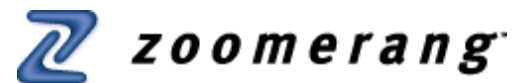


# Pharmacy Technician and Medication Safety Survey

## Results Overview



Date: 4/7/2008 11:20 AM PST

Responses: Completes

Filter: No filter applied

### 1. Mark the primary descriptor of your pharmacy practice:

Community (chain)		142	24%
Community (independent)		120	20%
Community (hospital system)		51	8%
Hospital (inpatient)		182	30%
Hospital (outpatient)		18	3%
Long Term Care		30	5%
Home Infusion		5	1%
Mail Order		2	0%
Managed Care		13	2%
Other		38	6%
Total		601	100%

### 2. What best describes your position within the pharmacy?

Pharmacy manager		136	23%
Pharmacist practitioner		165	27%
Pharmacy manager and practitioner		56	9%
Pharmacy technician		210	35%
Other		34	6%
Total		601	100%

### 3. How many years have you worked in this role?

< 5 years		145	24%
5-10 years		153	25%
11- 20 years		133	22%
> 20 years		170	28%
Total		601	100%

### 4. Does your pharmacy have a training program for new pharmacy technicians?

Yes		362	60%
No		239	40%

# Pharmacy Technician and Medication Safety Survey

## Results Overview



Date: 4/7/2008 11:08 AM PST

Responses: Completes

Filter: No filter applied

#	Response
14. Please provide recommendations for consideration by PSW and other organizations regarding the training and credentialing needs of pharmacy technicians in Wisconsin.	
1	Having been in MN, I don't believe that techs there are any better trained or competent b/c they have a license. The only thing it does is help you determine individuals from other states, etc that should no longer be practicing. I believe the Board should be looking at certifications/licensure related to practice sites. Depending on the PTCB exam an individual takes- it does not prove that they are any more qualified to practice in a different area (i.e hospital vs retail vs longterm care). I do believe IV manipulations for all hospital technicians require a higher skill level & deserve appropriate programs for that.
2	It is time
3	If a technician would be registered I feel that this would qualify for a higher pay, due to the greater responsibilities.
4	training and credentialing of pharmacy technicians needs to meet the needs of the pharmacy practice site rather than some standard that is established by the state.
5	If credentialing of techs becomes mandatory, why stop there? Maybe it's time to create an entirely new paradigm of pharmacy practice. All dispensing functions handled by certified technicians and mandatory, reimbursable counseling provided by a pharmacist. One level of counseling for new prescriptions. A second level, higher reimbursement for reconciliation, med profile review, etc. Essentially this is a re-definition of pharmacy practice.
6	At the very least Pharmacy techs should be licensed for tracking purposes if not required to be certified after a certain time period
7	I think the role/expectations of a technician are different based upon the setting. When I worked for Walgreens, there were a few dedicated professional techs who took their title/role very seriously. The other techs used were just people off the streets looking for "a job" and not a profession. I now work for an HMO Clinic and we most of our techs are here because they want to be a tech and aren't just looking for "a job". It makes a big difference! Can the Walgreens of the world fill their staffs with mandatory certification?
8	Grandfather technicians who has worked as a pharmacy technician for 5 years. Otherwise have them take the CPhT test.
9	Requirement of accredited training program is not necessary in our setting. Registration is OK; but I do not believe licensure is necessary
10	I learned on the job. It was my desire to be credentialed, for increased pay and advancement. If you require it, the workforce gets saturated.
11	Make more continuing education available to the technicians
12	It's common knowledge that personnel weak in conceptual concepts can still pass a certification exam. Certification in and of itself does not guarantee competence. Many of the best technicians could with certainty pass the exam, but that precludes the assumption that a successful exam results in an effective technician. Simply not true. Competence derives from motivation, work ethic and personal commitment to the profession, not enrollment in a standardized exam to ensure job stability with hopes of higher reimbursement, the "carrot" presented to the myriad technicians who are simply showing up for a daily job
13	PTCB doesn't result in improved quality of technicians. Advancing accredited technician training programs and maximizing technician participation in these programs would go a long way towards helping to elevate the practice of pharmacy in all settings.
14	1)certification should come first 2)register technicians second 3)licensing should be last, we have a long way to go
15	A couple of 4 hr classes open to all technicians to get trained for certification. Like Walgreen's does, only have both hospital and outpatient
16	The face of WI pharmacy needs an identifiable set of technician training standards for practice. Standards or lack thereof is now dictated by each employer and this needs to change. Then consider registration.
17	All pharmacy technicians should be certified. It's just as simple as that. Not only should they be certified to help be better trained for their job responsibilities, but also trained to help reduce errors that they make. I've worked too frequently with pharmacy technicians without training or certification and it's a given that they make more mistakes....more mistakes that a pharmacist much catch. Not only as a pharmacist do you end up doing your job, but often the technician's job, too, because of poor and inadequate training. Along with this training and certification should come added responsibilities and an increase in pay. For the level of work that is expected from them, pharmacy technicians are grossly underpaid. I think that it would be extremely fair for the state to set a pay level for certified techs. Employers are grossly underpaying these valued members of our pharmacy staff. Their assistance, when properly trained and fully functional, is of invaluable benefit to any pharmacist. As a pharmacist, we're expected to do more and more and there's only so much of us/me to go around. We need technicians and have to have them properly trained. They have to pick up our slack and just as pharmacists are trained and licensed, so should be those who we rely on to assist in our jobs with those responsibilities that they're allowed to perform.
18	I think there are different levels and responsibilities for pharmacy technicians. We definitely have a tiered system at our hospital. I believe those technicians working on the floors, entering orders should have some licensure. The technicians within the central pharmacy compounding medications probably don't need a special licensure, but should go through a training program. All technicians and their capabilities are different, just like pharmacists.
	Requiring certification of technicians would seriously decrease the pool of available applicants for open technician positions. It's vital that we

