Safe Pharmacy Practice Conditions Survey

Final Results

Friday, April 15, 2022

2044

Total Responses

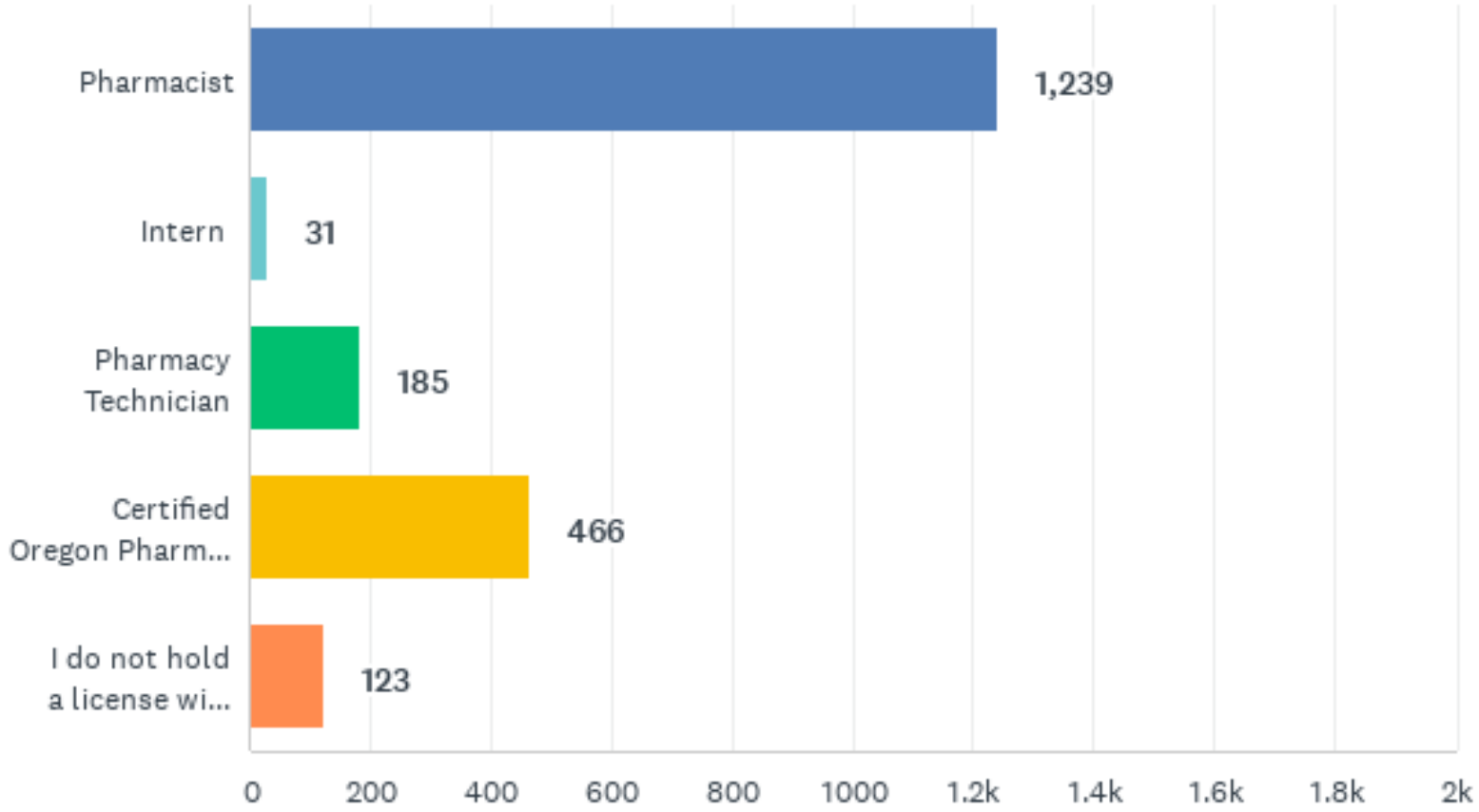
Date Opened: Wednesday, February 16, 2022

Date Closed: Wednesday, March 2, 2022

Complete Responses: 2044

Q1: What type of license do you hold with the Oregon Board of Pharmacy?

Answered: 2,044 Skipped: 0



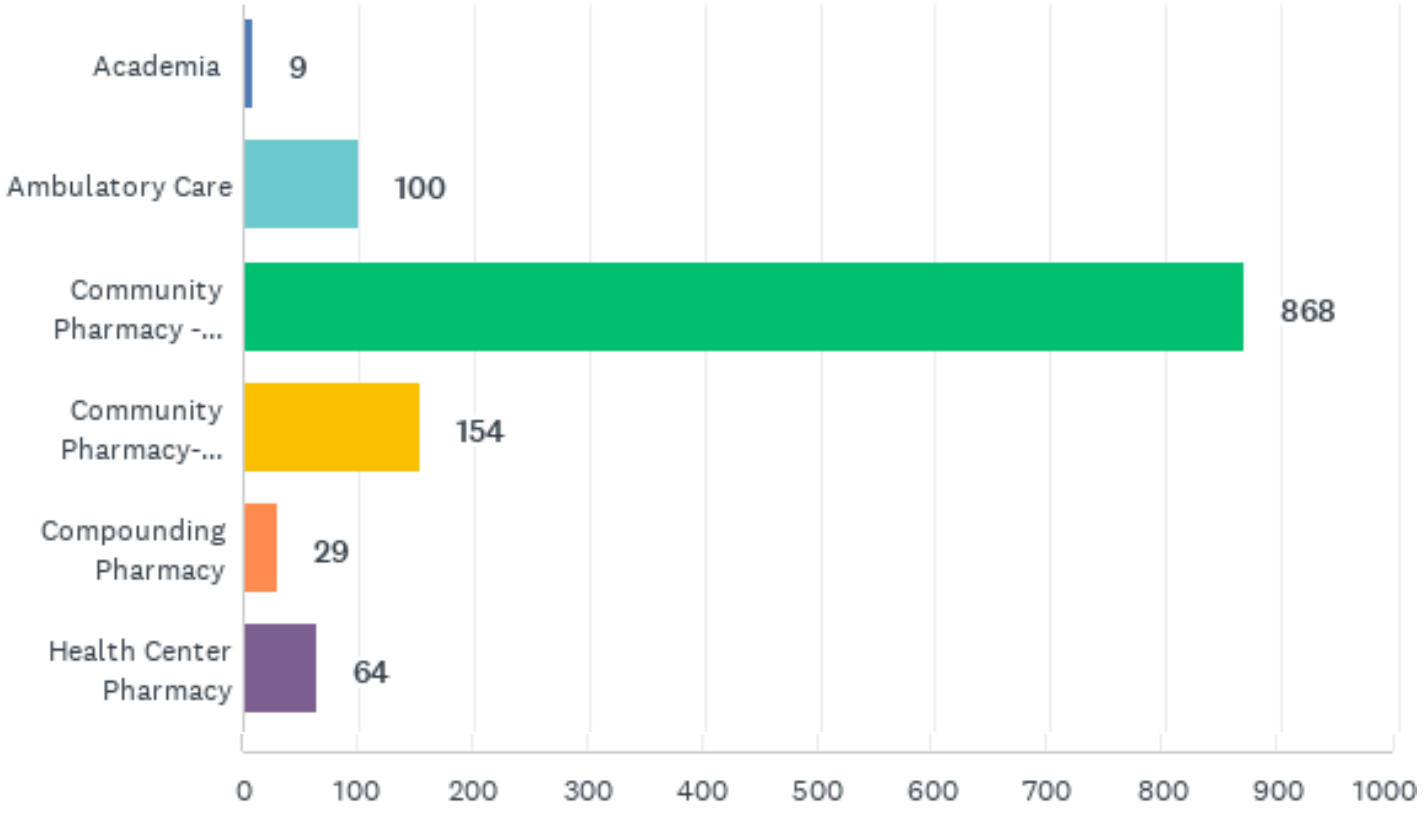
Q1: What type of license do you hold with the Oregon Board of Pharmacy?

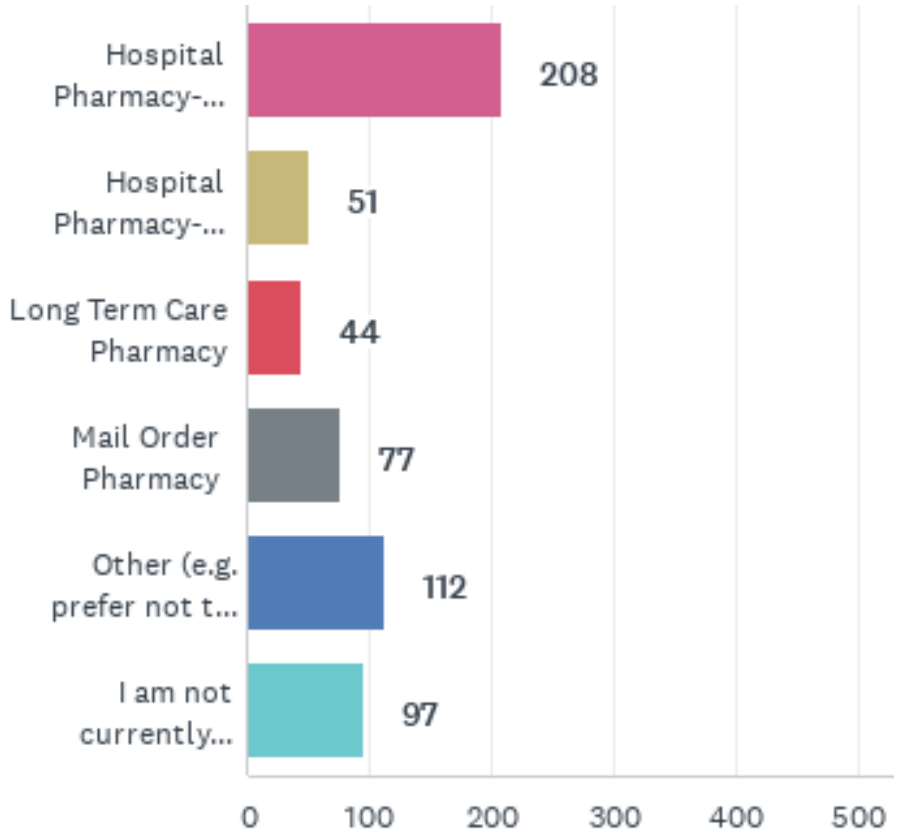
Answered: 2,044 Skipped: 0

ANSWER CHOICES	RESPONSES	
Pharmacist	60.62%	1,239
Intern	1.52%	31
Pharmacy Technician	9.05%	185
Certified Oregon Pharmacy Technician	22.80%	466
I do not hold a license with the Oregon Board of Pharmacy	6.02%	123
TOTAL		2,044

Q2: What is your primary pharmacy practice setting?NOTE: Students- Please select your primary pharmacy workplace outside of your IPPE/APPE. If you do not work outside of your required school IPPE/APPE, then please select "I am not currently working in/for a pharmacy"

Answered: 1,813 Skipped: 231





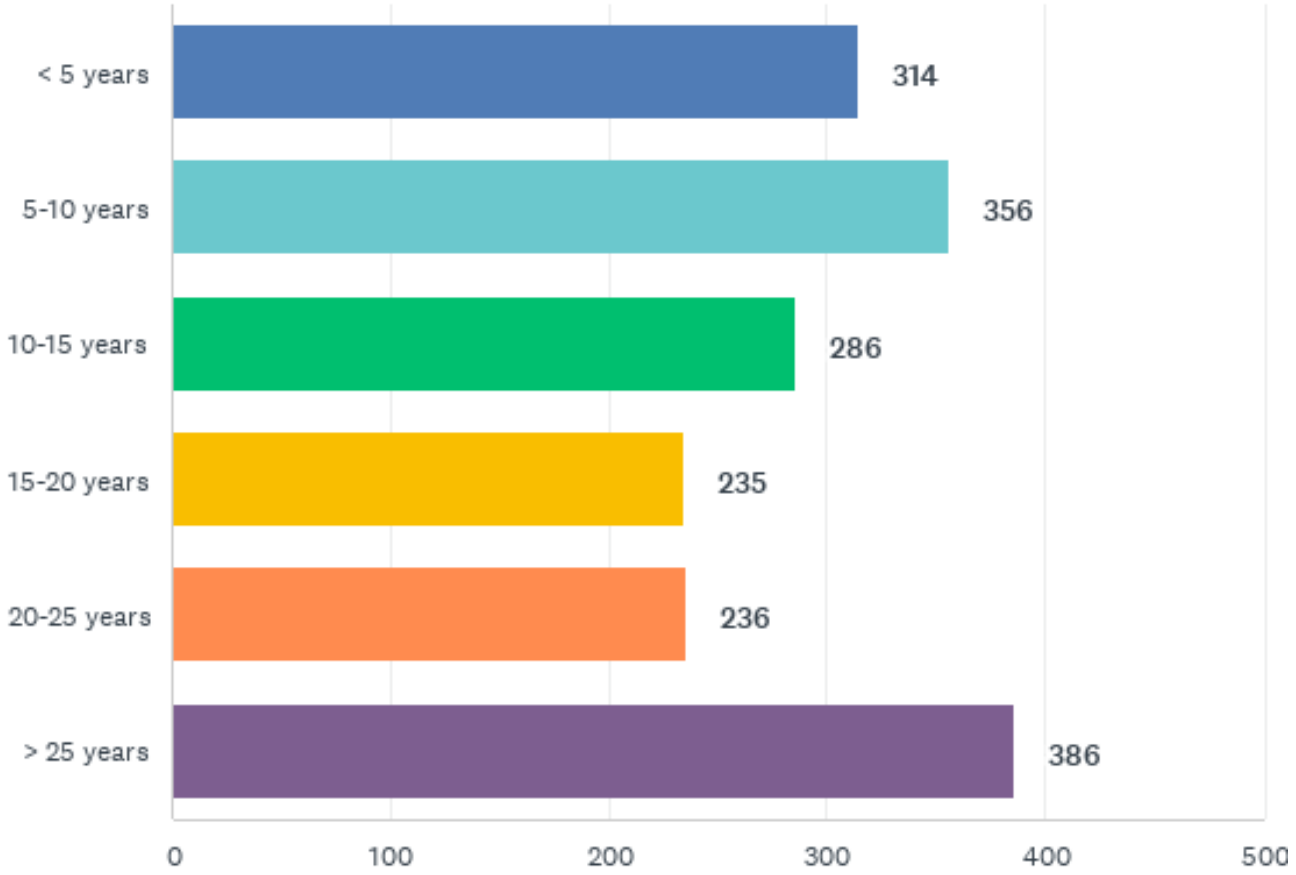
Q2: What is your primary pharmacy practice setting?NOTE: Students- Please select your primary pharmacy workplace outside of your IPPE/APPE. If you do not work outside of your required school IPPE/APPE, then please select "I am not currently working in/for a pharmacy"

Answered: 1,813 Skipped: 231

ANSWER CHOICES	RESPONSES	
Academia	0.50%	9
Ambulatory Care	5.52%	100
Community Pharmacy - Chain	47.88%	868
Community Pharmacy- Independent	8.49%	154
Compounding Pharmacy	1.60%	29
Health Center Pharmacy	3.53%	64
Hospital Pharmacy- Inpatient	11.47%	208
Hospital Pharmacy- Outpatient	2.81%	51
Long Term Care Pharmacy	2.43%	44
Mail Order Pharmacy	4.25%	77
Other (e.g. prefer not to say, industry, managed care, nuclear, specialty, etc.)	6.18%	112
I am not currently working in/for a pharmacy	5.35%	97
TOTAL		1,813

Q3: How many years have you practiced or assisted in the practice of pharmacy?

Answered: 1,813 Skipped: 231



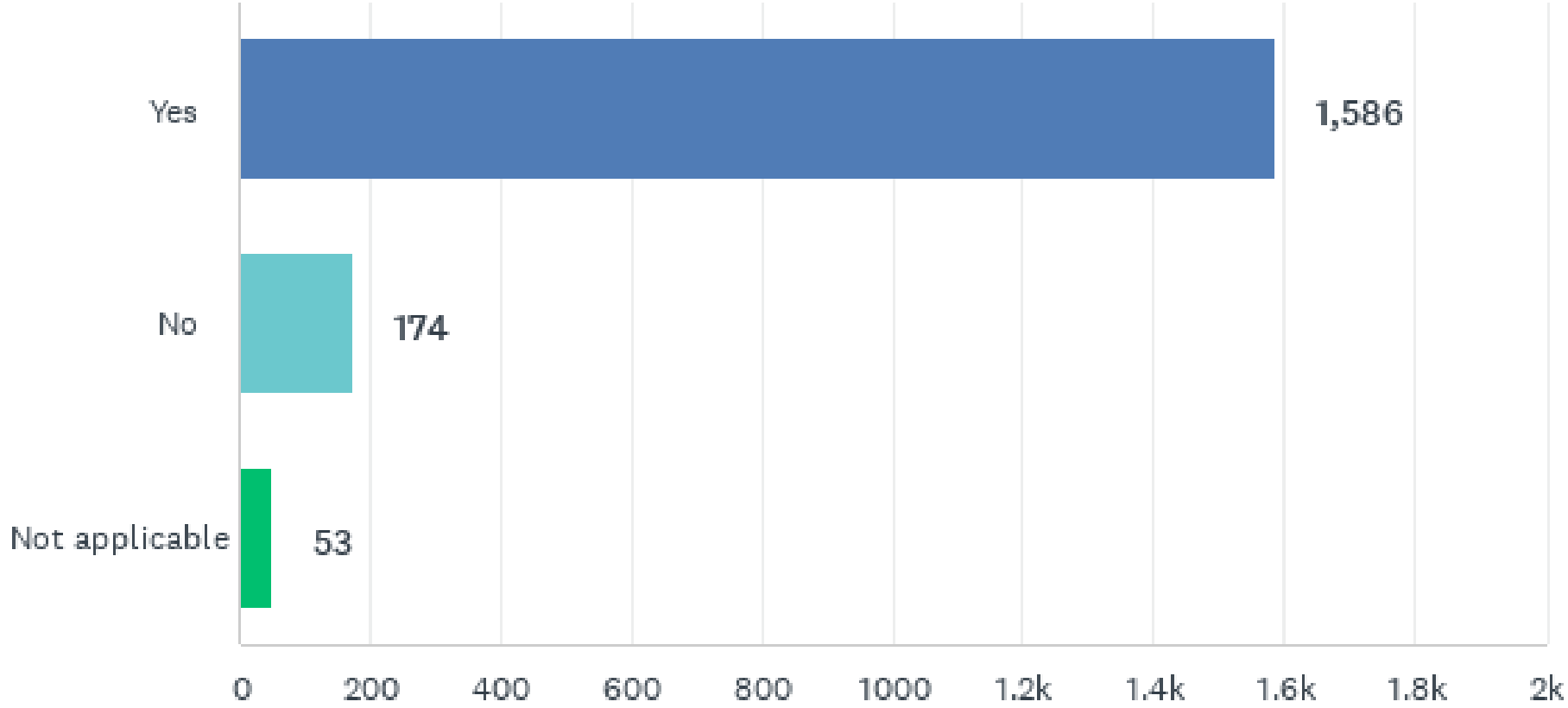
Q3: How many years have you practiced or assisted in the practice of pharmacy?

Answered: 1,813 Skipped: 231

ANSWER CHOICES	RESPONSES	
< 5 years	17.32%	314
5-10 years	19.64%	356
10-15 years	15.77%	286
15-20 years	12.96%	235
20-25 years	13.02%	236
> 25 years	21.29%	386
TOTAL		1,813

Q4: Is your primary practice setting located in Oregon?

Answered: 1,813 Skipped: 231



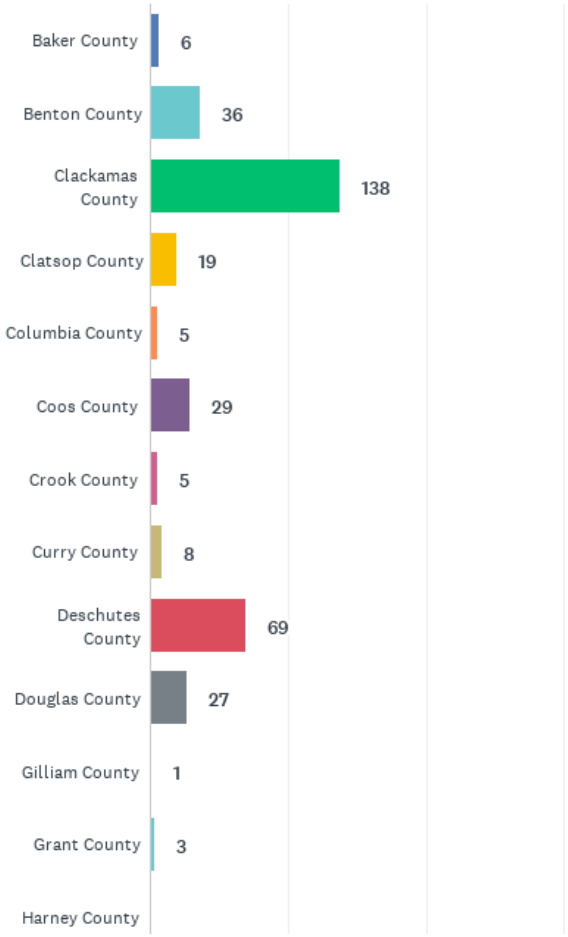
Q4: Is your primary practice setting located in Oregon?

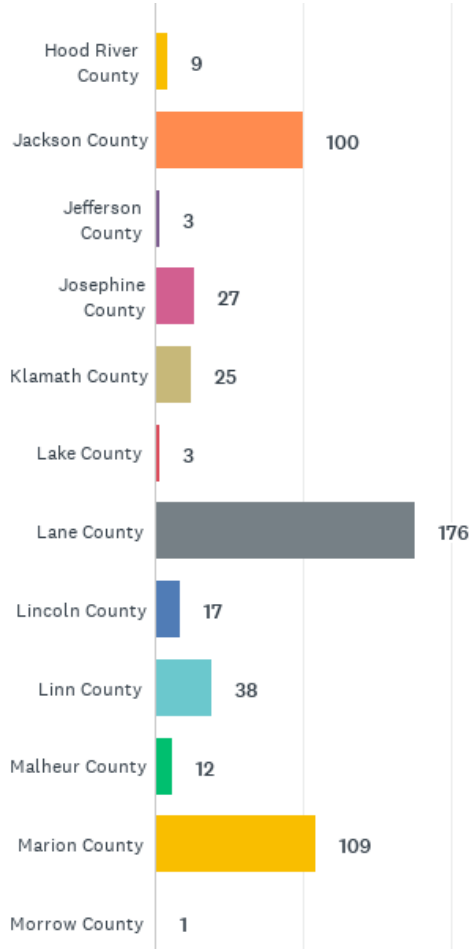
Answered: 1,813 Skipped: 231

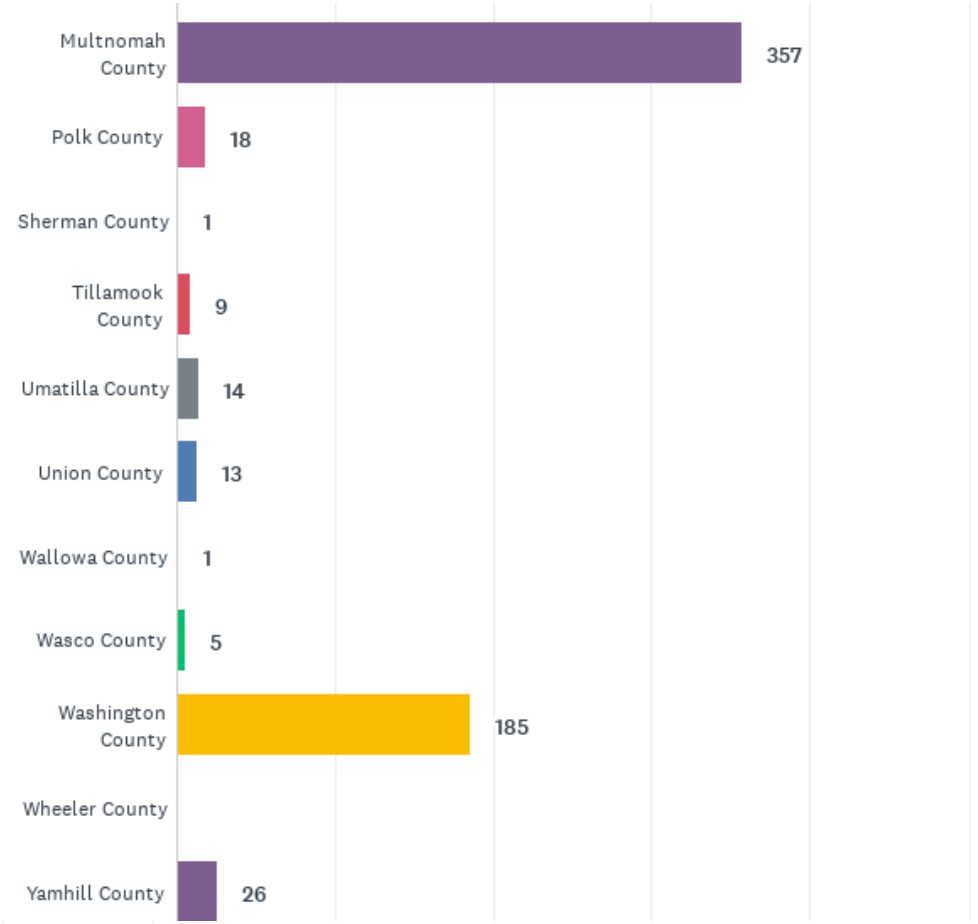
ANSWER CHOICES	RESPONSES	
Yes	87.48%	1,586
No	9.60%	174
Not applicable	2.92%	53
TOTAL		1,813

Q5: What county is your primary practice setting located?

Answered: 1,495 Skipped: 549







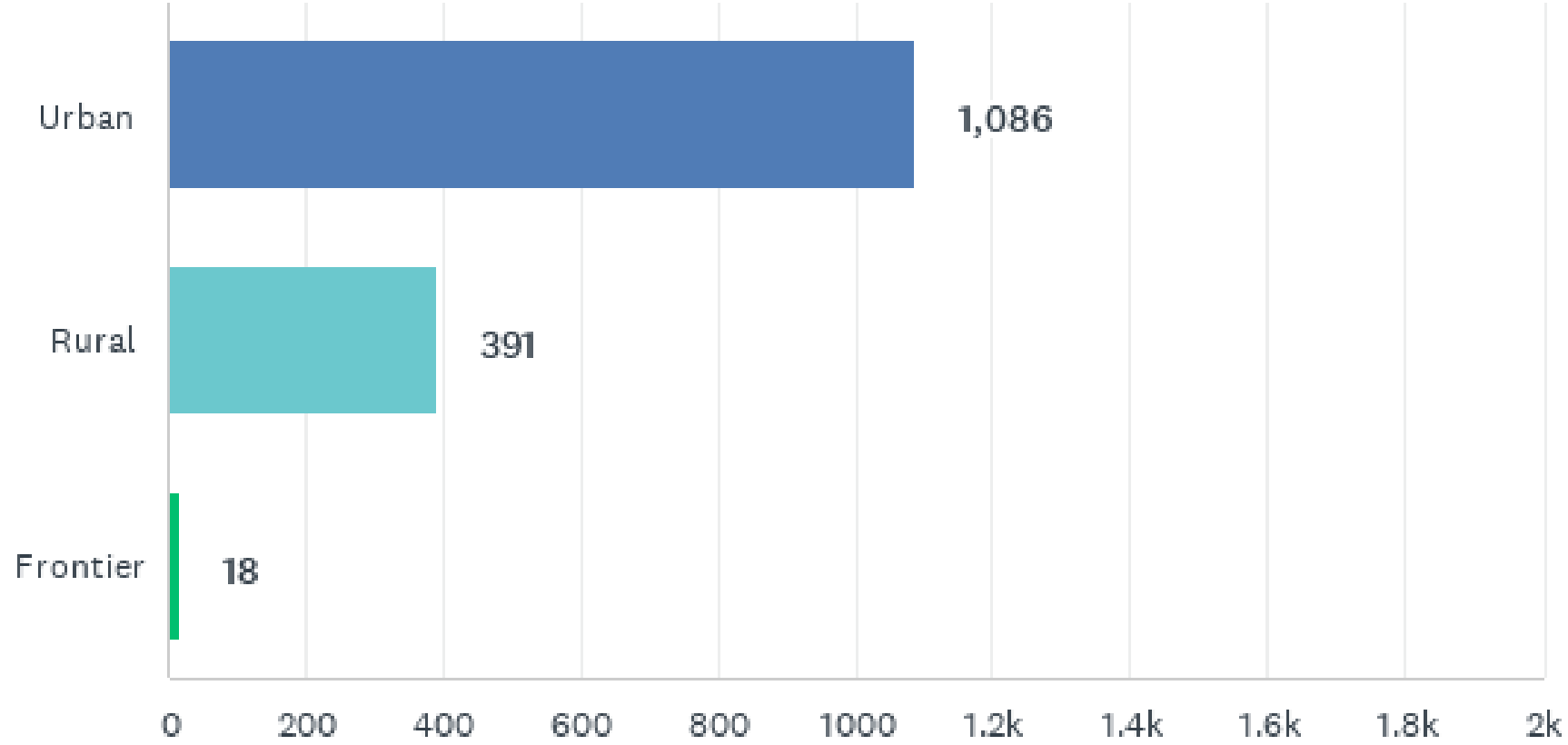
Q5: What county is your primary practice setting located?

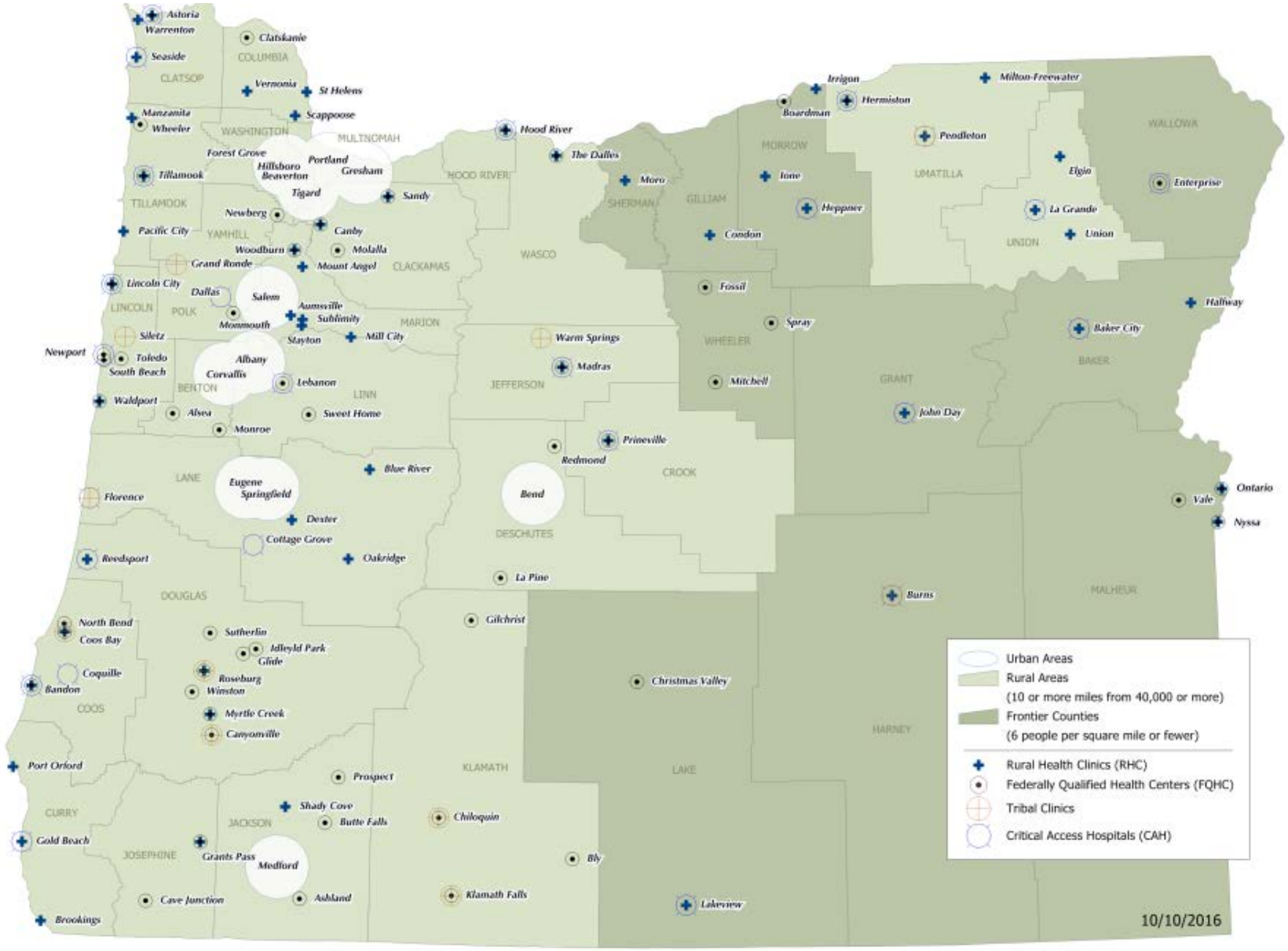
Answered: 1,495 Skipped: 549

ANSWER CHOICES	RESPONSES	
Baker County	0.40%	6
Benton County	2.41%	36
Clackamas County	9.23%	138
Clatsop County	1.27%	19
Columbia County	0.33%	5
Coos County	1.94%	29
Crook County	0.33%	5
Curry County	0.54%	8
Deschutes County	4.62%	69
Douglas County	1.81%	27
Gilliam County	0.07%	1
Grant County	0.20%	3
Harney County	0.00%	0
Hood River County	0.60%	9
Jackson County	6.69%	100
Jefferson County	0.20%	3
Josephine County	1.81%	27
Klamath County	1.67%	25
Lake County	0.20%	3
Lane County	11.77%	176
Lincoln County	1.14%	17
Linn County	2.54%	38
Malheur County	0.80%	12
Marion County	7.29%	109
Morrow County	0.07%	1
Multnomah County	23.88%	357
Polk County	1.20%	18
Sherman County	0.07%	1
Tillamook County	0.60%	9
Umatilla County	0.94%	14
Union County	0.87%	13
Wallowa County	0.07%	1
Wasco County	0.33%	5
Washington County	12.37%	185
Wheeler County	0.00%	0
Yamhill County	1.74%	26
TOTAL		1,495

Q6: Before answering this question, please search for your practice site zip code here. Is your primary practice setting located in an urban, rural or frontier area?

Answered: 1,495 Skipped: 549




Astoria
Warrenton
Clatskanie
Seaside
COLUMBIA
CLATSOP
Vernonia
St Helens
Manzanita
Wheeler
Scappoose
WASHINGTON
MULTNOMAH
Forest Grove
Hillsboro
Beaverton
Portland
Gresham
Tillamook
Tigard
Sandy
TILLAMOOK
Newberg
Canby
Pacific City
YAMHILL
Woodburn
Molalla
Grand Ronde
Mount Angel
CLACKAMAS
Lincoln City
Dallas
Salem
LINCOLN
POLK
Aumsville
Sublimity
Monmouth
MARION
Siletz
Stayton
Mill City
Newport
Toledo
South Beach
Albany
Corvallis
BENTON
Lebanon
LINN
Waldport
Alsea
Sweet Home
Monroe
LANE
Eugene
Springfield
Florence
Dexter
Cottage Grove
Reedsport
Oakridge
DOUGLAS
North Bend
Coos Bay
Sutherlin
Idleyld Park
Glide
Coquille
Roseburg
Bandon
Winston
COOS
Myrtle Creek
Canyonville
Port Orford
CURRY
Gold Beach
JOSEPHINE
Grants Pass
Medford
Cave Junction
Ashland
Brookings
Hood River
The Dalles
HOOD RIVER
Sandy
WASCO
Warm Springs
Madras
JEFFERSON
Primeville
Redmond
Blue River
Bend
DESCHUTES
La Pine
Gilchrist
Prospect
KLAMATH
Shady Cove
Butte Falls
Chiloquin
JACKSON
Klamath Falls
Bly
Irrigon
Hermiston
Boardman
Milton-Freewater
Pendleton
MORROW
UMATILLA
WALLOWA
Elgin
Enterprise
Ione
Moro
SHERMAN
GILLIAM
Heppner
La Grande
Condon
Union
UNION
Fossil
Spray
WHEELER
Mitchell
Baker City
Halfway
BAKER
GRANT
John Day
Burns
MALHEUR
Ontario
Vale
Nyssa
Christmas Valley
HARNEY
LAKE
Lakeview
Urban Areas
Rural Areas
(10 or more miles from 40,000 or more)
Frontier Counties
(6 people per square mile or fewer)
Rural Health Clinics (RHC)
Federally Qualified Health Centers (FQHC)
Tribal Clinics
Critical Access Hospitals (CAH)
10/10/2016

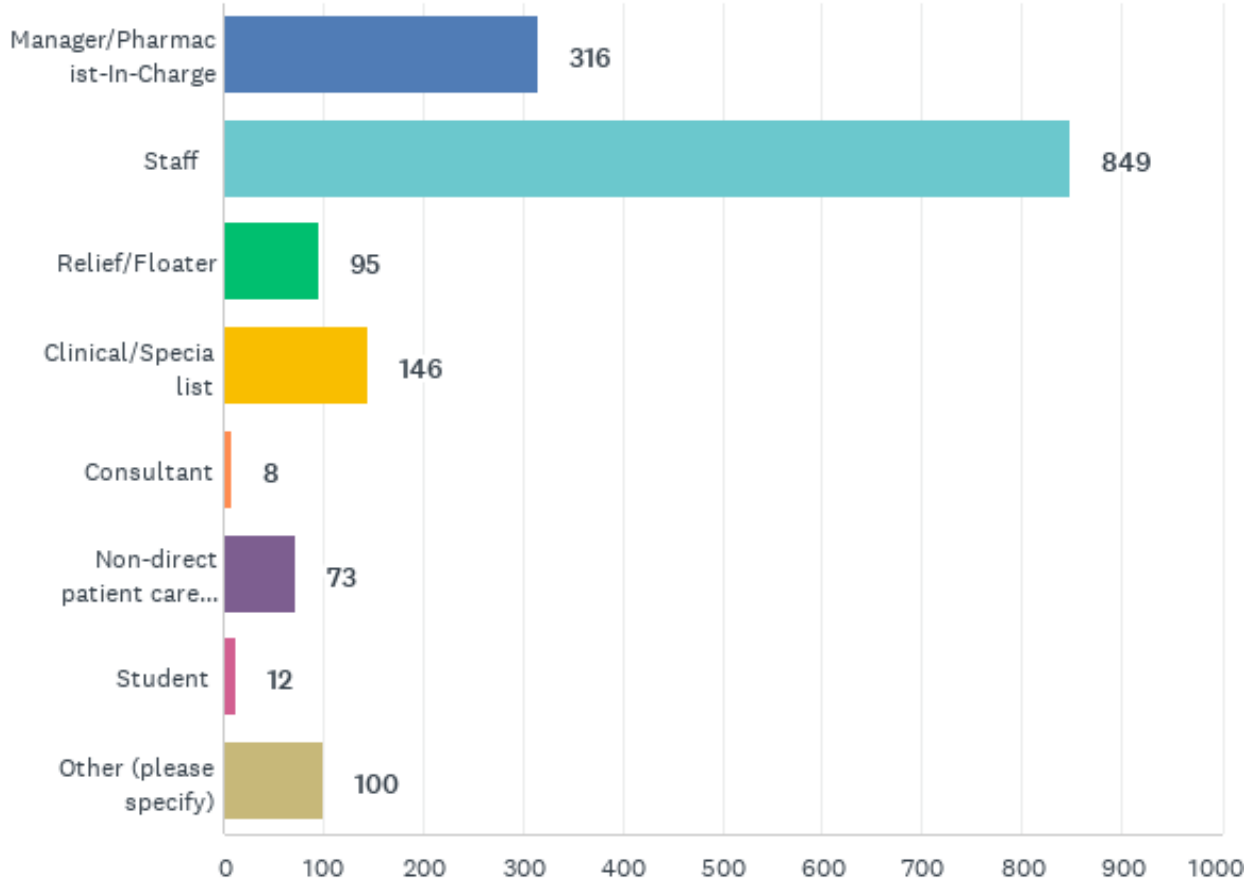
Q6: Before answering this question, please search for your practice site zip code here. Is your primary practice setting located in an urban, rural or frontier area?

