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# *Nevada Pharmacists Workplace and Patient Safety Survey*

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In 2023, patient safety as it relates to workplace conditions in licensed pharmacies grew to be a primary concern of the Nevada State Board of Pharmacy (Board).

To examine workplace factors and conditions that may be affecting accurate and timely pharmaceutical care, the Board created a 61-question survey known as the **Nevada Pharmacists Workplace and Patient Safety Survey**. The survey was distributed to 2,761 Nevada licensed pharmacists on November 17, 2023, and responses were collected through December 31, 2023. Responses to the survey were optional. Of the 2,761 surveys distributed, the Board received 945 responses. After removing responses not linked to a Nevada pharmacist license number and duplicated responses from the same licensee, 824 responses (30% of surveys distributed) were included in the results of this report.





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## *Survey Questions*

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# **Nevada Pharmacists Workplace and Patient Safety Survey**

## **ATTENTION PHARMACISTS**

The Nevada State Board of Pharmacy (Board) is concerned about patient safety as it relates to workplace conditions in licensed pharmacies. We are seeking to better understand the safety concerns.

The Board is requesting that you complete the following survey. Your responses will allow the Board to examine workplace factors and conditions that may be affecting accurate and timely pharmaceutical care. Your response to this survey is extremely important and is completely anonymous. Only aggregated, non-identifiable data from the report will be made available to the public. Your responses can change the practice of pharmacy and will directly guide the Board in what new regulations will need to be promulgated to protect and improve patient care. The survey should only take a few minutes to complete. We appreciate your participation.

1. Provide your pharmacist license number. Your responses will not be calculated into the results of the survey if your license number is not provided. Your license number will be used strictly as a means of (1) limiting the population of survey participants to Nevada-registered pharmacists and (2) excluding duplicate surveys. It will not be used to correlate individual responses with an identifiable survey participant. \_\_\_\_\_
2. How many years have you been in the practice of pharmacy?
  - a. 0-10 years
  - b. 11-20 years
  - c. 21-30 years
  - d. 30+ years
3. Which of the following most closely describes your primary practice setting?
  - a. Institutional/Hospital Pharmacy
  - b. Retail Chain Pharmacy
  - c. Independent Pharmacy
  - d. Department of Defense or Veterans Affairs Pharmacy
  - e. Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)
  - f. Consultant Pharmacist
  - g. None of the above. I am currently unemployed or retired.
4. Are you the owner of the pharmacy where you primarily practice?
  - a. Yes
  - b. No
5. What is your employment status?
  - a. Full-time
  - b. Part-time
  - c. As needed (PRN)
  - d. Unemployed
  - e. Retired
  - f. Not currently practicing due to my choice



6. How many hours per week do you work at your primary practice setting (please include paid and unpaid hours)?
  - a. >60 hours
  - b. 51-60 hours
  - c. 41-50 hours
  - d. 31-40 hours
  - e. 20-30 hours
  - f. <20 hours
  - g. Not applicable
7. To keep up with work related tasks, how often do you continue working after your scheduled/paid shift hours have been completed?
  - a. Always
  - b. Usually
  - c. Sometimes
  - d. Rarely
  - e. Never
  - f. Not applicable
8. What is your role at your primary practice setting?
  - a. Pharmacist-in-charge (PIC)
  - b. Staff Pharmacist
  - c. Consultant Pharmacist
  - d. Floater
  - e. Not applicable
9. If you are the designated PIC, do you feel you have sufficient autonomy and power to fulfill your duties as the PIC?
  - a. Yes
  - b. No
  - c. Not applicable
10. How long is a typical work shift at your primary practice setting?
  - a. < 8 hours
  - b. 8 hours
  - c. 10 hours
  - d. 12 hours
  - e. > 12 hours
  - f. It varies
  - g. Not applicable
11. Which of the following most closely describes the shift you work at your primary practice setting?
  - a. First Shift (Begins and ends around 7-9 AM to 4-5 PM)
  - b. Second Shift (Begins and ends around 11 AM to 7 PM or 3 PM to 10 PM)
  - c. Third Shift (Begins and ends around 10 PM or 12 AM to 7-9 AM)
  - d. Rotating shifts
  - e. Not applicable
12. Provide the number of pharmacists that work during your shift?
  - a. 1
  - b. 2

- c. 3
- d. 4
- e. 5
- f. >5
- g. Not applicable

13. Provide the number of interns that work during your shift?

- a. 0
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. >5
- h. Not applicable

14. Provide the number of pharmaceutical technicians and pharmaceutical technicians in training that work during your shift?

- a. 0
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9
- k. 10
- l. >10
- m. Not applicable

15. Provide the number of clerks/cashiers that work during your shift.

- a. 0
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9
- k. 10
- l. >10
- m. Not applicable

16. Do you believe your primary practice setting is sufficiently staffed to meet the demands of the pharmacy while meeting patient care and safety standards?

- a. Yes
- b. No

- c. Not applicable
17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?
- a. Yes
  - b. No
  - c. Not applicable
18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?
- a. Additional pharmacists
  - b. Additional pharmaceutical technicians
  - c. Additional cashiers or clerks
  - d. None. There is sufficient number of staff to meet the demands of the pharmacy.
  - e. Not applicable
19. I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care.
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly agree
  - f. Not applicable
20. I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care.
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly agree
  - f. Not applicable
21. I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner.
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly agree
  - f. Not applicable
22. On average, what number of prescriptions or chart orders do YOU process during your shift?
- a. 1-100
  - b. 101-200
  - c. 201-300
  - d. 301-400
  - e. 401-500
  - f. 501-600
  - g. 601-700
  - h. >700
  - i. Unsure/Varies

- j. Not applicable
23. On average, how many vaccines do YOU administer or supervise the administration of during your shift?
- a. 1-20
  - b. 21-40
  - c. 41-60
  - d. 61-80
  - e. 81-100
  - f. >100
  - g. Unsure/Varies
  - h. Not applicable
24. Does your primary practice setting perform sterile or non-sterile compounding?
- a. Yes
  - b. No
  - c. Not applicable
25. Which of the following services are provided at your primary practice setting?
- a. Immunization
  - b. Administration of medications and biologics
  - c. CLIA waived tests
  - d. Hormonal Contraception
  - e. Smoking Cessation
  - f. PrEP and PEP prescribing and dispensing
  - g. Medication Therapy Management
  - h. Other
  - i. Not applicable
  - j. None of the above
26. Does your employer require you to complete non-dispensing related services, such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects?
- a. Yes
  - b. No
  - c. Not applicable
27. On average, what percentage of your time is spent on non-dispensing services?
- a. 1-25%
  - b. 26-50%
  - c. 51-75%
  - d. 76-100%
  - e. Not applicable
28. In your opinion, how does completing non-dispensing services affect your ability to dispense prescriptions effectively?
- a. It greatly diminishes my ability to dispense prescriptions effectively.
  - b. It somewhat diminishes my ability to dispense prescriptions effectively.
  - c. It does not affect my ability to dispense prescriptions effectively.
  - d. Not applicable

29. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect your ability to practice safely?
- It greatly diminishes my ability to practice safely.
  - It somewhat diminishes my ability to practice safely.
  - It does not affect my ability to practice safely.
  - Not applicable
30. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect patients from getting their medications in a timely manner?
- It greatly diminishes patients from getting their medications in a timely manner.
  - It somewhat diminishes patients from getting their medications in a timely manner.
  - It does not affect patients from getting their medications in a timely manner.
  - Not applicable
31. Does your employer at your primary practice setting use workload metrics to measure one or more of following areas: number of immunizations, number of refill requests, number of patients enrolled in autofill, number of prescriptions filled, number of MTM services completed, average time to fill a new prescription, average time to fill a refill, average wait time for prescriptions, OR other metrics?
- Yes
  - No
  - Not applicable
32. Do you feel that you have been pressured by your employer or supervisor to meet standards or metrics that may interfere with safe patient care?
- Yes
  - Somewhat
  - No
  - Not applicable
33. On average, how frequently are you interrupted while processing a prescription?
- Always
  - Usually
  - Sometimes
  - Rarely
  - Never
  - Not applicable
34. Do you fear that interruptions while processing a prescription may lead to a medication error?
- Yes
  - No
  - Not applicable
35. In your opinion, how do interruptions while processing a prescription affect your ability to practice safely?
- It greatly affects my ability to practice safely.
  - It somewhat affects my ability to practice safely.
  - It does not affect my ability to practice safely.
  - Not applicable

According to the National Coordinating Council for Medication Error Reporting and Prevention, a “medication error” is defined as “any preventable event that *may cause* or *lead* to inappropriate

medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use.”

36. What is the average number of medication errors **that leave the pharmacy**, if any, do you believe occur monthly at your primary practice setting?
- 1-5
  - 6-10
  - 11-15
  - 16-20
  - 21-25
  - 26-30
  - >30
  - None
  - Unknown
  - Not applicable
37. What is the average number of medication errors **that were caught before it left the pharmacy**, if any, do you believe occur monthly at your primary practice setting?
- 1-5
  - 6-10
  - 11-15
  - 16-20
  - 21-25
  - 26-30
  - >30
  - None
  - Unknown
  - Not applicable
38. In your opinion, how would an increase in the number of Pharmaceutical Technicians (PT) and Pharmaceutical Technicians in Training (PTT) you may supervise in your primary practice setting affect *patient safety*?
- Improve patient safety
  - Worsen patient safety
  - No impact on patient safety
  - No opinion
  - Not applicable
39. In your opinion, how would an increase in the number of PTs and PTTs you may supervise in your primary practice setting affect *medication errors*?
- Decrease medication errors
  - Increase medication errors
  - No effect on the number of medication errors
  - No opinion
  - Not applicable
40. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect *patient safety*?
- Improve patient safety

- b. Worsen patient safety
  - c. No impact on patient safety
  - d. No opinion
  - e. Not applicable
41. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect *medication errors*?
- a. Decrease medication errors
  - b. Increase medication errors
  - c. No effect on the number of medication errors
  - d. No opinion
  - e. Not applicable
42. In your opinion, is your primary practice setting a safe work environment that prioritizes patient care and safety?
- a. Yes
  - b. No
  - c. Not applicable
43. Does your pharmacy employer provide you with meal periods and rest periods?
- a. Yes
  - b. No
  - c. Not applicable
44. Are your meal periods and rest periods uninterrupted?
- a. Yes
  - b. No
  - c. Not applicable
45. In your opinion, are you able to comfortably take meals and rest periods without feeling like you will fall behind or compromise patient care or safety?
- a. Yes
  - b. No
  - c. Not applicable
46. Did your employer require you to voluntarily agree to forego any rest period or meal period as a condition of your employment?
- a. Yes
  - b. No
  - c. Not applicable
47. Please rank the following from 1 to 7 on their impact on patient safety (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety).
- a. Eliminating workload productivity metrics
  - b. Eliminating non-dispensing responsibilities for pharmacists processing prescriptions
  - c. Eliminating non-patient related interruptions for pharmacists processing prescriptions
  - d. Beginning your workday without a backlog of work from the previous shift or day
  - e. Increasing the number of pharmacists staffed
  - f. Increasing the number of pharmaceutical technicians staffed
  - g. Increasing the number of cashiers staffed

48. My current workload is:
- Excessively low
  - Low
  - About Right
  - High
  - Excessively High
  - Not applicable
49. Compared to pre-pandemic, my workload has:
- Significantly decreased
  - Decreased
  - Remained the same
  - Increased
  - Significantly increased
  - Not applicable
50. I feel my employer provides a work environment that allows for safe patient care.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
  - Not applicable
51. I feel safe voicing any workplace concerns to my employer.
- Strongly disagree
  - Disagree
  - Neither agree nor disagree
  - Agree
  - Strongly agree
  - Not applicable
52. Have you quit or left a pharmacy employment due to patient safety concerns?
- Yes
  - No
  - Not applicable
53. If you answered “yes” to question 52, what pharmacy practice setting did you leave?
- Institutional/Hospital Pharmacy
  - Retail Chain Pharmacy
  - Independent Pharmacy
  - Department of Defense or Veterans Affairs Pharmacy
  - Non-pharmacy practice setting (i.e., a practitioner’s office, at home, at a college or university, etc.)
  - Consultant Pharmacist Position
  - Not applicable
54. In your opinion, what is the number of prescriptions **ONE** pharmacist should be able to **reasonably and safely fill** on a given weekday, working from 9am to 7pm, in a **general retail pharmacy** setting, with the assistance of one to three pharmaceutical technicians or pharmaceutical technicians in training **IF** non-dispensing services such as medication therapy management, vaccinations, point-of-



care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects **ARE EXCLUDED?**

- a. <100 prescriptions
- b. 101-200 prescriptions
- c. 201-300 prescriptions
- d. 301-400 prescriptions
- e. 401-500 prescriptions
- f. 501-600 prescriptions
- g. 601-700 prescriptions
- h. >700 prescriptions
- i. Unknown
- j. Not applicable

55. What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?
56. What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?
57. Please share any other comments you may have:

### **Well-Being Index Questions**

58. Have you felt burned out from your work?
- a. Yes
  - b. Somewhat
  - c. No
  - d. Not applicable
59. Does your job often negatively affect your mental or physical health?
- e. Yes
  - f. Somewhat
  - g. No
  - h. Not applicable
60. Have you often been bothered by feeling down, anxious, irritable, depressed, or hopeless because of work?
- i. Yes
  - j. Somewhat
  - k. No
  - l. Not applicable
61. Have you felt all things you had to do at work were piling up so high you could not overcome them?
- m. Yes
  - n. Somewhat
  - o. No
  - p. Not applicable



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## Survey Results

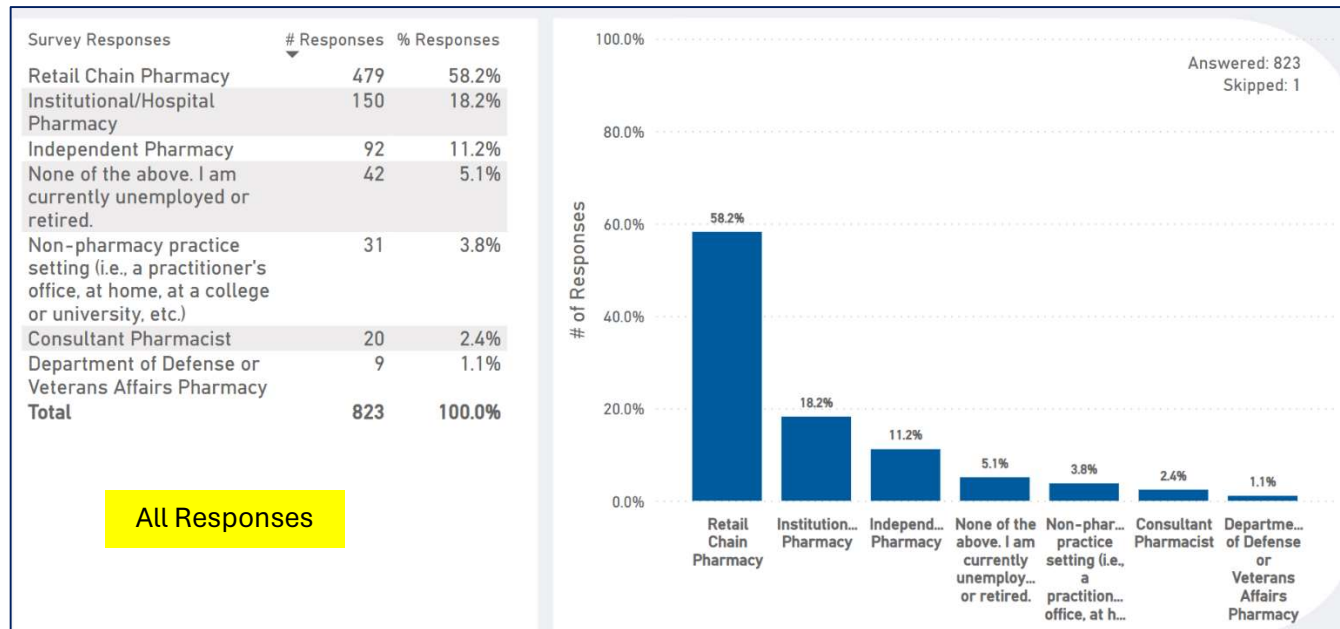
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Question 1 of the survey was removed from the results as it is confidential. Question 1 asked the pharmacist completing the survey to provide their Nevada pharmacist license number. The results of Question 1 were used strictly as a means to (1) limit the population of survey participants to Nevada-registered pharmacists and (2) excluding duplicate surveys.

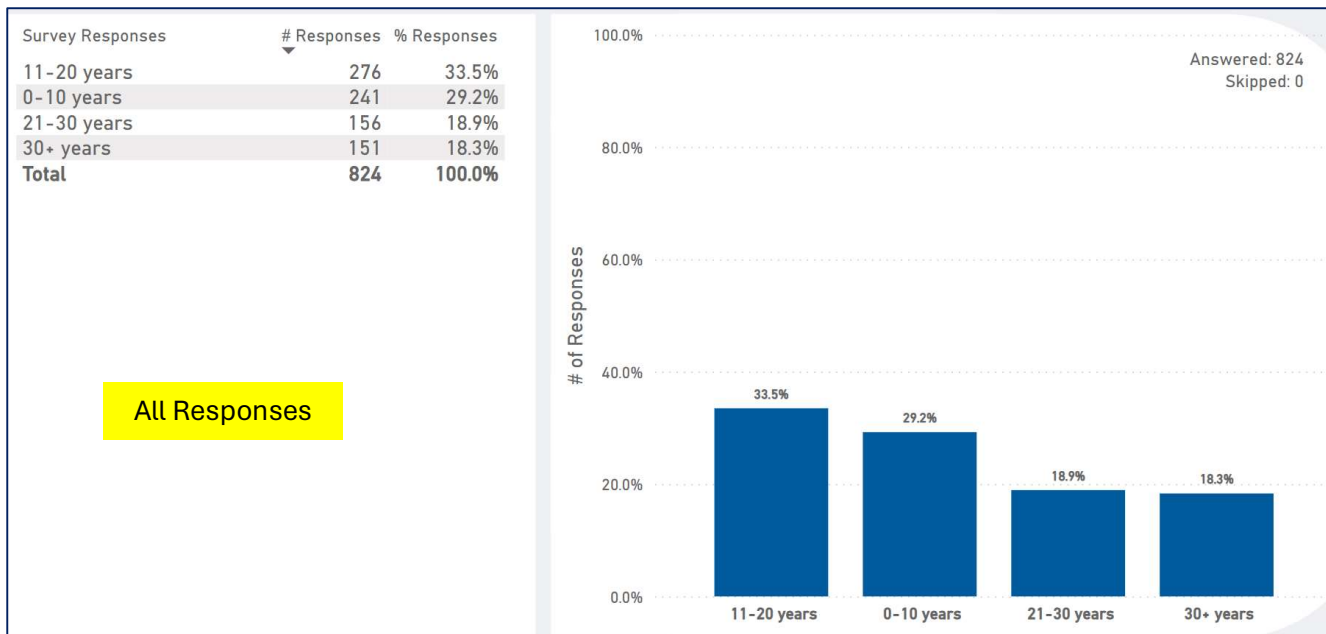
Additionally, with the exception of survey question 3, four statistical results are provided for each survey question depending on how the pharmacist answered question 3 of the survey. The four statistical results represent the following:

1. **All Responses** – is the statistical results from all survey participants
2. **Retail Chain Pharmacists** – is the statistical results from pharmacists that indicated their primary practice setting is in a Retail Chain Pharmacy
3. **Institutional/Hospital Pharmacist** – is the statistical results from pharmacists that indicated their primary practice setting is in an Institutional/Hospital Pharmacy
4. **Other** – is the statistical results from pharmacists from all other practice settings
  - Independent Pharmacy,
  - Consultant Pharmacist,
  - Department of Defense or Veterans Affairs Pharmacy,
  - Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.), and
  - None of the above. I am currently unemployed or retired.

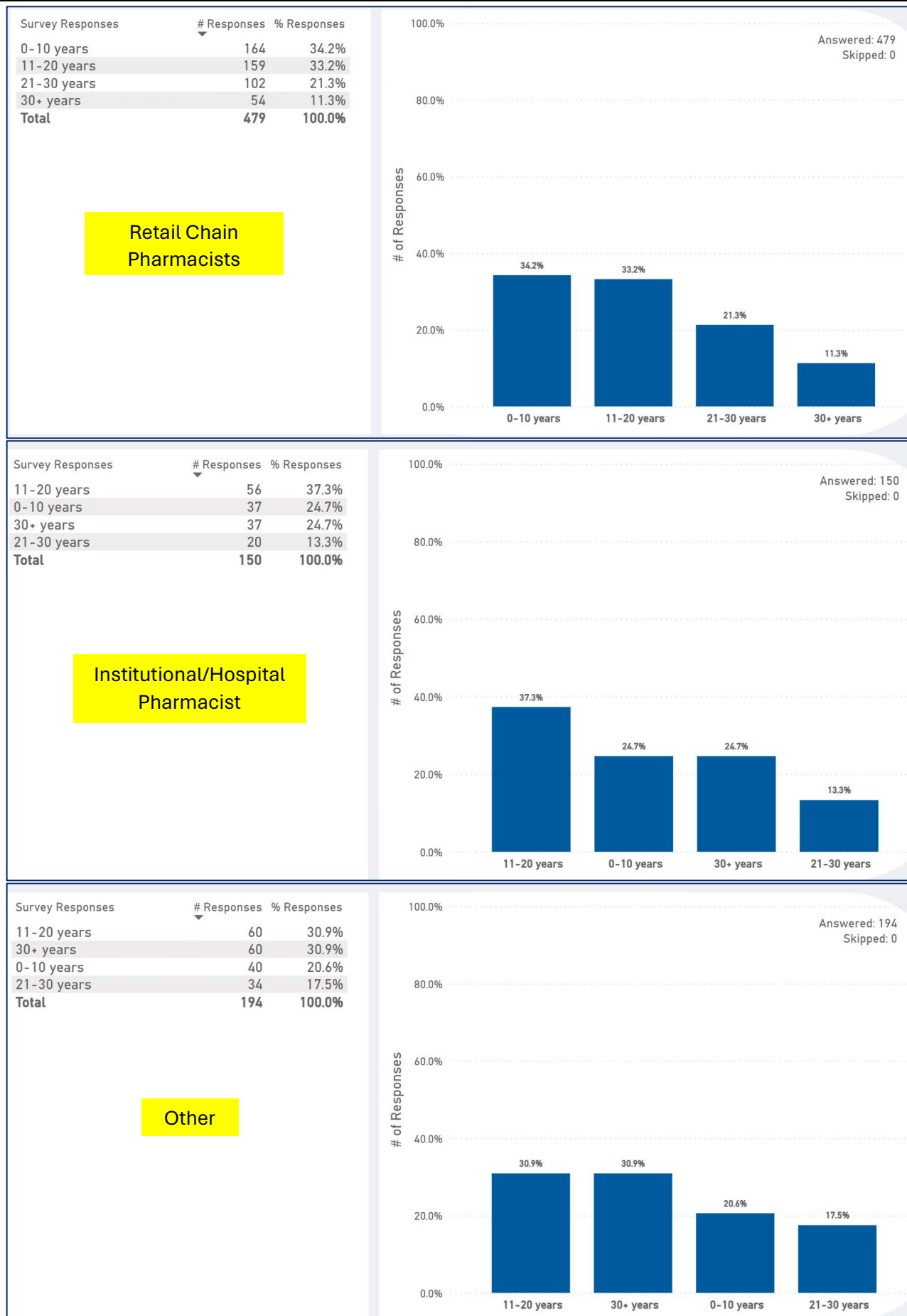
### 3. Which of the following most closely describes your primary practice setting?



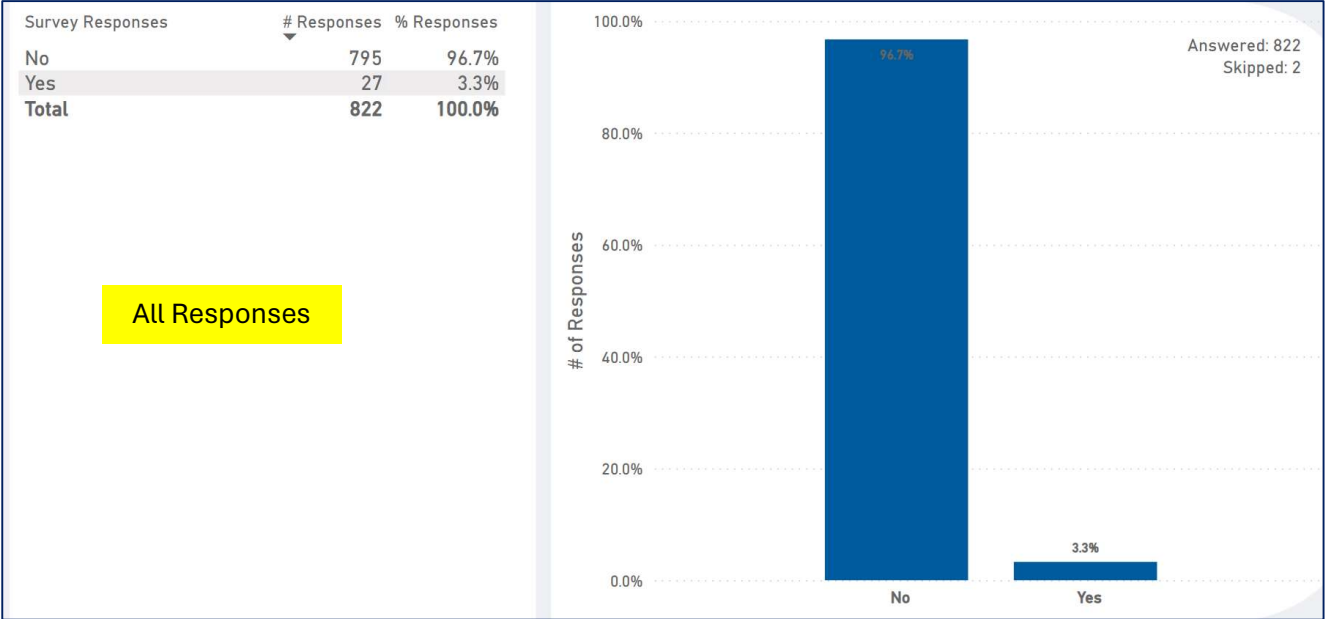
## 2. How many years have you been in the practice of pharmacy?



## 2. How many years have you been in the practice of pharmacy?



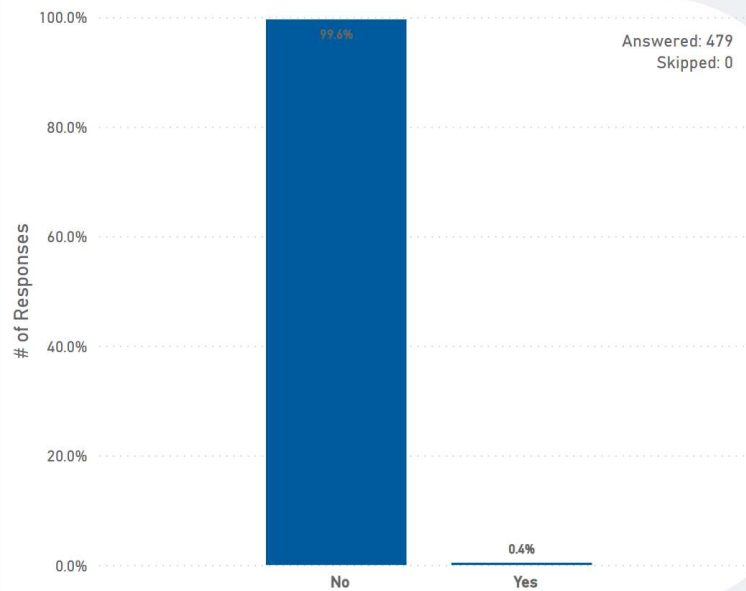
4. Are you the owner of the pharmacy where you primarily practice?



#### 4. Are you the owner of the pharmacy where you primarily practice?

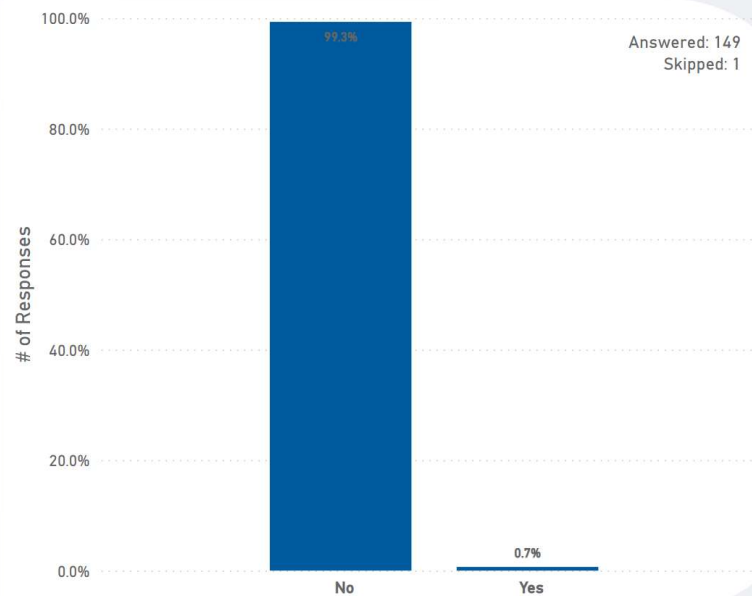
Survey Responses	# Responses	% Responses
No	477	99.6%
Yes	2	0.4%
Total	479	100.0%

Retail Chain  
Pharmacist



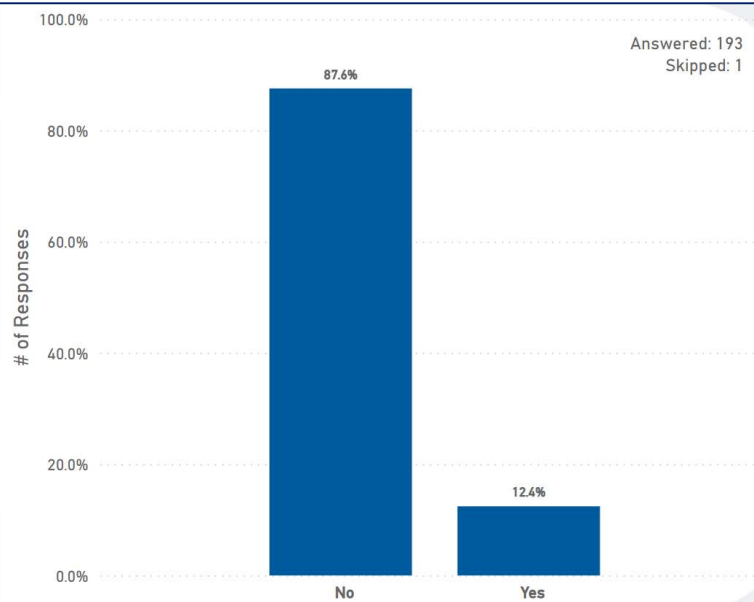
Survey Responses	# Responses	% Responses
No	148	99.3%
Yes	1	0.7%
Total	149	100.0%

Institutional/Hospital  
Pharmacist

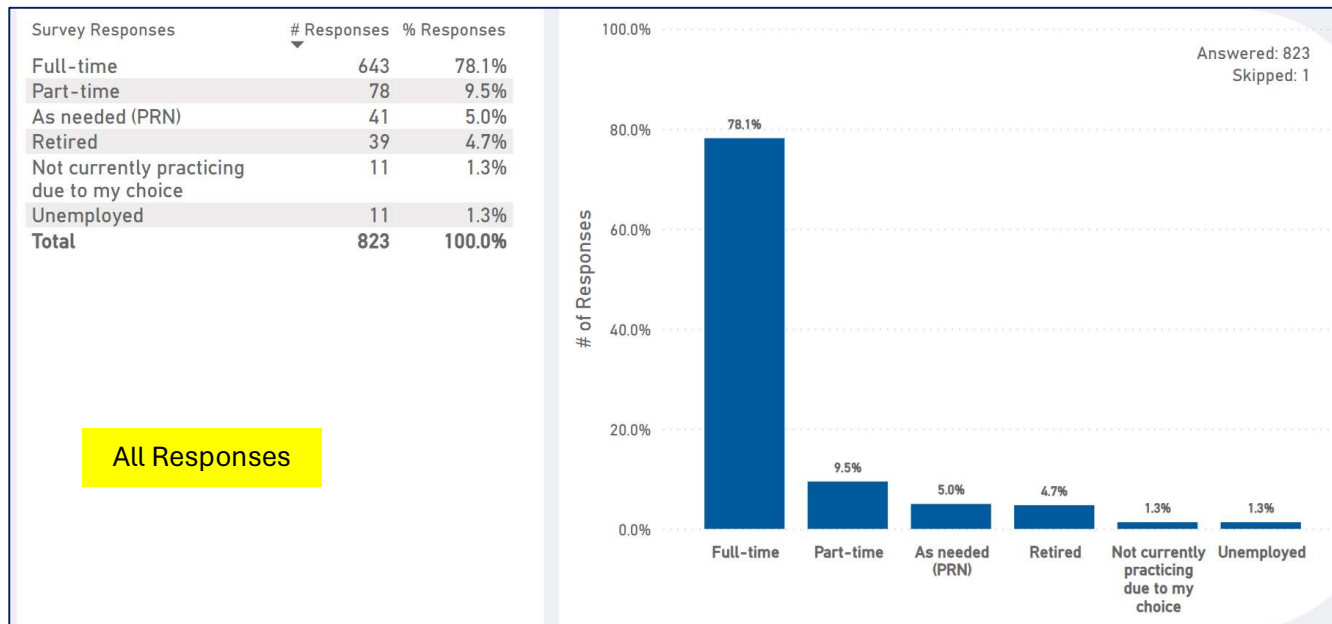


Survey Responses	# Responses	% Responses
No	169	87.6%
Yes	24	12.4%
Total	193	100.0%

Other



## 5. What is your employment status?

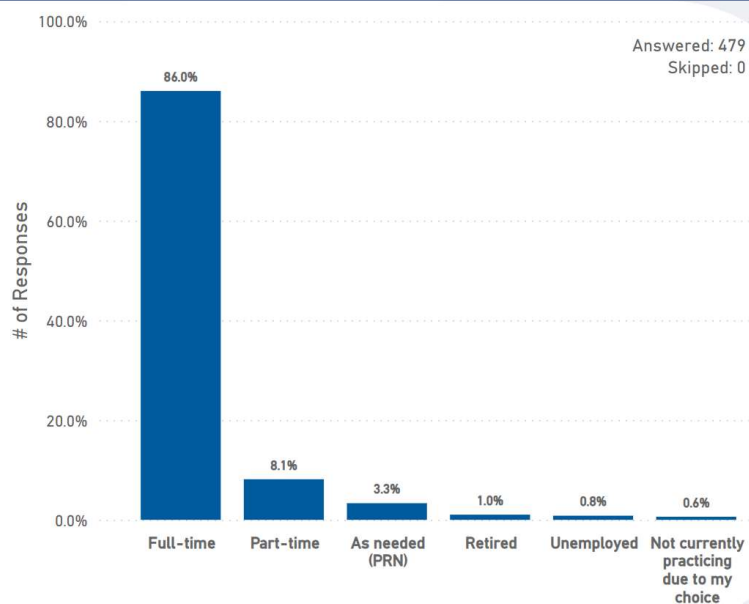




## 5. What is your employment status?

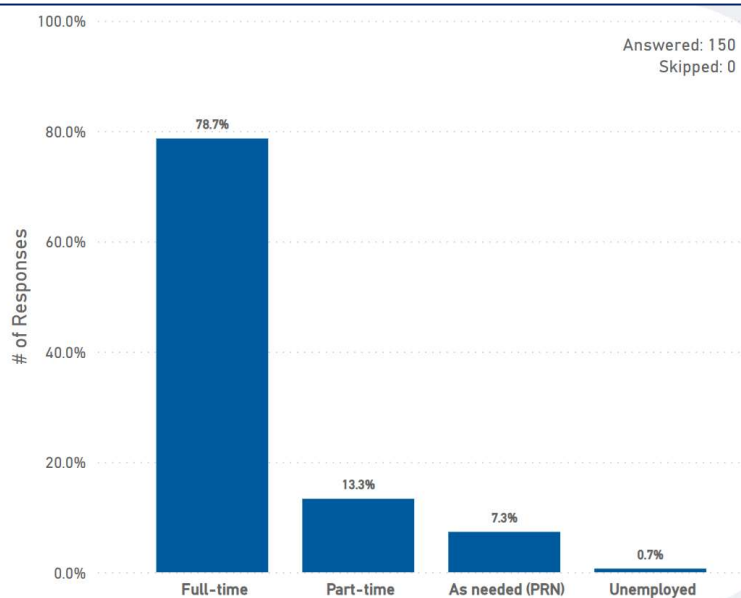
Survey Responses	# Responses	% Responses
Full-time	412	86.0%
Part-time	39	8.1%
As needed (PRN)	16	3.3%
Retired	5	1.0%
Unemployed	4	0.8%
Not currently practicing due to my choice	3	0.6%
<b>Total</b>	<b>479</b>	<b>100.0%</b>

Retail Chain Pharmacist



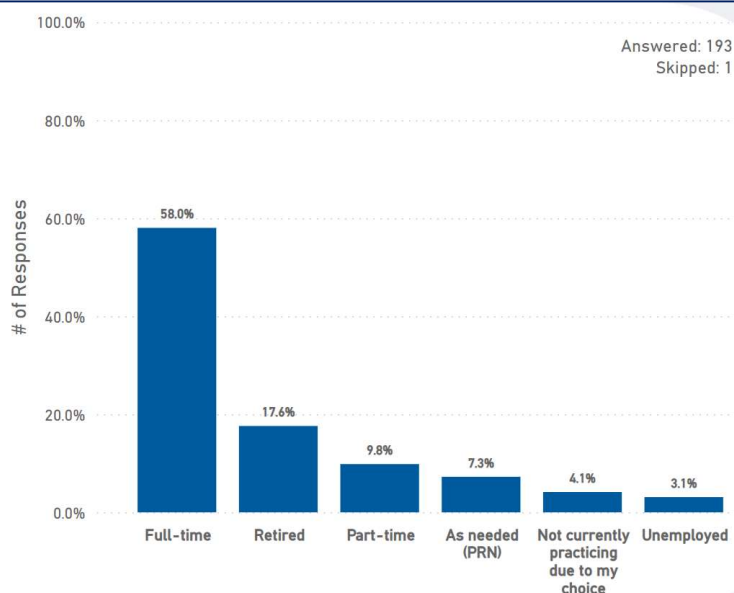
Survey Responses	# Responses	% Responses
Full-time	118	78.7%
Part-time	20	13.3%
As needed (PRN)	11	7.3%
Unemployed	1	0.7%
<b>Total</b>	<b>150</b>	<b>100.0%</b>

Institutional/Hospital Pharmacist

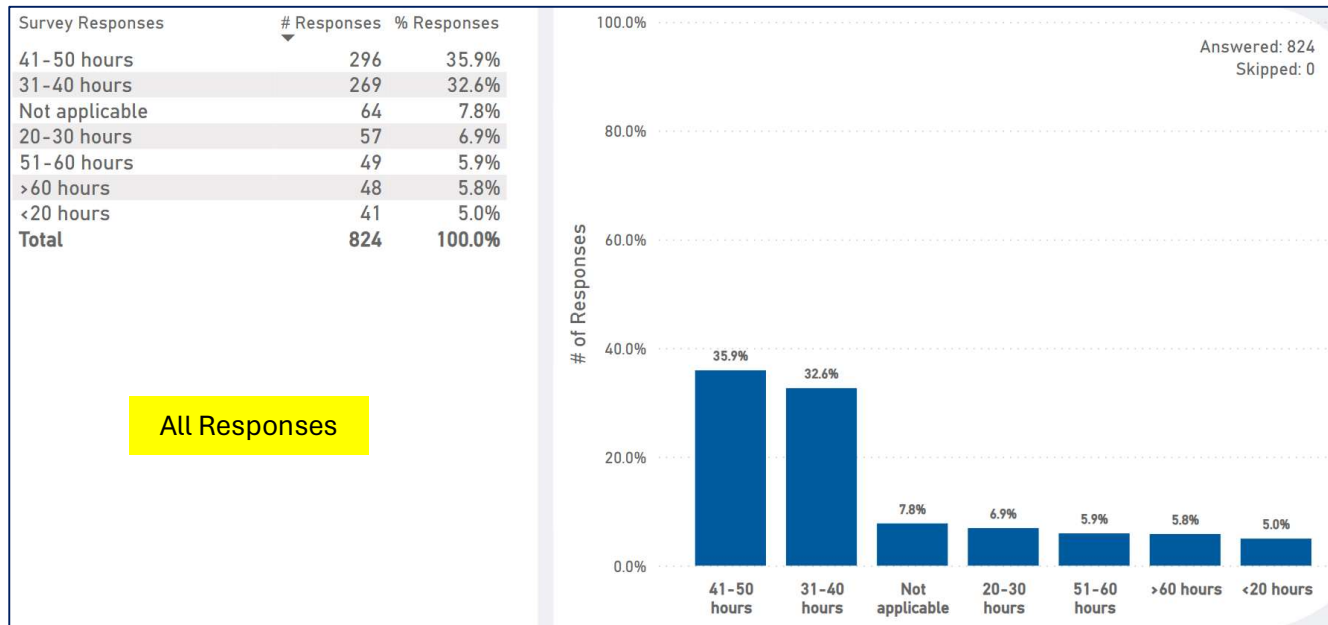


Survey Responses	# Responses	% Responses
Full-time	112	58.0%
Retired	34	17.6%
Part-time	19	9.8%
As needed (PRN)	14	7.3%
Not currently practicing due to my choice	8	4.1%
Unemployed	6	3.1%
<b>Total</b>	<b>193</b>	<b>100.0%</b>

Other



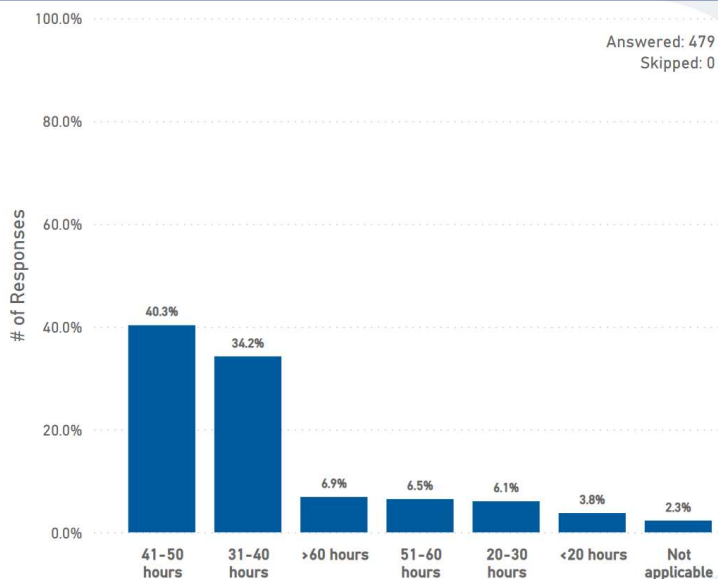
## 6. How many hours per week do you work at your primary practice setting (please include paid and unpaid hours)?



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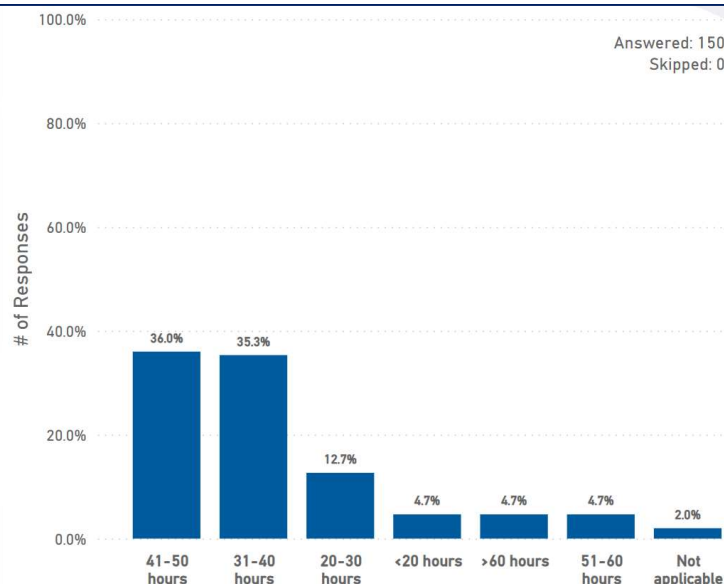
Survey Responses	# Responses	% Responses
41-50 hours	193	40.3%
31-40 hours	164	34.2%
>60 hours	33	6.9%
51-60 hours	31	6.5%
20-30 hours	29	6.1%
<20 hours	18	3.8%
Not applicable	11	2.3%
<b>Total</b>	<b>479</b>	<b>100.0%</b>

Retail Chain  
Pharmacist



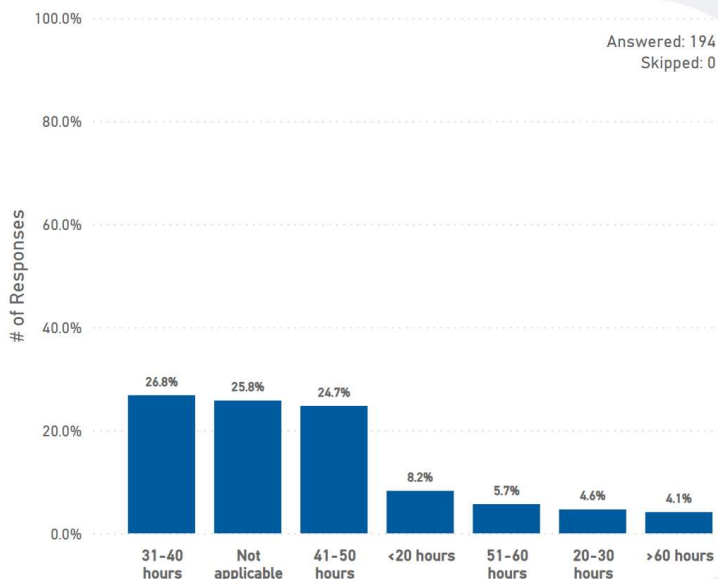
Survey Responses	# Responses	% Responses
41-50 hours	54	36.0%
31-40 hours	53	35.3%
20-30 hours	19	12.7%
<20 hours	7	4.7%
>60 hours	7	4.7%
51-60 hours	7	4.7%
Not applicable	3	2.0%
<b>Total</b>	<b>150</b>	<b>100.0%</b>

Institutional/Hospital  
Pharmacist

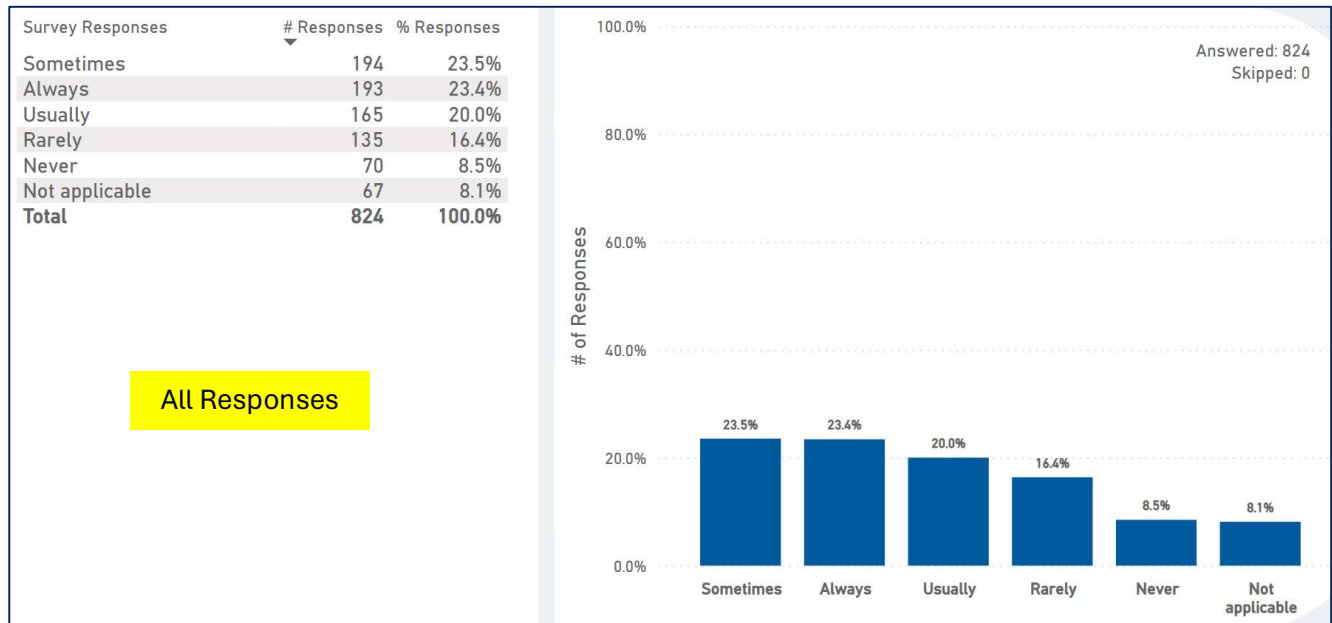


Survey Responses	# Responses	% Responses
31-40 hours	52	26.8%
Not applicable	50	25.8%
41-50 hours	48	24.7%
<20 hours	16	8.2%
51-60 hours	11	5.7%
20-30 hours	9	4.6%
>60 hours	8	4.1%
<b>Total</b>	<b>194</b>	<b>100.0%</b>

Other



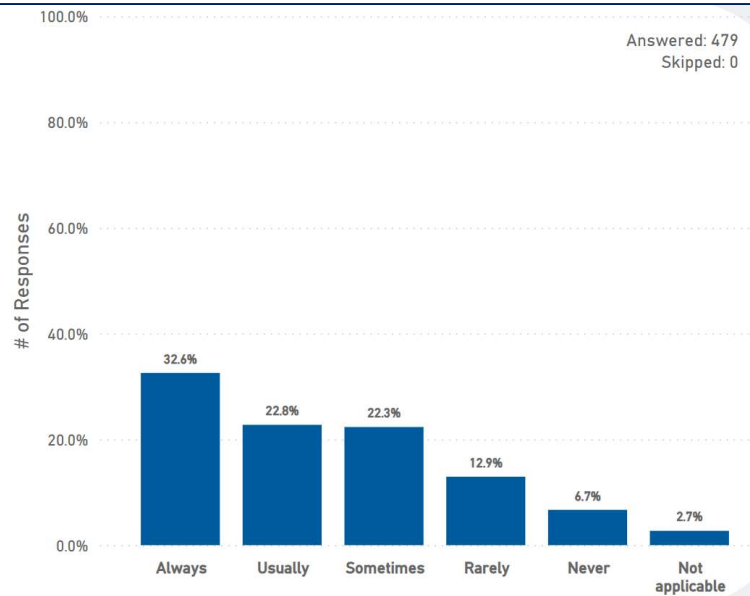
## 7. To keep up with work related tasks, how often do you continue working after your scheduled/paid shift hours have been completed?



## 7. To keep up with work related tasks, how often do you continue working after your scheduled/paid shift hours have been completed?

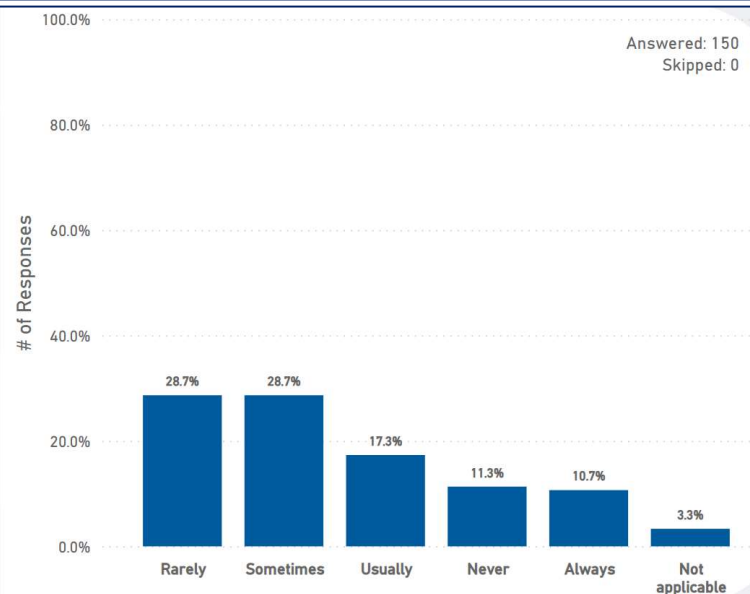
Survey Responses	# Responses	% Responses
Always	156	32.6%
Usually	109	22.8%
Sometimes	107	22.3%
Rarely	62	12.9%
Never	32	6.7%
Not applicable	13	2.7%
<b>Total</b>	<b>479</b>	<b>100.0%</b>

Retail Chain  
Pharmacist



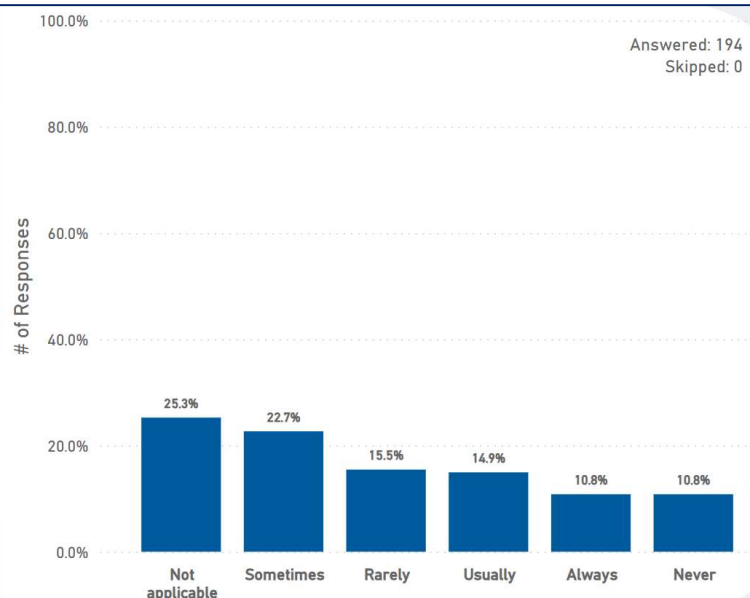
Survey Responses	# Responses	% Responses
Rarely	43	28.7%
Sometimes	43	28.7%
Usually	26	17.3%
Never	17	11.3%
Always	16	10.7%
Not applicable	5	3.3%
<b>Total</b>	<b>150</b>	<b>100.0%</b>

Institutional/Hospital  
Pharmacist

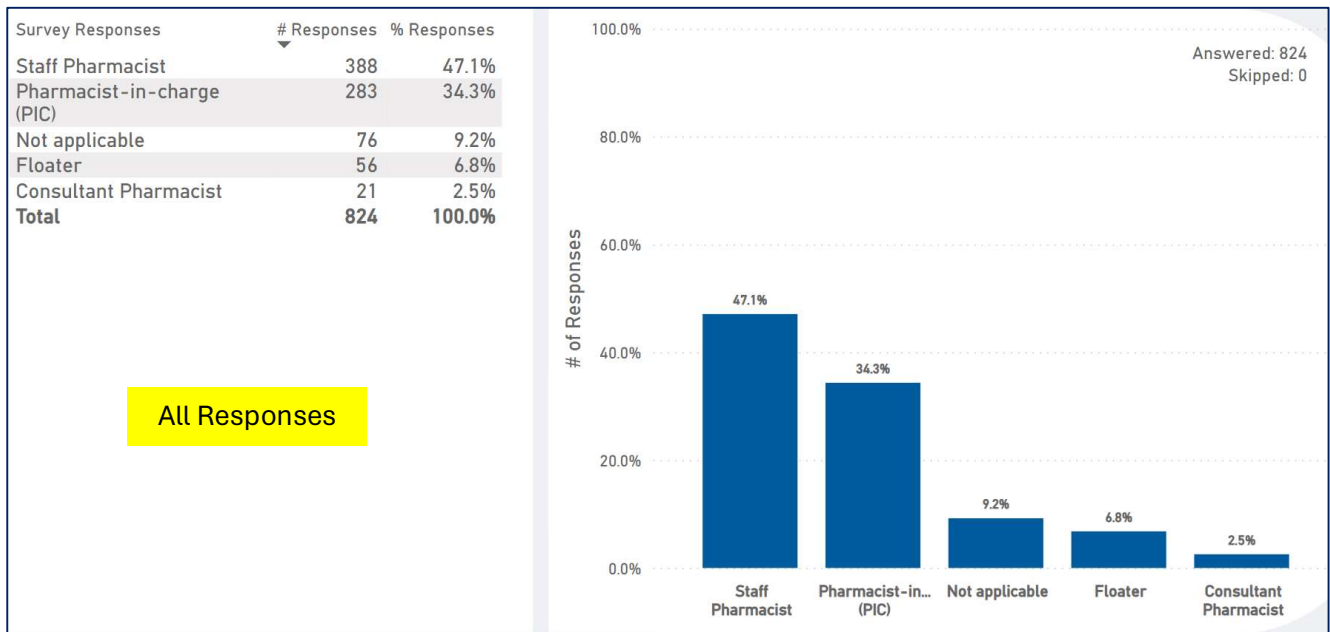


Survey Responses	# Responses	% Responses
Not applicable	49	25.3%
Sometimes	44	22.7%
Rarely	30	15.5%
Usually	29	14.9%
Always	21	10.8%
Never	21	10.8%
<b>Total</b>	<b>194</b>	<b>100.0%</b>

Other



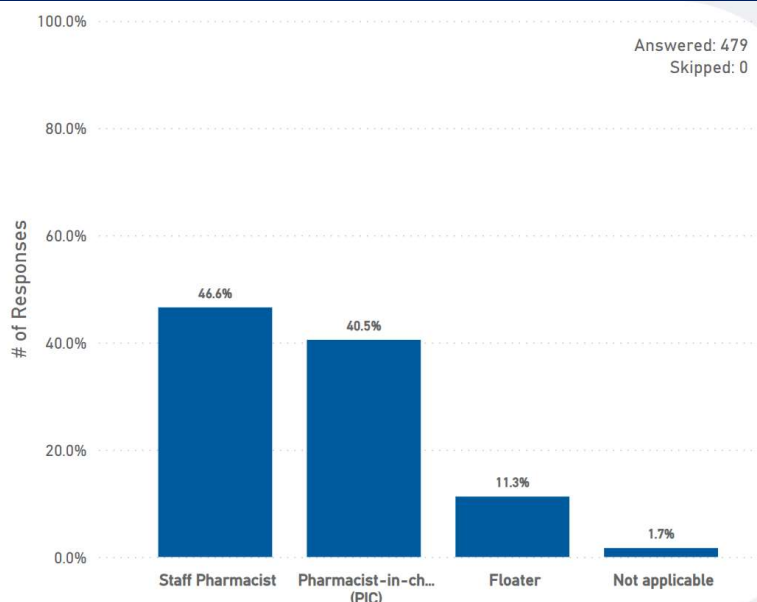
## 8. What is your role at your primary practice setting?



## 8. What is your role at your primary practice setting?

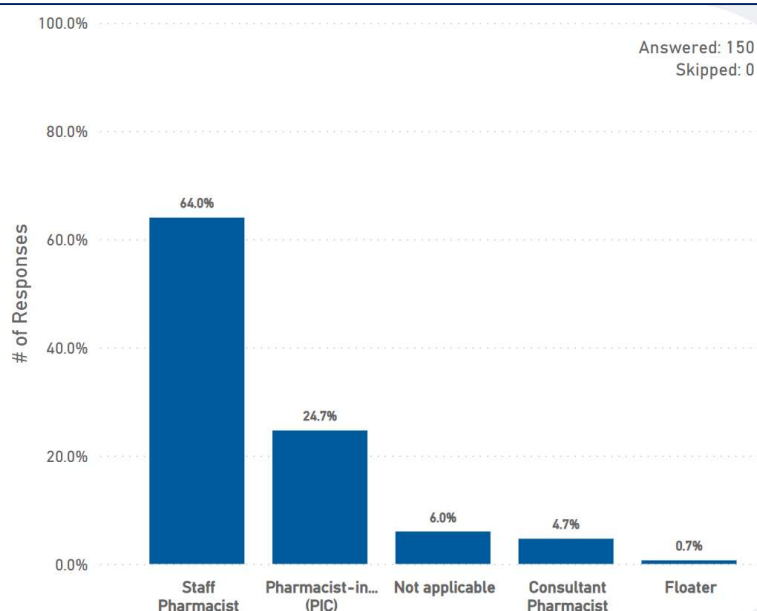
Survey Responses	# Responses	% Responses
Staff Pharmacist	223	46.6%
Pharmacist-in-charge (PIC)	194	40.5%
Floater	54	11.3%
Not applicable	8	1.7%
<b>Total</b>	<b>479</b>	<b>100.0%</b>

Retail Chain Pharmacist



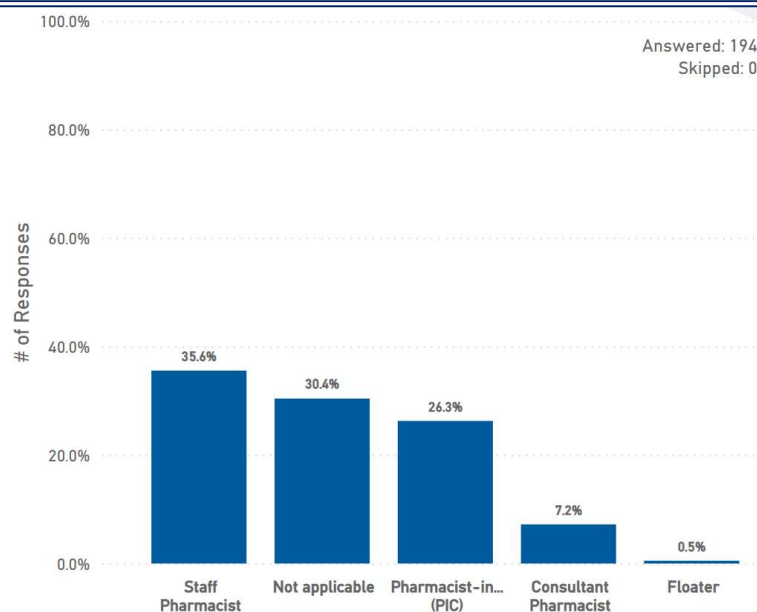
Survey Responses	# Responses	% Responses
Staff Pharmacist	96	64.0%
Pharmacist-in-charge (PIC)	37	24.7%
Not applicable	9	6.0%
Consultant Pharmacist	7	4.7%
Floater	1	0.7%
<b>Total</b>	<b>150</b>	<b>100.0%</b>

Institutional/Hospital Pharmacist

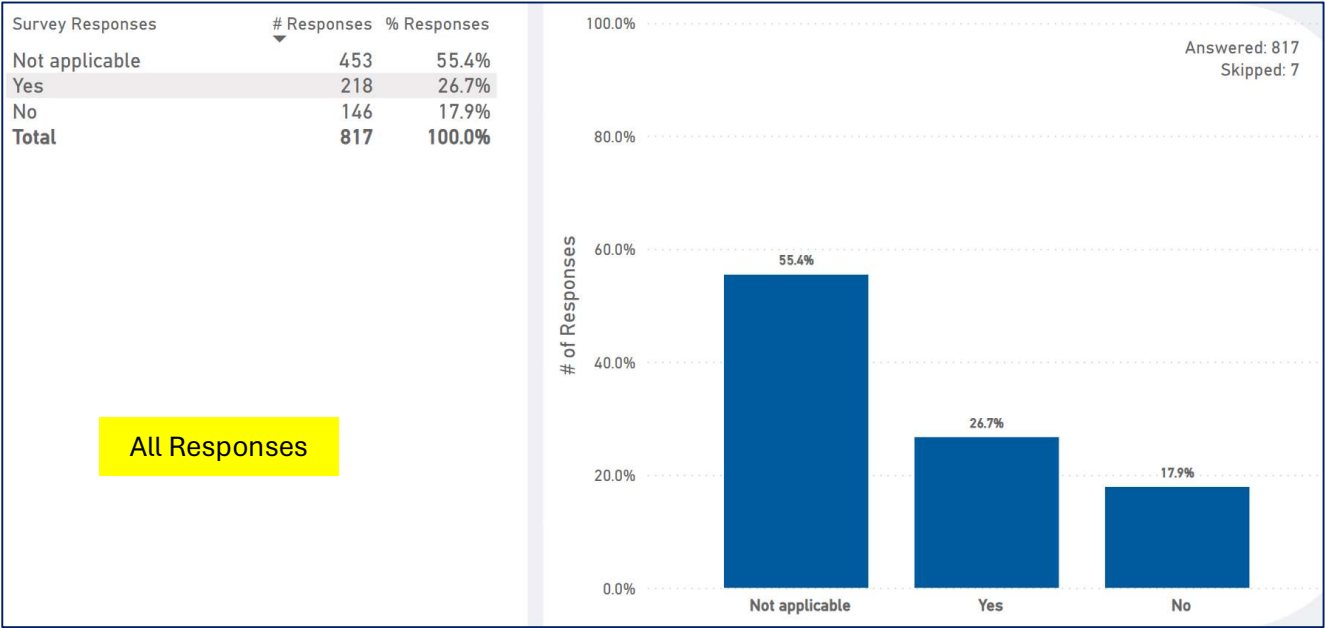


Survey Responses	# Responses	% Responses
Staff Pharmacist	69	35.6%
Not applicable	59	30.4%
Pharmacist-in-charge (PIC)	51	26.3%
Consultant Pharmacist	14	7.2%
Floater	1	0.5%
<b>Total</b>	<b>194</b>	<b>100.0%</b>

Other

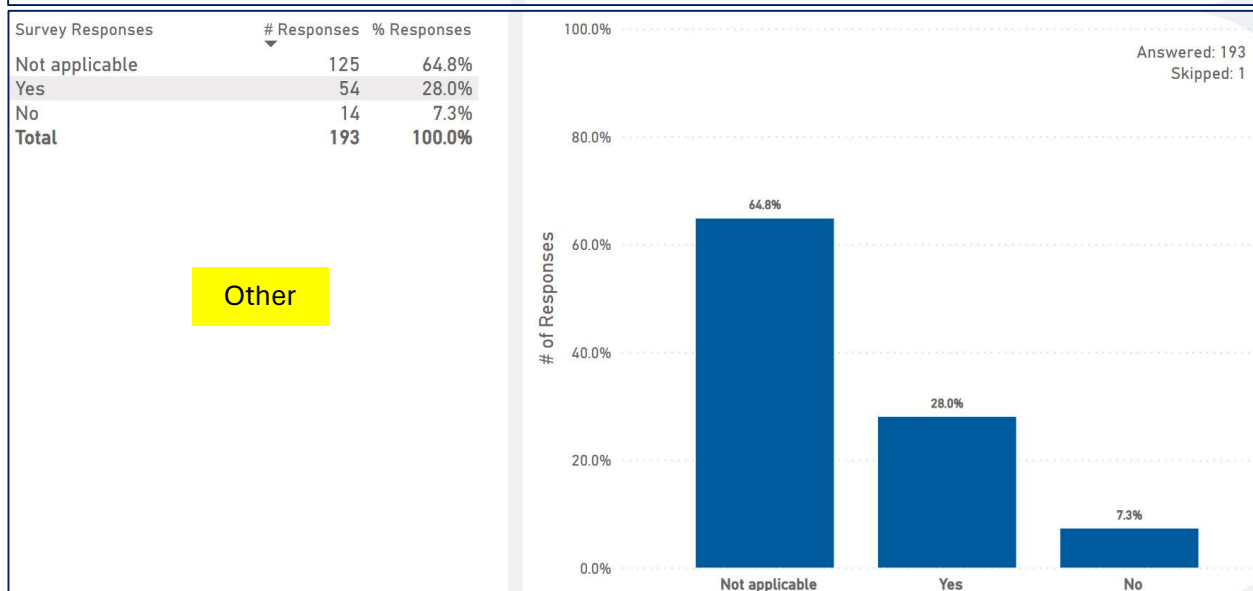
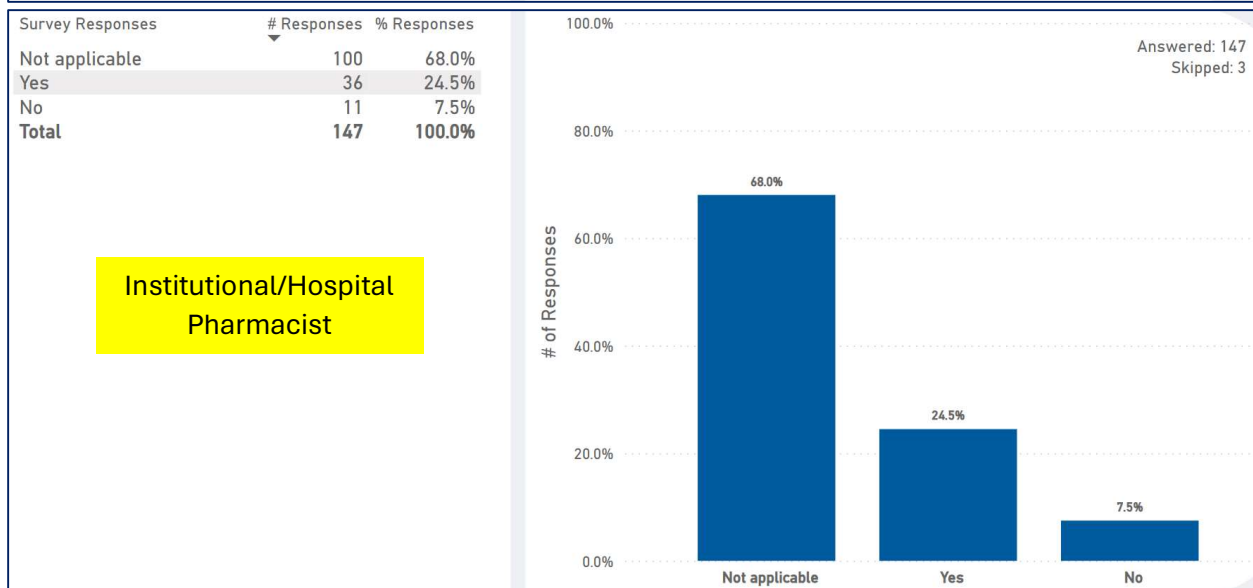
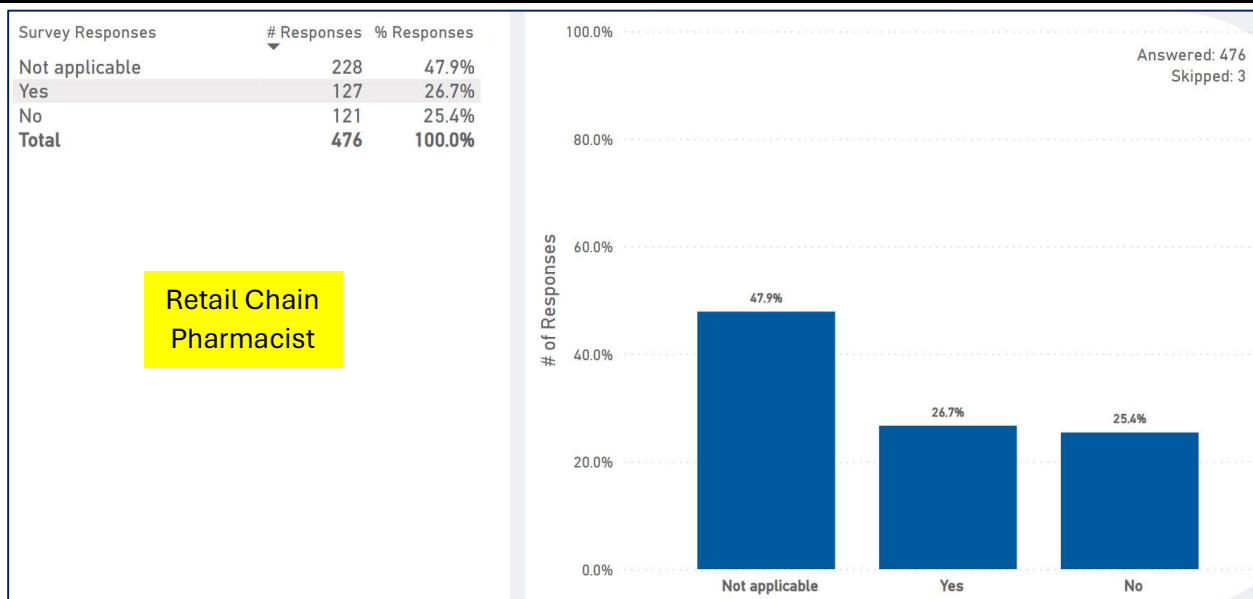


9. If you are the designated PIC, do you feel you have sufficient autonomy and power to fulfill your duties as the PIC?

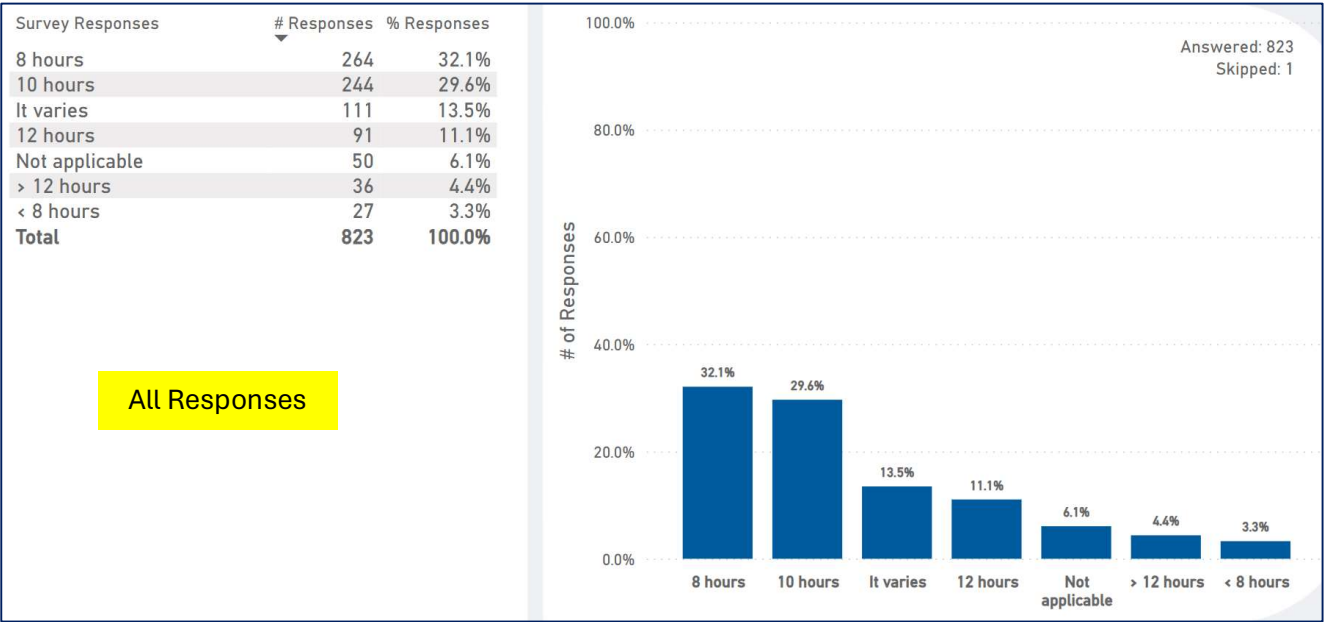




## 9. If you are the designated PIC, do you feel you have sufficient autonomy and power to fulfill your duties as the PIC?



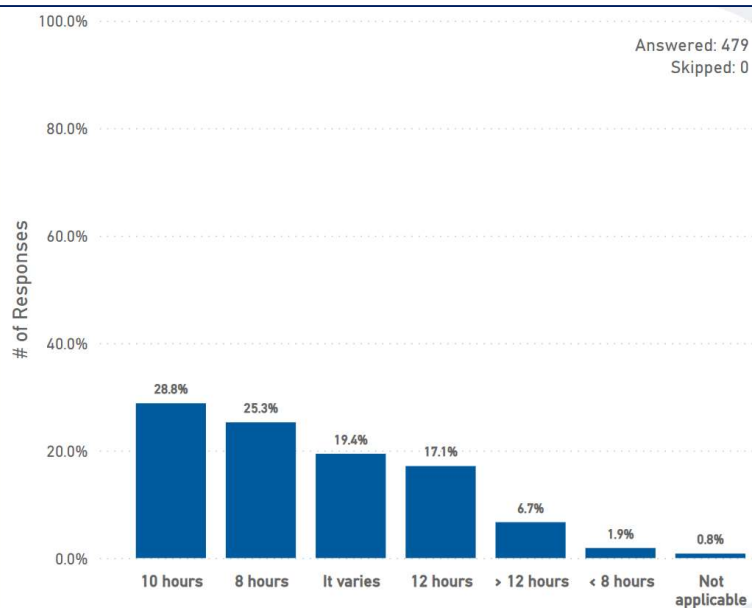
10. How long is a typical work shift at your primary practice setting?



## 10. How long is a typical work shift at your primary practice setting?

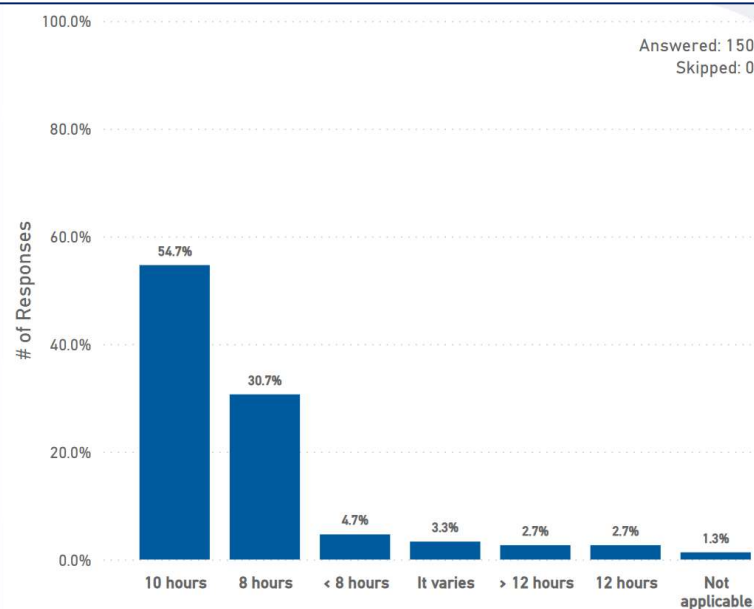
Survey Responses	# Responses	% Responses
10 hours	138	28.8%
8 hours	121	25.3%
It varies	93	19.4%
12 hours	82	17.1%
> 12 hours	32	6.7%
< 8 hours	9	1.9%
Not applicable	4	0.8%
<b>Total</b>	<b>479</b>	<b>100.0%</b>

Retail Chain  
Pharmacist



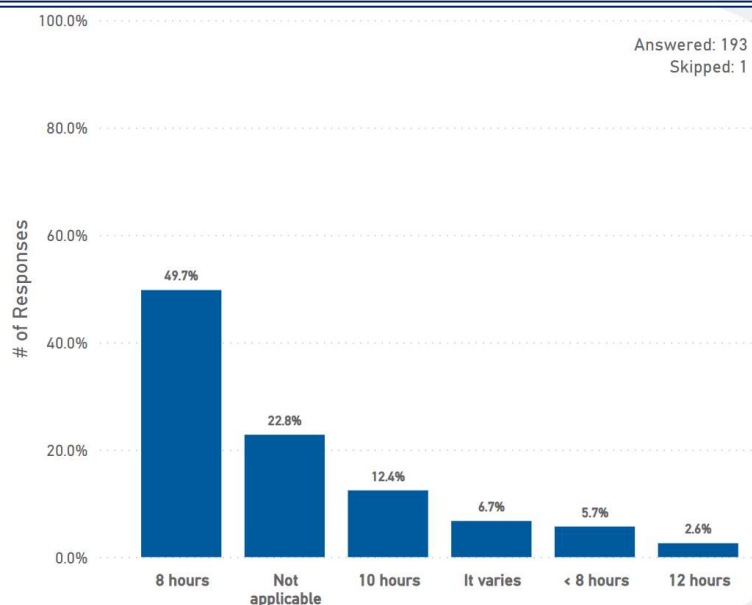
Survey Responses	# Responses	% Responses
10 hours	82	54.7%
8 hours	46	30.7%
< 8 hours	7	4.7%
It varies	5	3.3%
> 12 hours	4	2.7%
12 hours	4	2.7%
Not applicable	2	1.3%
<b>Total</b>	<b>150</b>	<b>100.0%</b>

Institutional/Hospital  
Pharmacist

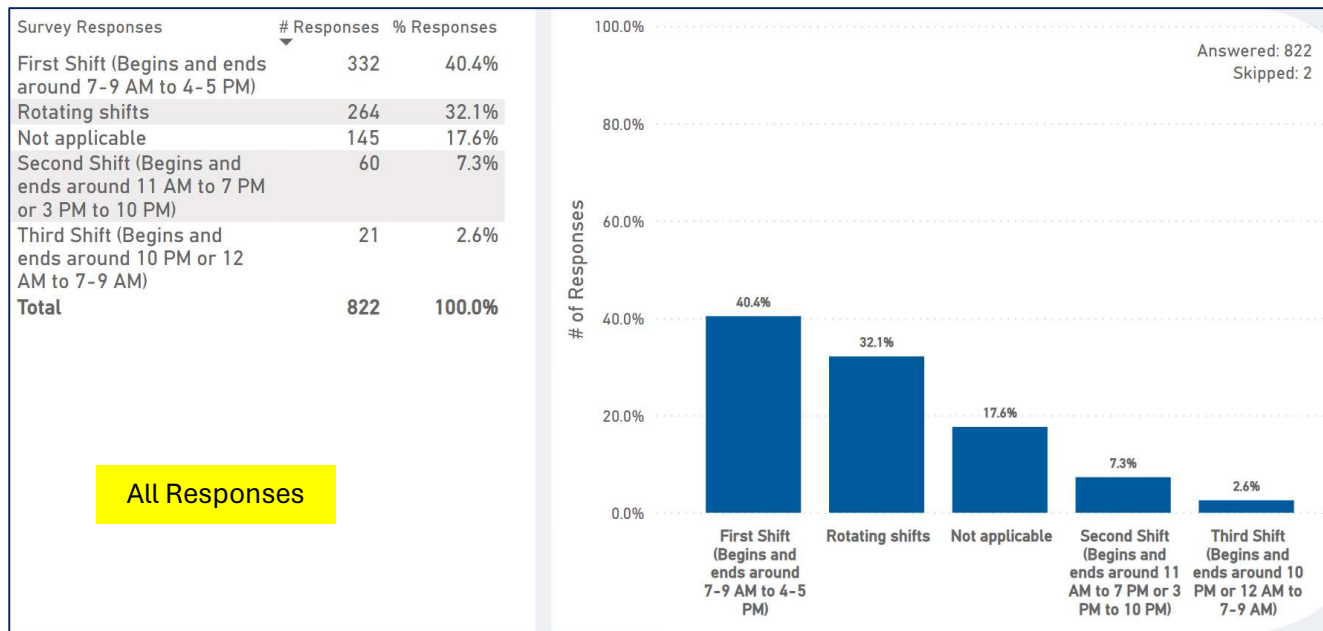


Survey Responses	# Responses	% Responses
8 hours	96	49.7%
Not applicable	44	22.8%
10 hours	24	12.4%
It varies	13	6.7%
< 8 hours	11	5.7%
12 hours	5	2.6%
<b>Total</b>	<b>193</b>	<b>100.0%</b>

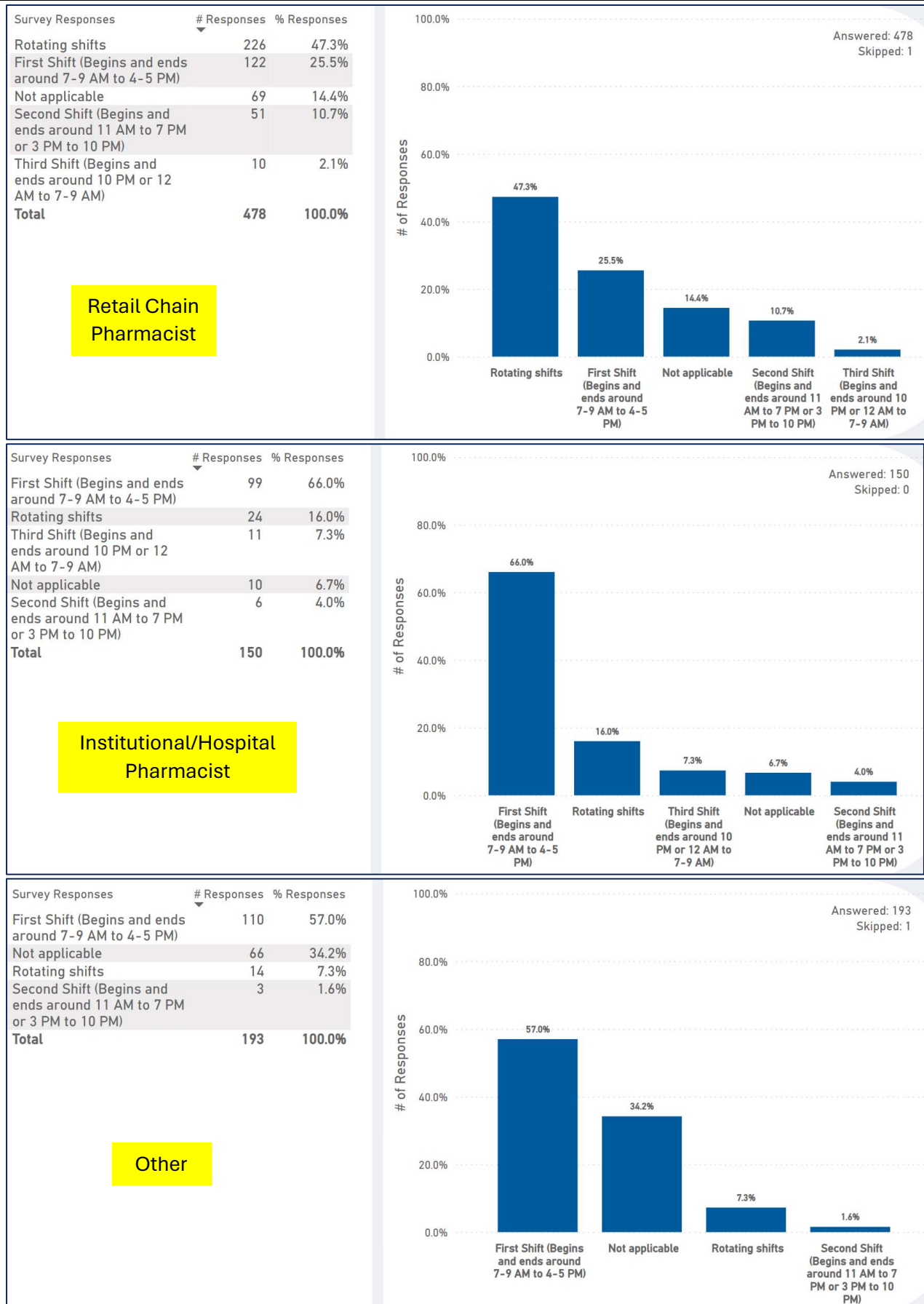
Other



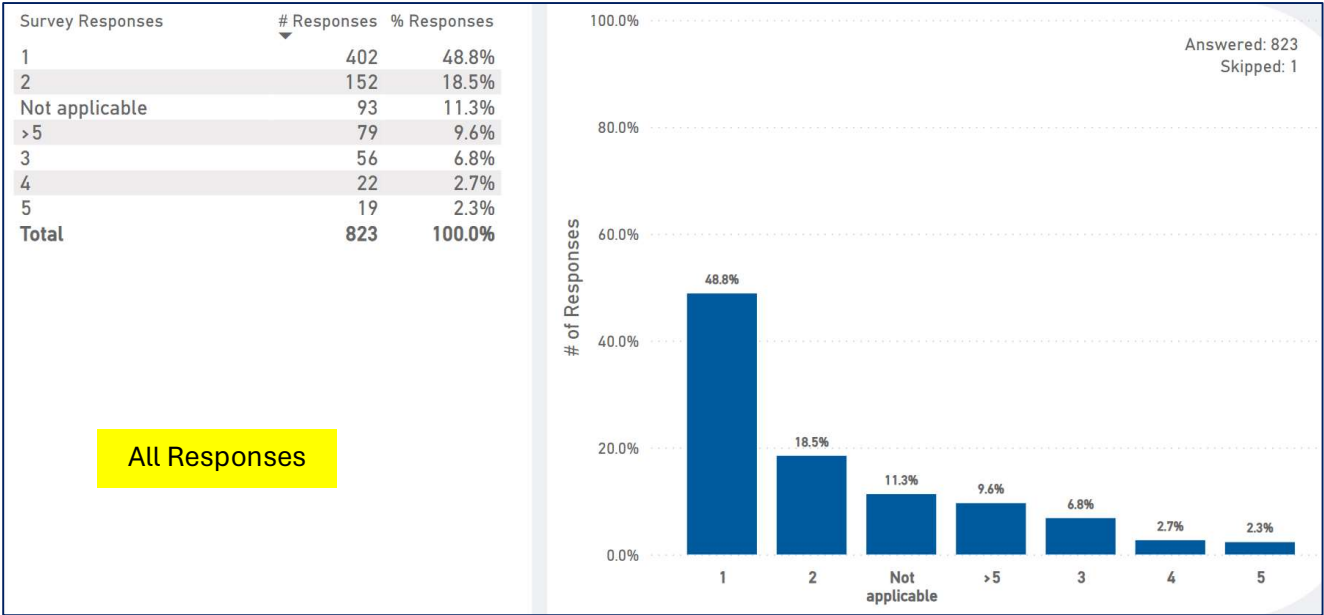
## 11. Which of the following most closely describes the shift you work at your primary practice setting?



