our ability to serve our customers. Open access and willingness to provide should be mandatory in Ohio to serve the public.

As a third shift pharmacist in 20+ years I have NEVER had a 15 minute or 30 minute lunch break. I have had my employer on several occasions request I punch out that I'm taking a lunch so they can pay me less. I have refused to do so. Out of 20 people in my department, maybe 2 get to take a lunch. Come on state board help us!!!!

As an RPh, it is our job to help patients & docs provide best care for the PATIENT, not the biggest money maker for the insurance companies. Yet ins companies tie their reimbursement rates for rxs to whether or not we do THEIR job for them - by contacting docs to change meds to their formulary meds - regardless of how patient has been responding to current treatment - or their protocols in certain situations. Why? Because they make more money with they rebates THEY get for those drugs. This is simply not right, takes valuable time away from retail RPh who is already understaffed (in every chain store I've ever worked) to fill rxs & is also required to admin vaccines to folks who just walk in & ask for one - w/o proper med history background or medicine info at least half the time. Last year a customer I refused to vaccinate due to personally knowing his past med history went to Kroger, lied regarding it so he could get shot, then ended up in hospital. I understand we want to help get care to patients but I don't feel that "stop & go" vaccines & taking staff time to do an insurance companies job for them just so we can eke out another \$1/Rx filled for their plan which forces us to neglect other more valuable patient services is truly a help to anyone - certainly not the patient - and it greatly increases the chance of causing errors in the job we SHOULD be doing.

As long as pharmacists keep striving to and meet the load expected of them to maintain their jobs these companies will continue to cut staff and expect more of us. 16 years ago what we did with more staff and pharmacists with lower script count we are doing now with one pharmacist less techs and more scripts. I wouldn't recommend this profession to anyone anymore!

As long as the bottom line is the driving force in a pharmacy there will be pressures and this could come from employers or regulatory agencies. But we must have goals and regs, they just to find balance

As long as the pbms are allowed to gouge pharmacies and steal their profits it will be difficult to obtain the reform the profession of pharmacy so desperately needs. We need to be able to have more tech hours and more pharmacist overlap to allow us to practice at the full capacity of our degree, but it's difficult to justify to a company when the profit margins are so low. We have are unappreciated by the companies we for for and the patients we serve. When we do meet a particular target we are not rewarded we are punished because then we are expected to do even more next year usually with even less.

As margins in the pharmacy world have decreased, but the need to be profitable is a priority, many organizations with non pharmacists managing the business look at staffing as a way to improve profitability. Just last week we were told to only schedule 80 hours of technicians which was ridiculous for a store with only 2 pharmacists with no overlap and does around 1400-1500 scripts/week. Fortunately management changed their minds and we scheduled around 110 hours. The mandate to dispense, vaccinate, work the clinical queue, and process Outcomes claims is real.

As pharmacist we are being put in the situation to choose between potentially loosing our liscence because of making a mistake or loosing our jobs due to not making metrics in order to safely do our jobs and protect patients. The situation will only become more dire as the job market declines and pharmacist rely more and more on keeping thier jobs.

As pharmacists we need a true 30 minute break where the pharmacy must close if there is not another pharmacist on duty to cover. The stress and hunger builds up and diminishes patience leading to an unsafe environment for the patients. No one should go 12 hours without any amount of break. I will sometimes be able to sneak to a back corner of the pharmacy to eat for 15 minutes but If I am needed my break gets cut even shorter because according to Ohio law I still need to be in full control of the pharmacy. Additionally, I often have to work by myself in the pharmacy with no technician help for 8 hours. This means I am entering, filling, and verifying every prescription myself and has a significantly higher chance of dispensing error because there is bias in thinking you just did it so you did correctly.

As reimbursements get lower due to things like Good Rx, even the good companies are going to make cuts. I see things only getting worse if the industry doesn't do something to stop this kind of discounting.

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As the last round of pharmacist hour cuts rolled down we asked our district leader why certain stores in our district had almost the same amount of hours while filling 800-1000 less per week (these stores are in a different state) ...his response was the state board in ohio doesn't have any rules governing staffing. On most weekdays we must average 52 rx/hr and with only 2-4 hours of overlap and all other duties it is mostly impossible. Tech hours have also been cut so although tech duties have been expanded we have less tech help. Recently our chain implemented shared verification and while in theory this decreases workload, hence the cut in hours, but does not for multiple reasons. The rxs eventually come back to us after sitting in a different queue because thg be other pharmacies don't have time to check. Even doing product verification at 52 rxs/hr us impossible while taking dr calls, counseling, and doing vaccinations. The role of retail pharmacist is evolving and while i would love to embrace the changes. It is impossible with the constant decreases in pharmacist and tech hours.

As the years go by it's getting worse and worse. The job is giving me anxiety, depression, high blood pressure, and an eating disorder. We have no help. We are not adequately represented nationally by any organization including APhA. Colleges of pharmacy are opening left and right and the ACPE is blind to the after effects. They promise us lunch breaks and present it to us as a breakthrough revelation to help cure our problems. We need change. From removing BPMs to safer work environments. Realistic metrics. We are not salesman. We are PHARMACISTS!

assistance in addressing the certified Technician shortage for inpatient hospitals

At a medical office they have a receptionist, medical assistance, nurse and a doctor. The receptionist answers phones, med assistance gets required medical information, nurses answer patient questions and give shots, doctor diagnose and treat patient. I often take the scripts in, get all the information while answering the phone putting them on hold, then type the RX, my techs mostly count, I check and make all corrections, call doctor if problems,. And if a vaccine I give it. I often feel have to do what 4 people do in medical office. I often have 1 tech and if they are ringing customers I am doing everything else. I can't be 4 people. I have never had a scheduled break, it is in-between customers, and as soon as I sit down the phone rings or someone has a question. It is an exhausting job. I use acupuncture every other week to help the fatigue and stress. It's hard to be a pharmacist.

At CVS, work load increase every year and staffing don't increase always decreasing hours on staffing, we pharmacists are counted to help techs on their jobs to be able to make the pharmacy work and try to finish work load for the day. No breaks or lunches for pharmacist. No time to do a proper counsel, mtm and patient care. I think with the work load we should have over lap with pharmacist. Some days we work 13hr shifts, too much with no lunch or break.

At my chain pharmacists are salaried but expected to stay past their shift to finish any scripts that are left undone, resulting in hours of unpaid labor that are not counted in the metrics . . . Sure, all our stores will soon close for lunch but who's actually going to take the time to rest if they have 50 scripts to review? I used to eat and drink at my station but the mask now makes that impossible - I just worked a 12-hour shift during which I ate a candy bar over the course of half an hour and finally got to eat a sandwich at about 8 pm. I went to the bathroom twice. Pharmacist and tech hours have been cut repeatedly ahead of what will doubtless be a very busy flu season. I'd like to say if a patient died then management would take a hard look at staffing but probably they'd just fire the people involved and replace them with someone less experienced and cheaper.

At my current employer, I can say that I am happy and feel like we are staffed appropriately. We do have a very efficient team and work well together. We have overlap of pharmacist hours daily (except weekends), I can take a lunch break, I counsel patients and do immunizations. Yes there are days were things get behind and seem like nothing but "problem" days, but overall, I feel we are well staffed. I also realize that we are a minority. My previous employer was complete opposite. I think their motto is "Do more with less". I would work 14 hours, no lunch or meal break, often one technician and it was not a sustainable or in the best interest of the patient.

At my previous employer and my current employer in two different fields, staffing is based off prior data/volume so it's very reactive rather than proactive.

At our independent pharmacy, we staff to provide adequate coverage throughout the day. I do not believe that to be the case at most chain stores.

at times my work environment is less concerned about patient safety and more about the metrics it does not allow for any breaks either.

Automation documentation is cumbersome and way too detailed for a robot that has proven track record

Back when staffing was adequate, pharmacists were able to do the extra things to please patients like calling for refills or solving insurance issues. Now with less staffing it's hard to find the time to do the extra customer friendly things which has now made patients upset with the pharmacy staff that things aren't getting done. Also it is a horrible feeling at night, waking up from a dead sleep wondering if one made any dangerous mistakes because the checking of scripts was done too quickly and not in a safe manner.

Basically all my concerns are covered by questions above. I have been waiting long for Pharmacy Board to look into working conditions. We are health care provioders but our operation is not set up for that.

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Because of COVID, our staffing has decreased while surgeries have now increased and now in full force. We have a lack of techs and lack of pharmacists. Less staff during shift changes and less staff available to make sure we have breaks. I know we have seen more med errors (ex: patients being given duplicate anticoagulants) and I do worry that we are overworked and have to multitask more which can cause more errors and that worries me! We weren't getting breaks at all but my boss I think saw that after a month or so it was affecting our job and now has clinical pharmacists subbing in for us if they can, which makes me feel like I am less likely to make errors if I have food and a 30 min break.
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 is an unsafe environment when I have to type most prescriptions I check and no other eyes are on them.
Bedside clinical specialist with multiple duties without dedicated time: bedside critical care, emergency med prep, order verification, also fill role of tech since we have no tech support to my hospital area, troubleshooting automated dispensing cabinets, emergency restocks, teaching pharm students, residents, medical residents, volume through my area is >200 patients per day, committee participating, guideline development, research, etc. Many other responsibilities on top of even these described. Would be interested in establishing pharmacy to patient ratios like nursing has.
Been a pharmacist for 27 years with same retail chain. Work environment just continues to get worse. Lack of staffing, metrics, and vaccine push has completely burned me out. Would not choose pharmacy if I had to do all over again. Absolutely dreading flu shot season this year and when COVID vaccine available. Please help our retail pharmacists since our employers only care about \$\$\$\$. Thank you!
Before my current position in a 340B pharmacy within an FQHC I worked 22 years in the retail setting with 2 different chains. I can say I would have answered these questions very differently if I were still working retail. I have many friends still working in retail and I have great concern for their mental health and the stress that they are under. I believe having lived it that the large chains place profit and metrics over the well being of their staff and patients.
Being in a non retail environment gives a bit of comfort to not face the stressor of the retail and hospital environment. I never got a lunch or break when I did work retail. Oftentimes I was the only pharmacist there so it was impossible.
Better breaks would be helpful to reset. Long constant brainwork days.
Better trained staff to perform non clinical activities.
Big chains and PBMs are putting everyone out of business. Losing money on scripts forces less staff and leads to unsafe work environments. Something needs to be done before more people die.
Big chains are dangerous to our profession and our community. Specifically those who are owned by the same entities as PBM. Pharmacy is not healthcare to them. It is glorified retail dollar signs. With the over abundance of graduating young pharmacists they don't care if you feel it is unsafe. Someone already wants your job and will do it cheaper
Big chains need to be disciplined for what they are pulling on pharmacists and staff
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.
Big companies, most of us are working for, have one goal in mind and that is to stay a BIG company. They will save every penny they can. One of the ways they are doing so is having only one pharmacist per shift, with so many duties to take care of that makes is physically impossible. No lunch breaks, often we don't get to use the restroom in-timely manner because there is a line of people at the register. We risk our lives every day, being yelled at and cussed out, not to mention threatened both verbally or physically. Most of my coworkers, including myself are experiencing anxiety and panic attacks on almost daily basis. Up until few weeks ago I did not even know how panic attack feels like until I shared the feeling I was going through with another. Another problem we are seeing is that the possibility of getting a job with a hospital is very hard due to lack of experience, where they cross you off the list immediately. It is defeating knowing that you put up with so much only to get 2-3 weeks per year off to actually do something with your family. I wound every go into miserable 6 weeks you get after having a child (but that issue is federal level). Thank you for the opportunity to express ourselves.
Biggest issue is finding good technicians who stay due to hourly rates being offered. I often cannot do my clinical duties (MTM work or I feel internal pressure to not counsel as long) because I am needed to help with tech duties.
Board of Pharmacy isn't run by pharmacists and isn't mission driven based on patient care data anymore. PBMs and the oligopolies they represent dictate the market. I see PBMs actively push people to get RX filled at pharmacies the PBMs reimburse less than cost. It's hopeless at this point.

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Board should set mandatory tech staffing requirements (one tech hour for every 10 rxs) to increase the safety of the practice of pharmacy. Big chain pharmacies are giving under 20 tech hours per week in stores doing 600-700 rxs per week plus immunizations. The pharmacists are working alone most of the time which could potentially cause fatal mistakes. The board should step in and see that this type of staffing stops. Also it is imperative for the pharmacist to be able to take a break to use the bathroom or get a bite to eat. Many big chains do not allow this and they also do not allow food or drinks near your work station therefore you can go 10-12 hrs without using the bathroom or eating or drinking. These environments are inhumane.

Board should take a stronger stance towards the insane working conditions pharmacists endure in the big chains. Quotas & metrics are wrong. Pharmacists are concerned health care workers, not line workers in a factory in a third world country.

Bonuses depends on length of calls(the less the better) . Indirectly feeling being rushed , Rushing the pharmacist from asking too many question will effect patient care in my opinion. Bonuses should only be resulting in quality of care rather than quantity ,

BOP is not setting criteria to protect the retail pharmacists from the employers who put as much workload to squeeze the system .This opens doors of mis fills and endanger public health .

Breaks should be mandatory when working longer then 8 hours. Mental fatigue comes from overwork and practice gets unsafe as the hours progress

Business men have taking over the profession of pharmacy leading to a profits over outcomes/patient safety business model forcing Pharmacists to practice to “not lose their job” rather than “whats best for the

By adding clinical services to our job requirements and NOT adding adequate staffing, patient care and safety is at risk. We are asked to do more and more with decreased staffing. This helps the companies’ bottom line but increases the stress level of the entire staff and patient care suffers.

Can’t practice pharmacy safely or ethically based on chains driving metrics, and forcing us to get a specific number of immunizations and mtm’s per shift and per week. Also threatening our jobs based on not meeting these expectations. Forced to focus on these metrics all shift and not on the prescriptions that need filled.

Chain pharmacies are cutting the support staff budget to extremely low levels. We are open 78 hours a week and average 240 script a day and have only 101 tech hours budgeted. That allows for only about three hours a day with more that one technician working and two days a week there is a pharmacist working a 12 hour shift with just one 30 minute break. It is time for the State Board to step in and put some mandates on minimum staffing requirements.

Chain pharmacies are slashing technician hours. We are working with bare minimum help and filling more scripts than ever. I don’t feel like my work environment is unsafe but that’s only because my techs are experienced and do not add stress to my workload.

Chain pharmacies have made it abundantly clear that they only care about the bottom line. They do not care about their patients, employees, or the safety of either. I find it a large conflict of interest that many Ohio Board of Pharmacy members are higher ups at chains and have not reported unsafe work conditions due to fear of retaliation. How any person thinks it’s safe for a pharmacist to work 10+ hours with no break is absurd. When patients find this out they are outraged. The board of pharmacy should have put a stop to this long ago. Our tech budget is HALF of what it was 3 years ago yet we fill just as many scripts. Pharmacists are working several hours by themselves with no tech help which is also unsafe. One overworked RPh is entering, filling, and checking the rx while being interrupted four times to help patients in drive-thru, tell a customer where the bathroom is, and sell candy bars for a fundraiser. This is not safe for the patient. It also leaves the lonely pharmacist vulnerable and an easy target to be robbed. I overwork myself every day because I care about my patients but my employer makes it near impossible to provide the same level of care that I did several years ago. They have provided no extra hours for cleaning during the pandemic and have said on conference calls they ordered more flu shots due to anticipated increased interest but are not offering any more hours to safely complete these shots or the required cleaning after each patient. They force us to do ‘in-line’ CMRs to meet quotas which is not at all comprehensive or beneficial to the patient. Did I mention my boss and his boss are not pharmacists! I could go on but am running out of characters and doubt any action will actually be taken by the board to positively impact patient safety at chain drugstores in Ohio. Please prove me wrong. We, the overworked CVS/Walgreens/Rite Aid RPhs who went into retail pharmacy because we wanted to help patients and make a difference are begging you

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Chain pharmacies' management used to be comprised of actual pharmacists who understood importance of patient safety. Now our management is comprised of MBA holders and some have never worked in a pharmacy before. This new management set up only speaks of and focuses on metrics. Unsatisfactory metrics performances result in disciplinary actions regardless of time pharmacists put in to help treat patients. Of course a business needs profit however patients' lives should be number 1 priority. Coroatsye also uses metrics to determine how many hours of labor each location earns for pharmacists and technicians. But now they have been purposely running the hours budget below their own metrics. We are told if we have shorter wait times, higher sales, lower inventory, higher successful MTMOutcomes, more vaccinations, etc, then our locations earn hours. We are pushing ourselves to meet their numbers and when we achieve that, management still undercuts their own projected metrics for labor use. More and more locations are running with one pharmacist on duty from open to close with the pharmacists working 13 hour shifts with no relief, no overlap, no restroom break. It used to be an every now and then occurrence; however this has developed into a routine scheduling technique several days a week. It is also routine to work a pharmacist 7-8 hour shift with the next pharmacist on duty right at shift change and thus resulting in only one pharmacist on duty at a time to complete prescription orders and meet metric goals. Without the hours, without proper help, patient safety is absolutely on the line. I hope the board finds a way to pressure corporate pharmacy to take patient safety seriously without them solving this by using a new algorithm that just calculates lower numbers to appear to the board that enough labor is being used.

Chain refuses to hire adequate technician staff with good attendance and job performance despite data supporting the need for additional people at a certain location. Pharmacists are then unable to perform many clinical tasks because they spend hours on end operating the drive-thru, for example, and performing technician tasks. This makes it look like we don't need pharmacists because they can't earn any pharmacist hours. It literally takes days to fill important medications on a regular basis. We cannot perform the basic functions required of a pharmacy, let alone handle any additional responsibilities such as health care screenings / vaccines, yet they are expected.

Chains are just focused on numbers. Patient care isn't about the patient at all, its only numbers to the corporation. They don't care about the health of the associates or the work life balance, they only care about getting a good stock price for investors.

Chains have continued to push the limits on what you can accomplish in a work day. Increasing metrics and declining staff help makes the job more miserable every year. I wish I could have seen the future of this career when back in school, I would have pursued another field. There is a lack of jobs and oversupply of pharmacists leading to employers pushing obscene goals - badgering patients to get vaccines and metrics for vaccines in the name of profit yet under the guise of 'patient care'. Reimbursement and DIR fees forcing independents out of business leading to only chain pharmacies surviving, the entire field has a number issues needing to be addressed.

Chains should staff more techs per shift and should go away with 1 pharmacist having to work a long day all day with no pharmacist overlap, there should be a max amount of rxs per day to be verified (example 350 rxs per shift). Force employers to give pharmacist lunch by closing for at least a half hour when there's only 1 rph on duty.

Change is desperately needed

Changes need to be made soon, especially to chain pharmacies. It is starting to jeopardize patient outcomes. Many pharmacists cannot speak their concerns because they would be instantly fired from their employer.

Chasing random metrics is a big distraction to properly practice pharmacy. RxS verified by an arbitrary promised time, MTM goals in order to keep an insurance contract, and focusing on 90-day preferences to the point of disciplinary action are all ridiculous and do little for patient care. However, with insurance carriers forcing more pay-for-performance, meeting metrics becomes essential to keeping a business afloat. Tech budget hours slashed to bare minimum, reducing the pharmacist to be both pharmacist and tech is also a concern widely shared in the retail community. While I do not get a specified lunch break, I personally have no issues with sitting down for a few minutes and eating or taking a bathroom break. I'm human and people can wait.

Clinical pharmacy specialist

Community pharmacies have gotten really bad. Large chains are the most unsafe, but independent pharmacies are getting worse with financial restraints from PBMs. The Cleveland Clinic has been a breath of fresh air, but COVID financial impact is changing that too.

Committee Information

Community pharmacy has taken a turn for the worst. Every pharmacy not independently owned is focused on the business aspect of pharmacy and not patient care. Day in and day out there have been multiple times where I am unable to provide the adequate patient care that was afforded in the past. Counseling that should at minimum take five to ten minutes are now finished in one minute at most in order to rush back to filling prescriptions to keep up with the metrics presented by the employer. Errors have increased because of severe multi-tasking. Patients have also voiced their concerns and the pharmacists have to bear the burden. The environment and culture in and of itself is one where it is physically and mentally impossible to keep up with what the employer is asking while practicing safely as well as fully compliant. Every patient should be concerned when they are filling prescriptions because the pharmacists are concerned. If errors are increasing at the rate that they are, it is only a matter of time before a very serious error occurs. Community pharmacists nowadays have to weigh two options of whether to comply with the employer metrics and risk their license because of potential errors and risking patient safety versus risking the lost of their jobs due to being unable to keep up with employer metrics. Overall, it is a lose-lose-lose unhealthy for every party involved and if nothing changes there will be additional harm to the public.

Community/Retail pharmacy is big business and no longer seems to revolve around healthcare but primarily focuses on money and metrics. Our roles as pharmacists continue to expand but our technician help and wages are waning or stagnant. I have worked my entire adult life for one chain pharmacy and am truly grateful for the opportunity they have provided me over the years but the change in philosophy and direction over the last 7 to 10 years is bewildering. At this stage of my career, voicing my opinion is far too detrimental to my job security. I have maybe 10 years left to practice before I decide to retire. Additionally, question 16 above I have a statement about the “providing vaccines and other non-dispensing duties.” The two items should have been separated in my opinion. Providing vaccines has become an essential aspect of community pharmacy. As a pharmacist, I am more than happy and proud to protect my community through vaccination. There are numerous non-dispensing activities that community pharmacists endure on a daily basis that have decreased the quality of patient care - too many to name but here is a prime example...having to stop what we are doing in the middle of flu season and calling/texting management every 3 hours on the number of flu shots we have done for the day. It’s all about numbers and not people. Or the ridiculous number of phone calls loaded into the system that we are required to make and graded on....I’ll stop now. Thank you for the opportunity for the survey and the chance to respond.

Company does not care about customers or employees. All they look at is metrics. Many times I am the only person in the pharmacy. There should be a law where there’s at least 1 technician there at all times. You cannot run a pharmacy safely and effectively with just a pharmacist.

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.

Constant interruptions due to poor workflow design and pharmacy lay out. Excessive phone calls, customers try to chat with you while working because your workstation is 2 feet from the register, store music/adds in overhead speakers, bells ringing and shouting through the drive thru, all contribute to dangerous inability to focus on what you are working on. Unfortunately this has become the standard work place environment and pharmacists have been forced to accept it. This is on top of increased pressure to work faster and do more, including pointless busy work and unending phone calls harassing patients to fill prescriptions.

Constant pressure to fill prescriptions in 15 minutes , immunization, clinical tips and run the cash registers . This requires more than multi- tasking skills . Always feeling we have less time to devote to our patients. Need is to improve staffing and take away some of the metrics

corp is too obsessed on how may vaccines should be given even when they are told that people refuse to get vaccines when the are offered to get one. and they told they will do a clinic for vaccines somewhere else then have us do the paperwork so it looks like we did the vaccines at our store. this is wrong

Corporatations are disconnected from true work load. They worry more about bottom line because profits have been sliced by insurance companies.

Corporate chain policy/metrics are ruining this profession that I love. I have worked for CVS for a decade, and it has gotten worse every year. The current climate, post lockdown/current COVID pandemic is as bad as I’ve ever seen. They have slashed both RPH and tech hours to make up for decreased foot traffic, but actual script count/workload is as high as ever, we’re just now also delivering. I am happy to vaccinate, I don’t have anything against performing non-clinical necessary duties. But with the cuts to tech support, ALL of that work falls on the pharmacist (phone calls, running register, production, triage, QA, MD calls, voicemails etc.) Staffing levels are objectively unsafe. And the chains don’t care, they answer to only themselves. I tell my district manager every time I talk to them, the answer is the same. We are currently running at ~35% LESS tech hours, and ~12% LESS RPH hours as last year based on our reporting. We are +7% YTD script count. Those numbers are accurate to the best of my knowledge(I’m at home), and should be scary to anyone who looks at them. I run a high volume (4000+) 24hr store, and they have cut us to 9 total RPH overlap hours per week. We frequently have a “demand” of two techs during the day. It is not unusual to be expected to check 70-80 scripts an hour during the daylight hours.

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Corporate demands non flu vaccines. Some locations enter in false claims for vaccines to make goal (claim is run under patient but shot was never actually given but claim is paid). Falsifying documentation in order to avoid immediate termination. MTM conducted in the drive through. MTM mills at large retail chains to make stores appear better to corporate. PICs are not physically counting tablets for control inventory and only entering numbers for inventory from the computer. Technicians push to get pharmacists fired because of personal preferences and of technician cannot control pharmacist workflow to their liking. Management values technicians more than pharmacists (gift cards, bonus pay, overt favoritism) due to lack of retention. District managers lie to pharmacists regarding open door policy. PICs lie to pharmacists. Pharmacist cannot even take a bathroom break. District Manager makes false promises to follow through with missing control inventory and then later blames the pharmacist that reported missing tablets.

Corporate has no clue what daily retail life is like. Way too much going on at the same time to be able to focus on patient needs and safety. All kinds of useless metrics about phone call reminders and register prompts

Corporate is solely focused on metrics while cutting budget hours to bare bone. Workload has increased significantly. I sometimes fear for my patients because I could not double check for interactions properly.

Corporate pharmacy is no longer run by pharmacists and the only thing that matters is the bottom line. In my short time as a pharmacist I have seen our script to tech hour ratio cut every year. Corporate cites things like dwindling reimbursements but the amount of time and care it takes to accurately fill prescriptions has not changed. Instead we are constantly given new duties like MTM and vaccinations. Which of course are the things a pharmacist should be doing! But the lack of support staff make them difficult to do safely and in a way that maximize benefit to the patient. I think you will find it common that pharmacists are afraid to speak out against working conditions for the fear of retaliation and for that reason conditions will only continue to worsen until patient outcomes are severely impacted.

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. You barley can even use the restroom. If you complain, they threaten your job security telling you that there are too many new grads are looking for your job and you need to improve or you will be fired. Then you live with That constant stress everyday and night of how I'm gonna support my family, pay my loans and bills and put food on the table for my kids. Retail Chain pharmacies are abusing pharmacists physically and emotionally everyday and this needs to end by setting regulations and laws that guarantee pharmacists' rights and job security whenever they raise concerns. Also, regulate the number of graduates per year according to the market need because these corporates have been paying pharmacy schools to take more students and release more graduates to create saturation so that they can abuse pharmacists more and more and pay them less and less. We really need to act now and this is the right time.

Corporate stressors are the worst. Metrics, transfer coupons, fuel perks, multiple unlimited phone lines constantly ringing, etc. When HSA cards changed to prescription only, we are now typing at least 50 rx per day for OTC items like stool softeners or Tylenol or masks. Private insurers won't pay for them. Everything must be typed and entered into the computer, only to be profiled because it is cheaper to just buy it. A complete waste of time. I don't mind the vaccines and the clinical interventions. I like the customer interaction and I feel it provides a service. But sometimes I feel like a used car salesman, pushing a service, almost hounding a customer until they give in. We have quotas for MedSync, Autofill, vaccines, clinical interventions, ready rate (like Domino's pizza) OSAT scores, all so that our board of directors can show the shareholders some charts and percentages. Many of these moneymakers are in place due to abysmal insurance reimbursements, and Ohio is finally addressing this (go Ohio) but the genie is out of the bottle. Everyone's hours are being cut. Do more with less help. If we could eliminate the "corporate extras" and focus on pharmacy, our staffing would be adequate. I have learned to manipulate our metrics to get a better grade and make my "time look better" which is ridiculous, stressful and probably unsafe. Billing issues are VERY time consuming, possibly 15-25% of my day. Billing 5 different discount cards is time consuming. Having to call and hold at doctors offices rather than having an e-mail method of resolving an issue eg. sig clarification, quantity/sig mismatch, interactions is also VERY time consuming. I realize that I am an add-on to my corporation's main business, and that is fine. My company seems more concerned with safety than many others. But pharmacy has become a three-ring circus in the last decade and the chaos is unsafe.

Covid 19 caused census reductions which resulted in us working with less staff on a skeleton crew. That was fine and justified for a while but now that orders are picking up again, we are getting stretched without a proportionate increase in staffing. Management appears to be waiting for us to be at 100% historical levels before returning to normal staffing. This is frustrating additionally as we have taken a pay cut to reduce budget but doesn't coincide with immediate volumes. The data they receive lags compared to what we see everyday. Our hospital does an impeccable job on safety and I know I can voice my concerns. Management is overly stressed right now by all the changes and likely VP level pressure to cut costs. They are having to balance safety with budget costs. Even though we are bringing the increased volumes to their attention I don't feel any change has been done.

Covid -19 has changed pharmacy in my practice more than anything I have seen in my many years as a pharmacist. My employer was very slow to react to the virus and I found it quite disturbing. Changes have now been made and masking is mandatory -social distancing is better but not perfect. Business has decreased considerably

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COVID has put an even heavier focus on finance than already existed with closure of scheduled surgery/procedures/etc deemed not lifesaving for 2 months. While I have seen hospitals close in the state, and therefore understand HOW important it is to maintain financial responsibility to stay open, I am concerned. We are already staffed well below the national average (ASHP hospital survey, published in AJHP 7/1/20) for pharmacist:filled bed and our hospital leadership is asking us to target 103% productivity which equates to multiple FTEs in our department. USP800 and other BOP rules for checking/compliance have put a significant strain on operations, which has actually pulled resources from clinical to operations. Concurrently we are being asked to provide MORE clinical services (transitions of care, med rec, physical presence on more rounding services) at the same time that we're having to focus on non-value added operational services to comply with regulatory things. WE NEED support at the local, state, and national level to determine what an appropriate staffing level is. Nurses and physician have ratios. We do not. WE NEED RATIOS that are endorsed at a larger level. There should be a clinical RPh to patient ratio as well as a prescription/order to pharmacist ratio.

Covid related activities that are not necessarily pharmacy related take >50% of my day. It could be categorized as infection control related. It's the testing and documentation that is very time consuming and takes me away from more clinical quality issues. I don't strongly feel that safety is being jeopardized at this point, but I feel like burnout may be inevitable if we don't hire people to specifically deal with covid. It feels like I am doing two jobs for the same paycheck.

Covid testing 5 an hour during the week and 7 an hour on weekends plus vaccines plus clinical outcomes (cmr) plus prescriptions plus other clinical metrics. Covid testing was not a corporate reason to provide more tech support????? Doing less prescriptions so they cut tech staff?????

Current employer is laying off pharmacist while hiring new graduates at a lower rate. This should come to no surprise due to the large volume increase in graduates in the state of Ohio and nationally and the low demand pharmacist are facing. It might be time to scale back class size due to lack of need. Soon there will be a large amount of pharmacist unemployed with large student debt and few job opportunities.

Current tech hours based on number of rx filled and paid for, not on number of rx filled

Current workloads are greater than the amount of staffing provided in areas I work as well as others I know. Pharmacists are continually forced to meet metrics that are outside of their best practice workflows which takes away from the time able to safely complete daily tasks. Systemic shift in perceived responsibilities and tracking thereof may be the only hope to ensure adequate patient safety continues/increases to appropriate levels.

Currently my workplace does take care of staff needs ...however there are days some staff do not show up and creates additional burden on everyone.CPPH and techs can manage for the most part in my pharmacy.I do want to point out several years ago I worked at CVS and that was the worst experience I had as a retail pharmacist.Too much focus on metrics and each Rx ends up not being given due attention. Extreme workload ,corporate pressure ,low staff resulted in RPh having not even 5 mins in a day of 10hrs to eat!Its time someone stopped CVS making a factory out of Pharmacy.

Currently work for Giant Eagle pharmacy and feel they provide enough help and support to allow pharmacists to do their job and practice safely. If I took this survey 3 years ago when I worked at Walgreens my answers to this survey would have been the complete opposite.

Cuts is pharmacist and technician hours leave little time for bathroom breaks or safety. I process, verify and count too many prescriptions myself that I am afraid of making errors. My technicians are busy at drive thru and front counter leaving me alone to get the patients medications processed while all 5 phone lines are ringing thru. On top of that is the push to make extra phone calls to drive sales of vaccines and refills. All this is monitored to be held against you at a later time to show you as an under performing employee. Ohio needs a script rate to technician ratio. Technician pay in retail is poor so getting quality help is difficult. The pay does not work with all the state board requirements and fees for licensing the position now entails. The chains say they offer you a food break, but you have to be available if needed. I can barely take a bathroom break without being paged some days. In summary, more staff with better pay would make my job easier. More overlap pharmacist hours would allow me to do more clinical tasks.

Cutting a pharmacist positions with medication safety is of most is something at the board of pharmacy needs to seriously look at in person, especially in the light Of the Mount Carmel fentanyl overdose is along with all other under reported errors.Pharmacy departments have become more about meeting budgets and making profit and money rather than taking care of our patients.

CVS continues to turn pharmacy into a fast food model with no oversight whatsoever

CVS Employee. CVS is causing a public health risk.

CVS expects too many tasks simultaneously completed too quickly for full attention to detail and professional patient care

CVS has been turned into BOP multiple times for u safe working conditions in Ohio with no follow up or repercussions.

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CVS has implemented a new system where the technician takes a picture of the medication and then bags the prescription. If all the techs were trained properly this might not give me as much anxiety as it does. Also, they are constantly taking away tech hours while now adding COVID testing sites and make stores hub stores. They hub store concept is great that they are offering Mtm opportunities, however, they are not giving any pharmacists over lap. So a pharmacist is in a room with a patient while their techs are basically running the pharmacy. The cut in store hours and now staffing has significantly increased the amount of mistakes that our store has had. Sometimes I have a hard time falling asleep because I'm worried that I made a serious mistake that day.

CVS is cutting so many hours because people are not picking up scripts because of COVID-19, but the workload is still the same. So even though the prescriptions are not getting picked up we are still having to complete the same workload which ends up falling on me and me having to stay way past my shift is over inorder to catch up on the work that is not completed.

CVS is taking away massive tech hours while increasing the workload and metrics to force the more experienced aka higher paid pharmacists to quit. CVS will then replace them with cheaper new graduates. CVS is constantly pushing metrics to drive up sales while cutting the actual pharmacy operating hours. Staff will still have to finish all those tasks in fewer business hours with less help and less pay. CVS simply does not care about patient safety or employees' mental and physical health. CVS's latest way to save payroll is to have technicians packaged and bagged all rxs. Pharmacists will no longer physically verify the medications or ensuring the correct rx bottle goes with the correct patient. CVS has technicians take pictures of the medications and pharmacists will verify the rxs by looking at those pictures on a computer monitor. How is that legal? How is that not detrimental to patient safety? Pharmacists never get to take a break or have lunch privately. We are always working the entire shift! CVS is profit driven only with no regards to public safety and/or employees' health.

CVS is the worst

CVS makes pharmacist work 14 hrs days with no lunch break or schedule break. If you complain they warn that there are hundreds of new grads who can't find a job bc there are so many pharmacy schools opened in Ohio who they can pay less to do your job d/t over saturation. Please don't allow any more pharmacy schools open in this state!

CVS needs to be held accountable for the lives they are endangering

CVS only cares about money and numbers. Their customers and employees are the least of their concern. They cut technician hours to the point where pharmacists are working alone on a consistent basis processing, filling, checking, and dispensing a prescription every 2 minutes while also answering the phone, assisting customers with questions out in the aisles and managing all the administrative requirements on a day to day

Cvs owns the board. The board works for cvs. Shame on all of you for allowing our profession (retail pharmacist) to be destroyed by a company that puts profits ahead of everything. I'm sure other pharmacy chains are no different. I can remember when pharmacist were the most respected professionals in our community. What happened? Again, all of you should be ashamed. Whatever you do, please make sure your children don't follow in your footsteps.

CVS recently cut our technician hours down to around 100 a week, resulting in long periods of time where I am working with a single technician. Therefore I am responsible for almost everything in the pharmacy while my technician is at the register. I feel as if I am working 5 jobs at once and struggle to keep up. It's not safe at all and has resulted in numerous errors from all employees. I feel that CVS sets their pharmacists up to fail by overloading them with work and not providing adequate staffing to safely fill prescriptions. I constantly fear that I'm going to make a detrimental error due to these issues and lose my license because it's nearly impossible to function in that work environment. Pharmacists barely have enough time to focus to accurately fill prescriptions, counsel patients, answer phone calls, make patient outreach calls, and complete all the other day to day tasks. I'm lucky if I get a second to eat a small snack during an 8-10 hour shift. Metrics have been the #1 concern that I feel like a telemarketer due to all the calls we're expected to make each week. Frankly, I don't feel like a pharmacist working in this environment but more like a fast food worker expected to prepare a patients order in 5 minutes or less.

December of 2019 was my last year as a practicing pharmacist. I love patient care and educating and coaching patients on proper medication and disease management. After practicing 8 years in community pharmacy with a large grocery chain I decided I needed to pursue other passions due to being burnt out and not having adequate support to care for my patients. The long hours with no breaks with inadequate staffing was what truly drove my decision. I had no patient interactions and had become a robot that needed to meet metric numbers. It is my hope that the profession will be able to change and return to patient care as the number one focus.

Decreases in revenue are impacting the hospital's need to adjust labor expenses. We've seen an increase in reported dispensing and order verification errors. We no longer have pharmacist resources to support a 100% decentralized pharmacist model except for critical care and ER. We will have to continue to adjust pharmacy services provided if revenue continues to decline with a negative operating margin.

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Definitely all of the above. They say there’s a focus on patient care, but maybe if we actually had time to counsel patients at pick up and not be tied up with 100 phone calls on a list and making sure we sign enough people up for a discount card, or trying to sell junk for fundraisers - and we could actually be treated like a medical facility that we are and be able to try to help people face to face. We could use our clinical skills to help people. I feel like I’m at risk of being cut daily to save money. That’s what they immediately go for; payroll reduction while focusing on pointless initiatives that they’ll penalize people for not hitting.
Departmental and upper management do not care about the staff. They only care about the clinical specialist staff. They are pushing more duties on the staff with no extra support. The Director and upper management only care about “looks” and check marks not patient or staff safety. Even when the staff expresses concern, they are ignored. When something happens, management just cannot understand what happened. Moral is low and management does not care, especially upper management. They do not respect the staff only clinical specialists. Management also keep inventory so critically low, patient safety has been concerning for a long time. Again management just shrugs it off as inventory control and financial savings.
Despite being a young pharmacy manager, I am thankful for the approach my company has taken in training and workload management. I rarely feel burnt out and almost always feel I have adequate levels of staffing around me to support all job responsibilities. When I feel busy or burdened, I find no issue in reaching out to my superiors for help or additional staffing to catch up. I am especially grateful for this given the current state of pharmacy in general and especially due to hearing many of my peers who work in larger chains who feel they are constantly pressured to perform or work in unsafe environments. Thank you for preparing and dispersing this survey. I am sure it will have a positive impact on those pharmacists who need a voice and the patients who depend on them.
dfadfsaf
Do more for less pay. Speak your mind and risk being fired. If I didn’t have student loans I would quit. The “profession” ...and I quote...profession is a joke. I know I know the state BOP Is in place to protect the patient....you aren’t protecting them when you don’t protect the pharmacist and our unsafe, un-realistic working environments. However I KNOW this message will be unheard as many of you are higher ups at large corporations.
Do your job as a board of pharmacy for the sake of the pharmacists, support staff and patients. Stop trying to shove provider status down everyone’s throats knowing full well that when it is passed it will lead to chain pharmacies requiring pharmacists to meet more metrics for the sake of profits over patient care.
Doctors should be held responsible for all the incorrect scripts they send us and we should be able to get ahold of them easier. We might wait on hold a half hr just to leave a message and still never get a call back. Thank you for this survey.
Doubt this will lead anywhere
Due to covid costs the hours have been cut significantly leading to even more staffing concerns. Even more so with doctors getting back to normal prescribing and increased urgent care output.
Due to Covid, we have not been able to rehire open positions for both the techs and the pharmacists. We are almost back up to pre-Covid census, but we are still short on staffing.
Due to poor prescription insurance reimbursement, I understand that pharmacies have had to pursue other streams of revenue. (MTM/Vaccinations) In doing so, the additional burden has fallen upon the pharmacist. Nothing drove it home more succinctly than when my district manager told me point blank, and quot;I don and #39;t care how long patients have to wait for their prescription, shots are the priority. If we lose a few prescription patients (due to filling delays), we more than make it up in administration fees. and quot; Pharmacies have become so focused on squeezing every dollar from each patient, that we and #39;ve lost sight of patient care. What is really happening is that we are and quot;encouraged and quot; to fill most prescriptions as early as insurances allow, with little or no regard to whether or not it has been discontinued. We and #39;re also expected to badger patients that may or may not be indicated for a vaccination. If the insurance will pay for it, we and #39;re expected to talk the patient into allowing us to administer it. If nothing else is taken from my rambling, please focus this: My current daily metrics are to meet a and quot;plan and quot; script count, make at least 10 billable claims to Outcomes MTM, research at least 20 patients on Ohio Impacts Vaccination registry, make 10 calls to patients on our shots list, convert any patients on our 30-90day conversions list, call 10 patients to enroll in automatic courtesy refills, and provide 2 ancillary vaccinations (on Tuesdays, I and #39;m expected an additional 25 and quot;white glove customer and quot; calls and 15 and quot;vulnerable patient and quot; calls). I am to do this with a fluid number of tech hours, based on how well I complete the aforementioned tasks (perform better, get more hours for techs..perform poorly, have tech hours taken away as punishment)
Due to the new pharmacy laws and requirements I feel that we have more trouble finding technicians to help auxiliary jobs in the pharmacy leading to potential safety issues.

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During flu season, management does not provide extra pharmacist or technician hours to cover the influx of patients wanting vaccines, resulting in rushed questionnaires and screenings. On top of that, prescriptions are very clearly not prioritized over vaccines, because vaccines make the company more money. And when we finally do get around to prescriptions, we are rushed because 2 hour wait times are unacceptable to our customers and management still expects 20 minute wait times. On the subject of lunch “breaks.” Management will absolutely tell you that they offer us regular breaks. What this actually means is, they don’t discipline us for taking a break to eat, if we choose, however, during that “break” I am still expected to check waiters, answer doctor calls, resolve counseling notes, and answer patient questions. So it is not a “break.” A break would be an actual break, to rest not only my feet, but also my brain. We are not allowed to close the pharmacy during a lunch break, so I have to sit inside the pharmacy area and listen to all my customers gripe and complain that they have to wait longer for their medications while I’m eating lunch, or what have you. And I can’t NOT listen to everything happening while I’m on “break” because I’m still responsible for everything my technicians do while on said break. So again, that’s not a “break,” that’s just work piling up for me to rush through when I’m finished eating, in order to meet the precious corporate metrics.

During the peak flu shot season(August thru October) is when I feel I cannot safely don’t my duties. At my location, I am the only RPh for a 12 hour shift and there are days when I alone give 30 to 40 shots. I do not get lunch breaks, though that is changing 7/22/2020. At times I have to give 10 + shots in a row and there is no one else to verify scripts for patients. So I’m between shots I very quickly verify for patients waiting in drive thru or waiting area. I am so afraid of making mistakes, but we don’t want an upset patient to give a bad receipt score, so I go so fast I don’t remember what I just verified. At my particular store, there is only up to 3 RPh overlap hours on one day every two weeks. There are not enough budget hours for a technician to work during open hours, so I have to work by myself for 1 to 4 hours. Things can get stressful during this time that I don’t feel comfortable/ safe that patients are getting the best care possible.

Each and every day is a complete blur, which is terrifying. At most moments throughout the day I am completing at least 3 tasks simultaneously, while feeling the stress of having two or more technicians/patients/phone calls waiting for me. There are no breaks - not even momentary mental breaks. I often abstain from food or drink for fear of having to take two minutes away to use the restroom. (Two minutes away will set you back at least 10 minutes). First corporate took away pharmacist hours, meaning I was responsible for 6-7 technicians at a time. This created a backlog of work as all of these technicians’ work has to go through the pharmacist. Now technician and centralized help has been reduced- now I answer the phones all day. The pressure of metrics is, of course, always an issue. Unfortunately the company I work for is organized in such a way that supervisors are not pharmacists. Therefore there is a huge lack of perspective in regards to safely and ethically caring for our patients.

Each year pharmacists (at least in the retail setting) are asked to do substantially more with substantially less. We are asked to immunize more, complete MTM in a faster manner, convince every person who walks to our counter that a 90 day prescription is the right choice, sign them up for our (not free) discount program, and enroll them in our medication synchronization program and are punished if we don’t meet the quota. What is possibly worse is that if we do meet these metrics we are asked to do 10% better the following year (with even less help). We have to do these tasks while being told that we should not do technician tasks while we barely have any technicians working to do the technician work. Over the past two years we have seen our pharmacist and technician hour budgets be cut ~15% despite positive prescription growth. Pharmacist now have around 1 hour of overlap during the day which is used simply to catch up and there is no time to step away or take a break. The phone rings on more lines than there are bodies and somehow we are expected to be answering phone calls, counseling a patient, providing ,MTM, administering a vaccine, and ringing someone out at the register all at the same time. Each year our salaries freeze or go down with forced hour cuts and there is a constant threat of being fired (despite good performance reviews) with the hint that there is a new grad willing to do our jobs for less. Across the country there are reports of pharmacists with a long history with a company being fired and then give them an option to be rehired at a significantly lower rate. This profession has been ruined by corporations and the pharmacists are left liable when mistakes are made. Errors are reviewed at our pharmacy on a quarterly basis and they have more than doubled compared to previous years. We are simply no longer able to do our jobs safely. This survey should be done every year and is a shame it hasn’t been in the past.

Employer consistently cuts both pharmacist and technician hours. We fill 700 scripts per day with only one pharmacist. Hours are based off the number of scripts that are picked up by the patient. We may fill over 4,000 scripts but only get credit for 3,500. The employer will deduct scripts that are filled if they are returned to stock after being in waiting bin for 14 days and does not count any controlled medications that are filled and sold. Staffing hours are based off of 3,500 not 4,000. Employer is using a skewed number to determine staffing which is not safe or fair for pharmacy staff. As a pharmacist, I do not want to be responsible for causing harm to a patient because I dispensed something incorrectly. We are pressured to meet multiple standards that a lot of the time are not attainable. These metrics force staff to fill unnecessary refills for patients or call patients multiple times requesting they fill certain meds that they no longer need. The amount of phone calls we are forced to do weekly is boardline The pharmacy environment is so overwhelming making the staff very stressed and overworked. It is often difficult for staff to take breaks in the pharmacy with the constant influx of work. I try to sit down during my 12 hour shift and take a 10 minute break. Working long days is not a problem, I actually prefer working the entire day because it allows me to be familiar with everything that goes on throughout the day. There is no need to explain issues to next pharmacist coming in to cover the store. Employer needs to be accountable for proper staffing in pharmacies so the safety of patients isn’t compromised.

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Employer hires technicians to perform pharmacist duties. Technicians have become a risk to the profession. The Board has allowed this to happen by shifting this power to technicians. Employers are taking advantage of this , pushing pharmacists out , increasing liability and decreasing patient care.
Employer making their own rules to justify cutting hours of technicians help, they base our tech hrs on how many RX we fill per week, then they only consider how many RX sold (which they profit from) and ignore the total number the staff really made, and based on the number RX sold they provide tech help, in addition at end of the day when performing RTS (return to stock) and by cancelling any RX that will deduct from the total number of RX reported for the budget which result in more cut of tech hrs, so if we made 600 RX and sold 300 then RTS 50 we get help as if we only made 250 RX and that is the number they consider .Technicians also getting so stressed and overworked and when cutting hours result in some technicians work in another store just to make enough hours to stay full timethey get frustrated and quit which add more stress on the pharmacist because first there is limited hours and then a person quit & hiring might take 3-4 weeks (if there is a candidate) during which the pharmacist work as technician with 1-2 person in a setting that need at least 2 pharmacist and 4 technician.Also recently after may 2020 they also cut all the rph overlap which we used to get claiming that we are not meeting budget and that was true in April & May but now we actually exceeding that budget with all md office and hospitals open, we exceeding now the budge which was set at the beginning of the year before COVID but they refuse to get our overlap back .Then the fact that they prefer all prescriptions to be 90 day supply adding more stress on the pharmacist because we really don't want make a mistake and patient take medication for 90 days before another rph figure it out , plus sometimes md change the medication which result in filling another 90 days supply of the new medication which is a waste
Employer thinks us as machine they have 12 hr shifts no breaks and top of that they said it's corporate requirements that no chair in pharmacy. After finishing my shift I feel like I used all my energy and mind feels like blank. In retail we fill rx (300),we do prior authorization we do vaccination and we do consulting top of that every day our company wants us to call atleast 10 people to just talk to them and finish our targets for medication therapy reviews. It's all business . Big company makes money by reducing pharmacist salary making them work like machine and top of that I requested some information for doing independent pharmacy couple of time but board of pharmacy never replied.
Employer uses metric of doses; a dose is counted equally whether it is a Tylenol tablet or a complex chemotherapy infusion; no weighting differently; as the number of chemo doses increases- if the overall dose count does not go up seen as no increase in workload.
Employers need to de-emphasize pushing metrics and start providing adequate staffing to the pharmacies to allow for accurate and safe dispensing and time to counsel patients.
Employers will tell you up front that you can be replaced immediately if you dont do exactly as they desire. No jobs available. So easily replaced.
EPIC software has created a safe and efficient process for completing order verification and clinical duties. Have been fortunate to have a strong clinical presence and administrative support for ED Pharmacist, decentralized Pharmacists, and Behavior Health Pharmacist, Medication Management Pharmacist, along with two Pharmacy Residents.
Especially during Flu season, the workload is way more and we are expected to still complete all the same tasks and do well on metrics. We will get multiple days behind in filling prescriptions and I work over my scheduled hours and never get paid for any of the extra work.
Even other profession has educated help. Doctors have nurses, dentists have hygienist , layers have legal aids. In the state of Ohio barely no training or education is required for our technicians. The position has huge responsibilitie and when the Target across the street pays more to stock shelves staffing is hard.The coupons and amount of transfer we allow in the state of Ohio is not in the best interest of the patient. It is a tremendous amount of work for both pharmacies when people ask for profile transfers for \$5.00 off. With immunizations and MTM's refill requests aren't getting done.
Even though the pharmacy I work at is not considered high volume, the technician hours that my company allows me to schedule per week is not adequate. There are times I have to work alone and it is not an ideal environment for patient care in this situation (for example in our most recent schedule I am only allowed to schedule a tech for half of the hours we are open for the week, the other half of the hours the pharmacist will be alone working. Prescriptions will be at least 100/day in addition to vaccines, phone calls, and running the register.
Ever since starting in retail pharmacy it seems we have had a steady decline in rph staff overlap, followed by support staff decreases in hours. The workload always stays the same and increases and then immunization services started. Technology of course has also increased over time, but that never replaces having the proper time to spend with a patient. Our company made further cuts again this month with many stores. I understand the opposing needs of making a profit and keeping stores open. But at what point will the cuts impact the proper care of patients? I think it already has.
Every day in the pharmacy can look different, based on script volume, immunizations needed, MTM generation. Unfortunately I feel like companies on the whole only look at script volume to calculate technician and pharmacist hours needed and cut hours to not realistic budgets to practice in a completely safe environment.

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Every day we are given more and more to do with more and more pressure to get a certain amount of shots done in a week, and have to get a certain amount of phone calls done, and we need to do this with less and less tech hours, therefore i am finding myself in the drivethru ringing customers up for 15 minutes at a time. Also the last hour we are opened we have no tech, so if i need to fill new rxs no time because i am being a cashier.

Every pharmacist in retail knows they are understaffed. The only one who can stop this is the board by putting minimum requirements on tech per script volume. However, it will never happen as the board is filled with rph from these companies.

Every single day, I cringe when I open my email at work, knowing that there's going to be one more thing thrown on my workload. I understand that clinical tasks are "the future", but dispensing is still there. My company touts the clinical stem of our company as helping our customers lead healthier lives, but it all boils down to increasing our STARS ratings, so the company gets reimbursed more. Trying to balance the clinical and dispensing functions is almost impossible. There is no work life balance anymore, either, as I come home completely exhausted, both mentally and physically, and have nothing left to give my husband and children. I don't know how much longer I can continue to work like this.

Every year my employer gives us less rx and tech hours, but expects us to do the same amount (or more) of prescriptions. When will it end???? What kind of filling errors have to occur before they decide that safely filling prescriptions needs to come before stock dividends for shareholders? When will the board finally take a stand and set minimum staffing quotas? Also, my employer is ALWAYS pushing us to do more and more vaccines. Not just flu shots, but anything and everything one should have. I think being vaccinated is important, but when it gets to the point when the cashier is prompted at the register to go over their vaccination history (in addition to all the other questions they have to ask) to see if we have any opportunities to make more money and push another shot on someone.... well, I just think that is too much. Also, the pharmacy setting is not an ideal location to give vaccines. The patient is usually just sitting in our waiting area next to other patients. No privacy, no social distancing, etc. My employer has asked us to put up our "privacy screen" and to separate a vaccination area at least 6 feet from other patients, but that is kinda hard to do in such a limited space. They need to do remodels and set up a special area just for vaccines. My employer is already expecting a huge flu shot season, in addition to any new COVID vaccine, and they have also instituted more cleaning protocols. I really don't see us being able to do all these vaccines, and cleaning after each one, with the amount of help/time/ and vaccination area that we have. My employer is CVS, and I am fine with you knowing that. Thank you for letting me express my opinions.

Everything comes down to making money. Technology improvements made to reduce likelihood of errors is just another opportunity to cut pharmacist and tech hours. We are filling more prescriptions this year compared to last year with one-third the pharmacist hours and more demand for increased clinical workload. It's not a matter of if I cause an error, it is now a matter of when and how harmful the error may be to the patients we serve.

Everything down to quarter hours earned, forecasted, and scheduled is based on metrics that are unobtainable to achieve. We are always hours behind in workflow, phones go unanswered, lines are long...without any breaks...and this leaves little time to work in clinical opportunities, vaccinations, and counseling. Our coordinators listen to our complaints but it ultimately boils down to whether we are meeting metrics, rather than helping to accommodate our needs.

Everything is metric driven-constantly being evaluated on these metrics, barely time to have a bathroom break let alone a lunch break. Reducing tech hours while increasing metric goals in addition to adding more tools & programs to help get these metrics reached workout proper training-seeing prescriptions filled & immunizations administered as more of a # (goal) to be reached, regardless of whether or not it's really in the best interest of the patient

Everything. CVS is awful. The technician hour cuts. The constant push for metrics. I have zero time for counseling, zero time for making physician phone calls. You all have no idea how unsafe it actually is to work for CVS these days. I encourage every member of the board to come observe a day at CVS. Any location. Busy, slow. If we're only verifying 200 scripts a day we have very little tech help and have to do everything on our own. If it's a busy store all we do is stand a verify because there are so many prescriptions.

Example-3 pharmacists for an 800 bed level one trauma center hospital on weekends. Responsible for all order verification, all checking of filled orders, and all clinical staff duties-no clinical staff on weekends.

Expecting us to give a certain amount of immunizations on top of verifying, taking voicemails, counseling patients, And answering phone calls is very overwhelming. There are days that we don't even get a chance for a bathroom break let alone meal breaks. This upcoming flu season is adding an additional stress to everything due to COVID. It would be great if companies could focus more on proper staffing and overlap versus metrics. This would help eliminate some stress and would allow us to properly care for our patient.

Experience and efficiency often go hand in hand. Stores that have frequent turnover have a much harder time operating in a safe manner, regardless of the amount of technician help. I don't feel this is a black and white issue.

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Filling prescriptions keeps us all busy. But adding vaccines, MTM, and all the other stuff on top of that is just too much. I'm expected to work 2 screens at once and constantly be on the phone (mostly on hold). And, being timed and manipulating the work flow to be on time to avoid bad metrics. All the above are a distraction in one way or another and promotes a possibly dangerous place to work. My error record was great until the past year or so. Now, I'm making minor errors and the only reason I can think of is all the extra stuff added on to our workload in the past few years. If we were provided 'shifts' or extra time to devote to the extra work load it might not be as bad
Financial viability of institutions was affected by Covid causing management to cut staffing hours resulting in less overlap between shifts. Some staff pharmacists are able to manage all responsibilities independently and safely. Some are unable to do so. Management insists on staffing underperforming pharmacists independently relying on non-staffing pharmacists (which are less familiar with the practice setting and work flow as this is not their usual responsibility) to help undertrained staff. The scenario seems like an error waiting to happen.
Finding competent help is a challenge and when you schedule people someone always calls off
Flu season is the hardest. I work at a busy location and when I'm the only pharmacist scheduled for a 12 hour shift and process 400-500 prescriptions a day and do 30+ flu shots in a day.. it can't possibly be safe for our patients.
Flu season is the worst time of year with the added time and work of immunization. We are told that giving a shot takes no more time than filling a script which is not true. Being a floater, I have been to quite a few stores where things are very hectic and really need some pharmacist overlap, however until we reach a certain number of scripts on a regular basis they is no consideration. 400+ per day=1 every 30 seconds. that's a long physical and mental day! I know other chains are even worse. I also think that it's bs that we have to reach certain goals for insurance companies to contract with us. It feels as though the ins industry is taking over our profession. By the way, have you taken your child for a well child exam recently?
Flu shot season is miserable at my pharmacy and mistakes have been made while trying the rush to do vaccines while working alone. It should be policy that pharmacists cannot do vaccines while we are working alone without a tech.
Flu shot season needs more pharmacist overlap. The pharmacist is pulled in too many directions. Tech help has been cut drastically as of late. During Covid shut down when we were slow, I felt so much better about the profession and having time to actually talk to patients. Now we are back to normal volume with less budgeted tech hours.
Flu shots make workload even worse on top of the 30 to 50 scripts an hour, we also have on average 5 to 10 flu shots an hour with minimal extra help
Focus on Metrics and quotas on immunizations, mtm create stress in many stores.Underperforming stores are 'shamed' for not meeting the goals. It's interesting when pharmacy students do experiential hours, and I ask what they are planning to do, most want nothing to do with retail pharmacy.Unfortunately, I don't see it changing. I know so many pharmacists and technicians that are just waiting to retire. How sad! It's great how things have changed over my career, (such as immunizations, mtm, provider status etc. , (so many more things than we did even 10 years ago),but inadequate staffing, long hours, unrealistic demands from management (and not valuing their technicians by giving them a decent wage) are just a few of the stressors I encounter every work day.
Focus on taking charge of your pharmacists working on the front line. It's embarrassing that retail conditions at chains is so obviously bad. Everybody knows how terrible and dangerous these chains are. The focus is purely on numbers and reducing any staffing to bare bones. This is not a rare complaint, this is known by members on the board who include upper management from CVS and other chains. As clinical healthcare providers, we are not treated as such. What clinical position looks to make as much profit as possible at the expense of adequate staffing? How can the Board of Pharmacy allow these chains to do this? It's all a lie; the numbers are all stated as "practicing at the top of your license, helping your patients, etc)". But the second you go over budget or under scripts you are punished. One day of not achieving vaccine numbers and you have to go to your boss's office on your day off to develop a personal improvement plan and are scolded about not getting shots. It's truly embarrassing what the Board has allowed the profession to become. You are allowing these chains to slave their pharmacists and expect them to work off the clock to make up for the decreased budget because we are salaried employees. We are merely acting like used car salesmen trying to push vaccines and other services down people's throats. That is not being a "trusted" professional. And if somebody denies a shot because they do not need it/don't believe in it there's only so much education we can provide. Retail pharmacy is a dangerous embarrassment to the profession given the lack of support from the Board. I hope this information is taken seriously and changes are implemented.
Focusing on metrics and lacking staffs are forcing us to rush through prescription checking process. If there's a limitation on ratio for staffs and prescription load, that would help with the problems. Also adding breaks or lunch break will help as well.

Committee Information

For anything to change, the entire healthcare system is going to have to change. Especially how insurance is handled for patients. The fact that insurance companies police most of what is filled is a hindrance to much need patient care- at times. Yes, they are there to make money, but this is not how healthcare should work. In order to facilitate improved patient outcomes, there need to be no more pharmacy-driven metrics. Those are the largest barrier to patient care. When we have to lose focus of what we were trained to do, that's when mistakes can be made, counseling opportunities missed, and other patient care activities that get passed up. Filling patient medications, other prescriptions, and counseling should be the main focus of any pharmacist. Everything else that has been tacked on should be the responsibility of others.

For Inpatient Hospital (teaching hospital)!: Upper administration won't approve additional FTEs that are needed for safe practice. Pharmacy leadership not skilled at being able to advocate/justify additional pharmacy positions (both clinical specialists and staff pharmacists) within a large health system to gain additional (vital) FTEs. This produces a very stressed environment for staff pharmacists and clinical specialists. Not enough hours in the day to provide high quality, safe patient care.

For profit pharmacy is a huge reason why we have all of these issues. Our hours are cut left and right so the corporation can make more. In the four years I have worked, we have cut 88 staff pharmacist hours per two weeks and over 120 technician hours. I know how much money goes to corporate and it's absolutely ridiculous.

For Response/Analysis Purposes: I am an independent pharmacy business consultant, primarily working with EHR or Technology integration strategies. I do not dispense medications.

For the most part, we are adequately staffed. With loss of revenue from reduced patient volumes, we have decreased the numbers of hours each pharmacist works each pay period. This has resulted in more cross coverage (following a coworker's patients when he/she is out) and less continuity of clinical pharmacy coverage, which is not always best/safe for patient care, especially in an intensive care unit setting.

For years I have been doing more with less technician help. With immunizations and mtm dollar quota per quarter it is a challenge to even do basic pharmacy. All pharmacy chains should have to give mandatory lunch breaks. I also don't think a pharmacist should ever be forced to work more than a few hours at a time alone. It is impossible to man drop off, pick up, multiple phone lines, and a drive through safely and efficiently alone. I recently left retail after 20 years for long term care because of these situations. I could not keep up and retain my sanity

For years now, our work volume has been increasing while our staffing (both pharmacist and tech) has been simultaneously been decreasing. It has actually become impossible to process all of the prescriptions we receive in a day and most of our workload is simply put off until the following workday. It is not uncommon to have to work a 13-hour long shift and still not have enough time to take a break. Often times pharmacists are forced to do "clopenings" (close at night and open the following morning) which means there is minimal rest between shifts - sometimes we even work a 13-hour shift (close and open) and then have to open again the following morning. There is barely enough time to take a bathroom break let alone being able to sit down, take a breather, and eat some food - often times pharmacists go without. Multi-tasking is mandatory to keep up and this means an increased likeliness in errors occurring. We are understaffed, overworked and our patients are suffering because of it - their safety is at risk and they are not getting their medications in a timely manner.

For years the major chain drug companies have pushed profits over patients, it has affected the ability of pharmacists across the state to practice safely for their patients and themselves. The penalties the BOP has pushed for misfills are a double edged sword for most retail pharmacists because it's the choice of having a job or paying a fine. It is a terrible position to put your pharmacists in because they are not the true culprits but a byproduct of a poor system. The alternative, as seen recently with layoffs of older, higher paid RPh for new grads making \$15-25 less per hour, is a job(not career) that is counter to what many entered the profession for. We are the last gate keepers prior to medicines reaching a patient but without adequate staffing, breaks, and having to put in 10-20 hours "extra, unpaid" time in per week just to meet metrics it has become impossible to be that barrier. Many, many pharmacists work a scheduled 8-10 hour shift or more and stay hours longer to meet metrics and requirements placed by the corporate structure. I have experienced 13 hour days with no food and no bathroom breaks. We purposely drink so very little because we know we cannot take a break to go to the bathroom. It is in humane to put us in conditions that resemble a work camp instead of a professional setting. This current system is breaking people and crushing patient safety. Calls by pharmacists have been ignored. The BOP has then punished them and sent letters for a misfill stating that they are not of good moral character. The BOP if they truly want to protect the patient should be looking at those that control the pharmacies from above store level and the PBM that force reimbursement down such as the investigation into CVS has shown. I just recently took a position where I do not face patients or fill prescriptions. I feel relieved that I no longer face these dangerous conditions that lead to health problems.

FYI, question #14 is missing the option:21-29.9 hours worked per week. That choice would be the correct one for me. The choices go from <20.9 hrs to the next choice which is 30-39.9 hours.

Generally overwhelmed and understaffed, always playing "catch up", under paid support staff, lots of turnover for support staff, too many secondary tasks to efficiently and effectively fill medications in a safe manner for customers

Glad the board is finally addressing this. Chronic problem in retail is metrics over patient care

Glad the board is looking into this!

Committee Information

Grocery chain current staffing adequate. Fear for future employment due to other chain layoffs, new grads unable to find jobs (supply and demand), only having B.S. Seen so many changes over 30 years. Would like to see more guidance on opioids, current employer does not have guidelines in place like Walmart/Walgreens so difficult to try to limit for fear of customer complaint for not filling. With current job market need to limit complaints.
Guidelines should be mandated to ensure a SAFE work environment regarding above issues and NOT determined by individual employer greed
had I been working for my last employer (walgreens), my answers would have been the complete opposite. That is the reason for making the change after 17 years for that company to a community outpatient hospital setting. I have the support and help needed to complete my job. I am so happy I left that big chain pharmacy where it was beat down on a daily basis, totally understaffed and had demanding metrics to meet. I thank God on a daily basis for giving me the opportunity to leave walgreens and work at my current hospital pharmacy.
Has supplylogix been board approved to move drugs from pharmacy to pharmacy?
Has the board considered mandating a number of employee hours per script count law? Something like for every 50 scripts filled each hour, the pharmacy must staff 1 pharmacist and 3 technicians.
Have pharmacists hours but no overlap, close for lunch break but so far behind that use the time to catch up.
Have scheduled break, never get to take it
Have worked retail in the past (Rite-Aid) where it was a stark comparison (much worse workload) than hospital pharmacy. I will never go back.
Having 22 years of experience I have to say that workload averages do not tell the complete story. I have found that there are such extreme peaks and valleys of workload needs that patient safety can suffer in extreme busy periods. I have found that rarely are you ever working at average pace. Basically it is usually extremely busy or extremely slow and it is close to impossible to plan for the time and duration of those extremes.
Having a required lunch break would be extremely beneficial. The techs are unionized where I work and have to take a lunch break. As the pharmacist I am entitled to a 15 minute break which I usually only take about 5 minutes sitting on the floor in front of my computer eating. I am worried about the lack of breaks for when I will be pumping due to breastfeeding. Even if a break is available most pharmacists will not take them unless it is mandatory because they are worried about the workload that would be waiting for them when they return.
Having a scheduled break to decompress would be beneficial to safety throughout the day. Limiting hours worked per shift. 13 hour days are exhausting. Company focus on clinical initiatives is great but creates additional stress while also filling scripts, calling patients for refills or automatic services, doing PAs, etc. Rphs feel like there isn't enough time in the day to get it all done safely and efficiently
Having come from a retail setting, the mail order pharmacy I work for now puts patient safety and accuracy at the top of our priorities. In retail I never felt I had enough time/resources to perform my job to the best of my abilities. Now, in mail order I have the time and ability to focus on each prescription- never feeling rushed or distracted.
Having to provide clinical services e.g. cmrs or vaccination without a designated counseling area is very challenging. We are able to pull people aside to maintain privacy and we have a curtain around a chair for vaccinations but a designated room would look better and allow us to counsel without distractions
Healthcare with a sales goal is always bound to fail.
Hiring quality technicians. Have to consistently hire non medical staff and train them even if they are not qualified just to have staff and no other applicant available...
Hopefully this wasn't a waste of time.
Hospital Pharmacists have a practice that is much safer and have the time necessary to ensure proper patient care. My wife is a retail pharmacist and based on the expanding responsibilities regarding vaccination, MTRs, proper counseling, and metrics mandated by retail pharmacy management; the practice of pharmacy has become very dangerous for pharmacists and patients. Retail pharmacy has become a sweat shop and pharmacists are worked to extremes not seen in other professions. A lot of this is based on metrics and increasing volume to circumvent the reduced reimbursement and revenue retail pharmacies are dealing with. Because we now have more than twice the number of pharmacy schools and too many graduates that cannot find employment, pharmacists have no ground to stand on with employer demands when it comes to safety and proper working conditions. If a pharmacist is disgruntled with their practice, management is quick to point out that the door is right over there and there are 30 pharmacy school graduates waiting to take this job. This needs to be addressed as more pharmacists (even the young pharmacists directly out of school) are going to experience burn out or mental fatigue that puts patients at risk. The board can and should do something to circumvent this.
Hours cut way too much but clinical demands higher than ever. I don't think the amount of tech hours given have ever accounted for the fact that some techs are amazing and can handle it all without a lot of help and do well with stress and sometimes it takes three techs to equal the ability of that one.

Committee Information

Hours have been cut while script volume continues to rise.

Hours per week question needs to be updated. I work 24 hours a week which wasn't an option.

How did the Universities and State board regulators allow this to happen to a once proud and respected profession. I would love to know what prompted this survey to go out. Did something bad happen??I think North Carolina once had a Rx limit per Pharmacist per 8 hours. It was around 150 rxs per RPH in an 8 hour shift. I think the chains paid off politicians to get rid of that law. Ohio certainly has enough pharmacist looking for work to help solve some of these issues.I saw a job posting today for a clinical Pharmacy technician. What the hell is that?? Pharm techs are doing MTM. Techs are doing utilization review for PBMs. I bet they will let techs do immunizations soon. Techs are doing transition of care med reviews at all the hospitals. Are techs really qualified for these functions?? I saw a posting for a Pharmacy nurse with Corvel. They wanted an LPN to do Medication regimen reviews. Didn't the new york times say pharmacist are not needed anymore?? Pharmacists are working 12 to 14 hour shifts with no breaks filling 500 to1000 scripts. Mistakes are bound to happen.The board can easily solve all of these problems if they have the will to do the right thing for the people of ohio.

I always take the time to counsel a patient. It is important that I show interest in their wellbeing in order to encourage the patient to see the importance of good health practices. Metric marks and lack of staffing are strong concerns. Relying on technician support with out having the hours given to complete responsibilities is a struggle.

I am a call center pharmacist at mail order. I do not personally process rxs for patients, I just answer questions and assist if a MD has called in a Rx incorrectly. I left retail last year, after 11 years there, due to feeling unable to fill rxs safely due to ridiculous metrics and short staffing, lack of techs and overlap pharmacist staffing (and being taken out of my home store and forced to float due to "lack of hours" at my home store). I took a \$30,000 pay cut to switch to my current job, and it was very much worth it. I feel safe and supported by my employer now. Retail pharmacy needs to make drastic changes in order to be safe again - laws need to be put in place to help pharmacists make the profession safe again.

I am a consultant Pharmacist in Long Term Care . I finally feel treated better since COVID-19 happened. Before COVID-19 being Salaried ,you would work more hours than paid and we would not get a paid vacation. You just worked harder to get your monthly charts done so you could take a week vacation. After 40 yrs, life has gotten a little easier for me.

I am a consultant with my own consulting services. I do not do direct patient care at this time.

I am a highly efficient pharmacist (metric proven) at my chain. I work safely at a pace that most cannot, and I hold a position that reflects that. While I can keep pace while providing good patient care, the care provided at my location by many relief pharmacists during vacation or days off suffers. This is not due to the quality of pharmacist, but rather their inability to keep up with expected volume. This is expected. Not everyone is made for the same pace of work. However, the expectation should not be that only a select few can safely run a busy pharmacy.

I am a new pharmacist (licensed beginning of July) that just started working for CVS in the Columbus area. I feel as if the amount of work and stress the pharmacists are under are both unfair and not safe for patients. The workload may be doable but CVS adjusts the amount of hours they have for techs to work during the week. This leads to unpredictable workflow and when the pharmacist is working with only one tech, they are helping costumers over the phone, at the register, and just about anything else instead of giving their attention to what matters most, checking and verifying the prescriptions. I have been training to be a pharmacist since June and have not had a lunch break working 11 hour shifts some days. It is pretty much expected of the pharmacists at CVS. I was desperate to get a job out of school but feel very uneasy about working for CVS as the atmosphere in the workplace is more about numbers than patients and I don't want to make any fatal errors. Something has to change.

I am a new resident who has been working for 5 days. My response to this survey may skew data as I am still training and my current workload is not realistic.

I am a pharmacist in non-direct patient care. My conditions are wonderful, but I worry for my fellow colleagues in retail. I was lucky to have changed jobs years ago and I feel the conditions have only gotten worse since that time.

I am a pharmacy resident who recently started in July, so some of my responses may not be as accurate based on the educational nature of PGY1 year.

I am a retail pharmacist and I love to provide vaccinations. However, I am typically the only pharmacist on duty and I have to constantly stop my other activities (drug utilization review, verification of prescriptions) to give vaccinations. I also have to rush giving vaccinations because time away from prescription filling means I am not meeting my metrics (i.e. ready rate). This gets really bad during flu season and I anticipate we are going to be doing a lot more vaccinations this season due to Covid. Constant "interruptions" with providing vaccinations to patient all day long lead to a significant increase in medication errors. Also, I think it should be mandatory that employers provide pharmacists with an opportunity for a lunch break. I do work many 10-13 hour days with no break to eat, barely can get to the bathroom either.

I am a strong employee. My company does not give me the resources or time to give back to the patients to my fullest ability. Most of the time I am treated like a robot, fill faster, make more calls do more immunizations. It's not fair to me and it's not fair to our patients. I feel like I ran a marathon after all 12 hour shifts.

Committee Information

I am a transition of care pharmacist and do not process any medications, therefore, answer to Q13 is 0-10.

I am a transitional care management pharmacist. In my role personally, I feel that I have plenty of time and support. My biggest limitation and roadblock is retail pharmacies. These pharmacists are stretched to the max. Sometimes I am unable to speak to a pharmacist initially and after a long time waiting I have to relay through a tech. Other times, I HAVE to speak to the pharmacist so I am left to wait for extended periods of time (20+ minutes). Sometimes patients can't get their medications delivered to them for several days post discharge due to staffing problems. Our team has had to personally fund a driver to go to patients home to take their medications because the pharmacy could not fulfill the needs. These retail pharmacies are in a dire situation right now. It's happening nation wide, but I would love to see Ohio board of pharmacy step up to help the pharmacists in our state and set the tone for other states.

I am able to practice safely because I stay late (after my scheduled shift) to complete all the required duties. Having worked in the community (retail) setting for 30 years, I know how to do the job, but I know that I am not as fast as I once was! I could check almost every box on the Q16, but I know many pharmacists who stay an hour or two over just to get that day's work done and leave the pharmacy in good condition for the next day. Being salary, staying late is of no benefit to me because I can never leave a shift early to balance out the hours! But I still stay late to get the work done.

