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To: CPR Receiver

Subject: Maxor Pharmacy System

To: J. Clark Kelso, receiver
State of California Prison Systems

When I was 3 years old, I played with a wooden puzzle consisting of different shapes. The circle shape would only fit in the circle area and the square shape would not fit in the rectangle area -- plain and simple. The Guardian pharmacy software system is designed to fit RETAIL pharmacy only -- plain and simple. Since its inception I have heard absolutely no positive feedback from pharmacy, nursing or physician staff regarding this system. Indeed, only negative comments (excluding "I feel sorry for you") rule the day. It breaks my heart to hear the governor talk about the budget and cuts to education and state parks, while we literally are wasting millions -- indeed billions if this is allowed to take root statewide -- on Maxor and its failed system. Please consider the following:

I. COST

A) Pharmacy Staff: this system is incredibly labor intensive. We have had to add 3 full time pharmacy technicians and 2 part-time pharmacists (often working full time hours) from the registry (at an exorbitant hourly rate). The other Maxor converted institutions have similarly increased staff. Now, multiply these costs statewide!!

B) Inventory: run the numbers & you will see that our drug and supply costs have increased horribly in these 6 months compared to the previous 6 months. We use reams of paper & labels due to this wasteful system. We could no longer deliver life sustaining medications to patients in a timely manner, and had to resort to "bad fixes" of automatic prescription refills and 30 day supply which results in lost inventory due to a number of technical factors (such as drug changes, patient movement & etc.). Thus, there is no longer any kind of tight drug control and everyone is suddenly "compliant" with their medications (ie--they get refills automatically so we cannot tell who is really taking their drugs or not). Lost inventory means HUGE losses of money as I am sure you are aware (HIV drugs for example cost thousands of dollars per patient per month).

C) Ancillary Staff: nursing has had to increase staff in order to cover the increased workload created by the system.

II. MAXOR & GUARDIAN SOFTWARE

A) Software: there is far too much that must be said to address all the problems associated with this tedious, cumbersome and monumentally inefficient system. So many order entry fields are completely irrelevant (but must be addressed by key strokes in order to enter an order) and unnecessarily complex because this is a RETAIL PHARMACY system and has no application to institutional pharmacy. We are only human, and mistakes (mostly technical, but some potentially harmful to patients) are routinely being made due to the aforementioned nature of this beast .

B) Maxor: why is California sending millions of dollars to Texas in order to fund a new pharmacy system. Yes, the old pharmacy software system was antiquated. There is no question that drug interactions needed to be addressed by a new program, but this could have been accomplished by a system that is more conducive to the institutional setting -- such as the Veterans Administration program -- at a cost that is not even remotely near what this is. Furthermore, although I have absolutely no proof, there are aspects of the Maxor drug formulary that lead me to believe that they are receiving "kickback" payments from drug companies. I also suspect that they are receiving money from the data we send them concerning the prescribing habits of physicians. A couple weeks ago, a Maxor pharmacist and technician came to

trouble-shoot some of the problems we were encountering. Our inventory data was not even remotely correct, but after hours of work their only fix was to add more work to the order entry process in order to make the data -- and this is a direct quote -- "LESS WRONG"!! They have also told us that sometimes we need to "trick the system" in order to make something right! All of this is absolutely ludicrous. Now they are talking about a "central fill" system, and given their track record this is sure to be an unmitigated failure.

III) SAFETY & SECURITY

Inmates live in a very tense environment. They must have a sense of stability and drug delivery used to be a reliable part of this. Currently, our drug problem lists have gone from a few instances per day to several PAGES of instances per day. We are now a source of anxiety and anger to this very volatile population. There is one formulary change that (despite urgent and persistent pleas) has gone unchanged and continues to be a real threat: the change from Kadian (morphine capsules) to MS Contin (morphine tablets). Kadian capsules could be opened and poured into water for dispensing -- making diversion difficult. MS Contin tablets must be given whole, enabling the patient to "cheek" the tablet and take it back to sell. Indeed this drug trafficking has sky rocketed and Maxor refuses to budge (did I mention "kickbacks" before?) -- Kadian is not much more expensive than MS Contin.

There is so much more that I can say, but much of it is of a technical nature and I don't want to burden you with the details. I hope this overview gives you some sense of the mayhem that this system has created. On a personal basis, I now dread going to work every day knowing that I will be facing chaos, low morale, disorganization and a fundamentally flawed and failing workplace.

Please carefully consider all of the above comments, before more prisons become infected with this "virus".

THANK YOU ONCE AGAIN FOR YOUR TIME AND CONSIDERATION.

SINCERELY,

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