19	have enough support staff and if we only can draw from those already certified, the pharmacists will end up having to work short-handed. This shortage of help would also increase the pay scale for technicians which could put the last few independents we have out of business.
20	Most errors I have seen are due to complacency and not paying attention rather than due to lack of training.
21	Employers should pay for credentialing - cost-prohibitive for many techs
22	I would be opposed to one standardized exam for credentialing. There are many proprietary training programs that could be used. Perhaps the state could "approve" certain training programs to be used for credentialing.
23	all pharmacy technicians should be registered in the state that they work and should have successfully completed a certificate program to work in a pharmacy. Also, all titles for technicians should be standardized (ie, what does "pharmacist assistant" mean? Is it equal to physician assistant in the world of medicine?). The public should be aware of who is preparing their pharmaceuticals and what type of training or lack of training there is.
24	I think the level of credentialing needs to match the level of responsibility for whatever functions a technician performs. For example, a technician preparing chemotherapy needs a different type of credentialing than someone who fills outpatient prescriptions
25	It would be nice to have techs licensed by the state. One barrier I have seen to getting certified is the cost issue. The national certification fee is quite high for the average person.
26	I'm in favor of registration, which might include a criminal background check. I'm not in favor of credentialing or licensing that supposedly demonstrates competency. I feel it might screen out good techs, and give a false impression of competency to mediocre ones. I feel it would simply not be especially useful.
27	I think with all professional professions, that credentialing is important for continuity of education for the profession and accountability, as well as monitoring continuing education, and showing pride in your profession
28	none
29	The credentialing requirements must be basic; if the bar is too high, (1) health care costs will increase and (2) inadequate staffing levels are more likely which is contrary to public safety
30	I believe every practice site is somewhat different and so "guidelines" would be a more appropriate path to take as opposed to mandating certain policies
31	Need more accredited training programs with higher expectations related to medication and patient safety. technicians need to see their job as a profession with a career advancement opportunities associated with advanced competencies.
32	We definitely need some type of grandfather clause for technicians already practicing.
33	As a program director for a pharmacy technician program in WI, I feel the state should require a certain amount of training or education along with being certified to work in a pharmacy.
34	It should be left up to the individual pharmacy to train and explain limits to pharmacy tech. it will only increase overhead costs to license technicians
35	#12 is a biased question. Of course it would improve safety, but I do not know if it is feasible or if this idea provides any leverage.
36	Hospital vs Retail Pharmacy Technicians require separate training guidelines
37	I worked in various pharmacy settings as a pharmacist. I also taught a pharmacy technician training program which led to certification by PTCB. I believe a formal training program should be required along with licensing by the State. As our profession becomes more complex we share more responsibilities with the technicians. Passing a course program accredited by ASHP and licensing would provide a more useful and reliable technician.
38	There should be a credentialing process, National or state managed
39	Certification of Technicians should be supported, recommended and promoted by PSW, and any regulatory body. If there is a requirement for having Certified technicians, I'm curious where the income to cover the extra costs associated with getting those that aren't certified to be certified or replaced by someone that is.
40	I believe techs should be certified and that their certification should include evaluation of their problem solving skills. Techs could do things like tech check tech (especially in the institutional setting) if you had QA and competency requirements that affirmed these skills.
41	I would like to recommend that all pharmacy technicians in Wisconsin be certified. We would have something to back up our position
42	Would current non-certified technicians be grandfathered in? Would the cost burden of getting certified be borne by the employer, employee, or state funding?
43	require a license to work in a pharmacy
44	As pharmacists continue to be in short supply, technicians will be called upon to assist in the operations of pharmacies in many ways - they need specific training and certification to insure they know what specific responsibilities they are able to do, and I believe certification will help them to become "professionals" in their own right.
45	We are expecting our technicians to perform very complicated and often potentially high risk manipulations ( chemotherapy prep, neonatal intensive care preparation). There is no reason why a well-trained technician cannot perform these processes within adequate training and oversight. We rely on our technicians to be partners with us in detecting medication errors or potential errors- this requires technicians to have an understanding of not only the "what" but the "why". We cannot on one hand rely on our technicians to do more in light of RPH shortages but on the other hand provide no structure or oversight to their roles. I, as a manager in charge of 26 technicians in an acute care setting am in favor of some form of licensing or registration with mandatory certification or minimum training requirements ( with appropriate grandfathering of current techs).
46	Not in favor of registration. In favor of certification/Licensure. Annual competencies need to be in place for technicians at their work site to evaluate technicians work. Can't be complacent once a technician is trained.

47	I feel that training through a school and registering through the state should be a part of the job as pharmacy tech. I know it has helped me with my job as pharmacy tech then as otc manager. I feel that there are to many people as tech that don't care because they are not held responsible for the mistake but if they had to register then it would be different.
48	I STRONGLY FEEL THAT ALL TECHNICIANS WORKING IN HOSPITAL AND LTC SETTINGS SHOULD BE CERTIFIED DUE TO THE SKILLS THAT ARE REQUIRED TO WORK IN THESE AREAS. I ALSO FEEL THAT HOSPITAL AND LTC PHARMACIES SHOULD BE REQUIRED TO HAVE TRAINING/COMPETENCY/CONTINUING EDUCATION PROGRAMS IN PLACE FOR THEIR TECHS. I CERTAINLY FEEL THAT TECHS SHOULD BE BETTER COMPENSATED FOR THEIR DEGREE OF RESPONSIBILITY AND TRAINING.
49	Our pharmacy has had about 30 people take the national exam and no one has failed. Is this test a good representation of performance levels? It seems there should be some additional reporting and rigor to the national pharmacy technician certification if it is to be considered a true test of readiness to perform the important tasks.
50	I believe the current natl. cert is great an if the state mandated it then it would not have to develope its own program
51	Follow similar to PTCB as minimum required.We specifically train our techs in processes more detailed and require annual competencies in such areas.All of our current techs are PTCB certified.
52	I do not recommend licensing of techs due to wide range of responsibilities that techs have with regards to the specific pharmacy. My experience has been that I can train techs to fulfill what is needed. Licensing might create a shortage of techs.
53	<p>After recieving certification from PTCB. With continuing education. Also each hospital has different policy to there institution</p>
54	The technicians I work with are certified, and I do believe that it is a good idea to require certification. However, we have high school students, who are top in their class, employed also who are interested in pursuing a career in pharmacy. Because of their interest and capabilities I am comfortable with them counting tablets for me. However, if they were required to be certified to be involved with that process it would limit the experience they had in the pharmacy with helping to fill prescriptions. That is the only reason I hesitate to say I would like technician certification required.
55	i have personal experience with chain pharmacy promoting clerks to techs with only procedure training. they save money that way.'
56	I feel there should be a national pharmacy technician certification, all technicians have to take the examination prior to working in a pharmacy. Also, to take into account the different functions that the technician has to perform on a daily basis.
	I am ok with having techs registered, however states like IL who have a ration registrequirement doesn't translate to expertise. From what I

