

PHARMACY CUSTOMER SATISFACTION SURVEY FY11

INTRODUCTION:

The survey is a tool to gauge how well pharmacy services and processes are functioning for our customers. This Pharmacy Customer Satisfaction Survey is the third on-line survey completed for Pharmacy Services. The first survey was conducted in fiscal year 2006 and was made available to all CMC clients from 11/28/05 to 12/23/05. The second survey was conducted in early fiscal year 2010 and was made available to all CMC clients from 8/1/09 to 10/31/09.

METHODS:

An anonymous satisfaction survey was chosen in order to obtain real measures, ideas, concerns, opinions, and feelings. The results of the survey will give the Pharmacy data to evaluate the quality of services, pharmacy support to providers, client satisfaction, and to identify areas that need improvement. The action plan resulting from this survey is summarized on the last page of the report.

The Pharmacy Satisfaction Survey was made available to all CMC clients from 9/16/2010 to 11/3/2010 via the CMCWEB. Announcements requesting participation in the survey were made at meetings, to district leadership groups, P & T Committee meetings, the CMCWEB Page, and by email.

The survey instrument contained a demographics section for respondents, sections covering 6 service areas within the Pharmacy Department, and a free text comment section. Results are provided below.

RESULTS:

A rating scale of 1 – 5 was used to quantify each indicator.

Table 1: Rating Scale

CHOICE	VALUE
Consistently Exceeds <ul style="list-style-type: none">No significant problemsService level consistently exceeds my expectations or requirements	5
Occasionally Exceeds <ul style="list-style-type: none">Few problems of consequence; none go unresolvedService level sometimes exceeds my expectations or requirements	4
Consistently Meets <ul style="list-style-type: none">Service level meets my expectations or requirements	3
Occasionally Meets <ul style="list-style-type: none">Many problems arise; some problems go unresolvedService level sometimes below my expectations or requirements	2
Does Not Meet <ul style="list-style-type: none">Significant problemsService level consistently below my expectations or requirements	1
Not applicable <ul style="list-style-type: none">Not applicableCannot rate item because I have not observed the process	N/A

Demographics: The survey asked respondents for basic demographics including position, length of employment, and primary unit of assignment. Results are summarized below.

Data on position was collected. There were 9 choices to choose from on the survey and an option to free text other positions. The majority of respondents were nurses, PCAs, and CCAs representing 78.5% of respondents. Nursing staff is the most frequent user of Pharmacy Services.

Table 2: Position of Respondents

Position	FY 11		FY10		FY06	
	% Responding	# Responding	% Responding	# Responding	% Responding	# Responding
CCA	6.9%	21	11.66%	52	21.43%	66
Dental	2.0%	6	3.36%	15	10.71%	33
Mid-level Practitioner	7.6%	23	6.95%	31	5.19%	16
Nurse	47.2%	143	41.03%	183	39.61%	122
PCA/CMA	24.4%	74	19.28%	86	13.31%	41
Physician	4.3%	13	3.59%	16	3.57%	11
Practice Manager	1.3%	4	3.81%	17	5.52%	17
Psychiatrist	1.0%	3	0.90%	4	0.65%	2
Psychologist	1.7%	5	2.47%	11	0.00%	0
Respiratory Therapist	N/A	N/A	0.67%	3	0.00%	0
Other	3.6%	11	6.28%	28	0.00%	0
Total		303		446		308

Data on length of employment was collected. Respondents could choose from three ranges. The majority of respondents (177/303n) have been employed 5 or more years.

Table 3: Length of Employment of Respondents

Length of Employment	FY 11		FY 10	
	# Responding	% Responding	# Responding	% Responding
0-1 year	10	3.3%	57	12.8%
1-5 years	116	38.3%	144	32.3%
5+ years	177	58.4%	245	54.9%
Total	303	100%	446	100%

Data on location of employment was collected. Surveys were completed by customers representing 93 facilities. The number of surveys completed decreased 32.1% from 446 in 2009 to 303 in 2010. The low number of responses from both Texas Tech facilities (3) and the Federal Bureau of Prisons (6) indicates the need to influence individuals at these locations to participate in answering the survey.

Table 4: Primary Unit of Assignment

Customer	FY 11		FY10		FY06
	# Facilities	# Surveys	# Facilities	# Surveys	# Surveys
UTMB Sector	76	245	80	395	271
Texas Tech Sector	3	3	9	17	3
TDCJ TOTAL	79	248	89	412	274
TYC	11	49	12	25	31
FBOP	3	6	3	5	2
Brazoria County Jail			1	1	0
Pharmacy Department			1	2	0
UT Psych Consultant				1	0
TOTAL	93	303	106	446	308

Service Areas: The Survey included questions regarding 6 service areas and included 34 indicators. Overall there were 10,302 possible responses in regard to service. The use of “Not Applicable” answers for service questions continued to decrease as a percentage of total overall responses – from 30.1% in FY06 to 16.6% in FY10 to 11.7% for this survey. Apparently, the employees taking the survey are more often employees who utilize Pharmacy services on a routine basis.

303 surveys were completed. The overall average rating remained 3.4 in FY11, unchanged from the FY10 survey.

A summary of results is provided in Attachment A. There were no service areas or individual indicators with an overall composite score less than 3 (consistently meets). The only individual indicator in the FY10 survey with an overall composite score less than 3 “Non-formulary ordering process is easy and effective” rose from 2.9 in FY10 to 3.1 in FY11.

Compared to the previous survey, 33 out of the 34 indicators had slightly higher scores.

Table 5: Results for Service Areas

Survey Question	Indicator	Average Rating FY06	Average Rating FY10	Average Rating FY11
	OVERALL SERVICE - Eleven (11) general indicators	3.5	3.4	3.5
4	General satisfaction with pharmacy services.	3.5	3.4	3.4
5	Medication Orders are filled accurately without packaging or dispensing errors.	3.4	3.3	3.4
6	Medication order packaging is easy to read and use.	3.8	3.5	3.6
7	Process for refilling medication orders (i.e., auto renewals system) is easy and effective.	3.2	3.1	3.2
8	Process for returning medications to the pharmacy (i.e., reclamation) is easy and effective.	3.5	3.3	3.4
9	Emergency After Hours assistance (telephone service) readily available, courteous, and results in problem resolution.	3.1	3.1	3.2
10	Assistance by telephone is readily available.	3.7	3.5	3.6
11	Assistance by telephone is courteous.	3.8	3.6	3.8
12	Assistance by telephone results in problem resolution.	3.7	3.4	3.6
13	Pharmacist conducted quarterly audits are useful and informative.	3.6	3.5	3.6
14	Overall, compared to service provided in previous years.	3.5	3.4	3.6
	NONFORMULARY MEDICATION SERVICES - Four (4) indicators	3.0	3.0	3.2
15	Process for ordering is easy and effective.	3	2.9	3.1
16	Pharmacist response time.	3.2	3.1	3.3
17	Quality of response and/or alternative recommendation.	3	3.1	3.2
18	Non-formulary orders are received within 48 hours after approval is obtained from the clinical pharmacist and the order is placed .	2.7	3.0	3.1
	DELIVERY SERVICES - Five (5) indicators	3.6	3.4	3.4
19	Shipping manifest (printed invoice of container contents) is received with orders.	3.8	3.5	3.6
20	Shipping manifest is accurate.	3.6	3.4	3.5
21	Medication orders entered by daily deadline arrive at the facility on the next shipment day.	3.1	3.2	3.2
22	Breakage and/or damage level is acceptable.	3.6	3.5	3.4

Survey Question	Indicator	Average Rating FY06	Average Rating FY10	Average Rating FY11
23	Refrigerated medications arrive at appropriate temperature and appropriately marked (i.e., labeled with orange refrigerate immediately stickers).	3.8	3.4	3.5
	UNIT STOCK AND WAREHOUSE SERVICES - Five (5) indicators	3.5	3.4	3.4
24	Ordering process is easy and effective.	3.5	3.4	3.4
25	Process for placing “stat” orders for emergency supplies is easy and effective.	3.4	3.4	3.4
26	Supplies are filled as ordered.	3.4	3.3	3.4
27	Unit stock orders (P-list items) entered by weekly deadline arrive at the facility within 7 days.	3.5	3.4	3.5
28	Pharmacy warehouse orders (M-list items) entered by weekly deadline arrives at the facility within 7 days.	3.5	3.3	3.4
	MISSING MEDICATION SERVICES - two (2) indicators	3.1	3.0	3.2
29	Process is easy and effective.	3.1	3.0	3.1
30	Response time.	3.1	3.0	3.2
	PUBLICATIONS [seven (7) indicators]	3.7	3.3	3.4
31	Email notifications are informative.	3.7	3.3	3.4
32	Pill Pass newsletter is informative.	3.7	3.4	3.4
33	Pharmacy homepage on CMCWEB is easy to use and informative.	3.7	3.4	3.4
34	Pharmacy policy and procedure manual is easy to use and informative.	3.6	3.3	3.4
35	CMC Formulary book is easy to use and informative.	3.7	3.3	3.4
36*	Disease Management Guidelines are informative and helpful.	N/A	N/A	3.4
37*	Patient education materials are informative and helpful.	N/A	N/A	3.4
	AVERAGE OVERALL RATING	3.6	3.4	3.4

* Indicator #36 and #37 were added to survey for FY11.

Questions with the highest and lowest scores are summarized in table 6. Answers were grouped as favorable (consistently exceeds, occasionally exceeds or consistently meets) or unfavorable (occasionally meets or does not meet) to analyze the data.