Answered: 1,495 Skipped: 549

ANSWER CHOICES	RESPONSES	
Urban	72.64%	1,086
Rural	26.15%	391
Frontier	1.20%	18
TOTAL		1,495

Q7: What is your primary role in your primary practice setting?

Answered: 1,599 Skipped: 445



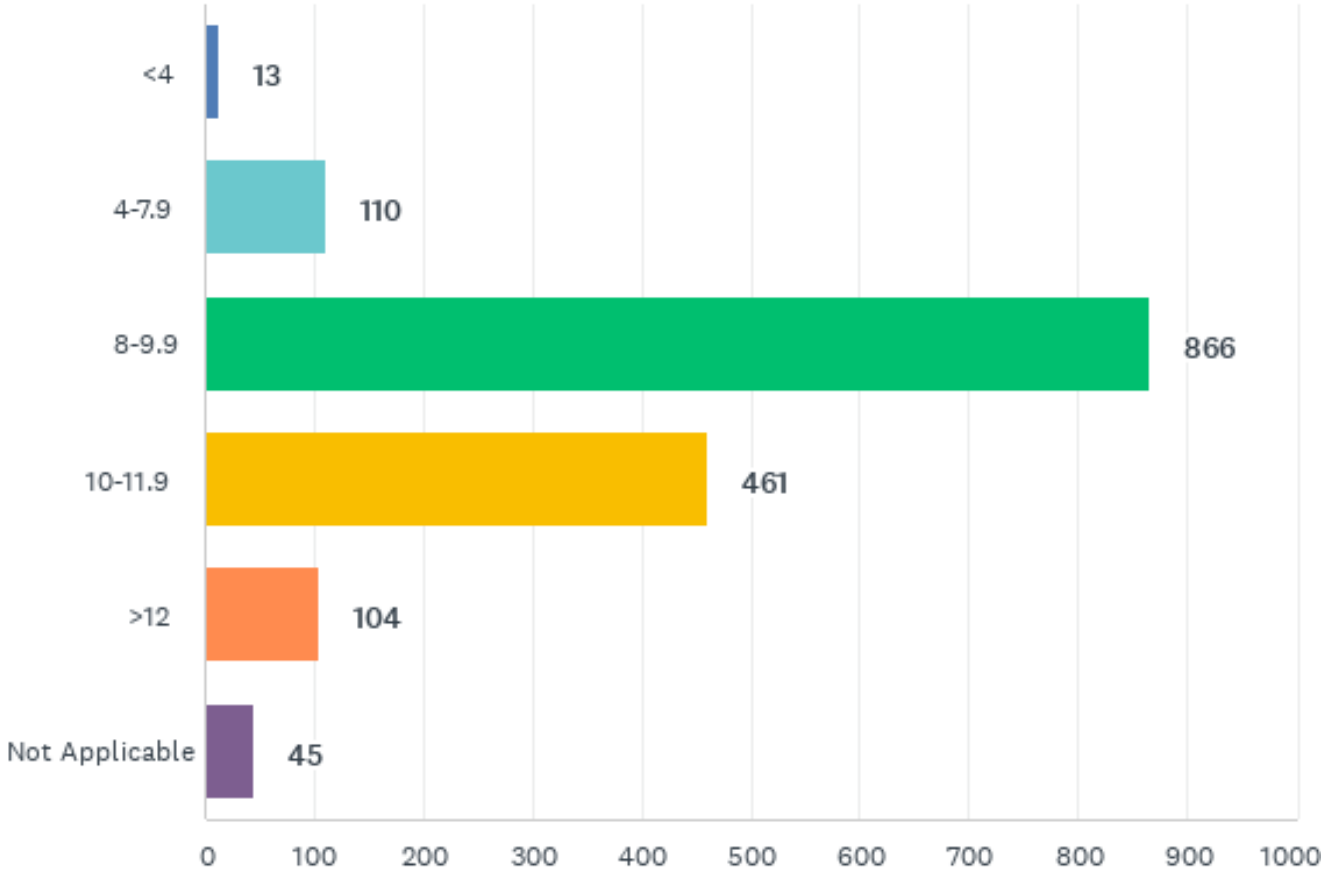
Q7: What is your primary role in your primary practice setting?

Answered: 1,599 Skipped: 445

ANSWER CHOICES	RESPONSES	
Manager/Pharmacist-In-Charge	19.76%	316
Staff	53.10%	849
Relief/Floater	5.94%	95
Clinical/Specialist	9.13%	146
Consultant	0.50%	8
Non-direct patient care administrative / supervisory / leadership position (e.g. Operations Manager, Regional Manager, VP)	4.57%	73
Student	0.75%	12
Other (please specify)	6.25%	100
TOTAL		1,599

Q8: On average, how many hours do you work per shift?

Answered: 1,599 Skipped: 445



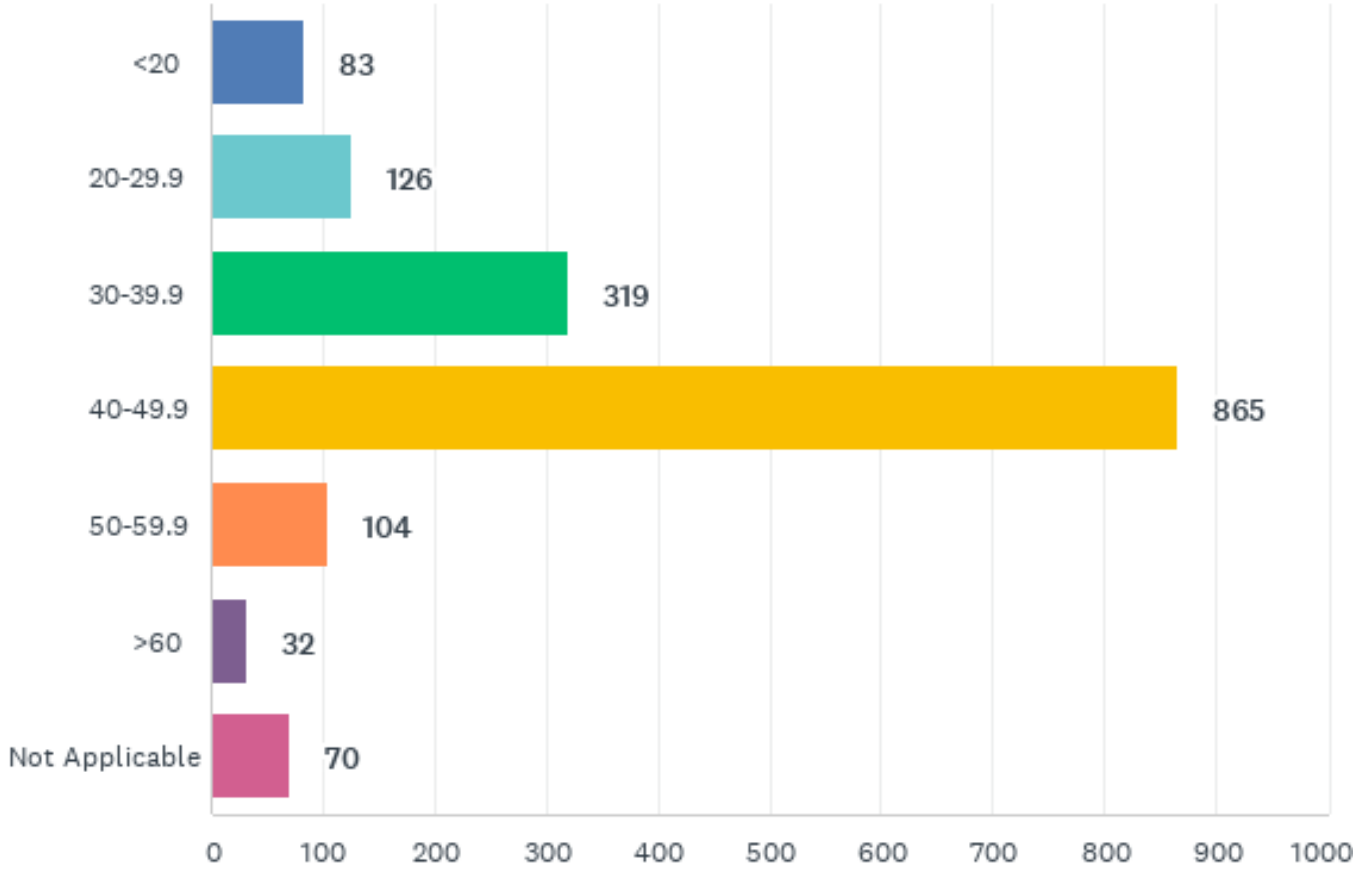
Q8: On average, how many hours do you work per shift?

Answered: 1,599 Skipped: 445

ANSWER CHOICES	RESPONSES	
<4	0.81%	13
4-7.9	6.88%	110
8-9.9	54.16%	866
10-11.9	28.83%	461
>12	6.50%	104
Not Applicable	2.81%	45
TOTAL		1,599

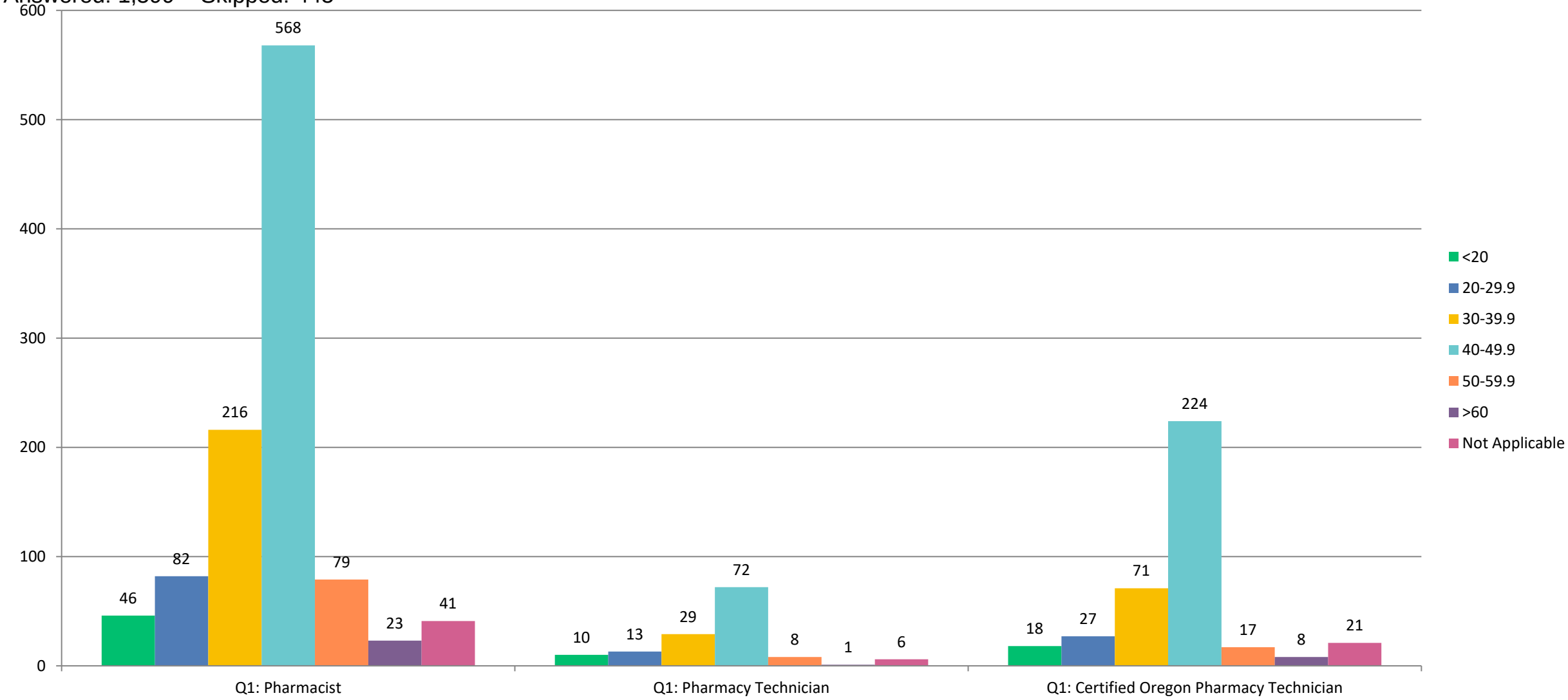
Q9: On average, how many hours do you work for a pharmacy per week?

Answered: 1,599 Skipped: 445



Q9: On average, how many hours do you work for a pharmacy per week?

Answered: 1,599 Skipped: 445



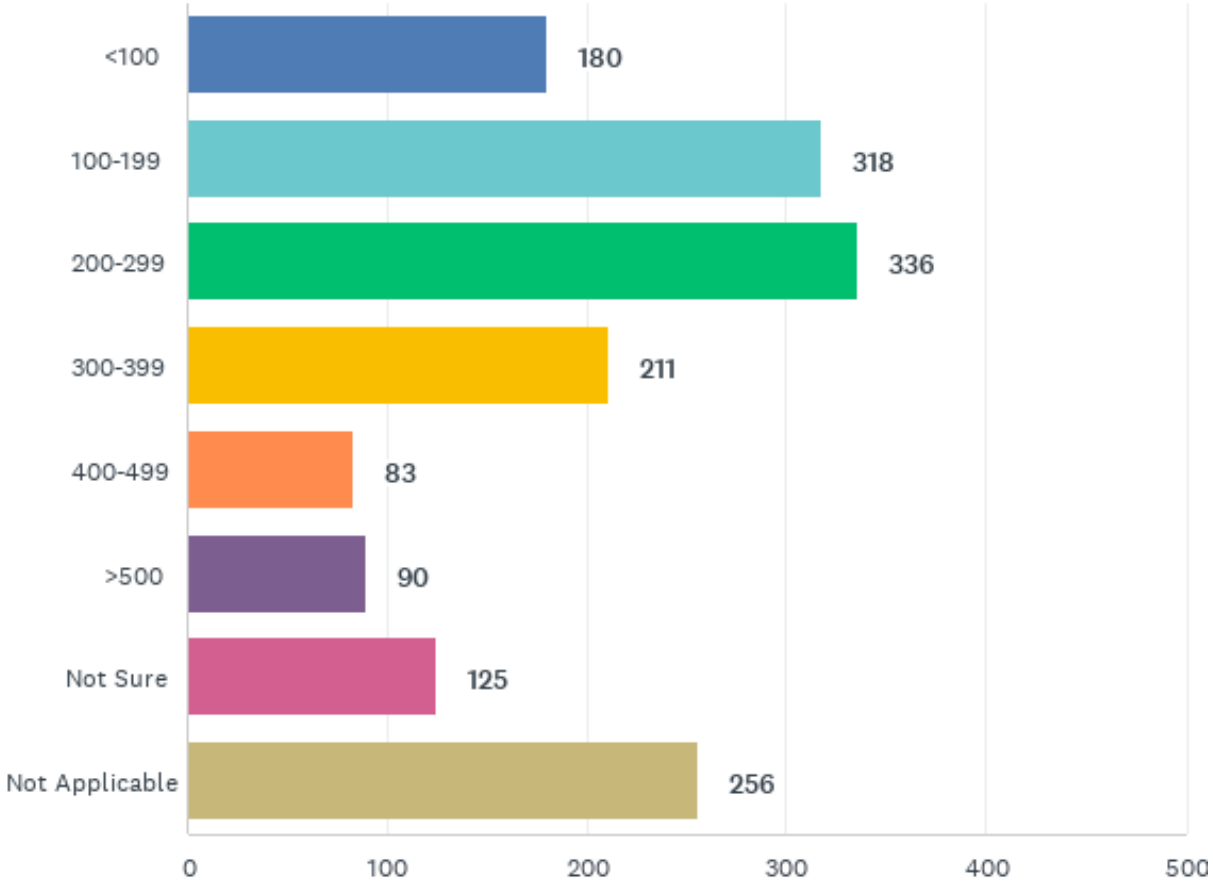
Q9: On average, how many hours do you work for a pharmacy per week?

Answered: 1,599 Skipped: 445

ANSWER CHOICES	RESPONSES	
<20	5.19%	83
20-29.9	7.88%	126
30-39.9	19.95%	319
40-49.9	54.10%	865
50-59.9	6.50%	104
>60	2.00%	32
Not Applicable	4.38%	70
TOTAL		1,599

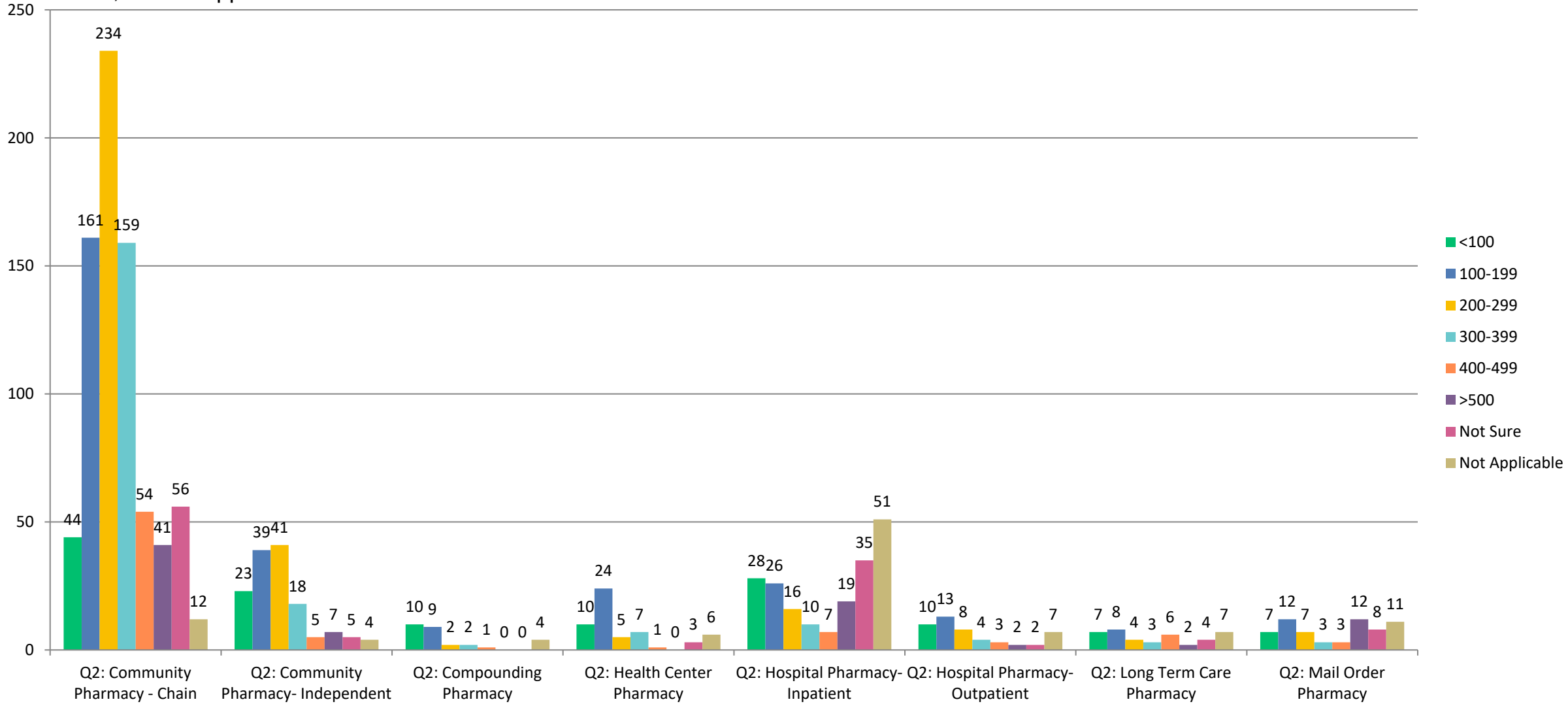
Q10: On average, how many prescriptions or medication orders: Pharmacists- Do you personally verify (e.g. data verification, DUR, final verification) per shift? Technicians/Interns- Do you personally process (e.g. data entry, insurance processing, count/label) per shift?

Answered: 1,599 Skipped: 445



Q10: On average, how many prescriptions or medication orders: Pharmacists- Do you personally verify (e.g. data verification, DUR, final verification) per shift? Technicians/Interns- Do you personally process (e.g. data entry, insurance processing, count/label) per shift?

Answered: 1,599 Skipped: 445



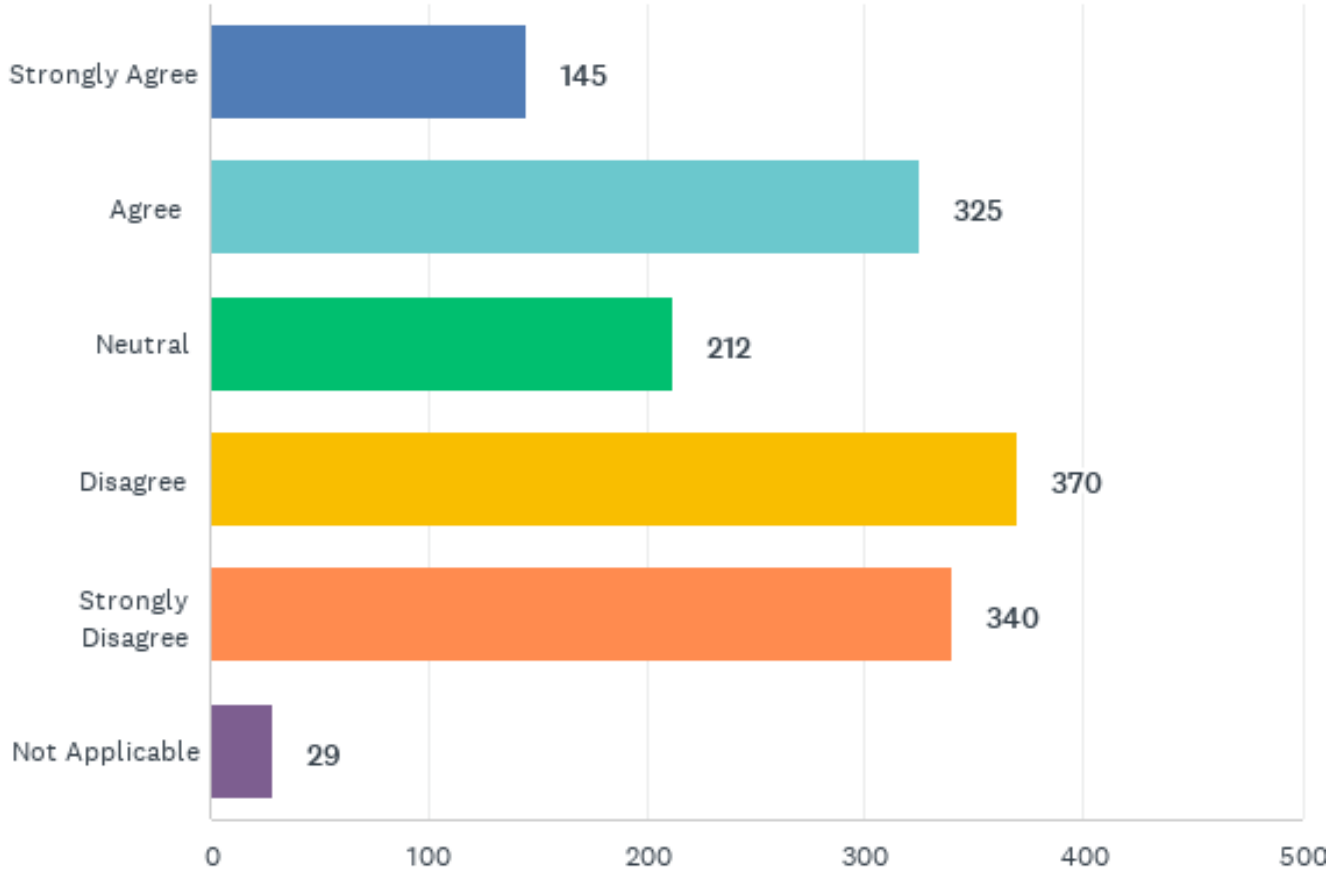
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Answered: 1,599 Skipped: 445

ANSWER CHOICES	RESPONSES	
<100	11.26%	180
100-199	19.89%	318
200-299	21.01%	336
300-399	13.20%	211
400-499	5.19%	83
>500	5.63%	90
Not Sure	7.82%	125
Not Applicable	16.01%	256
TOTAL		1,599

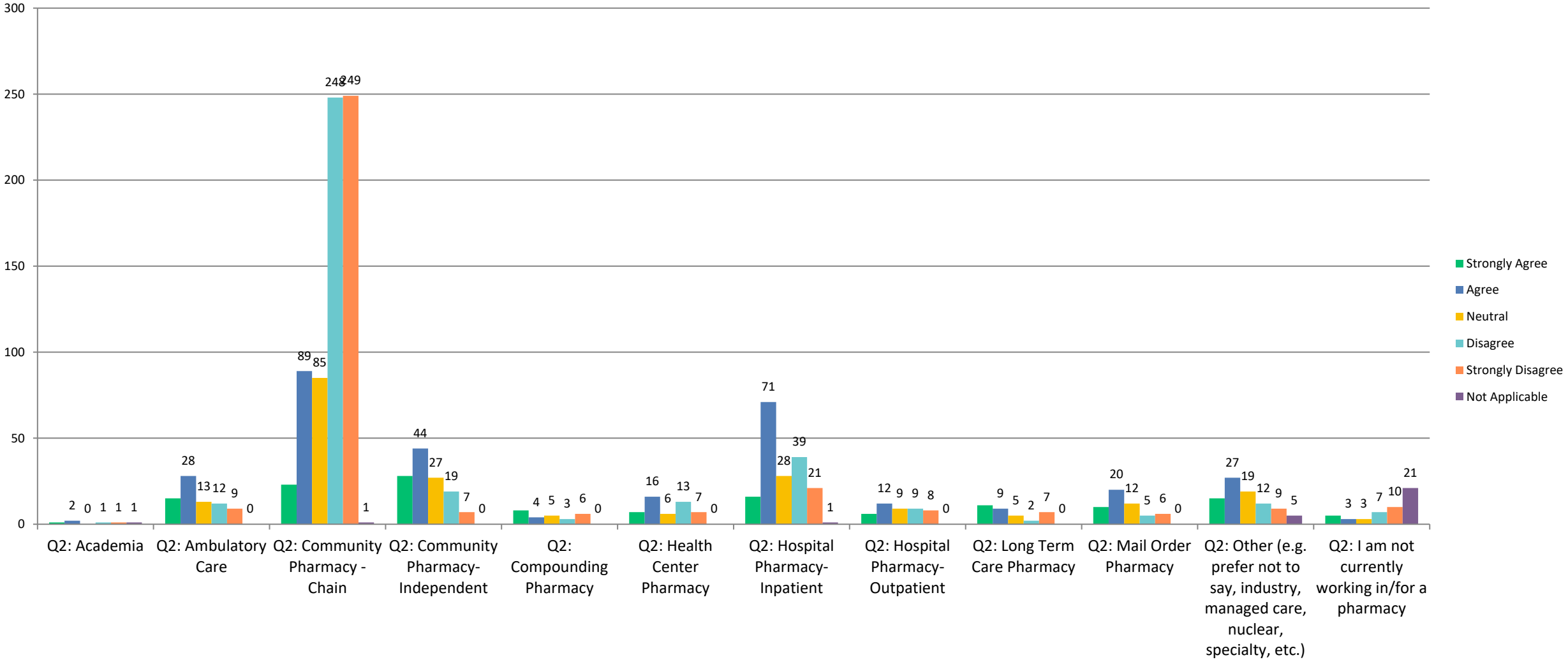
Q11: I feel that I have adequate time to complete my job in a safe and effective manner.

Answered: 1,421 Skipped: 623



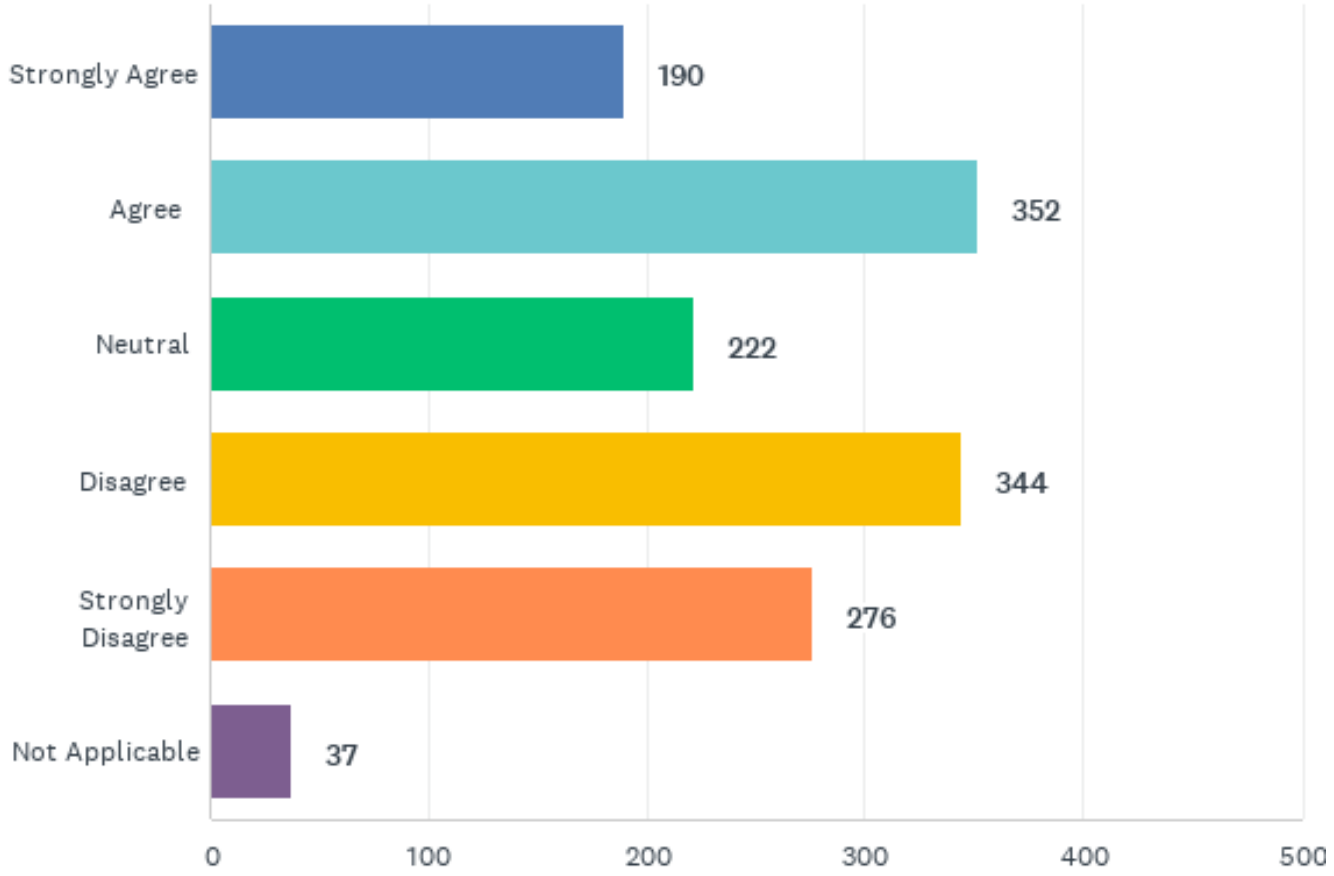
Q11: I feel that I have adequate time to complete my job in a safe and effective manner.

Answered: 1,421 Skipped: 392



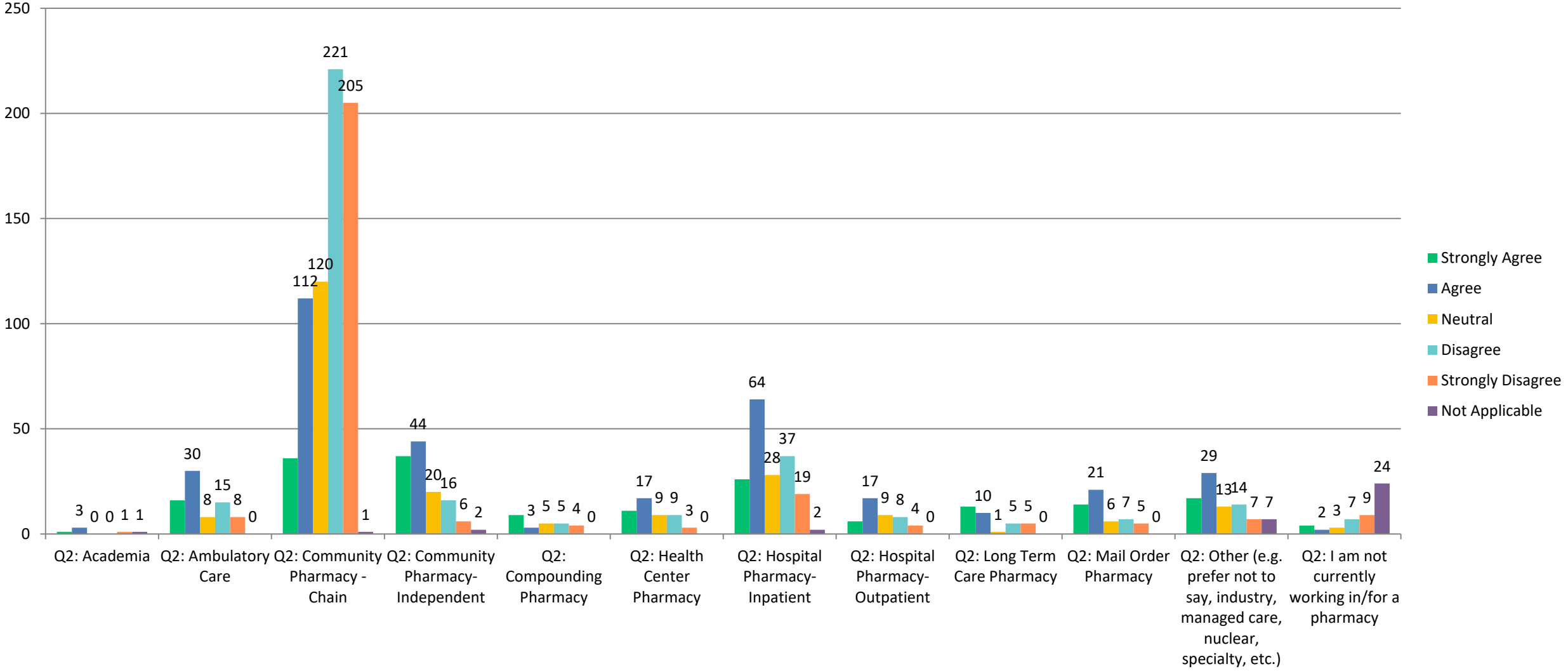
Q12: I feel that my employer provides a practice environment that allows for safe and effective patient care.

Answered: 1,421 Skipped: 623



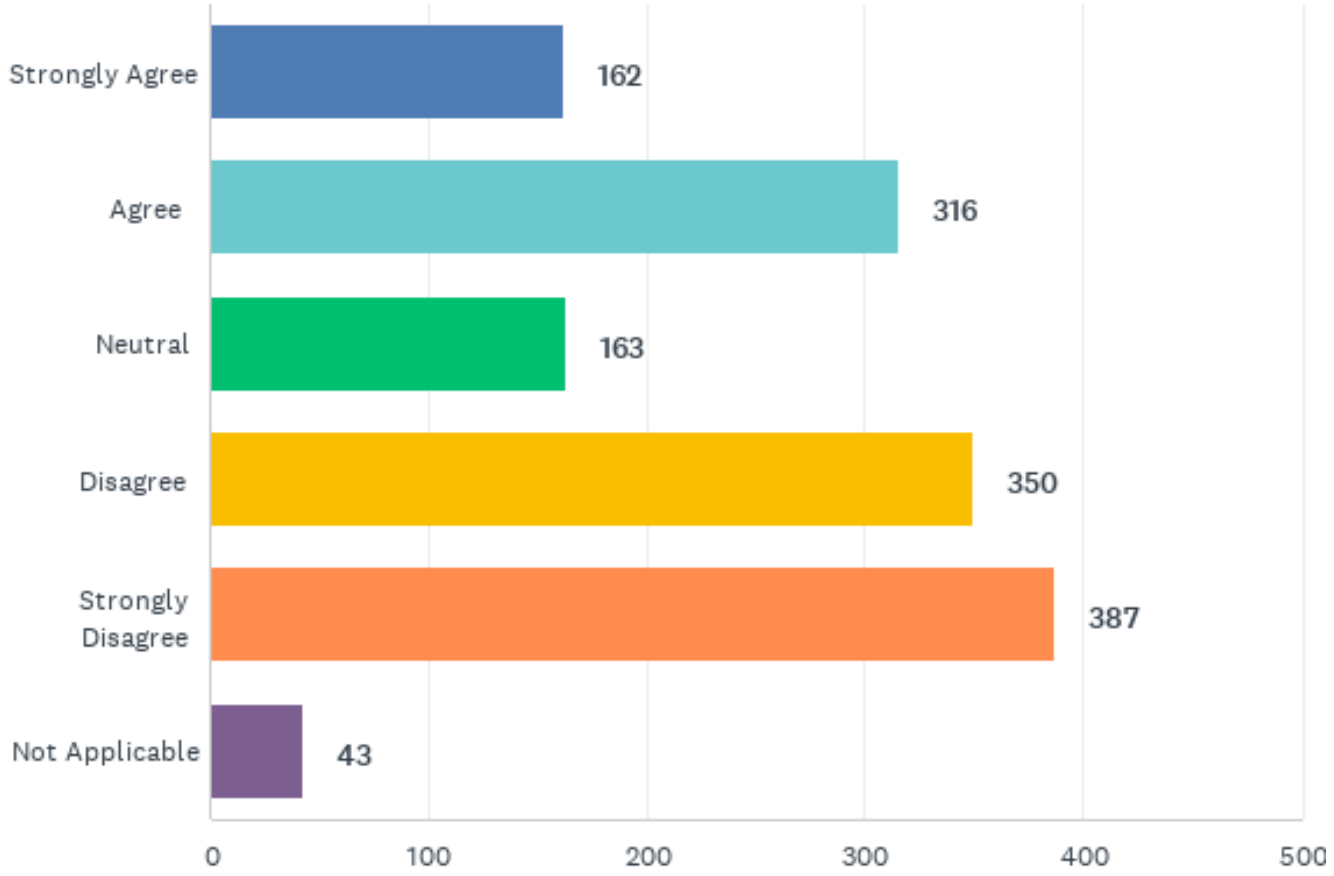
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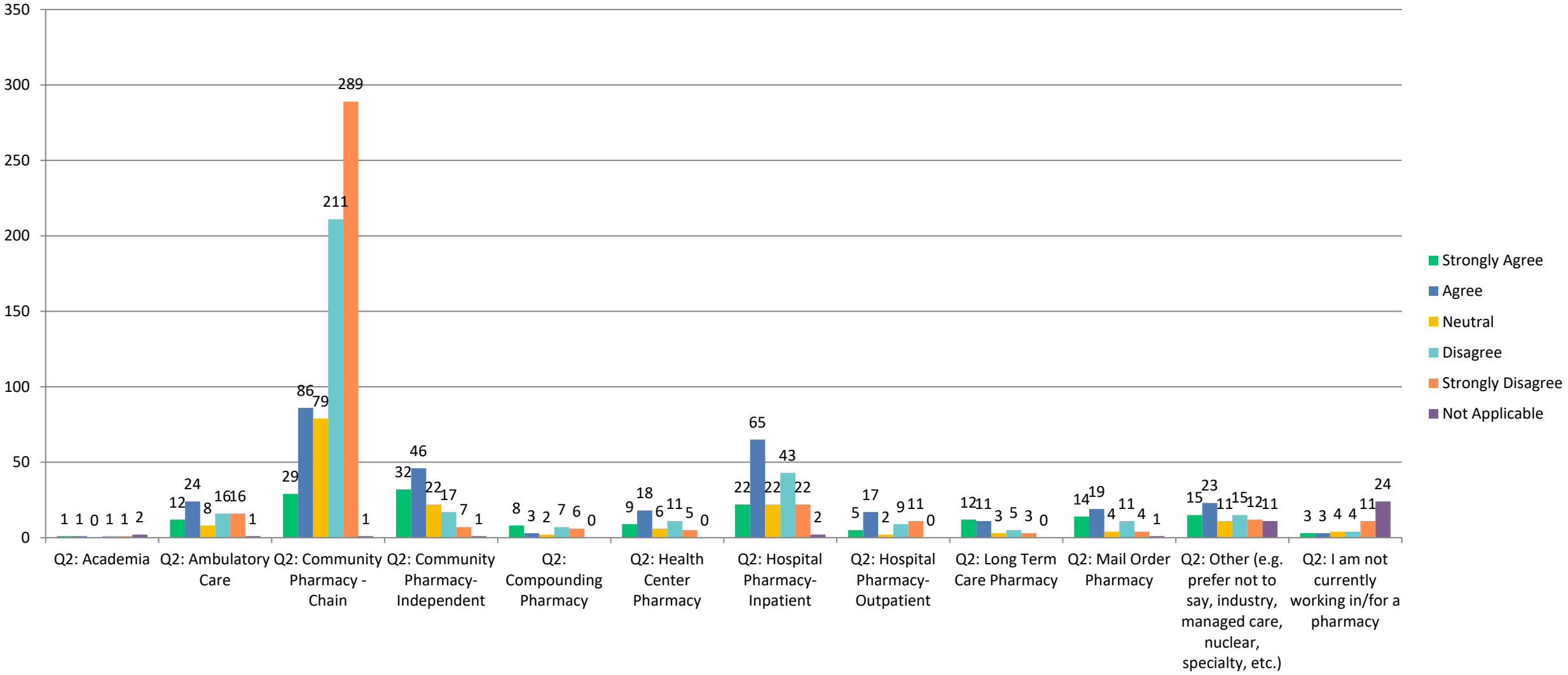
Q13: I feel that my practice environment utilizes sufficient pharmacist staffing that allows for safe, effective and timely patient care.