57	gather, they fill out a form and pay a fee and thats it. This makes the tech no better, just registered. So if you want better techs, then this is great if you make them take a test. If you want to register them just to keep tabs on them, then this is not a perfect idea since they will want additional pay to be registeres whereas this provides no additional expertise.
58	I think guidelines should be set, but that licensing not be required
59	Tech cert is good.
60	I strongly believe the current system is sufficient. Employers should encourage techs to become certified. I don't think it is necessary in every setting, so certification should be voluntary.
61	Pass National Certification Exam, CE, written P&P, Min. staffing requirements based upon Rx volume.
62	I feel that it would be very difficult to require and enforce technician licensure. The individual pharmacy should be providing adequate training so that the tech can perform his/her job safely. If the pharmacy operators feel that licensure is necessary/desired for their work site, that is their choice. However, it is hard enough for some pharmacies to find proficient individuals (particularly in rural areas), and I would be concerned that this could make the search more difficult. I think registration of techs would be more realistic than licensure, but I am not sure what added benefit that would bring, other than creating more work for the PEB, but also bringing in a some registration fee income.
63	Pharmacy Technicians should have credentials as well as a better pay scale. The wages that a pharmacy technician receives is often less than a CNA, but the knowledge base is extensive. Some RPH's were I am employed are not able to be left alone without a technician being present. We currently feel that it takes a technician over 6 months to even grasp the concepts of a qualified pharmacy technician.
64	Mandatory licensing of technicians and mandatory technician training and written policies for technician duties could be prohibitive barriers to operating some small pharmacies. I believe technician registration (not certification) with a criminal check and work history might help notify potential employers of problem technicians prior to employment.
65	Most of our pharmacy techs go through the LTC tech program and most are certified. I believe this is adequate.
66	A specific training program designed by the state, vocational school or national and then certified and registered
67	While I think pharmacy technician certification is desirable, I also believe on-the-job training can be just as valuable. I think requiring state licensure or registration of technicians would make it harder for pharmacies to recruit new technicians. I see it as a barrier to getting individuals to pursue jobs as pharmacy techs.
68	Some type of credentialing is needed for pharmacy technicians. We are the only part of the health care team who allows basically anyone to come in and work. CRNAs, PT assistants, etc., all have formal training and credentialing. Pharmacy needs to step up and do the same.
69	This is something that needs to happen. While I understand that I am ultimately responsible for signing off on an order, it saves time if the technicians are trained to do their work correctly in the first place. I need to trust that the people I am working with are doing the job they are supposed to do correctly.
70	all technicians should be required to complete an accredited training program, be PTCB certified and be registered by the State. Anything less will continue to embarras the profession and is not publicly accountable.
71	I'm not sure how you train someone to have pride and motivation in their work to never make a mistake. A piece of paper with credentials doesn't necessarily mean they make a good tech. We train on-site and mold our techs to our needs and workflow, emphasizing error free work and good customer service.
72	Offer more sessions like your fall tech seminar more throughout the year. Difficult to schedule so many techs off to attend but we all need the CE credits.
73	Make PSW website more user friendly. If Technicians are required to be certified they should be compensated more for wages.
74	We have a very thorough training process. We feel, due to training and supervision, we have a very safe process in place
75	i believe that Wisc. should be required to have the technicains cretified
76	A tier program - hire someone to train as a technician. Increase pay if they get their certification in specified timeline.
77	I think Techs should be registered, in order to keep track of any problems such as drug use, poor tech abilities, etc.
78	Pharmacy calculations - Sound-a-like * Look-a-like drugs- HIPAA (handling the patient that's sick of HIPAA and it's requirement)
79	All technicians should graduate from an accredited school before being able to take the certification exam.
80	I think hospital technicians have more need of certification/licensing than community techs.
81	I would agree with techs being registered since there isn't a training program available locally, they could then train on the job and study to take the test so they could be certified.
82	As a Lead supervisor Technician on the second shift I personally believe training should be comprehensive including certification.
83	All pharmacy technicians should go through formal pharmacy technician training programs like the ones offered by MATC and WCTC. All technicians are required to be credentialed by PTCB.
84	I have techs who have become certified and those who have not been certified. We see no clear distinction between them. The PCTB exam has been successfully passed by some who I would not consider qualified to be a pharmacy tech. The exam is not a guarantee of quality. I view it more as a screening tool.

85	The recommendation should reflect the need for a transition period between new hire and attaining certification. In other words....it should not limit the ability to hire only certified or licensed individuals. However, the expectation should be that the individual attain certified status within a determined timeframe.
86	Pharmacy technician positions are dead end jobs in most organizations. Their is not much of a career ladder for them. The high salaries for pharmacists drive down the money available for technicians. Most technicians are high school graduates, some with children. Many students are employed as pharmacy technicians. Most hospitals vary in their day to day operations. Many different computer systems exist in each hospital. Different packaging systems, barcoding systems are used. Different TPN compounding machines are use. There is a shortage of good technicians which is unrelated to how much training they have. It is more related to their work ethic. To require training and credentialing will create more pressure on the pharmacists who are already functioning in a shortage situation.
87	I do not believe Technicians require a certificate to do their job. I have both certified and noncertified and they are equal in their training. You do not need any schooling to take the test now, so anyone can get a license and have never worked in a pharmacy and create more harm then someone trained in the pharmacy.
88	You asked if every non-pharmacist involved in preparing prescriptions should be required to take a certification exam. This is an extremely limited question in that it's all or none. What about pharmacy students? What about someone who is trying to find out if becoming a pharmacy technician is something they want to pursue. How would they ever get a taste of what it means, so they would commit to studing for and passing the certification test. Without any method to try it out for 3 to 6 months on a probationary manner we could risk having our pool new technicians drying up. I believe we should be careful in locking out everyone unless you've already committed to becoming a tech. What's the draw to become a tech?
89	A national training program put everyone in the same boat for better or worse.
90	PTCB certification should be mandatory credential. Registration of techs should also be in affect.
91	Training is important & should be the responsibilty of the pharmacist in charge..Credentialing should not be mandatory as I have worked with many non-credentialed technicians that have more knowledge than the credentialed techs.
92	I think PSW could organize a class for technicians - retail v. hospital. Why should all of the individual organizations reinvent the wheel? this would help standardize.
93	Support registering technicians, not licensing them. PTCB exam (CPhT) would be great as a requirement within 1 yr of employment. Consider a provisional pharm tech classification for entry-level, then full pharm tech job class once CPhT is obtained.
94	Needs to be a grandfathering in of tech who have not done any formal training but have learned on the job over the years. However they should have to pass some type of test (but this would not require them to leave the job for schooling. Their years of experience more than make up. New techs just starting would need to finish training, either technical college or other program, and pass a certification test. More responsibility than ever has been put on technicians, training needs to be more than on the job.
95	PTCB certification is all that needs to be required.
96	Although it can be strongly encouraged I do not think it should be required.
97	If PSW accepts the National certification with state specific CE units for folow up this would be a great first step. The state need to recognize that some of the chain retail pharmacy's have training that is brainwashing Techs so they are no good to other institutions.
98	Lakeshore Technical College Technician Pharmacy Certification Program
99	I am a certified pharmacy tech and I have seen other techs come and go and it is rather scary at times to think some of these people are actually filling prescriptions, people off the street do not realize what is all involved in fill a script, and how important it is to fill it correctly. I think all tech should be certified.
100	Technicians should eventually be licensed so they could take on greater responsibility (i.e. tech check tech) and free pharmacists up to spend more time on patient care. I realize this would require greater training (2 year degree, etc.) and would have to be implemented over time unless there is a test-in option for experienced techs currently in practice.
101	I believe technicians can be trained in an organization. I support on the job training with a national certification. I believe a standardized training program with competencies could be developed on the state/national level and administered by pharmacists and experienced technicians on the job.
102	Technician training is very specific to the work site and outside certification does little to address this. Therefore outside certification should not be mandatory.
103	Include training for submitting insurance & medicare.
104	registration or licensure should, at this time, be voluntary. The supply of certified technicians will not satisfy the need for techs.
105	continuing education, education requirements, including math, science courses, med term
106	I have had several people who function as excelent technicians who are not certified who have only been trained on site. It would be a shame to loose qualified people because they can't pass a general test for all technicians. Hospital and community pharmacy technicians have different roles and responsibilities. Financially there may be those who can not afford to take the PCTB test.
107	Pharmacy Technicians are taking on more and more things to do. They need to be held to a standard of care that benefits the patient, Pharmacist, facility, and themselves. We need to have trained and knowledgable people doing this job. I also think that the training and or certification should be different for hospital verses the retail. They are two very different jobs that have different responsibilities. You cannot take a retail tech and move them into a hospital setting with out extensive training. A hospital tech would have less problems going to retail but would still need training.
108	I support the training provided by formal 1yr pharmacy tech training such as is provided by Madison Area Technical College.
109	Start light - i.e. don't make it too cumbersome for pharmacy technicians to enter the workforce.
110	I am more in favor of registration of techs at this time rather than licensure.