Table 6: Top 10 Favorable and Unfavorable

Most Favorable		
Question	Indicator	% Favorable
11	Assistance by telephone is courteous.	84.2%
10	Assistance by telephone is readily available.	83.8%
14	Overall, compared to service provided in previous years.	83.5%
33	Pharmacy homepage on CMCWEB is easy to use and informative.	83.5%
31	Email notifications are informative.	83.5%
34	Pharmacy policy and procedure manual is easy to use and informative.	82.8%
4	General satisfaction with pharmacy services.	82.5%
5	Medication orders are filled accurately without packaging or dispensing errors.	82.2%
6	Medication order packaging is easy to read and use.	82.2%
32	Pill Pass newsletter is informative.	81.2%
Most Unfavorable		
Question	Indicator	% Unfavorable
7	Process for refilling medication orders (i.e., autorenewals system) is easy and effective.	23.1%
15	Non-formulary medication process for ordering is easy and effective.	22.8%
29	Missing medication process is easy and effective.	22.1%
18	Nonformulary orders are received within 48 hours after approval is obtained from the clinical pharmacist and the order is placed.	21.5%
17	Nonformulary medication requests - Quality of response and/or alternative recommendation.	20.1%
30	Missing medication - Response time.	18.2%
16	Nonformulary medication requests - Pharmacist response time.	17.8%
35	CMC Formulary book is easy to use and informative.	15.5%
21	Medication orders entered by daily deadline arrive at the facility on the next shipment day.	14.5%
9	Emergency After Hours assistance (telephone service) readily available, courteous, and results in problem resolution.	14.5%

Comments: Comments were provided by 36% (109) of respondents. Comments can be reviewed below in attachment B. The majority of comments were positive, related to PRS or the formulary program:

- 29.4% (32) only contained positive remarks
- 38.5% (42) were related to PRS (13 of which had to do with the refill process)
- 11.9% (13) were related to the formulary and non-formulary approval process

A summary of recurring themes identified from the survey comments are listed below. Items starred indicate they were commonly recurring themes in the previous survey as well.

- PRS
 - The system is often down, especially in bad weather.*
 - PRS is not user friendly.*
 - The system is slow.*
 - Users need additional training, refresher course, or on-line user manual.*
 - It is not easy to renew medications. A new order must be placed.*
 - The security feature to time out when the computer remains idle should be increased.*
 - It takes a long time to sign onto PRS and it shuts down within a few minutes of not being used.*
 - Need a faster method for obtaining print pass.*
 - PRS is a terrible system.*
 - PRS is a good tool.*
 - Users would like a picture of the patient on the PRS administration screen to be used as a second method to verify patient identity (i.e., right patient).
- Formulary Program
 - Deferrals should be scanned into the EMR.
 - Non-formulary medications should be allowed as floor stock at intake and transient units.*
 - Users are unfamiliar with the formulary.*
 - Need to look at making more medications KOP accessible.
 - Users want to be able to order refills for all medications.*
 - Non-formulary process is time consuming and creates delays.*
 - Non-formulary medications approval process should be done in the EMR instead of Forvus.*
 - Need a method to track non-formulary medication requests in the EMR.*
 - Pharmacists should not be able to defer non-formulary medication requests.*
- Process Issues
 - Medications aren't moved when a patient is transferred to another unit.*
 - Non-formulary medications are not sent with patients when they are discharged from HG.*
 - Units do not want to receive labels for medications issued from stock.*
 - Units do not want to have to "dispense" medications from stock (e.g., Calcium carbonate, psyllium).*
 - Missing medication process is difficult and confusing.*
 - Units do not like receiving reclamation cards and complain orders are short.
 - The process for sending a patient only on take from stock medications is inconsistent. Labels are not consistently sent.
- Shipping & Delivery Issues
 - It takes too long to receive a medication from the pharmacy.*
 - Users do not want to use TDCJ IMS system to order stock medications.
 - There are significant delays in receiving pharmacy warehouse items (1-2 weeks).
 - There are times when an order is received without an invoice.
- Publications
 - The print in the Formulary book is too small.*
- Several comments did not pertain to the Pharmacy, but referenced unit-based operations and/or other departments.
 - Units expressed the need for more space in drug rooms (or fewer meds to store).
 - Units expressed the need for drug references on the unit.
 - Units expressed the need for all units to follow transfer policies.

- Units expressed the need for better storage solutions for medications (e.g., improved shelving units).

ISSUES FROM PREVIOUS SURVEY:

Some of the concerns and issues identified in the previous survey in FY10 have been addressed.

Issues related to PRS are summarized below.

- Users indicate that the PRS alert messages do not contain enough information to take action. **This issue has been addressed by IT and Pharmacy staff and solutions are in the testing phase.**
- Process for ordering medications as a patient moves from a TDCJ to PRS unit or vice versa needs improvement. **This issue is resolved now that all facilities are on the PRS System.**
- Process for obtaining discharge medications for patients arriving from a PRS unit is labor intensive. **This issue is resolved now that all facilities are on the PRS System.**
- Users need additional training, refresher course, or on-line user manual **Training material is available on the DEPD website.**
- Users identified several opportunities for improvement. **Key PRS issues were identified and assigned a priority ranking. The list was reviewed by the UTMB Executive Council on 4/13/10 and submitted to IT staff. IT staff are currently addressing the items on the list.**

CONCLUSION:

The Pharmacy Department Management Team evaluated the results from the Pharmacy Customer Satisfaction Survey. The team considered possible service changes or enhancements that would impact problem areas and meet the desired service levels. Special focus is given to service areas or indicators with composite scores less than 3.

The Pharmacy Management Team will evaluate methods for increasing participation in the next survey from all institutions and staff members serviced by the pharmacy. The indicators (questions) used in the survey will also be evaluated for relevance and importance to the survey.

It is important to note that the survey followed several significant events that may have impacted response rates and results including a reduction in force in July, major change in unit staffing plan, and growing concerns for the future of CMC and the TDCJ contract.

ACTION PLAN:

Item	Champion	Corrective Action Plan
Process to track non-formulary medication requests in the EMR	Janet Gonzalez	<ul style="list-style-type: none"> • Refer issue to Business Excellence • Possible solution: Use EMR reminder system to track status of requests
Response time of non-formulary medication requests	Janet Gonzalez	<p>Need system to monitor process to see if this is real or perceived issue.</p> <ul style="list-style-type: none"> • Monitor response time to email request • Work with IT staff to develop report to monitor time from entering order in computer and

Item	Champion	Corrective Action Plan
		receiving NF med on facility
Missing medications	Mary Beth Tuttle	Need report to measure number of instances per unit and associated cost. <ul style="list-style-type: none"> • Database will be developed to track requests per unit, cost and reason • Consider utility of report for District & Unit Management Teams
Delivery Times	Bryan Drewett	Need system to monitor process to see if this is real or perceived issue. <ul style="list-style-type: none"> • Develop monitoring tool to measure time from ordered in EMR to time shipped and received • Requires IT assistance to develop tool
Decreasing trend in number of users responding to survey. Particularly problematic for Texas Tech Sector and FBOP.	Bill Toney	<ul style="list-style-type: none"> • Obtain IT assistance to distribute through global email account • Enlist support of Senior Leadership (UTMB, TT, FBOP & TYC) to promote completion of survey • Auditing pharmacists promote survey participation while completing unit-based audits
Appearance and contents of shipping containers	Bryan Drewett	<ul style="list-style-type: none"> • Improve appearance of shipping containers on the line prior to sealing containers