Answered: 1,421 Skipped: 623



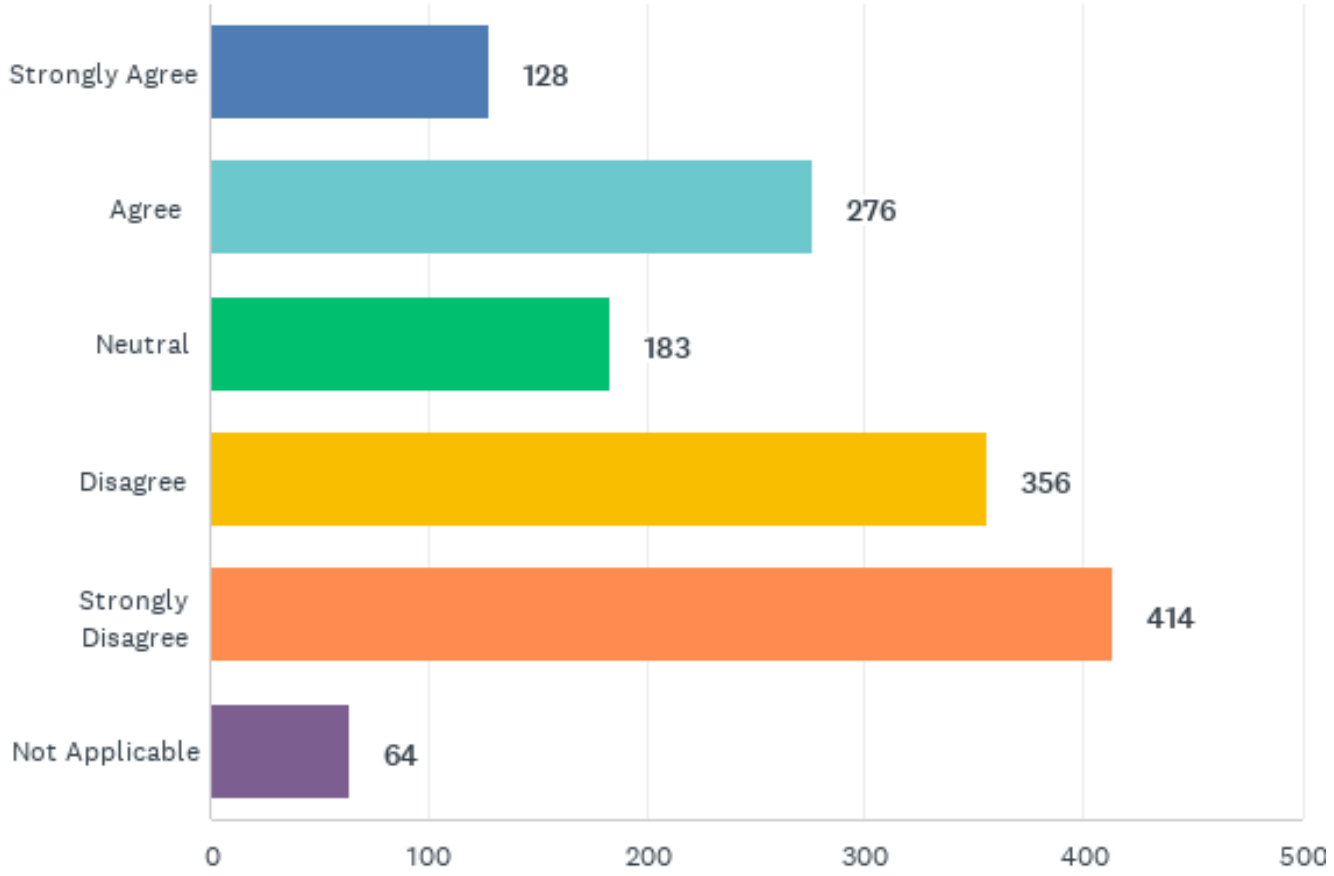
Q13: I feel that my practice environment utilizes sufficient pharmacist staffing that allows for safe, effective and timely patient care.

Answered: 1,421 Skipped: 623



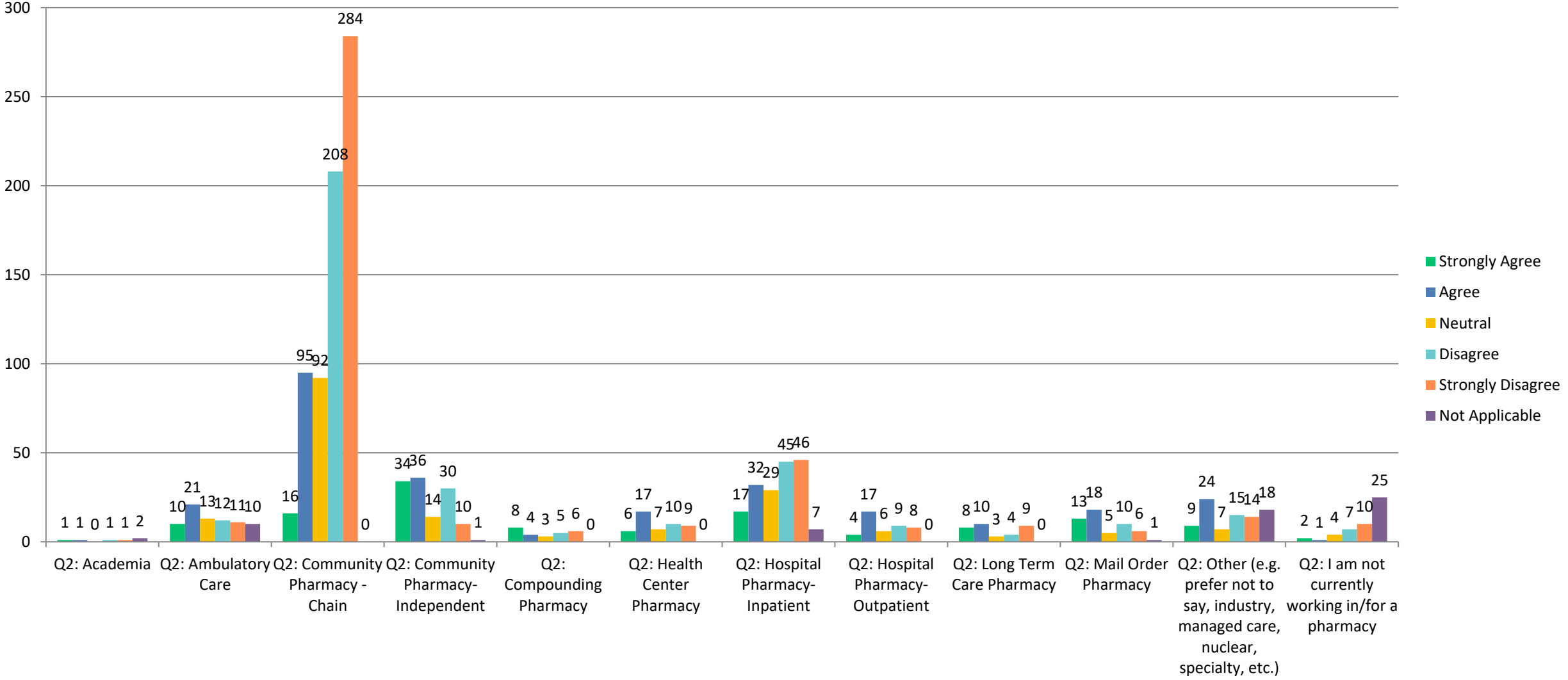
Q14: I feel that my practice environment utilizes sufficient pharmacy technician staffing that allows for safe and effective patient care

Answered: 1,421 Skipped: 623



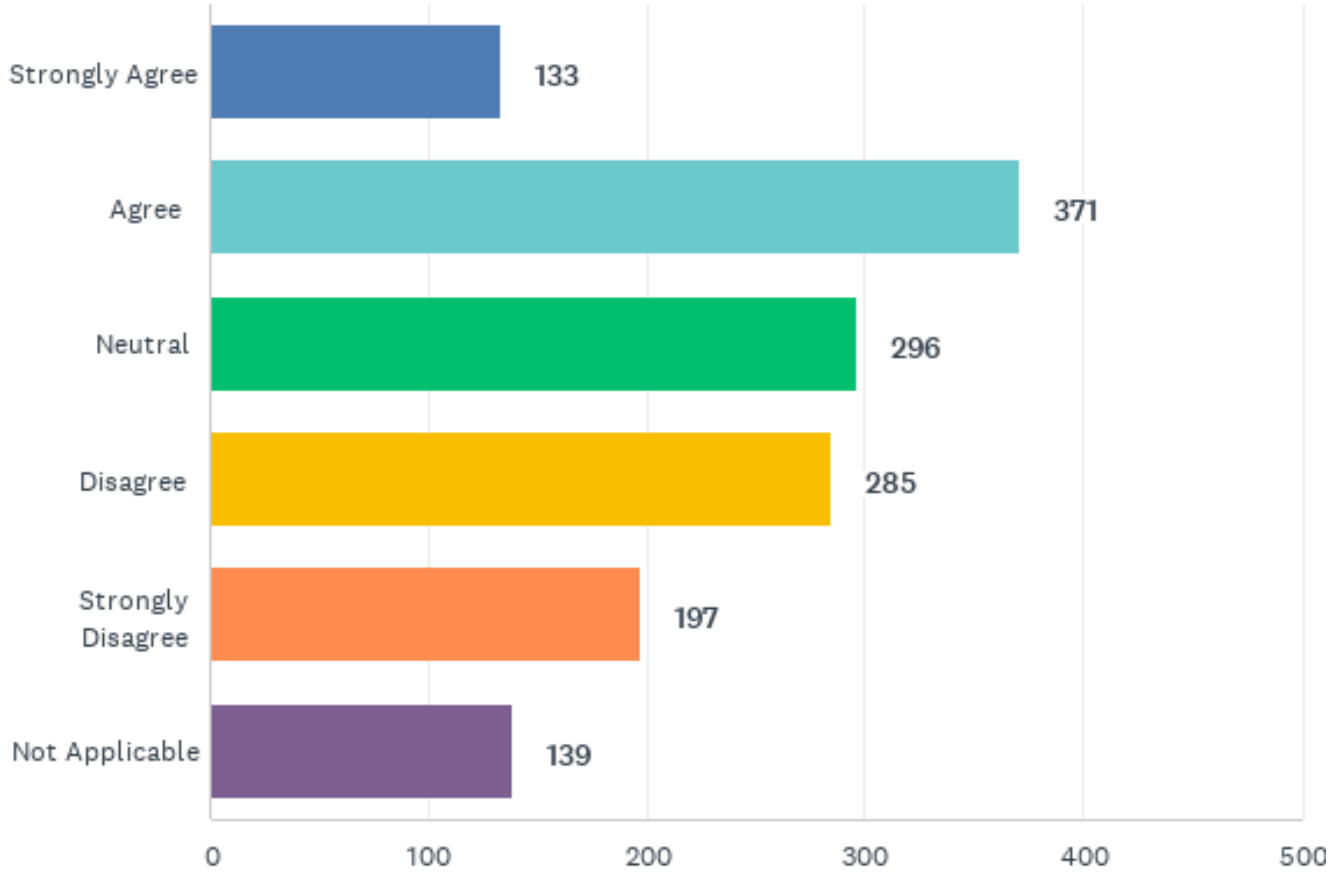
Q14: I feel that my practice environment utilizes sufficient pharmacy technician staffing that allows for safe and effective patient care

Answered: 1,421 Skipped: 623



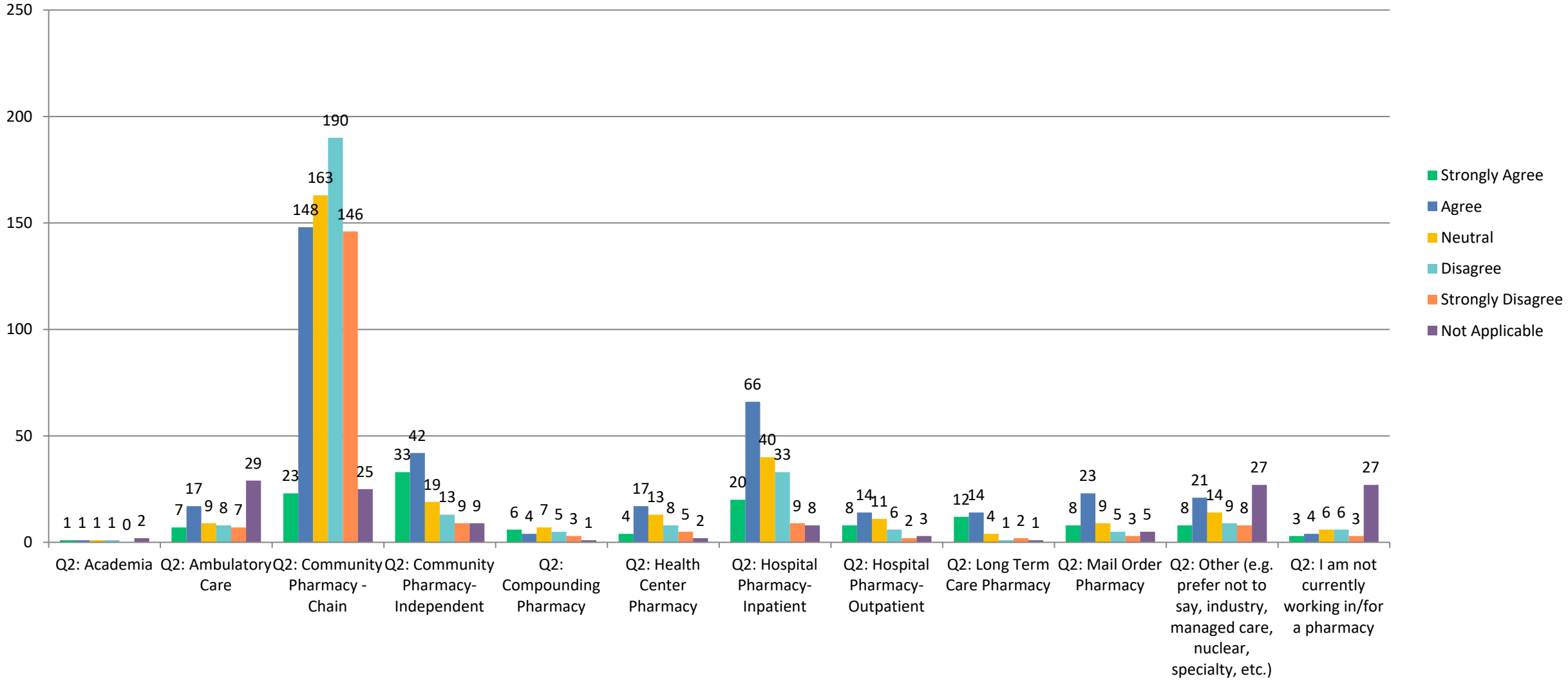
Q15: I feel that my practice environment utilizes automation, professional and technical equipment (e.g. counting machines, central fill, phone systems) that allows for safe, effective and timely patient care.

Answered: 1,421 Skipped: 623



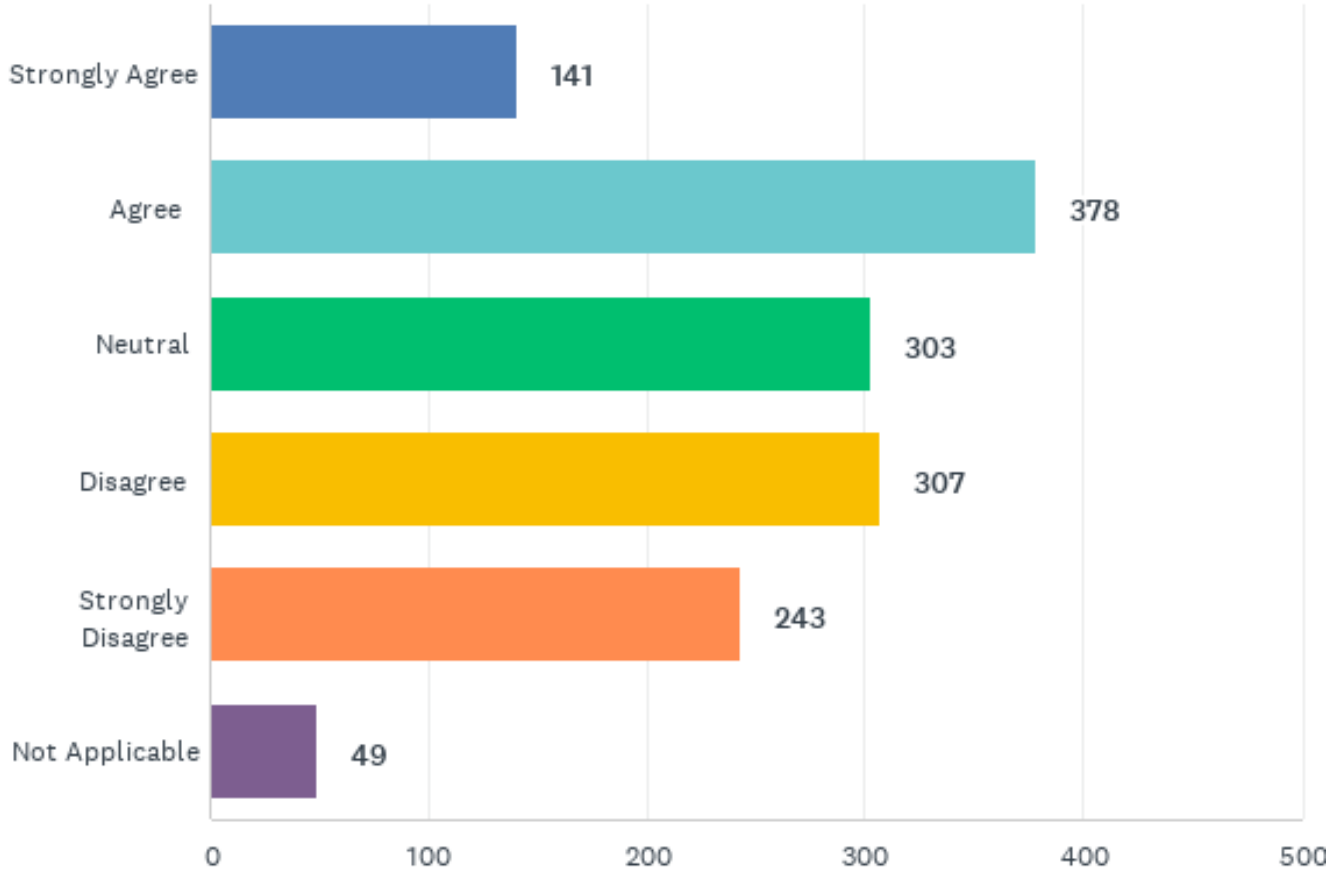
Q15: I feel that my practice environment utilizes automation, professional and technical equipment (e.g. counting machines, central fill, phone systems) that allows for safe, effective and timely patient care.

Answered: 1,421 Skipped: 623



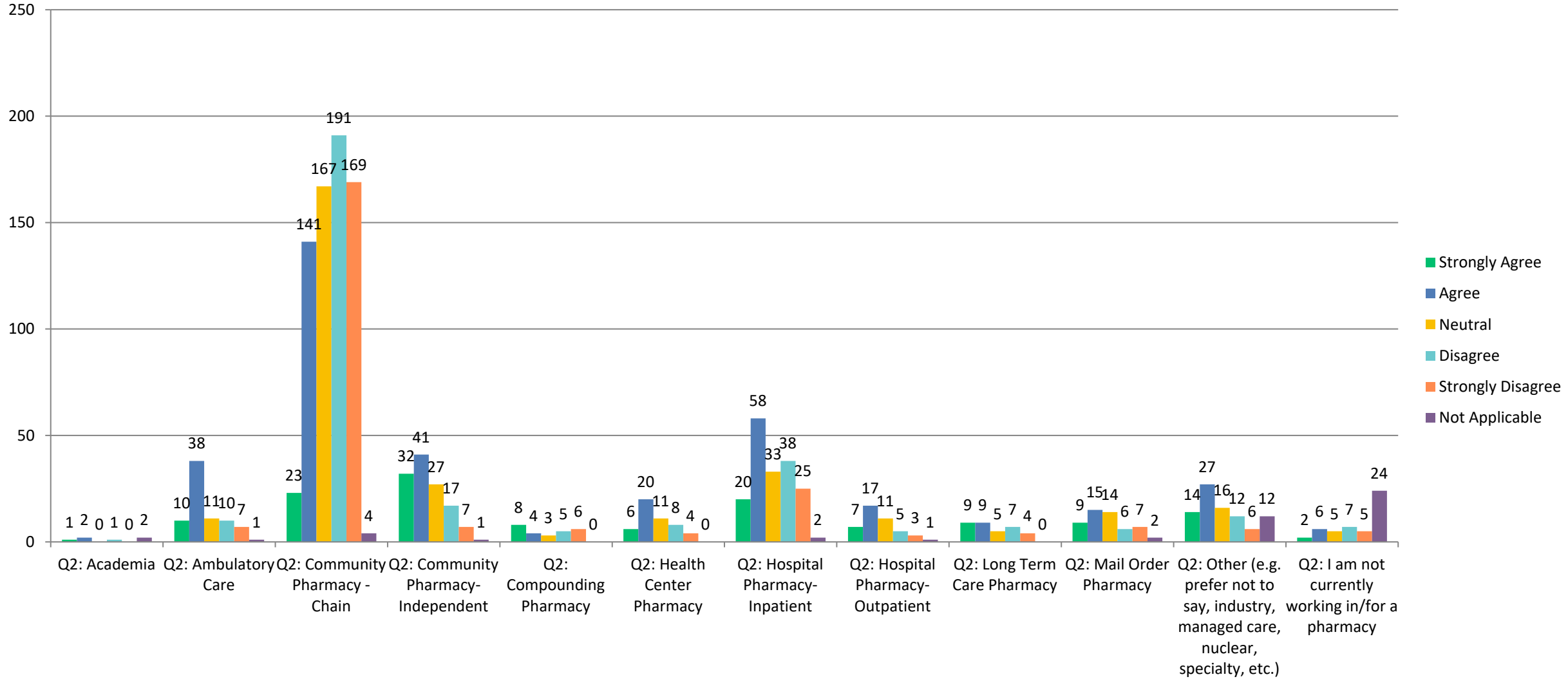
Q16: I feel that my practice environment utilizes staff training that is site-specific, thorough and prepares staff to provide safe and effective patient care.

Answered: 1,421 Skipped: 623



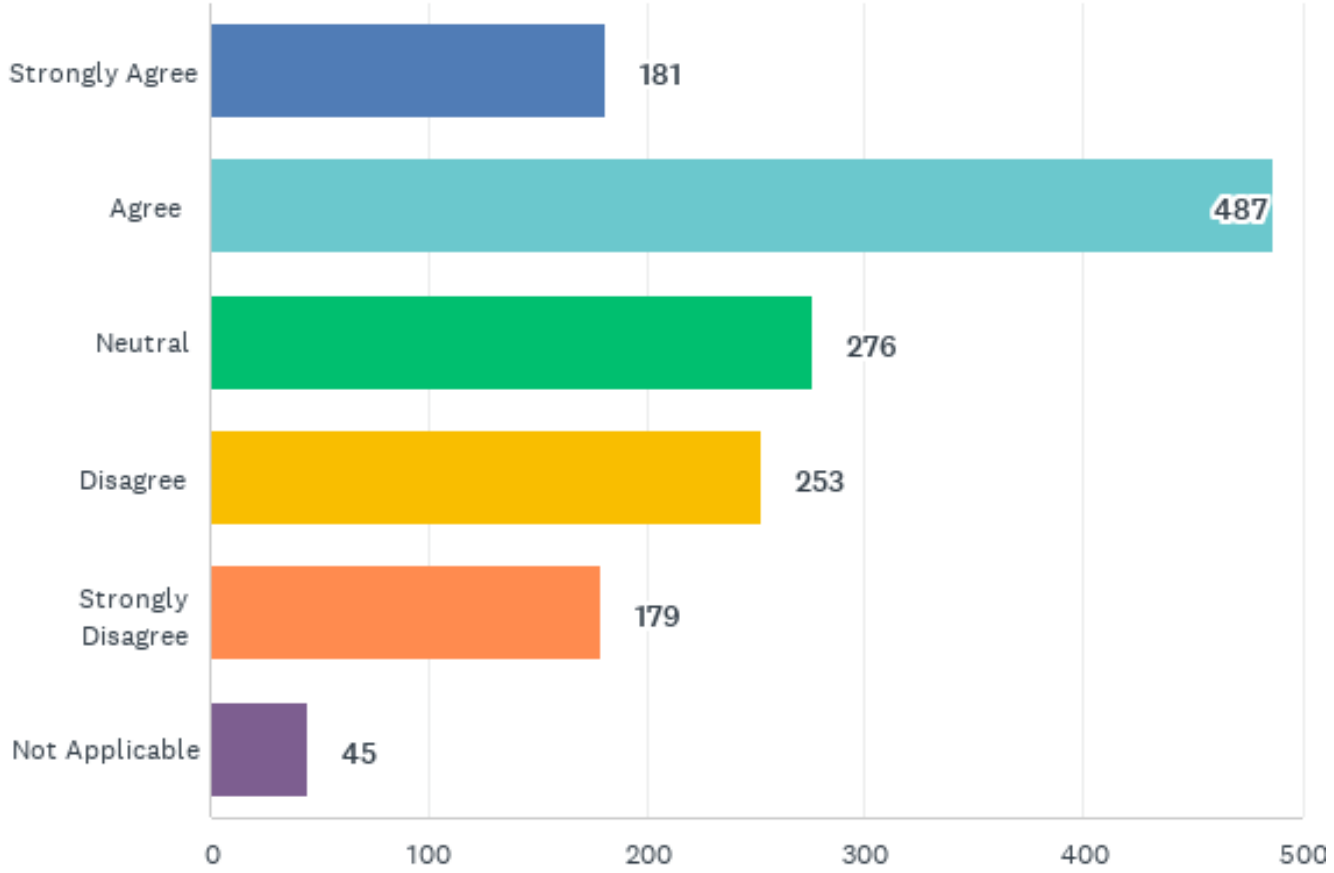
Q16: I feel that my practice environment utilizes staff training that is site-specific, thorough and prepares staff to provide safe and effective patient care.

Answered: 1,421 Skipped: 623



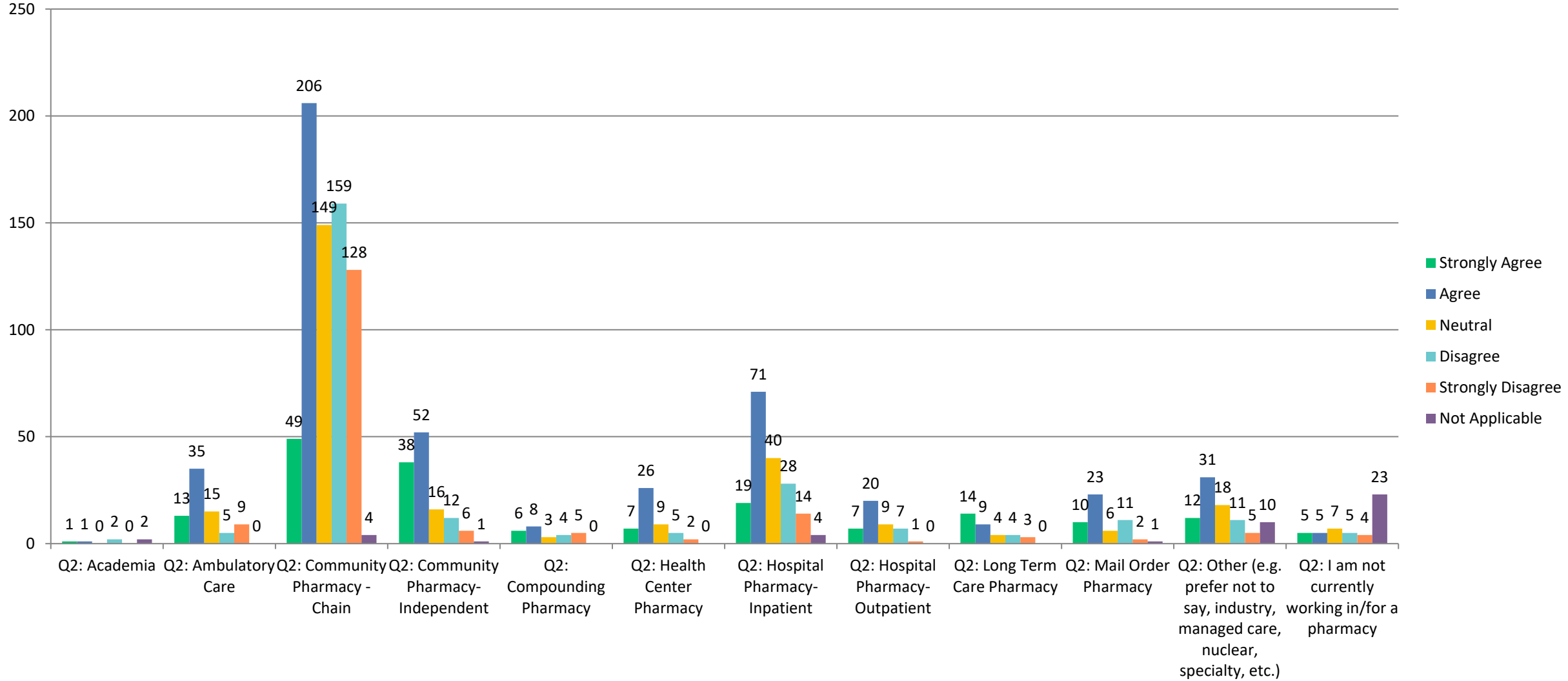
Q17: I feel that my practice environment has an organized workflow that promotes safe, effective and timely patient care.

Answered: 1,421 Skipped: 623



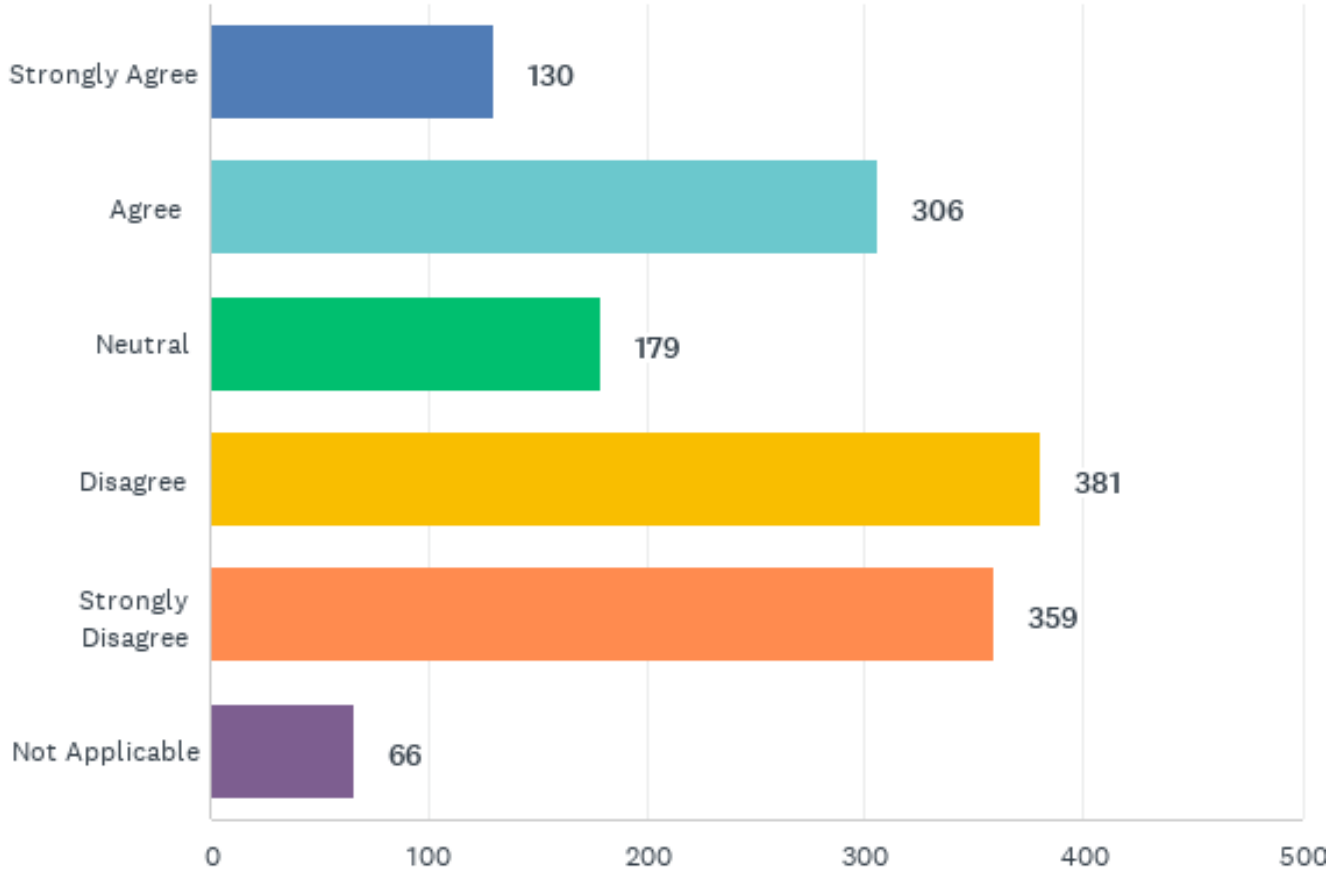
Q17: I feel that my practice environment has an organized workflow that promotes safe, effective and timely patient care.

Answered: 1,421 Skipped: 623



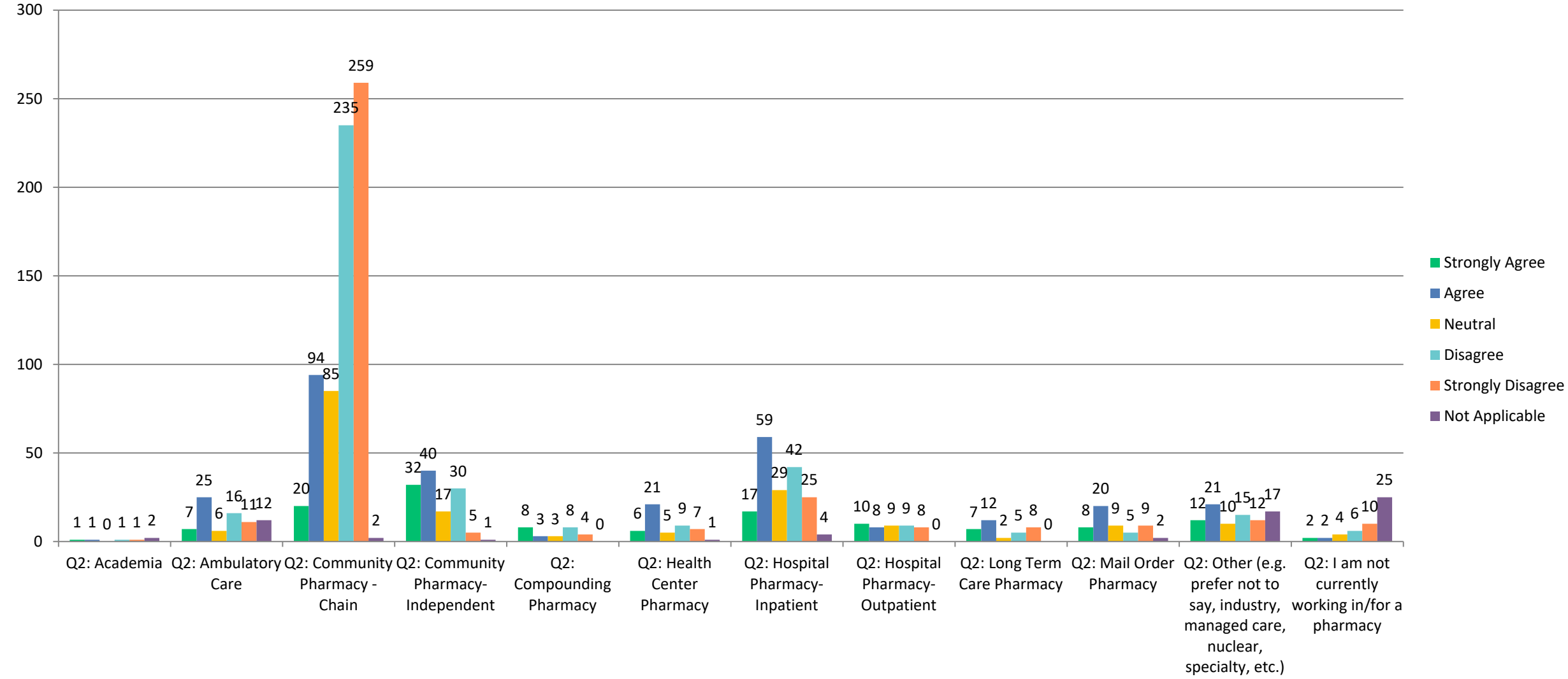
Q18: I feel that staffing in my practice environment is adequate and results in patients receiving their medication and consultation in a safe and timely manner.