111	Pharmacy technicians should complete a minimum of a 1 year (30 credit) training program which includes not less than 150 hours of clinical experience.
112	In order to tech you would need to be certified
113	I received my training from an excellent correspondence school, Education Direct, based in Scranton, PA. This very comprehensive program enabled me to pass the PTCB exam and become certified. I highly recommend this program to anyone wanting to become a Pharmacy Technician.
114	To register techs is okay. to require licensure or certification is inviting an unmanageable nightmare! Please exercise caution with what you recommend on this one!!!!
115	I personally was trained "on the job", went thru the technician program at MATC-Milwaukee, and became certified. I have worked in hospital & community settings. I believe that YES certification or licensing is a MUST. The pharmacy technician role is crucial to the RPh and to the patient. The recent publicity has demoted us technicians that have completed schooling and or certification, and has the public questioning who is actually filling their prescriptions. I chose to become a CPhT because I know how responsible my job is, and it's more than serving a hamburger & fries! If it's the profession that someone chooses to become they should take the steps necessary.
116	I BELIEVE THAT AS LONG AS THE HIRING PHARMACIST FEELS STRONGLY THAT SOMEONE IS CAPABLE OF THE JOB/DUTIES AND IF THEY ARE TRAINED EFFICIENTLY, THERE IS NO DIFFERENCE BETWEEN CERTIFIED OR NON-CERTIFIED TECHS. WE HAVE A HARD ENOUGH TIME FINDING QUALIFIED CANDIDATES TO HIRE AS IT IS, IF WE HAVE TO BE CERTIFIED WE'LL BE EVEN MORE SHORT-HANDED AND HAVE A HARDER TIME HIRING QUALITY.
117	there should be training and credentialing of all techs...there could be different levels of techs as far as responsibilities and duties for patient safety
118	Differentiate between technician and cashier. Technicians need to be fully trained; cashiers do not need the same training.
119	Each organization should be able to produce a specific training plan, minimum amount of time techs train with such program, etc.
120	My objection to Wisconsin mandating technician requirements is that Wisconsin does nothing to balance the playing field between mail-order and community pharmacy. At the community level, we can't sufficiently pay technicians for the work they do now because the reimbursement we receive is so low, and we are prevented from competing at the same price as mail-order pharmacies. Wisconsin:change the law!
121	they should be trained on site at the pharmacy under the pharmacist in charge. Techs should know the technical operation of the computer system. all pharmacies use different computer systems. Techs should not be giving out information and the "tech schools" try to make these individuals into Mini-Pharmacists. Many think they are pharmacists and are harder to work with due to these "tech school's" inappropriate training.
122	Certification is wanted for most pharmacies but I have worked with technicians that are far more polished and technical and professional than some from the "certified school".
123	none
124	Techs vary as to abilities eg. some have hosp. background, some retail, some mailorder etc. Each of these abilities are valuable to those settings but, when going to a different setting takes some time to get up to speed. It would be nice to know when a tech says they are a registered tech in what area they specialized.
125	LTC Pharmacy Technician Program located in Cleveland WI, in class and on line courses.
126	I believe that all pharmacy technicians should be certified, and registration would be a good idea just like nursing assistants.
127	HOSPITAL PHARMACIES NEED TECHS THAT ARE EDUCATED IN THE CLASSROOM TO ENSURE WE GET PEOPLE THAT MEET A MINIMUM STANDARD IN AREAS OF CALCULATIONS, TECHNIQUE AND PROFESSIONALISM
128	All pharmacy technicians should be certified. Often times, on-the-job training leaves a lot to be desired. i.e. math competency sometimes scares me.
129	We should have adequate training, policies that guide practice and error monitoring. Beyond that, I'm not sure certification should be required. I do prefer technical college trained techs when I am hiring. But I have hired techs who became super techs and trainers of new techs without it.
130	Our hospital requires all technicians to be CphT. Technicians have up to one year from hire date to be certified.
131	Training should be uniform and mandatory. The technical school system co-ordinates it's training along with clinicals and this is how it should be. Store front test prep mills should not be allowed to tout themselves as "pharmacy technician training programs." Registration or licensing should be mandated to be able to help keep track of impaired or otherwise unfit individuals that attempt to become or are already employed as technicians.
132	In order to credential techs you need to credential their training. The tech schools I've seen are a joke. I was a professional tech in the military. Our tech program was light-years beyond the tech programs that are out there right now.
133	Allow techs to be hired into an organization and need 1 year to become certified If certification required, it would be helpful to have more useful CE courses by PTCB/pharmacy organization Registration/license should be an easy first step- Would be very helpful when hiring!
134	I would prefer that licensing be considered over registration. There is a big difference. Other states use registration just to make money. Licensure will assure greater quality
135	registration and/or credentialing should be implemented on state level, NOT nationally.
136	registration/certification should be encouraged but not a specific for hire. Workforce would be depleted if could only work after certification. Need to allow on the job training with expectation of certification after certain time period of practice. Certification does not assure a

