

Reducing STRESS levels

by banning telephones from the dispensary

By DEBBIE ANDALO

Among hospital pharmacy staff, a dispensary where stress levels are dangerously high is almost accepted as normal. However, some pharmacy departments have started to say no!

Attempting to answer the telephone, dispense a prescription and deal with a patient at the dispensary hatch, all at the same time, used to be a common scenario faced by pharmacists and technicians working in the busy dispensary at Cheltenham General Hospital, part of Gloucester Hospitals NHS Trust. Dispensing errors were made, tempers became frayed and all those involved, from the ward staff who required information about medicines urgently to the patient waiting for their prescription, were unhappy with the situation.

Now, however, the daily nightmare has become a distant memory for staff. As part of an overhaul of the working environment and organisation of the pharmacy department, the telephones have been removed from the dispensary and transferred to a "bunker" or dedicated pharmacy help desk.

Dispensary manager Jenny Harris explains: "We had to do something because the 'phone just rang incessantly. It is quite a serious issue when you are trying to check something and the 'phone keeps ringing all the time." She admits that mistakes were being made.

The solution to the problem was simple

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Telephones that ring incessantly can lead to frayed tempers and dispensing errors

and cheap and has had a dramatic effect on staff morale. Elaine Lockett, senior pharmacy technician, patient services, says: "It's made a massive difference. Nobody has to answer the 'phone in the dispensary any more. In the past, it meant that you had to answer the 'phone and deal with some complicated query when you were in the middle of a prescription. Now, when you are in the dispensary you can just get on with the job without any distractions."

Mrs Harris describes the difference the bunker has made. She says: "With the bunker, it means that the pressure is off because we are able to deal with the question in hand.

The initiative has also had the advantage of improving relations with the ward staff because queries are now handled more quickly and efficiently. "Queries are dealt with at the time, rather than being handed on to somebody else or somebody just giving a vague answer."

INSIDE THE BUNKER

The bunker is set up in a room that used to be the dispensary office. There are two telephone lines in the room. In addition, there are two computer terminals, each of which has access to the patient administra-

tion system, the trust's intranet, as well as the internet.

The bunker is staffed on a rota basis by a technician and a pharmacist. The technician works a two-hour shift, while the pharmacist does either a full morning or afternoon shift. All calls to the bunker are first routed to the technician's telephone and they are only passed onto the pharmacist if clinical advice is needed.

Establishing the bunker was a crucial part of the department's re-organisation plans designed to create a quieter dispensary so that a new technician checking system could be introduced. Under the new system, the pharmacist in the bunker clinically checks the discharge prescription against the in-patient chart before it is sent to the dispensary. Trained technicians in the dispensary are then given the new responsibility of checking that the prescription is dispensed properly. The consensus among staff was that the new system could only work well if the dispensary was telephone-free.

STAFF CONCERNS

Jacqui Liddle, pharmacy operations manager, admits that at first staff were concerned about the pressure they would have to face in the bunker. "I think it is

Panel 1: Improving the working environment

- | Install pressure pad mats under work benches to ease aching legs
- | Replace florescent lighting with the same type used in operating theatres
- | Train staff on how to use adjustable seats
- | Install flexible shelving
- | Build benches at different levels to accommodate different staff heights
- | Employ receptionists in dispensary to deal directly with patient enquiries
- | Take telephones out of the dispensary
- | Set up a pharmacy help desk

important to get across to staff that they are only going to be there for a short time and that all the information they need is in front of them because they are linked up to a computer." Mrs Liddle also explains that staff were further motivated to work in the bunker once they realise that working there takes the pressure off the dispensary.

Mrs Lockey appears to enjoy the pressure. "Working in the bunker offers you a change from just dispensing all day long. The first slot of the day is the most pressured, but I enjoy the challenge. The time just flies and I think a certain amount of pressure is quite good fun."

However, Mrs Liddle reveals that the rota may have to be amended because the shifts appear too long for the pharmacists. "Four hours can be a long time for them. Although the first call will go to the technicians, there are still a lot of calls for the pharmacist to take. It's still a constant pressure for them, even though they can take a coffee break and have a longer break at the end of the shift."

Another issue that has come to light since the system was introduced is ensuring that there are enough experienced staff available. "You do need to have somebody in the bunker who is experienced and capable of carrying out clinical checks in a pressured environment," says Mrs Liddle. Bringing such a person into the bunker would mean that you lose somebody with experience from the dispensary. "I think that is something on which an eye needs to be kept. If other pharmacy departments are interested in following our example, they need to be aware that this could be a problem."