Being able to take a break would be ideal, but I would only be that much more behind once I got back from a break. I know several co-workers of the years who didn't eat one bite while working a 10 or 12 hour day. This is not healthy. I currently work in 2 different locations of my chain. One is horribly busy and the other is manageable, but I spend many days in the slower location as the only person in the pharmacy for entire days. Giving vaccines and properly counseling patients are very challenging while the phone is ringing and people are lining up at drop off and pick up. If someone reacted adversely to a vaccine, I would tend to that person and pharmacy would come to a standstill. I have worked for 3 different chains - 2 of the 3 had adequate technician staffing, the third does not. I understand pharmacy is a business, but come on, give the rph some good help and pay the techs fairly. My 30 year veteran tech is making \$19 an hour, yet a regular store employee is starting out at \$15. This does not seem right to me either. Please help make pharmacy enjoyable again!

I am able to practice safely.

I am actually in a situation right now I have worked as a retail pharmacist for 25 years The stress from all of the above has caused major anxiety with an increase in safety issues has gotten so bad I had to go on medical leave I am frustrated with what pharmacy has become.

I am actually in the process of completely changing my career (even though I still unfortunately have thousands of dollars in student loan debt from pharmacy school) because this profession has been so unhealthy and unfulfilling for me for the following reasons: lack of priority on patient safety (at the cost of me having to decide between two options: putting my license on the line or my job on the line), physical working conditions, mental health working conditions, lack of utilizing many of the skills I learned (and payed for) in pharmacy school, job market conditions, pressure to not do the right thing, and (ironically) lack of patient interaction. I am truly so sad to be in this position, but I cannot keep living this way. Life is too short. Also, thank you very, very, very much for seeking out this information from the pharmacists in Ohio and creating an avenue for awareness, support, and hopefully change.

I am also owner, FYI. I believe I over staff to avoid quality issues and longer wait times.

I am an independent pharmacist so I believe my answers do not reflect the reality of the chain pharmacies today. I have many colleagues and friends that work in chain pharmacies and the stories they tell me are unbelievable. The work environment sounds horrible, the staffing sounds unacceptable, they are so worried they are going to harm someone and it constantly weighs on them. I can not even believe that the BOP is able to turn a blind eye to this type of situation. The big chains are volume based models and it is so obvious that they put profits before the patients health that I do not even know what to say at this point. It is so sad that our profession has been allowed to be turned into this. As pharmacist we are supposed to be the drug experts, we have doctorate degrees and we get treated like we are running a fast food restaurant to pad high powered CEO's pockets. That is so sad and it actually makes me very angry that after all the media coverage, testimonies of pharmacists, and the fact light has been shed on this subject and still nothing has changed. It is sad that profit is put over the american peoples health and lives. I am so thankful for my independent pharmacy work environment, but who knows how long that will last also due the the big chain pharmacy companies controlling our PBM reimbursement and single handedly putting independents out of business, which also continues to be allowed to happen even after all the light has been shed on this topic as well. I truly worry about our profession and wonder what it will look like if the BOP and the State do not step in and take the control back from these companies driven by profit over peoples life and well being.

Committee Information

I am an inpatient clinical pharmacy specialist and do not have traditional "staffing" responsibilities. I work very long hours and workweeks due to demands of clinical care, patient care rounds, teaching, precepting APPE students, research requirements, meetings, and directing a residency program. I do not feel unsafe because I continue an appropriately safe pace and just work 60 hour weeks instead of the 40 hour weeks I am paid for. The COVID situation, while reducing some of my typical patient workload, has put more workload onto my current responsibilities due to employer mandated furlough/PTO in order to reduce pharmacy FTE status 25% across the entire department. This results in more cross coverage of services in addition to my primary service despite academic responsibilities remaining the same or even increasing since everything has to be re-done at least once or twice to meet changing virtual requirements.

I am by myself most days. I work 8 hr days without the ability to take a lunch or legally leave the pharmacy to go to the bathroom. I am allowed 20 tech hours per week. My flu shot metric is insane. Gave 565 shots last season. Our metrics this year went up between 200-300 percent. I am hit with multiple metrics every day. I have had great reviews every year because I stress myself out to meet these numbers. I have 4 weeks vacation that I can never use. I am called on “days off” nearly 100% of the time. I have 3 kids and have zero schedule flexibility. I have worked for the same company for 20 years. This is very unsafe. Pharmacists and patients will suffer due to this careless environment. Please help!

I am concerned with the staffing hours we are facing for the fall/winter during COVID. Especially with how much longer it will take to safely administer immunizations during the pandemic. It will put even more pressure on myself and my staff- so far I have not been told we will get any hours to help with the extra screening and PPE necessary to immunize our patients.

I am currently employed by one of the better companies in this industry. There are companies like CVS which dangerously understaff their stores with unreasonable expectations and the expectancy of dispensing medications at fast food pace. Pharmacies always try to do more with less. It’s an unfortunate strategy many follow as there are too many losses in retail pharmacy that have been unchecked. Medicare reimburses us \$10 for \$150 test strips for a net loss of \$140. There are millions of diabetics in this country so one can see how much loss will accumulate here. Medicaid groups, specifically Caremark, reimburse us below cost on nearly 80% of all claims. This is reprehensible and I do not know how it’s legal. And now we have discount cards like GoodRx which charge pharmacies anywhere from a few dollars to as high as \$100 per transaction. It is a cascade of losses that pharmacies counter for with understaffing. All these loss opportunities are real and occur dozens of times per day at each pharmacy. I’ve always questioned how the state board or legislators do not put an end to these seemingly criminal acts pharmacies deal with on a regular basis. I strongly believe if we abolished these injustices I’ve mentioned, pharmacies could better staff their facilities, provide better work environments with lunches and breaks, and ultimately be able to provide better, safer care to their patients.

I am currently not employed and have answered based on my last work experience. I left that employer in January 2020.

I am driven to fill high volume of prescriptions because reimbursements are lacking. Technicians are counseling because pharmacist cannot step away from the computer. Patients cannot be followed up on and regimens cannot be thoroughly reviewed due to the volume needed to create a profit. I have 5 full time technicians to 1 pharmacist currently. I cannot keep up with the work produced by the techs. Lunch breaks are

I am fortunate that I work in a setting that allows me to practice pharmacy safely, but I have been in and interacted with retail pharmacies that do not.

I am fortunate to have moved into a unique and rewarding role as a clinical/staff pharmacist in a specialty pharmacy. Although we process and fill prescriptions to be mailed I personally work on clinical assessments and obtaining prior authorization and prescription drug coverage. My job is flexible and safe. I would have answered differently if I still had my role in our outpatient pharmacy.

I am fortunate to have my hospital pharmacist job, but the situation in retail pharmacy these days is unsafe to say the least. Something needs to change with Increased staffing of technicians and pharmacists and reduction of the impossible metrics expectations. It truly is a public health concern.

I am glad that the board is looking into this. Between impossible metrics and short staffing it is hard to perform the basic duties of providing patient care.

I am glad this survey has been sent and that this is being evaluated. While my mail order environment is very good, I believe most pharmacists are working in dangerous conditions with too much pressure to meet metrics, handle high prescription volumes, perform tests, and administer vaccinations as the only RPh on duty with minimal tech help.

I am grateful to have the opportunity to work at the location I do now and for my employer. That is not the case for many pharmacists and was not always the case for me over my career.

Committee Information

I am grateful to see this survey, and I appreciate the BOP in reaching out to pharmacists across the state for their feedback. As pharmacists we rely on the BOP to set laws to require safe practice and to hold pharmacies to these standards. It is unreasonable that employers have us working 12-13 hour shifts (with many of us usually working over) with no breaks whatsoever. Employers reward pharmacists that focus on metrics, even if that means overlooking patient care and safety. We do not feel safe to speak too loudly on these issues as we may be deemed a risk to their monetary bottom line. We worry of being replaced by a cheaper new hire who is desperate to pay off their newly acquired \$300,000 of debt. With the job shortages I do not see the benefit to our profession to allow pharmacy schools able to accept so many students. COVID has really brought retail pharmacy priorities to light - cleaning is pushed to the back burner, we are given zero extra help or hours to complete it, and no one ever checks in to ensure it is being done properly or at all. I come in early and stay late to make sure a thorough cleaning is done for the safety of my coworkers and our patients, but it should be enforced throughout the business day. In general employers will not enforce any safety measures that don't gain them money. If something happens to a patient, companies will blame the "negligent" pharmacist rather than the policies and procedures in place. We need the Board to step in with mandates to protect our patients and our profession. We would like to see a focus on patient care and safety over monetary metrics, mandatory breaks, limits to number of scripts per pharmacist per hour, increased help during time of pandemic, and limits to the number of incoming pharmacy students. I appreciate everyone's time in creating, reading, and analyzing this survey and look forward to seeing the conclusions drawn and implementations made from the results.

I am happy to be able to answer these questions in the manner that I did. However, my answers would have been 100% different 5 years ago when I was still working for a retail chain pharmacy. 14 hour shifts, no tech help, no break or lunch ("we make too much money for that"), unrealistic expectations, not sleeping at night worried that I may have made a mistake during the fury of the day. Those are the voices that need to be heard in the results of this survey.

I am hesitant to even answer this survey because I do not feel that my employer is necessarily purposefully being negligent. I understand that the biggest issue that effects pharmacy is the lack of reimbursement for services. There is very little money to be made on prescription services and the bulk of the counseling that a pharmacist does is done for free, or will require more paperwork than "workflow" allows to bill for. A simple solution that could allow pharmacies to become the centers of patient care that they should be, would be to allow a pharmacy to charge a 2 or 3 dollar fee per prescription that would be paid directly from the patient to the pharmacy as a "professional" fee. This would allow a pharmacy to generate the revenue required to have the quality staffing available so that a pharmacist would be able to readily available to sit down and discuss patient care and offer services and not be trying to balance clinical duties, with dispensing duties, with regulatory duties, and with simply being a technician. For the record I am part of a team that is one of the top 5 immunizing pharmacies in the state, (within my chain) we have our MTM que up to date, fill ~2000 rx's weekly and we are currently providing COVID testing. So I do not work at a slouch pharmacy.

I am Hospital RPh 37yr. I have served in many capacities during my professional tenure, as well as husband, father, safety advocate for my community and local schools, Soccer Dad, Baseball dad etc etc My comment here is to voice NOT workload safety but directly point out how much I am angered by how the State Board of Pharmacy has allowed my profession (our profession) to become desecrated, with SO MANY Pharmacy schools that were allowed to Open in Ohio, unopposed. Diluting our profession of Pharmacy with so many Pharmacy Schools is unconscionable, indefensible, if i may qualify that. I have many colleagues, amazing pharmacists that have retired early, in their 50's, unable to find work. The Board of Pharmacy should NOT ONLY be an advocate for the Public but an advocate unto itself, to our profession. It makes no sense to have all these Pharmacy Schools within our great state of Ohio. I have Trained countless Interns /Externs from the Old Platform (Pre 2003-2004 PharmD mandate) to the new P6 / P4 platforms depending on what College of Pharmacy and frankly, I have been UNIMPRESSED with some of the students I've had the pleasure to work with, who are recent graduates. Kids who would most def prefer a 5yr BS Pharm program, than to be thrust into a program demanding thousand\$ of \$\$ dollar\$, forcing these kids into debt for many many years, DUH !! Personally, I've decided to take a step back as preceptor. I realize this will fall on deaf ears and the 5yr BS Pharm (without BCPS cert) is in a minority, regardless of experience, or what we have contributed in 30 +yr. It appears meaningless and will never be addressed. I will stand unalterably opposed to what has happened to my profession within the last 15yr and I know there many RPh's who feel exactly as i do. Shame On You !!

I am in a clinical, non-dispensing role.

I am lucky to be working in a compounding pharmacy. If I had to work in a chain store, I would find a different profession.

I am lucky to work at a small county hospital and also an independent pharmacy with amazing bosses. Both ensure we have enough help, have support and get our lunch breaks. I have worked in the past at a large chain and felt very overworked with not enough help or pharmacist overlap. Giving vaccines really added to this already stressful environment. It was difficult to take care of all pharmacist responsibilities along with vaccines especially being the only pharmacist on duty. I often felt the situation increased the risk of mistakes being made. I am thankful not to be in this situation currently.

I am lucky to work at a store that has adequate help. Most retail locations do not.

Committee Information

I am lucky to work where I work. I know far too many community pharmacists suffer with no breaks and understaffed. While I have long shifts, I encounter downtime where I can eat, unlike in community settings, even though I cannot leave for a true break. Pharmacists have been abused by work conditions for far too long and some sort of regulations and requirements or Minimum ratios (rx-tech-rph) would be very useful for our colleagues in the community setting—they're burnt out and overworked.

I am mail order and have been working from home due to COVID. I did not know if I would like it but it turns out I love it. My focus, patient care and productivity have never been better.

I am NOT a practicing retail pharmacist at this time due to health downturns. Speaking only from my most recent past station of experience. Many thanks.

I am not saying that our pharmacy is totally unsafe. The amount of support help has drastically decreased over my 25 year career. The quality of that help has also decreased, even though the amount of training/knowledge is supposedly increasing. I never have more than 1 technician on any given weekday. On a weekend day, I have zero hours of help in a 9 hour shift with no break or lunch, and I can't leave the pharmacy. The amount of jobs that are stacked on us is becoming hopeless, but you must be increasingly better with your metrics every month or you'll lose your job. I start checking prescriptions, and then I get interrupted and pulled in 5 different directions. I am constantly getting interrupted throughout the workday. When I get back to checking those prescriptions, most of them need edited because they were processed incorrectly. Everyone in the store gets a break, but the pharmacist has too much responsibility to get one break in a 13 hour shift. These are just the first thoughts that came to mind. I could go on, but what's the use? The point is, how can any of this be safe for our patients? I have always been known as a slow pharmacist. I am viewed as slow, because I put patient safety before anything else in the pharmacy. I will not compromise safety for speed. Because of my priorities, I have had very few dispensing errors in 25 years. To me that should be viewed as a great quality to have, but when you focus on safety you run out of time to do other metrics which are currently being viewed as more important to stay in business. This is why I am saying that our pharmacy is not totally unsafe. The pharmacist is there to catch and correct all of these unsafe things on a daily basis. Because of a lot of hard work, our pharmacy is made safe. I guess my biggest concern is quality of life. The State Board is there to help protect our patient's safety and quality of life. Who's there to help protect pharmacist's safety and quality of life???

I am outstanding at my job, as functionally competent as anyone ever could be. And I don't feel it is safe. I could only imagine how much worse this would be if I didn't multi-task and put in the extra time as much as I am retired

I am retired and currently no working.

I am satisfied with my job

I am so happy the board is doing this survey and I pray they finally do something with the results they receive

I am so pressured to meet script demand in my day I have no time to actually be a pharmacist and help patients. I would love to counsel and help people more but it has become a bother to me because any time I step away from the counter I am put behind. I work in the busiest store in my district, my company has mapped out how I should spend every second of my day, but they have left out how long it takes to counsel and connect with people. I know it is a matter of time before I make a serious mistake. I also hate that when giving vaccines I can't spend the proper amount of time it should take. If I tell every patient to wait 5 min I would be buried, I have to be as quick as possible and I can't properly answer their questions because I am in a hurry all the time. Training for my job is another issue. I don't have time to read anything and basically just answer the quizzes until I pass. If I am required to train on something new then I should be given time to do it.

I am so stressed out at work on a daily basis. The corporate giants do not care about anything other than making the dollar. Horrible working conditions and work environment! Please help us

I am so thankful that the board is looking into this matter as a pharmacist for over 25 years I cannot tell you how unsafe the pharmacies are for both patients and pharmacist. There should definitely be guidelines in place that specify requirements for pharmacist and technician staffing that meets the safety necessary to carry out all of the pharmacy functions. This should be independent of cost and pushback from large chains that limit personnel to cut costs and increase margins. This has affected patient safety and most definitely resulted in unimaginable errors.

I am the pharmacy manager at a suburban pharmacy filling about 300 rxs/day. We are okay for most of the year, but in fall we are forced to add 20-30-40 flu shots a day to our workflow with no extra rph help. We are allowed extra tech help, but that's contingent on being able to find and train decent people, which corporate gives no help with, and doesn't offer adequate pay to attract and keep quality techs. Then as the manager I am held responsible for us not meeting metrics or making the required calls, even though corporate won't give me the tools I need to prevent this problem. I can't keep the same staff all year in preparation for fall, because corporate won't allow me enough budget hours the rest of the year to retain them. Every year I feel like I am crossing my fingers that all the stars will align and we will survive the fall in one piece and it won't be dreadful. It is currently July and I am short a full-time staff member. All I can do is try and hope, and the deck is stacked against me.

Committee Information

I am truly concerned about this upcoming flu shot season and the safety in the pharmacy. Too many flu shots expected, not enough Rph overlap and regular patient prescriptions are going to suffer. Vaccines are a money maker for the business, they are not essential. They could be done in clinics that are given and not walk-ins where we all have to stop what we are doing for sick patients and wait on the vaccine customers. This is really putting the citizens of Ohio at risk for not taking care of their prescriptions needs first.

I am very fortunate to work for a small independent pharmacy, but if it ever went under, I would not want to work for a large chain like CVS, Walgreens, ect. They treat their employees terribly and I've seen many friends have mental health issues due to working for them. Please regulate pharmacy workloads and hold the large chains accountable!

I am very fortunate to work for an independent pharmacy and have adequate staff. I hear stories of how bad it is to work for certain chains!

I am waiting for the day to hear that I made a fatal error because I don't have time to think straight. More responsibility, less pay. I started my career in love with the profession of pharmacy. I am so over it and the way that chains have destroyed the integrity of this profession. And the worst part is that we pharmacists continue to accept these horrendous work conditions because we think we are paid well.

I am willing to work and relocate anywhere in Ohio but it is extremely difficult to find employment

I answer these question based on my current position at a mail order pharmacy. I would have answered every question differently if I were still in a retail position which I did for 9 years. I worked many 12 hour shift sometimes by myself with no breaks when I'm retail. I am very thankful to be out of that environment.

I answered based only on my current employer which has been new since March of 2020. It's a completely different culture than the big chain I worked for for almost 25 years. I stayed because I loved my team of coworkers and our inner city patient population. I left last winter because I couldn't stay due to the horrible working conditions. Constantly short staffed. No hours to properly train technicians. Pressured from the moment of opening every day to make dozens of outgoing phone calls. Unattainable metrics on prescription wait times, phone wait times, amount of vaccinations. It has become unsafe to the patients we serve. I hope the board will do something to limit what the big chains can do to the profession and keep our public safe.

I answered question 16 knowing that I can, on average, keep up with the workload. But it is getting much more difficult each month. Our retail location has a goal of approximately 1,000 flu shots for this season. When I started 2 years ago, it was roughly a third of that number, I cannot remember the exact number. Our employers will not give us more help, they say it is not in the budget. Our tech hours have gone down 2 full shifts per week on average (i.e. a good week 2 years ago, we had early 200 tech hours, now we are lucky to have 120-130). Our management has told us (in so many words) that we are lucky to have jobs when we voice our concerns for lack of staffing/technician hours and that our concerns on this will not change. I have heard many of my colleagues explaining this to customers who then say in their surveys that this is unacceptable and will not be tolerated. When our patients complain that orders are behind, this is the honest response we give them. We cannot work faster and more efficiently when we are working beyond demand, and I highly suspect our management expects us to work after and before hours to make up our lack of staffing. I have heard this from many colleagues as well. The retail landscape is very different now than when I entered pharmacy school in 2014. With the incidents unveiled in the Tulsa, Oklahoma area just recently, I hope that nothing like that happens to any of our patients or pharmacists in my area or any other state. I personally feel my work and time was not valued by my company while working through the Lockdown periods when covid began, either. The last thing I want is to negatively impact any of my patients. Moving forward, I'm seeing the opportunities for error increasing. I am becoming much more vigilant in response to this.

I answered these questions based on my previous employer. Corporate community pharmacy is a complete nightmare, it's all about quantity not quality. It's push-push-push to get the Rx out the door. 99% of my days I was the sole RPH on duty and worked frequently 14 hour days of 8am to 10pm. Adding another RPH was all based on script quantity not if the RPH needed help. There was no assistance or guidance available to help a struggling RPH directly out of school, I was told to figure it out on my own. I felt that if I spoke up to my district management about the stress, I would lose my job. Believe me, the stress is real. No breaks, no food, and metrics being shoved down your throat is no way to live. I did not take out >\$100,000 of student loans to be treated this way. Why have we as a profession accepted this way of life? I know why... we all come out of school with >\$100,000 in debt and need the job and the money. Everyday, I ask myself, when is our profession going to say enough-is-enough. Nevertheless, we are all afraid to so because we need the job. Seven pharmacy schools in this state has overly saturated the market. No one can leave their jobs because there are no jobs, except those who finally escape the corporate hell called retail pharmacy. To be honest, I was forced out because of patient complaints. None of these complaints would have happened if I had adequate help. I am only one person. Seriously, when are things going to change? The stress and burnout of corporate retail pharmacy is real and taking a toll on all of us who put up with it.

I answered these questions based on the current staffing level which is lower than normal due to COVID-19.

I appreciate that this survey is being done and hope to see more of these workload surveys in the future in hopes to protect pharmacist and technicians from burnout and poor working conditions.

I appreciate the Board looking into this issue. It is over due.

Committee Information

I appreciate you taking the time to reach out to us. This is something I have been discussing at great length with coworkers of the same chain, and with colleagues in similar chain situations of different chains. Something needs to change to lighten our workload. Safety has definitely gone by the wayside, especially over this last year. Many times, I have 70 calls to make on top of regular workload to complete by the end of my shift (refill reminders, pt checkins, 90 days) each day. With flu season coming up, and potentially a rollout of covid vaccine in the next few months, I see major stress overload in the next few months. We need more help in the pharmacy. I go entire shifts sometimes barely talking to patients in person or doing very minimal counseling because I just don't have time. I really miss that part of this job. Anything you can do would be so helpful !!!
I believe for our profession multitasking is key. I have high regards for our profession and the people that I take care of. I love what I do immensely and take my time at work very seriously with the patient as my main focus. My results have shown that metrics will follow as long as I focus on the patient
I believe I can practice safely but it's definitely overwhelming and stressful to be pulled in a million different directions constantly. Almost everything in question 16 is applicable. The patient refill calls and constantly hounding are patients are definitely a time kill and makes our patients upset to be constantly calling them. A break would be nice. I have to make sure I'm a decent spot to even go to the bathroom I often end up waiting hrs to go to the bathroom because there is no time. And having staff. No one even applies when hiring and then our hrs are constantly getting shorted leaving more and more work on the pharmacist. Since I became a pharmacist 5 years ago the hours and staff has drastically decreased half the time I end up having to stay after closing to get all the work done so we're not behind for the next day.
I believe I work for one of the best companies there is right now for pharmacy. I think the answer to all of these questions in any standard retail (not speaking of my employer) about the work environment is "unsafe".
I believe more pharmacies, inpatient and community, need to have more pharmacists working. When I was a technician, we had more pharmacists but less workload. It seems now we have more workload and less pharmacists. Pharmacies are hurting financially so I understand the cuts. Especially hospital right now with corona and low census. Something needs to change...
I believe most company's try to get by on minimal staffing which creates great pressure and a high workload on the pharmacists. Also, I feel companies should staff more pharmacists instead of technicians. Many roles are being fulfilled by technicians when it seems a pharmacist doing certain tasks would be more beneficial for patient care.
I believe my working conditions at my current employer are good, but I have worked at two other pharmacy chains in the past that had very poor working conditions.
I believe my worksite is the exception in the world of community pharmacy. I have pharmacist friends who work 15 shifts with no breaks and little staff. This environment directly impacts the care they are able to provide their patients. I am thankful for the board of pharmacy for sending out this survey and hope they take action to improve work conditions for pharmacists.
I believe pharmacists is a large majority of settings work in unsafe environments. After 18 years as a clinician and the clinical manager I left pharmacy due burnout and no work life balance. I am very blessed to have the opportunity to focus of safety, quality, and process improvement including medication safety.
I believe pharmacists practicing in an retail setting are hardly able to practice pharmacy with any true patient care. There was only enough time or attention to give to filling prescriptions without making major errors and completely erroneous phone calls etc. Counseling is majorly lacking because there is no time to have a conversation. If you do spend the time with people then you are falling behind on metrics and you worry about losing your job. Pharmacists are constantly choosing between keeping your job or caring for people. As a pharmacist who has practiced in multiple settings in Ohio I can confidently say that large chain retail pharmacy is the biggest issue to our practice. I answered this survey based on those experiences. I also practiced in a small community hospital. There were some challenging demands of this job but they were much more reasonable than major chain standards. While working in retail there is no time for medication reconciliation, counseling, patient chart review, or effective interdisciplinary communication. The most important parts of our profession are bypassed for metrics, prescription volumes, and survey results.
I believe placing some kind of rx daily limit Per pharmacist or staffing ratio formula should exist that large chains should be required to fulfill and abide by.

Committee Information

I believe that every retail pharmacist skips procedures and tries to find the quickest way of doing something because there is such a lack of staffing and the staff that we do have is underpaid for the type of stress they deal with. District managers quickly have an answer for everything and do not realize that patient care is at a loss. Retail pharmacy has lost touch of what it used to be in years past. The amount of corporate pressures put on managers does not allow for quality patient care. It took Walgreens 100 years to finally implement a lunch break pilot. I received my first lunch break last week in the 7 years I have been a pharmacist. I literally have almost passed out multiple times from lack of breaks. Management will say take a short break but the second your metrics drop and promise times are missed you will be in trouble. With the amount of ordering, filing, filling, calls, authorizations, counseling, adherence checks, immunizations, hiring, scheduling, typing, sync calls, expired checks, licensing checks, text messaging quotas, savings card quotas, staff doing shopping for lazy customers to buy food, cosmetics, and other non-health items in drive through, vaccines, and the list goes on... how am I able to build a customer relationship and truly care for anybody? And somehow be safe??? And not have an error? I put my life into this job because I love the people I care for in my pharmacy but I can only do so much without adequate corporate support.
I believe that my company took immediate steps to insure that my team was protected at the onset of the pandemic. They installed safety glass, provided a variety of mask options and delivered sufficient quantities of cleaning supplies. They communicated daily updates to facilitate best practices to keep my team and our patients safe. We have specific policies in place to manage internal outbreaks and provide guidance in the event of illness. In addition, curbside and home delivery are offered to protect our high-risk patients. My only complaint as an essential worker is that the state of Ohio did not mandate that masks be worn by customers. I am appalled that it is illegal to drive without a seatbelt, but not illegal to shop without a mask.
I believe that my employer cares more about meeting certain metrics (ie. MTM goals, vaccines, low wait times, etc) than taking care of the patients and #39; needs or even their own employees and #39; needs. I feel that we are constantly being pressured to do more with less, as our allotted pharmacists and technicians hours decrease every month. There are multiple times a month where I will work 6+ hour shifts that I am unable to take a break to eat or even go to the bathroom. The need to be constantly and quot;on and quot; without a break is mentally exhausting and makes it hard to find a good work/life balance. I definitely think that it impacts our patient care and I think our patients notice that we don and #39;t have time to take with them.
I believe that my employer does a great job at staffing and giving us adequate overlap and opportunity to complete tasks. At other retailers, which pharmacists I know personally, they have no overlap and inadequate technician hours to complete the tasks/ meet metrics they are given.
I believe that pre-COVID, my organization was very in tune with safe staffing in our pharmacy. Lately, the focus on finances and productivity has put us in a spot where for the first time ever I feel we are not safely staffing. I hope that will change soon. I believe the BOP could provide statements or resources for safe inpatient staffing practices for both pharmacists and technical staff. That may help provide weight with senior leaders when I do not have solid internal metrics to tell the story (currently staffed based on an arbitrary number of hours per order verified which is different for each hospital in my system).
I believe that regardless of volume, it should be mandated that there should be a minimum of two people in the pharmacy at all times (i.e pharmacist + technician). This isn and #39;t just for sharing the workload but overall safety for not only patients but for the staff working as well. Two set of hands and two sets of eyes on prescriptions can help ensure things are correct. There are too many times that I not only type the prescription, check it, fill it, and bag it without anyone else touching it. In addition, having two people in the pharmacy at all times makes the pharmacy a safer place should anything happen.
I believe that saving money by reducing payroll for technicians has led to lower quality care and the restrictions of third parties has the patients stuck using one certain pharmacy so they have to compromise their care because of third parties. This leads to the chain shifting focus from providing better and safer patient care to cost cutting measures because they know the patients can not go anywhere.
I believe that the model that my dispensary uses has been by far the best environment for me to actually practice as a pharmacist, dedicating time to both my patients and my staff that I have never been able to do. Instead of worrying about number of prescriptions per hour/meeting certain metrics, I am able to focus on spending time with individual patients and ultimately providing them top notch care.
I believe that the standard to do more with less has always been the way for pharmacists. Unfortunately safety and efficiency are the things that come at this cost. Inadequate tech staffing is a major issue, not just quantity, but the quality of technicians has drastically declined. It is no wonder when most individuals can work at McDonalds, a gas station, or any retail cashier setting and make the same dollar per hour and not have the stress or pressure that is associated with pharmacy. And by chance that you do find an exemplary employee and they go thru all the certification processes, state and national, to become a better more educated employee there are minimal if any rewards to doing this for them. This creates massive turnover situations that leave pharmacists in even greater stress ridden environments. I feel like the profession in a lot of settings has lost its pride in being professionals in the health care system. It is a very disheartening situation and has left me wondering now that I have been practicing for 20+ years do I really want to continue in the career I love or do I need to find a more gratifying career path.
I believe that this survey is focused on my retail colleagues. I work as a clinical pharmacist in an inpatient hospital setting. I feel very capable to do my job in this environment and provide adequate patient care.

Committee Information

I believe the biggest concern I have with regards to the work place is the number of hours a day I work without a lunch break. I work 2 13 hour shifts in a row and I'm exhausted and I feel i can't think clearly. I've only been a pharmacist for 3 years and I feel the burnout coming. My company treats our employees very well but there is no regulation as far as how many hours we are limited to in a day and i think there needs to be more encouragement from the osbp to support the pharmacists and give companies guidelines to prevent burnout

I believe the board needs to put limits on how many scripts per pharmacist can be completely per hour, thus requiring large chains to increase pharmacist hrs and thus safely. I also believe there needs to be a law mandating a lunch break as there is for doctors and nurses.

I believe the company that I work for is more interested in profit than safety. The attrition rate is extremely high. This only serves to benefit them. They hire new grads at a lower pay to replace burn outs (some after 1 year, some after 20). They don't care about pharmacists at all. We are merely an obstacle to their profit margin. Beat down experienced, higher wage earners and replace. Rinse, repeat. And on top of that no break, suck it up. But don't say you don't take a break, wink, wink. I was recently told, "you're not doing enough things at a time...it looks like you're only doing 1 thing at a time." This after she watched me take 3 phone calls, give a flu shot, ring several customers out, and oh yeah...fill prescriptions all in the span of 15 minutes. Thank you for doing this survey. It gives me hope for our profession.

I believe the issue is that we are pushed to focus on clinical opportunities and vaccines over focusing on filling scripts because that is where we are making money with reimbursement rates being so low. The push to meet those metrics makes taking the time to fill scripts safely more stressful. Plus, often times we are understaffed due to budget cuts, especially with COVID-19 affecting our numbers.

I believe the most frustrating part in my particular chain is that all of these concerns are being voiced to our upper management and it has been laughed off on multiple occasions. I make comments during every visit about not being able to sit down for lunch during my 13 hour days and nothing has been put in motion for our safety. In addition, our company has cut staffing due to COVID losses and as prescriptions are again increasing, are still expecting 100% execution on clinical, vaccinations and medsync metrics. I feel undervalued by my company every day I go to work.

I believe the pharmacy profession is becoming into a fast food service where metrics are being used against you. Do more with less has been the theme. We don't even have a couple minutes to properly counsel our patients. We are treated like a number. With my employer I've seen multiple "older" pharmacist being mistreated because they are unable to keep up their metrics. I would hope the board of pharmacy is able to help Excel our profession in the right direction because our employers are not listening to us.

I believe the requirements to be a pharmacy technician and the pay rate do not correspond, which is making it very difficult to hire enough technicians to adequately staff our institution. You can work in different fields with essentially no formal training and make a similar or greater hourly wage. I believe the training is necessary, especially when sterile compounding is a component of the job, so technician wages need to increase.

I believe the saturation of pharmacists in the job market and lack of options for new employment contributes to the current problem that is obvious with the need for this survey. Too many schools, new students, not enough jobs to make a fair and safe job market. I feel like pharmacists are forced to deal with the situation due to large amounts of debt, families to support and limited employment options etc...Also, business practices and models based on metrics and pure profit effect the situation. There are no negative consequences for the businesses because the fault will ultimately fall on the pharmacist when there is a forced mistake and there are literally hundreds of replacements waiting for a job. The current low pay rates for technicians and high fees and requirements to be certified are making it difficult to procure quality technicians. The turn around I see in our technicians is astounding and with what is required of them for the low pay, I would not work as a technician. I understand the Emily's law response but I believe it is overdone....All of this this trickles down to poor pt care in the end and an unfavorable outlook for this profession. I have spoken to many pharmacists and it seems to be a common problem. I am aware pharmacist are not the only healthcare field being squeezed to do more with less. Not sure of a fix for this and I am assuming this survey is just to appease the many many complaints that are reported. There have been several pharmacists that I know personally made these complaints to the board of pharmacy and no response hinted of a problem or a way to fix it.

GoodRx which charge us high fees while cutting in to our profit margin. This forces the company to look for other ways to balance the financial numbers. Consequently, we are forced to add more and more tasks to our already overloaded day. Chasing every possible vaccination plus completing increasing numbers of clinical tasks such as CareRX and Outcomes medication therapy management places tremendous stress on pharmacists who were already over-tasked. While the number of responsibilities continue to increase, the amount of available help remains the same. I don't know how much longer this business model can be sustained.

I believe the work I do at my independent pharmacist is not reflective of the true strain on the world of pharmacy. I have two other pharmacists that I know practice in two different large chains. One has had panic attacks to the point he had to take medical leave, while also starting medications for generalized anxiety while the other is taking more than 2/3 pay cut to work in the public debt sector because he can't bear the unrealistic expectations of their corporate policies. I urge you to please work as hard as you can to intervene. Fortune 10 companies do not have to mandate this burden on their pharmacists to still be an effective and highly grossing business.

Committee Information

I believe this survey is a great tool to help pharmacists have a voice and may be the first step in saving the pharmacist profession as a whole, but my fear is if they have to give us more help then they will just cut our salaries because they have to make that money back somewhere since no one will do anything about the PBM's giving unfair reimbursement rates and hiding behind DIR fees.

I believe vaccinations are an important part of our profession. However, the focus on meeting a goal of X number per day/week/month is an excessive drain on us mentally. Whatever we do will never be enough. Many pharmacists/pharmacies are required to schedule their own flu clinics and often work off the clock setting up and working these. This leads to mental and physical fatigue. As we get busier, tasks need to be re-prioritized on a constant basis. Something has to give. Without a break, without adequate help, without time to take a breath, errors will happen. Twenty years ago, my staffing levels were higher on a per script basis than they are now and we have only become much busier. (There was an old, unscientific formula of 10 scripts per tech hour we used to use. I am up to 15 scripts per tech hour now.) I worked for a company that had pharmacist overlap for a few hours most days of the week. Having another professional colleague to share the burden of consultations, doctor calls, prior auth calls, patient calls, other RPh-only tasks (vaccinations) is invaluable. Doctors are in a practice and have staff to answer their calls, perform insurance billing, check in patients, even fellow professionals with who to discuss diagnoses and treatment options; we are alone and we feel the fatigue mentally. This is what is unsafe for our patients. At one point last week, I had 5 phone lines ringing and there were 4 pharmacy staff with me who were 1. administering a COVID test at the drive-thru, 2. on the phone with an insurance company, 3. at the register with a patient, 4. at drop-off with a patient, and 5. me on the phone with a doctor. There were no prescriptions being counted. I repeat: There were NO prescriptions being counted AND I had 5 lines ringing. This isn't simply UNDER-staffing, this is not meeting the bare minimum threshold for safe staffing. Unless, and until, the BOP fixes this problem, patient safety will be at risk, as will your pharmacists'.

I can live without breaks if it would mean that I could get all my 'duties' done, but even minus the breaks, I still can't get caught up each day. I feel defeated.

In case it helps, I answered these questions from an Ambulatory Care point of view, I do not fill prescriptions and likely have a very different environment than those who do!

I commend the board of pharmacy for reaching out to its workers in order to gain better insight into our work environment. A major concern I have as a PIC is the amount of distractions we are exposed to in a high volume, retail chain pharmacy. We stand next to a ringing phone for our entire shift because there are not enough employees to answer calls timely. Additionally, if an RPh answers the phone and another task - such as patient counseling - is presented, then the transaction cannot proceed until the RPh signs off and counsels the patient. Thus, it disincentivizes us to answer the phone and with answered phone calls not being a tracked metric, takes time away from how we are graded with tasks that are tracked. Furthermore, it is required by my employer that whenever there is a billing change, the RPh must be the one who changes the receipts outside the Rx bag. For example, when someone brings in a goodrx card and asks us to rebill 8 prescriptions, all 8 receipt labels must be changed by the pharmacist to ensure the swapping of receipt labels is correct to prevent any HIPAA violations. While I understand the severity of accidentally giving out the wrong bag to the wrong customer, this is an extremely cumbersome and distracting part of the job since the use of discount cards is so widely utilized. Because we are so metric-heavy (flu shot, shingles, MTM, sales, script volume, wage budget and programs designed to lower DIR fees), our time must be spent focusing on what will keep us viable in the company's eye. Underperforming puts us at risk of being terminated and the job market is very challenging. If possible, I believe implementing certain safety measures to eliminate distractions, limit # of tasks/hr and provide uninterrupted, mandatory breaks would be terrific for our workforce. We have pledged our careers to providing safe and proper utilization of prescription medications, and any measures taken to ensure that perpetuates is a win for the people we serve

I completely resent the fact that it is perfectly fine and legal for district managers overseeing multiple pharmacies and pharmacists to be non pharmacists, absolutely no pharmacy background yet can tell us how to do our job.

I could work 12 hours everyday and still not get everything done corporate wants me to. There are so many tasks that corporate wants us to complete that you cannot spend adequate time on anything. I have to make my metrics the most important part of my job instead of patient safety. I have to fill RXs as quickly as possible so they don't time out instead of taking my time to make sure they are getting done correctly. Our most important metric is ready rate, so we have to make sure everything is filled when it was promised. We are so short staffed that I have to type, count, ring out customers and verify RXs so I am constantly running all over and breaking my concentration. We do not get breaks and many days I go without eating all day and just feel absolutely horrible by the time I leave and know that my brain is not functioning at the level it should be. We are constantly getting more hours cut while getting more tasks added. We are currently averaging about 25% more RXs than last year but doing it with fewer pharmacist and tech hours. Patient safety is a HUGE concern in these work environments and every pharmacist I've talked to feels the same way, but we feel like there is nothing we can do. Please help us, we want to do our jobs to the best of our abilities and take care of our patients but we are not able to in this environment and it is wearing on us. I know I am not alone when I say this job is making me depressed, anxious, and just wearing on me mentally. When I leave work I feel completely drained and empty, and feel like I have failed for not being able to do everything that is asked of me. So please help make our work environments better for our own mental health and for the safety of our patients, we all really want to take care of our patients and make a difference in their lives but we can't due to the greed of our corporations.

Committee Information

I currently am in a good place but I previously worked for a large chain (2.5 years ago) and had issues with inadequate staffing of technicians and pharmacists, pressure for metrics, being unable to focus on prescriptions because of other tasks like vaccines, limited to no breaks and pressure to fill prescriptions I didn't feel comfortable with. Due to feelings of issues with safety I decided to find alternative employment.

I currently am inpatient now and my facility is much better. However when I worked retail up until last year-my answers would've been very different with all negative responses. Retail pushes the more with less mentality and everything is driven by numbers. It wasn't uncommon for one pharmacist to be handling over 100 scripts an hour. We rarely got breaks unless it was slow and due to them requiring us to schedule based off their computer model schedules it wasn't uncommon to have only 1-2 techs covering four different stations (or sometimes being on your own completely). I would wake up in a cold sweat some nights over a script I had dispensed earlier that day which had gotten rushed along to meet a time expectation within the company which didn't allow time to think clinically with everything. It wasn't uncommon for me to cover "tech duties" as well in order to support the little staff we had but would mean I was the only one handling scripts sometimes from start to finish without any double checks. They went through three waves of layoffs with pharmacists and support staff due to a "re-evaluation of hours" so you were always focused on getting those scripts out to meet patient satisfaction standards in order to preserve your position and save yourself from being on the chopping block. This applies to both retail pharmacy companies I worked for over almost 7 years.

I currently work as an inpatient hospital clinical pharmacist, so I do not routinely staff orders on a daily basis (hence low number of prescriptions per hour selected above). I do have prior experience working in community retail pharmacy, however, and concern over patient safety was a major factor that lead me towards choosing the hospital clinical pharmacy route over community retail. This concern was brought on by experiencing pharmacies that were short-staffed and pharmacists that were checking 50 or more scripts per hour (while also providing vaccines, answering phone calls, counseling, and other functions). After working in both settings, I feel the culture surrounding hospital pharmacy is more conducive to providing safe care through conducting root cause analysis when errors occur and making system changes to specifically improve safety. Whereas in the community setting the process changes I saw were more geared toward increasing consumer business than improving safety (i.e. getting prescribers to order 90 day supplies, increasing vaccine delivery, decreasing the time it takes to dispense a prescription, completing MTMs, etc.) While many of these extra services in community are highly beneficial for the patient (i.e. MTMs) - they also come with increase time to perform, which places increased burden on the pharmacy staff if no changes are made to staffing levels. While I no longer work in community retail I still wanted to discuss that experience as safety was one reason I chose to not pursue that career path. If the culture shifted towards staffing stores based on overall workload and not only prescription volume, as well as focusing more attention to system practices that can improve safety rather than penalizing individuals for errors, there could be improvement.

I currently work at an outpatient pharmacy in a hospital, but used to work for a large chain. The chain was awful. So many MTM's, immunizations, counseling notes, lack of tech help and tech training, not enough tech hours, and no respect from store management. Customers could complain to store managers for any reason (narcotic refill too soon, copay too high, too long of a wait) and pharmacy would get reprimanded and customer would get a gift card or gas points. Also- the transfer coupons need to stop. You're supposed to get to know your patients and patients should know and trust the pharmacist. Moving rx's around to get coupons is ridiculous and needs to be stopped.

I currently work at the VA and I am very grateful that I do. When I worked in retail, I would have answered yes to 2 or more of the above questions (at different time during my retail career). I often hoped that no one got hurt as the workload of the pharmacy staff was too much. The metrics and vaccine workload (with no additional staffing) really added to the stress levels of the pharmacy staff. Thank you for being aware of this issue and working to staff pharmacies properly.

I currently work for a smaller retail chain which is more manageable. My store is a slower volume store 700-800 rx a week. Staffing is usually a pharmacist with one tech or just by ourselves. That being said I still have days where I don't have time to eat or drink in a 12 hour shift due to staffing. On the days I do get to eat usually have to inhale my food quickly to avoid spitting out my food in order to help the next customer or to be able to answer the phone. Being a smaller chain, technician wages are so low that it is hard to retain employees (main issue). Constantly have to take focus away from patient care to retrain new technicians. Hard to hire experienced technicians because my company is not willing to pay them their desired wages for their experience. I have worked for large chains like cvs and understands my current situation is the best it gets unfortunately.

I currently work for an insurance company, but previously worked at two different retail chains and while I worked there definitely felt that I could not safely complete all that was asked of me due to meeting metrics and low technician staffing

I did feel pressures at my previous employer and was fortunate to get a job with OSU and my practice site in an independent pharmacy. I made that move not only to push our profession forward but also for myself to be in a bit work place environment.

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I did feel that I was unable to practice safely at my pharmacy when I worked at a retail chain. I have changed jobs 3 times because of this. I am comfortable where I work now because we have adequate staffing and we focus on patient care and not metrics. When I worked for a large retail chain I was extremely uncomfortable and terrified due to the understaffing, impossible workload and total focus on metrics rather than patient care.

I do not and have never enjoyed a lunch break. I have no idea how that is legal????!! Is it because I'm salary??? I also had/have to choose between filling RXs in a "timely" manner so customers do not call corporate on me and try to get me fired because they waited 15 minutes for me to do it correctly or going to the restroom...even while I was pregnant! I had a customer ask me to hold it a little longer because she had a quick question and I was 8 months pregnant working a 13 hour shift! I fear if I uphold the law the customers will complain to my company and I could lose my job because there is a surplus of pharmacists and they can simply hire someone younger at a 1/3 of the salary. I am told to do more with less and I am suffering from it physically and mentally. My store was robbed last January and the armed assailant put the gun to my head over promethazine. My company did NOTHING to further ensure my staff or my safety. They asked if I wanted to move stores, take time off which I'm sure was something legal made them ask but their final answer was it's unlikely it would happen again and further safety measures are more expensive. This all means my staff and I and all of us working in a retail pharmacy are EXPENDABLE. There is no respect for my profession in main stream america anymore because capitalism has stripped this field of it's true worth

I do not feel "scared" bringing safety concerns to my employer's attention; rather, these concerns fall on deaf ears as we are ultimately beholden to stockholders, not our patients. More staff equals less margin.

I do not fill any prescriptions or medication orders in my job. I work from home.

I do not have time to review any but the most critical drug therapy problems with prescribers. Patients could potentially benefit from a pharmacist's intervention on their behalf with their prescriber, but the severe time constraints are prohibitive. A classic example is the number of patients with COPD who are on non-guideline recommended medications who really could benefit from long-acting agents. A phone call could possibly make a huge difference in these patients' quality of life, but rarely have the time to make these guideline driven recommendations to prescribers. This is but one small example of the change I could enact if I had more time to proactively help my patients.

I do not process prescriptions. I exclusively counsel patients, and only add notes to patient profiles or prescriptions currently in process.

I do not think there are enough pharmacist hours to give good care. There is not enough time to adequately counsel patients or follow through on mtm. I am concerned if labor requirements (ie employer cost) increase due to the survey results, that there will be a big push from the industry for tech verification. This would be a travesty and a massive disservice to the general public, let alone be unsafe to the patients. One probable cause for the labor changes is decreased reimbursement rates. I have seen those decrease every year. Is there a way to make reimbursement rates go up to help employers balance stay profitable while supporting the pharmacy more to provide safe, effective care?

I do not work at store level. I work out of the central fill facility. Productivity quotas focused w

I do not work retail anymore but I have heard so many horror stories that I'd rather find another pressure than work retail due to the profit driven staffing and work expectations. It is abhorrent and sad how the mafia corporations have marginalized and trivialized our fine profession. I have seen nothing but unwillingness to this point at a state level and complete ignorance on a federal level concerning this issue. DO SOMETHING!

I do not work retail.

I don't feel that I am able to work anywhere near the top of my license due to the "assembly line" nature of large chain retail pharmacy. There is little to no time for critical thinking or using any of our clinical knowledge or skills to better serve our patients.

I don't think the Board can do anything perhaps ACCP can limit the number of students per pharmacy school. There are too many pharmacists nowadays and not enough jobs and so as a profession we are looked as indispensable, especially in community pharmacy. I guess make it mandatory that there should be at least one tech per pharmacist, again honestly I don't think this is possible Maybe pharmacists can have a union?? I heard a rumor some states have one..

I don't believe the BOP is truly interested in supporting pharmacists in general. When the opportunity presents itself, time and again, I see the Board more interested in public image and politics than supporting those who give it a reason for existing. I feel not only left out in the cold, but stomped on. I would not refer to any board member as A 'colleague.'

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I don't think that by stating I work for Walmart this is really going to identify me, but I am very frustrated that we are under the microscope for filling opioids and benzodiazepines and CVS and Rite aid will fill anything. I don't have a problem with the documentation we have to do in controlled substances, but why do we not have the support to curb prescribing of these when everyone else will fill without questions. I was there when the DEA called and said we had to do more because we were buying too many controls. I have always prided myself on being very conscientious about controls long before it was popular. It is very time consuming and the prescribers are nasty to us. All pharmacies need to be the same and go to the source, the prescribers. As far as staffing, Nothing is going to change until PBMs are regulated because there is no money in pharmacy to staff things appropriately. Until we do this, All we are going to accomplish is that regulations will be changed and techs will be able fill prescriptions and pharmacist will not be needed for very many tasks.

I dread flu season as this is another distraction in our already crazy work environment. There are weekly flu vaccine metrics that need to be met and we are already behind all the time. I have been a pharmacist for 34 years and it is now a dangerous, stressful profession. There is never enough tech help and hours are being cut constantly. I work for CVS, but I am sure all of the chains are similar.

I enjoy giving vaccines and non-clinical duties are still an important part of patient care. Being a pharmacist for 6 years, I really feel the issue is having inadequate pharmacy technician help. I often have to help with their duties to get the work done. My company expects technicians to be extremely efficient but due to the low pay and high turn over, that just doesn't happen.

I enjoy working as a retail pharmacist. However, over the course of my career, I have seen many changes which have put more stress and workload on pharmacy employees, which in turn compromises patient care. They have greatly reduced our technician hours, while expecting more results from the pharmacists and technicians. In addition to providing patient care, we have the pressure of meeting daily metrics. We are expected to do more with less help. There are not enough technician hours to safely accomplish all of the daily requirements being pushed by corporate.

I feel 100% pressured to pump out metrics. I love being a pharmacist but I'm more worried about checking a laminated sheet for the company and asking people to get a vaccine then I am allowed to be worried about counseling my patients. I am given no bathroom break, I'm told I'm not allowed to eat in front of people, yet I must keep workflow moving by myself all day long. I have three kids and I have been made to work 12 hour shifts without any breaks during the pandemic. If I do go to the bathroom I have counseling notes waiting when I come back. I get so frustrated/exhausted/angry because I see our corporate team working from home and we are forced to bare bones. This is not why I became a pharmacist- very disappointing. I think this is taking a toll on our mental and physical well-being.

i feel as a retail pharmacist, i am burnt out! i have tried to reduce my hours from being a staff to floater rph, however, i still end up working on average 12-14 hrs straight in high stress and demanding enviorns. I would like the state board to insert itself in setting clear shift length requirements across the state. I feel that our employers are 'bullying' us into an early grave and when we do address these issues, we are shown the door! Would be impressed if the board would stand up for us but i shan't hold my breath, sadly!

I feel fortunate in today's pharmacy environment to work for a locally owned and loved pharmacy. We have a great team with great leadership. We are worn down by the constant badgering of audits and unfair ridiculous reimbursement rates. We have to document grams per day used and drops per ml and nonsense i never saw at the many chains i have worked for over the years to fight off the many audits always trying to claw back any profit we may make. We work hard to educate with CMR's and immunize our patients. We work hard to focus on our outliers and outcomes tips to improve adherence. We offer bubble packs and delivery for no additional fee. We would just like to have some appreciation with a fair reimbursement rate that has been promised for years.

I feel like I do not have time to consult or answer patient questions. We have time clocks going. Rx has to be "on-time" and doctors escripts filled at store level need completed in a time frame. If I take 5-10 minutes with a patient then I'm late on what's sitting on the counter. I love giving vaccinations, but I dread it because I'll be rushed and things will be "late" for a customer who isn't even there. If I have to choose between the 5 scripts on the counter to verify or my patient with a question, I feel the 5 on the counter take priority so they aren't late. The actual patient at my window can wait. Patient service has taken a nose dive. I know patient satisfaction surveys say rx on time is one of the most important. What people don't know is what we actually do to maintain their health and safety takes time. Rushing a prescription is not a safe thing. We can't precook it like a fast food restaurant. It's made to order so takes longer, it's a sit down order. On top of that special requests like trying to bill 4 different discount cards on a script or having 5 rx each a different discount card slows down the techs. MTM and CMR services are going to be a true challenge. Once again, even 5 minutes off the counter makes multiple prescriptions "late". Metrics are an issue. I'm not sure there is any going back. I do miss getting to talk to my patients and building relationships.

I feel like I work at one of the "better" retail chains however retail in general gets worse each year as more jobs are placed on us without any additional time allowed to do such jobs. We just have to "work into our day" more immunizations, MTM's, adherence counseling, etc. while filling a higher volume of prescriptions. During flu shot season each day is exhausting and many days I work 10 hours shifts with no bathroom breaks and inhaling a power bar for my lunch. If I do take time for breaks I'm just going to have to stay longer to get the work done. And like I said, I work for one of the better places. I don't know how my colleagues do it at other chains who have half or a third of the tech help we have. I feel it is a very unsafe environment at many pharmacies.

I feel like I'm back in high school working at Mc Donald's. Do you want a vaccine today with your automatic refill. Don't forget to biggie size to 90 day supply.

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I feel like workload has become more troublesome with the small amount of technician hours that are given by large chain pharmacies. I would like to see set standards for technician hours based on prescription count.
I feel mandatory pharmacist breaks should be required, so we can take a mental break during 8-12 hour shifts (where we often go on without eating anything=loss of focus). Also, adequate/sufficient RPh to technician ratio should be implemented so that RPh has time to actually focus on patient care and not other stuff that doesn't require an RPh (grabbing stuff that is non-pharmacy related for customers at the drive thru, ringing customers out for their groceries). I am by myself without any technicians during some of my shifts because the employer thinks 1RPh can handle everything from inventory, filling, answering phones/counters/drive-thrus, doctor/insurance calls, returning old aged prescriptions, etc. Retail pharmacy profession as a whole needs a renovation/revolution.
I feel pharmacists and pharmacy technicians should be able to work remotely, until the pandemic is over. With plenty of space in our building, we have not yet been spaced out. The Board acted fast but not all employers embraced the new rules and recommendations to ensure employees's safety.
I feel practice in the outpatient pharmacy in the hospital, which is similar to the traditional community pharmacy, is the exception to the normal practice in a traditional community pharmacy. As a leader, I try to focus on ensuring adequate staffing levels of pharmacist and technicians to ensure patient centered dispensing and encourage practice safe care of patients. I However, I know this may seem as this it is the focus for other traditional community pharmacies. I appreciate the Board sending this survey to hear from pharmacists around the State about their practice environment.
I feel rushed in performing my duties. You have different metrics on a daily basis to complete (Vaccines, MTM, Tips, Outcomes, CMRs, Analyzing a patients profile for vaccines, Logging into the State Board Vaccine Registry, Checking a patient's profile and OARRS when controls are prescribed). You have the phone to take care of, then the front counter, register, counseling, drive thru and daily questions from the general public. I don't feel that I have the proper time to truly give a patient's prescription the needed analysis. I feel a mistake is breathing down my neck as I try to manage all the tasks that I am asked to perform. Small errors happen frequently, but I am afraid that a more serious error will occur.
I feel safe and comfortable in providing care to my patients. Working at the outpatient pharmacy allows me to double check the patient's chart and confirm some issue with the prescribers in timely manner. My employer strives to create safe environment for us. I also feel secure to speak up whenever I don't feel safe working at some pharmacy due to staffing issue.
I feel safe in my current work place, however in retail chain pharmacy, I feel it's a real problem. There are not enough techs, too many phone calls and making phone calls, and normally no lunch or breaks. And stopping to give vaccinations adds to the stress. And each chain has their own metrics they look at and put pressure on the individual pharmacies to meet. I don't have any of these issues where I'm at now, but I saw these issues when I worked for large chain pharmacy.
I feel that for the most part (or majority of the time) that my employer does a good job in providing a(n) adequate and conducive environment for me to practice safely as a pharmacist and for the safety of our pharmacy customers/patients. However, at times when going through a period of pharmacy department budget cuts during certain periods in the course of the year for various reasons when pharmacy support staffing or pharmacist overlap is lowered, it can and only then pose a little of a challenge and somewhat pressure for me to maintain that level of comfortability in carrying out practicing pharmacy safely and rendering good customer service.
I feel that I can safely get my job done if I do not take breaks etc and I am not left with the previous pharmacists things to complete. That rarely happens
I feel that I very seldom have enough time to focus on what my primary concerns should be as a pharmacist, the patient. I am more focused on meeting metrics due to due pressure from above rather than taking care of my patients in front of me. In addition, staffing cuts have led to the patients suffering in terms of wait time and the quality of care we can provide. Come flu shot season my store is expected to complete over 3000 vaccinations with one pharmacist and minimal tech help every day. In the past, this has led to increased errors and due to current conditions this could be especially bad this year. We have seen almost no increase in the labor budgets as we get busier and are continually asked to add one more tasks to our daily workload. We are also expected to complete over 40 phone calls a day which is measured in our metrics based on how many patients we were able to reach, not which calls we made or how many times we attempted. I am consistently working before and after my scheduled hours in order to complete all tasks and make our days a little more manageable. When concerns regarding staffing and workload are brought to managers above the store level we are typically brushed off and told that this is the current labor model we have been given and if we can't manage to meet metrics we are doing something wrong and it is our failure or shortcoming, not that we are being asked to do too much while trying to safely perform pharmacists first duty, which is the patients care and well-being. I became a pharmacist to safely care for patients with the knowledge I worked incredibly hard to acquire. I feel that with current workloads I am consistently pulled further and further from my meaningful patient interactions and connections, as well as my personal growth in knowledge as a pharmacist, simply so I could meet a new metric that was the "hot topic" for the company that month.
I feel that in order to provide the safest care to our patients, pharmacists need to be given a lunch break in order to take time to digress from all of the craziness that goes on in a retail pharmacy. Also, providing required amount of tech help per so many scripts filled would allow for a safer environment.

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I feel that my chain tries to put the patient first and wants us to practice safely but with the required technician licensure now, decreased reimbursement rates, and DIR fees it has required scaling back on staffing and a hardship to find and keep staff. This leads to unsafe working conditions. Our chain encourages us to take breaks but unfortunately our work would not get done if we did and the public is not very understanding. Patients don't comprehend we are on duty alone for a 12 hour shift unable to go to the bathroom let alone eat something. They think we should be able to serve them their medication in the time McDonald's requires to take their order and prepare their food. Forget about needing to call their doctor about a drug interaction or age related risk. And as mentioned decreased reimbursement has shifted our metrics. Prescription count is no longer the focus but immunizations, MTM, and patient adherence are. We are expected to find a way to fit all these services in everyday with limited staffing, while still managing to fill prescriptions safely, and efficiently enough to keep the public satisfied. Our chain even provides hours for pharmacist overlap but we don't have enough pharmacist to work them. Community pharmacy is a dying profession simply because of insurance companies and the public's unrealistic demands. Pharmacist graduating now don't want to do this work. They are being trained and told to do residency programs instead of community pharmacy.

I feel that my current work situation is the best of the worst. I am a newly graduated pharmacist and I was able to witness the working conditions in the stand alone chain pharmacies. The survey I filled today represents my current working conditions, but not the conditions I know others face in their work environments. I am so thankful that this survey is being sent out and I see this as a step in the right direction for patient safety. The working conditions I witnessed as a student were absolutely unsafe and put not only patients at risk, but the pharmacist and support staff at risk.

I feel that retail pharmacy at a chain pharmacy cares more about the bottom line than it does about the safety of the patient.

I feel that staffing problems are partly due to expectations of our companies, but largely due to the patients themselves. Many customers are very appreciative and that and #39;s what drives myself and staff to come to work every day. We have a desire to care for and spend time with all of our patients, while still processing their prescriptions quickly and efficiently. The company doesn't allow the technician hours to spend adequate time with patients. As a pharmacist, I spend too much time ringing registers and answering nominal phone calls. We are so tightly budgeted with hours, that there is absolutely no leeway. If there is any sort of call-off or anyone needs to leave early, then we are out of luck. It and #39;s rare that a pharmacy team is staffed well enough to absorb/replace someone who is sick. While in the middle of this Covid Pandemic, we are even more stringent about allowing technicians to come to work which puts us even farther behind. It and #39;s unfair to the public to not provide them with a better staff. These companies all pay barely above minimum wage and have outrageous expectations, which leads to the pharmacist to make up the difference. Any of us that want to be successful feel the need to spend hours extra every week off the clock just to get close to being caught up. I appreciate that the State Board is surveying our workloads, yet fear that nothing will be done about it. I have been with my company for 17 years, pharmacist for 10, manager for most of that, and fear that my loyalty and commitment could be thrown out the window in an instant for reasons beyond my control.

I feel that the biggest issue is related to communication about concerns to employers. Any issue I have I get met with accusations of not working hard enough or mismanaging. For context, at this time I'm checking between 400-500 rxs a day, at an average of 20 seconds per rx. I'm terrified of making mistakes but I do not get adequate enough help to check less. I don't feel that the board is aware of the pressure we are being put under, especially considering the question in the survey about amount of rxs personally processed. I don't know of any pharmacists in my company that check less than 100 rxs a day.

I feel that we have the staff needed to perform the basic functions of filling and dispensing in general. However, it is a different issue when you add additional metrics such as vaccination, making sure laws are followed, policing drug abuse and diversion, call-offs, sync meds programs, Medicare and DME rxs, performing mtms as controlled by PBMs for star rating (not necessarily for the patient's wellbeing) etc. And still fear losing our jobs as we can't survive DIR fees and/or less than great star rating .. or to new grads for far less pay due to market saturation. The stress is real and frightening. This was a much more fulfilling profession a decade ago .. when it was about the patient and us making a difference.

I feel that when PBMs provide a higher reimbursement to pharmacies then we will be able to provide the change that is needed to increase staffing in the pharmacy. Until then, pharmacy colleges continue to graduate students that are unable to find jobs. Also, the low wages that the technicians earn deter quality hiring opportunities. I appreciate the opportunity to complete this survey and hope for positive change in the future.

I feel the answer to question 16 is a mix of all of the above.

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I feel the biggest threat to patient safety is due to PBM's that force customers to go to select pharmacies. These PBM's enter into specific contracts with large chains or force customers to use mail order. People are herded into these chain pharmacies that are under staffed to handle the influx of prescriptions due to these exclusive contracts. People are also running into delays when forced to go mail order. Name me another profession that forces you to give customer information and then turns around and uses that information against you by soliciting that customer. Not only does the customer get bombarded with phone calls but is also offered a lower price. This would be illegal in any other profession. PBM's are also creating issues with customer safety through reimbursements that are lower than true medication costs. This is forcing all community pharmacies, chain and independent, to cut back on staff. This creates an unsafe environment. As independent pharmacies go out of business because of this unfair playing field and lower than cost reimbursements then you will see patient safety situations get worse, not better.

I feel the company is making it very difficult to do my job properly. I feel I could be a much better pharmacist if they would supply adequate help. It is deteriorating the mental health of all employees and patients are not satisfied. Such a change in the 20 years that I have been practicing. Very sad.....

I feel the pharmacist to tech ratio needs addressed. A few years ago, the Board approved to expand the role of pharmacy technicians and support staff to the pharmacist so pharmacist can utilize their clinical abilities with the intent to better serve patients. However, having experience at the three letter chain, I feel that tech hours are always getting reduced, limiting the pharmacist and techs ability to utilize their license to the fullest. There is increasing pressure to finish the Q's, with time often being "donated". And if this time is donated to meet unattainable targets, the reports indicate that a location is in "good health" and often results in further hour cuts and/or harder metrics. As a result of this cycle, the environment in most stores I feel is very rushed, with the intent to fill and sell as many prescriptions as possible as quickly as possible. This is not safe patient care "best practices". With the increase number of reports of pharmacist errors, there needs to be a change. While some locations now offer health hubs with pharmacist consultations rooms, the current environment does not allow the pharmacist to consult a patient properly and effectively for at least 10 minutes without the workload becoming hectic. As a result, I have seen many experience techs and pharmacist leave the profession for their mental health, causing the overall quality of the team to diminish. And in this scenario, patients and pharmacist lose and grab the next new grad in line. I ask the board to investigate this matter before further legal actions comes into play and further compromises the profession. Thank you.

I feel the retail setting is now focusing way too much on metrics and seeing how fast you can get things done and they still expect no errors. We are only human. We will make mistakes if corporate is breathing down our necks trying to make and reach goals and then increasing them if we do achieve them. I went into the field to help and care for patients. I feel that is being taken away by metrics and goals that never seem to be achievable with zero mistakes.

I feel they cut staffing hours and do metrics and always push more and more without increasing staff or hours so the man at the top gets a bigger bonus at the end of the year and we never meet our quotas to get ours. We work over for free all the time to try to play catch up and it never pays off because we are right back there the next couple of days again. We work sick due to they give us trouble if we call off and we take no breaks not even to go to the bathroom most of the time due to it is too busy and no one to replace us. There is no time to do the paper work or managerial duties and it just stacks up. Yet they keep pushing more. We are not doing enough. Something has to give before someone gets seriously hurt.

I feel we are adequately staffed during the week but not on the weekends.

I feel working a 13 hour day as the only pharmacist for those 13 hours instills an unsafe environment. No breaks can be taken or lunch eaten. This is a difficult situation when you have diabetes or other health conditions that require you to eat. Towards the end of the 13 hour shift, mental acuity decreases. I also feel this puts patient safety at risk. Most of the pharmacies I work in do not have stools to even rest for a few minutes during the 13 hour shift.

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I felt like my employer (CVS) always tried to bend the laws and forced me to do so and that made me feel uncomfortable. I constantly worked hours unpaid because we did not have enough support staff or adequately trained support staff. They constantly cut tech hours and increased the pressure on the pharmacy manager to have everything done. The tech union also undermines any chance of adequate staffing because of their laws. I am not even sure that making a scripts filled to tech hour ratio law would even help because they do not care about their pharmacists and only care about money and don't follow the law as it is. They say they are focused on "patient care" but give you no tech help and force you to complete prescriptions too quickly and errors occur frequently. There were many times that I saw pharmacists cover up errors and not report it correctly in the reporting system and even when errors did occur there was nothing from upper management on how to stop it from happening again. Some of upper management couldn't even get into the error reporting system to resolve these problems because they were not pharmacists and that's dangerous and worrisome that they aren't trying to stop errors from happening. They also had a program where pharmacists had to verify prescriptions for other stores anywhere in the state on top of all of the work we couldn't complete at our own stores. It added more to a workload we already didn't have enough staff for. They created too high immunization goals and made you feel like a terrible person if you weren't hitting these goals but they couldn't supply adequate amount of vaccines to reach these goals. The working conditions in the store are horrible and something needs to be done

I file prior authorizations. The amount of cases that need to be completed in a day is unrealistically high and non negotiable. We are scheduled breaks and lunch, but they are often not taken because that would mean staying hours late to meet the goal. Often times prior authorizations are denied for lack of information from the doctor because there is no time to wait on hold on the telephone. I believe this negatively impacts patient care.

-I filled this survey out with my work experience from the pharmacy that I used to work at. I quit because I felt that I could not provide patient care in a safe manner and it scared me. I know the conditions are the same at this chain pharmacy and at other chain pharmacies as well, because I know people who still work at them. It is very concerning.-A mandated, scheduled lunch break would allow for pharmacy staff to take the time to unwind in the middle of the day and nourish themselves so that they can effectively provide great, safe patient care. Right now, most community/retail pharmacies do not close for lunch and do not have pharmacist overlap that allow for lunches. Technicians are allowed to take lunch breaks, but pharmacists are not. This means that pharmacists have to find time during their shift to eat while they work, which also means that in a busy store, a pharmacist will not get to eat during their shift, even if it is a 13+ hour shift. In the past, I have worked in a high volume pharmacy and would work a 13 hour shift and not get the chance to go to the bathroom or eat. I would try, and then the phone would ring or a patient would need counseled, it was non stop work for 13 hours. Nurses and doctors have mandated lunch breaks, and I think pharmacists should as well.-Large chain pharmacies operate on a and #39;bare bones and #39; staffing schedule. They force the least amount of employees to be working at one time, which causes high stress levels and huge workloads on those who have to work. This leads to quick employee burnout, especially in pharmacists. Something needs to be done to require more support staff in the pharmacy based on weekly script count.

i find it hard to believe that they make pharmacists do tech work and then have the techs do the pharmacists work especially for transfers in. also we have customer service trolling for rxs by asking every customer that calls to transfer their prescriptions.

I find this survey to be very timely. I run 4 retail pharmacies in addition to inpatient services. We have pharmacists begging to work for us and to leave the chains as they have become unsafe sweat shops. I hope you will share the results of this study.

I float from store to store so each store is different. Majority of the stores don't have enough technician help, and the techs they have aren't quality-trained. Also, I walk into stores with over 60 calls in the queue (refills, PA, clarifications) so it's difficult trying to get through those along with regular workload. Now with COVID-19, giving vaccines is more difficult because we have to spray down the room before & after the patient, don a mask AND shield, and take the patient's temperature so a simple 5 minute vaccine now takes 20 minutes. Dealing with all this barely allows one bathroom break, and maybe a snack or possibly two (it's a GREAT store if you have 15 minutes to actually sit down & eat a meal).

I float to many different stores. Most have decent staffing. Some have chronic staffing issues and are very stressful. There is pressure to recruit persons for injections and provide mtm services. I am happy to do both. Not happy to have a quota for these or to be made to feel inadequate when these numbers are not up to par.

I had worked for 37 years at a chain. I loved my job there until 2016,when it became an unsafe practice due to demands and metrix, I was let goin 2018 , I believe, due to my age, as I always got good or excellent reviews until the last 2 years working there. I now work relief prn for 6 locations of independents and love it.

I had worked for a large retail chain pharmacy for almost 10 years including my intern years and as I have recently taken on the pharmacy manager here at a small chain pharmacy the patient care atmosphere and attitude is completely different. The patients have a wonderful attitude as well as the complete staff. The higher management is constantly looking out for us and constantly asking if we need extra help. Where I work now has made me enjoy my profession again.

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I hate the metrics, vaccine quotas, and CMR/TIP calls. Maybe if PBMs were held accountable for their extreme low reimbursements, less stress would be placed on pharmacists to earn more revenue through these extra means. The claw backs are killing us, I wish patients knew how much was going to their insurance instead of the pharmacy. I shouldn't be penalized if patients choose to use GoodRx for a better price, since the insurance thinks their patients are non compliant And my STARS rating drops!
I have a clinical practice site as well as an assistant professor position. We need more clinical tech help at my practice (i.e med rec techs).
I have a fulltime position in non-retail, as well as a part-time (relief) position as a retail pharmacist at a large standalone chain - my survey answers reflect ONLY my opinions on the part-time retail position as I find the work conditions to be very alarming, and the bad situations drove me away from continuing as a pharmacy manager with the chain. My current fulltime non-retail position has excellent work conditions.
I have a non dispensing role.
I have always worked in a pharmacy environment with some amount of pharmacy overlap at some point during the day. I've worked at a Wal-mart (where lunch breaks are mandated), a small chain, and now a hospital.
I have been a pharmacist for 17 years and I have never had a scheduled break. I eat on the run normally standing in the back of the pharmacy. My company is finally offering lunch breaks for every pharmacy at the end of this month, but I believe there should also be 2 scheduled 15 minute breaks throughout a shift. Immunizations add layers of pressure onto an already stressful day. Being in the middle of a pandemic makes it worse. I don't feel like my safety is a concern when I am being asked to travel to outside locations to provide flu shots. There needs to be an immunizer on staff to handle those responsibilities and allow the verifying pharmacist to handle that area. Companies should have to schedule a pharmacist for a certain role and not be allowed to overwork 1 individual. There needs to be protections in place for pharmacists health and well being. I hope something comes from this survey , and I am glad to have this opportunity to finally voice some of my concerns.
I have been a pharmacist for 41 years so I believe I have earned the right to speak my mind to my bosses. I am waiting for them to give me a chance to do this. We work in an environment where the corporate office bullies us and intimidates us. How dare them!!! HOW DARE THEM!! I am not afraid to speak out as I can see the light at the end of the tunnel (THANK GOD!!) When I have colleagues repeatedly tell me how unhappy they are, how fearful they are of speaking out in fear of them losing there job, how they are considering going to a doctor to treat there depression and anxiety due to there job, not able to visit there family for fear of the possibility of spreading Covid, it makes me very angry. WHY DOES THE STATE BOARD LET THIS HAPPEN???? Do the retail giants pay you under the table? Do they grease your palms? Many of us sure think so!!! DO SOMETHING ABOUT IT!!! SHAME ON YOU ALL!!!!
I have been a pharmacist for almost a decade now and the professions has declined ever since I started practicing. We have too many students coming out, not enough jobs, no help, not enough hours of pharmacist overlap, pay has been stagnant or decreasing for years. I am from a family of pharmacists (3rd generation) however, I would not encourage future students to enter or pursue joining the profession of pharmacy. I would be more than happy to discuss these issues further.
I have been a practicing pharmacist for over 30 years. Over the last 10 years I would say, the demands on the job have become very challenging. One might be in the middle of a patient counsel when you are told you have to take a phone call from a doctor or transfer a rx. you can be on the phone doing that and then told you have a patient waiting to get a vaccine. not to mention while all of this is going on you are trying to verify the correct tablets are being dispensed etc. I can't begin to count the number of times I am focusing on a drug interaction or dosage problem or something critical and I get pulled away to do something else. And I am lucky, I work for a chain that gives us plenty of tech hours. however, technicians can only do so much. I also get a 1/2 lunch. but no other breaks and if I'm working a 10 hr day one 1/2 an hour break doesn't cut it. I dread flu shot season and can't imagine what it will be like if they develop a vaccine for covid. I am praying my company doesn't have us test for covid too, now that it's been approved. I just can't imagine where I will find the time. and don't mention MTM or star ratings..... I am burning out. I love retail pharmacy but what I am doing is not what I signed up to do. Whether it's the OPA or the colleges, or the independents looking for a niche for their practice, all these great new ideas are not always in the interest of the pharmacist that is already over worked. if I work a 10 hr day I have to be focused/mentally alert the entire time. there is no down time!! no time to reboot. I'm exhausted just thinking about everything we have to do. thank you
I have been able to increase my productivity and efficiency while working from home. I would like the board to consider continuing allowance to work from home indefinitely.
I have been doing this 25 years and this is the worst it has been. I feel like a slave and companies say they are providing patient safety and it is not true - it's a marketing tactic. I am starting to think pharmacy Union May be the way to go in the future - I would definitely NOT recommend being a pharmacist these days. I used to really love my job but now I get interrupted so much I worry daily that I am Going to make a critical error.

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I have been fortunate to work as a consultative pharmacist at a mail order for the last 5 years and I answered the survey questions based upon my current position. Prior to this position, I worked as a staff pharmacist for CVS for 29 years. The work conditions were deplorable. Long shifts - sometimes 16 hours- without breaks or lunches, understaffed and unreasonable metrics, too many clinical duties for one pharmacist to safely practice.

I have been practicing in physician offices managing diabetes patients and those with other co morbid conditions for the past 22 years. I believe this to be the safest and most rewarding practice and the future of pharmacy.