Answered: 1,421 Skipped: 623



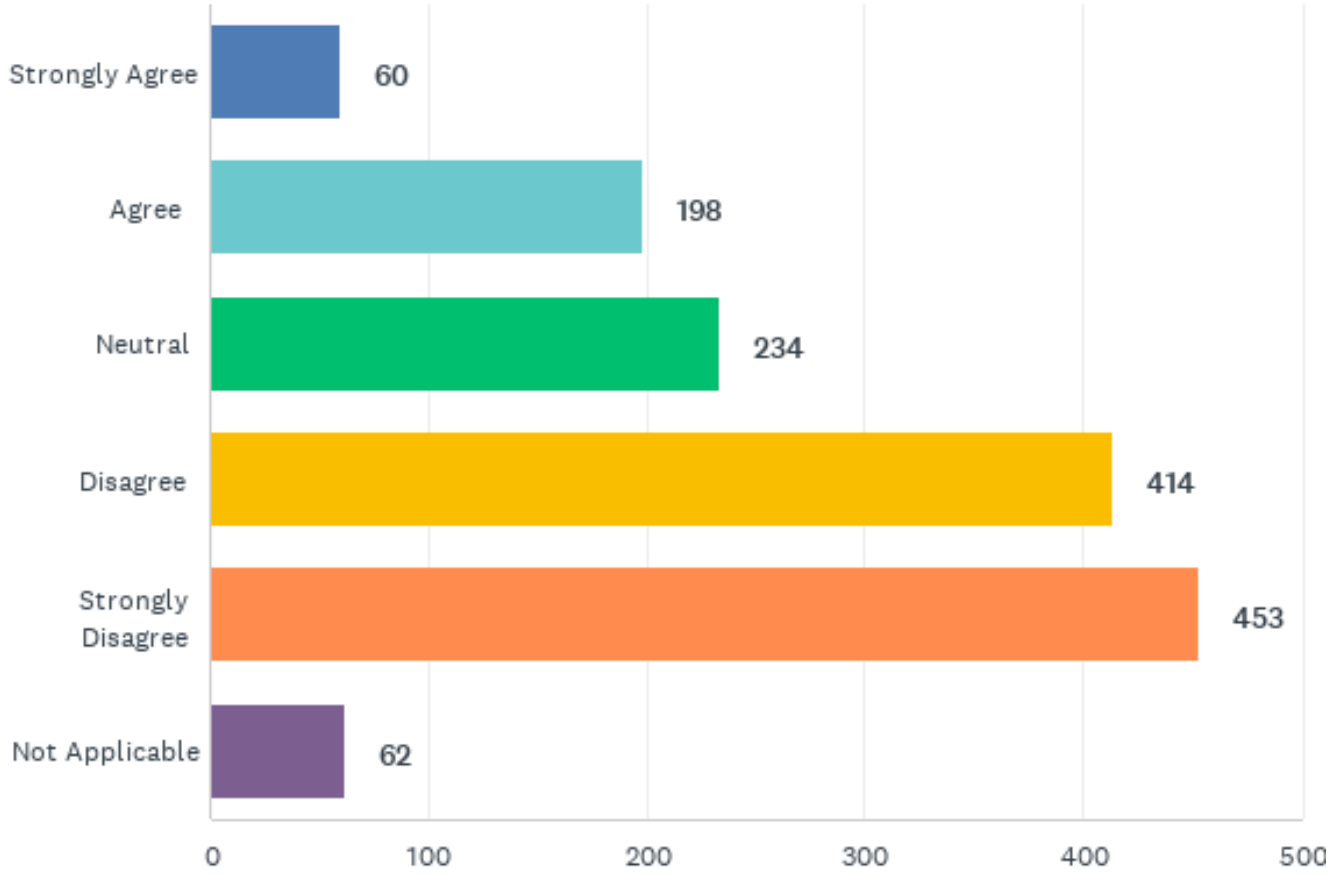
Q18: I feel that staffing in my practice environment is adequate and results in patients receiving their medication and consultation in a safe and timely manner.

Answered: 1,421 Skipped: 623



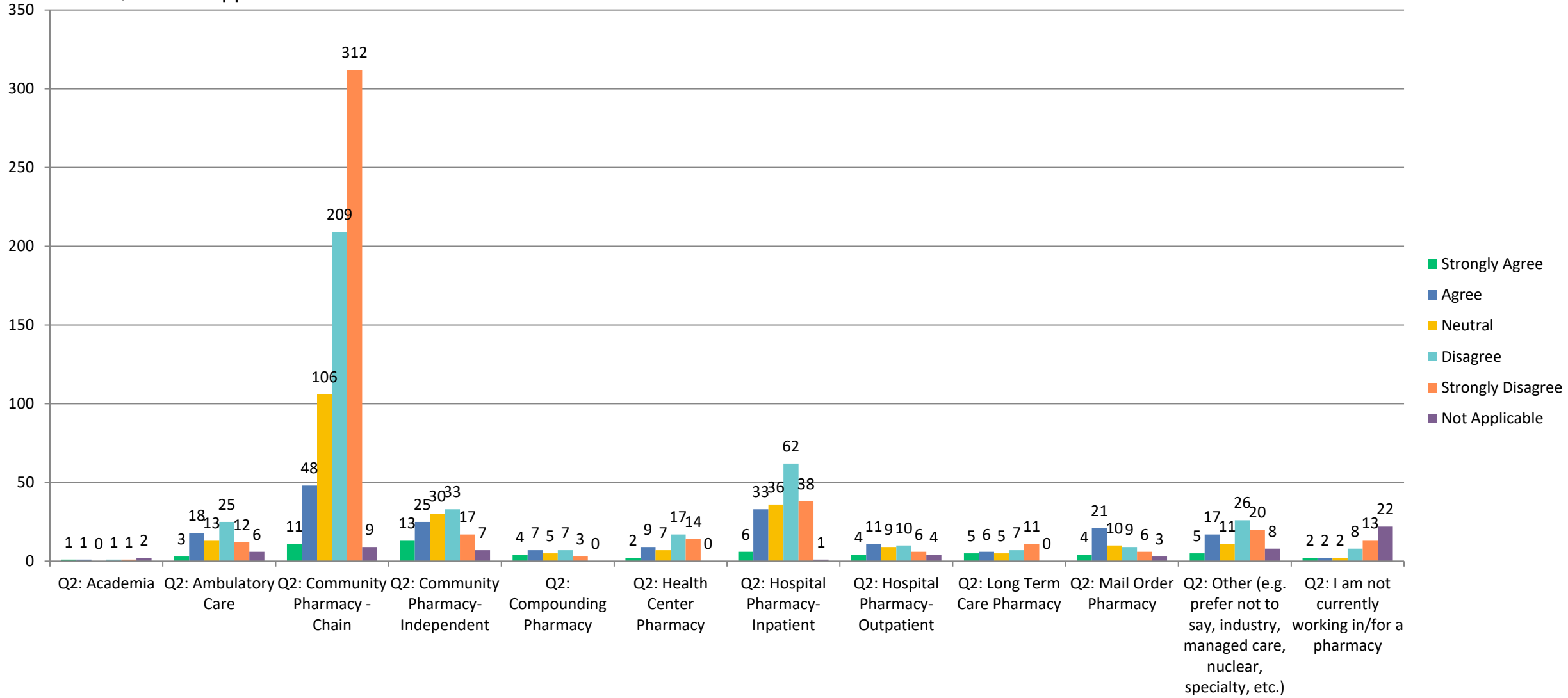
Q19: Job openings for my workplace are filled in a timely manner.

Answered: 1,421 Skipped: 623



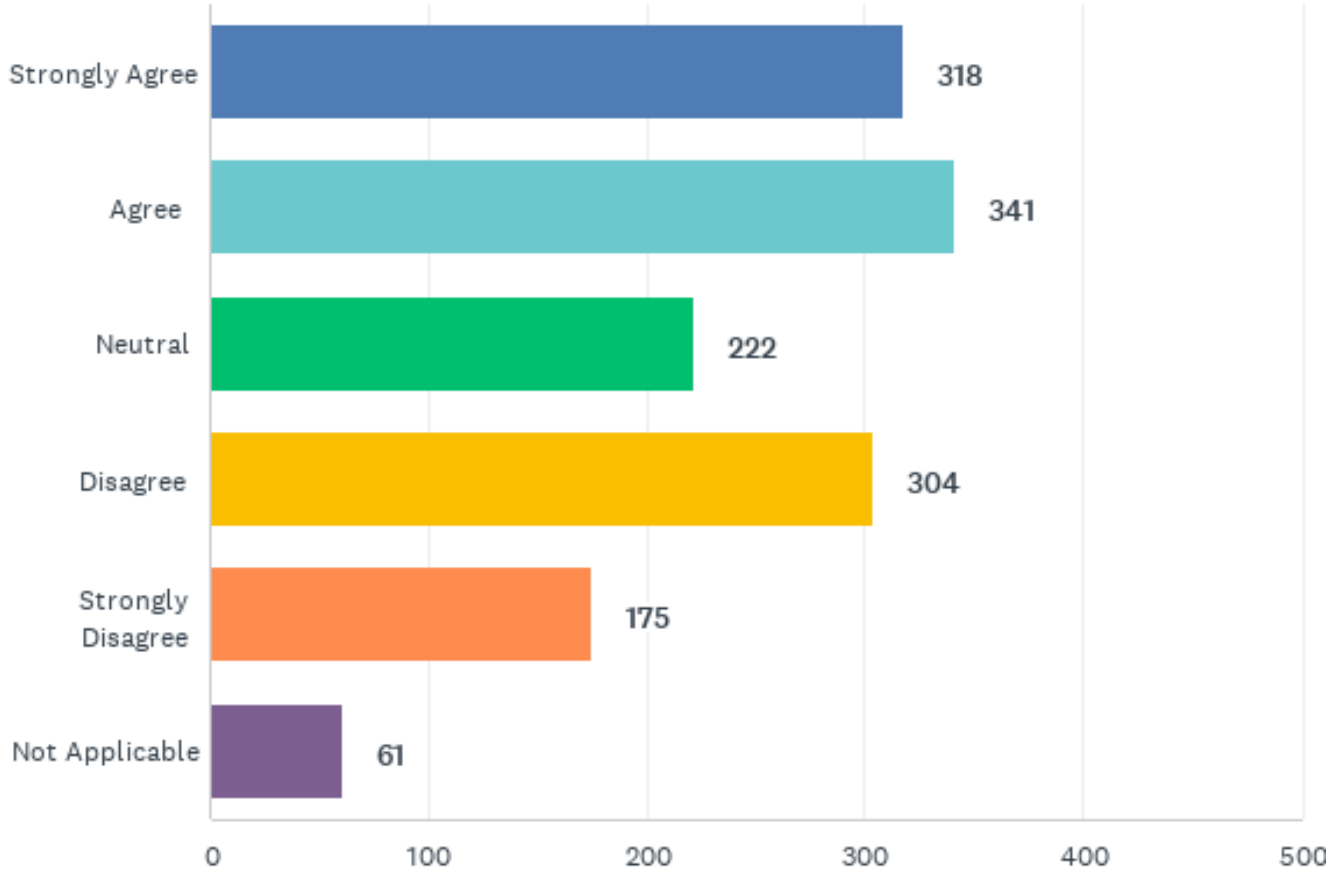
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Answered: 1,421 Skipped: 623



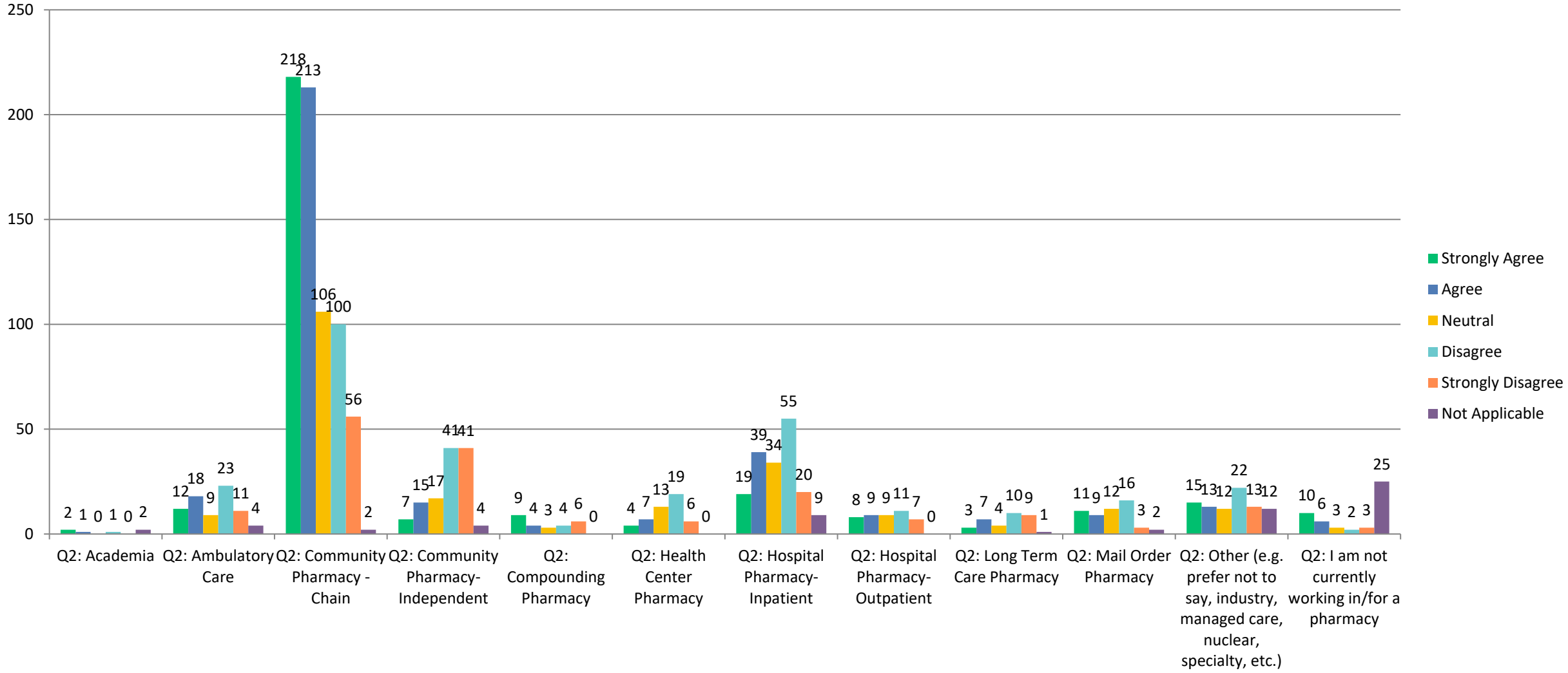
Q20: I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe and effective patient care.

Answered: 1,421 Skipped: 623



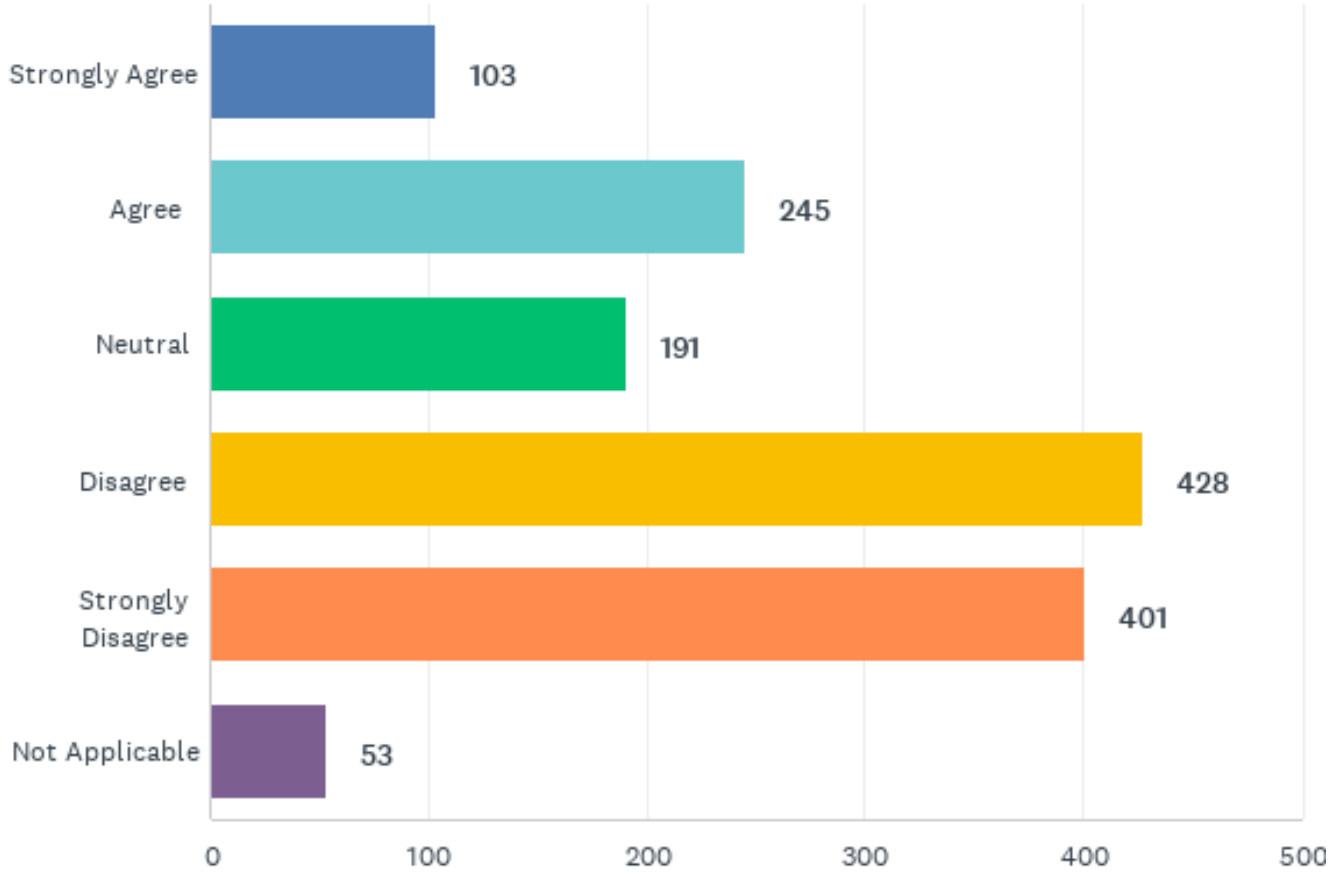
Q20: I feel pressure by my employer or supervisor to meet standards or metrics that may interfere with safe and effective patient care.

Answered: 1,421 Skipped: 623



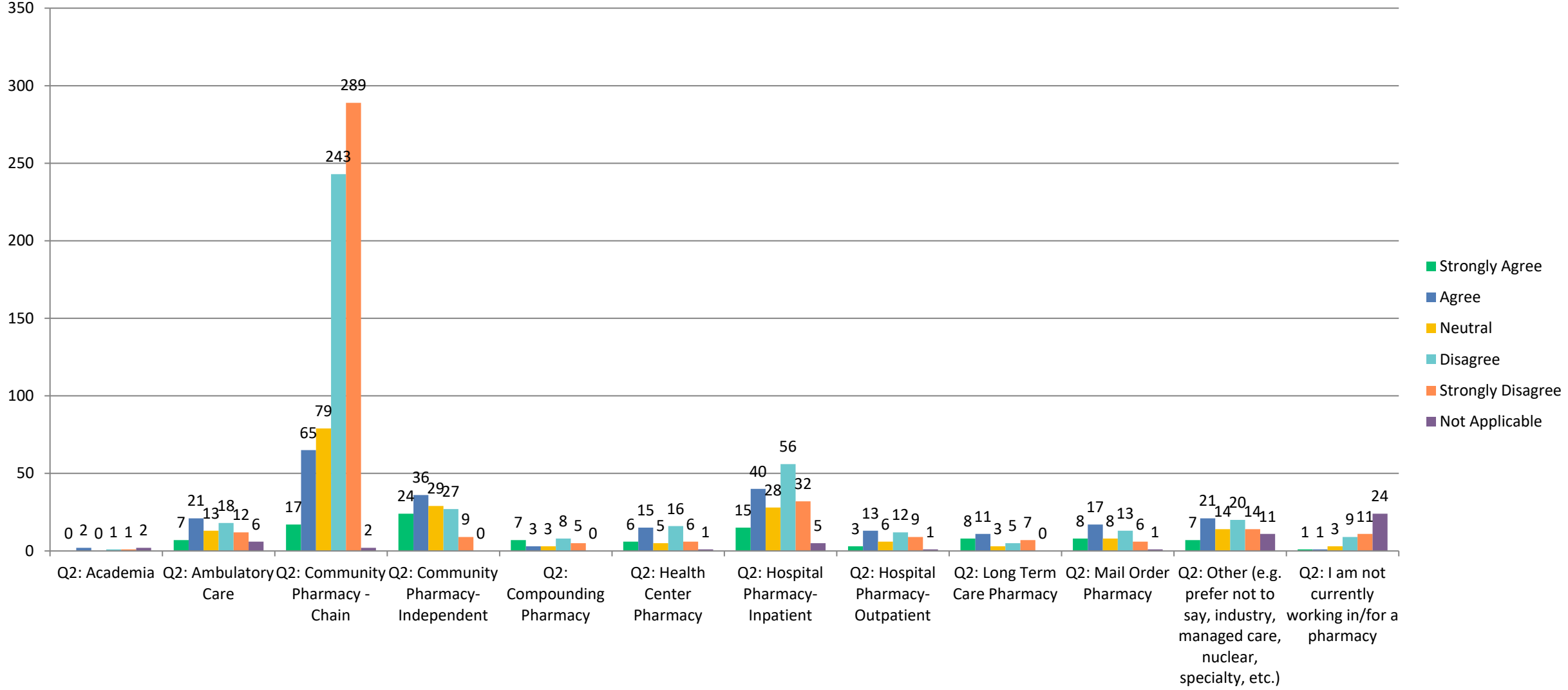
Q21: I feel that there are sufficient staff to manage the pharmacy's workload that allows me to provide safe and effective patient care.

Answered: 1,421 Skipped: 623



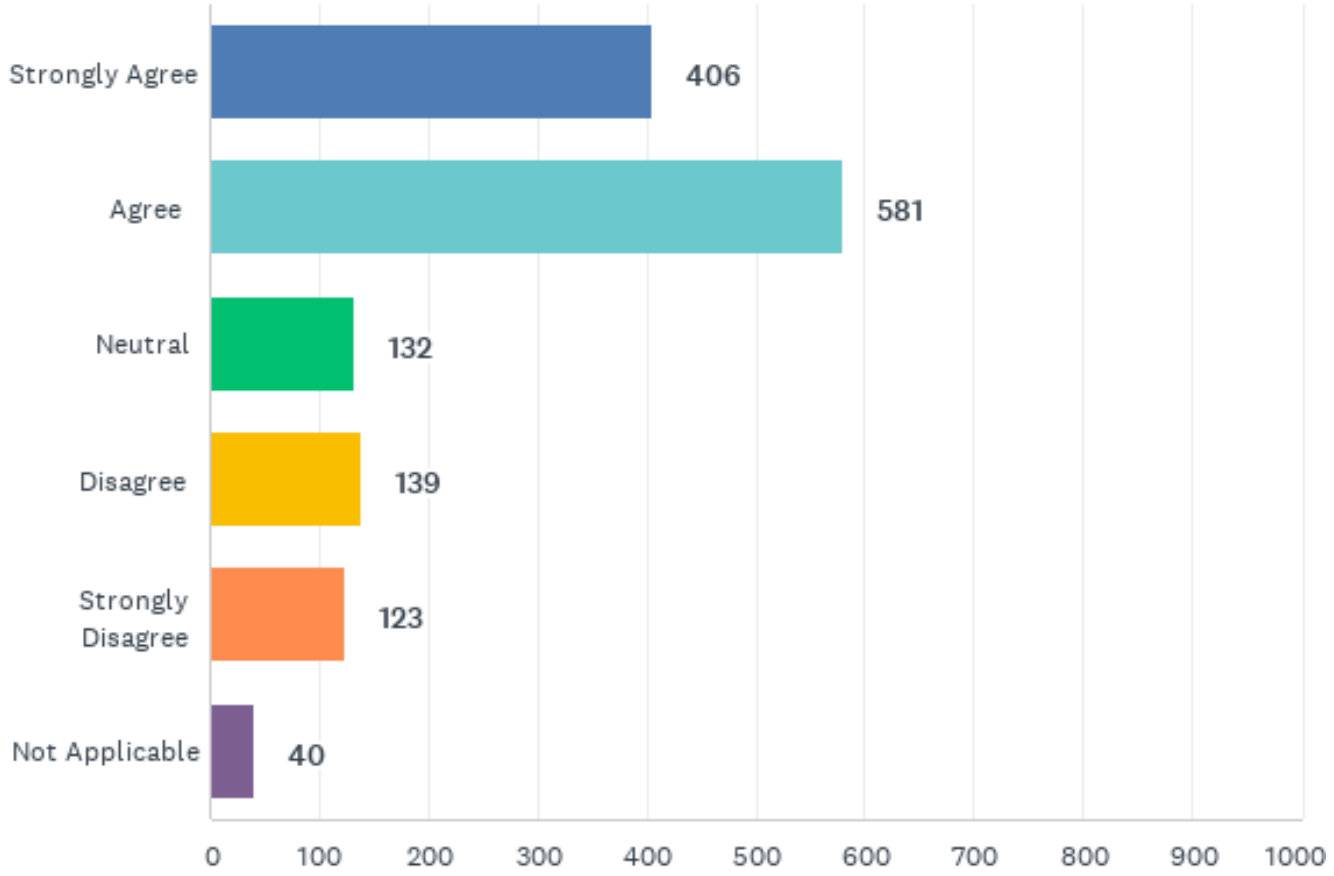
Q21: I feel that there are sufficient staff to manage the pharmacy's workload that allows me to provide safe and effective patient care.

Answered: 1,421 Skipped: 623



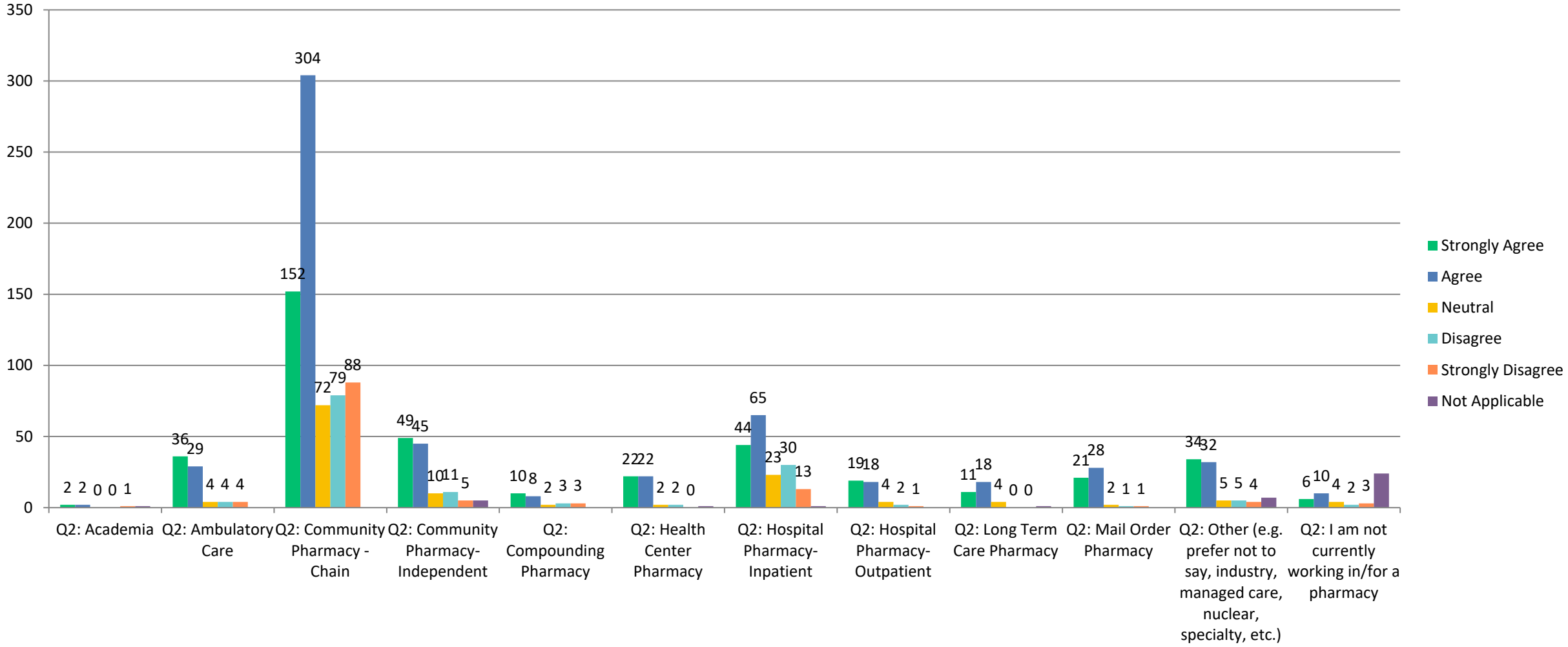
Q22: I am given the opportunity and am able to take meal breaks during the workday.

Answered: 1,421 Skipped: 623



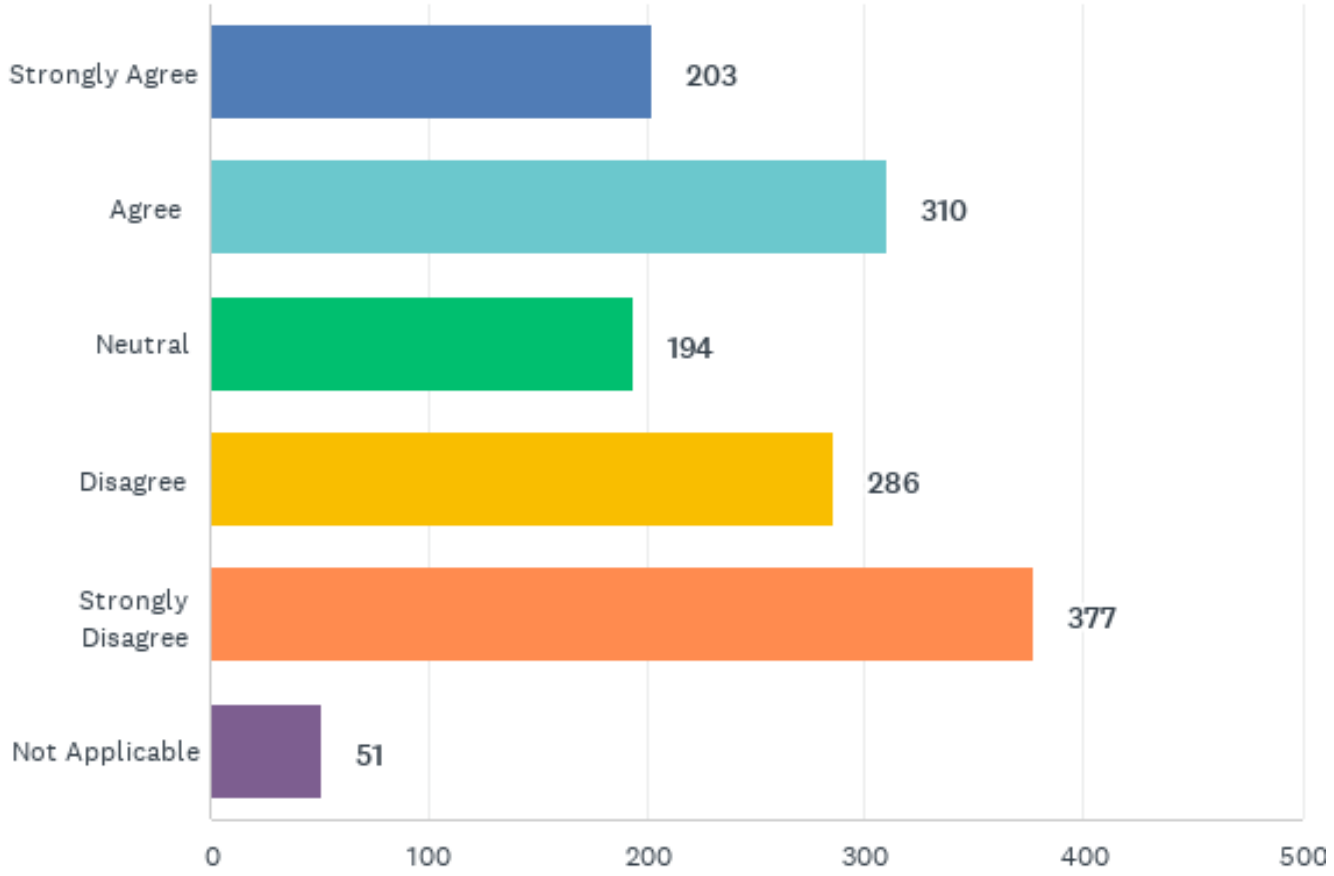
Q22: I am given the opportunity and am able to take meal breaks during the workday.

Answered: 1,421 Skipped: 623



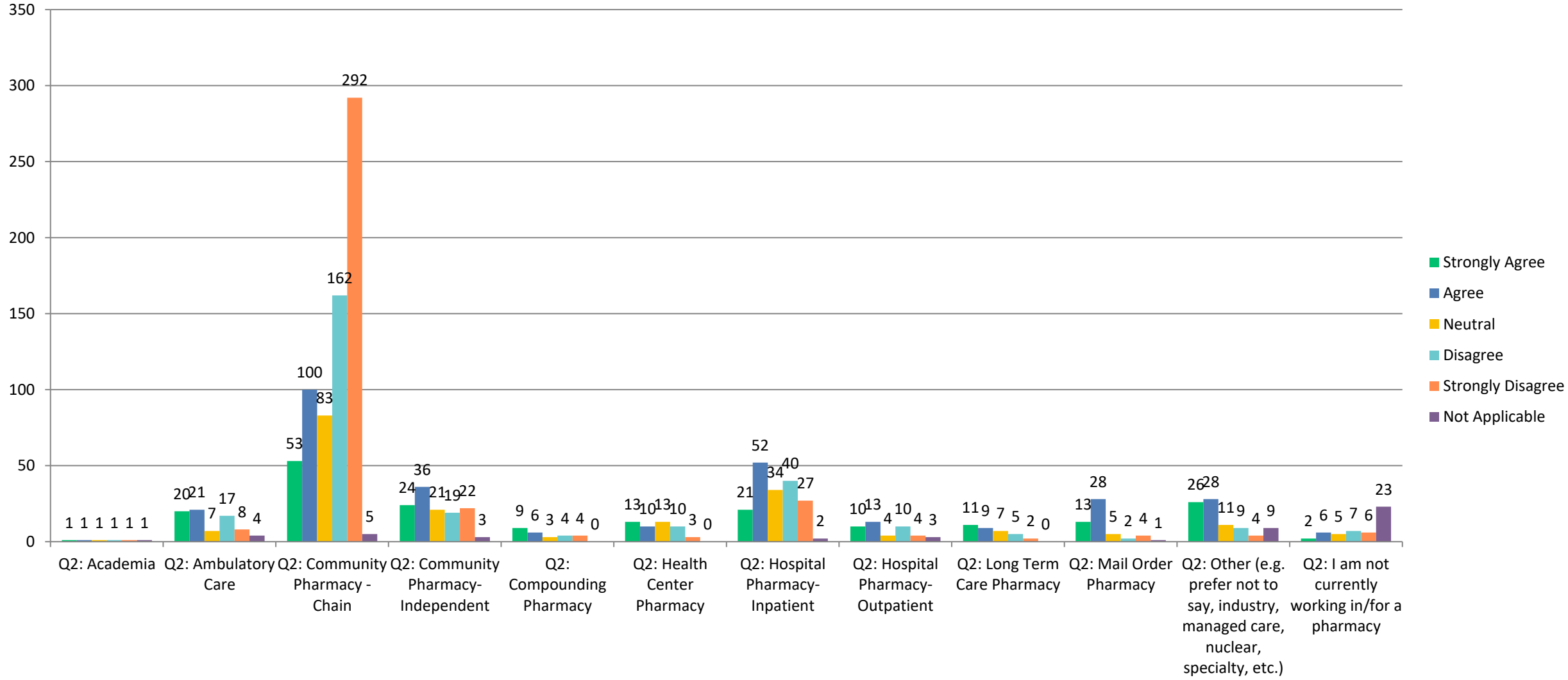
Q23: I am given the opportunity and am able to take non-meal breaks throughout the workday.

Answered: 1,421 Skipped: 623



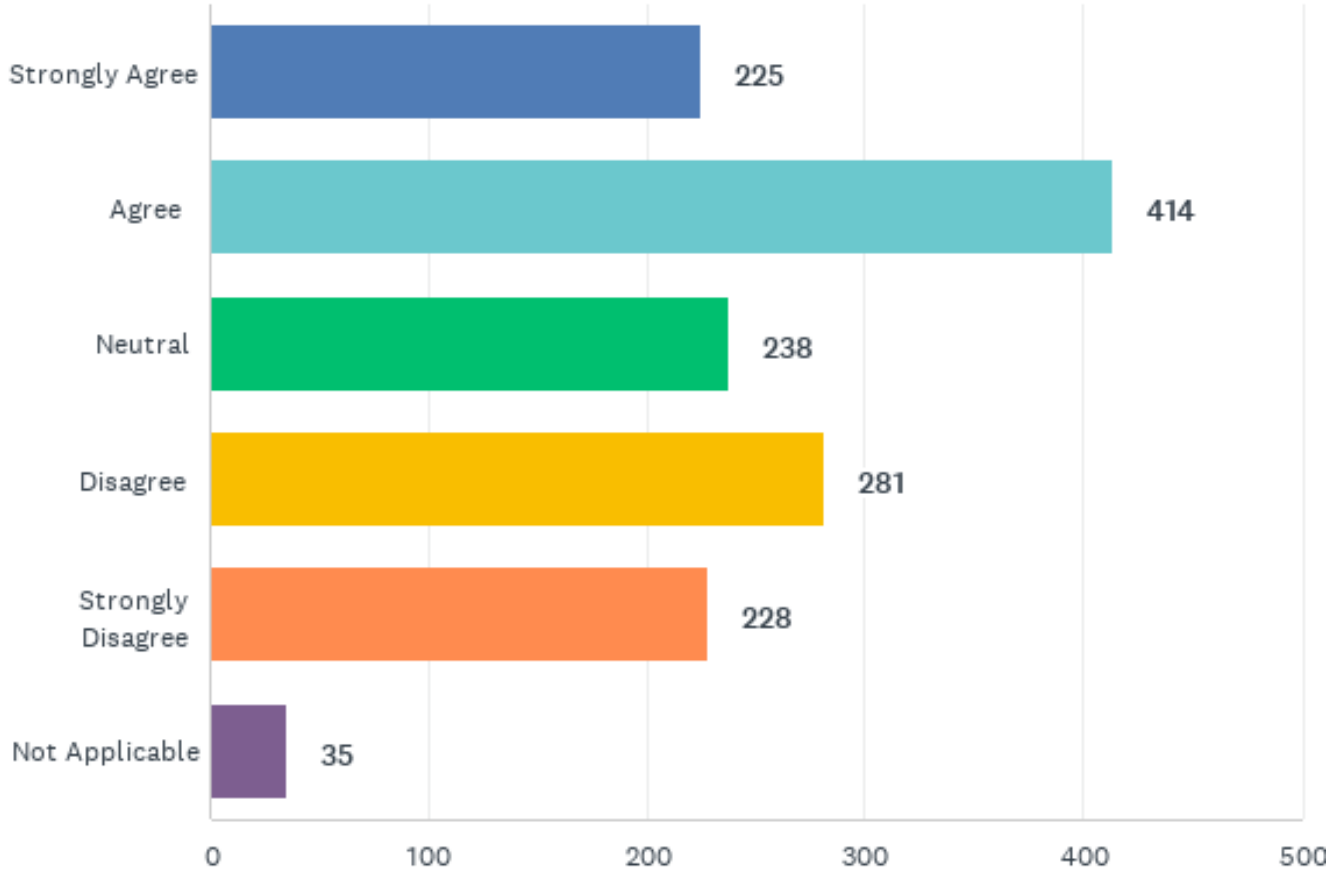
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Answered: 1,421 Skipped: 623



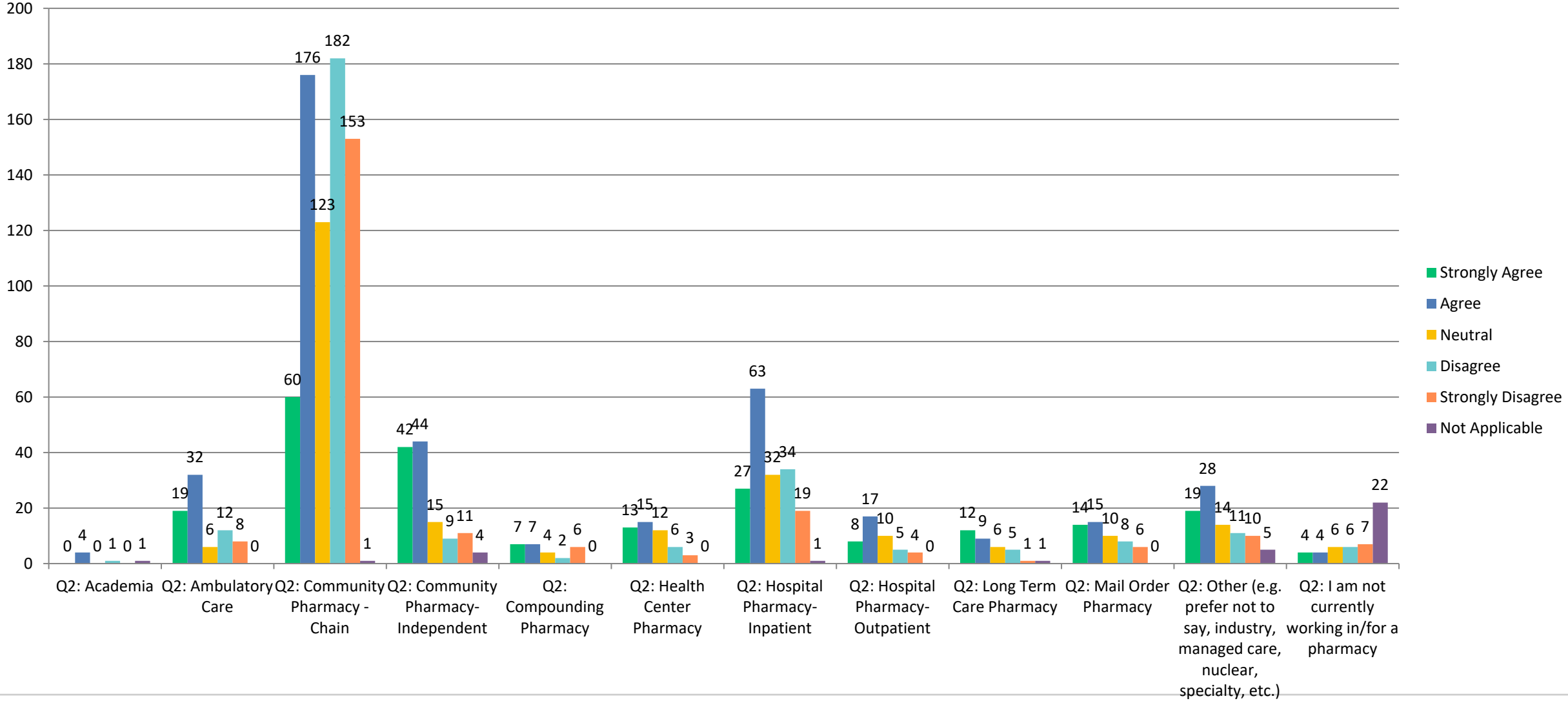
Q24: I feel safe voicing any workload concerns to my employer.