Attachment A

Figure 1: Average Score for Service Areas

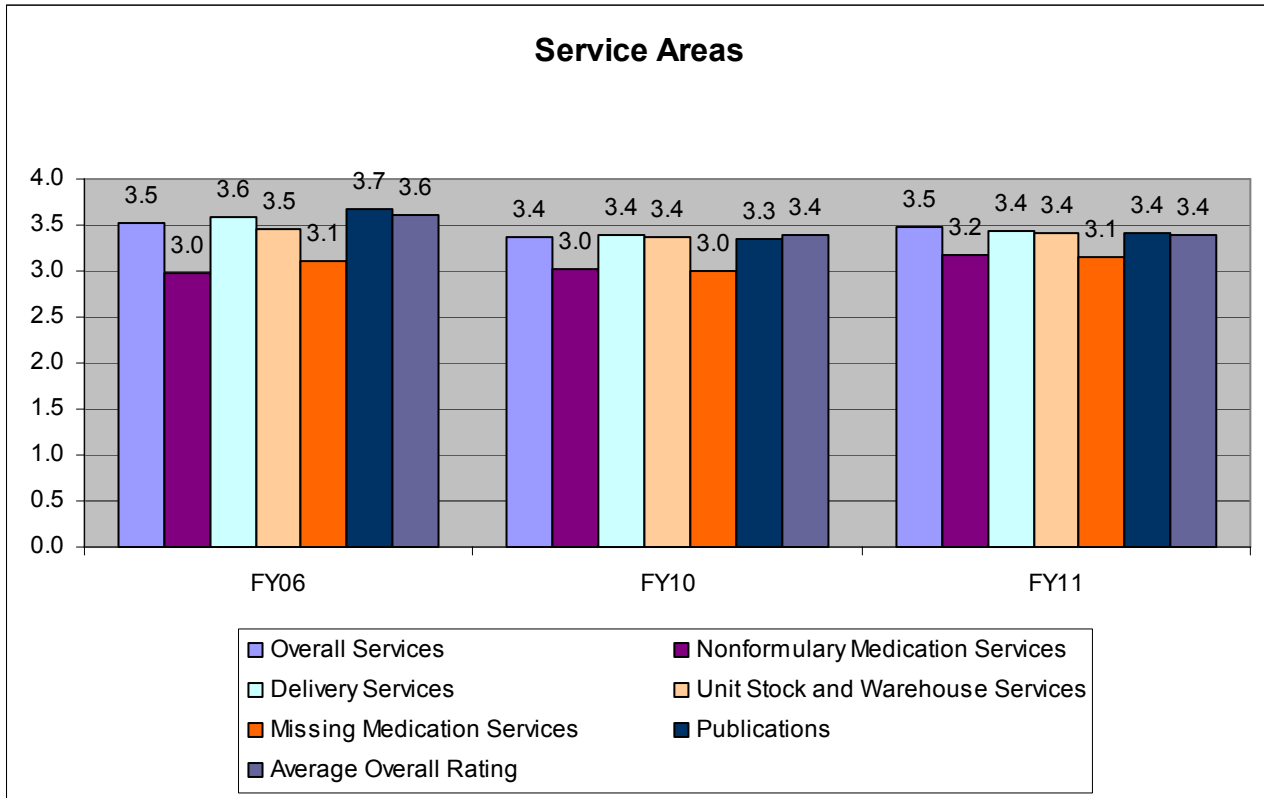


Figure 2: Overall Satisfaction

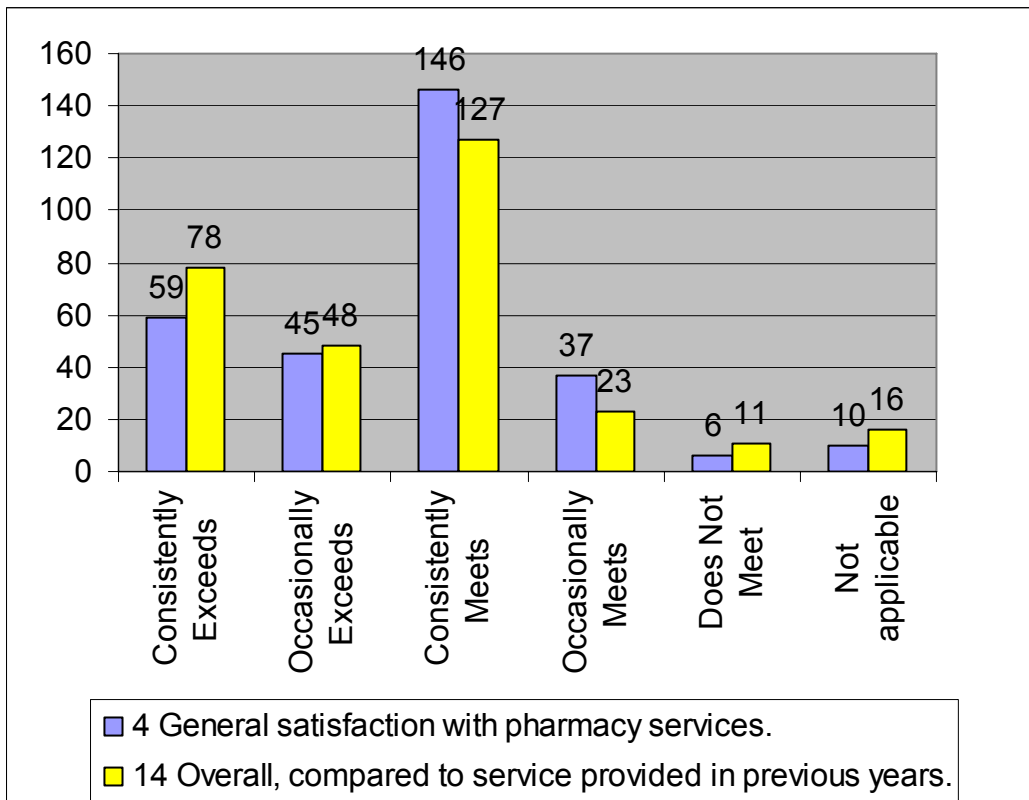


Figure 3: Accuracy

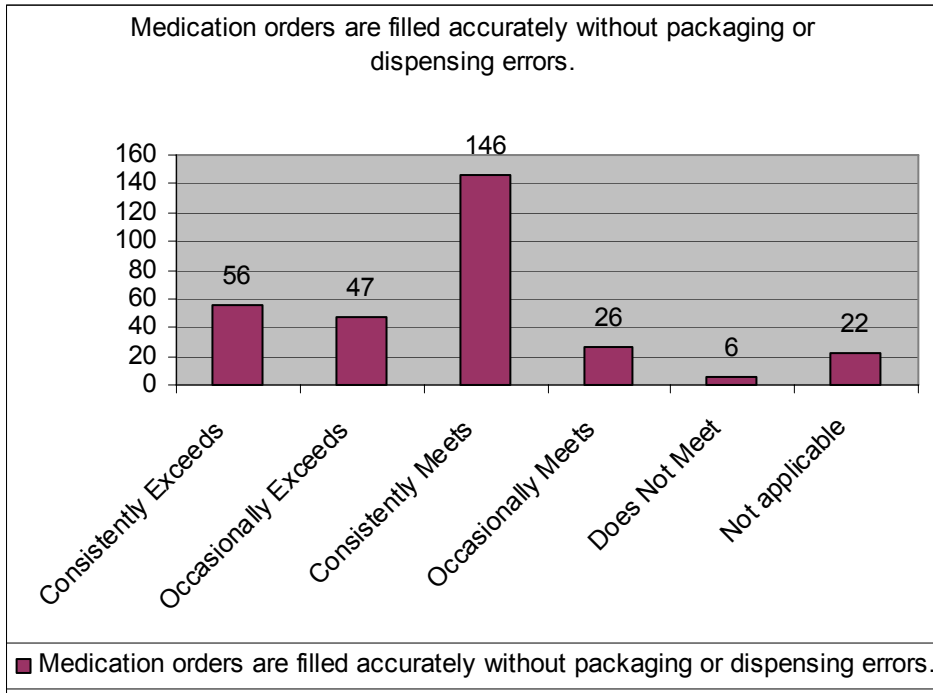


Figure 4: Packaging

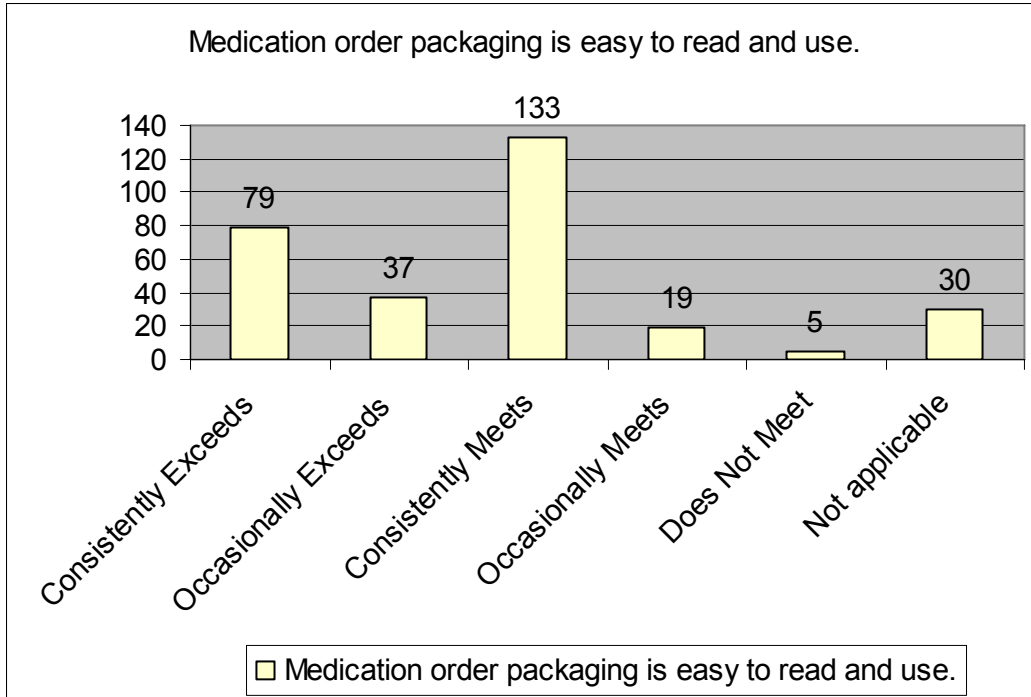


Figure 5: Refill Process

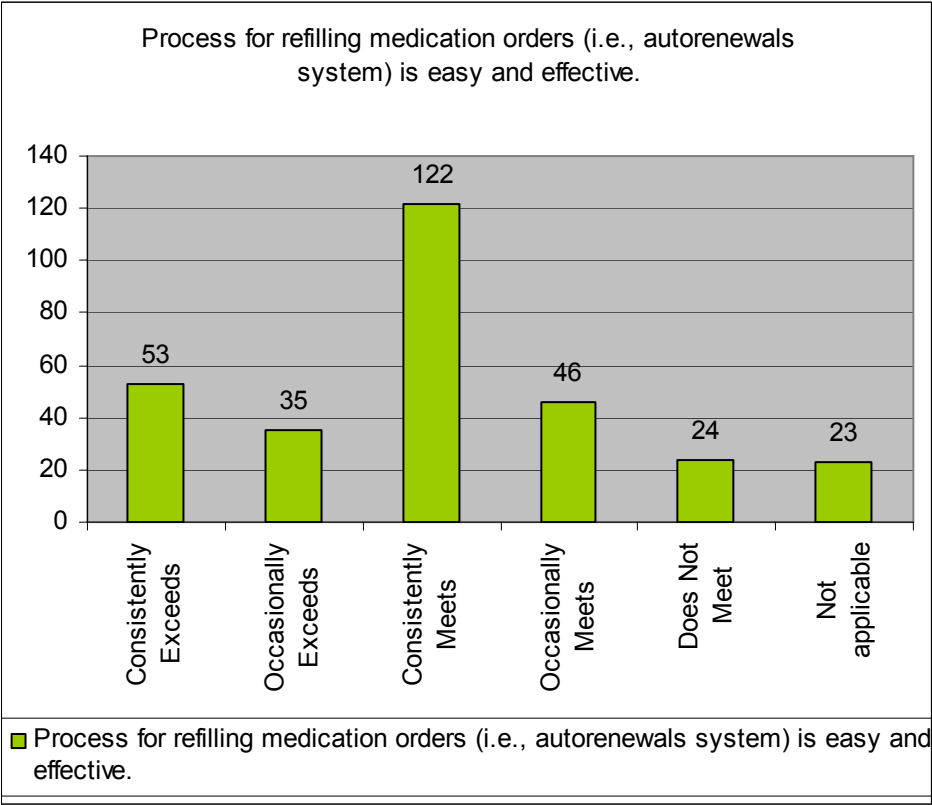


Figure 6: Return Process

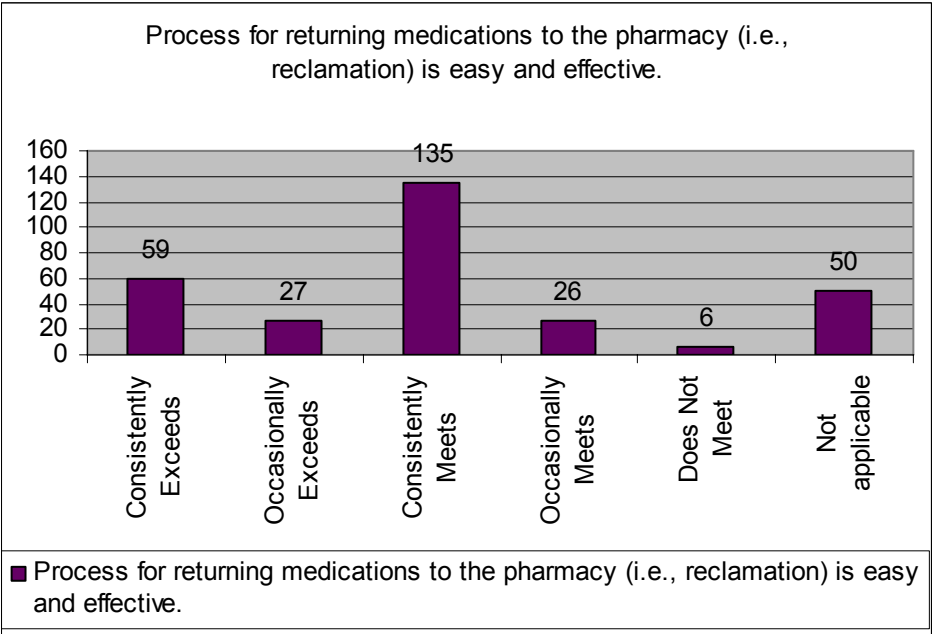


Figure 7: After Hour Services

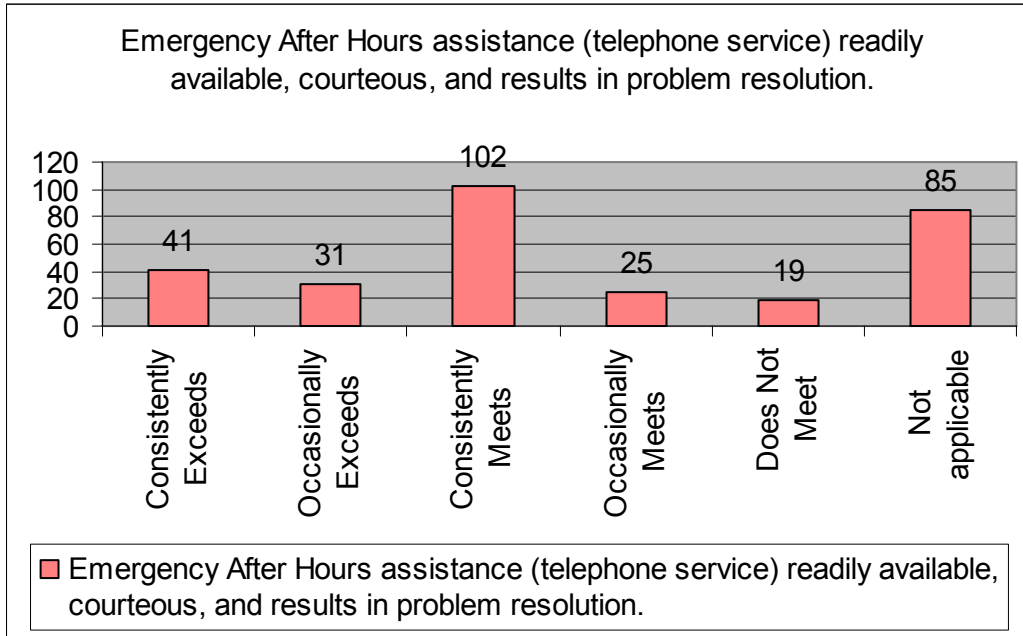


Figure 8: Telephone Support

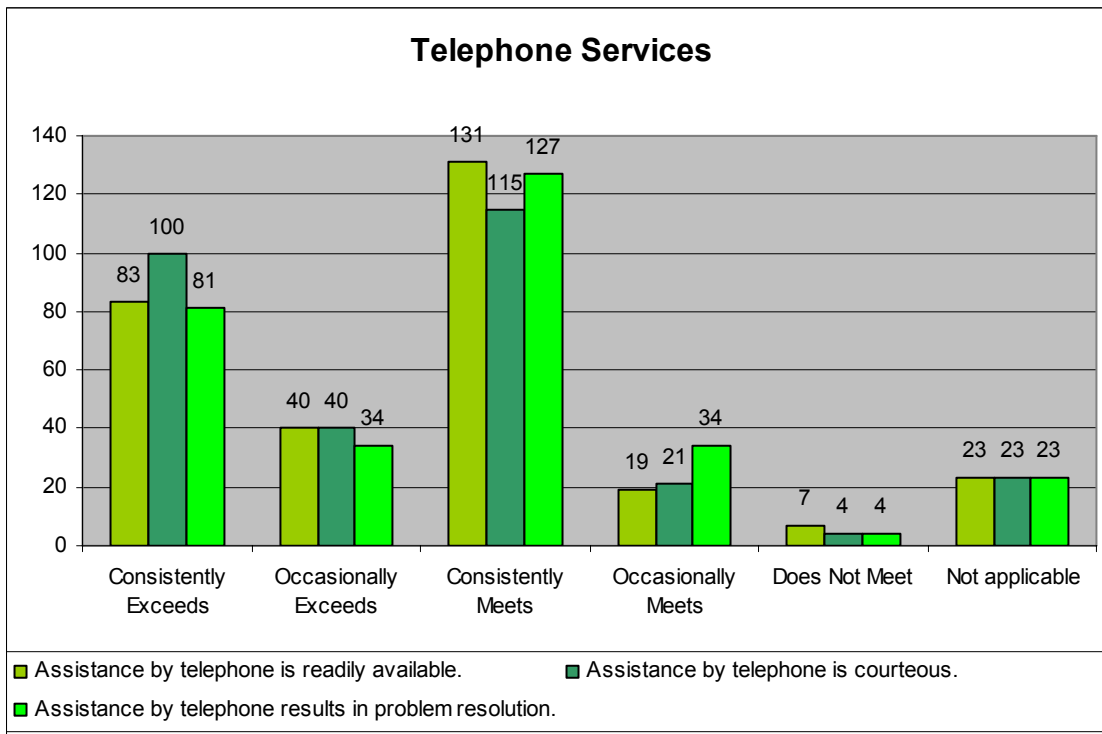


Figure 9

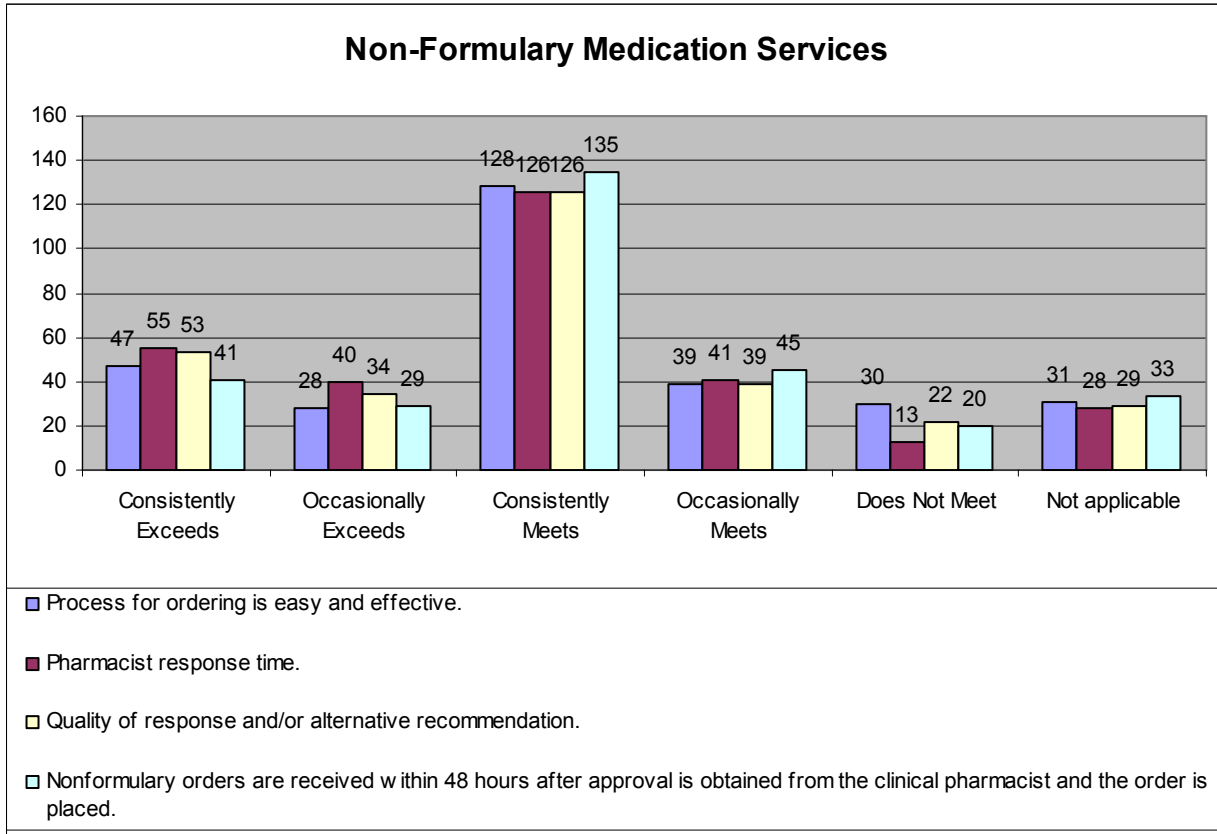


Figure 10

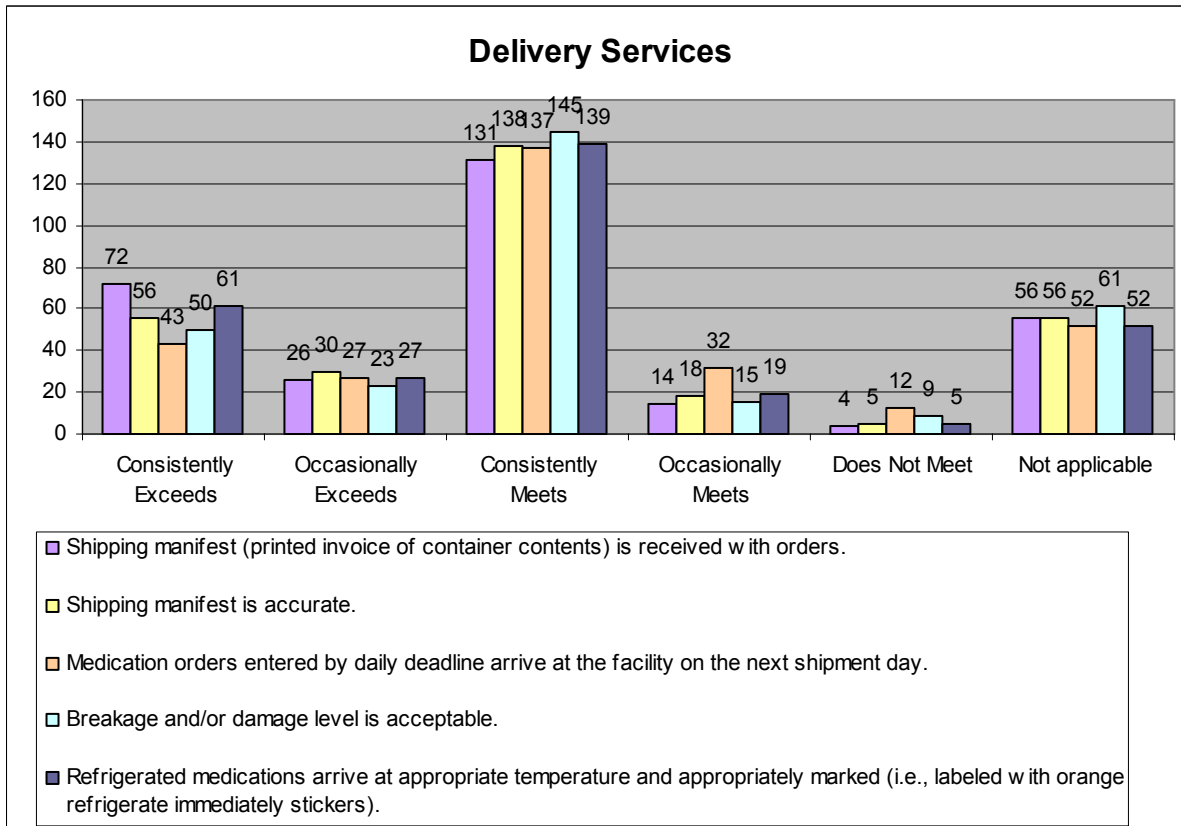


Figure 11

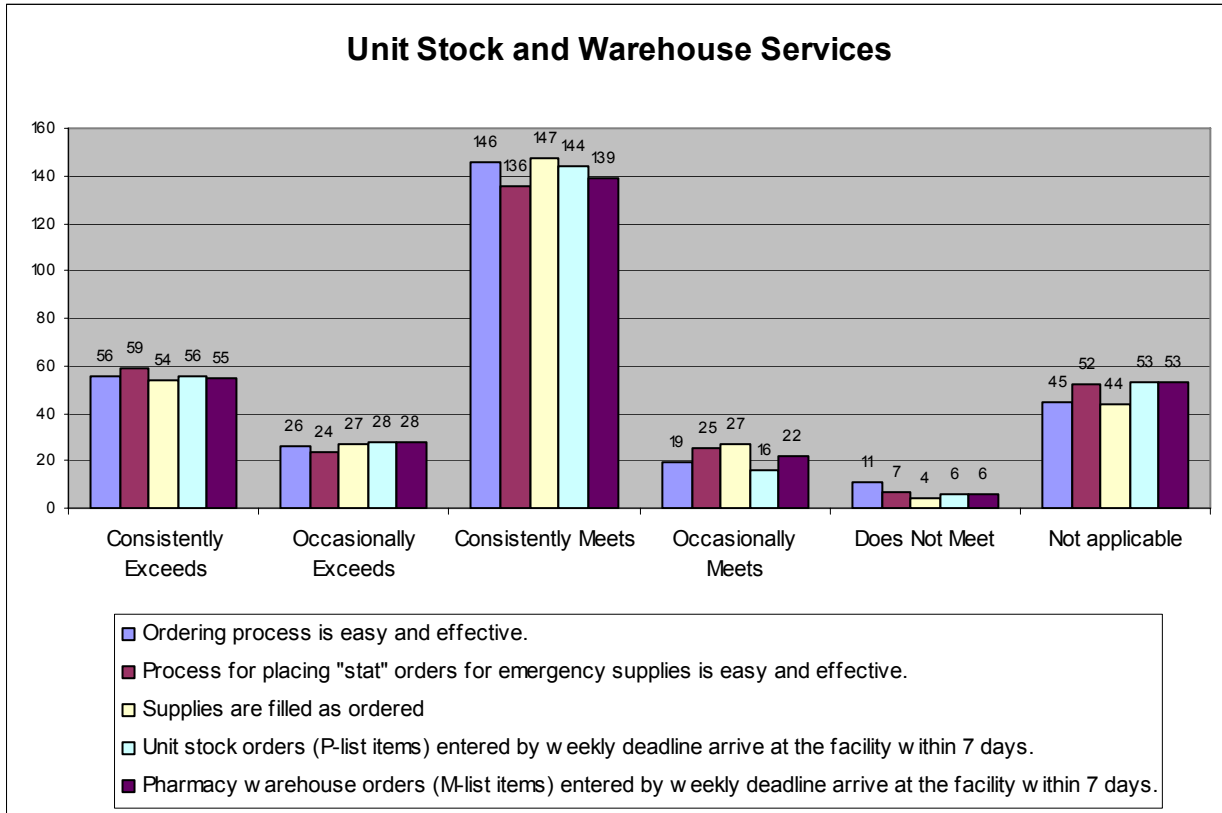


Figure 12

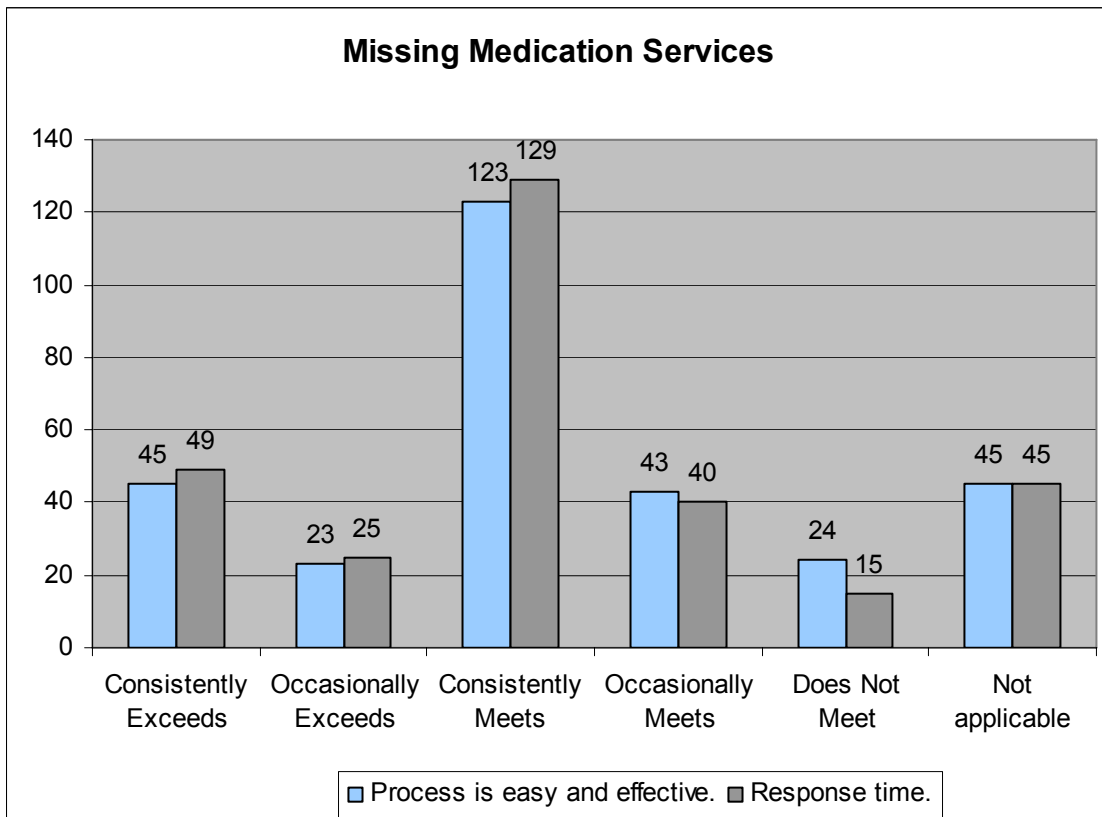
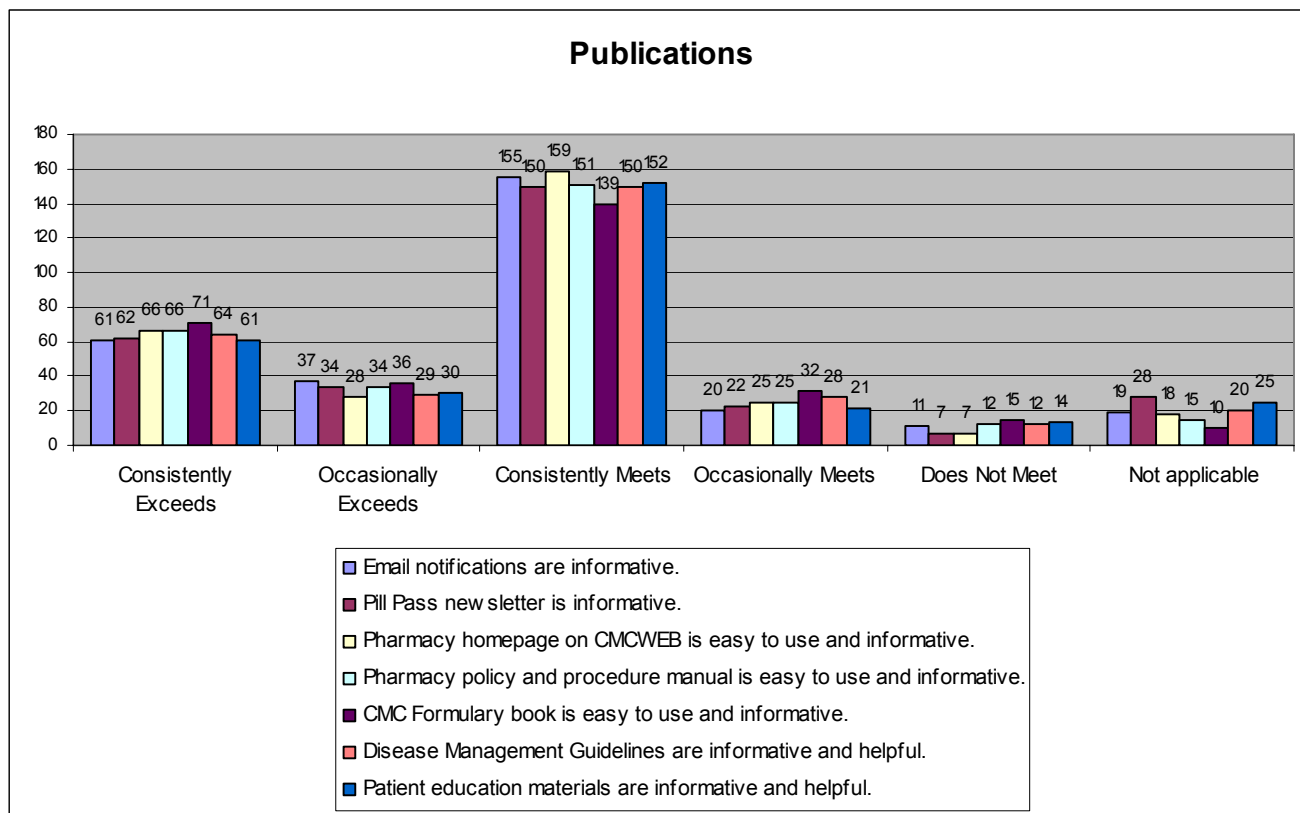


Figure 13



Attachment B: Comments of Respondents

NUMBER	COMMENTS
1	I HAVE NO PROBLEMS OR CONCERNS WITH THE PHARMACY OR UTMB/PHARMACY SERVICES AT THIS TIME.
2	Pharmacy administration is average, how the medication is dispersed by the pill window aids is substandard and is causing many offenders to have there medication discontinued or receiving negative remarks because of there compliance. It is unacceptable and causes employees to have to confront employees regarding treatment progress or lack thereof.
3	everyone does a great job.
4	It has been great prescribing the offenders medication since the prescriptions was moved to the EMR. The past year it has been a pleasure to order the medications for the offenders. Thank you!!
5	Seems to be some issues with medications falling off in PRS on the Youth Services side before last dose due to order time. Medication administration reports tend to be low due to this issue. Is not a real issue with the TDCJ contract but is closely monitor on the TYC contract...is there a fix?
6	Great Job !!
7	Process in place for med. orders when a youth is transferred to another system is inadequate. Orders routinely expire, or youth runs out of meds. Especially when youth is transferred to halfway house. Would be nice if there was some training on non-formulary psych. meds. or a complete list of formulary/non-formulary psych. meds. Psychiatrist routinely ask nurses and we are not aware of all non-formulary changes/meds.