I have been told by my pdm that she only cares about our sores meeting metrics and does not care how many prescriptions we do. I feel like my job is in danger if i do not get enough vaccinations per week. I do my best to recommend appropriate vaccines but ultimately it is up to the patient to decide if the want them. I have so much anxiety about meeting this metric each day i go to work. With only 4 techs at a very busy store they are constantly pushed to call people to sign them up for different services they may not need and are just to make the company money. I feel my job has become a sales position rather than a healthcare service

I have been working at my current practice site (independent) for a little over a year after previously working at a large retail pharmacy chain. The difference in staffing moving from my previous practice site to current has been astonishing. At my previous site, I worked as the only pharmacist with usually 3-4 technicians (on a good day, with no call offs) for 13 hour shifts. At my current location, I work alongside 2 additional pharmacists and 3-4 technicians (all certified) for a maximum 9 hour shift. Not only has this significantly impacted my stress levels and my overall well being in and outside of the workplace, it has allowed me to become a more thorough pharmacist, providing significantly greater patient care tailored to each of my patients's needs. Before starting at my current site, I was strongly considering switching careers altogether as I knew almost immediately after graduation that working understaffed in a high stress environment with absolutely zero support or empathy from my superiors was not what I had signed up for. I love my job now and feel that I make a difference every day. I have had the opportunity to build strong relationships with the providers that I fill for on a daily basis. I have room in my schedule to ask questions and make changes that before I would have to assume were correct due to my limited schedule. I no longer have constant battles with patients who did not understand the pressures that were being put on me by my previous employer. Since transitioning to my new role, I have a greater understanding of the role I was playing at my previous job working as a vending machine for a company that only focused on numbers, would pay customers off to keep quiet when a mistake was made so that it was never reported, and made deals high up the chain with PBMs so that they never faced an audit. My new lunch break is nice, the assurance that I'm not accidentally killing my patients is even nicer.

I have been working in the pharmacy industry for 5 years and just completed my schooling and boards to be a pharmacist. I believe a culture has been created in pharmacy to focus on the metrics and scripts filled, rather than actual patient care. Rarely is there enough help in the pharmacy (technician hours) because corporates want to cut costs. Along with that, when there is only 1 pharmacist on duty (which is most of the time in more rural areas), they are being pulled to do more non-clinical duties, with less time to focus on their actual job as a pharmacist. Along those lines, a pharmacist by law is to be in full and actual charge of the pharmacy at all times, so when there is only 1 pharmacist (pre-COVID), they were either eating at a back counter in the pharmacy or not eating at all during a possible 8-13 hour shift. Now, with COVID and the tightening of restrictions, not even that is possible so pharmacists are potentially going most of the day or the full day without an actual meal. This not only puts the pharmacist in harms way, but also puts our patients in potential harms way. Something needs to be done about the culture of pharmacy and where it is going and it starts with the Board of Pharmacy advocating for its pharmacists.

I have expressed my concern to the middle management and corporate lines of the 3-letter multiple times. Tech staffing is at an ALL TIME low. Our labor hours to rx ratio is around 1 hour total to 12.5 rx, breaking that down to tech ration often runs at 14-18 rx per tech hour. Ridiculous demands like calls to patients asking if they want to get their rx in multidose packaging shows their fear of competition. Additionally, the quality of floater pharmacists is pathetic. I have not had a consistent staff pharmacist in over a year and I come in every shift having to file an error report or fix a patient care situation due to the lack of concern by corporate over these pharmacists. There is seemingly NO concern for this company other than their bottom line. PLEASE help us!!

I have felt a call to help reform our profession. We are treated horribly and expected to do more with less. This is not how a safe workplace for our patients should work.

I have had a much better safer environment in an independent pharmacy setting with staffing than when I was with a corporate chain.

I have had floater pharmacists fill in recently and they were actually skipping steps of the filling process in order to verify prescriptions by the correct promised time. This was due to a strict verified by promise time measure by our company- therefore possibly endangering patients.

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I have had lack of support regarding technicians who are causing pharmacists to work harder fixes issues and mistakes. Poor support staff has lead to a stressful work environment. One particular technician is not failing her reviews because the pharmacist is the one to catch all mistakes and make up for the lack of knowledge, however it is not safe to work with her. HR refuses to listen because she has been with the company 11 years and they “value” her kindness, but not understanding laws and regulations is not a requirement. Increase in pay for those who are working well may help alleviate some of the tension. I can’t work with terrible technicians. I’d rather work alone, it’d be less of a safety risk to my patients.

I have had pharmacists from certain large chains tell me that they have had district managers tell them that they would rather a misfill go out the door than a wait time be missed. The store and regional DM get dinged worse by the chain if a waiter takes longer than 15 minutes than they do for a medication error. This is the mindset of middle management in the chains in this state and for the most part the rest of the country. The regional and upper management of the chains are not tasked with improving outcomes and patient safety, but rather force stores to obtain unreasonable metrics(flu shots,MTM,refill calls) for the monetary goal of the company. I would be all for a board mandate requiring the large chains to report all pharmacy incidents/missfills to the board. This will open your eyes.

worst, especially on 12 hour days, which thankfully I have only 1 per week right now. We are getting lunch breaks later this month which is a step in the right direction. I am currently expecting for the first time, and am already getting anxiety for flu season as I am due in late October and worry if I’ll be able to keep up with the fast pace later in pregnancy during the peak of flu shot season. I also get anxiety about the future and my ability to use a breast pump while working. There is no designated space for this and I’m not sure if I’ll be able to take the time to do this while working which is a huge concern for me. Our company is very metric driven as a result of changes in pharmacy reimbursement, and also puts patient safety and customer service as a top priority. The expectations to do great at both patient care and metrics with less and less help are becoming unrealistic and I think many of my peers are getting fed up and/or burnt out. There aren’t many other job options right now which keeps many of us in our current positions. With all of this being said, I do still love my job because of my patients and my awesome team. I’d also like to mention that it’s very difficult to find great technicians that can handle our job. Thank you for administering this survey!

I have loved working for independent pharmacies for most of my career. The level of satisfaction and accomplishment has made it a wonderful career for me for over 40 years. Our customers love us, depend on us and trust us. This is the way that pharmacy should be done.

I have never worked in Ohio at one of the major nationwide chains. However, I feel that the companies do not adequately staff their pharmacies to provide adequate care for the following reason:Transfer profile requests, in particular at CVS, can take 1-3 days. On average the whole process takes 2 days. They are too understaffed to handle this extra task. And since transfers out are losing business for the chain they are low priority. My staff is required upwards of 5 times before we receive the transfer via fax. This happens 1-2 times weekly at my independent location. I feel that this is providing poor care to patients that I can do little about except contacting the prescriber for new prescriptions, which creates its own set of problems. This also adds extra stress to myself and my staff.

I have not had a raise in over 3 years for not meeting these metrics. And, I realize that I can be replaced by a new grad for a lower salary. I also come into work 45 minutes to an hour to get prepared for the day and not feel that it will be overwhelming once we open. For example, data entering readyfills and triage rx to be filled. I am not compensated for this time. You cannot arrive 10 minutes before your shift and catch up.

I have observed a significant decline in community pharmacy over the past 10 years. The focus on metrics has turned our profession into the equivalent of a fast food chain. Many of us also practice in fear that if we point out these work conditions to anyone we will lose our jobs. There is also an unethical practice of large chains that fire older pharmacists in order to pay new grads less money. These things combined with slashing technicians and more complex drug therapies that require counseling are a recipe for poor patient health outcomes.

I have only been a hospital pharmacist for about a year, and so far the only complaint I have is that the tech staffing has been inadequate most of the time. I feel like I am performing a lot of tech duties. I was in retail a long time, and I felt that the combined pressures of increasing workload, decreasing tech hours, push towards metrics goals, and increased number of services provided are what drove me out of community pharmacy. I feel like maybe I wasn’t cut out for it but at the same time I feel like I was never put in a position to be successful.

I have seen a 25% decrease in staffing in the past year with zero explanation. I have been a pharmacist for 10 years. I worked for CVS for 3 years and left the company due to what I felt were unsafe working conditions (13-14 hour shifts, no breaks, or overlap). I have worked for Kroger since then and I have seen conditions begin to mirror that of CVS.

I have very few concerns from the inpatient setting. I do notice when I need to contact my outpatient/retail colleagues that they are frequently overwhelmed with volume and find it difficult to meet clinical needs of patients (e.g. antibiotic adjustments). I would like to see more collaborative practice that would allow pharmacists (inpatient and outpatient) to work together to adjust therapy as appropriate based on insurance restrictions, etc without the need for the retail pharmacist to contact the prescriber (which can mean waiting on hold for long time periods).

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I have worked for chain pharmacy for much of my career and have worked for my present employer for the last 20 years. I am saddened by where our profession has been taken by these large corporations. For the first 15-20 years of my career, pharmacists were the #1 trusted health care provider. I was able to perform my job and actually help and counsel my patients. I sometimes wonder if the general public even considers pharmacists a health care provider anymore, and I blame the chain companies for this decline. I do not feel valued by my employer, and I do not believe that patient care is my employer's real concern, although they "claim" it is the reason so many of these ridiculous metrics are in place. It is about corporate greed and nothing more. Unfortunately, I feel our profession allowed itself to get to this place by allowing these corporations to define us as expendable, rather than standing up and having a voice that we will not be dummed down to being considered nothing more than a body putting out a product. It is so disheartening to go into work everyday and not have the adequate support staff to safely do the job I have so loved. I believe the state board needs to demand that these companies provide adequate tech support be in place. We can no longer function safely and effectively due to short staffing. Every day, the entire pharmacy staff is under incredible pressure to perform our job, and we are constantly told that we are not doing it well enough. We are suffering and our patients are suffering and it needs to stop. I appreciate the Board looking into this matter. We, as pharmacists, must stand up and say we will take this NO MORE!

I have worked for CVS many years and an always tenuous staffing situation has gotten completely out of hand. We are budgeted at the bare minimum. We struggle every day to just finish our daily prescription volume, but are expected to make Dr Calls, Telemarking calls (hundreds per week), vaccinations, inventory management, counseling, etc. All without a break or lunch. I believe their action to be not only irresponsible but criminal. When asked why our budget had been decreased so much I was told that CVS innovations allow for us to operate at much lower capacity. Innovations such as verification sharing. CVS took 10 pharmacist hours from our budget for this innovation. It was a complete failure and was terminated here in Ohio, but upon discontinuing the program our hours were not returned to us. This is just a nugget of how this company runs its business. They try to talk a good game as if they care about their patient, but money is their only true motivator. Unfortunately many of us feel currently trapped in our positions as pharmacists at these larger chains. Companies like CVS are in such a good position to make real positive change in our patient's lives and health care in general. They could do it right and still make plenty of money, but only money seems to win the day. Hopefully change will come soon.

I have worked for more than one retail pharmacy over the years and they all seem to put money ahead of the quality of work conditions. They try to use minimal staff to get the same results without any thought to the physical and mental toll it takes on their employees. I have known many pharmacists and technicians over the years who developed heart issues, anxiety, depression, etc., due to the stress of this job. Someone I know even attempted suicide. Management time and again tells us to make it work, there's no room in the budget for more staffing. Many of us are very anxious about the upcoming fall/winter with Covid-19. We are already expected to administer more flu vaccine than in previous years, and with the added cleaning measures we must take, the process will take so much longer per vaccination. This is on top of filling scripts, counseling patients, calling doctors and insurance companies, calling patients who aren't adherent on their meds, and so many other duties. I got into pharmacy because I wanted to help people. I want to make a difference in their quality of life. It's just getting harder and harder to do with minimal staffing and an ever-increasing workload.

I have worked hospital inpatient, large retail chain, independent pharmacy and outpatient hospital and low staffing hours is a continuous problem. I felt the most stressful and lowest staffing hours by far was at an inpatient hospital; enough that it caused me to quit my position. It is a miracle more adverse events don't have in the hospital setting.

I have worked in retail environment and have colleagues that work retail. I believe that it is becoming unsafe given the lack of technician hours and the metrics that pharmacists are supposed to meet.

I have worked in retail pharmacy for over 30 years. Almost 25 of those have been as a pharmacist. Our profession used to be a respectful career choice. Over time we have become a joke. The barista at Star Bucks is more important than your local pharmacist. I love being a pharmacist. I love working with people and helping them become the best version of themselves. I love getting to know my patients and becoming an important part of their lives. That part for me will never change. What has changed is the corporate culture. The adventure capitalists that now rule health care. We are given too many tasks and metrics and not enough time. Animals in the zoo are treated better than we are. They get to go to the bathroom when they need to and get regularly scheduled meal times. I have an accounting background. I understand budgets and how businesses have to make money. The PBMs, that are not regulated, have killed our reimbursements and I understand we had to come up with other ways to make money, ie, giving vaccines. I am not opposed to doing new things, despite what management thinks of the older pharmacists. The truth is we are team players. We just are not on the same team. Management only wants more money and they come up with ideas and metrics to make more money at the expense of those on the front line. They then try and sell us these programs as if they are trying to "help" the community be healthier. We're pharmacists, not idiots. We see right through this garbage. So when they cut our tech budget and our hours and let go pharmacists we feel it. We can't provide care for our patients under these conditions. We're too busy trying to meet metrics and have no time to actually counsel or talk to people. Do more with less is a public health risk. The speed factor and metric distractions can make for a deadly mistake. The lack of patient interaction leads to unfavorable health outcomes. Public perception of us has declined, making

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I have worked retail for Kroger, Wal-Mart, CVS, and Walgreens, as well as Long Term Care over the last 32 years. I have always worked full-time, but recently once again find myself out of work due to “employee downsizing”. As far as retail is concerned, the working conditions for pharmacists and technicians alike have become deplorable, because the money-hungry power-mongers who control these companies look at their bottom line budget as the sole reason for their operation’s success, the employee and customer overall healthcare satisfaction has progressively become an afterthought to them. The “opioid epidemic” is a classic example to the factuality of this statement. In the 1990’s when I voiced my concern over the amount and frequency of opioids we were dispensing to my district managers, I was told to shut up about it because, “We are making money”. My last job I staffed an overnight pharmacy for 10 hours a night in a high-volume urban retail pharmacy single handedly and was responsible for filling all the automatic refills, as well as serving walk in customers, cleaning and restocking with other duties as well. During busy times the telephone was ignored simply because I was serving walk-in customers. My request for a tech to help me out fell upon deaf ears. I was told that “It did not fit into the business model, and is not in the budget”. Needless to say, there was no lunch or even a bathroom break for me, but I have become accustomed to that as an industry “norm”. Now I have been laid-off because they are squeezing 24-hours of work into 14 hours. They have eliminated my shift so they can now do “more with less”.

I have written to Ohio Board in past. No help from them. While I doubt this survey will help anything, I’m remaining optimistic that our profession will gain its pride back. We used to be “the most respected profession” ...now we are killing ourself for corporations. And if we express concern we will be terminated.

I hear from a lot of my peers in different care settings their frustrations, mostly in the retail area. When concerns are voiced, they do not get addressed - a lot of false promises and lack of follow-through. Hours are cut to improve numbers and staffing but the company expects the staff to do more with less hours. It’s burning out good pharmacists and technicians. Good staff members that have dedicated their careers to a company that only cares about the bottom line. The company does not seem to re-evaluate their asks, instead fingers are pointed at the stores and pharmacists are expected to do more with less... Less technical staff and less pharmacist hours. It creates stressful, toxic work environments and it doesn’t help that your company does not seem to have your back. All of these factors put our patients and community at risk. It’s a safety concern but instead of asking the right questions to keep the public and patients safe, we’re asked “why haven’t you met your metrics, why didn’t you call the patients you were supposed to call, why didn’t you get your flu vaccine goals?” I understand there needs to be a balance because retail companies are a business but the focus has completely shifted away from the patients and the value that our profession brings to the health of the community.

I hope board look at this survey seriously. Some days I think we are just making share holder and corporate happy and putting patient life at risk.

I hope that this information is used to actually DO something; not just gather opinions. Probably the single most important thing I can identify is the need for a minimum tech staffing level, or RPh:tech ratio. Also, RPh’s need required/mandated breaks for meals/rest per a given length of work shift. If you don’t do mandate this, employers will never “do the right thing”.

I hope this survey brings about the much anticipated relief pharmacists in Ohio have been clamoring for.

I hope this survey is not a joke and can lead to actual results! I have been a Pharmacist 30 years and I am so stressed and frustrated by my job today. In the last 5 years our occupation has become unsafe, stressful and hazardous to our patients and my own health. If I was a young pharmacist today, I have no idea what I would do - because pharmacy as an occupation is dead. If one of my children considered Pharmacy as an occupation -I would never allow it. These chains are making money hand over fist at our expense and don’t care about employees or customers. They care about one thing - MONEY. It is even stressful writing this because I assume the board is in the pockets of the large companies and I am sure many board members work for these chains. It is my belief that the Board of Pharmacy in Ohio is the only chance our profession has. But I have no faith in the Ohio Board of Pharmacy because as it gets worse and worse by the month - nothing has been done. We check, check, check - a thousand scripts a day shorthanded pharmacists and technicians. It is UNSAFE and we just wait to hear about errors. In our case all we hear about are metrics that we need to meet that have little to do with patient care. The Board is our only hope I see.

I’ve heard other States have stepped in and set guidelines to help Pharmacists and the patients we try to treat. As the number of pharmacy schools has double in Ohio in the time I’ve been a pharmacist in Ohio, we have lost all leverage as professionals. We are individually unimportant. We have no choice and are all stuck in horrible workplaces with almost no options. PLEASE, PLEASE, PLEASE hear all these surveys you must be receiving. Please stop these chains for treating us this way. We need guidelines with reasonable expectations of what one person should have to fill in a day. AND we need technician help. We now work with no pharmacist overlap from 8am to 2pm in our store - that fills 100

I just recently changed jobs for a better work environment.

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I just started this position as a compounding pharmacist 7 months ago. I have started a program where we fill all our compounded prescriptions at one central location. With that being said it is a new program and I am trying to grow the business. I don't fill That many prescriptions per day and I have one technician. Overall workload is low for me at this time since trying to grow business. I answered your question to my best ability reflecting my current job. However, I do find that my coworkers who are on the counter are stressed for time. We can definitely use more supportive staff so that we can provide the best patient care and give patients our uninterrupted attention to answer their questions and meet their needs.

I just want to clarify that I felt the need to answer these questions based on my fifteen years at a large chain pharmacy. I do not currently have all of these same issues where I now work (at an independent). I apologize if this negates the results of my survey response, but it was a real concern where I spent the majority of my career practicing. I do feel sometimes now I need more help, but it's nowhere near the level of stress I felt previously at my former job. And honestly, if PBM practices were fixed and we were able to actually make money on prescriptions, many of these issues would be able to be alleviated.

I know it will never happen, but it would be nice if the Board mandated some sort of mandatory break during the workday. I work 13 hour shifts, sometimes as the only pharmacist on duty. I will check 300+ prescriptions, counsel patients, administer vaccines, answer questions from patients and technicians, answer questions from physician offices. It can really wear you down, but you can't really stop when you're the only pharmacist on duty. A mandatory 30 minute break where we could close the pharmacy would be nice.

I know my practice site is unusual. Most of the questions don't directly apply to the type of practice I do.

I know someone very, very well who was told by the boss, I (the boss) work here one or a few times a week. There are lots of days where I (the boss) and the technician don't get a chance to eat. If you don't get a chance to eat or eat on time, then that is just tough. I know of an instance very, very well where there was a job opening for a second pharmacist. Only one person applied. That person did not get the job because that person wanted a lunch break. I think it would be a reasonable assumption that being hungry and tired leads to more errors. There seems to be an attitude that eating, going to the bathroom, and wanting breaks means someone is not committed to the company.

I left a large chain about 6 months ago for the change in environment. I did not feel adequately staffed or supported for either my staff or myself to be successful. I am happy to report that jobs do still exist where patient care and safety are still the primary focus. It's been an outstanding move!

I left a retail position because I could see the direction the chain was headed. Something has to change for the profession. Pharmacists are working solo or with one technician and are expected to complete all tasks and then some. It is an impossible position to be put in.

I left CVS a few years ago due to unsafe practices, lack of staffing support, and inadequate breaks. 14 hour days with no break. I was checking about 35 prescriptions per hour with minimal technician staffing and huge amounts of pressure from management to meet additional metrics.

I left cvs because of all of the reasons above. I could no longer practice pharmacy under those conditions. I was fortunate to find a practice where I can actually do more good than harm and practice pharmacy As a professional. I am one of the few lucky ones! Thank you for Addressing this issue.

I left CVS for my current role in 2014 and it was horribly staffed at that time. I worked 14 hour days with no break, barely even able to leave checking to go to the bathroom. For both the first hour of the day and the last hour of the day I was by myself so I had to answer phones, get the drive through, pick up and drop off. I was ready to leave the profession. This was not the same CVS I signed on with, I loved my job as an intern and when I was first working for them, but the cuts to staff were so terrible that it was draining and scary.

I left my old job to practice in a safer setting which is why my answers above are the way they are. In my previous position I did not feel that way. Staffing was inadequate for both technicians and pharmacists, the metric goals and prescription goals were beyond unreasonable and upper management did not care about any of the staff in the pharmacy. The world of retail is a sad reality. I went into this profession to help people and feel that it is extremely difficult to do that with the environment we have created. The greed of corporations and the lack of laws allowing pharmacists to practice at the top of their license is dooming the profession. I have nothing nice to say about either of the two previous corporations I worked for.

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emerging leader program, I saw what drives the machine. They can name their initiatives/programs cute acronyms like CARE, but it's so transparent when you see how the regional meetings are conducted. They cut budgeted hours and expect more and more. They tell you to your face they don't expect you to work off the clock, but there is no way to get the job done without doing so. Some field managers may actually care, but they don't get promoted. It is such a stressful environment, I developed gastritis and hypertension. Both of which resolved upon taking my new job. Good luck attracting quality tech or rph talent in this environment. Barely any techs stay longer than a couple years, most rphs I know working in chain retail are miserable. I started as an excited young pharmacist at the age of 24 and now am very cynical at the future of our profession. I am blessed to find the job I have now, but they are few and far between. Margins are so razor thin, I don't know how any independent pharmacy dedicated to quality patient care can survive in this era of PBMs. I believe the root cause in the degradation of our profession is the vampiric greed of the PBMs and their choking out of any competition that dare try to create a safe working environment.

I left my previous position that I was at for 10 years because of safety concerns. I felt it was not safe to work with 1 rph, 3-4 techs during 8a-8pm shift and 1-2 for 8pm-12am, doing over 500 scripts a day and an overnight rph who could do 30-45 scripts (during their 12hr shift) and leave the rest for the day. We (rphs) worked 12 hour shifts. I made it known to my supervisors and provided reports showing the work and the queues of work left. Nothing was done to help. I was just pressured to hit certain targets for the store and made to feel like I couldn't do my job for not getting there. After 4 years of being manager at this location I had to make the decision to leave. I knew that something serious was going to happen to a patient and all the company cared about was our score card, which we couldn't even think to make out reach calls when we couldn't even fill incoming scripts. It was the best decision to move on from that position even though it was hard and scary, I'm thankful every day for that decision. I couldn't be happier where I am and to work for a place that cares and put patient safety first.

I left retail 8 years ago due inadequate staffing. I worked at Walgreens for 15 years. When I left i had 4 tech hours per week. I was required to work 12 hour days with no way to take a break. The last straw was my district supervisor coming in and saying we weren't allowed a stool to sit on in the department. So 12 hour shifts with no breaks and no way to even sit for a minute. The conditions were inhumane. Something definitely needs done in retail to ensure adequate staffing. It is currently not safe for patients.

I left retail pharmacy at a large chain 7 months ago. The working conditions in retail pharmacy are horrific. Pharmacists are forced to provide suboptimal care to patients due to the lack of staffing, long hours, and unreasonable demands made by retail pharmacies. It is unreasonable to ask one person to work for 12 hours with no break and expect them to answer phones, type medications in, fill, and ring out patients without a mistake being made. Leaving retail was the best decision I ever made as specialty pharmacy gives me the adequate time for patient care and decrease stress.

I left retail pharmacy due to the aforementioned concerns. There was too much focus on metrics, bottom lines and technician hours used than providing safe care to patients.

I left retail pharmacy nearly four years ago because metrics took priority over patient care. It was perhaps my best professional decision to date. I worry that the increase in graduating pharmacists has weakened our ability to speak our conscious on practices that we know to be dangerous. Combine this with a dwindling number of retail employer options and we have lost any power we previously held over the fate of our own profession. Although I love my current inpatient hospital pharmacist job, I worry the same fate could be in store for the future.

I left retail recently to work for a managed care organization. My answers to all of these questions are favorable now, but working in retail was so stressful and certainly compromised patient safety. I fully support safeguards from the board to help prevent errors and improve the pharmacy profession.

I left the community pharmacy practice for this very reason. Call offs/inadequate staffing would provide unsafe working conditions. Many times I would be put in situations the jeopardized patient safety as well as my license. Even at the best of times lunch or bathroom breaks were a rarity. Despite the tight job market and not securing another position, I resigned from said role at a large chain pharmacy. My current employer provides above adequate staffing to provide safe and efficient patient care while allowing for breaks during the workday.

I left Walgreens several years ago to work at Wal-mart. The difference is night and day. Walmart provides adequate staffing and lunch breaks which allow me to provide safe patient care. I would not say the same about Walgreens. When at Walgreens, I would have to work sometimes by myself because I couldn't go over the allotted budget hours. And I have heard that things have only gotten worse since I have left (do more with less). I hope the state can make other chains a safer work environment, without causing the chains to cut pharmacist salary, jobs, or hours to make up for increased technician help. Also, keep in mind that a new pharmacist will work for a fraction of what some seasoned veterans make and any regulations placed on companies can force them to let go of some really great pharmacists.

I left working for chain retail pharmacy over 7 years ago because of their disregard for the profession of pharmacy and their reliance on metrics to push production over actual patient care. From what I understand, the situation has only grown worse.

I like that pharmacists are doing more for our patients, however as more and more is added to our workload more help/staff should be added (not be cut from the budget).

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I love being a pharmacist and interacting with my patients. I will never sacrifice the safety of my patients for corporate metrics but I am human and therefore fallible. The idea that a lone pharmacist can enter, fill, verify, answer phones, run the registers, and give so many immunizations a day is not realistic. Pharmacists have been exploited for years- no bathroom breaks or lunches, which are basic human needs. No pharmacist should be left alone, especially during this Covid 19 crises where we are expected to sanitize and ensure that we keep ourselves and our patients safe. We are “made” to sign a lunch waiver so that the company can save face. Who’s protecting us? As health care providers we should be respected enough by our employer to provide these basic needs but instead we are overwhelmed with additional tasks everyday and not given any additional assistance to get these completed during operating hours. Pharmacist end up working later and not getting compensated. The fear of losing ones job when we say enough is enough keeps the vicious cycle going. I believe it is time for our Board of Pharmacy to step in and help us do what we spent years training for with enough assistance to do it. Pharmacists will continue to be exploited until laws are passed to protect us from these big corporations.

I love my job. I have been a pharmacist for 25 years, have worked in a pharmacy for 30. I have had terrible jobs- ones which I would answer the direct opposite to my answers in the questions above. My current employer is fantastic, reasonable and encourages me to be my best. I am working with many pharmacists, each who have a particular passion, different from the others. My employer encourages everyone to pursue their passion, is interested in innovation and recognizes the future is changing daily. I have pitched some of my ideas to the C-suite and they allowed me to implement changes to improve patient care. In my company, all the important people in management are pharmacists. All of them know what it is like to be on the front line. The older, most senior management has not forgotten their humble roots. Several of the staff employees either graduated from pharmacy school with or have known for 20+ years. Going to work is a pleasure. Please COVID, don’t take this opportunity from me. I’ll quit the profession- I know there is no other place of employment that can come close to what I have now.

I love our focus on clinical services but there is not enough staff to support the pharmacists time. We end up performing data entry and dispensing to keep up with the matrices. Then I end up staying late to complete clinical tasks that are not done to the best of my ability because I want to go home. Managing my bathroom breaks and blood sugars is a challenge, we have less staffing due to our low volume. Our pharmacist has to work one 13 hr shift weekly that often turns into a 15 hour for me. The customers are demanding more of our time by using discount cards to save money. All this puts pressure on the pharmacist and takes from patient safety.

I manage a 3000+ script/week pharmacy, and I feel like we have adequate pharmacist help. We have at least 6 hours of overlap M-F, however, our technician hours are so scarce that one of the pharmacists is almost always doing technician work just to get the work done. That leaves one pharmacist doing the vast majority of the clinical work. It is impossible to be the pharmacist I want to be with the technician hours that I am

I no longer work at a chain pharmacy. However, during my time with CVS, the work environment was enough to induce multiple nervous breakdowns and even a suicide attempt. These absolute jungles that operate as “healthcare” facilities are nothing but chaos and fatal accidents waiting to happen. I will leave the profession of pharmacy practice if ever faced with a possible return to chain retail pharmacy.

I no longer work in a dispensing function so my work environment is different and I do not feel that I am adequately pressured or have any safety issues now. However, I have worked in retail for over 10 years and prior to leaving in December of 2019 I would say there were a lot of pressures from corporate officials that made it unsafe to practice pharmacy. There were many cost cutting measures put in place and metrics being used against individuals that were not performing to “standard.” There was a great deal of fraud I did not personally witness but heard about that was being committed to manipulate numbers mainly clinical services not being provided in order to meet metrics. I left on good terms with the company I worked for, but I am glad I made the decision I made and got out of the retail setting. It was a lot different when I first graduated from school you were a valued member of the team. As soon as metrics got involved you became just a number and had to perform at the cost of your career. It seemed like goals were put in place to make up for the sins and lack of management’s ability to guide the company with making good decisions. Labor is the most significant thing that is in the control of management to be able to manipulate to meet the bottom line on the balance sheet. It seems like this was done frequently at the expense of patient safety.

I own the drug store so I may have a slightly biased response

I personally do not plan to go back to working in a retail environment because when I worked in that environment, I found it difficult to keep up with the prescription filling volume and check prescriptions safely while balancing other work-related tasks and dealing with technician understaffing. I feel that in my mail order job I am much less likely to make a mistake. I can focus on talking to one patient at a time and less multi-tasking is involved which makes it much easier to focus. My work environment in a call center can be stressful on busy days where I talk to patients back to back with little time to take a mental break, but even on busy days it is less stressful than a retail environment.

I previously worked at a CVS and experienced all of the choices in question 16, and that was entirely colored my decision to leave for my current employer.

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I previously worked at a large retail chain and would like to also add that my experience there differed tremendously from my role as a mail order pharmacist. I rarely got a break (even to use the restroom 9 months pregnant) let alone eat during my shift. I often had to act as the only person in workflow due to hours we were allotted (the 2 technicians in the pharmacy were busy ringing customers out up front or at drive thru). I felt that metrics mattered more than patient safety at times. I was a floating pharmacist for 1 year and a pharmacy manager for 1 year prior to leaving for my current position. I loved being a retail pharmacist but left for quality of life.

I previously worked for a nationwide chain and all of my answers above would be reversed. I left partially due to that and now work for a chain solely in Ohio. I am allowed to be a pharmacist and focus on patients, not hitting numbers and checking off lists of tasks.

I realize the state board is there for public protection but who do we as professionals turn to? We can not voice our concerns for fear of retaliation or loss of job. The medical board or nursing board would never allow these working conditions so why does pharmacy?? We continue to be the most accessible source of medical information to the public yet our voices are stifled by corporate greed and bureaucratic nonsense. Change must happen now .

I really appreciate the board of pharmacy addressing these issues. The workload on a daily basis is overwhelming due to inadequate staffing . I feel the safety of our customers is compromised when we are under so much pressure to meet metrics and fill prescriptions in a timely manner.

I really enjoy what I do and who I work for. Additional requirements for staffing would make the world of difference. The team I have is enough to fill prescriptions but there is obviously so much more to do within the pharmacy (outdates, vaccines, metrics monitoring, regulatory compliance, prescription filing, keeping a clean and organized workplace, and many others). It would also be nice if it were mandatory for pharmacies open all day to have to allow for pharmacist lunch breaks during the day whether that be through closing the pharmacy or requiring additional pharmacist overlap.

I really hope the pharmacy board supports the pharmacist in this time of need. We are being pushed around by our corporations and they are marginalizing our concerns. Many of our pharmacists are concerned with losing their jobs and not being able to find a new one. It does not feel that my company cares about the pharmacists well being, but more about the numbers and money they are making. Unfortunately, even when we meet our metrics they are quick to switch gears and ask for more of us while providing less. The company also does not give us enough time to complete our required employee training.

I really think that adequate staffing is the key where everyone is designated to do specific tasks to remove the load on the Pharmacists and reduce unnecessary stress. There are a lot of distractions where we can't really focus on patients' profiles in order to counsel them appropriately. I've been working for a retail company for over 20 years now and just got laid off. I know that a lot of new grads are being hired for much less salary so the ones who've been around for a while are being laid off. What is the Board of Pharmacy going to do to help and improve the current situation where the older RPhs with more experience are being replaced with the new grads? There is no job security anymore. Where is the pharmacy profession headed since it's getting so saturated? I hope we can get a good support system from the Board of Pharmacy to stand by us and create better opportunities for our future.

I recently left retail for mail order because of how unsafe I felt things were becoming - and I was in a relatively good situation relative to others in my company. The way that retail operates is dangerous to patient safety and destroying our profession.

I recently quit as a floater pharmacist for CVS this past December for the reason that it was not safe. I now work in an independent pharmacy that fills 500 scripts a day with 4 pharmacists and plenty of help. At my previous employer we were so understaffed that we were 2 weeks behind filling prescriptions and it was expected that we still meet metrics and make phone calls to make sure people got their medications that were due even though we had 200 prescriptions we could not get too. We had no pharmacist overlap so we tried to help each other out by working off the clock. Working 13 hour days with this kind of pressure is not healthy and unsafe. I hope the board would take some actions on these pharmacies that have unsafe conditions. I was lucky enough to get out but there are a lot of pharmacists I know that deal with it on a daily basis and these corporations do not care.

I regularly work with zero tech help, trying to balance filling prescriptions, counseling patients, managing the pharmacy, answering the phone and working as a cashier, all without a lunch or bathroom break. Not ideal for patient safety.

I retired 5 years ago. My answers pertain to the company from which I retired.

I see more and more issues with mistreatment of pharmacy staff from CVS and Walgreens. People who are my peers and whom I have known for years have either left those employers or are professionally suffering from the unfair workloads that are placed on them. It seems as if Wallstreet is more important than Main Street so to speak. Thank you for taking the time to do this survey.

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I specifically left retail pharmacy at Kroger because of the complete and utter disregard for patient safety. We were constantly inadequately staffed with both pharmacists and technicians, our technicians were undertrained and under compensated leading to a high turn over rate. Errors were abundant, and reporting errors lead to punishment with little or no correction to the root cause of understaffing. Metrics for performance were based on volume of prescriptions, short wait times and pushing vaccines. There were instances where patients were getting multiple flu vaccines, shingles vaccines and pneumonia vaccines in a season/month period because the insurance paid out and there was not adequate screening that the patient just had the vaccine at a different location. I left retail to protect my license because I know at the end of the day if a patient was hurt on my watch that I would have to answer to the patient/family and the BOP to explain myself, and saying the I knew ill was in an unsafe situation and continued to work anyways as a means to provide for my family wasn't going to cut it. I was fortunate enough to get out and get on with Humana Mail Order but many of my peers are held hostage in retail because of a lack of job opportunities to get out. Something needs to be done. Pharmacists are treated inhumanely in the retail setting, and we are medical professionals. We are sustaining moral injury day in and day out being treated worse than dogs at a job that we went to school for YEARS to be able to do. We stay for our patients. We stay for our livelihood. We stay because we want to help. I worked 11-13 hr shifts because we were so understaffed and behind, and was told this was expected of me as a salaried employee. I would work 50-60 hours a week while only being scheduled 40 hrs to keep our heads above water in the constant barrage of prescriptions to fill and patients to counsel. I worked until I was 40+ weeks pregnant with no breaks to eat or use the r

I spend too much time leaving messages for doctors' offices for silly careless mistakes on scripts from prescribers. Lack of information from prescribers is the hurdle of my job in a retail setting. Give me a diagnosis code on every script and that will help me figure out some information.

I still love what I do

I strongly believe all pharmacists should be able to step out of the pharmacy and take a lunch break daily. Doctors' offices are able to close and take lunch breaks daily. Pharmacists should be allowed to do the same.

I strongly believe that my company has put metrics and money above patient safety and care. Patients seem to expect things to be done in a certain time frame due to advertised times. We have technician hours cut to barely enough to have 3-4 technicians work 32 hours a week each at times. Barely enough to have more than 2 technicians working at the same time for more than an hour. Which means the pharmacist has to help with phone calls, data entry, product dispensing, and customer service at the registers and drive thru. All this is in addition to being the only pharmacist on duty that is checking every prescription and providing MTM interventions, every day vaccines, and regular patient counseling; while still promising "John Smith" his 4 prescriptions within 15 minutes. I work at a "low volume" (~1800 prescriptions sold/week) store so I only have 2 pharmacists on staff including me. We are "given" 322 hours of pharmacist hours in the budget most months and that is actually less than the number of hours we're opened (324). This means every week there is no pharmacist overlap. And each of the 2 pharmacists are required to work a 13 hour shift by themselves each week to meet the hours requirements. This does not seem safe or responsible to me. It has taken until today for the company to implement mask requirements on customers. We have flimsy plastic sneeze guards that are falling apart. We have only just recently been provided masks from the company. And in attempts to continue providing vaccines we have been given 2 face shields to wear during vaccinations. But those are the only ones provided and we must clean them with store provided cleaner that does not seem to meet the CDC guidelines. I believe we as pharmacists need an organization to fight for us in the way that union does but we do not have one so it seems as though the Board is the only organization that can do anything for us in terms of work safety and workload limits.

I strongly believe that there should be a limit on how many prescriptions a pharmacist should verify the hard copies and drugs to ensure safety first and accurately dispensing process. Also, there has to be a ratio a pharmacist : Pharmacy Technicians Ratio each shift each day to ensure safety and reasonable work load. Employers want their pharmacist to be everything not just a pharmacist. This type of work loads can increase errors by pharmacists due to distractions and still making the pharmacist as the ultimate responsible for errors which is not right!

I strongly believe that we do not have enough human resources in my workplace to provide safe and effective patient care. I work in a staff pharmacist capacity for an inpatient pharmacy at a large urban hospital. Our exact metrics are not disclosed to us, but I've gathered that I personally verify more than 500 computerized orders on an average workday in addition to physically checking a large number of medications. This in and of itself is at the margin of what's cognitively possible, but the chaotic nature of my work environment with respect to incessant telephone calls, refill requests, and other non-clinical activities pushes the nature of my job into the realm of the impossible. A single complex issue that arises, of which there are inevitably many due to the high acuity of patients at my facility, can throw the entire department into disarray due to the lack of competent pharmacists on staff. These working conditions are not only harmful to the mental and physical health of employees, but they are acutely dangerous for patients as we have seen before in Ohio (e.g., with the Eric Cropp case). In school, we were told that the Board of Pharmacy's role is not necessarily to protect the profession, but to ensure that public safety is held paramount. What has been ignored thus far, however, is that the complete and utter failure to regulate staffing minimums and workload can and does pose a serious acute threat to the public. Please consider adopting policies that will mandate improvements in working conditions as mere suggestions are all but guaranteed to be ignored.

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I think having a ratio system (rph to technician) would help with some concerns. Currently the issue we have is technicians abusing the current attendance policy leniency at my employer. Those situations are being dealt with individually. I think the board may need to stress to technicians the professional aspects of their job a little more so the understanding of patient care is a full circle act from the their job functions to showing up for work also. I also work multiple locations so the rxs per hour varies for me.

I think I'm in the minority here - I'm pretty happy with my work environments. I work outpatient for a hospital network and inpatient for a surgical center. Both facilities really seem to care about me and give me almost all the tools necessary to complete my job. In both settings an increase in tech hours would greatly benefit my job but the workload is definitely doable currently. I don't take a lunch or breaks in either setting (often I'm the only pharmacist working so this isn't possible) but I do feel I am able to step back and give my brain a break for a few minutes when necessary.

I think I'm very lucky to be where I am in regards to workload. I did move from retail which was and is becoming more and more of a metric focused unsafe working environment. Pharmacists are being abused and quite frankly with the pay being a fraction of what it was I'm surprised anyone would want to go to pharmacy school anymore. At the rate schools are popping pharmacists out we'll be working 70 hours a week for 50k a year or even worse have no job at all.

I think it is absurd that pharmacists are not aloud to take a break with reduced technician budgets and a lack of a second pharmacist. Each piece of the problem I have made mention of is creating a much larger problem...decreased patient safety. The patient is why we are there as stated in the oath that I took as a pharmacist.

I think more laws for pharmacist safety should be implemented. Right now the pharmacists that are working are overworked, some are underpaid, and were expected to work with little to not technician help. The new laws to become a technician have really deterred people from pursuing that specific career. We've had many people come on who want to help us but don't want to go through the process of becoming a certified technician. Right now, there's not much difference between a registered technician and a certified technician. Pharmacies across the state are understaffed when it comes to extra help and I feel like last year's changes really contributed to the problem. As an independent, we can't offer the same money that hospitals can and it's extremely difficult to find affordable programs to put our technicians through so they can meet those requirements. I understand that a lot of chains have someone hired specifically to work on said programs and create employer based training but I feel like that's one additional aspect among many that put chain pharmacies at an advantage and are slowly making independent pharmacies a thing of the past. The way it's set up right now we are expected to find a technician out of a training program or school that's already certified or registered. Chain pharmacies have the extra staffing to bring anyone in and have them participate in their programs they were able to create and keep up with while independent pharmacies are fortunate to have proper staffing to make it through day to day criteria. I believe a more streamlined and inexpensive way to get technicians registered would be ideal for our situation.

I think pharmacy technicians should be required to get an associates degree. I feel this will help improve med errors and technicians understanding more of the drugs. My current jobs has lunch breaks included. I feel retail chains should be required to have them. My first week as a pharmacist, I worked 6 days out of 7 - all were 12 hr shifts with no lunch. Also, I greatly appreciate this survey being sent out!! I feel this has been a huge problem and I am happy to see the board is looking into this.

I think that a focus on programs such as refill alignment, 90 day, text and app usage take away from patient centered care. I think these types of tools are helpful to patients who to choose to use them, and fully understand the process. However, there is an inadequate amount of time to promote these programs and safely complete our basic tasks, such as entering prescriptions and fulfilling the order. Also, the metrics for these programs that corporate expects us to meet do not support patient autonomy, prescriber authority, and pharmacist-patient relationships. In the year and a half since becoming a pharmacist in the state of Ohio I have strived to get to know my patients. I want to meet the goals my managers have set for me, but I will not do so if it harms my patients. Insurance contracts and COVID-19 have made this year especially hard and I have seen my ability to keep my team and patients safe compromised. I am fearful that my location will be closed and the patients that rely on the services at my store will suffer. Many patients walk or use public transportation to obtain their medications. I want to do what I can to make my store successful in the eyes of the higher ups, but I have found doing so conflicts with my values and ethical responsibility as a licensed health professional. We are the most accessible health professionals, and as such have the responsibility to keep our patients safe. I fear that corporate is putting stock prices and shareholders before the patients we serve. I fear that people make decisions that affect the work flow in my pharmacy on a daily basis have no idea what training, education, and heart has gone into my journey of becoming a pharmacist, and as such should not decide how many tech hours or pharmacist overlap we can have. My pharmacy manager and I fear what the flu season will bring, as COVID-19 seems to get worse not better.

I think that my manager (director of pharmacy) cares, and he makes attempts to fight for for more staff. However, during COVID, we have seen our hours and staff cut. Reasons for this seem to be above my manager's control, as they site less surgery volume, etc. I am clinical pharmacist. My manager cares about our health and has offered flexibility so that we can keep safe. However, we have gone from four clinical pharmacists to two, with essentially the same workload (I now cover the ICU, Rehab, and the Neuro floor in addition to my typical ED coverage).

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I think that saying the pharmacist will get a “lunch break” but keeping the pharmacy open, means the pharmacist will not actually get a lunch because they will still need pulled to counsel patients so medications are dispensed properly. If a company is going to offer a “lunch break” they need to close so the pharmacist can actual sit down and eat without coming back behind and being pulled away. This is just a way for companies to say they allow breaks and look like they’re helping. They also have unrealistic metrics ask far as immunizations to provide and scripts filled to allow for proper counseling and allowing time to work on MTMs. Low staffing (techs) due to inadequate pay also makes it harder to meet these metrics and safely practice pharmacy.

I think that staffing is the major issue with retail pharmacy. There should be some oversight on scripts per hour to staffing ratio that is based more on safety than dollar amounts. I feel that is my biggest fear going forward in pharmacy. It’s no longer about providing a much needed trustworthy service and more about the dollar amounts. This puts lackluster care into actually providing good medication therapy outcomes and patient education.

I think that we need strict regulations on large chain pharmacy to help the workplace to meet health and safety requirements.

I think the board needs to really take this topic and bring it to the forefront. In the name of safety we need to add staffing requirements and mandatory breaks into LAW. There are also pharmacy employers breaking Ohio law, by only paying 8 hours pay, yet scheduling the pharmacist for 8.5 and not closing the pharmacy so they can actually take a break - and the pharmacist not wanting to break the law doesn’t take a break so they get a half hour free every day. Say anything, they will figure out it’s you and you will be fired. You can set your watch to that. Employer retaliation is absolutely a thing in Ohio - I’ve personally seen it several times. Other states have already made laws to combat these issues, it is high time Ohio follows suit. I’ve worked for a few companies, but CVS is probably the worst squeeze out there if you want to make an example of one. Look them up sometime. Talk to pharmacists that work for them. It’s gotten absurd.

I think the board should make it a requirement that pharmacies close for 30 minutes to 1 hour each day they are open to provide its employees a lunch break. I also think the board should impose limits on how many hours a pharmacist can work in one day.

I think the board should not step in and force ratios of staff without forcing insurance to cover increased costs. No unfunded mandates.

I think the larger the company gets, the more the production just becomes about the numbers. The quality goes down as the quantity required goes up. I feel powerless. I want to see change, and even if I voice the need for change, I do not feel it will ever happen. There is an overabundance of pharmacists in the Columbus area, and in Ohio in general. I feel this was created, in major part, due to the creation of multiple new pharmacy schools at the same time. It has put the power in the hands of the employer and larger company, making change nearly impossible. Metrics must be met by managers or they will lose their jobs. They in turn have to judge us on quantity instead of quality. This is a shame. I often wonder, if I had it to do all over again, if I would choose pharmacy as a career. It is often very mentally and physically challenging. It is hard to obtain a job at this time based on your merits alone. You have to “have an in” or “know someone” to get into anything that isn’t retail. There is so much put onto the plates of pharmacists that they cannot complete the basics tasks for which they went to school. When is enough, enough? I feel those in the retail setting have it the worst. They keep getting more and more piled onto them without getting much/any extra help. It’s becoming a dangerous situation. I really hope this endeavor fosters change, however, I am not certain it will.

I think the most dangerous aspect of my job, and when I have found mistakes are made, is when 1 pharmacist is alone (with or without techs) and processes an rx from start to finish. There was an instance when I took in a transferred prescription, typed it, reviewed it, filled it, and checked the final product only to get a call from the patient’s insurance company a few days later pointing out that I had accidentally filled a “look alike, sound alike” med for the patient and had entered in the transfer incorrectly to begin with. If another rph had verified my work at any point along the line instead of me checking over myself maybe this terrible mistake would have been caught well before the drug reached the patient. Due to the pressure of speed and metrics there is no time to be an actual patient centered care community pharmacist. I would LOVE to immunize more people, teach new diabetics how to use their testing supplies, counsel on when and how to take medications, and provide patients with thorough clinical answers when they ask questions but instead these situations that I went to school for stress me out because I am worried I will miss a “promised time” if I spend too much time with someone or walk away from my computer for a few minutes. Before I graduated I was under the impression that pharmacists were a valued and knowledgeable part of the healthcare team, however, most days I feel like a drug pushing conveyor belt rather than a healthcare provider. I understand checking rxs is the main part of my job but retail rphs have so much to offer the community and so little opportunity to provide any of it due to the environment in which we work.

I think there should be a mandate by the board regarding technician and pharmacist staffing. I think that companies should have to have at least 1 technician working alongside a pharmacist at all times and overlap pharmacist coverage over a certain script count. This would provide a safer work environment.

Committee Information

I tried to voice concern with my employer in 2019 regarding unsafe staffing and was told, and I quote, “I will not tolerate any negative comments about the company. If you speak up again, I will consider it your resignation.” Please help us!

I truly believe it should be illegal for a pharmacist to work by themselves. At a minimum there needs to be a support staff technician during all operating hours just as there needs to be a pharmacist. It is also insanity that technicians have to have breaks but pharmacists don’t even get three minutes to pee (much less ever eat) when working open to close M.

I truly believe pharmacists should have mandated uninterrupted meal breaks if working 8 hours or more. I regularly work 13 hour days and go without eating as I am not allowed to eat in the pharmacy and I don’t have time to eat in the back room. The lack of breaks allowed to leave the pharmacy and time to mentally decompress results in severe fatigue. I believe these breaks should be mandated with not only employers but pharmacists as well. I know pharmacists will deny offered breaks to not get behind in workflow and quite frankly that is just not safe. Something must be done.

I truly fear that only a few extremely high profile deadly errors in retail pharmacy will be what it will take for employers to realize they’ve endangered their patients/customers and the livelihoods of their clinicians. It has to be pure LUCK that it hasn’t happened yet. These companies keep squeezing && adding more && more things. It was at a ridiculous level YEARS AGO, and has only increased in quantity over time. These companies should be focused on DECREASING distractions toward RPh’s and support staff—not dramatically adding to them constantly. I am not trying to be lazy. I don’t want to get paid for standing at a computer doing nothing all day. I work HARD (way harder than any other professional surely does) all day long, just to keep our head above water and stay ahead of most of the problems (sadly our goal isn’t even to stay ahead of ALL issues, we are way past that point as a reality). I know the board has received letters explaining these issues. I know these employers have been told that it’s too much. No one cares. Something needs to be done.

I understand at the end of the day, it is a business, but for me, my number one priority is patient care. This could be done more effectively if there were overlapping pharmacist shifts everyday, rather than just a few a week. 12+ hour days as the sole pharmacist with no break (although lunch breaks are coming soon), is just too much, and puts patients at risk. In addition, technician hours are always being cut, so we rely on front-end store employees to help, which also puts patients at risk as the front end staff lack the experience needed to provide effective patient care.

I understand retail pharmacy has metrics they want us to meet in order to make more money. But these “goals” they want us to reach every week are a far stretch when we are constantly short staffed and unable to keep enough technicians due to terrible pay. I feel like I can’t keep up with the constant demands and perform my job as a pharmacist at 100%. Something needs to change!

I understand that I am just one pharmacist in what has become an ocean of pharmacists now. But that is the problem in Ohio. There are simply too many pharmacists. We are dispensable and our employers know it. Voicing any concerns for patient safety, poor working conditions, the need for greater staffing, or anything else results in swift action by our supervisors that usually results in replacement. Why does the board not care about us? Put laws into place limiting the number of prescriptions we can verify during a shift. Require our employers to give us breaks. Require a certain number of technician hours per prescription filled on average in that pharmacy. Limit the distance in which our employers can force us to travel from our homes to work (I am repeatedly forced to travel more than 1.5 hours to a store one way for a shift with no compensation). You are pharmacists too! The boards job first and foremost is to protect the public but to be frank you are losing that battle to big corporations. Do better.1. Limit the number of graduates from each college of pharmacy to 50/year. We have too many of them and it’s hurting the profession.2. Limit the number of prescriptions that can be verified per pharmacist per shift.3. Put a law in place that requires a certain number of technician hours per specified quantity of prescriptions filled on average (And for gods sake be generous to us. It’s not like CVS or Walgreens can’t afford it) It’s time the board allowed pharmacists to regain control of their own profession.

I understand that pharmacy staff labor is expensive. Pharmacists are the largest cause for this. I understand that corporations, to be successful, need to be efficient and have an eye on the bottom line. I understand that third party reimbursements are continually decreasing in the effort to contain health care costs. Reconciling these factors requires creative solutions. Other factors that impact pharmacy work environment is that pharmacy staffs are governed by corporate and state bodies who know little about actual pharmacy practice in current times. Our state board is directed by an attorney, who, though probably quite gifted, has not had the experience in the “trenches” that makes some of the directives feasible. Corporate oversight is often not by pharmacists and decisions are made about metrics and workload and patient care and service that are not feasible with current staffing. Patient expectations are often higher than staffing can meet. Personally, after doing this for a very long time, I want to provide excellent care. I want to take time with patients. I want to focus on clinical care and providing patients with the tools they can use to care for themselves. I want to be 100% accurate in everything that I do. Current work conditions make it impossible to provide the level of care that would be possible with more staffing.

I used to work at a large chain pharmacy. If I still worked there, my answers would have been much different. Those pharmacists are very much overworked and understaffed

Committee Information

I used to work at Walgreens up until this year. If I was still employed there my answers would be drastically different. I never got a lunch break, bathroom break, or any break. I was forced to work unpaid hours, had terrible staffing due to restrictions in budget. I worked with 1 other pharmacist and we would process over 1000 scripts in a day, in addition to answering endless phone calls and managing a drive through. I hated my profession and planned on going back to school until I got this job. Anytime I would ask for more help or complain, I was told if you don't want this job there are plenty of unemployed pharmacists who will do your same job for less money. I am thankful for the situation I am in now, but I feel for my former colleagues

I used to work for a different chain and changed employers because of all the reasons above. Our pharmacy was filling 400 prescriptions per day without any pharmacist overlap, very few technicians, and the expectations were very much on metrics instead of patient safety. I am blessed to be answering this survey while employed at a chain that values patient safety above all else but it was not like that at my previous job

I used to work for CVS/Pharmacy. My answers would be DRASTICALLY different if I were filling out this survey from that perspective, instead of the job I have now. CVS did not give me an opportunity for a break or time to eat lunch. At CVS, I felt unsafe with the metric demands and the short staffing ratios that corporate handed down. If I still worked for CVS and had to answer Question 16 of this survey, I would've checked every single box, because I felt unsafe for all of these reasons. While my time at CVS was a learning opportunity, I am incredibly grateful that I was given a job opportunity in the hospital setting, instead. I am much happier, and feel it is a better use of my PharmD degree. I hope my answers and feedback will help improve the working conditions at CVS and other retail pharmacies. Thank you.

I used to work for RiteAid for 10 years and left because of the extreme lack of technician help - the extreme emphasis on giving patients immunizations whether or not they need them. Many pharmacists were giving each other unnecessary immunizations just to meet exceedingly ridiculous corporate goals. You were called out and ridiculed for not meeting goals. I thought it was actually dangerous for patient care - I expressed my opinion to management and felt I would be let go at some point.

I used to work in retail pharmacy and thought that the cutting of technician hours was bad back then (I'm 2013-2015). I now know that many pharmacists work 12 hour days with even less tech hours and no Other pharmacist overlap time. I am incredibly concerned about the impact on patient care and likelihood of errors affecting the public. I strongly believe the board of pharmacy should take action to prevent further staffing strains that put the public at risk. I personally am strongly considering leaving the profession because of current focus on metrics over patient care and safety.

I used to work retail outpatient pharmacy for 15 years and I think it is inhumane the way we are treated, used to do 12-14 hours shift, not even a bathroom break and standing for 14 hr with no food allowed, with only 1 or 2 techs with 300-400 rx per day, no time to breath, they are cutting technician hours with horrible pay so even when they are trained, they leave since they feel not worth the stress. Vaccines were added to workload, MTM was added, all kinds of calls. You have to meet a quota daily otherwise you are in bad list, metrics and micromanagement are horrible to meet and adding all types of calls everyday. Workload is horrible and yet they are cutting hours and pay. I don't think corporate retail cares about patient safety, care only about money. They squeeze the pharmacist to death to the point that most pharmacist now have depression and panic attacks. Retail outpatient pharmacies need to be regulated since it is scary for pharmacist and patients

I very recently changed jobs and the primary reason was the workload balance. I worked for a large chain drug store at a very busy location and enjoyed my job for many years. Although it was busy, I enjoyed the pace and felt that I had adequate time to counsel patients, answer questions and train staff in a safe, effective manner. This all changed about a year ago when the metrics became unattainable at the same time that the prescription volume increased and the tech and pharmacist hours were cut. My partner and I worked almost every day with no time to eat, drink or take restroom breaks. We routinely went to work early and stayed late and were still not able to keep up despite our efforts. I became concerned about patient safety and the integrity of my job as well as not wanting to deal with the constant stress that was beginning to affect my life. When a job at a grocery store became available, I made the difficult decision to leave a store where I was deeply invested in the customers and staff because I saw no end in sight to the work conditions. I like my new job but it is not nearly as fulfilling as my previous job used to be. I also know that there are many of my friends that are still working under unmanageable work conditions. Pharmacy has changed dramatically in the 27 years that I had been out of school.

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I want to do a good job. I want to take excellent care of my patients. I feel that I can not do an overall adequate job nor take suitable care of my patients in current conditions (which started long before COVID-19). Don and #39;t get me wrong, I love to counsel patients and answer all their questions until they feel comfortable with their medications. I love to give immunizations and have no problem with the and quot;up close and touchy-feely personal and quot; aspect necessary. I JUST DON and quot;T HAVE TIME!!Inadequate pharmacist staffing and inadequate support staff are HUGE issues. Does your doctor or dentist answer the phone, make appointments, deal with billing? Of course not! They have clerical and adjunct professional staff to handle those things. They focus on doing the things that only their professional degree allows them to do. If you truly support pharmacists practicing at the top of our degree then give us the assist to do so! We will not be seen as medical professionals by the public until there is parity in treatment as professionals. The metrics requirements are ridiculous. Do this! Do that! Do this X number of times! Do that Y number of times! All by Z o and #39;clock!! ...OR ELSE... All this takes away from my ability to perform my professional duties. TAKES AWAY FROM MY PROFESSIONAL DUTIES.Understood that corporate needs to worry about profits and some of these things look good on paper but not all translate to the bench where the vagaries of real life intrude. We are given no slack in meeting these demands. Perhaps I should amend that to unreasonable demands for even on the best day ever it would be difficult to check all the boxes. Just by trying, we fail. And it takes away from my ability to perform my professional duties. TAKES AWAY FROM MY PROFESSIONAL DUTIES. Don and #39;t mind helping with the non-clinical duties when time permits but the assignment of them to me and subsequent grading on performance, by default, ARE YOU SENSING A T

I want to say that I actually like my job. I am glad that I chose this as a profession. However, I do not always feel that the number of scripts I check or process in a day is actually safe that one person is looking at that many prescriptions. Not only that, there are so many things besides that we r suppose to be doing like MTM, shots, shots, shots, inventory mgmt, to name a few. I am very efficient at what I do so most days everything gets done done however I have been noticing other pharmacists who work at my store can't handle the load. So when I show up for work I'm doing that days work plus the day before & the day before that. Trying to catch up is near impossible while still remaining safe. My guess is the majority of retail pharmacists that actually take this will be saying they have way more to do than time allows. But I'm not really sure anything will/can be done about it. It is the way it is b/c in order to survive they must do more with less. I don't see that changing at all. I appreciate the opportunity to voice these opinions & it would be nice to be able to have more help whether it be tech help or extra RPh help, but I could use it sooner rather than later. Flu season is rapidly approaching & things are just going to be so chaotic, but they will be for us all. Good luck I hope this information helps. Take care & thank you for all you do.

I was a retail pharmacist for 15 years before going to mail order. I loved my job in retail, but stress got the best of me, mostly metric based, so I got out when I could. Mail order is a different entity, I would prefer retail pharmacy of the late 90's when stores were staffed appropriately over mail order any day. The patient interaction for me is the most gratifying part of the profession. I currently have the fortune of interviewing individuals for open spots in mail order, but no patient interaction. I will typically get hundreds of applications for one open spot now. I hear horror stories of what retail pharmacy has become every time I choose candidates with a retail background. The theme across the board seems to be : "do more, with less technician help, less pharmacist overlap". It is a shame that a healthcare professional has this unnecessary burden draped over them. I appreciate the opportunity to write this, and I'm very proud to call myself a pharmacist.

I was lucky to get the job I have now in a pediatric inpatient hospital pharmacy setting, but I drive an hour commute for it. I worked 6 years in retail pharmacy with all the workload and staffing issues mentioned above.

I was only provided 40hours of broken up training over 3 months. I had one shift prior to being put in a busy, 24 hour store in a rough part of town by 2 hospitals, by myself on midnights. I was unable to successfully care for patients mostly leaving the ER with new scripts. It took calling my DM at 2300 to explain the situation to get help. I had to quit due to the stress working in this environment. It effected my home/personal life. Working back to back 13 hour shifts was not safe. After expressing my concern, it was if I was black listed. I lost 13 pounds in 2 months while pregnant due to working 13 hours with no bathroom or lunch breaks. You basically have time to eat pretzels or trail mix. My retail experience was horrifying and safety of patients or staff does not come first for CVS.

I was owned by CVS Procure and before my current company own us I would have answered the questions above totally different. The chains are awful and only care about the bottom line. They do not care about the employees or the patients. It is very sad what pharmacy has become. As you know we are not respected as we use to be.

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I was previously a staff pharmacist, then a manager for a retail chain. I am now a pharmacist in an outpatient hospital pharmacy. While our staffing levels are worlds better, there are still many unreasonable expectations set-largely because the medical staff at the facility does not understand the complexity of our role (aka- why your RX takes so long). In my previous roles, I have pumped breast milk while standing at a bench answering phones, drive thru, and the counter because I did not have adequate staffing. I lost a baby to an ectopic pregnancy the morning after working a solo 9-hour shift and then doing a solo flu clinic - I collapsed in my pharmacy from severe internal bleeding. I came back to work 3 days after an emergency appendectomy. I am very grateful that this survey is being done - but the horrors of staffing and expectations are not new and current- they are just getting worse. I have it good compared to so many of my colleagues - but I will not forget those years I worked in traditional retail, and I would be remiss if I did not tell my story so that theirs are heard. Yes, it's all about the patients. But how can we possibly be expected to deliver high-quality care if we are unable to even go to the bathroom? I hope this is not the last time the board takes an interest in the mental and physical health of its licensees. Probe us more. Take away the threat of retaliation by large chains so that we can have honest and frank discussions about which side actually cares- the corporations or the pharmacist who works tirelessly to give each patient the care they deserve. Let us know that you back us too, and realize that our humanity is to be valued over our ability to produce robot-like metrics, and quit pretending that we can be both of those things absolutely flawlessly and safely 24/7. Come back to the bench for a day and work it if you don't believe me, and please- let this survey just be the start.

I will be curious to hear the results of this survey. I do believe that many of my fellow pharmacists believe they are overworked. Some of those pharmacists feel that way because they have an unrealistic expectation of how much work they should be doing. On the other hand, I have seen and heard other pharmacists that are truly stretched to their limits to the point where patient safety may be impacted. I don't believe this is necessarily a result of evil or negligent employers. More so, this is a result of razor thin profit margins in the pharmacy industry. As prescription reimbursement decreases, and insurance companies increase the amount of money they are taking back from pharmacies in the form of DIR fees, companies have no other choice but to reduce their expenses. For most employers, the largest expense they can cut is payroll, so many pharmacies have had their payroll reduced to stay in the green. If this is determined to be a public safety concern, I don't think it can be solved without looking at how insurance companies reimburse pharmacies. Simply passing regulations relating to work conditions will not solve the problem. If anything, that will just put many pharmacies out of business.

I wish the Board could do more to advocate for pharmacists and the profession of pharmacy. There are many studies about haste causing inaccuracies and about poor work environment causing errors and burnout. There isn't a quick and easy solution because there needs to be a cultural change. Customers have no clue how many errors pharmacists intercept. I have a clinical pharmacist background and it is incredibly irritating and saddening to know that I can't provide the care that I know I'm capable of because I don't have time to counsel properly or call a provider to have them switch to a more accurate treatment. I'm angry that I don't have time to thoroughly complete opioid and antimicrobial stewardship. I'm angry of the lack of respect I receive from doctors, nurses and patients because everyone's concept of my success is having the prescription ready by the time the patient shows up (including clarifying sigs, remedying allergy issues, Insurance rejection or Prior Authorizations, Copay assistance, etc). My colleagues and I feel that the complaints from the public and identification of errors are viewed as punitive. If the board has the public's best interest at heart, the focus should be on fixing the problematic retail pharmacy environment caused by retail chains that emphasize sales over safety. The Board must restore power to the license of the pharmacist to ensure we are viewed as valued clinicians and not merely a middleman between prescriber and patient.

I wish the SBOP could put in place a minimum staffing requirement based on prescriptions filled at a pharmacy. My hours have been cut in half over the past year and vary week to week. It is difficult to manage a team when there is so much variability and inconsistency. It would also be great in the State of Ohio if they made a law requiring pharmacists be given a lunch break. I know they have done this in other states.

I work 12 hour night shifts and I am the only pharmacist available to the entire hospital. I typically only work with 1-2 technicians throughout my shifts.

I work a 10 hour shift and get no lunch break. I only get a tech to help me for 3 hours a day. We averaged 130 rxs a day. It is my understanding that we need help as pharmacist from the board to help us provide the care we went to school for. If the board supports as we can make a difference and make the difference in our patients lives. We deserve lunch breaks and more help.

I work a 13 hour shift once every week as the only pharmacist. I am "lucky" to get 10 minutes the whole shift to have a break to eat. There are some days this doesn't happen at all. This is so unsafe! Something needs to be done in the state of Ohio to make it safe for our patients. After checking 400 prescriptions alone you lose your focus. I have been a pharmacist for 20 years and things continue to worsen for retail pharmacists. We are all afraid to say anything in fear of losing our jobs. Please help all of us out and bring joy to our jobs once again. I went to pharmacy school to help patients live healthier lives not worrying about metrics and silly programs to make money for the company I work for.

I work as a clinical pharmacist in an outpatient diabetes education office within an ACO/large hospital system. I feel that retail pharmacists have a terrible work environment and I feel extremely blessed to have left that environment in 2014.

Committee Information

I work as a pharmacist for a large chain and I feel that the work environment for a retail pharmacist is not safe and something really needs to change. They continuously cut hours of both RPH and techs and increase workload. It is unsafe to practice in these conditions. Between MTM and vaccine goals and trying to meet prescription metrics (all while being the only pharmacist most of the day and having maybe two techs at a very busy store) I don't feel like I have enough time to properly check an rx or look up an interaction or answer an OTC recommendation. It is a very frustrating and overwhelming situation and my job is not at all what I thought it would be. We deserve to have the proper staff and hours. We deserve to have a minute or two to step away and counsel. We deserve a lunch break. We are health care professionals yet we are treated like fast food workers! I went into pharmacy to help people but the impossible goals and minimum staffing we are given makes the job beyond stressful and makes me feel like I can't do my job to the best of my abilities. Something needs to change in pharmacy. I truly hope this survey is used and improvements can be made for the profession.

I work at a centralized pharmacy for a major retail pharmacy. We are pushed by metrics which include productivity. We have goals pertaining to error rate which is not as heavily weighed as production goals. Production goals include a minimum necessary before being put on a PIP and a lofty target goal over 820 rxs per day. Since we are salary, many employees work through their breaks and lunches to try to hit goal or solely to achieve above minimum requirements as to not be put on a PIP. Since many of us are salary we do not have to clock out for breaks or lunches so they are not enforced but rather encouraged. All rxs are time stamped as they should be, but while checking rxs, any "lull" in time greater than 3 minutes is added up to produce how much "down time" or total break time that you took during the day, so this is their justification for turning a blind eye at actual breaks not occurring. However, it often takes more than 3 minutes to check a complex prescription or to use the restroom or refill a water bottle. The production goal is very difficult to achieve; however, several employees are prescribed a stimulant to help them achieve these goals making it more difficult for those of us not on one to justify why we cannot hit target. Yes some employees can hit it no problem while taking breaks and no advantages, but that is not the majority. The focus on productivity is anxiety inducing and creates an environment of unsafe practices.

I work at a centralized preverification facility. It's quite possible that store pharmacists that have direct patient contact are better able to answer these questions. Often I am able to "pass the buck" since many difficult decisions come down to professional judgment and I wouldn't want my opinion to be second guessed and considered to be a misfill. I have served as a medication safety coordinator. Many of the safety concerns that have plagued us 5 years ago are the same issues we continue to have: inability to search for vitamin d using the terms that the MD provides leading to mix ups, inability to link icd-10 code to an actual written diagnosis leading to wrong strength and duration errors being missed when it could be determined with the specific diagnosis (this also means 30 years after the fact we cannot uphold OBRA 90), no accountability for diagnoses and useful allergy data because this is time consuming, so there's no telling how many renally dosed med errors occur (also non-adherent with OBRA 90). I believe the state board can help by: 1) relaxing and altering rules that are clerical (Kentucky and Michigan have less stringent rules on many things), 2) enforcing rules that relate to patient safety recognizing that it is estimated that half of all misfills originate at the doctor's office and are faithfully replicated and filled by pharmacists in blissful ignorance. In these covid times focusing on quality allergy information would help antimicrobial stewardship.

I work at a chain pharmacy that does COVID drive through testing. The extra workload this task has created has been beyond stressful and exhausting to say the least. Not only are we putting ourselves at risk but also our customers. Upper management has not given us extra staff to support this undertaking even after voicing our safety concerns. Patient safety is compromised due to the fact that the pharmacist is responsible for the day to day (ie. checking rxs, immunization, counseling, doctor calls) at the pharmacy on top of constantly being pulled from the bench to do COVID testing. Not only are we being overworked but our technicians are also exhausted as we require more and more from them.

I work at a facility overnight. We take over for 3 other facilities throughout the night. One facility uses a different system making workflow difficult. I solely am responsible for caring for at maximum 360 patient beds. I've spoken to my supervisor about getting more pharmacist help and the response I got was, "do you want this job, or not?" It's not safe and I've spoken to other pharmacists in my position who have similar feelings. There is constant additions of time consuming documentation that is added to the workflow that makes it difficult practice safely. I've worked in a retail chain and am now in the hospital setting. I understand high stress situations. This is not a safe work environment.

I work at a hospital and during Covid there has been a push to decrease our staffing based only on census. Unfortunately there have been times when our acuity is very high (i.e. several ICUs full with some very complicated patients) but the overall hospital numbers were down. This has lead to what I feel has been some unsafe staffing. Our technician and interns have also been reduced. Any discussions trying to explain this to management has not really been addressed. Prior to Covid, I generally think our staffing was adequate for safe patient care.

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I work at a popular retail pharmacy chain. We have literally no time for anything. You are encouraged to work as fast as possible with no breaks. A simple 3 minute bathroom break could lead to a customer complaint for example your pharmacist credentials are needed to counsel the patient in drive-thru which could hold up the line and could cause you to get written up by management immediately. Corporate management emails weekly with metrics that we must meet or we are written up and coached/counseled on how we must meet these metrics in the future (speed, # of immunizations and scripts, refill calls, etc.). All patients are prompted by the computer system and employees to get automatic refills, refill reminders, any immunization, and 90 day supplies whether they need it or not. Most shifts are long and pharmacists and technicians end up staying late (unpaid for pharmacists and paid overtime for technicians which leads to stores going over budget and writeups from management) due to the never-ending workload. To practice safely and actually take care of our patients, I feel that lower volume stores would need approximately 2-3 more techs/day and some pharmacist overlap mid-day and busy stores would require approximately 5 more technicians/day and 1 more pharmacist working all day. This would allow a 30 minute break for everyone throughout the day and prevent numerous medication errors. Also it would help us to have prescriptions ready on time and better take care of the patients. Corporate has cut hours so much to increase profits, it has really created a toxic work environment. Retail used to be a good place to work when I first started as a pharmacist, but recently the environment has gotten worse and worse. And with the current pharmacist surplus, it makes it hard for current staff to speak up about workload issues and safety concerns. Any issues seem to be ignored and they assume the employee has a negative attitude when in reality we want to make the job better.

I work at drug mart which has more than 12 locations but feels more like a small chain than previous retail chains I worked at in terms of management and staffing.

I work at hospital now where our staffing levels are significantly higher than my previous job. Safety is a top priority and metrics are not the central focus. This was not the case when I worked at CVS. The environment there does not encourage safety. The staffing ratio, prescription volume, and poorly managed metrics make it an unsafe environment. No lunch breaks were given and health and emotional well being of employees was also not a priority. This is not how pharmacy should be. At my current job we are still busy but everyone gets to eat lunch, we counsel every patient on each new prescription and we support our employees. This is how pharmacy should be.

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.

I work for an Independent pharmacy. Our biggest problem with workload and staffing is finding qualified technicians.

I work for an independent, but I feel I should note if I had taken this survey back when I worked for CVS my response would look COMPLETELY different. They have zero regard for patient safety and care only about metrics. I was once told by a district manager “it’s cheaper to settle lawsuits than to have extra people on payroll, just try not to kill anybody.” Depending on the day of the week I worked 13 or 14 hour days with not one single break or one single minute of pharmacist overlap. Thank you.

I work for Costco and average 24-29 hours per week. They are the best company I have ever worked for in my 44 years as a pharmacist. They provide sufficient staffing, generous compensation, quality work environment and great benefits.