	competent employee.
137	Certified pharmacy technicians are much more knowledgeable and qualified for their positions. They know when they can answer a question and when the question needs to be forwarded to a pharmacist.
138	Current situation relies on Pharmacist as THE responsible person in the dispensing function. By extension, that pharmacist's staff must best enable that role-his/her responsibility!!
139	I have one amazing tech that is 50 years old and never graduated high school. She will not get a GED at this point in her life...Could we "grandfather" certain techs into this position?
140	We have to remember that pharmacy is a profession. At all sites we should be responsible for our technicians and the quality of their work. Here we will not employ techs that do sub-standard work. We have trained many good pharmacy techs.
141	Should be free. They don't make enough money to pay extra fees.
142	What I've heard from pharmacy owners-- is that it's all about the extra \$\$ they would have to pay out. I would rather pay that \$ and have more peace of mind that the person I have hired has required knowledge than save what at the end of the day amounts to just a few dollar signs. It's a pitiful excuse to not license our techs. I required it for the techs I hire. I don't want somebody off the street. I want someone educated and with basic understanding of pharmacy practice.
143	There are many state that have training online or in formal classroom available for techs. Any Tech that has National Certification and is actively working should be grandfathered in. Any tech that has no credentials should be given the chance to take on line classes or formal classes to make up the lack of formal education we decide on.
144	renew your CPhT training program. Petition the board of pharmacy to encourage certified pharmacy technician be required.
145	I personally feel the current certification exam is too easy. I think the exam should have additional focus on pharmacy law. It should focus on what a technician can legally do in a pharmacy setting. I think all technicians should be certified before they work in a pharmacy. They should have a specific number of hours in formal course work, and then take the certification exam.
146	I believe there should be levels, certified, registered/licensed, clerks, etc..right now being a technician is like a dead end job.
147	test math skills, pharmacology of high alert medications such as insulin and heparin d/t thier tendency to cause error and risk involved with the drug.
148	A "must have" recommendation.
149	I feel that all pharmacy technicians should be certified, but not registered or licensed by the state.
150	PSW should recommend that all persons working with medication in any pharmacy be credentialed as pharmacy technicians
151	Pharmacy Technicians involved in compounding activities must have additional training, including certification and specific training with respect to USP 797.
152	I THINK THAT ANYONE WHOS HAS 5 OR MORE YEARS EXPERINCE SHOULD BE GRANDFATHERED INTO BEING REGISTERED, AND ALL PHARMACIES SHOULD HAVE A PROGRAM FOR NEW TECHS
153	Many technicians in rural WI are trained OTJ with Certification acquired after they have some experience. The human resources in rural WI are such that you can't create a requirement for pharmacy technician job applicants to have their certification and/or licensure. Many of the technicians I hired and trained came to our facility with varied backgrounds. It would be nice that I would have many job applicants to choose that are certified etc and have a good working history. Many of my best technicians were and are people with varied backgrounds that I and my staff trained and supported their cerfication exam taking after they gained some experience. You would drive the cost of healthcare up and provide opportunities for manpower shortages (which could lead to more med errors) if the state mandated that all people working in the technician roles in pharmacies be certified/licensed. I think you need to give newly hired technicians that are OTJ trained some time to gain experience to become qualified to beable to take the certification/licensure exams.
154	Certification is not a guarantee of proficiency. Competency in a specific work environment is vital to techs accepting responsibility and having some form of accountability for the quality of their work.
155	National Certification (passing an exam) plus a state specific exam to continue working as a PharmTech, Reg. after something like 9 to 12 months of employment/training. Formal classroom education is probably prohibitively expensive. Home study type programs to prepare for the testing might by practical and efficient.
156	Requiring certification for pharmacy technicians will help ensure that those individuals possess the skills and attitude necessary to provide appropriate patient care. In my opinion, certified technician possess a stronger work ethic and commitment to excellence. They take pride in thier work.
	if technicians are not certified,pharmacies


157	should have some type of test given to applying tech's
158	I believe at least in the hospital setting that technicians should be certified. Even a hairstylist has some certification/license to maintain. Thier responsibilities are becoming more diverse than counting pills and requiring a basic understanding before working at hospital would be a benefit. A certification especially at the PTCB level would also keep them up to date as well with continuing education. I think this would also give them leverage to improve their standing. We have union housekeepers that get paid more than our technicians and the fight with management is laughable to think that the math and knowledge base that they use daily doesn't promote them.
159	Technician jobs are becoming more complex. This change needs to be gradual, registration first, certification then educational requirments.
160	The state should not have to deny or revoke a persons ability to work, that should be the responsibility of the licensed Pharmacist who is responsible for that work
161	All technicians should be certified by on the job training or schooling.
162	I believe technicians should be certified but AFTER a true educational component. The teach-to-the-test programs that have popped up do a disservice to the technician and to pharmacy. Registration to keep track of problem techs and to prevent them from gaining employment in unsuspecting pharmacies is preferable to mere licensing when used solely for revenue production.
163	UP TO THE INDIVIDUAL PHARMACY
164	2 year ass. deg. should be required
165	consider how to keep unqualified people out rather than proposing one size fits all certification
166	As a technician that learned on the job, I believe that a technician should be certified within 1 year of starting at a pharmacy. I don't necessarily believe that a technician needs to go to school and have a degree in it, just that they become certified within a year. I believe that PTCB is a wonderful way to expand your career and knowledge as well as make you more prepared for the industry. I do not believe that high school KIDS should be working in pharmacies at Technicians. I don't believe that most have the capacity to realize they are dealing with things that could be detrimental to someone's life.
167	I feel Certified Pharmacy Technicians should be on a different payscale than non-certified techs.
168	All work sites should have some training policies and procedures for technicians no matter how small or large their site is. The best way is to have certain guidelines set up to give to work sites of how to proceed with the training.
169	I think it should be up to the individual pharmacy to require or not require certified pharmacy technicians. Requiring registration of technicians will only increase the shortage of staff that we currently have. Also, those interested in pharmacy (for example high-schoolers) will never get the opportunity to work and see if pharmacy is the right fit for them if it is state-required that they be certified technicians before they even start.
170	we do need a set training/credentials for a PHT. in wi
171	I do believe pharmacy technicians should be registered and minimum requirements set in place eg high school graduate or equivalent. I think technicians who have been performing that function for over a certain period of time should be grandfathered in by a pharmacist sighing off that they can do the job. I do not believe technicians should have to pass a national certification exam because the national exam seems more geared to retail. I work in Nuclear pharmacy which is a specialized area so are technicians are trained specifically for nuclear pharmacy. I think there should be a minimum number of hours of training needed before a person could register as a pharmacy technician. As long as a pharmacy has a training program which covers the technician duties and a compency assessment- once the technician completes the training program - they should be able to register as a technician without any additional requirements. I would not support the idea of mandatory technician CE at this time due to lack of CE materials specific for technicians. I would be able to answer any questions about the training of technicians for nuclear medicine. Donna Naundorf 920-954-7570
172	I would further advocate that PTCB certification be tied to some formal education &/or experience such as an accredited 9-month residency training program. I'm concerned over the increase in online tech "training" programs that focus on passing the PTCB exam rather than true education & training.
173	I think there should be a difference between technicians ( who should be required to PTCB certified) and pharmacy clerks ( making deliveries and cashiers)
174	ossibly teaming with MATC and other technician training programs in putting together a structured instruction manual etc.
175	A Pharmacy Techncian training program ...at least a syllabus..developed by PSW or the U would be a valuable assist

No			
		Total	601 100%

**5.** If yes, what type of training program for new pharmacy technicians is provided? (check all that apply)

Accredited		33	9%
Classroom		32	9%
Checklist, function specific training, and competency assessment		252	70%
Assigned to an experienced tech to learn general functions		230	64%
		Total	601 100%

**6.** Does your pharmacy have specified responsibilities and corresponding policies and procedures for each of its pharmacy technicians?

