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## Making the Change—A Team Approach to Appointment-Based Pharmacy Services

by Jeannie Collins Beaudin, BPharm, RPh

APPROVED FOR

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# Making the Change—A Team Approach to Appointment-Based Pharmacy Services

by Jeannie Collins Beaudin, BPharm, RPh

## Learning Objectives:

Upon successful completion of this lesson, the pharmacist will be able to:

1. Explain the advantages of a team approach to providing pharmacy services
2. Suggest ways to use the team approach to create time to provide pharmacy services
3. Explain how the team approach can add value and consistency to pharmacy services
4. Describe how working as a team can increase job satisfaction and improve employee retention

Jeannie Collins Beaudin is a community pharmacist with 35 years of experience. She owned and operated two successful compounding pharmacy businesses over a period of 14 years, is certified to administer injectable medications and began charging for consultations in 1997. She has been authoring articles for *Drugstore Canada* since 2006, and her current column, “New Business,” deals with developing and marketing pharmacy services. She has been a reviewer for CCCEP for 15 years, completing many different types of educational programs yearly. She is also the lead pharmacist trainer for the injection certification program in New Brunswick. She has presented to over 100 local groups in addition to giving presentations on pharmacy services at two national pharmacy student Professional Development Week conferences. Jeannie has also presented at several Dalhousie/Memorial University of Newfoundland conferences, the Business 2.0 conference in Toronto, several New Brunswick pharmacy conferences, as well as on the Dalhousie University PharmaSea Cruise in the Caribbean. Jeannie is past Chair of the Board of the New Brunswick Health Research Foundation, Past President of the NB Pharmaceutical Society, having served 12 years on the council, and a former member of the Board of CPhA. She sold her pharmacy business in 2009, and currently does relief work from April to November and spends her winters in Florida.

The author wishes to note that she has participated on the sponsor’s advisory board.



## INTRODUCTION

Moving from a product-focused, prescription-filling service to a practice based on patient-focused pharmacy counselling services is a huge change that is not easily achieved. We have been talking about patient-centred pharmacy care (formerly called pharmaceutical care) since the early 90s and still have not achieved adequate levels of the desired practice change. Like all changes, moving to patient-centred care is easier when broken down into smaller steps, adding individual services one at a time. However, it is essential to have a clear vision of the end goal and to have everyone involved understand what they are trying to achieve.

The common vision for Canadian pharmacists, as described in the Blueprint for Pharmacy, is to achieve “optimal drug therapy outcomes for Canadians through patient-centred care.” Take a moment to read the description on page 3 of the Vision for Pharmacy document, as developed through extensive consultation with pharmacists across Canada, and consider how these goals can be applied in your pharmacy: <http://blueprintforpharmacy.ca/docs/pdfs/2011/05/11/BlueprintVision.pdf?Status=Master>

## APPROVED FOR 1.0 CE UNITS



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## ANSWERING OPTIONS

1. After carefully reading this lesson, study each question and select the one answer you believe to be correct. Answer online at [www.CanadianHealthcareNetwork.ca](http://www.CanadianHealthcareNetwork.ca).
2. To pass this lesson, a grade of at least 70% (7 out of 10) is required. If you pass, your CEU(s) will be recorded with the relevant provincial authority(ies). (Note: some provinces require individual pharmacists to notify them.)

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**ADVANTAGES OF A  
TEAMWORK APPROACH**





## ADVANTAGES OF A TEAMWORK APPROACH

Although it is beneficial to have a team leader or champion who will coordinate the development of extended pharmacy services, it is crucial to have the entire pharmacy team involved in major changes for many reasons.

One reason is the well-known fact that change can be stressful for many people. Understanding why change is necessary and having input can give employees “ownership” of the change and a sense of control, reducing the level of stress associated with the change. Changes imposed solely by management can be met with great resistance and are perceived as being more stressful by staff. Clarifying the role of each staff member and addressing common fears such as increases in workload or even job security can also reduce potential stress.

Planning and implementing change in the workplace can entail a significant amount of work. Dividing the workload eases the burden on each individual. At the same time, it invites the involvement of the various members of the pharmacy team. Each has different talents and skills to offer, and team members can learn from each other.

Having as many pharmacy team members as possible involved in services also avoids creating a service that is reliant on one person, which would result in a disruption of the service offering if that employee becomes ill, goes on vacation, resigns or moves. As well, when several pharmacists and technicians are able to perform the service, the hours of availability can be increased. When new staff members join the team, a fully integrated staff will enable easier training in the provision of pharmacy services already in place.

Additionally, one of the best ways to advertise your services is through personal marketing, explaining your service one-on-one to a client who you think could benefit from it. This gives you, as you assume the role of the marketer, the opportunity to give a customized description of the benefits that particular client could expect to experience, personalizing it to the client’s situation. It also gives the client an opportunity to ask questions about the service. Having all staff members, both dispensary and front store, trained in the details of the service will increase the number of people who can personally market to clients. Keeping the service in mind, and recommending the service when a client purchases a related product, is a good way to reach your target market. Another way is to use the report function of your pharmacy computer system to identify potential users of a service, and then approach these clients by telephone or when they visit the pharmacy.



## CREATING TIME

A lack of time is among the most commonly cited barriers to beginning extended pharmacy services. Developing and organizing the protocol for a service can require signifi-

cant time. Keep in mind that there are many tools already developed, as well as case studies of existing services that may be useful. It takes much less time to adapt existing tools and ideas to your situation than it does to create them—so don’t reinvent the wheel! Other pharmacist colleagues may also have ideas and tips they are willing to share regarding how they have solved some of the common problems encountered in setting up an extended pharmacy service.