# 11. Which of the following most closely describes the shift you work at your primary practice setting?



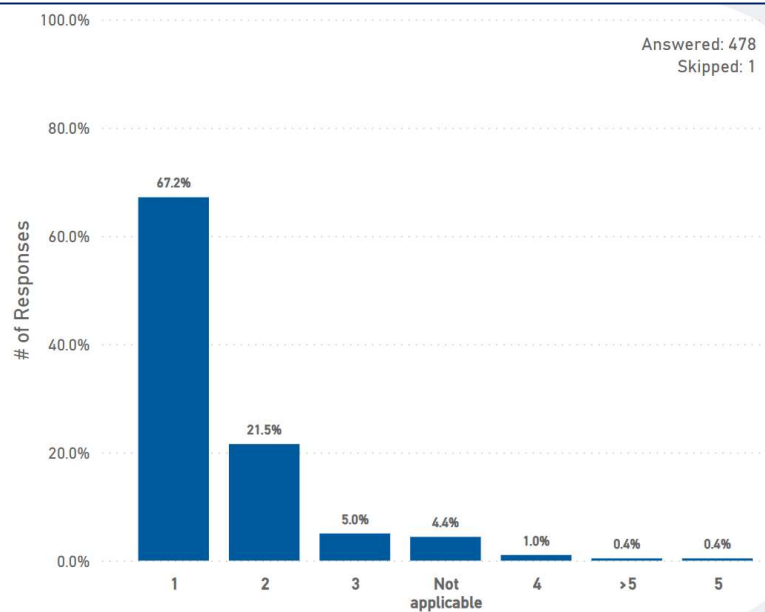
12. Provide the number of pharmacists that work during your shift?



## 12. Provide the number of pharmacists that work during your shift?

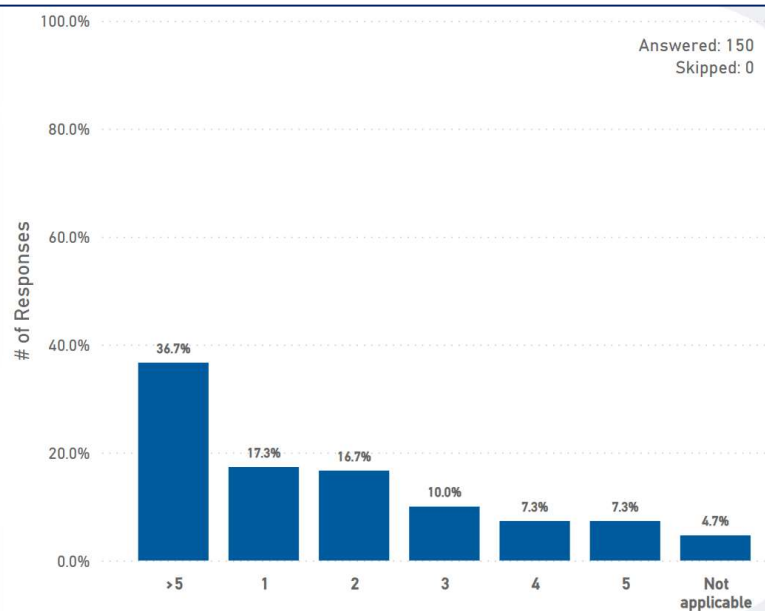
Survey Responses	# Responses	% Responses
1	321	67.2%
2	103	21.5%
3	24	5.0%
Not applicable	21	4.4%
4	5	1.0%
>5	2	0.4%
5	2	0.4%
<b>Total</b>	<b>478</b>	<b>100.0%</b>

Retail Chain  
Pharmacist



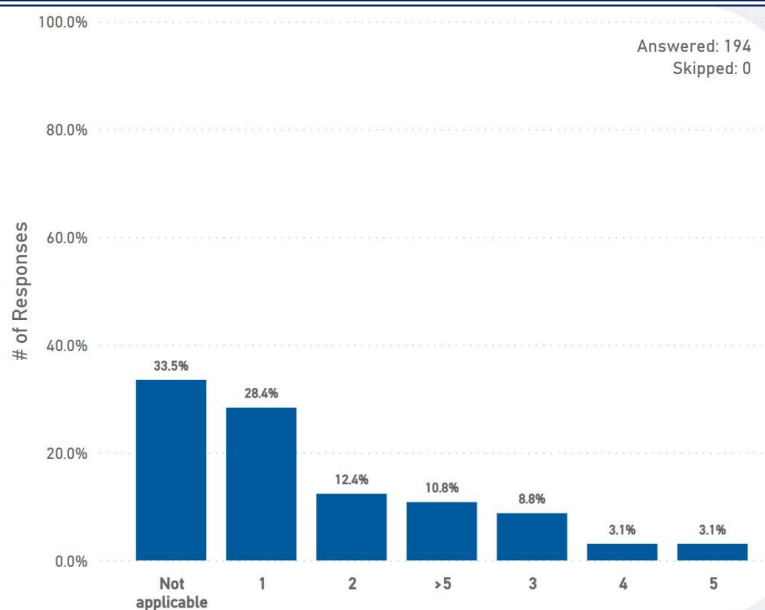
Survey Responses	# Responses	% Responses
>5	55	36.7%
1	26	17.3%
2	25	16.7%
3	15	10.0%
4	11	7.3%
5	11	7.3%
Not applicable	7	4.7%
<b>Total</b>	<b>150</b>	<b>100.0%</b>

Institutional/Hospital  
Pharmacist

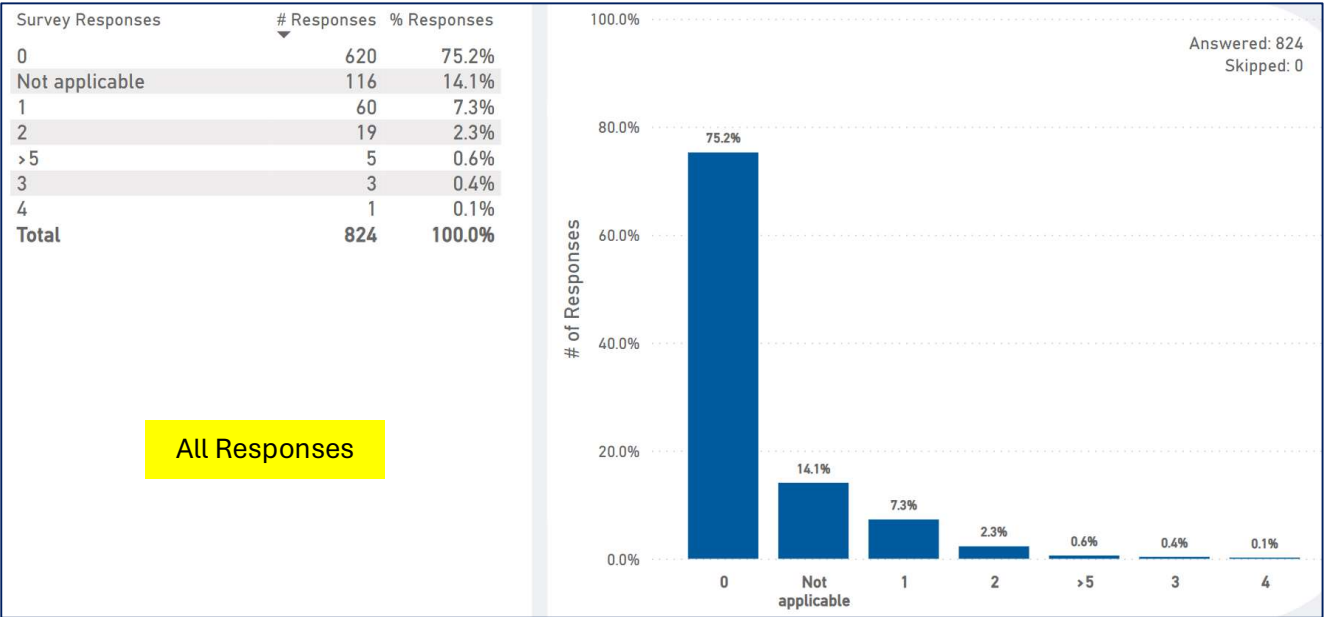


Survey Responses	# Responses	% Responses
Not applicable	65	33.5%
1	55	28.4%
2	24	12.4%
>5	21	10.8%
3	17	8.8%
4	6	3.1%
5	6	3.1%
<b>Total</b>	<b>194</b>	<b>100.0%</b>

Other



13. Provide the number of interns that work during your shift?

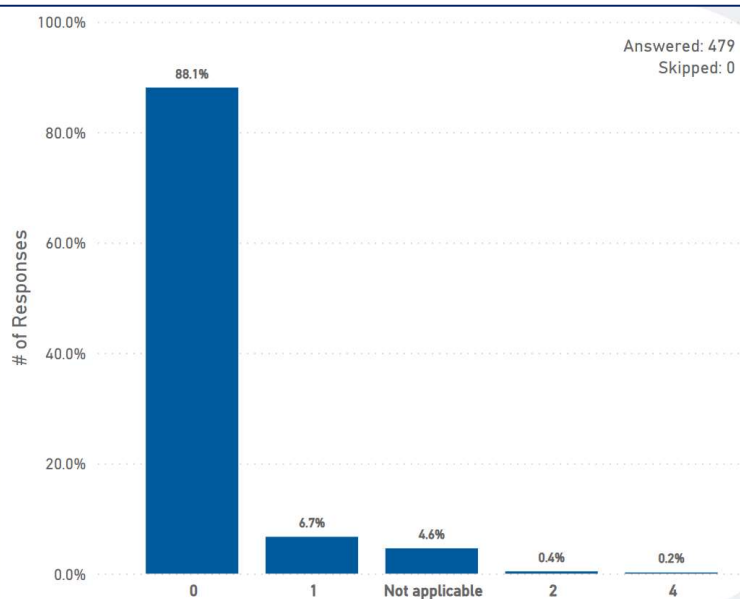




### 13. Provide the number of interns that work during your shift?

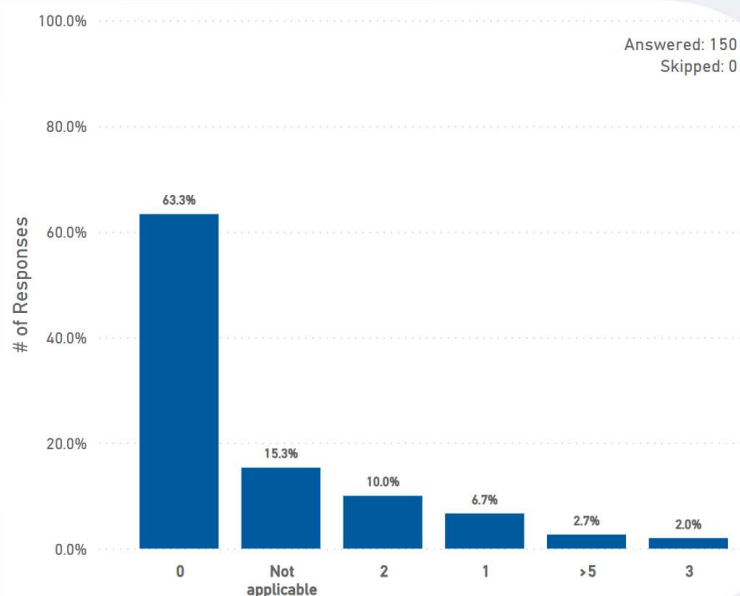
Survey Responses	# Responses	% Responses
0	422	88.1%
1	32	6.7%
Not applicable	22	4.6%
2	2	0.4%
4	1	0.2%
<b>Total</b>	<b>479</b>	<b>100.0%</b>

Retail Chain  
Pharmacist



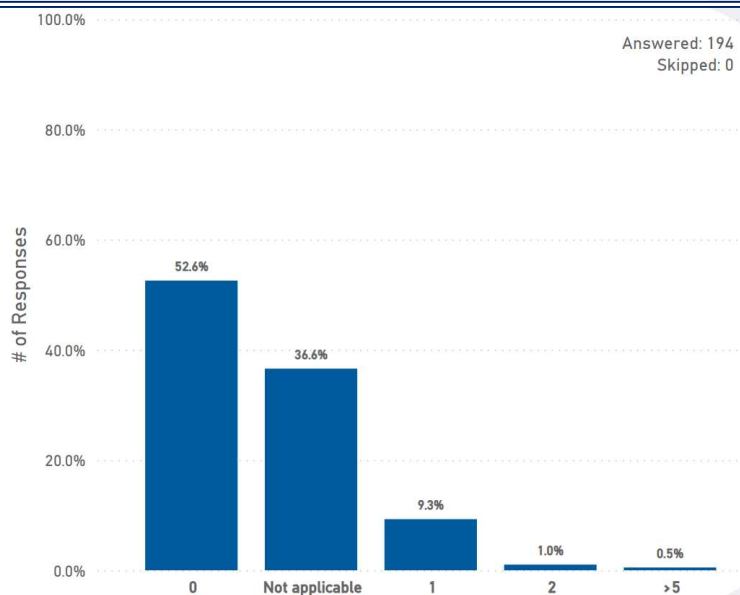
Survey Responses	# Responses	% Responses
0	95	63.3%
Not applicable	23	15.3%
2	15	10.0%
1	10	6.7%
> 5	4	2.7%
3	3	2.0%
<b>Total</b>	<b>150</b>	<b>100.0%</b>

Institutional/Hospital  
Pharmacist

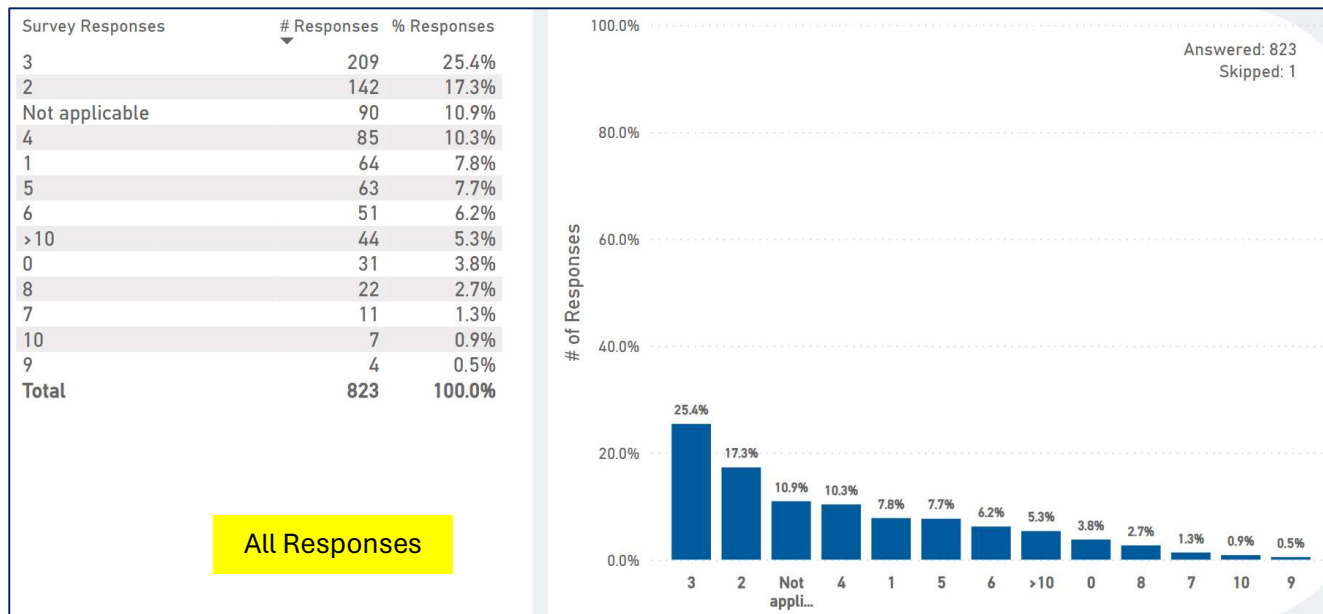


Survey Responses	# Responses	% Responses
0	102	52.6%
Not applicable	71	36.6%
1	18	9.3%
2	2	1.0%
> 5	1	0.5%
<b>Total</b>	<b>194</b>	<b>100.0%</b>

Other



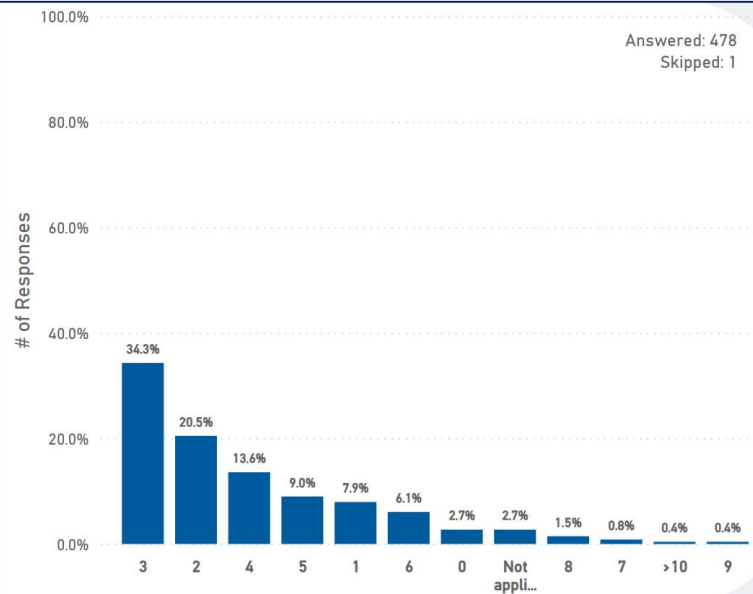
## 14. Provide the number of pharmaceutical technicians and pharmaceutical technicians in training that work during your shift?



## 14. Provide the number of pharmaceutical technicians and pharmaceutical technicians in training that work during your shift?

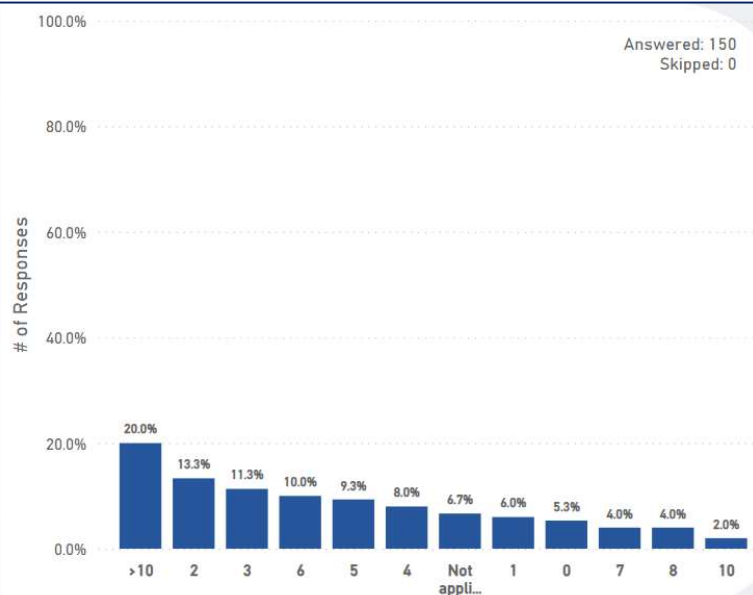
Survey Responses	# Responses	% Responses
3	164	34.3%
2	98	20.5%
4	65	13.6%
5	43	9.0%
1	38	7.9%
6	29	6.1%
0	13	2.7%
Not applicable	13	2.7%
8	7	1.5%
7	4	0.8%
> 10	2	0.4%
9	2	0.4%
<b>Total</b>	<b>478</b>	<b>100.0%</b>

Retail Chain  
Pharmacist



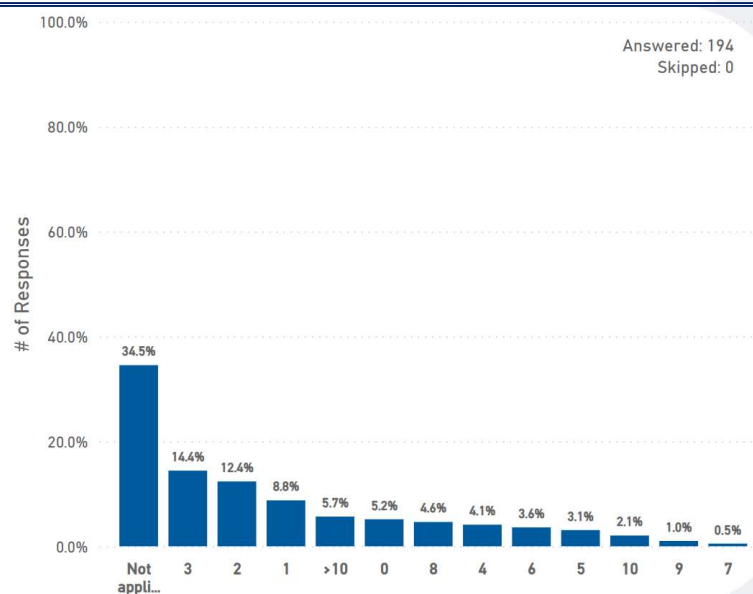
Survey Responses	# Responses	% Responses
> 10	30	20.0%
2	20	13.3%
3	17	11.3%
6	15	10.0%
5	14	9.3%
4	12	8.0%
Not applicable	10	6.7%
1	9	6.0%
0	8	5.3%
7	6	4.0%
8	6	4.0%
10	3	2.0%
<b>Total</b>	<b>150</b>	<b>100.0%</b>

Institutional/Hospital  
Pharmacist

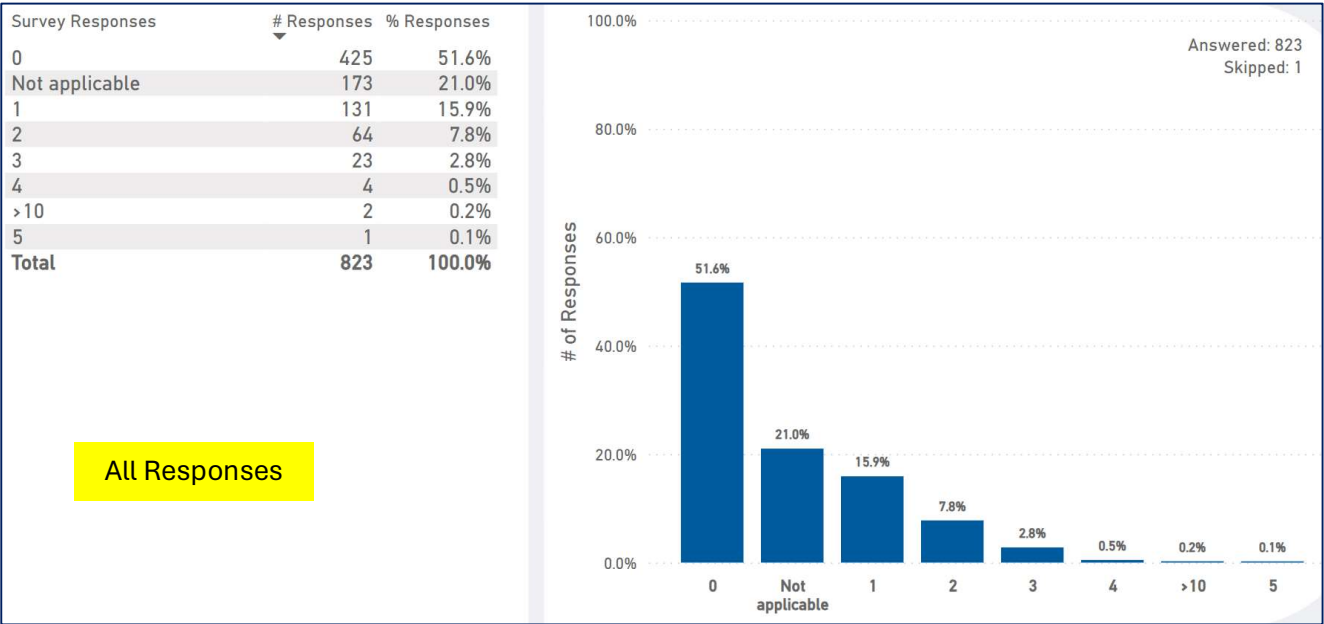


Survey Responses	# Responses	% Responses
Not applicable	67	34.5%
3	28	14.4%
2	24	12.4%
1	17	8.8%
> 10	11	5.7%
0	10	5.2%
8	9	4.6%
4	8	4.1%
6	7	3.6%
5	6	3.1%
10	4	2.1%
9	2	1.0%
7	1	0.5%
<b>Total</b>	<b>194</b>	<b>100.0%</b>

Other



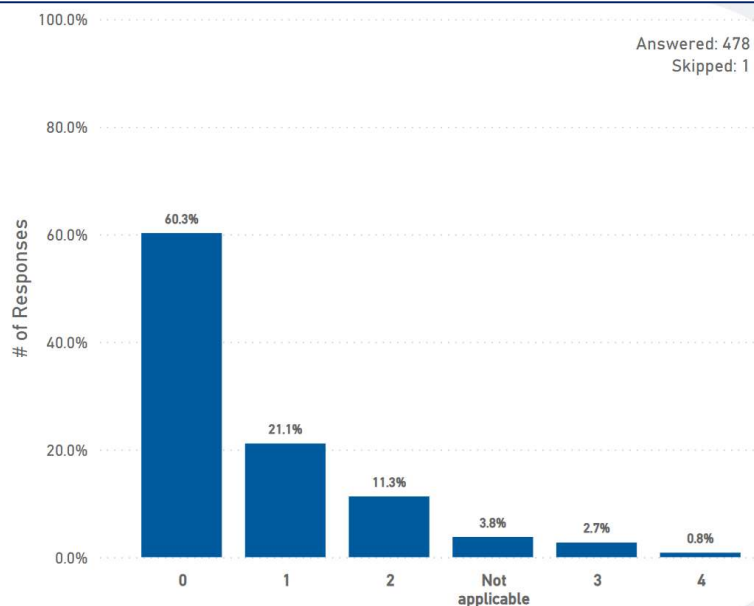
15. Provide the number of clerks/cashiers that work during your shift.



## 15. Provide the number of clerks/cashiers that work during your shift.

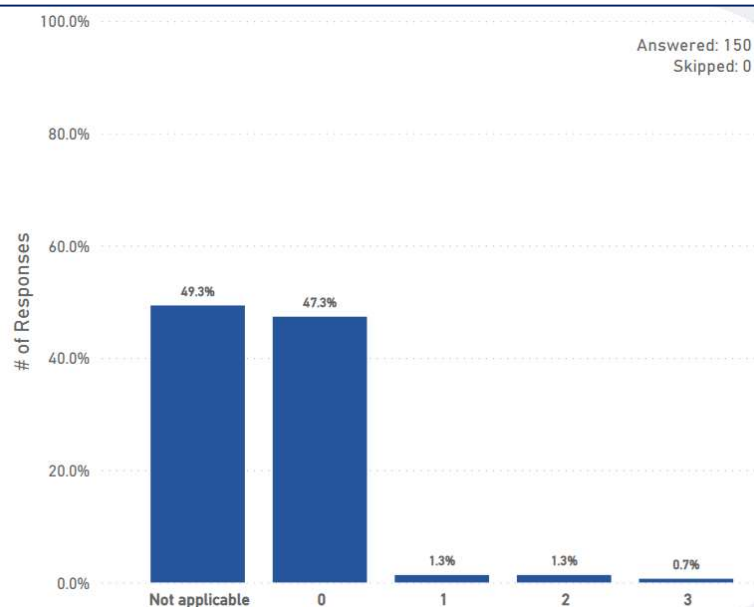
Survey Responses	# Responses	% Responses
0	288	60.3%
1	101	21.1%
2	54	11.3%
Not applicable	18	3.8%
3	13	2.7%
4	4	0.8%
<b>Total</b>	<b>478</b>	<b>100.0%</b>

Retail Chain  
Pharmacist



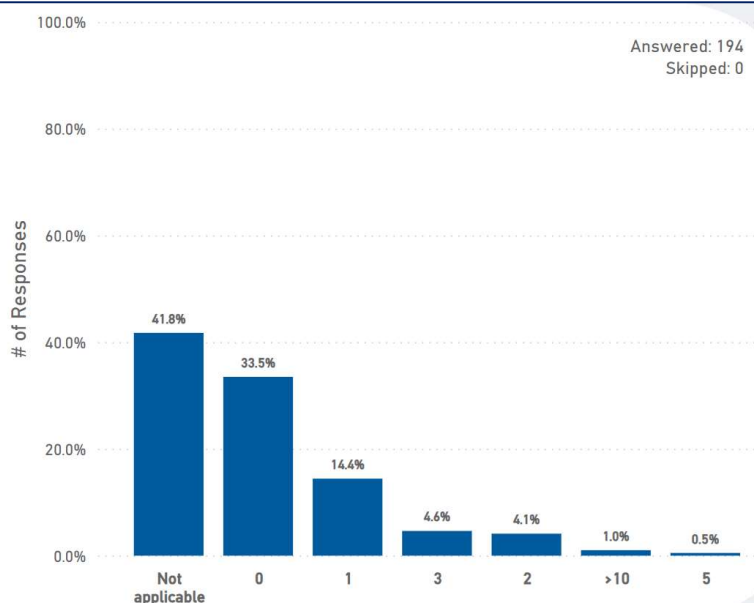
Survey Responses	# Responses	% Responses
Not applicable	74	49.3%
0	71	47.3%
1	2	1.3%
2	2	1.3%
3	1	0.7%
<b>Total</b>	<b>150</b>	<b>100.0%</b>

Institutional/Hospital  
Pharmacist

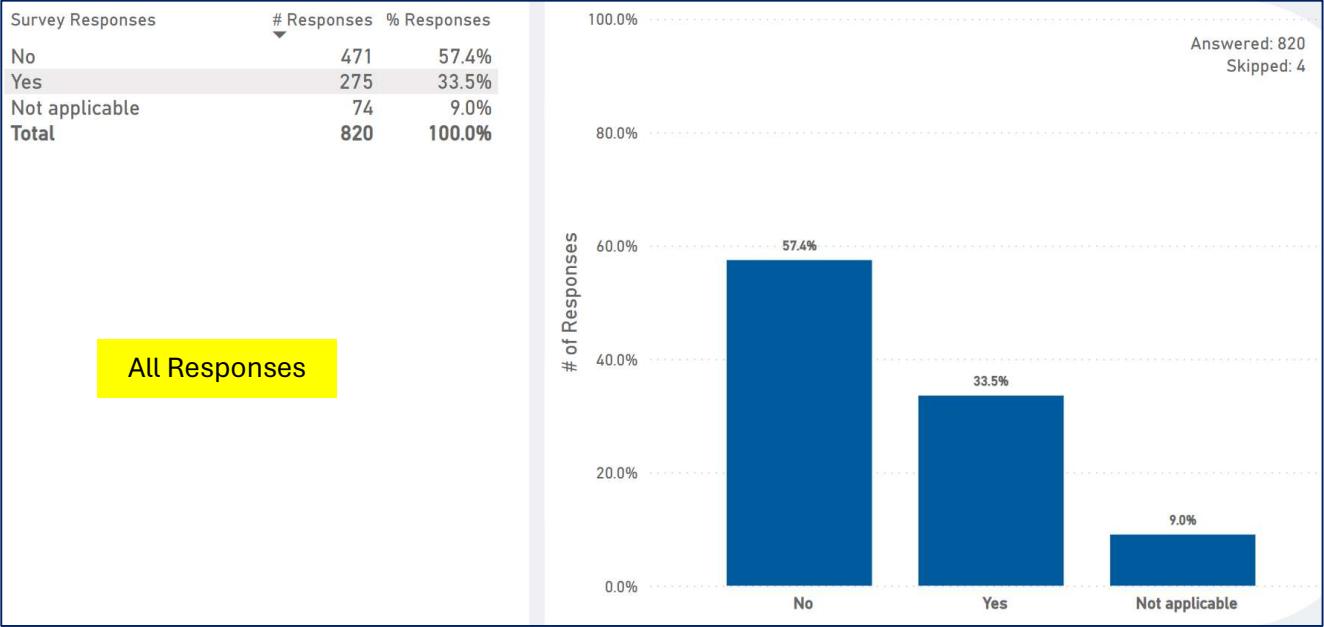


Survey Responses	# Responses	% Responses
Not applicable	81	41.8%
0	65	33.5%
1	28	14.4%
3	9	4.6%
2	8	4.1%
>10	2	1.0%
5	1	0.5%
<b>Total</b>	<b>194</b>	<b>100.0%</b>

Other



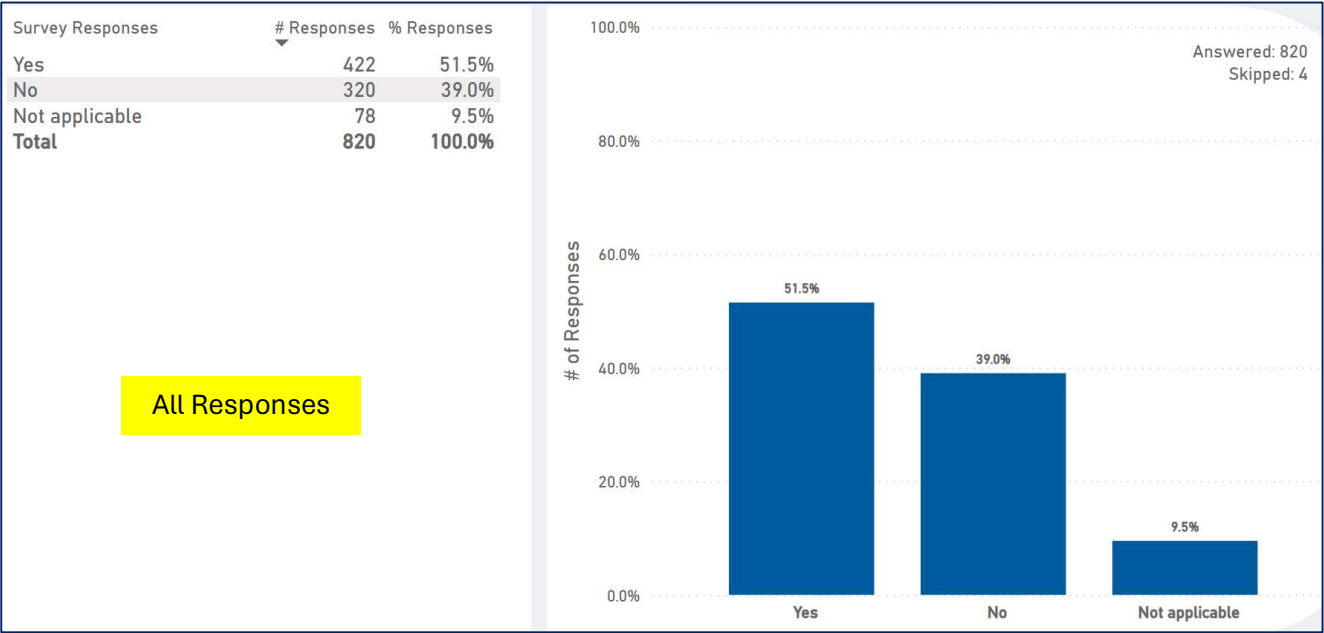
16. Do you believe your primary practice setting is sufficiently staffed to meet the demands of the pharmacy while meeting patient care and safety standards?



## 16. Do you believe your primary practice setting is sufficiently staffed to meet the demands of the pharmacy while meeting patient care and safety standards?

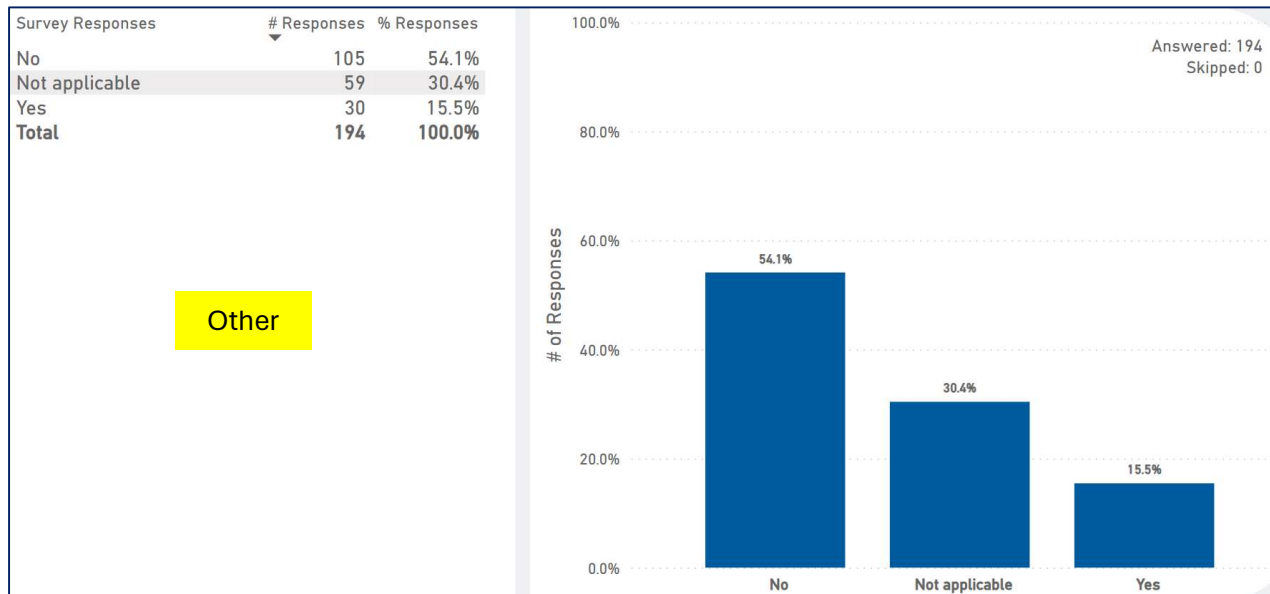
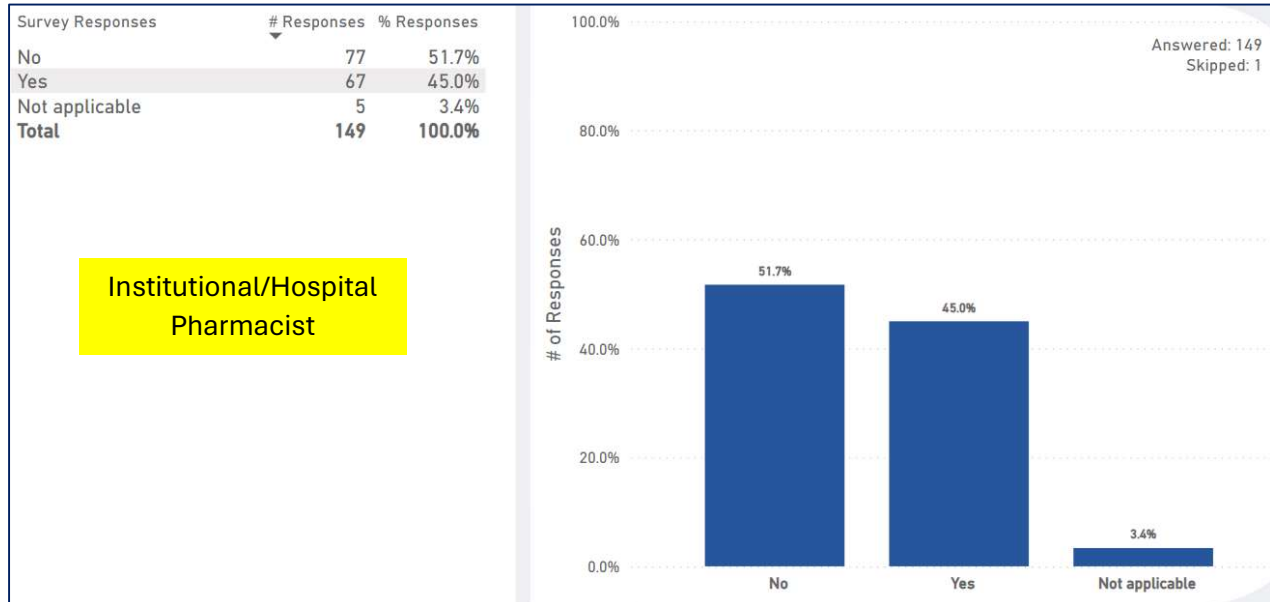
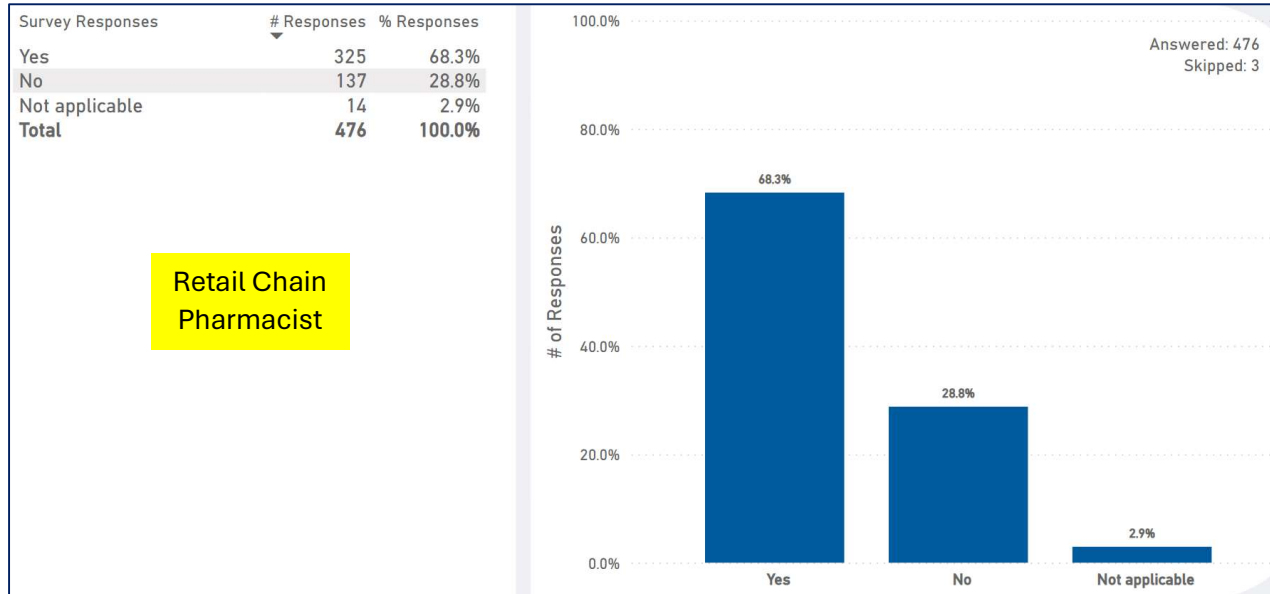


17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?

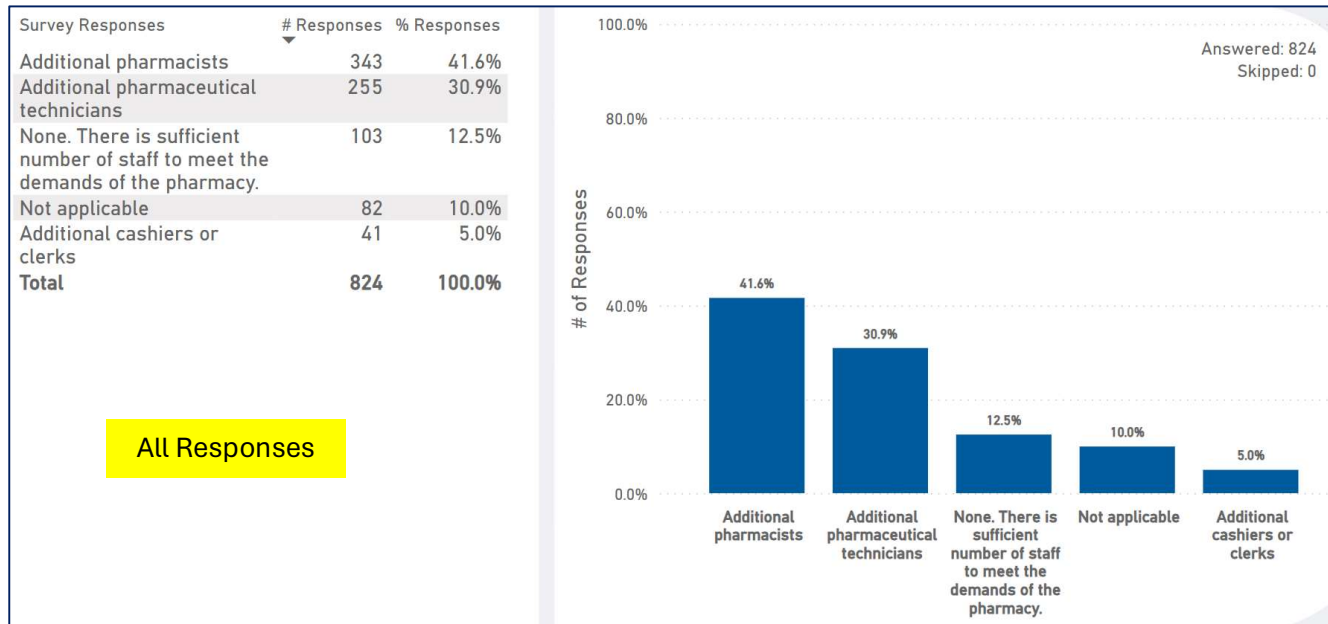




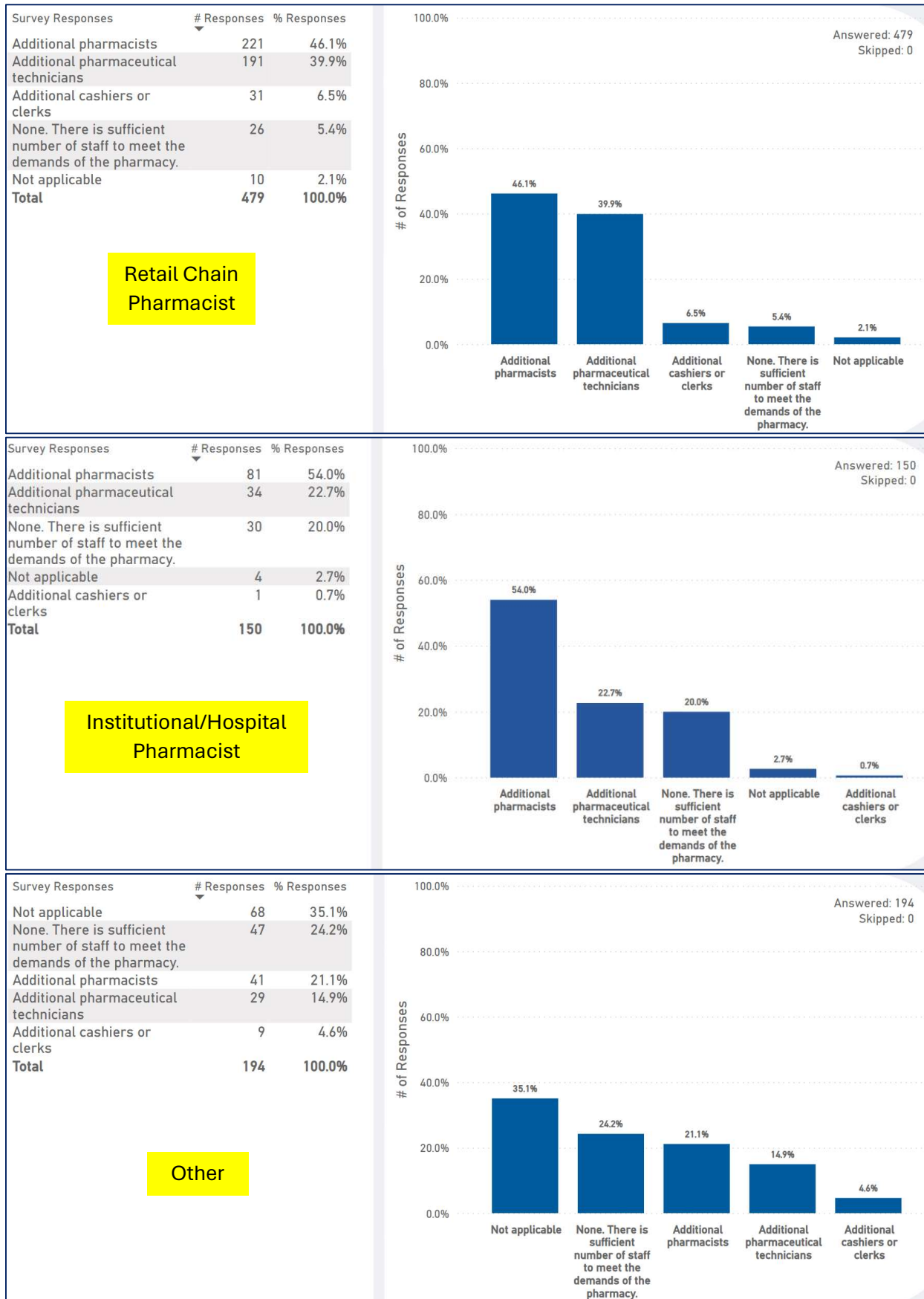
## 17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?



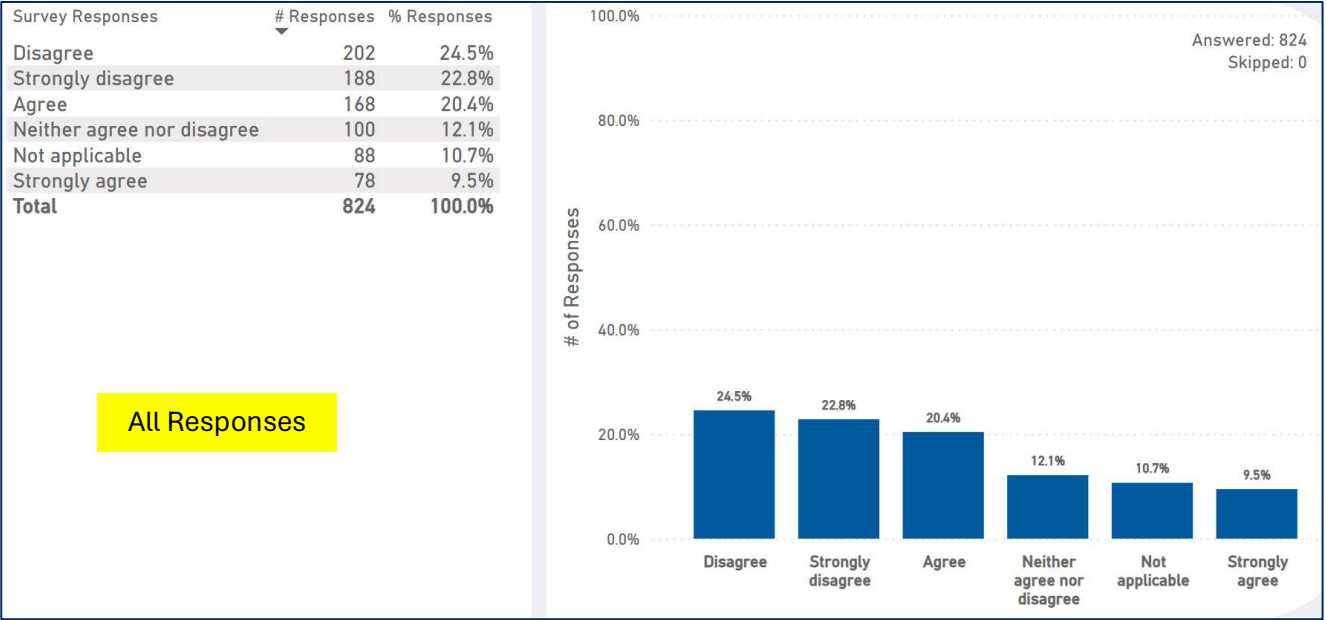
18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?



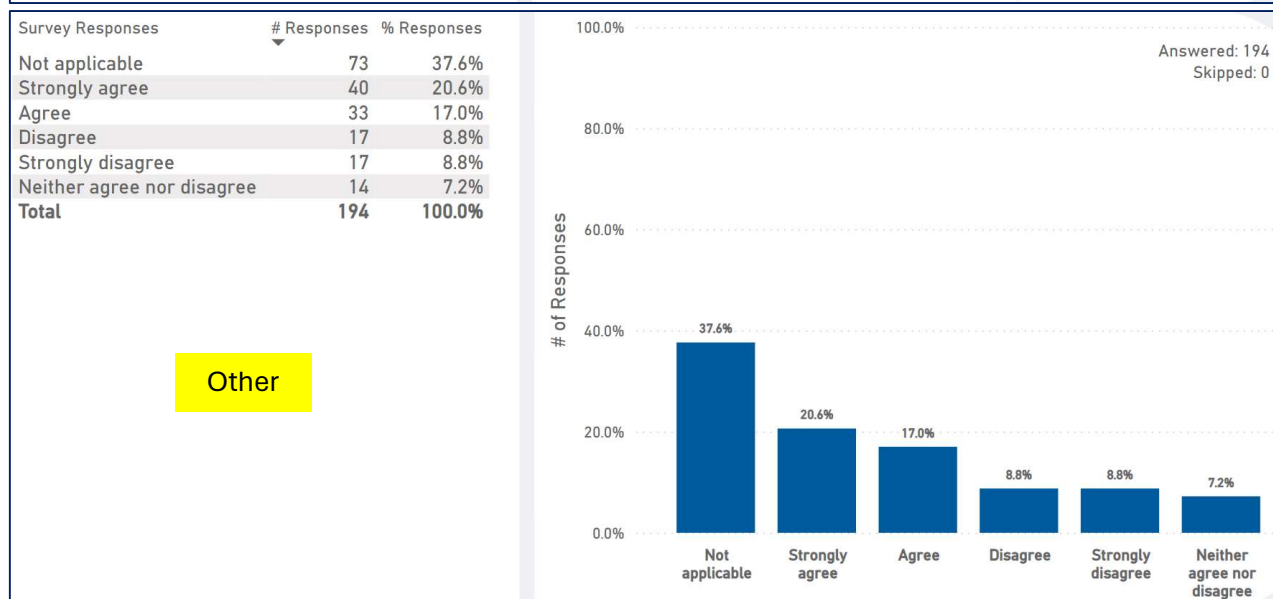
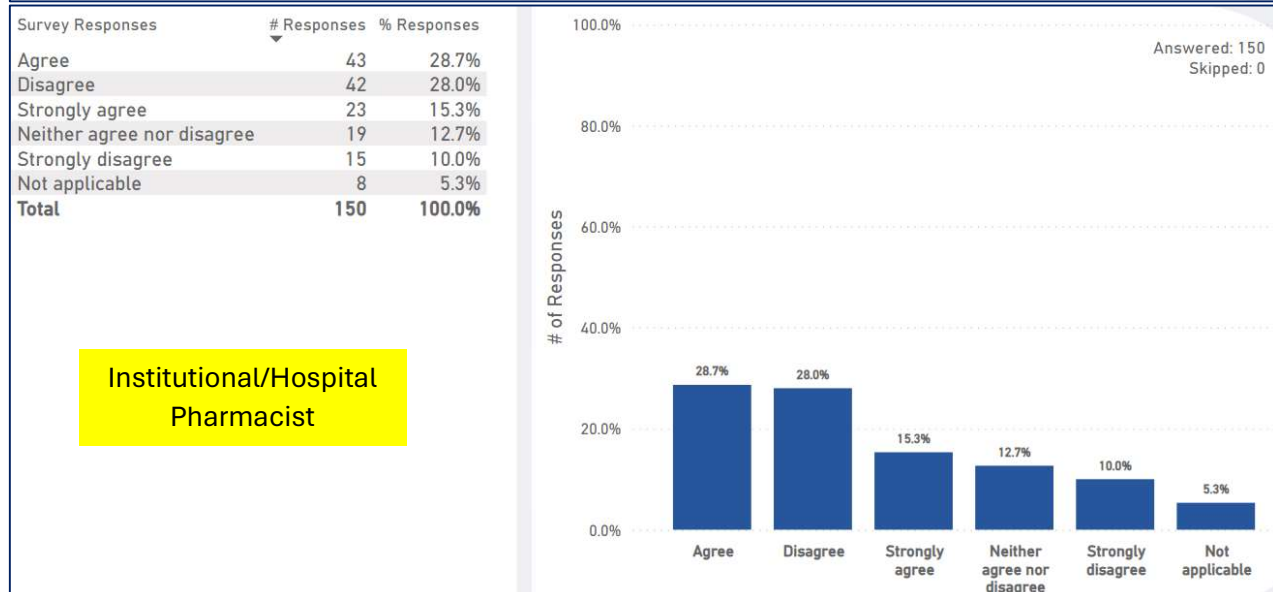
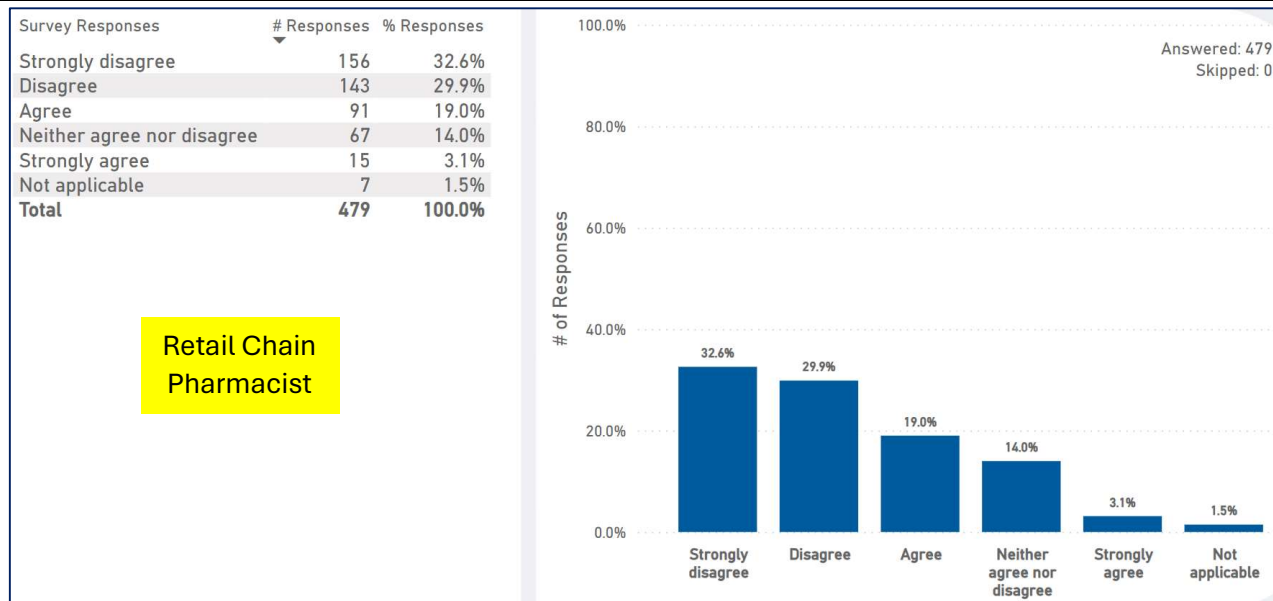
## 18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?



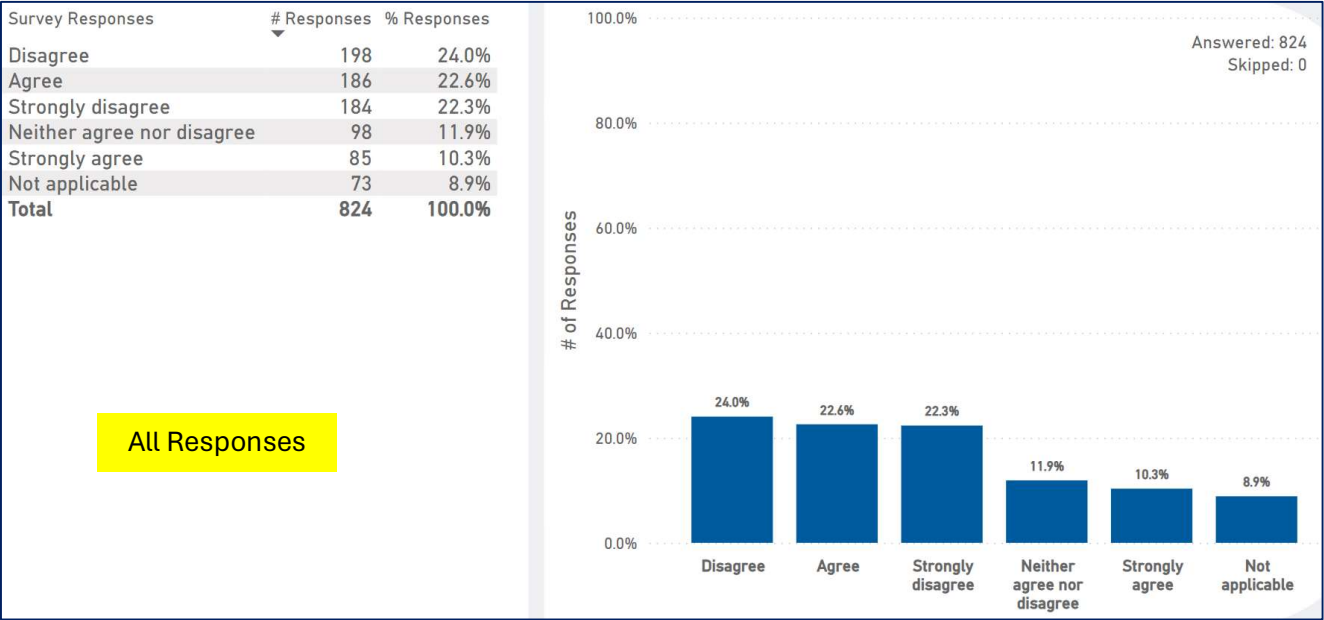
19. I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care.



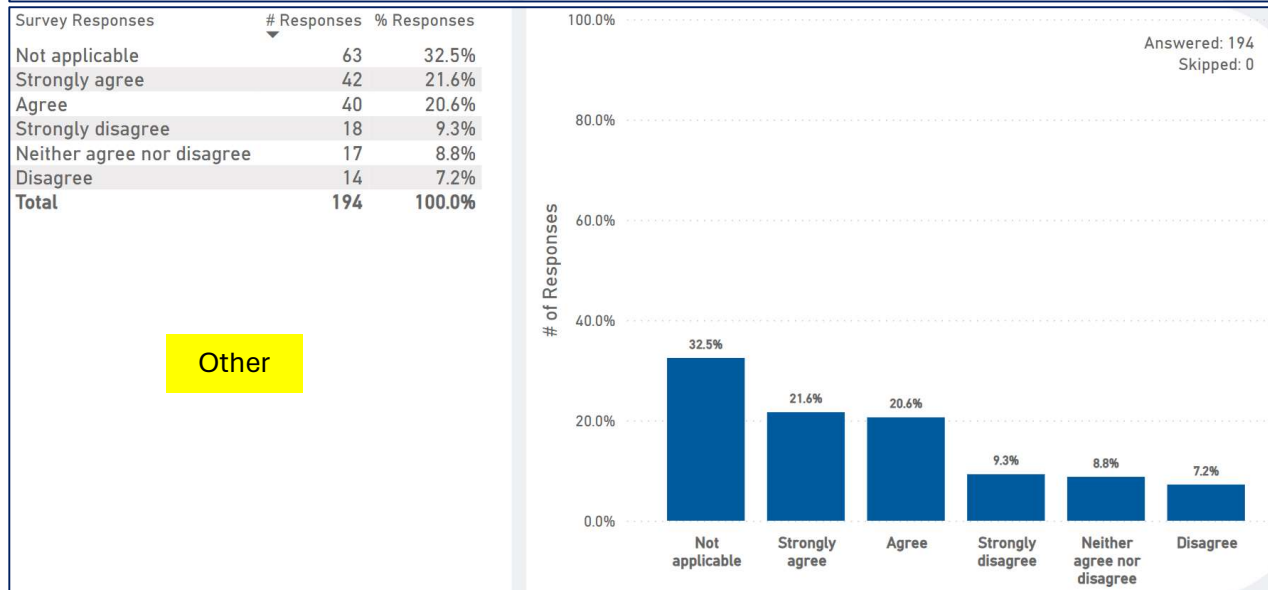
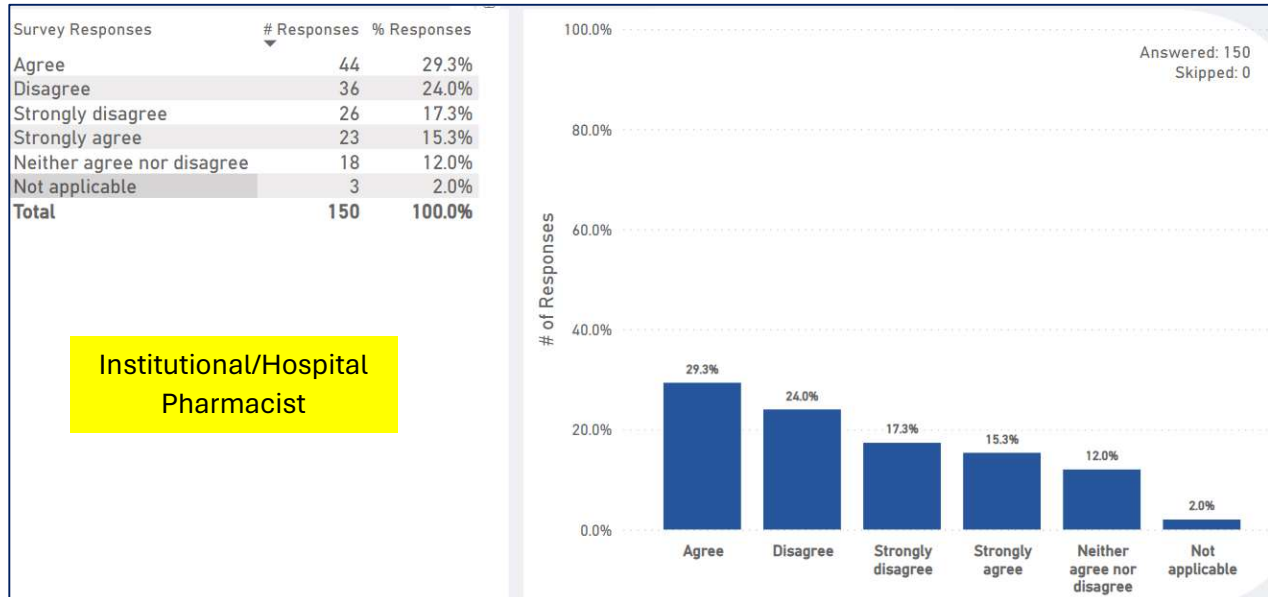
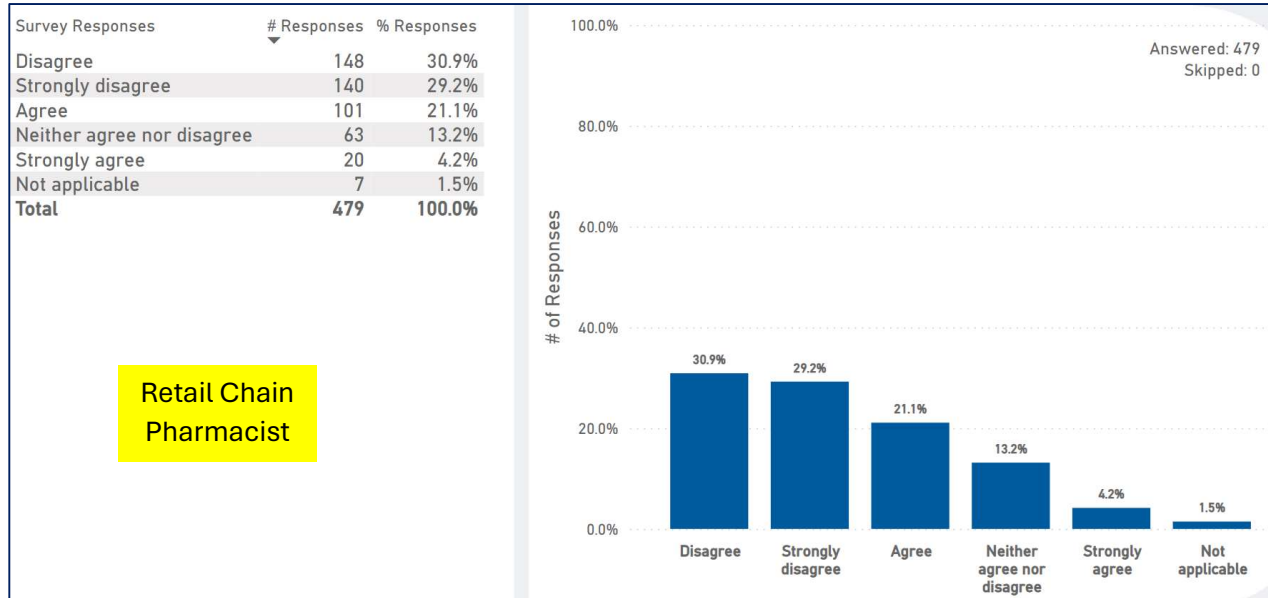
## 19. I feel that my work environment has sufficient pharmacy technician staffing that allows for safe patient care.



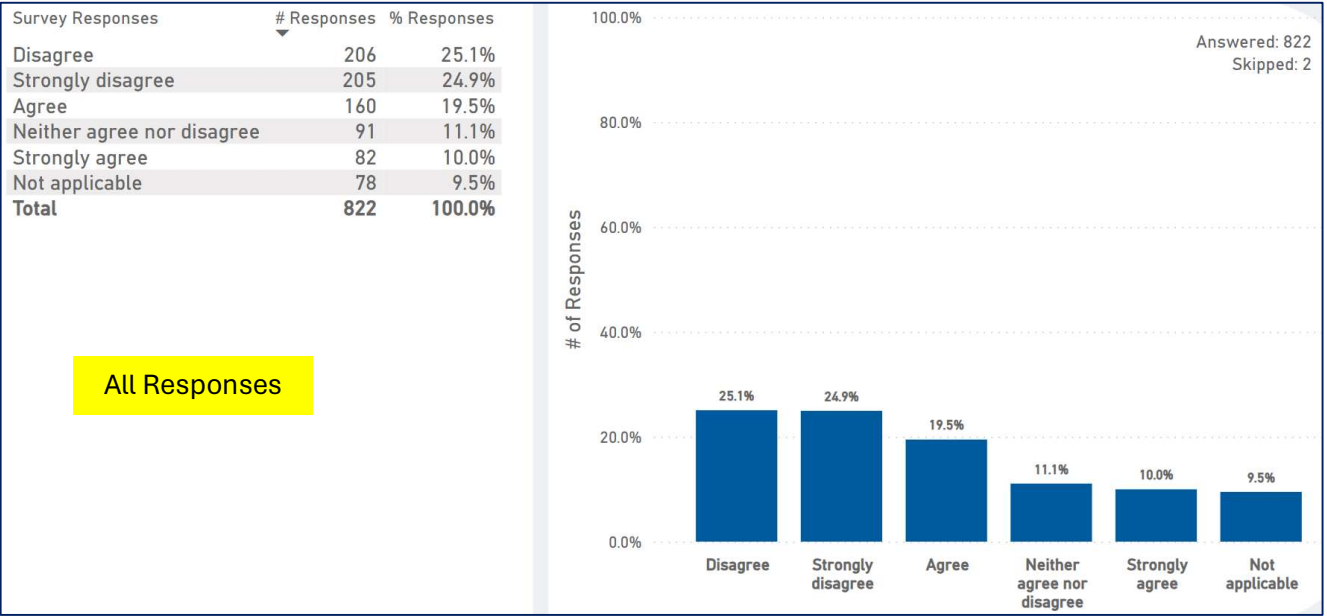
20. I feel that my work environment has sufficient pharmacist staffing that allows for safe patient care.



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

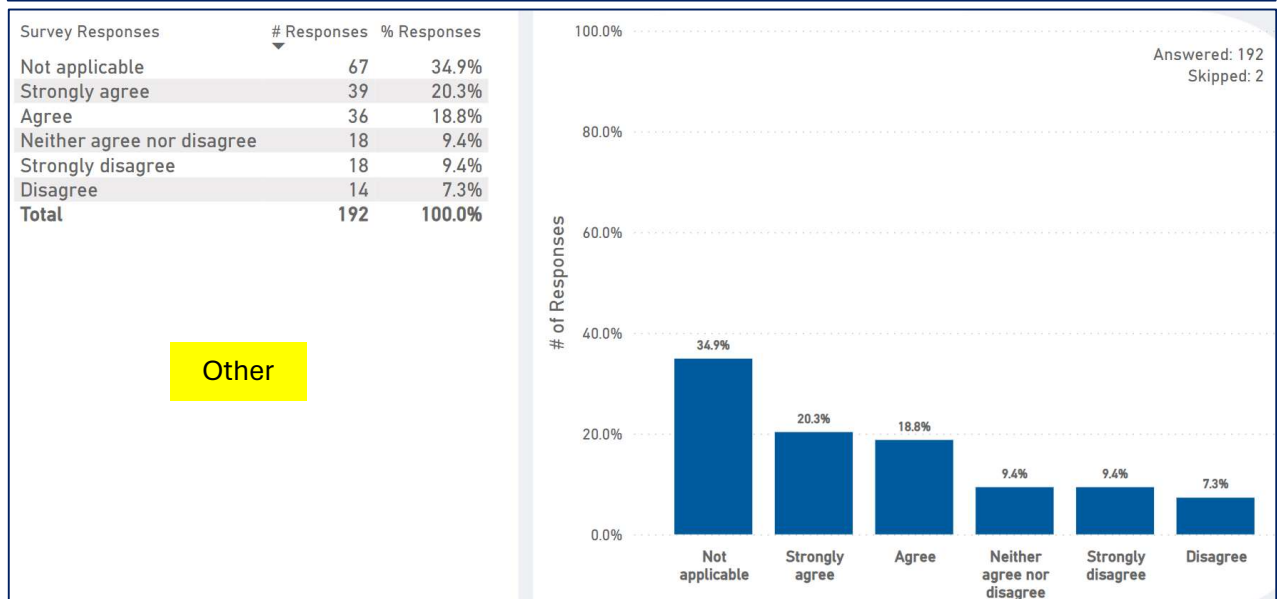
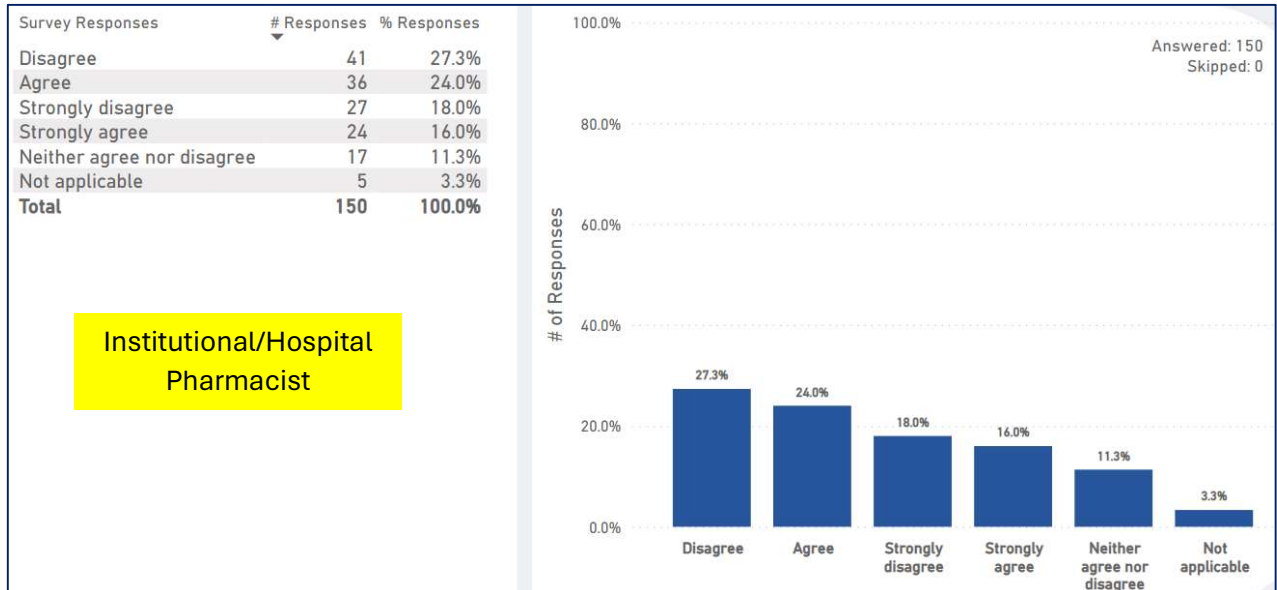
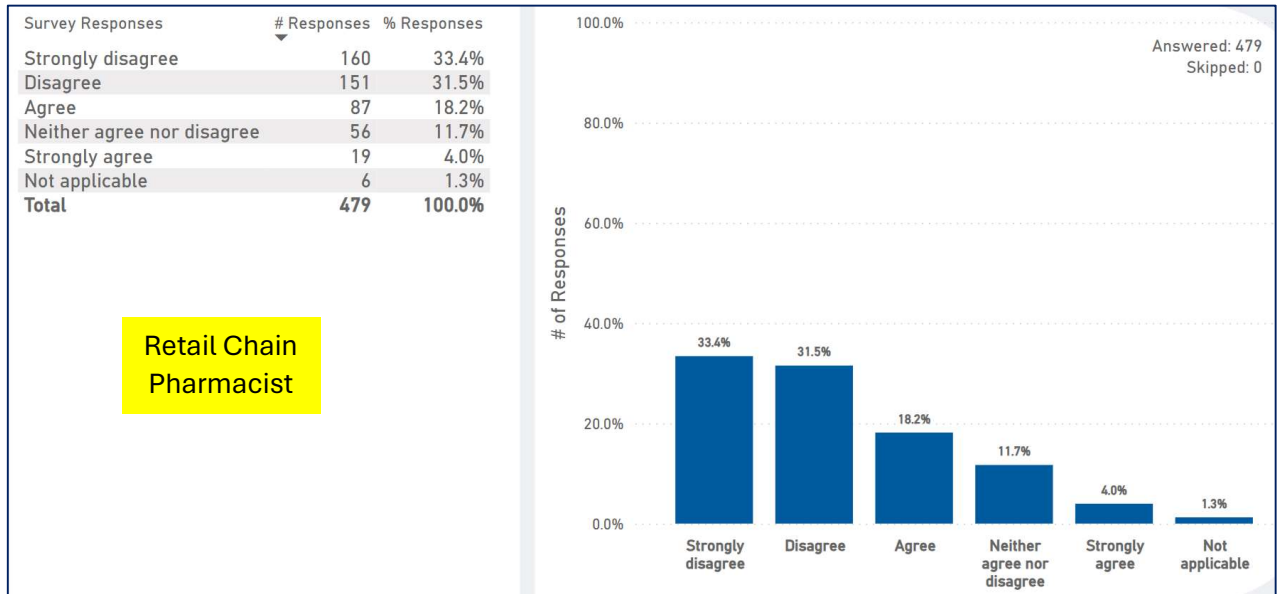


21. I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner.

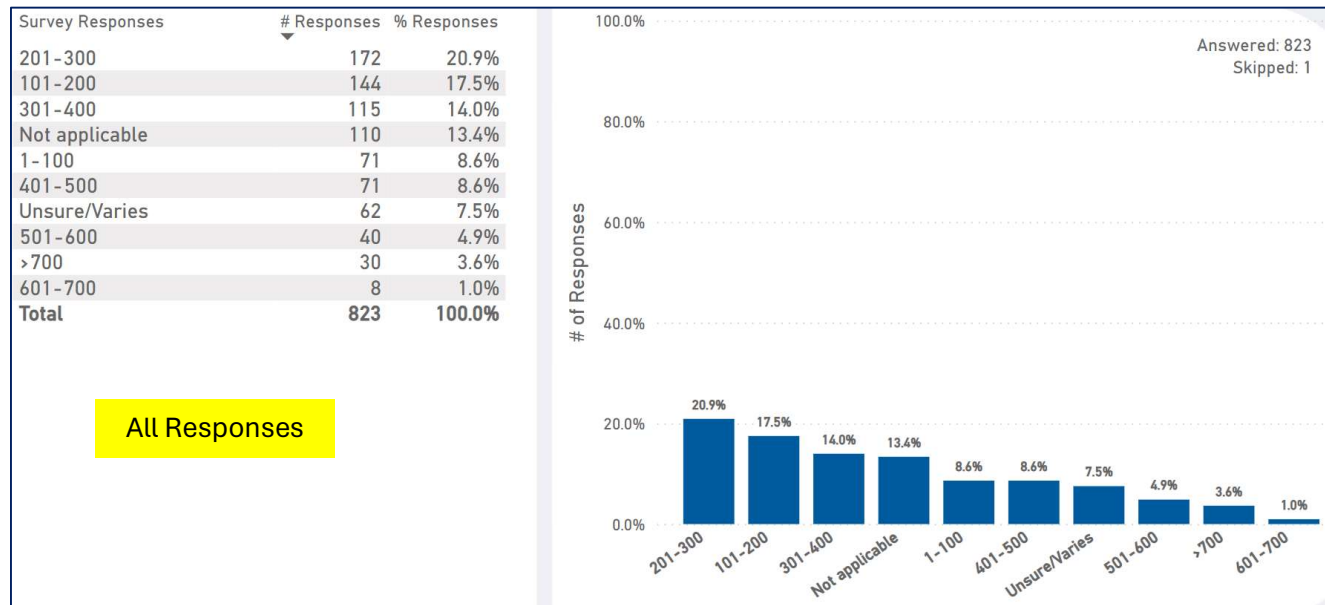




## 21. I feel that staffing at my pharmacy is adequate to prevent delays in patients receiving medications in a timely manner.



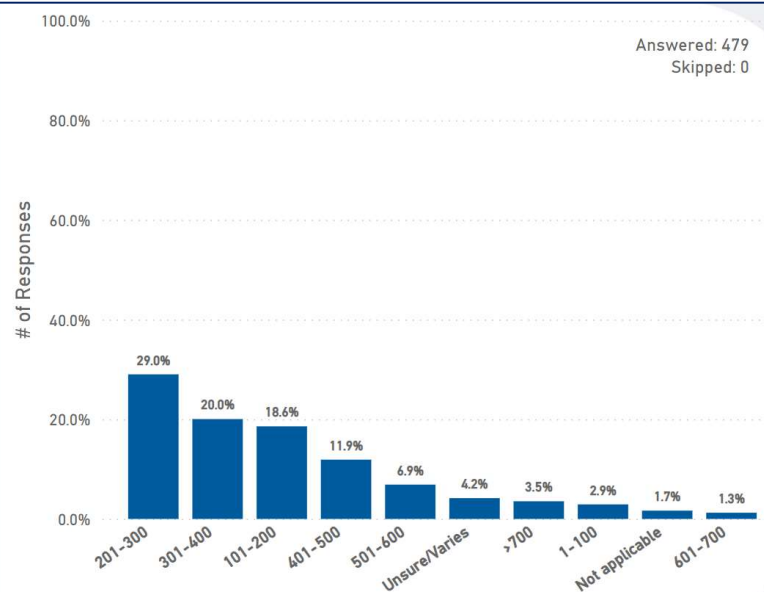
## 22. On average, what number of prescriptions or chart orders do YOU process during your shift?