Yes		413	69%
No		188	31%
		Total	601 100%



**7.** Do you believe all pharmacies licensed in Wisconsin should be required to have written policies and procedures for medication preparation and dispensing, including delineation of specific technician responsibilities and limitations?

Yes		476	79%
No		125	21%
		Total	601 100%



**8.** Are you aware of the national pharmacy technician certification program PTCB?

Yes		569	95%
No		32	5%
		Total	601 100%

**9.** Do you believe all persons, other than pharmacists, who are involved in the preparation of medications, should be certified as pharmacy technicians by passing a national certification examination?

Yes		379	63%
No		222	37%
		Total	601 100%

**10.** Does your pharmacy have an internal error determination, reporting and quality improvement program?

Yes		498	83%
No		103	17%
		Total	601 100%

# Pharmacy Technician and Medication Safety Survey

## Results Overview



Date: 4/7/2008 11:11 AM PST

Responses: Completes

Filter: No filter applied

#	Response
15. Please provide recommendations for consideration by PSW and other organizations regarding medication safety and pharmacy quality improvement programs.	
1	I believe that internal monitoring/assessment of errors within a dept is great- provided facilities have the infratructure & correct background to make that assessment. Most pharmacies are not staffed w/individuals qualified in appropriate QA.
2	This is fraught with problems as there is not a common agreement on what constitutes and error and how it is catagorized.
3	Both should have formal program requirements for all entities licensed by the PEB, for pharmacies, drug wholesalers, and manufacturers.
4	Our approach is to get as much data as possible and look for trends. We try to do so in a non-threatening way to encourage reporting as oppossed to hiding an errors occurence. Find a way that will encourage full reporting.
5	Pharmacies should continue to report med errors internally and not to regulatory boards.
6	I generally feel that 'requirements' should be general rather than requiring the use of a specific program or tool.
7	REQUIRE certification for technicians. Pharmacies may say they have an internal error determination, reporting and quality improvement program but they need to also USE the program. TALK & WALK should match.
8	More accountability and training programs offered for technicians
9	Work with prescriber organizations to mandate "rx use" indicators for RPh use. Identify ways to safely make more RPh time available for consults...ie.technology, tech processing, etc
10	Any time that you talk medication errors to a pharmacist, a chill will go down their spine. We're human, we're overworked, we're understaffed.....and it's a fact of life that sooner or later a mistake is going to happen. I think that pharmacies would have programs in place and act on them, but a paper trail of errors and other such things would be a lawyer's feast. Mistakes and errors definitely need to be addressed and there needs to be some education from the event. Pharmacies should want to do this to prevent future situations from occurring. This whole area is like opening a can of worms. Medication safety goes back to many things. Proper staffing, proper training, safe levels of prescription filling by the pharmacist. If the state is going to jump into this area of pharmacy, they should be prepared for many, many issues.
11	Mandate standardized pharmacy technician training/title/ etc.
12	see above
13	Having written information we could use-provided by PSW or other organizations-would be helpful in setting up these programs. Trying to come up with a program and how to implement it without any help seems overwhelming. Even possible templates that could be used would be a good starting point.
14	none
15	If such programs are discoverable for punitive purposes they will have no value for improving safety; many errors will not be reported and therefore will be repeated.
16	
17	It is nearly impossible for the Board of Pharmacy to license pharmacists. I don't think they will be able to license technicians. Mandatory reporting may be a little bit extreme. I am not convinced this this will help a pharmacy in small town Wisconsin that does 30 prescriptions a day.
18	Give higher pay / respect for those techs able to complete the requirements for becoming higher level technicians, especially in hospitals...they have an incredible amount of responsibility
19	pharmacist can only oversee 4 techs
20	None
21	Certification or Licensure.
22	PERHAPS TECHS SHOULD BE CERTIFIED/REGULATED MUCH LIKE CNA'S WITH A REGISTRY AND CERTIFICATION.
23	ThedaCare uses the Toyota Production System or Lean in our Healthcare system as a quality improvement tool. We have also recruited a Medication Safety Officer which could also be a requirement for pharmacies/hospitals/healthcare systems of a certain size.
24	a huge issue is unavailability of drugs and pharmacies having to switch NDCs every week to accomadate supply.consumers have a huge problem trying to figure out what they are suppose to be taking.also the 9999 different formularies for al the 3rd parties are a big headache and divert a lot of the pharmacy time to switch pt medication. consumers again wind up with the short end of the stick.
25	All departments need to review errors and determine what needs to be corrected to eliminate errors.



26	Education required and certificate after completing.
27	I believe all pharmacies should be able to access medical records of patients, if they are the patient's pharmacy of record. We have been shooting into the dark our whole careers. How can we adequately counsel and educate our patients if we don't know their diagnosis, much less what their entire med regimen is????
28	Third party insurance formularies seem to pervert how valid, written, telephoned, or faxed physician orders for OTC indenties should be handled and communicated to the patient. I believe clear recommendations by PSW and others should be made regarding the handling of any prescriptions for items not covered by an individuals ins. Does a written order for an OTC item give that item and accompanying instructions, legend status or not?
29	I feel that once a week newsletter in regards to all medication errors. There are many different websites like: <a href="http://www.ashp.org">www.ashp.org</a> , <a href="http://www.ismp.org">www.ismp.org</a> , <a href="http://www.fda.gov/cder/drug/MedErrors/nameDiff.htm">www.fda.gov/cder/drug/MedErrors/nameDiff.htm</a> and <a href="http://www.fda.gov/medwatch">www.fda.gov/medwatch</a> that can improve the pharmacy quality.
30	Would like to see a non-penalty form of reporting required at all pharmacies, even if the reporting is done without names of who made the mistakes because we want to learn from mistakes, not worry that we will be in trouble from reporting them. Also to better improve quality of services, I would like to see thought given to a statewide registry for controls so even cash customers with controlled substances will show up at all pharmacies when we process them.
31	All errors noted should be logged and discussed by all staff working in a dispensary so that everyone can learn from errors that are made and systems can be augmented to encourage prevention.
32	Internal monitoring of tech actions/errors
33	Making technicians registered or licensed will make it more difficult to staff stores than it already is. A tech shortage will adversely affect safety.  A diagnosis (code or narration) would not only be helpful for safety, but also for third party billing and MTM services.
34	Adequate staffing REQUIREMENT, Required certification specific to type of practice site, required bar code scanning of stock bottles & Rx label, scanning of Rx hardcopy, medication ID code & dosage form/color on Rx label
35	I think that safety could potentially be compromised if indications were required on all prescription orders. There are some instances when it is difficult to tell the indication for which a drug was prescribed, and the patient doesn't always know. An example would be an ACE inhibitor for CHF, where the ACEI may not actually be used for blood pressure, as is commonly told to the patient in the outpatient setting. Another example could be the antipsychotic/antidepressant/antiseizure meds and their many indications. Not to mention that it would create a lot of extra work to require that an indication be placed on every prescription and/or label.
36	Technicians must have skills in math to make IV preparations. Being a technician for 27 years at our institution I double check all math calculations when making IV preps and have found mistakes of RPHs. I think a math skills test should be a priority when hiring new pharmacy technicians.
37	No recommendations
38	e prescribing should be mandatory, while focusing on pharmacy is great, talk with your counterparts at the medical examing board regarding their office help that phone in prescriptions and cannot pronounce the names of the drugs
39	Provide guidelines and tools/examples for pharmacies on how to implement ongoing pharmacy quality improvement programs.
40	Keep a log of errors and tally them at the end of the week. It should include who is making the error; they need to know.
41	Pharmacists are relying heavily on techs to take on more decision making prior to final check. Tech education, certification and registration is essential to patient safety.
42	If techs are to licensed, it should be at different levels. Are they doing compounding, iv prep, or counting with another inputting and another verifying.
43	I would like to be able to find tech training manuals or something like that
44	???? I'll call you if I think of something
45	Quality educational programs will have more of a positive impact on patient safety than certification, registration, or licensing of technicians will.
46	All pharmacies should have a goal of making their facility as safe as possible for dispensing. They should have procedures in place for double checking and dispensing medications.
47	Establish a formal medication safety program like monitoring SALA, managing high risk medications, establishing double check system among pharmacists and technicians, formal clinical intervention programs in place and establish nonpunitive medication error reporting system.
48	I think that registration is not a bad idea, primarily to determine the scope of practice and the number of technicians in the state. I don't necessarily agree with mandatory certification. There are not enough tech schools to accomodate this.
49	I believe the reports should be required heavily if an error is dispensed
50	Participation in WHA patient safety programs and reporting projects should be encouraged to increase awareness & improve safety practices at each site. There should also be safety programs for other pharmacy settings, such as, retail, clinic, etc.
51	discuss the importance of accuracy and the outcome of medication errors. discuss the importance of employee feedback and reduction of errors.
	Including indications is a great suggestion. Electronic prescribing computer to computer could help. Payors need (insurance and government) need to understand that certifying technicians will increase HR costs. While prescription prices are high, reducing the fees paid to the