Answered: 1,421 Skipped: 623



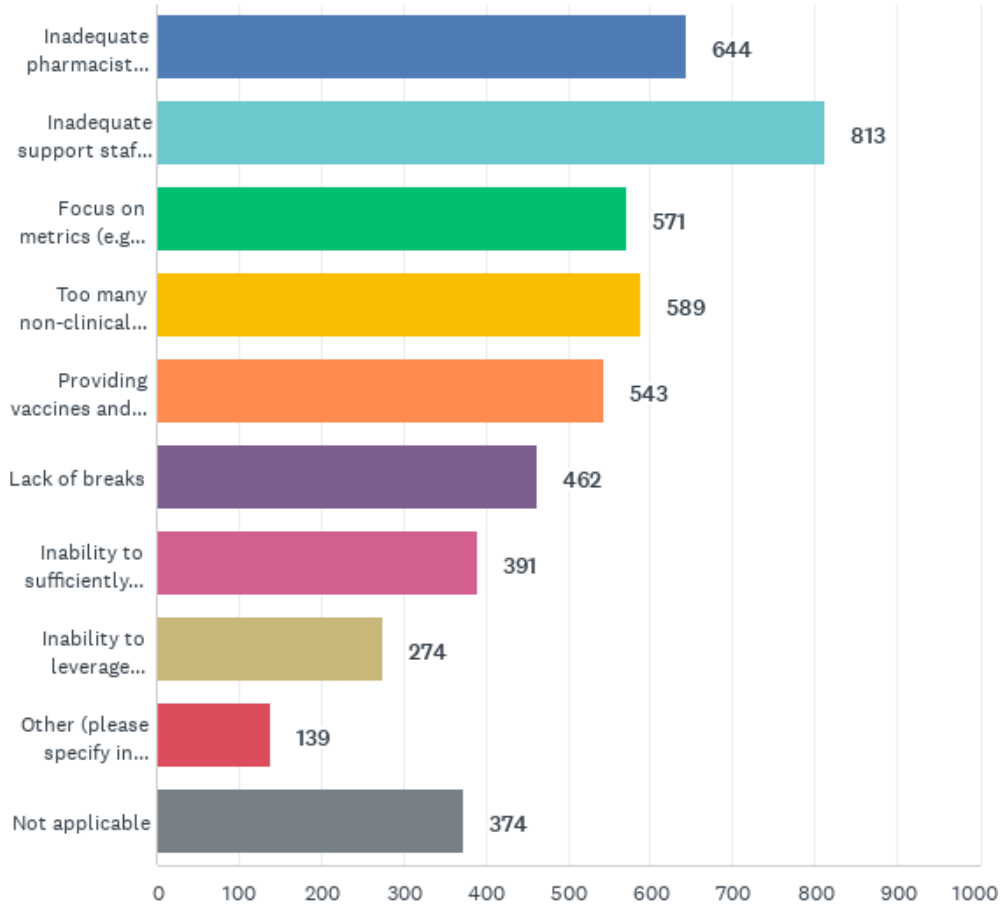
Q24: I feel safe voicing any workload concerns to my employer.

Answered: 1,421 Skipped: 623



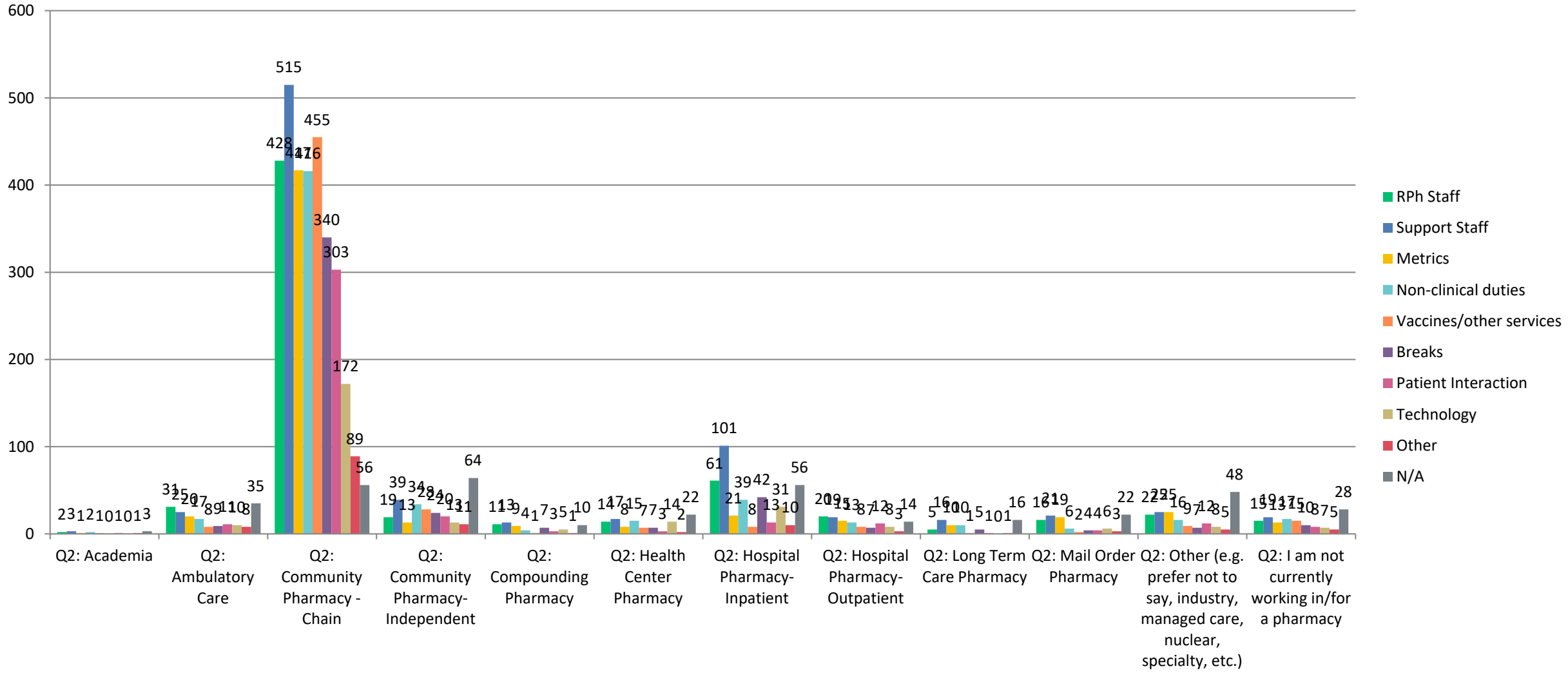
Q25: If you believe you are unable to practice or assist in the practice of pharmacy safely at your current practice setting, please select all that apply.

Answered: 1,421 Skipped: 623



Q25: If you believe you are unable to practice or assist in the practice of pharmacy safely at your current practice setting, please select all that apply.

Answered: 1,421 Skipped: 623



Q26 Optional - Please provide any additional comments on this topic that you think would be helpful to the Board.

Answered: 533 Skipped: 1,511

#	RESPONSES	DATE
1	with vaccines, testing and consultation etc, 1 pharmacist through out the whole day slows down our workflow	3/2/2022 8:39 PM
2	NA	3/2/2022 8:00 PM
3	We only have 1 pharmacist per day. There is no pharmacist overlap which causes the pharmacist to not be able to do job properly. Corporations keep cutting hours while expecting us to stay on top of everything with less hours and less techs. With increase in volume of tests/shots/vaccines with little staff, it makes it hard to properly take care of our patients when we also have 500+ scripts to catch up on	3/2/2022 6:32 PM
4	Adopt better rules for COPT so we can easily work from home. There is a shortage after all.	3/2/2022 4:56 PM
5	Severely underpaid technicians and interns, inaccurate text/call notifications to patients about the status of their prescriptions, unreasonable verified by promised times	3/2/2022 3:03 PM
6	Answering a survey is a low priority for so many of us pharmacists after working a dumpster fire every day. There is such a high turnover of staff and so many collapsed or stretched duties that when coupled with brand new travel agents in multiple disciplines, there is a deep-seated fear that we are days away from a serious medical error. Doing the job of 2-3 pharmacists and training up brand new RNs, CNAs, MDs on the phone on correct treatment/administration/timing/technique with little reprieve as administration sees us mostly as a cost and not a benefit is deeply discouraging.	3/2/2022 1:43 PM
7	We are having to hire non certified technicians who are in their first year becoming technicians. The seasoned technicians are stressed trying to train and still keep up with the demands. We live in a community with a community college. I'd like to see the chain pharmacies find a way to partnership for better training. Rather than hiring someone off the street let's find a way to help them get some in class training. I was able to do in person 6 weeks through a major retailer training program in Houston Instead, under the current climate, we're burning out potential really good candidates because everyone is overwhelmed .	3/2/2022 12:25 PM
8	As an employee at a chain pharmacy, Walgreens, there is a constant pressure that never gives up. Metrics about how fast phones need to be answered, an unreasonable number of vaccine and tests performed daily with little or no extra staff. I worked in a tier 5 pharmacy where we filled over a thousand prescriptions daily and on a Monday I was all by myself closing from 4pm to 10pm by myself. I had no other staff beside me other than pharmacy manager for 6 hours. No breaks, no dinner break, literally running from the front counter to the drive thru none stop. This went on for months. I asked the store manager and upper management for aid and they said and I quote, "tough beans" and "every where is short staffed". I could barely catch my breath because of my mask was soaked with sweat. I finally called in sick one Monday and they had to close the pharmacy and because I called out sick I received a written reprimand. Covid has push pharmacist and technicians to beyond the breaking point. Safety has been sacrificed because there isn't enough staff to complete daily tasks. Either they need to increase the staff or lower the daily extra tasks. I personally one day gave over 300 covid vaccines in a 12 hour shift because we were accepting walk ins for all vaccines. On that day I didn't get a single break. Things have to change and the pay should be equivalent to the work you do. It is not fair that someone that does a quarter of the work makes 5 cents less then you do. There should be a way to mandate more pay for more work. Safety in the chain pharmacy since covid started has been getting worse by the day and now almost marks 2 year of some the mandates being put in place. More meaningful mandates of compensation because of pain and suffering should be put on corporations who have made billions because of the pandemic. This is simply wrong and unsafe on so many levels. Patient safety and timeliness should be the pharmacies' number one priority and unfortunately in has not and does not look like it will change. Covid has changed pharmacies, corporation should	3/2/2022 10:21 AM

	enable them, not line their pockets with more money then we can imagine. This needs to change now or lives will be lost. Sincerely, Concerned Technician	
9	Something needs to change. Corporate people who are not pharmacists have not provided help or support to pharmacies. Working like this is not safe for patients. Corporate has done nothing to promote patient safety and continues to require increased Covid testing and vaccines while cutting technician hours. Open pharmacist positions have not been filled, even with sign-on bonuses. This means huge pharmacist workloads and is not safe for patients. Please do something to help the pharmacists and technicians who are left. We are the hardest workers and genuinely care about our patients.	3/2/2022 10:19 AM
10	I feel my employer is trying to address the staffing shortage we have, but we still don't have adequate staffing when employees are out sick or on vacation. We also have trouble taking breaks due to the lack of staffing. We frequently work late and skip breaks to avoid falling behind which creates a snowball effect on patient wait times. Providing clinical services (ie prescribing birth control, covid testing etc), in a retail setting with only one pharmacist on duty is extremely difficult and stretches the pharmacist and staff too thin	3/2/2022 10:02 AM
11	It is my opinion that everyone in the pharmacy is doing the best they can with a difficult situation.	3/2/2022 2:18 AM
12	Inadequate staffing at retail pharmacies impedes our ability to assist in compiling patients' best possible medication list. Pharmacies are unable to return requests for patient fill history in a timely fashion due to their overwhelming prescription and vaccine volume.	3/1/2022 11:51 PM
13	Retired-provide information on request	3/1/2022 9:12 PM
14	With the BiMart closure most stores meet their narcotic order thresholds early in the month… some store just 10 days into February. The DEA is extremely slow to correct for this and our customers are angry and inconvenienced. They are forced to pharmacy hop to fill their routine monthly prescriptions. This is very stressful for us to have to deal with on top of everything else.	3/1/2022 5:58 PM
15	Overly-punitive actions on behalf of the board of pharmacy	3/1/2022 9:04 AM
16	My answers to this survey are based on my current employment. I previously worked in a retail setting for a chain pharmacy and left due to adverse working conditions and the impact the job had on my mental health and work life balance. I hope this survey results in changes to make working environments better for others in the community setting.	3/1/2022 8:40 AM
17	more & more clinical services are being put into the pharmacy setting without a corresponding increase in time, space and labor need to adequately perform these services. pharmacists are also not being adequately compensated for these services in increased wages.	2/28/2022 7:27 AM
18	As pharmacists, we are continued to be expected to provide superior care and speedy transactions but are doing so with fewer and fewer labor resources and staff. We have been pressed into providing just a bottle with pills in it instead of providing a trusted and comprehensive service.	2/27/2022 9:14 PM
19	Feel like this survey is looking to place blame on employers rather than trying to understand the true barriers to patient care. Patients post Covid are increasingly more demanding, rude, and many mentally ill patients have gone without usual treatment over the past two years. Those factors, along with many exiting the workforce have created a completely nee environment. I personally work for a large chain pharmacy and feel I am taken care of as much as possible from my bosses. I feel that the BOP could support more by issuing licenses quicker for perspective technicians. It would also be helpful if the board handled complaints in a manner that is more supportive of RPHs. I actually operate in fear due to the Board, not of my employer.	2/27/2022 8:28 PM
20	Current turn around time for technician licenses has greatly impacted the ability to get technicians fully trained, as I often have to wait 6-8 weeks before a new employee is licensed. This makes it difficult to replace a technician when they leave.	2/27/2022 8:19 PM
21	Not having enough workspace and too many interruptions without enough help.	2/27/2022 3:56 PM
22	I recently watched an interview on PBS news from a few weeks ago. This pharmacist who was interviewed said it perfectly. He stated that "If you had a doctor working on a loved one or a family member performing surgery, would you want the phone ringing in the background while the doctor's providing surgery to your loved one? [Would] you want that doctor having	2/27/2022 3:51 PM

	questions thrown at them, having the drive-thru being wrung, having emails pop up at you, having customers waving at you? So, it's challenging." Please feel free to watch the short video from PBS news: https://youtu.be/4LvlqpGW_hQ Another individual, who, until the end of last year, was a pharmacy manager at a big drug chain, said, "I felt like I was an octopus pulled in eight different directions and one of them is having to give vaccines. Now I'm even concerned that I might give the wrong vaccine at the wrong time. The white coat that I would wear became so heavy to put on every day in the fear that I might be a danger to my patients instead of that safety net that they need." Another said "Having about 30 or 40 vaccines on top of your daily work with the same amount of people for my store was overwhelming," said one former chain pharmacist who now runs an independent drug store in Oklahoma City. "I felt that I was not living up to the oath that I took as a pharmacist to take care of my patients, but also to take care of my staff." ALL of these statements are so true to the word. While I don't currently practice in Oregon (I'm in NY), I continue to keep my Oregon pharmacist license up in case of moving back. I do wholeheartedly wish that the New York State board of Pharmacy was as progressive as the Oregon board of Pharmacy is and has been about patient safety and work conditions for pharmacists!! Thank you!	
23	We are feeling the effects on the inpatient side from over worked outpatient retail pharmacies. The work load is causing our patients to not get the medications they need to treat acute infections in a timely manner. It is unacceptable. Patients can't get their medications and are flooding the hospitals with unnecssary visits!!! Do something to help those poor retail pharmacist and technicians, before patients die!!	2/27/2022 3:47 PM
24	Unfortunately, PBM reimbursement adversely affects my ability to afford staff that would truly make me feel comfortable that we are providing superior pharmaceutical care	2/27/2022 1:43 PM
25	PBM regulation priority	2/27/2022 9:08 AM
26	My employer's top priority is volume and earnings. Work flow conditions and requests for help are ignored.	2/26/2022 4:28 PM
27	I did not feel that we had a safe practice environment with my employer mandated vaccines for all employees. This created a situation where we had to hire new pharmacists, new technicians as well as other new healthcare workers (ie MDs, and RNs') This was all occurring as we headed into a COVID-19 surge of patients. This was definitely not a safe working environment.	2/26/2022 4:19 PM
28	Employer pressure to do training tasks without time in the workforce metrics force staff to race through continuing training. Employer sends too much information from too many sources to follow in a manner to allow compliance with company programs puts strain on pharmacists.	2/26/2022 2:57 PM
29	The culmination of the afore mentioned issues in question 25 is a common place issue in many retail and independent pharmacies directly contributing to staffing shortages and degredation in patient care. The retail sphere has a profit motive that far out weighs it's concern for patient safety and that sentiment is trained into regional "leaders" by their corporation and its profit only interest.	2/26/2022 2:23 PM
30	Priority is always metrics & false narrative to satisfy corporate meddling.	2/26/2022 11:20 AM
31	Due to lack of time and staffing, it is difficult to consult patients in any meaningful way	2/26/2022 10:58 AM
32	There are too many things being added to the pharmacy staffs to do list including testing, immunizations, and metrics. Patient safety is being sacrificed in order to do all of the extra things with less staff than we had before everything was added. Patients are not getting their medication in a timely manner, and in order to keep up with the workload employees are working outside of their schedule including before and after opening and closing. My store is now cutting technician hours so we will get in trouble for going over the budgeted hours but we also get in trouble for not keeping up with the workload when we are understaffed.	2/26/2022 9:33 AM
33	Currently taking a break from pharmacy, looking for employment other than as a technician after 20 years. Independent pharmacies that focus on patient care/customer service can no longer afford to operate within the current system. The large chain pharmacies do not seem to focus on patient care and definitely not on employee well being, both of which seem like a safety issue.	2/26/2022 9:30 AM
34	The main problem is the staffing hours are all over the place. There isn't consistency to be able to write a schedule. Out corporate tells us to hire staff then cuts hours right after.	2/26/2022 6:40 AM
35	Our pharmacy is short staffed and has been for about 9 months. Our script count has	2/26/2022 5:45 AM

	increased due to Bi-Mart closing and Walgreens taking over. There is no extra help to be had within our company and we are struggling. We are frazzled and do not feel we can provide good patient care for our customers. Some days we are hundreds behind because we do not have adequate staffing. Because of this, we can't spend time answering our phones and really helping customers. It's very frustrating.	
36	treat hospitals and community the same. whole floors are closed in hospitals because of lack of staff.	2/25/2022 3:25 PM
37	We really need to figure out how to recruit and retain high quality candidates to the pharmacy technician industry.	2/25/2022 11:42 AM
38	With multiple pharmacy shut downs in my area it has been difficult to get the patient their medication when it is billed to another pharmacy. Also, I have never been threatened by customer as I have in the last 6 months. People verbally and legally intimidating me and my staff. I have had customers threaten to run over employees in the drive thru, people banging on our plexiglass. This is the least safe I have ever felt in my 15+ years of pharmacy	2/25/2022 8:16 AM
39	In order to address patient safety pharmacies need to be reimbursed fairly for their services even if it is "just" and accurately filled rx screened for drug interactions and appropriateness. Pharmacies should be considered a part of our emergency response network. We supply much needed services during events that disrupt supply chain issues. Independent pharmacies have more ability to located backordered product quickly. We take up slack from chains unable to address the needs of more complex patients which take more time. For example finding products without certain dyes for patients with color additive allergies. While this takes a great deal of labor dollars the resulting order may be less profitable. Overtime as we see with BiMart these individualized activities result in lower profits and potential continued pharmacy closure. Less access to hight quality pharmacy care can result in overall increased healthcare costs. I am a former BiMart employee. I take my position very seriously. I treat every patient as I would want to be treated. My actions resulted in lower profit margins in my work because that was not my goal. My goal is to provide patient centered healthcare. I am now considering leaving the field if I am able to get retrained. I hope to enter a career in social work. My salary will decrease but I hope to truely be able to help my community without the pressure of profit margins.	2/25/2022 7:02 AM
40	I have a few suggestions. 1st, Pharmacy should close down for half an hour lunch break each day. 2nd, Each shift should not be more than 8 hours. 3nd, if it possible, all prescriptions should be sent in electronically. That way it would save us a lot of time and make our work flow become more efficient.	2/24/2022 11:00 PM
41	I think it would be helpful for the OBOP of pharmacy to examine what a safe pharmacist to patient ratio would be for inpatient clinical pharmacists and set standards for hospitals to follow	2/24/2022 9:36 PM
42	Once we get behind due to staffing ,it creates more customer calls, which puts entering orders behind which causes more calls	2/24/2022 9:07 PM
43	Understaffed.	2/24/2022 8:18 PM
44	Masks! Since we do not have direct physical contact with patients I don't feel we should be wearing masks when the mandate lifts. The drop off window is covered in plexiglass, the counsel window is covered in plexiglass, the registers are covered in plexiglass, we're basically in a box now surrounded by, plexiglass. What little interaction we do have with patients is no more than a few minutes behind, plexiglass.	2/24/2022 7:40 PM
45	We work with a skeleton crew on weekends. Its over whelming most weekends for 2 techs and 2 pharmacists.	2/24/2022 7:26 PM
46	Surveys are one thing, but nothing ever happens. Unless there is enforcement forcing the pharmacy license holder responsible, the chains will just burn people out and sign up someone to be the fall guy. Chains have control over payroll, not PIC. It	2/24/2022 7:24 PM
47	Our pharmacy is under-staffed, with no full-time pharmacist and less-than-adequate training for technicians.	2/24/2022 6:41 PM
48	At my location I work 12hr/shift 2-3 day straight, which is very tiring and towards the end of my shift I feel exhausted which compromises patient's safety. All my requests to have shorter shifts and have some overlap between pharmacists are denied. My staff pharmacist showed symptoms at work and had a positive COVID test next day. Even though I was working with	2/24/2022 6:20 PM

	her that day, and according to CDC guidelines I fell into category of an exposure, my superiors forced me to come to work stating that pharmacy had to be open. I also had two call-outs that day and had to work by myself with no tech support. When I expressed my concerns that it is not safe for me to be in a pharmacy for a 10 hour shift alone and I didn't feel comfortable doing that, I was told to open pharmacy and wait for them to find some coverage; it wasn't done. Due to lack of support I have to work lots of overtime (50-60hrs/week) which causes a lot of stress to the point when I had nervous breakdown in a pharmacy when dealing with a difficult patient. Only after I had such incident I finally got some help. I hear a lot of promises from higher-ups and little actual support when it comes to staffing or training. When hired I was promised after 2 weeks of general training to have 3 months of additional training as PIC and to be assigned to a mentoring PIC. None of this was done. Being constantly understaffed, overstressed, and overworked has affect of my health and mental well-being. I believe there should be a law that puts restrictions on employers, and regulates the amount of work that a single pharmacist can do alone.	
49	There needs to be a max on how many tranfer pt can go to a pharmacy or how man pt we can have at one small pharmacy	2/24/2022 4:17 PM
50	Long work hours on top of a large workload is further taxing and increases the risk of mental fatigue which could result in errors. Creating rules regarding max hours per shift (such as 10 hour maximum) may be a useful tool in increasing patient safety.	2/24/2022 4:15 PM
51	I think after probation period with the board is up the board record should be expunged. Then maybe there wouldn't be so many staffing issues. I've been trying to find a new job for 3 years but because of my record nobody will hire me. My offense I feel was minor compared to other I know about so I can only imagine what others are going through finding work.	2/24/2022 2:39 PM
52	i feel my company gives us the resources to hire appropriately but staff is just unavailable also extending ditiea to include curbside/mailout and walkup vaccinations have been overwhelming the staff we have. we have been fortunate to have 1/3 of our ataff willing to take on extra hours	2/24/2022 1:50 PM
53	Change the Oregon law on consultation, other states do not require the pharmacist to use time unnecessarily because a prescription is marked “new.” If the patient says they have no questions because the doctor spoke with the them about the prescription or it’s a refill the pharmacist should not have to sign it out to them each time on a log. Allow certified pharmacy technicians to take in new prescriptions or transfers verbally over the phone as some states allow to save the workload on the pharmacist. Also allow technicians to give all immunizations, not just COVID and flu.	2/24/2022 1:45 PM
54	Walgreens in[redacted] something needs to change	2/24/2022 1:30 PM
55	It’s a tough environment to both give shots AND provide safe/timely outpatient prescriptions	2/24/2022 1:16 PM
56	NA	2/24/2022 12:41 PM
57	Staffing shortages in a retail setting are extreme. Some locations of my chain have little to no technicians left. The salary for technicians is drastically to low for the amount of stress and work that is expected. As the cost of living increases and our paychecks remain the same while the work load increases is making the shortage worse. Long time well trained technicians are leaving and new hires are not staying long enough to become well trained. Implementing central fill, counting machines, and new clinical plans that should make things more efficient are actually doing the opposite because there is no time train anyone properly on how these systems need to be managed to optimize them. Without a significant wage increases for technicians and proper time to train I don’t think this problem will resolve. The only reason I am still at my job is because I am able to have the flexibility to work part time and still receive benefits.	2/24/2022 11:31 AM
58	The chain that I work with has multiple stores without any tech. I find myself doing all the duties by myself. I try my best to take my time and make sure my patients are safe but there’s backlash from stores saying they fall behind. The focus is too much on phone calls and things that I cannot do without harming my patients so I choose my patients and make sure they are safe. I work 12+ hours without any lunch or other breaks throughout the day. Sometimes it is hard to even use the restroom because that would mean closing the pharmacy since the RPh is the only person working.	2/24/2022 11:30 AM
59	Why are we monitoring Sudafed sales in Oregon when it is legal to have small amounts of hard street drug on you ie. meth? This is the biggest waste of my time…adding pointless regulations like this just take away from me performing my job as a pharmacist.	2/24/2022 11:25 AM

60	Inadequate competitive options for retention of help and on boarding new help with sufficient ability	2/24/2022 11:20 AM
61	I feel that I can safely provide quality patient care, but I often work many unpaid extra hours and sacrifice family time to do so.	2/24/2022 10:52 AM
62	I really think the biggest issue with my company is the lack of adequate technician staffing whether that's float staff or store staff. At my site, my strong technician quit and we have had the position remain open since then so far. I think the biggest issue with technicians at our company is the lack of appropriate training. We have no special extra hours dedicated to training new technicians. They are supposed to do 'on-the-job' training in the pharmacy and so you can imagine how this does not work effectively.	2/24/2022 10:40 AM
63	Every pharmacy that I have ever worked in, has trouble keeping adequate staffing and has completely unrealistic expectation from their employees. This was BEFORE Covid! Now, with increased cleaning expectations, constant sick calls and ever increasing patient load, it’s really scary.	2/24/2022 10:24 AM
64	My employer consistently governs with a "do more with less" strategy. In the same month they will increase responsibilities and duties while simultaneously cutting hours. We are being heavily communicated to (not open communication, but one way only) about meeting goals and metrics, and those goals are constantly increasing. To say "here is an extra duty" but to avoid providing additional resources to accomplish the additional workload is asinine. Sometimes it feels like it is a grand experiment to see how far they can push their employees before they snap. One of the most frustrating corporate ideas is the gift cards they would like us to give out at every opportunity. Years ago the Oregon BOP passed rules forbidding the act of incentivizing transfers and around the same time tried to adopt rules to limit "work place distractions." This was commendable and in the interest of patient safety, but while my employer follows the letter of the law they completely disregard the spirit of the law. We are not allowed to offer incentives to transfer, but everyone understands the loophole and instead will have their doctor send a new prescription to our pharmacy so that they qualify. If it were a one time deal it would be problematic enough, but they have structured it so that people can ask for giftcards at every transaction, requiring additional steps from pharmacy staff, more documentation, and more time that is desperately needed to accomplish the workload we did not have the time to complete in the first place. The gift card situation is a HUGE distraction in the pharmacy that has nothing to do with patient care and robs us of valuable time. We have voiced repeated concerns to management about the situation but those concerns fall on deaf ears. Unless the board prohibits giftcards from being issued by the pharmacy I feel this situation will only get worse.	2/24/2022 10:21 AM
65	During the worst of Covid the corporation I work for had me (as the only pharmacist on staff) doing tests every 15-30 minutes with multiple vaccinations every hour plus trying to verify all scripts for the day. The pharmacy I work at has been short staffed for over a year with our 2 technicians working 60+ hour weeks. At one point we were 21 days behind in our work queue because corporate was, and still is, more interested in vaccinations and testing than getting prescriptions out to our patients. Thankfully, our new PDM pushed for reduced hours, testing and vaccinations so we are finally caught up. But now corporate is breathing down her neck about all the overtime being paid for in her district because we still don’t have sufficient staff to cover the hours we are open.	2/24/2022 10:06 AM
66	Main issue is understaffed for the work load	2/24/2022 9:50 AM
67	I work in home infusion pharmacy. The lack of understanding from the board of pharmacy and others of how our setting functions is detrimental when rules are put in place. We follow both retail and compounding rules. Retail rules put in place have made our setting have made so we lack support that is needed. We need more staffing. We also need a way to bill for clinical services that are provided, so that we are able to increase staffing. Otherwise we could go under. The board of pharmacy has overstepped in making rules without considering different pharmacy workflows.	2/24/2022 9:05 AM
68	It doesn't feel like the BOP is here to assist or protect pharmacists. It is as if there are designed to police pharmacy practice and often decline to answer questions about the law and suggest RPHs consult an attorney rather than help us understand and do things correctly. We should be on the SAME team with the SAME goals of patient care and safety but that is not the impression given. While the the primary focus of the BOP should be to protect patients if they also looked out for pharmacists they would be more successful in that mission.	2/24/2022 8:12 AM

69	I have been working for Safeway since December 2021 and in that short time they care more about vaccines and covid tests. Safeway just signed up to give covid test's and we don't have time to do those and be able to fill prescriptions. We don't have 2 pharmacist everyday, so doing those tests are going to cause us to fall behind. We also need more cashiers, but Safeway says we don't do enough prescriptions per day to have 2 fulltime cashiers. So what happens is a technician ends up being a cashier for the day instead of processing prescriptions. I would like to see better staffing in pharmacies so that way customers can be helped quickly and efficiently.	2/24/2022 7:24 AM
70	most concerns are from non pharmacy duties vaccinatons (primarily covid), birth control, adherence, insurance billing etc. These duties require lots of tech time in data input which takes away from other duties filling, input etc. This causes delays in regular patients receiving their prescriptions which causes people to get hostile which adds more stress on staff which leads to more mistakes. just a vicious cycle	2/24/2022 7:17 AM
71	Lack of support staff and other techs at the site is counter productive. A corporation should not be able to pull covering techs from a site to go elsewhere when said site is down a vital staff member.	2/24/2022 7:00 AM
72	A well staffed oharm. Cashier +	2/24/2022 12:30 AM
73	Pharmacists are required to staff as technicians in order to make up for short staffing in those departments while keeping up with our own work. Being constantly pulled away is very distracting and increases the potential for errors. Mandatory overtime ranges from 1-4 hours per night causing significant staff burnout and exhaustion. Staff is asked to come in earlier, but is still staying way past shift. Management says there is, “No good solution.” to our staffing issues which has been going on for months.	2/23/2022 11:26 PM
74	Too many sick calls and not enough people that can come work on short notice	2/23/2022 11:08 PM
75	I feel that it is completely unfair that pharmacists have nobody backing them for their complaints in the situation’s. It feels as though the parent companies are not liable, responsible in anyway and have no repercussions for providing an unsafe work environment.	2/23/2022 10:51 PM
76	This is site specific to my current location. Other stores in my same chain are struggling a lot. I feel lucky we have managed the workload as a cohesive team and weathered the storm that is pharmacy very well. This has more to do with my technicians and staff pharmacist and me advocating heavily than offers for help/mitigation of workload from my employer. I will say that overtime has been paid for pharmacists working more than 40 hours, which is not normally the case. Labor budgets have not been held to, we’ve been able to use whatever hours we need to get the job done. This is also not the case with other chains.	2/23/2022 10:38 PM
77	Low paid and inadequate staffing led to many technicians quitting or calling out sick daily. The working environment is toxic with frustrated staffs and customers. Everyone is exhausted.	2/23/2022 10:27 PM
78	Personnel shortages, extra work load caused by the pandemic (vaccines, boosters, testing, etc), a major wildfire, the closing of BiMart, impossibly difficult patient expectations, etc have greatly impacted workload and safety of retail pharmacy in our area for the past 2+ years. I do, however, believe my employer has tried to address the issues as soon as they are aware of a problem. They have dropped any emphasis on metrics, tried everything possible to hire staff, even formed a team to help catch up work backlogs during dark hours. There just are not enough resources to do all of the things. In particular, so many experienced staff have left retail pharmacy. Without experienced staff, everything is slower, more difficult and requires a higher level of supervision. Time, however, seems to be the solution. We are finally seeing better staffing levels and those staff are getting trained, most patients who are interested have been vaccinated and boosted, workload from the Bimart closure is settling down, and it finally feels like we may be reaching the end of the chaos. I believe the problems were relatively transient (2 years) and are now getting dramatically better.	2/23/2022 9:40 PM
79	Don't have a voice in staffing levels. If complain just label a trouble maker or not a team player with a bad attitude	2/23/2022 9:37 PM
80	The covid booster shots took many pharmacies in our area by surprise and contributed to the difficult challenges we faced during the last several months. This survey seems ill timed, as things are starting to return to normal.	2/23/2022 9:30 PM
81	New USP800 standards have increased workload significantly, but our technician staffing has not increased. We were already understaffed with respect to technicians, and now this has hit	2/23/2022 9:14 PM

	a critical level. Pharmacists are doing many things that technicians would normally do in addition to the high pharmacist workload. This increases the interruptions to pharmacist work that requires concentration and deep thought and is resulting in an increase in errors.	
82	We are being driven into the ground with an ever increasing workload. Vaccinations are the bane of our work now. They are not being given to protect the community but are forced on us for the larger profit gap for our employers. The community pharmacist role is no longer a enjoyable profession largely in part from lack of intervention by the OBOP. You are doing too little too late!	2/23/2022 9:11 PM
83	The staffing issue was very bad for about 3 months, but we are well staffed now.	2/23/2022 9:05 PM
84	As of now, with high amounts of people coming into the hospital, there are not enough technicians to help deliver all the meds that need to be taken on time. Almost every shift there are medications that are late to patients. This creates lots of stress for technicians and unsafe care for patients.	2/23/2022 7:36 PM
85	Get rid of Action OI (use to compare other workplace metrics) to reduce staff.	2/23/2022 7:22 PM
86	Lack of Pharmacy technicians will be a crisis for pharmacy's for years to come. They need better pay to keep them in this field of work.	2/23/2022 7:13 PM
87	I work for a mail order specialty pharmacy out of state. Oregon does not allow pharmacists who work at a site that is not licensed to ship to Oregon to participate in prescription processing or verification remotely. This slows the process for Oregon patients since only certain pharmacists can verify order entry on these prescriptions	2/23/2022 6:50 PM
88	Most of these problems have been exaggerated due to the pandemic and other natural disasters that had happened at the same time (ie. wild fires). Since the pandemic started the shear volume of responsibility has increased to an unsafe level at every pharmacy. Not just one specific chain or type from what we have heard and experienced.	2/23/2022 6:29 PM
89	I don't work retail but the amount of work given to retail pharmacists is ridiculous! It affects my job because they send work over to us that they should be able to handle, and it is definitely not safe. Our patients are greatly affected with meds going missing, meds not being filled, no counseling provided. It is not sustainable and there is a downhill effect on the entire clinic.	2/23/2022 6:00 PM
90	The requirement to constantly do more with less help and be timed on how long it takes to get patients in and out of our pharmacy is crazy and stressful. Makes too much room for errors to occur, and when they do occur its not the company held responsible its the individual/employee. Yet this is the standards and requirements we are held to by the company we work for.	2/23/2022 5:57 PM
91	The staffing issues that Oregon pharmacies are experiencing are a direct result of Covid-19 vaccine mandates. Stop ignoring the elephant in the room. Many pharmacy techs and pharmacists have either been terminated or forced to resign due to the Covid-19 vaccine mandate. My previous employer in Oregon terminated me after refusing to honor my request for religious exemption from Covid-19 vaccination (even if they did "honor" my request I would have been placed on unpaid leave). This is the crux of the issue and the reason for the staffing crisis. Oregon legislature needs to represent their constituents by protecting them from unlawful medical discrimination. I've since relocated to Montana (a state that recently passed a law which prevents discrimination based on vaccination status) and I don't plan to return to Oregon unless a similar law is passed/upheld. I would like to note that Montana is not experiencing the staffing crisis that Oregon is. This is because the "crisis" is a self-inflicted wound.	2/23/2022 5:36 PM
92	Recently have 4 new employees still in training but getting so much better.	2/23/2022 5:14 PM
93	We have grave difficulty finding quality applicants in this area and being able to provide wages that are attractive.	2/23/2022 5:03 PM
94	Staff shortages in retail pharmacies and reduced open hours in rural areas has impacted LTC nursing home residents as LTC pharmacies often collaborate with retail for emergency new order fills. I see a trend in reatails ability to dispense, which impacts senior living residents and their access to critical new medications- this creates a patient safety concern.	2/23/2022 4:20 PM
95	Lots of technology but it does not work correctly	2/23/2022 3:28 PM
96	Our workload increased immensely and suddenly when BiMart shut down. The only other retail	2/23/2022 3:28 PM