## 22. On average, what number of prescriptions or chart orders do YOU process during your shift?

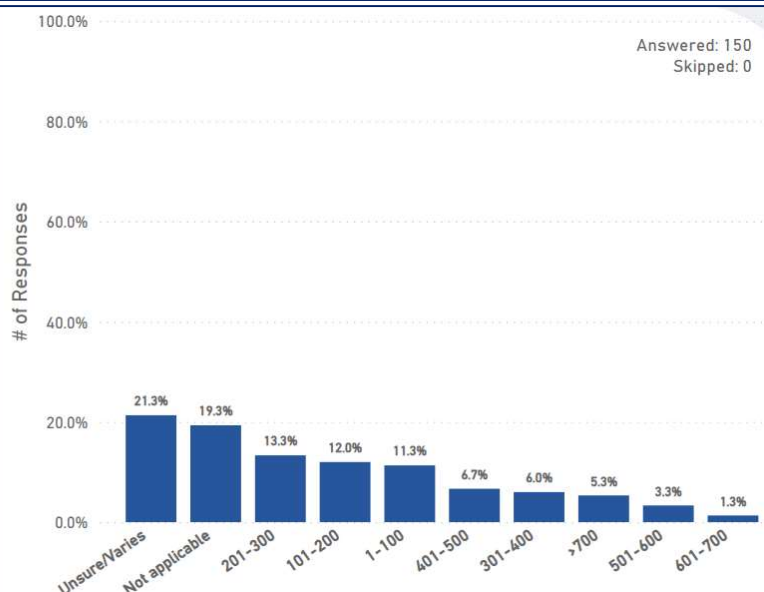
Survey Responses	# Responses	% Responses
201-300	139	29.0%
301-400	96	20.0%
101-200	89	18.6%
401-500	57	11.9%
501-600	33	6.9%
Unsure/Varies	20	4.2%
>700	17	3.5%
1-100	14	2.9%
Not applicable	8	1.7%
601-700	6	1.3%
<b>Total</b>	<b>479</b>	<b>100.0%</b>

Retail Chain  
Pharmacist



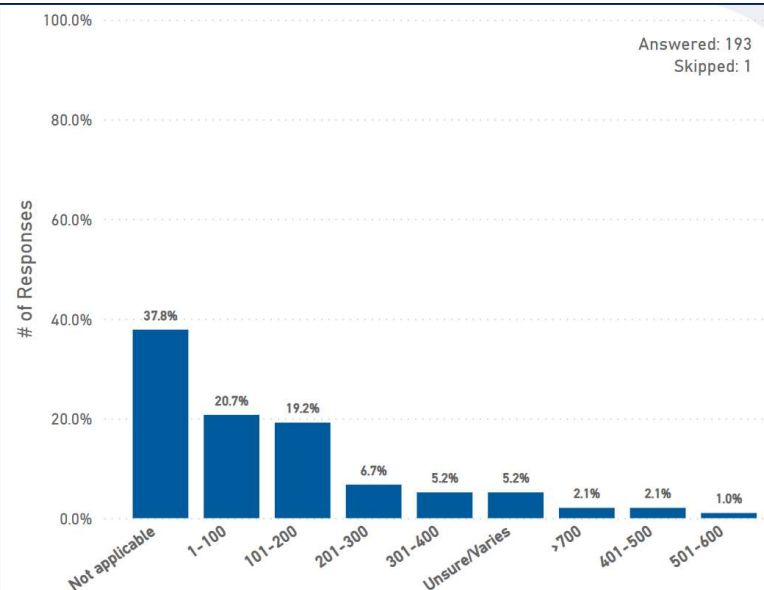
Survey Responses	# Responses	% Responses
Unsure/Varies	32	21.3%
Not applicable	29	19.3%
201-300	20	13.3%
101-200	18	12.0%
1-100	17	11.3%
401-500	10	6.7%
301-400	9	6.0%
>700	8	5.3%
501-600	5	3.3%
601-700	2	1.3%
<b>Total</b>	<b>150</b>	<b>100.0%</b>

Institutional/Hospital  
Pharmacist

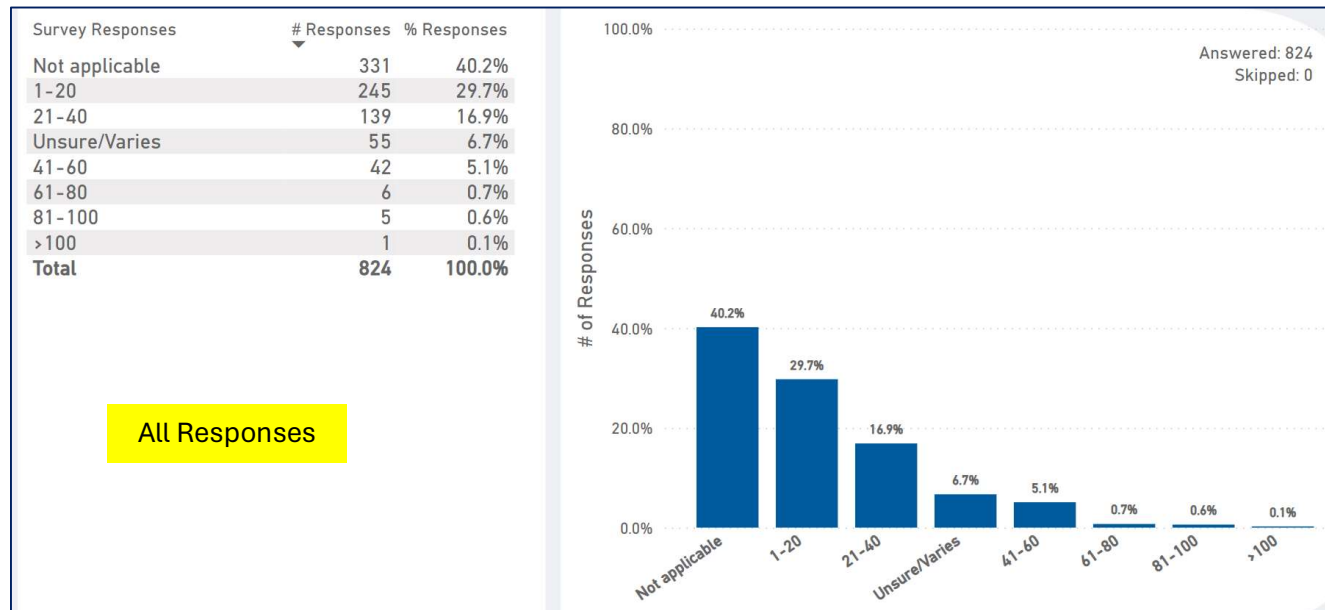


Survey Responses	# Responses	% Responses
Not applicable	73	37.8%
1-100	40	20.7%
101-200	37	19.2%
201-300	13	6.7%
301-400	10	5.2%
Unsure/Varies	10	5.2%
>700	4	2.1%
401-500	4	2.1%
501-600	2	1.0%
<b>Total</b>	<b>193</b>	<b>100.0%</b>

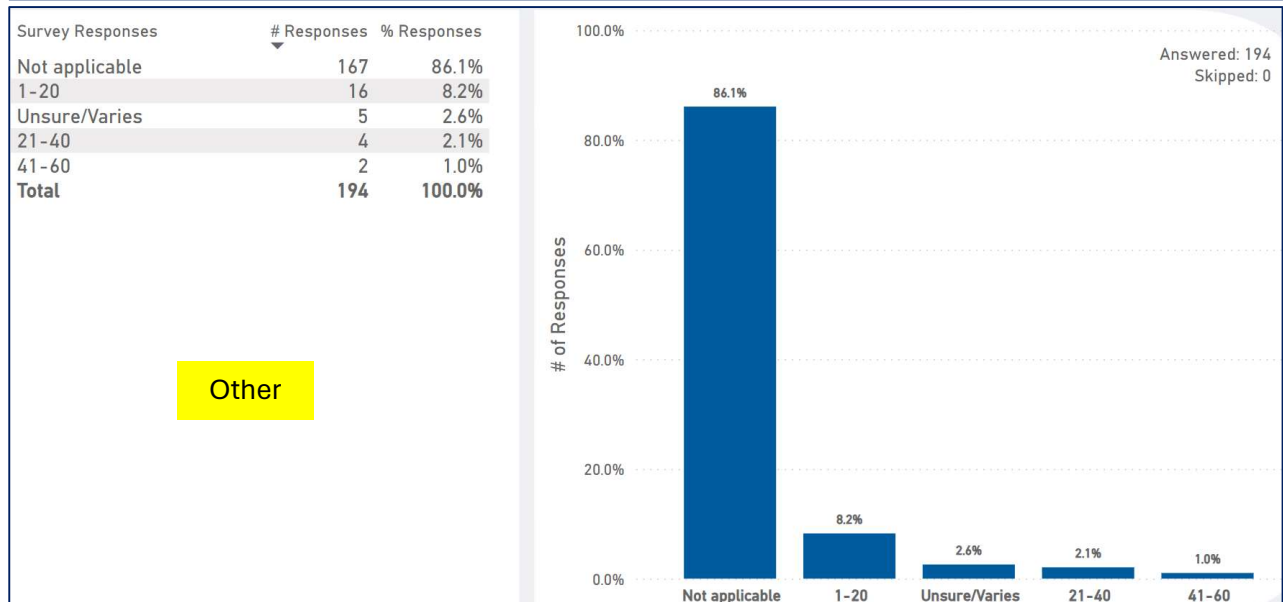
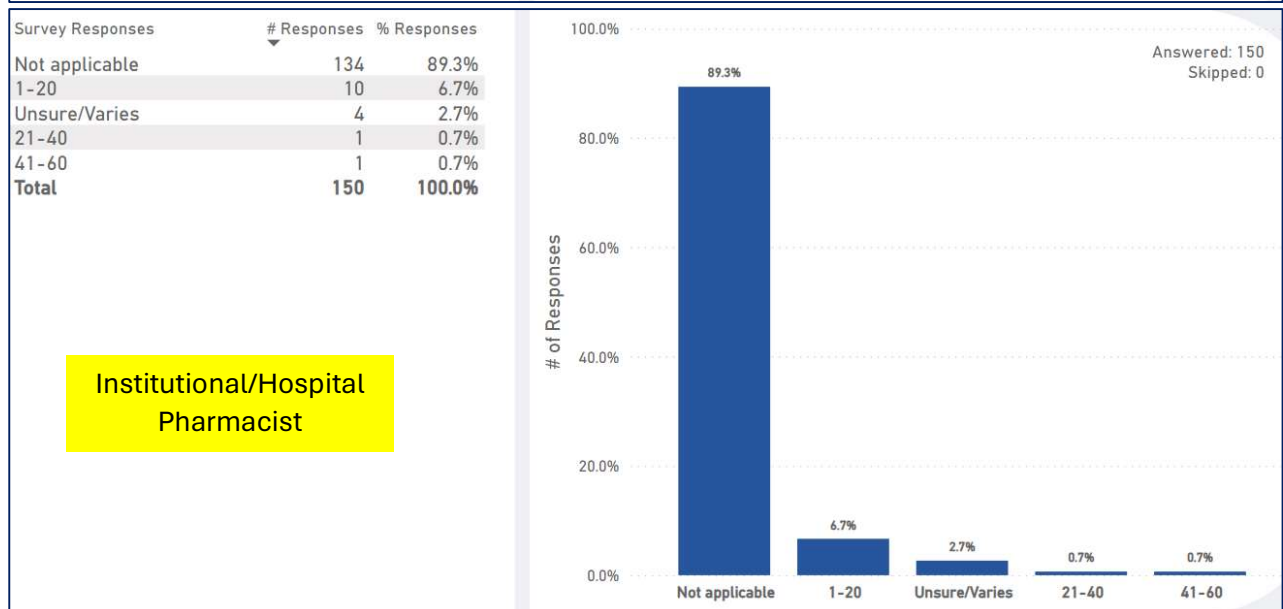
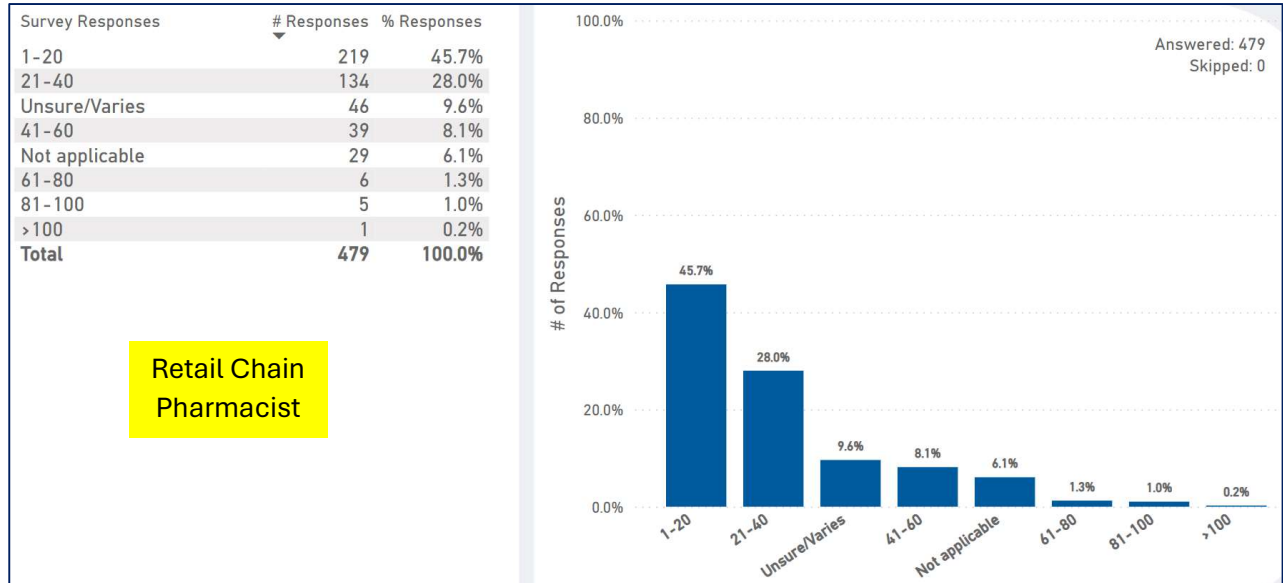
Other



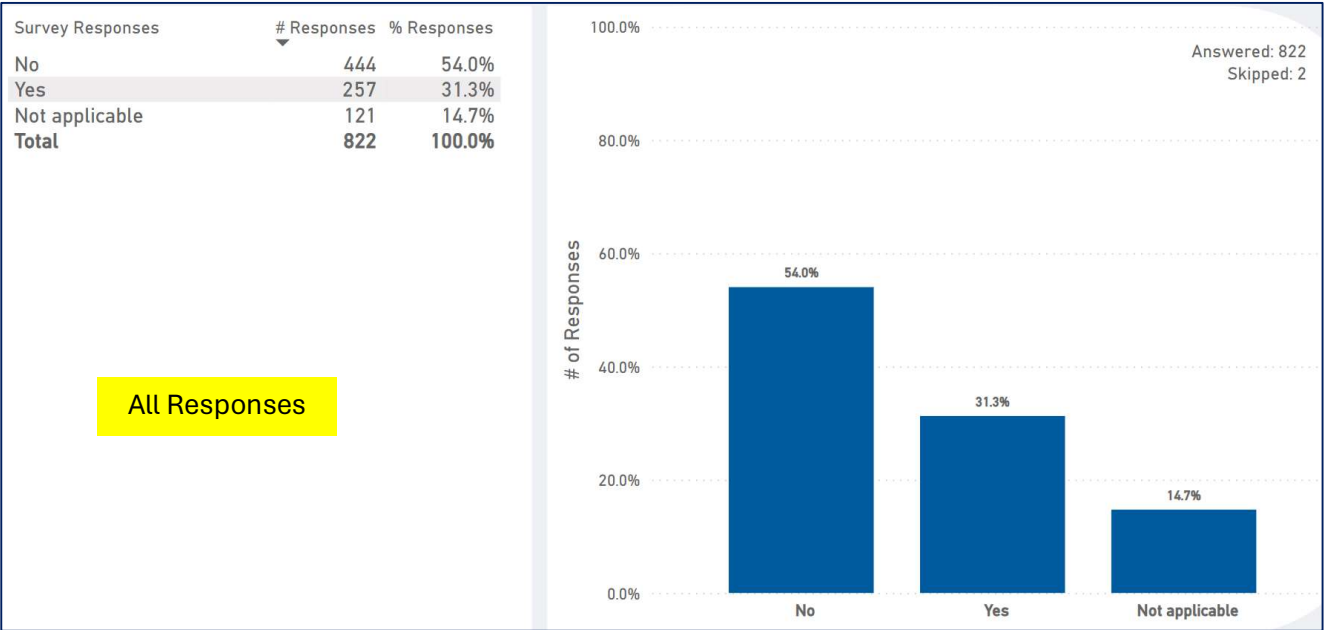
## 23. On average, how many vaccines do YOU administer or supervise the administration of during your shift?



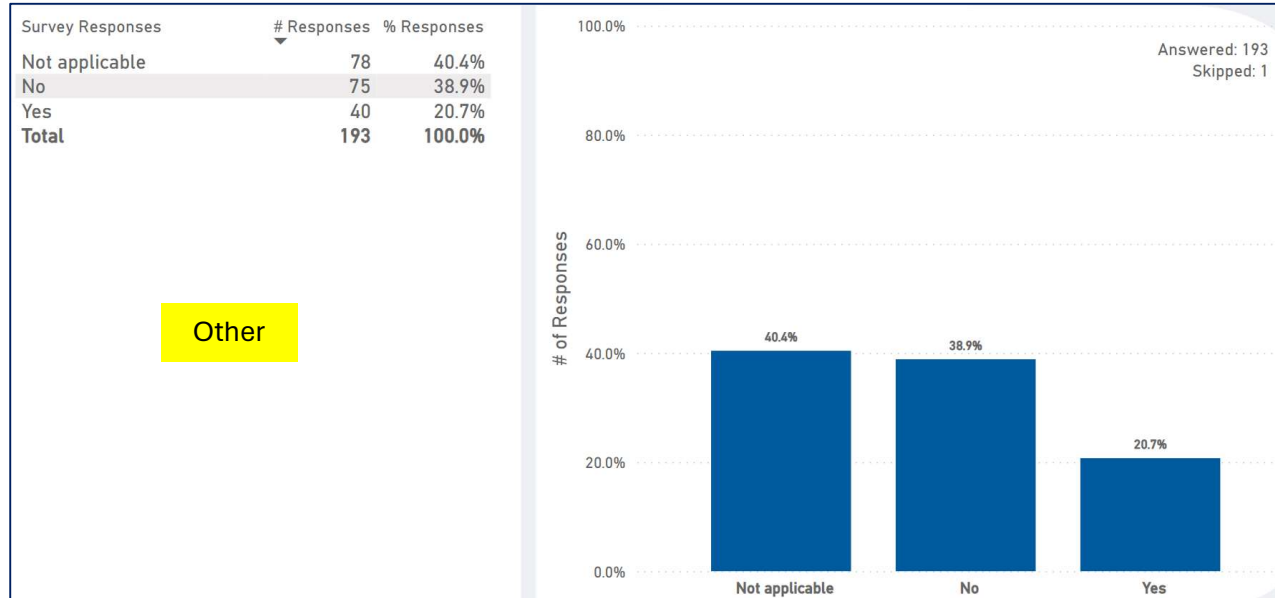
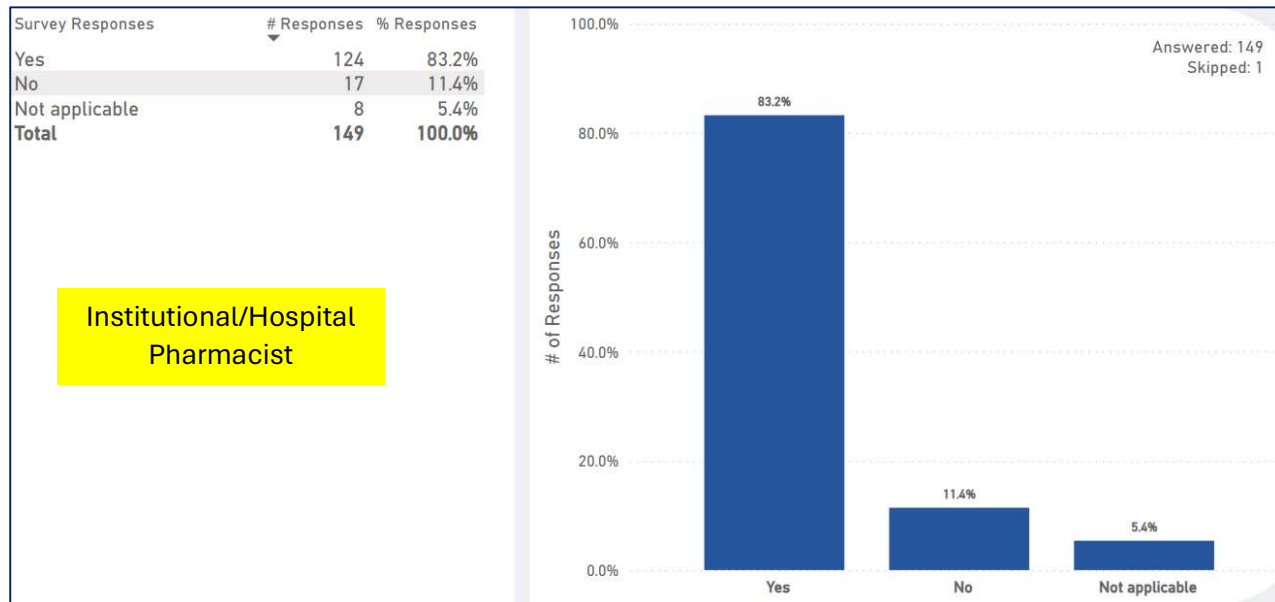
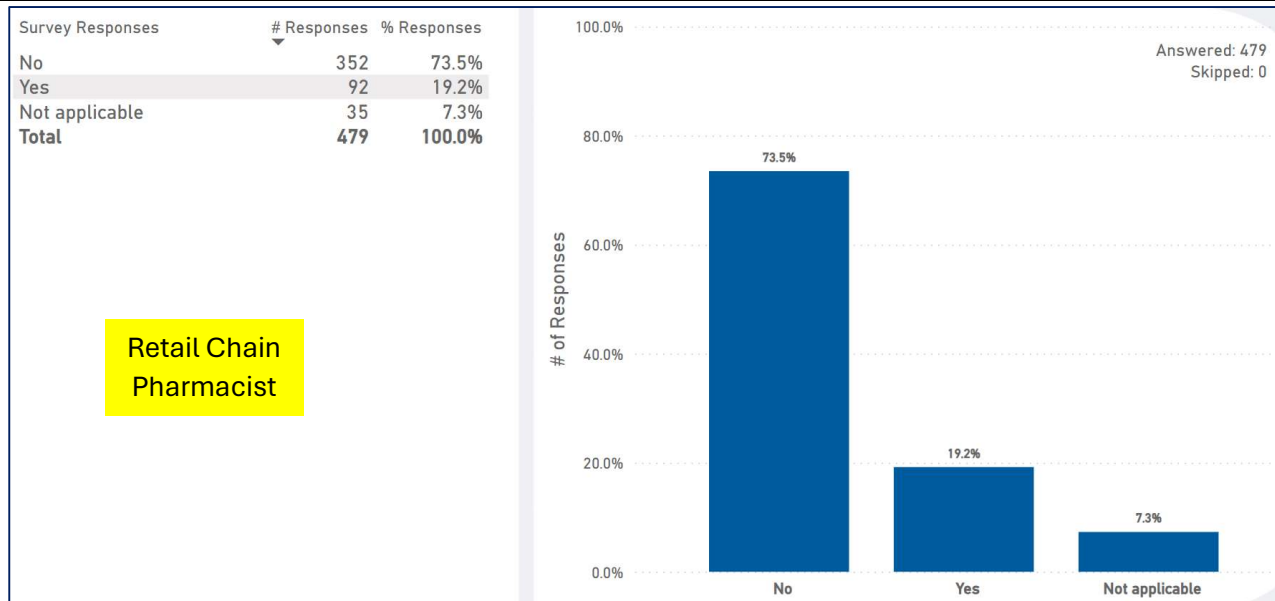
## 23. On average, how many vaccines do YOU administer or supervise the administration of during your shift?



24. Does your primary practice setting perform sterile or non-sterile compounding?



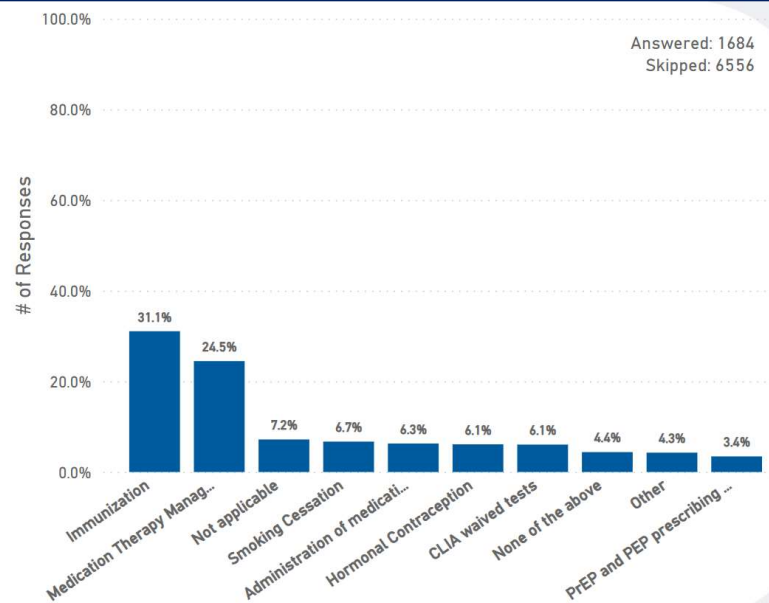
## 24. Does your primary practice setting perform sterile or non-sterile compounding?



## 25. Which of the following services are provided at your primary practice setting?

Survey Responses	# Responses	% Responses
Immunization	523	31.1%
Medication Therapy Management	412	24.5%
Not applicable	121	7.2%
Smoking Cessation	113	6.7%
Administration of medications and biologics	106	6.3%
Hormonal Contraception	103	6.1%
CLIA waived tests	102	6.1%
None of the above	74	4.4%
Other	72	4.3%
PrEP and PEP prescribing and dispensing	58	3.4%
<b>Total</b>	<b>1684</b>	<b>100.0%</b>

All Responses

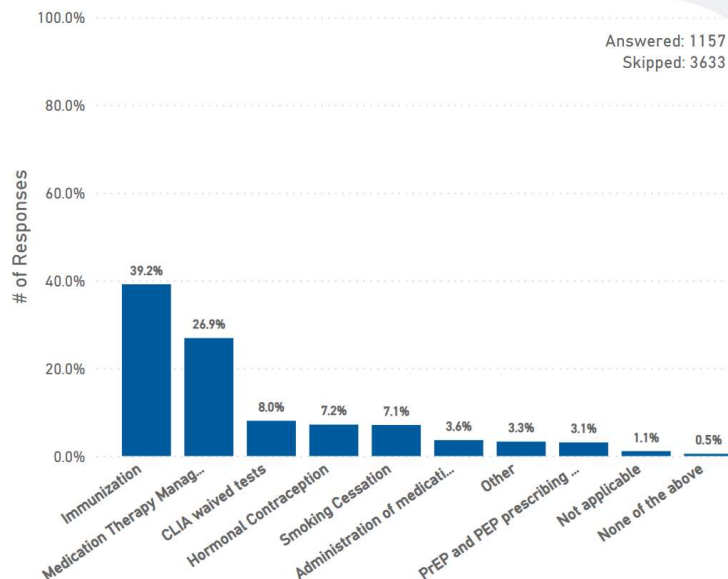




## 25. Which of the following services are provided at your primary practice setting?

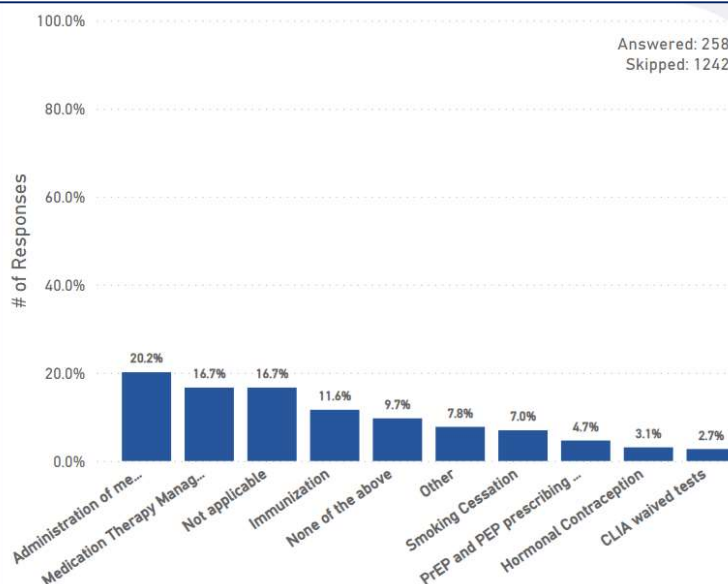
Survey Responses	# Responses	% Responses
Immunization	453	39.2%
Medication Therapy Management	311	26.9%
CLIA waived tests	93	8.0%
Hormonal Contraception	83	7.2%
Smoking Cessation	82	7.1%
Administration of medications and biologics	42	3.6%
Other	38	3.3%
PrEP and PEP prescribing and dispensing	36	3.1%
Not applicable	13	1.1%
None of the above	6	0.5%
<b>Total</b>	<b>1157</b>	<b>100.0%</b>

Retail Chain Pharmacist



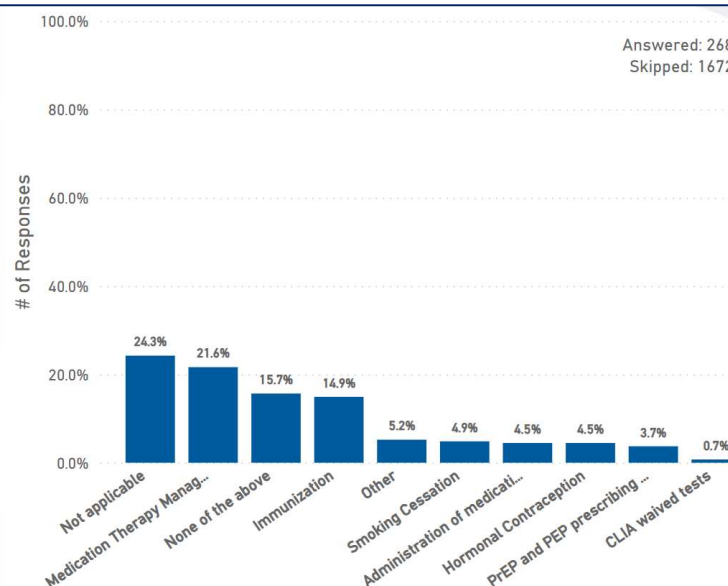
Survey Responses	# Responses	% Responses
Administration of medications and biologics	52	20.2%
Medication Therapy Management	43	16.7%
Not applicable	43	16.7%
Immunization	30	11.6%
None of the above	25	9.7%
Other	20	7.8%
Smoking Cessation	18	7.0%
PrEP and PEP prescribing and dispensing	12	4.7%
Hormonal Contraception	8	3.1%
CLIA waived tests	7	2.7%
<b>Total</b>	<b>258</b>	<b>100.0%</b>

Institutional/Hospital Pharmacist

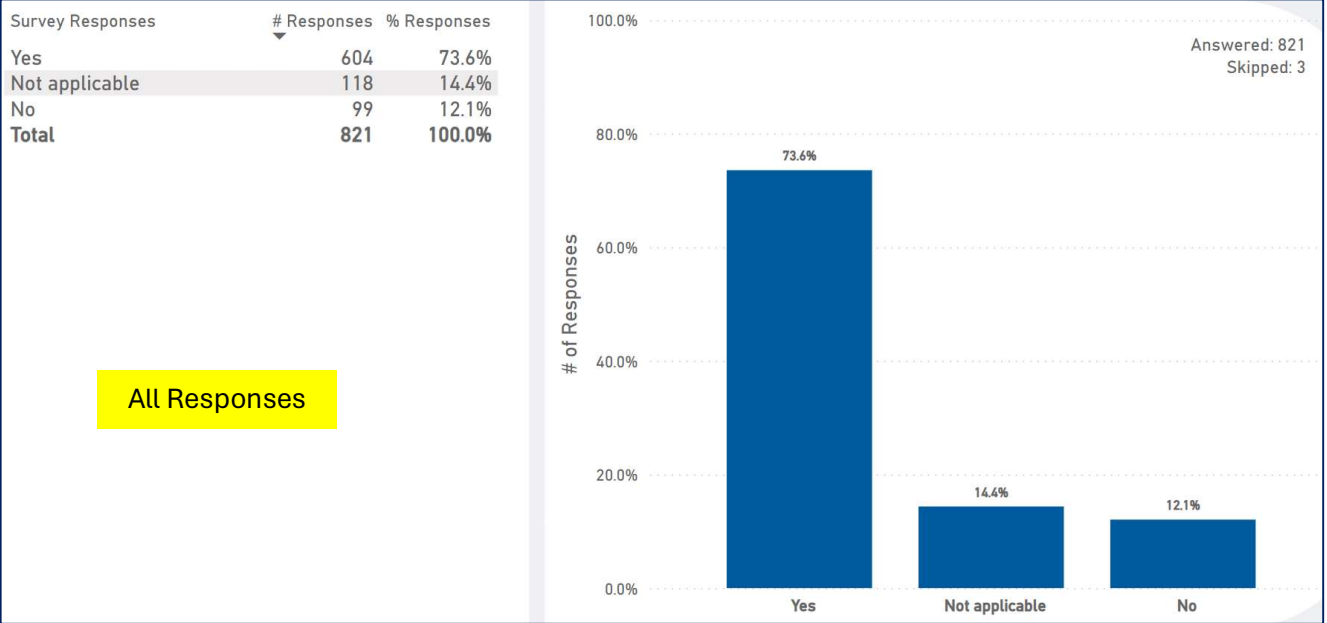


Survey Responses	# Responses	% Responses
Not applicable	65	24.3%
Medication Therapy Management	58	21.6%
None of the above	42	15.7%
Immunization	40	14.9%
Other	14	5.2%
Smoking Cessation	13	4.9%
Administration of medications and biologics	12	4.5%
Hormonal Contraception	12	4.5%
PrEP and PEP prescribing and dispensing	10	3.7%
CLIA waived tests	2	0.7%
<b>Total</b>	<b>268</b>	<b>100.0%</b>

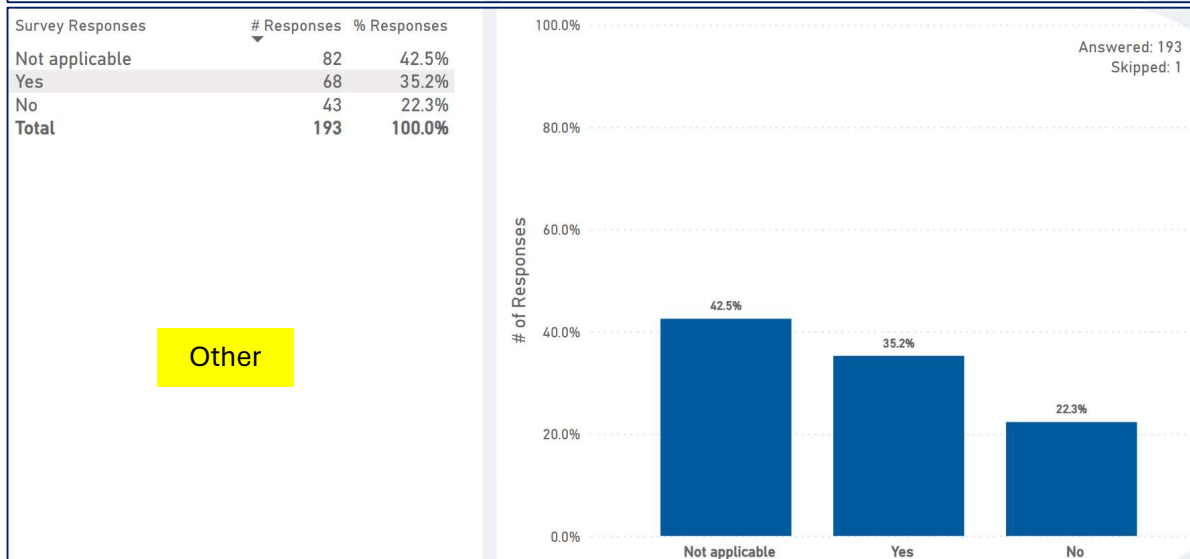
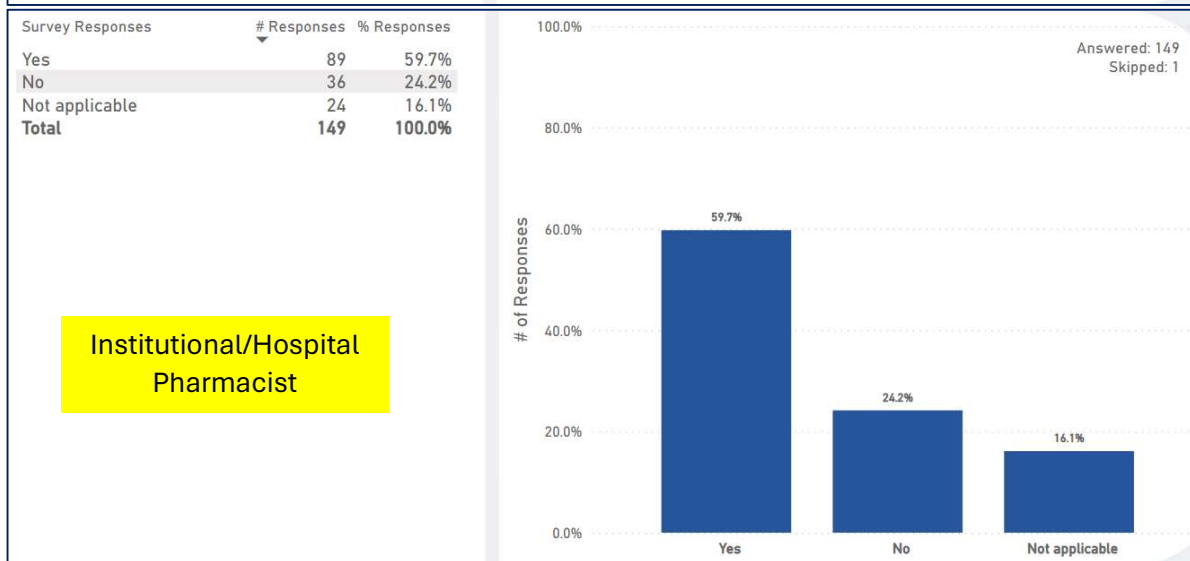
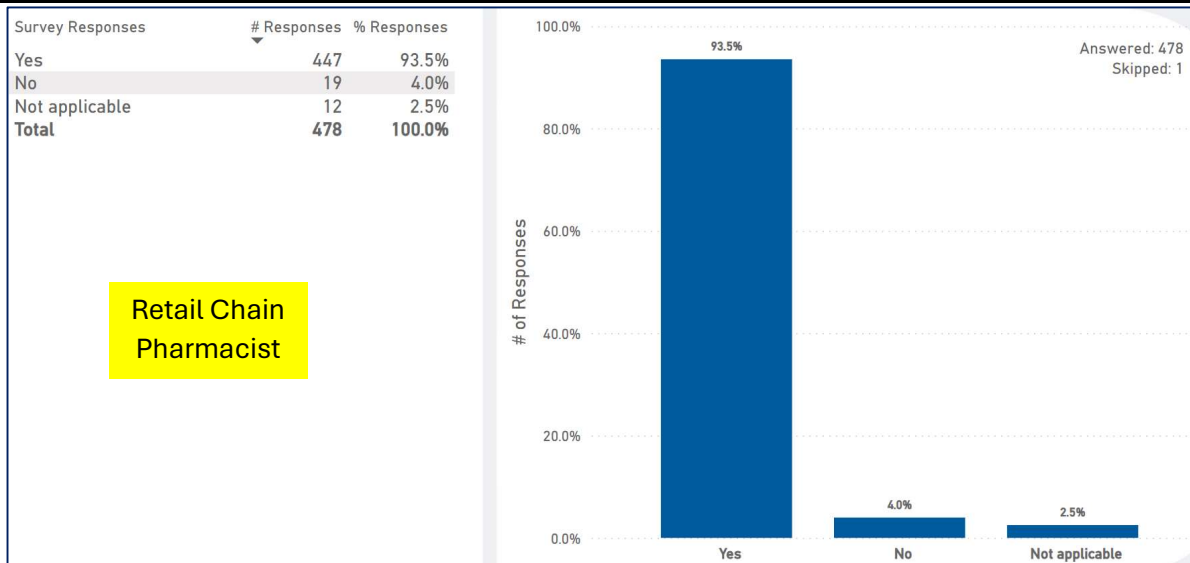
Other



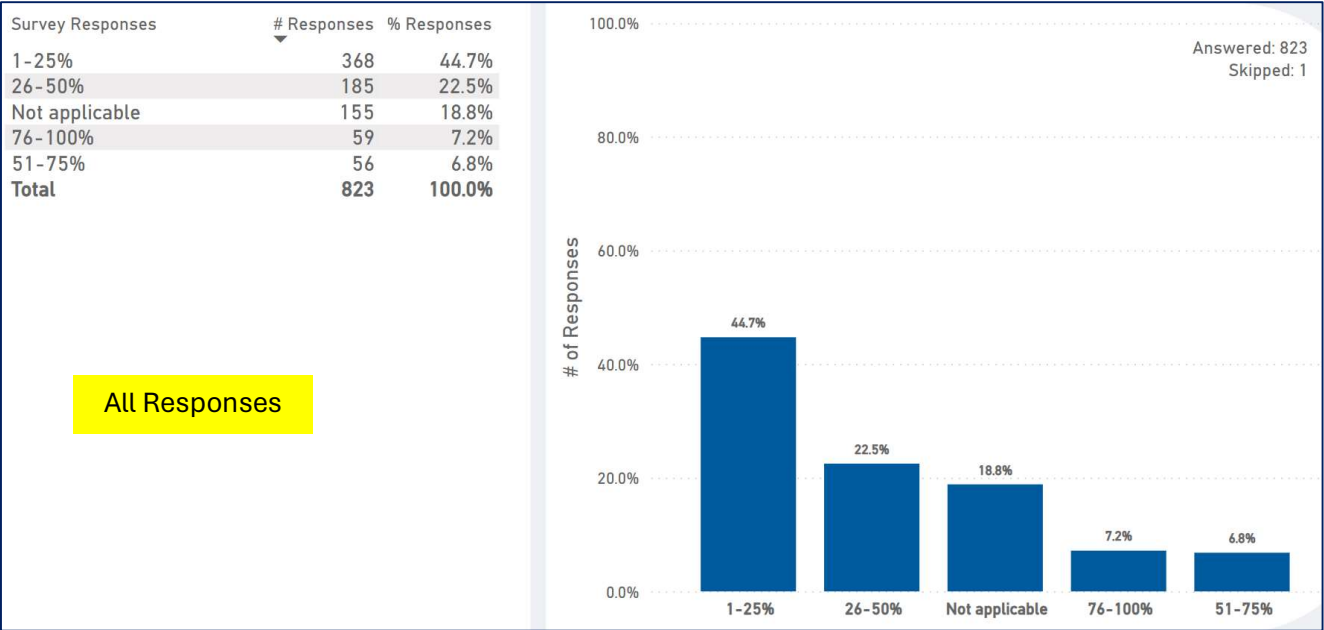
26. Does your employer require you to complete non-dispensing related services, such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects?



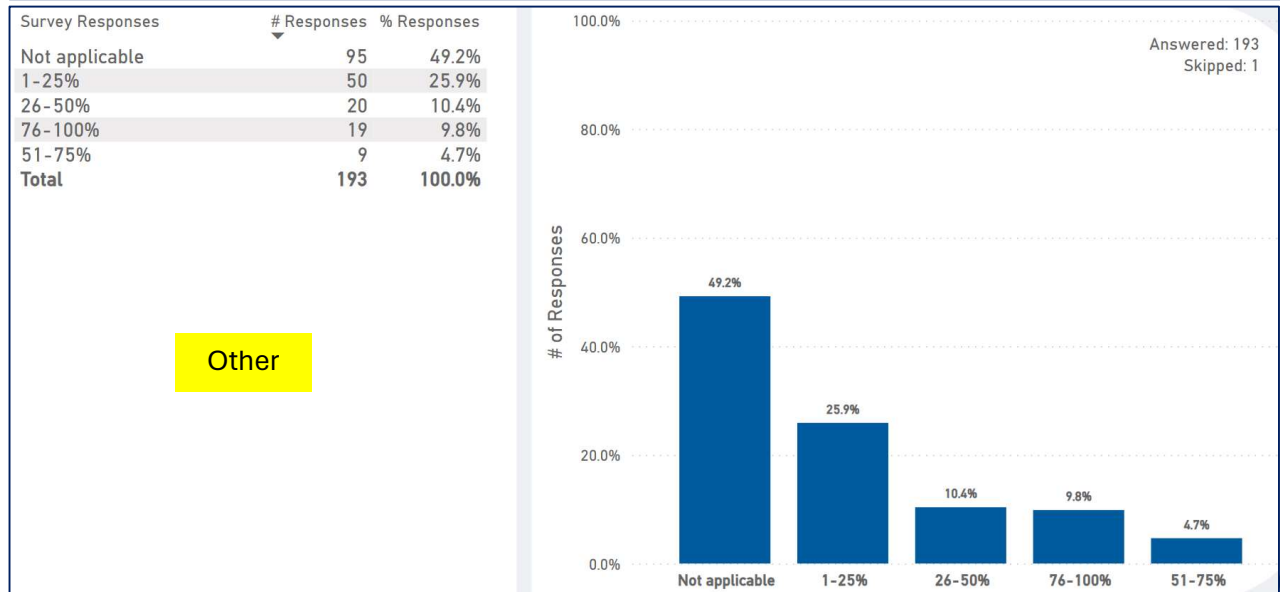
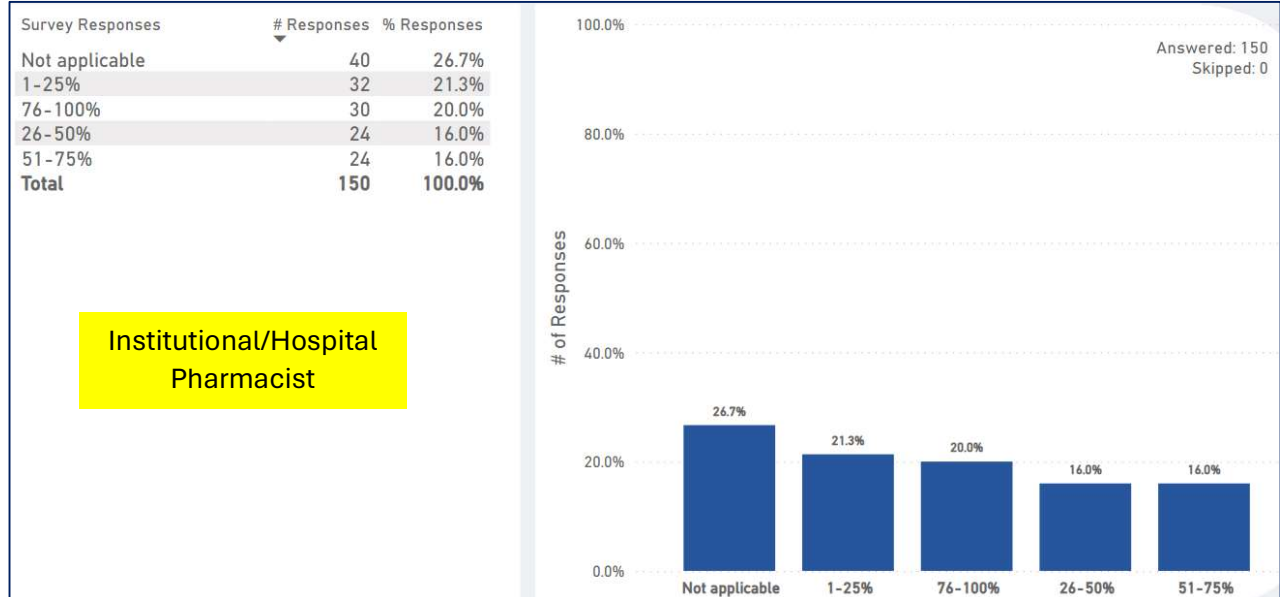
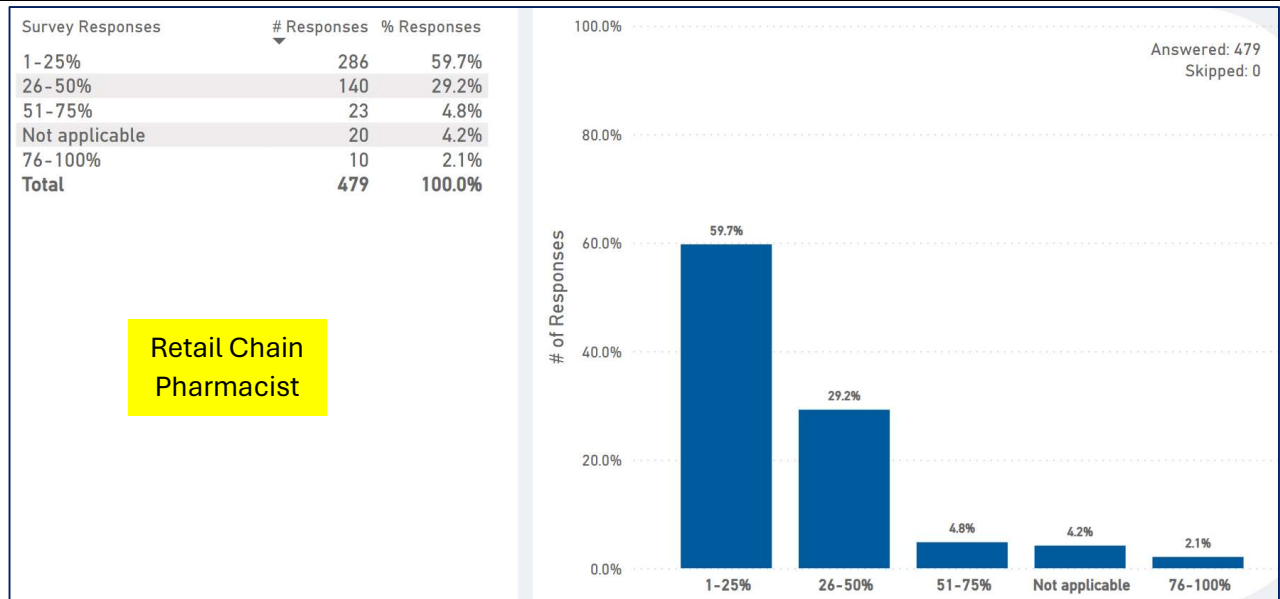
## 26. Does your employer require you to complete non-dispensing related services, such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects?



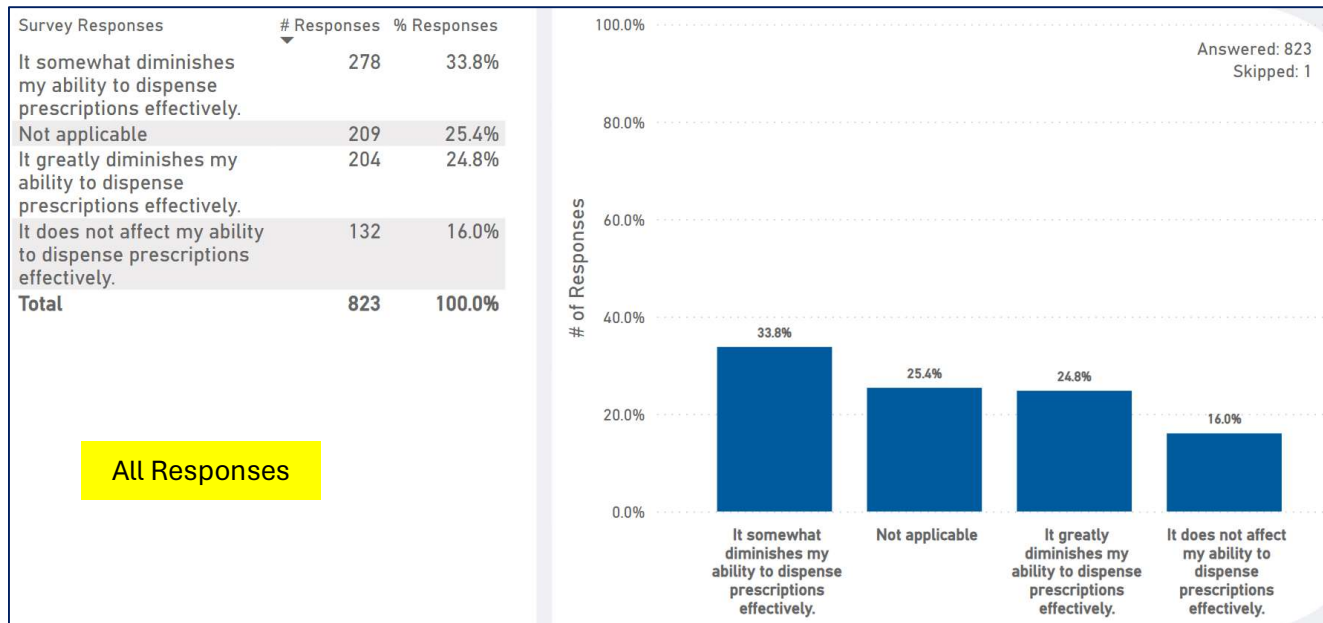
27. On average, what percentage of your time is spent on non-dispensing services?



## 27. On average, what percentage of your time is spent on non-dispensing services?



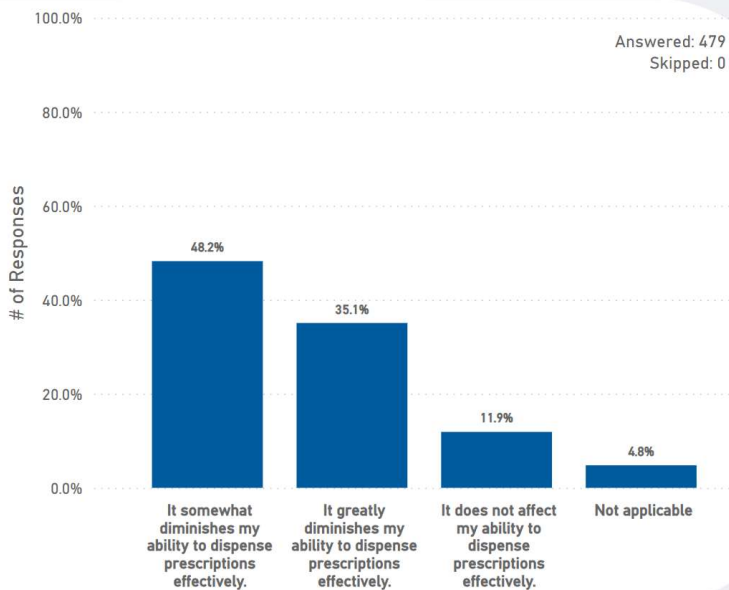
## 28. In your opinion, how does completing non-dispensing services affect your ability to dispense prescriptions effectively?



## 28. In your opinion, how does completing non-dispensing services affect your ability to dispense prescriptions effectively?

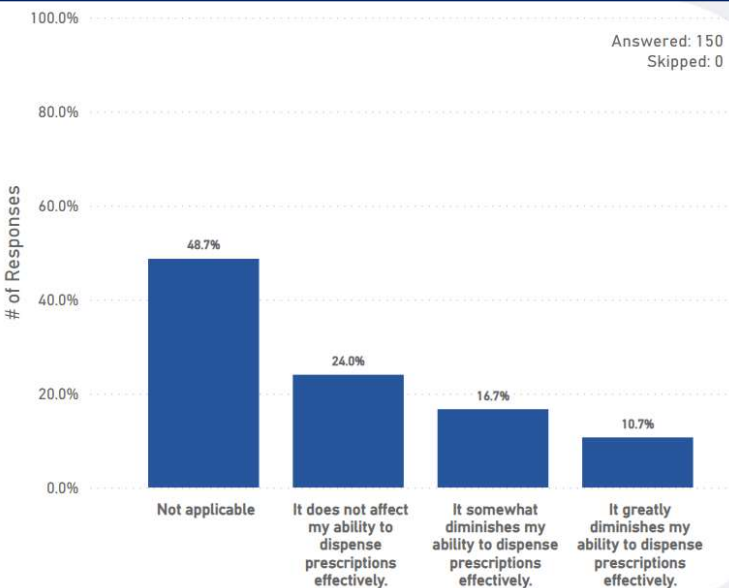
Survey Responses	# Responses	% Responses
It somewhat diminishes my ability to dispense prescriptions effectively.	231	48.2%
It greatly diminishes my ability to dispense prescriptions effectively.	168	35.1%
It does not affect my ability to dispense prescriptions effectively.	57	11.9%
Not applicable	23	4.8%
<b>Total</b>	<b>479</b>	<b>100.0%</b>

Retail Chain Pharmacist



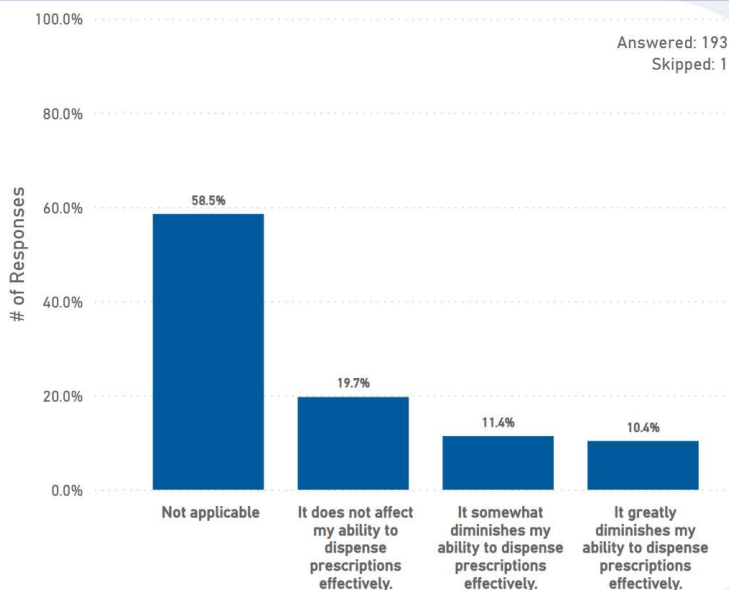
Survey Responses	# Responses	% Responses
Not applicable	73	48.7%
It does not affect my ability to dispense prescriptions effectively.	36	24.0%
It somewhat diminishes my ability to dispense prescriptions effectively.	25	16.7%
It greatly diminishes my ability to dispense prescriptions effectively.	16	10.7%
<b>Total</b>	<b>150</b>	<b>100.0%</b>

Institutional/Hospital Pharmacist

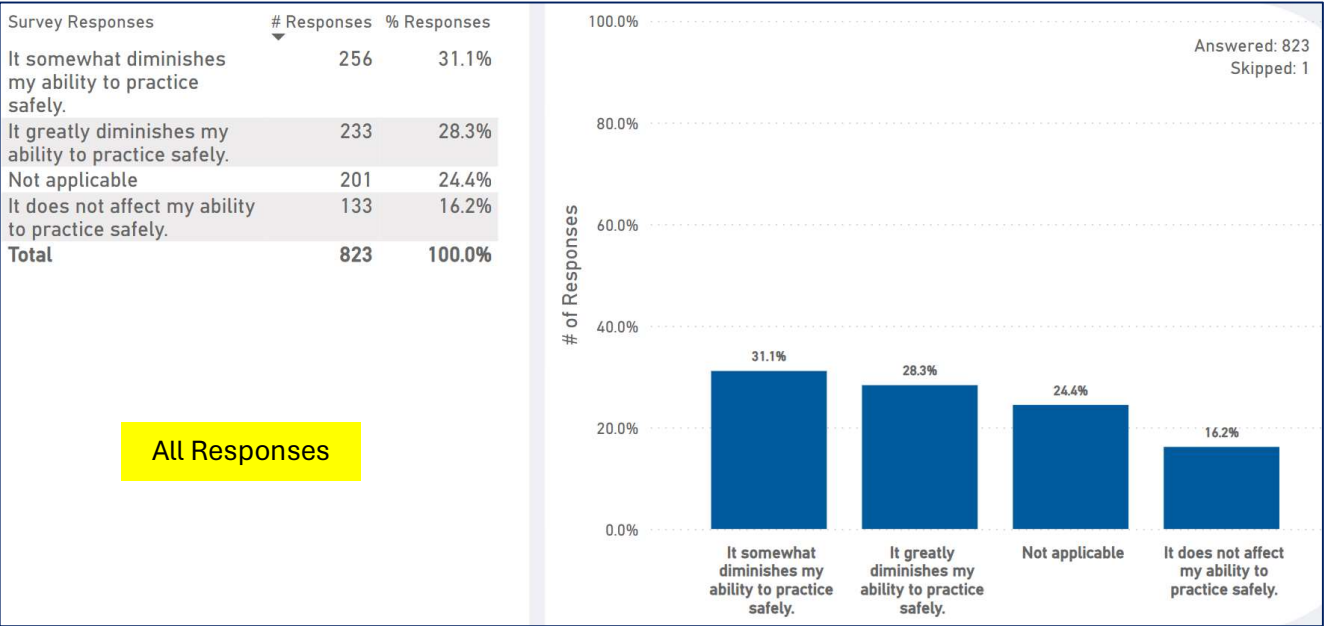


Survey Responses	# Responses	% Responses
Not applicable	113	58.5%
It does not affect my ability to dispense prescriptions effectively.	38	19.7%
It somewhat diminishes my ability to dispense prescriptions effectively.	22	11.4%
It greatly diminishes my ability to dispense prescriptions effectively.	20	10.4%
<b>Total</b>	<b>193</b>	<b>100.0%</b>

Other

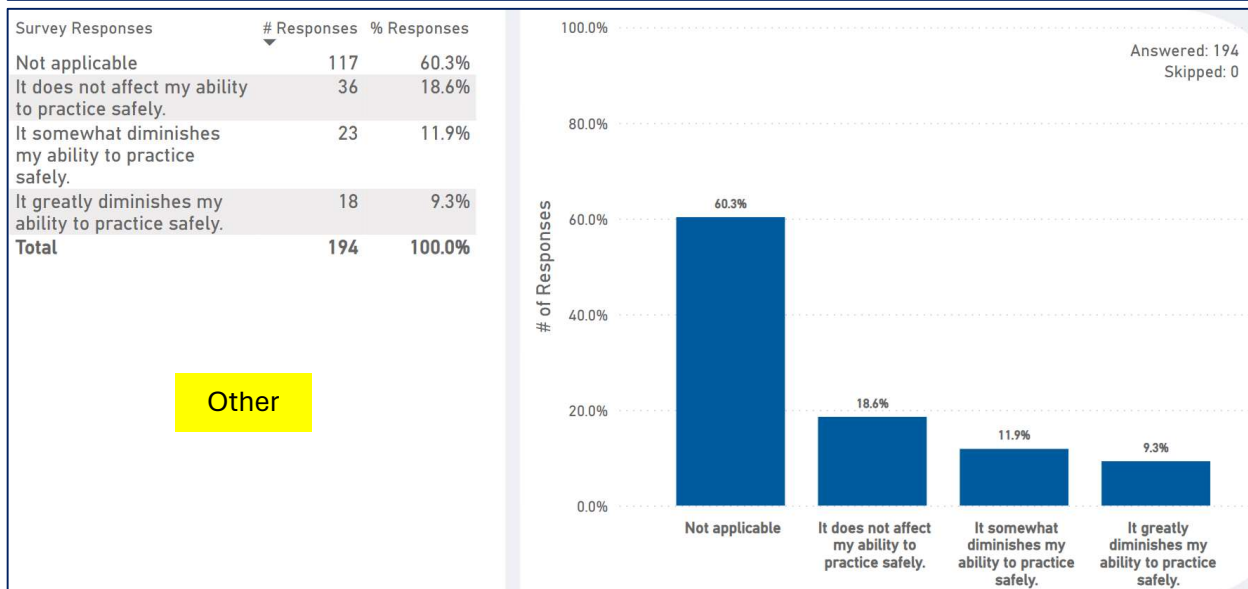
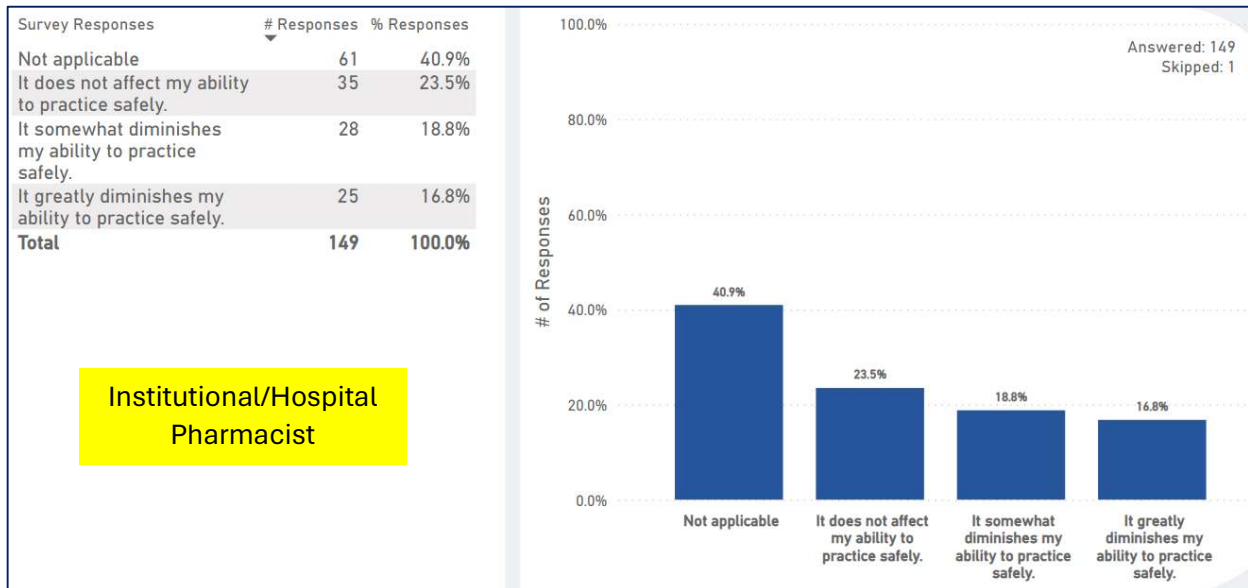
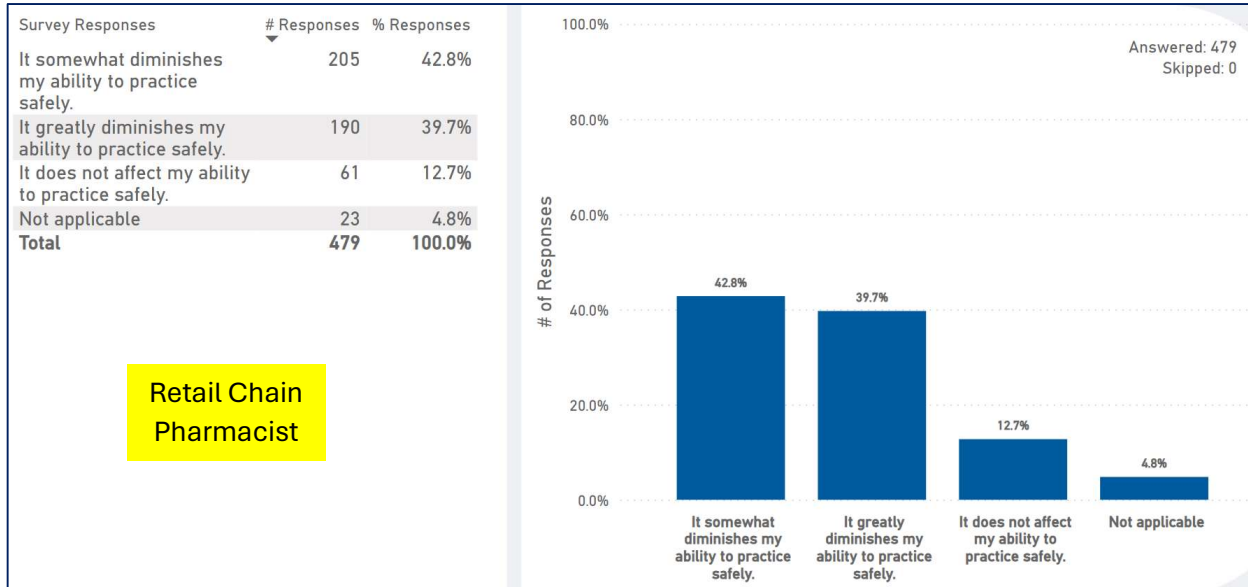


29. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect your ability to practice safely?

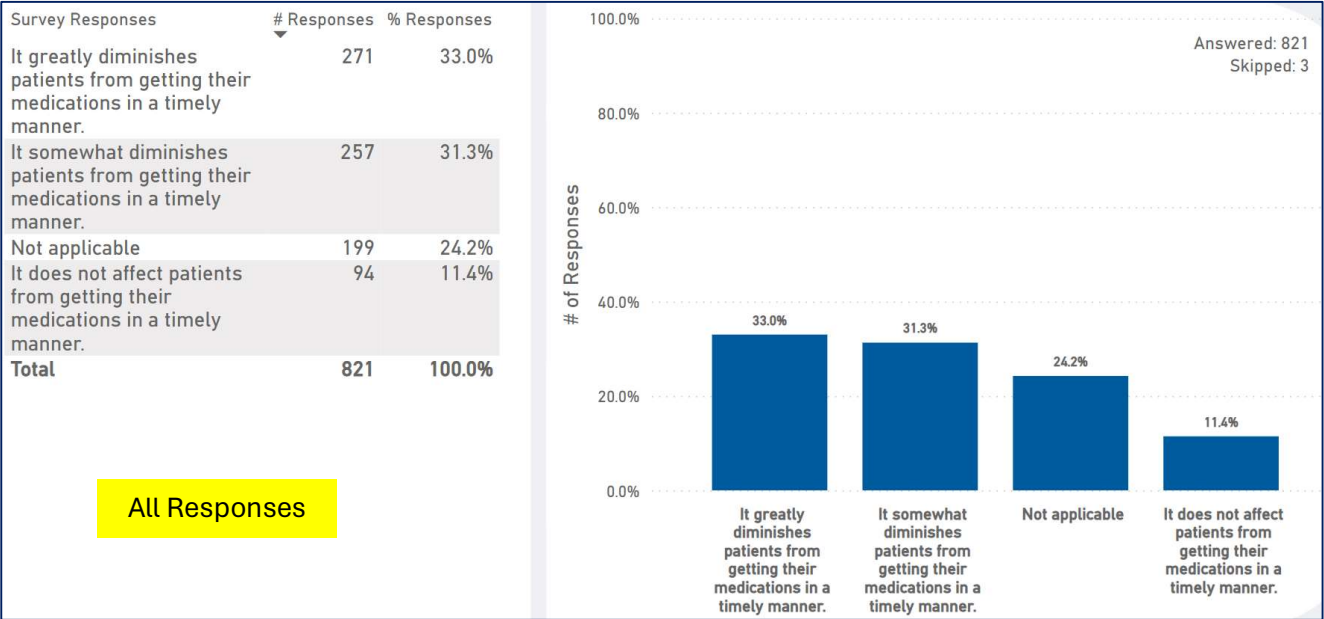




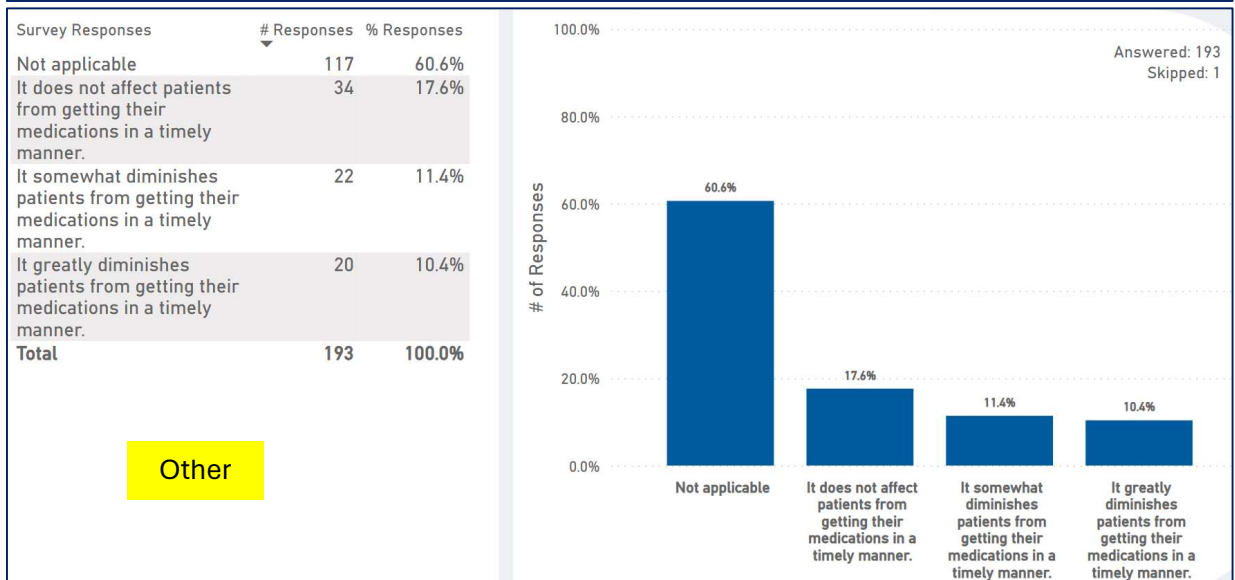
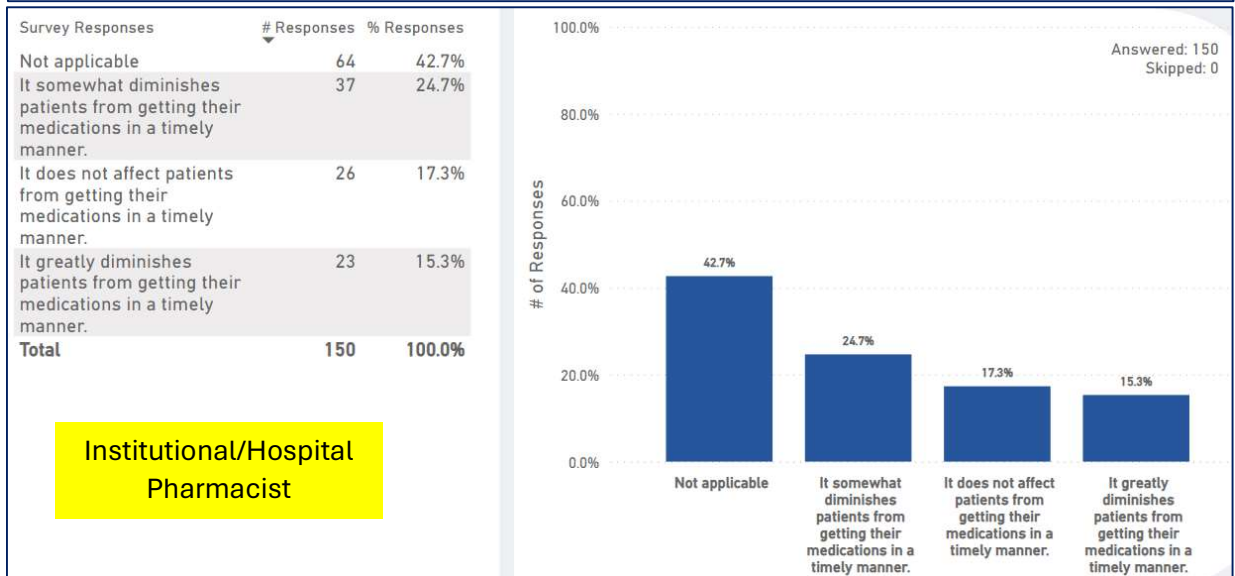
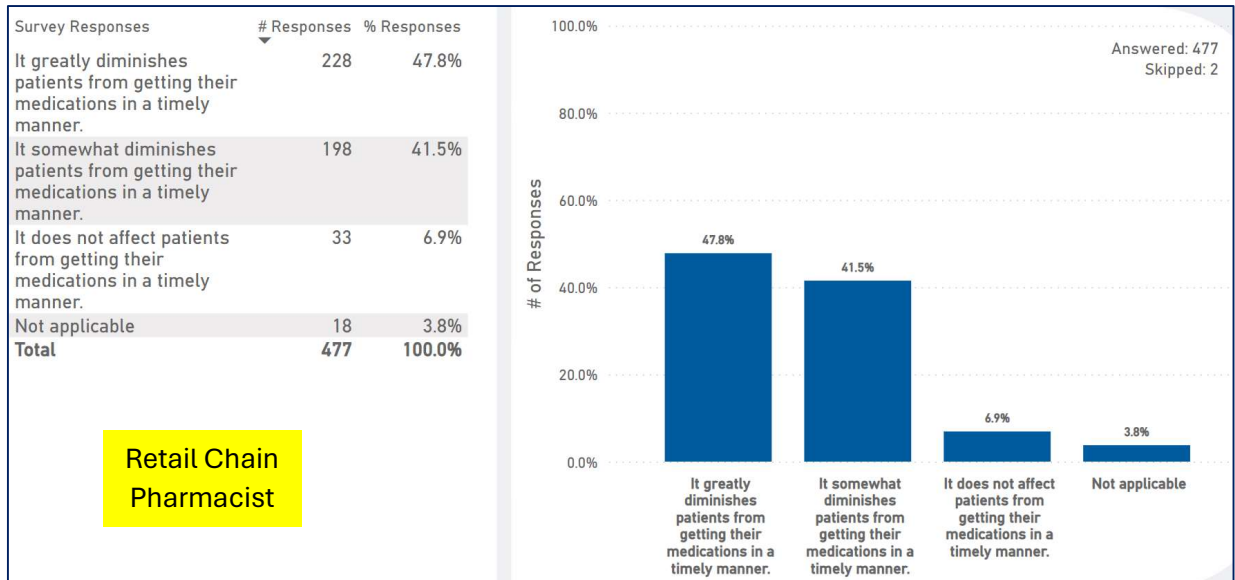
## 29. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect your ability to practice safely?



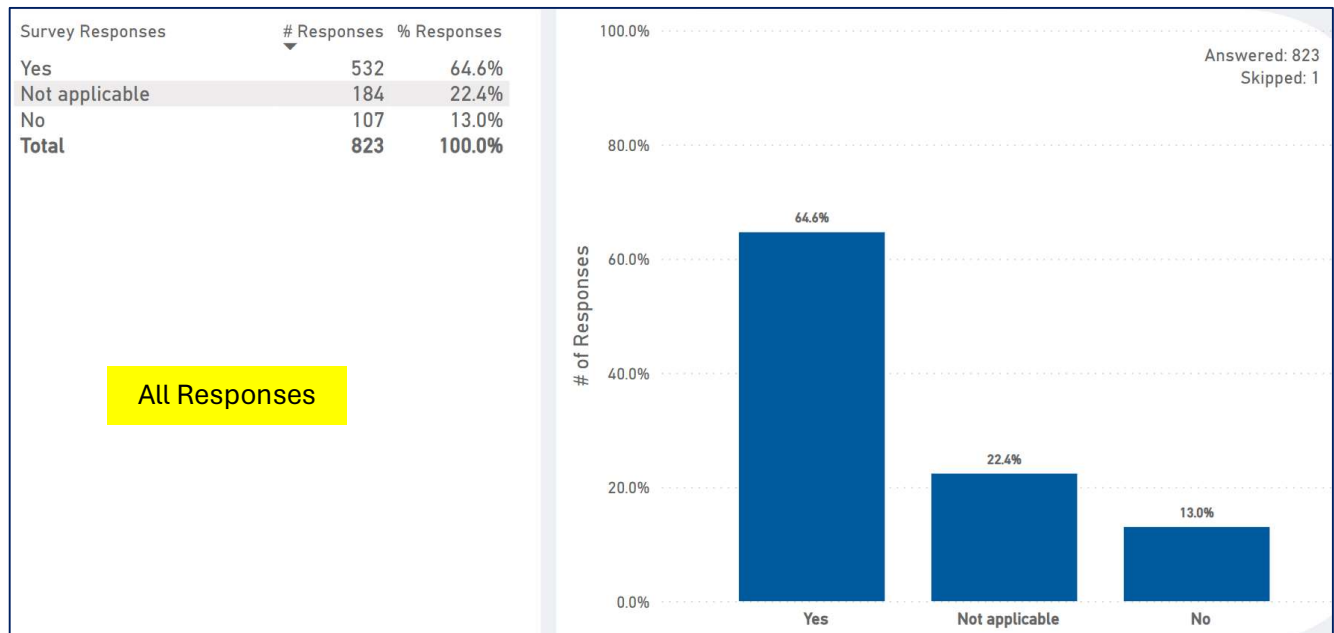
30. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect patients from getting their medications in a timely manner?



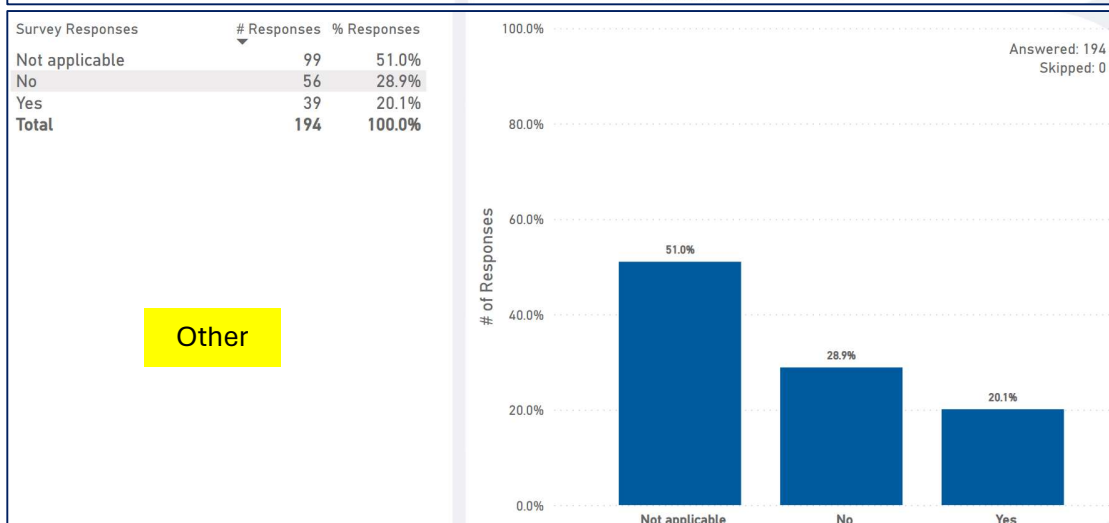
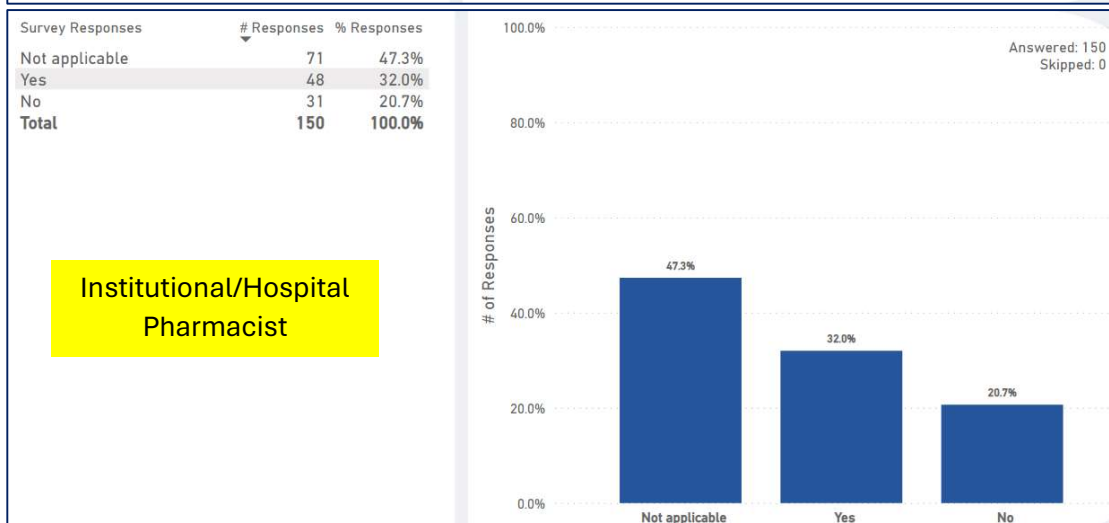
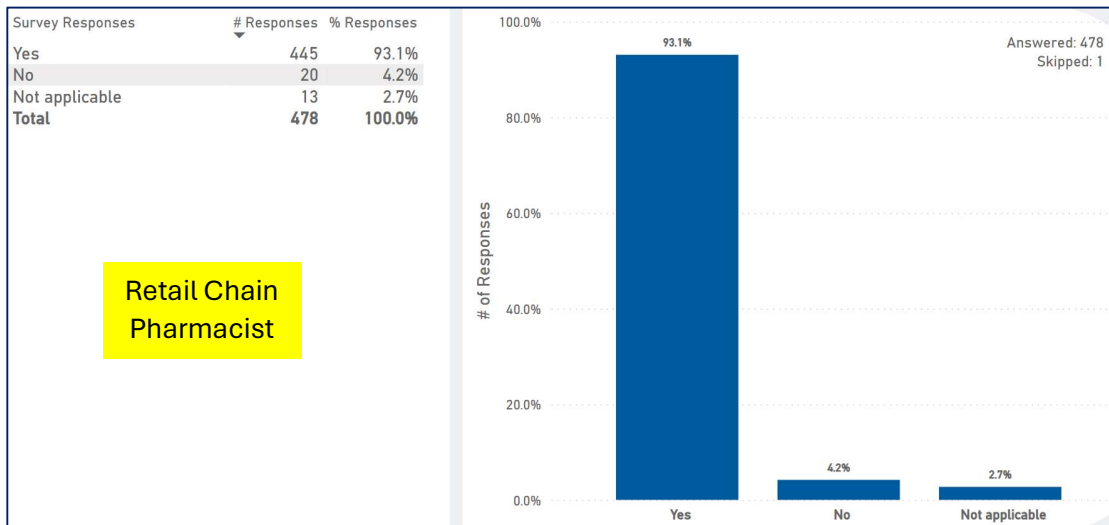
### 30. In your opinion, how does completing non-dispensing services while also engaged in processing prescriptions affect patients from getting their medications in a timely manner?



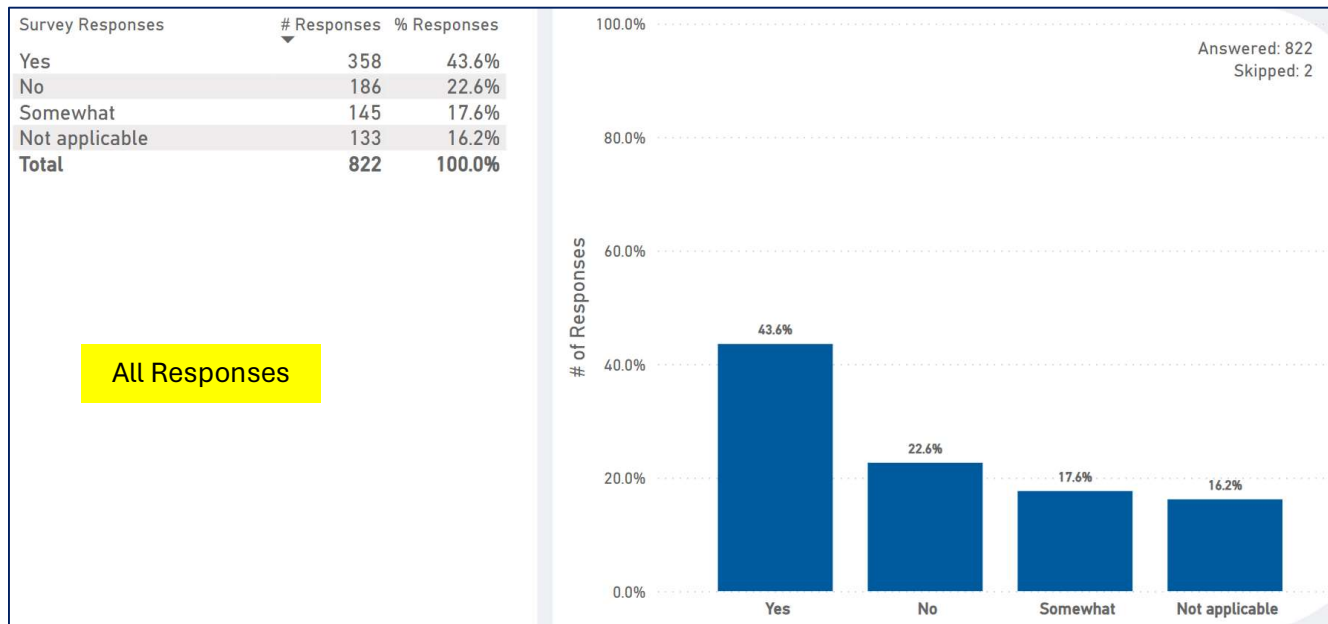
31. Does your employer at your primary practice setting use workload metrics to measure one or more of following areas: number of immunizations, number of refill requests, number of patients enrolled in autofill, number of prescriptions filled, number of MTM services completed, average time to fill a new prescription, average time to fill a refill, average wait time for prescriptions, OR other metrics?



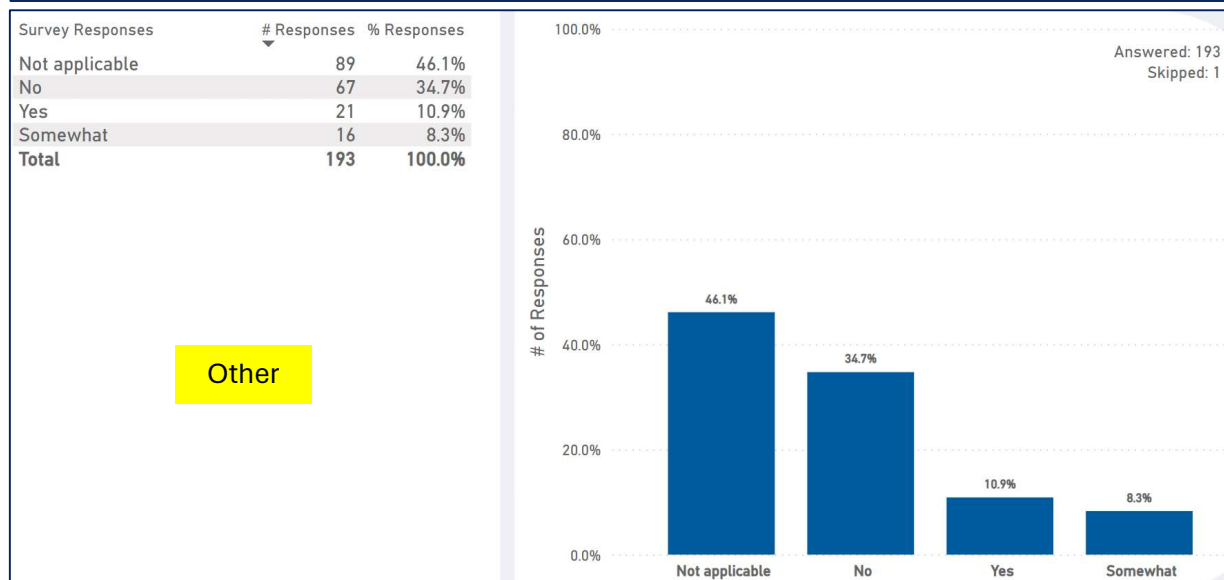
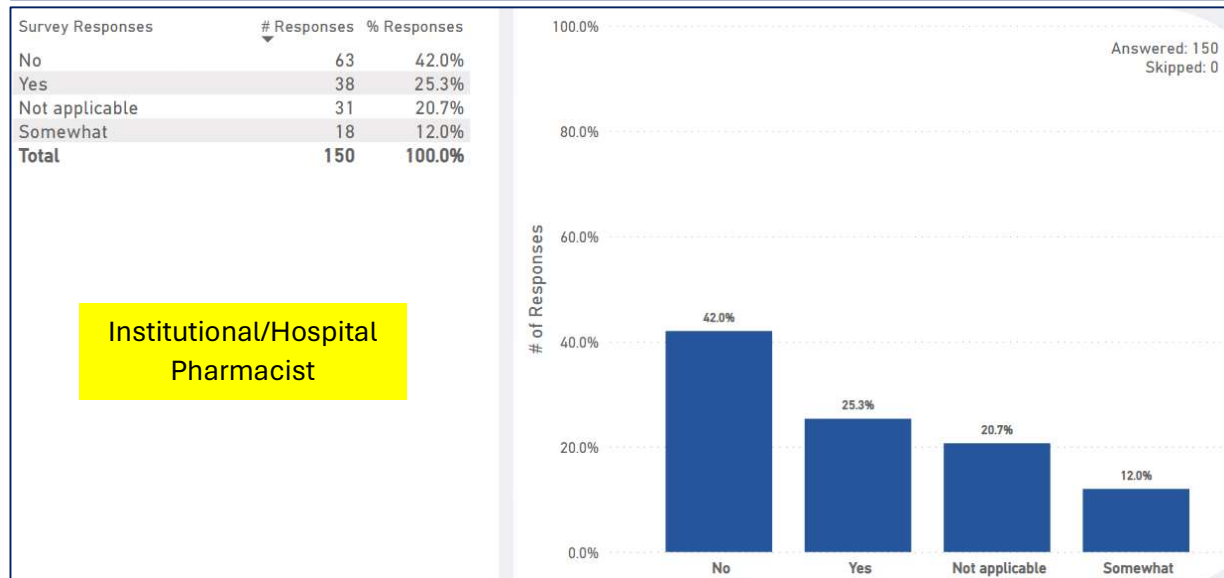
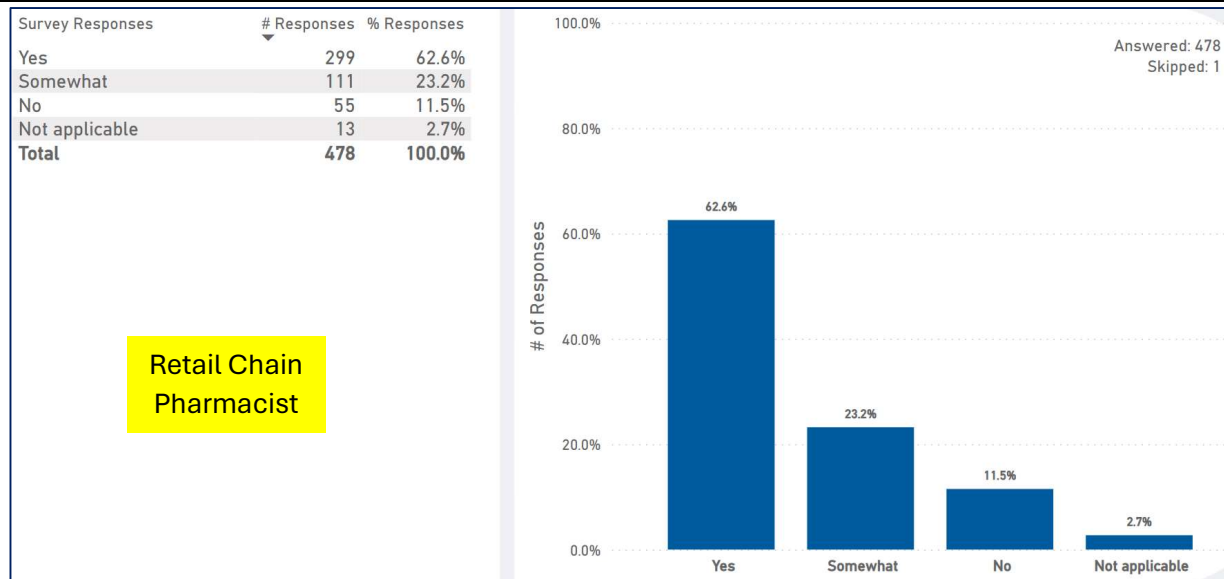
31. Does your employer at your primary practice setting use workload metrics to measure one or more of following areas: number of immunizations, number of refill requests, number of patients enrolled in autofill, number of prescriptions filled, number of MTM services completed, average time to fill a new prescription, average time to fill a refill, average wait time for prescriptions, OR other metrics?