8	It would be helpful to have the generic and brand name on the medication labels. It also would be helpful to have a list of formulary and non-formulary med.'s listed on a sheet (esp.psych. drugs). Also it would be useful to have criteria that has to be met next to the drug before non-formulary can be prescribed. Example: failed 2 trials of antidepressant's in same class,can only be used if youth has ADHD dx. etc.. It has been a problem of psych.drugs that are non-formulary and the physician ordering non-formulary drugs and then not finding out that this drug could not be used and facility having to notify the physician and not hearing back from doctor for 24 hours. It just takes up so much time for everyone. If there was a list of non-formulary drugs to use with list of criteria that has to be met prior to ordering them there would be less problems.
9	THANK YOU.
10	cmc pharmacy is the BEST
11	I am overall pleased with the performance of the pharmacy. Whenever I call my questions are answered or my concerns are attended to in an appropriate time. I have nothing but praise for all of them and the hard work they do each day.
12	We need a way of looking at the PRS for a medicaiton history without having to go out and then go into the chart. we also need to come up with a reason for, or prvention of why offenders meds always "fall off" the computer whenever they leave to go anywhere, especially to HG. They have been getting meds there, so then why do their meds "fall off"!!!
13	please include "telehubs" as a unit option for those of us who serve numerous units. The patient education materials at times appear dated.
14	Occasionally have had meds ordered by Dr. Soloway for end stage liver patients such as neomycin that pharmacy did not want to fill. I really do not want to argue care of esld patients with Dr. Zoloway.
15	The pharmacy is doing a great job. Keep up the good work.
16	I have personally have been very please with the performance of all operations within the pharmacy.