	pharmacies nearby are Rite Aids (one is severely behind, patients wait for days for prescription fills, and the other is closed most of the time) and another small independent store in the same boat as us. We do not have the staff to keep up with the increased work load and it's very very difficult to hire technicians with any amount of experience. We could hire a new technician but there is no time/staff available for adequate training.	
97	Pharmacy practice has become inhumane to pharmacists	2/23/2022 3:23 PM
98	I'm not sure what can be done but the way insurance and PBMs work together to squeeze pharmacies has created a dangerous and untenable situation. Combined with the fact we have more people taking more drugs which requires more staff that the current profit margins can't support it is going to result in increased morbidity and mortality for patients because they will not be able to get their medications in a safe and timely matter. Our healthcare system is broken.	2/23/2022 2:54 PM
99	Leadership focuses on quantity over quality, has created a hostile and inefficient workflow and work environment, and the staff feel unsupported and without concern of staff or patient safety.	2/23/2022 2:53 PM
100	My co-workers in retail were drowning. This survey should have happened months ago.	2/23/2022 2:46 PM
101	I work in a cancer center. There are services that are basic that are not being offered and would result in safer and better outcomes	2/23/2022 1:54 PM
102	Unnecessary Computer overrides - by pharmacist? Making less time for noticing significantly clinical ones to keep up dispensing metrics. Placing LEAST capable person @ initial customer pt of contact w no prob solving skills.	2/23/2022 12:28 PM
103	Training is not given uniformly to all our techs, only the young favorite techs	2/23/2022 12:27 PM
104	I enjoyed my job before Covid. The mandates (which were fine for 2 weeks) have affected patient care. Patients can't understand counseling with masks on and barriers.Major RX chains aren't answering phones due to being overburdened with tasks and low help. Dr offices aren't answering phones and taking way to long to respond to concerns and refills. Administering shots can not be done with proper consulting, informed consent, with the loads we have had. Dr offices and other providers are filling prescriptions now with out proper standards and knowledge and aren't held accountable. Mail order leaves patients confused and often over prescribed. PDM's are robbing the pharmacies. The board seems to keep making decisions, rules, that affect retail pharmacy the most-the publics trusted and 1st resource available. This harms the public. To be told the board is there to protect the public has become a complete joke.	2/23/2022 12:25 PM
105	I think it's a bad idea to take away the Technician check technician program; it works in my facility quite well. Discontinuing this program adds more to the pharmacists duties that can be done by a technician.	2/23/2022 12:23 PM
106	My company 1. Under utilizes the pharmacy clerk position by not having any. 2. Would there be any value to bring back the pharmacist to tech ratio? 3. Company utilizes service companies to maintain the database who regularly delete or inactivate files because a dr has an additional address that doesn't match npi or DEA databases or delete active insurances without the ability to reactivate. 4. Other locations inability to answer their phones is having a negative impact on our store due to the increased call volume. 5. Some dr offices are now not answering their phones. 5. Inability to get transfers in a timely manner is causing an increase in lag time to get patients their medicine. Random pharmacy closures is causing an inconsistent increase in volume at our store making scheduling a more difficult task. Pharmacies are not 'accepting new patients' making it harder for patients to fill prescriptions from urgent care. Drive thrus are backing up on to major roads causing traffic issues.	2/23/2022 11:47 AM
107	Employer is very non-communicative on changes in procedures or policies. Often find out through the grapevine. Communication from management is very poor.	2/23/2022 11:44 AM
108	Pharmacy is seen as the most accessible of health care settings. However, as more duties are allowed, employers are expecting pharmacists to perform these new tasks while completing all old expectations and at the same or faster speed with less staff. It's become unreasonable and is leading to mistakes. Not to mention the toll on staff mental health.	2/23/2022 11:28 AM
109	Too many techs to 1 rph to keep track of	2/23/2022 11:20 AM
110	The facility itself is not adequate to handle the increased staff due to increased volume. The privacy area for vaccines is inadequate. The turnover of support staff means we always have	2/23/2022 10:57 AM

	new persons trying to cashier, and their training is also being done mostly by new people so pharmacist is constantly interrupted by questions from cashiers. Computer system and other devices used to perform job functions often do not work properly. Company seems to tolerate abuse of employees by patients/customers requiring more of pharmacist time to resolve. I do not believe this to be the company I work for as much as the entire industry. Pharmacist are being treated quite badly all over the state. Unacceptable, unsafe, unprofessional.	
111	N/A	2/23/2022 10:50 AM
112	We're in a tough situation. There are not enough staff to help. I think the public would be shocked to see how many different tasks a single pharmacist handles currently vs having the time to focus on patient safety. Pharmacies do NOT need to be offering immunizations. That, in itself, is the largest drain on pharmacy personnel time. When pharmacies are 3 and 4 days behind in filling prescriptions, that's a huge issue. We literally just do what we can to make it through the day. There is no possibility of getting ahead and being proactive. It's very, very frustrating.	2/23/2022 10:49 AM
113	n/a	2/23/2022 10:46 AM
114	Consolidate pharmacies to have more personal for better work enviroment	2/23/2022 10:31 AM
115	All pharmacies are over worked and of course the techs are way under paid. Data person has to deal phone calls non stop all day plus type all rx's and handle all insurance problems. Pharmacist over see everything. They too are too over whelmed. I retired 5 years early just to get out of such a stressful situation. I was worried about my Heath.	2/23/2022 10:25 AM
116	It’s very frustrating that my current and past employers tell us to slow down and focus on patient safety, and that errors are on the pharmacist—yet when concerns are brought up due to staffing/etc, those pharmacists are told they are too slow/some other excuse and driven out or fired, then replaced by cheaper new grads desperate to pay student loans (the price of which are insane for pharmacy school—another concern the BOP should comment on). So essentially, we voice our opinion and get fired. Or keep working and pray no mistake is made. If we slow down, then we get in trouble for metrics and driven out/fired.	2/23/2022 10:18 AM
117	I think the timing of this survey is unfortunate. Vaccines have waned. At the height of covid and flu vaccinations from February 2021 through the end of 2021 and even a bit beyond our workload was unsustainable. I frequently wondered what the board of pharmacy was doing in their efforts to support pharmacists and technicians in Oregon. We need help to make sure our situation does not return to that again. Please do something to help us. The safety of the staff and patients will depend on how this gets addressed going forward.	2/23/2022 10:04 AM
118	My employer laid off employees due to the pandemic then we experienced Covid surge and they were scrambling to fill shifts and we are still short.	2/23/2022 9:56 AM
119	THE RATIO OF TECHS TO PHARMACISTS NEEDS TO BE INCREASED. THE IDEA THAT THE BOP HAS TO ENFORCE A LAW ON SUCH A BUSINESS DECISION TAKES AWAY FROM MY PROFESSIONAL JUDGEMENT. TELL ME WHAT OTHER PROFESSION LIMITS THE NUMBER OF SUPPORT PERSONNEL BY A RATIO. THIS IS NUTS	2/23/2022 9:55 AM
120	We are can only work on business hours.. we would like to start early before customers come and pick up their prescriptions…and Doctors will send ADHD medications ahead of time..3 to 4 months and that takes our time to reschedule everything…I hope that will change! I should be every month..we won’t get paid ahead by doing early prescriptions..beside under-staff..patients will bounce back and forth to pharmacies in order to get their drugs faster. Our phone system is not very efficient..filling their prescriptions over the phone is a struggle..it still direct the call to us ..which is a waste of time.	2/23/2022 9:47 AM
121	I chose none applicable on most because I am in clinical pharmacy and do not have face to face with patients	2/23/2022 9:32 AM
122	N/a	2/23/2022 9:26 AM
123	Pharmacists are burnt out and no one is helping, just adding more responsibilities with less staff and less pay	2/23/2022 9:11 AM
124	This survey was based on my previous employer. I left chain retail because of these working conditionas after developing stress-induced medical conditions	2/23/2022 9:06 AM
125	I'm deeply concerned about employers taking advantage of remote work for positions that need	2/23/2022 9:04 AM

	to be in person. While I am supportive of persons protecting their health, I remain deeply concerned about employers taking advantage of loose rules regarding remote work and the end result on patient care.	
126	I also help very part time at a retail environment and the answers would be dramatically different for that environment.	2/23/2022 9:03 AM
127	COVID testing and COVID vaccination duties are on TOP of what we already do. Nothing else is (or could be) taken away, and it seems endless. A COVID team needs to be hired to deal with the crisis at the very least. We are swabbing noses and delivering vaccines and manning clinics to draw up doses sometimes on weekends or holidays and since I am at the pay cap at our facility, no extra pay is given for the extra hours. It is extremely arduous even to get gas money when you drive your personal car for these events which can be 50 to >100 miles away.	2/23/2022 8:59 AM
128	We are in a lot better shape than many other pharmacies in our area.	2/23/2022 8:57 AM
129	Mist have better closing procedures, if they get a license they shud be open during posted hours	2/23/2022 8:57 AM
130	If you want survey to be anonymous, consider not requiring county.	2/23/2022 8:55 AM
131	I don't understand why he majority of pharmacists are either 84 hrs/2weeks or 64hrs/2weeks only. We need more pharmacist overlap during the day	2/23/2022 8:50 AM
132	In the work setting, the focus is on performance matrix measures, numbers and decreasing times so by default, patient care (consult time, safety reviews sacrificed). The environment and focus have flip flopped making the work day at times, hazardous and unpleasant.	2/23/2022 8:45 AM
133	Our staff is very new and not a lot of time to train. Our pharmacy is very small and we are walking all over each other all day.	2/23/2022 8:44 AM
134	As an independent in a frontier community it is the inability to find staffing. The staff we have is great and we have a workflow that allows for safe work even being short handed	2/23/2022 8:43 AM
135	Since so many pharmacy closed there are only one FT RPH with floating rest and they are doin best they can but too short staff and everyone just felling burt out but a wonderful team doin best we can.. Tired of the customers complaint on things we cant change. Some days we have close pharmacy bc there is only 1 RPh so they can eat.. It horrible in all retail So hard find people who wants to work there for burning out those who are working	2/23/2022 8:37 AM
136	Better pay for the technicians with the workload and performance straining to breaking points. Allow more hours and team to disperse the work instead relying on one to two techs to perform the majority of the work. Place value on their work instead of denying vacation requests, burning them out faster. In essence more pay for those that are performing in the daily workload not metrics. Not one tech cares about metrics when we are struggling to perform safely in the daily workload.	2/23/2022 8:34 AM
137	12-hourshift is too long	2/23/2022 8:33 AM
138	In regards to the retail setting, the lack of store pharmacists has a big impact on how much we can do as well as having to reach chain metrics such as At Home COVID-19 tests. Since our store only has one pharmacist (our PIC) most days it is hard to manage a reasonable amount of vaccines as well as have him available for counsel, approvals, talking to providers. Because of that we don't do walk in vaccines and limit them to at max 10 a day.	2/23/2022 8:32 AM
139	I've been voicing my concerns for YEARS- they don't listen! Staffing keeps getting cut, tech pay isn't competitive. Management doesn't care	2/23/2022 8:31 AM
140	I used to work for a chain pharmacy in Oregon. The only reason I left Oregon to practice in another state is I was tired of the workload put on me. I now work for an independent pharmacy out of state and have a much better quality of life. Chain pharmacies do not staff their pharmacies with enough personal to be safe. They do not pay their employees enough.	2/23/2022 8:28 AM
141	A system that looks into shared workload would be better. Some pharmacists are doing more than double the work of other pharmacists at my work site which causes fatigue.	2/23/2022 8:27 AM
142	My setting in a retail pharmacy. We have a major influx of new patients from pharmacy's closing. We don't have enough staff to keep up with the workload, have time to train new staff, which leaves everyone overwhelmed and stressed. We are getting new people to start	2/23/2022 8:24 AM

	however, there isn't time for training. People are trying to figure out stuff by asking questions every time a problem arises but then it slow down workflow for us and for patients as well.	
143	We cannot keep going forward assuming that patient safety is a secondary concern. Some strict rules for production maximums would allow pharmacists to tell patients they can only do X, Y, and Z because the Board allows 200 verified prescriptions and 20 immunizations per day MAX (or other similar things). Employers won't protect us, so the Board must protect the public and we will then tell the public we have been given limits.	2/23/2022 8:21 AM
144	I understand that there is a shortage in tech help. But shortages should only span a month and if the employer cannot hire adequate help, someone needs to regulate them to make the choice to close the pharmacy until adequate help is sufficient to properly and safely run the pharmacy. It should be illegal to continue to operate a pharmacy with this level of shortage. Companies have refused to hire clerks, would not pay them competitive pay so our site is left without help for >6 months. I have been staffed solo so while breaks are allowed we have to close the pharmacy. I am terrified on weekends when I have my menstrual cycle because no one is available to relieve me for bathroom breaks and when I close the pharmacy I get build up of a line and customers yelling at me. My periods are impacted by the vaccine. We can't pick up the phones anymore as there are no help. How long will the board allow a pharmacy to run with these working conditions	2/23/2022 8:20 AM
145	Patient safety has been a low priority for Walgreens for years, second only to stagnate wages and stressful work conditions that have resulted in a max exodus of trained and talented staff. The problems have been magnified by the Covid-19 pandemic and most recently, the acquisition of all Bi-Mart pharmacies. Pharmacists are regularly working alone for 10-14 hour shifts, with only a 30 minute lunch break. During this time, they are responsible for overseeing all technicians, as well as monitoring as many as 800+ prescriptions. Medication errors have skyrocketed, incorrect vaccines have been administered, and burnout has resulted in staffing shortages that leave patients without access to medications for hours to days on end. Additionally, district supervisors encourage unsafe practices in order to boost metrics and revenue, including extending operating hours but reducing budget hours, staging prescription fill processes, and reducing an already short training period for new licensed pharmacists.	2/23/2022 7:55 AM
146	Why are Technician hours / staffing always being cut, but yet workload and duties increase, without wage increase?	2/23/2022 7:48 AM
147	Technician pay has lagged and as a result we have had significant turnover the last couple years which has hurt efficiency	2/23/2022 7:42 AM
148	The board has become more of a source for punishment than support for pharmacy workers. It would be nice to see the board be more supportive and less punishment oriented when we need answers to questions. It's got to the point where we are scared to call and ask questions for fear of repercussions.	2/23/2022 7:25 AM
149	Employers make every effort, but struggle, to provide staff, equipment, and a safe environment for everyone. It is our government that has allowed uncontrolled greed of the insurance companies via very low reimbursement and "claw-back" in the form of DIR fees that create unsafe practices in pharmacy settings.	2/23/2022 7:21 AM
150	technicians are not getting paid fairly, so they quit. leaving pharmacists to do technician work, such as being first-line option for answering phone calls on refill requests, billing insurances. this takes away pharmacists from practicing at the top of their license and importantly- providing better care for the patients.	2/23/2022 7:15 AM
151	Maintenance on necessary office equipment like printers is lacking. Getting new equipment such as printers and installing pneumatic tube systems not being done	2/23/2022 6:59 AM
152	No concern by my employer to staff adequately. I am told I will be subject to disciplinary action if I do not take a lunch break but have worked 12 hour shifts with no ancillary staff. Have been informed that I will not get a bonus as I have finally refused to do vaccinations due to being severely under staffed.	2/23/2022 6:55 AM
153	Last minute scheduling	2/23/2022 6:49 AM
154	there are no technicians to fill open job positions nobody wants to work we are under paid !	2/23/2022 6:43 AM
155	The vaccines have taken away the ability to do our jobs. To safety get patients their medications in a timely manner. The focus and priorities of the pharmacy are out of order.	2/23/2022 6:33 AM

	Because of this there is a shortage of staff and the desire to work in the pharmacy is low. Therefore this shortage is making it unsafe to get life saving medications at the pharmacy.	
156	Any rules or supportive/guidance statement that we can utilize to influence the corporations to provide better staffing will be greatly appreciated. Thank you	2/23/2022 6:26 AM
157	Thank you	2/23/2022 6:13 AM
158	Staffing is a huge concern. My Hospital has not been able to fill positions that have been open for long periods of time. This leads to open shifts that are filled by techs that are doubling or working > 50 hours a week. we will have 100+ open sifts per schedule cycle, Month. This is not safe and causes burn out and techs to leave the industry. We need the board to set staffing rules for hospitals eg. # of scripts to number of techs. or something similar	2/23/2022 6:12 AM
159	Great pharmacy environment	2/23/2022 6:06 AM
160	Unsafe working conditions is one of the reasons I left Walgreens about a year ago. Now I work in managed care and have no workplace safety concerns.	2/23/2022 5:56 AM
161	No time off if sick due to lack of staffing	2/23/2022 5:55 AM
162	My workload is IV chemotherapy. 60+ IVs with two techs is a busy day. With the recent holidays that number grew to almost 90. That is too much for one pharmacist. Plus, keeping 6-7 RNs happy is stressful. RNs	2/23/2022 5:50 AM
163	As more responsibilities are put upon the pharmacist in terms of meeting metrics, vaccinations, MTM's, performing clerical & technician duties and the increase in pharmacists providing additional clinical functions such as Prescriptive Authority, etc due to the changing environment in the Healthcare Field there needs to be an increase in guidelines for staffing ratios to ensure corporate businesses comply with appropriate staffing models. In pharmacies with corporate management the focus is financial with meeting metrics, budget, etc and part of this is management of labor, and as pharmacists salaries are higher in comparison to other staff, the corporate expectation is to do more with less staff and minimize increases in annual compensation. All of these issues lead to inadequate staffing, less access to provide patient care at the top of your license, and burnout of staff as well as decreased interest in the pharmacy profession.	2/23/2022 5:25 AM
164	When BiMart pharmacies closed it put an enormous strain on all retail pharmacies across the state.	2/23/2022 4:47 AM
165	The primary problem with chain pharmacy staffing, i.e. CVS/Kroger/Walgreens, is that decisions about staffing levels and pay are made at the corporate level, with the primary concern being increasing profits by limiting labor costs. I personally am concerned it took this long for the Board to take an interest in the problem.	2/23/2022 4:34 AM
166	Product Verification Expectation= 500 to 700+ Rx's/hr. Data Verification Expectation= 175 - 200 Rx's per hour. Employee Evaluations based on these Performance Standard Expectations. Treatment and Satisfaction and Scheduling based on Employer Assessment of Employee Performance per Metric Data. Metric Data is sent out on a daily basis for Performance for all RPh's and Techs to view at once, to include Data Verification metrics, # of Phone Calls taken per hour, and for Technicians, also Data Entry and # of Phone Calls per hr.	2/23/2022 4:13 AM
167	N/A	2/23/2022 3:46 AM
168	Na	2/23/2022 2:46 AM
169	To many vaccine goals,ie. mandatory flu goals per season which seem unrealistic. Right now is Pfizer pneumococcal goals of 1 per day. Then next month will be another vaccine rollout that will have goals to meet, etc..Im all for helping patients with there needs, but it is bottom line for this chain pharmacy. If you dont make your goals on script count they cut staff pharmacist hours to 32 and manager to 38 hours. They also cut down tech hours. How can you build more scripts with less hours? They have now cut all staff hours twice within the last year and a half. Im lucky to still have my staff pharmacist this long, and this person is again applying to other practice setting.	2/23/2022 1:46 AM
170	I currently work at a very rare pharmacy environment. Where I feel respected and valued. I recently left a hospital setting where although I loved the job and duties required, it was NOT a healthy or safe work environment. Understaffed, poorly managed, and we were not given the breaks and support we needed. I feel fortunate to of found my current employment but this	2/23/2022 1:10 AM

	opportunity is extremely rare and on a large scale the issues in pharmacy are real and need to be addressed.	
171	No	2/23/2022 12:00 AM
172	Retail chains don't pay their pharmacist well so they never stay. On top of that, the environment is unsafe to practice in. Lack of pharmacist overlap leads to pharmacist fatigue, especially when they're pulled in all directions (ex: verifying a typed prescription while a tech is asking a question while a patient is waiting consultation while someone is checking in for a vaccine)	2/22/2022 11:51 PM
173	Underappreciated and overworked seems to the constant, especially in these past couple years. We can only schedule at or under our budgeted ours which always seem to be under estimated. Then you throw in the occasional call out (which has been happening more often since COVID) and that just adds more fuel to the fire. Now, add closing pharmacies and their upset customers calling your store demanding to know what's going on and when they can get their Rxs and no one at your pharmacy even knew that pharmacy was closed and you work for the same company. All these means for communication an no one who knows what's going on can bother to call or send an email letting us know what to tell their customers. Communication? ...	2/22/2022 11:46 PM
174	Help us	2/22/2022 11:43 PM
175	Frequent internet based phone system problems. Unable to hear or be heard frequently. Other broken or poorly operating technology that makes staff work hard at things that should be a given to run a pharmacy smoothly and safely. Lack of support by non-pharmacy management: demands to "just fill the rx" without consideration of the circumstances. This all puts unnecessary stress and pressure on pharmacy employees.	2/22/2022 11:37 PM
176	Adequate staffing is everything. If you have enough people on shift, everything can run smoothly. It's especially difficult if 1 pharmacist has to work over 12 hours without another pharmacist.	2/22/2022 11:28 PM
177	practice in ca bear or boder. health providers medford, grants pass fail to inform patients that they may have trouble accessing non emergency non electronic c2 meds in ca putting them at risk of going back up to [redacted] and getting their script filled at Fred Meyers (long wait times, no rx coverage) or Rite Aid(shortened store hours). believe me, lots of unhappy patients who often forgo pain treatment, yet get the antibiotics	2/22/2022 11:27 PM
178	A general feeling that the board of pharmacy is not acting in our best interest. Margins are so low that volume and vaccinations and labor are the controlling forces that drive our industry right now.	2/22/2022 11:25 PM
179	Retail chains are having trouble keeping the best pharmacists for the job due to stress and low pay for pharmacists and technicians. No one wants to be a technician for such low pay and during the training they realize the stress is not worth the pay. It takes months to hire new technicians and most of them do not make it past training. Pharmacists and interns are tasked with not only doing their jobs as a clinician but also having to perform technician tasks due to technician and pharmacist shortages. On top of all the daily workload, we have to answer all questions from phones and in person regarding covid-19 vaccines and testing without any additional help. I feel like all of the staff are significantly burnt out due to working extremely hard over the years in the pharmacy and not being properly compensated. Instead, it feels like we are doing more work with less staff and seeing our pay decrease by roughly 15%. We have worked hard throughout the pandemic and it feels like we are underappreciated and management can never find and train staff proactively to avoid staff shortages. Until proper pay for pharmacist and technicians can be obtained, I do not see retail pharmacy being a safe place to practice and provide optimal patient care. It's sad to see bakeries being more staffed than a pharmacy.	2/22/2022 11:20 PM
180	We need refrigerators- can't get 'em	2/22/2022 11:16 PM
181	Please address PBMs	2/22/2022 11:16 PM
182	The most unsafe I have seen pharmacy in my 13 years of practice. Technician shortages due to low pay. Never time anymore for maintenance duties, like pulling expired drugs.	2/22/2022 11:15 PM
183	2 years of On the job training should suffice for certification instead of taking the exam. Too much work load and not enough time to study.	2/22/2022 11:03 PM

184	The [redacted] phone system is antiquated and crap. It bounces holds to other departments in the store and we cannot update our phones with location-specific information.	2/22/2022 10:41 PM
185	Todays pharmacy expectations are unattainable, growing work flow requires added staffing hrs and staff. From my experience employers are not willing to hire more staff to meet the growing demands.	2/22/2022 10:29 PM
186	Regarding my pharmacy: I wish this survey was sent months ago. It was absolutely horrible. The work load was tremendous with vaccinations and prescriptions transferred from other pharmacies. We had staff out due to COVID, plus we had to send our staff to other pharmacies to cover their short(skeleton) crew. Our team was so exhausted, driving home about to cry. We have finally slowed down, fortunately, however our affiliates are in dire straits. With Bi-Mart and other pharmacies closing it's becoming a nightmare for businesses who remain open. Some pharmacies do not answer their phones, because they are so short staffed. Patients can't get through, so they just call their doctor and have them send in all new prescriptions because it's impossible to have things transferred because they can't talk to anyone! I Have have talked to many patients who have expressed their frustrations. There are cities that have only a couple pharmacies still operating, and can barely answer their phone,and have patients waiting for an hour in drive up, only to find something missing or a problem. These people get furious! It's not their fault, and certainly not the fault of the pharmacy employees. If this survey was sent earlier, some of my questions would be very different. I believe that big chains, should have a ratio of employees to prescriptions processed. I realize this is a very complex issue, however, there is much that can be learned. Foremost, during this difficult time, I understand that many people who cannot easily seek health care, will also not get much needed prescriptions. Thank you. This survey monkey app. won't let me view or edit my comments, so I apologize for duplicate or disjointed sentences.	2/22/2022 10:29 PM
187	Working 50 plus hours a week from almost every tech is breaking our staff and is exhausting . Can't hire techs for any help and always feeling like nobody cares how hard we work to keep it together . All out techs have no time for anything other work and we might loose good employees this way. Im the top tech in the pharmacy and Im about to throw in the towel for being over worked . It's time to make a change as a company to save employee that's actually like their job. We shouldn't be aloud to work over a certain amount of hours a week . Unstaffed pharmacy need better operating hours . raises to those have suffered the past 2 year of hell!	2/22/2022 10:16 PM
188	Patients do not wear masks in pharmacy and it provides an unsafe work environment for staff and other patients in pharmacy. Even with signage and free masks. Employers do not want staff asking patients to wear masks	2/22/2022 10:04 PM
189	For all the reasons written in question 25 are why I do not feel comfortable in a retail practice setting at this time. Corporate offices are trying to offset the high price of medications and the low reimbursement rates from insurance companies by cutting staffing costs. Pharmacies are understaffed and overworked which, in my opinion, leads to poor patient care, longer rx wait times and and increase in the likelihood of mistakes occurring. The current climate of the retail industry is not the setting I went to school for 7 years to be in. I want to be able to take care of patients; know them by name without needing to look them up in a computer first and be an accessible healthcare provider. I hope this survey will change what retail pharmacy has become. Best of luck to those reviewing these surveys; I truly hope they are informative and actionable. Thank you for your time and efforts!	2/22/2022 9:57 PM
190	Pharmacists do not feel like we have support from chain retailers OR the board of pharmacy. The board is there to protect patients, prosecute pharmacists, not support the profession.	2/22/2022 9:49 PM
191	living and working in a rural area, it appears that we are overlooked compared to some urban areas. It is very difficult to get extra help (i.e. float RPhs or Float CPhT) when needed.	2/22/2022 9:47 PM
192	Pharmacy should be closed during rph lunch break by board rule! Enough staffing is very important for patient safety and pharmacy staff's healthy work environment as well.	2/22/2022 9:42 PM
193	All of my answers are based on the fact I work night shift at the hospital. Day shift and evening shift usually have adequate staffing but there are only 4 technicians staffed on nights. We need at least one more tech and we have voiced this to our manager. We work 10 hour shifts and the workload is a lot. We barely get everything done in time. And because we are constantly on the go, we rarely get a full 30 minute lunch break. There's just too much to do.	2/22/2022 9:39 PM
194	I am making arrangements to leave the profession altogether due to unsafe pharmacy staffing and expectations.	2/22/2022 9:34 PM

195	We miss [redacted]	2/22/2022 9:34 PM
196	To many phone calls and clients and not enough workers! New workers don't have enough training.	2/22/2022 9:32 PM
197	The extra load of administering vaccines especially during the pandemic has really interfered with the work flow of getting prescriptions to patients and adequate time to counsel.	2/22/2022 9:31 PM
198	I am still waiting to be trained by my company, and for my 500 hours toward certified Pharmacy Technician might be over a year, to test, due to lack of staffing a second pharmacist. I am looking at over 6 months to be able to qualify to be a certified Pharmacy Technician. I am eager and ready to learn, but can not financially wait.	2/22/2022 9:30 PM
199	Please help our patients get medications timely manner by tell company to hiring more staffs and pay them well . Many patients go days with their medications because they cannot get a hold of pharmacy. Corporate only cares about metrics and prescriptions volume not care about patients safety and get medication on time. We are as pharmacists and technicians are burn out and exhausted. We cannot don't time for break and cannot even go pee or take a sip of water.	2/22/2022 9:30 PM
200	It is getting better	2/22/2022 9:29 PM
201	This is such a wonderful profession. I was proud to provide focus patient centered health care. That feels so long ago and so out of reach now. I feel like I can't catch my breath. I refuse to rush despite the pressure for fear of harming someone. I have stepped away from the bench. I cannot do it full time anymore. It doesn't feel like i am providing care anymore.	2/22/2022 9:27 PM
202	As before (the last survey regarding pharmacist workload issues) the assumption is that pharmacists are at the same level of power as the employer and as such can negotiate at a level playing field. Well, honestly it is if a woman sexually harassed by a C E O of her corporation should have felt comfortable telling the Individual to stop. The staff has no agency. It is a matter of feeding your family or loosing your job. How would most humans respond? I love my profession. I am absolutely genuine in my response. However, I have told my son (who is really smart and one of the most generous humans I know) not to consider pharmacy as a career. Thank you O B O P for considering my comment. May this and other comments shock the board and others into real action. Sincerely, a pharmacist that has reached the end of their rope BEFORE COVID.	2/22/2022 9:18 PM
203	With my experience any pharmacy work load that exceeds 220 prescriptions daily should have more than one pharmacist on duty, and not be reliant on that sole pharmacist.	2/22/2022 9:16 PM
204	Anticoag clinic	2/22/2022 9:08 PM
205	It is unacceptable of corporate to put money before patients and employees. This has to stop with corporate.	2/22/2022 9:07 PM
206	Na	2/22/2022 8:54 PM
207	Our company has a online vaccine appointment portal that allows people to make vaccine appointments every 15 minutes 7 days a week not realizing that due to lack of staff the pharmacist is all by himself on weekends. Completely unable to manage vaccines, prescriptions and endless people picking up prescriptions. With the pharmacy closures in our area our pharmacy has tripled its volume since last November. We are barely able to get prescriptions filled let alone spare one of the two pharmacists we have to do vaccines. All of our pharmacy staff have been working upwards of 50 hours a week or more just trying to keep up with the workload. Tripled prescription volume with the same amount of staff with the expectation todo any and all vaccines every 15 minutes is completely unreasonable.	2/22/2022 8:50 PM
208	As long as corporate members are on the board, work conditions will not improve. Technicians deserve much better compensation and all staff deserve adequate breaks. And the board should also help protect Pharmacy staff from abusive patients. Workload far exceeds staff capacity in Central Oregon and patient safety is at risk. We cannot be chastised into providing better care when there is not enough time or staff. Happy employees = happy customers.	2/22/2022 8:48 PM
209	Finding CPhT available and willing to work has been extremely difficult during and post COVID apocalypse. Many other professions either shutdown or are forgiven to have lack of labor support. However, the public has no patience or forgiveness for the overwhelmed fatigued pharmacy staff.	2/22/2022 8:48 PM

210	[redacted]pharmacy is negligent. As a pregnant female I was denied breaks, a place to sit, no access to a fridge or microwave. Pharmacist staffing was cut in half and work load was increased ie more vaccines, more clinical assignment's and are script volume continues to grow annually. It's a conflict of interest to have[redacted]at the OBOP.	2/22/2022 8:43 PM
211	Labor hour cut to meet profit margin. Scheduling long pharmacist hours with inadequate break and meal time.	2/22/2022 8:41 PM
212	Recent closures from Rite Aid have strained our resources and we still aren't able to keep up with the patients that are leaving them. Its very fristrating that their inadequate staffing is adversely affecting our pharmacy.	2/22/2022 8:39 PM
213	In my experience with past jobs I definitely believe myself to be in the minority having adaquite staff at my current job. This is the only job I have ever had where my employwr seemed to be concerned primarily about staff working conditions and patient safety.	2/22/2022 8:38 PM
214	We have needed help throughout the entirety of this pandemic. Vaccination rollout was poorly handled, and I'm appalled that the vaccine has driven profits for some health care settings.	2/22/2022 8:37 PM
215	Something is constantly being added on without additional help. You want something mailed? Sure, we can mail that to you and take time away from filing RX. You want something delivered, let me do that and spend the 10-15 minutes doing that for you away from filling these urgent RX. You want curbside pick up, sure! There are only two of us here and the pharmacist is doing a vaccine and I have a line of customers at the register. When does it stop?	2/22/2022 8:35 PM
216	Since the COVID pandemeic, it has been nearly impossible to obtain adequate help in the pharmacy. Only recently have I been able to hire sufficient technician help to be safe and effective. Hopefully this will continue to improve.	2/22/2022 8:33 PM
217	Continue to allow work from home. For rph and techs too	2/22/2022 8:31 PM
218	The expectations are unsafe, unfair, unachievable. Lack of staff and workload are completely out of control.	2/22/2022 8:29 PM
219	When are you going to lift the mask mandates.Can we not wear masks at our desks.Provide more hand sanitizers to employees.Are we going to get paid hazard pay for working during the corona virus.	2/22/2022 8:16 PM
220	It is crazy unsafe out there. How have we allowed big business to dictate how we practice? How is this the first time I've been asked about this? Please take this seriously and really do the hard work. Without mandates on safe staffing ratios, big business will just continue to squeeze every last dollar out of the business with no regard to safety or patient care.	2/22/2022 8:14 PM
221	Pharmacy chains have obsolete dispensing software that does not allow technology checks , barcode scans to verify RXs and rely on Rph checking NDC'S etc for accuracy , no software engineering to match a medication vial with a patient leaflet electronically , often 20 -30 consults per 4 -5 minutes , bare minimum instruction for patients . I'm leaving OREGON state to find safer work environments after Gov Kate Brown forced mandates on healthcare workers and pharmacists creating a shortage and a division amongst healthcare workers themselves , their communities and quality of care Oregonians now receive due to corporate and government pressures and mandates . I will happily hang my Oregon license up after 31 years in pharmacy and search a safer work environment in another state .	2/22/2022 8:09 PM
222	routine need to have overtime 8-12hrs/wk per R.Ph. to keep up with demand for filling prescriptions. Lots of technician turnover and re-hiring/re-training.	2/22/2022 8:07 PM
223	Finding employees is at its most difficult in over 20 years!	2/22/2022 8:05 PM
224	Never ending phone calls. The phone is always ringing.	2/22/2022 7:57 PM
225	Inadequate education, training of technicians	2/22/2022 7:55 PM
226	The lack of adequate staffing is not allowing us to take a lot of things that are important to get done and settled from day to day. Would be more helpful to have another staff member to help, etc.	2/22/2022 7:55 PM
227	Fortunate to work where technician and non-licensed staffing levels are good. Due to pharmacy closures and covid vaccination efforts, our daily prescription count has increased by about 50% without an increase in pharmacist staffing.	2/22/2022 7:53 PM

228	Na	2/22/2022 7:40 PM
229	My role is unusual: pharmacy administrative specialist responsible for drug shortages, inventory management, revenue integrity, month-end accounting closing, and added on top of this has been managing COVID-19 vaccine receipt and distribution across an 8-hospital system. Nothing is directly patient-care related, but my responsibilities are more than one person should have to bear.	2/22/2022 7:40 PM
230	None	2/22/2022 7:38 PM
231	With respect, I think the boards previously released statement on safety is completely ineffective. The only action that will solve this situation is mandatory limits on number of Rxs / technician hour.	2/22/2022 7:37 PM
232	Slow system and process of flow. some automation not available and creates extra steps	2/22/2022 7:31 PM
233	From a clinical perspective, working remotely for a telephonic based clinic has improved work-life balance and decreased stressors during the pandemic. Our clinic maintained effective management of our patients working remotely.	2/22/2022 7:29 PM
234	Corporate does not care. New grads and old pharmacists are being paid very low with no chance of raise. The workload has tripled since the pandemic and RPH get pay $50an hour? Unsafe work environment and damaging to my mental health	2/22/2022 7:18 PM
235	State Board(s) of Pharmacy and Dep’t(s) of Health have failed and/or are missing in their leadership/inspection position. If you are perplexed or at a loss to understand this comment, please review your Mission Statement.	2/22/2022 7:16 PM
236	Pharmacy staff wages are godawful low. And we need a better pharmacist to tech ratio, say 4 techs per pharmacist (and interns don't count towards ether one of those).	2/22/2022 7:16 PM
237	Due to the closure of Bimart in our area and the subsequent overflow from Walgreens we are continuing to struggle to maintain against the pressures of over three thousand rxs per week. I know it is unrealistic but I would like to see another option for a pharmacy in our area to come in and take off some of the load.	2/22/2022 7:12 PM
238	Opiates are often filled early with no documentation or review or reason	2/22/2022 7:11 PM
239	Way more work than can possibly ever get done, and pressure to work so quickly that there's not enough adequate time to even the no and do a safe and good job. Retired and lost employees are not replaced and we are told to be work more efficiently. The problem is the executive director of Kaiser.	2/22/2022 7:11 PM
240	Lately communication with doctors offices and other pharmacies to resolve safety issues has been a huge problem. Over 2 hours on hold to talk to a provider about drug interactions or to transfer a medication from another pharmacy. This has been the biggest barrier over the last 6+ months.	2/22/2022 7:10 PM
241	Inadequate staffing is the elephant in the room. Not being addressed or discussed. Techs need to be paid a living wage. C-suite just cares about profit margin and pleasing shareholders.	2/22/2022 7:10 PM
242	Our employer has no clue or doesn't care about the safety of our staff and members in regards to staffing. Our managers are feeling the brunt of having to cut hours and schedule a skeleton crew just to satisfy budgets created by those who have never stepped into our workplace. Pharmacists are doing tech work which cuts into our roles to consult due to short staffing and this needs to stop. Just because other workplaces are suffering staff shortages, pharmacies should not be suffering the same. Please enforce some rules to eliminate the stress of working in a pharmacy. We need more staff, better equipment (automated counters that constantly need pampering, better computer systems)	2/22/2022 7:10 PM
243	We are in a hard to staff area but we always are short staffed & given max technician/pharmicist hours even though we cannot get caught up. Another major issue is our chain does not hire clerks, they expect technicians to work drop off, fill & pick up, lots of times with 3 techs.	2/22/2022 7:07 PM
244	Inadequate space to efficiently process and fill the qty of prescriptions required on any given day.	2/22/2022 7:06 PM
245	I have recently changed employers so I feel I have a much better work load than I did, so I	2/22/2022 7:05 PM

	tried to answer honestly with that it mind, but had I been evaluating my old employer my answers would have been much harsher	
246	I exited retail pharmacy in 2018 due to workplace pressure that made my practice as a pharmacist unsafe. I voiced concerns to management but they were ignored. I felt I had no choice but to quit. I can't imagine what it is like now with the pandemic. I'd like to return to retail pharmacy work to help out, but I am afraid of being put into unsafe working conditions. It breaks my heart because although I love teaching, I miss retail pharmacy, and teaching does not pay very well	2/22/2022 7:00 PM
247	We are forced to concentrate on MTM to decrease DIR fees which makes it difficult to concentrate on the patient in the store.	2/22/2022 6:59 PM
248	Vaccines and covid tests take priority over over getting prescriptions safely to patients.	2/22/2022 6:57 PM
249	New Technician's need time for training not to be rush. Staff needs to be able to have time to make sure the safety of filling a prescription than just getting numbers done	2/22/2022 6:56 PM
250	This survey should have ended when I said I was retired and not working. Future surveys should be formatted so I don't have to answer unnecessary questions	2/22/2022 6:55 PM
251	Though my current workplace (urban outpatient) allows for arguably sufficient staffing, etc., my prior workplace (rural chain pharmacy) did not have adequate staffing due to too many nonclinical duties and vaccinations, leading to feeling rushed all the time and lack of breaks.	2/22/2022 6:51 PM
252	How allowing wait time metrics to be tied to manager bonuses can possibly be legal is beyond my understanding. We are berated to no end over these metrics, including unfavorable shifts being given to pharmacists as punishment for not making wait time metrics.	2/22/2022 6:50 PM
253	I feel that for right now it you should help technicians get there licenses easier	2/22/2022 6:49 PM
254	Immunization function is not feasible in retail setting. This is a function of pharmacy that has gone haywire!!!	2/22/2022 6:49 PM
255	Oregon Pharmacy Licences Are Mainly a Burocracy	2/22/2022 6:46 PM
256	I think as a technician we are put to do more than is capable. We are just barely getting by and especially at my pharmacy we have 1 pharmacist that is amazing and on that is incompetent. I have no idea how is even a pharmacist	2/22/2022 6:46 PM
257	The answers to the questions asked speak well.	2/22/2022 6:43 PM
258	In the case of my employer, I feel that the lack of staff is primarily due to the lack of qualified applicants.	2/22/2022 6:39 PM
259	Retail chains have cut pharmacist staff to the bone, to the point that it is impossible to keep up with workflow, counsel patients appropriately, complete the myriad of clinical tasks expected of us, and keep the pharmacy Board-compliant. Pharmacists need to be given fair hours and fair wages to compete these tasks, and to help combat fatigue and burnout that have become a critical issue in this profession. If pharmacist working conditions are not drastically improved, I do not see how safe practices can become the norm.	2/22/2022 6:38 PM
260	At this time, I feel the largest problem is finding quality technicians that stay and show-up for their shifts. This seems to be due to poor compensation in combination with the immense amount of stress and workload put on the shoulders of technicians. For instance, I know of one technician that refilled the automated dispensing machines by themselves for an entire hospital because someone else who normally partnered with them had to call out. Redundancy is extremely important in safety checks and thus staffing redundancy should also be at the forethought of managing entities especially as large as a hospital. If these aren't addressed then it will be difficult to retain qualified and experienced technicians, which is important since they are much less prone to making errors.	2/22/2022 6:38 PM
261	Volume of work . With closings of stores the increased volume has been difficult to provide service as quickly as patients are used to. We are having to change their expectations.	2/22/2022 6:32 PM
262	Very grateful to practice in a rural independent pharmacy. Cash flow due to pbm’s is making life very difficult for all of us. My career spans 40 years. I have watched the antics of this group destroy this great profession. Very disheartening!!	2/22/2022 6:32 PM
263	I have retired early due to the stress of work overload.	2/22/2022 6:30 PM