I work for CVS and their metrics are ridiculous. We all voice our opinions but we are told “metrics are metrics” and we have to meet them. However they wont explain how they came up with the metrics or supply adequate strategies/coaching to meet them. Honestly if I didnt have student loans I would get out of the pharmacy industry all-together. Working for a big company like this is the worst decision i have made. I am a number not a person. The biggest thing is that I do all my work as a prior authorization pharmacist for medicare. The metrics do not allow for appropriate determinations on an accurate basis which truly affects the patient. Again, I’ve voiced that either I do my job right and stay over an extra 2+ hrs a day or sacrifice patient care so I am able to get out at a reasonable time. If the company doesn’t care about me then why should I care about the company. This sounds like a rant session but look on any reddit feed about CVS and they all say they dont give a damn about anything but money, which is making it harder and harder for myself not to take on that mindset. I would love to audit the work I do for CMS so I could point out all the low level work being done to suffice their metrics. question 13 is n/a since I look at cases and not prescriptions

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I work for CVS and we are a busy store--usually 5500-6500 prescriptions per week; usually we do up to 1100 prescriptions every Monday. Simply put, we are terribly understaffed. Here are a few grievances:--most RPh overlap hours have recently been cut, despite EXCEEDING projected script counts and sales (ever personally data verify and check over 600 prescriptions in a shift? It is mentally fatiguing and potentially risks patient safety)--due to COVID initially slowing our business, they cut over 60% of our tech hours and have yet to give the hours back despite things returning to normal--even before COVID, we did not have adequate staffing for RPhs or techs--we are not even staffed well enough to answer our phone calls. For almost the entire duration of every single shift, all I hear in the background is, and quot;3...7...11 pharmacy calls. and quot; It is embarrassing that we cannot even answer the phone in a timely manner--lunch break to rest and mentally collect? Not a chance--they could be losing money/business!--none of our techs take lunch breaks because they feel guilty leaving and the hole it creates--focused too much on metrics, sales, and meeting goals, rather than patient safety and satisfaction of employees or patients--at our store, the pharmacists have about 150 patient calls to make each week, mostly to get them in the doors. If we don and #39;t make the calls, we hear about itCVS is definitely mostly concerned about money and metrics above all else. All the busyness we are asked to do is disguised as and quot;healthcare, and quot; but it all boils down to money. I feel like I could write a short book on what could be changed, but I am running out of characters. To be succinct: unless the Board mandates certain working conditions or minimum RPh:tech ratios or the like, our employers never voluntarily will because it costs them money. Other state BoPs have done it and I feel it and #39;s past due for Ohio. RPh/tech work satisfaction is i

I work for CVS, who I assume gets many complaints from the pharmacists that work for them. They are quite clever in wording their metrics to make it seem like ultimately patient care is at the center of everything we do, but the vast majority of what we do is for profit, customer acquisition, and attempts to filter patients into Aetna's network. The fact that we still do not have a set time where pharmacists can sit down, take a 30 minute break, and eat a meal is a complete joke. Many days even stepping out to use the restroom causes me to get backed up on work. Staffing is a routine issue, where tech hours are routinely cut and trimmed to maximize workflow while minimizing payroll expenses. As the largest chain provider in the US, CVS could set the standard for community pharmacies, yet they focus solely on profits and maximizing the money they can make from each patient.

I work for Genoa healthcare which is a larger chain but extremely focused on patient care. I feel like I am provided with every tool to take care of my patients to the fullest. We work 9-5 Monday-Friday with weekends and holidays off. We close for a 30 min lunch. I could not ask for a better place to work.

I work for Walgreens and the metrics are always what is most important. The company tries to correlate them to improved patient outcomes. The supervisors are always bending the rules to achieve certain metrics for the company. For instance, Pharmacists make patient calls throughout the day and are expected to reach a certain percentage of people. To help reach this number we are asked to leave messages on patient voicemails telling them if they don't call us back we are to call them again later that day. Many compliance issues are ignored. 99% of Walgreens Pharmacists don't even pass along medication guides to patients to save time. The vaccination program Walgreens offer is very unsanitary. Rooms are not cleaned, trash is not emptied. Vaccines are drawn up in the same space someone eats their lunch or a snack.

I work from home.

I work in a busy setting that fills around 3500 prescriptions a week. Typically we only have two pharmacists each day, with about 5 hours of overlap. The phones ring off the hook all day long, and we have a very demanding patient base who can really benefit from our help and counseling. Typically these interactions with our patients are very much needed but have to be rushed due to lack of time. Corporate has set goals for ready rate and wait time and clinical encounters that affect our allotted pharmacist hours and yearly bonus. We have been told that we get more pharmacist hours for doing more clinical work, but yet haven't seen an increase. The amount of hours we are given to dispense medications continues to go down. I have never felt so rushed and unsafe since I became licensed. Adding the stress of the whole Covid pandemic has unfortunately made me greatly consider another profession. I can't even imagine what flu shot season will look like for pharmacists this year. And if there is a new Covid vaccine next year, pharmacists will be stressed and tested to an unprecedented level. I greatly appreciate being able to voice concerns with the board as I feel like the working conditions for pharmacists greatly need to be addressed. Thank you for listening and please help.

I work in a COMMUNITY Walgreens Specialty location

I work in a good location for an overall supportive company, but I know there are others within the same chain that probably feel overwhelmed by metrics. There is a lot of pressure to reach MTM goals at some of the busier stores.

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I work in a high volume 24 hour pharmacy that also provides COVID testing at drive thru. I do not feel that it and #39;s safe for the patients that comes to the pharmacy. The reason is due to the technicians that are pulled out of my regular team to provide testing. Which results in inadequate staffing. For such a high volume store there is only 1 pharmacist at all time. I had to turn patients away who were scheduled for COVID testing at drive thru to come back at a later time, because I was working by myself with no technicians (with patients at every station, drop off, pick up, drive thru, consultation) . I find myself working 12 hours straight without any type of breaks 80% of the time. Large chain pharmacies only care about the metrics. I have been told many times to and quot;make it happen and quot;, without additional resources. We are also expected to do a lot of non-clinical duties such as making refill, no-refill, adherence, cost effective, seasonal medication, MTM, new medication, medication that is ready for pick up calls. I also do not feel that the technicians are getting paid adequately for the duties that they do. Many times I have walked into the pharmacy with 6 cars at drive thru, 1 technician at pick up with a line of patients lining up down the isle, and many patients waiting around to get helped, and the pharmacist on the phone. Overall I don and #39;t believe large pharmacy chain has the patients or their employee and #39;s safety in mind. Thank you for listening to our concerns.
I work in a hospital setting and feel as though I can safely complete my job duties. I'm glad the board is looking into this issue as I believe my retail colleagues have major concerns about workload and patient safety
I work in a non-direct patient care role and therefore do not process prescriptions.
I work in a nontraditional pharmacy practice setting (research pharmacy).
I work in a very high risk clinical investigational environment, but am extremely fortunate to have support from hospital administration. I have worked in retail settings in the past and am eternally grateful I do not any longer.
I work in an ACO, so my input may not be applicable to the intent of this survey. I will say helping patients with medication costs/PAs/etc is VERY time consuming. We need more transparency.
I work in an hospital inpatient pharmacy and the staffing is more than adequate.
I work in an inpatient hospital and our metrics have been drive to the point that we have so limited staffing that it is difficult to do a good job and meet those demands to turn around medications in a timely manner. We are so strapped for cash that they won't allow any additional staff because we don't have the ability to negotiate with insurances in an effective way. The only way to gain strength against insurance companies is to be acquired by a much stronger insurance company.
I work in an outpatient clinic that does not fill prescriptions or has pharmacy technicians. We see patients during scheduled appointments.
I work in an outpatient hospital based infusion center.
I work in mail order Specialty pharmacy at Express Scripts (ie, Accredo). They do a great job - the policies, processes, and attitudes are geared towards putting the patient first and doing the right thing. Our systems and processes, and the company's support and empowerment of each pharmacist and technician, enable us each to make positive change and have driven our external rx error rate to close to zero. I'm proud of what we do and how we do it, and so grateful to be a part of their team. I'm also blessed that they quickly mobilized us to work from home once COVID hit. With technology we do our jobs just as effectively, and we have a zero percent chance of catching COVID at work! Also I save an hour or more of commute time every day. I hope the work at home can continue even after COVID for those who are interested, because it has helped my life in so many ways. I also know that many Ohio pharmacists work in less-hospitable environments. I really commend the Board for taking everyone's pulse on this, and I hope it drives positive change where it's needed. Thanks.
I work in multiple practice settings. These comments/ratings only apply to retail. My other practice site is wonderful.
I work part time for a small chain that is very patient oriented, and I know this is not typical. I am well aware of the way the large chains operate and I welcome your efforts to address a problem that risks patient safety and employees wellbeing . I think it is long overdue and reflects true concern for our profession and patient care.
I work surgical hospital PRN & MOSTLY 30 HOURS per week nursing home pharmacy staffing and consulting. There is no safe EVERMostly it is as safe as feasably possible. I will never feel safe again.
i work third shift at a pediatric hospital and do not get a scheduled break many days of the week. Administration seems to think that since we are Exempt status that they do not need to give us breaks.
I worked at Walgreens for 5 years as a pharmacist before working in the hospital setting. Those years made me question why I ever became a pharmacist. I still have some friends in retail pharmacy and it's almost unbearable for some of them (especially the ones working for CVS). I truly hope that the pharmacists in retail will be able to speak up in this survey about their struggles and it will be taken seriously. Retail chains have gone too far when it comes to the workload demand for their pharmacists and the lack of help they get to safely care for patients.

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I worked for a large chain until I simply could not accept the risk that they were putting on patients due to the focus on rx numbers and metrics at the cost of patient safety, not to mention the abuse of staff who are supposed to be “professionals.” It is totally unacceptable, unprofessional, and dangerous. I now refuse to work in that environment, but I based my answers on that experience. PLEASE do something to change this.

I worked for CVS for 10 years and my answers would have been the complete opposite. I constantly complained about staffing levels not being adequate for patient safety.

I worked in a large chain setting for 5 years post graduation. First as a floater, then staff, and finally a manager. I personally worked in ~50 pharmacies for this chain between PA and OH. There is absolutely no way I could have seen myself having a long career with this company. The working conditions were bad and only getting worse. There was a lack of pharmacist and technician hours, no lunch break, hard to go to the bathroom or eat, and verifying 400-500 prescriptions a day. In my opinion, it absolutely was not a safe environment and I worried constantly that we would make an error that would cause patient harm. The stress from the job was taking a toll on me physically and mentally. One year ago, I left that position and found an inpatient position with a smaller health system. Most days at my new position are much better with an outlier bad day. I don’t know the solution to the community setting issues. I hope that this response is helpful in providing change for my colleagues.

I worked in a small chain; conditions were not horrible. When I gave Rx copies to RPhs at large chains, they would complain about the workload. The large chains seem to have the worst conditions. It’s all about the money, money, money.

I worked in the retail chain environment for 35+ years. It’s an awful environment. I am one of the lucky ones who escaped. I feel badly for all pharmacists and technicians still in that environment. All trust and credibility for me in that environment was lost. After I realized that no action was coming from corporate, state government, state pharmacy associations and the state board, I felt compelled to leave that environment. I was too loyal (and stupid) to think I could change the culture. Therefore, excuses were made up to get me out of the way of their agenda. Getting fired was a gift. There is truly no one on our side. In my current environment, I truly feel like an empowered pharmacist again, who can share valuable knowledge with patients, am able to really listen to them, and I am considered an important part of the community. I know many patients by name. I love them and they love me. That’s the way it should be. I am treated as a professional. What a concept!

I worked in the retail setting for the first four years of my career. I have now been in the hospital setting for sixteen years. My answers to the above questions would have been dramatically different if I had taken this survey when I was a retail pharmacist. I am so glad the concerns of many of my colleagues may finally be addressed.

I worked retail before and there was not enough time to do all your work and not the staff to support the work. And definitely no lunch or other breaks

I would be very interested in the Ohio BOP instituting a pharmacist to technician staffing ratio as other states have adopted. I feel it would force employers to adequately staff the pharmacy and help guarantee better support for the pharmacist without overloading them with work.

I would encourage the board to look into staffing seriously and have some regulatory enforcement based on number of patients being cared for, acuity of care, and other factors that impact patient care. Corporates are clearly focusing on profits and numbers and not providing claimed “excellence” in patient care (i.e. by not providing the sufficient support staff to perform their job well); not only this will compromise patient safety; but, it will also impact negatively the outcomes of Pt therapy. If such issues are not addressed and reinforced by a regulatory body, pharmacy, and medicine in general, is becoming more of a business, than a healthcare institution established to provide patient care; defying the ethical commitment and oath we took, as healthcare professionals. Thank you

I would like to acknowledge my manager, Erin Meilton, at Riverside Methodist Hospital- I think she does a phenomenal job balancing pharmacists workload, making well-informed decisions, being approachable and open to feedback, and pursuing initiatives to improve patient care (such as discharge medication list review to improve transitions of care). Our managers are currently looking at clinical pharmacist-patient ratios daily and they announce who has the highest ratios in our morning huddle so that others know to help them as time allows. Erin does a great job facilitating our ability to work together as a team so that no one feels overwhelmed and we always know we have help when needed. Thank you for conducting this research as I’m sure not all workplaces are as fortunate.

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I would like to say that I am extremely happy to be at an independent pharmacy now. Even though it is part time, I would never go back to the large chains, like CVS and Rite Aid. My experience at CVS was deplorable- every thing that they cared about was pushing metrics. Every day I had to come in unpaid before my shift and stay at least an hour after my shift just to get the rxs checked that they expected me to. Every single shift was working bare boned with not enough technician help and multiple customer complaints. I was at one of the highest volume CVS stores in Ohio and the amount of prescription errors that were made was highly disturbing and downright scary. Technicians would cry on the job or walk out at least once a month. If I told my district manager about my concerns, they would do nothing to help, just cut staffing hours more. I didn't even want to be a pharmacy manager and was told that due to my skills, I was being assigned to the job. They would purposely try to terminate any technicians and pharmacists that had been there over 10 years to cut down the budget. The most disturbing point for me was when they forced me to log into my account and falsified performance documents for one of my employees so they could terminate her without worrying about her having a chance to fight back with the union. I never had a lunch break and if I even tried to go to the bathroom for more than a couple minutes, then I would have someone knocking on the door looking for me. As hard as you worked every day, it was not good enough for them, and you were still required to write documents on how you could improve. I never got any positive feedback from my district manager even though I put everything into that job, to the point that I was ruining my personal life and never able to meet up with friends or family because of it. It is sad that I would not recommend anyone to go into retail pharmacy right now because of what I endured.

I would love to perform more clinical pharmacist duties/responsibilities, but limited pharmacist coverage prohibits this from happening. Our revenue and profit margin would sufficiently allow for additional pharmacist coverage, but my employer does not vehemently bargain for it. I feel the prescription volume across the board is overwhelming, and does not allow sufficient time for consultation, patient care and interaction, nor does it create a universally safe patient care environment. Thank you for conducting this survey.

I would love to see a mandated tech to pharmacist ratio similar to other states. I will go full shifts without a tech due to cut in tech labor hours. I feel uncomfortable in the role of tech and pharmacist all day. I believe it has directly impacted patient care and safety.

I've worked at both inpatient hospital and outpatient hospital in both of the two large non-profit health systems in greater Cleveland. Always busy, but almost always sufficiently staffed. I assume this survey is directed to the community pharmacists who work at the for-profit chains. I read their stories on pharmacy forums. I hope this survey elicits responses from them.

I'm a retail Pharmacist with 37 years of service to my profession. I've seen many changes to the profession. Some good but most not so good. The computer has made me a better Pharmacist but also a slave to big business all in the name of "Patient Care". What the chains call Patient care is a thinly veiled excuse to make more money with less help. Every year the chains come up with another excuse to cut technician hours for the budget because that is the next largest expenditure in pharmacy next to inventory. Inventory is cut to the minimum. When these big corporations make mistakes with bad purchases of other pharmacies or purchasing insurance companies to monopolize the insurance market it has to be paid for somehow. That would be thru pharmacy tech. cuts. Or the state board gives the techs. more responsibilities which the chains jump on that band wagon with the thought that since they can do more of the Pharmacists job then the Pharmacist can do more immunizations or now covid testing! Once again under the disguise of "patient care" when in fact it's do more with less help. No sign of raises or bonuses in years and in fact threat of pay cuts and hour cuts. I try very hard to discourage high school students from going into pharmacy. I feel very bad for the new graduates and those in the middle of their careers knowing that in 10 years they will probably be replaced by under paid technicians or technology or remote work. I am so thankful that I only have 4 more years to retire. I do everything that is asked of me and can still be a contributing member of our profession. But it gets harder every day. With all of these things I have talked about the only people hurt are the patients and I see it every day! The only people making out is the big corporations and the stock holders. I have never vented like this in 37 years but thank you for asking. I can't see anything changing for the better but it

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I'm glad that the Board is finally asking these questions. Makes me wonder if more patient complaints are starting to pile up? Why is there always a line at the pharmacy? Why does the pharmacy staff always seem stressed out and unhappy? With more and more baby boomers turning 65 everyday, pharmacists are going to be in ever increasing demand for at least ten more years. It's just demographics and the fact that geriatric people take more medications. Ohio has 7 pharmacy schools (which is too many) and you can see the decreasing NAPLEX pass rates because of the lack of applicants, which schools are forced to admit inadequate candidates so they can stay profitable. Shut down the worst RPh schools and let the law of supply and demand do it's job. I hate to be so pessimistic, but the current work environment is detrimental to patients and pharmacy employees. Patients are going to get hurt, often times unnoticed. Pharmacy staff will result to substance abuse to help cope. It's a viscous cycle. With that being said, mandating rph to technician ratios or scheduled food/restroom breaks isn't the answer. The problem, at its core, is with PBM's. The SEC and FTC have failed to regulate the monopolies that control prescription drugs. Look at the revenue and net profit for CVS Caremark, Express Scripts, and Optum Rx in the past 10 years. Also look up the lobbying money deployed by these 3 companies in Washington. These 3 companies control over 70% of prescription drugs. They reimburse their own pharmacies more than their competitors which is why retail is forced to cut staff and push vaccines (better margins). Pharmacies are getting squeezed at the already razor thin margins. You can trace back the rising drug prices from drug manufacturers, wholesales, and pharmacies back to PBM abuse. The board should collaborate with NCPA and OPA and the legislation they've attempted to pass several times. I fear for the profession if PBM

I'm not currently working so I tried to answer the questions as accurately as possible.

I'm the investigational pharmacist at the hospital so my position is a little different than most. I fill a lot less prescriptions but they typically take much longer to fill. I also fill in for staffing occasionally and feel well staffed at my hospital.

I've been at this job for just 2 years and it's the first time I've felt this way. Before this I was in chain retail. There was never enough help to perform the job safely

I've been in my current position at a mail order facility for about 10 months now. I came from a big chain retail pharmacy. I'm so much happier now after I made the switch. I answered the questions as in my current practice setting but if I answered them as if I was still a retail chain pharmacist, my answers would have been drastically different. Retail pharmacy has gotten so stressful with lack of adequate staffing (pharmacist and techs), unrealistic metrics, and no pharmacist uninterrupted breaks. I did love seeing my patients and having that professional relationship. But between the vaccinations, phones constantly ringing, always training a new technician(s), no pharmacist overlap, the never ending list of phone calls corporate wanted us to make, and patients having the mindset they are our only patient, there is absolutely unsafe work environments. I would like to see companies actually looking out for their employees' best interests and well being. They look out for the people on the top of the corporate ladder, making sure they get bonuses and are well taken care of. But to help pharmacists focus on providing the safest patient care, we need to be looked out for as well and provided with our basic needs. Making sure there is proper staffing, being able to sit and eat lunch/dinner so we don't get low blood sugar, being able to go to the bathroom without having to worry about the evil looks we get from patients because we dared step out of the pharmacy. I feel extremely lucky to have found the new position I have and to be out of the chain retail setting. Please help my fellow pharmacists get the respect and help they deserve.

I've expressed my opinion verbally to my direct supervisor and in writing to my bosses boss about how I think they are putting patient safety at risk. They do this mainly by maintaining low staffing levels, a strick no overtime mentality, and trying to hit their metric targets. Those that are employed feel overworked and undervalued. The pharmacists and technicians have been turned into some sort of risk factor on a spreadsheet to be mitigated; I know, I've accidentally seen their spreadsheet with our names on it and how management is working to reduce hours so no one gets overtime. They write an excessive amount of policies and procedures which I think are there to limit the companies liability in case of a lawsuit. It's literally impossible to follow all the policies and procedures with our staffing levels and a no overtime, no exceptions policy. If something were to go wrong they can point to a "rogue employee" who didn't follow policies. The pharmacy is a mess. We have a year plus of back log filing to do and no humans or willpower to employ a person to help get it cleaned up. On a small but relevant tangent I've pointed out issues with prescriptions and missing items on prescriptions. For example, TPN orders and no stop date on the order. I've brought it to my managers attention and others in management and been told it's a gray area. I've tried to call and get verbal clarification but get strong resistance from our sales team. A tpn like any other prescription need a stop date; it's not a default to 1 year if the prescriber not specified. I think our pharmacy across the country have TPN orders and no one worries about a duration of treatment on the prescription which I personally think is not a gray area. This is just one example of us handing over control of our profession to big business where they shrink costs no matter the collateral damage. That collateral damag

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I'll start by saying I understand a business has to make money, but I also think if that business is in healthcare there needs to be a better balance between profit and patient care. Pretty much any new initiative or task is always presented as "for the patient", but they're always to turn a bigger profit, because Never in my 7 years as a pharmacist have I been asked to do more, but also been given either more pharmacist or more tech hours to do said new initiative. We're supposed to fill as many prescriptions as possible, safely for the patient, while also making calls for refills, giving vaccines, handling insurance issues, and all the other tasks involved with keeping a pharmacy running smoothly, while often times getting tech hours cut so low, that we're also handling drop offs and checking customers out at the registers. All I'm saying is I think there needs to be a better balance between workload and support staff. I work full day shifts without breaks, which I prefer, the lack of break isn't an issue and neither are work days that are longer than 8 hours, the main issue is lack of support staff hours. Most issues in the pharmacy would very easily be handled by an extra technician, which I would find hard to believe would hurt the pharmacies profit that much.

I'm blessed to work within a fantastic organization that values exceptional patient care over profit and volume metrics

I'm concerned as flu season looms about administering immunizations during covid. We've started immunizing already but during flu season it obviously ramps up dramatically. We administer our immunizations in a small waiting room (about 7' x 8') and it's not uncommon to give 4 to 5 shots at a time to 5 different patients in there. I feel this is unsafe in the first place, but during covid I'm more concerned. My employer has said we should start only allowing one person in the room at a time, but I feel policing the population of the waiting room during a busy day will be difficult. As is the case with most chains the priority on flu shots is high, due to the high margin. I'm glad wer immunizing so many people, but giving 20 to 30 shots a day out of that small waiting room at the peak of flu season is kind of unsafe, especially when you account for our regular pharmacy traffic. I think if we want to keep making a bunch of money on flu shots, we should reinvest some of it in the facilities wer immunizing in.

nearly non-existent are hands are tied. The state made us legal healthcare providers, but nothing has changed. Medicaid and other insurance companies barely reimburse us for drugs which causes staff cuts and low morale through out the profession. Pharmacists and techs are fed up. I love helping my patients when I can, but we need major changes to be able to benefit or patients and help with our own mental health. Thanks for caring.

I'm glad this survey is being conducted. pharmacists work conditions are not acceptable , too many tasks , too many automatic prescriptions that were not requested by patients , hindering our ability to serve actual sick patients at the moment. Too many phone calls all while techs & pharmacists hours are being cut. And the lack of breaks is another issue, working an average of 13 hours shifts , while not being able to take even a15 min break. I hope this will result in real change. I love being a pharmacist & helping people with their meds & health. I try to accomplish this but the pressure to meet certain metrics makes it extremely challenging to just do our basic job !

I'm very concerned with the potential of increased vaccine demand coming and pharmacist staffing.... my company keeps decreasing pharmacist hours and overlap. Also support staff has a lot of call offs and there are not adjustments made. The staffing is so bare minimum that it takes a week plus to get caught up. And again that's all based on metrics (no consideration of patients calling or coming in for advice that takes time but no metric to provide for the extra staffing). As a part time pharmacist I value the overlap with other pharmacist to provide great patient care... I feel that I provide the best care when I am not rushed (I know that the other pharmacist can take care of the bench while I am providing patient care). Our company is going to start doing point of care testing which we are supposed to fit into workflow (no extra hours are given). I feel that supportive counseling/ care should be taken with these. Also there are no appt and patients can just come in which can create a back up in work. I spend many nights playing the rushed part of the day over worrying about making a mistakes due to feeling rushed. We have recently cut our open hours (9-7 instead of 9-9) with almost same workload.... and no extra staffing -but 2 less hours to get the work done. Many pharmacist donate hours of their own time to the company for free just because they know it will make the day go smoother (a few mins are reasonable but I'm talking hours of uncompensated pay daily). I've actually written to our congressmen hoping for change and here I'm hoping that you can help change the pharmacist workload. Thank you for your time.

I've been a pharmacist for 25 years. Always working in retail (grocery retail). We work with the least amount of help both Rph and tech ever in my career. I hardly ever have any overlap with another Pharmacist. And yet my job description has grown. I'm pulled away to give vaccines, to do a health care screening, a CMR, in addition to all the things I've always done. I don't mind any of these things. But when it's just me and a tech it means I'm constantly interrupted and I've been doing this long enough to know it increases my chances to make a mistake. My chain is already laying the groundwork to cut our hours for fall and yet has announced we will give a record number of vaccines. It is common place for me to drive home in tears and pray that no harm will come from my work that day. I love being a pharmacist and helping people. But they make you do this job with your hands tied behind your back. I am looking for another job away from retail, but I feel guilty because I believe in public health and we're in a pandemic:(

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I've only worked for Kroger since November 2019 and in the last 2 to 3 months our tech and pharmacist hours have been cut to a ridiculously unsafe level. I have voiced my concerns to my bosses and their response is we need to "earn" more hours with more clinical work. Our store is 20% busier than last year and we are the fastest growing Kroger Pharmacy in the area but they do not care. All they care about is metrics, ready rates and MTMs that we have no time to do. I hope you at the board actually do something and make changes in our industry. These chains are out of control and no one has the guts to stop them. The physical and mental health of your pharmacists and techs are being severely damaged and the risk to patients health is at an all time high. Something needs to be done to save our profession. I would like to like my job again!

I've worked for 4 different companies and it's all been the same story, do more with less. Since Covid-19 started out hours have been cut in half and weren't sufficient to begin with. Now we're back at pre-covid numbers and still getting hours cut. I just figure this is the new normal because they saw that we could get most of the duties done with that little hours. I feel like I'm endangering not only my license, but especially my patients by doing things I shouldn't have to do this much (filling, register, phones, etc). Retail pharmacy has become a joke since I started in 2014 and I'm fed up.

If I were working in a chain pharmacy, my answers would be different. You know there is a problem, that is why the survey was sent out. I hope this survey helps, and actually does some good for the profession. It's a shame what it has become.

If my independent store were to close, I do not know if I would continue working in the profession in a retail setting for any of the large chains. I have worked for them in the past and from what I've heard things are worse now than what they have been as far as proper staffing.

If the working environment for technicians were easier, I believe that would in turn make life easier for us pharmacists. It sounds as though the licensing/renewal process is less taxing/more manageable for technicians in Pennsylvania, so if technicians had more capabilities from Day 1, it might make things more pleasant for our pharmacists/pharmacies.

If we are needed to complete immunizations, MTM therapy, Covid testing, and in some places much more in addition to filling prescriptions and all other basic tasks, we should be provided reimbursement for those additional tasks in addition to proper hours to allow staffing to complete everything safely. Each time I am forced to assembly line flu shots etc in order to do more with less we put patients at risk. And that is just one example.

If we do not bill two clinical interventions (Outcomes) per shift we are put on a performance improvement plan which is a contract we must sign acknowledging that we can be terminated if we don't meet a set of metrics including: Bill two Outcomes claims per shift. Ring out ten customers per shift. Recommend or give x number of vaccines per period (can't remember the number). Have a "huddle" with staff once a day and record what was discussed. Retrieve and review customer comments daily. Review OSAT scores daily. Also adding to our workload is the overwhelming amount of rxs to be "profiled" since doctors send refills before they are due (which is a result of computerized and telephone generated refill requests). These take just as much time for a pharmacist to check as a dispensed prescription but do not count towards our script count. So the workload is much greater than the numbers show. ****THIS IS A MAJOR ISSUE:** The Board approved several eprescribing systems including EClinical Works. This system is majorly flawed. The prescriptions constantly convert to a fax with an electronic signature and are therefore invalid. I have called many doctors' offices to explain how to avoid this (the drug chosen must be associated with an NDC number). They ignore me. I have called EClinical Works directly. They claim to have no knowledge of the issue and will "look into it". That was almost two years ago. I have called the Board about this and was told that the pharmacy has no obligation to call on these rxs and can ignore them. That is not in the best interest of the patient. The Board says these are not valid and must be verbally verified by the doctor/staff and reduced to a verbal rx. We get no less than ten of these a day and up to 20 in high volume stores. The Board approved the system. MAKE THEM FIX IT. This is not our responsibility. We are tired of policing EVERYONE including the overprescribing physicians. This profession has gone to hell.

If we had more trained/ experienced techs, the amount of tech hours given would fine. Being interrupted constantly with phone calls and billing questions that the tech is not able to handle makes it difficult. The turnover of technicians leaving to higher paying hospital jobs is high.

If we move our technicians to a more clinic

Immense pressure to meet vaccination and paid MTM quotas create additional stress and distractions in a chaotic environment. This increases the chances for dispensing errors therefore directly impacts patient safety. The lack of mandated breaks during an 8 to 12 hour shift is another contributing factor.

Immunization takes a lot of RPH time . Now my company is starting lab testing . I think we are going completely out of the realm of pharmacy practice . Also vast amounts of time spent on Opioids and policing doctors. It's gotten ridiculous. At 400 Rx per day , patient safety is taking a back burner to all of the above. I get about 30 seconds to check an Rx prior to the patient receiving it . This should not be . . I wish the BOP could put a stop to a lot of this and not allow lab testing too be conducted by techs and pharmacist. Leave it to the Doctors offices, etc. . Thank you for this survey .

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In addition to meeting metrics, there are blatant job threats for not meeting metrics. We are reprimanded for not completing metrics but rarely praised for things we do accomplish in the interest of patient care. I want to practice as a healthcare provider and not as just a number in a corporate chain.

In addition to the severe hour cut, the store I work at provides drive thru COVID 19 testing, which further places another task/layer of stress to the entire pharmacy staff. The pharmacist spends more time fielding complaints about the long drive thru line, complications signing up for testing or retrieving results, there is even less time to counsel, verify prescriptions, or other duties that the community depends on their pharmacist providing. Since the beginning of June, we have lost all pharmacist overlap (10 hours) and 70 technician hours a week (sometimes more). We are currently running on average 200 tech hours a week, filling 3000 prescriptions per week. My store typically has a tech at drive thru, one at pick up, and the other is either answering the phone that rings off the hook or is trying to fill. We are consistently 2-3 days behind and the patients don't understand why it takes so long for their prescriptions to be ready. Myself, along with my fellow pharmacists are very frustrated. We work very hard to be trusted by the community, all the while we are viewed as incompetent because we just don't have the bodies to handle the workload. The measure of a good pharmacist should not be how many prescriptions can they fill per hour and how fast can you run from one station to the other. Unfortunately, this is what pharmacy has sadly turned into. I understand that my job is challenging, and I expect it to be. I do, however, expect to be able to do my job safely and not have to sacrifice safety because of some metric or pressure to fill faster because the company doesn't want to give me the help and tools I need to do my job. I really am hoping that this survey makes a difference in our profession. There are a lot of very good pharmacists who are very frustrated that we cannot practice pharmacy the way we know we should. Thank you for your time.

In general, my experience has been that community pharmacy has been much more unsafe at times than inpatient pharmacy, where I currently work.

In general, the environments created by large, corporate pharmacies and mail order pharmacies are NOT safe or effective environments in which pharmacy can be practiced. Relationships between pharmacists and patients are vital in providing safe and high quality pharmaceutical care. These relationships are impossible to establish in a mail order setting and almost nearly impossible to establish in the current large corporate pharmacy setting. Pharmacists find themselves trying to fulfill their legal and ethical obligations on each prescription while trying to meet corporate mandates. These two are frequently at odds with each other. Pharmacists that work in these environments are afraid to come forward because they don't want to lose their livelihood. Instead of sanctioning individual pharmacists, the Board should focus on the business practices of the large corporations that do business in Ohio that are creating impossible conditions for our pharmacists to PRACTICE pharmacy.

In inpatient hospital pharmacy, management justified technician furloughs with decreased inpatient census in April and May. Now that census has increased, management refusing to bring staff back.

In most retail pharmacies, there is too much work for 1 pharmacist, yet this is usually how we are expected to work, and our work quality and patients suffer. For example, I recently worked a shift alone, I had 5 phone lines with calls for a pharmacist, vaccines to give, required counseling, and with all this going on need to check prescriptions accurately. We get no breaks to even breath. We love our profession but the workload is not sustainable.

In my 13 year career I have never performed so many technician responsibilities as I have the last 2 years. I have no problem covering technician roles however I do have a problem with acting as both a pharmacist and technician at the same time. More responsibilities and less time. Even with the most diligent pharmacist mistakes are inevitable. Essentially you are set up to fail.

In my current position, I am blessed to have adequate staffing and a comfortable and professional work environment. I am hearing from many of my pharmacist friends in retail pharmacy settings that the demands of medication management appointments, drop-in vaccination requests, volume quotas, and poor staffing, all without meal breaks or bathroom breaks, is making the job unbearable for the staff and dangerous for the patients. I am told pharmacists are voicing their concerns but are ignored, and with plenty of pharmacist fish in the sea, employers have no motivation to make working conditions better. They can always find someone else. I have worked retail pharmacy and although it has been a long time, I remember the pressure to constantly fill more prescriptions with less staff. While meal breaks were posted on the hours of operation during single pharmacist shifts, it was impossible to actually get away. We would keep water and crackers by our work stations. I am told that is no longer allowed, so I don't know how they are getting by. Thank you for conducting this survey. I hope the results will be used to keep our patients safe and to ensure pharmacists are treated with the respect and consideration any employee deserves. I think it is their desire to help the patients and willingness to put others before themselves that has kept them on the job this long.

In my experience, pharmacists are continually being assigned more and more duties without any increase in staffing or pay. We added MTM's, Immunizations, Hazardous waste, health events for the community, Covid-19 testing, Good Rx (a huge consumer of our time), Medicare Rx regulations, (which takes up considerable amounts of time, since MD's don't seem to know the requirements for these Rx's,) controlled substance monitoring (Oarrs) and more specific documentation, thorough documentation of patient counseling, curbside pick-up during Covid 19 takes up a lot of tech time. health screenings for lipid panels, A1C, BP, etc. . In my experience, not one of these duties came with more staffing or pay. I am not aware of any career that expects so much additional workload, to be handled by the same amount of staffing as before these duties were added to our job description. It's all a great idea, but it can't all be accomplished with the same original staff, if you want it to be done safely and effectively.

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In my opinion this a supply and demand issue. There are more pharmacists than jobs so employers can take advantage of pharmacists. My salary is the same as it was 11 years ago. Until the number of new grads coming out each year declines I'm not sure what kind of leverage pharmacists will have.

In my opinion, there should be at least 1 pharmacist and 1 technician at any time the pharmacy is open, even if the pharmacy script count is low on average. When the pharmacist has to work by himself or herself, he or she sometimes has to check prescriptions, give immunizations, answer phones and ring up people. Not a safe environment, though it may only happen 25% of the time.

In my practice as a hospital inpatient staff pharmacist, I strongly believe that our patient to staff pharmacist coverage is unsafe. This is true at all times, and is especially unsafe with regards to weekend and evening shifts, and at all times for critical care patients. Additionally, I feel that the lack of tech support contributes to unsafe conditions by leaving the pharmacist responsible for very many phone calls and other interruptions. We are currently experiencing a tech shortage, but even when we are at full tech staff, we do not have nearly enough technicians for a safe working environment. I have expressed these concerns to management many times, and nothing has ever happened to relieve the workload. To the contrary, we are constantly expected to take on more patients and more responsibilities.

In order to keep up with business I come in early and leave late every day. We are doing well, but it's not fair to my family that usual business requires this of me without any additional compensation.

In retail pharmacy, I am busier each new year and my workload is greater with each passing year, as my budgeted technician help gets smaller and smaller and smaller each year. These should not inverse each other, and I don't understand why.

In the 4 years I've been a pharmacist I've come to regret it. In those 4 years my pharmacy has gone from 500ish rPh hours every 4 weeks (and 300 tech hours a week) to 360 rph hours every 4 weeks (and 215 tech hours a week). We have only gotten busier. Script count is up, sales are up, vaccines are up, MTMs are up, 90 day supplies are up, medication sync is up, so on and so forth. I am stressed every day. Every day I leave mentally and physically exhausted and my outside life is suffering. I have not received a pay raise in years (even though our company CEO has and we have reduced cost to fill and are ahead of last year on profits). Our metrics go up each year by unexplainable percentages, and sometimes get moved higher during the middle of the year. All of my colleagues I talk to seem to regret their choice in profession as well. While everything I've mentioned also trickles down and impacts patients. If the pharmacist and technicians are overworked, under staffed, tired, and fed up with their job it is going to lead to safety issues. I am TERRIFIED every day that I made a mistake that will hurt someone. I frequently will not remember what I checked or anything about the prescription and have to go back just to be sure I did it right. In summary, things need to change. The path the profession is going down is not sustainable for pharmacist, technicians, or patients. I just want to help people and be happy that I'm a pharmacist.

In the inpatient setting, I believe that I frequently have to rush through orders or my queue builds up. I wish I could look more into the patient case and lab values and PMH but I am just checking the bare minimum and moving on to the next order. I feel like a smaller pharmacist to patient ratio would allow for better patient care.

In the last few years, retail pharmacies have made it known there's a surplus of Ohio Pharmacists willing to take our jobs if we're unhappy. In fact, many higher seniority pharmacists (with more vacation time/ pay) have been let go to be replaced by new grads desperate to repay college debt. Patient safety is a huge concern of mine. In my setting, there has been a drastic increase in DUR errors, but since its "just DUR" it's not valid enough to report per other management RPhs who don't want more paperwork

In the thirty years I have been employed by the company I work for I have seen the practice of pharmacy and the duties of a pharmacist change dramatically and, these last few years, not for the better. The demands of a six hour shift with no break or lunch are hard enough, then to have to work a weekly 13 hour day with no break or lunch is physically and mentally demanding in a way that is hard to imagine unless you are forced to do it. And we are forced. I used to be proud to say I work for the company I do and would recommend my employer but that is no longer the case. Although, in all honesty that is what hear from most retail pharmacists. And with the changes these past few years I no longer even recommend the job of pharmacist. It just isn't worth it. The satisfaction and joy I used to derive from being a pharmacist are long gone. In the past few years this job has taken a toll on my physical, emotional and mental health and if I could I would quit tomorrow. And that makes me sad because I love being a pharmacist. I just don't love that my employer seems to care more about how much money they make than their employees or customers. They obviously do not care about the health and well being of their employees and despite all their initiatives if they truly cared about their customers wouldn't they give their staff everything they need to keep them happy and productive? All I want to do is give my patients the best possible care but I have to spend so much of my time on metrics and goals, initiatives and programs that it is nearly impossible to do. And who has time to actually counsel a patient? Not me. Due to staffing cuts I spend most of my day doing a technicians job. I understand pharmacies are in the business to make money but must they sacrifice their staff to do it? Anymore I am just thankful for every shift I make it through without an error and without ending up in tears. I'm also thankful I'm nearing the end of my career rather than just starting out.

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Inadequate breaks for pharmacists is a health hazard not only to the pharmacist themselves but to the patients that they are providing care. Working a 14 hour shift and not being provided a break for meals is incredibly unsafe. The chain pharmacies that do close for a 30 minute break, most pharmacists work through this break so that they can continue trying to reach their metric goals that corporate has set out for them. I often feel as though correctly and safely filling prescriptions is very low on the priority list for corporations due to low reimbursement rates. Instead the focus is on pushing immunizations and being pressured to give immunizations even when clinically the immunization is not needed for the patient so that we can meet the goals set out to us. Often if the goals are not met we are reprimanded and forced to do additional training on how we will improve our productivity levels.

Inadequate pharmacist and tech staffing has led to a broken culture in our pharmacy department. The stress that has ensued from higher workloads is not sustainable and has led to a negative, unsupportive culture, where many employees have given up on going to management about their concerns because it's been the same answer over and over again "we have to work with what we have."

Inadequate pharmacist and technician staffing levels at busiest times for hospital: 1) Evenings when new admissions occur and new orders increase (and pharmacist and technician personnel are cut in half) 2) Evenings/nights and weekends when "clinical" pharmacist workload is added on top of staffing pharmacist workload. On weekends only three pharmacists on staff for whole day to do the usual work completed by four staff pharmacists and five clinical pharmacists on a weekday/non-holiday, which causes delays in responding to therapeutic drug level monitoring, verifying orders, and checking Pyxis/floor fills. Codes which occur in the evenings/night may/will necessitate the only pharmacist for the entire health system to leave the main pharmacy for an extended period of time (upwards of an hour), which will cause delays in pharmacy services for the entire health system, and leave the main pharmacy physically unattended. For perspective the health system has a total census of around 220 patients (pre-COVID19 overflow numbers) for which pharmacists at the main site are always covering under current workflow.

Inadequate pharmacist overlap and inadequate number and training of techs has been happening for years but has really escalated during the last 5 years. We have been complaining about this to BOP and associations for years. The BOP continuously goes after the individual pharmacist for errors instead of the company work flow practices and unattainable metrics that set us up for failure. Our complaints have fallen on deaf ears because these cos have too much power and sway with the BOP with number of lobbyists and corporate people that make up the BOP instead of members that actually fill prescriptions daily. Much of this can be attributed to the PBMs unfairly controlling all of our reimbursement for dispensing of the drugs so cos cut expenses the easiest way by cutting tech hours, Rph overlap hours to the bone. There is little time to counsel, or just talk to patients. We have to hit goal of verified by promise times, fill wait scripts in 15 minutes & answer phone in 3 rings sometimes with just one tech who has to take care of drive thru and register. We are constantly distracted & weighed down by ancillary non important stuff. It only takes one third party reject and the need to sit on the phone for 15 minutes or more to insurance co to fix a claim, to slow us down. We can't get anything else done. Then we have to do countless vaccines without appt in between, and make 20 to 30 patient calls from the portal each day, this is outside our normal calls to Dr offices etc. We work at least one 12 hour day per week and enter 300 to 500 scripts per one pharmacist on those days. We just recently are getting half hour lunch break if you are the day pharmacist. The company just laid off 10% of pharmacists and are paying new grads 35% less than the pharmacists that have been around years. We are expected to work MTM claims in between filling scripts. Errors are increasing. Rphs & techs are both exhausted, & we must concentrate 12 hrs. This

Inadequate pharmacist staffing during certain times of year, such as flu season. I was a pharmacy manager for 5 and 1/2 years before recently stepping down to staff pharmacist. I made this change to reduce work related stress from management responsibilities. Pharmacy has become so corporate and metric focused it is impossible to do our jobs safely. The constant cut in technician hours is also affecting this. Most days I work as one pharmacist with 1-2 techs Monday-Friday and 1 tech on Saturday and Sunday. This leaves 1 tech at drive thru, and 1 tech and 1 pharmacist for juggling in store pick up, answering phones/doctor line, inputting electronic and dropped off prescriptions, production, processing deliveries, verification (Rph), patient counseling (Rph), vaccinations (Rph), OTC recommendations (Rph), and then the constant influx of metric based outgoing phone calls. On weekends these tasks are split between two people. I haven't worked in high, medium, and low volume stores and it is always a constant struggle to complete tasks, uphold patient safety and customer satisfaction. In my time as a licensed pharmacist it seems the corporations have become more fixated on profit than patient and pharmacy safety and providing good, quality, customer service.

Inadequate staffing during flu shot season as staffing budgets do not seem to change much to accommodate. Additionally, there is pressure to complete a lot of additional tasks on top of just filling prescriptions (check 90 day eligibility, Medsync signup calls, etc.) yet not enough technician help to assist with these tasks (they are too busy running drive thru, filling, ringing up patients, etc.). It is always this mentality of do more with less, but frankly, burn out among both pharmacists and technicians is real - especially with the additional stress of the COVID pandemic.

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Inadequate staffing has been a constant battle with my employer ever since we had a buy out of an independent pharmacy. I consistently beat our expected scripts but I am not allowed to flex up on staffing based on actual scripts (ie we will beat expectations by 10-15% but it takes weeks if ever for the algorithm to adjust to this bump in business and provide adequate staffing). Our hours are currently averaging 60 less technician hours a week than what they were in may with minimal notice. I also lost 5 hours of pharmacist overlap that I had until the end of May. This workload is so dangerous that I feel like I have no time to follow up on interactions or questions we might have. I'm lucky if I can get off of the phone for 2 minutes to call an office to clarify a script or discuss a drug interaction. I consider myself a high performing pharmacist who can put out a higher volume of scripts than your average pharmacist but I cannot keep this pace up without compromising my health or my patients health, especially during this pandemic. I'm honestly scared for flu season because I have no idea how I will fit in 5 more vaccines a day let alone the 40+ we were averaging last flu season. I hope to god the board takes this survey seriously and holds our chain pharmacies and PBMs accountable for creating this toxic and dangerous work environment. If you all don't step in I don't think I'll make it another year or two in this business and I'm not even 30. I know you all are out to protect the public, not pharmacists, but the public can not safely depend on their pharmacists to take care of them when we are treated like robots who are consistently told to do more with less. Please, save this profession and thus save our patients!

Inadequate support staff is becoming a MAJOR issue! If continued on this track, it will make it impossible to SAFELY handle workload given by management!

Inadequate technician training. Being a good pharmacy technician 6-12mo to learn the job but we are running the pharmacy with a lot of new people. It's hard to find good help due to low pay but high job demands. The stress and workload technicians endure is not work the pay so we have a high turnover rate. I also think companies should have a proficiency pre-test that would screen for typing and math skills.

Inadequate time also is occurring in staff working under consult agreement and the numbers of pharmacists in these conditions is likely to rise also.

Inadequate training of support staff/technicians and reporting structure to non-registered management that supersedes pharmacist authority also contribute to decreased patient safety when workload is too great to ensure proper checks of prescriptions.

Increase in demand, decrease in hours, lack of understanding from corporate. Over the past 4 years as a pharmacy manager at my store, the expectation of pharmacists has become unrealistic. The company places so much focus on numbers and metrics and continues to cut our pharmacist and technician hours. A lot of times I find myself rushing to get things checked because of stress rather than focusing solely on the safety of the patient, which should always be primary concern.

Increase Pharmacist and technicians ratio based on prescription count

Increase pharmacist pay and unionize them. It's not ok to make someone work 12 hours straight without a break to meet specific metrics. We had to wait over two Months to even get masks and adequate protection for the pharmacy.

Increasing clinical services offered (COPD counseling, post-AMI counseling, discharge med rec) without an increase in FTEs.

increasing distractions/interruptions with newer duties(cmr's, immunizations, growing focus on counsel at register), patient questions during covid.For most of the day, on most days everything seem ok. The issue is a lack of wiggle room/flexibility during an issue--tech call off, random problems demanding more attention, unexpected surge in demand on a given day or hour...

Increasing metrics and demands and continual cuts in budgeted hours for technicians and pharmacists have led me to the point where I'm trying to be an overworked pharmacist and half a technician at the same time. The amount of multi-tasking I'm forced to do to keep up with all my duties while also trying to help with filling, helping at in and out window, and answering phones is too much. Most days I never stop moving and I get a scheduled break maybe half of my shifts. Even if I am scheduled a break, I often feel compelled to work through it to try to catch up to or keep up with promise time. I rarely feel that I have enough time to properly counsel on medications and barely feel like I have enough time to proofread a typed prescription, none the less evaluate it clinically for safety and appropriateness.

Independent pharmacy is a breath of fresh air after working for 3 letter chains and a grocery store. Still being able to practice clinically while processing prescriptions is a great way to be in this profession. It is heart breaking major corporations are ruining that opportunity for other pharmacists by making independents sell or go out of business with awful reimbursement rates. There needs to be more transparency and urgency. Point of care testing needs to be a major shift in focus for pharmacists along with how we can bill for these services. There are still areas independents can improve, but metrics are not a focus. I can leave prescriptions unchecked and actually manage my time how I feel it is needed. Counseling, vaccines, and other services do not take away from anything. In fact, I love doing them now. I get to know my patients and actually be a pharmacist the majority of the time. My heart breaks for all my retail brothers and sisters who are stuck with major companies that treat them like an expensive replaceable robots. If independents vanish from Ohio, I will either move, try hospital, or not practice pharmacy anymore.

Committee Information

Inpatient pharmacies have started to take on the trend of no lunch breaks and insufficient staffing that have long been a tradition of large chain retail pharmacies. The problem of understaffed pharmacy is so out of hand that we now provide new staff pharmacists with 3 days training before sending them to cardiac, GI, and ICU floors. Administration think that's sufficient training because we have access to lexicomp and other documents online.

Inpatient Pharmacy at large hospital. Terrible patient to Pharmacist ratio which has not been addressed even as it has gotten much busier over the years. Impossible to provide thorough care. On top of that staffed as if we have drug info, clinical specialists and other pharmacy specialists with us like we have during the day when in fact we have to do all of their duties as well. Yea there are some folks on call but paging in middle of night often does not get a response and certainly many issues are time sensitive and can't be delayed. As for breaks if we didn't take them ourselves our employer could care less if we never got one. Also always working below authorized amount of technicians as if that is not an issue for timely patient care. When Pharmacists call off rarely replaced with full shift if at all. I know State Board hesitant to set staffing ratios but they are absolute needed to keep employers in line and provide GOOD patient care. My God what if we have a COVID surge with skeleton staffing already we are all in huge trouble Thanks for listening and I honestly wish I was being dramatic but am not. I am so tired of chronic understaffing especially at an institution with ICUs left and right whose patients need timely care

Inpatient pharmacy resident so have no had too much experience verifying/processing orders. Currently in orientation.

It appears the board is considering RPh to Tech ratios, and, mandatory lunch breaks. Do not go down that path. Ratios have failed miserably in other states, and have caused more problems than has fixed problems. Same with mandatory lunch breaks, that causes patients to have to wait even longer and will prove to be counter productive and put pharmacists behind an extra 30 minutes. Do your research. My advice to the board is to establish an Ad Hoc committee to address these issues. By rule the board can establish Ad Hoc committees at any time they feel necessary. Evidently, if the board is sending out this type of survey about this long-standing issue there is a need to do something more than just a survey. A survey is a good first step, but a committee will prove to guide the board better, without just following what other states have done. Maybe better ideas can be brought out besides ratios and lunch breaks and Ohio can do something more innovative and good for all (especially the patient).

it i hard to work for management with blind ears

It is absolutely scary what we are expected to accomplish in a shift with such limited resources. It is as if we are expected to give our employer several hours of labor for free after the store closes to catch up and meet the workload expectations. I do not even fill my own family's prescriptions at my store unless I personally fill them. I do not believe my partner would make a mistake on purpose but we are not setup to practice safely. I am very encouraged to see this survey and I hope our board steps in to protect our patients and to preserve our profession.

It is difficult responding to codes in the ED when being the only pharmacist on duty during COVID 19. It is almost impossible to properly garb before responding to a code or emergency response because there is no time and no proper availability of PPE for our staff by our department. Although the company handbook outlines the proper method it is not being enforced at our site which makes it scary to walk into a patient's room not knowing if they are infected and not having time to properly garb.

It is difficult to get clinical positions approved. For example, I cover a 90 beds of our facility on my own. Our census is typically in the 70s and outpatient services are expanding. At times I feel pressured to complete by day to day tasks while continuing to prove a pharmacists value to a point where a second position can be added to assist or even cover when I am off. Most clinical positions do not have coverage when they are off. I try to use students/residents to expand pharmacy services as well however these do require oversight. It would be nice if there were guidelines set on how many orders verified per hour is acceptable or in a clinical position, how many beds should be covered per pharmacist. I know this can be challenging too as some order/patients are more complex than others but i think it would prevent management from setting unrealistic expectations or cutting hours when not appropriate.

It is DIOR that we hold the big chain pharmacies responsible for not providing enough tech/pharmacists hours. WE CAN DO BETTER. WE NEED TO DO BETTER. They always find loop holes. The errors are increasing due to all of the non stop pressure. The BOP needs to really see what is going on in Northeastern Ohio big chain pharmacies. I have expressed concerns and the supervisors hands are ALWAYS tied. It's almost abusive to make 1 RPh work for 12 hours with no break and its so busy that you can only find time to run to the restroom once. We need to see changes come from the BOP or Rph and techs will continue to have horrible working conditions and feel constant pressure on a daily basis due to inadequate staffing and demands from corporate.

It is frustrating to deal with the fact that corporations only focus on numbers and other metrics to determine if we are providing patient care. I understand they need to have something to measure, but they are missing the point. Much of what we provide is not easily measured by scripts per hour, vaccinations per week, or checking scripts in their set time frame. And, Lord help you if there is an error. The pharmacist is reprimanded (justifiable in some cases), but there is never an examination of the process, procedures that contributed to the error. There are pharmacist who fear losing their job because they are not achieving metrics. They allow themselves to be rushed and mistakes are made in order to achieve a goal.

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It is great to see that this is finally being looked at. I have been in retail pharmacy for many years and the question about lunch breaks actually made me laugh. While I feel that I try my best, I know that I am always faced with a decision to make, spend my time taking care of patients in the manner they deserve or working to meet the multiple quotas I have each day. I am left making calls to try to restart patients on old medications to avoid angry messages from my supervisor, which leaves me less available to my in store patients to assist with their needs. While my employer will never say I can not take a lunch or restroom break, rarely do I have enough time to step away for any meaningful break of any sort without delaying the care of my patients due to staffing levels.

It is imperative this problem is addressed. I started 15 years ago with a staff of 3 pharmacist, 7 techs, 3 cashiers. Our business has stayed the same if not grown, our duties have doubled with clinical services and we now work with 2 pharmacist (so single coverage), 4 techs , 1 cashier. Last week I filled 455 scripts myself with 3 techs on a Friday. No break, no lunch and left 100 in fill for next day. Everyone in this field, especially with COVID now, is burnt out in a unimaginable way. When I speak with colleagues who are prescribers and explain our situations as healthcare providers they are in shock and are as disappointed as I am in what companies are allowing and expecting from retail pharmacist. I have debated at times changing my profession because at some point the stress this places in my home life is not worth it, but I worked hard for this degree and I have hope for it to return to what it once was. Letting it be about helping patients live better lives. Allowing us to have the time to build relationships and trust with patients to serve them the way I intended when I first put on my white coat. I know God placed me where I am with a purpose but I pray as I have continued to do my job daily to the best I am capable, I pray the Board continues to do the same and makes the immediate changes that are needed to provide pharmacist with staffing that is appropriate for the workload and allows for patient safety to be a number one priority.

It is impossible to satisfy corporate demands at store level anymore. The assigned e-learning and call lists and register blocks to add patients to the reward cards or whatever are seemingly endless. I believe that both young and old pharmacists are unhappy. Whether you just graduated and are forced to work for low pay and no guaranteed hours or you are established and threatened with your job constantly. School is now too long and over priced in proportion to what is being offered. People are not going to want to become Pharmacists at all anymore unless the board stands up for us and demands better working conditions. I will not be able to continue if things do not change. I am already considering dropping to part time and finding something else to do to make ends meet because I just cannot take working under the constant pressure. For example, people yell at me because it's 15 minutes past their "scheduled" appointment for a vaccine that they signed up for on the internet... but I have a doctor calling in a script, a question at the drive thru and I'm not keeping up my "verified by promised time". There's no extra hours for these "scheduled" shots.

It is not about the patient. It is about the bottom line. Drop off, drive thru, several telephone lines ringing and you are the only one there. Then they keep track of how quickly you fill a prescription (10 to 15 minutes or less) and how many times the phone rings before you answer. There are metrics watched including how many savings cards you sell, how many immunizations are given, number of waiters and so on. NO COMMON SENSE!

It is unconscionable that a scheduled uninterrupted lunch break is no longer provided. I would not counsel my patients to avoid lunch. Grabbing an occasional meal catch as catch can is unreasonable. It is equally unhealthy to not have scheduled breaks. Why are pharmacists still working with 15" LCD screens, larger screens have been available for sometime. Additionally ergonomics are past unhealthy, I have had the surgery to prove it so. Lastly restroom procedures are equally unhealthy and can result in serious issues later in life. Can pharmacy be treated like the humans that they are.

It is unfortunate what has become of this profession. I started out as a pharmacist and now feel like a salesperson. We have so many metrics to focus on and they make sure they are impossible to meet. Pharmacists are vaccinating without looking up patients' history or IMPACT. We have patients that have gotten the same vaccine (ex Prevnar) every year when there is no indication! We have to make meaningless phone calls that can easily be done by a call center. I am not a pharmacist anymore! They keep cutting staff help and asking for more to be done. They expect us to provide 15 immunizations per week not including the flu shots year round when there is no indication. They expect us to have a goal of close to 2000 flu shots in a season with only techs working the whole 14 hour shift. They treat me like I am a machine. They treat me like a slave. What is being done to us is inhumane. We are now disposable and for that reason they know they can get away with it. What am I to do if I quit? How do I help my children if I am mentally and physically exhausted? I am overworked and unappreciated. I am sick. I am tired. We need help but no one is listening.

It is very unfortunate when the management team is constantly harping on productivity. It is very stressful to constantly worry about losing your job due to productivity trumping patient care in the eyes of

It seems as though managers do not care what staffing pharmacists have to say. They just care that the work gets done, no matter what is at stake. Many recommendations have been made to improve the workplace environment and job tasks. The excuse always is 1. Not enough money to make changes 2. We'll think about it. However, they have no problem adding to our workload. Technicians have high turn over rate and are unreliable, making it hard to trust what they do is accurate. Our good technicians leave because the technician management is horrible and they are tired of picking up other employees' slack. HR is unreliable as well as the technician manager is friends with the pharmacy rep. I would not choose pharmacy as a profession knowing what I know now. I feel unappreciated as a professional by doctors, nursing, and other staff. I talk students out of it if I can.

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It seems pharmacists and their staff are expected to do more and more with a lot of less help

It seems we are constantly being pressured to do more work with less help (whether it be pharmacist overlap or technician help). New metrics are being developed, the workload is increasing, as are the interruptions. I don't mind multi tasking but this approaching vaccine season in the current work culture is a great concern of mine. Our hours are "earned" which takes a reactive, not proactive, approach. It seems the large corporations have really driven the professionalism right out of our career—we are pulled in multiple directions at once and the public has come to expect this "fast food" type of service with a strong push from my company to focus on wait times and ready rates. Not to mention, we are expecting patients to take more of an interest in their health by completing CMR's and adherence counseling, but at the same time advocating programs (such as auto refill) that cause them to have little to no responsibility for their own medications. It seems completely counter-productive.

it would be easier to focus on patient safety and counseling if we weren't so panicked by decreasing medicaid reimbursements. how are pharmacists expected to fill prescriptions safely for \$0.15 total? that is disrespectful. that is why chain pharmacies are so awful with metrics because they believe they can outpace the negative reimbursements when half of the prescriptions are directed their way through predatory PBM steering. let people have a choice where to fill their prescriptions. get us paid for our work.

It would be great to see the board take an active stance FOR pharmacists like the medical board advocates FOR physicians. Pharmacy is largely an extension of retail in the state of Ohio and has little clinical value thanks to the likes of major chains (CVS, Walgreens, Rite Aide). The Ohio board of Pharmacy should have an active role in correcting that issue. I'm encouraged in seeing the survey that this may be the stance of the board as well.

It would be helpful for the board to work cooperatively with pharmacists in Ohio rather than counter productively. Not having pharmacists best interest is disheartening. Asking confusingly worded questions on license renewal as well as punitive C.E. audits for said questions destroys trust.

It would be helpful if you actually DO something with the results of this survey instead of asking pharmacist to do EVEN MORE than they are already asked to do. Hmmm....I don't know, how about legislation mandating breaks, proper ratios for staff, max hours. I mean, semi truck drivers have more support than we do.

It would be helpful to include a question on practice status at the very beginning of this survey. I am a retired Pharmacist and answered these questions as they relate to my volunteer work at a Free Medical Clinic. Another suggestion is to include "N/A" as an option for all the questions. There are practice settings, such as Industry/Pharma, which would not be aligned with the questions asked. Thank you for the opportunity to provide comments.

It would be nice if this survey either clarified prior to starting that it was only for dispensing pharmacists or it took into account that nondispensing also have workload issues

It's about connection. Somehow there needs to be time for a personal connection with patients who want one. Not everyone wants one but there needs to be enough supportive staff and a little less emphasis on metrics. Many want or need a connection these days. We talk about it and even have commercials about it in our different health systems.....we just need to review our work flow and processes to support that dynamic.

It's been very depressing working as pharmacist for the past 4 years in one of the biggest chain pharmacies in the country. Unrealistic expectations, excessive workload, perpetually shrinking support staff budget. During that time I have seen the company cut stores hours for technicians and cut pay for pharmacists to the bone. Every year the work gets harder. You are demanded to do more with less help. Often, I am unable to even go to the bathroom during a 12 hour shift because it is too busy. We are expected to not work off the clock for fear of retaliation yet if we do not get enough done then we also face retaliation. We are constantly told why can't we make 100 patient calls per day, 50+ flu shots while verifying orders for patients, making another 10-20 calls to providers offices, and get everything done in a normal day. It has turned into an assembly line. Often, I feel the atmosphere is VERY unsafe for patients. The patients are the ones to suffer. Such little help I find more and more of my colleagues, including myself, have to spend less time ensuring patient safety and efficacy for their medication. I have picked up shifts elsewhere and found numerous mistakes or just issues that I feel a pharmacist would address such as something not being the best treatment for a patient's disease state. I am ashamed to work for the chain like the one I'm working for. However, I have no choice since I am deep in debt in student loans. They abuse the employees as much as they can. We are constantly reminded we are replaceable. All they look out for is company's profit And shareholders happiness. Quality of life is horrible And stress level is very high. Worst experience of my life. Your cry for help and repeated warnings of the danger you impose to society goes ignored to say the least. I really hope the board of Pharmacy actually save this profession. I have always wanted to become a pharmacist, now it became my worst nightmare. I regret wasting years of m

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It's honestly the same old song and dance. Corporate retail pharmacy could not care less about patients. They only concern themselves with overall profit and not impact to patient or value of employees. They are constantly firing staff (including pharmacist) during slow periods and then over hiring after the workloads become dangerous. Retail pharmacy staff have been paying with their sanity, morals, and personal time for years. There is no proceeding our profession until corporate leaves pharmacy. Patient care should be in the hands of a pharmacist and not restricted on what they can do by corporate. Imagine being able to give complete counseling and education. Rather than, oh I'd love to help you more but I have scripts to check before they are past due, phone calls to make for metrics, and these other five things that don't impact you at all. There should be no chain pharmacies in my opinion. All should be pharmacist owned and operated. Even if you have to implement a leadership system. Every single person in those positions should be pharmacists and still required to work at least one day a week in the pharmacy. No matter who they are. That way they can see exactly how their policy's and procedure's impact daily operations/patient relations. The corporate pharmacies that remained opened inside and out (drive thru) during the first COVID wave could not have cared less about their staff's safety. There were no masks, no shields, no barriers, and they ran giant promotional sales to increase foot traffic. I am not blind to the fact that at the end of the day it is still a business and has to make a profit in order to stay open. However, while CEO's are getting 15% or may pay bonuses during this, then I fully believe that they do not care about anything but profiting. All the while people are losing their jobs and our workloads are being doubled or tripled.
It's run like a business rather than a healthcare setting, so most decisions are money driven. Safety is also taken in to consideration, but money is the major decision maker.
It's all about the numbers. 30 pharmacist complete against each other. The quickest callers get the best schedule. Calls to md offices is not an exact science. Things are being missed. Very unprofessional. Pharmacists are burned out.
It's long past time for the board of pharmacy to step in. Patient safety is on the line. These big corporations are metric-crazy and patient safety is in jeopardy. All the supervisors and corporate care about is the bottom line. They don't care about patient health and safety at all. They love slashing hours and ensuring you have a skeleton crew to work with all day, everyday. Very dangerous working conditions.
It's not just scripts...it's all the phone calls, immunizations and tasks related to metrics/programs. No time to do any inventory tasks or cleaning/ organizing as well as weekly schedules unless it's done on unpaid/volunteer time. My dentist always says it's illegal and wants to know how an employer gets away with not allowing breaks/lunches since I sip my pop all day long. Not to mention the mandatory unpaid expectations like manager meetings and immunization/CPR training.
It's not unheard of to work multiple 13 hour shifts days in a row. That alone can be very mentally exhausting and potentially unsafe for patients. A maximum on number of hours worked in one shift along with a "time off" requirement of so many hours after a maxed out shift would be a very welcomed relief to see.
IV prescriptions are much different. Please consider that 3 new patients in 1 hour requires a minimum of 9 prescriptions including flushes and a necessary supplies. That is why 10 scripts per hour is different than the 3 retail prescriptions.
Just cut our hours from 8-10 to 9-9 which causes 12 hour shifts, less rph overlap, less time to get work done, no time in morning to get things ready for the day plus large increase in flu vaccines goals this year with less time and less rph hours to do them. Script count is up front last year and high vaccines predicted. They also took away centralized verification as compared to other years. We just got a 30 minute lunch break only for morning or 12 hour rph this last week. No break for evening rph.
just having time to go to the bathroom is difficult! lack of support help is mainly the issue
Just recently my chain has implemented that the pharmacist will be allowed to take a lunch break for 30 min each day at a specific time. However they do not close the pharmacy department. We can just go to the back room or consultation area. I tried this to no avail. I am constantly interrupted or when I return from my break we are very far behind. Also, the time they picked is when doctors offices are retiring from their lunch breaks so it's at an inconvenient time.
Just started at current position with a hospital system and appreciate their stressing quality and safety over numbers as compared to previous places of employment including a for-profit in a similar setting and a large chain retail.
Keep confidential
Keep trimming hours at retail
Keeping up with regulations from multiple bodies is extremely challenging.

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<p>Kroger does not provide enough tech help and expects way too much during the shift (vaccines, MTM, screenings, etc.) It is ridiculous and unsafe. Many pharmacists have voiced concerns, but fear talking with management. Or they voice their concerns and they say the pharmacist is not being efficient. I am seriously considering retiring even though I love being a pharmacist and I no where near retirement age.</p>
<p>Kroger pharmacy pushes pharmacists to falsify claims to OutcomesMTM by setting clinical metric goals that must be reached for manager to keep their positions, location, pay level and get their bonuses. Managers then tell staff pharmacists, interns and students to reach goals and quot;no matter what and quot;. Rather than giving resources and adequate time to complete quality clinical interactions with patients, they are instructed on how to document interactions so they look like quality interactions. CMRs are encouraged to be basic med reviews during pick up and last only a few minutes. Kroger has covered up multiple incidences of fraud by a pharmacist and the reporting pharmacist was punished, harassed, verbally abused and slandered by the offending pharmacist and multiple other employees. The culture within Kroger is to look the other way and that and quot;you never report someone above you and quot; and and quot;what happens within these four walls stays within these four walls and quot; or you will be punished to the point of losing your job. Due to job shortages pharmacists are scared to lose their jobs to the point of justifying fraud, theft, and dishonesty.</p>
<p>Lack of adequate technician and pharmacist help has always been a major issue in my 9 years as a outpatient/retail pharmacist. Over my 9 years I have seen script counts go up drastically and staffing go down. This makes absolutely no sense in order to practice pharmacy safely. More and more services are being asked to be done by pharmacists (vaccinations, MTM, Prior auths, etc) with 0 added help. Something need to change. Patient care is suffering. And there is no doubt patients are at risk because so much is being asked upon the pharmacist.</p>
<p>Lack of pharmacist overlap. (I have worked 13 hr shifts solo with no breaks) Decreasing technician hours. Increasing script counts, including vaccines, which take a significant amount of time and pull the pharmacist away from other tasks. Increasing number of phone calls to patients required by the company. Lack of Any kind of break. These are all company-induced problems and solvable with better staffing and scheduling. The pharmacy companies can't control how the public treats the pharmacy staff or insurance problems that arise, but they can control staffing, which is the driver of most problems in the pharmacy. As it stands, retail pharmacy is a hazard to both pharmacy staff and patients and the state should enact regulations to better protect the public and the future of the profession.</p>
<p>Lack of qualified technicians. Lack of pharmacist coverage. Too busy trying to stay off the the metrics list for not doing enough doctors calls to get lipid results or calling patients to inform them that a yearly health physical is paid by their insurance. Tired of staying 2 hours late to input all of the metrics in the computer or staying late because my partner is buried at 5 pm. Tired of getting 15 minutes to do a blood test/physical when it takes 30 minutes to do. I would love to do these test if there was another pharmacist to keep up with the prescriptions. I retired in December and I miss the customers and coworkers, but not the job.</p>
<p>Lack of technician staffing is making pharmacies unsafe</p>
<p>Large chain community pharmacies are focused far too much on metrics rather than patient care. Pharmacists are constantly questioned by our corporate office on why we are not meeting these metrics and what our plan is to meet them. This puts too much stress on pharmacists that often times we are so focused on meeting metrics that we do not put enough time toward patient care. Staffing is another big issue in large chain community pharmacies, both pharmacist and technician staffing. We get little, if any, overlap between pharmacists, have to work 10 to 12 hour days, and often get no lunch breaks. Corporate will also only allow us to schedule enough technicians to barely get by. Lack of adequate scheduling does not allow for proper patient care and can be dangerous in this profession. Lastly it is hard to retain technicians in large chain community pharmacies mainly due to lack of pay. Our technicians work hard to help take care of our patients and deserve to be paid a respectable wage, but corporate will not increase this wage. This often drives technicians to find other jobs with less stress and better pay.</p>
<p>Large chain pharmacies have slowly taken away safe and effective work environments in the name of profit and corporate gains. Pharmacists are placed in dangerously understaffed and overworked situations by these companies with little or no regard for patient safety. Support hours have been drastically reduced as well in the name of profit. Metrics, goals, and quotas are driven over patient safety and personal care. Threats of termination are regularly used if individuals speak out publicly against these employers.</p>
<p>believe that I must work it such an understaffed and stressful environment. Large corporate chain pharmacies have negotiated terrible contracts with insurance company with reimbursements for dispensing fees as low as nothing to maybe \$2.00 if we are lucky, per prescription. The only dispensing fee which is high is for immunizations, so that is why we are pushed to do so many. I have been a pharmacist for over 40 years and I only see our profession being controlled more by large corporations whose only motivation is profit. It is sad that we have so little regard for ourselves and the patients we serve. Small, independent pharmacies have almost disappeared because of the greed of large corporate chains. Hopefully new pharmacists coming out of school will be motivated to make our profession and working conditions better. I have not and I am ashamed.</p>

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Large chain retail pharmacies list safety of patients as a primary concern, but supply fewer and fewer resources to implement that goal. More over, job tasks (metrics, immunizations, MTM, etc.) increase while budget cuts force Pharmacist to compensate for lack of technician help. A grave lack of scheduled and allowance of Pharmacists to take a lunch/dinner break adds more stress to jobs that are among the most demanding of professions. Lastly, the inability to express concern or disapproval of these concerns listed, for fear of loss of employment, creates a environment of servitude and not professionalism.

Large chains are pushing too hard

Large chains focus too much on the numbers, like increasing prescription volumes and not on caring for the patients. Supervisor's and other higher ups often do not have any experience working in the pharmacy and thus have no idea all that goes on.

Large chains have absolutely destroyed the practice of pharmacy.

Large chains have made it impossible to provide adequate patient care in every aspect of pharmacy. I spend so much time doing technician duties on a daily basis due to a lack of technician help that I am forced to provide sub par clinical care. I have had to leave work on multiple occasions to get treated for acute anxiety due to the environment for which we are forced to work. Upon accepting the role as PIC, I unintentionally lost 15 pounds within 2 months due to stress, inability to eat regularly and extended work days. There is no time to make calls on clarifications, provide above average care for patients that require additional assistance or even focus on basic human requirements of staff members such as eating or using the restroom. I was treated several times over the last 2 years for UTIs due to dehydration and the inability to use the restroom as often as required. The metrics that corporate uses to measure the "health" of a pharmacy have forced me to feel more like a salesman than a pharmacist as they focus more on increasing script count than helping patients to understand or become more adherent to their medication regimen. Some corporate chains do not utilize 3rd party platforms to monitor MTMs. Instead, they have constructed their own version of MTM which only encourages quick and inefficient patient interactions as described above. I am concerned about patient safety on a daily basis and am concerned that nothing will change unless more people are negatively affected or more deaths occur as a result of medication errors. I can only hope that Ohio changes the path that pharmacy is headed down across the country. Let Ohio set the example for how pharmacy should be and how pharmacists should be perceived by the public. It's time to do damage repair on our reputations and set a new standard. Please don't let us down!

Large retail corporations, like the one I work for, are destroying the role of the pharmacist in healthcare. When I started at my current location in 2014, we averaged approximately 1600 prescriptions per week with an average of about 200 technician hours and 2 pharmacist overlap hours during 81 operating hours. We now average 2100 prescriptions per week with an average of approximately 145 technician hours during 75 operating hours. I work more efficiently than the vast majority of other pharmacists that I'm familiar with, but when my technician hours budget is so low that I work as a technician for 25-50% of every shift, even working an hour off the clock before opening and taking a maximum of 2 bathroom breaks per day while eating on the fly, it takes every minute of my shift to finish filling prescriptions. Adequately counseling and caring for patients is essentially out the window, and I cross my fingers every day in the hopes that I didn't really mess something up and cause one of my patients harm. All metrics, on which my continued employment depend, are presented under the guise of patient care, when in reality, a "positive" result is coercing the patient into refilling a prescription or sending a request to their prescriber for an entirely new prescription. Filling more prescriptions and making more money is the bottom line for all metrics, but providing technician hours to actually fill those prescriptions isn't a priority. My particular company argues that new technological improvements allow us to be more efficient so that we can provide better care for our patients. They claim this increase in efficiency doesn't come with decreases in hours budgets, but history has shown time and time again that there's a direct correlation.

Last year we were barely able to keep up with flu vaccines and I truly believe it was not safe with the workload on the pharmacist, lack of support staff. This year with covid there are even more pressures and the corporation has purchased double the amount of vaccine. I am personally terrified as I want to vaccinate people and help keep them safe, but there is no way we can physically accommodate all of the new cleaning standards without extra support staff. Also, on shift I have never taken a lunch and often have to wait to the point of extreme physical discomfort before I am able to use the restroom. No one is being properly cared for in this environment, patients or staff. Please please please mandate the changes necessary to help us care for our patients and ourselves

Legislating work load volume is not going to solve the problem of reimbursements. If you don't work to solve the problem of PBM's, legislating workplace pharmacists and technician ratios is just going to make the job market worse.

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Licensing and standardization for technician training is vital for patient safety but without a formal infrastructure in the state to achieve this goal the supply of technicians have become dangerously low. We have been recruiting technicians for months as have all the hospitals in our area and pharmacy technician is still not viewed as a destination career leading to a lack of qualified Certified Pharmacy Technicians. Hospitals used to be able to rely on retail to perform entry level training and then the hospital could add IV compounding to this fundamental base. Now with the delineation in types of registration the burden of creating an ASHP accredited or other training program is beyond the resources of small to mid sized hospitals and the large health systems have not shown an interest in creating such programs. The speed at which licensing was rolled out has not allowed for the academic infrastructure to train techs vocationally has not occurred in the state putting our patients and pharmacists at risk.