52	pharmacy seem to be the solution those policy makers take to reduce costs. This does not affect the true source of higher drug prices which is the actual cost of the medications. Direct to consumer advertising costs a lot which is rolled into the ingredient cost just with the billions spent on the advertising. Not to mention driving up costs because consumers then request drugs that would not have been prescribed. This also increases insurance expenditures. They need to affect DTC advertising, and the actual price of the drug, not the reimbursement to the pharmacy. If reimbursement to pharmacies continues to drop, I feel this is the biggest risk to patient safety because pharmacies are forced to fill more prescriptions with less human resources. This rush to fill more in less time because of a reduced margin on each prescription will create more errors and be the biggest threat to patient safety.
53	The same program used on the computers would make everything streamlined and avoid crossover mishaps.
54	Decentralized Pharmacy Technician Programs in Institutional Settings.
55	See above #14 - If ONE place taught the classes, can incorporate safety & QA designs
56	I like the idea of registering techs, not necessarily licensing them. Then if there is a problem, it would be on record with the state.
57	If we could just remove the human factor we could be perfect. Just joking. All in the training and education systems. The better trained in responsibility and commitment toward the patient, the more safety and quality outcomes. College and Technical College responsibility. They need to come into any position in a pharmacy with safety in mind! Programs and ideas will come once working in a chosen pharmacy field, but the nuts and bolts to build come from schooling.
58	The loop of error reporting needs to include the medical/prescriber arena. Oversight of electronic/fax prescribing is totally absent and rife with problems.
59	There should be a record kept by the pharmacist on medication errors. Should the tech have more than X number of med errors in a certain period of time they should be removed from the position and go through a training program be it CE style or company based to improve the situation and have them understand the importance of accuracy. Everyone makes mistakes we are human, we have a double check for many reasons. If a Pharmacist is doing their job the med error should NEVER make it to the patient. If the med makes it to the patient the nurse is the third set of eyes to protect the patient. If a med error makes it passed three set of eyes then the facility needs to look over where the break down is. ARE PEOPLE REALLY CHECKING WHAT IS BEING DISPENSED>
60	Move towards Pharmacy Tech. Certification, have internal med. error reporting syst. in place. Offer more CE programs all day type seminars in this area.
61	As a member of the WPQC initiative, I think the quality based requirements are good and are things that all pharmacies should be doing.
62	All pharmacy settings should be required to collect data regarding their medication errors and develop methods to improve their quality of service.
63	Start by having the National exam required by all techs in the state. Then look at the state laws and needs (do we utilize techs more or less than other states and how do we utilize them, for example). Have guidelines for what they can and cannot do. Should just anyone be able to handle Chemo - not in my book! Build a state certification for the state needs. Do not forget that the National certification is important too. This state will do well by having Techs all on the same playing field. You will help the public, facilities, and Pharmacist if the all start out with the same basic knowledge, then train to the individual facility. You may want to consider the level of duties as to what they can do. Chemo should have formal training with a special certification, do not allow just anyone to handle it.
64	E-prescribing creates more errors than manual systems. NDC scanners are excellent when combined with barcode label technology.
65	I would like to see pharmacy's/institution's internal med error/near miss reporting data be combined statewide if not nationwide without identifying the reporting pharmacies just the errors/potential errors
66	add diagnosis to all prescriptions
67	Internal audits on errors should be reviewed and discussed as need be and ? reported?
68	To recommend a specific quality program, or advocate guidelines for a quality program would be a great thing for PSW to do in this area. Again, please be careful and do NOT advocate for a mandatory program. As valuable as it might be in theory - it would not be a rational or appropriate thing for PSW to advocate (I think your overall membership feedback will confirm this). Thanks for inquiring.
69	I LIKE THE IDEA OF HAVING INDICATIONS OF WHAT THE MEDICATION IS BEING PRESCRIBED/USED FOR, BECAUSE THEN WE WOULDN'T HAVE TO QUESTION THE DOCTOR, AND THE PATIENT WON'T QUESTION US ALL THE TIME WHY THEY ARE TAKING THE MED OR WHAT THE MED IS FOR (AND HELP THE PATIENT IF THEY ARE TAKING A LOT OF MEDS).
70	We have quarterly meetings to discuss errors. Corrective action is only taken if there are a large amount of errors. No one is penalized for reporting errors.
71	I really liked question 11 - any way a federal law can be mandated on putting the indication for each medicine on all prescriptions? Patient counseling would be so much better if that would happen!
72	Mandate signs in all pharmacies that explains the importance of allowing the pharmacy staff enough time to prepare the medication. Most employers won't allow any "negative signage", so it would have to be mandated. If Wisconsin wishes to continue the mandatory counseling, then another sign instructing people to turn off their cell phones will be needed(as people seem too rude to do this on their own) Again, big employers don't want to tick off customers, so it would have to be a mandatory sign in all pharmacies. This is particularly important for patients picking up at a drive-thru window.
73	pharmacists should be less rushed and not have to do all these insurance rejections. PSW should go after the insurance companies to put a stop to these idiotic rejections just because of money. We have become agents of the insurance companies calling doctors when we shouldn't just because insurances don't want to pay. Prior authorizations are a pain. Pharmacy organizations should get these things changed instead of the other crap they think they should do. They do not help Pharmacists and seem to be involved in only helping they're own officers. Pharmacists know the best way to offer quality in they're own situations.
74	There is never enough safety checks in our system. It would help (and we have made great strides) in knowing the patients condition, diagnosis code or whatever but I respect technicians as semi professionals who can save our reputation ( and theirs) with another safety check.
75	none