264	Overworked and under paid. Not enough reliable staff, and to much focus on vaccines, tests, and masks which takes away from time spent on accurately filling prescriptions in a timely matter	2/22/2022 6:21 PM
265	AN	2/22/2022 6:14 PM
266	Regional and senior leaders care more about metrics than patient care . Their pressuring to meet metrics pushes people to take unsafe shortcuts for fear of discipline if they don't meet the numbers	2/22/2022 6:13 PM
267	Medications are being coming more complicated with more interactions or dosing specific requirements. it takes time to lean about new medications and new workflows. That time is rarely provided by employers. Patients get short changed because interventions pharmacists could identify, or medication narrowing does is not maximized as there is not enough time provided to really review med profiles.	2/22/2022 6:12 PM
268	Please lower the age requirement for technicians to 16 years. The wages for most chains cannot compete with other businesses' compensation.	2/22/2022 6:11 PM
269	Our new priority has become administrating vaccines and Covid-19 tests. Our pharmacy and many like ours will have 300-400 prescriptions that need to be filled, but we're stuck giving vaccines and tests. So now I've got dozens of pissed off patients who called their prescriptions in for refill 7 days ago and their not done. I don't have enough staff to answer the phones because it's either help the line of 20 of people in front of me or answer the phone. Take a guess which one we choose? We've already had to alter our hours of operation due to pharmacist shortage, which pisses off patients and pisses off the OBOP. We get yelled at and mistreated by corporate and patients. The shortages aren't just in OR either. It's become increasingly evident that pharmacists and technicians are getting tired of this garbage. Why OBOP is even bothering to do a survey beats me. You'll never do anything about it.	2/22/2022 6:08 PM
270	WE HAVE BEEN SEXUALLY AND VERBALLY HARASSSED BY THE MANAGER! AND CUSTOMERS!	2/22/2022 6:07 PM
271	I work in the clinic not in the actual pharmacy	2/22/2022 6:03 PM
272	As a Pharmacist I have been told by my district Pharmacy Manager, when calling in sick with an illness, 1. I am responsible to find my own coverage when I am sick. 2. A single sick day (one in a row without a previous sick day taken in over a year) requires a note from a doctor. 3. If I am unable to do 1 or 2 I am required to come into work sick or not. I actually kept screen shots of the text messages from the district manager telling me this. I reported it to the Oregon Bureau of Labor and Industries, but they stated they could only take action if I was punished for not showing up. I, however, went to work sick from fear of punishment. During a period of time around 4 months, previously in my career, I was literally the only person employed in my retail chain pharmacy. This pharmacy averaged about 1600 prescriptions per week and as a pharmacist I was the only human in the pharmacy from 9am to 8pm. Things got so bad one day someone called the police because they were unable to get a hold of anyone in the pharmacy. The police officer showed up to my pharmacy I was the only one there, many people in line and waiting around the area, many people trying to get through on the phone lines. This was before COVID. The suggested staffing from the company was 1 pharmacist per day and 12 hours of pharmacy technician. During this time there was an opening for a pharmacist and 2 technicians at that pharmacy. Those positions stayed open for 4 months, then I left the company. In another instance during a time while I was a pharmacy manager, my colleague had requested I sit in on a meeting with my district pharmacy manager to discuss some mental health issues they had been going through. During this meeting the District Pharmacy Manager made it clear that "there is no such thing as a mental health day" and that they could not take a sick day due to mental health. I reported this as well, but unfortunately this former colleague quit shortly after that meeting. I'll go ahead and name the "mental health sick day is not real" district manager because he is no longer in Oregon and is now[redacted] [redacted]at Rite Aid[redacted]Just sad.	2/22/2022 5:58 PM
273	Lack of centralized medical records/information. Unable to get patient history.	2/22/2022 5:57 PM
274	When I worked in pharmacy we were pressured to make decisions that were profit based and not safety based. Techs are overworked and underpaid. It is the last profession to recognize professionals to assist doctorates . Technicians are grossly underpaid for doing the pharmacists job. We ARE smart and educated but do not get paid what we are worth and there	2/22/2022 5:49 PM

	is little room for advancement. This is why I left pharmacy after 36 yrs to work at a shipyard in data entry.. I get paid more and it's way less stress!k	
275	I feel sorry for anyone that is currently working in a retail pharmacy setting. It doesn't take a "rocket scientist" to see that the system is broken! I have been a pharmacist for almost 30 years and many of that was in a retail setting. It has progressively gotten worse and continues to decline for customer satisfaction. Rite-Aid is providing a new low to our practice, but some of the other chains shouldn't give themselves a pat on the back either. The labor models that these stores are using are extremely short in staff and while the closure of Bi-Mart and COVID has increased this pressure, it would be foolish to not recognize that we were already heading down this path over the past several years.	2/22/2022 5:46 PM
276	I have given notice. I can no longer take the verbal abuse, name calling, bullying, physical threats, and worse, have to answer to be board and be under investigation every time a disgruntled customer files a complaint full of lies, and I feel like a criminal trying to defend myself over perceived customer service issues. Every day I work, I fear for my life. Not sure when the next person is going to explode. I wish you all would take certain areas into consideration. Customers are losing it and we are in the receiving end. I am done.	2/22/2022 5:44 PM
277	The metrics just keep getting greater and the staffing fewer and fewer with more and more patients. This is a broken system. We need to return pharmacies to being healthcare facilities, be able to focus on patient care, and get rid of the fast food mentality.	2/22/2022 5:43 PM
278	When am I going to stop taking ridiculous surveys and see some change in this industry. I know pharmacists who have walked out mid shift and will never return to pharmacy. How am I supposed to want to continue being a pharmacist when the board of pharmacy won’t do anything. I’m sick of feeling unwanted by my employer and the board of pharmacy. What are you doing all day? Maybe make some change before there’s no pharmacists or technicians at all. It’s so disappointing waking up and going to work every day knowing nobody gives a shit about us. I’m about a week from quitting pharmacy and working at McDonald’s because at least they care about their employees.	2/22/2022 5:42 PM
279	I think CPhT’s need to be able to handle more responsibilities. We should be able to administer vaccines more openly a freely exactly how RPh’s are able to. Oregon needs to step up it’s game like other states are allowing. Be more progressive, a leader in what’s new. I’m also a contract technician here in Oregon so I work at 5 different hospital inpatient pharmacies and I see a lot of what’s wrong with different places and they’re all different.	2/22/2022 5:41 PM
280	Allow for more time to finish ce	2/22/2022 5:40 PM
281	Company policies over complicate the filling process making it so I must focus on documentation of tasks unrelated to patient care. Additionally some policies intentionally bypass safety measures put in place to prevent medication errors. My company has acknowledged that 20% of all medication errors are the direct result of this policy but has done nothing to address the bad policy and instead has decided to focus on the punishment of pharmacists for errors that occur while following company policy	2/22/2022 5:39 PM
282	Because of staffing shortages, we are unable to cover vacations/days off/sick days. We all work overtime every week, and are asked to go to other stores before/after work to help. We've had 2 staff out with covid, in the last month. Because we're in the back of a retail store, and company policy discourages asking customers to wear masks, we are constantly having customers refuse to wear them while in line, sometimes becoming angry and occasionally verbally abusive. I have not seen other pharmacies enforcing the mask mandate in a health care setting, and have been told by management that we cannot "refuse care" to people who refuse to wear masks. This creates extreme anxiety and unsafe conditions for those customers who are immunocompromised and those who are getting vaccinated.	2/22/2022 5:37 PM
283	I’m not currently working as a technician due to workplace practices.	2/22/2022 5:35 PM
284	Thank you. I fear for patients because of permanent staffing issues.	2/22/2022 5:34 PM
285	I don't practice in a dispensing pharmacy, however occasionally need to collaborate with a dispensing pharmacy (eg clarify a prescription sent by myself or other provider, resolve prescription barriers/issues by telephone, etc). It has been increasingly difficult to reach someone due to long call wait times, pharmacies not answering phones, or finding someone who can help with simple requests (eg take a verbal order to update a quantity on a prescription, etc).	2/22/2022 5:33 PM

286	Pharmacy that I work for needs equipment like pump repeater to help with the workload	2/22/2022 5:31 PM
287	I work at the VA, and I hope that I never need to go back to retail. The demands placed on retail staff are unsustainable.	2/22/2022 5:30 PM
288	The only healthcare field where professionals are expected to serve patients and corporate interests at their own emotional, mental and physical expense.	2/22/2022 5:29 PM
289	Covid shots appointments were over 120 shots per day(within 6 hours windows) with no extra help	2/22/2022 5:28 PM
290	Being able to work from home has allowed my pharmacy to run more effectively due to space limitations at the physical location. The restrictions put in place to remain at home are too substantial unless we hire an absurd amount of pharmacists. Please reconsider your guidelines. I	2/22/2022 5:25 PM
291	The metric demands need to go away.	2/22/2022 5:22 PM
292	My location is well taken care of and practices very safe and timely patient care. I am concerned only in that other locations in my chain are not set up this way and lean on my staff and time constantly in order to barely get by. The reasons for this are mostly due to the quality of technicians that are hired due to the low rate of pay compared to other jobs like fast food for example. Industry standard needs to rise to pay both technicians and pharmacists better so they can retain top talent for the stress load we are under.	2/22/2022 5:18 PM
293	Patient expectations aka 10-15 min wait time is unrealistic	2/22/2022 5:16 PM
294	The board of pharmacy needs to mandate more pharmacist and more technician hours based on number of prescriptions filled. Right now we are SERIOUSLY understaffed. Patient safety is at great risk. We are doing the best we can with what we've got, but it's not nearly enough and patient care and safety (which is what the board of pharmacy needs to address) is suffering greatly. Patient care abs safety have been on a downward slide for quite a while. Please help us provide adequate care by mandating a minimum number of man hours (pharmacist and technician) based on number of prescriptions filled. We're drowning.	2/22/2022 5:16 PM
295	na	2/22/2022 5:15 PM
296	My pharmacy is one of the few in Jackson County that can keep up with the work, I believe it is because it is very well managed. Other pharmacies are making their patients wait for their medications.	2/22/2022 5:13 PM
297	I would have checked all of the options in question 25 if I was still practicing. All of those questions were applicable at the time I retired 8 years ago and it appears that things have gotten worse. Now as a customer I can see that pharmacies are just overloaded with work and lack of employees to do the work. Waiting 45 minutes in line just to get a refill is unacceptable. I have always been against mail order but I may be forced into it. Like I said these were all problems 8 years ago when I gave up hoping for a better work environment.	2/22/2022 5:02 PM
298	not enough staff and to little technicians	2/22/2022 5:01 PM
299	This lack of staffing and pushing pharmacy staff to the point of exhaustion is nothing new. It is more apparent during COVID but it has been happening for year. Employers have always asked us to do more and more with less, creating a dangerous environment for patients. Many Walgreen pharmacists in Central Oregon were very vocal to upper management about this and they do not seem to care. It goes beyond the employers though, they are also strapped because of low reimbursement rates from PBMs. Employers can't adequately staff when they lose money for health care services. It goes far beyond COVID. I filled this survey out based on me still working at Walgreens. I have recently left. I'll chat about this anytime if it helps to make changes [redacted]	2/22/2022 4:57 PM
300	Pharmacist shifts should not be longer than 8 hours.	2/22/2022 4:56 PM
301	It is hard to get good new employees for non-technical support staff.	2/22/2022 4:55 PM
302	Walgreens	2/22/2022 4:54 PM
303	Please implement new rules and save this profession	2/22/2022 4:53 PM
304	I am not sure how we would get more pharmacy technicians to get certified and or joing the phqrmacy practise. It is about time to think about ways to incentivice technicians or expedite	2/22/2022 4:50 PM

	their certification process.	
305	The sheer amount of verbal abuse endured by the pharmacy staff creates a rather unsafe work environment	2/22/2022 4:48 PM
306	The lack of technicians is putting stress on pharmacists and technicians are choosing to work at fast food chains where they get very similar if not more pay for less abuse from patients via phone and at the counter. Please help change the way technicians perceive this very important and valuable role.	2/22/2022 4:48 PM
307	New rules such as licensed professionals must sell Sudafed makes our workload higher and takes away from professional duties.	2/22/2022 4:43 PM
308	I believe my staff can use more training besides CEs	2/22/2022 4:42 PM
309	Please help us. We need some kind of protocol that outlines certain # staff per number of prescriptions.	2/22/2022 4:41 PM
310	More pharmacies should remain 24 hours	2/22/2022 4:39 PM
311	Our pay is too low	2/22/2022 4:38 PM
312	We allow our pharmacist to work a hybrid remote shift but not technicians. I think if we allowed technicians to work remotely like all other call centers we could hire more technicians. Also we only have full time employees. Offer part time.	2/22/2022 4:38 PM
313	Lack of technicians to fill open positions	2/22/2022 4:37 PM
314	the current operational practice does not allow for safe pt care. The board is not licensing rapidly enough to meet the demands. Our staff is overworked and there are to many parameters put in place to work against pharmacists. The Board investigates pt claims and make the pharmacists take additional time to respond to pt complaints that are unfounded. If the board would like to see the current operations they may want to start doing in-person visits. It seems the BOP has lost touch with the current practice.... i.e. pharmacist and technicians have been working in the Covid environment from the start and the board has not stepped into a pharmacy.	2/22/2022 4:37 PM
315	No masking would increase communication efficiency.	2/22/2022 4:35 PM
316	If something can be done to decrease mandatory counsels (like a dosage change that is not really a dosage change -- ie worded differently) it would be helpful	2/22/2022 4:35 PM
317	Most of questions in this survey are not applicable and do not address the real issues that has lead to unsafe work environments in Oregon pharmacies. Please allow me to clear this up for you. In Oregon pharmacist are walking off the job due to unsafe practice environments and most that I know of are leaving Oregon all together or pursuing a different career choice. In my opinion and the current situation cannot be blamed on the chains and supermarket corporate leadership. The blame falls solely on the current Oregon Board of Pharmacy, poor/horrific under reimbursement from health plans/PBMs, and unethical practices of pharmacy benefit managers. Even if we could hire more staff there is no way to afford additional FTE under the current reimbursement in Oregon. The amount administrative burden, unnecessary regulation, lack of support, and outdated practice standards the current Oregon Board of Pharmacy staff are promoting is not reflective of today's practices and cause public harm by standing in the pharmacists and their patients. We spending far too much time trying to protect our licenses and understand memorize game of thrones novel that is the OBOP OARS that no patient is able to spend time with a pharmacist. How can we increase staff when you cant afford them? Even the chains and supermarkets are unable to afford the FTE needed to staff appropriately for their standards of care! Five years ago we used to limit the number of prescriptions to 120 per pharmacist per shift. I left my old position in November because due to poor reimbursement and VERY high administrative cost we were told by corporate that we had to check 300 prescriptions between 2 pharmacist and 2.5 technicians. That is insanity, and does not include the additional clinical services, and compliance activities that have to be completed. Pharmacist are being punished and fined by the OBOP for trivial and foolish reasons. OBOP holds us accountable for the unethical practices and working environments we are forced to work in due to large corporate pharmacy chains, and pharmacy benefit managers. I hope you read this and understand that OBOP is just as big of problem and poses just much of safety risk as pharmacy benefit managers in Oregon. We need to de-regulate Oregon's outdated and archaic OARs. We are qualified health care providers and not high school	2/22/2022 4:35 PM

	teenagers. When you current OARs are similar to a game of throne novel how can any of us hope to ever be compliant. We would ask for help understanding the OARs but unfortunately not all of us can utilize tax payor dollars to pay for a lawyer to play babysitter for us any time we have a question. Better yet lets propose another 56 pages of temperature monitoring rules even though our current OARs are already to bloated with requirements. Why don't you try out follow CDC guidelines and the pharmacist professional judgement or did you forget that pharmacist have to go to school for 8 years in order to practice pharmacy in Oregon?	
318	I work for a small chain and firmly and STRONGLY believe my positive responses is unique in pharmacy today. Large corporations are providing terrible working conditions. I can attest to several patients leaving their current pharmacies and willing to drive 30+ minutes just to avoid their previous larger chain pharmacies.	2/22/2022 4:33 PM
319	N/a	2/22/2022 4:32 PM
320	We are under paid and understaffed	2/22/2022 4:31 PM
321	I have found at least 2 shots almost given to minors that were adult vaccinations. My daughters included. The pharmacist grabbed the wrong vial and was using it. I was able to stop them before it was injected. On top of rx requirements from corporate and vaccines. We are car salesmen now not healthcare workers. I have also seen wrong RXs get out.	2/22/2022 4:30 PM
322	My role is not in patient care/in a pharmacy. I work in healthcare IT industry.	2/22/2022 4:28 PM
323	If the BOP really cared about the safety of patients they would care about the toxic pharmacy environments and standards emposed on pharmacist by employers and their henchman directors. start passing laws to protect pharmacist and the profession.	2/22/2022 4:26 PM
324	I am concerned that the Board thinks central fill and automation is an always helpful solution. In my experience it ends up pulling staffing from the store, I.e. pulls staff from patient contact without providing a sufficient increase in efficiency or accuracy. Furthermore, I am excited that the board is initiating this survey and am hopeful the board realizes in their goal to promote patient safety that poor staffing is one of the most important issues to address. Not increasing requirements for checking. Not adding new rules and regulations regarding what can and can't be done. Not increasing audits. If the board truly promotes patient safety the board must take responsibility for understanding that pharmacists are professionals who also care about patient safety number one. The board needs to focus on how to improve pharmacy staffing if the board wants to increase patient safety. Be this a grant to increase technician interest, or some way of improving the turn around time for background checks and licensure through the board. I very much look forward to the result of this survey which I have faith the board will make public as well as what the board hopes to do with the findings to improve patient safety. Again, because this was quite long, I do not see central fill or robots as great patient safety improvers as they inevitably lead to staff being pulled from the pharmacy to pay for them.	2/22/2022 4:26 PM
325	Patient safety is more important than metrics. Provide enough staff to help customers effectively, and you make them happy; they will give better surveys.	2/22/2022 4:25 PM
326	My particular location does 75%-80% new prescriptions and may not take into account the increased workload to compensate the workflow. It is also mostly dependent on the pharmacist to operate the phones as well.	2/22/2022 4:24 PM
327	We just need more people. We pay well	2/22/2022 4:23 PM
328	Less complicated rules to allow tech to work from home when not able to go into pharmacy	2/22/2022 4:21 PM
329	Lack of regular raises, dwindling benefit packages yet increasing need for retail pharmacists . There should be incentives to help attract and keep what seems to be a valuable commodity. The profession is hailed for its attributes and contributions to local communities yet the employees are treated like cannery workers on a line . There needs to be change if retail is expected to thrive	2/22/2022 4:21 PM
330	There are too many other things that are required to do that are time consuming and it is known by corporate that they are being done on days off by the pharmacy manager in order for them to get done.	2/22/2022 4:20 PM
331	Pharmacies are too busy, not enough staffing, very stressful and overwhelming environment to work in.	2/22/2022 4:19 PM
332	Lack of margins from payers had really compounded the issue of being able to provide	2/22/2022 4:19 PM

	adequate clinical care and time to patients as pharmacies can not afford to staff at the levels required due to reimbursement rates from PBM's, Medicaid, Medicare. So it is not just the employer squeezing but the demands put on the employer to stay in business at rates that are unacceptable to patient care. This is across healthcare but even worse in pharmacy because of the payor contracting practices.	
333	The root of the problem is PBMs gutting reimbursement rates so in order to remain profitable most chains have to cut labor. CVS and Owns their own PBM and manipulates the markets to the disadvantage of pharmacies that don't, they also own a large share of insurance companies confounding their market control. Walgreens is in a similar boat. Until these oligopolies are broken up and regulated the pharmacy profession will continue to deteriorate. It doesn't help that they have large presences with multiple state boards and massive lobbying power.	2/22/2022 4:18 PM
334	I work outside retail and as an ambulatory care pharmacist in chronic disease state management at an FQHC.	2/22/2022 4:17 PM
335	Need to get rid of masks!!! We do not touch people or get very close at all. Pharmacists can wear one when giving vaccines but otherwise it is not needed. Hard to hear people through mask and plexiglass. Plus people are angry and sick of wearing them!!!! I'm tired of getting yelled at about it!!!	2/22/2022 4:17 PM
336	Extra workload with covid without added staff or pay. 20 plus covid injections a day. Curb Side without added staff or reimbursement. Many prescriptions filled at negative reimbursement.	2/22/2022 4:17 PM
337	My pharmacy has worked hard to develop work-flows using one simple principle: If a pharmacists must do something, then that is what a pharmacist must do; Everything else needs to be done by technicians. I am sick of hearing about pharmacists working too hard, when they spend most of the day doing the work of technicians. Employers should be intelligent enough to recognize that it is stupid to have a row of pharmacists counting pills when techs could do the same thing for a lot less money. When techs are doing what they can do, then the work-load of a pharmacist is realistic even given higher script counts now then when I began in the 1980s.	2/22/2022 4:17 PM
338	I believe some employers expect the current level of staffing for support positions (technicians) to be able to keep pre-covid standards while adding a large amount of vaccinations and testing to the workload, bit not increasing available scheduling hours to be able to justify hiring more technicians to help with the work load.	2/22/2022 4:15 PM
339	If I hadn't retired a year ago, I would have answered disagree or stongly disagree to most of the questions instead of not applicable. I was employed by Bi-Mart which has exited the pharmacy business. They treated pharmacists much better than most employers, but were unable to be profitable because of PBM and expecially Oregon's Corporate Activities Tax. In the last 2 years Newberg has lost 3 of its 7 pharmacies. Board of Pharmacy has done too little too late.	2/22/2022 4:15 PM
340	I quit retail pharmacy because my answers would be inverse of these. Metrics driven, short staffed, no breaks, no patient care. Just numbers, not even safety for the patients or staff was considered.	2/22/2022 4:14 PM
341	Pharmacy Technician pay is a big factor in the inability of employers to obtain and keep staff, but the ratio of techs to pharmacists is an even larger problem at some of the larger chains. One Pharmacist cannot adequately supervise and check the work of more than 2 technicians.	2/22/2022 4:12 PM
342	There are 3 main reasons staffing and patient care at pharmacies is so poor. 1) Reimbursement from third parties, especially Medicare Part D DIR fees, do not allow enough profit to sufficinetly staff for the workload. 2) Oregon's Gross Receipts Tax has further eroded profits for pharmacies. 3) Onerous regulation from the Board of Pharmacy and legislature places an undo burden on the daily workflow, thus reducing time for patient care.	2/22/2022 4:12 PM
343	We are short staffed, but no fault of staff or employer, but lack of applicants for clerical and technicians.	2/22/2022 4:11 PM
344	I work remote technical support for our hospital system so this survey is not applicable for me. I am supported in my role and do not feel any safety concerns. I appreciate you doing this survey. Our local retail pharmacies are are really struggling and I am concerned for the staff. We have 2 pharmacies that have shut down in our community so those pharmacies that are left to take on the burden of all the patients are overworked, stressed, constantly being yelled	2/22/2022 4:11 PM

	at by their customers because they do not understand the struggle to obtain medications and get authorizations and transfer prescriptions and get responses from providers, etc. They are doing a phenomenal job and probably sill making mistakes as it is just a very unsafe environment due to the constant stress and pressure they are under. The staff need to be recognized and praised for everything they are doing to take care of our community. I try to say thank you every time I go there but it just isn't enough.	
345	Retail seems like literal hell.	2/22/2022 4:10 PM
346	How automation is too dusty. There is a concern of pill dust cross contamination. Also, the machines do not operate correctly with all of the pill dust	2/22/2022 4:10 PM
347	Our staffing is shrinking by the day. We have a severe shortage of technicians throughout the company I work for. There are also places where the pharmacist has zero staffing on the weekends for support and we are running the entire pharmacy alone, from open to close. Not only is it mentally and emotionally frustrating to have no help, but easy to get distracted, overwhelmed and make errors.	2/22/2022 4:08 PM
348	we really need more pharmacists interns and technicians	2/22/2022 4:08 PM
349	As A retail pharmacy we need to concentrate back on filling prescriptions instead of offering vaccinations. We do not have adequate staffing to be doing vaccinations.	2/22/2022 4:07 PM
350	The vaccines really impacted our ability to do our primary job of filling prescriptions. A separate specific person should be tasked with only the precessional of vaccines. Every vaccine done in our pharmacy took the data entry person away from typing up prescriptions. We had were running a constant 800 RX’s everyday to type up . Couldn’t get ahead. Vaccines should be offered at doctors offices and health clinics. Not pharmacy’s	2/22/2022 4:07 PM
351	I like working at the pharmacy	2/22/2022 4:05 PM
352	Too many board regulations. I think most of the problems we face in pharmacy are due to overregulating every aspect of pharmacy. Mandatory counsels do not benefit patients in 99% of circumstances and pharmacists should be able to use their professional judgement in other situations. Opening independent pharmacies requires specialists due to the immense number of laws that the board enforces more harshly than any other health profession. Pharmacy suffers from a lack of entrepreneurship and over abundance of corporate oligopolies that do not focus on quality and instead focus on metrics. There needs to be safe guards for independent pharmacies against overwhelming regulation and chokehold contracts that manipulate pharmacist behavior into actions that produce the best results for the benefit managers. If more pharmacist were able to open up their own practices we would face less of these systemic issues that stem from a clear lack of diversity in the market.	2/22/2022 4:05 PM
353	NA	2/22/2022 4:04 PM
354	Some shift sites are better than others with regard to meal breaks. Some shift locations have specific lunch coverage and others do not (or the timing is poor; like working 6hrs then getting lunch).I do know the pharmacy management is working on break coverage and has improved. There were times this last year where pharmacists were doing tech duties bc of lack of staffing. Normally, in the shifts I am scheduled I do not even have time to complete CE which is required by employer. Sometimes I don't take breaks or stay late due to the workload. Lack of techs has drastic effect on workload and workflow. This was all before covid19, but was definitely exacerbated by covid19. Not idea when all surrounding departments are stressed for time and staff as well.	2/22/2022 4:03 PM
355	Inpatient hospital pharmacy is dedicated in patient care and does not overburden employees to maintain safe practices and efficiency.	2/22/2022 4:01 PM
356	My employer is one of the higher paying do technicians, but they still are generally underpaid for the type of work they do and the demands made upon them. They could make similar wages doing so many other less stressful jobs.	2/22/2022 3:58 PM
357	Pharmacists and technicians have had to take on more and more duties the past two years with little support from upper management and with the expectation to just absorb these additional duties with inadequate support and training. We’ve reached a breaking point with many staff members quitting and still very little help from the employer.	2/22/2022 3:58 PM
358	I believe retail chain practice has been diluted to a customer service oriented business instead of focusing on providing quality patient care.	2/22/2022 3:57 PM

359	Recently started at Mosaic Medical Pharmacy which is amazing. I worked at Walgreens before this and it was absolutely unsafe. I felt my license was at risk working at Walgreens, and the pressure to meet certain metrics, with inadequate staffing, was unsafe. I am so thankful that I was hired at Mosaic, because I now know what it is like to work for a company that appreciates its employees, and correctly staffs the pharmacy.	2/22/2022 3:57 PM
360	Na	2/22/2022 3:56 PM
361	In most pharmacies, there is 3 to 5 techs needed to type, bill, request, and fill medications. But typically there is only 1 pharmacist to review, verify, and consult on all those meds. How is 1 pharmacist supposed to process what 3 to 5 techs input/output?? That ration is absolutely a recipe for disaster.	2/22/2022 3:56 PM
362	I mainly practiced in Colorado but still hold my Oregon license. The issues are universal for retail pharmacy regardless of state. I have been retired for 2 years but keep up with current conditions from coworkers.	2/22/2022 3:56 PM
363	Extremely heavy workload not enough staffing. Push for higher volume and not able to keep up with phone calls, rxs, patient demands,	2/22/2022 3:54 PM
364	Turnover is very high so when we get people trained, they then leave to work at another pharmacy that is less stressful and busy. We are paid such a small amount compared to other pharmacy no one stays because of the workload. If my schedule allowed I would have left 7 years ago once I was trained.	2/22/2022 3:54 PM
365	The workload varies significantly throughout the year. During peak Covid vaccinations our prescription wait times and my ability to focus on other essential tasks suffered. As vaccination rates drop our pharmacist staffing feels adequate. Technician staffing could always be better. First we need more tech hours. And more importantly better pay to attract and retain competent techs. We nearly always run short due to sick calls, no shows and lack of coverage for leave.	2/22/2022 3:54 PM
366	Over the years, I have brought up to my supervisors the idea of taking a paycut myself in order to pay technicians more (to reduce turnover) or to increase tech hours for my store, but the idea has always been quickly dismissed. I don't know what else to do that is within my power to help fix this staff shortage problem. I have decided to switch careers and go into computer programming as I don't feel safe practicing retail pharmacy anymore.	2/22/2022 3:53 PM
367	I have worked in ambcare and tele clinical consultation for last 10years but I have seen my peers suffering under warehouse style working conditions. No time to eat, rest or go to the restroom. I am thankful everyday I do not have to work in that	2/22/2022 3:53 PM
368	[redacted]Telepharmacy, [redacted]California	2/22/2022 3:52 PM
369	Inability to hire qualified staff to fill staff positions leaving me as a float as the main tech	2/22/2022 3:52 PM
370	When giving more than 20 vaccines per day we needed additional staff. The pharmacy hired nurses and that helped. Overtime has been required to keep up with tasks,especially when shot volume was over 40 per day.	2/22/2022 3:52 PM
371	Great job OBOP	2/22/2022 3:52 PM
372	even before the bi mart pharmacy closures the pressure was too much. frequently I worked as the only RPh with 1 or 2 technicians for multiple days in a row. Customers do not care that you are not adequately staffed. Over all quality of the facility I work in is very poor. Everything from poor phone lines to tepid hot water. District/regional managers are out of touch with front line employees. We have recently gone to central fill... while this has "helped" ease the filling process the product leaves much to be desired. we have found vials with more broken tablets than whole ones, hair in multiple vials etc so central fill just makes us look like there is zero value. as a 25+ year veteran pharmacist THIS IS NOT WHAT I SIGNED UP TO DO!	2/22/2022 3:50 PM
373	The state makes it too expensive to acquire licensure. Outrageous costs.	2/22/2022 3:49 PM
374	Inadequate pay for the staff that does show up	2/22/2022 3:46 PM
375	Government intervention is the biggest cause of unsafe conditions. The State of Oregon does more harm than good	2/22/2022 3:46 PM
376	The chain I work for had a record year in sales, yet we run around doing the absolute minimum	2/22/2022 3:45 PM

	to fill as many Rx as we can. DUR's are a joke, counseling is a joke, oral contraceptive prescribing is a joke, etc.	
377	Providing pediatric vaccines (covid) caused stress for the pharmacists, techs, and customers. Many children scream and cry loudly making it difficult to care for other patients who need consultations in an already compromised consultation environment due to masks (hearing / seeing faces). Pediatric vaccinations require on average double the amount of time in providing them. Some days were chaos with kids.	2/22/2022 3:45 PM
378	Help the pharmacy professionals	2/22/2022 3:42 PM
379	We could use another pharmacist. Often there is only one pharmacist on duty and there is high demand for vaccinations and consultations	2/22/2022 3:40 PM
380	There are times when staffing becomes an issue, due to illnesses scheduled time offs, or when other pharmacies in area are closed due to staffing issues. Most of the time we have sufficient staffing to adequately care for patients in a safe manner.	2/22/2022 3:37 PM
381	Please encourage companies to pay technicians a living wage. Pharmacy technicians are essential to proper pharmacy functions and are barely compensated fairly. Many of my technician friends and I are having to work 2 jobs to make ends meet.	2/22/2022 3:36 PM
382	I have left retail pharmacy after 12 years. Although my former employer offered a $50,000 retention bonus, I declined because conditions are terrible and I have no faith that the chain would improve them. My replacement quit after 1 month, and told me he "was taking a break from pharmacy." He was a twenty year veteran. To my knowledge, that position has been unfilled for the last 3 months.	2/22/2022 3:36 PM
383	Labor laws around hours are not safe for the pharmacist position in most settings. Over 8 hours in a workday for most people at most sittings is dangerous. Many are working through breaks and meal periods as some companies are somehow able to classify these pharmacists as salaried. In most settings the pharmacist is required to be there for certain time periods, so the line is very blurred here for certain pharmacists in these salaried positions. Fixing current labor laws to not exceed 8 hours in a workday without overtime pay and making it clear what a salary position versus an hourly position is for a pharmacist is a start. There may be some exceptions where a hospital or 24 hour facility could negotiate 10 hour shifts without overtime through a union, but in general this is unsafe. Also, standing for long periods of time for anyone is unhealthy and this needs to change in many settings. But the issues I raise here, mental focusing ability and standing in place have plenty of data that would actually support an environment with reduced hours and varied physical positioning.	2/22/2022 3:36 PM
384	Hours allowed are based too heavily on metrics/numbers. Each pharmacy has a different situation to deal with(customer base, phone calls,language barriers,staff experience/work speed etc. I feel it is unfair to have one set rule to base hours allowed when there are many different factors that can vary the functioning /flow of a pharmacy. Obviously a store with little turnover more experienced staff will run a lot more smoother than one that has a majority of new techs and older customers that need more one on one attention (detailed counseling and longer phone service). There are a lot of unfair aspects and expectations that increase stress and increase risk of errors.	2/22/2022 3:36 PM
385	Non pharmacists should not be in charge of pharmacies. They simply don’t understand what all goes into providing good pharmaceutical care.	2/22/2022 3:35 PM
386	I have over heard pharmacists talking about extended work hours. The last time they had work hours like that the pharmacists were exhausted and made mistakes.	2/22/2022 3:35 PM
387	Make it to where we no longer have to wear masks at work!!!!	2/22/2022 3:33 PM
388	The Board contributes to ALL of these issues extensively in some form or another either directly or indirectly.	2/22/2022 3:33 PM
389	Help!	2/22/2022 3:32 PM
390	If we could get rid of half of the Rules laws and regulations like Idaho did, it would be a lot easier to do our jobs. A sage work place is one thing. Too much regulation needs to be addressed as well.	2/22/2022 3:32 PM
391	This problem has been overlooked far too long. The big chains are in a race to the bottom when it comes to patient care/safety in the name of maximizing profits/efficiency. The board	2/22/2022 3:32 PM

	needs to take strong action to correct these problems and protect patients	
392	I work in CCO adminstration. In the future can you create a choice for Health Benefit Administrators??	2/22/2022 3:32 PM
393	The Board staff is getting in the way of patient safety. Stop intimidating pharmacists and let us practice as medical professionals or pay my student loans so I can go do something else	2/22/2022 3:30 PM
394	we dont get paid enough from krogers	2/22/2022 3:30 PM
395	The lack of applicants at our location has been out biggest problem. We have staff willing to pick up extra shifts here and there but we just need more applicants.	2/22/2022 3:30 PM
396	The board adds additional pressure and unnecessary stress on the pharmacy teams. Their investigative staff are aggressive and adds additional burdens on the pharmacists. The administrative requirements of the boards to adopt technology that would make pharmacy working conditions better are prohibitive to actually adopting the technology. The BOP is also a part of the problem and needs to look at their staff and how they interact with the pharmacists and the rules they write. Pharmacists don't want to work in Oregon because of the board staff.	2/22/2022 3:30 PM
397	Inadequate technology to do the job timely and well	2/22/2022 3:30 PM
398	There aren't any techs to hire!	2/22/2022 3:29 PM
399	I ask for help from the board of pharmacy to provide baseline standards for pharmacy companies such as instituting a pharmacist:tech ratio or cannot have more than X number of orders without X staff, or some means of regulating the number of orders flowing through the pharmacy. Staff are overworked, we have low morale, and are burning out Due to an adequate staffing. We've had openings for over a year that have not been filled and the remaining staff here are looking to leave since they are losing sleep and their families due to the stress of the work environment. We are at a critical point in pharmacy and I strongly request the boards assistance in creating a safe and better work environment so we can adequately take care of our patients.	2/22/2022 3:29 PM
400	Pay techs more	2/22/2022 3:28 PM
401	Need some incentivizing for pharmacy technicians to take the job. We cannot convince people to get into the profession due to poor conditions as pharmacy technicians.	2/22/2022 3:26 PM
402	As the PIC I have to try to make the best of a bad situation and it is getting exhausting. I am not allowed to have enough staff to see to the needs of the patients in a safe and effective, non-rushed manner. I fear that we miss things and the patients will come to harm. It is difficult to get the corporate leadership to understand the level of staffing that is needed.	2/22/2022 8:07 AM
403	Some state boards allow technicians to help ease the workload on pharmacists by allowing them to take in new prescriptions verbally. Our pharmacists are overworked and can use extra help. Helping give vaccines to patients has greatly helped the workload on the pharmacists. Technicians should be approved for all vaccine types, not just COVID and flu. Also, technicians should be allowed to verbally take in new prescriptions as some states allow. The consultation law in Oregon is extreme, making the pharmacist go to each patient and then initial a paper after each one. If the patient does not want a consult or says they have had the medication before, the pharmacist should not have to be forced to give a convict anyways simply because the prescription is marked "new." Other states don't have such extreme consultation laws and free the pharmacists up more.	2/22/2022 5:18 AM
404	I feel the pharmacy profession has been in the frontlines accessible and available for the public with very little support from the board and our employer. Secondary to mandate, we had no second tech. I close and open alone, the bring fourth more work load like testing now before hiring sufficient staff to do it?? It's the only department where I see the pharmacist is a rph, clerk and tech. Even a restaurant doesn't allow the cook to be the hosts, waitress and cook? Yet here we are. There's no enough employees and our hours are the same. If the chains refuse to hire enough staff to support a safe environment for patients they should not be allowed to remain open. Throughout pandemic, never seen my dr check me in instead of her MA to get height and weight. Zoom care PA never have to check in patients upon arrival or even when they are dispensing drugs. Somehow, maybe our board can help learn from the PAs? They seem to be more professional industry? Also, nurses seem to have more support than pharmacist . Not sure when and how our profession became unprofessional and work environment so hostile. Pharmacy just appears and is ran unprofessionally. We are so	2/21/2022 8:51 AM