Limits must be placed on the number of prescriptions a licensed pharmacist can verify/perform DUR on per hour to ensure that large chain retailers are providing enough pharmacist and tech staffing to serve patients. The board has taken a stance of the years to place pressure on individual pharmacists for dispensing errors without addressing the work environments large chain retailers are creating that are a direct cause of these errors.

Long work days and inadequate staff are the main issues in the workplace. Having a mandated pharmacist to technician ratio and required breaks would be helpful for preventing Pharmacist burnout and Improving patient safety.

lots of interruptions/distractions during work day - phone; other staff often makes it challenging to fill orders even if not too busy "prescription-wise"work in a specialty setting so no technicians and supervisor not aware of all that we do in this position tend to work with dealing with problems as they occur, but then supervisor asks why he wasn't informed - doesn't realize the patient comes first and there isn't always time to inform him until afterwards and by that time sometimes it isn't even worth it seems like promises made concerning staffing that are never realized

lucky my environment is safe and well managed

Lunch breaks and more pharmacist overlap would help a lot with the workload. So would having more tech hours. They keep saying "oh have the techs do that task" but I feel like their workload is overwhelming too.

Lunches are allowed to be taken when there is more than one pharmacist but this isn't always the case. I am worried that during this flu season and with a potential Covid vaccine coming there is going to be an even bigger increase in needs for more staffing

Major challenges for the profession are DIR fees and discount cards like GoodRx. These are what community based pharmacies are forced to deal with and why independent pharmacies are closing and major chain pharmacies operate with skeleton crews. Hard to believe other retail stores like Starbucks operate with more staff than a mid volume pharmacy because you get better % margin on a cup of coffee than a prescription. Board of pharmacy is there to protect the public and I understand it is not the BOP's responsibility to help with these reimbursement cuts, however it is a direct result of these cuts that the pharmacy profession is suffering which results in potential harm to public. Increase in new grads fluxing into the profession in an already saturated profession is also a reason why people are afraid to speak up with working conditions. Younger generation of pharmacists with over six figures of student loan debt are willing to accept lower pay wages and will work in these questionable conditions. I honestly do not expect anything to come from these surveys.

Making and answering phone calls (that could be resolved at a call center) take up a significant amount of time daily

Making it a requirement for there to always be a technician to be on premises while the pharmacy is open, unless the pharmacist on-duty deems it unnecessary for them to be there. (ie all caught up for the day, slow evening - sends them home early)I know I constantly worry about how I am going to run the pharmacy, when I do not have any technicians with me on weekends... due to lack of 'hours' to give....How do I step away to go to the restroom? How do I pump breastmilk if I am the only person there?I know my location is not the only one affected by this, and it becoming very bothersome with the tech hours being cut, the metrics being piled on (with what seems to be non-attainable goals), etc....

Making salaried pharmacist work above scheduled time without pay.

Management is not always held personally responsible for errors and patient safety. They encourage unsafe practices, cover ups of issues and are interested in saving their own jobs by hitting metrics.

Management obsessed with metrics and productivity, with unrealistic and unreasonable expectations

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Management requiring in-depth rx notes when filling opioids, yet expecting rx to be filled quickly. Unreasonable metrics required for immunizations expected to be integrated into workflow of filling prescriptions. No additional staffing hours given when offering new services such as curbside pick up and home delivery, or even just to clean as often as now required. Cutting staffing hours for technicians forcing the pharmacist to “run the show” alone in the back while the technician runs register due to lack of hours to cover the weekends. I feel all of these can lead to an increased risk of error due to expectations that are unachievable with the amount of staffing causing safety to be compromised.
Mandatory break if working 13 hour day and not mandating how many mtm or vaccinations are required to be completed by each pharmacist a month
Mandatory lunch breaks and technician ratio would be outstanding
Mandatory lunch breaks for all pharmacist not fair if you work 12 hours and do not get any breaks
Many company goals and requirements are solely based on reducing the average cost to dispense medication by reducing workforce. Such as converting patients to 90 day prescriptions and calculating workforce hours by the number of prescriptions filled. By meeting the goal of increasing 90 day prescriptions, you effectively reduce the number of prescriptions you fill and your workforce hours.
Many hospitals (including ours) are running on decreased budgets due to COVID-19 (canceling procedures, spending more on PPE for healthcare workers, patients, and visitors, etc), so hours are cut, but productivity and quality expectations remain.
Many issues arise from inept and/or absentee management. As an employee pharmacist, it is difficult to establish oversight while the owners (non-pharmacists out of state that own many other 'independents' under their original names) and have no specific policy & procedures, training, etc. for the pharmacy workflow, and leaving all purchasing and other decisions to a selected "manager" (a CPhT). There are also language barriers within the practice that create unique challenges as well
metrics and company flex programs have little to no place in professional practices
Metrics and low insurance reimbursement are the reason our jobs are so stressful. More and more responsibilities are being placed upon us with less or the same amount of help bc pharmacies are not making money . All the big companies are looking for more non dispensing things to force pharmacists to do in an effort to somehow make them more money . I went to school to dispense drugs , not meet a vaccine quota , test for viruses (covid) or be a salesman . Please look out for us and make some changes to enable us to safely care for patients .
Metrics and other non essential burdens are ruining community pharmacy. We are constantly expected to do more with less and it gets worse by the month. There is always a new responsibility or metric that we are being measured on and are expected to act as robots more than human beings. Bathroom and food breaks are nearly impossible during our 10-13 hour days also. I realize for chains that the bottom line is their profit, but a lot of us are feeling insanely overwhelmed most shifts...and it does not help patient safety and the quality of care we give. The volume of scripts is one thing...but the extra metrics and responsibilities are what I feel is drowning a lot of us. Thank you very much for your time !
Metrics are becoming more and more a focus putting such pressure to complete. Adherence, waiting percentages, verified by promise times all put such pressure to complete which compromises safety. At the same, our support hours keep getting reduced. To be alone in the pharmacy running all aspects of cashier, drive thru, phones, immunizing and filling is retail, but quite stressful as well.
Metrics are killing our profession. I must meet an 85% VBPT and 45% prescription waiters with no lunch, While maintaining an 80ish% delight score and minimal phone hold time while completing, 30+ patient calls (new to therapy, late to refill, MTM), 3+ store prescription discount card sales, 3+ immunization goal, on top of normal pharmacist duties while being the only pharmacist on a 12.5 hour shift and 22 tech hours processing 300+ prescriptions.
metrics are the worst part of retail pharmacy because the supersede anything of actual importance including pt safety. kroger pharmacy publicly states that the most important thing is patient safety but where are the metrics measuring it? where are the "back pats" or appreciation for not doing harm or having no incorrectly filled rx in a time frame? if we where to accidentally misfill an prescription all we are required to do is fill out a incident report and then it "goes away" until reviewed during the quarterly accuracy huddle....if our wait time or any of the following ready rate, sales, mtm percent effective, vaccines given, tech hours, medsync enrollments, savings club enrollments are not at goal we are required to have weekly conference calls until it is fixed and write up ways how we are going to fix it in a SMART format. the idea that all these metrics exist is astounding. it seems that some are inversely proportional to patient safety; for example, decreased wait time means less time spent on filling a prescription and other tasks impacting how quickly that script can be process so our patients dont have to wait a few minutes longer. metrics have made pharmacy into a fast food like scenario and we get scolded by the patients and corporate alike if they have to wait longer. we are not treated like healthcare professionals in a healthcare setting focusing on patient safety, we are treated like a burger flipper trying to get out the next meal as quickly as possible hoping no harm comes of undercooked meat.

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Metrics shouldn't be allowed in order to be able to focus on the patients.Thanks
Miami Valley Hospital Dayton Ohio
Micro managed by corporate people who have never worked in a pharmacy. On paper they appear to have the patient's best interest in mind. However, they know corners are being cut but look the other way unless there is an incident in which case you are on your own.
Money drives everything.
More regulations need to be enacted to limit understaffing, ridiculous metrics, and being overworked. My mental health and the safety of patients are at risk. I know many pharmacists and none of them actually feels they can safely care for patients.
More responsibility given without enough staff. Metrics are not patient focused
More tech help would make me feel better able to give care because I wouldn't be interrupted as much to ring out a customer, answer a refill call, fill a waiter, ETC. Also my employer is decreasing Rph overlap in the next month so I anticipate that workload and stress to increase.
More tech hours must be mandated across the board. It is not safe for the RPh to enter, fill and then check the rx's!
More than adequate help at independent pharmacy. No bean counter/corporate metrics to deal with.
Most days I personally process over 500 rxs myself, have no rph overlap, only 3 or so technicians (at the busiest times of the day) and feel I have no time to be available to my patients. I also go in an hour early each day unpaid to be able to get a jump start for the day. Without me doing this, my day would be unmanageable. Each year the technician hours get cut and while my direct manager is amazing, she can only do so much because of the restraints corporate has place on all of us. I have worked for the same chain for 14 years, 9 as a pharmacist. I have seen the deterioration of the profession first person. I do not receive a lunch and most days am only able to use the restroom once during 13 hours. This has led to medical conditions for me and coworkers who are under the same strain. We are overworked and exhausted most days and most patients do not take any responsibility for their medications which also leads to more workload for my staff without corporate help. Flu season will be upon us soon and unrealistic expectations have been placed on us due to covid 19. I have grown used to my working conditions but I shouldn't have had to. I should be able to do my job and help my patients and right now, I feel like I can only do one or the other.
Most of these questions seem more applicable to a pharmacist who functions in a staffing role verifying and/or filling/checking prescriptions and don't really apply to someone like myself who functions in a clinical role- I do not verify, fill, or check prescriptions.
Most of these survey questions were not relevant for my practice site. I do not work in a pharmacy or patient care setting.
Most stores lack the labor hours necessary to provide a safe working environment. Vaccinations are an important part of what we do, but we simply must be provided enough staffing so as not to disrupt the workflow.
My answers are very positive since I own my own pharmacy. I do not believe that I pressure any of my staff to perform beyond their safe capabilities. We go the "extra mile" for patients and that is as much of a reward as money, sometimes more.I know he OSBOP does not get involved in nor regulate prescription pricing. However, the pressure to perform with less help is greatly influenced by the low payment that the PBM's have chosen to pay us for our time. This pressure to become more efficient is not just an incentive to lower prescription prices, it is a mandatory hole we have dug and we seem to be sinking further into it. If more pharmacists could make a living on their own, if the insurance companies would pay well enough for us to hire the help we needed to do our jobs to the best of our abilities, Ohio would be a safer state to purchase and fill prescriptions. Pharmacists would be under less pressure and make fewer errors.
My answers do not reflect retail pharmacy. I worked for cvs for 5 years and what is happening in retail is disgusting and the influx of new pharmacists is making things worse. This needs to be a primary concern of the board.
My answers reflect a position I left in January because I felt that I could not practice in a manner that was safe for my patients. Every night I would get sick to my stomach wondering if I made an error - and in fact, I made more errors in my four months there than I had made at my previous grocery pharmacy chain job in 3 years. CVS does not care about patient safety, flat out. This issue is rampant across the country. There needs to be safeguards in place for patients and PHARMACISTS against corporate greed. Retail pharmacists are not able to be the gatekeeper any longer due to the high demands of these establishments. This is a travesty.
My answers to these questions would be vastly different if I was answering one year ago while working at CVS. I am extremely lucky to now be at employed by a small business long-term care pharmacy.
My answers would be completely different If I was still a float pharmacist for CVS. Also, metrics play a huge role for a coverage determination pharmacist at a PBM...I believe the focus on metrics negatively affects patients' healthcare (e.g. adverse decisions, including those for government beneficiaries, are hastily made).

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My answers would be totally different if I was still working at retail . I have worked retail for 15 years and I feel that retail are very short staffed both RPh and technicians. I always felt like I was pulled in 5 different directions , do MTM, answer phone , run drive thru , run counter, do cholesterol testing , vaccines and etc. just too much for one RPh to handle , often with just one other technician if you're lucky and they show up to work . I often feel like "God I hope I didn't kill anyone today!" when I worked in retail setting . Hospital is a different. Here you have time to perform your pharmacist duties.

My answers would have been drastically different if my current employer was a big chain pharmacy. I was lucky and got out and now work for a smaller independent

My belief is that this has become an industry standard. We are trying to replace people with technology. There is an increase amount of workload overall, whether it be the pharmacist or technician. The problem is that technicians feel they are not making enough for all the responsibilities they are required to perform. Therefore, they go where they make more money, leaving those who can't behind. This puts more pressure on the pharmacist to perform their clinical roles along with the added technical responsibilities that have been incomplete from the technicians. Added, and emphasis has been placed on metrics. These pressures have forced many pharmacist to miss lunch or stay hours over, leading to a higher potential for errors.

My biggest concern is vaccines. I don't believe we can manage the crowds of people that will come in for flu shots, which is bad enough, but employer wants us to do more external clinics. We won't have control over the social distancing setup and will have to trust the client to do it right. They want us to go into elder living facilities, and if we don't catch COVID there, I'm sure we'll bring it in with us and infect the residents. It's not safe. I'm going to get sick or spread the disease. I'm going to get my loved ones sick. I'd quit my job or take a leave of absence if I knew I'd have a job to go back to when things get safer, but there's no more job security left. I was laid off last year from my previous job, and it was hard to find a new one. I would gladly take a big cut for a safer job right now. So far I don't have to do COVID testing; that would have been even worse. I'm sorry that I don't have anything good to say.

My chain does whatever they can to keep us safe

My company focus is on metrics and saving money, they put an unrealistic daily goal for us that we are not allowed to leave without hitting that goal, this makes us work through breaks and stay after hour shift to meet goal around 1 or 2 extra hours every day. On the weekends we typically have to stay 2 extra hours after hour shifts to catch up with resource planning problems. When the work volume gets down, they cut the pharmacists hours, and let pharmacist go, instead of relieving the pharmacists they have. It's basically an abuse of being salary employee versus hourly employee. All extra time spent is unpaid. Of course, beside pushing for productivity all day long, they write you up if you made 3 errors or more per month. A way for them to be able to let you go when they want to. So if you are afraid of making errors, you can't rush through your work, you just sacrifice your break and lunch, and stay extra to get the work done. If you don't get the amount of work asked from you done every day, you get written up as well. In summary, this is very stressful environment, because you either meet their needs or you get fired.

My company gives a quota for immunizations to be met daily, weekly, monthly, and yearly. Plus so many calls have to be made by a certain time each day most of which are bugging customers to refill meds. Phones are constantly ringing off hook. Plus trying to fill 300+ prescriptions per day with 1-2 techs. It is not safe.

My company has great ideas of patient care and all these metrics/technology to guide us, however we never have enough man power to execute. With no RPh overlap it's nearly impossible to maintain optimum patient care. I used to be a pharmacy manager so I seen it first hand. Days were endless and work never stop we were always trying to stay afloat. It's hard to conduct effect counseling sessions working with 1 pharmacist all day. You find yourself buried in vaccinations, waiters, doctor calls and acute prescriptions to verify. It's hard to prioritize.

My company has recently cut pharmacist hours despite the consistent prescription count and increased clinical duties. I would like to be able to dedicate more time to improving patient care but with the cut in hours this has been increasingly difficult. I have to choose between conducting a true comprehensive medication review or making sure the prescriptions get checked in 15 minutes. I understand that the company has to turn a profit somehow and that a lot of this is due to PBMs controlling the industry but the company should still set realistic expectations with the resources that they are giving us. The patients should come first and this current environment has made it very difficult to make patient care my top priority.

My company is rolling out new technology that allows the pharmacies in the area to share the processing & verifying workload. Therefore if one pharmacy is understaffed for the day that pharmacy can concentrate more on guest service counting and just product verification.

My company provides 4 total breaks for each 10 hour shift. 3 of the breaks are 20 minutes each, plus a 30 minute lunch. We also provide a weekly 30 minute wellness break intended to focus on a well-being activity. Could be exercise, Mental health, Financial well being, etc. the pharmacist gets to pick what they wish to focus on during that time.

My current job allows me to practice pharmacy safely. I am able and encouraged to put the patient first. However, I previously worked at CVS. I strongly feel that the working conditions at CVS are inadequate (pharmacist staffing, tech staffing, unrealistic expectations on the pharmacist).

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My current position in mail order provides me adequate help. This is a recent change in career. Most of my career was retail. I wanted to add that retail is very demanding and adequate help is NOT provided to safely fill prescriptions with the increased demand and responsibilities. Retail pharmacy is unsafe. There are no breaks or lunches to regroup and gather your thoughts. There an increase of responsibilities and a decrease in both pharmacist help and tech help. I was fortunate enough to leave this environment. Unfortunately, not everyone can. Retail pharmacists are vital to patient care and there is not enough time for a pharmacist to provide proper care. I hope these surveys are taken seriously and the board steps in to do something about the current situation.

My current role at UC certainly allows for adequate patient care. Previously at CVS, it was not safe due to refill calls, vaccines and meeting metrics. It did not feel safe filling 500+ rx working 16 hour days without even having time to eat or go to the bathroom. It's why I left cvs.

My current role does not have direct patient care considerations. I answered all as neutral, but maybe a N/A or other answer type would be more appropriate.

My current work environment strongly supports patient care and patient safety (work within a Specialty Pharmacy). However, a large reason why I left my former employer was the large patient volume and small staff to support the volume (previously worked within a chain retail pharmacy).

My employer continues to make more and more budget cuts to tech hours and pharmacist hours. On average our pharmacist is working at least 2 hours a day with out any technicians and we work Sunday with no techs. Two of my senior technicians have quit within the past year due to the amount of stress placed on them by this job. We were robbed last year and neither our store manager nor our district manager ever asked if any of us that were involved were okay. Despite budget cuts and lack of help, we are still expected to push metrics and meet goals. This job has put a toll on my mental health to the point of contemplating suicide last year. During my 12 hour shifts, I'm lucky if I get to go to the bathroom once and manage to sneak in a snack. Something needs to be done.

My employer does not care about the health and safety of its employees. They are not giving us adequate ppe to keep ourselves safe. We get one mask a day. They have increased the hours we are open and cut our tech hours. We never get breaks. Never get to sit down or eat. Never get to use the bathroom. They beat into our heads how quickly we need to get things done and the metrics are proportionate to our raises. Everything we do is timed. We are being forced to give vaccinations in a small space. It is dangerous. We are told to wear a mask and the public does not. I may have to contact the public health department. I sent an email voicing these concerns to the board of pharmacy in February. And nothing.

My employer expects pharmacists to answer incoming calls to the pharmacy without screening from the technicians because "they are too busy." My employer proudly boasts that their dedication to safety includes pharmacists processing medication orders in a "no interruption zone." Every workstation where pharmacists process medication orders has a multi-line telephone right next to the computer. My employer thinks that multiple telephone lines ringing at once does not qualify as an interruption.

My employer has job openings for pharmacy techs but there are no applicants.

My employer is in the process of implementing pharmacist meal breaks at most locations, but for whatever reason has excluded the busiest pharmacies during the weekday shifts. We do not have pharmacist overlap on a daily basis that would make it possible to take a lunch, yet we are not going to be provided a lunch break on weekdays. We will close for lunch on weekends. I am very concerned about the coming flu season. I have worked shifts where I myself have administered 20+ vaccines while also verifying 300 to 400 prescriptions with zero pharmacist overlap. This year will be hectic with people concerned about Covid-19, additional cleaning requirements and less tech hours. I don't even want to think about what things will be like once a covid vaccine is approved. Unfortunately, retail pharmacy has become more and more focused on Medicare STARs ratings, MTM revenue and reimbursement rates at the expense of patient safety. I have long considered a career change and this year may be the year to do it.

My employer just hired 2 additional pharmacists and 2 pharmacy technicians. I believe once these staff members are trained, I would "strongly agree" that we have enough staffing and enough time to support safe patient care. Our workload quintupled over the last 2 years and we are overdue for these new staff members. Prescription volume for infusion pharmacy is much different than retail pharmacy and cannot be directly compared. When I'm working on our infusion patients, I may only be assigned 5-10 patients per day, but each patient could have 20+ supplies that must be dispensed and checked by a pharmacist, in addition to reviewing labs and clinical documentation, etc. Our software is extremely slow and easily wastes 5-10min per patient. When working on our specialty patients, I might be responsible for 30+ patients per day. We are a pediatric pharmacy and currently do not permit technicians to handle the pediatric patients. The pharmacist does everything from beginning to end from refill calls, doing assessments, dispensing, checking, and packing up the delivery.

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My employer recently started offering meal breaks for the pharmacists. There is too much of a focus on non-clinical metrics that do not matter if it results in a medication error which may result in patient harm. There is contradictory instructions from my employer in trying to meet metrics (medications that are verified and ready to pick up by the time listed in the computer system), (i.e, working faster and more and quot;efficiently and quot;), and then when an error does occur, being told and quot;to slow down and take your time to check your work). The management cannot have it both ways. I do not personally feel motivated at all by trying to meet company-imposed metric goals because I know that they are not my primary task and the company has done away with pharmacist raises and bonuses, so there is no additional incentive to meet these goals no matter how much management pleads. If we were to get a bonus it would be more of a pleasant surprise, as opposed to expecting one and then being disappointed if it didn and #39;t come.As a floater pharmacist I and #39;m also very upset, and sometimes confused, at the contradictory instructions provided by management and what is done depending on each individual pharmacy location. Some pharmacies follow instructions to the word, others take a more loose-ended approach. This is normally not a big deal, but it irritates me to no end to be following the processes at one location and being admonished not to do that, and to not be following them at another location and also being admonished for not following protocols.Out of room---will continue with new submissions. (part 1)

My employer relies way too much on off site remote pharmacist help. Remote pharmacists can't answer questions, give vaccines, counsel patients and don't know patients personally either. Also my employer relies way too heavily on technicians who usually only have a high school degree, putting way too much stress on a single pharmacist to watch over 5 or more techs with no other Pharmacist help. Cvs and Walgreens set the ridiculous and unsafe working conditions that others companies like my employer end up following. I'm not one to complain but the last couple years of endless cost cutting is starting to get dangerous. I made 2 errors the first 8 years of practicing and have had 5 errors in the last year due to complete lack of other PHARMACIST help, not tech help.

My employer took a schedule that was working. First made cuts to technician hours, then cut out pharmacist overlap, then added in flu shots, then added in patient call portals, MTM, etc.... This is the trend in pharmacy. We have no protection from unsafe practices. The people at the top care about top dollar and stock price/shareholders. We used to be a company that cared about patients and employees. It's very disappointing that this is the retail trend.

My employer will cut tech hours by 30-50 hours per week even when my workload has not decreased (and at times increased due to increased pressure to make phone calls asking people to pick up prescriptions). I arrive over an hour early every shift and work unpaid in an attempt to make the day more manageable and even with that, I am unable to eat during my 12 hour shift and only use the restroom once. Last fall, I voiced my concerns about patient safety to my supervisor, telling him if they continue to cut hours and push unreasonable metrics there could be dire consequences for our patients. He responded by saying the reason we were behind was because we weren't following workflow correctly and if we had an inventory specialist it would get better. At that point we were 3 days behind on prescriptions and hadn't checked outdates in 2 months. We were a store with a new graduate pharmacist, filling 300+ prescriptions a day and only had 3 hours of tech overlap 4 days a week. The only way we were able to catch up was by having the pharmacist come in, unpaid on our off days, and working work as a tech. There is not a time in the day I am not multitasking by either verifying while making patient/doctor calls, having questions yelled at me by customers in the aisles or shopping for customers in drive thru all while not giving the RPh even 15 minutes to eat during a 12 hour shift. This is not safe for patients (or for the RPh having to quickly eat a bag of chips while verifying prescriptions during a pandemic). Please considering putting in a minimum standard of tech hours per workload. My supervisor has told us the only way our company has come up with combating the profit loss from front store is to cut staffing hours. This flu season has the potential to be even worse than last year with the amount of flu vaccines we will give and the decreased hours we will have to staff our pharmacy.

My employer, Rite Aid has begun assigning drive-through Covid-19 testing to various pharmacy locations in the state. To the best of my knowledge, I have heard of no reported increase in staffing support for completing this additional task. We will also be receiving seasonal flu vaccines in the next week, which we will be pushed to perform on from a metrics standpoint. I fear this will put fellow Ohioans in danger of dispensing errors due to increased speed required to complete prescription orders, as performing Covid tests will constantly distract the pharmacist on duty throughout the shift. Often times, there will only be one pharmacist on duty to deploy tests and also be responsible for prescription dispensing duties. I would consider this to be a major threat to the safety of our citizens. I beg the Board to act upon this issue and ensure proper staffing for pharmacies providing Covid-19 testing in Ohio. Patients should not be put at needless additional risk due to a pharmacy providing Covid-19 testing with insufficient staffing. Thank you for your consideration of this note. [Redacted]

My hospital is very well staffed.

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My issues revolve around 2 factors 1) clinical staff are not willing to work hours and shifts that are not 7:30-4 or M-F. The need for clinical staff to be present and available throughout the 24/7/365 provides continuum of care which I believe is a Medicare discussion & valid. I staff second shift and there is a severely top heavy pharmacist staff until 4pm. Then all duties fall onto one pharmacist. I have discussed this at great length with staff and management. Unfortunately the younger managers that are now in surplus believe in this pharmacy practice model. 2) In regards to technicians - with the new pharmacy practice model, technicians are less willing to place drug distribution in a timely manner at the forefront. They want to do more challenging duties that have been discussed by managers as a goal for the future of pharmacy. It really seems that with the newer pharmacy practice models the foundation is crumbling. We still need to deliver consistent and timely patient care as we continue to build our profession into a new era.

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.

My location is a specialty pharmacy with limited distribution drugs that require added documentation before dispensing. The volume is not large however each prescription takes an average 15-20 minutes to complete. It is imperative not to rush or be distracted

My main concern is lack of technician support/cutting tech hours, while increasing pharmacist work load. We are told we must keep script count up, perform immunizations, bill MTM claims to meet performance standards and make the pharmacy profitable. I work an average of 39 hours per week, but only have an average of 21 hours of tech help per week (and never more than one tech at once). The stress of being pulled in so many different directions and being the only staff member is dangerous at times. We have 3 phone lines, 2 counters, entering/filling/checking rxs, calling insurance, immunizations, MTMs (hard to perform to best of my ability when I am working alone) ...but I can only be in one place at a time. I know of many pharmacists who work in much much worse conditions than me, and I can only imagine the risk to patient safety in those environments.

My main concern with my pharmacist role is the lack of experienced staff, the amount of time my employer allows for training staff, and the non-dispensing workload. Currently, 6 out of 12 technicians at my store have worked 6 months or less. There are no outside trainers available so these technicians are forced to learn on the job. Take away 1-2 advanced technicians per shift per day to train and we have even less technician help to efficiently move through our average 600 rx/day workflow. Upper management continues to demand more clinical work (Outcomes, Stars measures) from pharmacists and expects ALL technicians to be involved. There is simply not enough time. My staff is not at the level that I am comfortable with them assisting in the clinical side of pharmacy. But expressing any concern about needing additional staffing is brushed aside by managers. I loved being a pharmacist once. I would love to spend more time with patients teaching, counseling, and helping them manage their medicines. It's why I went to school. But if there isn't a dollar sign associated with an intervention, I don't get credit. Instead I get threats to be on an "improvement plan" because I am not "meeting expectations." My suggestion for the board would be for pharmacist to technician ratio of 1:3 and a max number of prescriptions per day that a pharmacist can verify. Thank you for your time in listening to our concerns.

My organization and department are focused on safety and go above and beyond in this regard. We all know safety is job #1 and learn from each other in a safe non judgmental manner looking for constant improvement. I spent the bulk of my career working for the big chains like CVS. I am in my current job after leaving CVS for horrible work conditions, no help, and an unsafe environment. Management at CVS when I left 10 years ago was only focused on profit and the max number of scripts that they could fill per day with the least help possible and the regional manager told me that "you are to fill all prescriptions for controls unless they are refill too soon". Pharmacist professional judgment was not supported at all. I recently went back to my old store and asked the only remaining employee from when I was there if things were better than when I left and she stated they were way worse. Something really needs done about the unsafe work conditions at CVS and the large chains. I know how bad it was 10 years ago and can't even imagine how things could be significantly worse now.

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My pharmacy is not safe for patients. We are frequently instructed to reduce technician hours while consistently leaving >100 prescriptions unfinished each night. We have several metrics that are monitored daily, such as call lists and immunizations that shift our focus away from completing prescriptions safely and timely. The majority of the day we do not have enough staff inside the pharmacy to answer all the phone lines. We are required to provide a certain number of immunizations each day and if this goal is not met we have to explain why we could not achieve this goal. My pharmacy recently was granted a pharmacist overlap shift for weekdays but this came with an increase in required metrics and therefore the workload is not truly reduced. I believe the number of critical errors made in our pharmacy that reach patients is unacceptable and a true reflection of the overwhelming amount of work expected of the staff. For example, a few weeks ago a patient received the wrong c2 narcotic in their vial. I also expect to correct several minor errors each week while I am working, which takes additional time away from my daily workload and again, is unacceptable and unsafe. I truly feel the only way to correct the situation is to remove required metrics and allow the daily workload to be handled in the way the pharmacist on duty deems appropriate for the day. Additionally, the control of pharmacy staffing for a safe environment should be determined by the pharmacist in charge, not by someone who does not work inside the pharmacy. Each pharmacy has unique challenges but when the workload and staffing is set by someone who is not responsible for the care of patients, the environment is chaotic. Please shift the control to the pharmacist in charge so pharmacies across Ohio can once again be trusted.

My pharmacy is providing Covid19 testing for patients which has put enormous stress on us. It takes away our time to process prescription without making errors. Patients are very unhappy when there prescriptions are delayed. I barely eat or drink when i am in the pharmacy. I was once told that a patient complained on me for eating and not wearing mask when Covid19 just started and mask wasn't mandatory (beginning of March). I feel like I am constantly being judged by patients and have anxiety when I try to even take a sip of water. There were multiple times that I had to stay extra hours to get caught up (this is my own time). We still get calls about not doing certain things on time - like doing patient calls, we don't even have time to finish everything in the queue so how am i suppose to find time to call patients. My techs are busy providing testing for covid19 and calling patients for their appointment, making testing kits, answering unnecessary calls regarding registering for covid19. The higher up people also complaining about us answering the calls on time - i mean how am i supposed to answer 6 calls that i put on hold, counsel patients, get yelled by patients because the drive thru is so taking so much time or their prescription is not ready because it is out of stock but really we haven't even unloaded out 15 tots of items that came in Monday.

My pharmacy is staffed well above the chain metrics that I am privy to in the industry. We have more pharmacist scheduled hours per rx and tech hours per rx than even NCPA suggests we should have. Ironically, our additional payroll expense as a percentage of sales is actually a burden to profitable operation in the ridiculous reimbursement environment. I commend the Ohio State Board of Pharmacy for taking into consideration the safety and well being of both pharmacy staff and patients in Ohio, however, until economics of operating a profitable (or even break even) pharmacy are addressed with PBMs, there will be challenges to provide staffing to service patients in the manner that we have all been accustomed to expect. As a society we want it now. Our business was grown for decades on the 15 minute guarantee. We are more like a 30-35 minute turnaround now to balance both the economics and service level that patients desire. Tools like medication synchronization have been very valuable to help balance workload and even out the peaks and valleys of prescription demands on staff.

My pharmacy is very adequately staffed since we are a new location. I know other locations in my chain are different stories. I have heard nightmare stories of Rite Aid and CVS locations that are so dangerous. I wish Ohio would implement laws requiring paid breaks or unpaid lunch breaks to help force a safer environment for our patients in Ohio.

My pharmacy used to be "home" to 4 full time RPh and 1 part time RPh. Our script count decreased by roughly 300 a week over a year due to law changes and now we barely have the hours for 3 full time pharmacists. They say it's due to "budget recalculation adapting for the current situation" but then say that pharmacy on a company level is more profitable than last year. Flu shots start shipping next month and they didn't even give us enough hours for the 3 of us to be there full time. They're projecting us to do over 1,300 flu shots this season.

my place of employment plans everything for pharmacist interruption - they want you to multi task (check prescriptions on 1 screen and make compliance calls on the other at the same time) / ring out patients. There is almost never enough technician help and they expect the pharmacist to do their jobs as well, i work at multiple locations for this chain and almost always feel how they expect us to do everything with what help is provided. I never get a break. I do not believe they also value the pharmacist safety with these uncertain times, pushing immunizations but only providing basic ppe, knowing they have access to other PPE because they provide their nurse clinics better PPE

My previous employment at large chain pharmacies had inadequate pharmacist and technician staffing which resulted in delays in medication for patients.

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My primary practice site is in a hospital, but I also work at Walgreens (~4x/month I work a 12 hour shift). The difference in safety and quality of life is astonishing. Retail pharmacy really burns people into the ground. I can still find enjoyment in it because I do it infrequently and it is a nice change of pace plus I appreciate the extra money, but I really feel for the people that have to do that as their primary job. In order to fulfill the quotas that chain pharmacy expects from you, along with the CONSTANT inadequate staffing, it is impossible to perform all of the necessary steps to ensure patient safety. Forget bathroom breaks, don't drink too much water or you will get a UTI, and prepare to binge eat every night when you get off work because you will be starving- unless of course you are too stressed and exhausted to eat anything. With all of that being said, I really appreciate my hospital job; I feel like I am valued, really use my pharmacy degree, and have adequate time to do my job. I feel this downfall in retail pharmacy does fall on the board in some capacity. Allowing this many pharmacy schools in the state of Ohio is incredibly irresponsible and has essentially ruined the practice of pharmacy. Starting pharmacy school in 2013 and ending in 2019 has been nothing short of depressing. Starting as an intern in 2015, things were still pretty good; the pay was much higher, job security was greater, staffing seemed much more adequate. Every year, more and more staffing is cut, the pay scale decreases, and we continue to produce more pharmacists with more and more debt! YOU NEED TO DO SOMETHING.

My primary practice site was a retail pharmacy chain until recently. I still work there part time. I filled out this survey as a retail pharmacist because I feel it is vitally important that changes are made to the retail pharmacy industry.

My responses are very different from one year ago when I worked for CVS as a pharmacist manager. I am currently with Discount Drug mart and it is a great company with a strong focus on the patient. We have metrics but they are very patient focused. My primary reason for leaving CVS was an unsafe working environment for patient safety and my personal well being. I was understaffed, checking 45-50 Rx per hour, no time for breaks and still not meeting their metrics that were not patient focused. Cvs needs some reigning in.

My retail location is actually very decent overall but it was extremely stressful during flu season. There needs to be a safe number of prescriptions a single pharmacist can check during a single shift as well as a set number of vaccinations that can be administered. In retail we are told we are not allowed to turn people down but we were administering 60 vaccines a day while checking 350 prescriptions and nothing about that is safe for anyone. You are so exhausted you don't know what you're looking at after a certain point. You're running back and forth trying to stay on top of waiters and grab dr phone lines and line up the people waiting on shots. It was a nightmare.

My role as a hospice clinical consulting pharmacist does not involve direct patient care. I would strongly encourage analysis of this data without pharmacists in positions such as mine as it is not an apples to apples comparison with the pharmacists working every day in a community pharmacy setting.

My script count has gone up and my hours have gone down. I feel completely stressed and overwhelmed at work due to not only the job but also the pressure from upper management regarding reaching specific goals for metrics. I feel like the numbers matter more than the patients - not the script numbers either.

My secondary job is retail and I have burned out of every pharmacy job I have had since I became a pharmacist 15 years ago. Unfortunately metrics, long hours, and patients having non-stop access to pharmacists are the number one causes of feeling stress at all my positions. I had a previous job where I would not eat, drink water, or use the restroom for over 8 hours due to non stop customers/calls/drive through/lack of staffing/patients comments on where I was going (when trying to take a bathroom break). The expectations are too high for pharmacists and technicians in many of these roles leading to high turnover and increased errors.

My shifts range from 5 to 13 hours with no pharmacist overlap and no breaks or lunches. Corporate has cut tech hours so a majority of the time, I work at the register and answer phone calls while trying to maintain and complete my pharmacist duties. Not exactly why I went to pharmacy school for. . Many times I am needed at multiple workstations at once whether it be counseling, md calling in rx, patient waiting on rx. This type of work environment is an accident waiting to happen. These big corporations only care about their profit margins. I appreciate the State Board looking into the work environments because things have gotten out of control with retail pharmacy.

My store is only allotted 20 technician hours a week. So there are days when I am completely by myself for 10 hours. No one else, just me doing everything. I feel like this creates an unsafe environment for my patients as I am doing too many things at once and could result in errors. I also go extended periods of time without eating or bathroom breaks because I am the only person there. I have had patients bring up that they feel unsafe with the pharmacy being continually understaffed, both for their own safety as well as mine. I think there should be a safe practice policy to where there is always at least 2 people in the pharmacy at least for the majority of the daily operating hours.

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My wife is also an Ohio registered pharmacist. She works in a large chain community pharmacy setting. Several days per month she comes home distraught and in tears due to the stressed placed upon her by prescription volumes, the lack of technician hours, and corporate metrics. She often feels trapped and unable to safely or completely fulfill the requirements asked of her because of the reasons listed above. If she focuses solely on checking prescriptions, she is admonished for not hitting clinical goals. If she focuses only on clinical goals, then she's scolded for letting prescriptions that are to be checked go overdue. She would like to have more technicians to help fulfill both of those requirements, but is only told that she must do more with what she's been given. And, if she somehow manages to meet all of the goals asked of her, then she's told she will be given fewer pharmacist and technician hours in the next pay period, and the vicious cycle begins anew. It's completely unsustainable, and it seems to be in part due to corporate requirements and in part due to terrible reimbursements and PBM greed. No matter which way you look at it, she isn't able to properly provide the patient care she was trained to provide.

My work focuses strongly on a goal number of prescriptions to verify in a day. It's never enough for them. It feels like they only care about the number and don't care if mistakes are made as long as your average number of prescriptions you check in a day is higher. I went over a year without an error and this was barely recognized because I wasn't at their "Goal" of number of prescriptions checked in a day. It is a lofty goal and I don't feel safe checking prescriptions that fast. I feel that checking faster would lead to more errors so I check at the pace I feel comfortable but am always getting told I need to check more prescriptions. Also, although breaks are allowed and recommended I rarely take them because taking a longer break would lead to me checking less prescriptions and more pressure to meet the goal number that I already don't meet. I work 8.5 hour days and should be taking a 30 minute break and two 15 minute breaks but throughout the day I maybe take 30 minutes the whole day including bathroom breaks. I also don't like my chain's policy on not checking refills. We only check the first refill on a small number of prescriptions. We used to check only the first refill on all prescriptions but the change was made a few years back just to check the first refill on certain medications. I personally find a lot of errors on the refills we do check a second time. I feel like a lot of errors are getting missed because the prescription isn't getting looked at anymore after the first verification. This greatly worries me for patient safety and for the future of this profession being more like fast food than a medical practice.

My work load is often overwhelming do to extra work required with MTM Or CMR processing, patient follow up calls, Vaccinations, etc that are required to operate and financially support an independent pharmacy due to lack of sufficient reimbursement from PBM's. I love to do them but have to do them to stay afloat. If I just filled prescriptions I would be closed by now.

My work location recently reduced our tech budget to under 90 hours a week. This means that I am now having to enter and process on my own often with only one set of eyes falling on an rx, this is a recipe for disaster. To give you a hint of which chain they recently laid off 10% of relief pharmacist in the area over the claim that they had too many for demand the real reason was to force out more experienced and therefore higher compensated pharmacist. Those of us who have spoken out have faced consequences I was nearly let go for bringing up numerous safety concerns over the chains mishandling of coronavirus. We had to fight for plexiglass and initially got pushback over mask use as it would alarm the customers. I am sorry to write a book and hope that you have the power to force change, at the very least we need our tech hours back. Thanks for reading my novel.

My worplace (mail order) is quite reasonable as far as workload (the lazy part of me might wish the rate requirements were lower however they are not unreasonable). I appreciate that someone is looking at this issue, the workload/stress levels were quite high when I worked in retail (9 years ago), I still have occasional nightmares about working retail, haven't had one about working mail order. I appreciate we aren't going back to the days with 3 overlapping pharmacists in a day at a store only doing 200 scripts per day (costa way to much) however more tech help, less answering MD calls, and fewer distractions in general would help make work safer in my opinion. Thanks

N/A

NA

Need breaks and more tech help.

Need more bodies be it pharmacist or technician many days now becoming most days. Also need systems and processes that decrease interruptions to the pharmacist. A ratio of pharmacist to technicians would level the competitive field if all retails had to abide, although some operating systems have more labor intensive steps that decrease efficiency.

Need more help in retail stores, need to stop phone calls to patients and to doctors, need more training g for tech, need more tech to help pharmacists, need breaks,

Need more pharmacist hours budgeted to fulfill the workload and be able to properly counsel and help patients. Companies are expecting pharmacists to stay late to complete the workload.

Neutral responses are due to me working as a float pharmacist with a chain and some stores are too busy to operate effiecently while oterh stores are much slower and I have adequet time to operate with greater professional care.

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new precautions for patient safety during COVID such as a significant increase in cleaning and different pickup and delivery options have not been accounted for in our staffing which will be even more of an issue during flu immunization season.
No
No break for 10-12 hr is highly a cause of my exhaustion. Find it extremely difficult to understand how there is no labor laws or unions to address this and assist pharmacist to fight for ethical work environments.
No breaks when your are the only pharmacist working, hard to use the restroom or even eat food.
No Comments
No jobs, large student loan debt, the growing list of hurdles to independent practice, and employers that know it has lead to the current state of pharmacist practice. Dangerous working environment indeed for patients and pharmacists alike. The PIC's are no longer in charge. If they don't like the demands of the employer, 50 (or more) pharmacists are available to take their place. Company policies supercede professional judgement ever time.
No one cares. Patients don't care. Management really doesn't care. Friends and family see the paycheck and don't care. Pharmacy organizations don't care. I feel alone in caring that the profession is what it is.
No overlap for any extra help. Manager is the sole rph required to do all tasks in 8 hrs. Doing more with less has become new norm in world of pharmacy. Safety matters less.
No! Thank you
none
None that hasn't already been addressed
Not enough help in some of the busier stores to complete tasks as well as dispensing scripts and counseling patients. Cuts to tech and pharmacist overlap hours as well as an increase in time spent on the phone lead to a more stressful day. At times we are required to work 13 hr shifts filling 500+ prescriptions per day. Although we technically can take a break, the pharmacy does not close so we would fall further behind.
not enough physical room in dept. to allow storage of excess products that are auto shipped. (tripping over boxes and trash cans)
Not now
Not only are we required to continuously do more with less at the expense of patient safety, we also have to fear for our job security. If we voice our opinion or don't continue to succeed at this insane level. we risk being the one let go in the next round of layoffs.
Not only is the focus on metrics too great, but I am mostly held responsible for metrics that I cannot directly control. My pharmacy serves an area with a mostly elderly clientele; it is not reasonable to expect the majority of these patients to be tech savvy enough to manage their prescriptions via a smartphone app, or enroll in text messaging services, etc. Additionally, instead of investing in direct to consumer marketing, my employer expects me to personally call patients and try to sell them on new services whenever they are introduced.
Not sure what the Board to do about employment conditions but thanks for asking us these questions. I go home every night and cry. Terrified I made a mistake. Sad I can't be the pharmacist I was 30 years ago when I proudly started in this profession. Even the independent pharmacies struggle with poor payment from PBMs. The only "happy" pharmacists I know are the ones right out of school. Young. Eager. Naive. Pharmacy used to be an honorable profession. Not any more.
Nothing will change without new rules. I hope the Board will act to protect pharmacy employees as well as the public. It is a nightmare out here for many retail pharmacy employees. I go to sleep with the fear that I could have missed something and harmed a patient. The retail companies talk about taking care of their patients but the reality is that the \$\$ rules over everything. They will change only if forced to change. Suggestion;* require uninterrupted lunch breaks. If a Pharmacist must work alone all day, the pharmacy should close for a lunch break. Also, a one hour overlap at the end or start of a shift doesn't help. The break needs to be in the middle of a shift.
Number of prescriptions per hour is misleadingly for home infusion. One patient may take 1 hour. Filling And checking a script is quick but all the other duties take time and not enough work hours to complete. These duties include generating care plans for each patient, Clinical reviews (including meds and labs), competency requirements, clean room requirements (cleaning and documentation) dosing calculations for compounds like TPN, inotropes, pain pumps, pediatrics, and kinetic dosing of antibiotics.
offsite dispensing and off site data entry are huge detriments to safe and timely patient care
Ohio needs to design a ratio that determines tech necessity dependent upon a scripts per hour ratio ie if you fill 15 or more scripts per hour then a tech needs to be on duty.

Committee Information

Ohio patient care, pharmacy practice, and medical treatment are impacted adversely by dictates from PBMs. The board's "hands off" approach has been disappointing. Iowa and Arkansas pharmacy boards provide examples of what a proactive board can accomplish to improve patient care.

Old and inadequate equipment that works poorly and is constantly under repair takes away from a safe workflow. Repair tickets are opened everyday, often on the same problems repeatedly. A call center that is supposed to help but has hired people off the street that know nothing about a pharmacy and fills wrong prescriptions and gives the consumer bad advice. The patient then becomes frustrated and thinks they have been talking to someone in the store. Very difficult to handle on the back end when time is very limited with everything else going on. Antiquated computers that are needing to be rebooted 10+ times a shift also take away from a safe flow for work processing.

On weekends I'm the only pharmacist so I cannot take lunch breaks or pump breaks for breastfeeding. I have to eat and pump at my desk. We have asked for more technicians but they are always quitting due to lack of pay and workload. I've been yelled at for not getting a drip up to the floor fast enough and also for telling a technician a drip is stat because it made her feel rushed. There is no winning with management. Pharmacists are not respected at all even by pharmacists in management. Strongly concerning taking out more student loan debt just to go to school to be a nurse practitioner and make less money because they are treated better.

One of the most significant issues is staffing and inability to retain competent technicians and RPhs. In regards to techs, it's a twofold issue. The stores are not allotted ample tech hours to run the pharmacy in a safe and efficient manner. Equally important, is the pay the tech is offered. The techs simply do not receive equal pay for the amount of importance the job entails as well as the stress they endure. It's a shame (and hopefully never a tragedy) that a tech can go to a big box retail store to make just as much money, if not more, by stocking shelves and/or ringing out retail items then they can make by filling and maintaining/saving prescriptions. The amount of overlap for a RPh, if any is even allowed, is also not an ample amount to ensure all the work is completed in a safe and timely manner. It is incredibly frustrating to be in a career that I worked so hard to obtain, that at the core of what it is, I love so much, to be destroyed by a simple lack of a reasonable and justified amount of resources not being provided. So very many of us would never recommend anyone enter this profession at this time due to the environment. As well, many of us are working on back-up careers to fall back on when we simply can't take it anymore. I know several RPhs who have already endured stress induced illnesses, heart attacks, mental breakdowns, etc, that they insist were either brought on by the stress of the workload or at the very least, pushed over the edge by it. If nothing is done, it will be a sad day in pharmacy when the profession, because of the environment, will drive out many experienced, talented RPhs. Years ago, so many were looking at the short term gains. What can save money right now? This is exactly what was addressed several years back when the cuts started. Now, the ignored long term consequences, (patient safety concerns and retaining competent techs and RPhs) are upon us and we are all doing our best to prevent the consequences from becoming.

One pharmacist working alone for a 12-13 hour shift supervising 5-6 technicians is very challenging juggling clinical responsibilities, patient questions, doctor calls, and training of new staff. A technician to pharmacist ratio would be helpful as long as there are more pharmacist hours to compensate rather than a cut in technician hours.

One reason I don't feel safe for me and for my patients is that we have no security. We house a ton of pain meds at a time when it is encouraged to wear masks and violence in the nation is at an all time high if nothing else those who are licensed and know how to handle a firearm in a safe manner should be able to carry a firearm regardless of what their employer has to say and could do so at their own liability. I could never in a million years have foreseen changes that have been taking place in retail pharmacy and it is "solely based upon contractual agreements with a MEDICAID plan !" It's absolutely crazy that tax paying pharmacists have lost their jobs from a tax paying employer who also pays Ohio taxes! Some places are hiring and some are firing because of Caresource! A Medicaid plan! How has this plus COVID-19 changed retail pharmacy in Ohio forever who knows, but it's not right and in fact seems extremely fraudulent. It makes the work area unsafe for all pharmacists having to transfer such a massive amount of rx's back and forth...the most difficult rx's to enter and verify. They're also smallest and most hard to interpret faxes encompassing entire patient profiles with an incredible amount of duplicate drugs. Patients suffer and staff because of a Medicaid plan...absolutely MIND BOGGLING

Only concern I have regarding safety is visitors

Opioid use issues should be a medical board issue since we can't dispense without a prescription. Following up on these takes a lot of time, we are being used to do police work. I do agree we can make a difference in length of therapy in this patient group. Immunizations are integrated into regular workflow but with additional paperwork and time spent with the patient take us out of the pharmacy for too long. Increased stress with trying to finish IMZ and get back to regular work. Stress in general with trying to meet metrics while answering phone calls, checking input rx and checking final product and counseling can be too much. Requiring e-scribe prescription should decrease errors, reduce phone calls for clarifications and improve overall efficiency.

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Our budgeted hours for pharmacists and pharmacy technicians are at an all time low. Today, in a 4 hour time span I personally checked over 300 prescriptions and gave 6 vaccines. I had no other pharmacist overlap during that time and had only 2 technicians scheduled with me. I am barely getting enough time to double check prescriptions and feel like the current staffing trends are not safe. We are rushing customers in and out very quickly and are just not able to take the time to discuss medications or counsel properly at pickup. My job has literally become an assembly line where I am struggling to get work done each day. I am expected to add vaccines into my workflow and have a target that I am supposed to reach weekly. I cannot fathom how I will be able to continue at this pace during flu season or if a covid vaccine is finally developed. I am glad to see this survey and sincerely hope that staffing issues will be addressed with employers.

Our company used to prioritize patient care and customer satisfaction. Today it's more about making more sales with the least amount of help. At times I feel it's necessary to take shortcuts to both meet goals to keep management happy and to make sure the patient is taken care of in a timely manner

Our district manager who is otherwise a very pleasant person, has been in the record saying we need to work faster. This is crazy. I have stated that I am working as fast as I feel comfortable doing, I am not going to harm a patient because you didn't get the metric's bonus that you liked. CVS is no longer concerned about helping people. They are concerned with profit margins and appearance to the public. I am a pure floating pharmacist and every store I go to is the same. You start backed up from the previous day, and all you can do is watch it pile up further. How do they get away with staffing only one pharmacist and one tech when you have at least 3 points of contact (ie, pickup, drivethrough, and phone calls). When the pharmacist is at drivethrough for even a half hour at a time, you must cut corners in other areas if you want to keep your head above water. Often times only one more technician would be sufficient to properly staff, but instead, more tech hours are being cut, and there are rarely pharmacist overlaps anymore. I do not get a break or a lunch, even in days when I work a full 13 hour shift. It is my belief that since they pay pharmacists a competitive wage, we are expected to just take it all without complaining. It is not a positive work environment nor is patient safety a priority. I honestly don't know why more techs haven't quit, because they are dumped on just as hard as pharmacists, but at an hourly rate that is not enough to realistically live on. CVS needs to be held accountable, since they are clearly not capable of it themselves. The saying around the pharmacies I work at goes something like, if CVS doesn't care, why should I? Patient satisfaction keeps dropping, as does employee satisfaction and morale. I just want a break, but I get laughed at when I bring it up. It is not safe for one pharmacist to be held accountable for 500 to 700 scripts a day by themselves. Thank you for listening.

Our employer is quick to cut hours when it observes a reduction in volume. However, when it knows there will be an increase in volume (i.e. beginning of the year when there are major changes in insurance and pharmacy contracts resulting in large quantities of transferred prescriptions), it is very slow to react. If I had filled out this questionnaire in February of this year, all the answers would have been extremely unsafe to practice. However, now that the hours that the pharmacy is open have been shortened due to COVID, we have had more overlap. So now it is much safer to practice. I expect this fall when vaccine season hits hard, it will be unsafe to practice again because they won't increase staffing to accommodate the demand.

Our Front Stores with CVS have had their front store hours "pinched" as well; the staffing in the front stores can be just as helpful to us in the pharmacy because sometimes they can help us out for 15 minutes here and there. It also eliminates customers from seeking out help for front store issues. CVS has planted technician hiring responsibilities on the Pharmacists-In-Charge. Yes, they should be able to pick who they hire, but they are the busiest, most stressed employee there! I wish there was a better way to funnel technicians where they are needed. I had a female supervisor in the past tell me that I could not take a break to pump breast milk until my "work was completed". I was terrified to report to upper management or HR. I was a new mom & I still needed to work full time. When I had my second child, I chose to take a longer maternity leave and not pump at work. Another issue that is starting to become a problems: Discount Cards. It is time consuming on the pharmacy's part to run all these cards. And then sometimes the prescriptions get transferred back and forth.

Our hospital has cut pharmacy technician staffing to the point that we no longer have a night technician. The pharmacist works alone anywhere from 4.5-7.5 hours per night. The pharmacist is responsible for providing all technician duties including filling orders, refilling pyxis and compounding all IV medications and drips while trying to process patient orders, perform clinical duties and answer all phone calls from nursing and physicians.

Our hospital is part of a large hospital system. We are given yearly surveys to obtain workers opinions. Even though we are told that the surveys are anonymous, the pharmacists do not believe it. Therefore many are not as honest as they should be on those surveys for fear of retribution. Please consider this if the results of this survey by the Board does not "match" surveys from employers.

Our hours were just cut by 20 tech hours. We have created an environment in retail where patients feel entitled to not have to contact their doctors for anything and most doctors are compliant or even encourage the behavior. My staff and I spend hours of valuable time on the phone for refills which I'm happy to do given appropriate staff. I have also gotten yelled at by customers for using the restroom During a 12 hr shift. Work-life balance is non existent unless we actually disregard corporate requests to achieve it.

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Our ICU have greatly increased in numbers and we do not have enough supportive staff in the pharmacy to make it a safe dispensing environment. You become both pharmacist and technician by yourself and it is a recipe for disaster.
Our inpatient hospital pharmacy simply does not have enough competent staff. We are in a rural area and have a hard time with recruitment and retainment of staff. Our director is not supportive and uses the staff to either vent to non-productively or provide useless criticism out of anger. Our pharmacy manger is overwhelmed in her personal life and chooses to come to work to socialize setting a poor example for the rest of the staff. We are hiring technicians that are not certified and fresh out of high school so having to deal with them disappearing to go play on their cell phones. We have chosen over the years to add more and more workload without additional COMPETANT staff to support a culture of patient safety.
Our inpatient institution utilizes metrics that do not adequately account for additional responsibilities we have such as responding and drawing up medications to code blue that are not accounted for any different than basic order verification
Our institution is so focused on metrics and getting things done, they turned off the drug interaction checker so it wouldn't slow us down!!!
Our location has not been able to hire and keep qualified, motivated pharmacy technicians. Low wages, high expectations, difficulty dealing with the general public all play a part. We have people leave for better paying jobs elsewhere and it takes so very long to hire and properly train new technicians. It becomes a revolving door where you have staff, but so few of them actually know what they are doing.
Our pharmacy changed to the metrics system two years ago. Since that time, I have been burned out. There are not enough quality time spend with the patients, since 1 patient counseling is worth 1 point. Some of my patients are older, and need more time to think/say what they wanted, which required at least 5 to 10 minutes of my time per patient. There is also 1/2 point for each prescription processed, 1/2 point for each prescription check, etc.... I spend more time doing documents to earn my points, which takes away my time processing prescriptions or counseling. I work from 7:30am to 6pm and only get 1/2 hour lunch. I rarely take breaks. I also do ward inspection every month. If another pharmacist calls in sick, then sometimes we would have to add another duty to our shifts. There are policies, and eduction training that we have to do for outpatient pharmacy in the hospitals.Of all of these problems, the most concerning pharmacy practice is the focus on metrics. I am concern that the quality of my job is going down, making too fast decisions, glancing on the final products, processing rxs quickly, and multitasking, which can increase potential errors. Thank you for asking us. There is no safety net for us. We are the safety net for the providers. Which is a huge responsibility for us. We have to work as a team, and the metrics system is pulling all of us apart.
Our pharmacy director knowingly employs a certified pharmacy technician as a lead technician that is unable to perform sterile compounding. She is hired in the capacity of an administrative secretary but also performs various certified technician duties. In light of staffing shortages our pharmacy director also is floating the idea of having only a pharmacist cover a portion of evening shifts without any technician coverage. This would range from 6.5 to 8.5 hours without tech coverage. Due to the working conditions our department has hired, trained, and lost to other hospitals over 18 technicians in 24 months time.
Our pharmacy experienced a reduction in support staff hours of over 40% year over year and pressure to meet company metrics has never been higher. I currently do not feel like patient safety matters to big chain retail.
Our profession has gone downhill and is a disgraceful shell of what it was. We are forced to practice in an unsafe manner, with no bathroom breaks or time to get a drink. We are threatened to be transferred to another location if we don't meet the metrics. Patient safety and care should be the primary goal, yet this is no longer important to my employer. Patient care and safety is not even part of our mission statement. It is disgraceful. Flu season will be a massive disaster if we are expected to meet metrics, not have adequate staffing of technicians and pharmacists, and required to sterilize the pharmacy between every 10 customers.Additionally, couponing, \$4.00 prescriptions, and GoodRx.com has made our profession a joke. Getting a professional service at a discount rate is disgraceful. Would you select a doctor because you have a coupon or ask for a cheaper price on your office visit or surgery? This creates a tremendous workload to determine which discount card is the cheapest, yet we do not get additional help to compensate for this service.Allowing so many pharmacy schools in Ohio has overpopulated the profession and encourages an employer to hire the "cheapest" employee versus the most qualified. Again, a danger to the profession and to the customer. We are made to feel that we are easily expendable and the service we provide to our customers is never adequate.
Our site has been largely reactionary when it comes to the COVID safeguards. Everything has taken way too long for them to address or supply. Our outpt pharmacies still do not have measures in place and were only recently give masks. D/t the lack of leadership, our staffing pharmacists have had to make decisions for procedures involving the COVID units that should have been mandated by managers and directors. We continue to have to do so and even now that the cases are rising we have received noticeably less communication from management than before. We feel forgotten and disposable.
Our technician hours have been cut to the point That it is difficult to give proper customer service in a timely manner

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Outpatient/retail pharmacy seems to be under much distress. I have personally had experience with outpatient pharmacies being overworked and ending up making mistakes. The corporations will not restrain themselves as it is in their nature to squeeze every penny out of the business. The safety of their patients is not primary. I hope that the board takes concerns like this seriously and enforces (with punishments) corporations that are putting the people you serve at risk if able too.

Over the last 5-7 years, I have seen things go from challenging to scary in terms of safety for patients and the physical and mental health of employees. Standards of quality control are dropping with the inability to function due to increased workload/metrics and the skeleton staff provided. Something needs to be done. With the job market so poor for pharmacists currently and wages dropping, we are scared to speak up for fear of retribution.

Over the past 5 years, my pharmacy has grown in rx volume by 30% while decreasing pharmacist hours by 25%. (Tech hours have also decreased drastically.) The increase in rx volume, in addition to unattainable metrics for things like vaccines, MTM, screenings, etc., leaves little time to do my job safely. Not to mention, I feel like I cannot do a quality job at any one thing because the metrics are always hanging over my head. If I do well at MTM, the company wants to know why I haven't done enough vaccines, or vice versa. What ends up happening is the quickest, most useless CMR, and pumping out as many vaccines as possible without really assessing the patient needs. I would love to sit down with my patient and do a high quality CMR, while also doing a quality immunization assessment, but if I do these things, I can't do enough to meet goal, and also while I am performing these services, there is no one checking rx's, so they are building up and creating a huge backup, resulting in delays for patients. We have lost over 30 pharmacist hours a week while growing our rx count by over the 100 rx/day. At what point is enough enough? How long will these companies be allowed to put lives in danger with these work conditions?

Over the past several years, the focus from corporate has been completely metric driven. We are constantly expected to do more with less. I understand as pharmacists, we are paid a nice salary. But that shouldn't justify the year after year, worsening of working conditions. With an over saturated job market, and a salary few pharmacists can walk away from without deeply impacting their family, it seems corporate feels justified in dumping more on to us and expecting us to just take it. I don't feel safe with the patient care I am able to provide. I certainly do not have the resources to be the pharmacist I want to be. As I'm trying to counsel a patient, I'm constantly timing how long the three phone lines have been ringing (must be answered in 3 rings or less), how long the voicemail light has been blinking (must be checked in 15 minutes or less), and how many prescriptions are overdue to be checked. That does not lead me to provide the best counseling experience. If I do take the time needed, my metrics suffer, and then my job is threatened. Instead of realizing the resources we're given aren't enough, we are punished. Each year, our script budget increases every year, but yet less pharmacist and tech help hours are given. Corporate makes profit their primary marker to gauge how a store is performing, and hides the metrics they use as "good patient care", when really it just means more profit.

Over the years the staffing allowance keeps getting reduced, while we as pharmacists are expected to do SO MUCH more. It is IMPOSSIBLE to do this safely and we cannot provide adequate personal care because if the "numbers" aren't there and we aren't getting everything done (i.e. queue's cleared, order put away, etc), then our staffing gets reduced even more. Retail pharmacy is EXTREMELY stressful and there is NO support from corporate. The technician pay is horrendous and the turnover rate is astronomical with my company. My stress and anxiety was so bad last year due to my work environment that my Dr. put me on medical leave due to my mental health. It was ALL related to work. I'm so grateful you are doing this survey and suspect you'll find many similar responses to mine from those of us in the large chain retail sector. Working conditions/expectations are truly hazardous to patient health and safety. Things NEED to change! We need more support from our companies and the State Board to ensure we are not jeopardizing patient safety just to "get the numbers." PLEASE! For context, I'm currently the pharmacy manager and when I started in this role 5 years ago, I had 2 more techs working everyday than I do now, while filing 400-500 less scripts than I currently do each week, in addition to all the new clinical services we're expected to provide (i.e. immunizations, MTMs, etc). Let me be clear, I LOVE performing clinical services because I feel that's where I'm actually using my education and making a real difference for people, but when I don't have enough help to even fill all the daily scripts, it spreads us even more thin, and patient safety is 100% impacted because we are so rushed and stressed and pulled in too many directions to adequately do everything and meet all the expectations every single shift. I work 12 hour shifts and get no scheduled lunch break (

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Over the years there have been great technological improvements that have provided us more time to perform clinical tasks. At the same time businesses are cutting staffing due to slimmer profit margins. Hours are getting cut so severely that patient safety is at risk. Every week there is a day I work 13 hours (closer to 14 counting open and close) with no overlap and little to no time to drink, eat, or use the restroom. There is no other profession where this would be acceptable. Days where the shift is only 8 to 9 hours make not eating a bit easier, but still very difficult. Our company has placed pharmacists in centers to perform preverification functions, but this has taken the pharmacist overlap out of the actual stores. I am also licensed in Georgia where they mandate only 2 non certified technicians per 1 pharmacist in hopes of better staffing. This only causes less support staff though because companies still only allow so few pharmacist hours. Employers also do not want to hear complaints about staffing. As a manager it is very much stressed that you need to put a positive spin on the lack of hours. I stay positive not because they tell me to, but because I want to create a good working environment for my staff. It would be wonderful if our professional board would actually support the pharmacy employees and patients instead of only the businesses.
Overall, my chain provides more support than most; however it has been steadily declining as "industry standards" seem to move towards a higher pressure work environment.
Overall, my employer is great to work for. I fear that they will follow trends that are set forth by large retail chains such as CVS and Walgreens and cut pharmacist and technician hours.
Patient care is advertised as number one priority but budgeted hours have been reduced year after year while workload and volume steadily increased. Technician wages are sub par and leads to poor recruiting of quality candidates while also losing skilled technicians. Always understaffed and undertrained Environment lends itself to mistakes, errors, poor care and extreme stress. Pharmacists cannot be pharmacist while entering half of all orders, answering calls, ringing registers, taking out trash, loading printers and filling supplies while simultaneously processing over 300 orders a day and also make countless required patient care calls in order to meet metrics to ensure company doesn't lose reimbursement from insurance companies. Profit is king hidden behind an image of caring while operating conditions are unsafe unrealistic and unacceptable. The public should be fearful because too many pharmacies have expired products, piles of unorganized everything, untrained personnel and instituted policies that make safe, responsible and thorough pharmaceutical practice impossible. While the system in place does have safeguards and data review and flags when issues or interactions may be present, no one can possibly thoroughly address each potential issue while attempting to meet even half of daily expectations. Pharmacists need and require their jobs to live and care for themselves and their families, but are not able to risk employment status by highlighting known issues. It is a testament to pharmacists how many orders are filled correctly and how many errors and potential critical errors are caught and corrected. However, there are many locations that have given up and do the minimum because they are beat down, unsupported with no changes expected and no help forthcoming. A pharmacy cannot run safely with understaffed , underpaid, or nonexistent personnel. The profession is being assaulted and potentially disgraced by greed hiding behind false advertising. Anonymous.
Patient care is limited. We are in competition with mail order. It is frustrating to manage a patient with limited and incomplete data. Mail order provides little value to the patients except "cheap" co-pays. When the patient has a problem or needs an OTC the community pharmacy provides a service/recommendation but based on incomplete information (med history). The stress to complete >150 prescriptions a day is not safe in the retail setting. We have a great opportunity to provide medication review to optimize patient care and are limited to this due to the prescription mill in place. The low reimbursement levels of the PBMs have created an environment put on business to fill more with less people. Additionally, no prescription should be free by the pharmacy (if this a patient assistance program or charitable pharmacy that is reasonable) I am referring to the free antibiotic or metformin to get someone to come into a store. The entire system is broken and the people that suffer are those that need the care and those that provide direct the care/services. We have ceiling and floor prices on gasoline-- why not prescriptions?
Patient safety is no longer a main focus in chain pharmacies; it's all about the business metrics. Calling people to remind them to refill prescriptions and "getting dinged" when you don't stay on the phone with them for a given amount of time is an example of a business metric that wastes time and takes away from safely and accurately filling someone's medication in a timely manner. And I am not just talking about 10 or so calls...our "PCQ call queue" has reached over 200 calls on a given weekend with limited staffing, and there is repercussion if you do not complete these calls. The lines at the registers have reached 10 people deep with only 2 technicians and 1 pharmacist; both techs at the registers and the pharmacist doing data entry, answering phones, counting out the meds, and verifying everything. How is this safe?! And why is there a metric on how many flu shots you give per week?! Nobody can force anyone to get a flu shot. When you don't hit your target there are repercussions; repercussions=technician hour cuts. Retail pharmacy is no longer safe or trustworthy, and it is truly a disgrace to the profession of pharmacy.
PBM reimbursement
PCA is a very good company to work for.

Committee Information

People are scared to speak up on this topic because they know a lot of employers will just replace us with cheaper labor, aka new grads who are desperate for jobs. I can't tell you how many extra hours I have put in at work over the years to keep afloat, and I haven't seen a raise or bonus in years. Also, almost 100% of upper management in retail settings do not have a pharmacy degree, nor have they ever practiced if they do. All they care about is hitting metrics so they get their bonuses, and they don't understand a lot of factors that affect those metrics or why pharmacists are so stressed out. At the end of the day, corporate doesn't care about the patient they care about the money. As a healthcare professional, we get treated like crap from other healthcare professionals and patients. I love helping people, but if I could go back in time knowing how things have changed in the profession over the years, I would seriously consider doing something else. There needs to be change, but no one knows how to start that change or is afraid of retaliation.
Perception of retail pharmacists as only drug pushers and not health care professionals. I've had patients yell at me for medication counseling, or wanting to discuss concerns over a prescribed medication in their specific medical states. I've had a supervisor tell me repeatedly to dispense narcotics early so the patient does not "call corporate". There have been times I have asked for help from my direct supervisor- where we have had 500+ prescriptions in the q, with one or two technicians only. No more hours approved. I've had to tell patients I don't have a vaccine in stock so I would not take time from getting medications out to patients.
Performing duties other than filling prescriptions And verify, including but not limited to ; drive through Most of the time, running the register for extended period of times , dealing with angry customers and complaints as work load pileup due to being pulled away from verifying stations
Personally feel that it is my direct boss putting on this pressure, not necessarily the company. Very busy store though, so he is part of the system as am I.
Pharmacies are reimbursed and measured based on various metrics. The biggest obstacles we face are out of our control, patients being adherent and getting refills for patients from practitioners in a timely manner. Our pharmacy offers medsync, free delivery, drive-thru and sync pak, but when the practitioners do not respond to requests over and over again, adherence goes down and so do our scores.
Pharmacies are too open now. Corporates needs to be accessible has created an environment where keeping privacy is difficult. We have to call doctors to clarify prescriptions and because the pharmacy has no barrier between us and the customer, every word can be overheard.
Pharmacies are understaffed for the workload and much emphasis is placed on immunizations, making calls to doctors and refill phone calls to patients. These metrics are closely monitored. I feel customer care should be the priority. Management is not supportive. I retired a little over a year ago and am very happy to be out of the situation that now exists in chain pharmacy.
Pharmacies get technician hours assuming that every single technician is a board certified tech when reality says that many of them are on the newer side due to high turnover rates. This causes any of the non clinical tasks, primarily insurance issues, to fall on the pharmacist. Pharmacists don't receive specialized training in insurance adjudication, we just learn that in our day to day tasks. Insurance adjudication issues consume an unacceptably large portion of our day. The large range of various tasks were expected to complete each day also disrupts our attention as we are constantly jumping from task to task and studies show multi-tasking generally leads to mistakes.
Pharmacies in Ohio have been unsafe for many years. For 5-10 years now, employers have given pharmacists little/inadequate help, and have expected pharmacists to do more work than humanly possible. Very unsafe. Terrible work environments for pharmacists. I worked as a pharmacist in retail and mail order pharmacy for 13 years. Very sad how the field has changed so dramatically over the past decade. Also, too many pharmacists and not enough jobs.
Pharmacist helping to answer phones, run register put drug order away takes attention off processing and checking.Alert fatigue from software sometimes doesn't highlight critical interactions verses additive therapy or refills.

Committee Information

Pharmacist and technician hours have dropped an insane amount since I have first started practicing, yet the demands, metrics, and goals continue to go up. While I do believe we have been given tools and technology advances that help make certain processes more efficient, there is still only so much even the most efficient person can do. Just less than two years ago, we were getting enough hours for 4 full-time Rph. Now, we barely get enough for 2.5 with about 1-2 hours of overlap on weekdays. Hours don't seem to align with increased needs as well (ex. very little inc during a busy flu season or in the beginning of the year when everyone's insurance changes). To no fault of companies, we also spend a ridiculous amount of time running 5 different discount cards on 5 different meds to get patients the best price. I never eat a meal or go to the bathroom at work, and I can't remember the last time I was able to take a true break, unless you consider chugging a protein shake in between checking scripts a break. I am mentally and physically defeated when I come home from work. Sadly, I was forced to stop breast feeding before I'd hope because I couldn't find the time to step away and pump. Some patients act as if we are a fast food restaurant, and this is only perpetuated by the industry. I haven't received a raise in three years. I get multiple complaints on a daily basis about scripts not being done when promised and lines being too long. There is very little time and pharmacist overlap for proper counseling and errors have been on the rise over the last several years. My technicians feel overworked and under appreciated, as their hours have also been cut. My pharmacy has five windows in the store and a walk up, but we can only service 2, occasionally 3, of them at a time. The stress on us is hard to deal with at times, but the decreased quality of care we are giving to our patients is worse and not what I signed up for when I became a pharmacist.

Pharmacists are being stretched to their limit with employers requiring more and more of them with very little staff to accomplish expectations. Pharmacists are denied breaks at work and are honestly being abused and overworked. You can't really complain because they will show you the door and hire a recent graduate to take your place. The pharmacy job market keeps shrinking so what do you do? Just shut up and save your job. The board really needs to step in and establish some basic decent working standards for pharmacists.

Pharmacist overlap at busy locations is disappearing over a number of years. The increased demand on the solo pharmacist was supposed to be mitigated by an increase in technician hours but has not been realized. A pharmacist can easily breeze through electronic prescriptions that may contain errors and never be caught by DUR software, independent review or the prescriber due to the sheer volume that gets processed. Filling prescriptions and administering vaccines leave little time for adequate prescription counseling. At my current location, MD calls get the back burner treatment due to a host of other mandatory requirements, leaving patients in the dark or without refills. Many area doctors require monthly appointments so they can charge Medicare/Medicaid for services and do not offer refills on maintenance medications so that billing can occur. This leads to a higher than usual new prescription volume, which in turn takes a serious time investment on the part of the pharmacy. In addition, the pharmacy technician pay rate is not adequate to attract good candidates. Many new hires do not make it into the pharmacy or decline the position due to the low pay rate. Understaffed pharmacy increases the demand and stress levels of those who remain, causing fatigue and a feeling that we will never catch up and ultimately leading to people quitting over the stress and compensation offered. Literally hundreds of prescriptions that are filled get returned to stock due to aggressive company policies that encourage automatic refills as a key metric for success. Flu shot season is a nightmare, often patients wait for prescriptions while the pharmacist is administering an immunization. Prescribers are often difficult to reach, leading to multiple calls and faxes before a response. Counseling is often rushed due to multiple other responsibilities that hinder our availability to help patients in need of counsel. Phone calls pour in at an alarming rate from all parties.

Pharmacist saturation has businesses hiring new pharmacists for cheaper rates and forcing older pharmacists out. Tech hours have been cut to point that a lot of pharmacies can't keep up with demand. I'm repeatedly asked to stay over/come in early (off clock) to "catch up." No lunch/breaks ever given to pharmacists except bathroom breaks due to hardly any overlap. The overlap we do get has to be used to get somewhat ahead or catch up.

Pharmacists should be please allowed to sit down. I have developed waist and back pain from standing all day. Even the days I work 12 hour shifts my store manager expects me to stand all day. Most store managers have taken away sits from pharmacies. They feel we make too much money without realizing we worked hard for it.

-Pharmacist to Technician ratio issues-No requirement that a pharmacist is never alone during operating hours (no technician). -Similar situations to those found by the Oklahoma State Board of Pharmacy as published in the New York Times article mid July 2020.