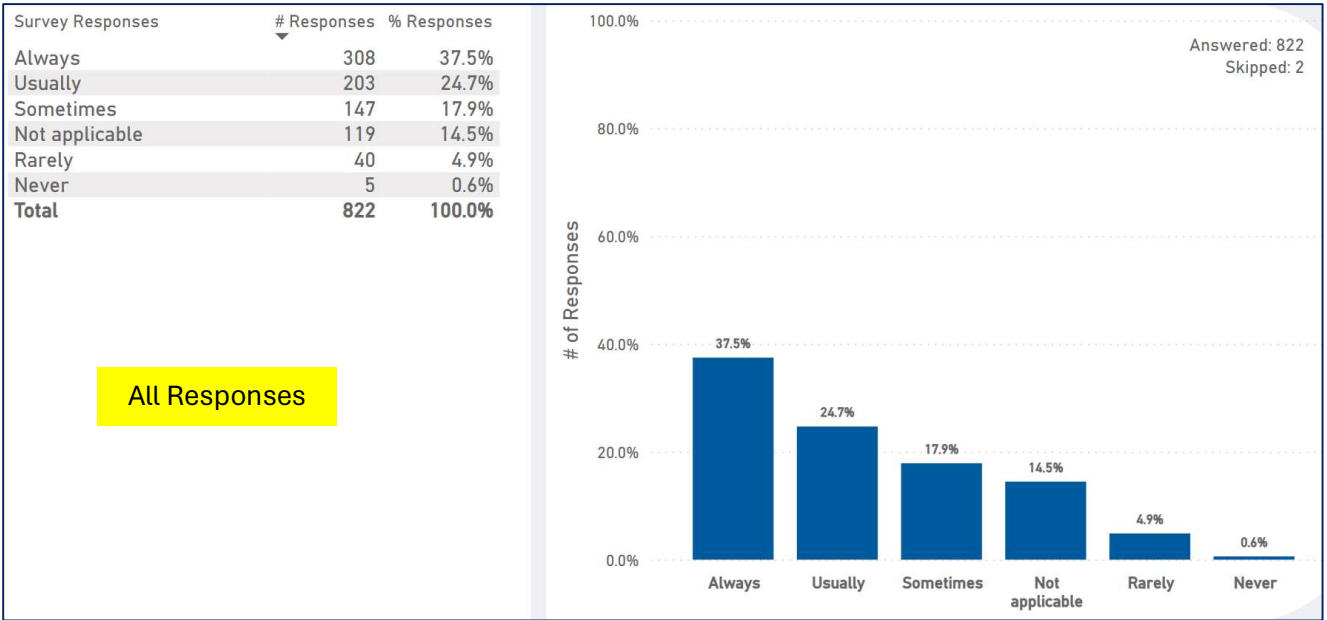
32. Do you feel that you have been pressured by your employer or supervisor to meet standards or metrics that may interfere with safe patient care?



## 32. Do you feel that you have been pressured by your employer or supervisor to meet standards or metrics that may interfere with safe patient care?

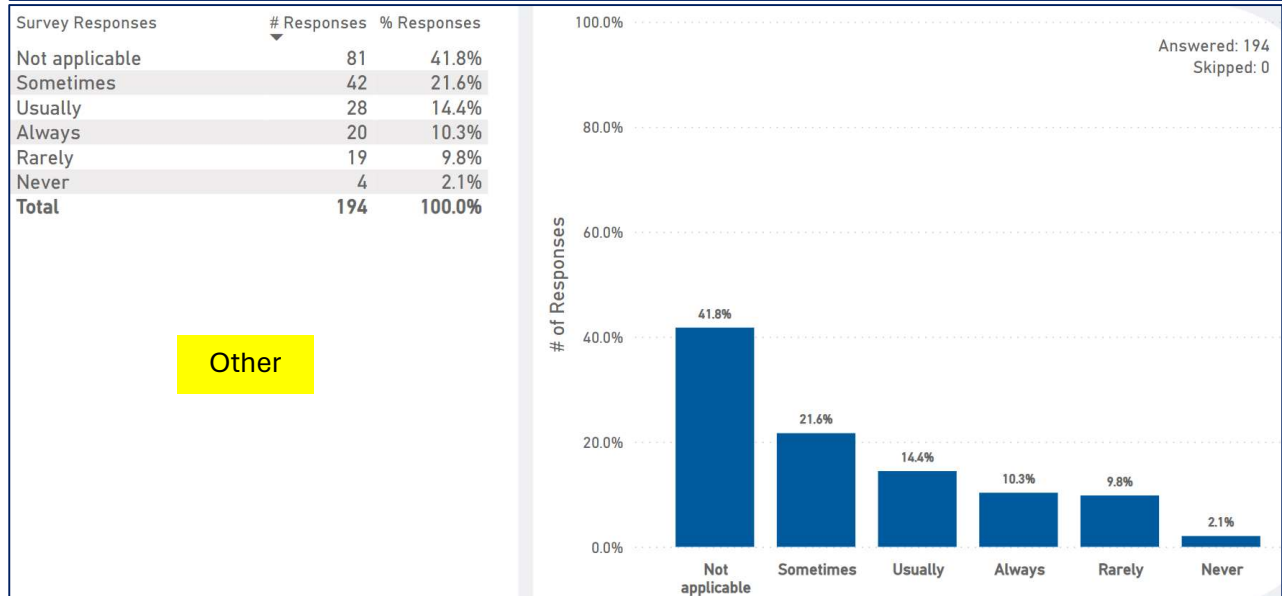
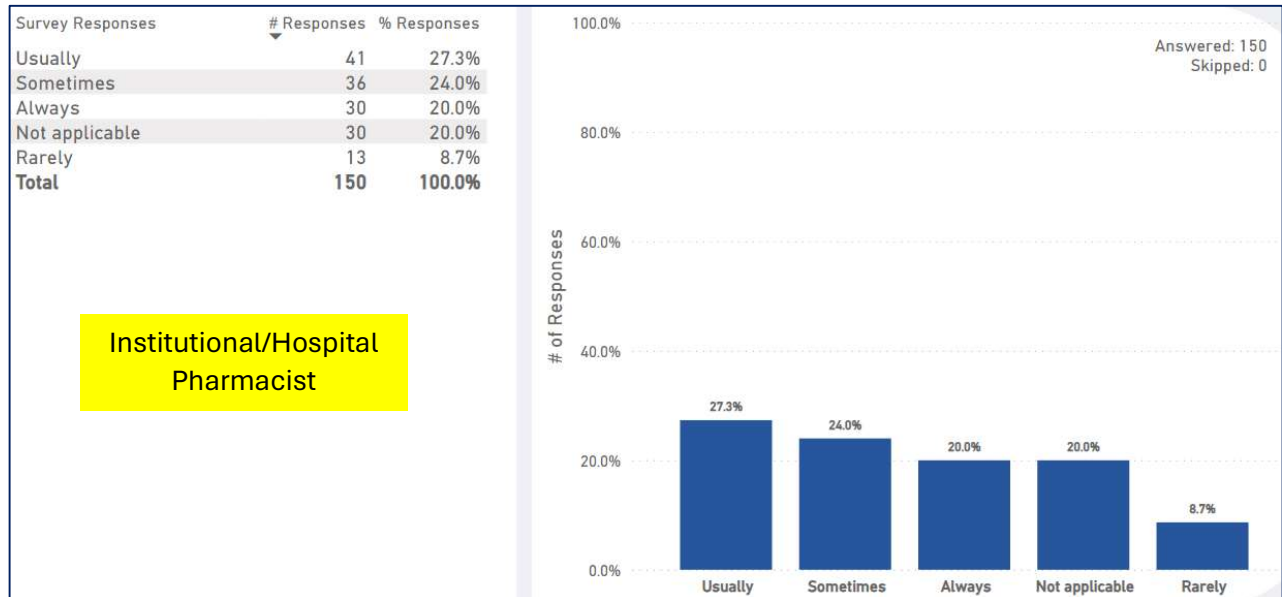
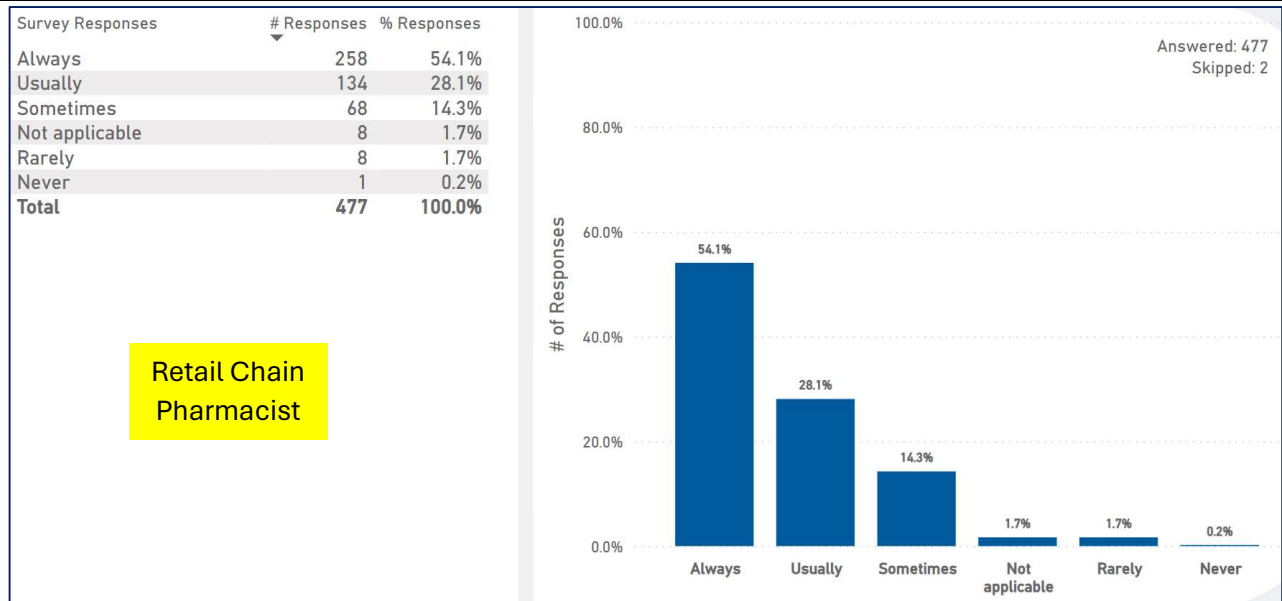


33. On average, how frequently are you interrupted while processing a prescription?

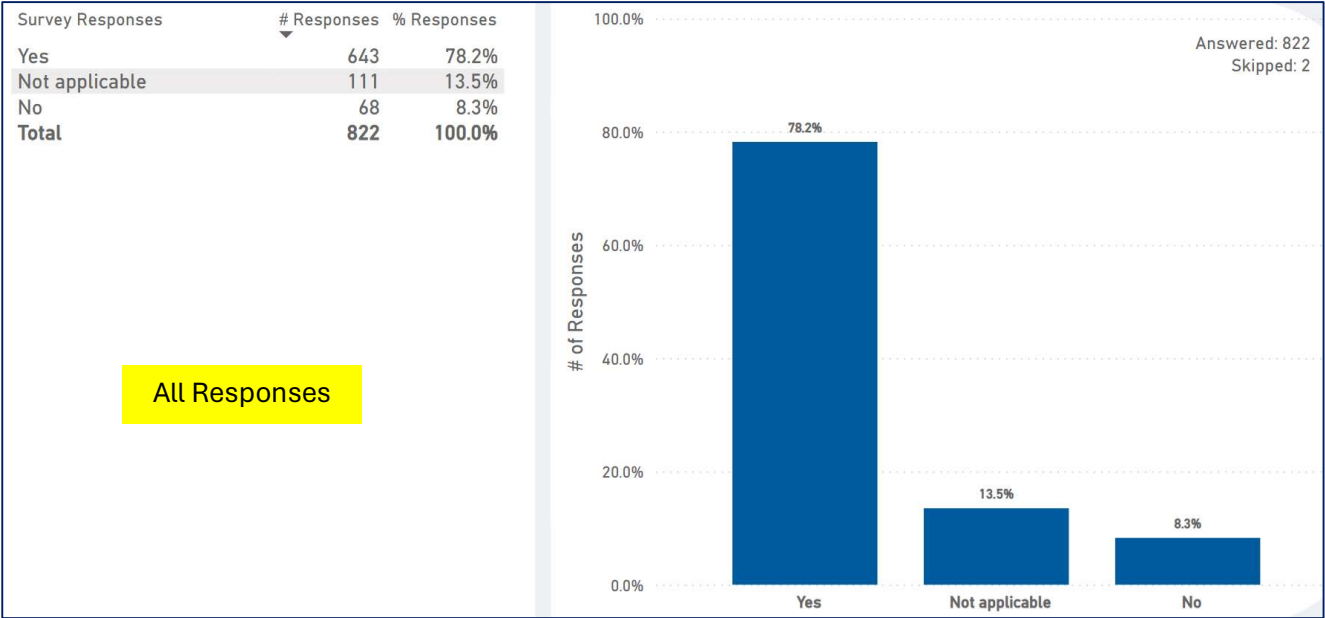




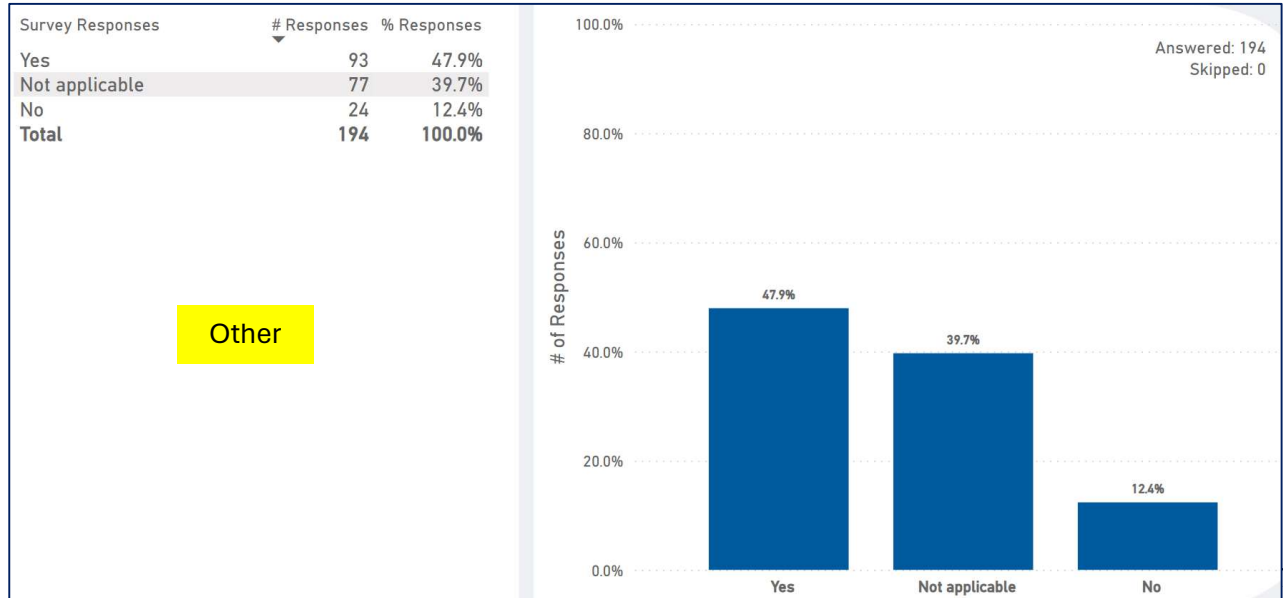
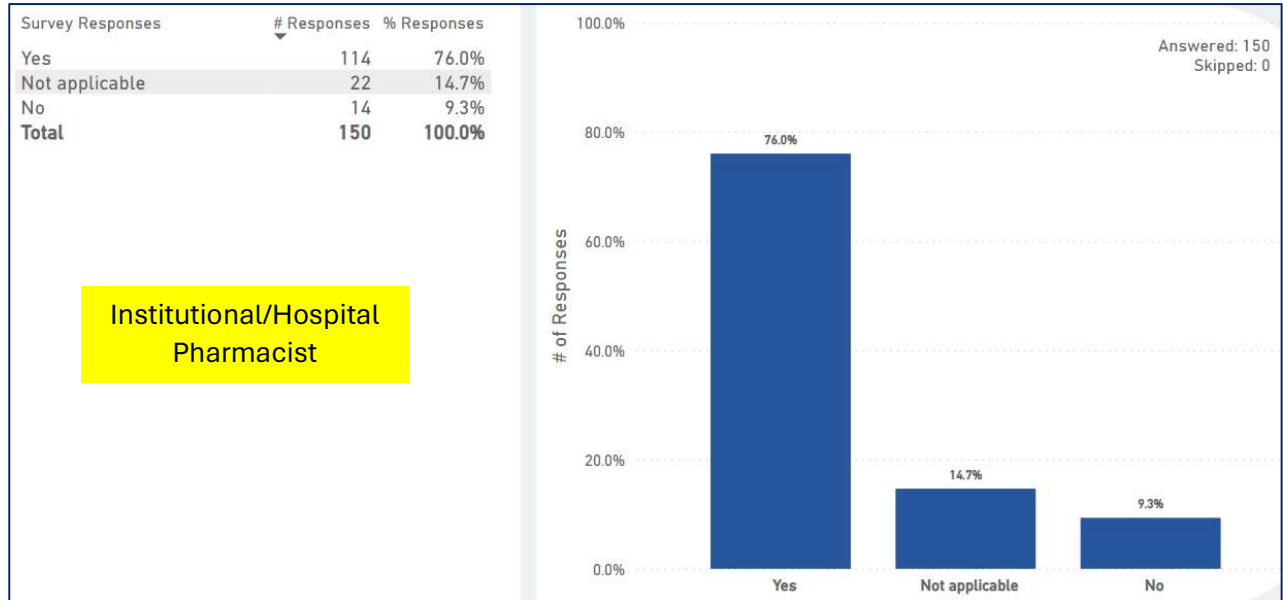
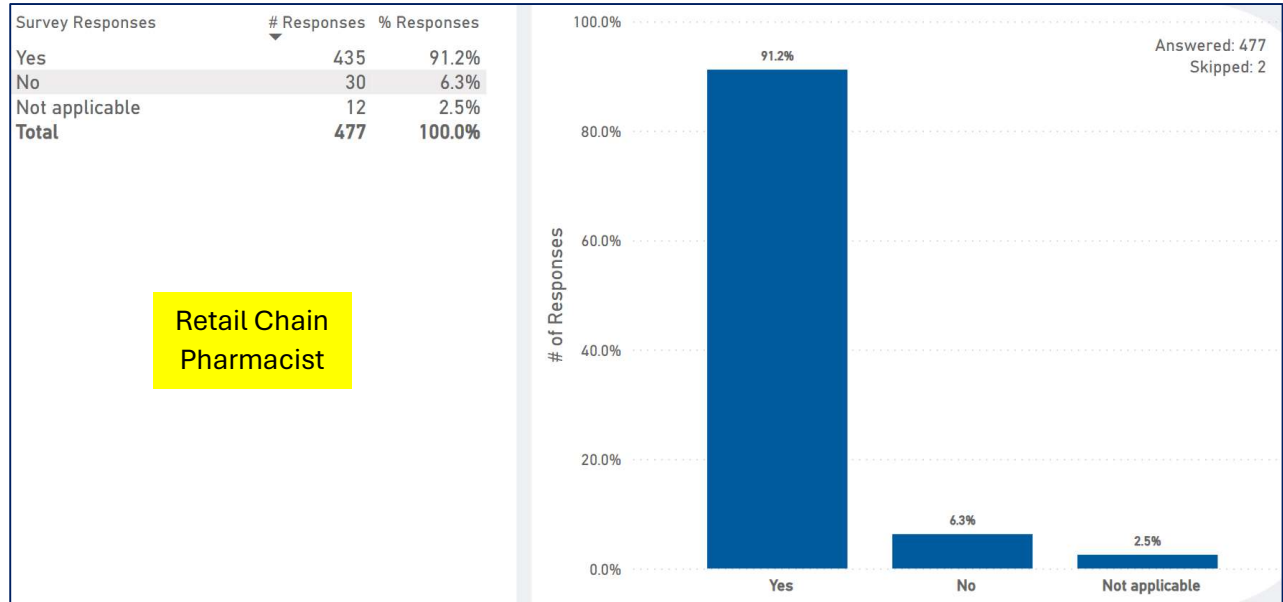
### 33. On average, how frequently are you interrupted while processing a prescription?



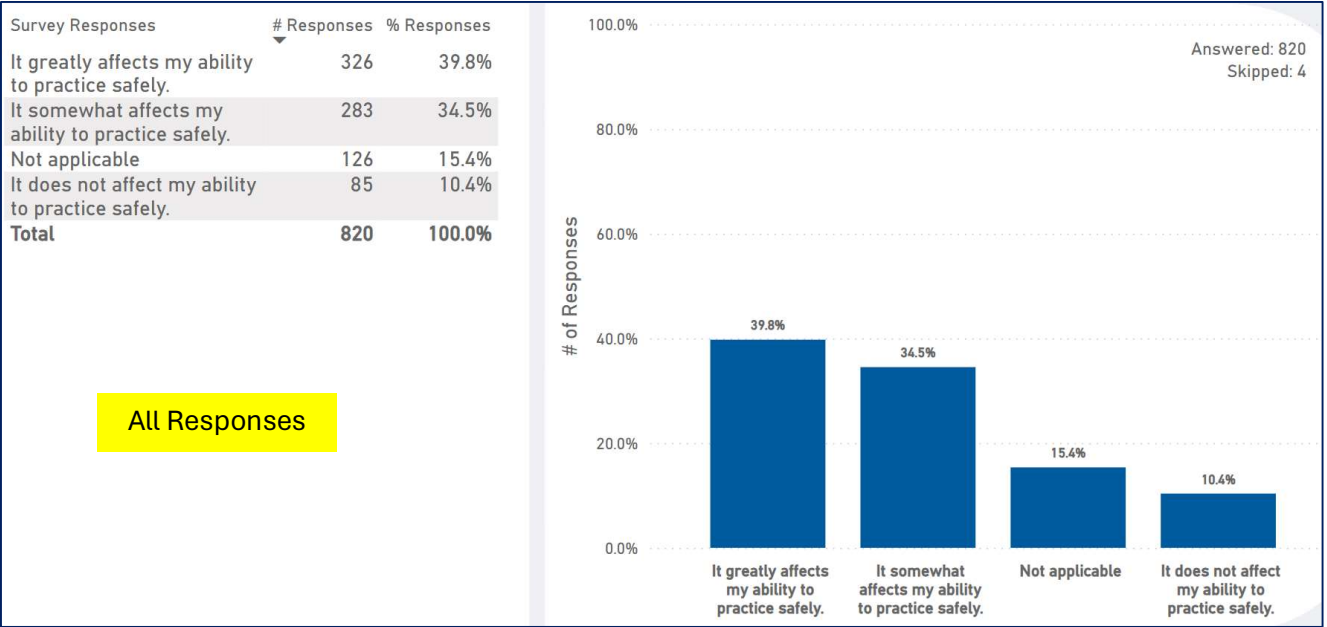
34. Do you fear that interruptions while processing a prescription may lead to a medication error?



### 34. Do you fear that interruptions while processing a prescription may lead to a medication error?



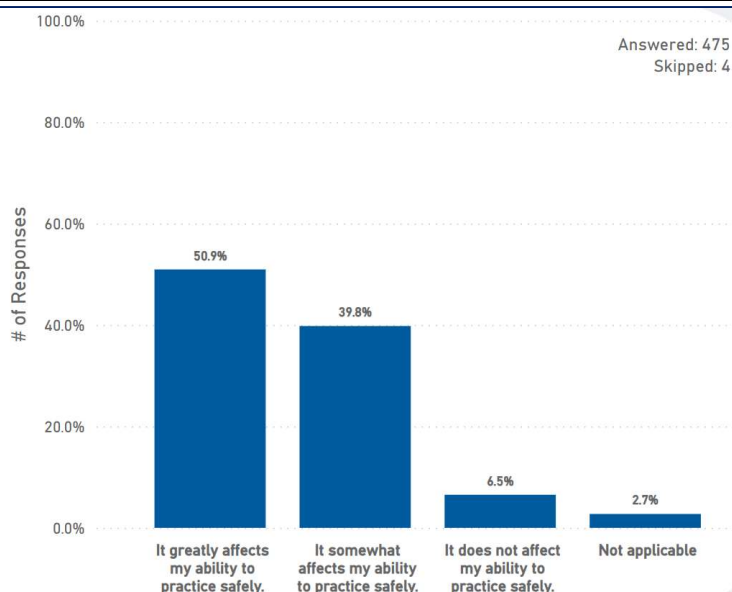
35. In your opinion, how do interruptions while processing a prescription affect your ability to practice safely?



## 35. In your opinion, how do interruptions while processing a prescription affect your ability to practice safely?

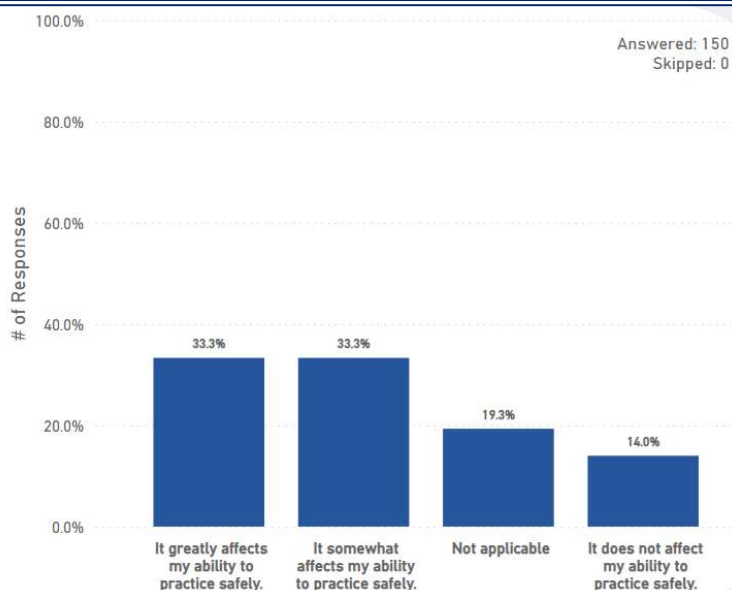
Survey Responses	# Responses	% Responses
It greatly affects my ability to practice safely.	242	50.9%
It somewhat affects my ability to practice safely.	189	39.8%
It does not affect my ability to practice safely.	31	6.5%
Not applicable	13	2.7%
<b>Total</b>	<b>475</b>	<b>100.0%</b>

Retail Chain Pharmacist



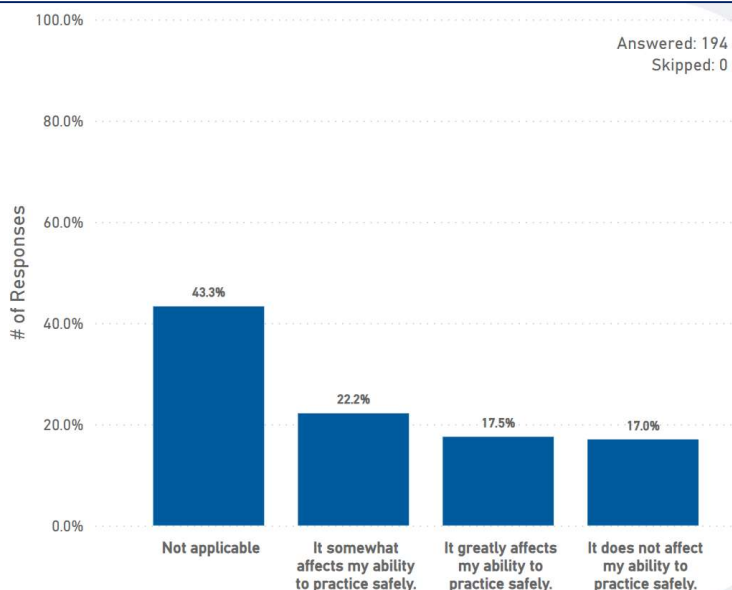
Survey Responses	# Responses	% Responses
It greatly affects my ability to practice safely.	50	33.3%
It somewhat affects my ability to practice safely.	50	33.3%
Not applicable	29	19.3%
It does not affect my ability to practice safely.	21	14.0%
<b>Total</b>	<b>150</b>	<b>100.0%</b>

Institutional/Hospital Pharmacist

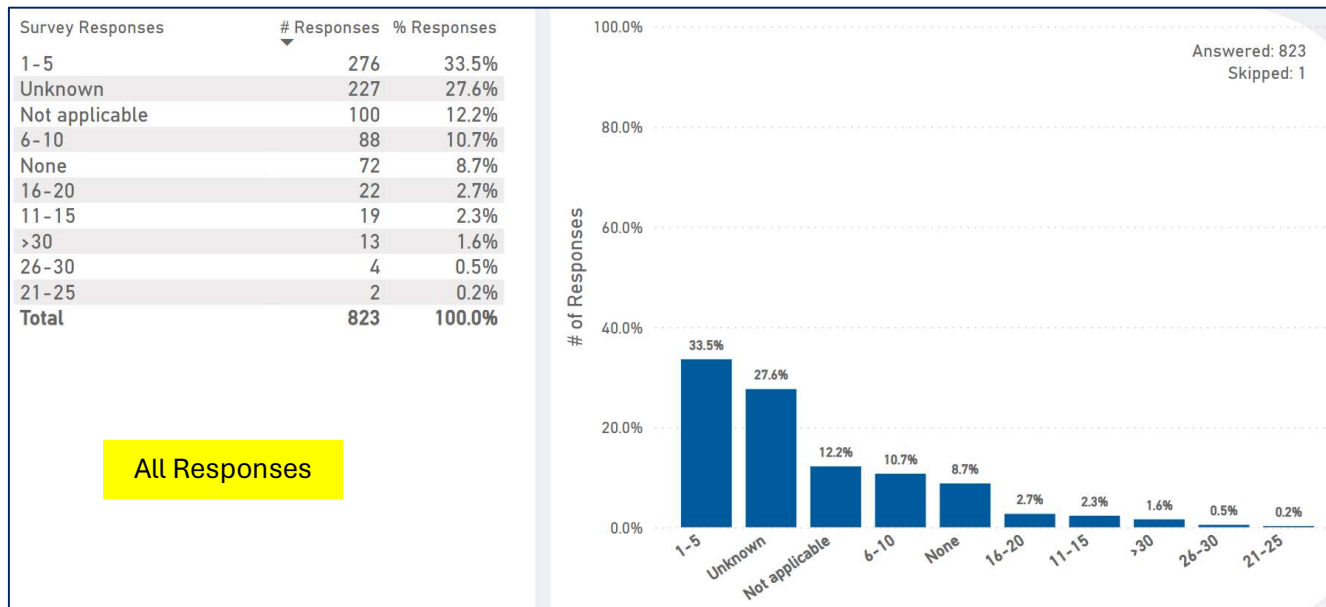


Survey Responses	# Responses	% Responses
Not applicable	84	43.3%
It somewhat affects my ability to practice safely.	43	22.2%
It greatly affects my ability to practice safely.	34	17.5%
It does not affect my ability to practice safely.	33	17.0%
<b>Total</b>	<b>194</b>	<b>100.0%</b>

Other

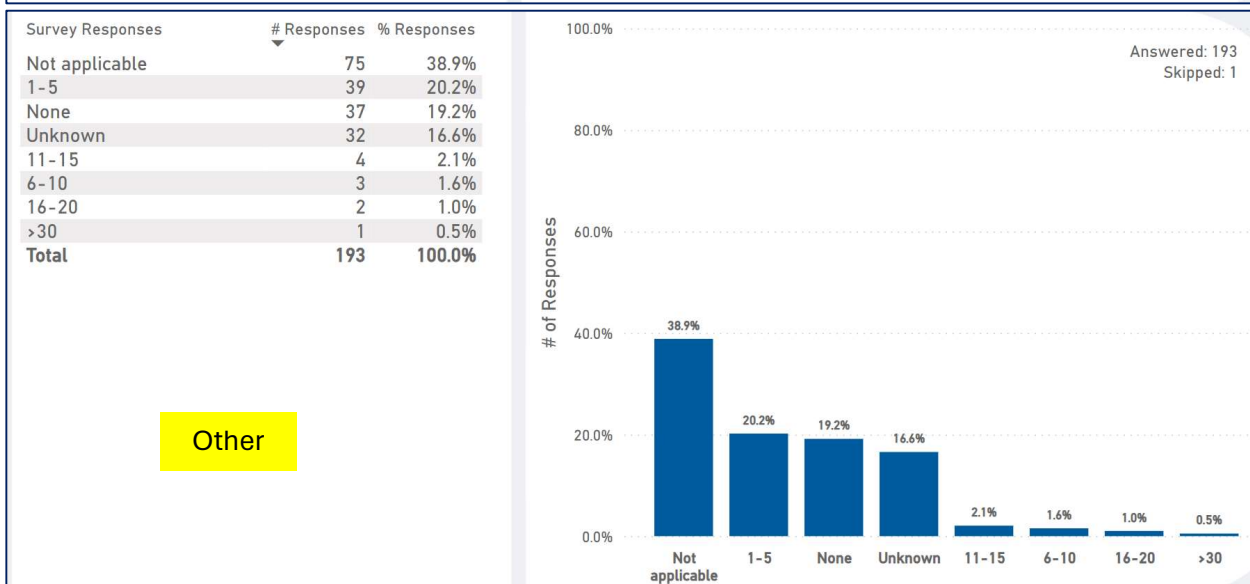
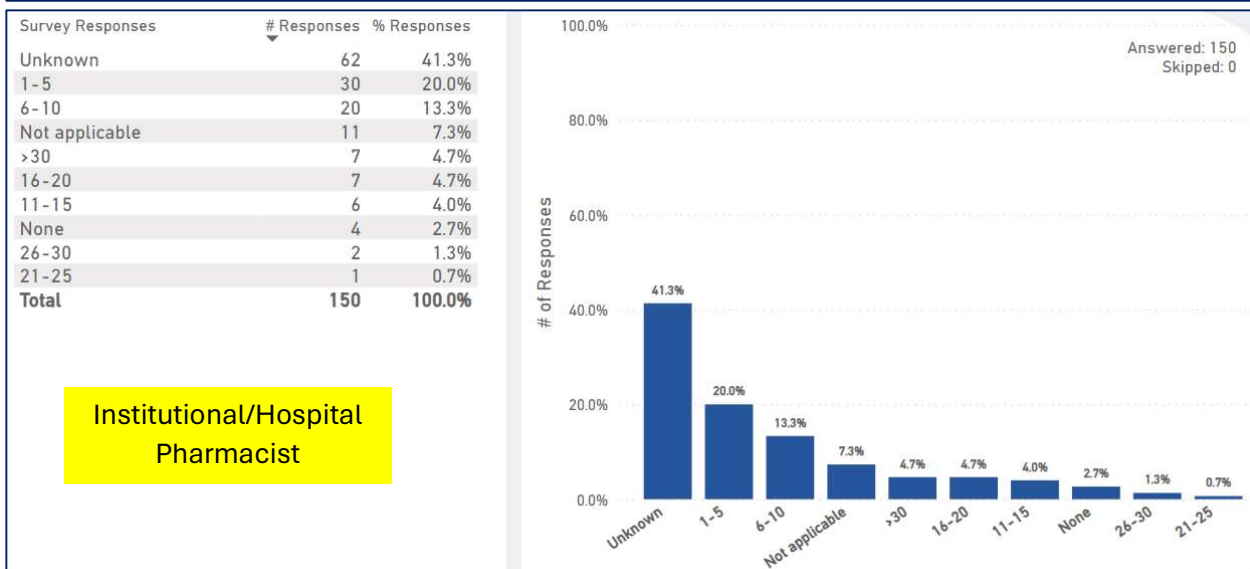
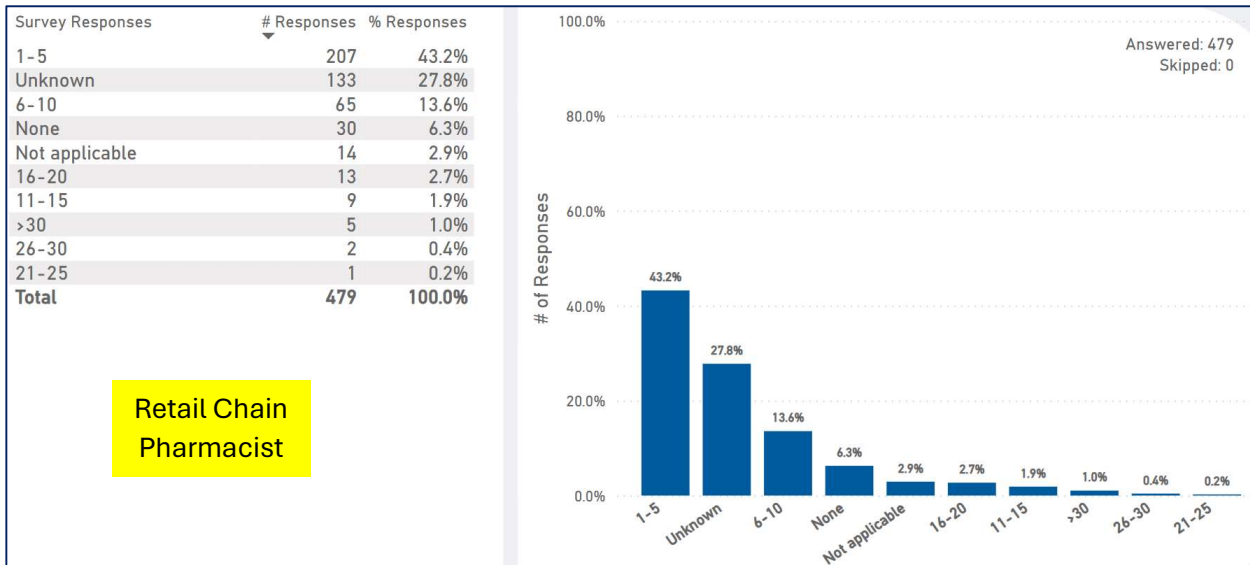


### 36. What is the average number of medication errors that leave the pharmacy, if any, do you believe occur monthly at your primary practice setting?

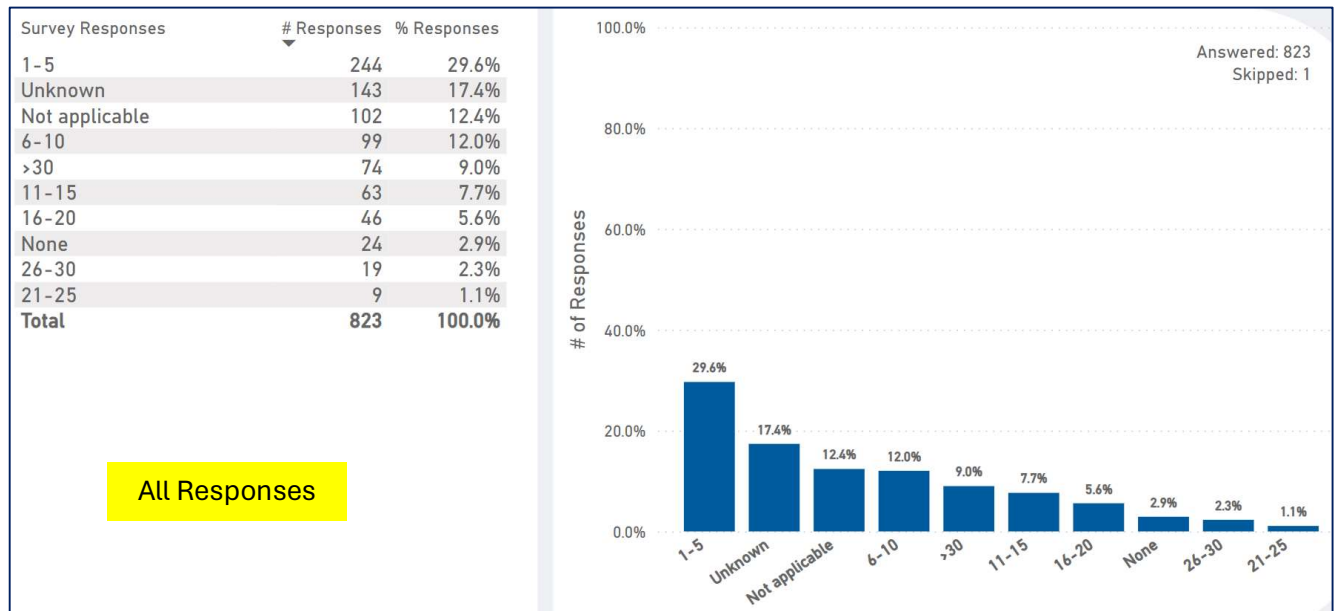


According to the National Coordinating Council for Medication Error Reporting and Prevention, a “medication error” is defined as “any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use.”

### 36. What is the average number of medication errors that leave the pharmacy, if any, do you believe occur monthly at your primary practice setting?



37. What is the average number of medication errors that were caught before it left the pharmacy, if any, do you believe occur monthly at your primary practice setting?

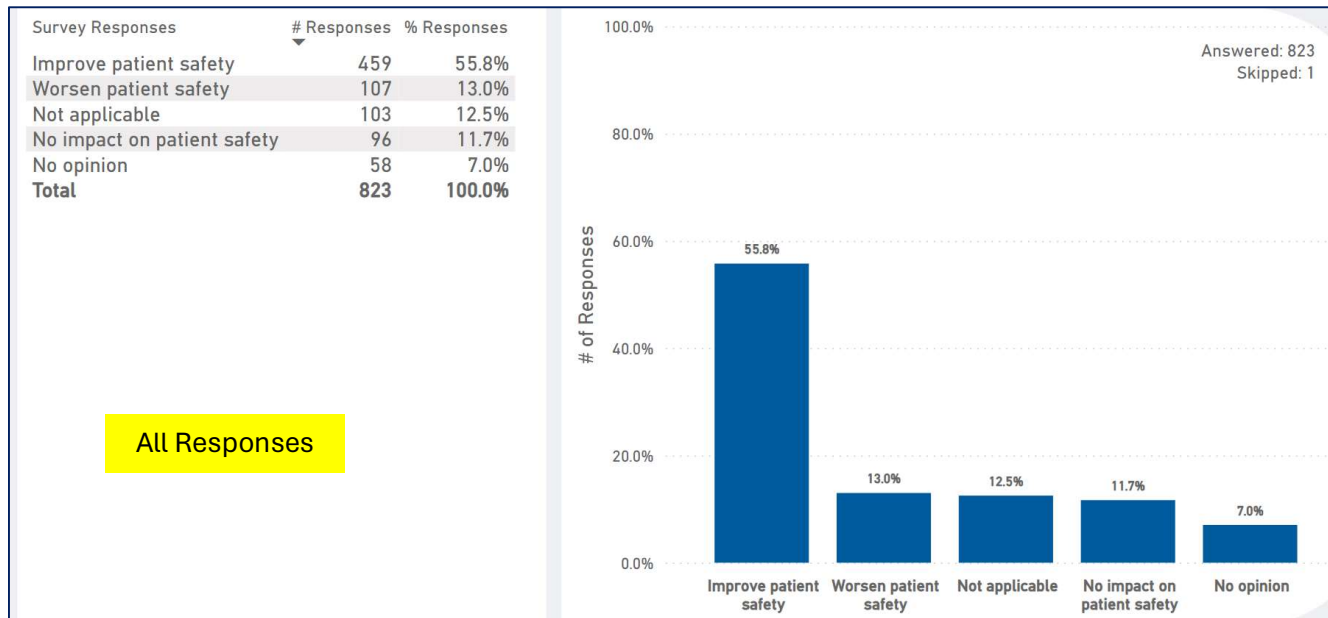




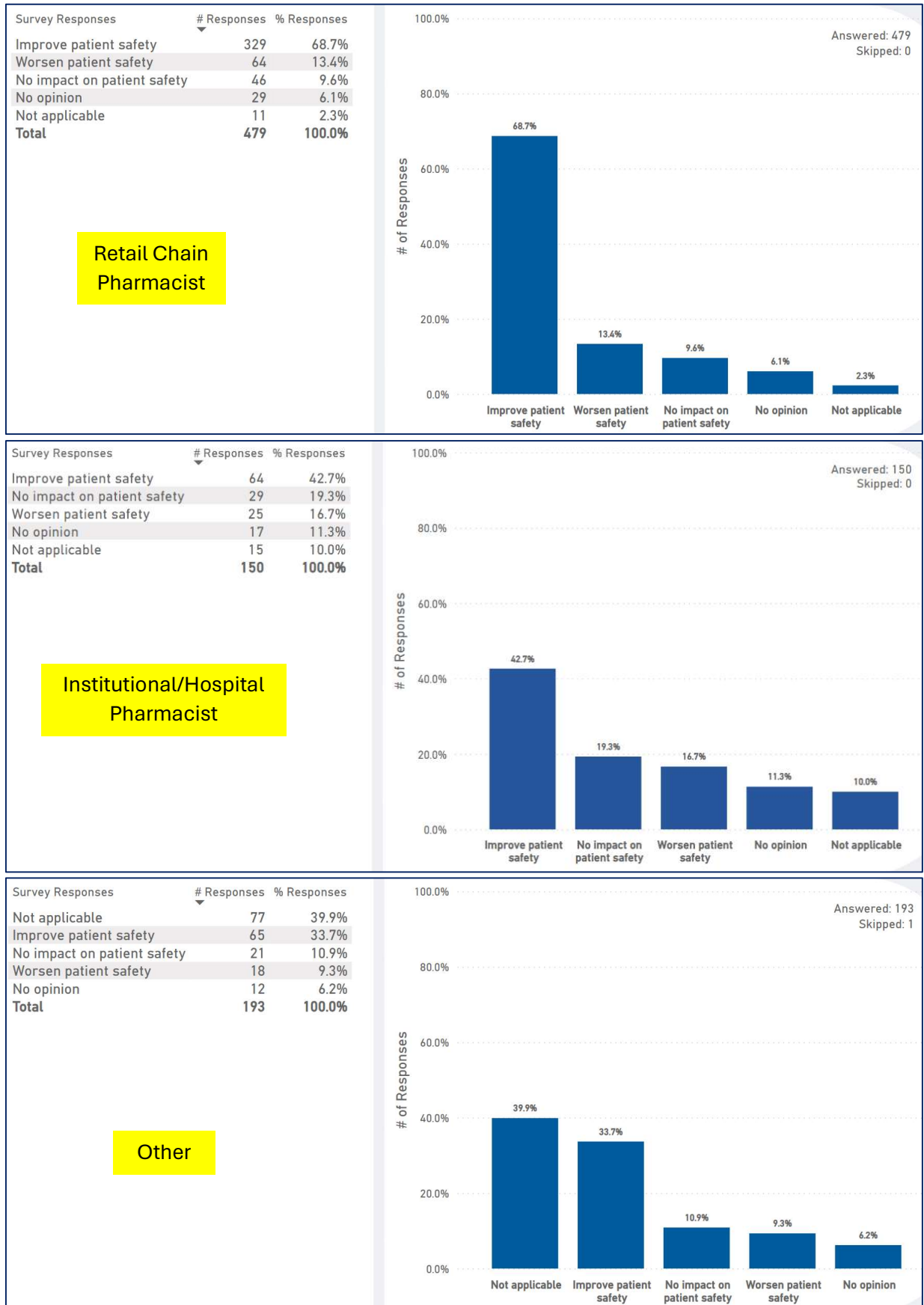
### 37. What is the average number of medication errors that were caught before it left the pharmacy, if any, do you believe occur monthly at your primary practice setting?



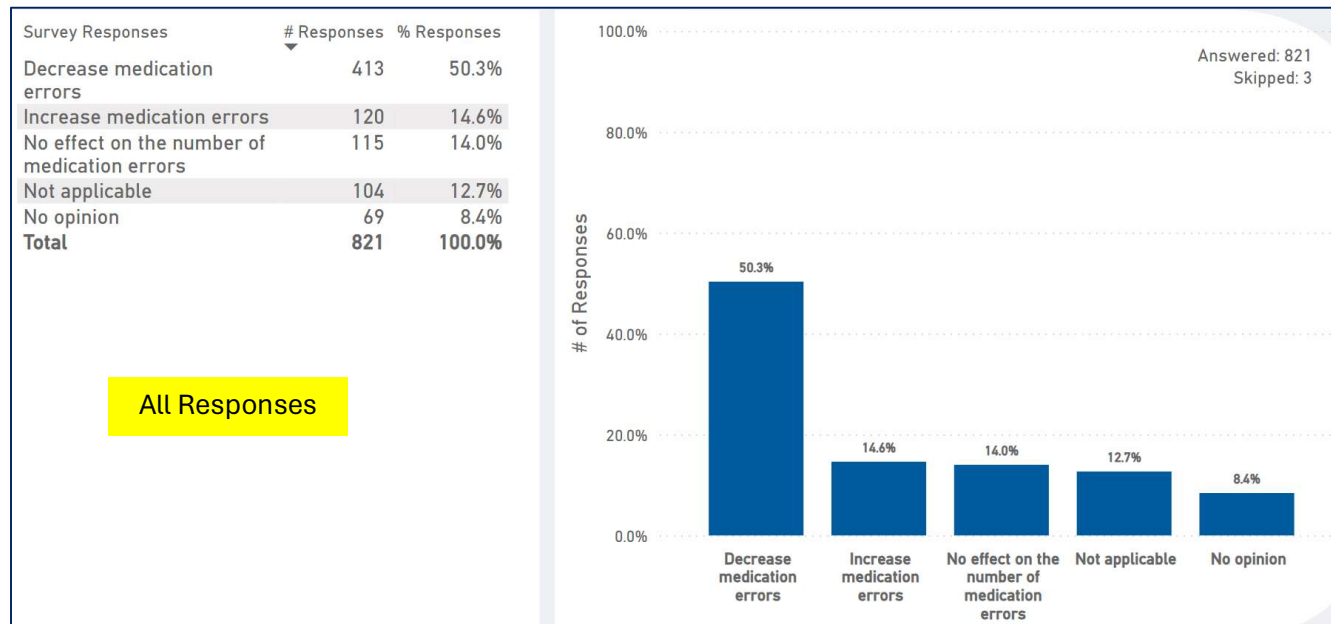
38. In your opinion, how would an increase in the number of Pharmaceutical Technicians (PT) and Pharmaceutical Technicians in Training (PTT) you may supervise in your primary practice setting affect patient safety?



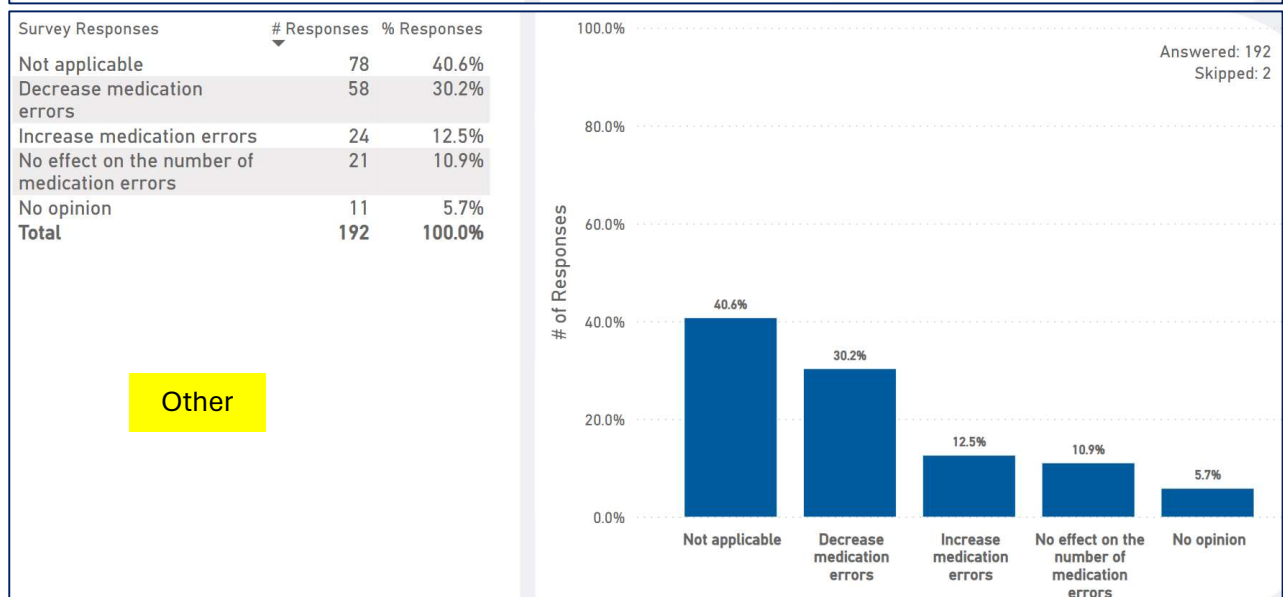
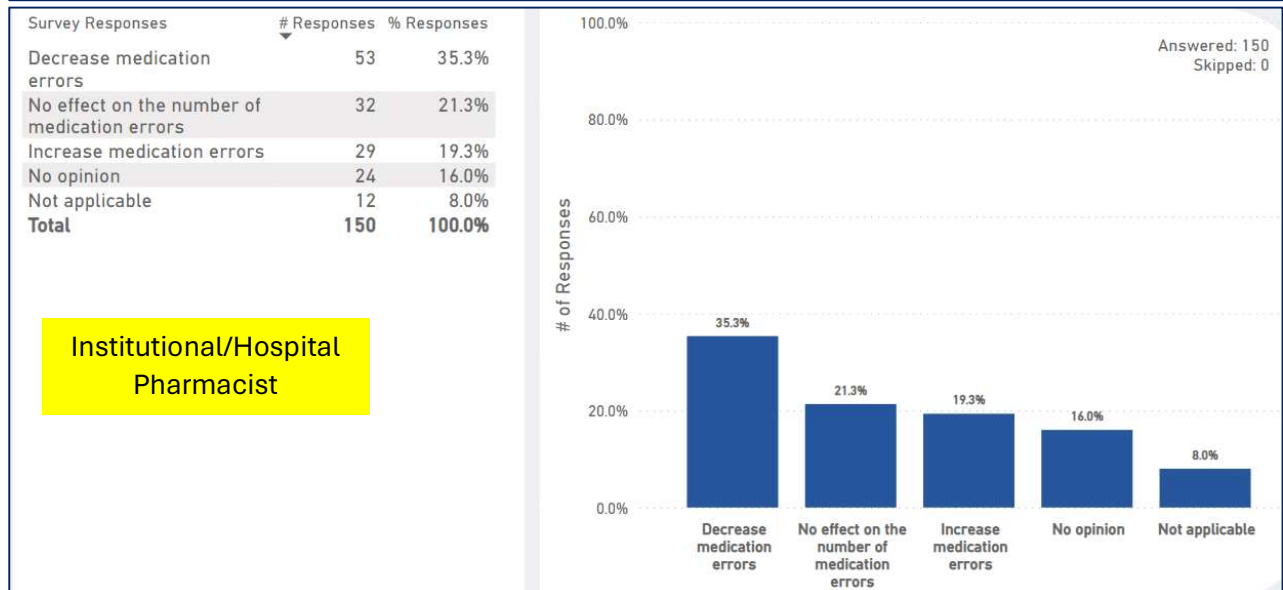
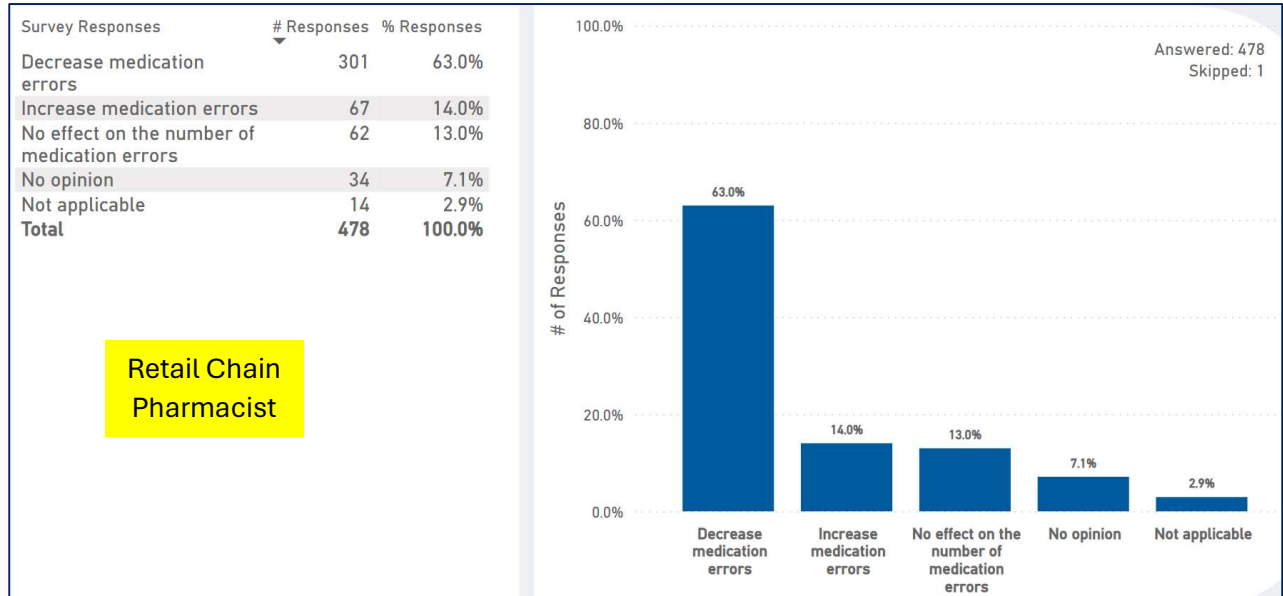
### 38. In your opinion, how would an increase in the number of Pharmaceutical Technicians (PT) and Pharmaceutical Technicians in Training (PTT) you may supervise in your primary practice setting affect patient safety?



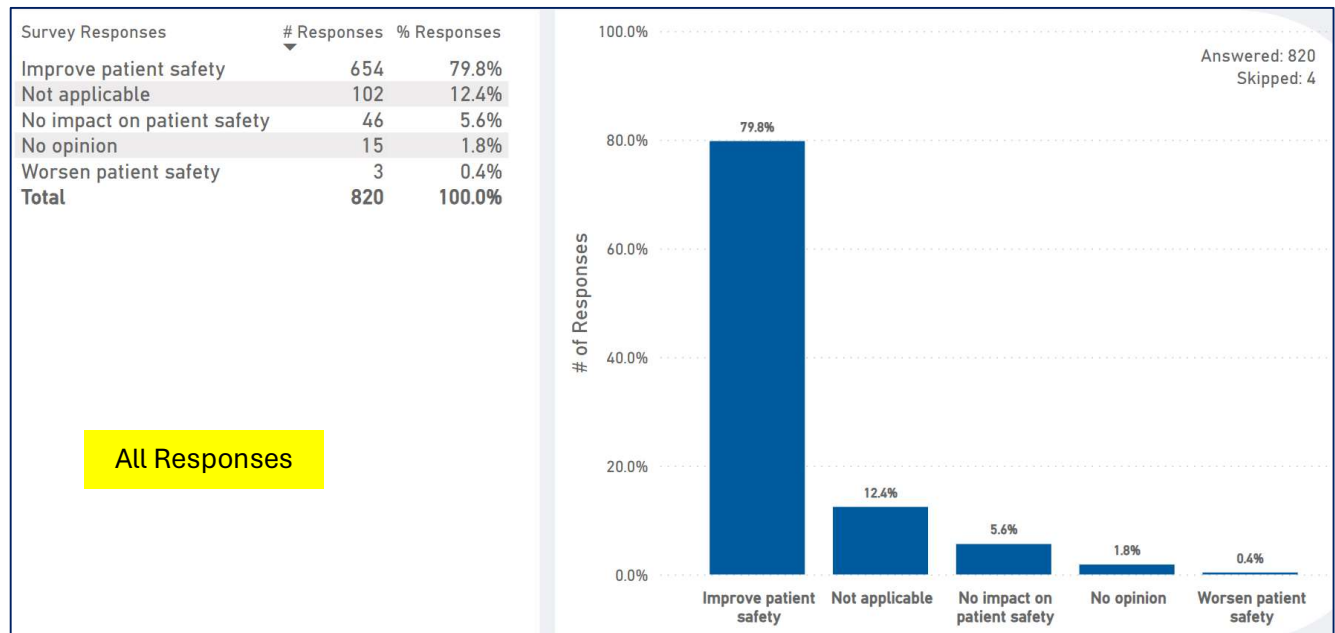
### 39. In your opinion, how would an increase in the number of PTs and PTTs you may supervise in your primary practice setting affect medication errors?



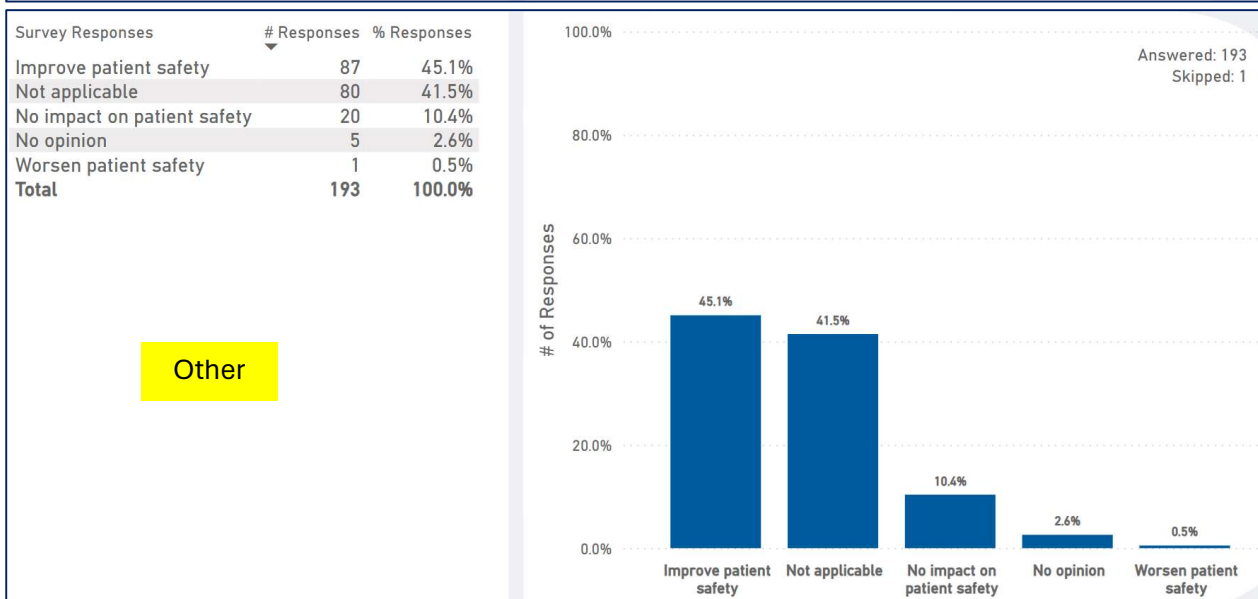
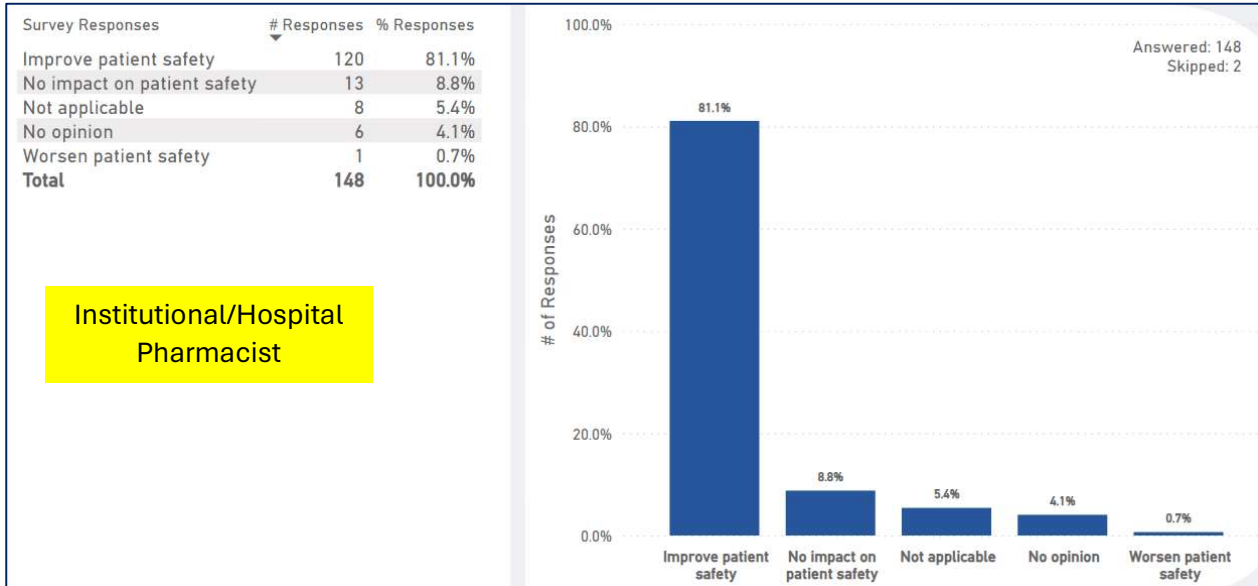
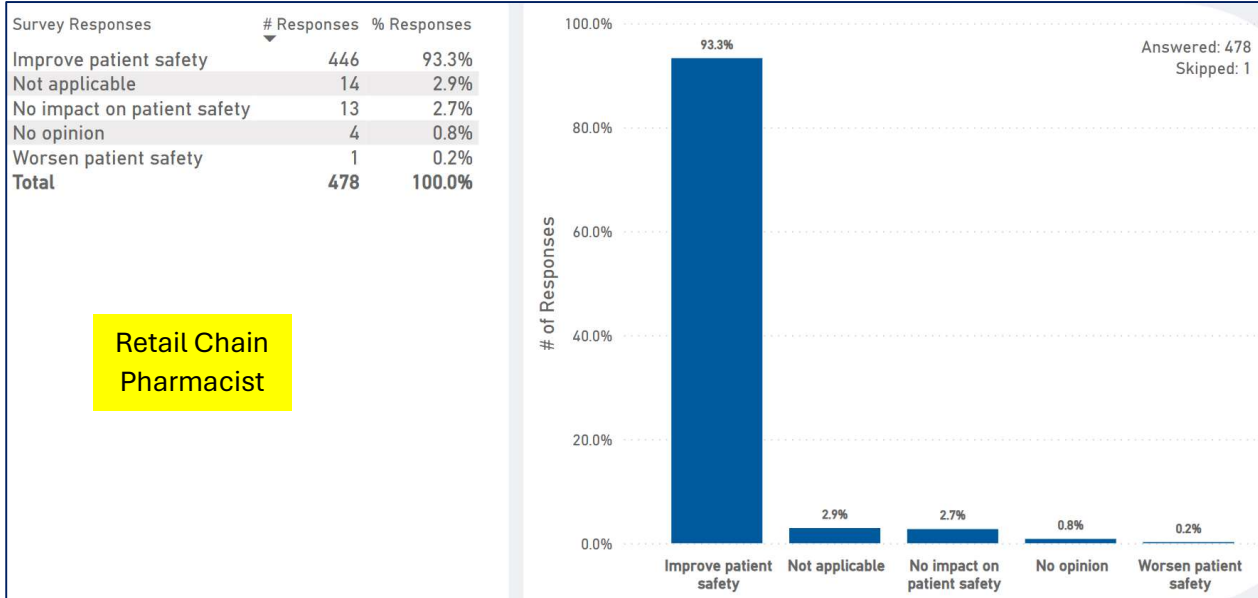
### 39. In your opinion, how would an increase in the number of PTs and PTTs you may supervise in your primary practice setting affect medication errors?



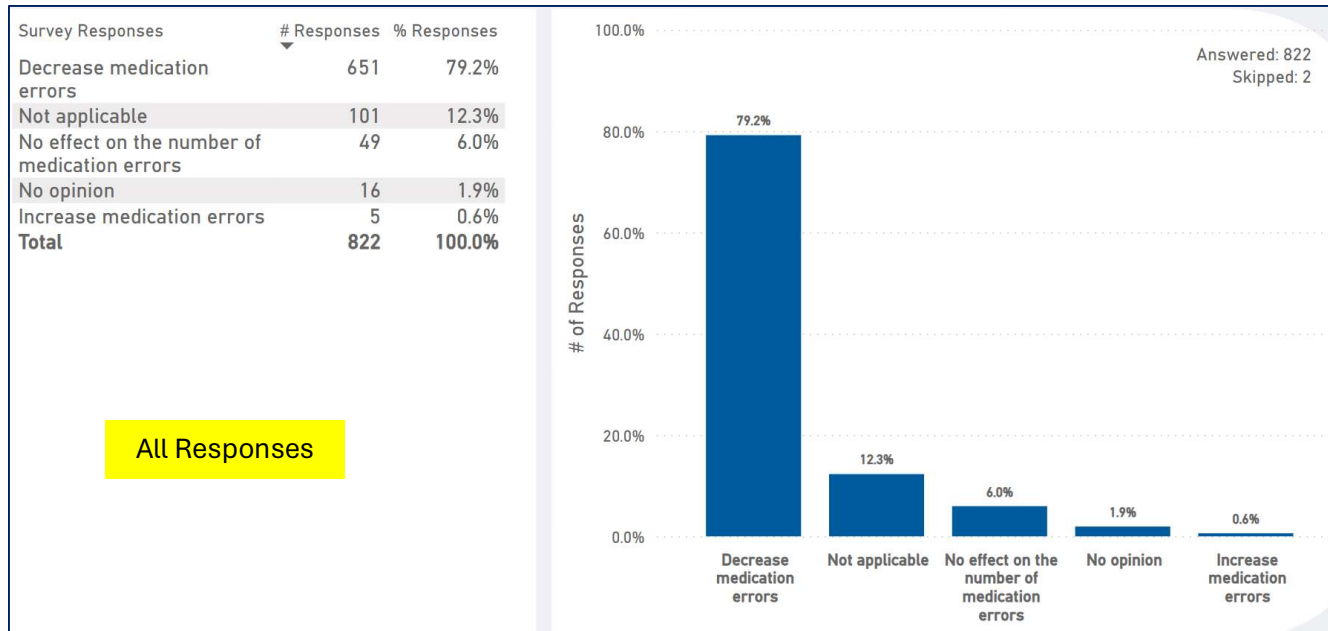
## 40. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect patient safety?



## 40. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect patient safety?

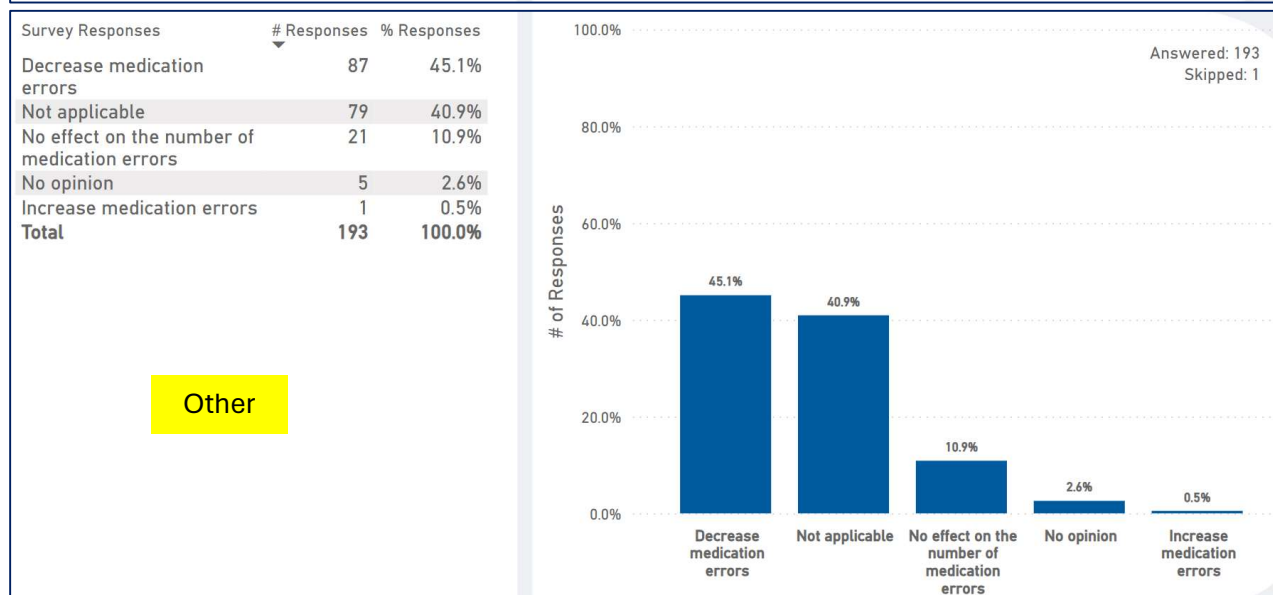
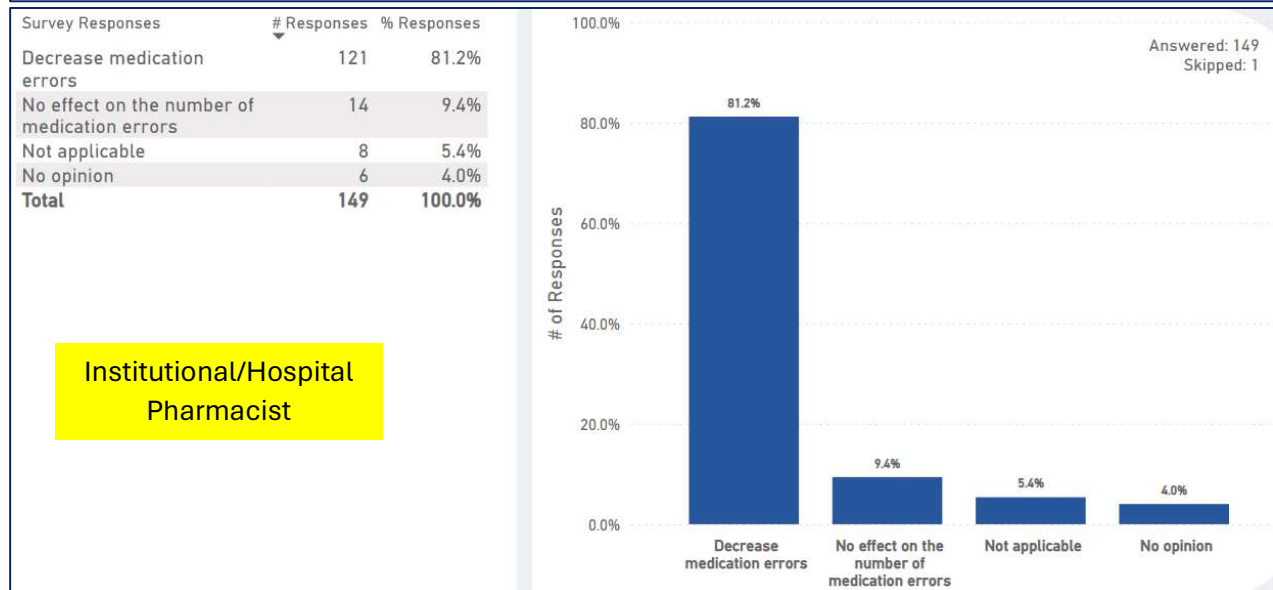
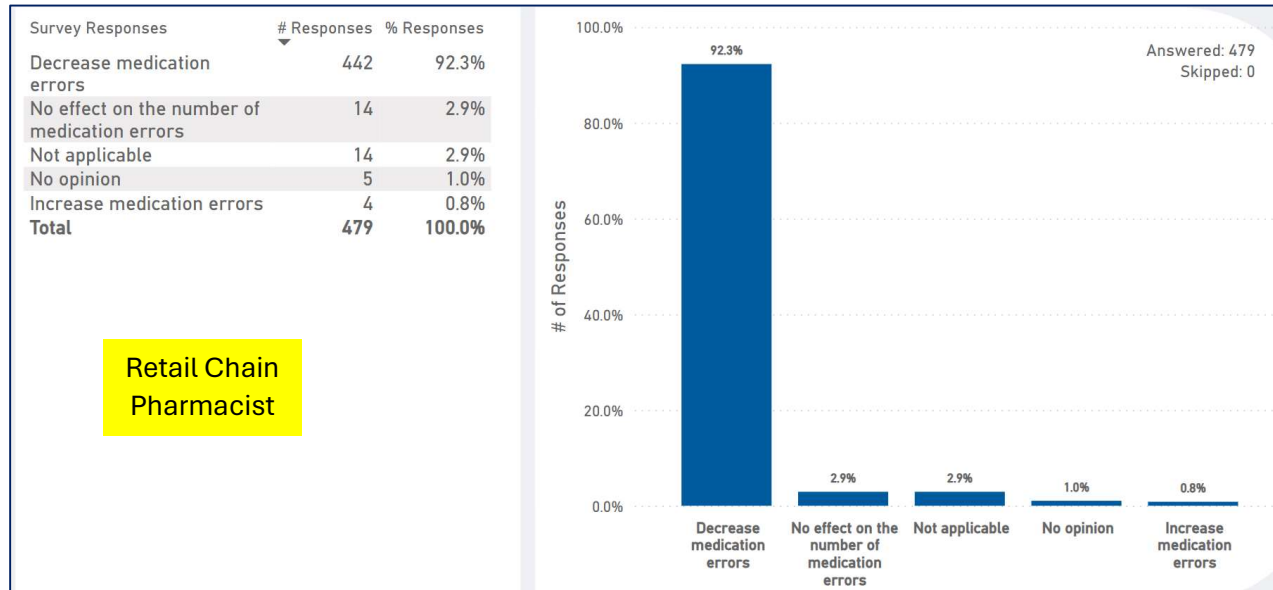


## 41. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect medication errors?

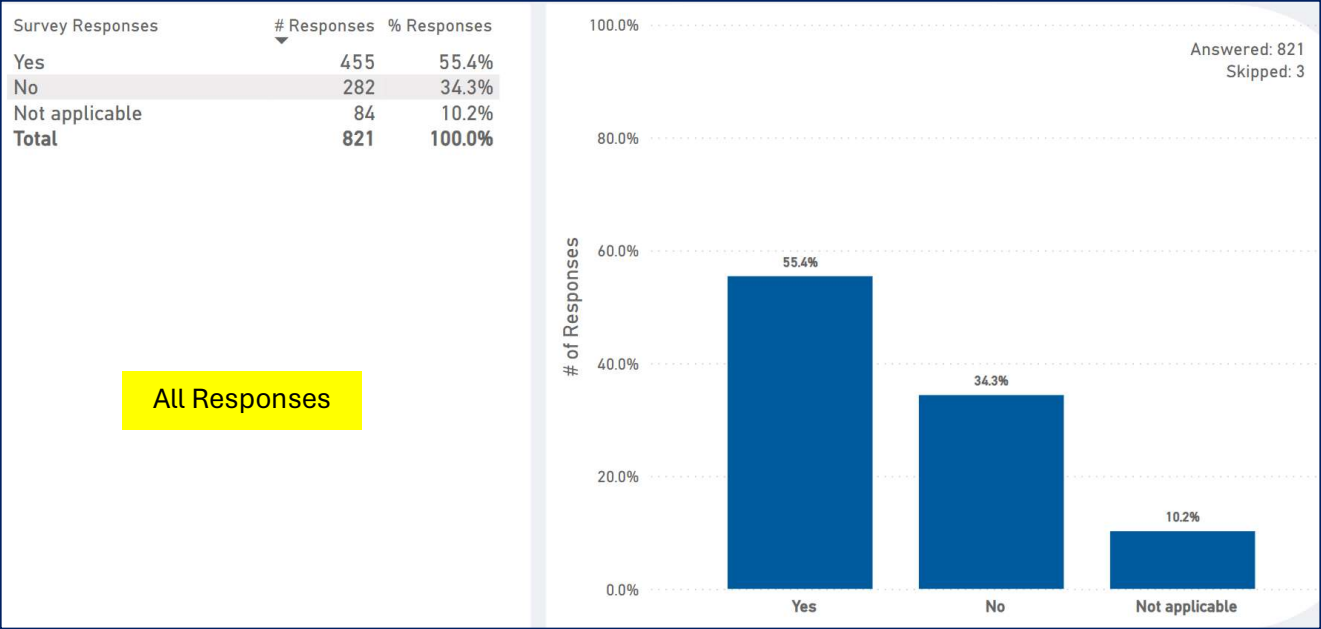




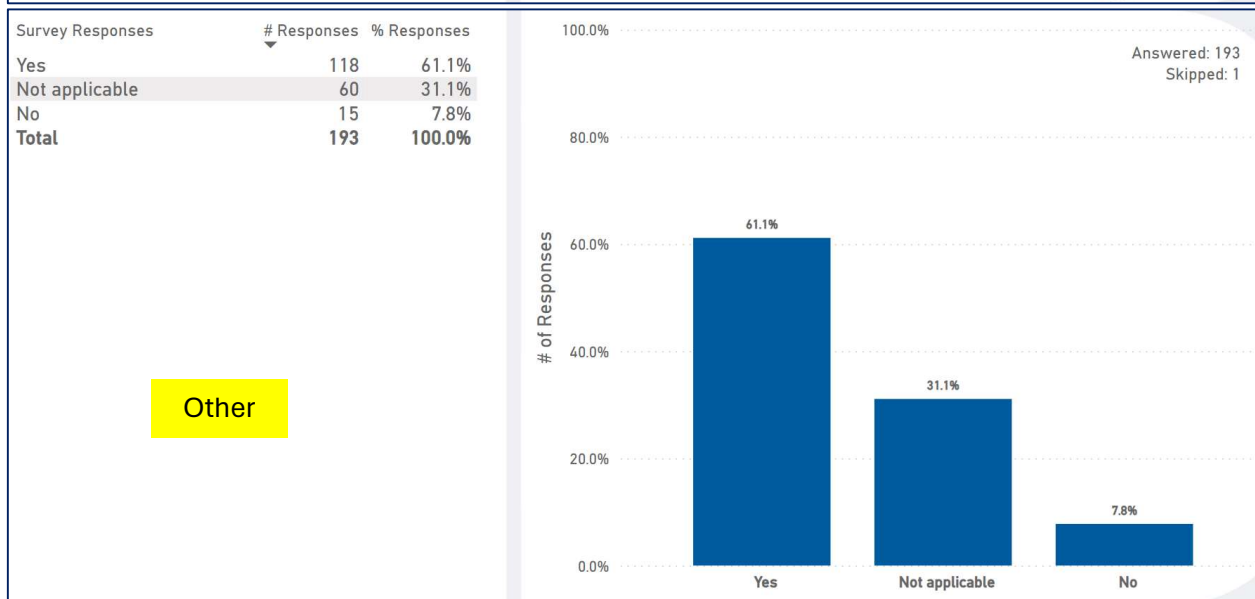
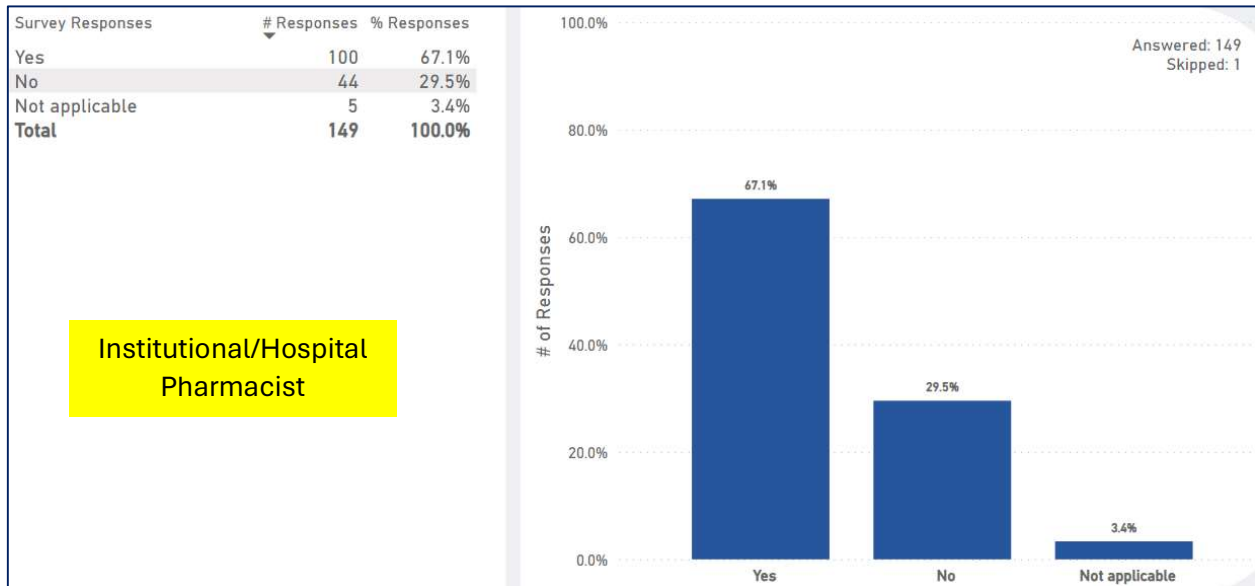
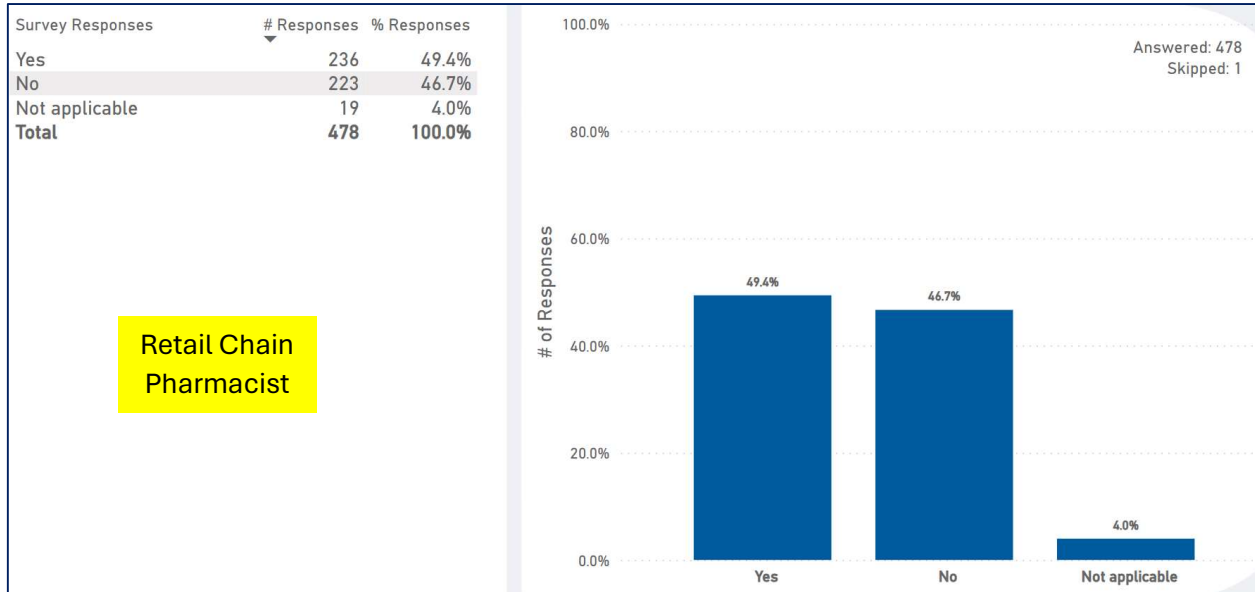
## 41. In your opinion, how would an increase in the number of pharmacists in your primary practice setting affect medication errors?



