



from a concerned pharmacist and citizen.

September 14, 2016

New Hampshire Board of Pharmacy:

An Open Letter

I have attempted to write this letter many times over the last few years. I have started the letter and stopped the letter as many times as I have attempted to write it. Part of the delay is fear of retaliation on the corporation's behalf, part of the delay is fear that my letter won't make any kind of impact. I have been a pharmacist for about 15 years; I have worked in the busiest of pharmacies. I have always been a very capable pharmacist, both in a clinical aspect and in a business aspect, up until recently: I am having trouble making it through a single day in the retail setting. I have many concerns with what is happening in a public, retail pharmacy. Here are some of my concerns:

- The error rate of my peer group is becoming very significant (2 or 3 a week sometimes). These errors are coming from pharmacists that have had an extremely low error rate in the past decade and are now very concerned about the errors that are happening. I personally am still rarely making an error, but I feel like it is just a matter of time before it starts happening to me as well. The environment that we work in is a harried paced, interruption prone work environment that is not conducive to safety.
- The new mandatory counseling that is supposed to be happening is NOT happening in real life. Most pharmacists do NOT have the time to step away to counsel on all the prescriptions we are now required to counsel on. We all want to and we all wish we could. With all due respect, making it a law does not alter the amount of time we have in any given day. Making it a law does not hold a corporation accountable to making an environment capable of handling the demands of the all law required tasks. The fact is, that many of us are now staying up to an hour past the close of store (unpaid) to finish the amount of prescriptions from our daily workload. There is one pharmacist for 400 prescriptions, doctor calls, patient interactions, immunizations, MTM's, point of cares, supervision of 4 techs at a time, and other "pharmacist only" functions. It is physically impossible to do all the "required" tasks that one pharmacist is expected to do; quality is definitely suffering. Some may argue that "not every pharmacy is high volume", that my complaint applies to only a select number of the busier pharmacies; the slow volume pharmacies have an equally dire situation. Some chains are now expecting their pharmacists to do as many as 400 shared quality prescriptions extra a week (with no extra help). One pharmacist checks a prescription for accuracy on a patient they don't

know and then checks the DUR, the other pharmacist checks the prescription for the number of tablets and the tablet identification. The pharmacist in the slower store usually has no support staff. They are doing every task themselves. What is the quality and safety of a prescription that is being checked by a pharmacist with greater interruption potential than a busy pharmacy that has support staff present? Is that considered a doctor/patient/pharmacist relationship when the pharmacist may not be familiar with either the doctor or the patient? The corporation cuts the help in the busier store that is getting “checking help” and adds no extra help to the slower store. In reality, the slower store can’t check the extra workload and the busier store now has less help.

- I have concerns over immunizations: let’s assume we are given about 5 minutes from start to finish for an immunizations (in reality it takes longer than 5 minutes), my store does an average of 15 to 20 immunizations per day in peak season, that is well over an hour of being completely taken away from the checking process. There is no pharmacist overlap in my store. A family of 3 or 4 at a time, pulls me away from the bench for about 15-20 minutes. That is a long time to be absent from the bench in a busy store; this adds to the pressure of checking quickly and checking non-thoroughly. Also, there is a high pressure sales feel to the immunization process: endless patient phone call lists, pressuring people into shots at the pick-up and drop-off windows. We are instructed to ask people “why not” if they decline a request for giving a shot and to try to talk them into receiving a vaccine. I do not feel it is a pharmacist’s place to pressure people into receiving vaccines. We have been told by management to tell patients that they should hurry to get the flu shot now while we still have the inventory. This implies that there is an impending shortage which I feel is misleading to the public. Pharmacists fear for their jobs for not meeting aggressive immunization quotas. Individual pharmacists are called out during conference calls (which happen during your work shift as you are trying to work) as a means to shame them for not having enough immunizations. They send out districtwide emails shaming stores and pharmacists when underperforming in all areas of metrics, not just immunizations. We get calls during our workday being bullied into getting more and more shots. The pressure from corporate starts in July. Does this happen to employees in doctors’ offices? Are other healthcare professionals bullied and shamed publicly at their job metrics? I thought that certain metrics weren't allowed anymore, why are we still judged on how long it takes to fill prescriptions behind the scenes?
- Another issue with vaccines is the record keeping of vaccines. I have many people that come in and do not wish to have their records sent to their physician, or they have no primary care doctor, so the only place in a patient’s chart that states that they had a Zostavax is at the pharmacy. How am I to be assured that later on down the line their new doctor or another pharmacy doesn’t repeat the immunization? Most likely a double immunization won’t cause harm, however at the very least, it will add to increased medical system costs. I have had a situation where a person had almost received 2 flu shots because they didn’t realize that the shot they had in August at a

different pharmacy was for the current season. They thought the flu immunization season started over in January. We have people coming in for pneumonia shots and they have no idea if they had one prior, and if so, which one they have had. This requires calls to the doctor-this involves time we really don't have. In my experience, the patient rarely comes back after you hear back from the doctor's office as it occurs a day or two later. In my opinion, a doctor's prescription should be required for the more expensive immunizations, to prevent wrong immunizations being given or duplications from being given.