However, Mrs Harris notes that the telephones had been such a distraction in the past that staff performance, in fact, has improved under the new system. There had been concern that taking a pharmacist and technician out of the dispensary could leave the dispensary so short-staffed that the work would suffer. "What we found was that it worked out all right because in the past, people had been spending so long dealing with questions on the 'phone."

PRESCRIPTION TRACKING

Introducing the pharmacy help desk also enabled the department to bring in a prescription tracking service. The pharmacist in the bunker prioritises the prescriptions and then logs them onto a computer system. Mrs Liddle comments: "The tracking system means that at any one time you can find out whether the prescription has been received, is being dispensed or has been completed."

The ward staff can also track a prescription by simply logging onto the system from the wards. "Before this tracking was introduced, if somebody rang to find out what had happened to their prescription, you had to go through all the prescriptions manually."

MAKING IT WORK

It should be relatively easy for other pharmacy departments to introduce the Cheltenham bunker system. Mrs Harris explains: "You have to get the staff on board and decide that as a department you want to do this. You also need the support of the IT department which has to be prepared to come down and move things. It also helps if the staff can see the bigger picture and benefits — that it's not being done just because you are fed up with the 'phones."

Mrs Liddle is clear on why the change was necessary: "The impetus for us was that we were trying to change the environment we were working in. We couldn't go on working as we were because the workload was increasing and we couldn't manage everything." She also believes that costs were kept to a minimum. "It's just a question of moving the equipment around and getting access to the computer in the right place and having the 'phone in the right place."

LESSONS FROM ELSEWHERE

The Cheltenham re-organisation is just one idea for improving the working environment put forward in the Government report "Improving working lives for the pharmacy team" published last year.¹ The document highlights examples of best practice that can be adopted to help promote a high quality and motivated workforce.

The report illustrates simple steps that other pharmacy departments have taken to improve staff working conditions and boost performance (see Panel 1). They include introducing adjustable furniture at Stoke Mandeville Hospital in Aylesbury, Buckinghamshire. Benches are at different levels in the department to accommodate the different heights of staff. The shelving system is also movable.

Liz Sutton, head of pharmacy at Stoke Mandeville, says: "The system is so simple. You can hang things on the rails and move them around if you want. If you wanted to

change the dynamics of the whole department, it would be quite easy to do without having to get the builders in. This is quite a bonus in the NHS where you might need to move a whole department but can't afford the cost of new benches or shelving."

At Salisbury General Hospital in Wiltshire, managers have adopted suggestions from pharmacy department staff that have improved their working environment. Ideas taken on board include buying pressure mats for placing under work benches. These help to relieve aching legs and feet. Other moves include bringing in adjustable chairs and teaching staff how to use them, as well as replacing traditional florescent lights with the same type of lighting used in operating theatres. Chief pharmacist Sally Tomlin comments: "None of it is rocket science: just simple, practical ways of improving things by listening to staff."

"Improving working lives for the pharmacy team"¹ states that systems and environments have a fundamental influence on how people do their jobs. It highlights three areas that are crucial when looking at the working environment of the pharmacy department, where staff often face long periods of standing or sitting in one place and have to do close reading of computer screens and labels. The three areas are good lighting, comfortable heights for work benches, and a calm environment that help staff concentrate.

Jenny Dorey, chief pharmacist at Oxford Radcliffe NHS Trust, who is also secretary of the Association of Teaching Hospital Pharmacists, concedes that improving working conditions was always a challenge. She has only recently succeeded in persuading her trust to improve the ventilation system of the pharmacy department on the John Radcliffe Hospital site. "The department at the John Radcliffe has no windows. However, on our other site at Churchill Hospital, there are two windows and it just feels so much lighter and "airier" you can tell the difference that makes to staff."

The John Radcliffe Hospital has also recently appointed receptionists in the pharmacy department to deal directly with inquiries from patients, so as to take some pressure off the dispensary staff. Mrs Dorey comments: "It can be quite difficult when the patients are standing at the hatch and demanding attention when you are trying to type labels." Such distractions obviously increase the chances of errors occurring. The chief pharmacist declared that the appointment of receptionists had been a success. It was easy to recruit them and they were good at communicating with patients.

REFERENCES

1. Department of Health. Improving working lives for the pharmacy team. London: DoH; 2001. www.doh.gov.uk/iwl/iwlpharmacy.pdf