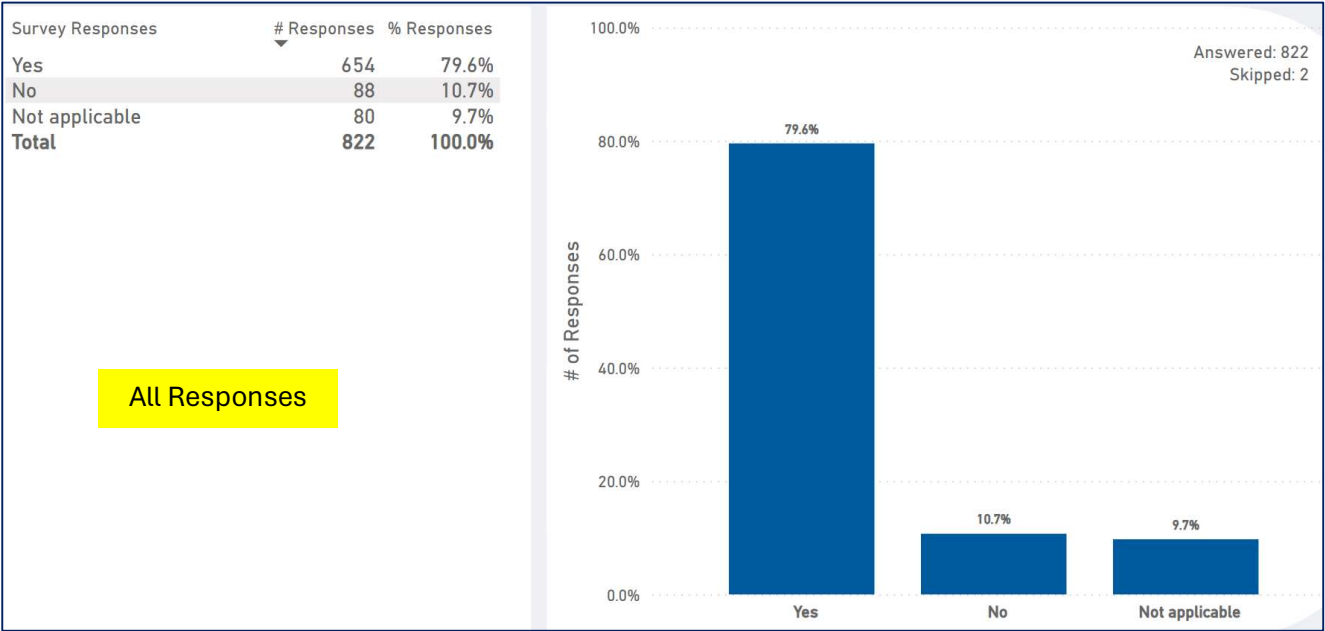
42. In your opinion, is your primary practice setting a safe work environment that prioritizes patient care and safety?



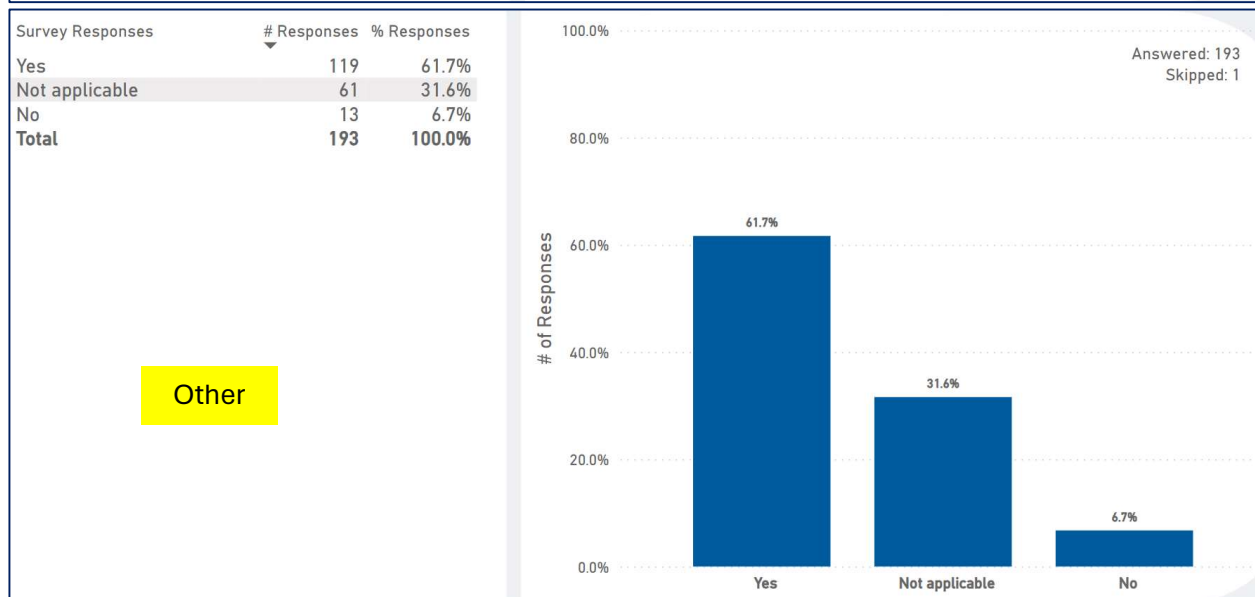
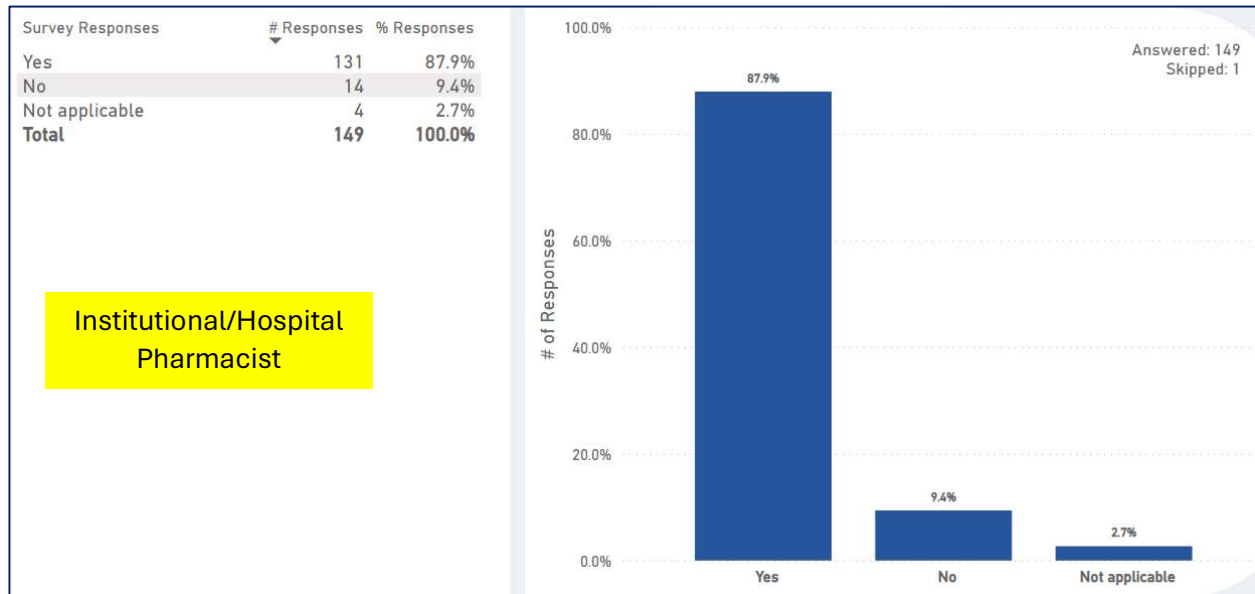
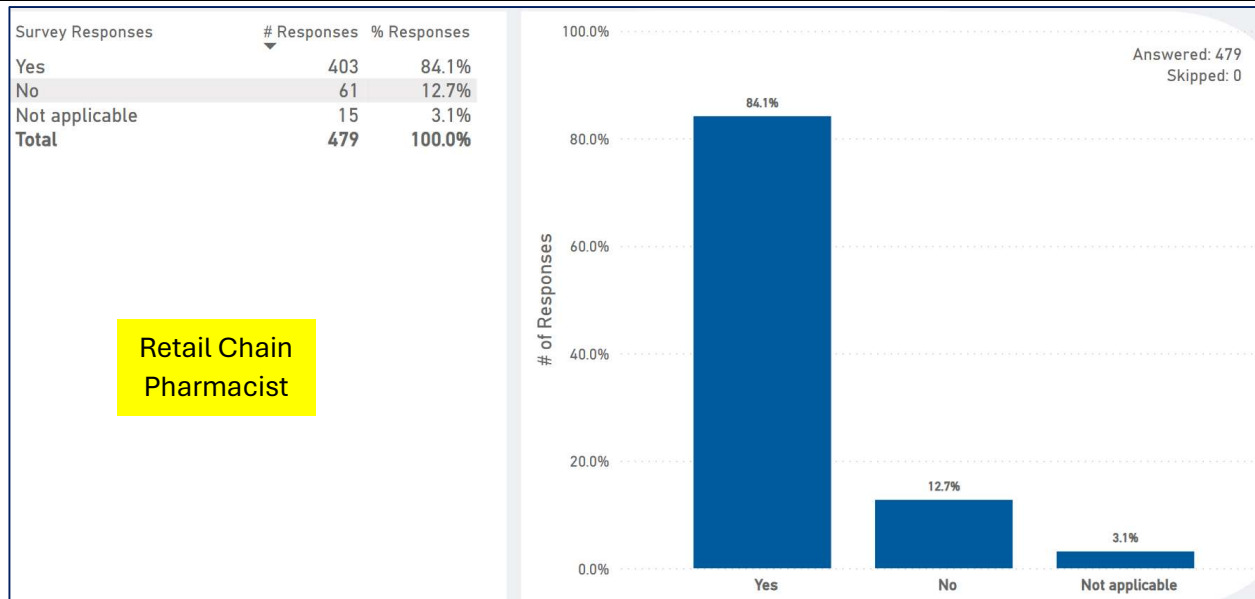
## 42. In your opinion, is your primary practice setting a safe work environment that prioritizes patient care and safety?



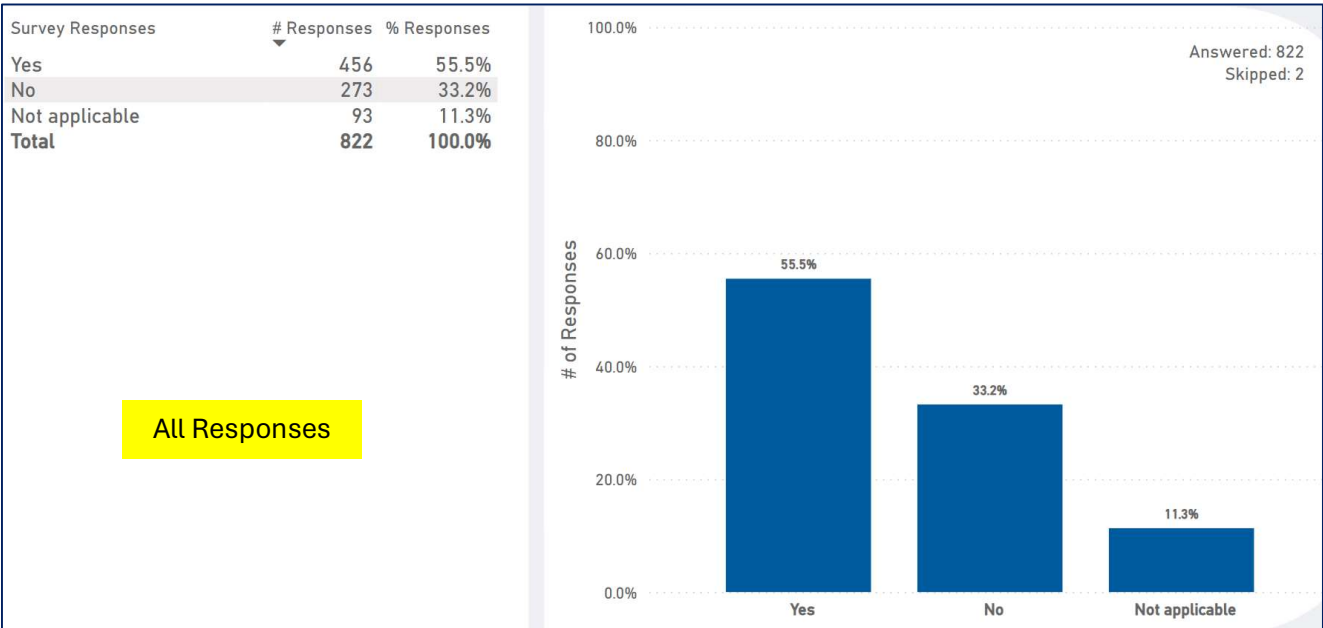
43. Does your pharmacy employer provide you with meal periods and rest periods?



## 43. Does your pharmacy employer provide you with meal periods and rest periods?



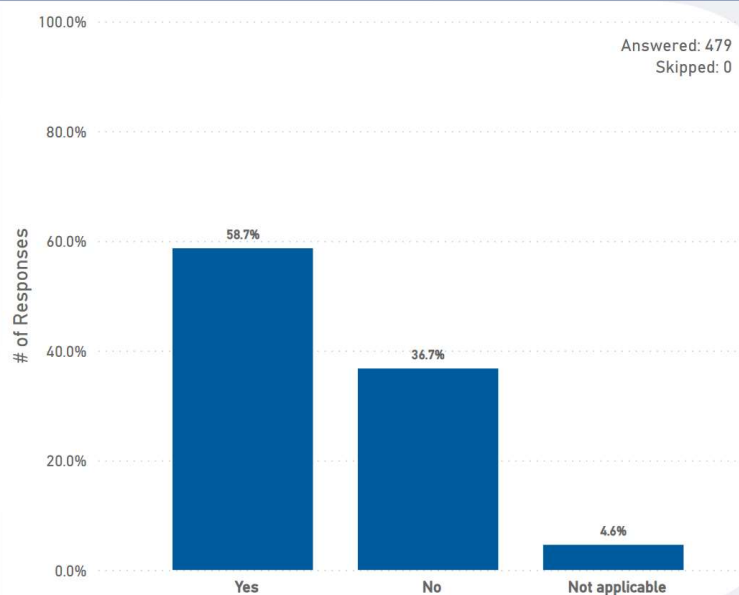
44. Are your meal periods and rest periods uninterrupted?



## 44. Are your meal periods and rest periods uninterrupted?

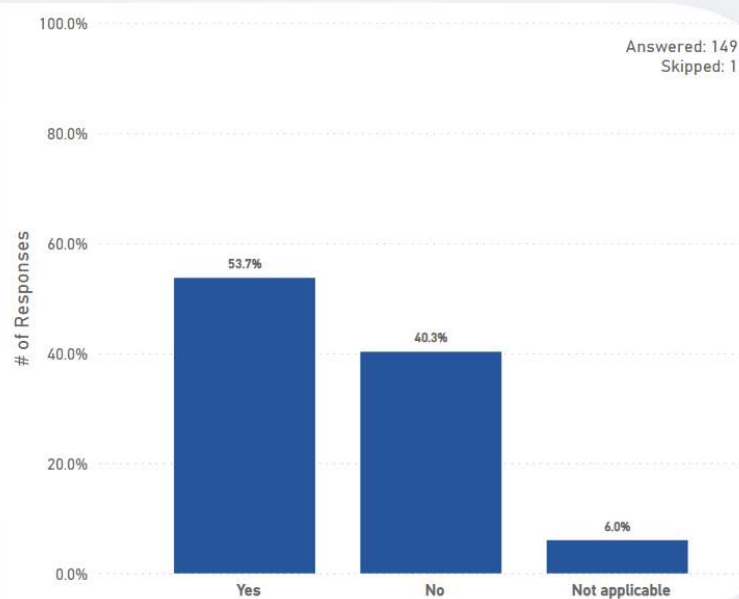
Survey Responses	# Responses	% Responses
Yes	281	58.7%
No	176	36.7%
Not applicable	22	4.6%
<b>Total</b>	<b>479</b>	<b>100.0%</b>

Retail Chain  
Pharmacist



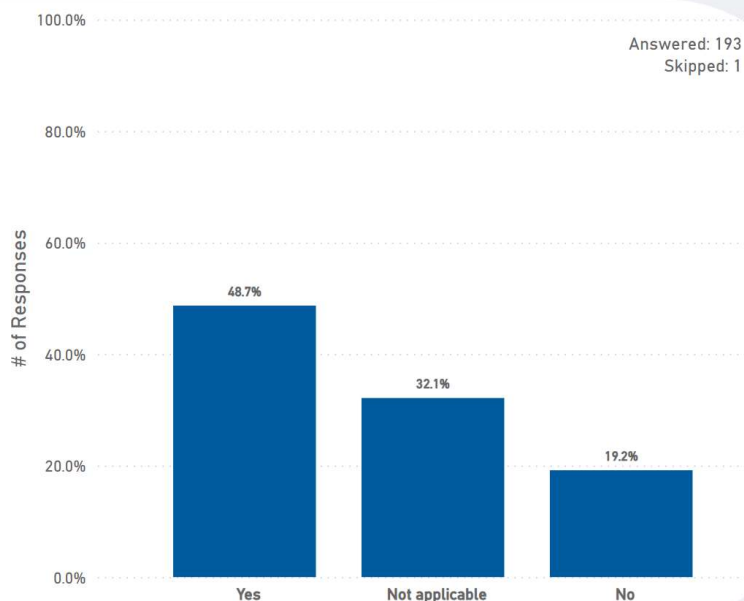
Survey Responses	# Responses	% Responses
Yes	80	53.7%
No	60	40.3%
Not applicable	9	6.0%
<b>Total</b>	<b>149</b>	<b>100.0%</b>

Institutional/Hospital  
Pharmacist

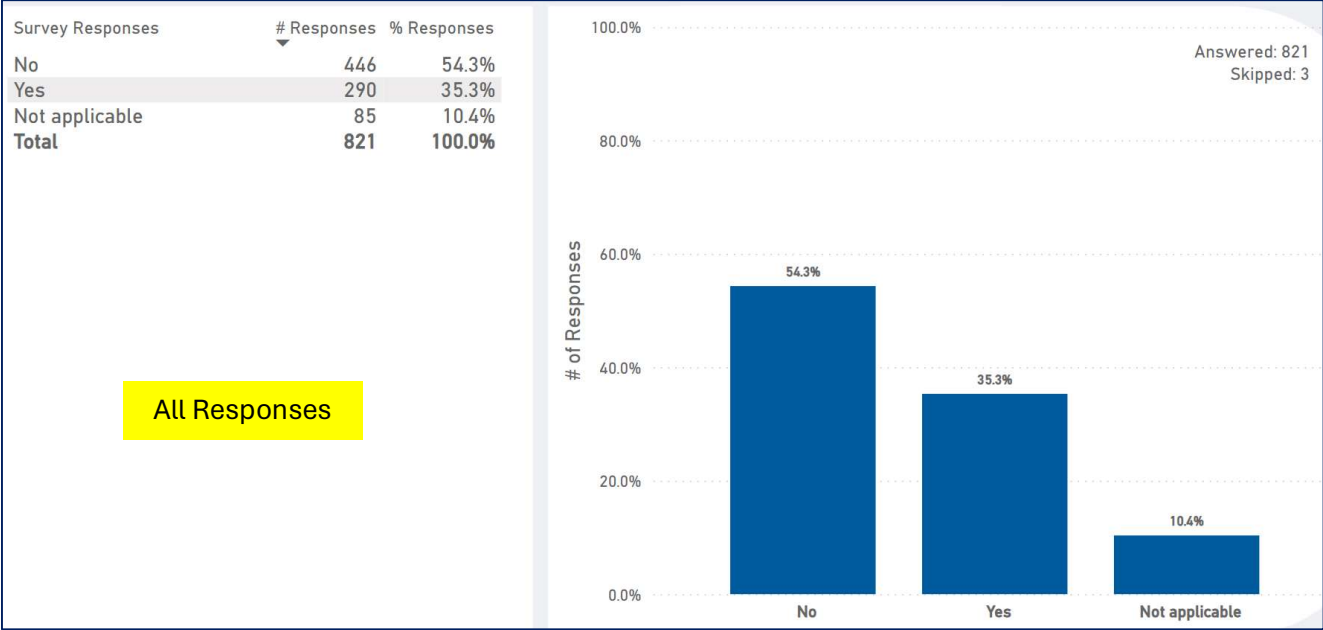


Survey Responses	# Responses	% Responses
Yes	94	48.7%
Not applicable	62	32.1%
No	37	19.2%
<b>Total</b>	<b>193</b>	<b>100.0%</b>

Other

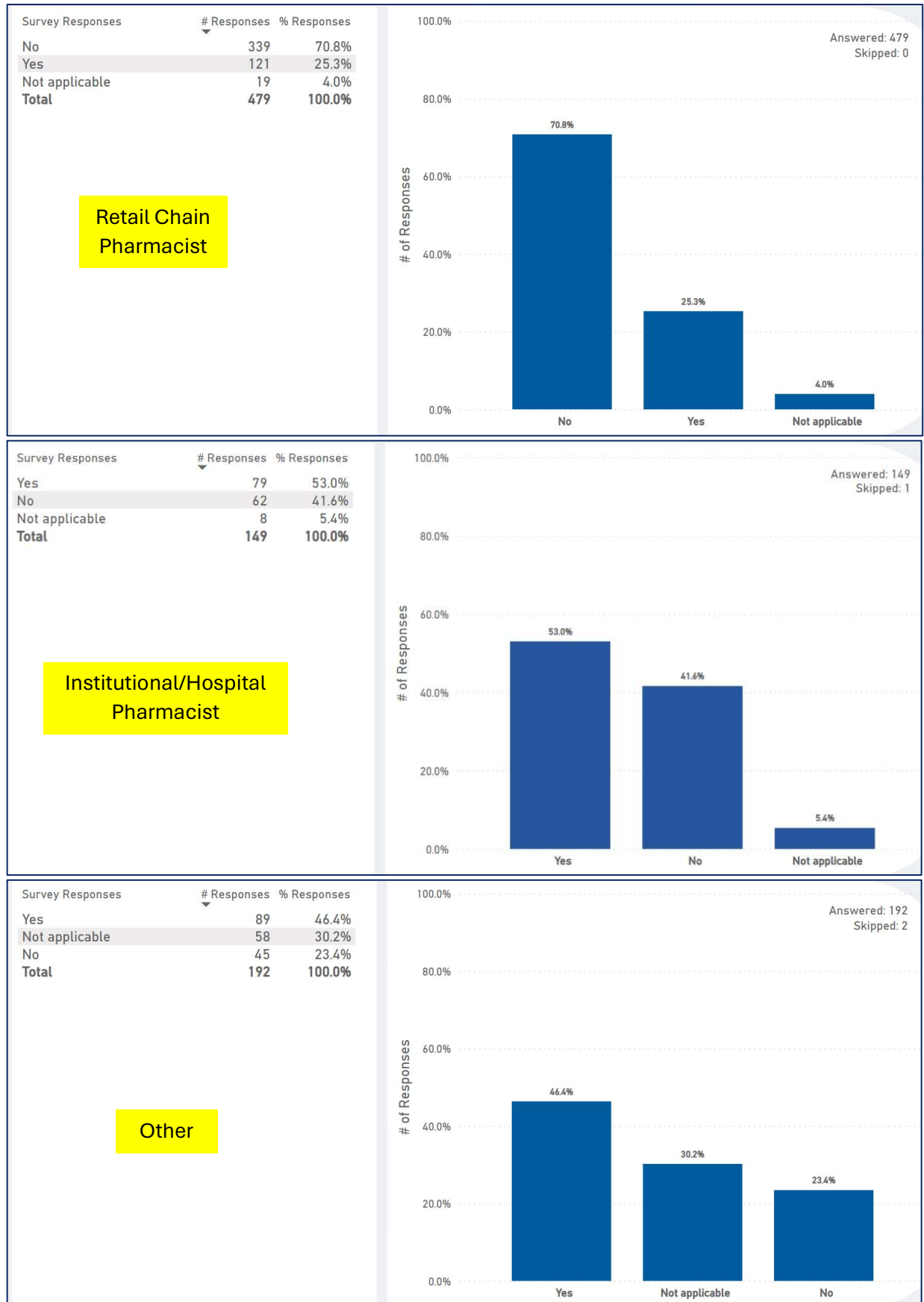


45. In your opinion, are you able to comfortably take meals and rest periods without feeling like you will fall behind or compromise patient care or safety?

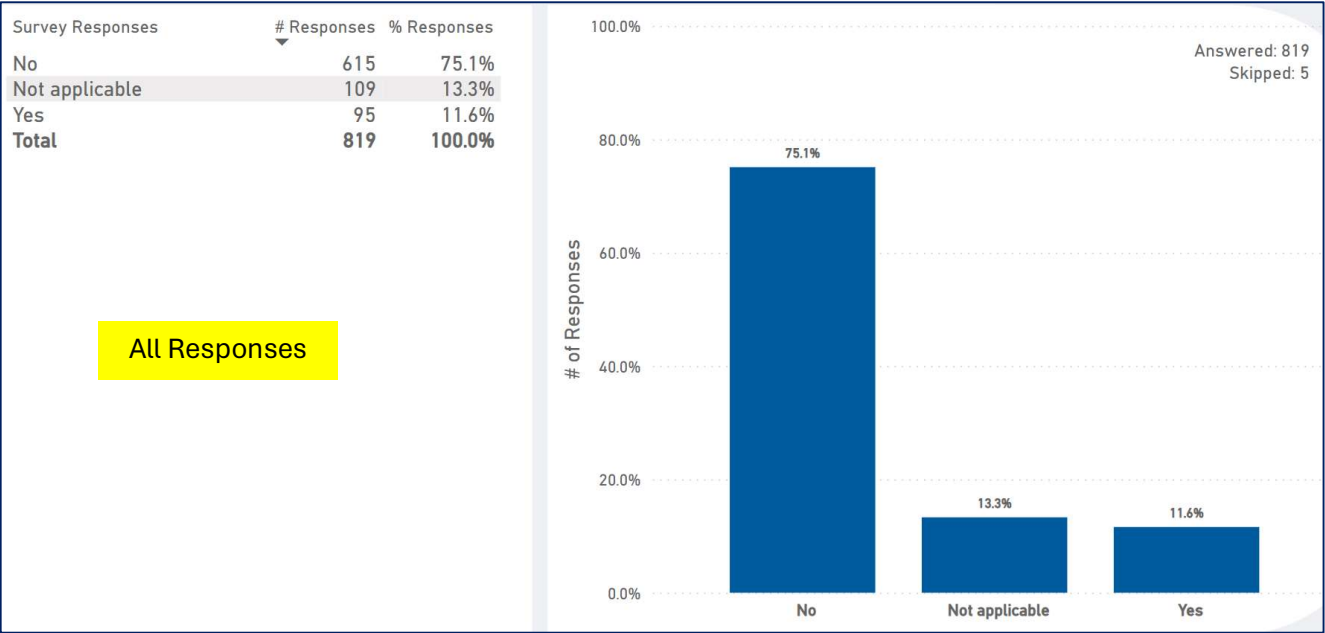




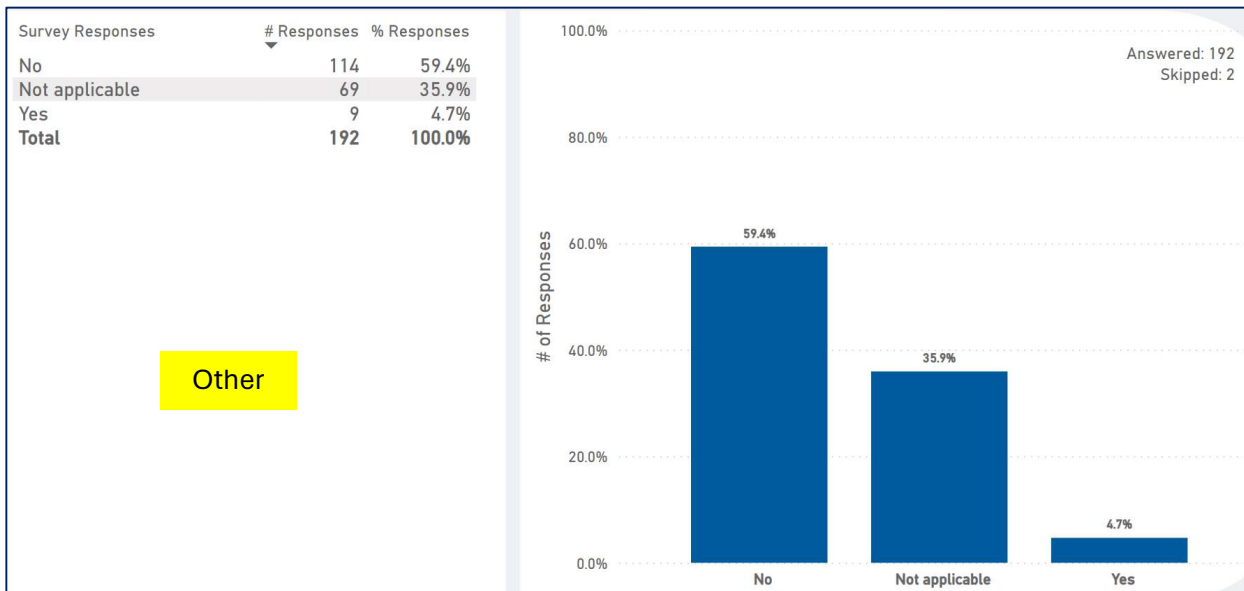
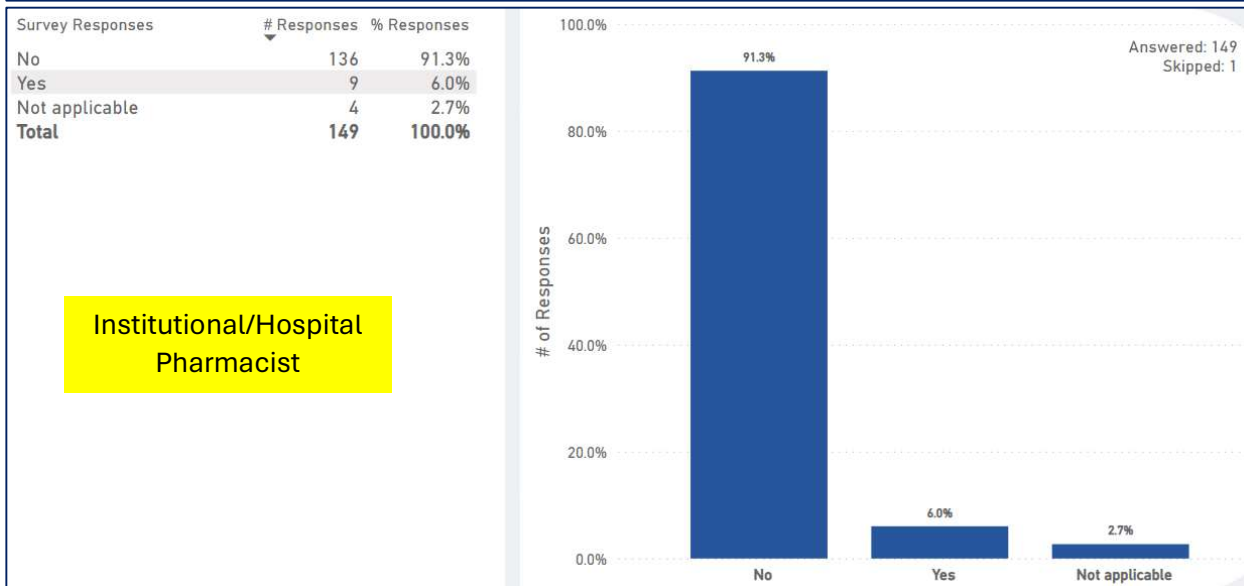
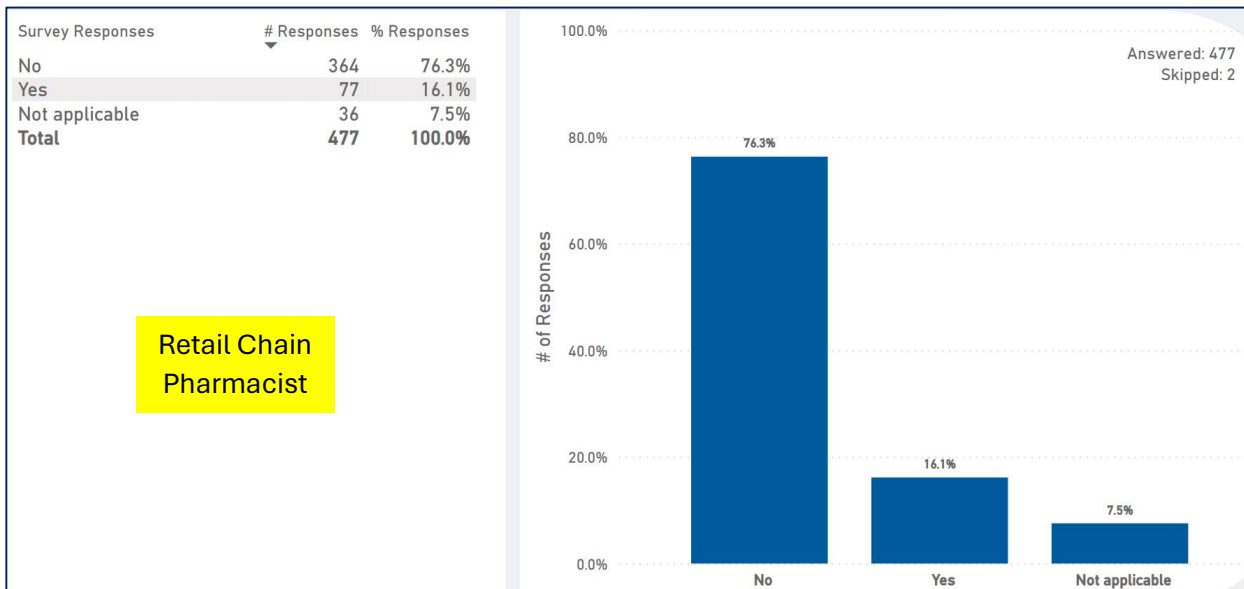
45. In your opinion, are you able to comfortably take meals and rest periods without feeling like you will fall behind or compromise patient care or safety?



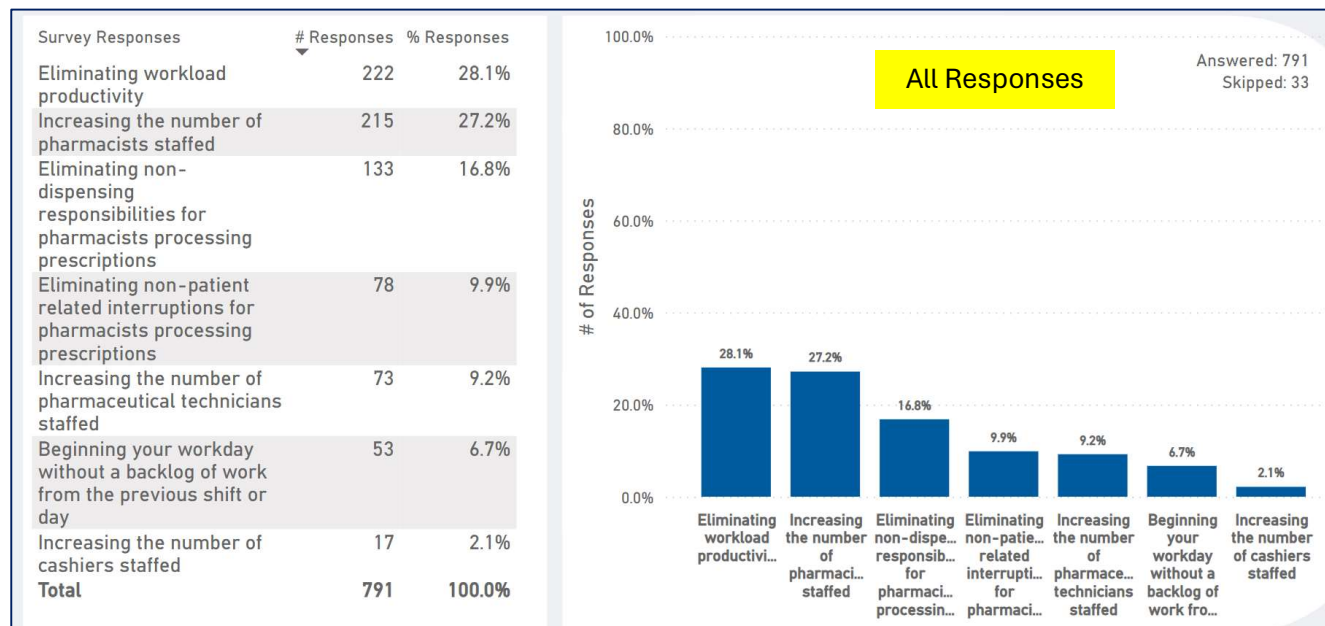
46. Did your employer require you to voluntarily agree to forego any rest period or meal period as a condition of your employment?



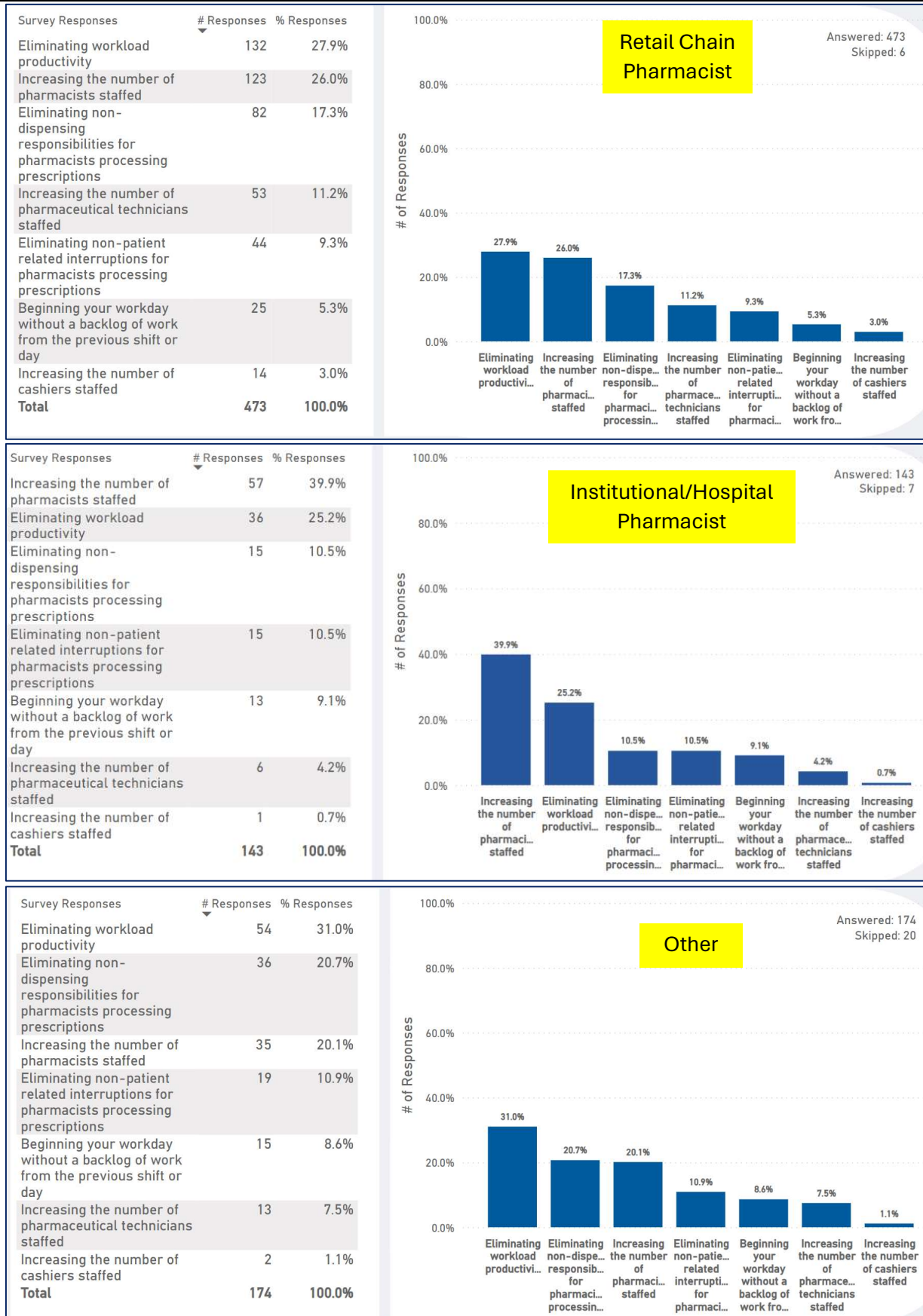
## 46. Did your employer require you to voluntarily agree to forego any rest period or meal period as a condition of your employment?



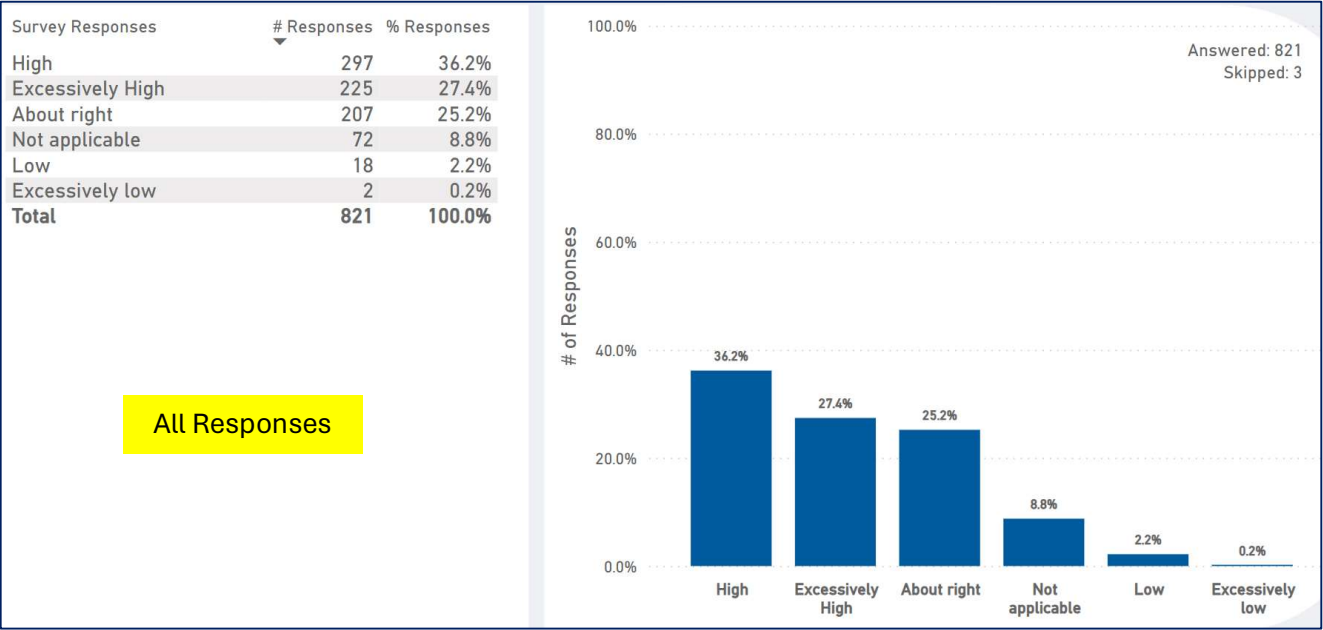
47. Please rank the following from 1 to 7 on their impact on patient safety (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety). \*The responses below were ranked as 1.\*



47. Please rank the following from 1 to 7 on their impact on patient safety (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety). \*The responses below were ranked as 1.\*



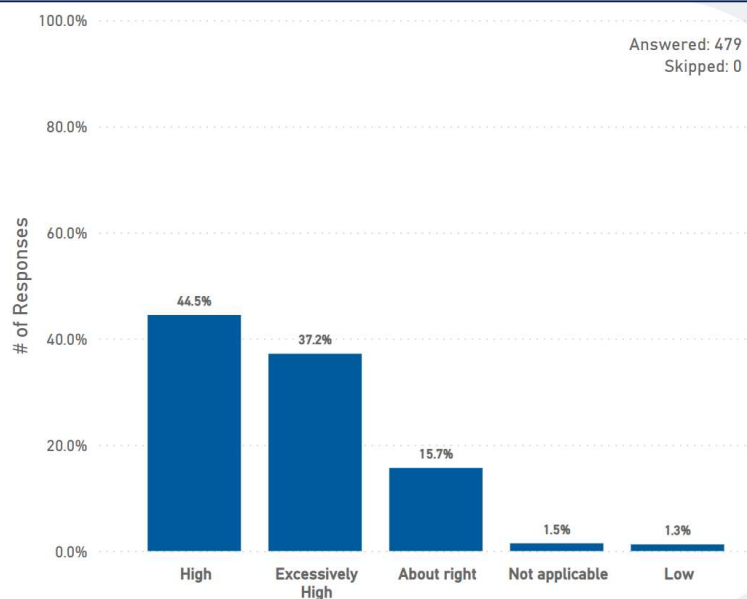
48. My current workload is:



## 48. My current workload is:

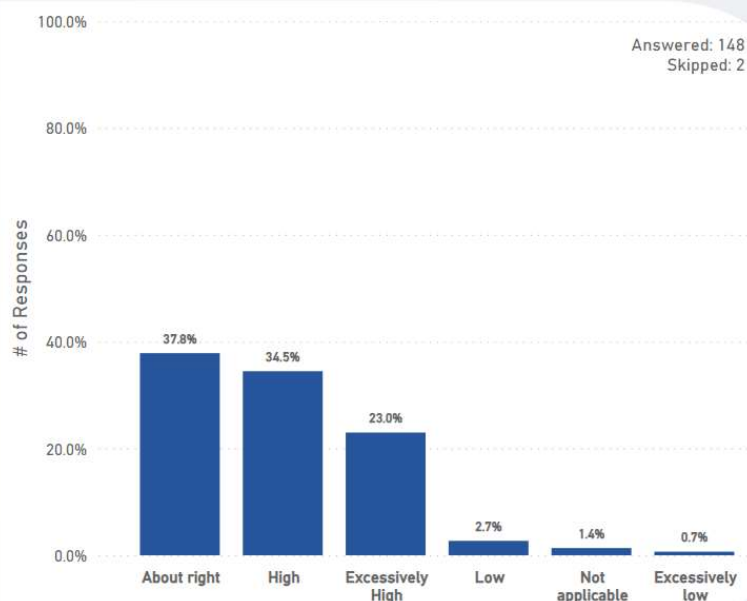
Survey Responses	# Responses	% Responses
High	213	44.5%
Excessively High	178	37.2%
About right	75	15.7%
Not applicable	7	1.5%
Low	6	1.3%
<b>Total</b>	<b>479</b>	<b>100.0%</b>

Retail Chain  
Pharmacist



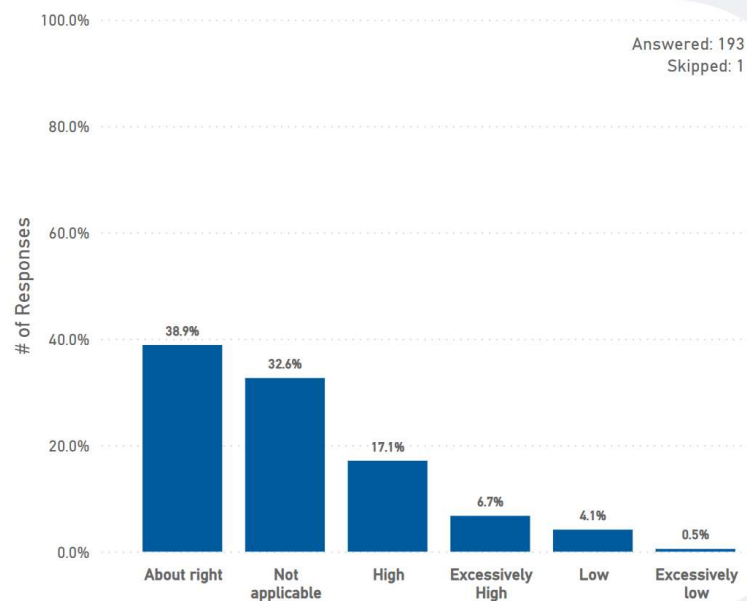
Survey Responses	# Responses	% Responses
About right	56	37.8%
High	51	34.5%
Excessively High	34	23.0%
Low	4	2.7%
Not applicable	2	1.4%
Excessively low	1	0.7%
<b>Total</b>	<b>148</b>	<b>100.0%</b>

Institutional/Hospital  
Pharmacist

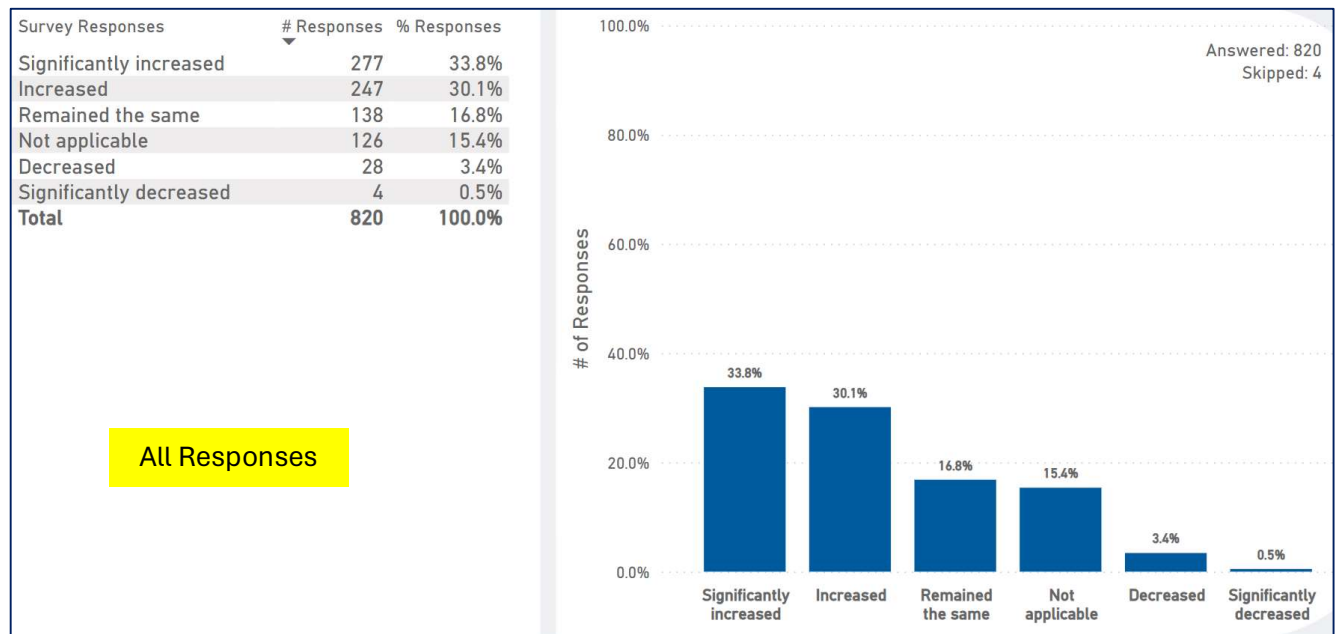


Survey Responses	# Responses	% Responses
About right	75	38.9%
Not applicable	63	32.6%
High	33	17.1%
Excessively High	13	6.7%
Low	8	4.1%
Excessively low	1	0.5%
<b>Total</b>	<b>193</b>	<b>100.0%</b>

Other



## 49. Compared to pre-pandemic, my workload has:

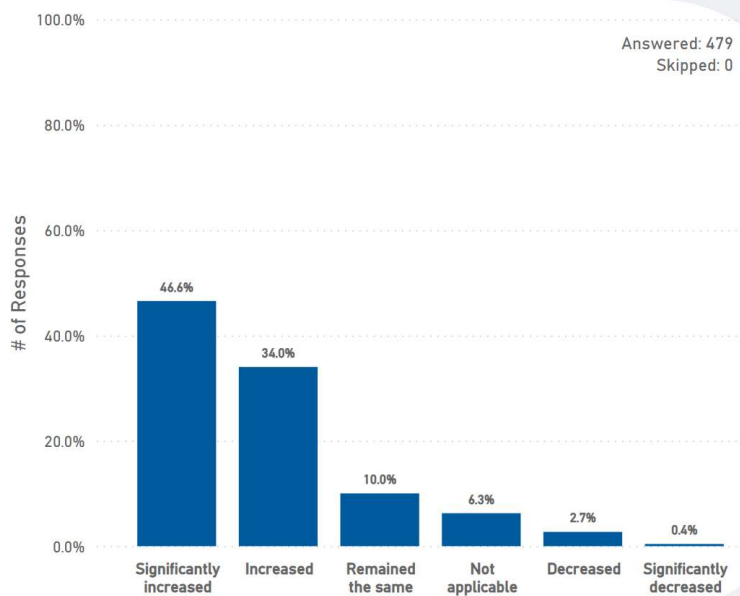




## 49. Compared to pre-pandemic, my workload has:

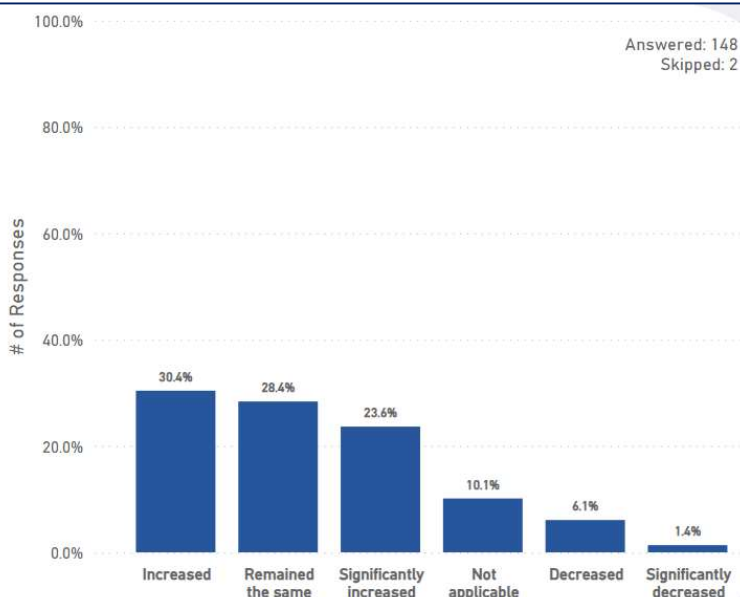
Survey Responses	# Responses	% Responses
Significantly increased	223	46.6%
Increased	163	34.0%
Remained the same	48	10.0%
Not applicable	30	6.3%
Decreased	13	2.7%
Significantly decreased	2	0.4%
<b>Total</b>	<b>479</b>	<b>100.0%</b>

Retail Chain  
Pharmacist



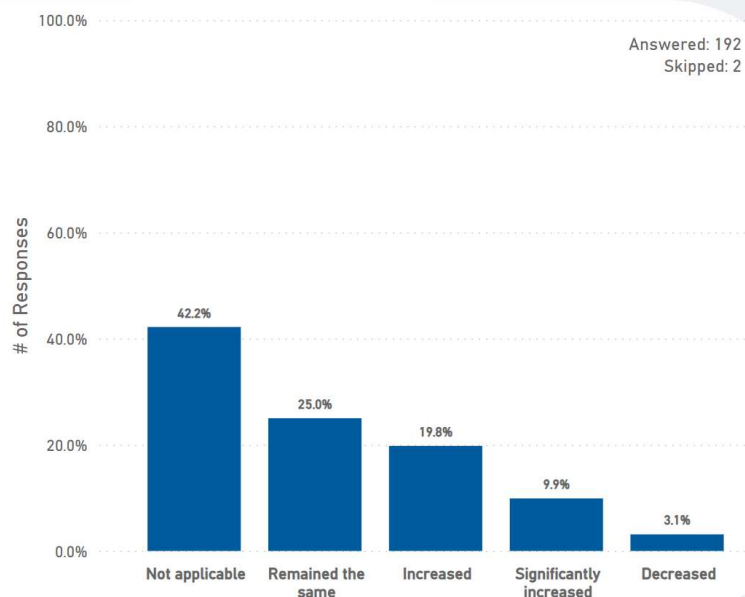
Survey Responses	# Responses	% Responses
Increased	45	30.4%
Remained the same	42	28.4%
Significantly increased	35	23.6%
Not applicable	15	10.1%
Decreased	9	6.1%
Significantly decreased	2	1.4%
<b>Total</b>	<b>148</b>	<b>100.0%</b>

Institutional/Hospital  
Pharmacist

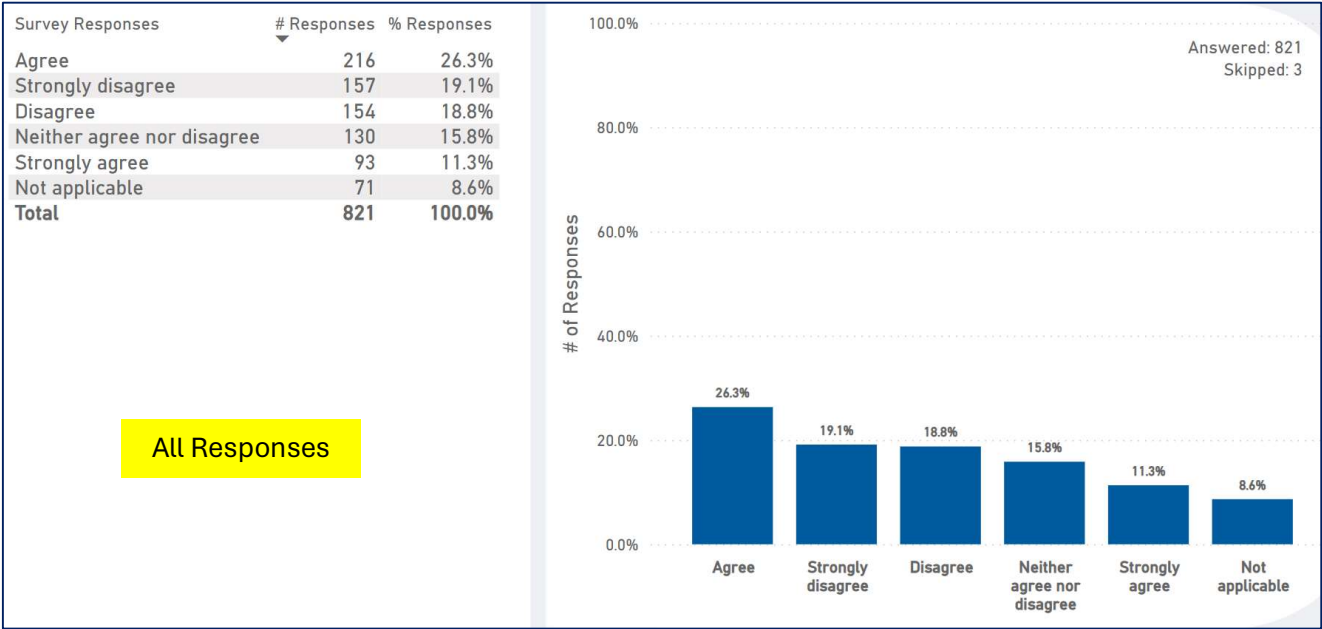


Survey Responses	# Responses	% Responses
Not applicable	81	42.2%
Remained the same	48	25.0%
Increased	38	19.8%
Significantly increased	19	9.9%
Decreased	6	3.1%
<b>Total</b>	<b>192</b>	<b>100.0%</b>

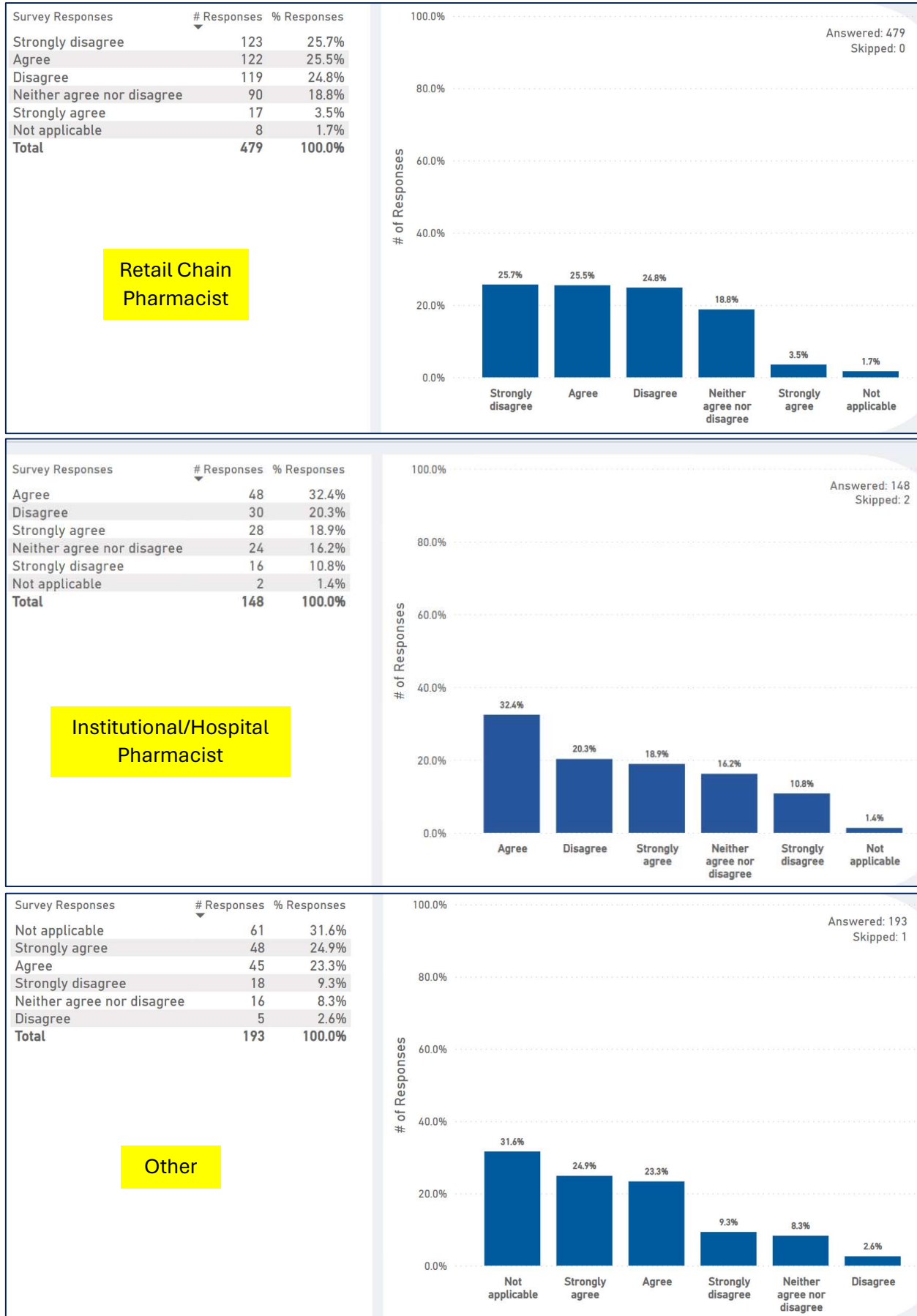
Other



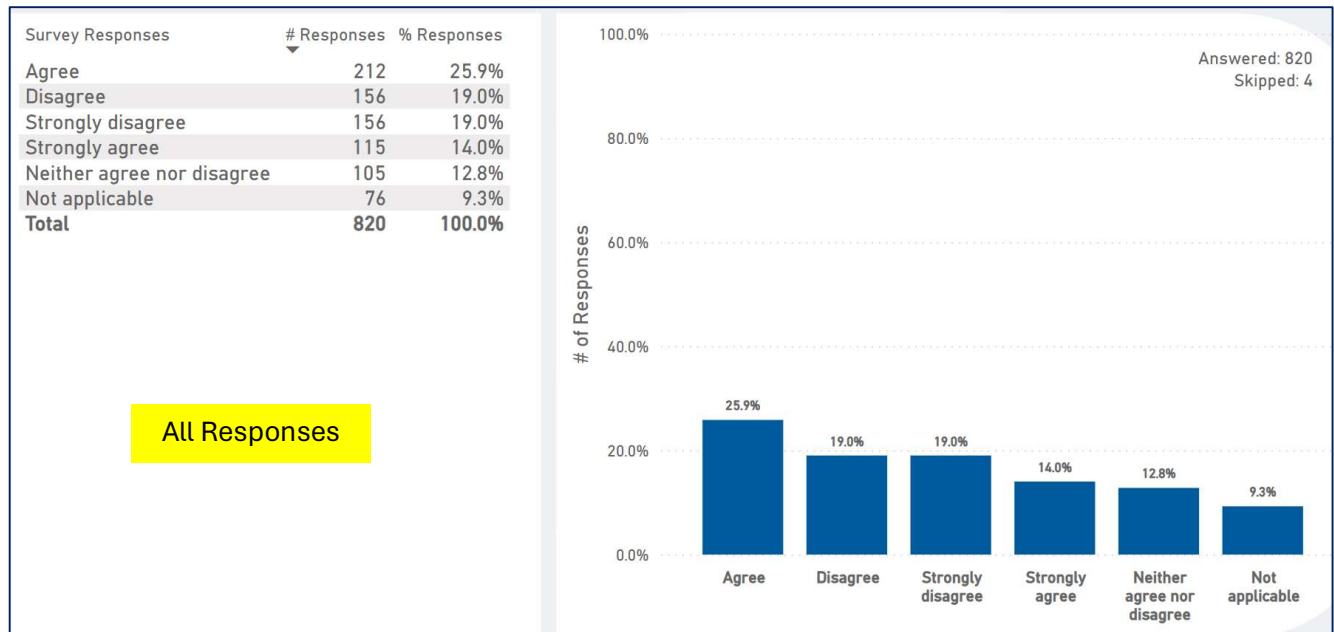
50. I feel my employer provides a work environment that allows for safe patient care.



## 50. I feel my employer provides a work environment that allows for safe patient care.



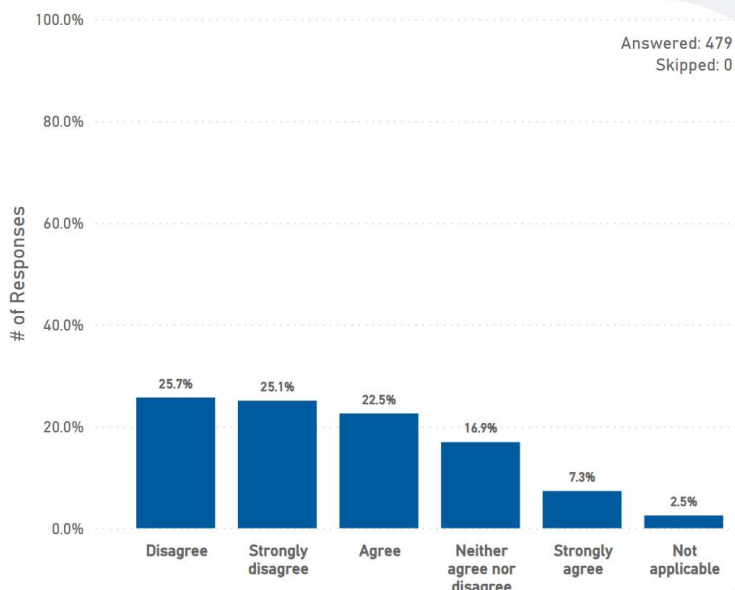
## 51. I feel safe voicing any workplace concerns to my employer.



## 51. I feel safe voicing any workplace concerns to my employer.

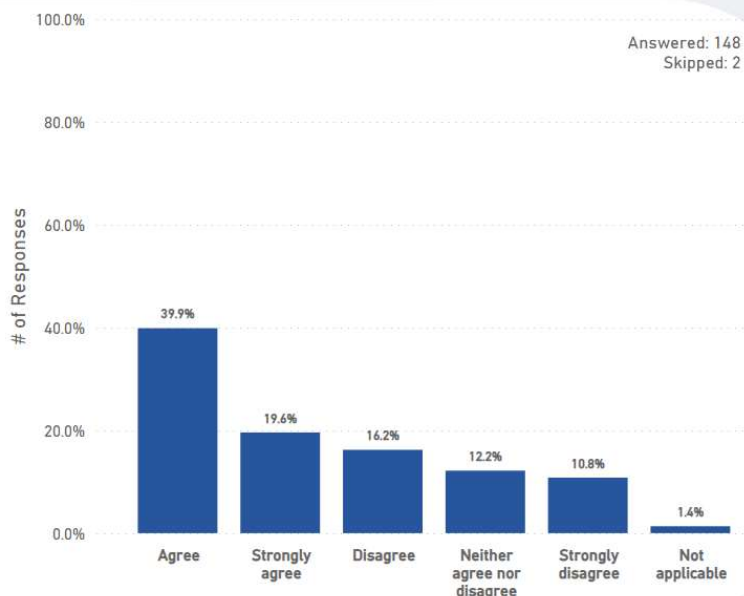
Survey Responses	# Responses	% Responses
Disagree	123	25.7%
Strongly disagree	120	25.1%
Agree	108	22.5%
Neither agree nor disagree	81	16.9%
Strongly agree	35	7.3%
Not applicable	12	2.5%
<b>Total</b>	<b>479</b>	<b>100.0%</b>

Retail Chain  
Pharmacist



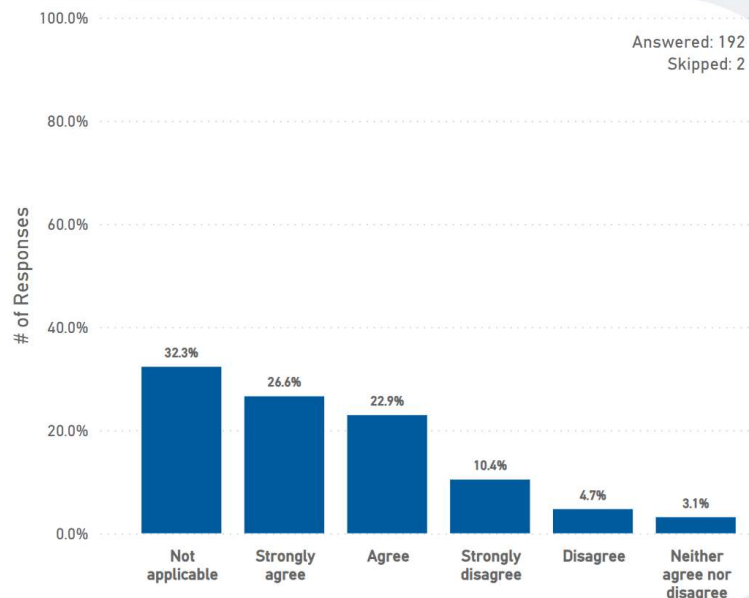
Survey Responses	# Responses	% Responses
Agree	59	39.9%
Strongly agree	29	19.6%
Disagree	24	16.2%
Neither agree nor disagree	18	12.2%
Strongly disagree	16	10.8%
Not applicable	2	1.4%
<b>Total</b>	<b>148</b>	<b>100.0%</b>

Institutional/Hospital  
Pharmacist

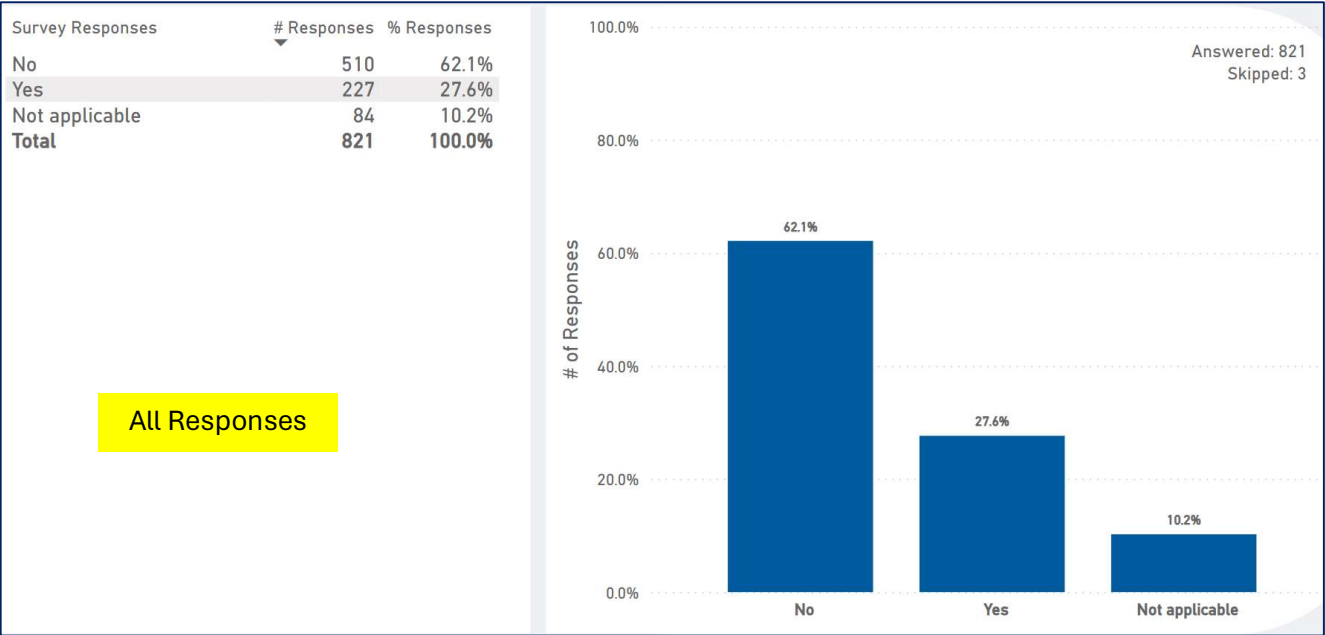


Survey Responses	# Responses	% Responses
Not applicable	62	32.3%
Strongly agree	51	26.6%
Agree	44	22.9%
Strongly disagree	20	10.4%
Disagree	9	4.7%
Neither agree nor disagree	6	3.1%
<b>Total</b>	<b>192</b>	<b>100.0%</b>

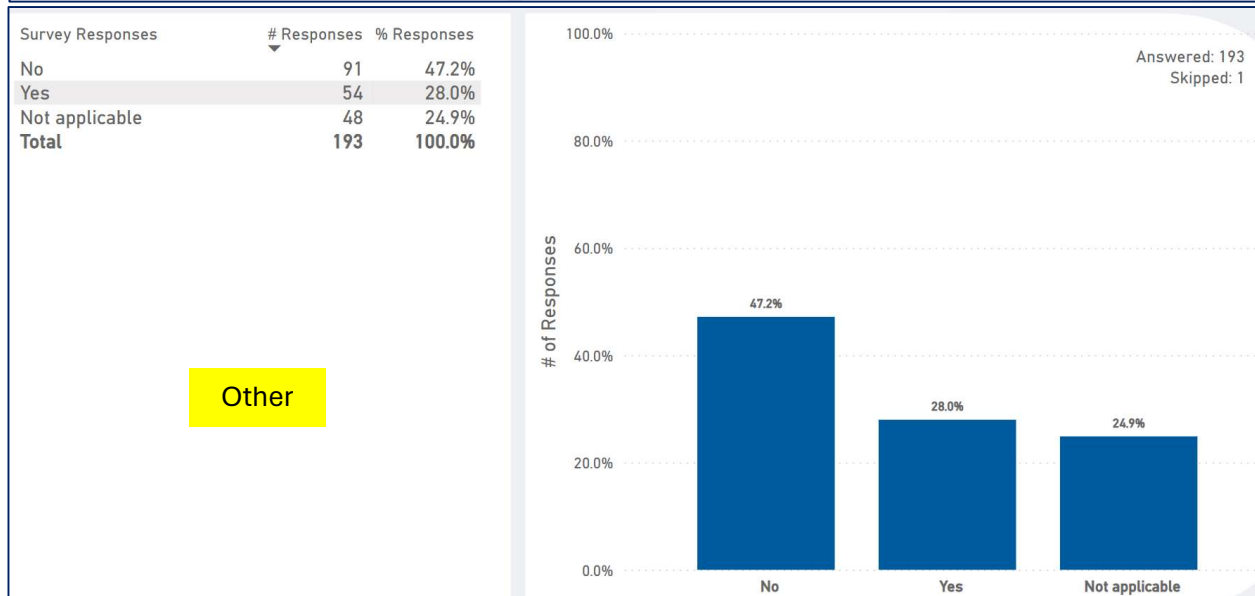
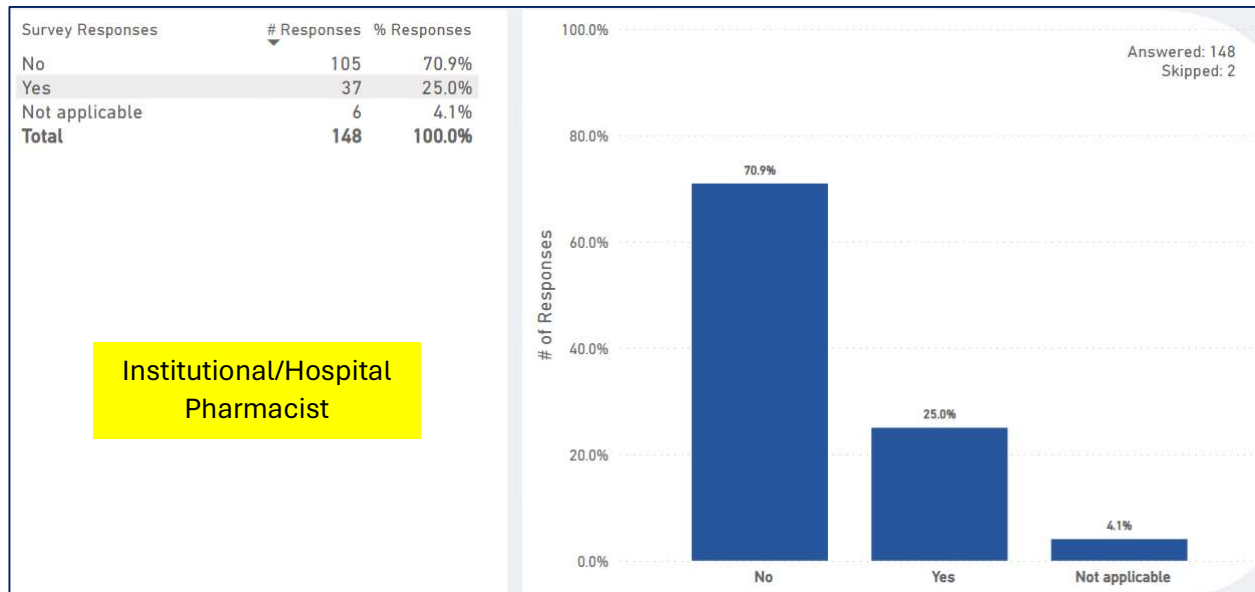
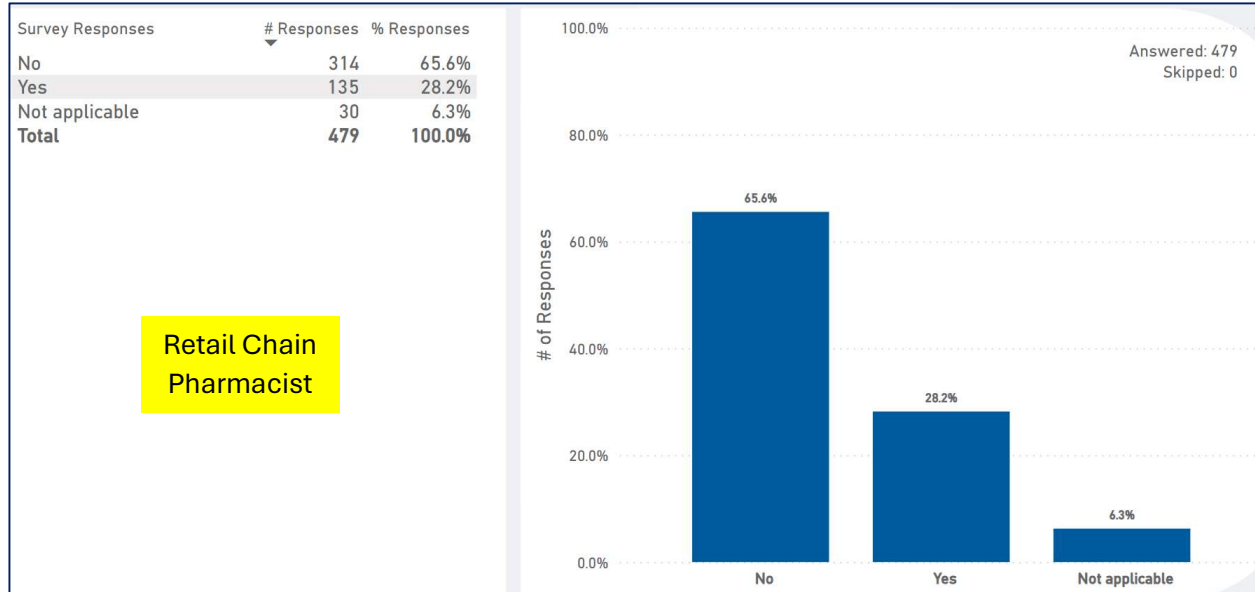
Other



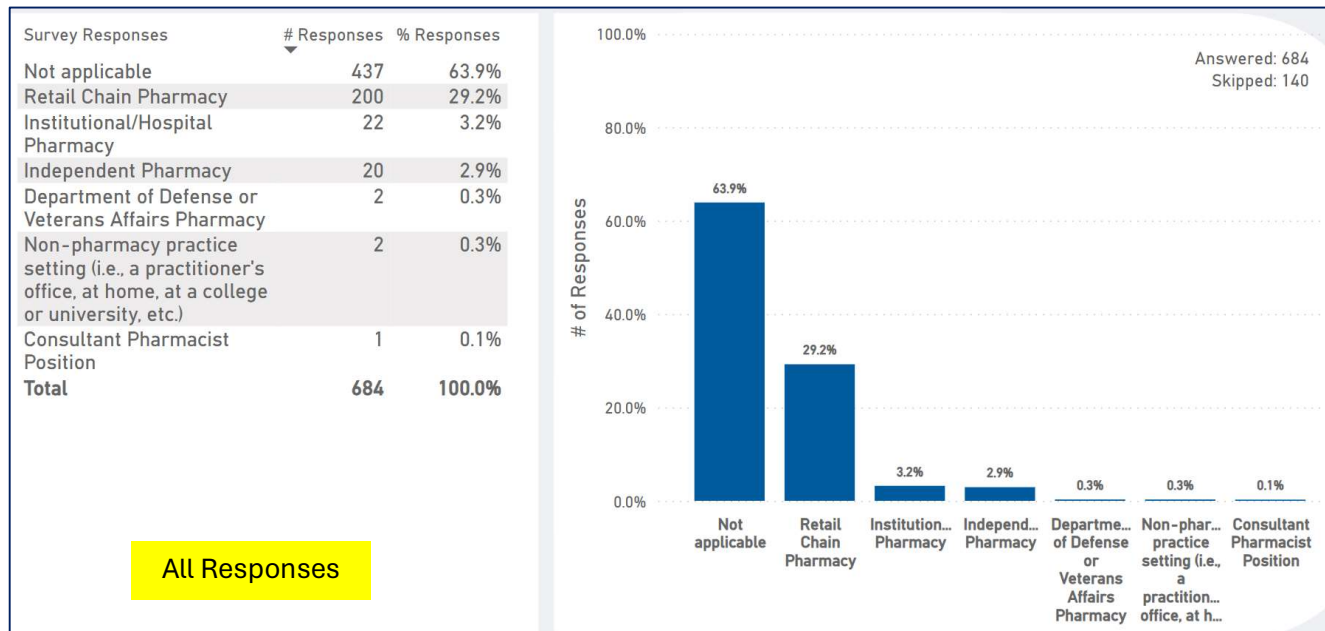
52. Have you quit or left a pharmacy employment due to patient safety concerns?