17	Often when receiving medication refills ,we'll get sets of duplicate refills that maybe we've received the day before and we'll turn around and send the duplicate back with a note saying it was duplicate received.Thank You.

NUMBER	COMMENTS
18	the auto renewal system itself is good except for the new re-order time....use to be a 7 day window now it's a 3 day window.this may be ok for closer facilities, but even if our orders are placed by the deadline time, we NEVER get the meds within 24 hrs or 48 hrs, usually our delivery is 3 to 4 days, thus sometimes we run out of the patients meds and have to take from stock drugs(if we have the med) or the patient has to go without until the med arrives.same thing with new dr. orders...even the orders that are placed by the deadline time take 3 to 4 days to get here and so the ones placed after the deadline arrive even later. i have discussed this with several people before and we thought the problem was due to our dr. clinic day being on friday, but now it is on mondays and we still aren't getting the 24 hr. delivery of meds.
19	In the Freeworld Pharmicist never override a Providers orders. The Pharmicist in CMC are always declining providers non formulary orders orders and recommending something else, on the most part many things have already been tried thus a non formulary request. Most pharmacist in CMC always have attiudtes when trying to talk with them. Why don't you just put a pharmacist on the units that way they can write prescriptions for the things that need ordered and it will help with lack of Providers CMC is in need of. Oh wait pharmacist can't prescribe medications. So why then are they denying non formualry orders if they can't write prescriptions. I personally don't think the CMC pharmacy cares they just have all the power!
20	medications that are ordered at another unit, does not reach their current unit in time for their renewals.
21	In CMC it is important that transferring units forward medication.This is not always happening and it interferes with continuity of care. PRS takes a long time to start up and it shuts down within a few minutes of not being used.