76	KISS--with all the Federal & State rules and regs, plus ins. co. rules. anything should be easy to impliment and fit into our fast paced profession. It is always nice to say "eliminate interuptions" but try to do it. I find the one of the best ways to safeguard the dispensing of medications is to have many checks by different people. Also if an error is made discuss how to prevent it in the future and not make the person responsible feel so bad that they will never admit to another error.
77	I believe it is up to individuals to do the right thing and always do incident reports about mistakes made either due to a mistake in calling in the script to the MD writing for the wrong drug to a filling error. Not all mistakes are due to filling errors they could have started before the script got to the pharmacy.
78	WORK WITH PHARMACEUTICAL COMPANIES TO IMPROVE LABELING AND PACKAGING
79	Mandatory drug error reporting should be in place
80	Joint Commission and CMS provide plenty of requirements: NPSG 3E anticoag, med rec, core measures, no payment if patient experiences infection, ADE or meeting core measure requirements of less than 100%. My hospital system is primarily T-19 and Medicare. The reimbursement isn't there for pharmacist expansion into more areas of medication management. We provide renal dosing, kinetics, allergy/duplication/interaction monitoring, double check of chemo. It is hard to do more when the hospital has to break even and more pharmacists are expensive.
81	More educational/training programs for technicians- bridge the disconnect between required knowledge for safe medication dispensing and pharmacist knowledge  Organizations need to help technicians to buy into the pharmacy profession - help them advance their level of professionalism and accountability to ensure we are all providing optimal patient care
82	indication of use on scripts may not be attainable, but requiring indication for "off label" usage would certainly help.
83	Continue the development of quality control initiatives within the profession. Do NOT relinquish any responsibility/authority for best medication practices!!
84	Doctors offices should have this same system of internal error tracking: I catch approx 5 MD errors each shift!
85	Encourage and Promote e-prescribing.
86	?
87	State wide forum to share how/when of errors so others may learn of risk prior to repeating the error themselves. Also, forum to share what facility have enacted to prevent errors.
88	PSW should STRONGLY encourage closed loop pharmacy computer systems in hospitals and clinics.
89	Emphasis on USP 797
90	THERE SHOULD BE SOME KIND OF EXTRA LEARNING TOOLS AVAILABLE TO TECHS TO HELP TEACH THEM MORE ABOUT MEDICATIONS
91	We use an internal "near miss documentation" software that we created to be able to track the types of errors that occur.
92	The profession needs to be proactive (before the public demands government dictate the need for "professionally trained" technicians. But the real issue of medication safety can be partly addressed by education the consumer in the area of demands for "FAST" service are counter productive regarding medication safety. Money should be spent on staffing levels instead of settling lawsuits.
93	check ndc's, have medication written out or faxed, (this would cut down on errors, phone in meds (word that sound alike))
94	QI programs need to be used to improve practices and not be punitive.
95	Common sense dictates that a non-registered pharmacy person will have strict guidelines over what they do. They should come directly from the Pharmacist that is responsible during that persons shift. The Pharmacist in charge at the time should have a grievance mechanism with the employer regarding supervision, discipline, and termination. This should not be an annual review, but an (as needed) process.
96	All pharmacies should require internal checks of all errors.
97	Keep an eye on tech to RPh ratio. Require 1 RPh per # of scrips handled daily... busy stores would require more help per shift.
98	limit ratio of techs. to R.Ph.'s
99	hold the pharmacies responsible for their tech training and qualifications--just like the feds do for HIPAA training etc.
100	At my pharmacy, we do internal audits on a monthly basis. Since I work in a inpatient/outpatient pharmacy within a hospital, the results are then turned in to a quality control team and our P&T Committee for review.
101	Medication safety is important in the healthcare profession. In the worksite it is vital to have the programming to include medication safety issues and improvement in preventing errors and having quality staff and products in place.
102	Medication safety is tougher in a retail setting than a hospital/clinic setting since we do not have access to the same patient records as the medical staff. I think that a sharing of techniques and quality improvement efforts should happen between retail entities, whether it be through a section of PSW or a conference so that we can learn from each other and use techniques that might work in our specific stores.
103	It seems fundamental that all organizations review their errors & problems and have a quality improvement program in place. Requiring this in a general sense would be great, however, what is needed & how extensive, is much more variable. I thinks specifying exact requirements may not be the best way to proceed.
104	With the continued shortage of Pharmacists the tech check tech program should be rolled out for certified technicians.
	Make sure there is adequate personnel within each pharmacy to correctly complete each perscription and provide a double check BEFORE the pharmacist checks and bags for the patient. Then make sure without a doubt that the correct prescription is given to the correct patient

105	each and every time. Give the pharmacist ample personnel to have the time to explain the Rx and wait for questions from the patient who is receiving the medication, so that the patient feels comfortable before leaving the pharmacy.
106	Strict enforcement of medication safety and pharmacy quality improvement programs across all disciplines.
107	Sometimes the pharmacy technicians may be overworked; i.e. mandatory shifts, covering sick calls; there should be some rules in place for maximum hours worked per week or a maximum per day for technicians.
108	Unsure how to address it, but staffing levels in Hospital pharmacies is a serious medication safety concern. It starts with being able to gain the necessary FTEs from hospital administrations, then being able to recruit and retain them once gained. It is very harrowing having to operate pharmacies that are severely understaffed. Appropriately, more and more medication responsibilities are being placed on Pharmacy. Being able to accept them and credably perform them is a withering task.



**11.** Do you believe all pharmacies in Wisconsin should be required to have and use an internal error determination, reporting (internal) and quality improvement program?

Yes		517	86%
No		84	14%
Total		601	100%

**12.** Would it improve the safety of your medication dispensing process if all prescription orders included the indication for use for the medication (to validate that the drug prescribed corresponds with indication)?

Yes		512	85%
No		89	15%
Total		601	100%

**13.** The state of Wisconsin does not currently register or license pharmacy technicians and therefore it has no ability to deny or revoke a person's ability to work as a pharmacy technician in the state. Do you believe the state should register or license technicians?

Yes		422	70%
No		179	30%
Total		601	100%