## 52. Have you quit or left a pharmacy employment due to patient safety concerns?

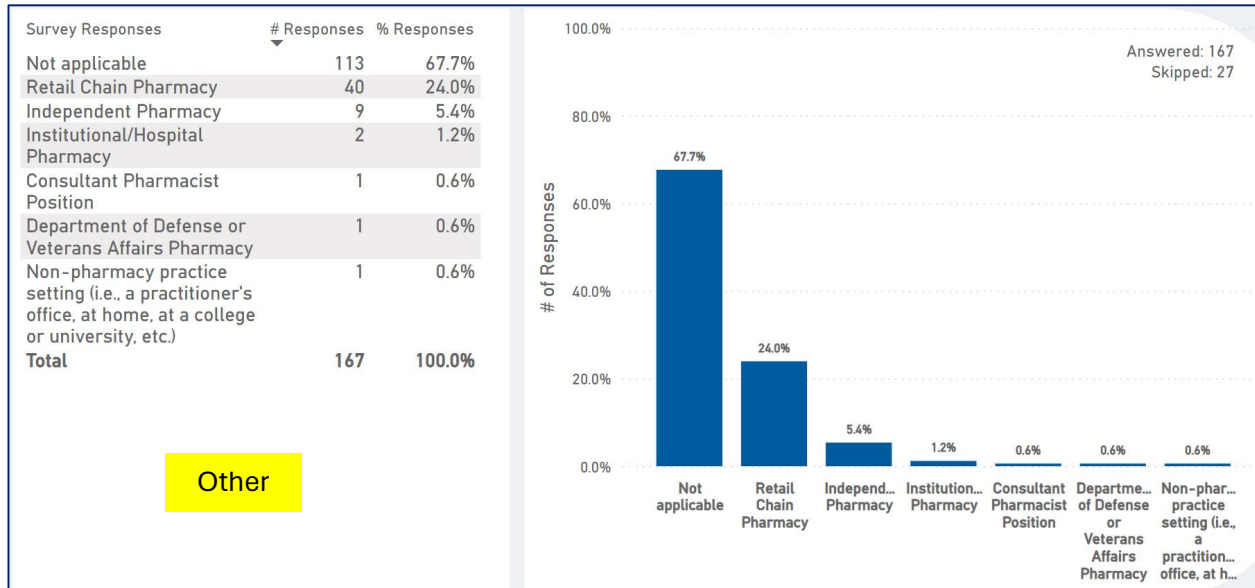
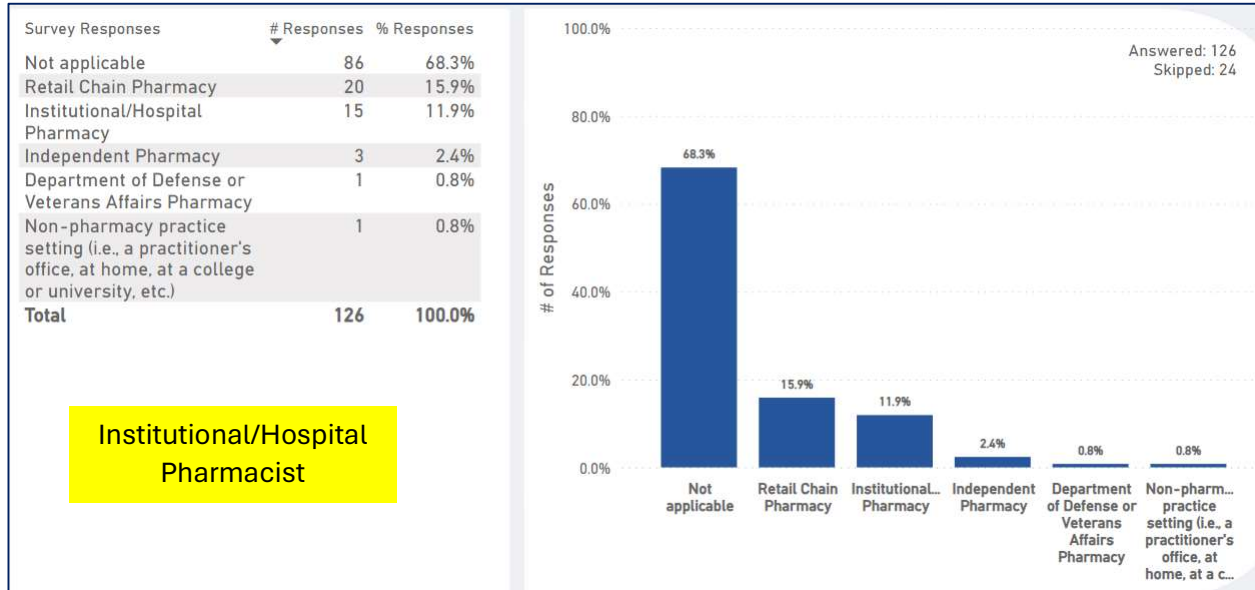
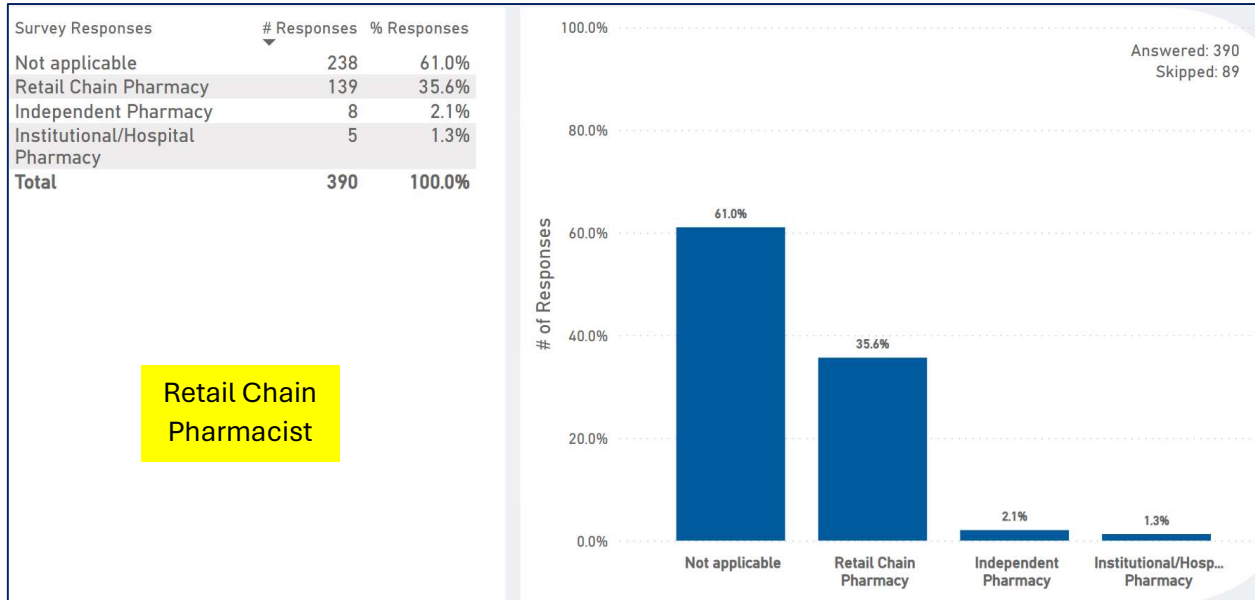


## 53. If you answered “yes” to question 52, what pharmacy practice setting did you leave?

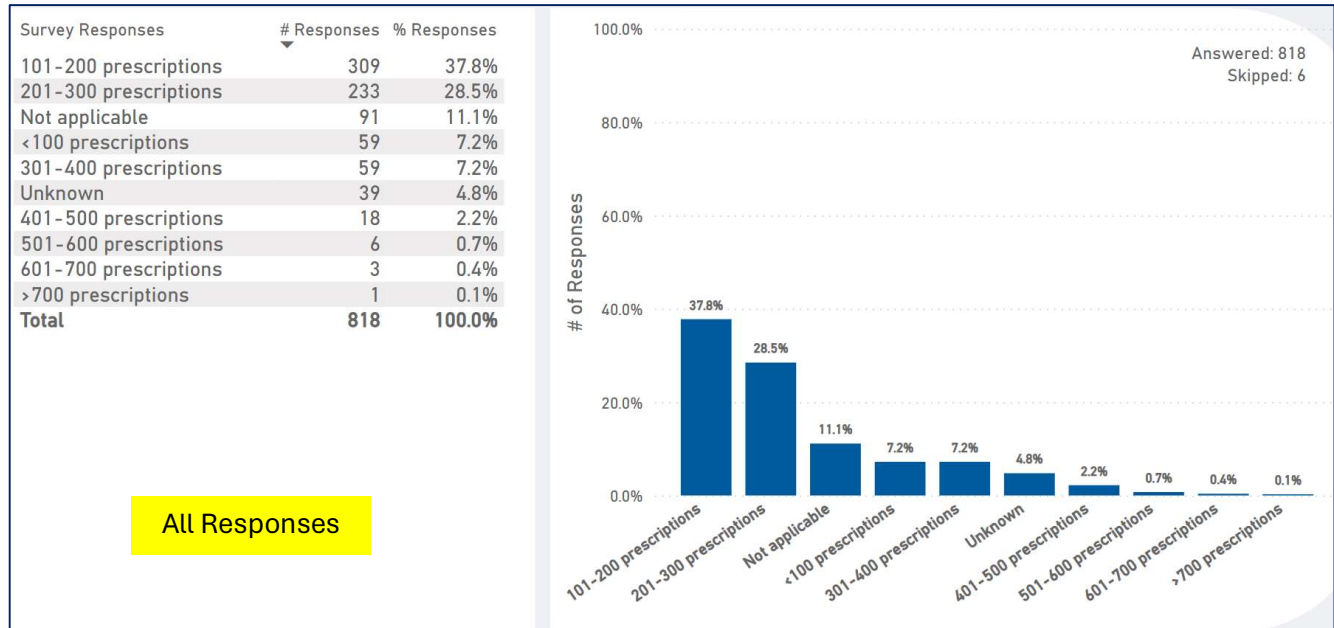




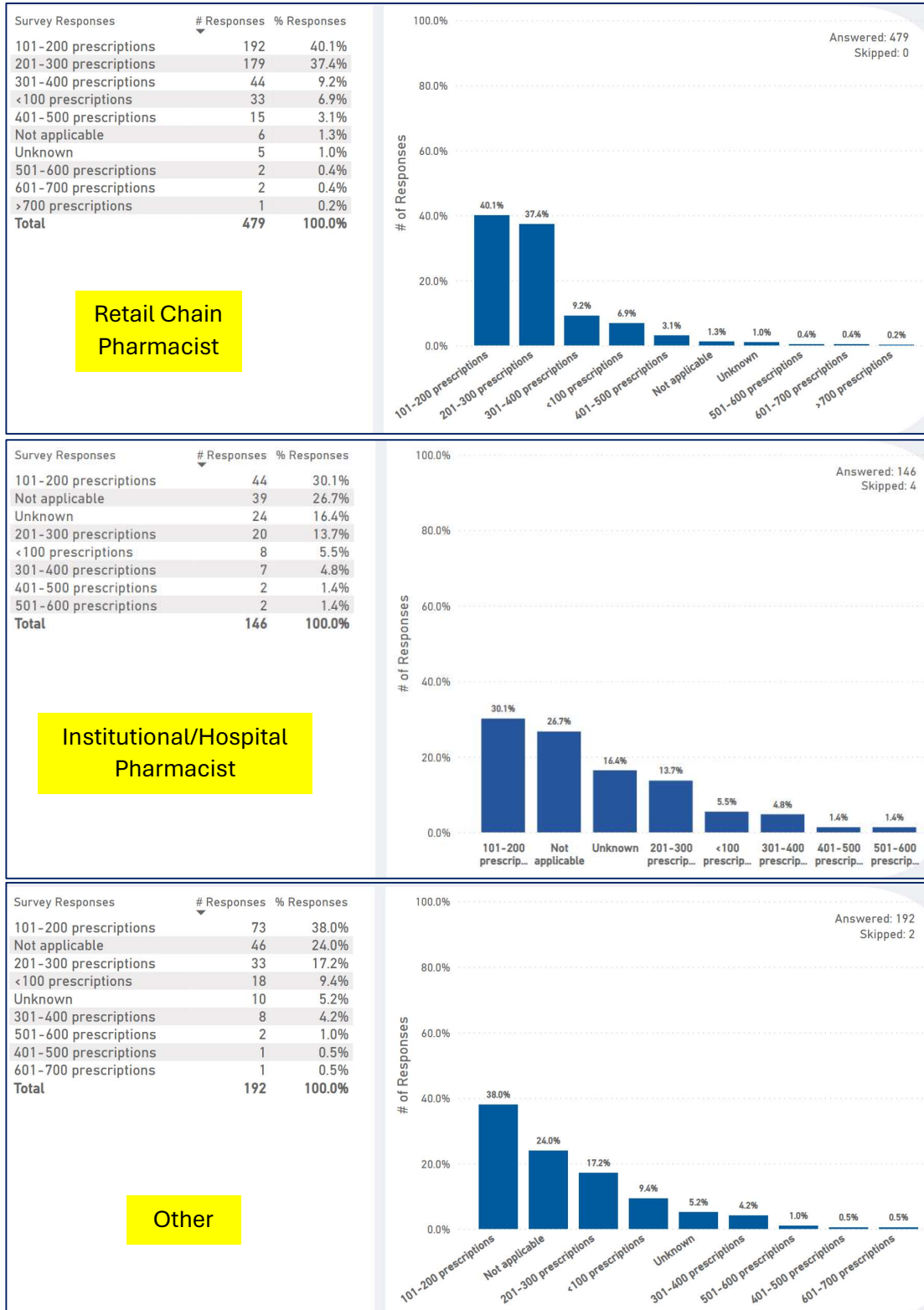
## 53. If you answered "yes" to question 52, what pharmacy practice setting did you leave?



54. In your opinion, what is the number of prescriptions ONE pharmacist should be able to reasonably and safely fill on a given weekday, working from 9am to 7pm, in a general retail pharmacy setting, with the assistance of one to three pharmaceutical technicians or pharmaceutical technicians in training IF non-dispensing services such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects ARE EXCLUDED?



54. In your opinion, what is the number of prescriptions ONE pharmacist should be able to reasonably and safely fill on a given weekday, working from 9am to 7pm, in a general retail pharmacy setting, with the assistance of one to three pharmaceutical technicians or pharmaceutical technicians in training IF non-dispensing services such as medication therapy management, vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects ARE EXCLUDED?



55. What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?

Results to this question begins on page 128.

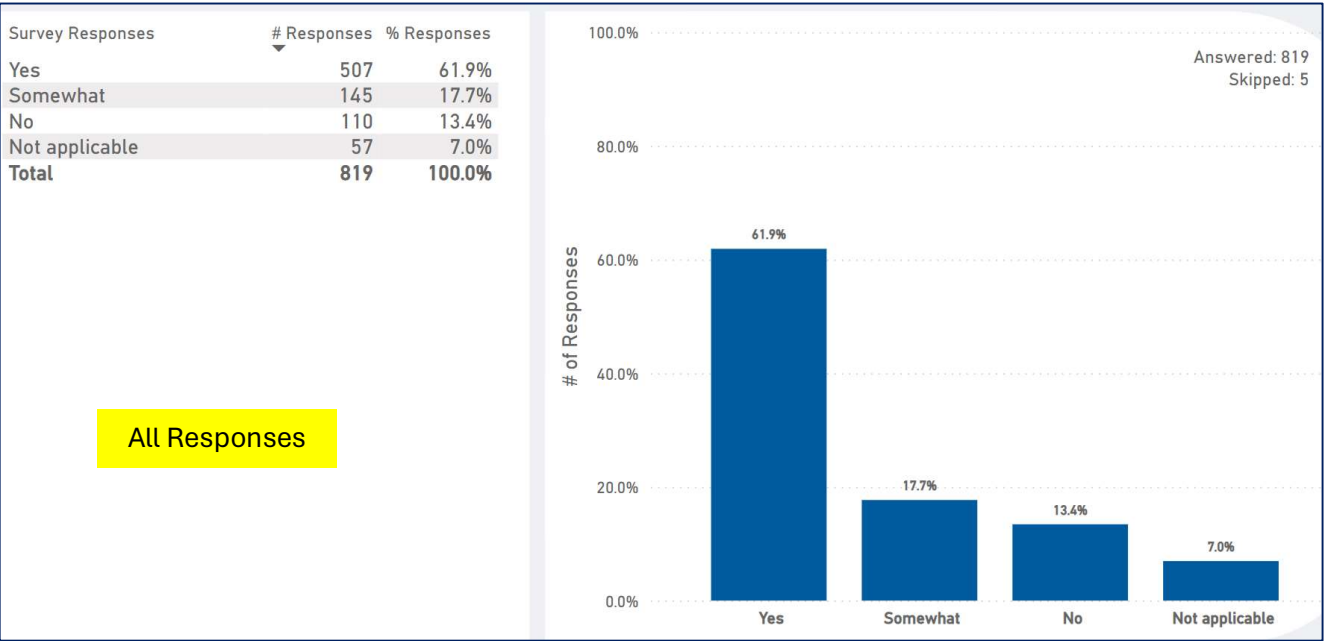
56. What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?

Results to this question begins on page 148.

57. Please share any other comments you may have:

Results to this question begins on page 165.

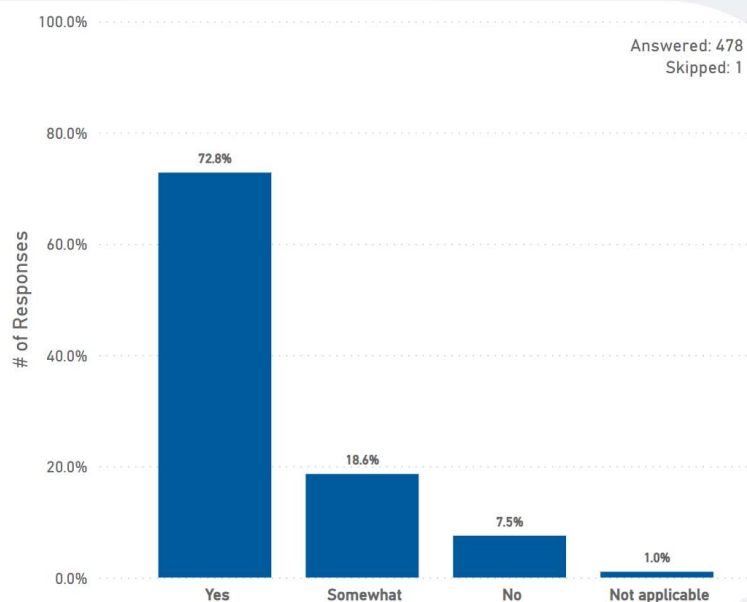
58. Have you felt burned out from your work?



## 58. Have you felt burned out from your work?

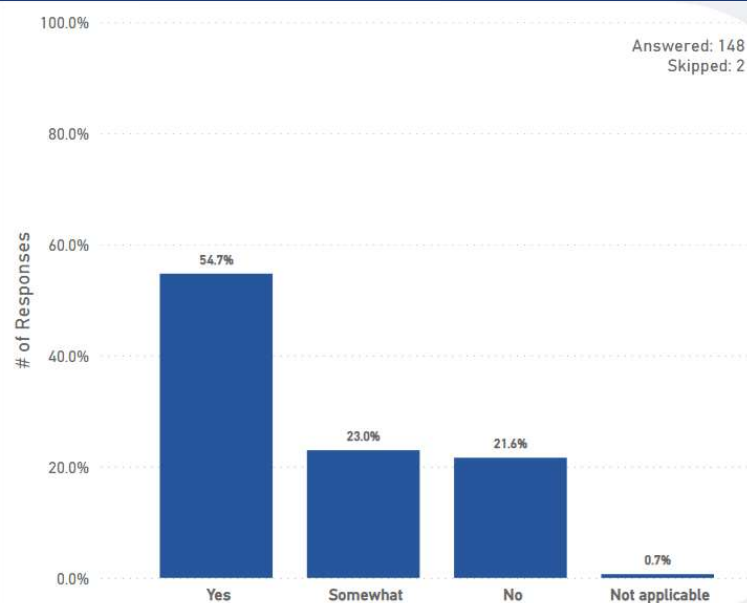
Survey Responses	# Responses	% Responses
Yes	348	72.8%
Somewhat	89	18.6%
No	36	7.5%
Not applicable	5	1.0%
<b>Total</b>	<b>478</b>	<b>100.0%</b>

Retail Chain  
Pharmacist



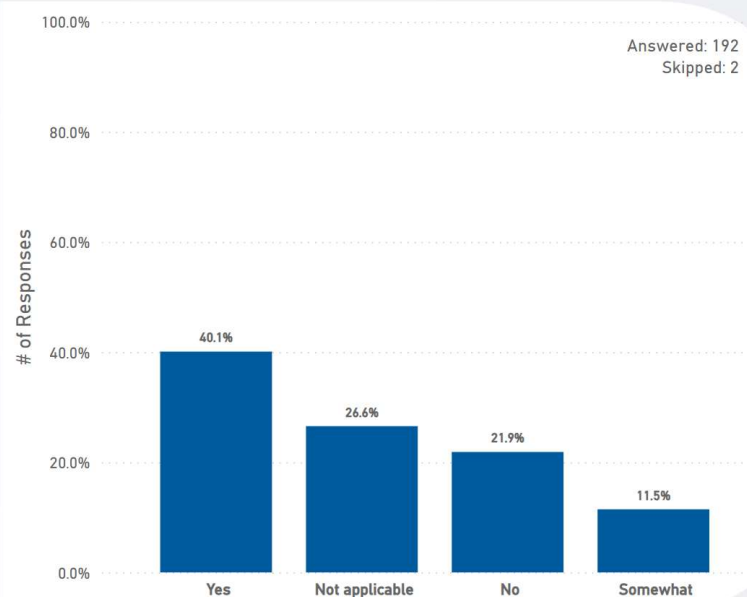
Survey Responses	# Responses	% Responses
Yes	81	54.7%
Somewhat	34	23.0%
No	32	21.6%
Not applicable	1	0.7%
<b>Total</b>	<b>148</b>	<b>100.0%</b>

Institutional/Hospital  
Pharmacist

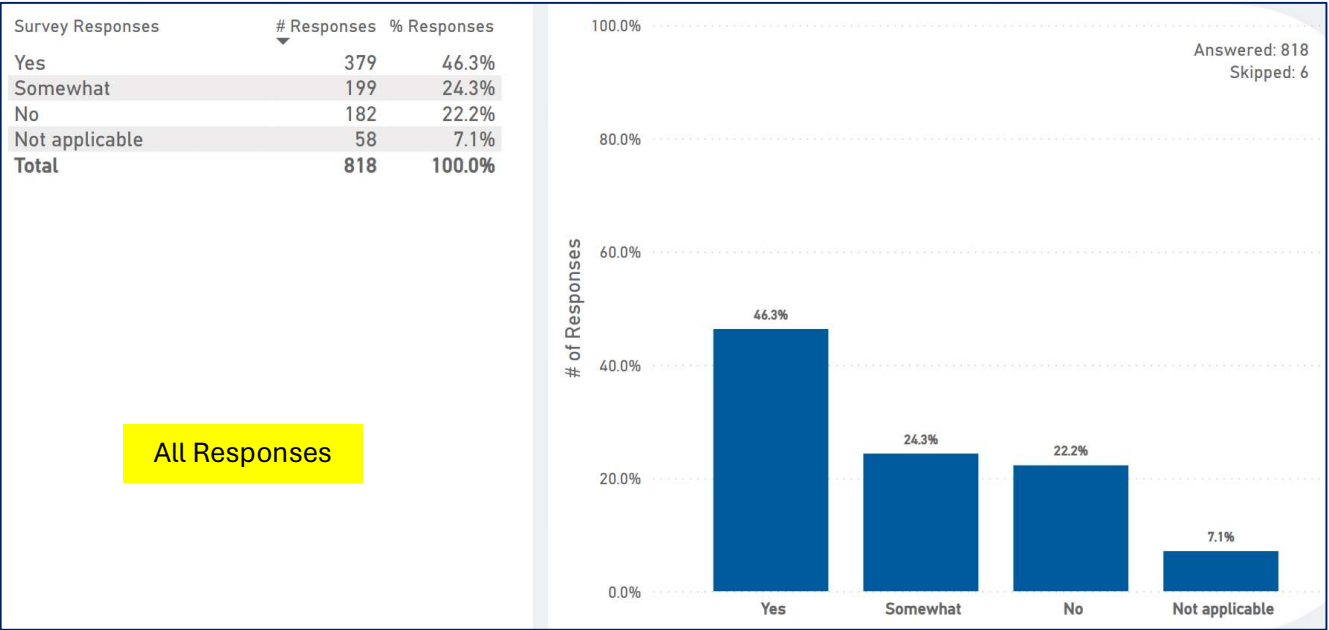


Survey Responses	# Responses	% Responses
Yes	77	40.1%
Not applicable	51	26.6%
No	42	21.9%
Somewhat	22	11.5%
<b>Total</b>	<b>192</b>	<b>100.0%</b>

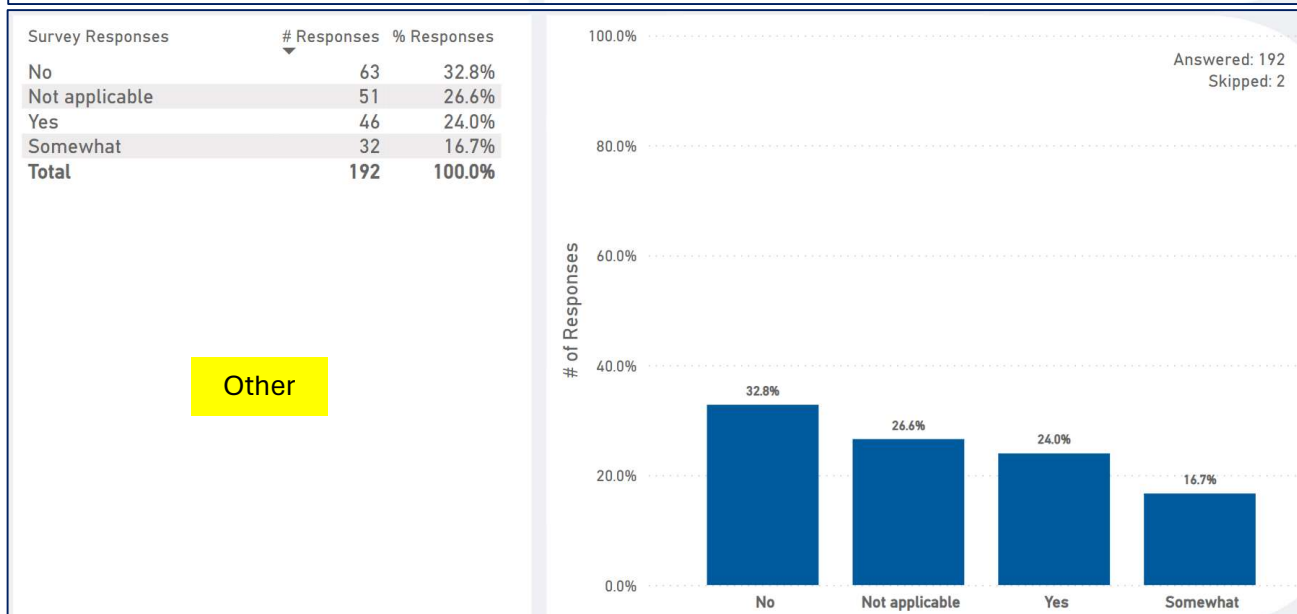
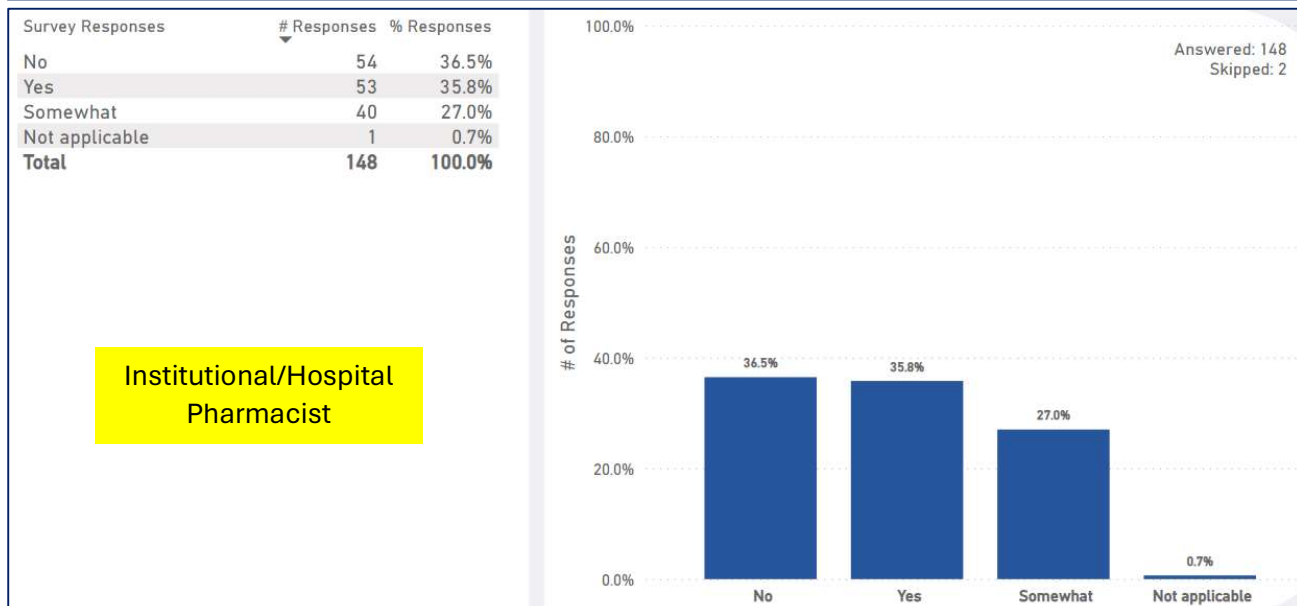
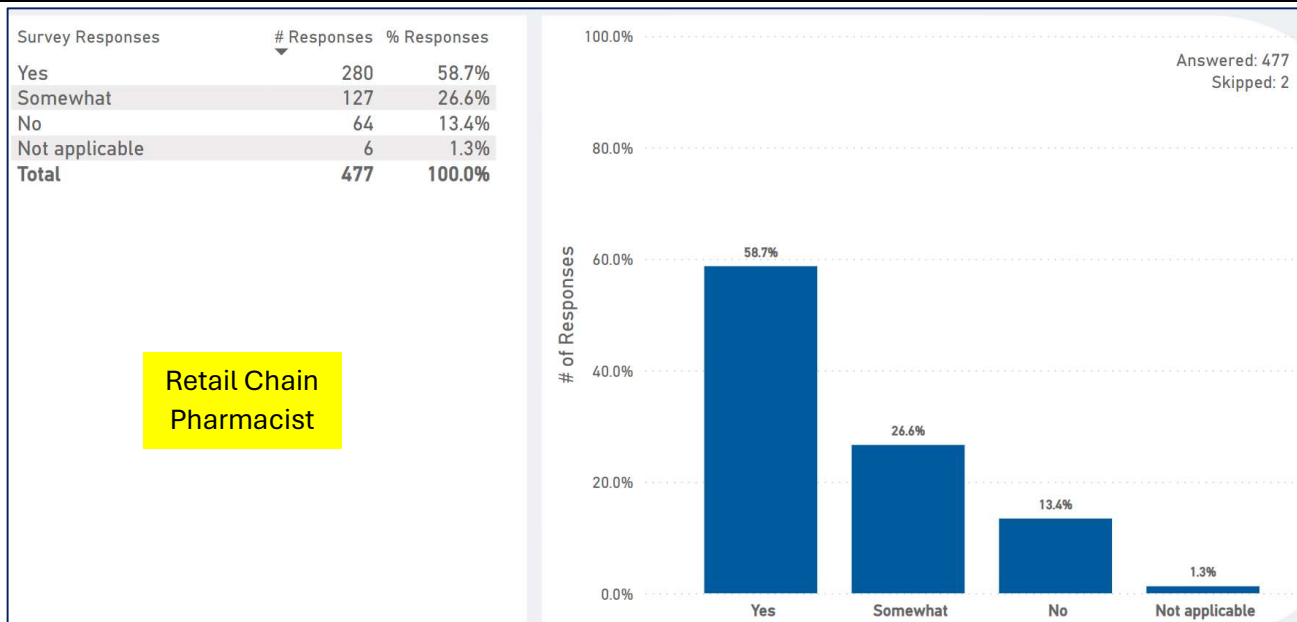
Other



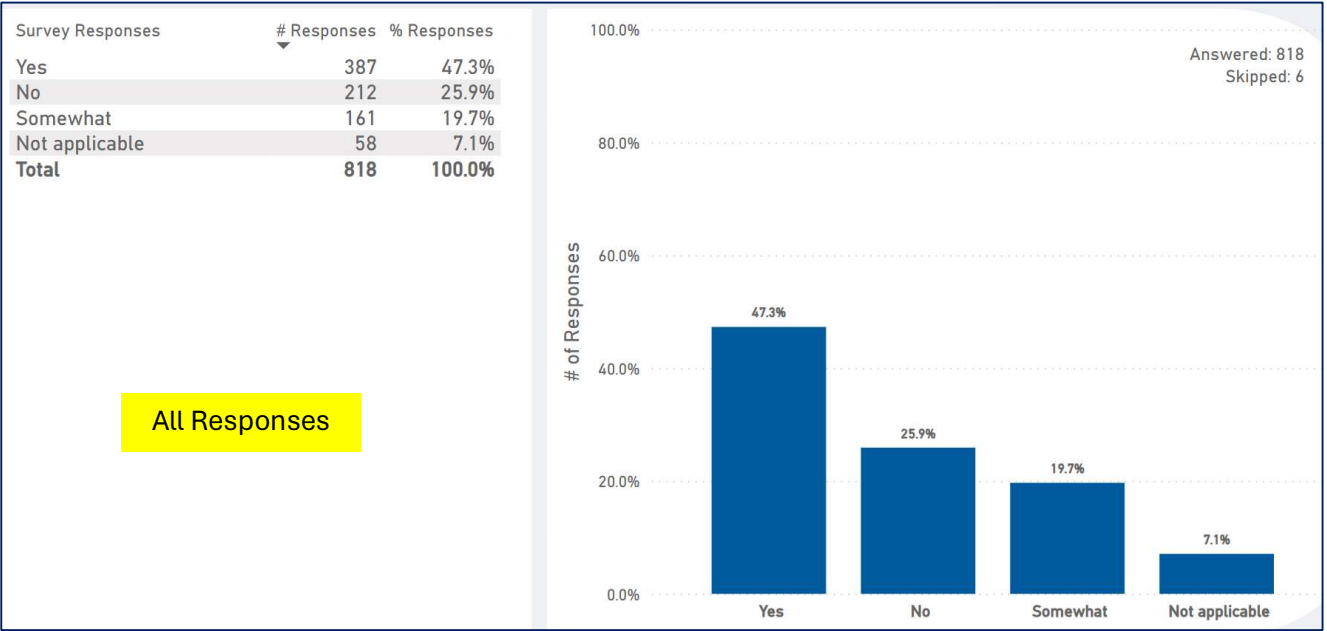
59. Does your job often negatively affect your mental or physical health?



## 59. Does your job often negatively affect your mental or physical health?

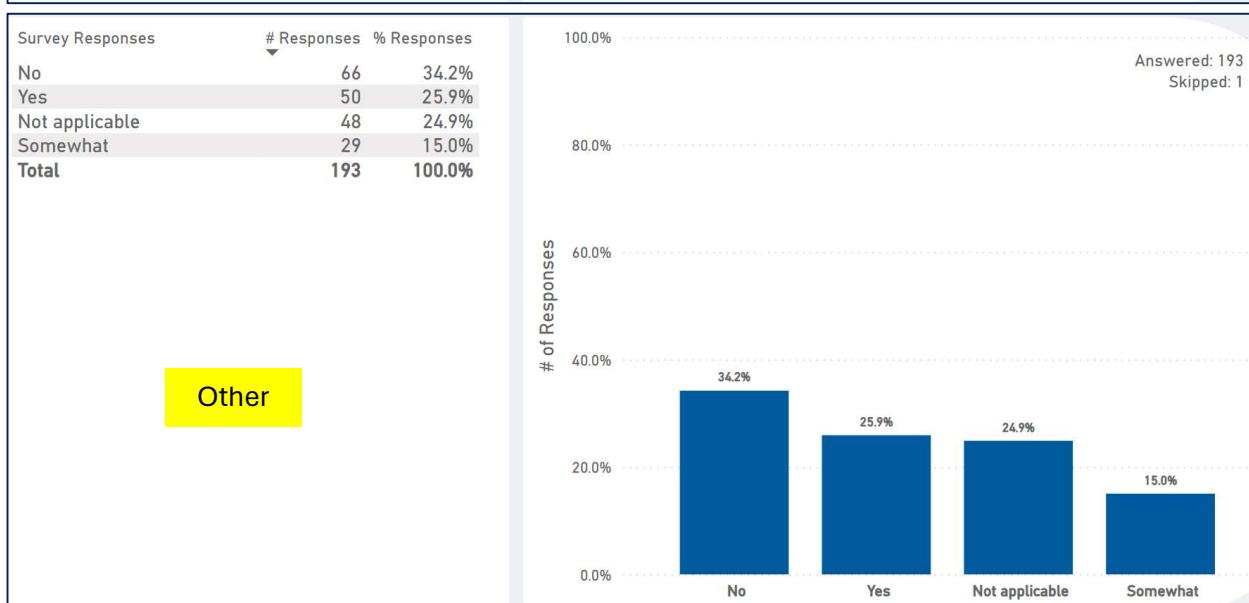
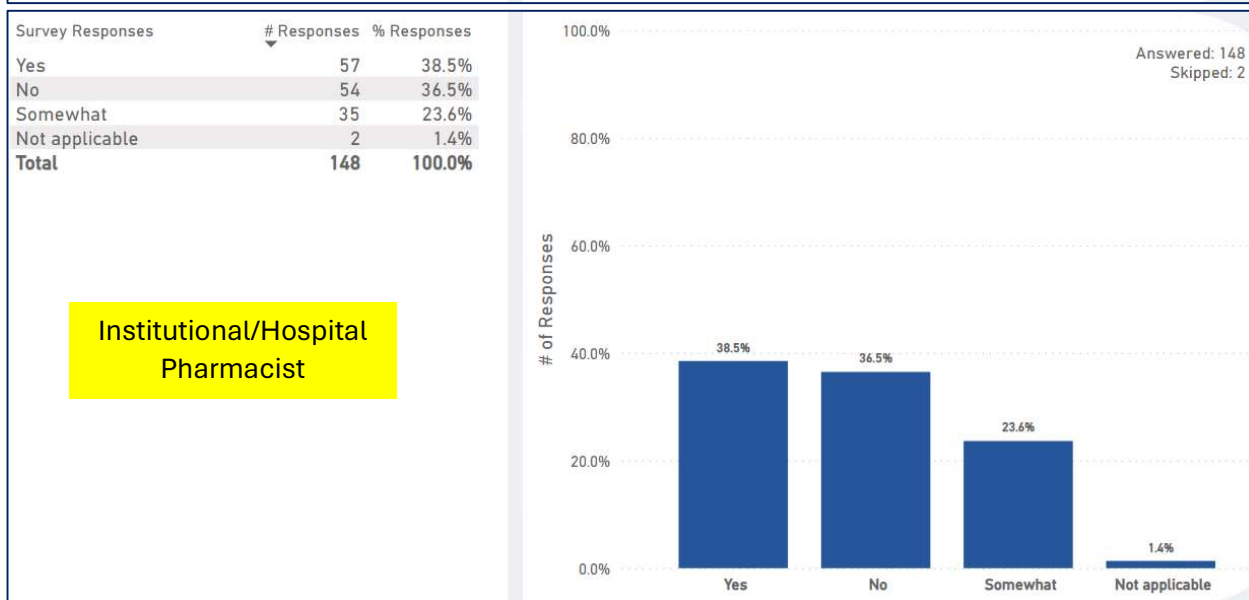
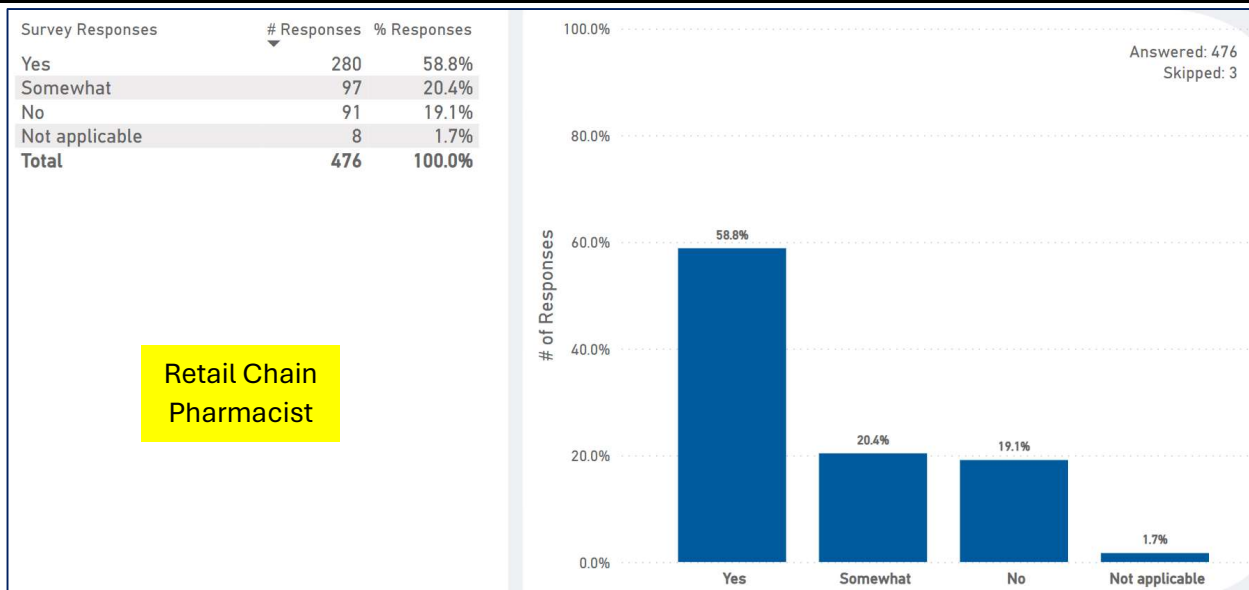


60. Have you often been bothered by feeling down, anxious, irritable, depressed, or hopeless because of work?

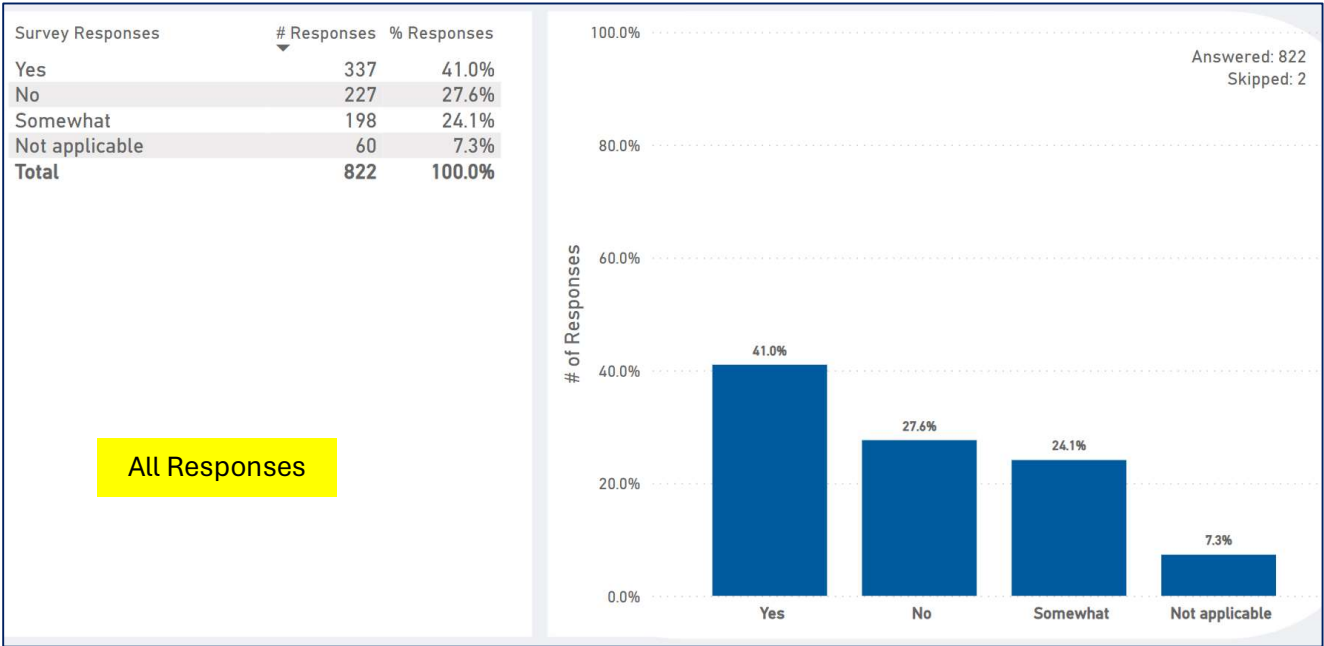




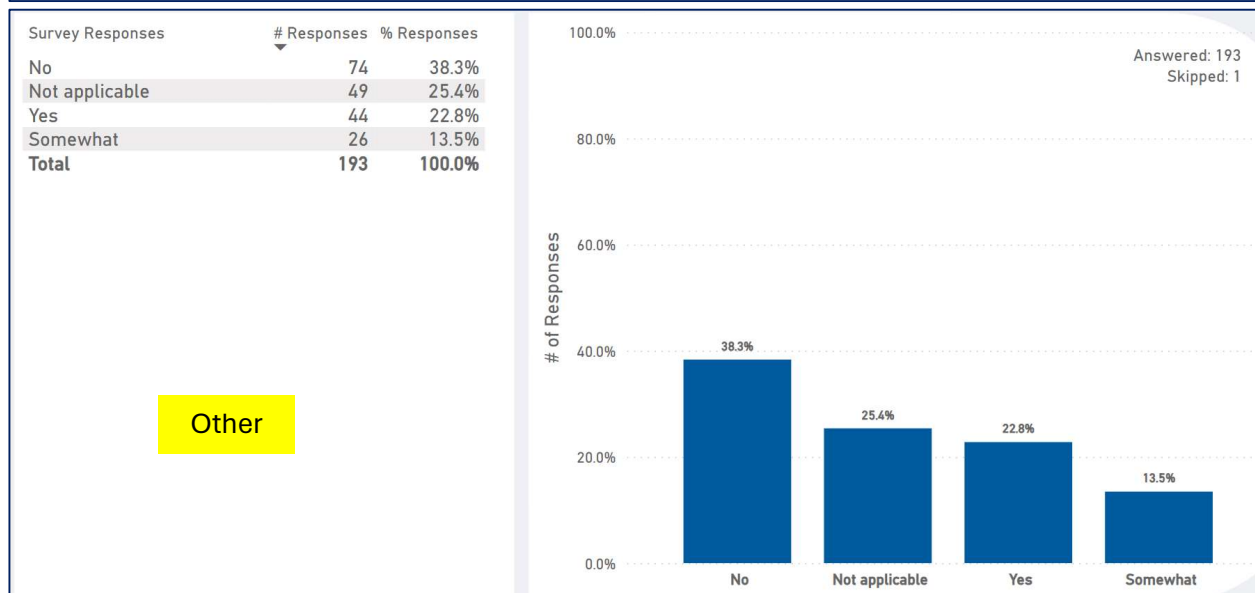
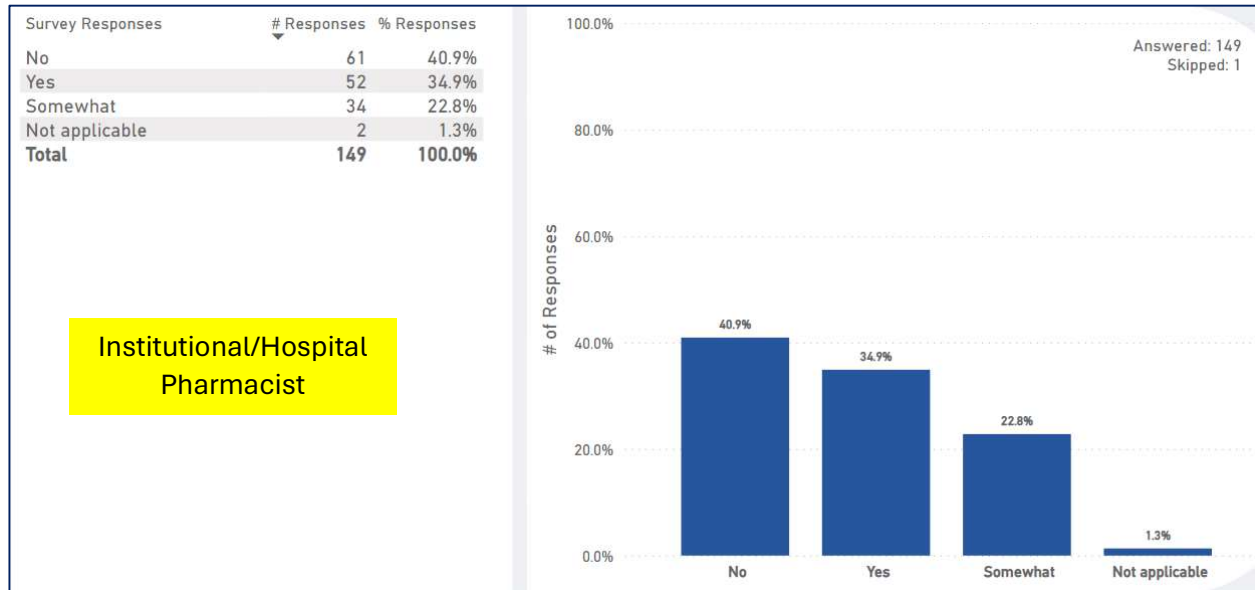
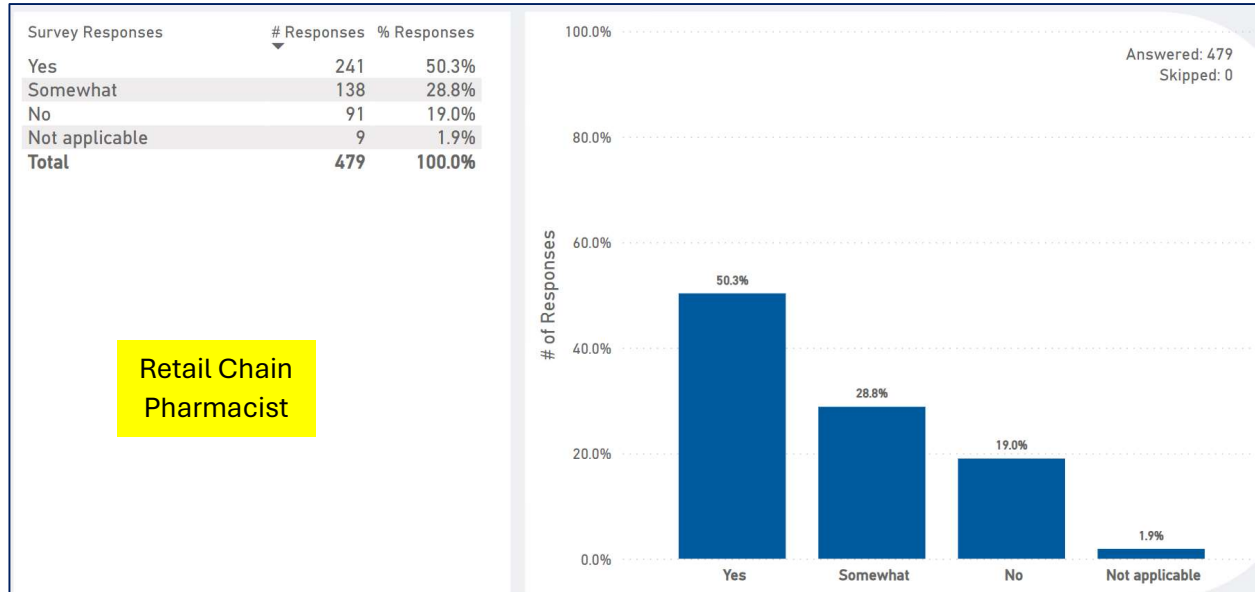
## 60. Have you often been bothered by feeling down, anxious, irritable, depressed, or hopeless because of work?



61. Have you felt all things you had to do at work were piling up so high you could not overcome them?



## 61. Have you felt all things you had to do at work were piling up so high you could not overcome them?



	A
1	<b>Question 55: What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?</b>
2	<b>Question 3: Which of the following most closely describes your primary practice setting?</b>
3	<b>b. Retail Chain Pharmacy</b>
4	<b>Responses</b>
5	1) increase rph and tech help. 2) move testing and vaccinations out of the pharmacy to it's own mini clinic.
6	1. Eliminate workload metrics (hours of tech help are being based on script counts/sales). Our community is primarily retired seniors and the volume/quality of patient care is more demanding/time consuming. Since the pandemic, Vons has "CUT" 10 hours of pharmacist on duty/week....leaving us very short staffed to upkeep the volume and demands which has increased tremendously with overwhelming vaccines, scripts, phone calls. Our location demands for more patient care, more questions, more EVERYTHING and with the cut of pharmacist hours, the entire staff is overwhelmed feeling defeated on the daily. 2. Our layout of the pharmacy is not safe for staff nor does it allow the pharmacy dept to safely and efficiently perform pharmacy tasks. The front counter is jumpable at 3 feet tall and wide open to encourage anyone to jump over at anytime. Majority of staff are females who works the night shift and we do not feel safe. Along with the wide open layout, the pharmacist and techs are widely displayed to welcome "all customers in sight" to stop and interrupt the staff in the middle of processing/dispensing prescriptions to ask where things (bread, cheese, soda, napkins, etc) are in the grocery store and being majority of clients elderly...you have to stop and go escort them to the item in the store. And this is a constant disruption in the pharmacy staff performing pharmacy tasks. Safety concerns of the floor plan has been voiced multiple times with State Board but still no result.
7	1:1 ratio of pharmacist:tech should be the LAW for safety so big companies cannot use shrinking of hours to minimize technician help for to forgo safety and maximize workload for profit
8	13 hours shifts Waived lunch breaks, no time to take breaks and not falling behind work load
9	A legal minimum of pharmacist to technician ratio based on the # of Rx filled on average for that day of the week. Techs in training do not count.
10	Add more technicians
11	Add pharmacist
12	Adding an additional Pharmacy Technician in order for me to not feel rushed in the verification of each prescription and medication dispensed.
13	Addition of staff and elimination of distractions would greatly improve patient safety. A closed room or section in the pharmacy for pharmacists especially in retail would be helpful in decreasing interruptions. A maximum limit of prescriptions processed by a pharmacist in a day would also be beneficial to decrease the pressure in filling prescriptions without further checking their efficacy and safety for the patients' therapies. Business metrics should not pressure pharmacists. Chairs for staff in retail pharmacies can also be helpful in reducing fatigue. There should be assigned staff separately for dispensing and non-dispensing services for the day.
14	Adequate experience technicians
15	Adequate pharmacy staff ( cashiers, Pharmacy techs to take care inside store and DRIVE THROUGH Patients. There should be a day set for immunization and a pharmacist to do Immunization so that the verifying pharmacist can concentrate.
16	Allowing more pharmacist overlap
17	Allowing more time to address mild to moderate drug interactions when counseling
18	As a PIC at my current employer we are required to work 9.5 hours per day 5 days per week. This is a long day/week of high pace work and forceful concentration to not make any mistakes. There should be a limit to how many hours a day or how many hours per week a salaried pharmacist can work, 40 MAX! Either four 10 hour shifts or five 8 hour shifts, even as salaried. The employer mandates PIC work 45 hours per week - which is a safety concern in my opinion. By the end of the day I'm finding myself making more errors, and especially by the end of the week.
19	As pharmacists in retail chain, we often find ourselves in a relentless cycle of multitasking and extended work hours due to the demanding nature of our work, which is exacerbated by a shortage of pharmacy technicians. This shortage compels us to undertake additional roles, including technician tasks, administering vaccinations, and handling non-patient related interruptions, all while ensuring patient safety. The pressure to meet efficiency metrics further intensifies this issue, making breaks seem impractical. Consequently, I often forego rest and meal periods, not explicitly required by my employer, but out of necessity to manage the workload. This situation impacts both our well-being and the quality of patient care, underscoring the need for a more balanced and sustainable work environment in pharmacies.
20	Assign extra help
	At my particular retail pharmacy, we are extremely understaffed and cannot even begin to keep up with the workflow. Corporate only cares about how we can keep up with imposed metrics, patient safety is secondary to everything. Patient safety and concerns are only validated when they start to affect metrics or the bottom dollar.

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21	At my workplace there is not enough staff at certain times of the day to support the inflow of prescriptions that come in, answer the calls, ship medication, et. There should a standard minimum number of staff at all times of the day. My company does not allow for sufficient hours for all staff to maintain the pharmacy. Employee hours are held hostage by how well we perform towards metrics (i.e. number of vaccine given, calls to patients get more vaccines, etc).
22	Being able to focus on one task at a time would be the biggest safety improvement. Not sure how to make it happen but better staffing would be a great place to start.
23	Being able to focus without interruption.
24	Being consistently understaffed needs to be addressed by retail chain pharmacies. A legal statute that requires a minimum number of techs on during business hours depending on script volume would make sure the pharmacy is staffed.
25	Better phone systems to deter basic functions that can be done electronically.
26	Better workflow with each patient's meds being grouped together. Little interruptions and distractions. The phone calls are out of control since it rings a lot and not enough bodies to be at many stations from register to drop off to fill and answering the 4 or 5 lines that constantly rings. We in the pharmacy world are burdened by metrics and workload and the lack of breaks. Somedays I work 7am to 8pm and w/o one single break. Prescriptions are lined up everywhere and it's easy to mix up meds among patients. Corporations want more money each yr to satisfy growth and PBM want to pay out less so easiest way for corp to grow each yr is to cut cut cut labor hours. It's sad and I wish I had gone into dentistry instead when I went to college for pharmacy. I am happy to hear enrollments are down and hopefully enrollment will decrease even more.
27	Bottom line is more pharmacist/technician help. or limit number of prescription for pharmacist to verify per 8 hour shift
28	Cap on the number of prescriptions a pharmacy can fill. Cap on the number of calls that can come in. Hundreds of calls come in
29	central phone system-off site phone employees
30	clerk help and phones not ringing every 6 seconds and mgmnt getting upset cause you cannot answer all the phone calls! better phone system easier to use
31	Coaching
32	Companies should not continue to pile up more and more duties on pharmacists and the techs without providing extra help, especially when it comes to higher volume stores. There is already enough work to be done filling 1000+ scripts daily, administering shots, counseling patients, giving OTC recommendations, and then there are more tasks being given as if there is not already enough work to do. The extra tasks are being given or added to a day without extra help. There should be more pharmacists to help, especially at busier stores. Having more technicians will help, but that also gets more stress on the pharmacist having to watch over 3 techs plus the cashiers.
33	Constant interruptions of Pharmacist only tasks along with unreasonable mandatory metric goals
34	constantly adding additional metrics and tasks. excessive pressuring to reach goals. Pushing for excessive amount of vaccines and comparing other stores. Constantly made to feel we are under performing even when doing more than last year with less help. It takes a toll on everyones mental health. Its about profits but pharmacists pay increases are not keeping up with inflation. Does not make any sense these days to take on 225k in student loans and spend 8 years going to school. Return on investment is better becoming a technician with no school, no loans. Techs might get a raise of 5-10%. Pharmacist are lucky to ever see 1%, and that is over a few years.
35	Consultations are not conducted confidently and effectively due to time constraints. A separate window or area should be made available for private consultations.
36	Continue to promote the use a of technology that is being developed and the Board should be more proactive to amend regulations to broadly allow the use of these technologies
37	Corporate and district managers should stop threatening pharmacists to fill all c2 medications without speaking to the prescriber about the patient's pain management therapy plan especially if it is their first time and they are starting off with a 30 day supply. Patient safety is important but corporate tells us not to delay therapy by talking to the prescriber first.
38	Decrease phone calls and patient traffic in the pharmacy so the pharmacy has more uninterrupted time to finish task in a timely and safe manner.
39	Decrease the required paperwork and excessive processing we have to do for all control prescriptions
40	Decrease workload for pharmacists, increase ratio of tech:pharmacist, decrease the interruption while pharmacist is verifying the prescriptions, no vaccination ( we are pharmacy, not immunization clinic), increase tech hour (they cut hour so sometime pharmacist has to be alone in the pharmacy or just have 1 tech for 2 hours, or all day)
41	Decreasing or eliminating pharmacist interruptions, decreasing or eliminating the amount of non-dispensing responsibilities pharmacists have.
42	Designate 1 to 2 hours a day where we only do vaccines and then no other vaccines can be administered after that time window.
43	Do not have enough technician help, meeting metrics and provide non-dispensing work are greatly affecting patient safety. If corporation could eliminate metrics including flu shot goal that would help pharmacists have more time to focus on patient safety.



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44	Do the math it is simple. There is only one question to be asked and answered all of the previous questions were of no consequence. The only question is how long does it take to safely fill one prescription from data entry to final verification? Do the math genius.
45	Doing or testing that shouldn't be pharmacist like point of care and test to treat for flu , covid and strep throat testing
46	Don't give us the CVS corporate answer. Be honest that there is a problem by acknowledging it. Then fix the issue as opposed to sugar coating the issue with positivity. Workplace conditions that needs addressing are hour cuts, lack of help, & metrics quo
47	Due away with metrics and non-dispensing tasks. Without metrics being used to evaluation my performance, which affects paid rate and raises, I will be able to focus on patient safety and not have to worry about non-patient related tasks or concerns.
48	Eliminating the need for the pharmacist to be the main person answering calls while doing so many other tasks, constant interruptions by working alone for 3-5 hours while answering every question, consultation, and maintaining workload plus metrics, having 2 or more pharmacists per shift to alleviate the stress and workload .
49	Eliminate all metrics.
50	Eliminate metrics
51	Eliminate mtm tasks, have a mid pharmacist with the volume we fill.
52	Eliminate non dispensing responsibilities for pharmacists and metrics.
53	eliminate phone calls and phone metrics, all phone related items.
54	Eliminate the practice of staffing the pharmacy with 1 pharmacist for a 12 hour shift. Provide adequate staffing (whether pharmacist or technician) to allow staff to take a break/meal period without totally overwhelming remaining staff. Eliminate the
55	Eliminate vaccine targets Script targets Rph overlap More tech hours
56	Eliminating COVID testing, strep testing and flu testing. These tests take up to 45 minutes to an hour
57	Eliminating high metric expectations regarding immunizations, as it creates many disturbances in workflow and encourages mistakes due to limited space within pharmacy; especially at peak hours.
58	Eliminating metrics and increasing pharmacy tech hours
59	Eliminating non-dispensing pharmacy related work
60	eliminating timing of checking and reviewing rxs
61	Eliminating workload metrics
62	Employee Burn out. Need. More techs
63	enough pharmacist and technician staffing
64	enough staff
65	Enough staffs
66	Even though the tech to pharmacist ratio is set by the State Board of Pharmacy, we get around it by saying the techs who are ringing out prescriptions are cashiers, thereby being in compliance with state regulations. The truth is they are techs.
67	Extra help
68	Faster response time with providers
69	For non-dispensing services should be scheduled on weekends when an extra pharmacist can give the said services so complete focus and attention can be given to appropriate services
70	Get rid of metric, increase number of pharmacist
71	Get rid of twelve hour shifts. Increase pharmacist hours. Allow for better pharmacist overlap of shifts to make calls, perform daily tasks and counsel patients.
72	Get supervision out of the practice of Pharmacy
73	Getting extra staff for Managing incoming phone calls..managing patients problems..
74	Give extra time to complete the requirements and training for for additional tasks that have been added.
75	Give more time for pharmacist to review and communicate with MD and patient

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	<p>Give pharmacist more power less bosses less accountability from people that are making \$ from the pharmacy . There are numerous people that have never worked in a pharmacy , don't know the law or what it takes to fill a rx safely and completely . Many of these corporate executives , district managers , store managers , and assistant managers all make \$ and have financial motive to push a pharmacist to fill a rx faster , give more vaccines , do more MTM's , sell more OTC's , get all your paper work done faster and many other duties that are irrelevant to the practice of filling actual rx's . All on the back of the pharmacist license . Why I ask ? What have not all but most of these people done to profit from me going through 6 yrs of pharmacy school ,busting my backside , coming in early ,staying late , and working in a very high stressed environment . At the very least NVBOP should make it law that Pharmacist clock in and out and get overtime pay for anything over 8 hrs/day and 40hrs/week . Salary should be done away with . 30 min for lunch is a joke . Every pharmacist should get a full hr lunch by law plus a 15 min break in AM and eve . No supervisor ,district manager or store manager should have any authority over a pharmacist if they are not licensed and approved by the NVBOP . With that the NVBOP should develop a set of rules and standards said supervisors have to follow. If someone is in charge of a pharmacist they are essentially in control of work load , quotas, and how much a pharmacist is pushed to meet financial goals . As it stands now pharmacist have to meet unreasonable goals or get reprimanded , bonus with held and or terminated . I know nothing will probably get done because this survey is probably just fluff for someone that wants to look good for there supervisor . Again someone thats making \$ off of pharmacists . Very ironic .</p>
76	
77	Giving consideration to give enough time to focus and fill prescription
78	Have additional pharmacist working to share the workload of counseling, therefore limiting the times of being interrupted while verifying medication ~ s and data verification
79	Have enough Rph and techs depending on how many scripts Pharmacy fills per day
80	Have more technicians trained for immunizations, especially during flu season.
81	Have non-pharmacy staff prohibited from assigning any tasks to PT , PTT and cashiers; also be prohibited to tell Pharmacist to change focus or priorities.
82	Have not worked in a pharmacy for over 10 years.
83	Having additonal help, prohibition of metrics/quotas, pharmacists shouldn't be required perform non dispensing duties that allow the retailer's bank account to grow exponentially without any regard for patient safety.
84	Having more technician hours, our pharmacist shouldn't be working alone at any one time during the day. Law should require a minimum amount of man hours based off of prescriptions filled to help prevent retail pharmacies from creating understaffed condit
85	Having more technicians and giving the PIC enough technician hours to be able to schedule them.
86	Having more technicians or another pharmacist to help process and fill prescriptions and answer phone calls would allow the verifying pharmacist to have more time and not feel ørushed when verifying prescriptions.
87	Having more than 1 pharmacist scheduled during weekdays .
88	Having one pharmacist doing non dispensing duties for a designated amount of time (ex: 10a-3p). Also having patients make appointment to this designated non dispensing clinic time and not accepting walk-ins. There's distractions as soon as someone walks up and requests this shot or that shot.
89	Having sufficient tech hours so that a pharmacist should NOT have to open or close or work any of their shift without at least 2 technician
90	Having the freedom to discharge patients who are abusive to pharmacy staff.
91	hire pharmacists to take care of the mtm tasks and other non-dispensing related services, such as vaccinations, point-of-care testing, chronic disease management, collaborative practice agreements, staff education or quality improvement projects
92	Hours should be based on a yearly calendar. We should be able to utilize hours that are unused from one week to another and hours should be based on productivity. Meaning you should get more hours with newer staff as they cannot prefer at the same level as experienced technicians.
93	How many technicians are allowed per pharmacist.
94	I am answering survey questions based on my experience in retail pharmacy. I am currently at a remote hospital pharmacy where our only need is more pharmacists and uninterrupted breaks. In retail. Testing services should be completely separate from vaccination services (not the same building). Testing should not be allowed to be done through the drive-thru. Testing should be outside or have a separate entrance from all other patients and have a separate staff for all these procedures with appropriate sizes of all PPE necessary.
95	I believe my employer should place the responsibility of their flu/vaccination models on someone else for flu seasons, or it needs to be wildly decreased. For the month of October, we were expected to do up to 150 vaccines per day on top of meeting pharmacy demands
96	I believe patient care calls and prescriber follow-up calls are an over burdensome metric. In my practice setting, we communicate with patients via automated phone calls and text messages. There is redundancy all ready built into the system. We communica

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97	I believe that the addition of technician hours would be most beneficial to my practice. Starting this year, the budget was significantly cut, leaving the pharmacist alone most of the time the pharmacy was open.
98	I believe there should be a 1:1 ratio of pharmacist:technician at all times. A lot of times as a pharmacist, I am working alone for 6 out of the 10 hours I am there. It is hard to promote patient safety when I'm being pulled to do 6 different things during
99	I do not want or think it is a good idea to have patients come into retail stores for disease testing.
100	I feel like most stresses are coming from corporate pushing for us to meet certain goals (metrics) e.g., increasing our script count, vaccine goals, Clinical numbers, autorefill, 90 days fills, Medication Therapy Management. I spend most days worrying about meeting metrics rather than focusing what I went to pharmacy school for, taking care of patients, drug interactions and accuracy. Hopefully the board can step in and do something about this issue.
101	I feel that it is important to take breaks and we are not able to do that. My store is busier now than when I first took over the store. Before the pandemic we used to have 3 pharmacists scheduled Monday through Friday, now that I am busier because we even
102	I need one pharmacist just for consulting with all the medications we are expected to consult on, then another pharmacist just for vaccines and phone calls, and then a third pharmacist just for verifying and product review of medications. Sure, technicians can vaccinate but they do not want to without being incentivized as they feel they do not get paid enough for the risks that come with being a vaccinators. I think it should be a requirement for companies to have a cleaning service to clean the pharmacy. There is not enough time in the day for pharmacists and/or technicians to clean and it is also not our job. We are a health care environment that should have a cleanliness standard. My pharmacy has reeked of sewage for months. This smell is so bad that we wear masks and are getting headaches. I have put in ticket after ticket with our fix it center. Plumbers have come by to check on it with no help. Finally someone came to smoke out the pipes to see if there was a leak and the whole pharmacy became so smoky that the staff members could not breathe. Higher up members were upset when the floating pharmacist shut down the pharmacy while the smoke was in there. These conditions are not workable sometimes. I do not know any patient that would want their medications that they ingest to come from a pharmacy that reeks of sewage and has smoke everywhere.
103	I think every chain should have a call center about patient counseling over the phone
104	I think the company that I work at is great and it gives us a huge support.
105	I was a pharmacy manager for 14 years. At first I would have three technicians scheduled throughout the day. Around 2015, I was down to being able to only schedule one pharmacy technician every day and I was doing more prescriptions and more non-dispensing tasks. I feel that I am a very good pharmacist that can multi-task. With one technician, there is no way that I can handle the in-window, out-window, phones, typing prescriptions, filling prescriptions, checking them, and doing vaccinations. I simply can't be in each spot at the same time. When you have a line of patients staring at you and the phone ringing, your stress level goes way up and mistakes are made. I had to quit and move to another pharmacy setting, even though I feel that community pharmacy is my calling. Towards the end of my time as a community pharmacist I started to have panic attacks while driving to the pharmacy. I knew that I would not have enough help and that I would be under stress all day. (Don't forget, I was trying to do all of these things by myself before and after the technicians shift or when they were on break and lunch. Also, the technicians called out a lot because the way that they were treated by the company.) Patient safety was clearly affected by the lack of concern by the company.
106	If additional responsibilities are given to the pharmacists extra overlap and technician help should be given right away not told it will get adjusted in a few months automatically by the system
107	If our PIC/Rxmanager would stop being rude and disrespectful to our patients.
108	If we are going to be expected to be clinicians with our patients and counseling is being required, then an adequate amount of time needs to be given to actually review patient's info, contact doctor's, review guidelines, etc. We should not be held responsible
109	If we became hourly then we'd be entitled to our breaks and 30 min lunches right now technicians are allowed but for us no one cares but it doesn't make sense we need them more to catch mistakes, or make mandatory breaks after two hours even as salary, r
110	If we can have 4 techs/ 1 pharmacist ratio
111	illegally be asked by corporate to increase the number of vaccination and metrics, and have nonstop cut technicians hours.
112	Immunization technician on schedule all day to eliminate pharmacist doing all vaccinations 4 or more technicians on schedule or another pharmacist
113	Impossible to meet payroll standards. Front end store using rx payroll dollars and forcing rx to cut help. Minimum staffing requirements enforced by state.
114	Improve staffing levels and allow for proper training of technicians
115	Improve staffing, preferably a midshift pharmacist, and adding at least one more technician to the afternoon/night shift to allow prescriptions to get filled continuously throughout the day and not leave a large load on the following day.
116	Improved staffing will help with the work load. As well as reducing non-dispensing duties like numerous calls that should be replaced with electronic communication.



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117	Improved telephone answering system, more automation
118	Improvements to the computer system to help prevent errors
119	<p>in our setting, at our current fill level, we need to have 2 techs (8 hr shifts) per day. I think a single tech on the weekend is sufficient at the fill levels we are at. currently we are at 1 tech per day and 1 pharmacist trying to fill 160 average per day, including all duties. fill, dispense, phone, shots, counseling ect. there is a real question about making so many split second decisions in the course of a day is did i make every one correctly? I sincerely hope so. however the stress on some days due to work load can be overwilling.</p>
120	<p>In the beginning, I would like to discuss the pressure from the pharmacy manager. There is pressure that will lead to better improvement, but there is pressure that will lead to an unsafe environment to work. This exactly happened at the retail pharmacy currently. The pharmacy manager demanded staff pharmacists verify the prescriptions at unusual and inappropriate times. Staff pharmacist had to verify and work faster than normal process, so the pharmacy manager could get the payment bonus from the corporation. This leads to extreme events that can cause medication errors and an unsafe environment to work. The pharmacy manager demanded staff pharmacists counsel prescriptions and give vaccinations as quick as possible in as few seconds. This is not the right way to practice pharmacy, pharmacy manager should understand the importance of the necessary steps to practice pharmacy. In the normal process, the pharmacist needs to take time to discuss with the patient the usage of the medication, side effects, the dosage, drug-drug interaction, allergies, the history of the vaccinations, and so on. The pharmacy manager forced the staff pharmacist to skip most of the steps and work as fast as possible. There is a very high risk for staff pharmacists to practice and work in this condition. Secondly, I would like to mention pharmacy manager did not know how to train a new technician or technician-in-training. As a new hire, technicians will need several months to practice and perform hands-on experience at the pharmacy. The pharmacy manager forced them to work faster and threatened to write them up for any mistakes at the pharmacy. This contributed greatly to the medication errors that can lead to serious events. As a result, I would like to recommend not putting pressure on the new staff and letting them have enough time to practice and get used to the environment. In addition, the pharmacy manager did not know how to divide tasks between the staff. The staff pharmacist had to take on more responsibilities than normal due to the new staff did not have enough train. As a result, the normal process of the pharmacist such as typing the prescriptions, pre-verification of the prescriptions, product dispensing, final verification, and even the insurance process. The staff pharmacist had to do all the steps instead of dividing the tasks among all the staff. This contributed to medication errors as well. Lastly, the pharmacy manager kept track of how many times the staff went to the restroom every day at work. I do not know why the pharmacy manager was doing it as her policy. This is an unusual policy compared to other retail chain pharmacies, and it leads to unexpected pressure on the mentality of all staff at the pharmacy.</p>
121	Increase help in the pharmacy, i.e more staffing. Removal of metrics and non pharmacist related tasks.
122	Increase hours
123	Increase in pharmacist overlap/ hours. Increase in technician hours. Maybe Increase the tech ratio to 4 to 1 but nothing more than that. I believe more would lead to a bottle neck and errors.
124	Increase in technicians and cashiers hours all throughout the day. Not just mornings, but evenings as well
125	Increase in the pharmacist staffed. there should be an opening, mid, and closing pharmacist every day except the weekends to ensure adequate overlap to help ensure more patient safety and better clinical conversations between patient and pharmacist.
126	Increase internet speed computer systems/programs, better organization for medication pick up
127	Increase number of pharmacists staffed, allow for budget to do so, bonuses or salary raises that are greater than the cost of living percentage
128	Increase number of pharmacy technicians
129	Increase number of technicians, proper training of technicians before engaging in working in the pharmacy, move some of the non prescription dispensing activities to call centers.
130	Increase of immunizing pharmacy technicians.
131	Increase pharmacy technician and add a midshift pharmacist. The other day we did over 800 prescriptions with four technicians and two pharmacist with no overlapping schedule. In addition, we are required to do patient calls for mtms, adherence calls, de
132	Increase pharmacist staffing or overlapping shifts.
133	Increase Pharmacist staffing. CVS Walgreens Walmart need to be accountable
134	Increase staff
135	Increase tech help. solve the problem of patients using good rx because their prices dont match pharmacy prices. It disrupts flow and increases chances of mistakes
136	Increase tech ratio. This will support rph in being able to reduce distractions, provide best patient care and practice at the top of your license while still providing essential services for the community.
137	Increase technician and pharmacist hours so that no one has to overwork and get burnt out.

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138	INCREASE TECHNICIAN HOURS, PAY THEM A FAIR WAGE, AND STOP INTENTIONALLY AND REGULARLY USING SALARIED PHARMACISTS TO WORK OVER BASE HOURS TO KEEP YOUR PROFITS HIGH.
139	Increase the number of techs who vaccinate. Pay techs more for vaccinating.
140	Increase work hours allocated to the week. Pharmacist, PT and PTT increased. You can have all the PT's in the country, but if you are short on staffing hours you're allowed, makes no difference.
141	Increased amount of technician help, Immunization clinics without designated immunizer should not be allowed
142	Increased pharmacist hours would help to alleviate the interruptions for the dispensing pharmacist.
143	Increased staff across the board to manage point of care services and prescription work load. Technician pay increased to increase retention and quality of work.
144	Increased staffing and directing non-dispensing and non-patient responsibilities away from pharmacists to improve patient safety. Suggest scheduling more shifts or more staff to focus on non-dispensing and non-patient responsibilities.
145	Increased staffing is a must. At the retail pharmacy we need time to call doctors to address interactions and the opioid epidemic. Instead we are making call after call to patients who have already expressed they don't want to be called for pharmacy programs such as MTM or Save a Trip refill. Metrics such as verified by promise time is insane. Time and time again I find myself taking short cuts in order to get the prescriptions done in time rather than prioritizing doing it safely.
146	Increasing pharmacist staffing would reduce interruption during verifying process that would promote patient safety.
147	Increasing ratio of technicians to pharmacists. Decreasing the non dispensing tasks that the dispensing pharmacist should do during the shift
148	Increasing Technician help to schedule every service offered at the pharmacy and manage waiting times accordingly. That will free the pharmacist to focus in patient care.
149	Increasing the pharmacy technicians allowed to work. Currently have 1 technician (maybe 2 if there's one overlap day) and they want us to cut an hour from each of them so the pharmacist is alone for an hour. I'm currently typing RX, verifying, filling co
150	Increasing the tech to rph ratio would be extremely helpful in assisting with removing tasks that technicians can do from the rphs
151	Interruptions by customers wanting to know the location of a product or to check out.
152	Interruptions coupled with excessive workload with added services required to be provided by pharmacists along with supervising technicians who are providing pt. care has dramatically increased the risk for medication errors. Chains insist they have SOPs and technology in place to alleviate the strain of the workload and ensure pt. safety however, they and the Board are well aware that IF these SOPs are followed, there are not enough hours in the day to dispense meds within the time they want with the pharmacist staffing provided. The management pressures the staff into complying with the imposed metrics (which increase year over year with a corresponding need to 'cut hours') with various penalties for non-compliance. Yet they will not hesitate to implicate the pharmacist before a Board hearing as being at fault and 'If they'd only followed our SOPs this wouldn't have happened'. This is true of ALL chains. With that said, pharmacist staffing must be addressed long before any contemplation of increasing the tech/pharmacist ratio as pharmacists are the rate limiting step in this process.
153	It would be great if we had pharmacies with a front of the house and back of the house design. The front of the house could handle interruptions, counseling and questions. The back of the house would just concentrate on verification, dispensing, etc
154	larger pharmacy with today's needs in mind
155	Less emphasis on non-dispensing responsibilities and increase emphasis on dispensing, counseling, and patient care with relation to medication accuracy, ADRs, safety and efficacy. (Which also happens to be what we went to school for).
156	Less focus on metrics
157	Less focus on vaccinations and other ancillary services. They make all the money now since the PBMs take all our profit, but it still doesn't make it right that we need to do them on top of actual pharmacy work. My primary concern is filling prescription
158	Less interruptions and with enough time to finish my IV infusions before I go back to benching
159	Less interruptions while processing prescriptions, less non- dispensing duties (manager likes to delegate her responsibilities to us without taking us out of the work flow to complete them, or not coming forward to take care an angry or difficult patient
160	Less interruptions with vaccines, fixing drug shortages, more staff to answer phone calls or having a call center. Well trained pharmacists, consistent scheduling to lessen burnout.
161	Less interruptions, better technology to help on prescription errors and more staff.
162	Less interruptions. Pharmacists are responsible for everything going on in and around the pharmacy area and keeping an eye out so people don't jump the counter or cut in line or pick fights with other people in line while working on filling prescriptions
163	Less restrictions on payroll.

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164	Lessen non prescription filling activities
165	Locked cases getting constant interruption by public about open locked cases
166	Longer lunch break. We usually work 11 hours a day with only 30 minutes lunch. Sometimes patients do show up 1 minute before lunchtime to pick up their medications. In that case we only have 25 minutes left to eat our lunch. That's not enough time.
167	Lunch breaks. Albertsons pharmacy refuses to allow me a lunch break on a 12 hour shift.
168	Mainly just enough staffing and extra pharmacist. Counseling requires time and with just 1 pharmacist, it's hard to not fall back on time.
169	Mainly to have adequate staffing. I believe if a pharmacy is filling over 300 RX's a day it should be mandatory to have to staff another RPH for at least an 8 hour shift.
170	Mandatory brakes for pharmacists . Additional manpower just to answer the phone calls .
171	Mandatory staffing requirements for cashiers in a retail setting and separation of non-dispensing activities from dispensing activities (additional pharmacist staffing specifically for the purpose of completing non-dispensing activities)
172	Metric pushing despite false claims that they are not monitored and stymieing promotion of œextra services to gain more profits and volume of patients that burdens safety due to numbers and workload
173	Metrics
174	Metrics are oppressive and staffing is too low
175	Metrics out of your control should be eliminated because prhs are evaluated on performance ot goal instead of focusing on safe prescription dispensing by continuous measurement for : 1) increased vaccines goals despite vaccine hesitancy after covid 2) increase in number of new patients to the pharmacy 3)number of patients that become rx filling patients that you converted after receiving immunization 4) MTM ratings determined by lost points from patients who do no answer the phone (avoiding spam calls), from patients that refuse to agree to a complete medication review and discuss their private medications from a pharmacist/pharmacy they have never used (cold calls), from not wanting to fill 90 days for adherence under insurance when they cannot afford or when the pharmacy's cash discount offers 30 days for free, from prescribers or patients who decline to add/change prescriptions based on disease state even despite having tried and failed therapy in the past . All of these metrics are used to evaluate performance and raise and are required to be completed within hours allotted to pharmacy in addition to administering vaccines and filling prescriptions
176	More bodies to take care of phones and patients picking up. The techs who fill and the pharmacists who verify should be the ones uninterrupted to focus on their tasks. Getting rid of metrics and timing how long it takes to complete a prescription order would also reduce stress levels and allow more focus on completing the order correctly.
177	More help
178	More help needed
179	More help, from pharmacists and techs. The high stress and low pay is not enough to convince anyone to work retail, and the best way to lower the stress is to have more employees. There should be mandated breaks for pharmacists (there is no period of time I can sit and eat a snack without a counsel or phone call needing me, my company does not let us close for lunch because we have one hour of shift overlap which could be avoided by increasing pharmacist hours) Even the locations that close for lunch do not have a break for the closing shift pharmacist that is still working 8 hours. My managing pharmacist and I are both stressed by the end of our shift and a small break could greatly reduce that and improve attentiveness.
180	More help,dedicated cashier,no metrics
181	More pharmacist help
182	More pharmacist overlap and more technicians
183	More pharmacist overlap, fewer interruptions, breaks, better training
184	More pharmacist overlap, less focus on metrics
185	More pharmacists
186	More pharmacists and pharmacy tech help, eliminate metrics.
187	More pharmacists and technicians
188	More pharmacists on duty to fulfill vital patient consultation function. All pharmacies must have a bilingual staffer on duty during all open hours.
189	More pharmacists to overlook technicians and interns. Better systems that help RPH with verification.
190	More RPH overlap
191	More staff, less focus on numbers more focus on patients
192	More staffing . And if we can actually take our break decency without worrying that we are behind and need to finish our food in a hurry to go back to work
193	More staffing both pharmacists and technicians
194	More staffing. Less daily non- dispensing responsibilities.



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195	More tech hours is a must! Or at least a minimum of 1 technician at all time while the pharmacy is open. On most days, in the middle of flu season, we are open for 10 hours and there's only 4 hours with a tech. The other 6 hrs, pharmacist is working alone due to tech hours cut by corporate.
196	More technicians so pharmacists can focus on pre-verifying and verifying prescriptions. The expectation that pharmacists should also be doing technician duties such as filling, insurance issues, and checking out patients at the register while also be able to do vaccines and MTM on top of our regular duties.
197	More techs
198	More techs trained to vaccinate. Offer monetary incentives for training
199	More than 1 pharmacist for at least most of the day because so many tasks are pharmacist only and it is exhausting when all those go to solely you and lead to massive amounts of interruptions or frustrations without the ability to stop for a minute.
200	More than 1 pharmacist should be on duty when the prescription volume is higher than 400.
201	More than 1 pharmacist. Depending upon the diagram of the pharmacy, such as drive thru, counseling rooms, robotics etc, increase pharmacist overlap.
202	More training for technicians
203	My biggest concern currently is the volume of vaccinations we are performing. This is not year round but has greatly affected my practice from Sept to Dec. I highly recommend/encourage vaccinations but it is not feasible to do 60-100 vaccinations in one day, verify an average of 400 prescriptions, and all the other activities that are needed in a pharmacy when you are the ONLY pharmacist and immunizer. The proposed solution has been to allow technicians to immunize, which I am grateful for to an extent but it does not solve the problem as much as my employer would like to believe. Many of my technicians do not feel comfortable immunizing. They chose their professions for a reason and many of them did not expect to need to perform this task. My opinion is if my technician that day feels comfortable helping me, that is great but I will not pressure someone to do something they are not comfortable with. It is not good for the patient or my technician. For an example, if my technician is not comfortable giving a 5 year old a flu shot, it will result in me spending the next 10-15 min trying to calm the child down. This takes up a lot of time away from dispensing drugs and it all adds up. I wish we had another pharmacist/nurse that would purely do immunizations Sept to Dec.
204	My concern is Performance "metrics" and an insult to the profession. It creates the sense that one must work faster to move on to the next prescription to meet "expectations" from corporate. We have 15 seconds to perform data entry correctness (pt name, DOB, prescriber, Drug name and strength, Directions, qty, day supply and 5 seconds for clinical review which includes history review, drug directions and interactions. Considering some patients have 20+ medications one can consider that an absurd metric!
205	My current workplace, I am very happy with. My prior pharmacy, which was much busier, always felt like we needed more staffing to safely meet patient needs. I was not the PIC at my prior pharmacy and had no control over changing the situation.
206	N
207	N/A
208	Na
209	Need better pharmacist pay and technician pay due to inflation. Better staffing for hours and pay for overtime for pharmacy teams. Cut back on excess ready-fill prescriptions and eliminate more with corporate metric demands. Advocate for more supportive services and provide more technician support if there is a call-out. Provide better pharmacy training for new hires.
210	Need cashiers
211	Need extra tech Or even train clerks to handle constant line at the Reg or answer non stop phone
212	Need more technicians
213	Need to have more than 1 Rph on duty for a good portion of the day to meet duty to counsel requirements.
214	Need to schedule more technician to Help pharmacist to fulfill duty
215	None
216	NOT APPLICABLE; SMALL VOLUME PHARMACY
217	Not enough staff during flu season
218	Not having to do vaccines appointment every 10 minutes and also employer asking to add more vaccines or take walk in patients for immunizations
219	not interrupted per phone call
220	Number of days a pharmacist can work in a row before having a day off..
221	Of course we would all benefit from more staffing, whether it be technicians or pharmacists. The pharmacoeconomics of retail pharmacy simply does not allow for the staffing levels that are needed to provide QUALITY patient care which will expand our prac
222	Of course, we need to have enough staffs for a busy store with high volume >300+

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223	On my opinion adding more Rphs and technicians would be beneficial. One Rph can't verify, fill, counsel, answer phone, doing immunization, calling patients if they have questions, doing exception counts and other added responsibilities all in just one s
224	On site test and treat services. We do not have appropriate pharmacist staffing available to do that and safely fill prescriptions for patients. We either need more staff or to do less non dispensing activities.
225	Only do prescriptions, eliminate vaccines and MTM to another location.
226	Our volume is increasing and our management is requiring that tech hours be cut. They are using a 15 year old of better labor grid which does not account for all the tasks we are required to do. Also if a tech calls out they office does not find us help. we are expected to work the pharmacy with one RPh and one tech which is completely UNSAFE and the patients cannot be taken care of in my eyes. Plus we have a great deal of failures of the computer system that burn our time. Some can even create errors that we have to address. I constantly ask for fixes but nothing ever gets done.
227	Overlapping hours for pharmacists to have adequate help from other pharmacists. More techs can help but at the end of the day they cannot verify prescriptions and they can make mistakes but not liable for them since pharmacists are still their supervisors. To promote patient safety we have to have pharmacists working and enough coverage for consultations, drug therapy checks, immunizations, calling doctor offices for changes, etc.
228	Periodic breaks for pharmacists where we can sit down and clear our minds. Uninterrupted meal breaks would be nice. More support for answering phone calls would be nice.
229	Pharmacist is too accessible leading to many interruptions
230	Pharmacist overlap
231	Pharmacist should be paid from the point of entry to the pharmacy to exit, including extra hours worked to create a smooth workflow. More pharmacist should be allocated based on rx processed per pharmacy. There is no incentive to work at a pharmacy that processes 600+ or 1000+ per day vs one that has 200 rx per day. Companies need to increase tech pay for better retention and quality candidates.
232	Pharmacist should have a place to work uninterrupted by the public. At my employment this is a constant problem. Non pharmacy questions interrupting my work. People asking where is the peanut butter, etc. The technician can obtain my attention when needed for counseling or a problem. (Not shoppers)
233	Pharmacist should never be in the pharmacy alone. For pharmacist safety and ensuring that there will not be an error bec the pharmacist will have to type the rx, fill the rx and verify everything. The pharmacist working on prescriptions received that day
234	Pharmacist should not be doing point of care testing on top of dispensing responsibility
235	Pharmacist should not have to work alone during operating hours
236	Pharmacist staffing - we regularly have only 1 pharmacist on duty per full day while filling 300+ (commonly close to 400 or more) prescriptions a day on top of non-prescription tasks while trying to man more stations than we have bodies for (ie. drop off, filling, pick up, drive-thru, and pharmacist queues, someone out giving immunizations, etc). Our own metric system for scheduling will suggest 4-5 techs a day with that single pharmacist, which is illegal per the current pharmacist:tech ratio laws. I think the Board should set a law for at what point is when pharmacist overlap is required (ie. certain number of rx's per day, certain number of immunizations in a week, etc) as well as potentially increase pharmacist:tech ration to 1:4.
237	Pharmacist to technician and technician in training ratio is often exceeded therefore more difficult to oversee all dispensing transactions. An additional pharmacist during a staff pharmacist's 12 hour shift will greatly improve workflow and patient care
238	Pharmacist to technician ratio should be reduced to 1:2, and employers should be prohibited from hiring cashiers. Employers should be required to hire 1 pharmacist for every 2 technicians on shift instead of sending more cashiers to help with workload. Supervising too many technicians and cashiers can cause more interruptions for pharmacists especially if not adequately trained, and there are too many tasks that only a pharmacist can complete. More technicians are needed in order to handle current workload however it is not helpful without more pharmacists.
239	Pharmacists are overly accessible. Instead of being seen as a resource for medical advice, we are now seen as the store directory and are interrupted constantly by questions regarding product location, complaints about OTC lockups or stock issues, and we can barely process a single prescription without an interruption. Certain chains are even cutting down on non-pharmacy staff with the expectation that pharmacy pick up the slack.
240	Pharmacists shouldnt be working over 8 hours per day. Due to fatigue more medication errors occur. Pharmacies like Costco, CVS and Walgreens have made it a common practice to require pharmacists to work mandatory 45 + hours every week. That is mininum 9 hours a day
241	Pharmacy has become too metric centered and companies apply pressure by constantly sending reminders of targets. The amount of non dispensing activities are increasing all the time without any addition of time to compete tasks. With the introduction of t

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242	Pharmacy tech help and ratio increase. Of course adding a pharmacist would help but I don't think it's realistic that companies could pay. Having any extra help is crucial. Non dispensing tasks need to be deferred to a specific tech/pharmacist. We have n
243	Pharmacy technicians are not compensated for providing vaccinations and putting themselves at risk for needle sticks and significant errors voluntarily without more pay. Technicians need to be compensated for the job they do so turnover is reduced. Turnover directly impacts patient care and more time must be spent to train new technicians, which also affects patients loyalty. More issues can arise if patients do not trust staff and use multiple pharmacies
244	Phone call center
245	Phone calls asking for pharmacist advice should be charged with a fee.
246	Phone calls should be handled by a different team.
247	Please Increase number of technicians and clerks. Please make it a legal requirement for the employer to follow minimum number of techs to at least 2 technicians/clerks per day. There were times we pharmacist working alone or with only 1 tech per day. That was very challenging to ensure patient safety when we had to rush to help everyone.
248	Please remove non medication services from pharmacy and let pharmacist only focus on patient medication and safety
249	Please require pharmacies staff 2 pharmacists per shift.
250	Post fill audit to do one final check on high risk prescriptions before leaving the pharmacy
251	Prevent a pharmacist from working without a technician and having to receive, transcribe, review, fill, review and dispense prescriptions by themselves.
252	Provide adequate staffing. Smith's needs to increase pay and benefits for technicians to attract more competent applicants. This pharmacy has been working extremely short-handed for over 3 years. Safety of patients is extremely compromised. Although management says patient safety is the most important, the metrics imposed and pharmacist/ tech hours earned based on metrics show otherwise.
253	Provide enough staffing
254	put more emphasis on doing things correctly the first time an individual works on a prescription
255	Realistic expectations for staffs and Rph's to adhere to: our job can not reflect base on numbers the board should put both the pharmacy staffs health and patient health at their priorities by protecting the healthcare sector equally! Given the pharmacy
256	Recruit and hire more Pharmacists. So , increase the salary and benefits of Pharmacists, which will help in the long run to decrease the turnover rate.
257	Reduce the amount of immunization appointments. Allow us to have at least 1 hour after opening and 2 hours before closing with no appointments to catch up on work or clean up the pharmacy. Reduce the amount of appointments to 1 person per appointment tim
258	Reduce the call volume to pharmacy so staff can concentrate on more urgent or critical tasks.
259	Removal of metrics, more technician help, adequate training
260	Remove corporate metrics
261	Remove metrics especially vaccination requirements. I would love to promote vaccinations without the pressure of a required number.
262	Remove metrics or have extra staff that can complete the needed metrics or items not pertaining to a patient care
263	Remove performance metrics. At least 2 pharmacists each day for locations that fill more than 200 scripts a day
264	removing metrics and increasing pharmacist staffing
265	Removing practice metrics. This is EXTREMELY important with respect to "non-dispensing services" there should NEVER be time limits/quantity requirements on these direct patient care activities. This only leads directly to patient harm.
266	Removing the metric to answers phone calls in under 60 secs. We have 9 separate phone lines and they ring all the time.
267	Removing value of metrics. Patient safety is more essential than profit.
268	Required that employer provide more pharmacist if they are adding more none dispensing tasks such as immunization, point of care testing, doing diagnostic and prescribing
269	Review number and intensity of government regulations involved in each and every prescription
270	Scheduling overlap and days off
271	Separate area and staff for typing and billing insurance
272	Separate non-dispensing activities from processing prescriptions. Adding more pharmacists would make a huge difference. One could handle prescriptions and the other could handle MTM, vaccines and patient consults and questions. Every hour the pharmacy is open should have a minimum of 2 pharmacists on duty with additional pharmacists added for increasing volume. For example 1 RPH for every 200 Rxs.
273	Set hours to just do non dispensing tasks ...separate from a day of dispensing
274	Sit down station for pharmacists to reduce fatigue
275	Staff Training for new technicians - standardized requirement for training hours Rph overlap with high volume stores to help with counseling and imz



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276	Staffing
277	staffing for pharmacists, techs, cashiers
278	Staffing issues. People don't want to work, they know it's going to be a rough shift because of missing coworkers.
279	Staffing of both rph and techs have been anemic for years. Increase staff & find a way to keep good staff.
280	Staffing to meet patient needs. Most of the time you have multiple areas to assist with only a small number of staff.
281	Staffing, Workload,
282	Staffing, backlog of work, additional responsibilities. We have to stop the mindset of doing more with less. Yes, we have robots and tools to simplify and automate processes but they still need staff intervention to maintain and calibrate.
283	Stop all the Covid shots and all of the testing for Covid. Too many shots. PBMs stole all of the money so now pharmacies have no choice but to do all of this nonsense MTMs, infectious disease testing, vaccinations, just to stay in business. The actual work that we need to be doing (filling prescriptions) is falling by the wayside and patients are suffering as a result.
284	Stop basing performance reviews based off of metrics like verify by promised time, number of vaccinations, number of prescriptions sold, MTM engagement etc. the main focus should be of patient safety and engagement. When the company and higher ups are al
285	Supportive personnel metrics are not equal based on Rx volume. While I believe the company I work for is the best out there and is committed to pt safety and care for their associates, pt satisfaction will always be tied to getting their medications in a timely manor. Other stores which do less volume are allotted more supportive personnel hours. Having more cashiers and techs would improve outcomes.
286	Take away the metrics that leads to unrealistic expectations from the pharmacists. The staffing model that the company is implementing is unrealistic . Pharmacy staff should be treated like a human being not like a filling / dispensing machine. We need to
287	Tech hours. It is extremely unsafe to have a pharmacist work solely by themselves.
288	Technician help is a must at my workplace setting
289	The amount of Rx's that are expected to be filled before days end is excessive. There is constant pressure to meet our metrics that focus on Rx's filled, vaccinations, PCCs (so pointless), and patient surveys where the must indicate they would come back t
290	The amount of staffing they provide. Increasing staff would help with the high workload that is given and expected from us.
291	The biggest issue with retail pharmacies in Nevada is staffing issues and unrealistic expectations from corporate.
292	The emphasis on achieving increases on immunizations, travel medications, hormonal contraceptives and OTC sales growth often comes at the expense of dispensing prescriptions. From August to November, my pharmacy becomes an immunization clinic and completing the 3000+ prescriptions weekly in a timely manner becomes extremely challenging. The attitude that my staff and I "have to find a way to do it all" is becoming common place. I have been in pharmacy for over 30 years, am exceptional at finding ways to expand our practice and meet the needs of our community SAFELY AND EFFICIENTLY. I have been a top immunizer for the company. I have been at the top of the leaderboard for many corporate focuses. The current work environment and expectations tied to corporate goals has put me in a position to decide which goal to achieve: their numbers or patient's prescriptions completed in a timely and accurate manner while supporting my staff in efforts to prevent burn out. This year, with absurd goals, I chose my staff's well being. I was harassed for not being competitive, accused of not caring about my job, and threatened with disciplinary action.
293	The expectation of metrics, volume of prescriptions, control paperwork, vaccinations, and giving great service and being a great clinician is unreasonable. I think the first thing to go is outlawing metrics. Second is hiring more pharmacists. Third is changing the expectations of patients that pharmacists are pharmacy machines.
294	The expectations set by my current employer have raised significant red flags, particularly regarding the review of prescription data and drug utilization reviews. As a remote pharmacist, I find myself pressured to review prescription data within an average of 18 seconds per prescription and conduct drug utilization reviews within an average of 7 seconds per prescription. These metrics are not just impractical but pose a serious risk to patient safety. In the course of my daily responsibilities, I come across numerous errors made by technicians and pharmacists that, in my opinion, could be avoided if we were granted more reasonable time to thoroughly review prescriptions and patient profiles. The current metrics create an environment that prioritizes speed over accuracy, a perilous approach in the field of pharmacy. Moreover, the time restraints contribute significantly to a stressful environment, making it mentally draining to constantly operate under such high-pressure conditions. Patient well-being is our top priority, and the strain to adhere to such stringent timeframes not only jeopardizes our ability to ensure the safe dispensing of medications but also takes a toll on our mental well-being.