22	Pharmacy personnel are great- however the PRS system is ridiculous. It may be easy for pharmacy, but for the provider it is cumbersome, unable to easily access. Cannot tell if meds are kop or nonkop. Compared to the ease of use- prs is much more difficult and time consuming then forvis and offer us little information although it is "in the record". However, there are increasing incidences of meds being ordered in the records and not showing on the PRS screen - they never arrive and are never given. This is a problem. We also as previously have a huge issue with inmate chaining to the unit and their meds never showing up. We need a clear cut policy that is followed- Providers have been consistently asked NOT to reorder cc meds on chain, but then the inmate often has been relieved of his meds by security, his meds do not show up on new unit- ever. This is a recipe for disaster.
23	We have been having some problems with Youth running out of meds a couple/few days before refill card arrives.
24	I have noticed that some medication does not come in on time/or someone may have accidentally returned it to early, I'd much rather have meds come in a little earlier that the 3 days, because I like to replace cards in the med cart before they run out.
25	No Comment
26	We have had patients complaining of problems receiving our KOP. Some medicines are limited to patients with HIV-but some oral infections with candida would be more effectively treated with a single dose of meds rather that a week or two of troches. Sudafed should be available for patients with sinus pressure presenting as a toothache. The whole suspension of meds is irritating to me.I also get unhappy when the unit is out of amoxicillin-what's up with that? Overall, other that those few things, the service meets expectations. Thanks for asking.
27	It takes two weeks to get M-list items. Pharmacy personnel are always very nice & helpful!!! I truly don't know how they handle all the med shipments/Rx's to fill/watching for errors in ordering etc. that they do every day! Thanks for the good work. Hopefully the PEARL system will fix some problems with the PRS.
28	Thank you all for the hard work!
29	keep up the good work.
30	The general satisfaction with pharmacy services are acceptable.
31	Staff is very helpful and pleasant to work with.