Pharmacist to technician ratios are a good ideaMinimum staff per shift or per day orSome other standards would be a good ideaOhio has some of the strictest pharmacy laws on the books besides Florida New York and California, while at the same time leaving certain standards very general. I also feel the board has moved too much towards a law enforcement police environment and that can be catastrophic to our practice in Ohio. I also feel the board should be led by a pharmacist and not an attorney

Pharmacist to technician ratios would take out the guessing game for the chain pharmacies. I work every night by Myself for the last hour we are open, does that seem safe for anyone? There is more to effectively running a pharmacy than script count, which is how our technician hours are determined? Help make the change that makes the difference! Thank you for checking in on us!

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Pharmacist workload and responsibilities increase on a weekly basis and we are given not additional hours or staff to help with the ever increasing burden. Besides dispensing medication we also must worry about vaccination services, clinical services (which would include blood pressure, bmi, glucose, cholesterol), and opioid stewardship, and now covid testing. Pharmacists are overwhelmed and mistreated on a regular basis both by our employers and other medication professions. We need the state board to enact laws that will actually help the profession to stabilize and grow. Currently there are way to many schools of pharmacy in the state and this is putting a lot of pressure on the job market and on wages. Many new pharmacists can't find full time employment and wages are decreasing. Fewer people are now entering pharmacy school because they see that the future is bleak and pharmacy school is responding by lowering standards and therefore potentially risking patient safety by admitting weak candidates. For opioid stewardship it seems that many providers are not serious in curtailing the epidemic and pharmacists have to constantly argue over appropriate dispensing of these medications. Pharmacists heed the law and guidelines outlined by our board but other medical professions are not taking things so seriously and are jeopardizing patient safety. To sum things up we need the board to not allow accreditation of additional pharmacy schools in the state and force schools to keep their student standards high. The board should also investigate retail pharmacy and enact laws that will mandate appropriate staffing for pharmacist sanity and patient safety and satisfaction. Lastly there needs to be effort and money put into the re-education of providers about the dangers and risks of opioid prescribing. This training should be mandated and occur both in med/nursing school and as C.E. for those already in practice. Thank you for your attention to these issu

Pharmacist's practice in an environment that reaches a vast amount of community members in a way unachievable by any other health professionals. The very nature of such an environment demands a commitment to working efficiently with great skill and care. To change the nature of how pharmacists practice would be not only economically detrimental, but likewise detrimental to the public health by decreasing the availability of our communities most trusted source of health information.

Pharmacists are essentially expected to come in early and leave late without compensation. Not enough pharmacist hours. Cutting RPh and Technician hours despite huge corporate bonuses and pay raises. Chain pharmacies are ruining the entire profession.

Pharmacists are expected to be a tech and a pharmacist every day. We do the job of more than one person. I feel that big companies like cvs only care about money and not their employees. We need lunch breaks and less metric driven. The expectations around immunizations are to just keep pumping them out and do all of the five other tasks needed to make money with one pharmacist and maybe 2 technicians. The environment is terrible in retail pharmacies. Pharmacy managers are expected to work over their salaried hours off the clock to get all the extra work done. I get paid for 40 hours but work close to 50 to complete all the tasks not done during the day due to limited staff. Things need to be changed! I wouldn't recommend becoming a pharmacist.

Pharmacists are expected to do it all. More phone calls (adherence calls, new script pick up calls, no refill calls, gap in care calls, 90 day supply calls, ready fill calls, burst calls, simple dose calls) get added and must be done. Immunizations metrics No break, Most managers work 10+ hours A week unpaid (it's never asked but expected) Tech hours constantly get reduced based on a computer system that thinks it knows the demand of the store It is NOT SAFE, for a pharmacist to type, count, check, and ring out the same script. There is no double check and it is extremely unsafe and it happens daily. Our job is to be there for the patient answer their questions, monitor their medications, administer vaccines. Be their advocate....WE CANNOT do that with no staff and added unnecessary timely tasks. We cannot be the healthcare provider that we need to be as long as corporate chains continue to take from their stores and staffs and put the money in their pockets. The patient should be the number one priority. Pharmacy staff should be a priority. Pharmacists should be a priority. And we aren't we are given Unrealistic expectations followed up by "consequences" We need corporate chains like CVS Walgreens Rite Aide to remember what pharmacists are meant to do and meant to be. That is gone and has been gone for the past 10 years. Our profession is no longer respected.

Pharmacists are expected to do more and more in the same amount of time

Pharmacists are having to complete more prescriptions, more vaccinations, more phone calls, and more counseling all while losing tech and pharmacist hours. I am often required to come in early and stay late on an already scheduled 13 hour shift without taking a single break (including a restroom break) in order to keep up with just getting scripts filled. It is becoming expected that I come in on my days off to make sure inventory and outdates are completed while not getting paid to do so since we are not given the hours. When metrics are not met because we are trying so hard to keep customers happy and make sure their scripts are ready, we get written up for not making sure calls were made to see if patients need refills. We are already constantly behind as is with scripts being filled. We get written up if scripts aren't done on time but we also get written up if calls aren't being made to see if patients need refills. We cannot win. If I knew what the pharmacy profession was going to be like 15 years ago, I wouldn't have chosen this profession. We need help. Thank you for giving us this opportunity to have a voice.

Pharmacists are no longer valued by their employer....if someone can not process at the speed necessary, we are easily replaced. Fear and intimidation is the norm.

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Pharmacists are not valued or respected by their employers. We can not voice our opinions to loudly about our concerns because we are dispensable. With the influx of available pharmacists to hire, we can be fired on the spot and quickly replaced with a new graduate at a much cheaper rate. Most pharmacists that have been working at this career for longer then a decade feel they could be fired at any moment. Replaced with a recent graduate who is desperate to get a job because of their enormous student loans. They will except a low wage because any job is better then no job. The chaos they will experience in the pharmacy will have to be tolerated because if they speak up they know they to will just be replaced with another body. Pharmacists are a dime a dozen. Put that pressure on ones shoulders along with the impossible metrics that are expected and it is a disaster waiting to implode. The emotional torment this has brought to so many of my colleagues and myself is heart breaking. I was so proud of this career I started over 20 years ago. Now I just try to survive the work day, physically and emotionally. Praying every morning for God to watch over me in the pharmacy so I can keep my patients safe. I doubt I will see an improvement in my career but pray it improves for the generations to come!

Pharmacists are so easily and readily accessible that we often goes unrecognized as professionals. Patients, and many providers, do not understand that we are important members of the healthcare team, which often hinders proper patient care. Our workload, responsibilities and seemingly unattainable metrics continue to increase while our hours and support constantly get cut. More and more is expected from us with less and less to work with. Our current situation is unsafe for pharmacists (both emotionally and physically), for our families, and for our patients. If you want pharmacists to continue caring for our communities, please start caring for us.

Pharmacists do not have an advocate to speak for them. So, we are being put into a situation where people don't seem to fully understand what we are doing, such as processing orders at a high rate, and monitoring and dosing antibiotic therapy. All of this to a high level and such detail that leaves it an unsafe environment for patients and especially the pharmacists processing this information and putting them in a position to make errors and risk our licenses.

Pharmacists for many years have put off "lunch" time or bathroom breaks for the needs of patients to meet corporate expectations. Patients started to look at pharmacy & pharmacists as no more important than a fast food worker b/c of chains. They turn us into personal shoppers at drive thru, the drive thru itself implying instant filling like a food drive thru, constant upselling or asking for donations or loyalty cards, coupons that make us seem like a discount service. It all cheapens the profession. If you try to put your foot down about controls or even following the rules of those coupons, your supervisor rarely has your back when the complaint comes through. Usually the customer is given more incentive to return & belittle you b/c they now know your supervisor's contact info & try to wield it with menace. PBMs need to be required to pay us for service, not just rx product. I understand the reality of reimbursement not being enough to allow for the ideal ratios for filling rxs, but it doesn't help when employers throw onto that vaccines, MTMs, service metrics, phone calls, check register otc section, etc. & then continue to cut tech hours. It's not just tech hours either, it's tech quality. All this & our average salary keeps dropping. Do more, get paid less, but be happy you have a job b/c the board keeps approving schools & larger class sizes. Always been told that the board is to protect patients, not pharmacists, but to protect the patients, dont you need to protect us? With larger class sizes & more schools, the quality of student has declined drastically the last few years. Universities hold admissions to get a large class size. It's no longer an honor to have gotten accepted. Where has our once respected profession gone? We need more/better help to aid work place conditions, fewer schools or smaller class size to increase rph quality, payer se

Pharmacists in retail settings have just become cashiers. I spend 4+ hours of my day running a drive through. The only way to get our prescription quotas filled is if we come in 2 hours early and stay 2 hours late all unpaid. A scheduled 11 hour day can easily turn into 14+ hours with no chance to eat/use the restroom on some occasions. Immunizations and Covid testing on top of everything else is getting out of control. We need more technician hours to be given to us so we can effectively be a pharmacist. I truly miss being a pharmacist at the end of the day.

Pharmacists need a union to protect the jobs of senior, higher-earning pharmacists who are being forced out in favor of new grads being paid much less.

Pharmacists need a union.

Pharmacists NEED to have UNINTERRUPTED breaks. These breaks can give us time to reset our minds, enjoy our meals and start fresh. This is a very unpleasant work environment that all retail pharmacists are subjected to. We stand for majority of the shifts, take minimal breaks to eat and use the restroom, multitask the whole day and still try to uphold our sanity to not make a single mistake in a 300+ rx day. Among most healthcare professionals, we endure the most abusive work environment. We have too many non-clinical duties that the company requires us to do. We are pharmacists, not businessmen. We didn't study on how to make a company profitable yet we are burdened with those responsibilities. Retail pharmacists can transition into clinical pharmacists in a retail setting if given the right amount of resources to work with. Retail pharmacies are not retail stores yet we are working in the same type of environment because of the companies expectations and attitudes. We are disposable because there are many replacements so many of our voices are silent. We have no protection but our own. We have no representative to speak on our behalf. I hope this survey can shed some light in this darkness.

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pharmacists should Not be expected to work open to close(12-14 hours) in a retail setting with less than adequate Staffing and only 1 break.

Pharmacists should NOT be the ones deaks customer serive, problems, answering phones, at pharmaxy. Pharmaxust is a profession that studies medication. Phatmacists spend more time dealing with problems and people than practice patient care. Physicians, doctors, nurse practitioners do not have do any other side jobs other than their job. Something must be done to fix the problem. Pharmaciats are not respected anymore and everyone, especially retail pharmacist, hates their jobs.

Pharmacists would not have to pump out so many scripts if reimbursement from insurance companies was fair. Having worked so many years, I have seen dispensing fees go from 5.00 per script to 10 cents. 10 cents!! How can this be justified? A person's life is worth 10 cents. That is where the problem is.. not enough reimbursement, so not enough money coming in to pay pharmacists and technicians. So, corporate gives us more to do, with less help. AND we just go along with it, because we need the job, trying not to make any mistakes, following all the laws, making sure we are doing everything right, trying to catch prescriber mistakes, trying to keep the people happy. All for 10 cents per script. A few vaccines here and there to add to the income of the store. MTMs and CMRs and Tips and Star Ratings and Claw Backs. Metrics, 90 day refills, auto refills, sync fills. More and more work, less and less help. And most people are grateful and many are just looking for gas points or the cheapest price. We have no provider status, and thus we have no value, except after 5pm when somebody needs to poop and they call for advice. We are hamsters on a wheel, going nowhere. And we are hungry and tired.

Pharmacists' workload increases constantly, due to new metrics being added. It is frustrating because patient care is not the priority anymore, it's the numbers. If goals are not met job security is an issue. This takes away from the patients being our main focus. Also with the increase in workload and decrease in staffing/hours, safe patient care is compromised. With minimal staff, we are expected to do both our duties, as well as technician duties. It is an overload of extra work, which leads to scripts not being completed on time, errors, and especially burnout. More pharmacists now than ever are reporting anxiety and mood disorders like depression. As medical professionals this is not how we want to present to the public we serve. Lack of breaks/lunch has also been an issue. For many of us we don't get to take a break, we eat and rest for a moment whenever we can. This is dangerous for a pharmacist working a 10, 12 or 14 hour day. The risk of errors increases, as we are unable to concentrate because we cannot have a moment to eat and take a needed rest. Providing vaccines in a busy pharmacy with only one pharmacist constantly pulls the pharmacist away. It is more difficult to fill scripts on time, counsel patients and other tasks that need to be completed. There should be additional pharmacists staffed to accommodate higher volume stores, with their main duty being administration of vaccines. This helps to provide better safety to the patients and smoother workflow.

Pharmacy board should adopt MANADATED lunch breaks where the pharmacy closes for 30-60 minute to clear everyone's mind and refresh themselves. Other states mandate it and it has shown to decrease error rates Pharmacy has changed a lot over the years. Big chains do a poor job letting pharmacies practice safe and in the best interest of the patient. It is more about script count and you get less staff to do it. I have never gotten a scheduled break since working in a pharmacy.

Pharmacy has changed dramatically over the past 22 years. It used to truly be about patient care, but now "patient care" is not about the patient at all, but how to make more money for the company. I feel I am expected to be a more of a salesman to "sell" whatever the company is wanting to push on the patients, and if I don't meet the unrealistic targets, which get increased every year, then I am reprimanded. It seems to me that a lot of this excess "work" could be done by someone other than the only pharmacist who is working a 13 hour day. More corporate work is put on us and yet corporate continues to cut pharmacist and tech hours. Every year we are expected to do so much more with so much less. It is exhausting, it is frustrating, and it takes away valuable time with patients to talk about real patient care.

Pharmacy has cut staff to the point of very stressful to the employees I am retired now and practiced 40 years and was a DOP for 20 plus years

Pharmacy has gone away from a patient centered true Healthcare profession. It's 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. If boards of pharmacy don't step up, the profession will continue to be ran into the ground by greedy companies because pharmacists can't say anything to their bosses about staffing or metrics without fear of being fired.

Pharmacy is all about the numbers over patient care and safety. Upper management is all about numbers. They will tell you what you want to hear but they will not follow through on what they tell you. It's a vicious cycle they keep spinning with the Pharmacist.

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Pharmacy is at a breaking point. There are too many pharmacists and employers know it. One national chain is exerting a monopoly-like control on the industry. Not only are they the largest chain in the country, but they own PBMs that pay their competitors (how did that ever get started??). Their corrupt business dealings have been exposed thanks to Anthony Ciacchi (sp?) at the Ohio Pharmacists Association and thankfully Arkansas is taking them to the supreme court. But it is too little too late for many pharmacists, technicians, and other staff who lost their jobs, such as at Ritzman's, when this company bought them and closed successful locations for no good reason and put people out of work. Their insane metrics for tech and pharmacist hours I know first hand as I used to work for them. Where is the state board monitoring and controlling this? I tell my friends and family not to go to this chain. I don't care if they go to my new employer chain pharmacy, but please don't go to this other one. It is unsafe there. When I worked there, my partner made 11 mistakes that I know about in 7 months, but they liked him because he hit their metrics (easier to do when you aren't actually checking prescriptions and making necessary corrections). Someone please stop the insanity before someone dies and before there is one corrupt retail chain left in Ohio.

Pharmacy is no longer about patient care, it has become a game of meeting impossible metrics from your employer with the least amount of resources possible. Change needs to happen to get this field back to what it used to be, more patient centered.

Pharmacy is still not respected enough to have adequate oversight and leadership to build new programs and audit like we should to ensure safe processes every day. Pharmacy still remains a difficult job with much responsibility and zero authority. In health systems we should be required by regulatory and accreditation bodies to have a Pharmacist executive at the highest level of the organization just like nursing. PBM's have been allowed to create a vertical monopoly which creates poor working conditions and decreases patient access.

Pharmacy Managers are being run to the ground. No overlap except 2 hours every other week. Must find time to do manager duties while being the only pharmacist on duty. We are expected to take meeting calls while we are also trying to verify scripts, normal pharmacist duties. Sometimes the calls are an hour long. We are expected to have face to face sit down weekly meetings with store manager though we are the only pharmacist on duty. My company keeps shredding pharmacist hours but expects the pharmacy to operate like a normal 9to5 like the store managers or district managers. They (management) have yet to grasp the idea that for 12 hours straight we are the ONLY professional in the pharmacy but yet expect a million different things from us. I have been a pharmacist for 13 years with the same company. I am very good at my job and very efficient. In the last year, I have never felt so overwhelmed and belittled in my life. Management does not hold value to pharmacists opinions or concerns. The retail profession has taken a horrible, unsafe turn for the worse. Every day I wish to get out and move to a company with a better work life balance. New grads aka "cheap labor" are being handed positions that might have gone to a more experienced pharmacist. Promotions and moving pharmacists around are now up to the Pharmacy Supervisor. Long gone are the days where a pharmacy manager has a say in who he or she would want to build a team with. And trying to train a new grad or floater pharmacist with little experience while only seeing them 4 hours a month (if you are lucky) is not an effective way to craft and teach a professional skill and daily store operations. All I want to do is take care of my patients to the best of my ability without having all this other nonsense to deal with. Thank you so much for developing this survey. I hope we are heard and can make a difference for the better!

Pharmacy practice is evolving but technician pay is not, which results in inadequacies and more responsibilities for pharmacists.

Pharmacy staffing has been cut by an incredible margin in the last year. My store has been cut over 60 technician hours compared to last year at this time. This is despite the store filling on average, about 150 more scripts per week compared to last year. The biggest problem with this decrease is that I have to focus more on what I would call "technician activities." I spend larger portions of my day adjudicating prescriptions, data entering written scripts and filling prescriptions. I used to have more time to counsel patients effectively, ensure patients have all of their recommended vaccines and optimize therapy for my patient's. I have repeatedly expressed my concerns about the changes in hours with my boss and my concerns have been unmet.

Pharmacy technicians are absolutely VITAL to the functioning of a pharmacy. They are overworked and significantly underpaid, leading to burnout and high turnover rates. Their workload often spills over to the pharmacists in order to prevent patient delays (or further delays) and reducing their ability to complete clinical tasks or requiring them to work longer hours as well. Also, the registration restrictions placed on "registered" techs, limiting their ability to refill pyxis machines or crash carts, even if barcode scanning or RFID tagging is implemented is a significant and invaluable restriction placed on hospital technicians. If a certified tech is unavailable, delays in refilling pyxis machines lead to delays in patient care (the waiver for COVID has been a nice relief and will hopefully encourage the board to remove this restriction from registered techs permanently).

Pharmacy technicians in the acute care / hospital setting are drastically underpaid. The registration requirements set forth by the board have increased the barriers to entering this low-paying and high-risk role - but wages have not paced with the increased regulatory requirements. This has contributed to the shortage.

Please act on pharmacist and public safety concerns.

Committee Information

Please consider that the root cause of inadequate staffing at pharmacies is the low reimbursement. Something must be done to improve the PBM reimbursement. I do not think changing laws to require more tech per pharmacist hours or any combination of that will be helpful to the public, because the chains will be forced to consolidate locations and some patients will have more difficulty getting to a pharmacy. Wait times will increase due to higher volume and a more chaotic work environment may be a result. Immunizations at the pharmacy are important to public health and if there are a lot of pharmacies closing due to inability to pay for mandatory staff increases , then we as a profession will fail to provide this service at a crucial time.

Please create a law for tech and rph ratio to offset any possible inappropriate labor overuse

Please do something about retail pharmacies and corporate. Please.

Please do something to stop what is happening to this profession that I once loved. I work for the 3 chain and in the past couple of years, it has become way more about making money and performing tasks to "drive metrics" than it is about spending time with and helping the patient. We are working way to hard with no tech help. How can they expect us to not make mistakes when we are running around working every station in the pharmacy to get the work done instead of focusing on my primary concern, the safety and care of my patients? I am so pleased to see this survey. Thank you.

Please go after these big chain retailers for unsafe practice!!

Please help

Please help fix this retail problem. Our patient safety is no longer a major concern at the retail level. It's all about metrics and money. Please bring back our profession to its trustworthy safe glory. We need more time to process prescriptions safely.

a dozen, a lot of employers feel they can pick and choose. One of the results of this ideology is that a lot more responsibility is placed on the pharmacist. We (especially those who work in retail) go without lunch or even find it difficult to take a bathroom break. They have even taken stools out of the pharmacy forcing you to stand through the entire 12-14 hour shift. I have personally had to cut my hours down to maintain my sanity and to stay away from their so called "salary structure". The work load is so much that a pharmacist that is working the day before feels obliged to come in early and stay late so the next pharmacist is not walking into a back log all the time. As I mentioned earlier, employers feel they can pick and choose because there are so many new graduates. This results in pharmacists fearing to speak up about all of these terrible conditions because of fear of termination from their job. This adds a lot more stress and anxiety to many pharmacists and I definitely cannot recommend pharmacy to the next generation if it continues down this path.

Please help us and our patients soon!!! We are here to help people, and are getting the shaft. I understand the companies need to make a profit, but not at the expense of the publics welfare. Also the Board has seem to have gotten increasingly nitpicky.

Please help us get back to truly being able to care for our patients. All my chain cares about is metrics and flu shots and other metrics when patients really have questions and one pharmacist can't do it all. It's sad when a patient asks why am I calling them (on a metric call) if we're behind in filling prescriptions for 2 days! We need more pharmacists and more technician hours.

Please help us keep our patients safe!

Please help. We care about patients and are unable to practice safely. The monoliths, CVS and Walgreens, force profit at expense to safety.

Please look at tech to pharmacist ratios. Also review companies who are consistently cutting tech and pharmacist labor stating that "system enhancement" make up for these hours. (They do not). Review metrics and specific goals at these pharmacies. Giving 50-80 flu shots a day, while counseling patients, with 40% less tech hours, and no extra rph overlap is just not doable. Fall isn't even here yet and the anxiety is already through the roof.

Please look into CVS. They do not provide enough support/tech staff. Too much emphasis on metrics. Pharmacists get no breaks. Pharmacists go in early and stay late (not getting paid for that extra time before and after scheduled shift). Most bathrooms are unclean.

Committee Information

Please look into the metrics retail pharmacies have to meet. They are ridiculous and unsafe for all involved. Pharmacists can only push themselves so much. We are at a breaking point. My location fills over 5000 prescriptions a week yet we are given only 145 pharmacist hours per week. This doesn't include MTM, vaccinations, and all of the other metrics we must meet. I've been a pharmacist for 12 years. I got a raise (albeit minimal) every year up until 2016. Those have now stopped. The rationale according to our company is that they are keeping in line with the market. We are essential workers. You know what appreciation we got during this covid outbreak...\$300. Wow, what a slap in the face. I've had technicians test positive for covid. You know how long it took corporate to bring someone to deep clean our pharmacy...5 days. I would never recommend pharmacy as a career to anyone. The profession has been in a steady decline since I got licensed in 2008. It's sad to say but corporate greed has destroyed the profession. It's not about the patient anymore. It's about doing more with less.
Please make breaks mandatory! And not breaks with the pharmacy still open because that leads to the pharmacist not really taking a break. We need to close down for 30 minutes. Also think a shift should be max 12 hours (my store is open for 13 hours so I work that shift plus arrive 30 min early) and this max should be enforced. At the beginning of the pandemic my chain changed the store hours to being open for 12 hours instead of 13 a day and it really did make a huge difference to me and fellow pharmacists.
Please make lunches and breaks mandatory, preferably closing the pharmacy during the lunch break. Also, pharmacist shouldn't be allowed to work alone. There should always be at least 1 technician working with the pharmacist or the pharmacy can't open. It should be a registered technician not a front store employee. Metrics should be eliminated. Most often these metrics are used to punish employees who are not meeting their numbers and have little reflection on actual patient care.
PLEASE MAKE PHARMACIST PROFESSIONAL MORE RESPECTFUL FROM CUSTOMER AND TECHNICIANS. Please also makes sure, that there is enough number of technicians all time we can work with. I have worked 8-9 hours of shift just by myself.PLEASE MAKE A LAW SO WE CAN ALSO TAKE A BREAK FOR HALF AN HOUR AS A PHARMACIST. WE ARE HUMANS, NOT ROBOTS.
PLEASE mandate a pharmacist to tech ratio. Please also mandate a closed gate/closed phones break for pharmacists. Even if it's only 20 minutes. I hate feeling like the world is on fire for the entire duration of my 10-14 hour shift.
Please please help us! The big chains are all about greed and do not care for their staff or patient safety. Thank you for doing this survey! I hope it makes a huge difference
Please please please take some actions on large retail chains. Extremely less staff and hours results in poor health care standards. Don't have time to proper counsel patients. Everyday emails and text from supervisor to meet metrics. I won't write too much since everyone knows what's going on In large retail chain.please implement and take some actions...please do something.....every one knows everything and talks all the time....but no one has heart to take any action....please save profession and help patients.....board of pharmacy can do anything if they wants to do pls pls improve work environment.... this is from 3 letter Company. Patients are really suffering from corporate money profits and we get complaints on dusky basis. Hope something changes in future for patients and profession.
Please review technician certification requirements. Currently, this regulation greatly hinders acute pharmacy from hiring, training and maintaining proper staffing levels of technicians. In addition, closing of technician programs across the state have compounded this.
Please start implementing a pharmacist to technician mandatory ratio along with limits on how many scripts a pharmacist is allowed to check per hour.
Please stop in and observe, see what it's like to actually work in a retail pharmacy. Hours cut, increased workload/metrics...it's the do more with less mentality that corporate has and it's not working.
Please, help us provide better patient care. Over the last several years while new sites, practices, and free standing locations have been added not a single new staff position has been added. Our pay has been cut by over \$10.00 per hour with leadership citing market saturation. We are losing our professional worth, being overworked and under appreciated. We are unable to leave poor working conditions or even push back since there are very few jobs in the market. Please, urge leaders to meet basic staff to patient ratios. Please, urge leaders to maintain pay standards and treat employees with care.
Pls help-we need less focus on metrics and more tech support. I love giving vaccines but it's very challenging to give vaccines while filling hundreds of scripts a day.
Poor pharmacy reimbursement from insurance companies have changed the entire role of the practice of pharmacy. Insufficient reimbursement is the cause of the concern for patient safety as it does not warrant a sufficient staff to allow great patient counseling and great patient care.
Poor reimbursement continues to be an issue in my pharmacy. I have more and more non-clinical duties coupled with MTM and other "mandates". I have people who want to work, both pharmacists and techs, but we just aren't making the money to justify it.
Poorly trained technicians

Committee Information

Positively crushed by overwhelming paperwork, dealing with PBMs, compliance issues and so many other issues unassociated with delivery of care. This will be my last year. I plan on selling my pharmacies and taking an early retirement. Working 50-60 hours per week and spending another 5-15 hours weekly on paperwork, compliance issues, etc. is simply too much and not worth my health. When I figure all the extra time I spend, I'm making less than any of my technicians per hour. I have an MBA and will pursue a new venture outside of pharmacy. My son and daughter-in-law are both pharmacists. My son, 38, agrees that the stress and paperwork have become unmanageable. He left the profession for a corporate position as a consultant using his MBA. He expects his wife to also leave pharmacy for the same reason. We have all left the state of Ohio because of the negative business environment and have now relocated in South Carolina and Florida respectively.

Practice site: Outpatient clinic providing anticoagulation and diabetes services. No technician involvement.

Practicing as a pharmacist in a medical marijuana facility has made me realize how backward the process is in Retail Pharmacy. Here I am able to help patients select the appropriate therapy, route of administration, and dosage form based on the physician's recommendation of the "use of marijuana". I am also able to review co-morbid conditions with patients and discuss the potential adverse effects and drug interactions. And its all cash and no negotiating with insurance companies. The technicians process the orders, double-check themselves and I review the inventory morning and night for accuracy.

Prescription workload is manageable, however, The vaccine workload during flu shot season is unmanageable. I sometimes cry on my way home after a hard shift. I am stressed out just thinking of this upcoming season and especially with potential covid vaccine in addition? And now I have to worry about also wearing mask and face screen. In addition these coupon cards have rendered us miserable and losing money on many rx's. What other medical profession has coupons? Can you imagine bringing a coupon to your physician for a physical or for an MRI? It's ridiculous and degrading. This is the first year I have been thinking of retirement and how many more years I have to do this.

Pressure on metrics from bosses getting more and more each day. Especially now it is vaccine time....you have to have 5 vaccines(not including flu shots) per day ...the phone calls, the emails from bosses makes you hate to go to work(in addition to other metrics). 12 hour shift pharmacist needs a lunch break!!!

Previous job was at CVS and I could not be happier with my switch to inpatient pharmacy. There is nothing safe or practical about the outpatient setting these days.

Previously worked for Walgreens, and the staffing and ability to safely fill prescriptions at my current job vs Walgreens is like night and day. I felt like Walgreens pretended customer care was a top priority, yet would not provide adequate staffing to provide that care. Very happy with my decision to leave big chain pharmacy.

Prior to COVID, I would have answered this survey differently. Nearly all of the safety concerns I have at my job right now are related to down staffing because of the financial situation the hospital/system is in from COVID.

Prior to mail order, I worked at a large retail chain, and I did not feel I was able to practice safely at all. My supervisor and regional manager did not seem to care about the unsafe working conditions. Further, I would also work nearly 20 hrs a week off the clock due to such insufficient staffing, and this was expected of me..

Prior to The affordable care act, retail pharmacy was progressing in a safe and effective patient centered manner. Now, because of the financial strains of DIR fees, the profitability of the pharmacy has been strained to the point that staffing the pharmacy for patient safety does not and cannot occur. In order to make up for financial losses, more and more tasks are being added onto the staff that remains to make up for those losses. The tasks being added are beneficial to both patients health and professional satisfaction. While we cannot overlook the exciting opportunities to expand the profession of the most accessible healthcare professionals, we need the support of our business and government leaders to understand the impact these opportunities have in daily workflow.

Prior to working in my current position for mail order pharmacy, I worked in the retail setting at Kroger. One of the biggest reasons I left was because I constantly felt overworked and understaffed. Retail companies, not just Kroger, seem to keep piling on the workload for pharmacists without providing any additional hours. Retail is a hectic environment, with a lot of external stimuli (phones ringing, drive through notifications, lines of customers staring at you) which sometimes makes it difficult to concentrate. There would be days when I would leave work and I would feel like my head was spinning because I just spent eight hours getting pulled every which way. I would usually work 8-9 hours with no set break however I would make myself sit down for 10-15 minutes to eat something. I considered myself lucky because most of my friends in retail did not feel like they could do that. I loved aspects of retail like having my set patients that I saw every month, giving vaccines and providing counseling but it got to the point where I was spread so thin that those things were no longer enough. These companies take pride in their clinical initiatives and claim and make claims of "superior" patient care however I feel that most retail companies are focused more on the quantity than the quality.

Provide stools or chairs for Pharmacists who are on their feet for more than 10 hours a day

Committee Information

Providing all of the clinical services and counseling has left little time for concentrating on dispensing in addition to technicians that pass certification testing but really are not competent has lead to a very stressful and unsafe environment. We can provide all the preventive screenings we want, but when a prescription is dispensed inaccurately we have failed at the basics of our profession and failed our patient.

Providing vaccines and medication management services are an important part of the job. Adding these responsibilities does require additional staff of technicians and/or pharmacists to maintain a safe environment for all responsibilities.

Providing vaccines is a great service to provide to patients, but nothing changes except for the amount of responsibility put on our shoulders to do so. We do not get extra tech help, or very minimal, and the amount of time required to provide this service safely and appropriately is more than we can afford to give and attempt to keep up with the regular workload. The big chains do not account for this (reasonably) and instead don't just incentivise vaccine goals but are punitive if not reached. The business of pharmacy is obviously important...we need to get paid....but not at the expense of patient safety. Tech hours continually get cut, more work continuously gets piled on our shoulders, metrics get tighter, and demands get higher. The employers have the ability to do this, and threaten our jobs with these metrics, because the field is saturated and there are a whole lot of pharmacists looking for jobs. It has been an unsafe environment for a long time, and getting worse daily. This is not why I became a pharmacist, and I regret my career choice often. I loved it 10 years ago, but I cannot say that anymore, unfortunately.

Pt safety is at risk. Pharmacists are exhausted and stressed. Too many metrics, too many phones calls to be made to pester pt for refills they don't want

Q13. The number of rxs processed in 1 hour varies on the task at hand. Mail order processing is divided into various tasks. Some can be done quickly and others not so much.

Q13: On average, how many prescriptions or medication orders do you personally process per hour?This question is required so I picked an answer in the middle of the range. Prescription processing is multi-step process that is often carried out by several individuals. In pharmacies where there is more than 1 pharmacist and more than 1 technician on duty and overlapping shifts, It's very difficult to assign a number to this.

Q14 add option 21-29 hrs, unable to truthfully answer question as written.

Q14 does not have the option for 20-29 hours but this would be my true answer for average weekly hours worked.I am now working both inpatient and outpatient hospital and feel safe doing my job but I previously worked for 11 years in a retail setting and my answers couldn't be more different if I was answering about that job. I went from pharmacy tech to intern to staff/floater to pharmacy manager and in the retail setting I did not feel like I could safely take care of my patients, barely ever was able to take lunch/bathroom breaks and never felt safe bringing my concerns up to management for fear of losing my job or retaliation (and frankly management couldn't do anything because the people above them were not willing to make changes, so my opinions and concerns even as pharmacy manager were ignored). This needs to change. I am now working inpatient which I do not prefer but would switch again in a heartbeat because of these things. Retail pharmacists need someone to stand up for them to their employers. All too often pharmacists stay quiet and miserable because their employers tell them they cannot have breaks, cannot have more technician hours and cannot have any more help and the people that suffer the most are the patients! This is now mistake happen and patients are harmed! This is why I took a job for less pay and a significantly longer commute in a field of pharmacy I was not really interested in, to get away from the toxic nature that is retail pharmacy! Please help!

Committee Information

q17 jkljlsjdafkljsdaklfjaskl;kjdfdljsajfkljsadkfjdsaklfjsldkajfklsdajfksdajfklsdajfksdajfkljsdajfkljsadajfkljskafkjsakfjkkajksfdajfkljsfajkdsq17

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Q4 - I have no technicians. Q5 & Q13 - I do not dispense medications.

Quality events are evaluated by employer but not graded. Its based only on number of events filled out. An insufficient quantity on prednisone is equivalent to incorrect drug or patient.

Quality of technicians is a problem as well when we ask a lot of these employees for little pay. Especially since i am in a union store with union dues

Quality technicians are hard to find and keep due to pay/stress of the job. Pharmacist overlap has drastically been reduced over the last few years, and technician hours have also decreased. Overlap and tech hours have been decreased even more during the pandemic, with a focus on cost cutting measures. Immunizations are now required if a patient wants them, regardless of if the pharmacist feels safe/comfortable. Over the last 13 years of practicing as a pharmacist, the profession has continued to decline in almost all aspects, except the aspect of having more responsibility and being asked to do more. While practicing to the full extent and training of our education/license is welcome, it is a negative when all other aspects are still expected with less help than was previously offered. I wish this was retail employer specific, but from multiple conversations with other pharmacists over the years, this seems to be retail pharmacy problem across the board. I can not speak to the quality and issues in hospitals, but know that many pharmacists, myself included, are actively looking for avenues out of the profession due to the work environment, stress, low quality of life, etc. that retail pharmacy offers. With no improvements in sight, I fear things will continue to get worse. With no one fighting for us (pharmacists) and helping to protect us, I can't imagine where the bottom will be.

Question 14 does not have an option to pick between 20 and 30 hours

Questions that inquire about technician hours provided per prescription filled may also prove valuable to you in this endeavor. Last week my location filled approximately 19 prescriptions for every technician hour allotted by the company. It was insufficient.

reading more than 1200 screens/shift is too many.

Recent cuts to pharmacist and technician hours due to Covid. Sales have been increasing faster than hours available to schedule being returned to staff. Currently sales are above where they were before Covid but hours are still reduced to less than baseline.

Reconsider stance on transferring and coupons please, this is a safety hazard.

Regardless of the data you collect from staff pharmacists, the keys to addressing many of these issues are getting large chain leadership to first acknowledge there are problems that need to be discussed, and second, for them to be willing to listen to those who are in the trenches and work collaboratively to address these. And techs should be included in this discussion - they are integral to the performance of daily activities and experience these same challenges. Thank you.

Committee Information

Regulatory burden has increased substantially over the past 10 years. COVID precaution items have also added to additional workload and stressed in ltc. Another factor is that staffing has been cut substantially in ltc nursing homes and our pharmacy staff spend much more time developing processes and providing enhanced services to keep the medication process working smoothly. ie nurses are overwhelmed and we constantly have to deal with missed refills, late admissions, incomplete orders, more stat runs, kinetic dosing, or just reaching a nurse to clarify a medication order/issue.

Resend this email in a few months during flu season. Results may vastly change.

Retail chain employees must be given the necessary tools to provide quality patient care. These tools include adequate assistance in clerical duties that may come in the form of updated technology and improved staffing of pharmacy technicians. In addition, staffing multiple pharmacists for overlapping periods would allow sharing of pharmacists responsibilities and duties which would lead to improved workflow efficiency, allow necessary scheduled breaks, and provide the time for quality patient counseling and medication review.

vaccinations along with daily quota of required MTMs. 3 out of 4 pharmacy technicians in my pharmacy have quit in the last month after 4 years of being on the job because of lack of pay increases, they are being paid less than McDonald's employees at the present time and workload duties keep increasing every year, and I am also looking for a job elsewhere to reduce stress. Companies know how much debt new graduates are graduating with and they use that as leverage. I am seeing more and more new graduates, right out of school, being offered Manager/Responsible person job because experienced pharmacists are passing them over because of unrealistic stress put on by quotas and metrics. I myself have worked off clock for the last 3 years just to keep the pharmacy running smoothly but now am burnt out, and will never accept a manager position going forward. Board of Pharmacy has played a role in deteriorating our profession and has not come up with solutions to help pharmacists on the front line of retail business and that has led to the exploitation of pharmacists by large chains. Pay has stagnated and I have not received a pay raise, not even rate of inflation, for the last 3 years. I do not recommend anybody going into pharmacy anymore and that pains me a lot because i love being a pharmacist. Board of pharmacy has a duty to change the working conditions of retail pharmacists. I hope and pray you do and make us proud of being pharmacists again. We love what we do and want the future generations of pharmacists to feel the same and I want to say to a young person again, consider pharmacy as a major to study in college because you will make a difference in your community.

Retail chains are trying to squeeze every dollar they can, its a difficult and competitive time. There is a lot of pressure from area and regional managers to show financial growth every quarter and continued increase in stock price. Because of this, we are doing 300-500 scripts a day with one pharmacist and about 3-4 techs. That's a lot. In addition, I'm spending a lot of time and concentration worrying about the number of immunizations we are doing per day, register metrics, the number of phone calls I can make per shift to customers, the number of automatic refills signed up per day, making sure scripts are checked before the computer timer goes off (most scripts aren't people waiting, but the system keeps track of the percentage filled within 15 minutes and one hour). Some of these corporate metrics are helpful for the service and convenience of our customers, but can lead to unsafe practice. It doesn't seem possible to stop retail chains from using these metrics, but what the board of pharmacy could do to help is look into options that force retailers to slow the pressure. For example, pharmacies must close for at least 30 minutes per day for lunch. Pharmacies doing "x" amount of immunizations (especially flu season) receive additional pharmacist hours that are solely used as a daily immunizer while another pharmacist fills the scripts. Consider passing a pharmacist to tech ratio law (example: some states use 3:1), this would force retailers to give more pharmacist overlap. Another bold option would be, a technician to script count ration law. Using a system of 10 scripts:1 tech hour. This would give a store doing 1000 scripts per week the ability to use 100 tech hours. Seems reasonable, but some pharmacies are restricted to 11.5-12.5 scripts per 1 tech hour. That makes a big difference. Thank you for taking the time to read this.

Retail is not safe!!! We need regulations to protect us against not just corporations seeking profit, but also the insane patient expectations that the corporations have created. I feel more pressure to work faster from crowds of people staring at me/angry patients than I do from my boss. But the corporations have also created this fast paced/fast food like business model that has turned pharmacists into the ring leader of it all.

Retail pharmacists are drowning. Reimbursements are down and CVS/Wag are pushing out the independent pharmacies. Please look into the shady billing processes that CVS Caremark participates in.

Retail pharmacists are expected to perform more and more responsibilities especially with the covid testing on the horizon. However corporate interests are only on the bottom line not on safety. Pt care and relationships have been completely lost to numbers and bottom lines. Technicians are forced to perform far too many responsibilities as well and the pay scale does not reflect the burdens of their jobs as well. The board is our only hope to rectify this situation. Corporate interests in numbers and bottom line are destroying a once noble profession .

Committee Information

Retail pharmacy allows only seconds for DURs and counseling. As a Pharmacist, I am pulled in so many directions at once. And there is very little respect for my time to respond. The scheduling also makes it very difficult to plan anything outside of work (i.e. appointments or family time or even personal pursuits). I may average 40 hours per week, but I still have to work five days a week, including a 13 hour shift and sometimes get up and work another 7-8 hour shift the next day. And that is after working six days straight and 50 hours to get one day off before that 13 hour shift! It is exhausting and all-consuming and I am a healthy, active person. I thought I was going to do this for twenty more years! I was also summoned to jury duty just before COVID hit in early March. And was told in an email from my Company that I would have to “work it out” with my partner, a 60-year-old man who already works 40 hours and his share of nights and weekends! Fortunately the Court House closed that week. Because no coverage was offered for my shifts!! For jury duty!! Outrageous!! The clinical “goals” just keep getting higher. And they possibly could be attained if I were in an office or cubicle setting. But not when at the mercy of 5 phones lines and the Public’s inquiries and the hundreds of prescriptions that need checked safely and accurately and the constant revolving door of untrained technicians. I am seeking employment in other areas of Pharmacy. But those positions are saturated with interested, competent applicants that are also looking for a satisfying, Professional opportunity. I do love and appreciate the daily experiences I have to help my Patients. But the demands are too numerous for me to plan on working like this for more than a few more years. Thank you for giving me an opportunity to be honest and open. I respect Pharmacy and have hope conditions will return to a reasonable level with your help.

retail pharmacy and large chains equals sweat shop. When your "boss" is not a pharmacist and has little education it puts everyone in a bad situation. Chains would rather hire new, inexperienced pharmacists and just settle any law suits that may occur.

Retail pharmacy desperately needs intervention from the board of pharmacy. Every year work loads increase and staffing decreases. We are forced to work at an unsafe pace to keep up. Pharmacists at our location frequently check over 300 prescriptions in an eight hour shift. It is impossible to provide the quality that patients deserve when employers are solely focused on efficiency and cost savings. The current state of retail pharmacy is a danger to the people of Ohio.

Retail pharmacy has become more business based than clinical. It has become focused on pushing scripts, sales/refill calls and meeting business metrics. I miss the days where I could properly counsel my patients and really focus on verifying prescriptions. With more and more tech/pharmacist hours continually being cut to save money, I am lucky to have a few minutes a day to organize my thoughts. I have become a full time telemarketer and cashier instead of full time pharmacist. Changes need to be made so that pharmacists have an adequate amount of help so that we can focus on what we are trained to do and help our patients safely take their medication.

Retail Pharmacy has become nothing but a drop off and pick up system. No communication from the pharmacist. The down fall started with Mandating students to go an extra year for a PharmD. This is clinical in nature where most pharmacist are in retail. Increased student loans led to increase demand of wages. Retail companies decreased hours for technicians to compensate for high wage ‘PharmD’. Now there is added stress with Covid-19 and lack of companies protecting their staff with PPE. Companies continue to add more work with immunizations, having pharmacist become fast paced robots for a enter and check situation and limited time to counsel a patient. Many work alone creating a dangerous situation. We have lost our roles as Pharmacists. My experience is the PharmD programs have not committed to improve communication skills for retail pharmacists. We were once the most respected. Those times have passed. Now we are avoiding patient contact due to high volume, less help and trying to keep metrics within level of sustaining a job.(pre and present Covid-19) Numbers have replaced patient care. We need to go back to respected RPh attitude with less wage demands, more communication and patient face to face interaction, better control metrics and more trust and respect for the profession.

Retail pharmacy has deteriorated since I became a pharmacist in 2006. Company metrics, decreased gross margins, mandated vaccination numbers and inability to hire quality technicians due to low pay and high workload all contributed to my leaving of the retail setting. I hope I never have to go back after working in it for 12 years. The State Board of Pharmacy has dropped the ball on permitting new colleges of pharmacy to open in the state. My profession is now in jeopardy as there is an over abundance of pharmacists, difficulty in finding a job, and general knowledge by senior management that the excessive number of pharmacists has allowed me to be one of the most replaceable employees. And now wages are dropping as well if you can even find a job within an hours drive.Shame on the Board and OPA and other groups that are supposed to be supporting/fighting for this profession. Medical and Dental schools limit the number of colleges (I am told) but Ohio Board feels that having excessive graduates is a good thing. I will not support my children to follow me into this profession as it is now. Retail pharmacists are nothing more than robots that have to give vaccinations to keep their jobs. A pharmacist can’t open their own practice because it is impossible to get into insurance contracts and if you can the gross margins are not profitable. Pharmacists are stuck. There should be a focus on making gross margins better and limiting the number of new graduates. Pay the technicians more. Most techs can get an easier job with better pay and hours very easy. This turnover causes errors and expenses. I will report that I am extremely happy and satisfied having moved into hospital pharmacy. In general, my coworkers are satisfied as well due to the feeling of actually doing pharmacists work and not having to deal with the public that does not understand and are mostly ***holes to pharmacy workers.This survey should have been done years ago.[REDACTED]

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Retail pharmacy is at the lowest point that it could possibly reach. Large pharmacy chains have control over the market and are ruining the profession. They focus on profits by cutting hours, suppressing wages and price gouging, all the while, demanding more from workers yet providing them with less pharmacist and technician hours.
Retail pharmacy is in a position where corporate headquarters are asking pharmacists to do more, more, and more, with less, less, and less. The exhaustive mental strain exerted by the piling of non-clinical duties eventually translates to the quality of care we can bring to patients. In some chains, metric focus is more emphasized than patient care itself. Corporate will argue that these metrics "push" patient care, when in reality, it's "pushing" the pharmacist to complete tasks that are not relevant to the patient at the time that can eventually backfire on the pharmacist if not completed. Pharmacists now fear that if they do not meet metric goals, the company has grounds to fire them. It's no secret that corporate offices will fire older pharmacists or pharmacists that make more per hour to then hire a new grad that can be exploited for less pay. I encourage Board members to spend a day in a large chain pharmacy to get a read on the current climate of the industry. Stress, impatience, and frustration have become the new norms for the attitudes towards the profession, and the wear and tear it has on today's depressed and anxious pharmacists echoes in those that continue to practice. The profession has changed significantly; community pharmacy no longer feels like a pharmacy, it feels like a glorified fast food restaurant.
Retail pharmacy is like a factory assembly line and all the company cares about is their bottom line...get more done with less people
Retail pharmacy is much different than my work environment. I feel for them, I have witnessed the unsafe conditions as a customer picking up a script or getting a vaccine. Thank you for looking into this, it won't change unless you make them make changes.
Retired
Retired licensed pharmacist Not applicable option not available for answers so put neutral as answer
Right now, in my opinion, pharmacists are under a lot of stress and pressure. From my experience, pharmacies are getting killed with reimbursements from insurance companies. Therefore, there is a reduction in staff (both pharmacists and techs). Then you add on increased insurance restrictions (prior auths, limits on day supplies, etc) plus the increased amount of rules coming from the Board of Pharmacy, it causes the reduced amount of staff to process prescriptions even slower. With all due respect, in my 3-9 years of being a pharmacists, the Board has put out too many new rules to count. Even though there is good intention behind the new rules, they still add multiple additional steps to process prescriptions, in turn slowing down the already reduced staff. For example, take a terminally-ill hospice patient given a new prescription for an opioid. Due to the newer rules from the Board, I must run an OARRS (even though you may not find a pharmacist who would deny filling that rx to make sure the patient is comfortable as they die). Add to that maybe it was a paper rx written 15-days ago. Now I must void that rx (14-day rule) and get a new one from the doctor or call the doctor to get an okay to fill. Now we went from filling the rx in 3 minutes to filling it in 10 minutes. And this is just one example (not to mention all the new COVID rules). The system is broken and is not getting any better. Reimbursements continue to decline and rules continue to build up. Pharmacy staff is getting pushed to the breaking point. Luckily we aren't filling 500-700 rxs/day like other pharmacies so we can handle it a little better. In my opinion, pharmacies either need to get paid better by insurance, and/or the Board should find some way to give money back to pharmacies with each new rule they come out with to off-set the amount of time it adds to fill an rx by adding more staff. To help us, please consider my suggestion or help advocate/force insurance companies to increase p
Sadly retail pharmacists have become a tool of corporate greed. The over utilization of pharmacists and technicians to increase revenue under the guise of patient care is as reprehensible as it is dangerous. The policies in place provide a powder keg for patient safety and pharmacist's sanity. Quotas are set for pharmacists and technicians alike to make outreach phone calls to influence patients to sign up for specific programs including discount cards. Is that healthcare in any sense of the word? I think the average person would be able to recognize a sales pitch when they hear it.However, towing the corporate line is a necessity in the pharmacy world we find ourselves. The "open door" policies are a farce in the way they are implemented. More often than not the squeaky wheel gets replaced. As a result, the pharmacy staff works faster to avoid the dreaded DM visit where a non pharmacist evaluates the work of a pharmacist or technician based solely on the bottom line metrics. Patient safety and work environment are never discussed at such visits, only the importance of meeting the financial goals. As the job market conditions dictate, pharmacists are simply a dime a dozen and companies will not tolerate negative feedback which is seen as heresy.In the current state of pharmacy, where money supercedes patient safety and pharmacist's ability to practice healthcare, the best we can hope for is to minimize the damage done by corporate greed. As pharmacists continue to battle this outrageous hijacking of our profession, patient care is marginalized as short cuts and rule bending become the only way to achieve a balance for pharmacists. It is likely to remain in a state of degradation until the board steps in or unfortunately a high profile disaster occurs. It is my hope that the board mandates rules for patient safety such as technician ratios, meal breaks, maximum hours, etc. Corporations can no longer be trusted to make patients their
Sadly, many of the managers/supervisors making decisions regarding the pharmacy are not pharmacists.

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Safe patient care equals working smarter not harder.
Scheduled breaks should be mandatory in all pharmacies, it is unsafe to work 9+ hours without ever getting a chance to even go to the restroom.
Scheduled lunch and dinner breaks would help a lot with burn out. It's hard to give vaccines when your blood sugar is plummeting.
Scheduled shifts always required 3-4 hours additional work of unpaid time. Which results in 16 hour days with no breaks.
Selected neutral for most of these questions - N/A would have been the appropriate selection as I do not provide any patient care, do not process prescriptions and do not manage any technicians.
set minimum staffing plus support staff per volumeadvocate for technician adult learning programs to generate qualified techsallow technician work to be checked by LIP or RN in emergent situation such as bedside emergency med prep for stroke/ACLS
Shifts are long. Expecting a pharmacist to work every other day, 13 hours per day is a bit inhuman imho, and not too practical for older pharmacists.
Since I am a very small volume pharmacy, I can easily manage the workload. I have spent many years working in higher volume pharmacies and believe that insurance reimbursement is so low that the only way to meet payroll is to keep staffing very low which leads to an unsafe environment.
Since members of the board are also part of the companies that contribute to these issues I doubt this survey will do much but I am glad it's being addressed. These are people's lives we're talking about. All the big companies care about is the bottom line. Not patient care. No employee care. We need lunch breaks to give the best to our patients when working 12 hour shifts with not enough help and filling 400 plus Rx's and no other RPh. I somedays do 50 vaccines a day full 450 Rx's a day and it's just me, only pharmacist. A person only has so much capacity and we are being pushed beyond that and it is the patients who suffer. You guys can do something about this. Please restrict the amount of RX an RPh can Check a day without more RPh help, restrict shift lengths without breaks, restrict how many vaccines and RX's are done without more RPh and tech help. It's overwhelming what is being asked of a single person. It's ruining the profession.
Since my company was acquired by CVS, it has gotten much less safe. And I know as a long term care pharmacist, we still have it WAY better than retail pharmacists. When I worked retail pharmacy, I cried literally every single day, often AT work.
Small independent chain (4 stores) with well trained auxiliary staff (technicians) in pleasant atmosphere. Well run, well organized, well stocked.
Some meaningful reform needs to happen. Having to cut corners or decide not to fully meet a patient's needs because of an overwhelming workload is dangerous. We have the capability to do so much
Some of the stores I work in are well staffed as long as no one gets sick and can't come to work. If a person is sick it is usually not possible to get anyone to cover their shift so you have to pick up the slack for the missing person. The first 3 months of this year were extremely busy even if we had full staff. We had a lot of people transferring prescriptions and new insurances that had to be billed and many people wanted to know how much it would be through good rx. This all lead to increased work and took extra time. It was very hard to get everything done and some days there was no way to finish everything. I think the pandemic ended the craziness and work has been more manageable.
Some questions were hard to answer as I am a work from home pharmacist. Maybe a choice of not applicable should be included
Something needs to be done. Too much forced on us. Someone will get killed. Do something
Sometimes my staff or I receive phonecalls that can seem like pressure to work faster. Maybe they see it as helping the patient or if the patient hears them calling maybe it makes them feel somebody is doing something about a perceived delay. I have been asked by the hospital president to compound things ahead of time after patient complaints about how long it took to deliver medication to the infusion center, but fortunately presenting the potential financial loss for no-shows or late-shows helped prevent that proposal from being enacted. Pharmacy, including me, hasn't always done a good job "marketing" what we do to the other departments in acute care hospital settings.I find if I can keep calm and maintain a sense of humor, my staff will also keep a positive attitude and not be tempted to rush completing something. When staff in other departments are confident I am aware of the issues they face, it helps both of us find better ways of serving our patients. That kind of communication takes quite a bit of work that doesn't show up in workload metrics.

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Staffing at CVS has gotten worse over the years, but this year has been the worst. Pharmacist hours have been cut 10% from last year, tech hours cut 16%, while our prescription volume has increased by 5% over last year. Retail pharmacies are leveraging the new pharmacist saturation (too many schools) to squeeze out every last drop of profit. CVS will respond to criticism by saying that they don't have large numbers of pharmacists quitting. The reason is a lack of jobs/too many pharmacists. If I quit this horrific job, I'll be endangering my family by losing our insurance along with likely taking a huge pay cut. I used to think that the understaffing would stop when more patients started dying, but that isn't deterring them. The only chance we have is legislation. I hope that the board can come up with some type of intervention to save our profession, because every day I come to work I'm terrified of the environment I have to work in. Currently my store struggles to function as a working pharmacy with the current staffing levels. Additional metrics involving calling people with reminders about meds, reminders about vaccines, reminders that they're out of refills, scriptsync offers, cold calling businesses offering to provide flu clinics, calls/register prompts offering auto fill etc. are more important to the company than providing basic pharmacy services. These metrics are never attainable with what we are given. The corporate structure is such that any complaints fall on the deaf ears of my powerless, immediate superior and I would be fired if I tried to go above them. Staffing and metrics mandates come from way up and the peons at the bottom have no way to improve our situation. I know you are aware of all of this (hence the survey), please help us stop these corporate giants from destroying our profession. Thank you so much.

Staffing cuts are a massive issue in the workplace. In January, I was allotted roughly 135 tech hours. In July I am currently allotted roughly 95 tech hours. This has forced the pharmacist to work extra hours off the clock to fill the void left by the staffing hours we are no longer allotted for support staff. I am often required to complete multiple tasks at once. For example, I am often running the drive thru, verifying prescriptions, and answering phone calls at the same time. Due to cuts in support staff hours, I spend roughly 1-2 hours at the drive thru completing various tasks, moving from computer to computer. Staffing cuts have limited our ability to answer phone calls. I feel that I am no longer the most accessible health care professional. In the retail setting we are driven by metrics. In order to meet our goals, we must multi task. This often stretches us (the pharmacists) thin in an already understaffed environment. While I have been working for the past 5 years, the past year and half has been the most challenging. While I have tried to move from retail to try and find a more suitable work environment, it is difficult to leave your job and hope for greener pastures.

Staffing hours have been cut and there has been too much focus on metrics that derail from proper patient care. Some of these metrics are ridiculous (how long does it take to answer the phone, did you sign people up for rewards programs at the store, etc) and pharmacists' performance standards are based on this. I have friends at other chains who have had technician hours cut so much that the queue is constantly 100+ prescriptions behind. Then management will blame pharmacists and write them up for not getting the work done. I have pharmacist friends who are putting in extra 4 hours a day unpaid just to get things done for fear of retaliation that they may be fired for not meeting metrics.

Staffing in retail pharmacies such as Walgreens and CVS are a huge issue throughout the entire country. I only worked as a pharmacist at CVS for about 10 months before I was lucky enough to move onto compounding and now independent in a doctor's office. I think the Board should step in and make changes to those chains before more patients are harmed because of the staffing problems.

Standardized training of support staff, increase in hourly wage for support staff, more collaboration between clinical specialist pharmacists and staff pharmacists, better communication within department

Stars, stars, stars.....adherence check in, medication synchronization software issues. These are all boxes that need to be checked throughout the day. It gets tough.

Stop chains from piling more work on the staff just to increase profits. Have a plan of action if we come up with a Covid vaccine that we have to administer.

Stop opening new colleges of pharmacy. The retailers and the colleges are making the money and our Ohio pharmacists are paying the price with reduced pay, less help and dangerous work environments. Our demand in the job market is zero.

Stop the "automatic" refill. Too much waste and duplicate therapy

Store staffing can even be addressed, reimbursement must be solved. While providing patient care PBMs aren't even covering our costs so how can businesses survive??? Also audits! The amount of time trying to fight for the taking back of payment is insane. Businesses are not cutting hours is actually filling a prescription and taking care of patients and paying the bills!!!!

Suggestions for improved pharmacy operations for patient safety: Mandatory pharmacy closure for lunch break. Elimination of metrics that are designed to increase profits by compromising patient care. Mandate increases in both pharmacist and technician labor hours to safely check prescriptions. Eliminate central processing of prescriptions due to patient safety concerns.

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Summer is usually a slower time for retail so I am currently able to meet my employers requirements. However Fall and Winter of 2019 it was difficult to keep up with immunizations and other demands as our script volume was especially high. Pharmacists are expected to put vaccinations before checking scripts. This can cause a back log of scripts that are not being checked in a timely manner. I anticipate this fall will be even worse with increased demand for flu and non-flu vaccinations. We do not have scheduled breaks and are unable to sit at all during our shift. It has been helpful to have registered/certified techs who can make doctor calls. I have been a retail pharmacist for 15 years and it seems every year the demand on pharmacists have gotten more and more. I currently work part-time as full-time work would be nearly impossible with my health. It is unfortunate that there is no accommodation for physical disabilities with my current employer.

Supervisors that do not have pharmacy degrees have no interest in understanding how the process works. Their only concern are the metrics that they are judge on by their superiors for job security purposes. They would never say it openly, but based on years of experience, they are unconcerned with patient safety. If There are many mistakes made, based on being understaffed (or numerous other issues), and they will simply point the finger at the pharmacist and void the Corporate offices of any responsibility. Everyone is human and no pharmacist is perfect, but being overwhelmed in the manner that the pharmacists have been for years is very dangerous. Due to dwindling reimbursement rates, store budgets are constantly cut by those that are non essential both to the success of the company and best interest of excellent patient care. Since they will never eliminate their own jobs, they will cut and cut to make ends meet, which is putting patient's safety at a great risk on a daily basis.

Supervisors, directors, and those individuals making decisions regarding these issues do not have to deal with the actual workload forced on us, therefore it is not their license and life that is destroyed when mistakes occur. Employers can and DO force as much work as possible on us as pharmacists! Every day when I get home from work, my mental capacity is completely and utterly exhausted (as well as being physically exhausted directly due to the mental strain and stress)!

Support staff is continually cut and yet metrics must be achieved. More metrics are added what seems like all the time. MTM, CMR, TIP's, autofill, med sync, immunizations and on and on!! CEO's bonuses are through the roof when if one of them took a little less, we could add a FT tech to EVERY store!! We need more technician help and less METRICS!! It's unsafe, exhausting, miserable and I rarely get to even use the restroom like a normal person let alone sit down for maybe 3 minutes to choke down something to eat!! Large chains like CVS, Rite-Aid and Kroger are making being a pharmacist completely and utterly miserable and unsafe!

TECH HOURS, TECH HOURS, TECH HOURS

Tech pay is so low you cannot attract quality employees to fill positions.Script filled/hour metrics to determine tech hours doesn't account for non-script filling duties such as running register answering phone calls.Pharmacists are trapped, you graduate with well over \$100,000 in student loan debt with a tightening job market. You basically got to suck it up and work in "sweat shop" conditions Otherwise you don't have the income to afford the student loan payments.

Technician hour / budget cuts require pharmacist to act as a cashier way too often taking time out of professional duties.

Technician requirements of training and certifications is making it next to impossible to find technicians to staff pharmacies. This is more of an issue in small towns andindependent pharmacies as we rely on technician training programs in the community (ie adult education programs) and there are not enough of those. It is also too costly for independents to develop there own that meets all the requirements. This in turn leads to inadequate staffing.

Technician scope should be expanded to include IMZ administration upon completion of a certificate course to encourage further upskilling and investment in technician training and development while expanding public health reach

Technician shortages contribute significantly to safety issues and delays in dispensing/ delivery.

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. The importance of doing these services, as they are part of our job as professionals, and the quality of the service provided given the time constraints, are creating discrepancies in patient care. Meeting quotas has become more important than taking care of the patients. Business has become more important than practicing pharmacy. It seems there has always been the break issue. The lack of a break to eat or use the restroom affects patient care as well. I have decided to do my best to make this a priority, but it's not possible at times. Technicians also aren't getting breaks due to high demands and less help sometimes.

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Technician support is adequate most days as long as nobody calls off sick. Some of the issues surrounding technician support we see arise from not having a flexible enough payroll to plan for sick days for our technicians so we are forced to be short staffed because we do not have anyone to cover. Pharmacist staffing is adequate but currently we are putting a lot of focus on automation so instead of having another RPh to check prescriptions and do vaccines we have the ability to allow pharmacists to verify remotely to assist. The issue with this model is when only having one pharmacist on duty it can become a challenge when you are still verifying product for 50 prescriptions an hour, performing doctor calls, patient calls, administering vaccines and doing patient consults in the store daily. This workload can be overwhelming some days.
Technician turnover affects our practice so much. Technicians in retail typically do not make livable wages and so generally do not stay long. Combine this with the amount of training it takes to make a good technician and it is frustrating to say the least. Due to DIR fees and response to ever decreasing profit margins, employers are put in a difficult situation financially. How can a company give raises when profits are decreasing and you never know how much the insurance companies are going to take away from you? Metrics are pushed on to pharmacists for the same reason. It is in response to DIR fees. Honestly if you want to improve safety DIR fees need to be addressed. I have been a pharmacist for 28 years and it continually gets worse. Everyday there is more work to do with less and less. Burnout in retail is so common.
Technicians need to be better educated and then better paid, this could make the technician job desirable and would make all pharmacists jobs easier. All the phone calls and clinical outcomes are hard to achieve while checking scripts and caring for my patients. I genuinely care about our patients and try to give my attention to to them each visit. The phone calls that we are supposed to make each day can be lengthy and take away from checking prescriptions. The time it takes to get ahold of doctor's offices for script errors is absolutely this side of ridiculous. The number of doctor errors we have to fix has gotten much more now and it takes 45 minutes to get through to some organizations. This takes away from patient care.
Thank you
Thank you for addressing this matter.
Thank you for all the COVID temporary rules, guidance, and information - everything was timely and useful to help mold the operations during this difficult environment.
Thank you for allowing us to work from home to reduce excess exposure in a workplace with many people. My safety and that of my family allows me to focus more on quality, patient care and prescriptions. With kids heading back to school in a month and families exposure goes up dramatically from this, I hope I can continue to work from home to keep up with our workload.
Thank you for asking these important questions. I hope you will encourage employers to provide us with the staff and time to do our jobs at a level of excellence for the good of our patients not just for their (corporate's) bottom line.
Thank you for conducting this survey. The demands placed on me as a retail pharmacist are extreme. I work 10 to 12 hours each day and I am not allowed to have a stool to sit on to take a break during my shift. I only get one 30 minute break for lunch during my shift. My technician hours are not adequate to staff the pharmacy when a technician is on PTO or a leave of absence. Technicians have to be registered with the Board so I cannot pull another Associate in the store to help during these times. Our entire market has limited tech hours so it is hard to get help from another store. This becomes a patient safety issue. I had a situation where a tech was on leave during this pandemic and my other technician had to work over 50 hours those weeks. Also, we do not have enough pharmacist floaters so when a pharmacist is on vacation it is sometimes expected that the other pharmacist at that location work 5 or 6 days in a row which is not safe. The company's main focus is about meeting metrics. A lot of pressure is put on giving an abundance of immunizations - our budget is now close to 1400 immunizations per year. During flu shot season the work environment becomes less safe- so much time is spent giving shots and I am rushed checking prescriptions. Flu shot clinics with a second pharmacist giving the immunizations should be standard practice so interruptions are minimized during the dispensing process. Please help pharmacists and help keep patients safe- we are all working under extremely stressful conditions. Regulations are needed to protect patients and improve the well-being of pharmacists.
Thank you for creating this survey.
Thank you for creating this survey. Something in retail pharmacy has got to change. I think companies would be more generous with staffing if profit margins were higher. But they're not so tech hours are cut at every opportunity. Not only does this create a stressful workload for employees and a terrible experience for customers, it also makes it impossible to keep technicians and hard to commit a real schedule to new applicants. Besides having less staff to do the many inherent tasks of the pharmacy, extra marketing tasks are always added and end up being the main focus of corporate supervisors. Pharmacists are forced into cold call marketing to drum up refills, vaccinations, join our programs, etc. We are hounded if we fall below whatever goal was set. Doctor calls are the most time consuming, but they're usually the most integral to patient safety and compliance. Metrics are never mentioned about these calls, because it goes back to what corporate is obsessively after, growth and profit. I'm fine with my company wanting profit, but for many years now it has been past the point of sanity for employees and safety for customers.

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Thank you for doing this survey! I would respectfully request that this survey (and other important surveys that provide you DATA), be A REQUIRED part of the license renewal process. That way, every RPh would complete it. I almost missed the survey, because it was in my junk email. Q13 and some others should have the N/A option. I made up that answer, bc the survey required an answer. FYI I do not verify prescriptions, but I do feel stress all the time about metrics. I does not cause patient safety issue, but it is a stressful environment, Metrics help RPh and the company to a point, but after that only add stress. From what I seen from a distance), some RPh that screen/check prescriptions, and other jobs- must go VERY fast, If people (group of RPh) meet that speed, they lower the time needed to screen (stricter metrics). Then once that is met, they may change metrics to get you faster etc. Eventually RPh can get to a critical point, that they cannot go faster w/o increasing mistakes. Company metrics should be reviewed by the BOP. I do not work retail, but it appears they are not given enough time to do a good job. Some current RPh fear employers are hiring new grads at less salary, and will keep them over us (also new grad may possibly be faster and less thorough as a new grad). Employer may find some standard/metric we did not meet, and have less salaried RPh replace us. This issue needs to be addressed, please. Maybe lower our salary (preferably not) some, but not have a target on our back, bc we make more than new grads. I feel like a have a target on my back, bc new grad makes much less.

Thank you for doing this survey. I currently work at a pharmacy that is very well staffed , buy I feel sorry for those who work at major chains.

Thank you for doing this survey. Patients and pharmacists need more protection and advocacy.

Thank you for finally reaching out about this. I cry myself to sleep almost daily with how awful it is, and how I feel unsafe working, but any time a concern is voiced, were told it's our fault for falling behind. We're told that we have to work over our paid time to get caught up, because it's our responsibility to get our work done. On average, I work 5-10 hours over, unpaid, every week, just to try to stay caught up. Hours keep getting cut, but our workload is increasing. If something happens at home, I can't leave work to be with my family because there's no one to cover the shift, and I'm alone. If I'm sick, I can't call off, because there's no one to come in. If a tech calls off, I don't have anyone who can come in because the hours are so tight. If we hire someone new, we can't even adequately train them because there's not enough hours, then they quit because of how difficult it is, and we're short staffed again. I really hope something can be done. This is dangerous for patients, and pharmacy staff alike.

Thank you for inquiring, it is appreciated that you want our voice to be heard.

Thank you for looking into this issue. I previously worked for one of the big chain pharmacies and had to leave because I would go home at night and worry that that was the day I made a mistake that could seriously harm a patient. They offered no breaks whatsoever during 14 hour shifts and the technician hours were constantly cut. It was impossible to keep up with their metrics. I now work for a grocery chain where I have been for the last 5 years. Although I feel that I am able to do my job much more safely, we have been experiencing cuts in pharmacist hours over the last few years and are down to hardly any overlap. Working 13 hours day as the only pharmacist is a challenge, especially when they add things like vaccines and point of care testing. I am happy to provide these services as a pharmacist, but it greatly interrupts workflow during busy times and can back the pharmacy up when there is only one pharmacist.

Thank you for looking into this topic.

Thank you for providing this survey.

Thank you for providing this survey. If I had taken this a year ago when I worked at CVS, I would have had totally different answers. Please, please investigate the practices of large chains like CVS, Rite Aid, and Walgreens. I only have experience with CVS, but I can state with confidence it was the least safely I have ever practiced. I worked 12 hour shifts with no break and 1 or 2 technicians and processed up to 400 scripts on those days, averaging 250 with 1 technician. I had no time to think, let alone care, about patient safety beyond checking for very basic errors in prescribing. I know, as of today, 7/7/2020, of one store that fills 200-300 scripts per day, with one pharmacist and one technician, while operating a drive through and the indoor registers. Meanwhile, the grocery store pharmacy I now work at has 2 pharmacist on weekdays and at least 5 technicians, and we fill about 300-400 a day. It makes a world of difference. Please take to heart what pharmacists who work at those chain pharmacies say, their stories are true and horrifying and should not be so common. I hope that future laws and regulations will put an end to the abuse pharmacists and technicians face at the hands of pharmacists like CVS. The pharmacists and technicians do not deserve that treatment, and the patients deserve a pharmacist who can provide safe, well thought out care to them. Errors happen, but at CVS they were inevitable with how much we were pushed to work with so little help. Thank you for taking the time to read this, every bit of data and every testimony brings us one step closer to making the practice of pharmacy safer for everyone.

Thank you for putting out this survey! Our current workload and lack of hours for pharmacy support staff are definitely compromising safety and patient care. The long 13 hour shifts with no break or lunch are not safe either. Constant pressure to meet metrics with minimal to no staff is unbearable. Very bad work environment.

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Thank you for taking the time to create this survey. I think issues with patient safety due to workload/lack of breaks/support/limited staffing has been an ongoing issue in retail pharmacy. NY Times had a very insightful and detailed article that described the working conditions at large chain pharmacies. Chain pharmacies are focused more on metrics/sales than they are patient care and patient safety. Pharmacists can be scheduled 13 hours with no breaks and often come in earlier and stay longer with no pay due to the inability to fill all the scripts due within those 13 hours, workday ends up being 15-17 hours with no overtime or oh at all for those extra hours. This leads to stress, exhaustion, and burnout. I hope the board of pharmacy investigates working conditions in chain pharmacies to address these ongoing issues as it does not seem like corporations are making any changes soon.
Thank you for the opportunity to express my concerns
THANK YOU for this survey. I've recently left the superstore chain world for the non profit world, and my answers would be extremely different if this survey was released a year ago. It is time for change to protect our profession, patients, and mental health of ourselves.
thankfully I am very happy and well staffed at my current job
Thanks for asking
Thanks for seeking the input.I'm the Last person to ask for more government oversight and regulations.With that said we need some help on the front lines.
The (non-pharmacist) general manager of my location told us he only and quot;recently and quot; considered us and quot;health care. and quot;
The ability to practice pharmacy adequately and safely has gotten progressively worse during my years in the field. The focus on metrics has always been there, but the number of tasks and the support we have to accomplish the workload are at odds. I do not feel respected as a healthcare professional, but rather a cog in a machine that is supposed to produce something that looks like healthcare. These issues are compounded by personal and public safety concerns during the COVID crisis. I cannot imagine what conditions will be in the upcoming flu shot season. If/when a coronavirus vaccine is available, I fear it will be much more of the same and hence pure chaos. Now more than ever pharmacists need advocacy, but so many are afraid to do it for themselves given the saturation of the market. Speaking up falls on deaf ears or worse, puts one's position at risk. I appreciate you looking into the matter and ask the boards of pharmacy to advocate for the profession. Thank you.
The added requirement to wear masks and remove all beverages from the workspace compound the problem of no breaks. I often feel dehydrated and hungry while working, and have no time to remove myself from the line to eat/drink while working 12 hour shifts with no overlap. Also, the board should look into ways for pharmacies to easily communicate back to providers when there is a question/concern on e-scripts. The majority of e-script errors are due to lack of attention to detail by the prescriber or prescribers agent i.e. multiple sets of directions, conflicting day supplies provided, multiple scripts sent in short time period for the same med with conflicting information etc. A simple way to respond with clarification questions without having to physically phone the provider (and wait 10-15 minutes just to ask for clarification) would eliminate much of the unnecessary calls. I am also forced to give immunizations in front of my drop off/pick up window because I have no designated area. There is no real patient privacy, no way to separate the patient from patients who are dropping off/picking up scripts (or the consumers who are walking by through the aisle), and increases the risk of needle sticks/ distractions. Especially in the current times with COVID restrictions, there should be clear areas designated for immunizations only.
The addition of being required to give vaccinations and conduct MTM make it very difficult to keep up with the dispensing and patient care aspects of working in a retail setting. It's too much for one pharmacist to complete in a day. I agree with being involved with those things and can manage vaccinating during the day but MTM cannot be completed adequately when there are so many other distractions going on. Patient care is compromised when retail pharmacists must try to fit patients in and not be interrupted during the visit. Retail pharmacies should have a designated clinical staff to just do MTM. It's really the only way to completely and adequately take care of patients from both the clinical and physical aspects of pharmacy practice.

