

Vons Professional Relations Committee Meeting - July 9, 2010

Vons Pharmacists: Solange Stramler – Vons 1638; Omar Manjoo – Vons 2262; John Laschober – Vons 2688; Anne Concepcion – Vons 2162

Union Representatives: Cheryl Butler – Local 770; Rosalyn Hackworth – Local 135; Andrea Zinder – Local 324; Rick Eiden – Local 324; Connie Leyva – Local 1428; Rick Bruer – Local 1167; Deliana Speights – Local 1442

Company Representatives: Paul Knerr; David Goodall

Immunization Program – All new hires are trained as immunizing pharmacists (must commit to being an immunizer at hire). Most current pharmacists have now been trained.

Knerr spoke about this year's advertising campaign which will not include the word "anytime" in print ads when announcing to the public that they can get their flu shots at the store. Pharmacists should work in the flu shots with regular prescription filling. Some stores will probably offer mini-clinics on their own with management approval to accommodate their schedules at different times of the day or week. At most pharmacies the shots will be on demand. Some stores only have one immunizing pharmacist so flu shots should be scheduled on the days that pharmacist works or non-immunizing certified pharmacist supervises a pharmacy intern who has been certified to give flu shots. Pharmacy Techs and clerks work the clinics with the pharmacist to assist and help complete the paperwork. Flu shots begin August 15.

Paul provided the following information regarding prescription equivalents for vaccines - Yellow Fever – 7, typhoid – 5, polio – 5, zostavax – 2, flu – 1.5, HPV – 1.5, hepatitis – 1.5, pneumonia – 1.5, tetanus – 1.5, oral vaccines – 1. Travel vaccines are generally done by appointment so the pharmacist can schedule extra staffing if necessary. However, if the pharmacist has the immunizations in stock, they should attempt to accommodate the customer with current scheduling. Paul said that Vons has about 35 stores and about 50 pharmacists that are certified to provide travel immunizations. John explained that the pharmacists do not know the grid and should know it.

Connie asked how pharmacists are made aware that they can schedule extra staff. For all extra hours the pharmacist need to contact the RPM with the business need justification. If justified, the hours will be added. Connie asked if pharmacists participate in that process. Paul responded that the corporate pharmacy department is always part of

the process. Connie stated a lot of pharmacy departments are not given their weekly budget from the Store Director on time. Paul said he would advise the PDMs about this. Pharmacy managers are responsible for scheduling help in their pharmacy. If they have questions about how many hours they should schedule, the RPM should be contacted to go over the forecast for prescription count for the next two weeks. If the pharmacy uses more hours than appropriate the pharmacist in charge didn't schedule correctly.

New Computer System – The new system will roll out heavy after the Flu season although there will be many converted by the start of flu season. Rosalyn asked what will be enhanced by the new system. Paul explained that the new system scans prescription (imaging), displays an image of the drug to be dispensed, and has a more efficient work flow.

Community Program – A memo was circulated from Misha Osborne (Pharmaceutical Care Manager) saying that Vons is requiring each pharmacist to set up 3 off site clinics. Pharmacists must contact church groups, local businesses; dentists etc. and solicit flu clinics. Pharmacists must show company the list of all the businesses and organizations they have called. Dave explained that there is a responsibility to make a good faith attempt during down time to make calls from the pharmacy department. Paul has developed a script for the calls. Normally the goal is to have 30 or more participants to have a clinic. Solange asked about billing when there is a clinic and Paul responded that most of it is cash business. Paul said that the company has done this for years but Solange explained that cold calls are new. Regional Pharmacy Managers check to make sure calls are made about once a week.

Breaks and Lunches of Techs and Clerks – It is the Pharmacy Manager's (or pharmacist in charge) responsibility to schedule and make sure they are taken. Techs must also be responsible to make sure they take their lunches and breaks. Solange stated that since her store closes for ½ hour she asks the Techs and Clerks to go to lunch while the pharmacy is closed. Paul confirmed that it is the pharmacist's discretion whether or not to leave pharmacy open while at lunch. If the shift is 10 hours or less the pharmacist can waive the lunch and take an on call lunch (which means not doing any work except in bona fide emergency).

Extern Program with Pharmacy Schools - Paul stated that the schools depend on the company to help educate students. It is

voluntary for a pharmacist to be a preceptor. Externs do some work but do not displace anyone's schedule or work hours, they are there to learn. Vons uses approximately 20 to 30 externs during each school year. Rotations are generally 6 weeks. Paul explained that this is a collaborative agreement with all So Cal Schools of Pharmacy. It is a pipeline for pharmacists. The educational work that they are allowed to do is similar to the work an intern pharmacist is permitted to do but to a much lesser degree.

Central Fill – The Company doesn't schedule a 3rd pharmacist in stores that use central fill. Labor scheduling is the same as a store without central fill, less a pharmacist. (stores get credit for all prescriptions). Some refill prescriptions go to central fill. John said that pharmacists are under the impression that the total number of hours available in a pharmacy is less if the store uses central fill. Paul said that is not the fact, but the store doesn't have a third pharmacist. Currently, only stores that fill about 1,200 Rxs / week use the central fill.

Internet Access in Pharmacy – The Pharmacists agreed that the internet is very slow in the pharmacy and it is hard to answer patients' questions. They have lost google access and have to use 'Facts and Comparisons' (a company provided system). Solange stated this on line system may not be as good as the hard book copy. It is hard to get drug interaction information on this system. Paul said there are a couple of other sites the pharmacists can access. Solange mentioned that 'Web MD' is not good. Paul said the abuse of internet usage was prevalent when the pharmacy had unlimited access. Paul stated that the new system will have a lot more information. Cheryl mentioned that Epocrates is a good web site. Paul agreed to look into it.