- The amount of ancillary and pharmacist staff is absolutely unacceptable. When I started retail pharmacy out of school (about 15 years ago), we had pharmacist overlap at 1200 prescriptions a week. Today, with more job demands and more clinical services being offered, we get a few hours of pharmacist overlap when we are over 2000 a week. The tech help has been reduced to the point where a pharmacist is sometimes left alone. Keeping up with data entry, drive through pick-up and drop off, quality assurance, DUR's, answering the phone, and immunizations by yourself is stressful and leads to errors. Regarding pharmacists in a "slower" store, I feel that leaving the bench unattended to give an immunization is asking for a robbery to occur. What if that patient has an allergic reaction? Who will assist? In my own store, we have people waiting for a long time to pick up, ask questions, and drop off because we don't have enough physical people to man all the stations that need to be serviced. The majority of time at pick up is spent on asking people for loyalty cards, asking them if they want immunizations, asking if they want automatic refill services, and asking them to donate to charities. The time spend should be on medication counsel. We at one time had to ask our guests, and were rated on, if they wanted to open a store credit card! The drive through transactions take twice as long as register transactions and are not factored into our scheduling of tech help.
- In regards to the drive through pharmacies: I agree with the findings of the Connecticut survey that the drive through should be utilized for drop off only. I instructed a patient for an Augmentin suspension at the drive through giving the patient instructions of "refrigerate, shake well and give with food"; the patient called the next day because she had left the prescription on the counter overnight. When I asked her if she remembered me telling her to refrigerate the product, she said she just agreed to everything I said because she couldn't hear me over the kids and the radio. I had to counsel for vaginal insertion of Cytotec through the drive through last week-yelling over the microphone for all customers inside of the store to hear. Telling patients to come in the store for private conversation doesn't work because the whole reason they are using the drive through is because they do not want to physically come in the store. Why do I have to try to give important information while competing with radio noise, engine noise, cell phone usage and background sounds in a vehicle?

- I don't feel that corporations will ever be held responsible for the lack of help they provide for their pharmacists- I feel they are too powerful. Even with lawsuits that are popping up from former employees that state that inadequate support staff leads to errors, there is no deterrent for corporations to stop cutting ancillary staff: maybe it is time for a union. This absolutely goes for hospital staff as well. I have spoken with many of my peers that currently work in a hospital setting. The amount of help they have is frightening. I have actually chosen one local hospital as my hospital of choice, over an equally close hospital, based on the knowledge that there is usually only one pharmacist and remote entry scheduled for the other hospital-all 6 floors. Are corporations really running on such a low profit margin that adding even 10 hours of ancillary help per week would put them completely out of business? What can be done about this? Is there any one person or any one organization that has the power to stop this situation? Again, do pharmacist actually need to unionize?

Pharmacists in the State of New Hampshire are working up to 14 hour days with no lunch break and near impossible staffing conditions. Changing the law to read "pharmacists *shall* take a lunch break" from "pharmacists *may* take a lunch break" does not equate to "pharmacist **MUST** take a lunch break"; this will not change the corporations from **not** accommodating a lunch break. A nursing mother is given the right to breast pump by law, but that causes the techs to be left alone for up to 30 minutes multiple times during a shift because there is no actual coverage for the pharmacist. In a busy store, it is near impossible to catch up from this absence. One of my peers stopped breast pumping because it made her day impossible. That is not right. Even if we are told that we are now allowed a break period, we won't be allowed to close the pharmacy for lunch, even if we feel it is the safest choice -writing a break into the law doesn't change a corporation's practice policies. Massachusetts restricts pharmacists to 12 hour shifts-why can this not happen in New Hampshire? What is the safety aspect in a situation where a pharmacist hasn't really eaten properly in 14 hours and has been checking non-stop for all 14 hours with zero breaks? I understand that the scope of pharmacy is rapidly evolving and changing, but these changes should be for the greater public good and for the greater public safety not only for corporate income potential. Pharmacists are becoming less and less available to spend any time counseling and educating their patients. My peer group of pharmacists and I are very angry, upset, overworked and stressed out to the point of anguish. This does **NOT** create an environment that the public will benefit from. I understand the Board is trying to help many of these situations. I am told that corporations are too powerful to have actual change implemented. My question is **what can actually be done**? What event will happen in the future in such a catastrophic nature that change will have to occur? I fear that as major retail chains keep consolidating, the work environment will continue to decline as the monopoly of employers continues to grow. I am just one voice but I speak for many that feel the same way. Please help our situation, or send this letter to a section of government that can, so that we may help our patients in the manner that they deserve from a community pharmacist. I am embarrassed by the "quality" of care that I am forced to provide my

patients due to horrible working conditions. I know that until everyone in the profession voices the same concerns, this letter may not make a difference. Pharmacists are afraid. They are afraid to speak up because they might lose their jobs. I can't sign this letter because the retaliation factor is too high. However, my fear of losing my job does not compare to the fear I have of making a mistake, so I have to attempt to voice my concern. How could I live with myself knowing I made an error that hurt someone? This is the question I struggle with every day coming home from my job. My suggestion is this: go into pharmacies and look and see what the work environment is truly like. Go in around 4 PM and see how many prescriptions are left to be completed ,how many people are lining up and how much help is actually scheduled. Spend an hour or so and see how "available" the pharmacist is for even a recommendation for an OTC product. Watch how many times a pharmacist is interrupted while checking a prescription and see if you feel that it is a safe environment. Watch the skill of the techs that are scheduled...most corporations don't train people adequately. They get hours of computer based training that leaves them overwhelmed and unable to do any practical real world task. Our corporation has zero hands on tech training hours.

I am currently looking into changing my career altogether. I am not the only one with this mindset. I would be glad to take a major hit in salary to obtain a job that is both physically healthier and mentally healthier. I have students that are graduating that want nothing to do with retail pharmacy. They plan on working in retail for a few years to pay off their loans and then they are going to be done with retail because they are dreading working in this environment.

Respectfully,

- a very concerned Doctor of Pharmacy