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The addition of Clinical services (Vaccinations, basic screening testing) to pharmacist responsibilities without the additional pharmacist hours to cover these services has created a potentially dangerous situation. I personally would not want to get a prescription filled at the height of flu vaccination season. The odds of an error are greatly increased. The “no appointment needed” model for flu shots virtually guarantees that the pharmacist is overwhelmed between the hours of 3 PM and 6 PM daily in most retail pharmacies during flu season. These hours combine the most time consuming tasks that a pharmacist performs; Heavy prescription pick-up (counseling), vaccinations, heavy store traffic (OTC questions), and a tendency for the medical offices to send large numbers of prescriptions between 4 PM and 5 PM as they are closing for the day. My employer is not as bad as some of the others but none of the major retailers have handled this well based on what I have heard from other pharmacists. The idea that pharmacists can be clinicians without some constraint on the highly variable demands for our time is failing. Some mechanism for stabilizing workflow needs to be created. Medical offices use appointments, waiting rooms, reception staffing, call screening and heavy use of voicemail to regulate workflow. Pharmacies have none of these constraints. In the current model anyone can approach a pharmacist without cost and engage him or her in conversation for an indefinite time period for any reason. If this service is to continue, time must be made for it. Prior authorizations should be initiated by the people who want them done. The PBM’s should be required to contact the medical offices for PAs. The pharmacies should receive a paid claim, a denied claim or a pended claim while the PBM sorts out whether they want to pay for it or not. When the cost of this process is transferred to the PBM, PA’s will slowly disappear returning va

The algorithm calculating technician hour budget is based primarily on past technician performance. Any routine workflow activities performed by pharmacists (i.e. dispensing, POS terminal, inventory tasks) is lost in future budgeting. Often the pharmacist must work well beyond shift to complete regulatory requirements.

The amount of work and increased stress being placed on retail pharmacists is almost insurmountable. We are continuously being asked to do more with less help, and it feels like we are at the mercy of insurance companies attempting to get around reimbursement through stars ratings, dir fees, etc. It also feels like the doctors’ offices are increasingly sending scripts needing clarification or that have errors—and are rarely held accountable for that. The burden to catch every one of their errors falls on the pharmacist as the last line of defense...which is our job. However, being asked to check almost a prescription per minute for 12 hours straight with zero errors/safety issues reaching the patient (all while taking doctor calls, answering patient questions, performing mandatory counsels, being an insurance billing expert, MTM, immunizations, etc) is not only unreasonable....it’s dangerous. There are days I leave a 12 hour shift without having eaten anything, sat down at all, or even left to use the restroom. I literally lose sleep almost every night reliving where a breakdown could have occurred throughout the chaos of the day that may result in patient harm. This job has become life-draining and miserable. I do not know many retail pharmacists who are currently happy. Meanwhile, the companies are profiting millions/billions but cannot afford to staff so we can work reasonable shifts and maybe even get to eat lunch. I think there should be a limit on how many hours/day an RPh can work or prescriptions/defined time-frame we can check. Ohio has saturated the pharmacist market, so now we are all afraid to say anything because we have become so easily replaced, and the employers are very well-aware of this. I live in constant fear that they will replace me with a new grad at a much lower pay-rate. It definitely is not the profession it was a decade ago. It has become all about profit and less about patient-care.

The amount of workload keeps increasing as hours and help decrease. The corporate office focuses all on metrics and I believe they have forgotten that we actually have to fill prescriptions along with everything else. If you don’t hit your metrics, an action plan must be made on each metric not achieved so essentially giving us more work. I have been in the pharmacy for 18 years starting as a tech, then lead tech, and finally a pharmacist and things have changed a lot. Not even 5 years ago, I loved being a pharmacist and I felt that I chose a great career to be able to help people and be treated with respect especially since pharmacy has always been known to be one of the most respected professions. Our customers hate us. We will always have the ones that see past our faults but I get yelled at all day every day for our short comings. I can’t fill prescriptions in a timely manner. I can’t train my technicians properly to be able to effectively do their job. And I can’t meet many corporate standards. There is not enough hours in the day. I am the only pharmacist I know still willing to come in early or stay late because I see it as hurting the patients and putting more work on already overworked and underpaid technicians because we as a team cannot complete everything. I work several hours over and many times I don’t get a break to eat but the best are the glares I get when I walk past customers because I have to use the bathroom. Sorry, I’m only human. I do see why people don’t work extra though: if we work over, the office thinks we can do everything in the time given and will give us more that we can’t handle. It just makes me sad where the profession has gone and that I don’t enjoy my job anymore. This is not how people should be treated.

The answer isn’t staffing ratios or something like that. It’s fixing the rigged system created by PBMs and discount cards. They are the reason we can’t make enough money to pay and have more staff. The best way the Board can protect the public is by protecting pharmacists from corporate greed.

The big box chains have become a business entity with no state regulations to support safety of both the patient and pharmacist. At 31, I shouldn’t already be experiencing burnout. I truly love my customers and staff, I just hate that I have become part of McPharmacy and am now treated like a toss away commodity.

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<p>The big companies are constantly making cuts to hours and pay and expecting more things to be done (clinical duties- MTM, immunizations). By not having enough support staff (technicians), the pharmacist's workload becomes the workload of the technician and the pharmacist and the pharmacist is the one working extra hours unpaid to get the job done. One company makes a cut and then everyone else follows to compete. Something has to be done to require sufficient pharmacist and support staff hours so patient safety is the focus versus money to the corporation.</p>
<p>The biggest issue is staffing, because companies put profits before safety. They ask us to do more and hit more metrics which take away from our ability to adequately do our job. I worry about wait time and customer experience tracking and automatic refills and digital engagement and a host of other subjects that my employer deems necessary. There is nobody willing to say we are given too much to do and when does profit become greed? I want to take care of my customers and it is near impossible to do so. I love my profession but I hate my job</p>
<p>The biggest issue working for the big chains is the focus on efficiency and metrics. The manufactured staffing shortage inhibits the pharmacist from focusing on patient safety and care. I find myself coming one hour early and leaving late almost every shift just to be able to complete my duties. Furthermore, I feel that it's intentionally done. If I don't help with other areas of pharmacy, for example data entry and production, we get very backed up. Moreover, I feel that if I can't voice my opinion to my district leader, I will be singled out and replaced. Therefore, I say nothing and continue to work as normal. I try to do my best every single day and I dare not complain. I believe this is why I have not been singled out and replaced. Please, if you can, make some calculations and figure out what the minimum safe metrics are to fill prescriptions and standardize it for all Ohio. This would take the burden of people like me who feel trapped in a system that devalues our contribution to healthcare and more importantly, the community. Finally, I want to be clear. I do not want an easy job, I want a safe and satisfying work place that I can go to everyday and increase the quality of life of my patients in the community. Thanks for taking this first step in examining this cancerous problem we have in big chain pharmacy. We need to re-establish the role for the community chain pharmacist as a pillar of the community and help the chains still retain their ability to make profits.</p>
<p>The board has failed in its duty to protect the public by allowing pharmacists to continue to be exploited by their employers. This exploitation places impossible expectations on pharmacists who are punished for not meeting them. Burn out and lack of resources are compromising patient safety. We don't even get the basic human dignity of a lunch break! The board is failing to prioritize patient safety by failing to regulate pharmacist working conditions. Large chains should not be permitted to have representatives at the State Board as it creates a glaring and brazen conflict of interest. It is common practice for large chains to compromise safety in the name of profits by saving more on reduced staffing than they will spend on lawsuits due to errors. This should not be tolerated by a governing body whose sole purpose is to protect the safety of the public of the State of Ohio. I would consider it to be a shame if our state's board members are able to sleep at night.</p>
<p>The board has failed in its duty to protect the public by allowing pharmacists to continue to be exploited by their employers. This exploitation places impossible expectations on pharmacists who are punished for not meeting them. Burn out and lack of resources is compromising patient safety. We are supposedly the most trusted health profession but we don't even get the basic human dignity of a lunch break! Everybody wants to practice evidence based medicine, but ignores the evidence surrounding burnout and patient safety. Why? Because the board allows them to get away with it by not regulating pharmacist work conditions!</p>
<p>The board has forgotten the pharmacist. The board is full of lawyers with no idea of pharmacy practice. They are all bought off by the large corporations.</p>
<p>THE BOARD IS NOT OUR ALLY. THE ONLY FOCUS THEY HAVE IS PUNITIVE. IT SEEMS LIKE WE DO NOT GET ANY SUPPORT FROM THE BOARD. ALLOWING PBM'S TO RUN PHARMACIES IS NEVER IN THE BEST INTEREST OF ANYONE BUT THE PBM. WITH REIMBURSEMENTS AT AN ALL TIME LOW, THE ONLY WAY TO MAKE THAT UP IS VOLUME ALONE, THUS CREATING AN UNSAFE SITUATION FOR THE PATIENTS. LUCKILY, I'M AN INDEPENDENT & CAN STILL PUT MY FOCUS ON CUSTOMER SERVICE. MY PEERS THAT WORK IN CHAIN SETTINGS DO NOT HAVE THAT LUXURY. THE UNREALISTIC METRICS THAT ARE PLACED UPON THEM ARE NOT IN THE BEST INTEREST OF THE PATIENT OR THE PHARMACIST. MY SUGGESTION IS TO HAVE BOARD MEMBERS ACTUALLY SPEND TIME IN THE PHARMACIES TO SEE THE ISSUES WE ACTUALLY FACE. THE STATE OF THE PROFESSION IS RAPIDLY DECLINING. I WOULD HAVE A HARD TIME ENCOURAGING ANY PROSPECTIVE STUDENTS TO PURSUE A DEGREE AT THIS TIME. IT REALLY IS A SAD STATE OF AFFAIRS IN PHARMACY.</p>
<p>The board needs to advocate for patient safety by putting limits on what chain retail pharmacies are asking of their staff. We are less of a professional health resource and more of a telemarketer prescription factory with the sole purpose of profit in mind. The American Pharmacist Association has already started to call out these high pressure retail tactics but it is disheartening that the state boards of pharmacy have remained silent. I would not allow my loved ones to fill at the chain pharmacies I have worked at and that says it all.</p>
<p>The board needs to institute requirements for minimum technician ratio and a maximum length of shift. I know some pharmacists work 14-16 hour shifts. They cannot possibly be effective that long of time. The chain stores will not improve the work conditions unless forced.</p>

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The board needs to take action to protect and support the public. We retail pharmacists are so pressured by corporate greed and metrics, by lack of technician hours, and increased workload (vaccinations, covid testing, and many many other services) that our focus on actually filling prescriptions correctly is compromised, and this is a huge threat to public safety. To fix this, the board needs to focus on three areas to start: 1. Appropriate staffing! This is the most crucial and easily enforced way to help retail pharmacies right now is to creating a minimum technician to script ratio that must be maintained (with appropriate concessions for covid testing sites). 2. Working with the PBMs and insurance companies to fix pharmacy reimbursement rates. We are not being reimbursed correctly for the cost of medications, which is what corporate is using as their excuse to cut our technician hours. However, this is a huge problem in it's own right and will take more legislation than state level to fix most likely. 3. Technicians need to be paid and treated fairly. Pharmacists need to be supported by trained technicians, and currently, we are not paying them enough to keep them. Any successful pharmacy team has well trained senior technicians, and being a technician needs to be seen as a career choice. The only way we can do this is to pay them appropriately. The board has been silent on this for too long, and we need your support and action to help make sure we are practicing safely and at the best of our abilities.

The Board of Pharmacy has allowed chain pharmacies to put patients at risk!! Everything is metric driven without concern for the safety of the patient. The board has looked the other way allowing pharmacists to be over worked and understaffed. I have seen numerous mistakes made that could have caused patient harm simply because the pharmacist was in a hurry. Because there is now an abundance of pharmacists many just say nothing for fear of losing their job. I don't know why this survey is even necessary because the board will do NOTHING!! I'm embarrassed that the profession has become what it is today and regret spending all those years learning how to help patients now to become a robot that checks pills!!

The Board of pharmacy has done nothing to help the retail pharmacist since I have been licensed. The focus is always on increasing the amount of duties a pharmacist is able to legally perform (vaccines, MTM, provider status, Narcan dispensing, etc) but never has it been addressed how the average retail chain pharmacist is supposed to have time to complete this. The Board has always left that up to the individual employers which have in turn dumped all of those extra duties on the already spread-to-thin pharmacist. The Board now needs to do something about this problem instead of finding more ways to overwork the burnt out retail pharmacist

The board of pharmacy needs to please step up and protect the profession of pharmacy now more than ever before. Pharmacists are being laid off in increasing numbers because chsins feel they can hire new graduates and offer them crappy pay. Our salaries cannot even meet up with our student loans anymore. We are in dire straits and no one is looking out for us.

The board should be headed by a pharmacist.

The business model of retail chain pharmacy is designed so that all stores struggle with a bare minimum of staffing. Every single pharmacy manager and staff pharmacist I know that works for my company is expected to work off the clock to meet completely irresponsible and impossible metrics. I personally work 5-7 hours extra each two week cycle simply to keep my store , of which I am legally responsible, from drowning in expired inventory and unfilled prescriptions. When concerns are raised about staffing levels and unrealistic workload expectations to management, they say "well store number so and so is doing fine with this staffing model, what's wrong with your store?" Thus redirecting responsibility for the Lack of staffing from the corporation back onto the struggling pharmacist. The staff at that store that is doing great is also working 10-15 hours off the clock, and that's why they are doing so well. I realize there is no law that stated that any tech help be given, so any that we have is at the grace of said corporate wizard computer program, however minimum staffing of 1 hour tech help per 10-13 Rx's filled is a reasonable place to start. To operate safely I estimate my store would need 40% increase in staffing. The current model of cut, cut, cut and be grateful for what little help we do get is not sustainable and will continue to lead to healthcare worker burnout and comprised patient safety. We are a limited resource that is absolutely essential for our community to get through this pandemic. It would be great if our companies treated us as such. With all this being said, I personally love my job, my community and profession. I just wish the State Board of Pharmacy would do the responsible thing and mandate minimum staffing requirements because the Corporations have shown time and again they will not place anything before profit.

The chain I work for continues to cut hours (both rph and tech) despite an increase in script count each year. When help is needed due to low staffing levels, upper management does not provide assistance and we are often left to work short handed. I work at a high volume store (approx 4000 scripts/week) and our rph overlap has been cut by 19 hours per week this past quarter despite our script count staying relatively consistent. The company focuses on metrics to reach out patients to fill more prescriptions both on the phone and at the register and if a patient declines our metric levels become unfavorable for the company's standards. We try to work as safe as possible and at a speed at which we can safely dispense medication, however when we inevitably fall behind in filling prescriptions we are questioned by upper management why this is happening. There shouldn't be metrics as to how many scripts we fill per day or how fast we are filling scripts. This makes for a stressful and rushed environment. The environment is not healthy for rph or techs when we are forced to work at such a fast pace without adequate hours allotted to our store.

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The changes that have taken place in my beloved profession are unbelievable. Corporate greed at its finest. Corporate is constantly reducing both our pharmacist and technician hours. However, they are expecting more and more clinical work to be done and billed each week still. The two just don't add up. Patient safety is truly in jeopardy at all retail pharmacies across the country. The first couple of months when Walgreens lost Caresource, I'm not going to lie, I cried my entire way home from work each day. The amount of stress and pressure I was under to get it all done each shift was more than I could take. Then when COVID19 hit, it was completely insane for about two and a half weeks. Then we were a ghost town for about a month. Even though our script count is back up to pre-COVID numbers, our help is not. They are making us, work with even less help than before. We feel to make up for the revenue lost during the down time. Please help us in any way possible! Patient safety and access to quality pharmacy services is at risk.

The company I work for has recently taken on the workload from an office that recently closed. They would not approve additional staff until it was too late. Work has not been getting done on time and we have had to turn down business until we get additional staff. They have taken a reactive approach instead of a proactive approach.

The company I work for is focused on metrics and speed. I understand there is a business to run BUT there is also patient safety at hand. I did not go to pharmacy school to possibly fill prescriptions as fast as I can. I went to pharmacy school to fill prescriptions in a timely manner but accurately and to spend time counseling patients. We are caregivers and sometimes I feel that the company wants us to talk to patients less. I have actually been told we "talk" to our customers too much! Really??? I am often understaffed, one pharmacist per shift, no lunches or breaks, long hours, and pushed to meet too many metrics and perform too many other tasks (patient phone calls, vaccines, etc)....and time does not allow. Pharmacists are pushed to the limit on a daily basis. It is absolutely ridiculous. I honestly lately feel used and abused on a daily basis. Pharmacy should be about patient care, education and safety. That is no longer what pharmacy is about and that is sad and discouraging.

The company I work for is not concerned with patient care or safety. If so they would not decrease tech hours, have properly trained techs, not have pharmacist making calls i.e. asking for refills /rx are ready calls, demand an x amount of vaccines, I have work many days from 5-9 with only one tech and not always a well tech and complete 150-200 rxs while answering phones, running to registers both front and drive thru, giving vaccine, etc.

The constant addition of more pharmacist-only tasks without subsequent addition of technician support hours has made it difficult to perform the base clinical functions of a community pharmacist. We are hounded daily on whether or not we have done enough MTMs, vaccines, adherence calls, etc. All of which are indeed valuable and ultimately improve patient care, but we simply don't have the time nor the staffing to complete these without sacrificing basic patient care needs like filling prescriptions, clarifying scripts with prescribers, and having meaningful discussions with patients about their medications/concerns.

the covid testing my store is doing has put a huge increase in work load on all staff, and we were overwhelmed before. as the pharmacist on duty, I come in early to prep, and stay after my 12 hour shift. I'm physically in the pharmacy for at least 13 hours if not more. I go to the bathroom usually twice, sometimes three times per shift. I take about five minutes to eat lunch. my customer service numbers are excellent, and people aren't waiting on their meds. it's the pharmacists who are struggling.

The current priority of "Community Pharmacies, and" regardless of the specific retailer, is meeting metrics, under the false assumption among management that meeting metrics will result in a profitable and well functioning organization. As such, while most retailers will pay lip service to "Customer Care, and" and "Improved Health Outcomes, and" these non-specific goals are being measured by metrics which likely do not accurately measure success in those areas. For example, pressure to increase Rx volume and increase immunizations given do not necessarily equate to increased patient adherence to their medications, or increased rates of immunized persons within the community. What those unattainable metrics do accomplish is putting Pharmacists in a "no win situation, and" where we can't meet our numbers, nor can we serve patients effectively. I'm prohibited by company policy to "clock in and" and therefore begin working, more than 9 mins before my shift, nor stay more than 9 mins after my shift ends. When was the last time you were able to prepare for the day ahead or prepare to leave for home in "9 mins? I regularly work full shifts entirely alone. When I do have "Tech Help, and" it's rarely more than 1 person, and almost always for "a full shift. Go to ANY Physician's office and count the number of staff on duty at any given time. Even better, go to ANY "fast food and" place and count the number of staff on duty at any given time. Then walk into ANY retail pharmacy, and count the number of staff on duty at any give time. Compare those numbers and ask yourself if the discrepancy seems appropriate. You don't need a voluntary survey to answer the above survey questions, just walk in to your local pharmacy after visiting the nearest fast food place, and answer those questions yourself. Respectfully.

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The cutting of both Pharmacist and Technician hours is putting Patient Safety at risk. Companies should be required by law to provide an adequate number of staff (technician and pharmacist) depending on the hours you are open and the volume of prescriptions that you do. Although my company affords us a lunch this is not the norm but rather the exception, many technicians and pharmacists at the majority of the chain pharmacies are not afforded this basic human right. Until these corporations are legally required and held to a standard that allows for appropriate staffing they will continue to provide the bare minimum needed to increase their profit margins. Pharmacy staff will continue to churn out prescriptions in this unsafe environment because in the end they have a duty to their Patients to get their medicine to them even if done under an unsafe work environment. The problem in Pharmacy is Patient Safety should not be sacrificed for profit but the lack of legislature has allowed this.

The doubling of pharmacy schools in recent years has lead to many employers making up ways to get experienced pharmacists to quit or making up bogus reasons to fire experienced pharmacists so the employer can hire recent graduates at a lower salary and less vacation time. It's become so bad I have encouraged pharmacy students to change their major and career choice.

The drop in pharmacist pay is unfair. There is also always a fear of losing our jobs due to the saturation of pharmacists. Older pharmacists are being let go so that younger ones can be hired and paid less.

The emphasis on metrics and the insane amount of phones ringing constantly add a ridiculous amount of stress to the job. I certainly do not have enough people to answer the phone, wait on patients, and do the normal functions of processing prescriptions. Beating the clock becomes the focus instead of patient care. Especially as I get older I feel like my company would be more than happy to have a reason to let me go in favor of a new grad who will not cost them as much. Therefore if the only thing that matters to my company is the metrics then a lot of time is spent meeting the metric instead of in the careful conscientious care that is required. If I have to take precious time out to call a doctor about a potential drug interaction, then I have to manipulate the promised time for the prescriptions due in the next 20 minutes in order for them not to go overdue. Then we put them back to stock in 10 days when the patients don't even come to get them and all of that angst was for nothing more than a favorable graph on the dashboard. We reluctantly give our time to the customers who are standing at our counter who could really benefit from our expertise, in order to fulfill the metrics goal. Metrics cannot account for true patient interaction. Metrics cannot account for how long it takes to explain something to a patient and make sure the instructions are understood. It is very hard to help people when you feel like you will be penalized for taking the time to interact with them.

The fact that the large chains have gotten away with disallowing lunch breaks to pharmacists all of these years is inexcusable. We are quite literally one of the only professionals that does not get a lunch break, nor a break in general! The large chains (notably CVS) are FAR more interested in the dollar than anything else. Several of the CVS locations I have worked had a maximum of 20 hours per WEEK of technician help, thus leaving the pharmacist ALONE to do the following: Wait on customers at counter, fill prescriptions ACCURATELY, answer the phone, answer otc/product location questions, counsel patients, ring out transactions at register, all while ADMINISTERING VACCINE(S) to waiting customers. ... not to mention being TIMED & SCORED on nearly every step along the way to ensure that the METRICS stay in the 'green zone' overall.. so that the pharmacy may stay in the running to be one of the top performing stores. One would think that talking to the DM or voicing an opinion on needing more assistance would help the situation, but NOT at all. In fact, it is discouraged! . If one is complaining, it simply means that that particular pharmacist is not following a procedure (s) or tasks properly. It is shameful and has gone on long enough in the pharmacy profession. The chain drug stores in particular need more regulation and stricter legal requirements protecting pharmacists from this type of workplace neglect.

The flooding of the market with pharmacists in Ohio particularly has led those of us unhappy in our jobs literally stuck because if we complain about work conditions we know the response will be "there are plenty of new grads without jobs that would be happy to have yours for less pay". So the companies put more and more on our plates and we somehow manage to rise to the occasion each time but at what expense? At my location we counsel on new scripts, name drug directions, maybe a big side effect is all you get unless you ask questions. Most patients are irritated by counseling and have said we are the only pharmacy that does it and they don't believe that it is a requirement so I'm left to believe other pharmacies in the area do not counsel at all! Where is the patient care?

The focus has been taken away from providing patient care, and instead is being put on meeting metrics and script volume. The company is also requesting MTMs be done in addition to regular workload. There is way too many expectations, that I believe are hurting patients and creating a dangerous work environment. The lack of breaks/lunches, make me feel more likely to make a mistake, especially after working a 12 hour shift. I don't understand how technicians and other workers are required to take a break, but pharmacist seem to be an exception.

The focus of this survey feels mainly product focused and leaves out those whose responsibilities are primary clinical. Though I am not handling medications, my clinical role has a large impact on patients on a daily basis. The above questions do not necessarily reflect the ways my very busy work days affect my cognitive abilities to make the best decisions possible.

The focus on metrics and lack of scheduled breaks/lunch hours makes me feel unsafe at work and like we are unable to provide the best patient care. Also the constant technician staffing cuts takes away from direct patient care. In addition, the pay for retail technicians is very low and uncompetitive with hospital pay, so the constant turn over rate and low retention rate leads to constant training of new people and increases risk of more errors.

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The focus on providing immunizations has become overwhelming, especially during flu shot season. Retail pharmacists have been pushed to the breaking point by their employers. Low staffing levels continue to be a major area of concern in regards to patient safety. I feel that retail pharmacists are mistreated by their employers and the Board of Pharmacy needs to intervene before more patients are harmed. I experience high levels of stress and anxiety during every shift, and the only things that matter to my employer are achieving unrealistic metrics. Patient safety is not the most important thing to my employer, but rather scripts, immunizations, and profit. Whenever I speak with someone who has interest in becoming a pharmacist I beg them to choose any other profession so they don't have to suffer like I have throughout my career.

The focus seems to have changed from taking care of the patient, to addressing metrics (insurances, chain stores metrics, vaccinations).With higher functioning technicians, why are pharmacists not given more time for getting to know their patients and helping improve their lives?

The focus should be filling prescriptions correctly and being able to have time to research an issue or call the dr to consult is vital to that. We are stretched as thin as possible with impossible expectations from our employer. When you are trying to focus on checking a prescription but you have 3 phone lines ringing, someone waiting on an immunization, someone needing counseled at the drive thru and your safe alarm timer beeping it is extremely difficult to concentrate. Soon we will be adding Covid testing to that. I wouldnt want my prescription checked in that situation. The volume of phone calls required daily is challenging. I know many pharmacists must complete the calls while simultaneously checking prescriptions. A recipe for disaster.

The following is not professional and takes up time while you are trying to check rx, counsel, etc. The following that I am talking about is the pharmacy group takes a picture of morning and evening workqueue. This picture shows how many rxs have been filled, if fax box is cleared, how many rx to input, how many to still 4 point, how many to bag, how many log copies have to be scanned, among other things. There is no hippaa information. The group consists of all staff pharmacists, the pharmacy manager, an hourly pharmacist who is based at our store and our supervisor who is in charge of about 10 stores in our district. The pharmacy manager sent hippaa info on this group picture. Sure it was by mistake but now there are 6 people who see this. It was a pharmacy label with name, address, rx number, directions, part of drug name. With the advanced phone features very easy for someone to send it to facebook, or other media by mistake. Pharmacists are doing a lot of tech work and non clinical duties including curbside pickup, register, answering phones, filling rx, etc. It takes away from drug interactions, DURs, overdose, verifying rx, opioid stewardship, and many many pharmacy tasks. The pharmacy manager is always talking down on pharmacists and techs. Does not allow pharmacist to work in their own safe way yet emphasizes on safety. The technicians work better when manager is there due to fear of being written up. Lot of hypocrisy among manager and few techs. It is very dangerous the way staff works here. The tension rises for all staff from work environment not customers, etc.

The glut of pharmacists have allowed companies to take advantage of all pharmacists because they know that we are easily replaced.

The harassment from Rite Aids corporate offices is making it impossible to just fill prescriptions. They go on a 11 script per tech hour matrix but use an 8 month average to determine your tech hours. So your winter tech hours are base partly on summer figures. I was threatened twice with my job if I did not start doing more MTM's, TIPS and CMR's. They are also unwilling to send help when needed. I was filling 33 scripts per tech hour for 6 months. I begged for help from the district office. We never got it. At my yearly review I was docked for not using more tech help. No one wanted to work. We tried hiring a couple people. They lasted a month. They never even got properly trained before leaving. Instead of thanking me for keeping the store a float. I was docked.

The horrible pay scale and rigorous rules for pharmacy technicians deters many from applying. No one wants to work for pharmacy and we are always short staffed and constantly training new hires.Pls bring a rule to increase tech pay and also eliminate TOEFL requirement for foreign trained techs. Corps are adding up tech responsibilities to chop pharmacist pay and hours but not increasing tech remuneration. This is very unfair to both. Corp greed has to end for pharmacy profession to thrive.

The hospital setting I am currently in is an ideal work place for a pharmacist. I am well supported and the expectations are reasonable. However, my one concern comes from where I completed residency. I worked with a pharmacist making excessive medication errors (4 grams of vancomycin, therapeutic interchanging Levemir to Novolog, etc.) where management was doing little to address due to concern for "wrongful termination". I wish there was a better way to report and address these types of issues outside of the hospital walls when the hospital does little to address.

The hour cuts are insane, losing pharmacist hours and overlap and on top of it not being able to have hours for technicians so the rph is left by themselves with 1 tech yet they are expected to make the millions of calls they want you to make, deal with insurance issues, etc make Doctor calls and meet all metrics or risk losing your job.

The hour cuts have been ridiculous over the past few years. Profit had become primary focus and patient care out the window

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The increased duties our companies expect of us require more man hours to complete if we are also expected to keep up with our standard workflow and patient care. Instead, we have had our individual hours cut and most of our RPh overlap cut, so the pharmacy is essentially a one-man/woman show most of the day. We simply cannot keep up with filling prescriptions and caring for our patients while we also strive to meet company metrics and quotas. If we don't meet their metrics, hours are cut further and quotas raised, making them all the more unattainable. If we don't "earn" the hours by selling company programs or completing MTM claims, we are out of luck. The workload issue is compounded by a lack of breaks and/or meals during our shifts due to little or no RPh overlap. Most pharmacists I know are worried that their jobs are in jeopardy on any average day, let alone if they raise a complaint or don't meet a company metric, which increases both personal and professional stress.

The insufficient amount of staffing, both RPh and tech, in retail pharmacy is unsafe for patient care and needs to be addressed. The focus on metrics and "upselling" through phone calls and being forced at the register is taking away from the care that our patients deserve. The fact that a pharmacist cannot take a restroom break or a lunch break for fear of falling behind is unsafe for both the pharmacist and their patients. Also, the ageism being blatantly display against more experienced pharmacists happening right now in favor of hiring new grads at 2/3 the pay rate needs to be investigated.

The lack of proper technician hours and severe cuts due to covid is unreal. That, coupled with unreasonable metrics, makes my work environment unsafe. I have noticed other pharmacists in my market overwhelmed and burned out, and it is only getting worse. Medication therapy management is great, and so are shots, but when the goals expected on metrics for these are so lofty that one can't reasonable obtain them within working hours. For example, judging a net effective rate on mtm outcomes of 80% is albeit impossible to achieve when a lot of the possible interventions have a less than 5% success rate (pt needs statin, which md ignores and pt yells at you about, ins wants pt off ppi but you get yelled at when you call the pt, ins wants pt to not be on benzo/opiod at same time, ins wants pt off vyvanse and to try cheaper alternative, and I have yet to see a doctor change this one) Many pharmacists stay over consistently and are not compensated. It is against federal law to work off the clock, but all pharmacy managers I see in my company consistently do extra hours with no additional compensation. Also, there is no guaranteed pharmacist lunch break for a 8 hour or more shift. Also, I must take my belongings into the pharmacy in a clear bag. Since there are no clear insulated bags, and I can't take a normal insulated lunch box, I take 1 gel ice pack and attach it on each end of my lunch container using rubber bands.

The lack of staff allowed by my employer is the most detrimental to patient safety. I feel that I spend so much time on basic tasks (typing/verifying scripts, answering calls, filling scripts), I don't take an adequate amount of time to properly counsel patients or resolve issues such as interactions or insurance rejections.

The large chains are so focused on making Wall St. numbers that they honestly don't care. All but one of our management team is NOT pharmacists, yet think they know how to run pharmacies despite never actually doing so or interacting with patients. Walgreens and CVS are particularly bad, I work for the former. We have been told numerous times to just fill stuff for 90 days, even though in doing so would go against laws and safe and ethical practices. They don't care. They are like Matthew McConaughey, "Those are rookies numbers!". They also turnover techs like changing clothes. When we hire someone, which is hard with the new regulations and delay in response from the board, they are expected to work like 20 year vets. We have no time to properly train them, which is a major patient safety issue. Coporate also gives no cares about legalities. So many laws are regularly broken around Medicaid (tamper resistant paper) and Medicare B prescriptions (proper billing of test strips, meters, etc) because pharmacist's wills are broken and we are not allow to properly enforce laws we have, too. Basically, community pharmacy has turned into a giant boiler plate of stress, anxiety and threatening the livelihood of pharmacists from above. We need to ONLY have pharmacists manage above pharmacies (district managers, market director, etc. positions). If we don't have that, we need to move to similar laws to North Dakota, where the pharmacy manager owns at least 51% of the pharmacy. This is the only way to ensure laws are followed, patients are protected and pharmacists can practice in fashion that is legal correct and that helps patients. Currently, we take all the risk and corporations take all the money. They are raping our profession every single day.

The large retail chain I work for operates in a very unsafe way. When you think that you cannot possibly get the work done with the little support staff you do have, they cut your hours even more. With there being such a surplus of pharmacists, we are forced to stay in these positions due to lack of jobs. We need a voice and so do our patients. Please help us.

The lists of patients calls to make is growing longer. Non pharmacist metrics such as text message and auto refill enrollment seem as equally important as mtms

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The market is flooded with pharmacists, so the advantage goes to the employer. If you don't like the unsafe working conditions, they would gladly replace you with a new grad making \$12 to \$15 less an hour than you. Keep your head down and your mouth shut and you might get to keep your job. In any other profession, I would be in the prime of my career making more money and having a position of experience and leadership that is valued. In retail pharmacy, I haven't gotten a raise in 3 years and my head is on a constant swivel, just waiting for the corporation to find a reason to replace me with a new grad that will not be as accurate or have the customer service skills that I do. I am an outstanding retail pharmacist that doesn't make mistakes and the customers love. Sadly no one in corporate management cares. All those clinical skills that you have perfected over the last 25 years, just forget those and please refill everything the customer has available to fill so our metrics look better. Most of those will get returned to stock, or picked up by a Medicaid customer that won't care that they didn't need those or no longer take them. Pharmacy used to be great. You once really felt appreciated and professional. PBMs and corporate ownership have eliminated both of those.

The MBA's are running the show and pushing metrics and profits way ahead of pharmacist and patient safety. I am constantly reviewing surveys from patients or customers as management calls them and I am told to apologize if a patient has a bad experience such as waiting in line too long and then I receive an email from management later in the day being reprimanded for scripts not being ready on time. It is normal for me to spend an hour or two of an 8 hour shift checking people out in line then add in answering phone calls and numerous insurance issues we are expected to deal with every shift. Vaccinations are expected to be completed in 10 to 15 mins and at peak flu season we can be doing 15 to 30 a day with no extra staffing to handle work flow. It's normal to be prepping a shingles vaccine and have the patient asking how long will this take while I have 2 to 4 narcotics to fill with people waiting in the drive thru and 2 voice mails unanswered and a provider calling in a suboxone rx and don't forget the antibiotic medication that needs reconstituted. I personally find small mistakes every shift that I let go due to time constraints. Lisinopril directions read take one tablet in the morning instead of take one tablet EVERY morning. Warfarin use as directed by clinic qty of 90 with no instructions as even to a days supply from the clinic, mood medications Zoloft, Effexor, Wellbutrin and trazodone all going to the same patient and when the patient is questioned about use the reply is generally something like whatever they sent in I take. These are all common occurrences for me. I think we are overdue for some regulations on employers. The onset of Covid 19 has only made work flow more difficult and my employer does not require us to test. We share the same phones and the same keyboards and are in constant contact with the public and I do not feel adequately protected which adds more stress as I try to accept cash and touch credit cards.

The metrics and vaccine requirements need to stop. Having to do immunizations in between filling 300-500 prescriptions is dangerous. We cannot properly monitor our vaccine patient and get back into pharmacy to fill the 15 waiters all due in 15 minutes. Sadly, a service we are trying to provide our community i fear will lead to unnecessary fatal errors. Pharmacy is no longer the trusted profession- metrics have made it more of a number game

The metrics are overwhelming, unsafe, and really just impossible. The constant reduction in tech hours is insane and creates a void that must be filled by the pharmacist. Most days I was scheduled 9A-9P but had to come in early and stay late. The threat of being replaced by a new grad at substantially less money (some places are \$20-\$30 less an hour) does not help either. Corporate pharmacies such as CVS and Walgreens are ruining the profession and are putting pharmacists and more importantly patients in danger.

The metrics are the driving force behind my corporate office. The number of retention calls made by the RPh, number of vaccines, and number of secondary sales made (OutcomesMTM billable services) are the primary focus; I have never been spoken to about an error on an Rx. Errors are reported, but never discussed, and at my high volume store we see 3 to 5 new error reports opened weekly. Weekly phone calls from district managers call out by name and store who has the worst metric reporting during the past week and is regularly followed up with the threat of, "I'm getting 30 applications a week for your job. If you can't do the work, we can find someone who can." Tech hours are cut quarterly and RPh overlap hours have been cut annually for the last 2 years even though script count remains the same or increases; corporate says this is because new innovations (phone system, or other tech advancement) makes it so our work load is reduced.

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The monthly report names each pharmacist, and those on the bottom have to write up an action plan, but those on top who have 100% success and unrealistic numbers never get questioned! This is Kroger and the work load is unrealistic and unsafe. The work environment is creating a whole new generation of and quot;sloppy pharmacists and quot; that are sometimes flat out dangerous. We are timed on every move we make. Safety and ethics are out the door. Retail pharmacy has dramatically changed in the last 5 or so years. MTM Outcomes is definitely a positive thing, but it has turned into a game of numbers in retail. We are not taking care of the patient. We are taking care of profits, metrics, inventory, and the bottom line. I no longer have any control over how I practice. I am so frustrated everyday over not having the time to take care of the patient. I used to have pride and a sense of accomplishment. Now it is just anxiety over numbers, metrics, and workload. No time to eat or go to the restroom. A little break can make a world of difference, but most days it is impossible. The cleaning guidelines since COVID-19 are not getting done. An employee tests positive and it is totally covered up and brushed under the rug. That is putting everyone at risk! Cleaning logs are being filled out to make the ones above happy, but the cleaning is NOT always done. I would take a 20.00 per hour pay cut to have it close to what it was 10 years ago. I hope the Board of Pharmacy makes every pharmacy close for lunch (like NV) and you must leave the pharmacy during that time. If we don and #39;t have to leave, then we will end up working through it. I and #39;m sad to say this is Kroger. PLEASE do something to help us and our patients! PLEASE

The negative results of this survey can't be new information to the board. Many of the retail executives are on this state board committee and are the reason why there has never been changes to help pharmacists. We have been voicing this concern for years and just now it's coming to light due to the Covid crisis. We need more help in the pharmacy as far as technicians go bar none. Retail is only about profits and pleasing investors. Pharmacists are under pressure every hour of every day, to do more with less. Everything is timed. There have been no pay raises, no bonuses, no increase in budget for help, no overlap and it is truly stressful- and it has been for the past 5 years. And help is further diminished ever since technicians have to be registered with the state board, Not allowing front store members to help fill, file and ring out customers. I can't imagine this is the first time you're hearing this plea for support staff.

The new process to hiring technicians is time consuming and honestly a lot of money up front from the applicants. The whole process, to actually be able to help in the pharmacy is probably at best 2 weeks. Then, once hired the training starts and not all new hires are quick learners. The starting pay for our store is low so hiring "experienced" workers is not possible due to pay rates. This hampers my ability to hire technicians that will lower my workload. I've never had a scheduled break. I eat and use the restroom when I can. Yes my script volume may be low compared to other big box stores but, I'm also dealing with customers that are used to less than a 20 minute wait time. I do my best but, sometimes I feel rushed. This isn't so much a company issue as it's a customer impatience issue.

The NY Times Article " How Chaos at Chain Pharmacies Is Putting Patients at Risk" is an outline of what is going on in retail pharmacy because there is no oversight. Pharmacists do not have a union and our professional organizations turn a blind eye while trying to expand our responsibilities. I am all for providing QUALITY CARE of every kind to my patients, but none of what I am doing is quality care. It is a cattle call of filling prescriptions and every other possible thing that one can think of during the course of what turns in to hours of unpaid time to try to catch up with workflow quantities that are completely unrealistic in any scenario. There is now an abundance of pharmacists to fill positions in our state; so the question becomes, why aren't there more pharmacists on duty to take care of our customers? The answer...lack of government oversight and corporate greed. If you question this reality...sit in the waiting room of a CVS Pharmacy for one hour. Count the number of interruptions that a pharmacist endures while checking a prescription. How many phone calls, transfer requests, patient questions, free medical advice increasing liability without compensation, lack of personal safety, immunizations to name a very few. By the way, I have NEVER had a lunch break or gone to the restroom during one of my shifts. I have also had to give flu vaccines WHILE I HAD THE FLU because the corporation for which I work would not provide a replacement for me while I was running a fever. PLEASE, PLEASE do something to correct this. Countless have already died due to errors made because of the chaos in our pharmacies. COUNTLESS. Know that. Pharmacists all do know it.

The only time I feel stressed is when other metrics including mtm and immunization are added in top of my normal activities. That being said, flu season and end of month, would severely change my thoughts on this survey on those select days.

The pace of work is extremely, dangerously fast. The workload is enormous compared to the amount of staffing. There are no breaks. I rarely ever sit down to eat. Eating and going to the bathroom are afterthoughts. Metrics get more unrealistic every year.

The pharmacy chains have been cutting support staff for years. Always more with less. The support staff has been cut so drastically, we can no longer get the days work finished unless people stay over and work without pay after a 12 hour shift. Some law about staff to fill or staff to pharmacist ratio must be put in place. The pharmacist has all the responsibility for quality and safety, but no authority in making appropriate staffing. This is a tragedy in the making and the public suffers for it. One of the State Boards jobs is to protect the public. The pharmacists get blamed for mistakes but have no recourse or authority to make appropriate staffing to prevent mistakes. The majority of mistakes that I have witnessed and had to step in to fix, were caused by understaffing. Corporate dictates staffing, not the store, district manager or regional manager. Staffing is determined by budget and predetermined profit margins, not actual store needs.

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The pharmacy I work at fills 500 scripts a day with no overlap and 2 technicians. I am routinely left by myself for the last hour of the day with a line of cars in both drive through lanes and customers at the check-out waiting for medications that I cannot provide to them in less than half an hour. I walk into Dunkin' Donuts and they have 6 people working. They are serving donuts and coffee. I believe it poses a danger to the safety of the public to operate a pharmacy this way. That should tell you everything you need to know.

The pharmacy is busier than we have been, constantly increasing clinical work as well as prescriptions filled and we have 100 less pharmacist hours that we had just 2 years ago. We are the busiest store in the district and our daily pharmacist overlap is shrinking to just 5 hours of overlap per day filling 500-700 prescriptions per day. And we are supposed to fit breaks in that time as well. Which we tend to but that leaves more to do by ourselves. With dir fee and claw backs the company claims we need to cut more and more. The pharmacy leaders are the only people that are staffed at 40 hours, the rest of the pharmacists are only given 32 hours. The system is straining to a potential breaking point. Patient care will suffer.

The pharmacy profession has become the laughingstock of the health care industry. From low reimbursement rates, to customers treating the pharmacy like fast food. Because how hard is it to count a few pills and put in a bottle? Big chain stores do not proactively divert this sort of thinking, and pressure the RPh to do more with less staff since a profit needs to be made. Patients are willing to wait 30 minutes in a MD office but more than 10 minutes for an RX is unheard of. Gone are the days of consumer patience as smart phones have trained the public to press an App to have instant gratification. Pharmacists need time and patience to perform their duties and they are not provided this in current societal conditions. Pharmacy schools need to teach RPh's to stand their ground and to make a change, otherwise they will grow to regret their career choice in 20 years as I have.

The pharmacy profession would be so much better if we could eliminate worthless nonsense like Outcomes MTMs and TIPS. They serve very little function except as a money grab for both corporates and the Outcomes company. Also, It would be nice if the prescribers would stop shifting their workload onto us. Why must we be responsible for requesting refills for THEIR patients? Why must it take multiple phone calls to prescriber's offices to resolve their mistakes? Will there ever be a State mandate to eClinicalworks to STOP reducing electronic prescriptions to faxes?

The pharmacy stays so busy with the lack of adequate support staff I besides one short break many of us go most the day without the ability to even drink anything all day. Thrown on the issue with burn out and metrics no seasoned pharmacist would dare bring up such issues to their employer as no matter how many ways it is said we can raise concerns it's frowned upon. Without a mandate from the OSBP to ensure the mental health is taken care of patients ultimately get poor care- especially in light of the pandemic.

The place I currently work has inadequate staffing to met the needs of providing safe patient care. Leadership is too busy telling use we need to meet certain numbers on texts, flu shots and 90 days but doesn't seem to listen to the concerns about inadequate or not properly trained to handle the workload. I have been practicing for 24 years and have been rolling with the changes but I and I'm expected to call on mtms , new to therapies, late to refills and other miscellaneous calls all while answering normal calls and filling 300 scripts with a 3 person crew who have duties of their own to do plus a 2 lane drive thru. I just don and I think Pharmacy should be practiced the way it is being practiced but saying something could result in the firing because you are not a team player. My flu shot and "goal" came down and it is 30% more than last year but with all the extra precautions takes 50% longer. Things like this is why Pharmacy is not really considered in the same realm as Doctors or Nurses. Let me do my job in a way that benefits the patient and in the long run it will benefit the company.

The pressure on metrics has become a 'damned if you do damned if you don't' situation. Having one number good, makes another number bad so, no matter what, you're in trouble for something. I have also worked multiple shifts floating where I've not seen another pharmacist, but they are still asked to complete a floater survey that can negatively impact my yearly evaluation.

The pressure on the pharmacist to meet expected customer service and metrics rather than caring about a life plus the pressure of customer service ratings now they care more about patient rating us and putting our jobs in jeopardy under the hands possibly of one unsatisfied patient because he or she was not offered good Rx coupon , the future of the pharmacist sadly is being dependent on few angry patients that has nothing to do with the actual duty and care of a pharmacist VERY SAD

The pressure to meet metrics, get prescriptions filled in short amounts of time, maintain patient satisfaction, immunize, counsel, perform dur checks, answer multiple phone lines is extremely stressful and distracting from performing our duties and providing proper patient care to our patients. I hope this survey brings positive change to our profession, returning to a time when patient care and service were the priority, not meeting a bunch of budgets and metrics to keep our jobs.

The problems with workflow, staffing, and metrics pressure are rampant with the National chains. I feel fortunate to work for a local company that treats it's employees with respect and integrity. Something desperately needs to be done to regulate the larger companies and to protect my fellow professionals! They are working with undue pressures in an environment that is NOT safe, and most are unable to voice their concerns for fear of losing their jobs!

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The push to start more clinical work like MTM and immunizations has been great for our profession but difficult to complete when you're doing it on top of your daily workload without dedicated time or hours to complete these "goals."

The questions asked if we felt we put patient safety at risk in the current working environments. The question did not have the response needed most which is that we as pharmacists would never put patients at risk so we work 2 to 3 hours after closing unpaid to finish everything up for the next day. We come in early unpaid to not start the day behind and come in on our days off a few hours to help each other out.

The reason that I chose neutral on lunch breaks is that I do manage to get a 30 minute lunch on weekdays eventually as we usually have 2-3 hours overlap when the 2nd pharmacist comes in to work the closing shift in the evening. Weekends are a different situation as one pharmacist covers the weekend so it's a late lunch when you can get a few bites of food in between prescriptions and other duties. We have compared the pharmacist hours from a year ago on the schedules and we have close to 25% less hours available but our prescription count is actually higher than it was a year ago. At the same time, technician hours have also been reduced. We are pushed to multitask more and more all the time but it eventually becomes dangerous when we are trying to keep so much going safely at one time. Many days, it requires staying late, without pay as we are salaried employees, to get it all done.

The reasons why a CVS is a danger to public safety in pharmacy practice:1) Constantly cutting technician hours so speed of work must increase to complete larger volumes of prescriptions in shorter amount of time raising the likelihood that errors will not be noticed and resolved.2) Intentionally leaving pharmacists without technicians on weekends and evenings when patients can still be bringing in new prescriptions, wanting immunizations, calling in with questions, etc..3) Over burdens pharmacists and technicians in the brick and mortar stores with calls to remind the patients about prescriptions ready for pickup, prescriptions due to be refilled, syncing of prescriptions to be filled on the same day, and universally converting 30 day fills to 90 days per some insurance carrier pressure when not all insurance plans cover 90 day fills to review all are annoying patients and physicians with superfluous contact. This should be done from a call center not at the point of care.4) Fragmented and inefficient new hire training takes months to allow employees to do more than just ring the register.5) Software throws inappropriate drug interaction alerts from medications filled once years ago or only put on hold and never actually filled / picked up.6) Contact CVS in Norwood (513) 731-2600 and Cincinnati near UC (513) 569-4301. Ask them how many months they were 900+ prescriptions overdue. Failure to allow overtime where pharmacists / technicians from other locations assist pharmacies which are impacted by power outages and start falling behind so the patients begin running out of medications for weeks or months and are unable to pick up a new prescriptions that turned into data entry but are just stacked in a pile and never actually processed. There are likely other stores this happens in that I have not become aware of.7) Raising targeted immunizations and other metrics after being met to further accelerate work demands and impair safety.8) Out of stocks.

The responses in this survey reflect my work with my current home infusion pharmacy employer. Had this survey occurred while I worked at CVS pharmacy as a staff pharmacist, the responses would be much more alarming about not enough or help or time for adequate patient care.

The responsibility of the board is to protect patients from BAD pharmacists. I encourage the board to consider taking action and help protect the pharmacists from greedy corporations.1. Place daily order verification limits for each pharmacist. Research into fatigue rates/error rates (large companies have error rate data as they all track and record this for liability shouldn't they report this information to the board?) While a pharmacist may "dispense" 600 orders on a busy day they may actually touch/verify over 1000 orders a day. That is less than 1:20 on each order in a 13 hour day to complete DUR/call doctor/insurance and counsel the patient.2. Decrease ratio of pharmacist:technician. It is unsafe and impossible to know/hear and be accountable for more than 2 other staff and still accurately check an order. (#1 must be in effect otherwise this will lead to more staffing issues).3. Protecting the pharmacist protects the patient. To err is human but we can still fix the mistake of allowing these large companies to profit off the backs of our pharmacists in this great state. Let us lead the charge in change for pharmacist protections.

the retail sector of pharmacy is highly stressful. discount cards, coupons for transferred or new rx's, vaccinations, no breaks, no lunches, drive thru windows, verifying hundreds of rxs just to name a few in any given day. more tasks are being given to do with inadequate help. management requiring quotas on vaccines, cmrs, rx counts. it's not a safe environment for employees as well as customers. fatigue sets in but there's more tasks to do. something must change. too many tasks for one person.

The Retail Pharmacies have a very low staffing hours allocated! Technicians and Pharmacists are overworked. Big corporations focus more on saving payroll \$. There must be a POLICY or LAW that decides Number of Pharmacists must per number of prescriptions filled. For example 300 prescriptions per 1 pharmacist per 12 hr day. Means if a pharmacy is doing 1000 prescriptions a day they must not be assigned to 1 pharmacist. It is happening. Please keep information Anonymous

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The retail world of pharmacy is unsafe for staff and patients. The pressure of metrics to meet (that are not healthcare or clinically based, only focusing on profit) as well as the pressures of decreased staffing and technicians make safely checking a prescription one of the last priorities of corporate management. Pharmacists direct supervisors at most large chains have no clinical or medical background. Many locations also force pharmacists to work alone which leads to one RPh entering, processing, and verifying an order alone while continuing to multi task through all of the other duties in the pharmacy (answering a never ending ringing phone, running a cash register, giving vaccines, counseling, running a drive thru, helping in OTC recommendations, showing someone where the bathroom is) usually on a 12 hour shift with no lunch or bathroom break. SOMETHING HAS TO BE DONE.

The revenue driven focus of community retail chains is causing a detriment to the accuracy and optimal health of the pharmacy's patients.

The services we provide to the community are without a doubt essential and valuable. As more services have been added over the years, their value is without question. The problem lies in the expectations of providing these services without adequate staffing and humane treatment of the current staff. Inadequate staffing leads to unsafe and inadequate care for our patients. Inadequate staffing leads to the fatigue and burnout of professionals that want to adequately and safely care for their patients. What has happened to the profession is a tragedy.

The situation is compounded even further with COVID-19 cleaning protocols that are impossible to complete, esp when working alone && all of the added questions from patients about COVID testing, PPE && other high demand stock, etc.

The situation is getting out of hand. Receiving lunch breaks would be nice and the metrics can be tiresome, but having appropriate staffing is by far the biggest concern. The amount of hours allowed for both pharmacists and technicians was dangerous when I first began practicing and it has only gotten worse and worse.

The state board needs to do a better job of advocating for the profession of pharmacy rather than pandering to vested interests as it does, from retail chains to hospital institutions. The state board is unable to do a get any real reform done not only because it is beholden to such vested interests but also because it is run by individuals that are not pharmacists. How is there are open positions for the board that is not yet filled ? What has the state board done to accomplish better care for the patients besides revenue generating tricks such as licensing of techs without even considering a minimum educational qualification. No high school isnt even a thing. US high school education does not lend itself to trust techs to make chemos, take verbal orders, transcribe information etc.

The state board should act, though the best thing it could do may be to help improve the pathetic reimbursement rates many retail pharmacies receive. I am not sure this would fall under the board, more likely a legislation change. That is the reasoning we always get for hours cuts from corporate, we are being squeezed by third party payers. I am not sure anything else would help, may just lead to layoffs and closures if pharmacist to tech ratios, mandatory breaks or script limits are enacted.

The state boards, the major organizations, and the government have all sat idly by and watched as 3 or 4 major chains have taken over the profession of pharmacy. You all have no control, you've have soiled pharmacy for generations to come. We have no union as pharmacists so we have no way to defend ourselves. Our pay is lowering by 30-40%, our hours of support staff are almost non existent these days, and nothing has changed volume wise in the pharmacy. Mistakes are at an all time high, and it's just a matter of time before a less sound mind snaps or someone makes a tragic tragic mistake, in which case you as the board and everyone else will target that pharmacist instead of the real culprits at the PBMs and at the major retailers. I hope you all are ashamed, you and everyone else that had a voice for years and said nothing have destroyed a good profession, one that many of us wish we never would have gotten into at this point. Pharmacists are suffering both mentally and physically. We put on brave happy faces as best we can but at the end of the day we hate our lives. We hate our jobs, we hate how no one in positions of power have stood up for us because they are all too scared of the big money makers and lobbyists they have in their pockets. Shut down some of the fucking schools. There are too many and YOU all have allowed that to happen. This isn't a job EVERYONE can do. But, now that there 7 or 8 schools, and they don't let anyone fail, anyone can get by and that is NOT okay. I've tried to keep this as civil as possible. I've used myOne "F"-word so I can keep my PG13 rating. But the state boards, major pharmacy organizations, and the federal government should be ashamed of themselves. You and the other two deserve nothing but pain and suffering I'm about to experience for the rest of my career. I'm 27 and I hate pharmacy now. But hey look on the bright side, you and all the other village elders only have to read about it and go back to being useless.

The state of Ohio needs to adopt a pharmacist to technician to script volume. Drug stores only seem to care about profits and not the customers. Also my store is one that is doing covid testing we got 2-3 hrs training and were told to do our best. I've been doing this for almost 30 yrs and every year hrs get cut volume goes up and there are more and more non pharmacy related things added onto our work load. It's very stressful and needs to be changed to the health of the customer. When I first started I knew all my pts because there was time to spend talking to them now I know only a handful there's just to time to be personal.

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the supervisors need to be Rphs, and all Rphs need to practice at a site for certain number of hours per month to keep in touch with reality of practice settings at varying locations to get an understanding of the daily functions, and keeping up with the practice. Also, having non-pharmacy personnel as supervisors can hurt the practice of pharmacy as they have limited understanding of the pharmacy workload and achieving the metrics goals (I think some state boards have it as a requirement). Some companies are better than others. I understand profit is necessary. But for the company goals and patient care have to have some balance. Many Rphs have to rush thru the counselling because they can get back to work so they can keep up with the metrics. Esp if the techs are average and not exceptional then it hurts the daily work loads. Hiring a tech is a lengthy process currently. Board needs to make it mandatory that hiring process is shortened and less time consuming so we don't have to wait weeks before we get a tech in the pharmacy because that makes it difficult to hire a tech which leads to shortage of techs resulting in overbearing workloads. There could be prescriptions to tech ratio based on filled prescriptions per week. So tech hrs can't be cut down too much. Rph to tech ratio would mean more cut on Rph hrs to reduce the number of techs. I think my company is better than some others overall. Transfer of prescriptions should be limited within the state, by the board to 1 or so to reduce human error in transcribing or limited to how many grocery bucks or points can be given so it may reduce the errors and unnecessary work.

The supervisors seem to be primarily interested in non-dispensing metrics. They want more and more mtm and vaccinations without any regard to safety and privacy for discussions with patients. Patient complaints involving price and time seem to be taking priority over workplace stress and cleanliness.

The tech hours have been cut so that the pharmacist is working alone the last 3 hours of the day, which makes it difficult to fill scripts, answer the phone, and wait on customers at the drive thru and in the store. There are many times we have customers waiting in both areas so the phone does not get answered.

The technician is allowed to do way more than they should be. More pharmacist would allow for breaks and such.

The technician training requirements of the state board shift critical training hours from inside the pharmacy to outside the pharmacy so new hires can work on CBTs in order to complete an board approved training program within 6 months as opposed to learning practical tasks such as data entry/pulling/counting/billing, etc. We have techs in a retail setting learning IV flow rates and other math that will NEVER be needed. A lot of techs struggled with school and this is a frustrating process for them. Plus, they are paid poorly and a lot is expected of them. We hire new associates at a pay rate of \$10.15/hour. It's hard, demanding and stressful work and by the time the tech is well trained, they leave for a higher paying position. In addition, the cost of fingerprinting and registration with the board makes it even more challenging to attract quality applicants. It's extremely challenging to locate people who want to work, let alone people who want to work hard for low pay and to spend close to \$100 out of pocket just to get hired. Then they can't even touch drugs until registration is complete. Retail pharmacists are under tight labor budgets and must earn labor via script count. These approved training programs are not helpful at teaching common sense approaches and solid work practices. You've got to do it to learn it. CBTs don't suffice. PLEASE eliminate the training program requirements. We're spending oodles of cash on this "training" outside the pharmacy. I understand the intention, but the goal is not being met. The process is just increasing turn over of ancillary staff which increases the risk of errors because we often have multiple clueless folks working at once. Furthermore, I felt very uncomfortable being pushed to promote vaccines during this unprecedented pandemic. People are fearful as it is. Corporate wants cash. But at what price??

The toxic "we'll just replace you for someone cheaper" mentality of the chains is scary if you want to voice your opinion. Our chain gives different hours per day because they are saying they can predict our volume. This is just not the case. A set number of hours and minimum per day should be the same everyday. Not sure how we go from 20hrs on a Monday but then single pharmacist on a Wednesday. It is very scary meeting the expectations of a large chain pharmacy. The quality of techs will make or break you. They just don't get paid enough to find good help. A decent tech will need to be paid +\$20 otherwise they are going nursing school. We can't pay them \$12-14/hr and expect clinical work being done and to help us with our workload. They will be machines counting by 5s that are just Joe schmoes. They are a valuable part of our workflow and should get paid to help do clinical work that they are qualified to do!

The trend continues to be to cut pharmacists hours while increasing the demand for more clinical service outcomes (ex. increase in immunizations). Also seen is an increase of monitoring of daily reports detailing the amount of prescriptions done within a given time frame, the percent completed within a company determined timeframe, and the monitoring of technician prescription entry times and filling times. Such monitoring creates an environment in which the employees feel they must increase speed to maintain job security. Such pressures increase the risk of errors. Pharmacists desperately need the support and action from the board to reverse this trend. Pharmacists care deeply for the safety of those they serve. The Board of Pharmacy has found itself at a crucial moment. Please seize this opportunity to protect the safety of our citizens and our health professionals by creating a practice-friendly environment for those on the front line of this state's healthcare.

The trend has been to cut pharmacist overlap and cut technician hours while increasing the workload for many years now. This can not continue and still be a safe working environment. Corporate offices seem to feel they can ask pharmacists to work hours they are not getting paid for to get things done, as they have an excess of pharmacists to choose from now.

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The turnover at retail pharmacies has gotten out of hand. The attitude of the large chains is just to work a pharmacist until they're burned out and hire another. When my pharmacy fell behind I was told by a District Manager that I should be there 24/7 if that's what it took. Pharmacists need mandatory breaks that include closing the pharmacy for lunch, mandatory technician to pharmacist ratio, and a maximum prescription load. Thanks for offering this survey.
The two most alarming issues I currently see in retail pharmacy are metrics for immunizations (with disciplinary "teaching" if these metrics aren't met) and technician hours being cut.
The upcoming flu season could be utter chaos, with regard to vaccination demand, unless the Board steps in and mandates specific staffing levels at retail pharmacies. Otherwise the working environment will be wide open for accidents just waiting to happen
The way CVS (and presumably other similar large chains) try to squeeze the highest margins possible out of their Pharmacy by micromanaging and understaffing is a travesty and is a danger to all patients. Every day I'd be near tears at the end of the day due to the stress and every day I'd ask myself if I accidentally hurt or killed someone due to not having time and resources to adequately do my job. I worked at an independent as an intern and they dwarfed the staffing for CVS. It's an embarrassment. When things DID go wrong at CVS it was always because of inadequate staffing and too many non-clinical expectations (why am I, a pharmacist, measured on my ability to sign patients up for shopping rewards cards. Why are technicians either? Why are we calling patients urging them to fill their prn medications as if they are prescriptions they need to fill every month?) And whenever something happened because of this, they'd just add responsibility to the pharmacist to perform extra checks or assume duties previously performed by technicians without providing any additional man hours at all. It is the most dangerous work environment I've ever worked in and it needs massive, systemic change.
The workload balance within community pharmacies is getting increasingly more difficult just in the short 4 years of being a pharmacist. I understand that corporations must do certain things to obtain / keep contracts with insurance companies, but I feel like we are treated as robots and expected to do as much as work as fast as we can with as little help as possible and are on the chopping block if we do not "perform" at the level to which they think is appropriate. They keep adding daily tasks yet continue to cut our staffing hours- both pharmacists and technicians. I went to school for 8 years to become a pharmacist so that I could help people, yet most days than not I barely feel like I have time to spend time with a patient because I'm too busy checking off list and completing non-clinical tasks that could easily be completed by technicians because we don't have enough people in the pharmacy to allow me to fully play my role as the pharmacist. Most days I leave my job drained both physically and emotionally because I work as hard and as fast as I possibly can for my entire shift - sometimes not even having time to eat or go to the restroom with fear of getting too behind. The corporations behind community pharmacies are seemingly becoming more concerned with numbers and metrics and less concerned for their staff and the people for which they care for. If these corporations want to set and meet these metrics then they need to be able to be able to staff the pharmacy in order to do it safely. I appreciate this platform to give me the opportunity to provide feedback and hope that board can help be the voice for not only our patients but for our pharmacists.
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.
The workload from my company keeps increasing (prescriptions, vaccines, MTM, counseling, etc), however, hours for pharmacists keep decreasing. Technicians are supposed to be picking up the extra weight, but they are not trained properly and some can not handle the extra workload. Pharmacists have not been given a salary increase in 5-6 years and starting pharmacist salaries have actually decreased.
The workload is very stretched and a lot of this comes down to finding better technicians. The company I work for does not adequately compensate our staff, so on top of the extreme workload and metrics we are trying to achieve, we are also met with training new techs and turnover. There should be some set standards.

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The workload that is demanded by these chain employers is unacceptable. Pharmacists have been charged with evolving to meet all of the healthcare needs of every patient and have not been given the adequate means to perform this task. I very rarely get to counsel a patient properly beyond asking them if they have any questions or by just rattling off a few side effects to watch out for for fear of falling behind in the workflow due to inadequate staffing. Corporate has slashed hours for techs so bad recently that I and other pharmacists in my workplace have to be the techs and type prescriptions, count the drugs out, and in some cases help up front to reduce the length of lines at the checkout counter. I did not go to pharmacy school for 4 years to do the same job that I had before as a tech. Forget getting to take a break at work because we very rarely have more than an hour or two of pharmacist overlap everyday. I can count twice in my current location where I actually got to leave the pharmacy for 15 minutes to have a break to eat or relax my brain for a few minutes; most days I work for 6 to 8 hours and never get to eat because there is too much that needs to be done just to keep up. A large amount of the time if we voice any sort of concern about our lack of hours or the inability to meet metrics thresholds, our direct supervisors act as if we are not trying hard enough to meet these metrics or that we don't care about meeting these goals. I like doing MTM activities, but very rarely have the time to pause and perform these activities because I am the only pharmacist on duty and can't allot the required time needed to do a meaningful MTM or there are just too many other things that require my attention on a daily basis. I certainly hope that the Board takes these surveys to heart because I know for a fact that I am not the only pharmacist who feels this way.

There are good days and bad days but the bad days are extra bad. Meeting metrics is the worst for safety, timing us on how long it takes to finish a prescription is completely unsafe especially when we have to correct errors, call doctors(and then wait for an answer), insurances , etc with very little staffing. Throw in vaccines and whatever testing may come in the future... it is not possible to do safely under one pharmacist- there is very little to no pharmacist overlap anywhere that I know of. If technicians do clinical duties in the future then we need more technicians, when they are out of the workflow then the pharmacist usually has to take over technician duties which is also unsafe for them to do all the steps of filling the prescription. Then we go back around to being timed, with people at drop off, pick up, drive through, rarely is it a quick transaction because people of questions , but the clock is ticking on the prescriptions left to fill...

There are many days where I am alone in my pharmacy for hours, left to answer phones, handle pickup, drive through, drop off, etc. I am constantly scared of getting robbed while I am alone and patients can CLEARLY see that I am alone. I often make excuses like, "oh my tech just went to the bathroom he/she will be back any minute" knowing that I'm lying and hoping to not have a gun pointed in my face. A pharmacist should never be alone in a pharmacy for personal safety, as well as patient safety. I can not safely process a prescription from start to finish in 10 -15 min while my phones are ringing off the hook and I'm being interrupted with questions and pickups. Honestly, even if I simply had a tech from open to close I would feel that I could safely process prescriptions, the bare minimum my job requires. Tech ratios should be enforced at state level giving BOTH a minimum and maximum ratio. Additionally, we are often forced to make phone calls for patients to refill medications that are not appropriate I.e. ibuprofen, prednisone tapers, etc. that are clinically inappropriate with fear of punishment if not completed. I am here for patient care, I'm not a drug pusher or salesman. It's honestly sickening. Thank you for listening.

There are many former colleagues of mine that are put in dangerous working conditions that compromise safe, effective patient care. There needs to be action by the board regulating minimum staffing requirements, shift lengths, number of scripts checked per pharmacist per hour, less focus on metrics, and mandated lunch breaks. This is the only way to keep our patients safe and the board should be there to support both patients and pharmacists. Big chains are ruining the pharmacist/patient relationships and putting patients in unneeded risk. The conditions go far beyond building a prosperous business in a challenging market. Pharmacists are being treated like machines that are replaceable and not the important health care providers that we are. We are important in filling the need for providers in many areas. Our patients deserve our full attention at our best.

There are many issues affecting patient safety and pharmacy practice.... direct threats of pay cuts and loss of wages by employers because they want pharmacists fighting over hours. Pharmacy organizations pushing for propaganda for more billable services "ie. vaccines and prescribing rights" Our state government allowing PBMs to control Medicaid and its reimbursement rates. When 70+% of healthcare seeking patients are enrolled in Medicaid plans who believe you should offer and render all services for free. It's obscene. They are the only ones who can afford to search out healthcare options while providers and companies are left holding the bill. Medicaid reimbursements and Vaccine work load is destroying the practice. Reimbursement should be the same for all pharmacies across the board, and have to amount for more monies then just covering the label and lights. Medicaid services should not be with held from certain companies due to contractual obligations by PBMs. I have been robbed at gunpoint three times.... Companies have no interest in protecting its employees from "patients." You are just another number in this trade unfortunately

There are more and more expectations placed on us and less staffing and support. From MTMS to vaccinations on top of the normal workload. No Pharmacist should be expected to work 12 hours as the only pharmacist with no closure for a lunch break. Everyone needs a chance to mentally reset and have a break during the day, especially when the job is one that deals with peoples lives and well being. Patient safety should be the number one priority and working 12 hours + as the only pharmacist where every decision and call is yours, an actual break is needed. Squeezing in a snack or bathroom break is not the same as actually getting a proper break for your mental well being.

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There are now too many pharmacy schools in our state and too many pharmacists. We are a dime a dozen to quote an upper management person. Stop pumping out so many graduates. Also, the techs are being given too many responsibilities that were formerly rph only tasks. Our hours are being decreased because techs do it cheaper. We need ratios for techs just like we have ratios for interns. Techs should have their own state Board. Feel like you are fighting for them because their are more of them than us. We were once the most respected profession. We now get zero respect everywhere : employers, techs, MD's, nurses, patients, colleagues (dog eat dog mentality) and even our State Board. Help us before our profession disappears.

There are rare times when staffing is sufficient, but most of the time it is run pretty lean, at least one person short, maybe more. I have always thought customers should be the top priority, and I never want anyone's safety to be compromised, for any reason.

There are so many non dispensing duties now to perform. Vaccinations, preparing for and administering MTMs, monitoring OARRS on most controlled and other dispensings. The patient at the counter has no idea of the proper amount of time it takes to monitor their profile, clinically decide appropriateness of med ordered, process to and troubleshoot with their insurance and finally dispensing checks. They think it takes too long and therefore complaints to ones supervisor. OSBP could help with a media campaign for the public that shows what goes into filling an RX and the time that the process takes.

There are so many tasks that must be completed weekly but there are less and less hours available to do it. So 13 hour shifts turn into 14 or 15 with the extra being unpaid. During the day there's barely enough people to complete the daily prescriptions and definitely not enough to be able to take time and do it safely. As well, there's at least 1-2 hours a day where the pharmacist is completely alone and completing all steps of filing the prescriptions from entry into the system to the sale.

There are sometimes when working that I feel like I'm being rushed by trying to do too many tasks. This mostly occurs when we are understaffed on technicians. We are also only allowed so many hours for pharmacists each week based on the number of prescriptions we fill and sometimes that is low enough that it requires one of the pharmacists to work 13 hours by themselves all day which can be a long shift and be more prone to mistakes. It's also harder to get a break those days as you are the primary person all day.

There are times I feel like a used car salesman...constantly trying to get people to agree to programs the company is pushing like auto fills central fills every vaccine and cmr claims. Anything that gets the company more money but takes up our time without extra help. I do believe these things are helpful and necessary for patient health but we need more help doing it and there shouldn't be out of reach goals to reach while also meeting prescription budget and numbers goals

There are times when staffing is needed more than others. Fall/winter, it is difficult to manage workload and provide clinical services with help provided; this creates larger room for error or patient safety risks. With added responsibilities and now Covid19 changes, we are left to try and complete tasks in a timely manner, adjust to changing demands, with same or less help. I'm really concerned how we will transition this fall and winter and be able to handle workload. Most of the time, we have help, but we are pulled so many directions, it's opening opportunities and risks.

There are too many non-pharmacist related tasks that need completed that should be done by someone without a pharmacist license such as DEA cabinet auditing, quality assurance tasks, HR tasks, etc... With limited overlap of pharmacists and high script volume, an unsafe environment has been created expecting pharmacists to do six jobs in one. Patient safety is always preached but actions by many community pharmacy chains do not reflect this.

There are too many tasks being assigned in community pharmacy that can't be delegated safely to technicians, certainly not techs without years of experience. Providing good counseling on drug interactions or disease states, medication management, safe vaccinations, OTC recommendations, etc is nearly an entirely separate job from the very basics of verifying a prescription is correctly written, appropriate for the patient, and accurately filled. The amount of corporate "busy work" expected on top of those 2 jobs makes it impossible to avoid dangerous multi tasking. System upgrades can help, but with the current workload expected we are no longer an effective safeguard in the medication management process.

There has to be something in place to force us to have breaks. I feel guilty going to the bathroom. It's not fair to us to be treated this way.

There is a 30 minute lunch break starting 7/22. This will help the current situation, especially when working 12 hour shifts. I understand the need to cut costs, but I feel some of the cuts are now coming at the expense of our patients and patient care.

There is a difference between adequate staffing and competent staffing. We have plenty of staff to do the work, but some are not competent to do all the things which they are allowed. Also, there is a lack of comprehension of USP797 and a disinclination to follow and enforce the policy and procedures.

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There is a large need for a Vaccine Database in Ohio. Now that vaccines are more available by many retailers it is clinically imperative to be able to access patient records easily to reduce errors and duplications. Retail pharmacies should be required to do a better job of protecting patient privacy. Patients in the waiting rooms can hear all conversations with patients/doctors on the phone. Consultation is very rarely private. In a retail setting pharmacists are required to multi-task and it seems the more you do the better you supposedly are at your job. We are asked to do 5 things at once and make no mistakes. We make recommendations based on drug studies that show a clinically proven benefit while there are many studies that show multi-tasking is detrimental to safety and increases errors. Bottom line, in a retail setting, no matter where I worked, patient safety never seems to be the number one priority. I am continually asked to do more with less help.
There is a push to do more with less time and help. I am very worried when flu shots start that we will be under even more pressure. We many times worry that a mistake will or has occurred that we missed because of the constant pressure and lack of overlap.
There is a strong focus on metrics with very high targets. If a pharmacy is not at goal, then they must spend time creating action plans which further takes time away from actual patient care. Additionally, with flu shot season quickly approaching, I am feeling apprehensive about being able to meet the new goals which are substantially higher than previous years while performing my standard pharmacy duties and maintaining a safe environment to provide the vaccinations. Often our staffing levels are such that there is only one pharmacist on duty (no technician or cashier). The sole pharmacist is tasked with doing each and every step of filling a prescription, answering every phone call, ringing out each prescription, and managing all the other constant interruptions. Increasing staffing levels would alleviate some of this stress placed on the pharmacist and provide a better and safer experience for patients.
There is always a push to give vaccines and meet a required number per week and make 20 inquiries a day into the very slow Ohio SlIS systemWw are required to do 10 Outcomes MTM Tips a dayWe are required to make 90-day conversionsOn Tuesday we are required to calm up to 20 patients to inquire about their meds and see if they have questions and up to an addition an 20 patients to convert them to auto refills
There is barely enough time to provide minimal care, not enough time for optimal care.
There is constant pressure to meet or exceed metric goals such as non-flu vaccines, enrollment into savings clubs and sync programs in addition to completing hundreds of MTM cases all while answering the phones and counseling customers on questions and concerns they have.
There is constant pressure to reach metrics. It's ALWAYS about the numbers!! More and more is asked from us while always taking away technician hours. Our coordinators always have to listen to their boss and do on up the chain. The safety of our patients and the mental wellness of our pharmacy staff gets lost in the push for numbers. DONT JUST ASK FOR A SURVEY. DO SOMETHING!!
There is extreme pressure for us to make calls asking patients if they want us to refill prescriptions and even more pressure for those calls to be and #39;successful and #39; (ie. getting them to agree to us refilling their prescription). This does not take into account whether or not the patient actually needs the prescription, and we are often told that we just need to and #39;say it in the right way and #39; in order to get our success percentage up to minimum requirements. While this is a harmful practice in and of itself, it also damages our relationships with our patients, impedes our ability to get a hold of patients for actual issues (because they start ignoring all of our calls) and further reduces the already inadequate amount of time we have to ensure prescriptions are filled accurately and that our patients are safe. These type of sales-driven metrics (which corporate insists are patient care metrics) need to be banned, and there needs to be more restrictions surrounding pharmacist, technician, and cashier duties and a higher minimum amount of time which should be able to be allotted per script. I should not be unable to counsel patients because I am too busy running a cash register or because I have 40 scripts due in the next 7 minutes. These companies are making billions of dollars at the expense of patient safety, and it and #39;s high time for them to be regulated. Thank you
There is just not enough time to do all the tasks asked of you during the day. You have to check prescriptions so quickly just to make it through the day. If you don't get all the extra stuff done (phone calls for all of our programs we offer) you do get reprimanded. They want us as pharmacists to fill the role many people with not nearly enough tech help and no breaks during our day.
There is no pharmacist overlap and very little technician overlap. This makes it very difficult to safely fill and dispense prescriptions and counsel patients in addition to acting as cashier and answering phone calls. In addition, we have MTM and vaccine goals (i.e. 35+ MTMs and CMRs, and 19+ ancillary vaccines a week) that are usually unreachable unless our effort is solely focused on that, extra phone calls to make for patients not picking up medications (despite multiple notifications), calls for patients who would benefit from auto refills, calls to patients who haven't filled with us in awhile, etc. There are not enough technicians in the pharmacy to answer phones, process prescriptions, and cashier at the same time as making some of these extra calls. As the only pharmacist, I have to be available for everything as well as completing many technician duties which increases the potential for med errors due to the speed at which I have to complete everything in order to keep the pharmacy running. I'm constantly jumping from one task to the next and always try to refocus, but it does take away some of my confidence when checking for med errors and counseling patients. I want to provide the best patient care possible, but with the quantity of work they put on us it is extremely difficult. I'm scared to make a mistake because of it, especially a serious one.