	desperate and burned out I am positive if we didn't have student loans to pay most of us would be out by now. The way it's being ran, it appears that perhaps we can really do without pharmacy and just hand over our responsibilities to the PAs since they appear more professional and better staff better outcomes to the patients and their work setting appears more encouraging and has the publics best interest. Pharmacy department across the healthcare system just appears to be poorly ran to the public and it's very transparent. It's not healthy and very much embarrassing	
405	Employer hires poor workers. Employer underpays me. Employer has poor leadership. Employer makes paid time off most difficult. Employer needs better workflow.	2/21/2022 12:11 AM
406	Things were terrible and unsafe prepandemic. My employer has no meal policies. If two pharmacists work, we get a lunch, but there is pressure to not take breaks. If you're alone, you must make time and there is no way to redirect customers well. Now, since pandemic, it has become downright unsafe and awful, both from personal physical and mental health to patient safety and health.	2/20/2022 9:36 PM
407	There needs to always be a ratio of having a technician on duty at all times and never a pharmacist by themselves	2/20/2022 1:23 PM
408	Pharmacy Interns(Foregin pharmacy graduate) urgently need training on vaccine administration since they did not have been trained on it outside USA, and they will be a great help in their pharmacies with increased demand for vaccination. There is no distinction offers this training. Neigther the American Pharmacist Association nor Oregon board of Pharmacy does this training for Foreign Pharmacy Graduate as interns. Also, all Pharmacy schools in Oregon do not offer such training, but do offer it only for their students.	2/20/2022 8:59 AM
409	Corporate will tell us they are sending us help to cover a shift but then they don't so we are not even given the opportunity to find our own coverage until it's too late. They also don't approve/deny our vacation request till the last minute. And it's usually a denial, so we never get to plan or even use our earned vacation time for the year. And they don't always post our open shifts for people to pick up so we end up covering our own staffs shifts pushing us to work full 8 to 12 hour shifs 7 days a week sometimes. And often times they only schedule a floater for 4 hour shifts so we get 3 a day or only partial coverage for the day and are expected to cover our own shift or not get it off	2/20/2022 8:17 AM
410	The only treason I disagree with the hiring of employees in a timely manner is the nationwide shortage of technicians. It has nothing to do with my employer wanting and trying to hire new employees.	2/19/2022 7:39 PM
411	I may have filled out the survey differently during the height of Covid vaccinations mid last year. Currently my pharmacy is calm	2/19/2022 7:10 PM
412	I frequently work alone in pharmacies. No techs, no clerks, just me as the float pharmacist. I am expected to type and fill all the prescriptions, ring people out at the register, answer phone calls, accommodate appointments & walk-ins for all vaccines, and do multiple MTMs a day. Plus all the extraneous tasks like pulling expired & recalled drugs, taking out the trash, submitting the next days order, general cleaning & restocking. Most stores I go to are multiple days behind because we can't keep up so I spend most of the day getting screamed at by customers too & have been physically threatened on the job as well. I've had patient complaints because I went to the bathroom & for asking someone to wear a mask in the immunization room. I've also worked through 2 miscarriages for this company. I'm tired of being asked to do the impossible for the ungrateful.	2/19/2022 4:35 PM
413	for the most part, safe place; have been unable to find a COPT to replace one that recently retired from full-time work; however, he is willing to fill in on 2 saturdays a month to relieve the one COPT	2/19/2022 4:02 PM
414	None	2/19/2022 11:46 AM
415	Over scheduled Ambulatory with IV's and chemo's at the same time but only one technician to make everything that day including inpatient and ER IV's making it potentially unsafe for patient's when ambulatory over books even though they have 5 nurses that day to handle the load we only run IV rooms with 1 Technician	2/19/2022 10:19 AM
416	Rate of pay does not reflect the critical nature of the role nor the training and education required to perform said role safely. Lack of pharmacy technicians due to no applicants and due to multiple consistent callouts per week creates an unsafe environment for both patients	2/19/2022 1:00 AM

	and staff. There is greater risk of errors in medications released to patients as seen by our metrics. There is greater risk for staff due to constant berating by patients who are needing their meds and not receiving them.	
417	They keep extending our hours open but reducing the labor we can use. It's not possible to keep stretching farther. When I started 19 years ago we filled 300 with 3 pharmacists, had 5 techs, and cashiers. We were open 9-7 weekdays and 9-6 on Sat. Now we have 1 RPh, and sometimes only 2 techs to fill 350 in a day. We are suppose to be open 8-8 weekdays and all weekend. It just doesn't work.	2/18/2022 9:31 PM
418	i am very disappointed in how my new employer is handling the staffing concerns that we have after the closing of 2 of the 5 pharmacies in our town of 10k ! i have expressed my concerns and am asking for special consideration to their requests for no overtime, but am met with attitudes from the corporate office that are so out-of-touch-with -reality that I have considered other places of employment. I remain here out of great concern for my community. We simply cannot have another pharmacy close here !	2/18/2022 7:00 PM
419	Everything I answered was for my present job. If I had continued in my previous job (grocery store pharmacy) I would have been very worried about my mental and physical health. I was routinely working 14 hour days with no real breaks. I am extremely happy with my situation, but feel for many of my retail compatriots	2/18/2022 6:26 PM
420	We are performing under pressure and pushing ourselves at the same wages prior to Covid 19. A wage increase needs to be discussed	2/18/2022 6:24 PM
421	Hi turnover of support staff, constantly in training mode	2/18/2022 6:08 PM
422	The only thing that will decrease the workload and increase patient care is to limit the number of prescriptions a pharmacist is required to check per hour. Pharmacy owners are in it to make money, not to allow extra time to help a patient. The law that says a pharmacist will only take on a workload that is safe, is not effective because as long as patients aren't dying the situation is deemed as safe. The board must put in a law on a prescription limit per pharmacist in order for anything to change.	2/18/2022 1:58 PM
423	I have been working for different independent retail pharmacies in southern Oregon for the last 4 years. Prior to that I worked for chain retail corporations for 2-3 years. There is a grand canyon of difference between the work environments of the two. When I worked for Safeway (even before the pandemic) both pharmacist hours and tech hours were cut to the bone so we had the bear minimum staff we needed to get the work done at all, certainly not in a safe or effective manner. While not having enough hours to get the work done I was told by corporate to cut 30 more tech hours. I refused and told my DM he could come fire someone personally if that was the decision but I wasn't going to do it and I never heard about it again. I fear this is a tactic used by chain corporations to pressure pharmacies into operating at unsafe staffing levels - especially pressuring younger graduates with less experience or confidence to say no to their employer in order to maintain patient safety. While I was at Safeway my direct [redacted] (who is not a licensed pharmacist in Oregon by the way) would tell me to do things that I was not comfortable doing. Of course never in writing because the company LOVED pushing responsibility and liability onto the individual, but I remember the time he called me on my cell phone at work and told me to fill a fentanyl script for an opioid naiive patient because the patient was complaining to corporate. Overall in my time with Safeway I felt that I had no support from the company, and in fact they would do anything and everything to increase the profitability of my store - even sacrificing patient safety. I couldn't take it anymore and quit after a little over a year in the PIC position. I never reported anything or told many people out of fear of retaliation - I'm sure you're aware that pharmacy is a very small world, especially in [redacted]Oregon.	2/18/2022 11:24 AM
424	Can't find people to even interview for a position. Tech's working 50+ hours a week to keep things going. Many clinical services suffering due to pharmacists having to do tech work due to technician shortage.	2/18/2022 7:52 AM
425	I hope someone will be the voice for all of pharmacy personnel who has no voice in big corporations	2/17/2022 11:24 PM
426	Current problems interfering with pharmacy workflow and safety :. Extreme increase in rx count, staff burn out and shortage due to increase workload demand, hostility from patients due to long wait times and mask wearing requirements. It is exhausting, and sometimes frightening, being yelled at for trying to enforce a mask mandate to customers. This is going to	2/17/2022 11:03 PM

	be VERY difficult when the indoor mask mandate is lifted. The noise in busy pharmacies has reached unsafe levels, with staff and customers all speaking side by side at the counter, staff on multiple phone lines, phones constantly ringing, refrigerator alarms, store pa announcements and and music blaring... Patients can't hear us and we can't here them. Privacy is not even possible when you have to shout to be heard. Patients nod they they understand, say they don't need counsel just to get out of the pharmacy quicker. Mask burnout is a real thing. It's uncomfortable and exhausting to wear one for 10+ hours per day. I understand masking up for direct patient contact like vaccines but once the indoor mandate is gone retail employees and customers should not be burdened with this. I challenge you to come and work side by side with us, day after day, and explain to a customer in the store why they will need to wear a mask to stand in the pharmacy line but not in the grocery line... In the same building.	
427	District Manager holds unpaid mandatory conference call each week. Pharmacist manager is required to attend on their regular day off to discuss vaccine and company target goal which is metric. This is not professional conduct for healthcare personnel. California law prohibits such act. I hope Oregon can protect pharmacist from unpaid calls or metric stress.	2/17/2022 10:10 PM
428	Decisions no longer seems to be made based on patient care or clinical benefit, it is purely money/ profit and having metrics that must fit no matter what practice variation exist	2/17/2022 10:06 PM
429	Pressure to complete mundane tasks through OutcomesMTM to prevent dir fees etc but not actually adding value to patient adherence	2/17/2022 9:49 PM
430	Pharmacists SHOULD be able to get mandatory breaks and scheduled lunches. If there is no pharmacist overlap, then pharmacies should CLOSE for lunch. Please protect pharmacists and technicians. We are overworked and burnt out, especially during the COVID-19 pandemic. Ultimately, patient safety will be negatively affected.	2/17/2022 9:42 PM
431	ask us what we think about the boards mask mandate	2/17/2022 7:41 PM
432	I have floated to stores that do not have a full time PIC and I worry that some of these stores lack the leadership and staffing to remain compliant with BOP requirements. Managers have been leaving my company at a very high rate and I worry that the new PIC's are inexperienced and unprepared to handle the current demands in pharmacy.	2/17/2022 6:54 PM
433	Unreasonable metrics	2/17/2022 6:39 PM
434	We have been required to work 13 hour shifts throughout Covid and I feel my ability to provide safe work has been compromised. I do not have the mental or physical capacity to continue at that level.	2/17/2022 6:11 PM
435	Wages are too low for pharmacy staffing.	2/17/2022 5:54 PM
436	in my experience this site does not reflect the current norms. I was previously at a large chain community pharmacy where any breaks were discouraged, vaccines were out of control, metrics ruled the pharmacy, and we were chronically understaffed. I am extremely grateful for the position I hold due to the ability to practice safely during these times	2/17/2022 3:56 PM
437	I am filling this out in regards to the previous pharmacy I worked at. I've been gone for 3 months now and can not believe I stayed as long as I did. We are supposed to be in the medical field. We are supposed to care for our patients. I can guarantee that is not happening at most of the local pharmacy's in my area.	2/17/2022 3:46 PM
438	Shifts longer than 8 hours promote errors and is NOT an ideal employment standard. Stores are focused on finances and not staff or safety. The reports of staff abuse and inability to fill in a timely manner have been escalating for years. Vacant positions are not filled because of poor pay, shockingly poor workplace causing "burnout" and resignations. Corporate do NOTHING to address the problems. Additional workload has been added to pharmacies without any additional staff or change in store design or workflow. Numerous associations have been pointing out these and other deficiencies for years now without any change. Pharmacies are closing and staff leaving the profession resulting in failure to provide necessary care. PBM are remotely practising medicine WITHOUT a license - non-payment and underpayment plays a key role in the failure pharmacies and healthcare without consequences or malpractice litigation.	2/17/2022 3:17 PM
439	The requests to meet clinical metrics such as completing MTM interventions such as CMR and other targeted reviews on the fly (i.e., when patient picks up meds) which is not logistical	2/17/2022 3:14 PM

	with the time given for counseling and number of patients in line/staffing etc. Especially a CMR which should take at a minimum 20-30 minutes of review time with patients on multiple medications as well as additional time for documentation, provider communication, etc. These "CMRs" completed during patient Rx pick-up and billed to insurance as "completed" is fraudulent in my opinion, and although we aren't directed to be fraudulent...our supervisors simply say "it's completely possible to complete these interactions during Rx counseling if you're prepared) but their pressures and expectations directly contradict reality and the limited staffing doesn't allow for adequate prep-time to supposedly facilitate this ridiculous method. These problems are all pre-COVID related issues, but we continue to be understaffed and under-supported being asked to complete multiple other clinical and non-clinical tasks while somehow managing to safely and effectively review and dispense prescriptions. It's absolutely ridiculous and it does nothing to promote our profession forward or support the clinical services we offer if we can't deliver them effectively or efficiently. All we end up doing is providing sub-par clinical service and sub-par dispensing/counseling services and both patients and practitioners are suffering because of these practices. It's undermining our healthcare system completely. Not to mention how many prescribers I speak with on a regular basis that are under the impression the pharmacist is reviewing these medications with their patients when it reality they may get read the directions on the bottle and asked if they have questions at the most. I feel like we are all struggling but not feeling confident or comfortable enough to speak out because we're treated as dispensable.	
440	As a direct result of the working conditions faced during this ongoing health crisis, I developed mental health issues which forced me to leave a role that I excelled at (RXM) and take a pay cut with my company to become a staff pharmacist. The workload is immense, the pressure from corporate was too great, and I was left feeling like my pharmacy was a danger to the public. I know I am not alone in these thoughts, as I have read many articles from pharmacists across the US detailing the same conditions. It is time that the BOP steps up and stands up for the pharmacists and technicians in this state to ensure we can safely maintain our work environments for our patients.	2/17/2022 3:10 PM
441	Working over 8-10 hrs few days in a raw makes it very difficult to focus and perform duties safely. After 8 hrs, I am physically and mentally exhausted and same task takes me 3 times longer to perform. As a result we are falling behind and may start cutting corners to speed up and make the metrics. When I'm trying to ask to reduce hrs per shift and have overlapping shifts with a second pharmacist, the answer I'd that our volume is not large enough (300-350 rxs per day) in addition to other clinical and non-clinical daily duties to have more pharmacist per day.	2/17/2022 2:44 PM
442	The lack of pharmacists on staff could be partly resolved by increasing the number of technicians on staff. As it is now, I'm often performing many technician tasks in order to take care of patients in a timely manner. This takes away from my pharmacist duties and results in more pressure to get things done faster. Patient expectations are generally unrealistic. Pharmacies would work better in a closed environment. Pharmacists are interrupted way too often. The lack of concentration is a huge barrier to getting prescriptions and vaccines done safely and in a timely manner.	2/17/2022 2:23 PM
443	Stop adding so many duties to pharmacy staff!! Allow cashiers to do methcheck. Allow techs to give vaccines. Remove having pharmacies give vaccines under 11 (very time consuming due to children throwing fits). Minimize phone lines within a pharmacy (causes too many distractions). Only allow vaccines by appointment to help with daily workflow.	2/17/2022 2:00 PM
444	There is a giant lack of understanding from patients as well that perpetuates this cycle. There is also issues recieving things from providers in a timely manner that can hinder the process as well. Most companies these days are focused on doing more with less. They are cutting pay and hours and conditions get frightening fast. There is a lack of compassion, and especially in the corporate environment, a lack of caring. They wantore profits and it doesn't matter how. Unfortunately, 2ith how bent over a barrel we are with insurances as well, this also is unlikely to end soon. There needs to be a change. Our profession is being degraded before our very eyes.	2/17/2022 1:40 PM
445	Not enough technicians to hire in the market to fill all positions timely.	2/17/2022 11:38 AM
446	Printed patient education on drugs too generic and need major improvements.	2/17/2022 11:34 AM
447	Lack of appropriate training and treatment of staff. Changing job duties that are outside the scope of hire. Useless metrics used to shame employees with no constructive feedback. General lack of humanity towards patients and staff.	2/17/2022 11:33 AM

448	I am retired, I volunteer at a vaccine clinic	2/17/2022 10:40 AM
449	I am shocked the OBOP allows chain pharmacies to disregard patient safety for profit.	2/17/2022 10:17 AM
450	Vaccinations and non-clinical tasks (3rd party mainly) are taking more and more time with little to no added help	2/17/2022 9:54 AM
451	Drug shortages/backorders and provider unwillingness to adapt has been a problem at my hospital inpatient workplace. A significant amount of time has been spent trying to communicate shortages to nursing staff and the pharmacy is criticized for putting patient care in jeopardy when we are unable to provide medication that is unavailable from any source.	2/17/2022 9:38 AM
452	I think that some pharmacies should go back to having clerks to ring up patients so that pharmacists and technicians can focus on the pharmacy aspects of the job. Also the computer programs are not user friendly. Our employer just went to central fill for some sites and it made our on site process more time consuming when we are trying to get caught up. PBMs and insurances should be doing more to help pharmacies from closing and losing money.	2/17/2022 9:35 AM
453	12 HOUR DAYS AS THE ONLY PHARMACIST WITH 1/2 HOUR LUNCH BREAK IS ROUGH	2/17/2022 9:00 AM
454	Inadequate computer systems that do not provide for safe working conditions. No magnification of computer systems that lead to eye fatigue, eye strain, and increased risk of errors due to unacceptable font size. Poor lighting or harsh lighting and no magnification devices provided to help with properly identifying pill imprints, lot numbers, etc. How many errors are caused by inadequate technology that places patients at risk and increases pharmacy error rates? No pharmacy employee should have to work in a situation where they can't properly see, through no fault of their own, such small print that mistakes are occurring. We wouldn't expect a surgeon to operate in dim light with no magnification, why are pharmacy personnel being asked to take unnecessary risk?	2/17/2022 8:17 AM
455	1) multiple technicians with leave of absence, both continuous and intermittent, and accommodations for reduced work schedules limit ability to keep up with volumes as we are unable to replace these positions or take disciplinary action against those who overuse/abuse their FMLA. 2) company questioning that our standards for accuracy/safety are too high and asking us to reexamine our expectations	2/17/2022 8:09 AM
456	My specific pharmacy is being impacted by local pharmacy closures and the complete inability of my competitors to fill a prescription in a timely fashion or even answer the phone. Low tech wages prevent me from being able to hire talent and my current employees are burnt out.	2/17/2022 5:34 AM
457	Retail pharmacy customer mask wearing in the building and at pharmacy counter and lobby area is not enforced when they drop general mask mandates. Lots of customers there for shots etc for healthcare needs plus pharmacy staff that is supposedly healthcare and needs to wear masks but hundreds across counter and in store do not?	2/17/2022 1:29 AM
458	LTC does not have as hard of a time as retail right now. It's almost impossible for us to satellite to retail pharmacies right now for filling in a timely manner, let alone getting through to them on the phone. Retail is struggling bad.	2/17/2022 12:01 AM
459	staffing only tied to script count not other tasks which also must be completed, resulting in pharmacist doing clerk or tech duties and not enough time to perform additional services such as MTM etc as they should be everything is rushed do not feel patients are getting the best care	2/16/2022 11:44 PM
460	I am looking for a new career.	2/16/2022 11:37 PM
461	Co-workers cry daily. It’s been terrible.	2/16/2022 11:26 PM
462	I have to spend a lot of extra time dealing with angry patients, who are angry for things outside of my control (being behind because of staffing, being mad because we don’t have COVID tests). So I can’t spend my time filling prescriptions.	2/16/2022 11:10 PM
463	Increased qualified staffing would resolve most issues	2/16/2022 11:08 PM
464	We need more technicians!	2/16/2022 10:52 PM
465	Regulations set such has med b and now pa from my corporate requirements prevent patients from getting medication in a timely manner and are focused more on making money than	2/16/2022 10:43 PM

	providing a safe effective service for patients all pharmacy's closeting early instead of some opening later put more strain on ers and urgent cares	
466	It has been a literal nightmare. We are on average 800 prescriptions behind . It seems silly techs aren't able to data entry from home.	2/16/2022 10:28 PM
467	Someone needs to stop by the [redacted]CVS in Target [redacted]Or) for observation. This pharmacy is extremely unsafe and understaffed needs immediate attention.	2/16/2022 10:25 PM
468	It seemed evident that our upper pharmacy management was more interested in pushing us to absolute above maximum work load than trying to supplement staff and relieve these insane working conditions that we went through. An ineffective and poor scheduling system for vaccinations using multiple platforms that don't communicate with each other resulting in multiple overlap appointments causing stress and anger at the pharmacy. Sometimes we would have up to 5 people schedule at a single time slot. This was one of many things that caused stress and tuff working conditions. They would tell us we are looking to hire more support staff, ie techs and clerks. That never happened. All our open tech shifts are being filled by pharmacists.	2/16/2022 10:17 PM
469	Lack of quality career technicians	2/16/2022 10:11 PM
470	Workload is way too high for staffing. Wages have not increased while CEO income grossly increasing. No time to call on drug interactions/clarification, little patient privacy for actual consultation.	2/16/2022 10:06 PM
471	Inability to find and hire new pharmacists and technicians to provide adequate staffing shortage by the leadership of chain community pharmacy	2/16/2022 9:58 PM
472	I believe Covid test should NOT be administered in/around/near the pharmacy.	2/16/2022 9:46 PM
473	I've decided I'd like to leave the field of pharmacy but don't want to leave my pharmacy even more short staffed.	2/16/2022 9:38 PM
474	Survey should have been delivered when vaccine surge first happened, when pharmacies were really busy with vaccines and with a work load to do.	2/16/2022 9:22 PM
475	It takes way too long to initially license a pharmacy technician	2/16/2022 9:21 PM
476	Retail pharmacies, Walgreens in particular, had metrics for everything in the pharmacy. As a technician I am responsible for working the counter, drive thru, answering phones, giving vaccines, administering Covid tests, making 50+ phone calls daily offering med sync and pickup reminders, filling rx's, putting up the warehouse order, and basically keeping the pharmacy from burning down. Logging about 20,000 steps per day.All while the pharmacist gets to stand at the computer all day	2/16/2022 9:12 PM
477	Staffing issue and increased work load have significantly impact my ability to safely and adequately provide patient care. It also negatively impact my mental and physical health.	2/16/2022 8:59 PM
478	I work inpatient hospital setting. I have worked in retail setting before and if I had to answer the same questions for retail my answers would have been totally different. Some/ most retail settings are not safe! Staff (pharmacists and techs) are treated like slave labor. Pharmacists treated the worst. It's horrible in retail. We all know it is. It's unsafe, demeaning, thoughtless about the staff or patients. Something has to change. PBM's must be stopped. Pharmacists are brilliant people snd should be treated as such. Not like disposable garbage!	2/16/2022 8:44 PM
479	Retail chains do not allocate enough labor to do our jobs safely and do not pay technicians a wage that is sufficient for their level of skill and training. This leads to high technician and pharmacist burnout and the inability to staff vacant positions. Performance bonuses are offered to pharmacy managers, district pharmacy managers and even store managers to increase our prescription count beyond a point that we can safely handle. Meanwhile we are told that corporate cannot afford to pay technicians more. These staffing shortages are severely impacting patient safety. It is no longer a matter of if we will make critical errors, but when.	2/16/2022 8:11 PM
480	Significant increase in ex's due to closure of multiple area pharmacies.	2/16/2022 8:02 PM
481	safety for employees. I have been assaulted by customers. our staff needs more protection such as bank teller protection, especially in the high C2 dispensing locations. it's becoming increasingly dangerous.	2/16/2022 8:01 PM

482	The past year has been unbelievably stressful and miserable in retail pharmacy. I have on many, many days been the only person in my pharmacy and expected to give dozens of vaccines that were scheduled online without my consent. We gave so many vaccines that we could not fill medications, and patients suffered and took it out on staff. I legitimately feel that many of us who survived this time in the pharmacy without quitting will suffer from PTSD.	2/16/2022 7:46 PM
483	Very toxic work environment, especially when salary pharmacist regularly perform “shift work”. Lack of patient safety from leadership and more focus on profits and reducing FTE if it is not directly creating profit.	2/16/2022 7:23 PM
484	Technicians are fleeing retail pharmacy for less stressful jobs with better hours.	2/16/2022 7:19 PM
485	I have left retail pharmacy for the hospital setting. I am on one hand unhappy about this situation, as I felt that serving my community directly was my calling. Yet at the same time I am grateful for the opportunity to expand my professional skills in a new direction. I wanted to serve my communities as a retail pharmacist and pharmacy manager because I cherish the direct interaction with patients. I have left retail pharmacy because the profession is unmanageable and is literally falling apart due to the short sighted, profit driven behaviors of retail chains. It used to be Walgreens and rite aid that were horrible employers, and other companies (Kroger, Safeway, Albertsons, Costco, Target) were decent places to work. Now, in my opinion due to the first two corporations being left unchecked, now almost all of the decent places to work have followed the bad example of the bigger chains and are actively cutting staffing and overburdening pharmacists to the same degree. Add to this the fact that these large corporations have successfully run almost all the independently owned pharmacies out of the marketplace and you have the current, extremely unhealthy and potentially dangerous situation. I feel the board of pharmacy has been implicitly involved in the creation of this situation. You start literally every conversation concerning work conditions with the statement that you are not here to protect pharmacists. I feel this statement has been used to justify inaction which has allowed our profession to decline in quality under your watch. I do not feel this statement or the sentiment behind it admonishes you in any way from your responsibility to proactively monitor our profession and act in meaningful ways to ensure the professional environment remains safe. In addition, the board actively promotes an agenda that overburdens retail pharmacists under the guise of expanding the profession. An appropriate analogy is building a higher and taller building that appears grand and sophisticated upon an unstable foundation. You have failed to shore up the foundational activities of our profession and have instead focused on expanding our professional duties in a manner that encourages the propagation of chaotic and unsafe retail workplaces lorded over by absentee management. All the citizens of this state now experience difficulty managing their medical needs because you've allowed corporations to walk you down the primrose path that has enriched a small number of executives and shareholders that do not even reside in our state. You've let the enrichment of these few people take away from the safety and wellbeing of the public and you still act as though you've done a service to our communities. Healthcare in America is a mess and will continue to be an expanding and worsening mess until you and the other regulatory boards stop turning a blind eye to the significant detrimental impact unchecked greed can have on the delivery of Healthcare goods and services and start acting appropriately to keep these selfish interests in check.	2/16/2022 7:06 PM
486	though I am not working at this time, …as a customer, I find the pharmacist rarely seems to have time for much patient interaction.	2/16/2022 6:56 PM
487	Too much emphasis on metrics is by far the worst contributing factor	2/16/2022 6:51 PM
488	Pharmacy is in a difficult position as a business. Lack of profitability and appropriate reimbursement is a big issue which usually results in cutting labor costs to remain profitable. Therefore this puts more pressure and workload on existing staff.	2/16/2022 6:47 PM
489	Na	2/16/2022 6:37 PM
490	The retail pharmacy I work in has gone from 1000-1100 prescriptions per week to 1600-1800 per week in the last 2 years. We have no additional pharmacists and the addition of 1 CPhT for approx. 24-32 hours per week. Our pharmacy is one of the few we know of that is caught up at the end of the day because as a crew, we stay until the work is done each day, no matter what that takes. The pharmacists easily work 5 -10 hours a week that are not compensated, and more if a member of the staff is out for vacation, medical, etc. I mention this because my company has weekly conference calls to cover upcoming policies, metrics, and current items of business. The last few months these conference calls are calling on pharmacy managers to	2/16/2022 6:23 PM

	cut hours in the pharmacy. The pharmacists are doing so many tasks at once it is bound to lead to an increase in errors and the company would like us to cut hours.	
491	Company focus too much on metrics and not patients care, also staff has been reduced significantly compared to five years ago	2/16/2022 6:19 PM
492	Too many requirements. Fills, vaccines, not enough staff. We cannot keep up	2/16/2022 5:57 PM
493	Chain pharmacies are making huge profits by understaffing. Metrics were bad enough before COVID, then they add COVID vaccinations with no additional help. Employees can't take it so they quit, and the chains take their time filling the spots. Pharmacists are pressured into working overtime without pay - because we actually care about the well-being of our patients. The staffing problem is entirely the creation of chain pharmacies not adequately staffing pharmacies and not offering equitable pay (ESPECIALLY techs! but pharmacists too). One small thing - it would be helpful if the pharmacist didn't have to drop everything to personally offer counseling to every patient with a new prescription - the law has good intent, but it is incredibly disruptive to workflow and doesn't actually result in more patients asking for/receiving counseling.	2/16/2022 5:52 PM
494	[redacted] in Portland, OR practice poor practice where it is unsafe for employee managed by [redacted] We are to meet deadlines that is nearly impossible to meet and techs have been injured on the job due to this lack of management.	2/16/2022 5:49 PM
495	Pharmacies have been seriously struggling for over the last year; why is the board only addressing this now?	2/16/2022 5:46 PM
496	Staff must work overtime every day in order to keep up with workload. If a worker calls in sick, there is no replacement. Workers are pressured to return to work when not fully recovered from covid.	2/16/2022 5:45 PM
497	We are tired of pizza breaks and stale cookies as incentives. We need more staff and we need people who can handle clerical work so we can focus on tasks related to our license. Vaccines and tests are swamping us. My pharmacist works with no breaks at all. They are often solo on their shifts and they look exhausted. Mistakes get made due to this. Please stop allowing tests and vaccines in big pharmacies... We can't keep up.	2/16/2022 5:37 PM
498	Not given adequate shift changes, was placed in an IV sterile compounding role consecutively for months, I'm now waiting for surgery for nerve damage in my wrist. When speaking up to management, nothing was done, until I got HR involved.	2/16/2022 4:51 PM
499	The phones ring off the hook and it's been stated you have to answer the phone by the second ring. And they want people that are assembling prescriptions to take phone calls to. That is a medication error waiting to happen	2/16/2022 4:50 PM
500	I previously worked for Walgreens and we were overloaded with meeting metrics instead of helping patients right in front of us. To many tentacles - such as Covid testing, covid shots, covid clinics off sight.	2/16/2022 4:45 PM
501	Not enough help, overworking staff, and zero help coming from corporate leaves us struggling to provide any kind of patient care. We are burned out. Adding Covid vaccinations and the lengthy paperwork/insurance to the process compounds the problem. A pharmacy filling more and more prescriptions every day with other pharmacies shutting down means inadequate patient care for the thousands of incoming patients and little patient care for the existing patients. We need help. We need mandatory breaks. We need the unobtainable matrixes gone. We need to be able to be patient-centered healthcare centers not fast-food restaurants slinging the latest products that will make a corporation more money. I WANT to take care of my patients without the constant threat of job loss if we don't fill enough prescriptions in a day and if we don't bring in even more patients to add to the already overwhelming workload. Our patients deserve better then to be treated as numbers on a corporate spreadsheet. They deserve pharmacists and technicians who are at the top of their game not exhausted from overwork and overwhelmed by the metrics. They DESERVE better!	2/16/2022 4:42 PM
502	Higher management hired anyone they could, 5 people within a month with no experience or experienced staff to train them and only 1 pharmacist to staff the pharmacy with over 600 rx's per day. All experienced staff quit due to mismanagement from store and corporate entities. PIC finally quit due to fear of liabilities beyond their control.	2/16/2022 4:39 PM
503	One rph for 700-1000 rxs in 10 hours and sometimes only 3 techs is beyond unsafe. Those	2/16/2022 4:29 PM

	who do work usually don't get breaks and some don't get lunches. Over 1000 to fill is extreme and hard to catch up from. The amount of hours required to work to partially meet demand is unsafe and unreasonable.	
504	The amount of work being done by 1 pharmacist & a few techs everyday is just too much. When Walgreens is pushing Covid shots & testing along with other vaccines they want us to push. Not to mention all the phone calls we have to make, the metics we need to meet. Oh and did I mention they cut our pharmacy Technician hours down so we have even less hours to work now & more too do!	2/16/2022 4:17 PM
505	I got of retail after 3 year of absolute hell in retail. I remember working 6-7 days per week to keep my store open. I NEVER took a 30 minute lunch or 10 minute breaks. I once counseled a patient with while I had a bloody nose bc they couldn't wait for their prescription any longer. I was thankfully able to get out of retail after three years of torture. After 6 months I saw a hair dresser that noticed I had all of this new hair growth. Did you come out of a stressful situation she asked? I said oh I quit my retail pharmacy job. RETAIL PHARMACY WAS CAUSING MY HAIR TO FALL OUT. I remember wishing I could be a tech bc at least they were able to clock out for 30 minutes and go to the back. The expectations are unrealistic and unfair to any human. I felt like I was in a country that didn't have workers rights. I have a doctorate and yet I felt this way. I know mandated lunches are a start for pharmacists but I am absolutely certain pharmacists are working through their lunches to catch up. I hope conditions improve for my retail pharmacists. I have heard work has gotten worse since Covid testing and Covid vaccines started. I can't even imagine. And you want them to prescribe birth control on top of that?	2/16/2022 4:08 PM
506	I think I big misconception is that pharmacists just verify scripts. At my location I was often the ONLY employee in the pharmacy for a 12 hour shift and thus responsible for EVERY single task. On top of the short staffing challenges we have taken on full burden of the covid pandemic having to vaccinate more customers than we have capacity for while still trying to manage the workload of the entire pharmacy. I feel like there is a ton of pressure to push out scripts and vaccinations without regard to the safety of the pharmacy staff or the patients. My personal level of stress had increased to the point it had started to affect my life outside of work. I have seen no indication of improvement in workload from my employer or the board and don't feel like pharmacist voices are heard. I really hope this survey can serve as a wake up call to the terrible work conditions in pharmacies.	2/16/2022 4:03 PM
507	CE burden. My work already provides cultural training, yet I have two do extra CE as a requirement for Oregon. Patient safety requirement CE is vague at best. Again we are required to review patient safety yearly in our employment. I agree with CE, but putting specific reqduirements that need to be done as apposed to not be able to target the CE that best fits my needs in taking care of patients.	2/16/2022 4:01 PM
508	I feel the mask mandate is causing more problems than safety, employees and patients can't safely communicate with mask. drug names are hard enough then to muffle someone with a mask. Most patients you can tell no longer listen to you counseling.	2/16/2022 4:01 PM
509	Regarding the metrics, corporate has recently and probably temporarily backed off, beginning when the board started looking into the safety issue. I still believe the OBOP should require a district pharmacy manager to hold an Oregon pharmacist license in good standing in order to be held accountable for the consequences of ill-conceived corporate initiatives.	2/16/2022 4:01 PM
510	I think you should also focus on the pay that the abused and burnt out pharmacy staff are making. Not worth what we are being put through.	2/16/2022 3:56 PM
511	A current issue we have dealt with in rural locations has been the permanent or temporary closure of other pharmacies. These pharmacies leave their own patients without options, provide no to little notice and continue to put the burden on pharmacies still trying to practice safely. They have often brought in additional staff to fill prescriptions without providing sufficient time for patients to obtain their prescriptions. They also create issues for other pharmacies trying to fill these prescriptions which are filled at the other pharmacy, which won't answer phone calls to return prescriptions to allow for insurance billing. This creates further burden on the pharmacies continuing to operate and attempting to assist patients.	2/16/2022 3:55 PM
512	I work as a remote specialist but my specialty pharmacy employer does not provide a safe environment with adequate PPE training staffing etc.	2/16/2022 3:54 PM
513	Operating at 30% staffing for almost a year and no end in sight. The company response was "nobody is applying"	2/16/2022 3:52 PM

514	The increased demands - vaccines, covid testing, amount of phone calls about these things - severely limit my ability to fill prescriptions. Tech vaccinating is nice but that still comes back on me, and corporate is pushing every tech to get certified, even if they're not an appropriate choice in my eyes	2/16/2022 3:50 PM
515	My answers are based off of the questionnaire at this time. If this was given at an earlier date, my answers would have been different. I only speak for my pharmacy. That being said, I also float due to lack of personnel at other locations. I do enjoy learning more while helping other pharmacies.	2/16/2022 3:50 PM
516	I think that you should have not mandated proof of vaccine and then you wouldn't be dealing with such a big staffing shortage. I was an amazing technician for nearly 8 years and I was never asked to show proof of my personal health information until now. My personal health info is none of my employers or the pharmacy boards business. Thank you.	2/16/2022 3:43 PM
517	One pharmacist on duty from open to close with only 4 hours of overlap with another another pharmacist	2/16/2022 3:38 PM
518	I am satisfied with support from my employer.	2/16/2022 3:38 PM
519	You need to do something to help pharmacy staff. We are drowning. Companies are taking advantage of staff, and they need more protections. Pharmacies should be adequately staffed and paid so they can focus on prescriptions and patients and not pleasing store managers and ringing up groceries and those stupid metrics.	2/16/2022 3:37 PM
520	Special rules need to be had for infusion centers regarding patient load to technicians staffing.	2/16/2022 3:35 PM
521	My location has never had pharmacist lunch breaks on weekends prior to COVID. The increased volume makes a bathroom break almost impossible due to over 50 foot walk to the employee restroom and only one male restroom for all store employees. When I have voiced my concerns (2 times thus far) I have been written up for doing so. Non pharmacy management have more say on how the pharmacy is to run than I do. To a point we have had management breach the pharmacy (already reported) due to not listening to a technician that they weren't allowed access to the pharmacy when no pharmacist was on duty. I know the situation is bad but I find myself wanting to leave pharmacy after 12 years of being a pharmacist due to not wanting the harm or death of a patient on my conscious. Currently looking at reorganizing my finances to do so.	2/16/2022 3:31 PM
522	I love giving vaccines--I just wish my employer would not schedule so many of them in one day.	2/16/2022 3:27 PM
523	Our hospital pharmacy management department will not deal with an impaired pharmacist on staff 02/13/22	2/16/2022 3:26 PM
524	The Board should mandate AND enforce pharmacist non-meal breaks especially when working alone or longer than 10 hours. Also consultations on every prescription should be changed to OPTIONAL of the patient's choosing, that way the pharmacist can spend adequate time with patients that actually DO want to receive one. Most people are just picking up refills, and it is a waste of time for the pharmacist to walk back and forth ALL DAY just to release a refill. This is not efficient and prevents one from performing meaningful consults.	2/16/2022 3:26 PM
525	Clarification by the Board for "inappropriate dispensing" as it relates to ivermectin prescriptions similar to that provided for hydroxychloroquine would be supportive. Reimbursement is abysmal and negatively impacts the ability of independent pharmacies to staff appropriately.	2/16/2022 3:25 PM
526	#1 Curbside is a huge PIA; not enough staff to deal with it and customers are not prepared. #2 Pharmacists and Staff need to be rid of the masks once and for all. Infectious viruses and bacteria have been floating around in the air long before covid showed up. #3 E-script mistakes are pathetic and prolific. Sooo much time is wasted contacting ill-trained staff at prescriber's offices and then waiting forever for an answer.	2/16/2022 3:24 PM
527	State run by thoughtless leaders who don't think things through, who are focused on image more than reality	2/16/2022 3:16 PM
528	None	2/16/2022 3:09 PM
529	None	2/16/2022 3:07 PM
530	Patients have to wait 2 to 3 days for a new prescription. Patient also have to wait in line for	2/16/2022 2:55 PM

	hours to pick up their medication's. We are unable to answer our phones do to inadequate staffing. The situation is bad for staff and for customers.	
531	Not enough staff and Bi mart closing has made it difficult. Pharmacist is cashier, technician, vaccinator and lastly pharmacist.	2/16/2022 2:55 PM
532	Due to the conditions in retail pharmacies, we are receiving numerous inquiries about opportunities to work in our health system. I am very concerned at the working conditions that currently exist in some of these pharmacies and the impact on patient care.	2/16/2022 2:54 PM
533	our motto: scripts, scripts, scripts!	2/16/2022 2:51 PM

Oregon
Kate Brown, Governor

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April 2022

Dear Oregon Pharmacists, Interns, Certified Oregon Pharmacy Technicians and Pharmacy Technicians:

In February 2022, the Oregon Board of Pharmacy distributed a workload survey to all Pharmacists, Interns, Certified Oregon Pharmacy Technicians and Pharmacy Technicians licensed in Oregon. The intent of the survey was to capture vital feedback from licensees on pharmacy practice conditions in the state. Capturing this data is important as safe pharmacy practice conditions have been identified as a concern by the media, licensees, state regulators and national pharmacy organizations. For example, in 2021, the American Pharmacist Association and the National Alliance of State Pharmacy Associations jointly conducted a national survey and reported "patient demands, negative/abusive relationships with employers, unrealistic workloads, and inadequate staffing are negative contributors to patient safety."[1] The full results of Oregon's survey are included in this report, with respondent comments included separately (see Appendix I).

The survey was sent to 8,492 Pharmacists, 783 Interns, 6,626 Certified Oregon Pharmacy Technicians and 1,901 Pharmacy Technicians for a total of 17,802 licensees. The board received 2,044 responses, a completion rate of 11.5%. Moving forward, the data from this survey will be used to inform discussions regarding safe pharmacy practice in the state. The Board looks forward to working with a broad array of stakeholders to ensure Oregon's pharmacy professionals are working under safe practice conditions and always in the best interest of the public health and safety.

Sincerely,

Joseph Schnabel
Executive Director
Oregon Board of Pharmacy

DRAFT

1- Full survey results can be accessed here: https://www.pharmacist.com/APhA-Press-Releases/apha-and-naspa-release-initial-findings-from-the-2022-national-pharmacy-workplace-survey