NUMBER	COMMENTS
32	I AM A NURSE SO I SELDOM DO A PILL LINE MOST OF THIS SURVEY DOES NOT APPLY TO ME , BUT I HAVE TO FROM TIME TO TIME FOR THE LAST 15 YEARS . MY ONE IDEA TO HELP WITH PILL LINES TO SAVE ROOM IN MOST OF THE SMALL PILL ROOMS , AND TO SAVE TIME IS ONLY HAVE STOCK MEDS EXCEPT FOR NON FORM.THIS HAS BEEN MY THOUGHT FOR YEARS AND I HAVE HEARD IT VOICED BY MANY.
33	Ordering schedule II medications is not very efficient (having to make a new order for each month instead of using refills). Not being able to double click on an existing order to reorder it is not efficient. The nonformulary process is not a simple task, and if there were a notebuilder document to fill in and keep in the patients record would be a nice way to know why and when it was approved and for how long. It is also interesting that there are medications on DMGs that are nonformulary, doesn't make sense if they are not readily available to use. There needs to be more reasons on the list for why a medication in stopped (more choices for adverse effects, renewal of existing order, change of time given) A medication time indicator that is BID-QAM & QHS
34	THE PHARMACY STAFF AT THE MEDIUM ARE HARD WORKING WOMEN THAT WILL HELP IN ANY THEY CAN. THEY PERFORM A HUGE SERVICE!
35	system for ordering hd renagels should be discussed with providers as well as nurses.
36	We continue to get partial cards. I'm looking at one now that has 5 tablets and should have 30. No other cards came with this one and the remaining blisters have not been popped. This continues to happen over and over and the process to copy, scan, e-mail etc. this info for someone to get snappy about is not worth it. It is easier to DC current order and reorder and be done. But it should not be that way.
37	HERE AT MCSJF WE DON'T RECIEVE THE PAPER PILL PASS NEWS LETTER AND THE CURRENT ONE DOESN'T SHOW UP UNLESS ITS NOT BEING DONE QUARTERLY. THANKS.
38	Need to look at making more medications KOP accessible. The patients should be treated like adults rather than staff having to give them their medication. This would not only save time as far as pill windows, but could possible save money on staffing, and it would require patients to be responsible for their own health. In the freeworld if you get a prescription, your doctor does not make you come to the office or pharmacy to take the medication, nor does he call you to remind you to take the medication.
39	it is hard to get non-formulary approval,almost all requests are denied bordering abuse of authority.
40	REAGEL SHOULD BE GIVEN TO PT.THE OLD WAY.SOME OFFENDERS ARE TAKING MORE THAN THE PHYSICAN ORDER AND SOME ARE TAKING LESS THAN THEIR ORDER.
41	It would be so much easier for Intake units to use Stock meds and less medication wastes.
42	STILL WOULD LIKE FOR RENEWAL REQUESTS TO BE SET UP TO ALLOW DIRECT RENEWAL WITHOUT HAVING TO GET OUT OF EMAIL SYSTEM TO OTHER SYSTEM AND THEN BACK TO EMAIL TO CONTINUE. VERY TIME CONSUMING WHICH IS NOT A TIME AVAILABLE .
43	McKee was excellent. I get computer generated warnings about expiring meds that are inaccurate or sometimes refer only to a prescription number rather than a patient. I cannot use these. NF request forms could computer generate doctor's name and phone # to make the forms more user friendly.
44	The only real complaint that I have is the pill packs that are not full. There are missing medications. I thought that there were not to be any incomplete pill packs. After hour medication requests namely Lantus insulin when a transit comes to the unit has been filled the same day. mege thanks to the on calls. when it comes to needing to go and get will call meds it has always been easy. The staff at the pharmacy has been nice ane polite I do thank them and you for this.
45	OVERALL VERY HELPFUL AND STAFF ARE COURTEOUS.
46	I think we have a great pharmacy department and the personnel are great. Yes, there is always a need for improvement but overall, I'm pleased especially when I have to call and talk with one of the pharmacists. I have never been disappointed.

NUMBER	COMMENTS
47	formulary book would be slightly more user friendly if larger type. Disease management guidelines??? pharmacy patient education materials....not seen by midlevels. nonform approval process on this unit is dependent on medication aide being available. When she is out then nonform requests sit and wait until she is available....not an efficient process at all. Nonform deferrals frustrating. I have never seen quarterly audit information.
48	stock med par levels need to be adjusted .we are often out of various stock meds
49	i guess that the reordering would be easier if it was given more time . with the switch we are at times running out of meds. with things seeming to change on a weekly basis it is at times confusing as to how to order things and send back things but then again welcome to TYC and UTMB. there is always someone unhappy. like this survey the spot i want to hit the most was not included. most of the time all is good it is only occasionally that things happen but then again that is human nature, so all in all good job.
50	Occasionally have problem with stock and warehouse meds requiring reorder. re: PRS, sometimes orders put in and showing up on med screen are not showing up on administration screen at the pill window
51	I WHICH WE COULD SEE RENEWALL ORDERS BEFORE TIME AND CAN SIGN OFF ON ALLDAY MEDICATION WHEN IT IS ON LOCK DOWN AND SEE WHO ORDER THE MEDICATION WITHOUT GO TO ANOTHER SCREEN AND A BETTER WAY OF SCAN MED INTO UNIT AND TO NOT RECIEVE MED TO SOON(RED)
52	The Beto Facility has not been able to Utilize the Missing Medication services. If there is a tutorial and/or inservice, this would be very helpful to the Beto Facility.
53	The Huntsville Pharmacists are the friendliest and most helpful of anyone in this system! I'm sure they have a bad day from time to time, but you would never know it!! Thanks for a great team.
54	It is a joy to work with the pharmacy. They are always courteous and have all the answers for your questions. Keep up the good.
55	The ordering process is difficult and confusing(FORVUS). It is very frustrating having to open 3 different screens to print a medication pass. The complete medication order not showing up on the patient chart notes leads to potential medication errors. we need to be able to see the expiration date and any refills on any prescription at any given time. The PRS system is terrible! There are times the web will not load the print passes and we are unable to see the complete medication order.
56	Many Chronic Meds Cannot be Refilled & no Cipro or Levoquin when needed
57	a) When I send an email to a pharmacist @ HV for information they are always very prompt to reply and provide helpful information. This is VERY much appreciated. b) The nonformulary medications are still a enormous problem! The medications are very often not sent with patients coming from HG and medications ordered by physicians @ HG are almost always not approved by Mr. Craft.
58	They do an awesome job considering the volume of medication they handle day to day!
59	NONE
60	Thank You
61	The main issue that I think needs to be addressed are that we get medications a week or more in advance and do not have room to store them all. I am not sure how that could be rectified, but it is an issue when you have no space to put the medications up. Also, sometimes we do not get the pharmacy warehouse items for a week or two after they have been ordered. We have also had some issues several times where medications have been sent without invoices and had to call to get it. Every one is helpful and professional at the pharmacy.
62	I have none at this time.