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295	The high amount of various tasks required to be completed daily. There is only one pharmacist who has to review (both data entry and product verification) scripts, take verbal scripts over the phone, sign off of new scripts going out at the register, provide patient consultation, performing MTM and new therapy follow-up patient calls, check-in controlled medication orders, verify vaccines (if not giving them), while also backing up the technicians on all their roles (data entry, production, answering phones, running the register) and any managing duties (PIC). Multitasking is required to work in this environment, but it's multitasking that leads to medication errors. That's a lot of things for one person to be expected to do normally, without patient safety involved. A second rph on duty would be the first thing to help with all of these tasks. It's hard to keep up with all of it normally, but especially when you're constantly falling behind. A call center to screen for calls that actually require pharmacy assistance/a call center to perform the numerous outgoing calls we are required to perform. Onsite testing and vaccines are fine, if there is a dedicated person to do them. Having the technicians be able to give vaccines is nice, but they are usually already busy doing their normal technician duties to really be able to help.
296	The number of pharmacists working at a site should never be 1. There should be at least 2 pharmacist, particularly during busy hours.
297	The pharmacist is the neck of the bottle for all tasks, overseeing technicians, counselling, verifying, immunizations, which leads to constant interruptions and multitasking. There is no time to do it all. Have to do this all while being monitored on everything from wait times, verified by promised, immunization goals, calling patients for PCQ/adherence calls in order to make goals and keep your job. Have to work through lunch to get caught up as the prescriptions are still coming in. and stay late and come in early so don't fall further behind. Technicians can help but are barely educated and trained. Therefore turnover is high. Get constant pressure from above, as more tasks are added no additional pharmacists are given. No overlap in order to get tasks done. Pharmacists should not be allowed work "off the clock" most pharmacists have to come in early (as prescriptions are DUE as early as 15 minutes after opening) and stay late as if they have carry over prescriptions can lead to discipline. this leads to dangerously long shifts. But since most pharmacists/managers are "salaried" it is allowed/expected.
298	The pharmacist verifying accuracy and f the scrips being entered and filled does not do any of the other requirements for patient care calls and or mtm
299	The pharmacy reduced the staff pharmacist hours from 40 to 32 and the pharmacy manager from 40 to 36 hours per week with same volume of prescriptions as before. We never get caught up.. running all day. Pharmacists should only do a certain number of prescriptions per hour. Air traffic controllers, doctors have a limit of workload..otherwise mistakes get made. The pharmacy chain corporations are still ending up with high profits after expenses are paid. Allowing more hours to do my job tasks would promote patient education and safety. The large pharmacy retail chains have made it a stressful environment. Money is the bottom line. Pharmacy career has become a big disappointment compared to 20 years ago. Thank you to the board for listening.
300	The pharmacy should have increased # of pharmacist and technician, with a dedicated phone service
301	The volume and pressure to fill 400 to 500 scripts in 1 day by 1 pharmacist.
302	The workload is so intense. Many technicians do not last because the workload is so intense and it's just not worth the money. Meanwhile the one pharmacist on duty is pulled in 6-12 different directions at any one time. Yesterday I had 6 phone calls all
303	There are too many interruptions when reviewing a patient's profile and new orders coming into the pharmacy. Sometimes I have to come back to the same prescription 3 or 4 times when doing data review (double checking what the technician entered with regards to correct patient, drug, strength, dose, directions and physician) More pharmacist hours would allow one RPh to focus on the data review while the other pharmacist could focus w/ speaking to patients and physicians.
304	There is not enough time to finish everything expected of us. A higher tech ratio or requiring a minimum amount of technicians on duty at any given time depending on script count or other factors.
305	There should be another pharmacist in between a 12.5 hour shift of the main pharmacist to help out with the workload (dispensing, vaccinations, MTM calls, verification)
306	There should be designated person for phone calls and mtm, vaccines. Techs and rph must be sufficiently trained
307	There should not be days where pharmacist is left alone for whole day without any technician help
308	They keep adding tasks only a pharmacist can do, but don't provide extra pharmacist coverage. Requiring two pharmacists at all times should help with this. One can focus on dispensing tasks and another one on counseling and non-dispensing tasks.
309	This surgery is exclusively for Walgreens. I worked as both a floater and a pharmacy manager. We do not have sufficient overlap. Many of us go without bathroom breaks, lunches, and 15 minute breaks because the company wants to save money on pharmacists.
310	Too much work load for 8 shifts for 1 Pharmacist ( PIC/Staff duty) Need 3 technicians help OR 2 technicians +1 clerk
311	Understaff issues at chain retail are due to unfair compensation for techs. Their pay rate is so low compare to other industries but was expected to have many responsibilities. Even a fast food restaurant pay their cashier better than a tech that has 3 y



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312	Understaffed of pharmacists and technicians, the ridiculous metrics and number of questions at the cash register.
313	Understaffing needs to be addressed. [REDACTED] pharmacy supervisor for NV, needs to be replaced with someone who will be honest with pharmacists, someone more concerned with hiring pharmacists instead of forcing them into pic positions they don't want, and someone who assists in getting open shifts covered. Technician training programs need to be implemented and pay increased to encourage techs to stay through all the stress of pharmacy. It would be extremely helpful to have more than 1 pharmacist at an open pharmacy so that one may focus on dispensing functions and the other on vaccines/other tasks.
314	Unreasonable metrics/workload. Retaliation. Hostile management / work environment. Erratic schedules lacking work life balance.
315	Until non-dispensing interruptions and non-patient interruptions are eliminated or decreased, NOTHING will change or improve
316	Updated equipment (scanners, computers, filling machines)
317	Utilizing a software system that is completely integrated and not a cobbed array if modules that one must exit and access another portion, obtain an answer, write it down and re-enter is the original field. Simplify.
318	We are not provided with enough consistent technician hours to maintain a proper staff, so technician increase. Removing metrics. Removal of mandatory daily call lists
319	We have a space issue in our pharmacy. Too many bodies filling too many prescriptions combined with an inefficient work flow is cause for errors. Medications are stored in wrong places, too many hands are touching the medications, baskets are falling all over the place, not enough shelving for required documents. Our volume is too high and there's no room to add more technicians, pharmacists, or cashiers.
320	We need breaks, more staffing. Constantly being on øgo go go is mentally, emotionally, and physically exhausting.
321	We need mid shift Pharmacists because 1 pharmacist can't handle 3 cashier, 3 tech, plus phone call from patients with questions concerning their prescriptions.
322	We need more hours provided by the retail pharmacies to staff a pharmacy appropriately. It is unreasonable to have 1 pharmacist 1 technician to hold down a pharmacy doing 200-300+ scripts a day plus vaccinations and all other side tasks including regulatory, and inventory. Retail pharmacy companies need to supply the workforce to have a full functioning pharmacy that meets patient safety needs
323	We need more staffs like pharmacist to help with verify prescriptions and medication, also more technicians to help answer phone calls, ring up customers and help with vaccinations.
324	We need more technician hours and more pharmacist overlap to safely fill all prescriptions for the day. We should be able to schedule as many technicians as it's necessary to fully staff the pharmacy and perform our duties safely. Non-dispensing duties s
325	We need to have our allotted number of pharmacists daily. Most of the time our mid shift pharmacist gets pulled to another pharmacy due to staffing shortages. We also need permanent pharmacists staffing our location. We should have 5.4 pharmacists on staff but we only have 2.
326	Wearing of masks if coughing
327	Well Staffed at all times
328	when i was a pharmacy manager, i voiced my opinion on pharmacy workload was too heavy on annual pharmacy board inspection.
329	While I believe immunization and medication management are essential to patient care, retail pharmacy should not be the primary point of service. Interruptions and increased non-dispensing workload lead to dispensing errors. The level of patient attention is also diminished for non-dispensing tasks because there is not adequate time to spend. Increasing the number of pharmacists on duty when dispensing and non-dispensing tasks are to be performed would greatly decrease medication errors and increase patient care. Allowing Nevada pharmacists to work from home or not within the confines of a retail pharmacy to perform some duties may help reduce workloads.
330	With only one staff pharmacist on duty during a shift during which 400 prescriptions are filled, the expectations are: Clinical Services are discussed and offered to patients; Controlled Substance Stewardship, including detailed reports and contacts with Drs and Pts are documented; Immunizations are given, and we are pressed to do more; the new Test To Treat is being rolled out so that we now perform testing for Flu, Covid and Strep as well and write the prescription for needed medication and dispensing it. This in addition to standard procedures such as verifying Rx's and making sure medications are dispensed accurately.
331	Worked at cvs for a couple years and got burnt out quickly. They don't support pharmacist or technicians. Days at cvs 8819 would at times have one pharmacist fill at least 500-750, some days with one pharmacist and other days overlap for 4 hours. Still s
332	Workload
333	Workload metrics are dangerous, staffing hours need to be increased and [REDACTED] needs to put people before profits.
334	No response.

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1	<b>Question 55: What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?</b>
2	<b>Question 3: Which of the following most closely describes your primary practice setting?</b>
3	<b>a. Institutional/Hospital Pharmacy</b>
4	<b>Responses</b>
5	Adequate breaks for retail folks
6	BETTER ACCESS TO PT EHRS
7	Better communication and training
8	Better communication between management and staff and firm standards that are clear and concise implemented.
9	BETTER EMAR. INCREASED STAFFING. PHARMACIST:PATIENT RATIO REDUCTION (CURRENTLY 1:200+)
10	Better software and computers
11	Better staffing of pharmacists. Less corporate metrics that are not aligned with patient safety, and instead aligned with profitability.
12	Bigger space, consolidating workload on each individual pharmacist, more uninterrupted workflow (the phones!), more staff for the amount of work we do
13	Break time
14	Competant Director who understands the workload and role of staff Rph with experience
15	Compliance with state and federal laws
16	Continue to focus on the work in front of you. Standardizing processes.
17	Decrease patient to pharmacist ratio; have clinical specialists being able to focus on their specialty
18	Decrease phone calls. Have a way to screen non pharmacist questions to technicians
19	Direct involvement of pharmacists in doing medication reconciliation. Provide the necessary hours to perform this function
20	Enough staff to do the work without being constantly rushed.
21	Equally distributing workload, amongst unit base pharmacists
22	Hard to say...the hospital is always trying to reduce safety issues, whether it's pharmacist or technician based concerns (ie, spreading out workload if a job becomes to big for one position, increasing staffing, improving new employee training, etc)
23	Having enough Pharmacists and technicians working. The staffing for the day in the hospital is based off of census. The census for the day is based off of patients admitted by midnight. It does not include the patients that come to the ER(emergency room) and the surgery patients. However, most of the stat medications are from these patients. The staffing should not only be based on census but also on how sick the patients are and requiring stat medications.
24	Having left [REDACTED] pharmacy at peak of COVID vaccine and testing administration it was difficult to verify prescriptions and maintain safety as the sole vaccinator. Oftentimes I would come into work an hour before my shift was set to begin in order to catch up from the numerous backlog that was left for me the day before. [REDACTED] notoriously will have one pharmacist work a 12-13 hour shift and expect them to verify 300+ prescriptions while vaccinating, consulting, and clarifying confusing prescriptions from providers. Oftentimes I would work through my lunch and find myself feeling incredibly anxious that I could not provide the level of care or customer service that I wanted to. Having additional pharmacist to complete tasks would have greatly increased work satisfaction and promote patient safety.
25	having managers who actually listen, build quality INTO each process
26	Hiring a cashier/clerk to do the check in and out
27	Hospital corporations should not rely on only the number of patients (æcensus) as the defining factor of how many pharmacist and technicians to staff but they should also account for severity of illness and number of prescription orders requiring veri
28	I think there should be a standard for operating systems. For example, our system is antiquated, it types different directions on the label vs the recording/ checking portion. There should be stricter and more regulated requirements for these systems
29	Improve ease of communications with the Licensed Medical Professional
	In my previous experience within retail pharmacy, I encountered a multitude of challenges that significantly impacted workplace safety and ethics. The insufficient number of pharmacists and the excessive workload created an environment that compromised safety standards. This situation has led to a collective effort in various states to establish unions, reflecting the growing concern within the industry. One major concern that requires urgent attention is the conflict of interest within the Nevada Board of Pharmacy (NBOP). Members of this board simultaneously serve as representatives for large retail chains while also operating within the Board of Pharmacy. This dual role presents an evident conflict, potentially undermining the impartiality of decisions made. Retail chains are pursuing strategies that prioritize cost-cutting measures over employee welfare and patient safety. There's a concerning trend of advocating for reduced pharmacist wages, increased workloads, and the downsizing of experienced technicians in favor of hiring and training less experienced staff. Regrettably, many initiatives proposed by the Board of Pharmacy seem to align more with maximizing corporate profits rather than prioritizing safer work environments for employees or ensuring optimal patient care

	A
30	Increase in pay for technicians so we can focus on quality and retaining employees instead of constantly training and losing staff to higher paying jobs.
31	Increase in staffing. Overnight I am the only pharmacist responsible for all admitted adult patients of a hospital with nearly 800 beds. Some days I do not have the ability to take a lunch break. On top of verifying all orders, I also must check IVs, cover the pediatric and ED pharmacists lunch breaks, and answer telephones. A technician dedicated to the phone, like the day and swing shift have, has been requested and denied repeatedly. Even just that one technician would alleviate my tasks and help me focus on patient safety. Requests for any extra staffing is repeatedly denied due to budget and currently we are required to flex and attempt to work short staffed during what is typically the busiest time of year.
32	Increase number of pharmacists and remove nursing management over pharmacists
33	Increase number of pharmacists and technicians. Eliminate entirely metric system in Retail Pharmacy. In the retail setting, one pharmacist should not fill more than 200 Rx a day
34	Increase staffing
35	Increase the number of staff.
36	Increased local pipeline of qualified pharmacists
37	Increased staffing based on a set minimum staffing grid. Productivity based on census does not appropriately reflect patient acuity or amount of orders being processed daily.
38	Increased staffing, possibly a requirement for a certain number of pharmacists per inpatient per day
39	It's not that we do not have enough employees most of the time. It's that work related duties aren't aligned the best to get the work done that needs to get done in an unfrustrating manner.
40	Lack of pharmacy staffing for both pharmacists and technicians should be seriously addressed.
41	Lack of staffing and additional budget for additional pharmacists.
42	Learning environment , better staffed pharmacists and technicians
43	Making sure there is enough staffing and pharmacists and technicians with the specialized knowledge areas. For example, we need a tech who is Med Rec trained to do that in the ED, we need enough residency trained pharmacists to cover all the auditing, medication, patient safety and regulatory requirements. Currently so much is required that it is hard to balance it all while keeping patient's safe and making the needed interventions and follow up with prescribers to optimize patient care.
44	med rec
45	Medication education to staff including nurses, pharmacists, all providers; EHR system modifications
46	Medication History FTE, Oncology FTE, Antibiotic Stewardship FTE
47	More pharmacist to patient ratio on med surge units and ICUs. Right now there is 1 pharmacist to 100+ patients on gen floors, and up to 1 pharmacist to 36 icu patients, including rounding. With such large workloads, detailed work can just not get done.
48	More pharmacists
49	More pharmacists on nursing units.
50	More QUALIFIED staff, not just any staff hired out of desperation. Proper training, less concern for metrics.
51	More staff
52	More staffing
53	More staffing that are trained properly and motivated to work.
54	My new job is great. No issues
55	N/A
56	N/A. Many open positions for pharmacists with sign on bonus and referral bonus, no applicants.
57	Na
58	None
59	none my practice is safe
60	None.
61	Overall medication and order adherence. Multiple bodies of administration are aware of nursing protocols not being followed in terms of medication use and it is very slow moving to fix them, causing potential risk and harm.
62	Pharmacies should be properly staffed with 1 pharmacist and 3 techs for every 100 prescriptions filled per day. Example 400 prescriptions in a day equals 4 pharmacists and 12 techs
63	Pharmacist to patient ratio
64	Physical conditions can be improved by decreasing the amount of noise Provide enough FTE's to cover the hours needed, also to include coverage for vacations ~ the answer is not to just work short to allow for time off. Decrease constant interruptio
65	Prescribers should get popups for duplications , incorrect dose , nonformulary products. Error is allowed into the system because œ we don't want to bother the doctors œ. The pharmacist is to contact prescribers to notify of the error. But Pharmacis
66	provide needed staff, equipment, technology.

	A
	Reasonable workloads for time allotted, less distractions by adding more pharmacists who will focus on different tasks so that each pharmacist will not be distracted much from their primary duty, doctors being required and held accountable for putting a diagnosis on each prescription for less medical errors, doctors being required and being held accountable for cancelling remaining refills on prescriptions they no longer want the patient to take (i have seen many patients taking duplicate medication or the wrong doses), caps on how many rxs a pharmacist can process a day requiring companies to hire more pharmacists depending on how busy they are and/or how many other non dispensing services they provide
67	
68	Reduce the amount of continuing education required during work
69	Replace the current pharmacy software with more user friendly software
70	Retail pharmacy is a disaster. The chains have too much power and don't treat the pharmacists like health care professionals.
71	Schedule more help during busy times
	Short staffing of pharmacists and technicians. EPIC is often not updated with correct medication builds and this can lead to serious med errors.
72	Suggestions to improve including hiring more pharmacists and hiring an IT/EPIC pharmacist
73	Staffing of highly skilled clinical pharmacists.
74	Staffing. Training.
	The amount of orders pharmacist have to process in the inpatient setting along with dispensing duties. More pharmacists in the inpatient setting and not allow manager pharmacist hours to contribute to productivity and technician/intern oversight. A law for minimum pharmacist to patient ratios inside a healthcare institution.
75	
76	The primary goal is to get the meds to the patient safely. If we do not have the staff ( due to call out etc), we need to cut back on rounding.
77	The promotion of patient safety will be enhanced by education and knowledge.
78	too much reliance of metrics instead of patient safety
	Toxic positivity from managers prevents staff from speaking up about staffing concerns. More staff to accommodate increased workload. Need to be allowed to scale back services as staffing allows
79	
80	We need to change to less manual paper work.
	We need to have separate time to do the disease management and clinical pharmacy consults & infusions, rather than having a laptop open with a computer for reviewing scrips and having to go back and forth between the two in order to complete tasks. We used to have separation and would rotate between the office for patient management and going into workflow.
81	
82	No response.



	A
1	Question 55: What workplace conditions, if any, do you believe should be addressed at your primary practice setting to promote patient safety? What suggestions do you have for improving the condition?
2	Question 3: Which of the following most closely describes your primary practice setting? c. Independent Pharmacy d. Department of Defense or Veterans Affairs Pharmacy e. Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.) f. Consultant Pharmacist g. None of the above, I am currently unemployed or retired. No Response
3	Responses
4	1st) thank you for conducting this survey. 2nd) the order for question #47 is the correct order as it is listed in my opinion, so I didn't skip it, I left it in the order it was on purpose, 3rd) the attitude that I pay you a lot of money so I can work your ass off & don't complain is part of the causes of all of our misery as pharmacists. No, there is so much more to that is involved in the task of filling prescriptions in a retail pharmacy than what the bean counters do by looking at metrics of just lick, stick, count, & check prescriptions. There has to be a way for the board to use metrics to say enough is enough for abusing pharmacists. I say 200 rx's/day per pharmacist with a couple techs is enough. 4) I am so sick of hearing about metrics & quotas & could just barf! There is no more such thing as patient care in retail pharmacy. That concept is dead!
5	A push to not encourage a "drive-thru" mentality. We (the pharmacy profession) have shot ourselves in the foot because we push the fact that medications can be given to you in 5 mins or less. The pharmacy community in whole needs to encourage marketing pharmacies for safety and precision and less on how fast the pills get to you.
6	All pharmacists should get an uninterrupted lunch break and time to go to the restroom when needed.
7	DIR Reform, Pharmacy Bill of rights, PBM reform, all so that a pharmacist can help patients instead of getting ulcers about negative reimbursements and keeping the lights on.
8	Divide rph pts equally
9	Drop all sales metric measuring pharmacist performance per prescription filed.
10	Electronic prescriptions and transitioning to all electronic. The amount of time wasted on reaching out to the doctors office to clarify poorly hand written prescriptions would be essential to finishing other tasks. Transitioning to an all electronic system, although some clarification would still be needed, would be a great benefit for reduction in errors from look alike sound alike medications as well as time saving within the pharmacy.
11	Eliminate none licensed personel and hire trained and licensed employees.
12	Eliminate pharmacist distractions and interruptions.
13	Eliminate vaccinations
14	Elimination of metrics, avoidance of mandatory unpaid overtime
15	Employer to allow more staffing during open hours " BOP could help by allowing more than 3 techs per RPh , but ultimately the the staffing models that corporate employs are designed by bean counters and put too much pressure to perform at
16	Have more technicians
17	Having a call center, or adding technicians
18	Having weekly and monthly staff meetings to address patient safety concerns.
19	Hire more pharmacists.
20	I have no issues with my current workplace; however my per-diem retail pharmacy job definitely needs improved work conditions. The staffing and performance metrics seen in retail are ridiculous and do not allow for patient safety.
21	I retired early at 62 years of age because the retail pharmacy I worked for didn't give us lunch break and the previous retail gave us only half hour lunch break and we don't exactly close on time for lunches
22	I think the number one reason for errors in the pharmacy is being understaffed and not having pharmacist overlap and still having to complete prescriptions within a specific timeframe. This leads to errors and pharmacist burnout because they are not being supported. Retail pharmacies need to staff their pharmacies with more pharmacists which in turn would allow more technician help.
23	I work in close door long term care phsrmacy
24	I'm unsure. I'm sure there are areas to be improved, but compared to retail chain, this is the best place I've ever worked. I have TIME to catch errors/typos, I have TIME to call doctors or to call patients regarding questions I have on their meds. I feel much more diligent/thorough here compared to [REDACTED].
25	Importance of techs paying attention to patient notes
26	In retail, reduce interruptions while doing data entry, prescription checking, echoing call in prescriptions are very important. Maintaining as much quiet in the pharmacy as possible and emphasizing to techs, techs in training & cashiers their importance in maintaining as quiet an environment as possible for accuracy.
27	Increase ratio of pharmacist to technician

	A
28	Increased staffing and not putting all job responsibilities on the pharmacists
29	Less interruptions, or phone calls
30	Make transfers easier
31	More direct patient education.
32	more pharmacist which will lead to less interruptions which leads to less errors
33	More pharmacists. We have so many pharmacist-dependent tasks (many not legally required to be a pharmacist, but employer mandated) at my job that are extremely manual and labor intensive and we frequently have just one pharmacist on duty. Sometimes we have 2 pharmacists, which is much more adequate but can still seem like not enough if there are many phone calls and interruptions and new referrals. Our computer system does not allow scanning of medication, everything enters and leaves the pharmacy with manual entry and check.
34	More Pharmacists. Get rid of work metrics. Spend more time filling out time forms than doing a proper patient care experience.
35	More space
36	More techs
37	My primary practice is good, but when I worked for Walgreens full time as a central utility RPH, I brought out concerns of Pt. Safety constantly, they were ignored. I was pressured to verify under 10seconds, and threatened with termination weekly.
38	My work site and position are not in a retail setting however I have many friends that work in that setting and there is a lot pressure to complete all the tasks as quickly as possible with minimal staff, that breeds patient safety situations. I have prior extensive experience in institutional settings and staffing is also highly scrutinized, not so much by pharmacy leadership but by those in C Suite positions. Many times those individuals are not pharmacists and have no frame of reference as to what is needed or appropriate. Staffing models in hospitals cannot be based on same metrics as nursing or other departments. There is no real direct conversion for pharmacy productivity in that setting.
39	N/A
40	Na
41	Need pharmacist double coverage to complete management tasks. Another pharmacy technician to help process prescriptions.
42	no suggestion
43	No suggestions for my current workplace. My current job is very fulfilling and why I chose pharmacy. However, I used to work for a big box retail company. The expectations they have on one pharmacist are absolutely unrealistic. When I used to work fo
44	None
45	None and my current practice
46	None at the moment
47	None at this time
48	none right now
49	None.
50	None. Be able to work at your own pace and not be rushed
51	Non-stop demand for more, faster. Eliminate greed driven mentalities and hiding behind the excuse of: øcost of operations.
52	Not applicable
53	Not enough staff. Hire more staff
54	Provide support structure that enables the pharmacist to provide non-dispensing functions the appropriate time to provide direct patient clinical services without dispensing interruptions.
55	Publishing prescription counseling metrics for all pharmacies. For example, at pharmacy xyz 68% of all new prescriptions were counseled by a pharmacist for the past 3 months.
56	Reduce phone interruptions. Reduce paperwork.
57	reduced pressure to process all waiting prescriptions within 15 minutes
58	The biggest concern is the number of technician working. I believe in my DHA/DOD setting that Active Duty Service Members should not be transferred without a replacement. We have had two civilians change jobs and three active duty members transferred overseas since October of 2022 and have just hired two civilian replacements but no Active Duty Technicians to replace the ones that have left. I have 3 people (myself included) running a 7 staff pharmacy. I am doing more technician duties than pharmacist duties after close of business just to keep up. I left a retail job where the last straw was being the only pharmacist on duty from 8 am to 2pm while administering over 100 COVID vaccines plus flu and pneumonia and zoster vaccines.
59	There is biased against employees and managers will discipline employees of their choosing and not reprimand employees who actually caused patient harm.

	A
60	To improve patient care, companies should consider overlapping pharmacists for 4 hours or more; another option is to have pharmacists working together; lack of breaks/relief for pharmacist is another big problem which increase fatigue in a pharmacist and that increases the potential for errors reaching the public.
61	Treatment of staff in retail chains
62	Utilizing all employees to their fullest capabilities. Ensuring everyone is held accountable for their responsibilities so others don't have take on more work to ensure patient safety.
63	we need more pharmacist to further assist patients. We need to eliminate metrics as those metrics are not in the patients best interest. Metrics are being used by big companies to add additional pressures to pharmacist forcing them to work faster or else that would lead to coaching metrics. Everyone works at a different level of comfort. And there are circumstances arise during a work day that may interrupt those metrics. We are not pharmacists but we are machines trying to beat the clock each and every prescription. If patient's knew the stress we are under and with medications that they're ingesting and the possible errors that occurring on a daily basis. We are only promoting mortality for them and we are not taking the steps needed to better our profession.
64	working on prescriptions uninterrupted with calls, transfers, new phone rx, insurance calls. mandatory electronic prescriptions
65	Workload is too high, targets for pharmacy metrics are too high, as these all compromise patient safety. There should also be a mandatory UNINTERRUPTED lunch break for the Pharmacist.
66	Workload left over from other pharmacists that don't complete task or cherry pick. This puts an extreme strain on the pharmacists that are left to complete tasks.
67	No response.

	A
1	<b>Question 56: What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?</b>
2	<b>Question 3: Question 3: Which of the following most closely describes your primary practice setting?</b>
3	<b>b. Retail Chain Pharmacy</b>
4	<b>Reponses</b>
5	1 hour lunch
6	1. I work multiple locations and practice hours within the same company. I have to address over 800+ scripts during a shift with other services. I work the overnight with heavy emergency room orders. 2. It is harder to help patients in a safe and quality manner the more interactions you have to supervise. (Aka why I am in opposition to increase in ratio) not about extra help. It is the missed opportunities to stop errors and improve patient care. 3. Improved patient care and safety requires the ability to answer patient questions and build confidence. My recommendation is to not change the ratio of technicians to pharmacist in my practice setting. I recommend that no company should demand phone hold time or other metrics/surveys be used in pharmacy as indications. I recommend adequate in store pharmacist staffing by volume. 200 to 250 per pharmacist with minimum of 2 technicians plus 1 if there is a drive thru. I recommend signage to remind patients that we are not a fast food restaurant. I recommend adequate compensation for dispensing prescriptions (insurance companies) to afford the necessary staffing. Non-pharmacists should not be supervisor of pharmacists. Zero understanding and training lead to patient safety gaps and decreases in overall patient care needs.
7	1. Ratio rph: tech increase to 4:1. 2. Rx volumes will dictate minimum staffing of : cashiers and tech and rphs that is fair and safe for patients and associates
8	1hr lunch, clocking in and out plus OT pay like California and less Chiefs over the pharmacist . Every boss or supervisor takes time to explain why or why not something can be done . If you cant see that as a distraction then im talking to the wall. If you think I am being overly dramatic you should do a survey asking pharmacy employees 1 question . Have you ever broke down and cried because of work and if so how many times .
9	2 pharmacist minimum per shift
10	2 pharmacists at a site
11	2 technicians to a pharmacist at all times, except within the last 2 hours of the workday where only one may be required
12	A designated employee to give immunizations who is not the dispensing pharmacist. Eliminating metrics that measure productivity verse last year or œplan and constantly leave the pharmacy focused on pushing services instead of safely dispensing medicat
13	A retail pharmacy should be a pharmacy; the pharmacist should not be assigned management of the rest of the store, nor should the store staff have access to the pharmacy at all.
14	A wage minimum for technicians state wide. Clerks at gas stations make more, and techs have peoples lives in their hands. It hard to expect techs to truly care about their profession when the industry doesnt value their role enough to pay them more t
15	œApply online œ doesnt work.
16	Actual private area for counseling. Allowed to close drive-through or lobby service in low staff situations.
17	ACTUALLY FOCUS ON PATIENT CARE INSTEAD OF METRICS AND PROFITS.
18	Added workload=needs more staff.
19	Additional staffing to ease the workload for pharmacy staffs
20	Adequate staff, no increase to the tech ratio (I dont need another person showering me with more work) and 8 hour shifts with adequate breaks.
21	More than 1 pharmacist on duty in any store filling more than 200 prescriptions per day.
22	Adequate staffing. Reasonable expectations. Reasonable and humane pharmacist schedules.
23	Adjust tech ratio to unlimited.
24	Again, I think better staffing is the biggest help.
25	All metric should be removed, they serve no purpose for patient care or patient safety
26	All pharmacies open for more than 10 hours should have three pharmacist scheduled to provide assistance and truly uninterrupted breaks as well as actual time for PICs to handle additional duties required to design, audit, train and implement safety related SOPs.
27	All technicians supposed properly trained to help on any appropriate stations such as RTS, QT, Inventory, cycle counts, not just at the cash register and production. But some technicians are not trained enough on some other stations or do not know how perform particular functions. This raises workload for pharmacist and might impact safety.
28	Allow more staffing and overlapping so that pharmacist can focus on their jobs and avoid interruptions from customers/phone calls.



	A
27	Allow technicians to ask patients if they would like counseling. While I love talking to patients and going over their medication a large percentage refuse the consult. With all the duties and expectations put on us it would be nice to continue working rather than leaving my station and thoughts just to be told they've had the medication before or they're just not interested. My technicians are capable of offering consultation and then bringing those interested down to the pharmacist. When counseling first started it was novel and patients were willing and wanting to listen, however nowadays most just say no.
28	Allow the pharmacists time to truly consult on a new prescription. We have 2 drive thru lanes and 3 walk up counter lanes. Not able to consult all at once.
29	Allow the PIC to decide how many technicians that they can safely supervise based on practice setting...with technology not all pharmacies operate the same so regulations should not have a one size fits all approach like they do today.
30	Allowing ALL staff to take a break/lunch. Also, designating a person(s) to do non-dispensing responsibilities.
31	Allowing for patients to be able to accept or decline counseling to a cashier or technician or even electronically. Or having a better way of making sure we are only requiring counseling on truly new prescriptions versus new prescription numbers that are linked to a drug the patient has been on long term with no changes.
32	any and all phone items, such as MTM, reminders, refills, etc. no phone at all. it is too hard to handle. get a call center. get a pharmacist to give vaccines or a tech only to do the calls and vaccines
33	Appropriate staffing. At least 1 tech hr per 8 scripts filled in 1 hr
34	Aside for more staffing, we need someone to answer the phone to ensure that the Pharmacists can answer the phone that is needed by the patient or other medical practitioner that only the Pharmacists can do and also someone will be in charge as the cashier rather than the Pharmacist do it and getting behind to our job as a Pharmacist
35	Being constantly interrupted is the and fatigue are the major problems with patient safety. Having additional pharmacist staff per 11-12 hour shift would greatly help. Also, 130 minute meal break on an 11-13 hour shift is not enough.
36	Better behavior from patients
37	Better pharmacy software to catch DDIs more accurately
38	Better scheduled hours for the staff throughout the entire work day
39	Better system esp with CAP counseling with Walgreens intercom. Also need faster speed to get things done faster.
40	Better trained pharmacy technicians...better qualified because training them while dispensing is also very distracting
41	Better training for technicians
42	Better training programs for incoming technicians. It's hard to train a new technician hire on site. It actually takes away from the workflow and available technician help to reach and train, which just creates a more unsafe environment.
43	Better work environment
44	Board of pharmacy should implement how rxs can be done by one pharmacist
45	BOP should further regulate and limit the providers' pain prescriptions to solve the opioid epidemic.
46	Break time
47	Chain pharmacies need to focus less on metrics and more on patient safety. Only way to do that is by allowing pharmacies to have enough staff on any given day to safely fill prescriptions. Pharmacists should not feel obligated to come super early, skip l
48	Clean working environment and better health and safety conditions in the pharmacy. There's not time to clean when processing 600 or more prescriptions a day and our clientele are demanding.
49	Clinical/MTM services should be done by non-dispensing pharmacists. Impossible to do both effectively and safely
50	Close on Sundays Close earlier surprising the week No more 12 hour shifts
51	COMPLETE and ABSOLUTE separation of dispensing services and non-dispensing services. Non-dispensing services are great opportunities for patients but MUST be treated/respected as such, not just another number in a metric.
52	Corporate companies giving the appropriate budgeted hours for pharmacists and technicians. For safety the tech/ cashier hours to rph hours should not be 7:1.
53	Corporate to treat as professionals' healthcare not sales to make them rich.
54	Decrease the number of non-dispensing related activities.
55	Decrease workload
56	designate specific staff for specific task during the shift, reduce amount of multitasking like jumping around from stations
57	directly phone call to provider for rx concerned about
58	Do a script volume to RPH to Tech ratio regulation. At 1 location I did 900 a day with 1 RPH for a 11.5 hours shifts. So basically each script I will only have 46 seconds to verify ( assuming I dont do anything else in a pharmacy), so to set a limit o
59	Dont allow unrealistic metrics. Allow enough help for Day to day pharmacy practices.
60	Eliminate metric lead mindset completely..
61	Eliminate metrics

	A
62	Eliminate metrics , eliminate flu shots goal or immunization goal, provide more technician help will greatly increase patient safety.
63	Eliminate metrics based on volume of prescriptions
64	Eliminate non dispensing responsibilities and the constant threat of disciplinary action if metrics arent achieved or individualize the responsibilities to realistic expectations.
65	Eliminating COVID testing at pharmacies or having dedicated locations, not approving flu testing, increased staffing during flu shot season, improved training, measures to reduce burnout and turnover in staff
66	Eliminating metrics. Prioritizing pharmacist well being.
67	Eliminating vaccines in the retail setting. Eliminating MTMs and phone calls to patients.
68	Employee training
69	Enforcing practitioners to adhere to gdmt. Especially for opioids.
70	Enforcing the counseling laws.
71	Engaging more pharmacist in upper pharmacy management in the companies as against using non pharmacist who do not know nitty-gritty of processing prescriptions and optimal clinical patients' care services .
72	Extra help at least on counter. so tech do data entry , one tech do counting and answer the phone and Pharmacist can focus on verification and counsel rather than filling , typing verification all to gather in rush ,besides doing vaccination or mtm Staffing model is very unrealistic 1 pharmacist 2 techs w,t,f One tech constantly on counter so one tech and pharmacist work inside to everything from order to typing to answering phone , counting , insurance problems etc. constantly in rush and pressure to finish things in suggested time line
73	Extra help for non dispensing related work load
74	Fewer metrics overall. Also, vaccine "goals" should not trump shared clinical decision making for appropriate vaccines for individual patients. Corporate needs to stop trying to make us do everything for everyone. Flu/COVID vaccines? Sure. But is a stressed out retail pharmacy really the appropriate place for pediatric vaccinations? I don't think so. Also you could mandate a way to make them give us the time, resources and help to let us do our jobs and actually talk to every patient like we want to.
75	Finally, I would like to mention the kindness of a pharmacist during practice. The pharmacy manager demanded all pharmacy staff not give any discount to the patient (without insurance) unless they ask because this will affect the profit and bonus of the
76	Fire the manager
77	Focus on patient safety and production quality rather than metrics and bottom line
78	Get back to filling prescriptions. Reform the PBMs.
79	Get rid of metrics.
80	Get rid of metrics. Pharmacists are forced to buzz through drug interaction warnings because corporate and management wants us to finish a certain amount of prescriptions each day.
81	Get rid of the metrics, make greater staffing levels mandatory to be open for business, and level the playing field so that independent pharmacies can be profitable again and increase the amount of choices patients have for where they can fill their pres
82	Getting rid of metrics that our company requires. Let us just attend to our patients, be staffed enough to have conversations with our patients without feeling rushed.
83	Getting rid of the rxom position a lot of times that technician will try to boss the pharmacist around even the store manager will try to boss the pharmacist around but its our license. No one should be able to boss us around when it comes to us making
84	Give more time for vaccines, 10 minute windows is not enough when some patients are new and getting multiple vaccines, inputting insurance info and drawing up multiple vaccines can easily take more than 10 minutes. Less calls to patients for MTM when we barely have time to help the patients within the pharmacy.
85	Give pharmacist more power to reject and modify medication management. MDs now cooperating with Rp
86	good language translation services are required.
87	Happy employees make happy & safe patients. Something has to change, the big pharmacy's are great at promising change & then slowly pulling them away or never even implementing.
88	Have a pharmacist and technician work an hour before the pharmacy opens PAID and get a head start for the day. This time, there will be no interruptions, focusing on dispensing safely. Again, never allow a pharmacist to be alone. Employers should not pus
89	Having a proper workload set by the pharmacy board would enhance patient safety and care.
90	Having a way for pharmacists to better communicate with patients doctor to clarify, discuss prescriptions
91	Having either an extra RPh or tech or clerk

	A
92	Having more staff to deal with constant phone calls, ringing out / counseling patients, giving vaccines, doing MTMs, all while verifying and processing prescriptions. If retail chains want us to do more, they need to provide more staffing to ensure patient safety and also prevent us from burning out from the workload.
93	Having more than one pharmacist in busy stores
94	Having the PIC have enough time to do PIC workload instead of trying to do PIC workload during a staff pharmacist shift. If PIC is part of the workload for the day but has other tasks, they are constantly getting interrupted which then increases workload for other staff pharmacists.
95	Help with more technician help and reducing non dispensing responsibilities.
96	How long does it take to safely fill 1 prescription ?
97	I believe more help, be it pharmacists or technicians, would have the greatest impact on improving patient care and safety.
98	I believe patient care would be improved if the pharmacist didnt have to administer so many vaccines. There are days when 40-50 vaccines are administered without additional pharmacist help.
99	I believe that there should always be a pharmacist that can just focus on safety, especially for the more complicated patient cases. One that does not run the risk of getting interruptions and has time to thoroughly review a patient and guidelines and m
100	I believe there should be more education on how to maintain health rather than take a pill for everything. Pain management has gotten out of hand especially with the use of narcotics. Doctors need to re evaluate what they are prescribing across the board.
101	I can only think of more labor. Maybe having one or two people that are only focusing on non dispensing activities. I understand the need for these services but they cannot be added to the already overwhelmed dispensing pharmacist.
102	I do not like where these questions were heading with what seems to be leaning toward removing non-dispensing activities from a dispensing pharmacist. Efficiency can be achieved to provide quality patient care but there are fewer practitioners with that capability here. The most effective non-dispensing interventions come from the pharmacists who dispense that patients medications. We have seen a large drop off in the quality of these services when moved to centralized services!
103	I have noticed instances where patients, upon receiving new prescriptions, do not consistently receive the level of counseling that is crucial for their understanding and adherence to prescribed regimens. Patient counseling is a cornerstone of responsible pharmacy practice, serving as a vital means of empowering individuals with the knowledge they need to safely and effectively manage their medications. In the retail setting, where accessibility and patient interaction are paramount, the impact of comprehensive counseling cannot be overstated. Because retail pharmacists often face time constraints and high workload demands, the observed lack of counseling represents a potential gap in patient safety and care. Patients may not be fully informed about their medications, including important details such as usage instructions, potential side effects, and other relevant information that could impact their well-being. By increasing the staffing levels, retail pharmacies can mitigate the impact of time constraints and high workload demands on individual pharmacists. Additional personnel can contribute to a more efficient workflow, allowing pharmacists the necessary time to dedicate to patient counseling without compromising on the overall operational efficiency of the pharmacy.
104	I have to work a whole day shift without a technician. I have to process insurance, Good Rx, give shots, run a cash register and answer the phone! ;alone! Not safe for patients.
105	I honetsly believe that pharamcists shouldnt be working more than 8 hours in a retail setting. Its go go go like a fast food place from the minute you walk in and creates a perfect environmnet for mistakes to be made. This is also leading to less job satisfaction and pharmacists are just so burnt out that its affecting patient care and their personal lives.
106	I know that you guys have no control over this but if we were able to retain quality technicians in retail it would improve patient safety. But the reality is that they are overworked and underpaid. We are asking them to be immunizers without additional
107	I see multiple filled prescriptions for the same drug on a daily basis and when management is asked about it we are told "yes, but it gets deleted at the end of the day". Any and all prescriptions are entered either by technicians or by an automated system without regard to patient history review. As a clinical review pharmacist we are given seconds to review, fix and/or return Rx's for corrections. It is obvious that Rx's are "pushed out of the queue" just to get rid of it to avoid time spent.
108	I suggest better staffing and advocating support services for the pharmacy team. Cut back on high demands for non-dispensing services (MTM services, immunizations, and point-of-care testing) to focus more on the individual pharmacy teams for better retention. Most people tend to leave due to harsh work conditions (listed above)
109	I think all prescriptions should be electronically from practitioners to pharmacy
110	I think doctors should be required to provide patient's weight, height, and/or lab work that could be relevant to the prescription, especially for children dosing. On inventory day, another pharmacist needs to be scheduled. This is currently not a requirement and we are expected to count all of the inventory while doing our normal duties which is next to impossible so we all end up staying past our paid hours to get it done while the next shift pharmacist is there.



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111	I think that having a minimum set number of technician and pharmacist staff per number of prescriptions filled, that could not be decreased by the employer would be beneficial. I also think that the extremely unrealistic expectations with regard to our metrics needs to change. I got into this to help people, not to be a salesman, cold-caller, or any of the many other, non-pharmacist hats that we are required to wear.
112	I think we should discuss/decide what is a safe number of prescriptions/vaccinations ONE pharmacist can safely perform and staff the correct number of pharmacists. I don't always believe increasing the tech:rph ratio will help. It helps a little but it can also lead to more attention diverted to supervising more technicians. In the end, everything funnels down to the pharmacist.
113	I want mandatory longer lunch hours. At least 45 minutes. We work long shifts, give us a break!
114	I would like to recommend All Prescribes should be sending prescriptions now electronically not just for controlled substances. The fax submission should be eliminated because the ink smears letters and numbers. Examples: 5 may look as 6 or the other way. We have to call and verify each time.
115	I would like to see [REDACTED] work from home division remove their metrics for reviewing prescriptions and assessing DURs. I understand why work from home requires some monitoring to make sure people are actually working, but they are always on us about making sure we are reviewing prescriptions faster. The department goal is to review a prescription in 16.6 seconds or less and complete a DUR in around 6 seconds. I have zero quality events, am a very dedicated worker (no non-work tasks on company time), and cannot meet this expectation. I'm being threatened with write ups, etc to go faster. I'm a great pharmacist and I shouldn't be forced to review a prescription in a certain amount of time or face discipline. I want to make sure the prescription is safe for the patient. [REDACTED] rushing us and constantly putting pressure on us to go faster is risking patient safety. Patient safety should come above all else.
116	I would recommend less paperwork required to be printed and kept on file. Pharmacy spaces are crammed full of paperwork for vaccines, prescription processing, etc. It makes it very problematic when we are constantly asked to inventory stacks after stacks of paperwork required by all the different corporate regulations on top of DEA and BOP requirements
117	I would say if the company should be required to staff the pharmacy as the pharmacy manager deems. The people sitting in the office only see numbers and not the total experience we are expected to deliver to the patient. Also computer systems should be required to run properly. If the company cannot fix the issues the system should be removed.
118	If retail pharmacies want to provide clinical services to patients, pharmacists should be required do that in a clinical, uninterrupted setting.
119	Immunizations at the pharmacy is important due to it's accessibility. I feel that it really requires a dedicated space and a dedicated staff, if we are to continue to focus on this as large source of revenue.
120	Immunizer should not be part of the workflow or limit immunization.
121	Improved relationships with other healthcare professionals and re-establishment of our profession as doctors of pharmacy. We have become a 'oeswap meet of healthcare', we need to re-establish our profession as being the medication experts.
122	Improved response time with providers as most calls go to voicemail or have to leave a message
123	Incorporating a separate entity to perform medication treatment management calls.
124	Increase amount of pharmacists on duty during a shift.
125	Increase in pharmacists/decrease in individual workload. More paid time off would lead to more refreshed pharmacists. Nurses that have a high work load have more days off (usually they work three 12 hour days and have 4 days off) We are easily as high paced as the nurses.
126	Increase number of pharmacist and technicians
127	Increase overlap pharmacist hours and increase technician hours
128	Increase paid rate for technician to reduce turn over ( keep experienced technician)
129	Increase Pharmacist Staffing
130	Increase pharmacist to technician ratio. Require all pharmacy technicians get nationally certified.
131	Increase reimbursement from insurance companies
132	Increase staffing with fair scheduling, not to use productivity numbers (and how fast you are) to mentally stress us out. So we dont rush to do things.
133	Increase staffing.
134	Increase tech ratio (4/1) is good
135	Increase technician and cashier help
136	Increase technician to pharmacist ratio
137	increase the number of pharmacists per shift
138	Increase the number of pharmacists per shift.
139	increase the number of techs and pharmacists and offer training hours in addition to tech hours
140	Increase the technician to pharmacist ratio
141	Increased in the amount staff both pharmacists and technicians
142	Increased pay to match current inflation rates.

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143	Increased staff, especially pharmacists. But we also need better incentives for technicians
144	Increased staffing
145	Increased staffing and adequate training time is most important.
146	Increased staffing and directing non-dispensing and non-patient responsibilities away from pharmacists to improve patient safety. Suggest scheduling more shifts or more staff to focus on non-dispensing and non-patient responsibilities.
147	Increasing staff, have mandatory two 15 minute breaks and 30 min lunch and midshift pharmacist to allow this to happen.
148	Increasing technician pay will help retain and attract more quality applicants, which will lead to improved patient care.
149	injections are stressed by cooperate because of profit margin increases from them. Yet no additional staffing, time, or safety issues are addressed for the increased work load. of course extreme pressure is constantly put on the pharmacy to increase injection numbers because of the greater profitability.
150	It would be nice to have another pharmacist on duty to focus more on patient counselling/immunization counselling, therefore not rushing to keep up with the dispensing workload.
151	Just appropriate staffing levels in the pharmacy and stop pressuring pharmacist with "metrics."
152	Just fill prescriptions
153	Keep equipment current and in working order.
154	Keep safety items in stock
155	Legal regulations should be made to make sure that no pharmacist work alone with no help. Also, the pharmacist should be allowed to leave pharmacy during lunch break while the gates are closed. We are still required to stay in the pharmacy or in the store building.
156	Less controlled substance volume. Only allowing certain amounts of opioids/gfids done daily because these are very time consuming prescriptions to handle, verify, fill, and put documentation from the doctors.
157	Less interruption so pharmacist can have time to talk with patients, extending lunch hour for staffs (30 mins not enough to have lunch and rest), less non-dispensing service
158	Less interruption to the pharmacist..more staff ..better training for technicians
159	Less metrics especially for non dispensing activities. We need to be able to focus on safely filling scripts in a timely manner.
160	Less metrics expectations.
161	Less workload to be able to actually verify scripts and minimize errors
162	Limit vaccination schedule ,but if the can schedule more help Like Cashier or tech we can do vaccination
163	Longer breaks, 30 minutes isnt sufficient.
164	Maintaining 3:1 tech to Rph ratio and encouraging staffing to be 1 Rph (8 hour shift) for every 200 prescriptions processed to ensure safety. (Eg. 500 prescriptions = 2.5 pharmacist shifts)
165	Making it mandatory for more than 1 pharmacist per shift for every 300 scripts per day.
166	Mandated breaks
167	Mandatory 1 hour lunch to prevent burnout.
168	Mandatory meal lunch for all pharmacist
169	Maximum # of prescriptions that can be filled by one pharmacist. Metrics that are used to push speed over safety. It is all about the #'s not safety. Retail pharmacy is not set up for safety, but getting the most out of each employee: Each employee at the pharmacy is expected to multitask(answer the phone while typing or filling, ring out customers and run back to fill, or type. Pharmacists are giving immunizations then running(literally in some cases) then verifying prescriptions answering the phone and running to do a new drug consultation. All being monitored and timed.
170	Maximum 8 hour shift for pharmacists and treat anything extra as overtime just like in California, so that retail companies would ensure having two pharmacists present each day. Eliminating metrics would drastically help with patient safety as well becau
171	Maybe starting for, and paying for, shifts that begin before opening. It can allow a good start on the day to not feel like you are starting the day already being behind on workflow and then having things pile up as the day goes on. Employers could reduce hours that the pharmacy is open, but still have the employees work, closed door, to get good uninterrupted work done which would increase focus and safety.
172	More adequate cleaning of pharmacy interior and exterior and the onboarding of more experienced pharmaceutical technicians.
173	More effective text and messaging capabilities rather than phones
174	-More guidelines/requirements on staffing (ie when multiple pharmacists on required, staffing/labor requirements) -No metrics -Requiring cashier options (ie some companies do not allow cashiers whatsoever and really should be required to create systems that allow for cashiers)
175	More help
176	more help with non pharmaceutical help such call center to help with non stop phone calls

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177	more patient understanding md tells patients their script will be done in 20 mins without checking ie if it's in stock if we are at lunch or even not open yet or multiple controls being filled early and we say no after checking pmp and calling Dr back only to leave a message as they are completely unaware 120mme or that is 12 days early.
178	More pharmacist on duty
179	More pharmacists in same shift.
180	More pharmacists per shift in a 24 hour store.
181	More pharmacists required to be staffed
182	More pharmacists should be staffed in pharmacies that have high demands. It is dangerous for one pharmacist to handle >300 prescriptions and supervise > 3 technicians during a shift.
183	More staff
184	More staffing
185	More staffing all around, but must hire 1 pharmacist to every 2 technicians. Safe measures must be taken so that employers cannot find a loophole and just hire more technicians or cashiers without additional pharmacist help. Pharmacists should be able to complete non-dispensing roles without the pressure of meeting metrics for dispensing. Employers should be required to have different pharmacists completing different tasks rather than having one pharmacist complete dispensing roles as well as non-dispensing roles. Employers should have clinical pharmacists on staff to complete non-dispensing roles such as immunizations, patient education (diabetes, smoking cessation, PrEP/PEP, contraception), MTM, and all other tasks that require more than 10 minutes of undivided attention from pharmacist. Employers should be prohibited from requiring dispensing pharmacist to complete any tasks that will take away from processing prescriptions and providing first fill consultations.
186	More staffing that companies must adhere to (provide hours). If we had enough staffing throughout the day, the pharmacist can truly focus on patient care. Increasing the number of techs we can supervise as an rph will not change the problem of the compan
187	More staffing with both pharmacist and technicians. Less metrics and that alone I feel will make huge strides in employee turnover and create less stressful work place environments
188	More staffs
189	More support from pharmacists and technicians
190	More tech help
191	More tech help required, pharmacist should not have to work alone, extend their to fill prescription
192	More tech hours
193	More techs
194	More techs or clerk help at the counter
195	More than 3 technicians per 1 pharmacist should be allowed.
196	More than one pharmacist on duty at a time. Well trained support staff
197	More time for counseling, I feel rushed to get to the next patient
198	More time for patient counseling ergo more pharmacist hours.
199	Move all waiting areas far away from hearing and watching all patient interactions
200	Multiple pharmacist on duty.
201	N
202	N/A
203	Na
204	Needs to remove CLIA services from the pharmacy which is affecting and delaying patient getting medication due to pharmacist is busy providing CLIA services.
205	No metrics or goals
206	No pressuring for metrics
207	Non dispensing activities have to be a dedicated task and should not be required to be completed between processing prescriptions
208	None
209	Not allowing customers to verbally abuse pharmacy staff.
210	Not allowing other store departments (deli, bakery, etc) to use our profits to cover their loss in sales, causing pharmacy to have to cut available tech hours even more.
211	Not doing immunizations
212	Not to focus too much on non pharmacy related tasks and numbers.
213	OTC recommendations from non prescription customers are a nuisance when trying to deal with our own patients prescriptions. Also, because of our relationship in the community, we have patients that come and take up our time counseling on prescriptions th
214	Outlaw metrics



	A
215	Outsource refill calls, delivery orders. Eliminate covid/flu testing at retail pharmacies
216	overlap pharmacists
217	overworked/harassed pharmacists = deadly mistakes
218	Patients getting tested for diseases in a place that can also treat them if they were in fact positive.
219	Patients no longer respect the work we do. Our employers have reduced the profession to a glorified cashier. When people walk up to the counter they don't understand the importance and the magnitude of the work we do. They expect quick service and our employer demands it through metrics and unrealistic expectations. Vaccinations are something we are expected to promote without any consideration for patient safety. Appointments are scheduled at all times of day and night and regardless of staffing levels. Feels like we're just throwing darts when vaccinating and just billing insurance, ringing up people, and listening to complaints.
220	Patients over profit
221	Patients should be more realistic about their expectations we deal with insurance rejection daily and we could not find enough people to help resolve insurance and they want the pharmacy to bring in more scripts make more calls give more immunization! Pl
222	Penalizing pharmacy supervisors and companies harshly
223	Pharmacist overlap Dedicated Rph or tech for vaccines Dedicated Rph for calls and mtm
224	Pharmacists do not have time to drink water. I remember once mentioning to a pharmacy manager that Im trying to remember to drink water more. She said- but how can you drink water? Because then youll have to go to the bathroom and you dont have tim
225	Pharmacists have been forced to stay and work without pay in order to keep up with workflow and keep conditions in the pharmacy "adequate" to care for patient safety. It has been an open secret in the industry for decades. Due to fluctuations in the current economy, pharmacists' pay is now decreasing rather than increasing, leading to a crisis point in the industry.
226	Pharmacists or technicians whose primary job is everything except dispensing.
227	Pharmacy employees need to feel valued by their employers. Taking care of your staff goes a long way for workplace productivity. [REDACTED] pharmacy was the BEST company I ever worked for. They took care of us and no one ever left. The minute [REDACTED] bought [REDACTED] out, everything went downhill.
228	Pharmacy guilds, chains respecting pharmacists, board inspectors surprise visits to problem stores unannounced ti see what really goes on
229	pharmacy need more staff or eliminating metrics
230	Pharmacy staff cannot legally work until they clock-in and receive pay. This will prevent pharmacists from arriving early to work several hours early to catch up while being off the clock. This is often abused by district managers, who knowingly have their employees come in early off the clock. A possibility of how it can be enforced is to make it a legal requirement to clock-in after logging into a computer. I wish there were better ways to enforce this.
231	Pharmacy technician pay needs to be increased, so that the best can be recruited.
232	Please expand technician to pharmacist ratio, Increase number of technicians allowed per day, please add the legal minimum number of 2 technician required per rph as a requirement so that the employer would not allow to cut technician hours too low. Please also increase technician pay. They deserve to get pay \$18 minimum with this type of setting.
233	Please require pharmacies staff 2 pharmacists per shift.
234	Pls remove metrics
235	Provide enough hours
236	Pt safety starts with enough help. Having 2 pharmacist on duty is a huge help even if the overlap is only half of the day. There are simply too many questions or situations that need to be resolved by RPh which being alone definitely leads to interruptions and distractions.
237	Putting a cap on how many vaccine appts per hour.
238	Read above
239	Reduce the amount of phone interruptions in and outbound. Allow pharmacists the right to deny disruptive patients like a doctors office will by severing them from the practice.
240	Reduce the metrics or the expectations the company is using to measure performance. It's a lot of pressure to try to get 80% of prescriptions out on time, especially when your averaging 400 rx a day w/ no pharmacist overlap.
241	Reducing pharmacist to tech/ cashier ratio back to 2 to 1
242	Reducing pressure to immunize and pressure from district managers to speed up workflow while also managing other tasks
243	Refer to question 55.
244	Reform or eliminate third party insurance. The technology is there
245	Regarding to patient care and patient safety, working with a super busy pharmacy, we absolutely need to have at least 2 pharmacist to counseling & answers all the questions related to the therapy.

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	Remote verification should be addressed. My company allows pharmacists in other states to review rxs and I have found countless errors they have approved upon product verification in the store. If I did not look back at the hardcopy for every single rx I physically check at product review, the errors would have been dispensed. And at that point the NV BOP would not be able to discipline the pharmacist that is responsible but licensed in another state. The workload placed on me requires me to use remote verification but if I had more help I would be able to not use it.
246	
247	Removal of pharmacy metrics
	Remove customer service surveys as a factor of how good a pharmacist is. My employer wants every Rx to be filled in 10 min or less if patient is waiting in store regardless on how many Rx has been dropped off . Fearful of a bad customer service we have to work super fast. Total time to prepare RX under 5 min . We should not be pressured to multi task . Answer the phone , while preparing vaccines and verifying Rx all at the same time
248	
249	Remove metrics from retail pharmacy.
250	Remove metrics or unrealistic metric goals
251	Removing metric based performance review processes would put the focus back on safely dispensing as opposed to dispensing quickly.
252	Removing ridiculous goals
	Removing the requirement for digital enrollment, auto refills, mtm and specialty refills. Everything we do is a metric and is monitored. This all takes away from patient care and safety.
253	
254	Require at least 1 pharmacy technician be staffed during all open hours
255	Require call centers for patient requests
256	Require more pharmacist overlap Give more tech hours Require certain amount os scripts per rph
257	Respect for Pharmacists and eliminate the chaotic work environment.
258	Retail chains are cutting hours and increasing workload on all staff to the determinant of patient care.
259	Review protective PTO policy for techs, they can call in anytime even right before the shifts and come late too
260	See #55. Substitute insurance for government.
261	See above
262	Significant education and additional training. Gaining experience as a new grad pharmacist should come with less potential for patient harm.
	Space is an issue--We are currently performing Clinical Services in a makeshift 5'X3' booth next to the bathrooms at the [REDACTED] Market. Something more accommodating and sterile not to mention more comfortable for Patients would be welcome by all.
263	
	Spending adequate time counseling patient on new medications. Give patients an option to text or email on questionable use of medications, directions, dosage and side effects.
264	
265	Staffing
266	Stop MTM, disease testing by the staff in retail stores.
267	Stop putting us on time limit to fill prescriptions .
268	Stop the majority distraction of pharmacist, for exaple cash registration and phone calls activity
269	Stop treating us like we work at McDonalds.
	Take away goals and metrics for vaccinations. We spend so much time pushing vaccines, that we wear ourselves thin with other tasks. Everything gets backed up because I dont have any immunizing technicians on site. Pharmacist only things like consultat
270	
271	Take out the metrics, lessen non-dispensing duties for pharmacists.
272	The board should get feedback from rph using their personal email and not the work email. The rph needs to feel free to express themselves.
	The board should require that those none dispensing tasks should require one pharmacist doing only that particular tasks especially for those pharmacies that are doing more than 200 scripts per day.
273	
	The design of the pharmacy needs to change. We still need to be accessible but there should also be an area the isn't accessible to everyone so no interruptions
274	
	The greatest safety concern that should be implemented in all retail pharmacy settings is the minimum number of tech hours employers must be required to give pharmacists based on the number of prescriptions filled in addition to providing services and vaccines. It will not make a difference whether 3 or 4 technicians are allowable under one rph supervision if the amount of technician hours your company allows you to schedule in a day is 10-20 hours. The real issue is not how many technicians you can supervise safely, but how many technician hours are actually given to you to complete the workload and goals that assigned to you. Any workload requires the number of hours to complete the work; the number of people is useless without the hours.
275	



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276	The number one thing that would help me was if my company gave me more technician hours. Having one technician per day simply wasn't enough. Also, the stress of having metrics and upper management holding you accountable needs to go away. I would love to have been able to take a break or lunch without fearing falling behind even more. A pharmacist should never be scheduled alone in a pharmacy. If my prescription volume was higher, I would say that having pharmacist overlap needed to happen.
277	The ratio of techs + cashiers to 1 pharmacist should be 4 or less. There are days when my tech to pharmacist ratio is 1:8 for several hours during the day. Many times when I do have a 2nd pharmacist, if they get pulled to work at another store for a sick call out, then I work a 12 hour day with 1 pharmacist 8 techs/cashiers, 4 opening 4 closing. However if I didn't have that many techs the whole operation would be in jeopardy of collapsing. If even 1 tech calls in sick it takes 2 to 3 days to catch back up. That happened this week, one tech called out on Wednesday, another tech came in part of the day to cover, but due to that and high volume of new prescriptions the last few days today (Friday) when I left at 2pm we had 300 prescriptions still to fill from Wed-Fri, not counting the 200+ that the prescribers probably would be sending in before they left for the weekend at 4pm. Then if today was anything like last night, there would be a lot of acute medications coming in from the urgent care and prescribers due to a lot of respiratory illnesses going around the town. It is a recipe for failure, or misfills, or patient harm.
278	The retail chains have too much power over pharmacy. The business metrics are now more important than patient safety.
279	there is no way for a pharmacist to meet corporate standards or metrics when being forced to work solo; MTM phone calls, immunizations, patient dialogue is strictly compromised when forced to answer the vast majority of telephone calls, being forced to f
280	There is not a 'one size fits all' approach that will resolve this problem. The practice at one pharmacy is far different than another. This is true within the same chain as one pharmacy located near a hospital will deal with far greater new and complex Rx's vs. a pharmacy within the same chain located in a suburban residential area, which will primarily deal with well established pt's and primarily refill Rx's. Extrapolate this to closed-door pharmacies, hospital pharmacies, compounding pharmacies, etc. and the 'one size fits all' solution becomes woefully inadequate to address the profound variability of workload and safety issues facing pharmacists and pharmacies. The chains and privately owned pharmacies will give you various cost reasons as to why they cannot accommodate increased pharmacist staffing however, they did not hesitate to jump on the \$4 Rx band wagon over a decade ago. Given this fact alone, the argument is without merit. The simple fact is they have calculated what is the acceptable financial risk they are willing to accept to maximize profits at the expense of pt safety. I am in no way saying we should eliminate all the risk. This would be impossible and financially astronomical. But there is however, an ideal place where the risk to the pt is appropriately mitigated and we are currently nowhere near that as of today. Some representatives from both the Retail Association and some chains would like to tell you the simple fix is just eliminating the tech ratio. They provide supposed studies and statistics from other states such as Arizona. Let's address the Arizona study first: it does not exist. [REDACTED] the former Executive Director admitted this to be the case after he retired. As to the increased ratio, most pharmacies in Nevada are not operating at the current allowed ratio of 3:1. In most cases it is 1:1 or 2:1. Arizona which has no ratio limit sees the exact same. Most pharmacies rarely ever exceed 3:1. The key to remember in all of this is that the pharmacist IS the rate limiting step in the operation of the pharmacy. For good reason. Increasing the number of people they must supervise will funnel more work to the pharmacist further compounding the problem. I have seen it first-hand. This is the profound challenge facing the Board when crafting such regulations. How does one craft a regulation that is broad enough in scope, yet tailored to adequately address the various practice settings? It wasn't until the Colgan Air disaster that the FAA finally addressed a very similar conundrum but unfortunately, the 'wrong' people (politically connected) had to lose their lives in order for this to happen. Commercial air travel in many ways is like operating a pharmacy: airplanes and operations come in many shapes, sizes, and provide a wide range of services with the responsibility for the safe operation ultimately falling on the shoulders of the PIC. In this case, the Pilot In Command; better known to the public as the Captain. In the absence of the Captain, this falls to the first officer. There is very much a direct correlation to the practice of pharmacy and commercial aviation. If an agency such as the FAA could get this done through the creation of the complex regulation known as FAR Part 117, pharmacy Boards should be equally adept in crafting something very similar. The template has already been created and we shouldn't have to wait for the 'wrong' people to lose their lives before something is finally done.
281	There should be 2 Pharmacists on duty overlapping shift at least every Monday and Tuesday. Workload & Productivity metrics and quotas of immunizations is stressful, with 1 or 2 technicians help only. There should have a clerk or cashier to avoid too much Interruption in workflow.
282	There should be a limit on number of prescriptions per pharmacist
283	There should be a minimum amount of overlap between pharmacist working per day (not zero)!
284	There should be a minimum number of techs required to work in a practice setting based on volume
285	There should be requirements of how many pharmacist should be staffed, And also technicians according to volume of prescriptions being filled

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286	<p>To enhance patient care and safety in pharmacies, addressing several critical issues is imperative. The most pressing concern is the unrealistic metric standards set by corporations, which significantly impact patient safety. These metrics often prioritize speed over accuracy in prescription verification, creating a high-pressure environment that can lead to errors. Revising these metrics to focus more on the quality and accuracy of prescription verification is essential for improving patient care. In addition to adjusting metric standards, streamlining the hiring process and boosting recruitment efforts for pharmacy technicians is crucial. The current complex hiring procedures can be a deterrent, leading to staff shortages. Simplifying these processes and actively recruiting more technicians would help in adequately staffing pharmacies, thus distributing the workload more evenly. Furthermore, providing more technician hours is vital. Many pharmacists currently find themselves multitasking and handling multiple roles due to inadequate staffing. By allocating more hours to pharmacy technicians, pharmacists can focus more on their primary responsibilities, such as patient consultation and medication management, enhancing both patient care and safety. Implementing these changes, starting with the revision of corporate metric standards, followed by improved hiring processes and increased technician hours, would alleviate the pressure on pharmacists. This approach would create a more efficient and safer environment for patients, leading to significant improvements in patient care and safety in the pharmacy sector.</p>
287	Transfers from one pharmacy to another can be a difficult, long process because the out-going pharmacist is too busy to answer the phone to do a transfer. We need an approved electronic or fax request that can be sent from pharmacy to pharmacy. I should not have to wait 45 minutes on hold to speak to a pharmacist to transfer prescriptions or transfer profile
288	Until Pharmacists have more control of pharmacies nothing will change
289	Upgraded software
290	Vaccines, especially travel vaccines and, birth control prescribing require a lot of time that take the pharmacist away from dispensing for a good amount of time
291	Very important to provide meal breaks for pharmacists because they have a lot of responsibilities. Working for 7-9 days straight and providing only 1 day rest leaves room for mistakes. Pharmacist is extremely exhausted and needs enough days or rest to recuperate from the straight days of work and Walgreens tries to separate days off to make sure RPhs are working more hours than resting
292	<p>██████ uses off site pharmacists to validate rx's, which has become the excuse for eliminating on site help. These pharmacists do not help with the hundreds of consults that may be necessary per day. Many errors have also been found with their verifications. Many errors have also been found from the ██████ central fill facility, along with pharmacies being unable to keep needed medications in stock and ONLY being able to obtain them from the centralized pharmacy. As a result, proper and timely care is extremely diminished. The call center is also a hot mess. Patients are often given incorrect information and transferred to staff in store without proper introductions or bridges and this leaves the patient and staff members frustrated. ██████ only cares about profit and the level of care over the years has SIGNIFICANTLY diminished. They may say they don't review based on metrics, but in the end it all factors into reviews. Leaders in the front end of the store have been given titles without proper training and have no idea what's happening in pharmacy. Leaders for ██████ in Las Vegas do not care about staff, which is why many staff members participated in walk outs in October. Due to so many centralized services, pharmacists on site often have no idea what is going on and out of the pharmacy. Corporate employees are extremely disconnected from what happens in store, coming as employees to preach or discipline them, but have no idea how to put any of what they preach into practice. Several leaders are also backstabbers, talking poorly about employees to others. We also had a store manager who we believed was drinking on the job, but he was never really investigated. It seems these things all get brushed under the rug. More and more is constantly expected from employees, but corporate never gives back.</p>
293	We have been keeping asking for Flex systems back. They only give us 2 months and take away. We can't keep up
294	We need a MANDATE to require corporations to staff with a MINIMUM of 3 techs to open/close per day. A MINIMUM OF 3 TECHS AT OPEN AND CLOSING EVERYDAY!!!! We have an IN window, an OUT window, multiple phones constantly ringing, vaccines galore. Vaccines are corporate scheduling of 20 vaccines every 15 minutes NO JOKE during flu season. 20 VACCINES EVERY 15 MINUTES and REQUIRING us TO WALK IN anyone that requests as well. AND NOT TO MENTION THE COPIOUS AMOUNT OF BILLING AND REBILLING TO MULTIPLE DISCOUNT CARDS AKA GOODRX.
295	We need more power to turn away excessive amounts of opioid prescriptions. Must constantly tip toe around conversations and hope a complaint is not submitted. If we accepted every opioid prescription/patient that calls here or comes in daily, we'd be se
296	We need requirements for breaks, a fully staffed team of pharmacists and technicians. If a store is offering other services such as immunizations, we need to always have a second pharmacist there to handle those patients and issues separately. We need da
297	We need security at every pharmacy and we need to have a pharmacist never left alone

	A
298	We should have more paid offstage hours. It is hard to take care of administrative and clinical duties when you are always in need for dispensing responsibilities. We should also be able to be staffed before opening to public and we should have the autonomy to adjust schedules based on individual store needs. Patients have different patterns in different neighborhoods. i should be able to make the right business decisions for my team and my patients especially since it is my name and my leagal responsibility.
299	We were given a 30 minute break for lunch and supposed to have 2 breaks in between but never able to take breaks due to the workload . We need extra / enough help fulfill the demand in the retail pharmacy. What happen to the 3 techs to 1 pharmacist ratio?
300	Work hours should be adjusted for pharmacists, like an overlapping schedule or shorter work hours. Additional pharmaceutical technicians but no additional pharmacists may lead to more medication errors. More problems may be caused bh too many staff to supervise
301	You should have 1 pharmacist verifying prescriptions, 1 pharmacist product verifying medications another pharmacist to counsel on prescriptions and making sure lunches and breaks are being followed, 1 pharmacist to handle doctor calls, transfers and other duties that include ordering meds and handling the other functions that are required of the pharmacy ( Legal requirements and also Corporate requirements) ex. Inventory, audit and waste.
302	No response.

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1	<b>Question 56: What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?</b>
2	<b>Question 3: Which of the following most closely describes your primary practice setting?</b>
3	<b>a. Institutional/Hospital Pharmacy</b>
3	<b>Reponses</b>
4	2 lane drive throughs should be outlawed.
5	Adding clinical activities that complement dispensing, to provide high level of care. For example, having a separate pharmacist to consult and provide flu shots, while one pharmacist focuses on dispensing safely.
6	Adequate reimbursement for non-dispensing pharmacist services. Consideration of limited tech check tech activities to eliminate need for unnecessary pharmacist oversight (cart fill activities)
7	Adequate staffing and better pay will decrease the turnover of staff , hence improving patient care and safety.
8	As someone who has worked in both retail and hospital setting in the past 3 years, the biggest issue I have seen across the board is staffing. Many colleagues are trying to leave the field of pharmacy due to feeling overworked to the point of burnout. It
9	Basically more staffing and mandatory breaks and that is a pipe dream.
10	Better communication between corporate and the pharmacy staff
11	Better communication between management and employees
12	Better physicians
13	Care should be given that
14	Change productivity metrics that reflect pharmacy practice not census
15	De-centralized pharmacy model. Adding a patient safety pharmacist, not using another pharmacies EPIC program or hiring an informatics pharmacist on site. IV team instead of a different person everyday
16	de-emphasis on metrics
17	Duties keep being added without additional staff . Anticoag , electrolyte, renal dosing, med rec , off site emergency depts , etc Limit prescriber drug selection to formulary stock .
18	Eliminate non-dispensing services that can be done in an actual provider setting
19	ELIMINATION OF ANY METRIC NOT DIRECTLY RELATED TO PT CARE, INCLUDING VACCINATIONS
20	Employer would review the daily task and try to estimate the reasonable time required
21	Establishing reasonable staffing levels for pharmacists based on prescription volume is crucial. Implementing thresholds that require additional pharmacists on duty during peak prescription levels can alleviate workload stress and improve patient safety. Increasing technician wages to ensure competitive compensation is essential for fostering long-term commitment and expertise. This step can elevate the quality of service and retain experienced technicians. Revising or eliminating excessive metrics that primarily prioritize profit over patient care is pivotal. Emphasizing quality of care and safety rather than solely focusing on metrics can lead to better outcomes for both patients and staff. Shifting decision-making processes from a top-down approach to a ground-up model is imperative. Allowing input and involvement from frontline pharmacy professionals can lead to more effective and practical solutions that address the actual challenges faced at store levels. Enabling retail pharmacies to have a voice in legislative changes that directly impact their operations is crucial. Providing avenues for retail pharmacy stakeholders to vote or contribute to proposed legal modifications ensures that laws are shaped with consideration for real-world implications rather than abstract intentions.
22	Fewer budgetary constraints with pharmacy.
23	Focus on the patient first instead of the bottom line
24	Hire more pharmacy technicians to help answer phones and complete simpler tasks so pharmacists are not constantly interrupted while processing orders
25	Holding corporations accountable for the mistakes they force their employees to make to keep up with work load.
26	I work in hospital setting! our computer system is hosted by a larger facility and we have no autonomy to make changes in this system, which has lead to multiple patient safety issues. This model is a significant contributor to increased errors amd nega
27	If the diabetes management is going to be billed as clinical pharmacy consult, it should be done by a pharmacist, not nurses, who then ask the pharmacist about the billing and refills, as if that is managing or consulting anything.
28	In retail settings that I have worked definitely get rid of matrix. Companies should not tell you how long it should take to get a script out vs patient safety.
29	Increase number of pharmacist per shift and perhaps reduce shifts at high volume stores from 12-13 hours to 8.
30	Increased pharmacist technician ratio for HOSPITALS only
31	INCREASED PHARMACY STAFFING IN BOTH TECHNICIANS AND PHARMACISTS THAT ARE COMPETENTLY TRAINED FOR VARIOUS TASKS THROUGHOUT THE HOSPITAL PHARMACY
32	Increasing the number of pharmacists would lead to improved patient care/patient safety. Pharmacist will focus on one area at a time such as immunizations, MTM, and processing prescriptions. Pharmacist can also focus on clinical activities to help improve patient safety.
33	Inpatient pharmacists to review all discharge medications upon discharge.

	A
34	input from the hourly workers - dont really feel anyone listens to what we say -
35	Less interruptions
36	Less pharmacist involvement with USP 797 and 800 and more involvement with clinical functions
37	Lessening non pharmacist duty while on shift
38	Limiting the amount of techs a pharmacist may supervise at a given time. Supervising more and more technicians without additional pharmacists to help only compiles the problem onto individual staff pharmacist. Interruptions also come from technicians to take care of problems they cannot and should not solve (ex clinical judgement).
39	Making it mandatory for companies to exhaust the pharmacist to tech ratio with every shift is each pharmacist is fully processing over 200 prescriptions. There needs to be increased industry standard base pay for pharmacists and technicians in order for people to stay motivated to be used like mules with no end ever in sight.
40	Meaningful reduction of alerts- Pharmacists get alert fatigue
41	Minimum pharmacist / tech staffing required for hospital bed size - independent of census. There have been times where census is so low, but we could not cut staffing further for fear of patient safety & care.
42	More pharmacists, eliminate metrics. Focus on patient care.
43	More respect and collaboration with physician partners. Less drug shortages.
44	N/A
45	Na
46	New graduates and pharmacists are not receiving a salary or the hours they require to live and pay their student loans. Pharmacist salaries have not kept pace with the work and inflation. It causes pharmacists to work multiple jobs and shifts, compromising their health and preventing them from providing better patient care or acquiring up-to-date knowledge.
47	No metrics. No timed filling of scripts.
48	None
49	Northern Nevada needs more formal pharmacy technician training programs to meet the demand. May be the state board could help in reaching that goal?
50	Not increasing technicians technician to pharmacist ratio and enforce this in institutional pharmacy. Technicians have limited scope with their license and everything they do is the ultimate responsibility of the pharmacist. It is unlikely the amount of oversight for patient safety is optimal with current ratios let alone increasing ratios. With the expectation of pharmacists doing more than dispensing and processing prescription orders and complexity of medical care now there just simply needs to be more pharmacists staffed. Equivalent sized or even smaller institutions outside of Nevada have sometimes twice as many staffing/clinical pharmacists than Nevada institutions.
51	On yearly inspection take closer look at condition pharmacy counter space pharmacist work stations general room in pharmacy also competency of director to be in that position
52	Our institution absolutely needs to allocate money into hiring more pharmacists. Specialty pharmacists are responsible for orders and clinicals outside their specialties and causes increased work loads.
53	PCC computers from LTC facilities to help assess patients care
54	Pharmacist rounding is good (improve patient safety), but not at the expense of getting the meds to the patients,
55	Pharmacists should not be forced to choose between breaking the law and keeping their job. This is a struggle in all institutional settings due to reporting to non pharmacists. A pharmacist reporting to a nurse is an extreme safety concern
56	Pressure from employer for time spent on counseling calls, after call time, metrics
57	Purchasing more premade/commercially available products.
58	Recognition of the immense value of the pharmacy team from the overall C-suite etc.
59	Reducing the amount of national drug shortages. Continue efforts to attract high quality technician candidates.
60	Remove additional MTM responsibilities from the retail pharmacists. Have more staffing for any vaccine seasons or clinics.
61	Remove productivity metrics
62	Review current patient medication profile before dispensing
63	See above
64	Showing your pharmacists that you value them! Leadership
65	Somehow eliminate the "insurance" time suck.
66	Technicians need to answer and triage phone calls and do missing dose queue
67	The board doesn't seem to care about the quality of pharmacies. Seems like no changes have been made nor repercussions to retail pharmacies for understaffing pharmacies. It's a real issue and like it or not the board is our representing body.
68	try to have a limit on work load each pharmacist can do in a shift.
69	Universal use of barcoding within the hospital
70	Unsure. Staffing seems to be the glaring issue. Just numbers of pharmacist:patient doesnt accurately reflect the difficulty of the job or workload. Other things like dealing with residents, new nurses, etc also have a large impact on our ability to
71	We need to be more electronic based: emar, automated filling, ect
72	No response.



	A
1	<b>Question 56: What other recommendations for changes do you have that you believe would lead to improved patient care or patient safety?</b>
2	<b>Question 3: Which of the following most closely describes your primary practice setting?</b> <b>c. Independent Pharmacy</b> <b>d. Department of Defense or Veterans Affairs Pharmacy</b> <b>e. Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)</b> <b>f. Consultant Pharmacist</b> <b>g. None of the above, I am currently unemployed or retired.</b> <b>No Response</b>
3	<b>Responses</b>
4	1 to 4 tech ratio
5	<p>1) if the board can mandate bathrooms for pharmacies surely, they can mandate uninterrupted lunch breaks too &amp; supper breaks. 2) the board should really treat pharmacists a lot easier when they make mistakes. And the employer should be fined &amp; punished much harsher than the pharmacist especially when you look at the working conditions, they make us work. A sliding scale of punishment for the employer should look at the staffing level, the PT, PTT, clerks, # of rx's/hour the pharmacist was working under, how many days straight they were working, whether they were under the weather at the time because they couldn't get relief, how many hours that week they worked and start sending the message to the employer that you treat pharmacist with respect &amp; dignity in this state or you will be fined more &amp; more. The way the courts have pre-sentencing report provided by P&amp;P which looks at the totality of the circumstances in which the crime occurred &amp; the background &amp; history of the convicted, is how the board should be looking at the poor pharmacist &amp; the greedy employer when something goes wrong with a stated goal of reducing the responsibility &amp; punishment to the pharmacist &amp; increasing it on his/her employer for setting up &amp; creating the conditions in which this occurred. I see how the board treats pharmacists &amp; there isn't much sympathy, caring or compassion for us. Gone are the days where a simple mistake is just that. Now the board goes after us for blood &amp; money. Please chill out &amp; treat us with a little pity &amp; mercy for what we have to go through on a daily basis.</p>
6	10 to 15 years ago, if our pharmacy was doing 3000 Rxs/week we would be allowed to have about 160+ hours of RPh/ week” when I left , we were allowed 98 ” with the shift to put more of the workload on techs and computer advances that have helped effi
7	Adding patient safety ce for techs and Rph
8	Adequate rest time and uninterrupted meal periods o give time to unwind and rest, increased tech to pharmacist ratio
9	all electronic rx with insurance company interface to eliminate or greatly reduce non covered items
10	An extra pharmacist should be employed with overlapping shifts
11	Better pay
12	Don't have one at the moment
13	Eliminate mtm
14	Eliminating workplace metrics
15	fewer technicians per pharmacist
16	Get rid of performance metrics in retail settings.
17	Getting rid of the drive through option; that additional workflow adds unnecessary burden to the pharmacy staff.
18	Greater PBM regulation
19	Have a separate verification queue pre fill and post fill
20	Have more efficient work flow designs.
21	I have nothing but wonderful feedback regarding my current workplace. However, my previous workplace could use much improvement. I decided to leave it because of the unrealistic expectations they have on the pharmacy staff. Pre covid times were alrea
22	I struggle to keep competent, and well-trained pharmacy technicians in my pharmacy because pharmacies aren't getting reimbursed for the "dispensing" process of medications. Therefore, we are being forced to come up with non-dispensing opportunities to help pay for the technicians and pharmacy staff to do the job they were originally hired to perform.
23	If pharmacists were empowered to counsel all patients/care givers every time a prescription is dispensed. We would decrease errors and increase patient understanding and compliance, but this cannot be done when only one pharmacist is working.