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There is no pharmacist overlap to properly get our jobs done. Our company has cut to the bare minimum which is a set up for failure both to ourselves and our customers. I've personally experienced some serious health issues due to the high stress of our job. Plus having a target on your back once you've been around for a long time, knowing you can easily be replaced by a younger pharmacist for a much lower wage. The entire job and expectations are a recipe for disaster.

There is no safe, anonymous feedback option to voice these concerns to corporate at my work or if there is, it is not shared or discussed. I'm afraid it's going to take a patient death or harm or lawsuit to spark change, but we should be better than that. It shouldn't be "how thin can we stretch the system before it breaks", it should be "let's make sure the system is reinforced enough so that everyone stays safe". Several of my coworkers are getting malpractice coverage independent of work just to cover anything like this. Just because corporate says there's a policy in place that says "do xyz for patient safety" doesn't mean they give you the time and resources to do xyz. If it came down to it, they may not back me if a medication injury were to occur.

There is no such thing as a break or a lunch in retail pharmacy. My techs are required to take breaks, but pharmacists frequently work 12 hour shifts as the only pharmacist on staff and are not guaranteed any kind of break if the pharmacy is busy and there's no relief pharmacist available.

There is not enough support for our free standing emergency departments. Technicians are sent on site rather than pharmacists. This often leads to uncertainty as to the quality of work being performed, with no way to reliably check up.

There is very little pharmacist overlap. Some days it is not a problem others it is, especially when vaccinations ramp up. There is definitely never enough support staff to ring out patients, answer phone calls, count medication, put away the order, process the scripts in a timely manner, process immunizations and do the other things that's are asked of us. In addition to reviewing rxs (data review, dur, verification etc.) answering questions about meds the pharmacist has to pick up the slack. There is very little time left over to do MTM. The more improvements to workflow there are then there seem to be more jobs they want us to do. Proper staffing is key.

There need to be additional protections in place for pharmacists. During these challenging times, we are a resource for patients and are on the front lines to address patients concerns, however, we are unable to take our time due to increasing pressures over metrics. We do not have the time to take a break for a minute to catch our collective breaths and there is always pressure behind the scenes that we could be laid off at any time with increased automation. There is no replacement for the expertise of a pharmacist. It just is not a feeling of a secure profession at this time. It is a wonderful sensation to serve our communities, but in order to do so, we need serious changes to come and we need these now. We need to be able to practice at the top of our license and provide clinical services without residencies through state policies and procedures.

There needs to be more oversight on how companies are running their pharmacies. I am the pharmacist at my location but I have little or nothing to do with how I practice pharmacy or how the pharmacy is run. Those decisions are made at a corporate headquarters by people who do not know the first thing about patient care or safety. They determine the policies and procedures that I am required to follow. These companies are the ones practicing pharmacy. Not me. I am only there because the law requires it.

There needs to be pharmacist to tech ratios by law in this state. Leaving these problems to be solved by employers has not worked and only has gotten worse the last few years. Many friends of mine have moved out of the state for safer work conditions and my husband changed professions completely. It's a huge problem causing safety problems for our patients and burn out for pharmacy staff which is causing us to burn through our staff instead of maintaining employees.

There needs to be tech to pharmacist ratios put into play as well as script per hour limits per pharmacist. Also we routinely have over 70 phone calls to make to ask if patients would like to receive text messages, save a trip refill, emails, 90 day Rx's etc etc. Many rph calls for new to therapy (which are very good) and then MTM calls. They recently shut down our 24 hour operation to make more money our store is very profitable. Now we fill over 600 Rx's in 14 hours vs previously 24 hours. Unfortunately there is no where to go because of too many pharmacy schools and too few rphs needed we will continue to close stores and decrease operating hours thereby decreasing patient access to care and decreasing quality of that care. As are many of the competitors. I fear our profession is heading in the wrong direction. And no one has our back. The board's number one job is to protect the public. You need to look at what is happening in our practices and to see the level of micro managing that is going on as well as employers not allowing us to order drugs in order to save more money relying on an order system that is older than many of the new rphs graduating today.

There seems to be a shortage of nationally certified technicians which is making it difficult for us to reach our necessary technician staffing levels. We have been short staffed from a technician standpoint for over 2 years with no end in sight. The number of technician training programs in our area has decreased and enrollment is also declining and this all hit when the new requirements for technician registration became effective. Because we are an inpatient hospital we must have certified technicians for sterile compounding and filling automated dispensing cabinets.

Committee Information

There should always be a technician with a pharmacist. There should never be staffing at levels where the tech hours are less than hours of operation.

There should be a law that we cannot operate a pharmacy without a certain amount of technician or pharmacist help based on the volume. IE if we have a call off, instead of working short staffed (creates an unsafe environment) the pharmacy shouldn't legally be allowed to run unless help was found.

There should be a mandated amount of Pharmacists and technicians based on the workload at each location. Too many retail pharmacy chains are forcing their staff to operate at the bare minimum sacrificing quality patient care.

There should be a not applicable choice. All that I answered neutral to were because they do not apply to me and thus could skew results. I do not provide direct patient care and do not dispense medications in my role. I primarily have a role based in consulting on formularies, client requests, etc.

There should be a technician to pharmacist ratio, and a minimum tech requirement to prescription volume ratio. Some stand alones are operating at 20 prescriptions per 1 tech hour.

There should be a way (is there a way?) to anonymously submit safety concerns to the board. I have brought up specific safety issues to my employer only to have many either dismissed or ignored.

There should have been a limit on the number of pharmacy schools in Ohio. Now the market is flooded, employers are cutting Pharmacists with more experience && those making higher salaries in order to higher new pharmacists with less benefits, hours && a much lower rate of pay. With COVID financial impacts pharmacists are being laid off or furloughed && clinical services && patient care is being negatively impacted.

there should have been a way to opt out of this survey if you are not a traditional practicing pharmacist

There was a time that I loved my profession. Those days are gone. The market is saturated with pharmacists, and this has led to employers being able to treat us however they like. As script count has gone up, our hours have gone down. Going to work is like getting on a hamster wheel. There is barely time to grab a snack that you have to eat while working. And then there is the pressure to complete a certain number of clinical claims and up sell vaccines. The company claims to care about the health of the customer, but clearly the whole thing is a money grab. I feel that with so many new grads entering the workforce, those of us with 25+ years of experience, earning a high salary, 6 weeks vacation, "only a BS" instead of a PharmD, etc...it's only a matter of time until they find a way to get rid of us. It has already happened to a previous coworker who works for another company, just last week. I could go on but I'll end it here with one last thought.... I have NEVER been in favor of unions, but no one is standing up for us and I feel it's going to take something drastic!

These questions are heavily weighted to the retail world. Few relate to the inpatient hospital setting.

They didn't do anything about this for decades. Now with companies cutting back, they put requirements on our help. The board is making the situation worse because now I can't get help because no registered person is working that day. So at night and on weekends it is just me with no help. What do you think happens when I have a line inside the store, drive through, and people want to get immunizations. I am forced to rush and potentially make a mistake because my company has receipt surveys, that now with layoffs I can't risk a bad score.

They keep cutting are technician hours and pharmacist overlap hours. Not Enough help !!! We need more tech hours and pharmacist overlap.

They keep cutting hours and expect us to do more with less based on projected sold script count. They don't care about what goes into those script counts (ie preparation for immunizations, insurance issues, counseling, doctor calls, daily deletes etc). They're using COVID-19 as a way to cry broke and get rid of pharmacists (letting them go, offering severance or offering to re-hire them at a 23% lower hourly rate) and lowering staffing hours allocated at each store.

They keep cutting our staffing hours even though our script volume is up. We lost almost 30 hours of technician hours while our prescription percentage went up 9%. Then they expect us to make patient phone calls twice a day, get a cmr everyday, make sure every patient eligible for 90 days receives a 90 day, meet our verify by promise time goals, and answer the constant phone calls. We also had our call center service completely taken away as well as a third party service that helped verify prescriptions. On average I work 8 to 12 hours a day and get no scheduled break. We are supposed to have a scheduled break starting at the end of the month but that's only going to happen on the weekends. I feel like it should be every single day, especially when we have to wear this mask. Also they took away 10 pharmacist hours so we have less overlap during the week.

Things seem to be trending worse lately with employer cutting RPh hours even further and a stronger push towards "selling" company initiatives

This appears to be focused on the retail setting, but many of these are potential concerns in the inpatient setting as well.

Committee Information

This company no longer has any respect for what we do, they actually treat us like an enemy. I stay here for now. I have 3-6 years until retirement and currently there are few options due to covid, and the vast over supply of pharmacists in Ohio. The over supply has also reduced the quality of pharmacists and the over supply has made it harder to voice dissent as well as age. I myself have felt targeted. Also my supervisors are not pharmacists, they have no idea what we do and are nothing but the metric /quota master on the over worked rph threatening over goals not met. " If you can't get it done there is someone who can". There is no respect for quality. Now there is a management feeling of a need to do the minimum, not one's best. I even had a supervisor tell my techs they should wear shock collars. To even think it is ok to think that, but to say it. OMG. Today I worked 6 hours, no break, no lunch, no bathroom. Tomorrow is 12 hours and no better. This is inhumane. They are promising us a lunch, but that is actually be done to cut payroll since unpaid. That means even worse work load since we will have the same amount of work and less time to accomplish it. I also blame the pbm'sThey reimburse at lower and lower rates as their margins increase and they are mostly unregulated. Retail pharmacy is now a dismal profession. I will never recommend it to anyone. We are in a very bad state of being. One day pharmacists will be replaced with artificial intelligence, this will be a humane occurrence, as it will reduce human suffering.(that of Pharmacists)

This has been a very serious issue. The push for retail pharmacists to be more clinical with less staff, time, and more responsibilities has created an unnecessary dangerous working environment and pharmacist burnout.

This has to stop.

This inadequate staffing situation has gotten progressively worse over the years, with no end in sight. The chain pharmacy (CVS) I work for has put more and more emphasis on metrics and modules than real patient care. Also, with the advent of vaccine administration being a top priority, the company continues to cut technician staffing. More work demands, less staffing to handle the increase. It has only gotten worse in each successive year. As a 40 year plus pharmacist, I have seen how pharmacy practice has become more focused on corporate needs and profitability than customer service and patient care. The result of this is, in my opinion, a reduction in true patient care to focus on corporate programs, training modules, and pharmacy metrics. On the bright side, this will not be my problem anymore after this month as I am set to separate from the company after almost 41 years. My problems will change from being a very stressed provider of pharmaceutical care to a receiver of pharmaceutical care provided by a very stressed pharmacy staff.

This is a difficult subject to assess, and I commend the board for at least examining the issue. The problems that exist today in retail follow the traditional corporate mantra of"do more with less" philosophy that is endemic in every big organization. While I empathize with our organizations inability to make more money from traditional dispensing, many top executives are paid a lot of money to figure that out! Recognizing that pharmacy reimbursements are moving toward a value modeled fee scheme vs a traditional dispensing fee, companies should be doing everything they can to free up pharmacists from non essential type duties, to allow them adequate TIME to do those service type oriented skills.In my opinion, the results of this survey will show that pharmacists are frustrated, angry, and absolutely exhausted from their day to day activities. There are simply way too many distractions to deal with; phone calls, immunizations, mixing antibiotic suspensions, dur/drug interaction/mandatory counseling opportunities, answering questions in store and on the phone for otc recommendations, and replying to incessant non stop text messages from our boss, are just a few that come to mind.The million dollar question is that given my anticipated outcome of the survey, how should the board get involved in solving these issues...and further, should the board get involved? does the board have any legal responsibility to protect pharmacists (and techs) from poor working conditions? I think that, as a board, addressing any of these issues could potentially open a ";pandoras" box of issues, and would obviously be met with tremendous opposition from any chains involved. Toward that end, I believe a task force should be set aside to examine all these issues. In closing, please know that I love being a pharmacist, and that i'd be happy to collaborate with the board on any issue they may need help with. Please fell free to contact me anony

This is a direct result of pharmacy/PBM conglomerates (i.e. CVS/Caremark). I was a pharmacy intern at CVS when that initial merger was made in around 2004. All the staff was excited because their company stocks went higher and I questioned how that was even legal. I still question how it is legal, and only getting worse, all these years later. This is a direct result of DIR fees these third parties are taking from pharmacies with absolutely no transparency. How is this legal? This is a direct result of processing many, many prescriptions for Medicaid managed care plans (Hello again, CVS/Caremark) for less than the WAC of the drug, yet interestingly getting adequate payment from state Medicaid for those very few patients who are not in a managed care plan. Why would straight Medicaid give us a \$10 profit for the same drug/dose/quantity that a Medicaid managed care plan is reimbursing under cost for? If it's all Medicaid, where is that extra taxpayer money going? Oh, I know... Hello again, PBM's. You can't mandate that our management allows us lunch breaks and minimum staffing per Rx until you mandate the the industry operates fairly. Good luck with that!

This is a dying profession. The state boards and APhA sit back and do nothing. Reimbursements from PBMs are ridiculously low to non existent.

This is a problem gone on way too long

This is the first time the Board of Pharmacy seems to be concerned about these issues. Patient safety is always expected but nothing has ever been put in place to ensure pharmacists have the support needed with ever increasing prescription volume and other company expected services (immunizations/mtm). I hope these surveys give a glimpse of where retail pharmacy has gone in recent years.

Committee Information

This profession has become a complete nightmare over the last decade due to metrics implemented by upper management. There is a good possibility that I could have made a mistake every day when my shift is finally over with all the distractions and the constantly increasing workload and responsibilities given to the staff. This used to be a medical profession, and now it has become just another cash cow for corporations. I truly hope this survey compels the board to change some regulations and restore this once respected profession.

This quiz was heavily focused on the retail pharmacy setting. Wish it was more inclusive to inpatient pharmacists also.

This survey seems to be specific to retail pharmacists and their unique staffing issues. The unique stressors related to hospital pharmacy practice are not addressed at all. I find this disappointing coming from our own governing board, especially since we have been directly engaged in the care of hospitalized COVID-19 patients for months and have only worked harder and more diligently to remain healthy, focused on patient safety, &&& provide uninterrupted service to the frontline staff.

Time to provide immunizations during flu season, along with required counseling becomes unbearable for a single pharmacist to manage safely.

To large of technician turnover because they don't pay technicians enough to stay so they are always leaving and then having to hire and train new people , without any increase in hours for training. I feel the board needs to make a base pay for technicians and a mandated pharmacist to technician ratio. Also too many non filling of medication expectations, to the point where it feels like filling prescriptions has become secondary, and we have to rush and therefore increased risk of misfills and errors.

Too many chains of command and hoops i have to jump through in order to voice my concern. When i do voice a safety concern my manager does not address the root cause.

Too many inefficiencies in workload, too many clinical pharmacists and not enough pharmacists and techs in the "trenches" to do the work, absence of described duties for pharmacist positions, too much time spent on teaching students. Lack of supervisor involvement in understanding the work processes or reviewing the effects of their own changes to the processes, too many major changes at one time(ie. USP clean room, new pharmacy keeper technology, pyxis changes, new surgery center, etc, etc).

Too many metrics in place, always having to do two things at once (making patient calls and verifying rxs)

Too many metrics to achieve. Not enough time to safely dispense medications. No breaks.

Too many metrics to meet, many of which contradict one another and no transparency on how they are determined. Extreme understaffing. It is now normal to work 10 to 13 hour shifts alone with no pharmacist overlap sometimes 6 to 8 days consecutively. This while often filling over 500 prescriptions, doing vaccinations, healthcare screenings, Outcomes and Clinical interventions as well as all other responsibilities with no breaks and not enough tech help to even wait on patients. This is such an extremely unsafe and dangerous situation for patients. Unfortunately the situation just keeps getting worse. The profession has been corporatized to the point money and profit have become more important than patient's safety and outcomes. We really need help.

Too many pharmacist being allowed to graduate in Ohio. The pool of strong pharmacists has been diluted. Once 700 people applied for 80 spots. Now, everyone gets in. This is the main safety issue, having to constantly make up for weak new pharmacist who need the check for their student loans brought on by these pharmacist mills.

Too many pharmacists, not enough certified or certifiable technicians.

Too many pharmacy schools in Ohio has resulted in more lower quality students entering into the retail force. The students who excel are typically entering into residency programs to secure a job. The new, lower quality graduates are being hired at a lower rate and pushing out experienced pharmacists and reducing quality of care.

Too many regulations and metrics that add layers of workflow without any perceived benefit.

Too many shifting metrics that aren't necessarily directed to benefiting the patient but more so the company. Healthcare and patient care shouldn't be metric driven, it should be outcome driven.

Too much focus on clinical (for free money) interferes with regular workflow but still expected to meet workflow metrics as well. No extra pharmacist hours given last year during flu shot season. Expecting a record flu season this year. One pharmacist stretched too thin when trying to complete workflow, give vaccines, getting called to registers to clear counseling notes, etc.

Too much time is wasted performing authorizations to pull from EDKs. This is a metric that can be measured properly at this time.

Too much work with inadequate tech help.Outdated equipment which breaks down or crashes regularly.Priority metrics required even when the basic task of filling prescriptions in a timely manner is note done.No system of replacing tech help when they call off (which they do regularly) causing shorthanded situations.Very little or no time to counsel patients do to lack of adequate tech help.No pay for all the extra time working before the pharmacy is open and after the pharmacy closes that NEEDS to be accomplished to survive the workload.No retribution money when vehicle is hit in parking lot at work and broken into while at work, while working in a crime ridden neighborhood. (Something that happens regularly)

Committee Information

Totally unrealistic workload expectations in retailPharmacy right now. One person expected to do the job of at least 2, if not 3 people. Spent many nights there til 1 am when the pharmacy closed at 10pm
traffic flow with packing and shippingdesks in high traffic areas.....just too much staff for area therefor social distancing cannot be achievedwe are supplied with masks, gloves and temp checks are performedmy answers really reflect the need for overtime for us to hit our patient order metrics, the result in lack of staff during vacation peak times, crazy line speeds during break times, poor effective team management (teams just don't work together and that is not your concern or fault).
Trying to meet corporate metrics is very difficult. My employer times each step of every prescription and puts pressure on us to meet arbitrary times allotted for each step. Each rx label has a Computer generated time posted on it. If it is not filled by this time, the computer takes note and compiles a report that is sent to management. This report is reviewed EVERY day and questions are asked as to why the times were not met. The result of this is that many times during the day it is a mad scramble to verify a bunch of rx's before they "expire ". The focus of the pharmacist then becomes the expiration times, not the prescription itself. This happens all day, every day. Also, to squeeze the situation a little tighter, management has eliminated almost all RPh overlap. This makes it doubly difficult to provide proper counseling and care.
Trying to meet Goals / Metrics set by those not in the pharmacy seeing first hand the added stress this imposes brings morale down. Also daily fear of job security to new grads hired in at 20 dollars less an hour just to cut cost. My partner and I fear we cannot speak our minds or give an opinion without fear of being replaced.
Two pharmacists are trying to counsel, make MTM calls, PA and Rx clarification calls all while checking 400-600 Rx per day. This during the summer an will only worsen this fall. None of the task can be done safely let alone effectively. Is a disservice to the patient and their health.
Two years ago, when I was full time, I was required to work 13 hour shifts with no other pharmacist on duty, and no lunch break. That is still a requirement of the full time pharmacist and floaters that pass through. Now, with the under staffing of technicians, I do not believe this is a safe practice.
Understaffing is a major problem causing problems everywhere else.
Unfair favoritism among pharmacists with more seniority at company leaving the workload to more recent hires
Unfortunately the chaos in pharmacies the NY Times article referred to is true. No breaks, constant interruptions, unrealistic metrics, drastic staffing cuts and numerous other issues have me wonder why I am still in pharmacy. The reason I went into pharmacy was to help patients by being an educator of their medicines and to keep them safe. I feel misfills have skyrocketed in the last few years and I don't see it getting any better. I am very concerned about patient safety. Ask any pharmacist, no one at retail pharmacy can express their concern for fear of being replaced. Unfortunately a job that I was so passionate about is now making me rethink my career. If a pharmacy student were to express an interest in retail pharmacy I would be open and honest with them about the conditions and would advise them to look at other areas of pharmacy. I keep hoping that things will change for the better, but right now no one cares. Thank you for this survey to allow all pharmacists to express their concerns.
Unfortunately the focus seems to have shifted from real patient care to big pharma and big business. The opioid crisis has turned us into police officers and easy targets for criminals. New rules seem to favor not filling prescriptions over filling prescriptions. Unreasonable contracts with insurance companies and profit losses have driven employers to try to make money through other routes than filling prescriptions safely and efficiently. Having to focus on metrics or quotas (minimum number of flu shots, minimum number of non-flu shots, minimum number of MTMs, etc), calling on prior authorizations, verifying "good rx" pricing, has taken over good customer service and patient care. I truly believe we are not the "1 trusted professionals" any longer. We are fast food workers manning drive-throughs, ringing register, calling for outcomes claims, coercing patients (now "customers") into receiving shots and medication management they may not want or need. It has become a grueling job. The skyrocketing cost of medications has forced our company to obtain medications from less-than-desirable manufacturers. I have never seen so many recalls to drugs or complaints about effectiveness of certain generics. However, I am penalized for ordering specific generics for my patients since the cost is higher than the preferred items. My employer doesn't care about me or my opinions because I can be replaced in a heartbeat with a new graduate. There was a time when every patient knew my name and would respect me as a health care professional. I can no longer keep up with the demand for what I would call "good customer service" or "optimum patient care." It is very sad to have been around long enough to see pharmacy heading in the wrong direction.
Unfortunately, the pharmacy world has evolved into "do more with less" over the last 10 years. Pharmacists are expensive, for good reason, however companies are willing to sacrifice patient care to save the cost of a salary. In addition, leadership support continues to side with those that take advantage or bully our staff (i.e. physicians, aggressive patients, etc). I love my career choice, however would think twice before encouraging my child to enter into the profession.

Committee Information

Unless the Board of Pharmacy steps in to set regulations for mandatory breaks and staffing ratios - the unsafe working environment will only continue because corporations will continue to take advantage of employees. If vaccines, phone calls, prior auths, etc. are so important to company metrics then there need to be two pharmacists on duty to manage the added workload. Especially now with the addition of COVID19 testing. Pharmacists are operating under such a heavy workload that medication errors are frequently reaching patients, and it is terrifying. In particular, one patient picked up prescriptions for [REDACTED] all at the same time. They ended up taking all three medications together. This patient ended up admitted to the hospital and needed a pacer implanted. Pharmacists need to be able to focus on truly reviewing patient's medication records when filling new prescriptions instead of worrying about the phone ringing off the hook, patients staring at them to be rung up (because there are never enough technicians working - big corporations don't want to pay for more employees), or the vaccine they also need to verify and administer to the impatient customer.

Used to love my job but it is getting harder by the day with too many pharmacy schools and a surplus of pharmacists doing the job for lower wages.

USP standards are not often accounted for when planning staffing. It really adds staffing needs.

Vaccine "goals" are just quotas and are getting to be ridiculous. In addition to mtm, courtesy refill enrollments and script volume to keep up on there is no way for me to provide ALL these services to ALL patients and still be able to be the type of pharmacist my patients deserve. Patient care should not be reduced to a number on a report.

Very high work load, no breaks, over supply of pharmacists that makes employers think they could demand more and more every day because the job opportunities are scarce. Been a pharmacist for 20 years and have never seen such high standards and high expectations that sometimes are humanly not possible to deliver. Hopefully somehow there would be more job opportunities in close future.

Walgreens as are all the big chains is corrupt. They could care less about their pharmacists and definitely could care less about patients. If they cared they would make sure their pharmacists had the opportunity to be at a high clinical level and they would push legislation that requires access to patient charts so pharmacists can really assess patient drug therapy. The entire medical care system is a joke and patients are not top priority and Pharmacists in the chains may as well be factory workers. Walgreens and all these chains make billions off the backs of hardworking pharmacists and short us hours as often as they can and make us report to high school flunkies who have no idea about Pharmacy law. I find it amazing that a high school flunky can question me as a pharmacist on state pharmacy law and if I do or do not dispense a prescription. Amazing More amazing is they have made billions and the pharmacists have not had a raise in over 5 years and they can not even be bothered to provide adequate clinical resources. Is the State Board REALLY going to do something or is this just one of your waste of government time and money surveys.

Walgreens is constantly cutting pharmacist and technician hours, closing nearby locations which increases patient influx, concentrate on metrics, no scheduled lunches or breaks, no time to go to the bathroom or eat. Pharmacist has to ring up patients, fill, answer phones in addition to verifying and checking Rx orders. Our profession is going down the hill. There is no support from the board or local legislators to protect us as professionals, as well as patients that we serve. It is all about corporations and how much money they make for their CEO and shareholders. If you voice your concerns, the response is that you are not getting paid to disagree... Benefits are constantly being cut, more new job tasks are being created. We are in a very sad place as a profession.

Walgreens is notorious for every single item listed in this questionnaire and more. The fact that we have 8 pharmacy schools in Ohio does not alleviate the situation either. Ohio was fine with only 4. Now, newly licensed and more seasoned pharmacists are pushed to make less money just to keep their job because of the overload of graduating pharmacists. These are students who now, have a doctoral education with over 100K in debt. How are pharmacists to contribute to healthcare if they are constantly worried about being paid fairly? The idea to do more with even less help every year and the constant lying about getting more technician help based on metrics are agenda-driven district managers and corporate VP's who have no business claiming they are there for the patient. And now, currently across our state of increasing COVID cases, no pharmacist who lost their job can find a job in Ohio because of the oversaturation. And script volumes keep increasing at an exponential rate. Something needs to be done. Our jobs will never be protected if we keep letting the big pharmacy chains take over. And now they are trying to get physicians clinics into their stores with this new announcement with VillageMD. They got rid of nurse practitioners by closing Takecare Clinics. And we currently have a 90,000 physician shortage. Pharmacists who can prescribe may be one answer as to what New Mexico does. If we don't protect pharmacist jobs now, future students thinking about pharmacy school will think twice and apply for a job with more job security.

Walgreens just cut pharmacists nationwide. Now each pharmacy only has an RXM then every other pharmacist is a relief pharmacist completely losing the personal relationship pharmacists have with their patients. I've never had a break which makes it so hard to focus when you don't get to eat. I work back to back 12s traveling all across Ohio as they combine districts. They constantly cut tech hours and threaten to cut further unless we make all of their metrics. I feel like I'm working on a sinking ship while the captain lines his pockets with treasures on shore. They know the market is saturated at the moment so they are paying less and forcing out older pharmacists. I'm constantly in fear that if I mess up I will be fired and replaced by a new graduate who they will pay less.

We always wish we had more staffing but most days everyone is present. I feel I work safely.

Committee Information

We are a lower volume setting and the staffing budget leaves the pharmacist alone more than 1/2 of the time that we are open. When the pharmacist is running the entire show by themselves it is very tough to ensure that you are practicing at the top of your license. I would never say that my patients are not safe because I would never allow that but definitely there are times when I am unable to give them everything they deserve to get from their pharmacist. Achieving unrealistic metrics (most of which are driven by star ratings) is very tough. As long as medical practitioners continue to ignore the importance of pharmacy by not updating us when patient therapies change and ignoring our communications, we will continue to fight the uphill compliance battle. Actions from the board of pharmacy that would definitely help us as a profession include: Mandated closures for lunch when only 1 pharmacist on duty. My personal belief is that these should be paid lunches because let's face it, pharmacists won't leave the building and will gobble their meal down then get right back to patient centered activities. Mandated technician staffing during all hours of operation. I've never believed that it is safe nor professional for a pharmacist to be running the entire show by themselves. This does not allow for personalized patient consultation time. If we can't do this they why are we here? Business related metrics need to be reasonable and achievable not stress invoking. This unfortunately will most likely be very hard to regulate at the state level. From my view point, I would not currently benefit from max scripts per hour filled per pharmacist but I know many teams that would benefit by that regulation. It's time to stand up and insist that all pharmacists are able to work in environments where they can practice at the top of their license and get back to the time when we were the most respected profession. We are still the most accessible, let's get back the other title.

We are a small independent with 3 stand alone stores. We have very loyal clientele, who I think truly appreciate us caring for them. We have tried very hard to keep the staffing, so we can work with patients. The current environment with the pitiful reimbursements by PBM's then the audits and clawbacks with DIR fees are challenging. To me, it appears these middleman are responsible for putting most of the stress on pharmacy staffs. The managed Medicaid plans are the worst, we get paid less to do more, and it seems our state pays more every year to the Insurance plans and PBM's. With Medicare plans, Caremark uses our store information to direct our patients into a preferred CVS network store, and all the PBM's are using clawback DIR fees to overcharge the Medicare system and manipulate the patient into paying higher co-pays.

We are being asked to fill the same volume of prescriptions with less help. In addition we are pressured to meet metrics on vaccines and medication therapy management claims. Providing more clinical services would be great if we were given more help to do it.

We are being forced to contact elderly patients and convince them to come in to get shingrix/pneumovax/prevnar despite the current pandemic and this specific population being at such high risk for complications. We are threatened if we do not meet immunization goals and our technician hours continue to be cut more and more.

we are bombarded by metrics and filling and counseling and as well as vaccinating, working 12 hour shifts by ourselves. I have personally reached out to both of my direct supervisors with ZERO response when I need help at my location. Only to be sent an email of an incident report from a month ago with no other communication.

We are constantly being told that we are not earning enough hours to completely staff our pharmacy and I have seen an increased number in mistakes being made not by me specifically but by other coworkers that If we were not being rushed or forced to work with one or two pharmacists a day could probably have been avoided. In order to earn more hours, more clinical needs completed but in order to do that efficiently we need more hours in the day. Lots of corners are being cut by the lack of staffing and certainly is not safe for my high volume store to work this way. Have we adapted to this? Absolutely... but we shouldn't have to!

We are constantly getting more tasks to add to our workflow (covid testing, curb side, adherence calls, basic screening, vaccines) with no extra help and if anything less rph and less tech help. I love doing all of those things for my patients and I love people but when your running at speed 10 for your entire shift it isn't healthy. I cannot truly give each patient the time they need without sacrificing something else.

We are currently preparing to start flu season during a pandemic. All I can think about is how the time required to safely immunize (putting on PPE, sterilizing, taking temperatures etc) just isn't there. I'm concerned about how I'm going to fit these new duties into my day with less help than ever and also not make mistakes. I almost never get a chance to take a break let alone eat. As I keep doing this year after year I feel like I'm sacrificing my health and wellness to work. It gets harder the longer I do it. Do more with less, but at this point it feels like there's nothing left to squeeze. Reporting requirements, paperwork, immunizing, clinical services. I just want to take care of my patients and do what's right for them. I'm terrified I won't be able to. I'm not sure how this situation will ever improve. I do everything I can to keep my patients safe. I'm afraid I'm being set up to fail.

We are encouraged to have more patient contact for MTMs, counseling on new prescriptions, and OTC counseling, but it's difficult to do with only one pharmacist for most of the shift. I would like more overlap hours to be able to use our clinical skills. We put patient safety first which may mean less one in one interactions which are needed to help our patients understand their Medications

We are forced to multitask, I always have one ear on the phone answering up to 60 phone calls a day. If it's unsafe to drive and be on the phone how is it safe to fill prescriptions. I haven't had a sit down break in 15 months.

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We are not yet to the point where it is unsafe at my work place, but we are asked to do more (vaccinations, MTM, patient calls) with less help in addition to filling prescriptions. It creates a very stressful environment.
We are now doing COVID testing and not getting any extra support staff. Retail pharmacy has become very stressful with the amount of focus put on metrics while decreasing our support staff hours. We never take a break and work in very hectic conditions to try to give the best care possible. We go without eating because our company doesn't allow us to shut the gates/pharmacy down for our "lunch break". This "lunch break" is new this month(never had one before);however, not one of our 4 staff pharmacists have been able to take a lunch break yet since we can't close our gates. The metrics are consuming and stressful and patient safety is at risk due to them. I haven't made many mistakes in my 8 years being a pharmacist, but this is due to me being part time and not being burnt out yet. Also, companies do not have to disclose how many errors are being made each year. The public would be horrified to learn this number, they just comment that errors are very rare, which we all know is not the case. The pharmacist is lucky not to be interrupted in a 5 minute span. So we are constantly doing 3 things at once.
We are subject to PMB reimbursement which dictates volume to survive. The costs are increasing higher especially during Covid and there is No way to make up for poor reimbursement. Our organization has done a terrible job as a whole to provide pharmacies a proper reimbursement from insurance to create a safe and effective environment. Something needs to change for pharmacy to have proper staffing and safety measures as. Reimbursement dictates our future. You can't push people to be create safe environments with ridiculous reimbursement polices. It's a shame our profession has come to this. People safety is in our hands and you've allowed insurance to dictate unreasonable expectations of pharmacists and staff. Find the source of the problem ie PBMS and the safety of the public will be spared of this constant discussion.
We are Terribly understaffed, both pharmacist and technician. Many days I am completely by myself and filling 650-750 rxs on one shift. Our tech and Rph budget hours continue to get cut. My employer is more concerned about money and metrics than customer safety and customer service. Entirely too much pressure to fill the prescriptions quickly, give immunizations, convert patients to 90 day rxs, etc. I am miserable at work every day. I used to love my job. Now I hate it. I feel I have nowhere else to go because companies are do not want to hire middle aged pharmacists. We need more staffing. Bottom line. Please help us get a safer work environment. Thank you.
We are testing for Covid 19 at our store and I feel it should be kept separate from the practice of pharmacy, very dangerous situation. Very distracting, totally lose focus on prescription processing while doing the tests We as a profession needs to stand together and be better represented.
We as pharmacists at retail chains have to focus more on giving vaccines than providing patient care (even when the CDC recommends delaying routine vaccines without an urgent need for it). There are often too many things that require my attention at once and I have to choose doing MTM or giving vaccines over filling prescriptions sometimes in fear of losing my position, as the only focus is on metrics so that our DM can get a bonus. It often feels like I am doing two full-time jobs (dispensing pharmacist AND clinical services pharmacist) on top of picking up a majority of technician duties due to lack of staffing.
We can't speak out against our employer. In fear of getting a red x on our back. And being laid off just to be replaced by a new grad who's cheaper. They are trying to find any reason to let people go so they can be replaced with cheaper labor. We just have to take it. In fear of being fired or laid off.
We do not have any private area to give vaccine/screenings/counsel so i feel people are much less likely to listen and/or be honest
We do not have enough support staff to handle the workload. Our tech hours are cut to a minimum, if we ask for more help we are always denied. Management is only concerned about our numbers and I find myself in a panic if I don't achieve them. Flu season is around the corner and we are already having conference calls setting unrealistic goals that we are expected to achieve. Management has created a chaotic, stressful work environment and I find myself absolutely dreading going to work. I have reached out to my PDMs and tried to express my frustration and concerns but my complaints fall on deaf ears, it's all about the numbers and achieving them. I work 12 hours a day and I never have the opportunity to take a break during the work day and most days I go without eating because we are to busy. I feel like I'm drowning at work, I'm completely stressed out when I'm there, And so are my technicians. The Board of Pharmacy needs to be more of an advocate for Pharmacists and the work environment needs to be improved. .
We do not have scheduled breaks but I have a good working staff that we are able to work in lunch breaks. There are days that are very stressful and busy. However, the current technology, workflow and increased abilities of certified pharmacy technicians makes these times more manageable than many of the past 20 years. I believe the most challenging part of retail pharmacy is hiring and training competent technicians that will make it a career.
We get scheduled lunches, but only 30 minutes. No scheduled breaks. Too much focus on negative patient satisfaction comments, too much time spent trying to get customers to: 1) complete their surveys, 2) sign up for online accounts, text messages, 3) sign up for autopay, auto-refills, express pick-up, 4) not enough time for clinical actions such as immunizations, clinical screenings, MTM, with the impending testing for flu, strep, and COVID-19.

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We have also been under construction during this entire pandemic. Started back in February? Date I can't remember. IV room is on a separate floor, which add to the chaos. Some staff not properly trained for their jobs/roles. Phone rings constantly. There is no phone in the "technician" area for them to help with this. Constant missing doses. No workflow. Completely disjointed, causes multiple disruptions. Doorbell also rings constantly to let construction personnel in.
we have created a very comfortable workplace, we have wonderful techs, very efficient and accurate, we have manageable hours 9-6 m-f and 9-1 sat. closed sun
We have enough staffing to safely fill prescriptions and counsel patients. I would like to have more staffing but I feel that has always been a request since the 1st pharmacy opened. The biggest problem we have is they keep adding extra things to do in addition to filling and dispensing prescriptions. In my work environment I never sit down never take a break a work straight for typically 10 hours just to get then work done and now I'm expected to do that along with giving vaccines and make MTM phone calls. It would be very helpful especially with flu shot season coming up to have some sort of requirement in which if a pharmacist is pulled away from normal workflow for anything extra (ie immunizations, MTM, phone calls, etc) then a second pharmacist would be required. If not that then at least a requirement during the COVID outbreak to have an addition staff member for immunization intake prepping and subsequent cleaning afterward. I'm regarded as one of the only pharmacist who can handle the current workload but it's because i don't worry about any phone calls or extra responsibilities until the end of the day when I've done everything else and if we are still busy not even then. These leads to poor metrics for me but I'd rather have to deal with corporate than know that I sold incorrect medication.
We have increased the assessments we have to do and policy and procedures have changed in order to increase patient safety, but we are not given the time to actually do what they require of us. Prescriptions per hr is not a good indication of the amount of work we have in home infusion.
We have lots of calls. Putting up stock . Immunizations , filling Lots of rx and other duty's
We have lunch break but not enough help during the day to take.
We have too many pharmacy schools in Ohio.
We have too many scripts and not enough help. The hours I work are perfectly ok however the lack of support and no break (sometimes even holding a restroom break to the end of my shift). My company keeps cutting hours for staff rph and techs and our pharmacy is growing every year in volume. This just does not make sense and we have formed almost like an assembly line for perscription to even try to keep up with demand. I have even been told that too much overtime is being approved in times when a staff member calls off sick that in the future it will be denied due to red on the P&L statements...so i just have to make due working with one technician (my store does anywhere between 300 to 400 scripts per day in an 11 hour period). Thank You for the survey!
WE NEED A LUNCH BREAK.
We need a lunch break. A focus on customer satisfaction will provide sustainable profits. A focus solely on immediate revenue ultimately ails .
We need board intervention on safety aspects related to workloads as corporations are willing to look the other way.
We need laws in place to protect pharmacists and technicians from being inadequately staffed. It results in medication errors and poor patient outcomes.
We need more pharmacists and support help, especially when giving large numbers of vaccines.
We need more pharmacy tech Hour to be Able to finish work load safe and on time So we don't have to stay over after closing to finish the tasks of the day.
We need more technicians to do our jobs safely and effectively. I have been a Pharmacist for nearly 30 years and had more help doing less than I have now with the tremendous workload of each day. Employers use metrics that they want to be met and dollar ratios , scripts per man hour, etc. MTMs, CMRs, vaccines the list grows year after year after year. I was fortunate early on in my career and enjoyed the job. But today, I have to be honest, I strongly advise new interns coming to my store to seriously reconsider their future as a pharmacist given the current situation we face each and every day.
We need set tech minimums to be able to do our job safely. Our profession has become severely compromised and we can no longer be the trusted professionals we used to be.
We need to realign as patient focused. Our patients deserve us to practice pharmacy rather than us practicing the business of pharmacy.
We need to stop the people at corporate office(who have no idea or never worked in a pharmacy) from making decisions that effect the safety of the patients.
We opened in 2017. I was given full authority to hire my staff. I was fortunate to hire one of the best pharmacy teams. This allows for more, high quality work to be done in less time.
We want to hire more technicians however we are having an issue finding qualified applicants. (Tech shortage). Also every time we get new positions approved to enhance patient safety, our hospital goes through a budget cut round and infilled/new positions are eliminated.

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We work up to 12 hour days with no break. We are working anywhere from 1-4 hours extra over our scheduled hours without pay. We are written up for not making metric's. We spend all day either on the phone arguing with insurance companies or trying to work around "known issues" with our computer systems to take care of our patients. Not to mention the horrible wholesalers and the tremendous recent drug shortages. Not the same PROFESSION I started out in!!!! And it's very sad

We're too afraid to speak up without the fear of losing our jobs and being replaced by someone who will do the work for less. We fear we will not be able to find another job. I, myself, am the sole working adult in a household of 4 and between loans and everything else I can't afford to lose my job as it is. Yet alone spend 6 months to a year searching for a replacement job only to not find one. I have to go to work everyday and pretend everything is perfect and just dandy. It isn't. Some days I fill 300 prescriptions or more in a 12 hour shift with 15 tech hours over the whole shift. I can't see myself being able to safely do this when flu season starts and having to administer 20+ shots per day. While I was in school I was prescribed medication for ADD which I chose to discontinue once I began rotations my final year of school. This past year, between my error % (which is still low but any error is too many and should be improved upon) and flu season ramping up I spoke with my doctor to try Adderall again and honestly, looking back, I couldn't see myself surviving this past 10 or 11 months without it. This is coming from someone with over 12 years experience at 30 hours or more per week average in pharmacy but only a few years as a licensed, practicing pharmacist. I can't imagine what new grads who work little throughout school feel but I bet it is significantly worse.

What looks good for protocols to follow ultimately does not translate well to minimize the risk of worker Covid-19 contexts. We are all frontline workers still and have to work in situations that are becoming more and more dangerous. We need realism and honesty. If public health and the State Board gives us the cards we are dealt then we will play them as best we can. Its the cognitive dissonance that is hard to deal with. Institutions put forth plans but how that translates can be very different. I appreciate this survey!

When having immune problems myself and wanting to stay protected I was told I had to file for a Reasonable Accommodation. I did and my doctor did the paperwork to keep me protected with additional PPE, and not opening gates and even allowing for my shifts to have DT only. After being approved by RA team, my corp supervisor came in and said that they are rescinding it I can not be the only store with these privileges. I was so upset and worried since then I have been sick twice and this is not from a lack of my trying to stay extra clean. Also we have had 6 techs quit in less than a year and I have been begging and even putting things out there to get some people hired. I have spoke to the corp supervisor who only says thanks for my committence to my patients, but really does not seem to help with anything else in getting us more tech help. They even went as far to remove our overlap that my partner and I had in the store. SO now we work for free bc we can not handle the extra stress this is causing us. My anxiety is so high, since the COVID and other Retail chain gave us a huge chunk of their patients, I have been spit on, grabbed, pushed and cussed at. Being cussed at daily is now the new normal for society, and its is really sad because corporate will just give them extra coupons and vouchers to come back and treat us like trash.

When I became a pharmacist I chose my place of employment because they had a reputation for great clinical programs and patient care. However, in the last 4-5 years there has been a dramatic shift in priorities, placing patient care at the bottom. Now, more important are metrics and all the other things that make them money. The number of Outcomes claims that are expected on top of everything else is insane. Not a problem if time was given to do these in a clinically significant manner. However, they often can not be and I feel I am not doing what is best for the patient. Workload keeps rising while staffing hours are continuously being cut. Every week I work a 13 hour shift with no break. My family members always say "is that even legal!?" I feel the company keeps pressing us harder and harder as they know we have few options on the job market now and know we will just take it. I have a hard time sleeping at night because I worry that I have made a mistake that could harm a patient. I am a hard worker and enjoy a challenge. Unfortunately what is being asked of myself and my colleagues is impossible to achieve in a manner that guarantees patient safety. Thank you for allowing us to voice our concerns.

When I did moonlight at CVS pharmacy for just over a year, I felt as though I was not able to safely do my job. Technician hours were cut almost every pay period, resulting in longer wait times for patients, and more work that still needed to get done with a skeleton staff. In this environment, I observed corporate putting more and more emphasis on certain metrics that had more to do with filling prescriptions, and getting prescriptions picked up, than on patient care or safety. Indeed, I observed more errors that were being made that didn't make it to the patient, and several errors from other pharmacists (thank goodness none that I discovered caused major harm for patients), and I wondered after every shift if I had made a mistake that would harm a patient due to the chaotic environment and obscene workload. I quit that part-time job because I did not feel comfortable putting my license on the line for CVS.

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When I first started working retail as a pharmacist (9 years ago) I thought that there was never enough time to complete all of the tasks required to meet all of my metrics and provide top notch, professional, health care services to our patients. Now today, we have more on our plate than ever. Way more. We also have the lowest amount of available technician AND pharmacist hours. Meaning, we have to do more than we have ever been responsible for doing while having the least amount of staffing hours available to us in order to complete those tasks. My store was once a 3+ pharmacist location (120+ RPH hrs per week) and it is now a 2+ pharmacist location (80+ RPH hrs per week) despite our business growing at 110-120% (not scripts....%) from last year. It has grown every year that I have been here and we have more clinical obligations, MTM obligations, etc. than ever before. Inventory management and shrink reduction is now under a microscope because money has to be made or preserved and with the government reimbursement rates being so low compared to a few years ago corporations have to find a way to cost save due to profit margins closing drastically. All of this has led to corporations attempting to keep up with the numbers (scripts) that we have done and continue to grow in addition to all of the other means of making money in the business (vaccinations, MTM claims, health screenings, etc.) while reducing staff to cut costs in their pharmacies. This is not solely on the corporations as they cannot completely control government contracts (Caresource, Medicaid, Medicare, etc.) but the corporations are being forced to control staffing and do other things in order to preserve bleeding money out of the pharmacies. All of this, at the end of the day, trickles down to the workplace environment in retail pharmacy causing it to be, in my opinion, the worst it has been since I have been a pharmacist (9 years) despite the workload and expectations being at an all time high.

When I first worked at this store 5 years ago, each of the 2 pharmacists worked 7-9 hour shifts and had at least 3 hours of overlap per day. Today, even though script count has been steadily increasing and more duties are put on us, we have zero overlap. I work a 13 hour shift with no breaks every week (6-9 hour shifts all other days). The company wants us to disinfect the registers and high touch areas every 10 patients but we do not have the staffing hours to clean and adequately protect ourselves and our patients from COVID-19. The first step in making us safe would be limiting the number of hours a pharmacist can work and also work without a break. Other states have already implemented such laws. Personally, I do not think it is safe for anyone to work a 13 hour shift as the only pharmacist. Shifts should be limited to 11 hours and we should have to close the pharmacy for lunch if there is only one pharmacist working. Every time I try to eat my lunch, I am interrupted to check a prescription, or counsel a patient, or get a doctor phone call. These are not safe working conditions. We do not have a union, so we rely on you, the state board of pharmacy, to set laws that keep us practicing safely because our metrics and profit-centered corporate overlords will not.

When I was an intern 10-15 years ago, the technician budget was dramatically higher than it is now, and we weren't doing nearly as many immunizations, phone calls, re-bills to coupon cards, etc. The lack of technician hours allowed makes the entire day seem hectic: the phone never stops ringing (resulting in unhappy patients) and the technicians can hardly fill a single script before having to hustle back to pick-up or drive thru. The pharmacist is rushed all day long, hardly getting time to eat/drink/use the restroom. The flu shot "goals" increase every year and the hourly budgets decrease. As a pharmacist, I am hoping the board will step in and mandate some changes with the big chain retailers - as our raised concerns have only been met with "get it done or get replaced" responses. Thank you for requesting our feedback on this important topic!

when i worked at a chain pharmacy there were many days with little or no breaks for the pharmacist or techs and the amount of support staff was decreased each year while the rx volume was increasing some days i feel it was not a safe environment

When our hospital is appropriately staffed with pharmacists and technicians I have no concerns. However, due to COVID-19, our hospital has had to cut hours of part time pharmacists and interns in order to avoid cutting hours of full time pharmacists. As a result, at times we are understaffed which can interfere with patient care.

When we have large amounts of vaccines, our wait time takes a hit due to pharmacists being tied up for periods of time, especially when flu season hits. With Covid, our technicians receive no reprimand for calling off, so on days that they call off and we have no one to cover shifts it makes for large loads of work that puts everyone behind.

Where I work, the upper management has been fantastic and the way that they have taken precautions for staff and patients is amazing. I do not feel unsafe at all. I'm proud to say I work where I work !

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Where to begin?the workload is overwhelming and becoming more unsafe by the day. Employer wants us to vaccinate(Which takes lots of time now with Covid paper work, having to sanitize, and put on ppe), make large amounts of patient care calls to customers daily, test patients for Covid, provide counseling, all while running a drive thru and filling rxs with limited staff . It allows for no work life balance. We are forced to sell saving programs to customers and just like with everything else if metrics and quotas are not met we are threatened. Threatened to be replaced with new hires. Threatened that if we don't exceed vaccine quotas we can be replaced. Meal and bathroom breaks are almost nonexistent -they allow us to eat when we can but if a customer appears and needs help you must stop to help them (which is always when there isn't enough help). The greed with retail chains is sickening. They put corporate greed over patient safety and staff needs. The pharmacy culture and workplace environment is saddening to say the least. Techs are paid barely nothing and this constantly leads to staff turnover. To go to pharmacy school for 6 plus and be treated like this isn't right. it's a struggle to have vac time approved and if an rph gets sick they have to go to work to open the store until they can hopefully find a replacement (Hopefully you have a good partner and if a replacement can't be found you get to lay on the floor at work throwing up because the needs of the business come first) how is that safe? Last Monday I worked 13 hours with 29 tech hours and verified 520 rxs- when I told my dm I felt that was unsafe at the end of the day I was told all that matters was that all the work was done and tasks completed-and to get used to doing more with less help. Even though we frequently have to come in early Or stay late which we don't get paid for.

While I feel like my practice site is safe and we have worked hard to cultivate a culture of safety and transparency, I know that I have peers who are not as fortunate. Many are working long hours with minimal if any breaks, no protection from COVID, an expectation to meet metrics set by their corporate bosses, and all while maintaining oversight of their pharmacy. I am hopeful that this information helps the Board to take action where needed to improve the safety in these pharmacies.

While I feel we safely deliver care- there is a toll on the front line staff and there are signs of burnout, especially in our newer pharmacists.

While I have only been a pharmacist for a short time I feel that the level of patient care has declined. We are continually asked to do more with less. Both pharmacist and support staff hours continue to decline while both dispensing and non dispensing tasks continue to increase. Working at a large chain location I feel my job is more about getting scripts out the door as quick as I can rather than truly using my clinical knowledge to help our patients. When completing this survey I looked at the the number of scripts per hour at my specific location, which was about 35-45 scripts. That is less than 2 minutes to ensure the medication is right for that patient. This is not accounting for the numerous phone calls, answering questions from patients and providers, ringing patients out at the register, requesting refills from doctors offices, our ever increasing (and out of reach) vaccination goals, and other tasks throughout the day. I feel the only way to keep the store running is to repeatedly go to work early, stay late, and go in on my days off. I am constantly overwhelmed, exhausted and thinking about work. I hope something can be done about this situation and we can return to providing the best patient care we can.

While I no longer work in a dispensing pharmacy, I do interact with dispensing pharmacies in my current role in primary care. As a champion of med safety in the primary care offices, it is alarming how many times I have called to correct a medication error committed at a dispensing pharmacy, and the staff openly admits that they are not given enough time to concern themselves is with patient safety and their primary concern is selling medications.Part of my reason for leaving community pharmacy two years ago was that I felt that my work environment was becoming too dangerous with regard to medication safety. While my employer at the time had a robust medication error reporting system, and it was an enforced expectation to report all errors, the company was slowly reducing staffing and Measurably increasing the rate at which medication errors were occurring.

While I think that requiring technicians to get licensed and do CE is the right decision and is the correct direction the fields needs to move towards, it can be difficult to find quality candidates for the job when the pay is so low. And the pay is going to stay low as pharmacy reimbursement continues to decrease. Until drug prices are controlled/capped, PBMs are either dismantled or better regulated, and pharmacists are better reimbursed for our services, there is not going to be the budget available to increase technician pay to where it needs to be to attract the talent required for the job. The field of pharmacy needs to be better organized to lobby for state and federal changes to the healthcare system that makes sure the money goes to the patients and the providers, not the insurance company or its CEO.

while it is a business like any other, the focus has become more on profits and far and away from patient care. The hospital environment has gotten to be a very top heavy. Lots of people that spend time all day every day going to meeting after meeting while the bulk of the work is done by a small portion of the staff.

While metrics and business focus does cause poor care environments in retail chain drug stores, I do not feel this is applicable at all to health systems in terms of both ambulatory and inpatient care. Consider shadowing select practice areas to get a true sense of the issues and understand practice models currently in place

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While my average hours worked per day is 8, I still work one 13 hour shift per week which I am the only pharmacist on duty. For a majority of this 13 hour shift, it is just me and one technician. This results in a very stressful situation at times and in turn causes delays in patients receiving their prescriptions in a timely manner, poor patient care and unfortunately, errors can occur as well. Technicians also feel this pressure and therefore we have a high turn over rate and can not retain quality technicians which also puts the public at risk. The metrics enforced by companies have changed the public and #39;s perception of the role of the pharmacist. Having goals for how quickly we can dispense prescriptions, results in errors and lack of respect from the public for our profession. If retail pharmacists were given the time and resources without undue pressure, we would be able to provide the care that we were trained to give to the public as the most accessible health care workers in the community. Unfortunately, companies feel financial pressures to make profits in a time where reimbursements from insurance companies are very low. This results in reduced staffing while still compiling more tasks for pharmacies to earn larger margins, all at the expense of patient care. I feel that retail pharmacy has changed it and #39;s focus from patient centered to metric centered. Not only is it about metrics, but how quickly you can meet those metrics while forgoing quality, simply due to the lack of time to perform tasks appropriately. Most pharmacists I know pursued a career in pharmacy to make a difference in the lives of our patients. However, there are very few pharmacists that I know who would choose pharmacy again if they could go back in time due to the stress and working conditions. With that being said, the quality of PharmD candidates has greatly decreased in recent years due to colleges trying to fill seats and I am very concerned about the future of the pro

While my current employer treats me well and I can safely treat my patients, that was not the case with previous employers. In retail chains, I was understaffed and driven by metrics. I was working 12-14 hours without breaks which was not creating a safe environment for patients. The retail chains would expect pharmacists to give vaccines while also checking, expecting vaccines to be done quicker than I could say do.

While my current practice (organization and manager) are VERY committed to patient care and safety I KNOW first hand that this is not true for many other areas in pharmacy, specifically community pharmacies ("big box chains").

While my site is adequately staffed and safety conscious, I know there are many that are not. Thank you for the opportunity to share our experiences. I hope the board can provide safe working parameters so that all pharmacists can provide the care we know we are able to give in an environment that is safe for all involved.

While the total number of pharmacists staffing is appropriate, there is far more support for clinical positions than for order processing and distributive positions. We are too rushed while processing orders and we lack the technician resources to fill and deliver the meds in a timely fashion. There are also too many "hoops to jump through" while doing our jobs that take away from the time we need (i.e. metrics to fulfill, tedious scanning and inventory adjustments, endless new USP 800 requirements, etc.). It's as though we're trying to get out of the business of distributing medications and trying to establish ourselves as physicians.

Why has pharmacy become a dumpster fire? Overworked, underpaid, and not appreciated for our knowledge. I chose the wrong profession

Why is cvs allowed to be so huge and affect every other pharmacy's business?? And actually discourage independent pharmacy's in Ohio from having their own business?? Most of the pharmacists i know LOVE independent pharmacy but i feel that it is more challenging to go that route due to the chains getting too huge - especially cvs.

Why is the question regarding years in practice relevant if the survey concern is related to the pharmacy work environment?

Wish there was more of a focus on practicing pharmacy and patient care rather than always worrying about the money and metrics.

With added cleaning measures every hour due to covid, we get behind even more because we have to stop work flow to clean every surface. Also, with the increased push to have medications mailed and delivered, we have to get those processed- my tech spent 45 min on the phone with 1 person because they kept adding front store items.

With all the extra demands that retail pharmacists (And technicians) are faced with (outcomes, vaccinations, doctor calls, billing problems, curbside service, delivery, trying to get customers to fill out surveys, outdates, etc), there is not enough time in the day. My techs skip breaks and I rarely take a lunch (a 5-10 minute usually interrupted at most). There needs to be more tech hours available to man the pharmacy and lunch breaks for pharmacists. If all pharmacies were forced to close for a 1/2- hour, then it would give a much needed breather to the pharmacist. Also, I do not mind giving vaccinations, but with no pharmacist overlap, and increased demands on the pharmacist, bouncing back and forth constantly between prescriptions and immunizations, is very stressful. Not to mention now with all the new covid guidelines.

With Covid hurting business they cut our hours and they have never been given back to us although the business is back to normal. Although extra duties, like PPE management, have now been placed on pharmacy staff, we are overall working With 60+ hours Less help. I am in a small home infusion company and often find it hard to perform my job duties.

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With Covid-19, employers have been concerned about upcoming flu shot season, stating we may see 125% increase over last year. Even though there have been many months to prepare, there have been no additional pharmacists hired. My district is currently down 2-3 pharmacists than the norm. We are just expected to work over our salaried hours to staff mandated flu clinics. I am not a manager, but I did feel badly for the pharmacy managers as they have to work just as hard as the staff pharmacist (single coverage stores in most situations) and perform all of the managerial duties and extra projects assigned to them.

With decreased Rx reimbursement, we need to fill more prescriptions with less help to meet goals.

With the additional responsibilities given to us as pharmacists I sometimes feel like the reason I became a pharmacist has been put on the back burner. I became a pharmacist to help people to understand their medications and conditions better. Most days we are "pumping" out so many prescriptions and expected to do so many vaccinations that I feel like I don't have adequate time to spend with each patient that needs me too. Also our technician staffing has not been up to par for at least 5 years. We count on them to allow us more time to spend with our patients. Without them it's much more difficult! Most days a break or two would help my mental status and allow me to refocus. But sadly that is not in the cards. Thank you for allowing us to be heard.

With the additions of walk in any time of day immunizations and basic screenings (glucose, bmi, blood pressure, and A1C) and the possibility of covid tests, rapid strep and rapid flu testing being discussed for the fall it is near impossible to keep up with the normal workflow of 4pt checks, DUR checks, visual verify, and counseling especially with one pharmacist staffed for the entire 12 hr shift. Patients have to suffer from long wait times and fragmented, brief counselings because of the workflow stoppage and the next patient waiting anxiously for one of the queues that the pharmacist was pulled away from. The profession of pharmacy is only spiraling downhill from it's prestigious value held for many years ago. Many head members of chain pharmacies are actively on the State Boards and they will only give you the illusion that "everything is fine" and the pharmacy staff are "thrilled to be there." I do want to thank you all for giving us this opportunity to anonymously respond to such an imperative and important survey. I do hope that you will listen to the many voices that respond and keep an open mind as to what really happens down the pipeline to us pharmacist's and pharmacy support staff. We are all on pins and needles for our employment status as we watched in disbelief the firing of over 1000 pharmacists, pharmacy managers and support staff that were good, hard working people. The excuse was that a computer selected these people at random for termination. It was a pathetic excuse unfortunately. We genuinely care and want the very best for our customers and try our very best with limited support staff, long hours, fragmented little to no breaks, corporate metrics, and unrealistic expectations. I hope that there can be real, true, and solid guidelines instituted at the corporate levels that can help our profession get back to being America's Most Trusted Profession once again.

With the amount of prescriptions and other duties, it is almost impossible to get things done in the allotted time. That's if staffed properly. Many times staff calls off and leaves us doing technician duties just to get by. Pharmacist hours are not enough to do all the clinical work, vaccines, paperwork, etc throughout the day. Many times going without break or staying over/coming in early to get tasks done.

With the drive for Medicare star ratings, retail Pharmacy has turned into a situation where business is focused on metrics only and less about overall patient care. The amount of senseless phone calls we make in a day seriously hinders our ability to serve our patients face to face. My store has drastically decreased pharmacist hours over the past 6 months, decreasing pharmacist overlap from 10 hours a week, to 0 hours per week. This means that if my manager and I need to discuss patient care or staffing issues, one of us must come in early or stay late. We are constantly asked to do more every year, with less and less support. I am genuinely fearful for the day a COVID-19 vaccine comes out, because I am positive that we will be asked to work it into our normal workflow, with no additional support hours. It is terrifying. I pray that you take the stories of my fellow colleagues seriously.

With the increased number of graduates and decreasing wages I think there needs to be a safe staffing law to protect patients and decrease workload.

Committee Information

Work a 13 hour shift and do not get a break or lunch period. Can barely find a time to go to the bathroom without someone needing the pharmacist attention. Usually have to try and eat while working, while upper management is taking long lunch breaks and extended vacations and going on retreats that the pharmacists never get to participate in even though we are the ones providing the patient services. Never have pharmacist overlap, especially when its needed on a Monday or other busy day. Worrysome with flu shot season coming up as projecting double the number of flu shots, that unsure how all these flu shots and scripts are going to be verified accurately. Technician hours are constantly getting cut week to week. Sometimes want the store to run on 100 tech hours per week when the store does an average of 350-400 scripts per day. Techs spend a majority of their time ringing up patients and answering phone calls due to COVID instead of helping process and fill prescriptions. Want to push numerous refill calls and outreach calls but have no technician help, if do not complete calls then have to talk to management on why not. Everytime tech hours are brought up, management does not seem to care and just brushes it off. Close the pharmacy with no technicians. Do the work of 2 technicians plus the job of a pharmacist, which is impossible and many times makes pharmacists nervous about making mistakes since they are the only eyes ever on the prescription from start to finish. It is frustrating because no one wants to make a mistake but things happen and pharmacists are trying so hard to please the patient and their managers so they can keep their job. Go to work constantly feeling stressed and when not at work stressed about the upcoming shift and how one is going to complete all necessary tasks. Tech-pharmacist ratios need to be mandated as well as scheduled breaks for pharmacists so corporate can stop treating pharmacists like machines and more like a healthcare professional

Work for a company that states focus is on customer care and safety but the actions of adding more duties and not taking any away or and not adding more staffing to match the increase in workload do not support the stated mission of a customer centered safe practice.

Work from home (in general and especially during the pandemic) is extremely problematic. IV preparation, admixture, dispensing, checking, and other tasks require staff on site. Expecting a smaller number of people working at the pharmacy to cover all work that cannot be done by those at home is ridiculous. This is not safe for patients or employees. I am somewhat encouraged that the Board of Pharmacy may be looking into this and other work load and patient safety issues and I hope something is done to help our profession before it implodes.

Work in an environment that discourages discussion about challenges we face each and everyday filling prescriptions, making clinical phone calls, executing on all too many metrics. All these tasks tend to pull your focus from accurately filling prescriptions. We are encouraged to cut corners on filling prescriptions b/c "we don't make money filling prescriptions anymore." When you ask for more technician help you are told to consider using a DH. Keep in mind the DH has little to no on the job training that would allow them to be proficient at their job. They're basically trained to run register but asked to do all the jobs of a certified pharmacy tech. Safety was not a priority when creating this position due to the way they are being utilized. If the pharmacy is fully staffed and they fill in during unusually busy times then that makes good use of their skill set while giving them valuable time in the pharmacy.

Work is calm right now because it is summer. In the fall / winter the flu shots and other immunizations are overwhelming. If only 1 pharmacist is working, we need to require appointments for vaccinations, but my employer does not agree with this. My employer keeps pushing for walk-in vaccinations every minute that we are open. I believe vaccinations are vital and important, and require time and energy making sure the vaccine is necessary and correct for each patient. Many times I feel like I am rushing through a vaccine to get back to the work that is piling up. Also - we have had an explosion of "required counseling" over the past 1-2 years. This is extremely unnecessary and it needs to stop. I don't know if this has started because of a state board rule or an insurance mandate but it needs to change. Our pharmacy technicians are MORE than capable to ask the patient if they were expecting a change in strength from the previous month. If the patient was NOT expecting this change, then of course get the pharmacist involved. Let's be honest about what is currently happening right now - the TECHNICIAN is asking the patient if there was a change in strength, and then the TECHNICIAN tells the pharmacist they need a pharmacist fingerprint to finish selling out the medication. The technician is basically already completing the counseling, the only part the pharmacist is contributing is their fingerprint.

Working 12 hour days and not being able to use the bathroom due to technician call offs and only one pharmacist in the pharmacy on a given day. Walgreens and CVS care about profit, not patient safety, or pharmacist and technicians best interest. It's a sad work environment that harbors mistakes. This needs fixed, thank you for starting with the survey.

Working a 12+ hour day and not getting more than a bathroom break is a common occurrence depending upon the volume of location and staffing. It affects physical and mental health. The workload with the allotted staffing is a bit difficult at times, especially during cold and flu season. Add these two things with the pressure to complete as many CMRs and vaccines as possible to meet goals (or else there will be performance feedback given) creates a very stressful and mentally exhausting work environment. The focus seems to be drifting from quality to quantity. Also, there should be a way to report medication errors to the board as well. I think it would be very eye opening for everyone to see the vast amount of errors that occur on the side of the medication office. Errors of pharmacists get reported to the place of employment and definitely is motivational to be as safe as possible. If for nothing else, but your job. Doctors office medication errors just seem to be getting swept under the rug.

Committee Information

Working at an independent beats big box stores by a mile. You have a much better environment and working conditions. Too bad insurance gives better contracts to the big box stores. Too bad insurance companies direct their customers to big box or mail order. The customers would get much better care at the independents.

Working at CVS is absolutely insane. The complaints from Oklahoma are only the tip of the iceberg. I challenge anyone from the board to actually visit and see what it's like at CVS staffing.

of covid testing that we are not properly trained to handle (only training is a 25 minute video showing how to handle EPIC the hospital system, that takes waay more time to learn) and the staff that is able to help(such as minuteclinic nurses) is being told not to help the pharmacy; not enough technician help, the technician hours that the pharmacy is given is just enough to cover the sales of the prescriptions to the customer and filling of prescriptions is treated as an afterthought. Patient safety is not even the second thought on the minds of the management as i find it pretty much impossible as a pharmacist to be expected to be able to do all the data entry, all of the verification, a good portion of the filling and also answering majority of the phone calls as well as doing portion (like 30-40% depending on the day) of register and actually ringing up the customers while maintaining patient safety goals that would be expected at any pharmacy. And that is at a pretty busy. Slower stores have even less technician help. Many stores in the chain are days or weeks behind as main foicus is being given to pointless metrics and people are being reprimanded for not being able to meet them while being weeks behind on prescriptions and having a lot of incidents at the stores which are not being addressed.

Working conditions at pharmacies are atrocious and no one seems to want to help especially our governing board. Employers know they have the upper hand and do whatever they want with the threat of if you're not meeting certain numbers you will be replaced by cheaper new graduates (too many pharmacy schools). I was proud to be a pharmacist when I first started and believed the company I worked for was great. Now it's a profession I wish I never had gotten into and the company is all about squeezing the last penny out of everything, not patient safety. Change is needed and needs to be dictated by the state board so that companies listen. Make pharmacy great again.

Working for drugmart now for 5 years. Before that, at CVS. I'm very satisfied now about patient safety and staffing levels. At CVS, I almost abandoned my profession to get a different kind of job. It was absolutely horrible.

Working in a hospital, staffing levels vary so greatly between shift. There are times as the sole pharmacist on a 2nd or 3rd shift that it can be impossible to meet all the needs of the hospital and the remote locations we also cover. Some of the earlier questions did not let me indicate that some shifts don't get breaks/lunch while others do, or that staffing can be more precarious at certain times. I thought it was worth mentioning.

working in mail order, the focus is always on getting the phone calls done quickly and passing things off to others, those of us on the phones don't do much processing other than taking verbal rxs and transfers . Offline is also pressured to process quickly and if something isn't in your job training you can't do it, so there are times where we will get phone calls from upset patients and we can't fix the situation b/c we've never been training on processing. we also dont know who or how to contact anyone who can help, and often when you call around to other teams no one knows what to do. supervisors will escalate things and people still won't know what to do. OFten times we end up getting patients for missed dose counseling and they don't want missed dose counseling they actually want someone to fix their issues and we end up getting yelled at for a lot of calls , instead of giving counseling to patients who need it or taking verbal rxs. No one sees an RX from start to finish no one is able to just fix things that fall through the cracks . If an rx processes smoothly it is fine, but if anything goes wrong it creates big issues and no one is able to fix it

Working retail and giving vaccines on a walk in basis is very stressful

Workload balancing is key to success!

Would be worthwhile to have more practicing pharmacists on the board who know what the professional landscape currently entails. Common sense rule changes to improve our work environment (I.e. limit number of times prescriptions can be transferred and for what reasons).

Would like to have a required lunch break, especially on 12 hour days but often just 1 rph.

Would like to see some sort of RPh to tech ratio minimum and possibly limit number of scripts that can be checked by one pharmacist per day. Limit the number of vaccines that can be given per day as these are just expected on top of same script filling quota. (Awful during flu season)

Yes. I hope people will read this in the board an react. Retail has become very dangerous setting for pharmacists and patients. When a pharmacist have to fill 500 scripts a day with no help. No time to counsel. No tecs. Very bad attitude with no training. Unrealistic metrics and just keeping the pharmacist under pressure and depression and anxiety. Please fix this. Please save our profession. I am considering changing careers an peruse some other profession due to the stress posed by understaffing. Overworking. No breaks. Just more work need all the time. It is very dangerous for both the pharmacist and the patients. It is becoming more like a fast food chain not a professional setting where we can councele patients. Review DURs. Help patients and give them the time and quality they need. Something must be done and inst be done NOW !!!!!

Committee Information

You board members and supervisors need to get out of the office and go observe and visit stores. Visit a CVS, Walgreens , rite aid - they are Nazi's . DM's threaten pharmacists with their job and upper management reduces hours on a whim whenever they fail to meet expected profit and gross margin projections. Walmart , Kroger Walgreens just reducing staff not because they are filling fewer rx but because they sign stupid contracts that loose money so RPH and tech hours gotta go to try to make money. Phone rings nobody to answer , drive thru bell going off , CVS speaker reminding you that there are 3 more customers waiting on phone, customers staring at you huffing it's taking to long- it's a pressure cooker environment and if it weren't for they salary nobody would do it. It's unsafe and errors happen all the time - you only see the tip of the iceberg. Get out of your ivory tower and do your job! You are entrusted to ensure the safety of the drug dispensing process, you can't do that from the 17th floor of some high rise in Columbus !
You have allowed 3 more colleges of RX to open just in Ohio, flooding the market. As we all remember from our Economics classes, that lowers the wages, allows employers to cut back on support staff, cut back on full time employees, add more duties to perform, add to stress, and make it more difficult to pay back exorbitant student loans. You have allowed the prostitution of our noble profession which goes back to the times of the Bible. Have you bothered to talk with anyone out in practice? What are you really doing to help our profession?
You have asked all the correct questions. My location has made two medication errors this week alone (one causing patient adverse effects) due to high work load, pharmacist fatigue, not enough support staff, and the company focusing on the single most important metric of meeting the verified by promised time. The two largest chain pharmacies may state that patient care is their top priority but unfortunately it is not. Having the prescription ready in 15 minutes at all costs is the single most important metric to the company and the pharmacist and staff will be disciplined for not meeting it. It is really sad and unfortunate how the ethics of the pharmacy profession has declined over the past 10 years. If I were taking prescription medications or had children or loved ones taking prescriptions, I would choose a small independent pharmacy to fill those medications. I believe the risk is just too great to get them filled at either of the two largest chains in the country. I doubt the Board will be able to do anything to change this, but I hope you prove me wrong.
you need to fix survey to opt out if you are retired
you need to have a standard of certain number of prescription to pharmacist and technicians ratio its not just fillling its proper patient time to talk about medications. Thank you
You need to pass laws that protect the Pharmacist from large chains pressure to make more money at any cost.
You need to rein in these horrible practices by big corporations
You really have to institute a rx to tech ratio. most weeks we are given 1 tech hour per 30 rxs. I remember a day when the chains would give uoh one tech hour per 10-12 rxs. Basically they staff us every day for the best case scenario as far as low volume and no issues to resolve. I don't feel my job is in jeopardy voicing these concerns but they fall on deaf ears. My boss has tried to resolve them and been told basically that's just the way it is now.



Appointments to the Pharmacist Workload Advisory Committee

July 12, 2021

The following individuals are hereby appointed to the State of Ohio Board of Pharmacy's Pharmacist Workload Advisory Committee (PWAC):

- Joey Campbell, Pharmacy Manager, Walmart (Board Application Process)
- Jill Garress, Pharmacy Manager, Walgreens (Board Application Process)
- Taylor Hardwick, Certified Pharmacy Technician, Walmart (Board Application Process)
- Bimal Dassani, Division Vice-President, Rite Aid (NACDS Recommendation)
- John Long, Director Pharmacy Regulatory Affairs, CVS Health (NACDS Recommendation)
- Ryan Davis, Health and Wellness Leader, Kroger (NACDS Recommendation)
- Katie McKinney, Director of Pharmacy Services, University of Cincinnati Medical Center (OSHP Recommendation)
- Elizabeth Stacy, Internal Medicine Clinical Pharmacist Specialist, University of Cincinnati Medical Center (OSHP Recommendation)
- Jason Opritza, Pharmacist, Marc's Pharmacy (OPA Recommendation)
- Brigid Groves, Contingent Pharmacist, O'Reilly Family Pharmacy (OPA Recommendation)

- Alan S. Fox, Consultant Pharmacist, CommuniCare Family of Companies