NUMBER	COMMENTS
63	Hear at hobby we have constantly complained about the amount of medication that is now being ordered for offenders. We are having a hard time because there isn't any room to store pills and we have to work out of 7 to 10 boxes when doing pill window. We are sending back up to 6 boxes of expired medications a week sometime more. We have shown pharmacy when they have some thru and we have complained to department heads with no results. The doctor and PA are just giving meds to be giving them. The offenders come in and say then need meds increased they increase them without checking their compliance. We get meds DC's do to complainece and they put them right back on. Offenders who have had their KOP's taken because of overdoses, they put them right back on KOP. There are boxes being kept in both provider offices (4 to 8 in each) because the pillroom we have to work in is too small. Can you please help us. If no help is given you will be losing a number of PCA's because the work is so over whelming.
64	PRS system could be better. It seems to be taking longer for medications to hit the PRS after being put on the EMR. NF system could be better. It seems to take to long to get the medication which may be required for the individual patient.
65	Really hated to see Dr. McKee leave. Having him available with his wealth of knowledge and experience with psychotropic meds was invaluable. He was a true asset to Pharmacy Services for the psychiatric providers.
66	The font size in the Disease Management Guidelines seems small.
67	No comment.
68	1) In my opinion, (for what it is worth), the non-formulary process is in need of an overhaul. 2) In addition, the process handling auto-refills for patients who have changed units is awful. Forvus handled it appropriately, but the PRS system does not. The offenders change units too often to have to re-order medications each time they arrive on a new unit. Other than these 2 issues, the pharmacy is doing an outstanding job as always!
69	This may or may not be applicable, however as a nurse the largest frustration with obtaining medications for the patients is medication which is Rx'd at Hospital Galveston and is non-formulary never comes with the patient on admission here at Carol Young. If we receive a patient here especially on the week-end the patient goes without a vital medication for at least 4-5 days. This is not only inexcusable but unacceptable. If Hospital Galveston cannot send these non-formulary medications with the patient, why is it even prescribed.
70	MY DISSATISFACTION IS R/T THE FACT THAT I WORK AN INPATIENT EMERGENCY PSYCH UNIT--MOST PATIENTS MEDS DO NOT COME WITH THEM--(THEY ARE SHIPPED AFTER HOURS WHEN PHARMACY IS NOT OPEN BECAUSE MANY UNITS DON'T HAVE 24 HOUR NURSING) HENCE I GET PEOPLE WITH NO HIV MEDS, OMPREMAZOLE ETC. MY REAL PROBLEM IS GETTING A PATIENT ON 200-300MG THORAZINE AND HAVING TO GIVE 12 25MG PILLS --THEY ARE PSYCH TO START WITH AND MOST OF THEM THINK WE ARE TRYING TO OD THEM--OR JUST REFUSE TO TAKE THAT MANY PILLS. I HAVE A FREQUENT FLYER ON THORAZINE, DIVAPROEX, LITHIUM AND DILANTIN WHO TAKES OVER 30 PILLS WHEN SHE COMES. I HAVE ASKED SEVERAL TIMES FOR LARGER STOCK DOSES (100MG THORAZINE, WOULD BE NICE) ON SEVERAL MEDS -- DIVAPROEX, TRAZADONE--SERTRALINE-- ON THE WHOLE CONSIDERING THE PROBLEMS INHERENT IN THE SYSTEM THE PHARMACY RUNS PRETTY WELL.
71	The forms for the missing medications are not where we can send them through an email. Have to copy the form and send it via fax and I thought the process was suppose to be easy. Please make that process easier. It is hard enough having fill out one form per medication. Need a form where if there is multiples it can be done on the same form.
72	When a pharmacist uses research to determine that a non-formulary can be safely substituted for the medication requested this information should be scanned into the chart. This seems to me to be a matter of integrity and autonomy. They should be able to back the decision up and accept responsibility for the decision.
73	FLOOR STAFF DO NOT GET THE PILL PASS NEWSLETTER THIS IS SENT TO MANAGMENT ONLY.
74	No comments
75	Formulary print too small. You should not have to go on forvus to order stock meds. Pill passes are not

NUMBER	COMMENTS
	user friendly---forvus passes were much easier to read.
76	half the time pill pk come in pills are missing inmates do not get a full card there for we can not chart half card of pills .some time when we call for help they act like they do'nt want to help that what they are here for.
77	Improvements are slow. Not able to tell final exp date and kop status on EMR. Seems meds often not sent in transfer. non-form process is disjointed. Your survey needs answers that say, "do not know" since I have nothing to do with ordering floor stock and reclamation.
78	The automatic refill day being made less has made us be without meds for one to two days. The PRS system is very ineffective, lends to MANY missed medications due to not updating timely, and 'extra' doses due to meds not falling off of the system as they should. Nurses are having to use a handmade MAR in addition to the PRS and check the MAR against the PRS to prevent errors. This is double work for the nursing staff. In todays technological world one would think a system such as the PRS would not have to be 'checked' for accuracy.
79	The majority of this survey did not apply to me as I do not actually handle the medications.
80	The writing in the formulary is difficult to read. Needs to be larger.
81	WE ARE HAVING PROBLEMS GETTING HBV VACCINES IN TIME FOR THE PATIENT DOSAGES AS NEEDED. I FEEL THIS IS NOT GOOD PRACTICE FOR PATIENT CARE AND IT IS NOT COST EFFECTIVE.
82	non form is designed to save money by way of dening the meds. I had a reason to order a med for pharmacy to deny it is a reduction of service.
83	Would be great if we had a better shelf system in pill windows, the ones we use now make it hard to run a pill window. They also hurt our backs trying to stablize the boxes while we get meds popped out. Pull out shelves would be wonderful or even wider shelves. I dont know how much you'll have to do with this its just something to help us work better. Thank You for all you do!!!!
84	Doing a good job, but I would love for you to put the fiber back on cards, and use only one card when possible, when filling prescriptions. Instead of using two or three cards with only about ten pills in each card, we do not have a lot of room in the pharmacy, so finding space to put things up can be a big problem. Thanks for all that you do, we do appreciate everything.
85	pharmacy issues and problems are usually resolved and everyone on the pharmacy dept are always helpful and going above and beyond to help us in the pharmacy / sb unit
86	On chain in offenders who have refills of meds, meds still have to be reordered on the unit for offender to get meds. I thought PRS was supposed to keep this double work from occurring. Since we are so short on staff, this puts us at a disadvantage. We receive several blister packs with one or two pills in it. We do not have room to store 3-4 blister packs for one month of medication.
87	Please send and email to all Mental Health Providers telling us where to locate Informative and helpful officail UTMB patient education materials on psychotropic medications.
88	PRS has been extremely helpful.
89	Significant improvement in the past 5 years TYC Schema reports:Could you possibly program the computer to pull the list of youth by dorms? 2. Program to check who has been medicated and who is missing. This would improve compliance, eliminate med errors for omission, decrease number of meds returned! 3.Include picture IDs-elimiates multiple logs & increase work space for us 4. Add Dr.name to PRS screen orders-easier to complete Narc logs, MD name not seen at all??? THANKS
90	Improved in the last 10 years Active Medication report by patient last name within unit could benefit from adding the housing as it was before so that it can be pulled and separated by dorms to provide a quick list of youth's on medication by dorm for improving the pill window medication pass by knowing daily (it can be printed daily just before medline at 5:30 am) who takes medications. Eliminating the need to check all the TYC# of the youth in that dorm. PRS -may benefit adding picture to youth informatin to eliminate thumbing thru a book of pictures to verify youth ID. Also MD who ordered meds needs to be on PRS to know who ordered narcotic/ for documentation on Narcotic book. ect.
91	no comments

NUMBER	COMMENTS
92	The pharmacy staff have always been extremely helpful anytime that I have needed assistance etc. The only downfall is more logistic in that the expansive nature of our agency has understandable delays in shipment, however, I think the pharmacy does a great job to keep time delays to a minimum. Please pass on my thanks for the great job that the pharmacy does every day!
93	cannot make comment without wanting to yell, will refrain at this time
94	They do a good job: Keep up the good work
95	When possible, could you please contact me at the RMF Mon/Tues next week, I do have several issues that I need advice on. A. Isbell, RN
96	Medication administration time would be accurate and shorten if picture of youth is placed in PRS system. We are looking at book of youths picture and comparing with youth present. Then administering medication.
97	Would love to have it mandatory for all units, pods, nursing stations, to have their own resource materials that are current and not out of date. i.e. current and easy to use drug books with psychotropic medications listed. My boss does not think this is necessary or a priority. The PDR is downloaded on the computers, is outdated, difficult to use, does not include psych drugs, and the subscription to download the information has not been paid. Trying to access the Moody Library takes an act of congress. The psych doctors doing rounds often ask for reference books or any information and do not have access to this information as a speedy reference. If it was mandatory from this angle, maybe better medication education could be given to the offender population.
98	1) prs is not user friendly. ie when meds expire they fall off prs computer and there is no way to check past compliance or see what offender was ordered to get reordered. also when looking at meds you cannot tell from prs how many refills are left on an order when offenders are at pill window asking. there should be a way to answer their questions immediately. instead we have to get out of that screen and into another to print a medication print pass to tell information. 2) when chlorphen ordered tid x 30 days sometimes bag is sent with offender name on it and sometimes it is not sent. 3) offenders are getting 2-3 cards of partially filled meds to equal 30 day supply then nursing is blamed for offenders not getting a full card of meds. and sometimes accused of taking offender meds as was written in grievance recently.
99	They sent us a form to use when ordering discharge meds and gave us options to pick 1)Blister packs (which are used for halfway houses) or 2)Bottles (which is used for youth going home). However, they tell us that we don't use this form to order meds for halfway house. Why is the option on this form if this is not how we order meds for youth going to halfway house from our facility? We are required to send 30 day supply to halfway houses but can't because there is no way to order them before they leave our facility. Needs to be a better process and take that option off the Pharmacy form used to order discharge meds.
100	medication orders, email and phone responses are adequate
101	I,m very satisfied with the Pharmacy also with my ordering on my supply" M ,P thank you,
102	Given that the Stiles Facility is one of the Units who receive alot of Pharmacy Medications , I feel the Pharmacist and all the staff who work in the Pharmacy are to be commended for a great job they do consistently . Thanks for all the help . Kent
103	Putting Fibertabs back on cards would be helpful, being, that we have run out of room in the pharmacy to put up meds and make room for medications.
104	It would great if we could have a picture of the patient in the PRS as we're dispensing meds. Overall, TDCJ Pharmacy doing a good job. Thanks.
105	I do not work with pharmacy.
106	Nonformulary process with Dr. McKee was wonderful - he was timely, informative and a great asset to the department. He will be missed terribly. Errors noted in dispensing medications referred to our medication aides rather than the pharmacy itself. Much of the problems could be alleviated by bringing medication administration back to the pods/buildings at Skyview rather than centralizing to two pill rooms.
107	Daniel receives T orders in 10 days from order date. Daniel occasionally does not receive auto renewals, but we send missing med request and then they arrive. I appreciate everyone and thanks for your help.
108	DO NOT LIKE PRS HAS MANY FLAWS

NUMBER	COMMENTS
109	There have been too many times that pharmacy puts medications on hold that are ordered by the physician, which should never have been put on hold without first calling the physician and resolving the matter. Some of the holds are dangerous and not in the best interest of the patient. The process of having to justify each time when prior authorized medicine is ordered is redundant and time consuming. Some of the recommendations by a pharmacist for a change in medicine or alternative treatment choices cross the line of who is the the physician in charge and who has examined the patient and is best qualified to make the decision of how the patient should be treated.