	A
24	In general: chains delegate a certain amount of "tech hours" to their pharmacies based on the PREVIOUS year's amount of prescriptions SOLD (including vaccines). With chains always encouraging bringing in new patients, transfer-in's, and pushing more vaccines every year, how can they think that providing the previous year's tech hours would suffice for THIS year? It's unfair not only to the employees but the patients as well. Many will wait days to get an antibiotic from an urgent care because these chains are so behind because they're only allocated a certain amount of tech or RPh hours. This is probably one of the worst things (in my opinion) that could have happened to pharmacy. Regional managers need to understand that they need to base their hours off the CURRENT need of the pharmacy - not just a "projected" need. ALSO... Pharmacy metrics (which most chains use) lead to massive amounts of anxiousness and when inadequately staffed lead to a decline in employees' mentality. I myself used to be so anxious in the pharmacy DUE TO METRICS and even was depressed at home thinking about the metrics we COULDN'T meet because WE WERE INADEQUATELY STAFFED, and even felt anxious before arriving to my pharmacy because I knew we were behind in our day, ever single day.
25	Increase in pharmacists per shift
26	Increased staffing in general.
27	Increasing the number of pharmacist and not continually attempting to increase the number of technicians and technicians in training; for the benefit of for profit companies that lobby the board.
28	Just because a technician is certified does not mean that they can do the job. Personnel is unable to pick capable staff.
29	Less focus on metrics in retail pharmacies
30	Ltc - by fixing consulting hour to answer question
31	Making a pharmacist to prescription verification law, that factors both dispensing and non-dispensing duties. The law can have different ratios depending on the type of pharmacy and other workload factors (such as drive thru availability, number of pharmacy phone calls per day, etc.). Also, while eliminating non-dispensing duties for a pharmacist may free up time, sometimes performing those duties can help a pharmacist catch errors and improve patient care as well. Therefore, it would be great if a law could be implemented that focused more on increasing pharmacist staffing instead of focusing on eliminating a pharmacist's tasks. While increasing the number of non-pharmacist staff can help improve workflow, I only see that increasing drug errors since the pharmacist is the final check point.
32	Making sure all staff members have a sense of responsibility to the community they serve to provide the best pharmacy care possible & reminding them when standards are slipping, providing constructive advice to improve pharmacy care, and educate all staff to how important it is for accuracy to maintain the trust & confidence of the community they serve. What may appear as an unimportant detail to a staff member such as a wrong doctors name on a prescription label may alarm a patient because they think the medication in the bottle is for someone else, since they know they never saw the prescriber on the label.
33	Making sure that pharmacists get lunch and breaks regularly, and do not allow the big chains to avoid providing these basic needs
34	Measure patient care outcomes and overall wellness and safety
35	Monitor providers/physician poly pharmacy closely & not be afraid to question their rxs
36	MORE COUNSELING TIME
37	more pharmacist which will lead to less interruptions which leads to less errors
38	More scrutiny on retail chain to treat pharmacist and techs better
39	More staffing
40	More workforce
41	N/A
42	Na
43	NO drive thrus.
44	no metrics hanging over pharmacist and staff
45	No metrics. Totally trained technicians. Do not increase RPh / tech ratio
46	no suggestion
47	None
48	None at this time
49	None in present setting
50	Not applicable
51	Other states have transitioned into giving technicians more duties, such as the ability to check refills for prescriptions. Giving more responsibilities to technicians and having more technicians to help would free up the pharmacist to help in more clinical areas that are needed.
52	Our pharmacy dispensing system would greatly help patient care.
53	Pharmacist consults are important to me as this is my last check for patient safety and some pharmacists I worked with dont do the proper counseling

	A
54	pharmacists should be given the flexibility of their workday to ensure good communication with patients especially since their expertise as a healthcare provider is so valuable
55	Providing overlap pharmacist hours, increasing technician hours and technician ratio to allow the pharmacist to determine the pharmacy staffing needs to ensure safe dispensing practices.
56	Reduce inventory mgt by rph
57	Reduce work load for retail pharmacists
58	Remove the extreme level of micromanaging that exists. I cannot use my professional judgement to improve patient care because my job would be in danger if I chose to do something against employers policy
59	Removing metrics. Retail pharmacies put a lot of emphasis on meeting specific metrics within a timeframe and then get reprimanded for not meeting those metrics and in some cases are unattainable.
60	Separate pharmacist to handle phone calls and interruptions than the one responsible for checking outgoing Rx's. Computer systems that scan barcodes to enter inventory items and to check them as they leave.
61	Sexual education in the school system.
62	Staff that care about the job they perform.
63	target certain interactions between patients and pharmacist and pay a Pharmacist for completing these interactions
64	The adage of doing more with less has got to go. This cannot be what the world needs for proper, safe, effective patient care.
65	the retail chain pharmacists need more help.the pharmacists are over worked. there should be 2 pharmasists on each shift.
66	There should be more pharmacists in retail establishments. The work should not be primarily performed by technicians.
67	Treat human beings with respect. Eliminate non-stop alerts to handle more calls. Alert fatigue is real.
68	Try to complete task before they are due to reduce having to rush to finish work.
69	Unfortunately, we cannot safely multi task. Pharmacists should be assigned a task and then rotate but when I was in retail I was expected to do vaccines, fills, answer calls, pt consults, customer questions, drive thru, communicate with other prescribers, pharmacies, insurance.
70	Walgreens needs to remove metrics. Data verification under 12 seconds and clinical review under 5 seconds is a safety risk to Pt.
71	We could use more space in out dispensing area
72	We need more pharmacist to assist with the work load so we can safely dispense the medications for patients. With added pharmacist during the day can also increase technician staffing. We should have clinics days where we can provide vaccinations and pharmacist can alternate between filling and complete vaccinations at the same time. Large corporations are closing down retail pharmacies and decreasing staff levels so they have more profitability. We need to do better to have more pharmacist during the day (even mid shift) so that we can service our patients more effectively and safely
73	While we are human more staff in general that can have built in safety check processes would reduce patient safety errors.
74	No response.





	A
26	<p>Every single year corporate cuts our hours to bare minimum in the summer saying because the pharmacy is slower in summer. However, this year with Covid making a comeback, Covid testing for travel and school starting at the beginning of August, there is no summer slowdown. We suffer through it, then once we get flu vaccines in we get hours restored. This year of course though, the new Covid vaccine (Omicron variant) came out at the same time as the new RSV vaccine along with the seasonal Flu vaccine. So now this year it was a triple whammy. Many people were getting all three at the same time. This is terrific for the public, but a difficult challenge for pharmacies, since instead of just flu vaccines we are the main source for the public to get vaccinated. We also do other vaccines so our work load pre-school starting is extremely high due to school vaccines. Then as soon as school starts, the kids get sick and then the whole family is on antibiotics, steroids, cough medicine and albuterol inhalers. These days pharmacies are a lab, an immunization center, a MTM hub, a training center for new diabetes patients, a walk in medical advice hub, a place where you can get your blood pressure checked for free-so you can send your results in to the Tele-doc, as well as doing more prescriptions than ever. Today I had to apologize to an elderly lady at least 7 times because she had to sit in the waiting room for a while to get a vaccine. I was trained to do all of this, but I can not do it all at the same time, as well as giving good counsel on prescriptions, and verifying them accurately and be polite, kind courteous, helpful and be in a good mood as I am expected to be.</p>
27	Everyone I work with feels burned out all the time. And we have more staff then some of the other chains- it's the fast pace environment and increase in additional duties (vaccinations, BCP prescribing, etc) and LONG daily and weekly hours that is causing this.
28	Front end management shouldn't try to pressure pharmacists to fill narcotic rx just to meet script volume demands.
29	Give employees incentives. Stop asking for more without appreciating what we are already doing
30	Give us a one or two page summary of the changes to pharmacy law each year.
31	Hard to find technicians and cashiers who will stay longer.
32	Have 2 rph on duty or 1 rph and intern to help with counseling and managing techs
33	have one pharmacist or tech be in charge of all calls and vaccines
34	Have the rest period longer than 30 minutes. Have enough staff to answer the phones, give immunizations, put away drugs on truck delivery days.
35	Have to get rid of the metrics, Very high goals and increase labor help. Must have mandatory so many hours of help for said amount of prescriptions, Vaccines and MTM and other Clinical Engagements.
36	Having pharmacy technicians required to be able to give vaccines would greatly help with workflow. When there is a high demand for vaccines it is difficult for me to do all the vaccines, counsel, answer doctor phone calls and check on medications for pa
37	How long does it take to fill one prescription?
38	I actually quit the retail job because of safety. I felt safety is definitely not built into the system and the flow. I don't want to hurt someone unintentionally from work so I had to quit. I want to be able to go to sleep everyday because I don't know what I would do if a wrong dispensing causes great harm or death to a patient.
39	I am concerned about the current corporate focus on PROFITS over PATIENT CARE!! [REDACTED] IS REPORTING RECORD PROFITS WHILE CUTTING PHARMAIST'S AND TECHNICIAN'S HOURS.
40	I am just filling this as a pharmacist who worked for [REDACTED] for two years and quit in July, 2023 because of horrible work conditions. I am doing this in support of my colleagues who work at a chain pharmacy
41	I am personally disappointed with my employer. Today for example was ridiculous. The other pharmacist called in sick, thus making me do the work of 2 pharmacists. I asked scheduler for help she said there is none available. I told her that the pharmacist to tech ratio was off, she told me to send them home.
42	I and my coworkers have been sick often due to unsafe work conditions. We have complained about space issues, tripping over mats/totes/trash bins, and not having clean air vents (filters have not been changed in the 9 years I've worked at my location). Supervisors are told and all they want to do is add another computer here or there to process more orders.
43	I appreciate that the NV board of pharmacy has sent out a survey to evaluate the current sentiments of working pharmacists in the state.
44	I believe there should be a heavier fine for pharmacies that break the law. The \$5,000 or \$10,000 fines are nothing to these companies that make 20 billion dollars a year in profit. California and Illinois hit pharmacies with heavier fines. I just believe that would help these companies get the memo and make changes for the better.
45	I can see why the world of pharmacy is not a favorable career as before as 15 years ago. Too much student loans, with less pay, and it's a high stressful job!
46	I do not support increasing pharmacist to tech ratio, I think it adds risk to my license.
47	I don't feel safe working in retail. The patients should definitely not feel safe either.
48	I enjoy the people I work with Techs and rph work as a team [REDACTED] was the worst employer I worked for with regards to not being allowed a lunch break and disregarding patient safety
49	I feel All pharmacists should punch a clock. As a previous PIC, I worked an immense number of hours over my scheduled workshift for non dispensing task, paperwork & trying to catch up.

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50	I feel that if we have a hard time staffing or finding hires, district leaders and corporate leaders should greatly reduce our metrics or goals. District managers often tell us that the only way we can get more staffing œhours for our store is to sell
51	I feel that patient safety has been put on the back burner and all that is the focus is profits. I refuse to come in early, stay later, or close late and open at regular time for lunch (cutting out 30 min short) especially without pay or proper staffing.
52	I feel unsafe operating a pharmacy by myself without a technician staffed
53	I feel very burnt out and its very sad that it has come to this. If I could I would change my profession. I dont recommend anyone becoming a pharmacist anymore. Its just too much pressure for us to handle. I have had to start antidepressants to get
54	I feel, in recent months, especially with some brave colleagues threatening to walk off the job, things are slowly beginning to improve, but after 10+ years I have never been able to wonder why State Boards and professional pharmacy organizations (APhA)
55	I genuinely believe that the Board of Pharmacy has a responsibility to address these concerns and advocate for standards that prioritize patient safety over productivity goals. Your attention to this matter is crucial in maintaining the integrity of pharmaceutical care and, ultimately, safeguarding the well-being of those we serve. Additionally, I urge the Board to consider the importance of fostering safe work environments for pharmacy staff. The current high-pressure conditions, characterized by unrealistic timeframes for prescription reviews and drug utilization assessments, contribute to a stressful workplace that is mentally draining for pharmacists and support staff alike. Addressing these concerns is not only essential for patient safety but also integral to ensuring the overall health and well-being of the pharmacy workforce.
56	I graduated in 2014. At that time my preceptor, a full professor and chair of the residency program, told me that she left a major retail chain long ago (for her) because a good day was being able to get the correct drug to the correct patient. I relish the opportunities I have to touch a patient's life and treat them like a real patient and not just a script number. But those days are so few and far between while I'm working at a major chain. It's disgusting. I love being a retail pharmacist. It is my calling. I left my first career to become a retail pharmacist. I don't want to regret that decision.
57	i have answered this survey based on my previous employer that i have recently just left 3 months ago. i had stayed with this certain 3 letter chain pharmacy company for about 14 years and was given so much responsibilities with no compensation (ie. raises for 5 years or no acknowledgement of appreciation).. just more work, with the same amount of pay. the turnover of pharmacy technicians were very high because either the company was desperate for help and all these new people did not even go to pharmacy tech school because it became no longer a "requirement" to be a pharmacy technician. we were just hiring people who was willing to work and learn pharmacy. i think thats where BOP's requirements of becoming a technician failed. if an rph have to go to school and learn the foundation of pharmacy, there should be a requirement for technicians to at least learn BASIC pharmacy (ie. sig codes, brand and generic meds, calculations) knowledge. i felt as an rph i was teaching a pharmacy tech how to do pharmacy, instead of checking the accuracy of prescriptions. since i have left that employer and joined another pharmacy that does way more prescriptions with less non-dispensing duties and no metrics to go by, i have felt more at ease and less stressed. the new employer has equipped us pharmacists with better high performing technicians.
58	I hope something changes for the better & SOON. The profession of pharmacy has become a shame over the years. I really hope the board is going to do something that will make a difference & not just slap some lipstick on a pig. Talk is cheap.
59	I need to contact you because my retail chain of 25 years recently terminated me due to not doing enough metrics (even though I was ).
60	I recently stepped down from management after 15 years. My answers today are somewhat different than when I was managing earlier this year. My experience and views on how to deal with customers and staff have changed over the years and it has made our jobs in retail more difficult on many different levels. I still love pharmacy and will continue to work as a pharmacist but yes something must be done to make the workplace better for everyone.
61	I think increased staffing would fix almost all the problems. I also believe insurances contracting with certain pharmacies leads to a decrease in patient care. I know patients who want to leave a pharmacy but cant because of insurance preferences and her budget
62	I think our staffing hours should not be based on unattainable scorecards. a cut in man hours lengthens time for pts to get med at right time



	A
63	I think people forget that we are clinicians, not money makers. We have no degree in business. We have a doctorate and a license to dispense. Someone with a bachelors degree and no dispensing license should not have a say in what I do in the pharmacy and should not push any numbers on me. No one with just a high school diploma who is a store manager should be my boss. I don't mean for this to sound condescending. I worked hard for my degree. I want the best for my patients. This is why I went to school. I do not understand how a store manager can have any say about the pharmacy. I do not understand how a district manager can have no pharmacy background but also have a say in my pharmacy. If you are going to be higher up in a corporate retail chain, it should be required for you to have a PharmD or equivalent because they make decisions that are not best for patients but are best for business because they are not clinicians. They should not be able to hold policies and business models over any pharmacist because it is our license that we are using. It is up to us whether we dispense a medication or not and to use our best judgement. If a district manager wants to run a pharmacy a certain way, they can use their dispensing license to do so.
64	I used to work 10 hours a day, but now it is only 8 hours, so much better
65	I will never work retail pharmacy again. Big chain companies care only about the bottom line. I developed anxiety because every day I went to work, I was afraid I was going to harm a patient. I was so overworked, under staffed and spent countless hours working off the clock just to finish my daily work. Retail pharmacy has turned into fast food mentality. There is zero respect for our profession from customers and other health care professionals. Its incredibly sad.
66	I wish I had known what I was getting myself into early on before accumulating hundreds of thousands in debt for education and be forced to work
67	I work consistently 4 or even 7 hours extra for free, on top of my regular 12 hours day shift. Without a slip of water or food or restroom break for those paid 12 hours shift. I cannot keep giving my free time to the company that has priority for profit over patient. Please help the pharmacy professionals. We are so helpless. Please.
68	I work in a high volume retail pharmacy. The processing and filling of prescriptions is essentially like playing an intense video game. For those who understand that, imagine someone constantly chatting in your ear, 5 phone lines ringing, and you need to leave your computer frequently. How successful was your game?
69	I would like 4 tech ratio to accomplish and delegate tasks to increase patient related needs and requests. Also volume related staffing of rphs and supportive personnel. I have been given what I need but I would like more to provide even better care and service for my patients
70	I would like to express my deep concerns regarding the current state of retail chain pharmacy, particularly the impact of corporate practices on staff well-being and patient safety. A significant change is urgently needed in the retail pharmacy sector. The relentless pursuit of profits by corporations is not only detrimental to the health and well-being of the pharmacy staff but also poses a serious risk to patient safety. The intense pressure to meet corporate expectations often leads to a work environment where pharmacists and technicians are stretched to their limits. This situation is not sustainable and is counterproductive to the primary goal of any healthcare profession: ensuring the safety and well-being of patients. The well-being of staff in retail pharmacies should be a top priority. When pharmacists and their teams are adequately supported and have the necessary resources, they are in a better position to provide high-quality care. This includes ensuring reasonable workloads, fair compensation, adequate rest periods, and a supportive work environment, eliminating metrics. By shifting the focus towards taking care of pharmacists and pharmacy technicians, we can create a more positive and productive work environment. This change will not only improve the morale and job satisfaction of the pharmacy staff but will also lead to better patient outcomes. In conclusion, I urge the board to consider the serious implications of the current corporate practices in retail pharmacies. It is imperative to recognize that prioritizing the well-being of pharmacy staff will ultimately lead to improved patient safety and care. A reevaluation of these practices and a commitment to positive change are essential for the future of the pharmacy profession and the health of the communities we serve. I remain dedicated to upholding the oath I took as a pharmacist, prioritizing patient care and safety above all else.
71	I would like to see the NVBOP try and have at least an annual paid high end dinner drinks maybe a well know guest speaker and live band at a decent casino in Vegas. You could even put an optional \$100 entry fee for those that wanted to attend when we get licensed every 2 yrs. Pharmacist are hermits mostly and could really use a push in a group organization direction like the AMA.
72	Ive been a pharmacist for 11 years and Im deeply saddened with how retail pharmacy has fallen to these big corporations. I truly hope that nevada law can make the necessary changes to help better protect our patients and pharmacists. Its been a lo
73	Ive only been a pharmacist for 3 years, but Ive changed employment settings 5 times and at all 5 locations, we arent properly staffed. Employers do not care about us and we are constantly undermined and under appreciated. There are so many days wh
74	If I had a skill set that would translate into an income within the same realm of a pharmacist I would have left pharmacy already. However, my skillset is specialized and cannot easily lead into another career path. I have stayed with my company only because I do not want to work for either of the leaders of our industry known as [REDACTED] and [REDACTED]. It is my understanding that it is a couple horror show working for them. I was also told during a board visit that at least I do not work for one of them and that the groceries stores were much better.

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75	if you have more techs it just adds to the pharmacist having to monitor, check, review, and answer questions.
76	I'm not sure how to fix things, but pharmacy does not appear to be moving in a positive direction for patients or pharmacists or technicians.
77	Immunizations and other non dispensing administrations should be done at times that do not slow or disrupt normal pharmacy dispensing duties
78	In closing, pharmacist base salary and 40K benefits need to be addressed, so that the best Pharmacists can be hired.
79	In the retail setting we have selling, filling, and other services. Let's be clear that adequate staffing should be on entering not sold status.
80	Increase rate of pay
81	Increasing non-pharmacist staff in the pharmacy can actually increase the burden on the pharmacist on duty to provide proper supervision.
82	Increasing staff would greatly help with providing the best patient care so you have time to actually focus on each prescription/patient that comes in without feeling rushed or stressed. There were numerous times I was told I take too long with one patie
83	increasing tech hours at bigger retain chains especially during the winter season and having a second pharmacist on helps with work load and allows for better patient care. patient and pharmacy won't feel rush or stress to meet certain criterias
84	Interruptions effect my accuracy the most.
85	It appears the developers of this survey do not or have not worked in the "trenches" of our profession.
86	It is extremely difficult to find and hire competent cashiers and technicians. The job is very stressful and the pay doesnt encourage qualified and dedicated applicants.
87	It was impossible to get to know my patients medical needs and truly take care of them like pharmacists should. Proper counseling hardly ever happened. Patients and patient safety need to take priority over company profits.
88	It wasn't until I left chain retail that I realized how negative work had made me. After some time away, I no longer believe the worst in everybody and instead believe there is good in people again. I feel like the "public" needs changing. Not just staffing, metrics, etc. And I don't know how to do that.
89	Its a tough work not easy at all but job opportunity for Rph now is very limited so far I dont see any job for me but retail
90	Let pharmacist and technicians focus on filling medications correctly. Phone calls for mtms, delayed picked up should have dedicated additional staff focusing on these tasks as opposed to doing multiple task in verifying prescriptions and doing calls causing increase in error incident.
91	Many pharmacists are burnt out which is leading to a decrease in productivity which then increases the workload for other pharmacists. This creates a viscous, exhausting, cycle of burnout.
92	Miss you guys ;)
93	More adequate RPh and techs and clerks help
94	More help
95	More inspections, questions and requirements on the companies and their metrics/requirements themselves, rather than just the physical pharmacies and their PIC's alone. Corporations should have to answer more directly to the BOP in each state they're operating pharmacies in, considering they set the expectations and requirements on the pharmacists themselves at the threat of job loss/wage loss/bonus loss/etc if those expectations aren't met, no matter how dangerous those working conditions are to the patients and employees themselves.
96	More pharmacists and technicians hours during any given shift, increase pay for our hard working technicians so the experienced technician will stay with us
97	More power to the pharmacist to decide staffing needs, not the company, less money going to corporations and more staying in the community
98	More staffing to help patient care and not rushing. Also better working environment for trainees.
99	More technicians would provide a safer and more calm environment, allowing them to time to focus and not make errors. When our technicians make errors it affects the patient and the pharmacist has to spend time correcting the issues. The technicians face a lot of pressure and are often interrupted too
100	Most employers today use black and white method of using numbers/ metrics to schedule staffs without realizing that pharmacists today have to take on so many non-dispensing services. And that leads to short staffs. Employers always push to improve customer service while trimming down hours.
101	My employer requires us to work 9.5 hrs a day 5 days a week. This in my opinion leads to burnout and an imbalanced work/life balance. No flexibility to work longer hours and have more days off. This would GREATLY improve work satisfaction and less burnout having that option.
102	My priority is always patient safety and care over the number of prescriptions I verify, but as a conscientious employee I cant help but feel stressed at the pharmacist work load.

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	My store is probably one of the better staffed stores, but it wasn't always like that. We've recently been given more hours for staffing, but that was only after issues arose from the increased demand in vaccines/scripts. While we are in a safer position now than other pharmacies, we haven't always been there, and it won't always be like that. And while I don't work as many extra hours now as others, it's because I've given up. I've worked 14 hours days when it was supposed to be only 11 to get all my tasks caught up. I could easily do that now, but I choose to not let work run my life.
103	Just because I don't, doesn't mean that I couldn't, or shouldn't.
104	N
105	N/A
106	NA
107	Needs rule by state like California to increase safety
108	Nevada require much more counseling log than other states that require interrupt pharmacist work too frequently
109	New companies are remotely staffing multiple hospital pharmacies and have already reached levels that rival retail chain pharmacy workloads. I would suggest this be the next area of concern after making sure retail chain pharmacies are appropriately staffed and structured to avoid obvious breaks in the chain of public and patient safety for testing, vaccinations and dispensing.
110	Next thing you know the chains will want to get rid of pharmacists in the pharmacy and have all the checks done remotely or by AI. This profession used to be so great. Why has pharmacy leadership allowed all of this to happen? Plus how can you say this s
111	no comment
112	Non
113	Non Pharmacists (non licensed) personnel should not be allowed to override decisions made by licensed pharmacists regarding the safe operation of the pharmacy at any time.
114	None
115	None at this time.
116	Not having to worry about non-patient/dispensing tasks will improve patient safety.
117	One of the biggest current problems is dealing with the abuse and general time consumption of dealing with drug shortages.
118	Opioid crisis is out of control. We as pharmacists need help in this area.
119	Our industry is evolving rapidly. Especially with fulfillment methods, most of our chains are trying to ease the burden of the balance of dispensing vs nondispensing activities with microfulfillment which is not yet a well oiled machine just yet but at least is being addressed proactively. I really feel the best possible support is anti-PBM legislation and make Nevada open access and drug price transparency.
120	Our profession has become very undesirable leaving high turn over rates of underpaid/overworked techs and testament to our local pharmacy program enrolling "70% less" pharmD candidates than usual. We feel defeated everyday on duty due to understaffing to support the demands of our community safely and efficiently. I see the trend of people leaving the profession due to frustration causing more stress on those who stay. And the last 3 years the ones who stayed are slowly leaving. This cycle is causing unsafe/inefficient patient care across the nation. Please please please help our profession.
121	Our retail chain recently implemented 30 minutes pharmacy lunch break. Due to the workload, I use this time to catch-up because the phones are off and the gates are closed at the pharmacy. I've only actually eaten twice since they started our 30 minute meal break few months ago.
122	Outline the quantity and MME that can be prescribed exclusively for dental purposes and migraines. A lot of patients that take narcotics for chronic pain are using them for migraines. Legislate that post surgical pain prescriptions should be sent to the pharmacy only post surgery. I see people send in and fill prescriptions for post surgical pain management 2-4 weeks before surgery. Some of the surgery might never happen and how do you determine how much medicine to prescribe for a surgery you did not perform?
123	Patient safety is number one priority for me and adding extra tasks all this non medication services CLIA services affecting pharmacist to focus on medication therapy and its increase stress and work load which affect patient safety
124	Patients do not respect pharmacist anymore the amount of verbal abuse, license threatening and corporate threatening in a retail setting is unacceptable. Corporate surveys for patient retention should be eliminated. Retention is not based on servic
125	Pay the technicians and pharmacist well enough to boost their morale and motivation.
126	People and Patient driven instead of metrics.. Focus on right behaviors and forget metrics completely..
127	People generally and understandably, do not want to wait. Metrics focused on prescriptions but does not count, as this survey has put it, non-dispensing services, phones, customer/patients and other variables does not make sense. I understand metrics, why there is one but not including everything makes it an unfair measure of practice. Customer surveys, metrics, non-dispensing services are all factors, among others, in pharmacy practice now.
128	Pharmaceutical technicians should not give consultation or suggestions to patients just because the pharmacist is too busy attending to non-dispensing services



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129	Pharmacies should be required to access Webiz before administering vaccines. Too many times I have seen unnecessary or duplicate vaccines administered.
130	Pharmacists are valuable - stop replacing pharmacists with techs - fight for the profession for adequate reimbursement that allows more than 1 pharmacist serving the public
131	Pharmacists need to be union and have someone protecting their rights. Unfortunately, all the bad practice and illegality is well known by Nevada Bord but they really Do Not Care!
132	Pharmacists should be allowed to sit down. We are not robots . We deserve to sit . Some times we are so pressed we dont even use the bathroom for ours . Fearful that a patient maybe upset waiting for the pharmacist for consultation
133	Pharmacy corporations should not be allowed to pressure pharmacist to verify prescriptions by promised time it is a unnecessary metric, when caring for the patient is more important
134	Pharmacy has become a rat race from the time the pharmacy opens until it closes...it has become a race to finish and fill as many prescriptions as possible. Drive thru services made it like fast food instead of safety. Maybe if there were more pharmacies so all the work wasn't all in one place. More pharmacist working at a time.
135	Pharmacy insurance or discount coupons from manufacturers should be made available to participating pharmacies prior to drop off or pick up to avoid any delay.
136	Pharmacy run score card to compare the all the store every week, Performance measure or time takes for each stage. 56 Seconds to verify? How many mtm ? Vaccination, per week , compare all store increases every week , comparing increases stress, anxiety if you behind then others. ,since all store has different thing to deal .comparison does not help rather than increase stress The time set up by System is very unrealistic ,put pharmacist in rush that cause errors
137	PHARMACY SUPERVISORS AND MANAGEMENT SHOULD NOT BE IN PLACE TO DRIVE PHARMACY PROFITS THROUGH DRIVING METRICS. THEY USED TO BE THERE FOR ACTUAL SUPPORT.
138	Pharmacy Technicians should get salary increase specially if they can help with immunization.
139	Please enforce my mandatory 30 minute break.
140	Please make a legal requirement for each pharmacy to operate safely with at least 2 to 3 technician minimum per 1 pharmacist so that the employer would not cut too many hours leaving us having a few hours of tech per day, 10 hour shift. Due to low number of tech hours budget weekly, we do not have enough number of technicians to assist all customers.
141	Please read through topic discussions on <a href="http://www.reddit.com/r/pharmacy">www.reddit.com/r/pharmacy</a> and <a href="http://www.reddit.com/r/pharmacist">www.reddit.com/r/pharmacist</a>
142	Please require pharmacies staff 2 pharmacists per shift.
143	Prescribers are difficult to reach when verifying prescriptions. Medical assistants have become an obstacle that impairs the efficient verification of prescriptions.
144	Proper compensation would be nice to avoid burnout of technicians and Pharmacists, though this appears to be an issue with corporate and their stance where patient safety matters only when it doesn't affect their profits.
145	Proper workload balance
146	Pushed too hard to reach unattainable metric/goals and told its all to keep patients healthy when its most about profits. Too much to constantly keep up with as a PIC: Compliance audits/inspections, metrics, BOP inspections, inventory, excessive amounts
147	Really hope the Board of Pharmacy is able to do something about current work conditions as it not only affects the employees but patients. I have been a pharmacist for 25 years and it has been great in the beginning but has become a multi-tasking nightmare. Companies are only looking at the profit and # of patients that can be processed. Not processed safely. If something happens then it is the pharmacist's fault as they shouldn't have rushed.... but they have to in order to hit the "goals". I am actively pursuing goals to get out of the profession that I used to love.
148	Regarding the idea of increasing the number of technicians a pharmacist can supervise, I believe it could suffer from diminishing returns. Time that could be spent doing clinical tasks, such as consultation and communicating with other healthcare providers, may be used to supervise additional staff instead. I don't believe this is where the role of a pharmacist should be going.
149	Respect for pharmacist, some management treat them like a home servant
150	Retail pharmacy has become unbearable. I've left a large chain because of the impossible expectations.
151	Retail pharmacy makes one feel as if they are on the brink of capsizing on a sinking boat. More pharmacists are required to solve issues regarding patient safety (consultations) and all non pharmacy related services like immunizations.
152	Retail Rphs are overworked and under paid. Performance evaluations are just ridiculous and unfair. Even if your manager gave you a good review but the other people involved in giving a raise will mandatory lower your score or since youve been in the c
153	Salaried pharmacists should have overtime pay too since a lot of us stay behind after our shift just to clear it up for the people working the next day. Or just have two pharmacists scheduled in a day so theres no work left behind after shifts.
154	Should be a regulation for the chain pharmacies to always have technician on duty. Im considering going to the state legislature about this concern.

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155	Should pay for pharmacist work after hours. Should have all electronic prescriptions, no more handwritten prescriptions. Hand written prescriptions are not safe most of the time.
156	Since COVID I have struggled with mental health and work continues to expect more and more without taking anything off the plate. They say they are helping but they aren't. They budget for a skeleton crew at all times and expect you to constantly do the
157	Technicians need to make more than a gas station attendee
158	Technicians should be required to do all vaccinations.
159	Thank you for addressing this issue!
160	Thank you for doing this.
161	Thank you for sending out this survey and listening to our concerns.
162	Thank you from the bottom of my heart for this survey. The questions asked here have been well thought-out and inquired about a variety of topics.
163	Thank you NV BOP for this initiative! I hope there would be changes implemented after this survey as soon as possible. The demands and responsibilities for pharmacists are always increasing. While I am happy to do extra tasks to help serve our patients, additional help is needed from the company and government to ensure the patient's care and safety. I feel that the laws and policies are not fast enough to adapt to the changing landscape of the pharmacy practice. Increase communication from the BOP to pharmacy staff and public would be beneficial; consistent monthly newsletters would be nice; regular open dialogues or public forums would be favorable.
164	Thank you so much for doing this. It really feels good to feel like someone is listening, after feeling like we don't matter. My first job was at a Taco Bell when I was young. I hated it, and determined to never work there again. Pharmacy has become
165	The board of pharmacy needs to protect retail community chain pharmacists unsafe workplace conditions to improve patient safety. In Nevada, community chain pharmacists need to be required to staff the pharmacies to complete workflow daily.
166	The board of pharmacy was slow to implement laws and care about pharmacist to help and prevent errors.
167	The BOP should care more and investigate when a pharmacist files a complaint about working conditions in a pharmacy. The way a company runs its businesses has a direct effect on patient safety. It is discouraging to be told that BOP cannot do anything for us when patient safety is on the line. Our patients deserve better.
168	The disrespect and hostility for doing our job should not be tolerated
169	The metric system and management style mainly contributed the ability to verify the prescription effectively and safely for the patients. In addition, the pharmacy manager puts more pressure on pharmacy staff for the bonus payment, which even puts more burden on the pharmacists to promote patient safety. Therefore, I would recommend the Board of Pharmacy set a guideline for a certain number of prescriptions for pharmacists to verify per day or week. In addition, pharmacists must have enough time to verify and check the prescriptions in the best condition. If any pharmacy manager takes advantage of his or her power to pressure his or her staff to verify faster and provide unsafe working conditions. Please have a phone number or specific forms for the staff pharmacists to express their concerns and present complaints to the Board of Pharmacy about the management. Thank you,
170	The metrics is super stressful
171	The primary practice setting that I listed was with [REDACTED] retail pharmacy (my previous employer). There were days and weeks when I could not relax even on my days off. I would come to work anxious about the workload and metrics that my employer demanded from us, dealing with multiple situations unprepared by my employer, and constantly worrying whether or not, my mental health is more important than the company's values. Due to my large workload and multiple tasks at the pharmacy, I felt like it was easy to make a medication error, which led to increased stress levels and anxiety at work. My healthcare physicians suggested I quit my job due to poor work conditions at my retail pharmacy company, which led to taking medications for anxiety, depression, and eczema flares due to work stress. I have floated to several different [REDACTED] locations and the work conditions are the same or worse with less pharmacy support.
172	The safe number per day really depends on the system. At [REDACTED] you can safely fill more because their computer system is designed to prevent medication errors. Other places, not so much.
173	The solution is simple, but many BoPs refuse to act. Require big companies to ensure adequate help isn't asking a lot when you are dealing with patient safety. Just ask the this question to any other medical professionals: Have you EVER seen another whi
174	The workload that has been put on us is unfair and unsafe on top of tech hours being cut so badly we are working by ourselves. Pharmacy never used to be like this. We have lost so many great techs because of cut hours/wages and lost great pharmacists due



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175	<p>There are not enough labor laws to help protect labor rights of pharmacists in Nevada. Salaried pharmacists are expected to complete work/hours outside of work in addition to scheduled pharmacy hours without pay. Pay increases even for the highest performers have barely made it to 2-3% yearly increase which is not enough to help offset inflation. New graduates or pharmacists changing companies are offered \$50-60 hourly with many given less than 25 hours weekly. It is disappointing this is the same offer from 15-20 years ago with significantly more competition entering the workforce, despite school tuition hikes in the last decade. The working conditions, minimal labor protection, and no incentive in pay guarantee to offset the expenses/commitment has plummeted interest in the profession, as seen in the lack of applicants in the pharmacy school. Great candidates are looking into other professions, and sadly pharmacists are discouraging their own family and friends from our profession due to the bleak job outlook and poor working conditions. Our community needs good pharmacists to guarantee their medication safety, and a lot needs to be changed to regain a positive interest in our profession. Our neighboring state California has taken strides in the profession, gaining workforce rights like requiring pharmacists to clock in and out during working hours and during lunch to protect from interruptions so they are adequately paid for their time. They are not allowed to open the pharmacy without a technician present. The Board no longer allows companies to use business metrics and goals to be evaluated because it affects patient safety. The bottom line is that this the safest process that we can do to ensure errors are kept minimal without interruptions and the stress of meeting metrics so that pharmacist can fully focus on preventing errors and identifying safety issues. I truly believe that not allowing quantitative measurements that pharmacists stress to add in addition to dispensing and requiring at least minimal technician hours (not more technicians allowable) will vastly decrease the number of errors and patients hurt so we do not compromise their care.</p>
176	There should always be at least 1 technician working with a pharmacist at all times (like in California) to promote patient safety and safety in the workplace. Its scary to work by yourself in the pharmacy. Sometimes we get a last minute rush, or a fam
177	There should be a Pharmacist assign for MTM and equip so less interruptions in filling, dispensing and verification of Prescription.
178	They do not have hours for sick call. I think mental health is extremely important for pharmacists as well. All pharmacists need mental health breaks
179	Things need to change!! We have to stop big retail chains dictate what we do without regard to patient safety.
180	This is not the same profession that I began 28 years ago. Had I known it would become what it is, I never would have become a pharmacist
181	This survey failed to address the pharmacy profession other than retail. Expectaion to fill Rx's as quickly as possible puts patient safety at risk. For example, I would like to know how patient safety is paramount when doing clinical review and one is only given 6 seconds to perform a proper review.
182	Transfer of prescription must be limited, or needs to go back to the old way of limiting rx to be transferred only if rx has filled at least once in the pharmacy. If Md send rx to wrong pharmacy, they need to resend to the right pharmacy instead having pharmacy to transfer for their mistake.
183	Travel vaccines/meds consultations and immunizations have taken out a lot of time from our work flow. Then we still have to clear the queues for that day. We have to follow companys protocols to accept or deny new patients but sometimes feeling the com
184	Twelve hour shifts with one thirty-minute lunch break are ridiculous. Also, expecting one pharmacist to deal with dispensing prescriptions, vaccines, patient consults, answer customer questions, handle drive-thu issues, ring register, deal with inventory and ordering and everything else we do with no errors is insane. I'm old enough and experienced enough to say "no" if necessary but most pharmacists won't and errors will become more common and more serious it the current situation continues.
185	Ultimately the safety of the patients is our number one priority and secondly the pharmacist and technicians well being & mental sanity need to be addressed due to unrealistic expectations and pressure from the companies metrics! The outrageous workl
186	Unrelated to the board, but the pay scale for pharmacy is also not very good for chain retail pharmacies, which exacerbates staffing issues.
187	Unsafe to voice concerns without feeling that I put my job at risk.
188	Until ALL interruptions are eliminated or decreased and third party is reformed or eliminated, NOTHING will change or improve
189	caused me to have psychological damage from the stress, weight gain, lack of rest periods (because of no overlap) lack of bathroom breaks and constantly being berated by patients with no repercussions from corporate when my life was threatened on multiple accounts
190	
191	greed is excessive . Managers and technicians are incentivized to pushing vaccines
192	in Las Vegas is the employer referred to above

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193	We get a designated lunch, but no additional rest periods for pharmacists, only technicians get breaks. Employees don't have enough vacation/sick time to take well-deserved breaks and take time off when sick, and we don't have any coverage when we do need time off, which leads to people working when sick, injured, in pain etc and increases stress and burnout. Increasing the number of techs increases my stress and workload in a different way. I work very hard to stay focused so as not to make a mistake, but it is exhausting to keep track of everything going on. And yet I wouldn't be able to fill all those prescriptions without them. Which means we need another pharmacist if we need more technicians. And with staffing where it is, we are almost always "behind."
194	We have a central fill location which is supposed to help us with workload but it cause many problems which includes customer complaints. It also automatically pull in non maintenance medications such as Ibuprofen and other medications and when the customers come in to pick up their medication, we have to pull it back and it takes extra time which could have been avoided
195	We need more breaks or lunch should be longer than 30 minutes
196	We need more specializes pharmacy and pharmacist to offer a better service. We are trying to do to much at one setting
197	While my current employer is not as bad, I had to quit my previous employer Walgreens due to such stressful job environment, more goals/quotas to be met, pressure from store managers and district managers who some dont event have pharmacist degree but di
198	Without enough staffs to accommodate work flow and patient care, there is higher chance to make errors because everyone has to work faster and harder to meet metrics. Besides that limited staff also affected the time patient has to wait in pharmacy to pick up their medications.
199	working less hours per week is the key for my life change
200	Yes, pharmacy is a business but also a means for patients to get life saving medication. This should be taken seriously. Pharmacists should be able to safely evaluate each prescription and not push for completion due to time constraints from the company and deal with constant interruptions that open the door for numerous medication errors.
201	You cannot tell me that a pharmacist being pulled in 6-12 directions at any one time will never make a mistake. You cannot tell me that a technician trying to multitask at the same level wont make a mistake. My company likes to say that some techs act
202	No response.

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1	<b>Question 57: Please share any other comments you may have:</b>
2	<b>Question 3: Which of the following most closely describes your primary practice setting?</b>
3	<b>a. Institutional/Hospital Pharmacy</b>
4	<b>Responses</b>
5	Allergies!!!
6	Allow pharmacists to make clinical judgements regarding medications. (Ie; 2 lisinopril 2.5mg daily instead of one 5mg tablet
7	Before our current management took over, we had amazing outcomes with our diabetic patients and hypertension patients because we had in person visits with them, the pandemic changed that to telephone visits, which are often no show and not effective. We need to go back to being 50% clinical & 50% retail like we were; this will greatly improve patient safety & outcomes, in addition to eliminating errors. We also need to be less cluttered; our manager focuses on ordering things and overfilling the pharmacy, rather than anything to do with patients; he does not care about the patients at all, sadly. We need a major refocus in our management, but this has been a struggle, he distracts more than he ever helps, unfortunately.
8	better understanding of pharmacist work from physicians and Nurses. Also from general public.
9	██████████ is a patient safety nightmare. Please do something about it!!! Staff is scared to work here and management doesnt care
10	Dea caps on scheduled rx's dispensed without the pharmacy knowing what that cap is does not help with the opioid crisis but instead compromise patient safety for those in need of these medications for legitimate reasons
11	Even though more tech would be helpful to get things done, if the ratio is too great, it is hard to check everything safely (without rushing which could lead to more errors).
12	Hospital pharmacy is 200% less stressful than retail pharmacy. Workload is about half with more staff.
13	Hospital setting is very different than retail setting for patient safety, but the priority is still number 1.
14	I do other projects for the company I work for outside of pharmacy hours, that can be stressful, but the pharmacy work during business hours is easily accomplished. My biggest stress is the computers going down.
15	I know retail pharmacies are massively overwhelmed, especially during vaccination times. But I wish that the board of pharmacy paid better attention to hospital pharmacies. We are also massively understaffed in Nevada and we are also looking into unionizing.
16	I only work part time currently due to a past pharmacy job of high stress, high workload, and spending 60 hrs a week working, when only being compensated for a 40 hour week. Basically I burnt out
17	I quit retail about 2 years ago. The big companies will never come with more help unless forced. Its as bad as youve heard.
18	I realize that the healthcare system is struggling, in my setting the administration is so far out of touch with the daily needs and struggles of our department ~ we are unseen and unrecognized.
19	I switched careers from ██████████ to ██████████ pharmacy. Both pharmacies processed the same amount of prescriptions, but the biggest difference is that instead of having one pharmacist working an 10+ shift there are sometimes 3-4 pharmacist each working an overlapped 8 hour shift. This allows the pharmacists to spread the amount of consultations, vaccines and other non-dispensing activities amongst themselves. Moreover, the pharmacist is not pressured to spend such little time on prescription verification, but rather can safely analyze DUR and seek clarification without sacrificing on getting patients their medications in timely manner. My work life balance has been greatly increased since making the switch.
20	I want to love where I work, but some days it worries me to be there when I see how little administration cares about us and in turn how little they actually care for patient safety.
21	I would prefer to hire more technicians than less but it could have a positive or negative impact on patient safety and medication errors. Some technicians are not very detail oriented and make a lot of mistakes whereas others are very accurate. Hiring more pharmacists concurrently would help pharmacists spread the workload and not feel overwhelmed with the amount of items to check that techs have prepared. I believe both hiring more pharmacists and more technicians would improve patient safety and reduce med errors
22	It would be so nice to feel like we have a board that cares for us. It feels like it works against us and any time I have called I get an "you're a pharmacist, you should know" attitude.
23	Its not necessarily the number of techs working. Its their work responsibilities that need updated.
24	KEEP IN MIND I WORK IN A HOSPITAL WITH 800+ BEDS ADMITTED ON THE ADULT SIDE. BUT THERE IS ALSO CHILDRENS HOSPITAL AND THE ER PATIENTS TO CONSIDER. ON DAY SHIFT, THERE IS MORE STAFFING, ON SWING SHIFT STAFFING DECREASES, AND ON 3RD SHIFT - WE ARE BARE BONES SKELETON CREW BUT PATIENT VOLUME AND DEMAND DOES NOT CHANGE. AND FREQUENTLY INCREASES.
	Lots of pharmacists feel they are not supported by their own governing organization and are left to rot. Whereas nursing and physician groups at least try to support their profession. The liabilities of the law, the additional responsibilities, and the ever increasing risk of patient safety that we carry on our broken backs just isn't worth proceeding in this profession anymore. The non-existent pay increases over the past couple of decades does not match up all the additional responsibilities and work we all have to endure.

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25	Many of these questions are not applicable for hospital and clinical pharmacists so consider a separate survey for them to address
26	N/A
27	NA
28	NA.
29	Nevada is also behind other states in what pharmacists are able to do within their scope of practice. Many more states have outpatient/inpatient prescribing, more liberal collective practice agreements, etc. As more of these practices (such as COVID immunizations, Paxlovid prescribing, vancomycin AUC/MIC dosing, etc) have been slowly introduced in Nevada the number of pharmacists staffing has stayed the same. And employers and institutions haven't appeared to show any interest in providing more FTEs for the additional work. This will only get worse as other states expand pharmacists scope of practice. And allowing technicians to do pharmacist duties (such as immunize) under pharmacist supervision just allows employers to not staff more pharmacists but carry more of a liability being responsible for the activities an individual without even a 4-year degree which we have to directly supervise anyway.
30	No other comments
31	None
32	not at this time
33	Over my 30+ years in pharmacy I have seen an increased emphasis on patient safety, so much so that I earned a credentialing in patient safety. However, the emphasis on USP 797 and 800 , though extremely important and does add dimensions of patient safety, has created delays in patient care due to the "extra steps" in creating a sterile/accurate dose. These delays add extra stress to an already busy patient care process.
34	Pharmacy has gone downhill, we let employers push us around to much and for too long.
35	Pharmacy has not been what I imagined it would be; these companies make sooooo much money off the backs of our hard work. Its very easy and quick to lose motivation (I see sooo many pharmacists and especially techs who do the bare minimum) this means
36	Pharmacy has not really changed and retail always drive for profit and under staffing due to management greed and lack of empathy.
37	PROVIDERS NEED TO BE HELD ACCOUNTABLE - THEY DO NOT ANSWER THE PHONES, THEY ALLOW UNEDUCATED MA'S TO GIVE RX'S OVER THE PHONE, AND GIVE MEDICATIONS WITHOUT A PHARMACIST REVIEW AND NO KNOWLEDGE OF THE PT'S OTHER MEDICATIONS LEADING TO ERRORS
38	Receive meal break required by law , but zero additional breaks
39	Reflecting on my entry into retail pharmacy about 15 years ago, the staffing levels were reasonable, enabling us to manage our workload efficiently. I could dedicate time to addressing issues, conducting follow-ups with healthcare providers, and ensuring comprehensive patient care. With my background in hospital and ambulatory care pharmacy, I comfortably balanced the demands of retail until I transitioned to an ambulatory care role in a hospital. However, during my five years in retail pharmacy, I witnessed concerning changes in the work dynamics. There was a persistent push to reduce technician hours and replace experienced technicians with lower-cost hires and minimal training. This restructuring impacted workflow, forcing unreasonable speed expectations on the remaining staff, leading to psychological and physical burnout for both technicians and pharmacists. The high turnover resulted in constant changes within the team, disrupting continuity and patient care. The working conditions deteriorated to a point where the well-being of healthcare staff was compromised. It became evident that caring for patients necessitates a supportive environment that prioritizes the well-being of the healthcare team. Despite being offered roles of higher responsibility based on performance, I chose not to continue in retail pharmacy due to the discordance between the work environment and my personal values, particularly in the treatment of technicians. I firmly believe that a healthy and supportive work environment is essential for delivering quality patient care, and regrettably, the current conditions in retail pharmacy diverge significantly from these principles
40	some of these questions are difficult to answer related to a hospital clinical pharmacy setting, but sometimes noise levels and interruptions while processing medication orders can be an issue. I've grown accustom to this setting and have personal mental checks to keep myself from putting through orders that I haven't evaluated thoroughly due to distractions/interruptions. I feel like there is very little one can do about it in this setting, unfortunately.
41	Some patient safety issues get swept under the carpet by administration
42	Stop increasing the number of techs per pharmacists. Its more stress on the pharmacists to have to be responsible for them.
43	Survey difficult need more explanation boxes to cover questions things like flex schedule due to census without out regard to patient aquity
44	Thank you
45	Thank you so much for doing this survey. Timely and important!
46	The increased number of pharmaceutical technicians may pose a threat to patient safety as pharmacists are required to supervise more technician duties
47	Time for patient counseling and developing personal professional relationships.



	A
48	We must put into law minimum staffing for pharmacy size and/or workload - orders processed/dispensed. And not based on quantity of patient.
49	We need more advocates for Pharmacists and patient safety in all types of pharmacy settings
50	No response.

	A
1	<b>Question 57: Please share any other comments you may have:</b>
	<b>Question 3: Which of the following most closely describes your primary practice setting?</b> <b>c. Independent Pharmacy</b> <b>d. Department of Defense or Veterans Affairs Pharmacy</b> <b>e. Non-pharmacy practice setting (i.e., a practitioner's office, at home, at a college or university, etc.)</b> <b>f. Consultant Pharmacist</b> <b>g. None of the above, I am currently unemployed or retired.</b>
2	<b>No Response</b>
3	<b>Responses</b>
4	<p>1) I am lucky I can work for a small independent retail store. I would change careers overnight (to my other non-pharmacy part time job which I do work once or twice a month) if I had to work for a chain. They make the pharmacists at the other chain retails in town work 12-13+ hours a day &amp; have to fill over 300 rx's/day. I have filled in on emergency for them &amp; would never do it full time. That is absolutely insane. It is chaos all day. It is horrible for your health. We pharmacists (in general) are treated like fast food restaurant workers flipping burgers all day. I have it easy compared to them and am still burned out. You know how hard it is to get a day off? Nearly impossible. You have to work when you are sick &amp; miserable cause there is no coverage for you. No other profession in the USA abuses their employees like pharmacists are abused. And if I had it to do all over again, I would NOT become a pharmacist. 2) we need to start training employers &amp; pharmacists that in the name of patient safety, only those who truly need their prescription filled right this second (mother with sick kid in her arms) gets special treatment. All other customers need to wait their turn in line &amp; we will get to later in the day. If we would start training everyone that this is a major way to reduce chaos (&amp; the subsequent med errors) life would be better. I have started doing that at my pharmacy &amp; the med errors have dropped dramatically. I repeat dramatically. Catering to every patient right here right now does nothing but create chaos &amp; med errors. Patients are not entitled to have everyone stop what they are doing &amp; fill their rx right now. But that is how it is in a lot of pharmacies &amp; that is the attitude of a lot of patients. That is a disservice to everyone, all in the name creating a competitive edge is getting your script volume up so you can make someone else rich. Again. What ever happened to patient care. Lastly, I am grateful in that I don't have to administer vaccines &amp; all that other non-prescription related stuff otherwise I would leave even this job. Listen, we are tied to preparing a product (prescriptions) for sale to a customer. Until that non-sense is no longer our job, all that other stuff they tout as patient care is just window dressing &amp; has no business detracting from the safe &amp; accurate filling of prescriptions.</p>
5	As mentioned above, with the shifting of more workload to the techs, their pay scale should have been elevated more than it has 16 to 20 bucks an hour is in line with fast food , and the last time I checked, we were healthcare ; does that mean anything
6	Being professional in a community pharmacy: requires looking, acting, & speaking professionally. Being ready to work and on time when starting a shift. Help other staff members to perform their best and always remember you will never be appreciated by everyone you serve, since many in our current culture resent anyone standing between them and their drugs.
7	Does the patient truly benefit from a corporate mentality that is driven by œnot how but how many? Why is quality sacrificed for the mere sake of productivity?
8	Don't have one at the moment
9	excessive DEA policy against opiates to the extent patients with severe pain are being grossly under treated for fear of the DEA
10	Hopefully in the future - one day: Dramatically decrease dispensing functions of a pharmacist ( which probably will be taken over by AI ) and emphasize clinical knowledge/ patient consultation and education regarding patient lifestyle changes, nutrition, and possible drug- drug adverse interactions as well as patient discussions utilizing complementary medicine and assist in the development of an integrative health care approach.
11	I am glad this Problem is finally making an impression on the board as they have always preached patient and public safety while neglecting and not supporting pharmacists who are clearly overwhelmed and have asked for their help.
12	I am so grateful our BOP cares enough about patient safety to send this survey. It gives me hope for our pharmacy profession in Nevada.
13	I answered question 58,59, 60, and 61 based on my experience at a retail pharmacy
14	I feel for the community pharmacists who were being abused by the large chains and denied technician help, all in the quest for decreased cost and increased profit. There has to be a way to balance profit with patient safety, and unsafe working conditions is not it. I feel lucky to have escaped that career choice for much of my career, although poorly-managed hospital pharmacies aren't a picnic either. Gone are the days of employer-employee loyalty and fidelity. I'm glad to have landed a job in IT after 37 years as a clerk, tech, intern and pharmacist in various settings.
15	I hope the board will pass some regulations
16	I left retail pharmacy 10 years ago due to the expectations at that time and they have only gotten worse. I believe errors are frequently not caught because patients don't know to ask questions.
17	I left retail the day I was physically and verbally threatened by a patient and will never work in retail again. The company I worked for had such a poor response.

	A
18	I left retail this year after COVID pandemic due to increased pressures for providing vaccinations with no additional support in pharmacy staffing, training, roll-out of vaccination preparedness and then after providing over 5,000 shots in a year, having overlap pharmacists hours cut, technician hours cut, increased demands on non-dispensing patient services and metrics. I no longer felt safe dispensing medications for patient care.
19	I left Walgreens when I was sure that I was going to injure a patient or have a stroke due to the amount of hours I worked off the clock. I am certain that the majority of pharmacists who work at Walgreens and CVS now feel the same way. 58 thru 61 were all yes when I worked chain, and all somewhat when I worked at a grocery store.
20	I love being an Infectious Disease Consultant Pharmacist and Consultant Pharmacist
21	I love my current full time position, but do not see myself ever returning full time to a retail setting due to severe staffing shortages and performance metrics.
22	I support removing any metrics for retail pharmacists.
23	I wish that I did not pick "not applicable" because I am retired. If I were to answer these questions, I would answer them as negative responses. All the places that I have worked, the Chief was more concerned about a bonus than patient care.
24	I wish you had sent this survey out a year ago. My current employer is an independent pharmacy and it is amazing. My previous employer was the 3 letter. I worked for them from the time they took over Target pharmacy in 2016 until I quit in August 2022. From the moment [REDACTED] became my employer, I always told myself I would stop working for them once I felt like conditions were unsafe. I think I stayed a few years longer than that. Even before the pandemic hit, they were reducing technician hours to unsafe levels/stressful levels. Every single day I was scheduled to work I went in one hour before open just to try and set the pharmacy up for success (try to clear out QT, fridge temps, make sure the computers were up and running for the day, etc) and then many days I'd stay late just to clean thing up (put away the order, clear out QP that was overdue, file hard copies, etc) I know I diminished my value as a pharmacist by working off the clock but even with an experienced pharmacy team we could not physically handle taking care of patients and a business with the amount of help they said we were allotted. The quotas they expected were ridiculous - I remember one year [REDACTED] gave us a flu shot quota of around 1200. Well we reached that goal around late October so they gave us an "extended goal" - nothing was ever good enough for them. The real craziness started when the covid vaccine became available and we were expected to vaccinate all day long while continuing to dispense prescriptions. Sure, they made some technological upgrades which helped make some things faster. However, when you have a diabetic patient being counseled on how to use supplies for the first time and you want to spend 20 minutes helping them out by giving them that human connection you can't because you have vaccine appointments and a million other things to do. It's disheartening. If you really want to see some interesting things you should get your hands on the colleague survey [REDACTED] gives their employees every year. I'm sure I'm not the only one that begged for more help every year. I became a pharmacist to help people. By the time I finished with [REDACTED] in 2022, I felt like the only one I was helping was [REDACTED] to pad their bottom line. They didn't care about their team or their patients. I was just a number making them X amount of profit.
25	I work at an independent pharmacy with other pharmacists. I feel bad for RPhs who work at chains burdened with a lot of work.
26	I worked 14 years in one retail pharmacy and I quit because they cant find relief pharmacist so I can go on vacation (staffing problems)
27	Ive worked at [REDACTED] and have felt that I didnt have enough help to fill prescriptions safely. Didnt have enough help to be able to take a break, also couldnt get a break to pump while lactating. [REDACTED] burnt me out and affected my physical
28	If you increase the tech ratio, you are only worsening the problem. All that work is still falling on the ONE pharmacist. That ONE pharmacist will be the bottle neck and will feel pressured to finish all the tasks as quickly as possible. Someone WILL mak
29	Increasing Pharmacy tech ratio will lead to better patient care and safety. By having more techs they will reduce the busy work a pharmacist is doing allowing RPh to do only Rph duties. Final verification and counseling. Increasing or Eliminating the ratio has been shown to work in other states. Every Pharmacist have different abilities those abilities limit how many they can do safely on a individual basis there should be no quota for what they must get done.
30	Most of these questions do not represent my current conditions. We compound. I feel the survey should include an æother option with space for comment.
31	My pharmacy collaborates with nursing and we also have "on call" hours outside of our regularly scheduled shifts.
32	N/A
33	N-a
34	no comment
35	No comments
36	no suggestion
37	None



	A
38	Pharmacist and pharmacy personnel have got be more valued by the community, prescribers, and business. Patients of all classes, health status, and financial wellness will wait hours/months if necessary for a doctor appointment but cannot be bothered to wait 5 minutes for their medications???? The pharmacy world is broken by greed of money and time. All medical services were given a great and mighty disservice when they became a business and not healthcare. My position with DHA/DOD is much better that it was in RETAIL, but there is still room for much improvement. My job in retail and here has been reduced to be an editor of my technicians, the doctors, and even the patients. I feel my degree as a pharmacist is being only about 10% of the time, yet I am still paying for a \$200,000 education that brings me very little reward other than a pay check.
39	Pharmacy cannot be treated like a fast food situation although some of those business have implemented strong quality check measures to ensure accuracy.
40	Q47. Remove eliminate and use decrease to describe the factors distracting RPh when processing orders in community & hospital RX
41	see the above comments. We need to have more pharmacist to assist our patients. Do NOT increase technician ratio's. A pharmacist cannot have a high metrics, flu shots, patient questions, increase technician & cashier ratio; increase phone calls, consults to better serve our patients. There is a mass exodus of people leaving the pharmacy career.. There is definitely no work and home life balance. We can't say anything because pharmacist are trying to pay off the loans we have incurred to enter this career. Take a survey: not many pharmacist are happy with their career choices.
42	since the vast majority of errors occur at input, this is where the pharmacist should be, not a tech
43	The practice of pharmacy in a chain retail setting is becoming too stressful and leads to a case of burnout for the Pharmacist
44	There is a limit to what one pharmacist, even with competent PharmTech help, can reasonably safely process. That limit can change from day to day or even hour to hour based on multiple factors: health of pharmacist or PharmTech that day, unique prescription problems, temperature in the pharmacy, pressure from waiting patients and the looming workload metrics. Most times, you can only complete what you can get done and if that completion rate leaves unfilled prescriptions, then the next day starts off behind. I have a limit and a safe speed and that speed varies based on some of the above items and the competency of the PharmTechs working with me.
45	There is no shortage of Pharmacists but rather, there is a shortage of good paying pharmacist jobs and also a high shortage of conducive work environment.
46	This is an independent pharmacy whos main emphasis is quality service to our patients. We have a small staff that all work well together to provide a good service to our patients. More important than quantity of staff is the quality of staff.
47	TOO MANY TECHNICIANS FOR TOO FEW PHARMACISTS.
48	Unreasonable metric standards should be discontinued , need more pharmacists to do multiple jobs
49	Vaccinations and mtm have no place in a pharmacy setting. Too distracting. Too many interruptions. Main reason I quit practicing pharmacy. These could be addressed by a separate pharmacist, whose job was to vaccinate or do mtms
50	Vaccinations should not be forced requirement of employment especially Covid boosters that are dangerous. Give RPh discretion to give or not give vaccinations. COVID boosters are dangerous and this is documented.
51	Walgreens metrics are a Pt. Safety risk
52	When I was with CVS (2017-2019), I was so run-down and burned out I almost decided to go BACK to school for a non-healthcare related career. I was depressed. I didn't love pharmacy like I used to. I'm so happy I was able to find a different employer and brought my love for pharmacy back to life.
53	No response.



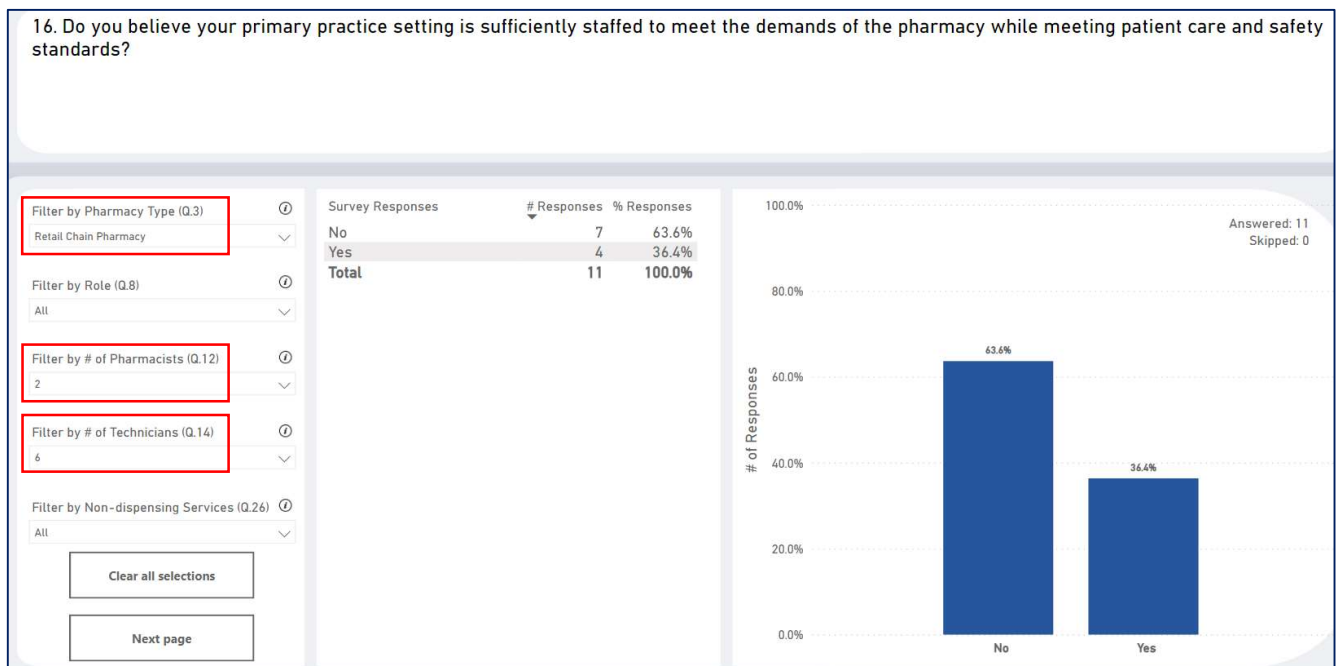
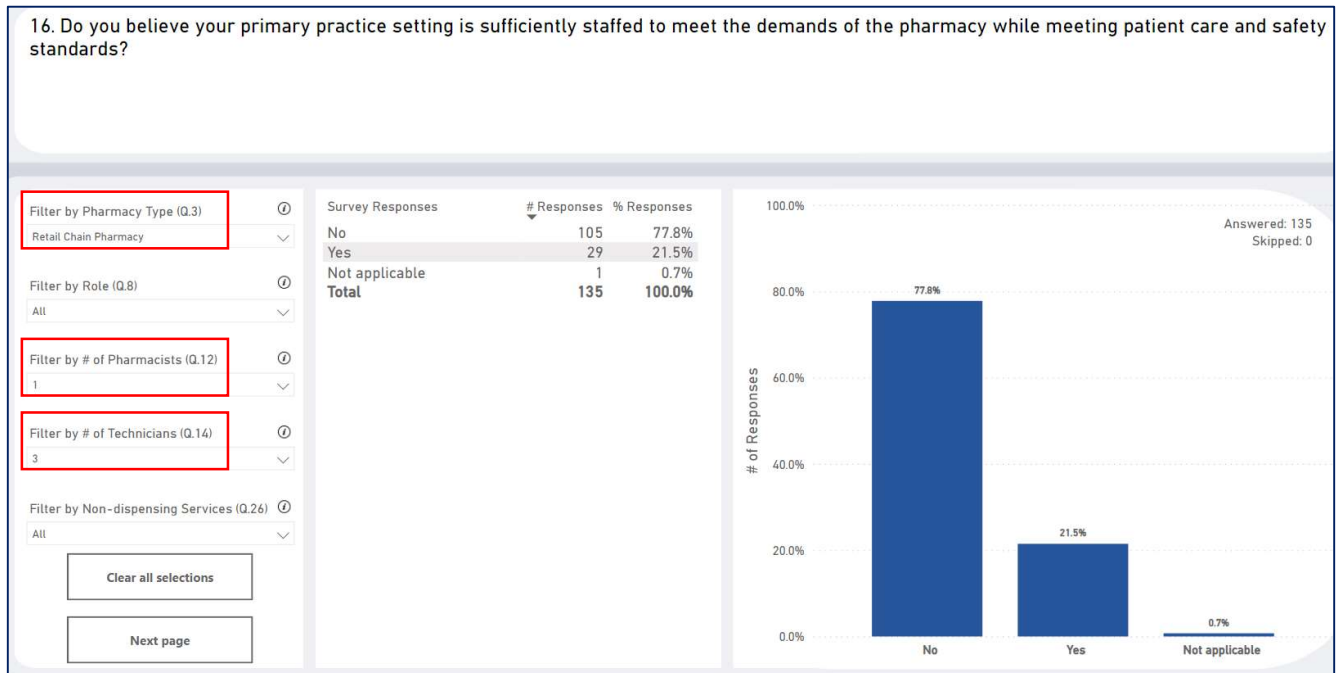
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## *Additional Reports*

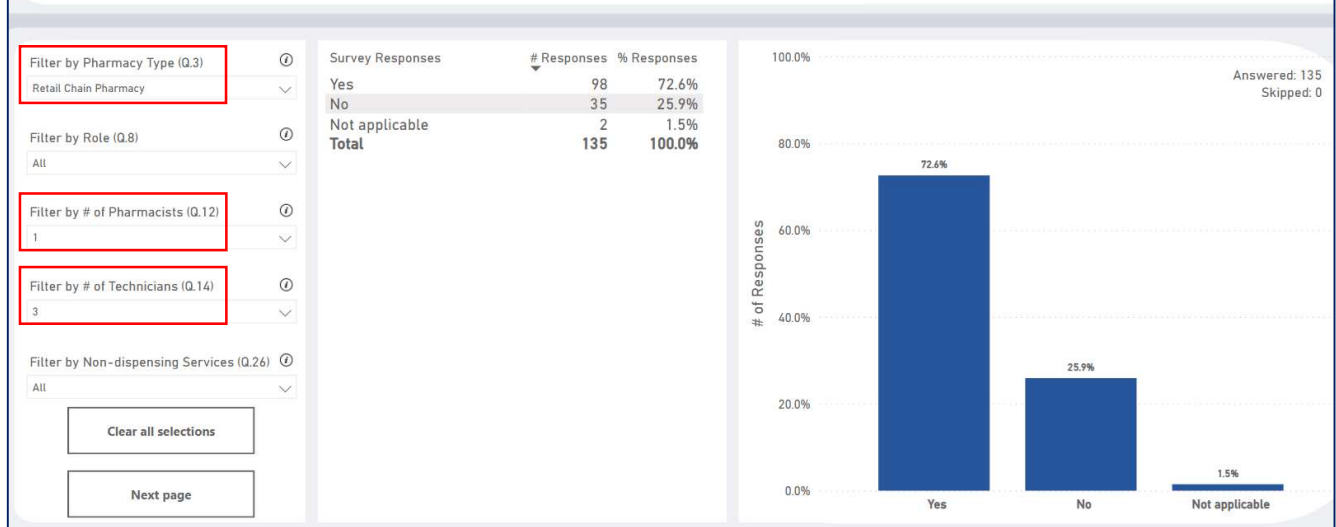
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## Report 1

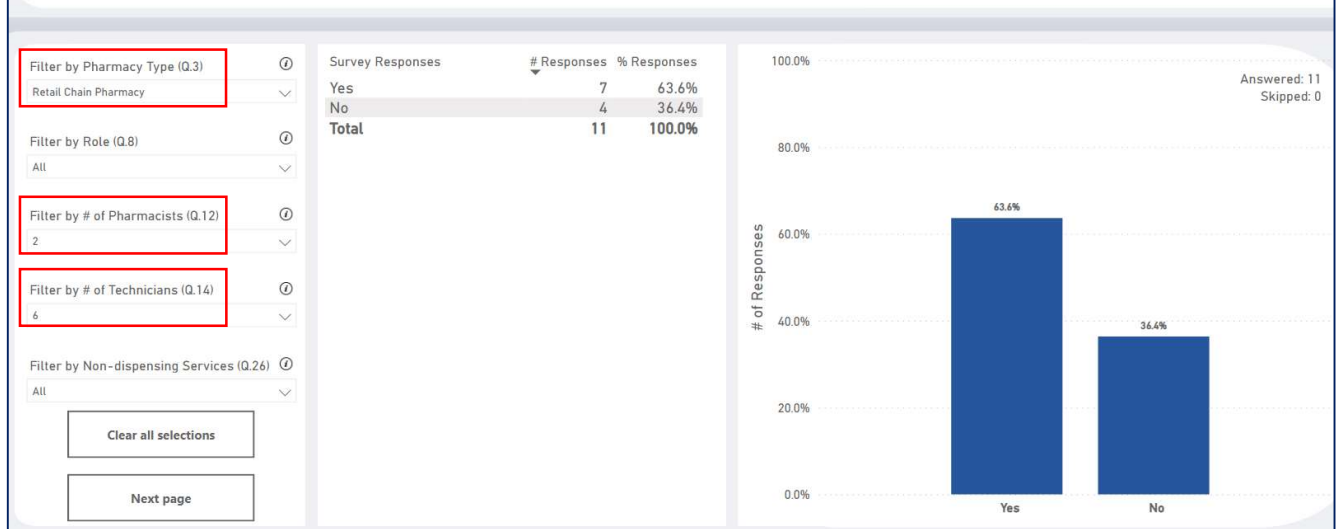
This report provides a view to certain survey questions depending on the staffing model in a Retail Chain Pharmacy setting. This report specifically looks at the responses to questions 16, 17, 18 and 47 based on Retail Chain Pharmacies staffed with one (1) pharmacist and three (3) pharmaceutical technicians vs two (2) pharmacists and six (6) pharmaceutical technicians. (As a reminder, the results of **question 12** demonstrated that most Retail Chain Pharmacies staff their pharmacy with one (1) pharmacist per shift (67.2% of responses) or two (2) pharmacists per shift (21.5% of responses) and the results of **question 14** demonstrated that most Retail Chain Pharmacies staff their pharmacy with three (3) pharmaceutical technicians per shift.)



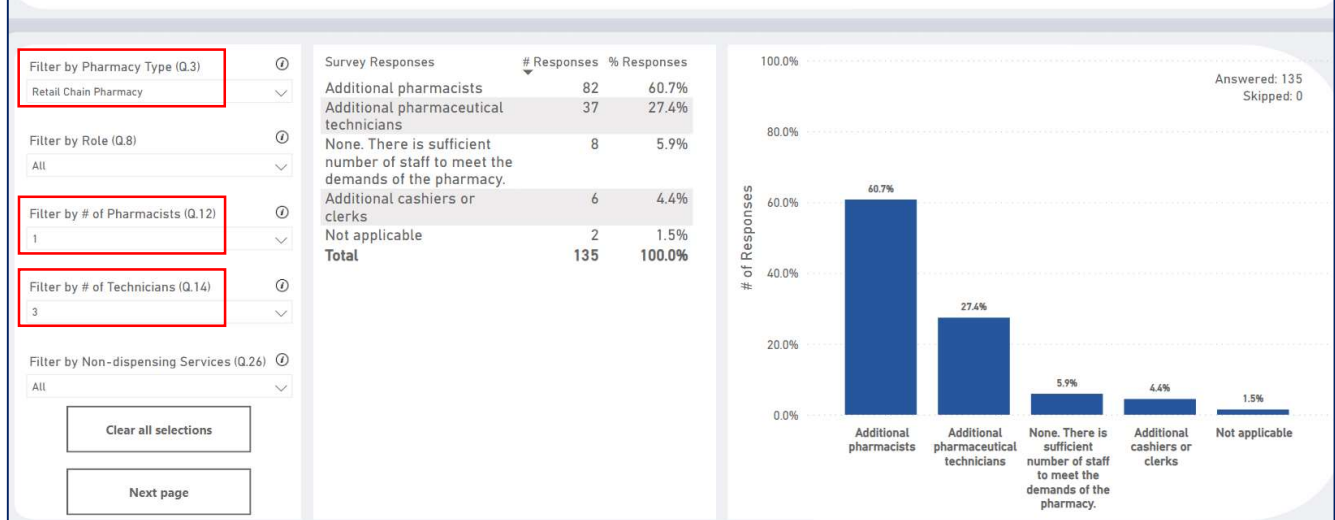
17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?



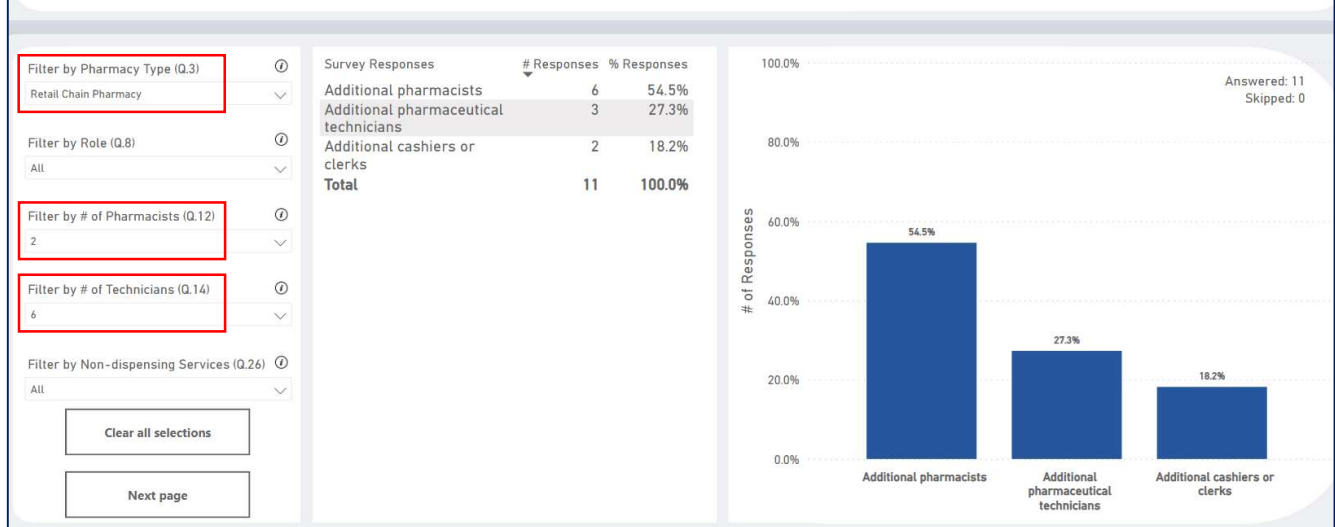
17. Do you believe the current staffing in your primary practice setting poses a risk to patient safety?



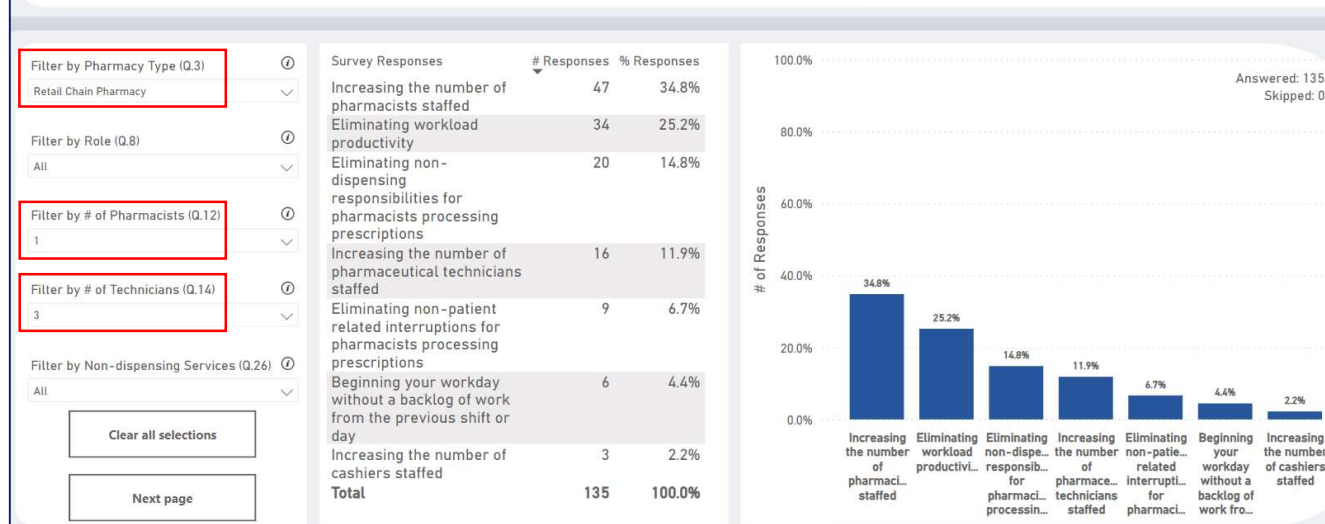
18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?



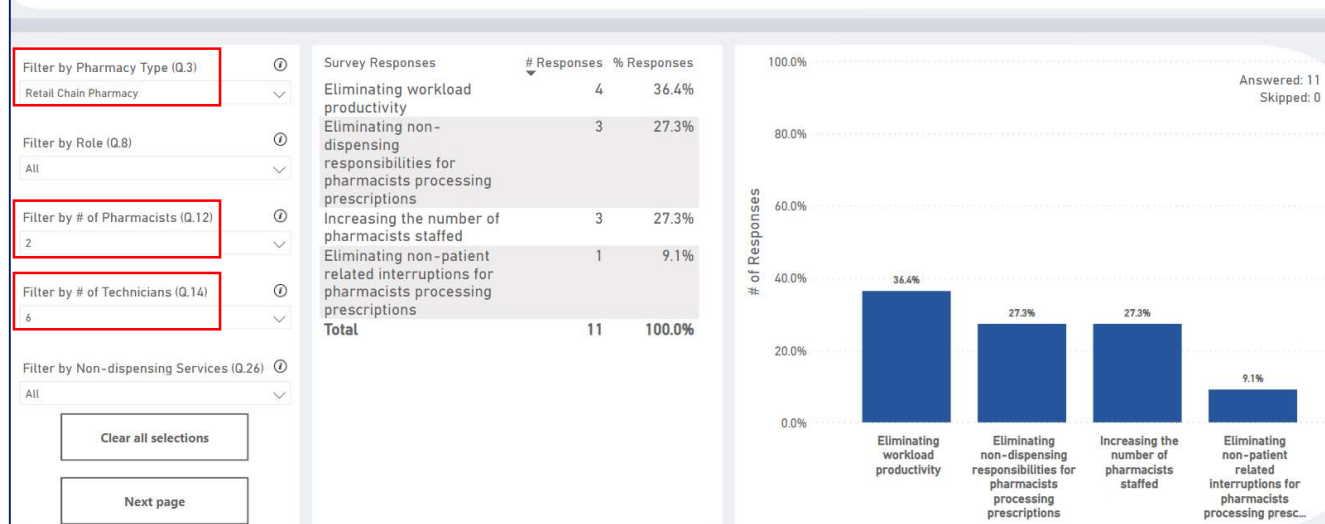
18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?



47.1 The reponses below were ranked as 1 (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety).

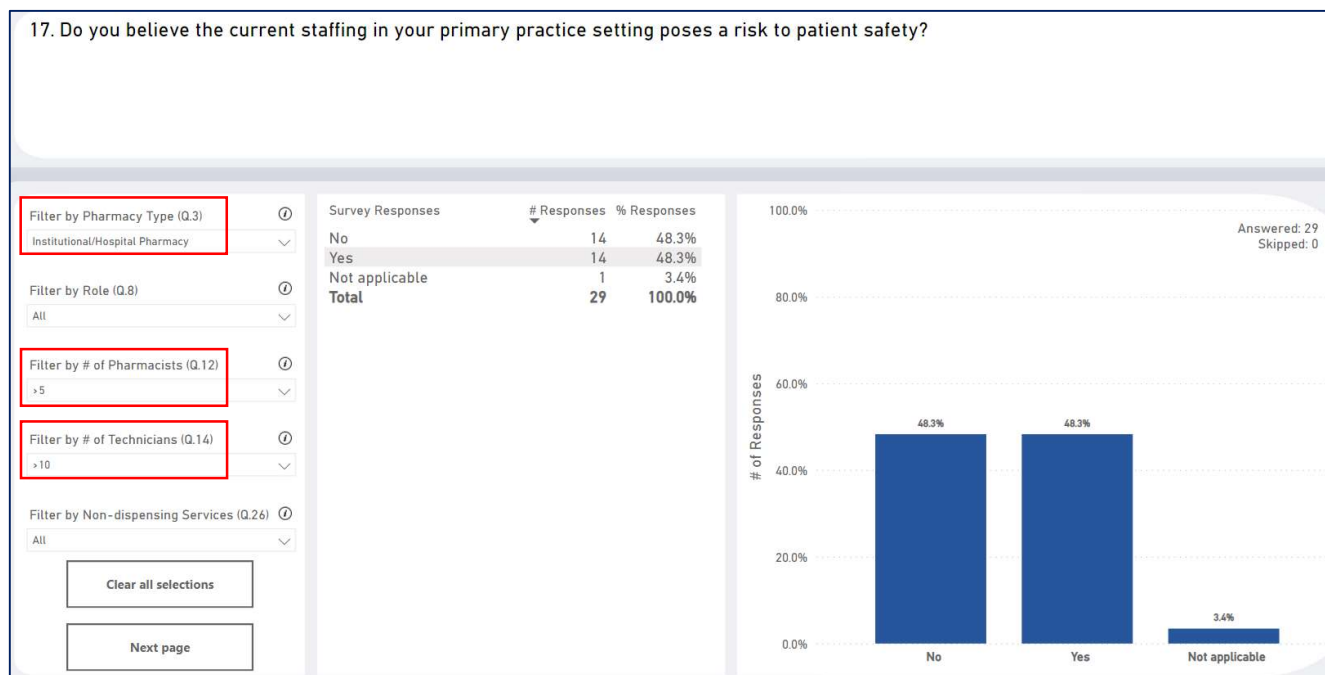
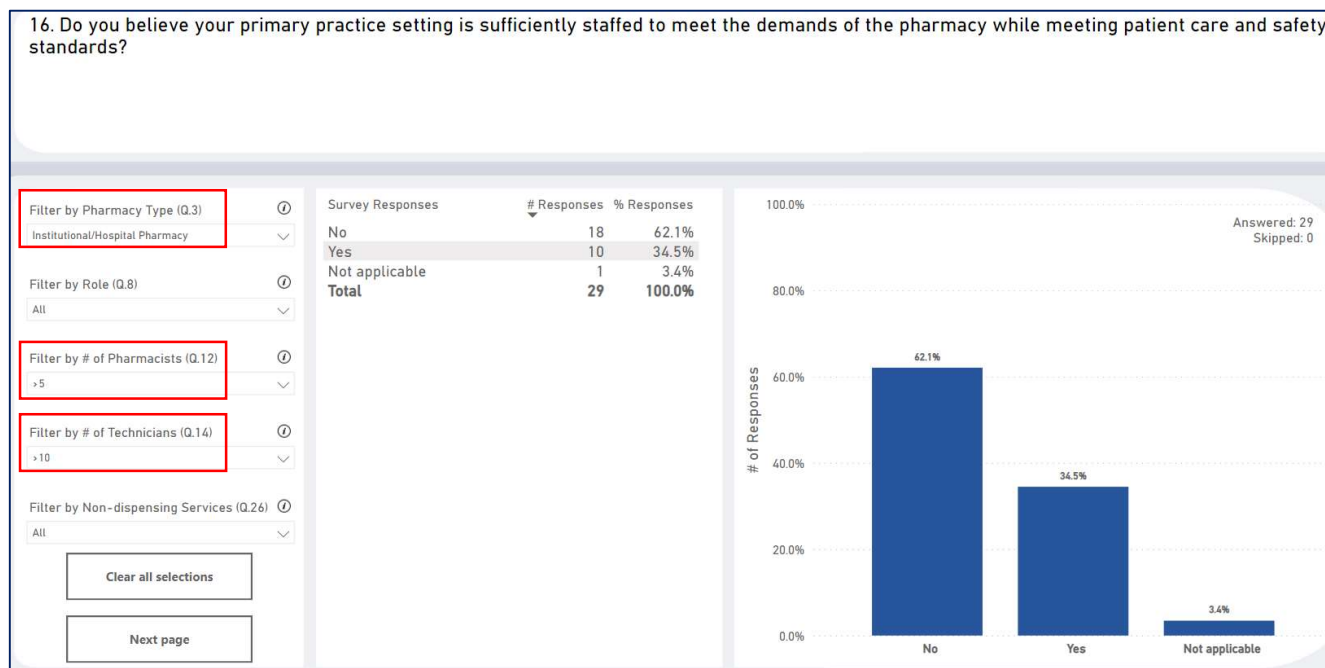


47.1 The reponses below were ranked as 1 (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety).



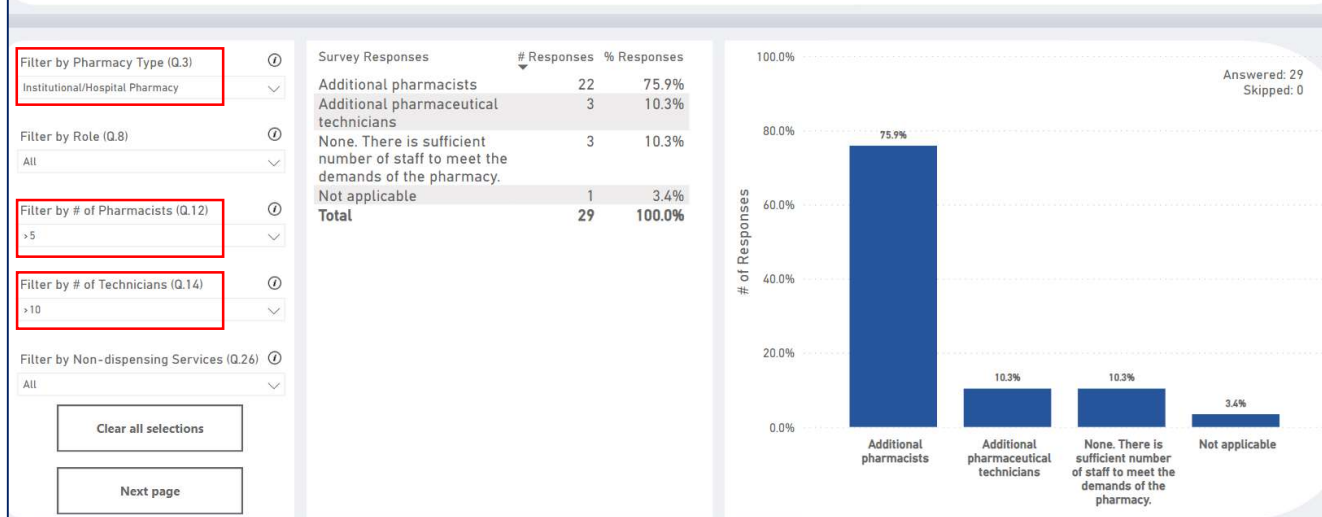
## Report 2

This report provides a view to certain survey questions depending on the staffing model in an Institutional/Hospital Pharmacy setting. This report specifically looks at the responses to questions 16, 17, 18 and 47 based on Institutional/Hospital Pharmacies staffed with greater than five (5) pharmacists and greater than ten (10) pharmaceutical technicians. (As a reminder, the results of **question 12** demonstrated that most Institutional/Hospital Pharmacies staff their pharmacy with greater than five (5) pharmacists per shift (36.7% of responses) and the results of **question 14** demonstrated that most Institutional/Hospital Pharmacies staff their pharmacy with greater than ten (10) pharmaceutical technicians per shift.)





18. If you could choose to add more staff to assist in the demands of the pharmacy to ensure patient care and safety is prioritized, which would you choose?



47.1 The responses below were ranked as 1 (1 having the most positive impact on patient safety and 7 having the least positive impact on patient safety).