Creating greater efficiencies that will improve productivity in the dispensary is one way to create more time for the pharmacist and dispensary staff. Many articles have been written on this subject in the past, and I would encourage the reader to review these for ideas to streamline dispensing functions.

With technician regulation unfolding in many provinces, it is now time to examine what duties can be delegated to this new professional group. And, while we are waiting for regulation changes and sufficient numbers of regulated technicians to come on board, we can delegate some of our technical activities to our current assistants, some of which they are already fully capable of performing and others they could perform with a little training.

Certainly all basic dispensing functions as well as an initial check can be done by an unregulated technician with some experience. Teaching the incorporation of a preliminary checking function can reduce the time required for error correction and can begin the shift in the thought process as technicians move toward regulation and begin taking responsibility for the accuracy of their work. Dealing with insurance issues, often learned by pharmacists through experience, can generally be taken over by technicians who can benefit from learning from pharmacists’ experiences. Technicians can also perform technical functions, such as blood pressure measurements and device training, with the pharmacist being brought in at the end of the session to answer questions or give an interpretation of the reading. Training in choosing and fitting home healthcare items is available for technicians to enable them to fulfill this role, freeing up the pharmacist’s time to perform other pharmacy services.

Of course, having our already-busy technicians take on additional duties means that they may not have enough time during the day to complete their assigned tasks. Many of the duties they routinely perform, such as operating the cash, filing prescription hard copies, answering the phone, cleaning the dispensary, receiving inventory, and making reminder calls for appointments, can be performed by a pharmacy assistant with on-the-job training.

Having all members of the pharmacy team work to the full scope of their abilities and, if necessary, adding an extra person (perhaps a motivated employee from the front store) to help with the least technical duties, can result in more time for the pharmacist to participate in clinical activities. Of course, training would be necessary and it may take time for the shift to occur, but the rewards are great for each individual staff member, giving them pride in their abilities and ultimately resulting in a more interesting job and better care for their clients.



## CHANGING ATTITUDES AND THE CULTURE OF PHARMACY

A parallel goal when moving to providing pharmacy services should also be to change the culture of the entire staff toward a focus on the patient. Historically, pharmacy business activities have been centred on the product, for example, reducing errors, creating efficiencies in filling prescriptions, and improving productivity in terms of prescriptions per staff member per hour. With the creation of a new class of health professional, the registered pharmacy technician, pharmacists can now shift their focus to patients and their needs, and achieving the outcomes of treatment. The focus should now be centred on creating an ideal experience for clients and ensuring that their health goals are achieved.

One method of initiating this change in focus is to empathize with clients, and to consider their experience in dealing with illness and requiring medication. Maintaining an attitude of respect and empathy for all clients, including the difficult ones, encourages members of the pharmacy team to consider issues and events from the client's point of view. Staff meetings to share scenarios of "what went wrong" and to discuss options for handling similar situations and how to prevent them from happening in the future can help staff members learn from each other's experiences.

In addition to operating an efficient and safe pharmacy, we also need to focus on reducing medication errors patients may make, increasing their understanding of and participation in their therapy, and improving their outcomes.

As technicians assume more responsibility for the product, in terms of error prevention, efficiencies, and productivity, the pharmacists are freed up to assume a greater focus on the patient. Being responsible for real change in a patient's health, in other words producing positive health outcomes, is very gratifying for the pharmacist and can create customer loyalty. Additionally, for technicians, expanding their role and successfully taking on new responsibilities can be a great source of pride and sense of accomplishment. For many in the healthcare professions, it's not all about the paycheque but instead about helping people and making a difference in their health. Particularly amongst new graduates, one of the criteria for deciding which community pharmacy they would like to work in is whether or not the pharmacy provides patient-focused pharmacy services. As technicians become regulated, the opportunity to work to their full scope of practice may very well become one of the criteria in their job search as well. Keeping staff motivated, challenged, and engaged can be an important contributor to job satisfaction and employee retention.

In some corners of the pharmacy world, it is debated whether the difficulty in changing the way we practice pharmacy is due to barriers, such as lack of time or reimbursement models, or due to the difficulty in changing the culture of pharmacy, where we see ourselves as providers

of medication and are uncomfortable taking responsibility for the outcomes of our interventions. Realizing that it is probably a combination of both, it is easy to see that achieving change in the practice of pharmacy to fully assume our role in the healthcare system will take careful planning, innovative ideas, and a firm vision of what we want to achieve. Pharmacies need support, not only with the clinical aspects of delivering services, but also with the process of implementation itself.

A survey of Australian pharmacists suggests seven areas that need to be considered for change to occur in the community pharmacy setting<sup>(1)</sup>:

- 1. Relationship with physicians:** Building rapport with local physicians can contribute to a program's success. This is felt to be a very important factor in medication review programs. Providing information directly to physicians regarding any detected problems, with the goal of helping them to better control the patient's condition, is a good first step to establishing a relationship.
- 2. Remuneration:** Payments for both the implementation process and the service itself can enhance the rate of implementation of services. Some Canadian provinces are beginning to reimburse for services, but we should not underestimate the public's willingness to pay for services when they perceive value and understand how they will benefit. As well, it is easier to convince the province to pay for a proven service with demonstrated value that clients are willing to pay for than it is to sell the theoretical benefit of a service that could be developed.
- 3. Pharmacy layout:** An appropriate pharmacy layout with space and privacy is a facilitator in the implementation of services. However, if lacking a designated space, creative solutions can be employed, such as privacy screens, portable rooms, or partial conversion of an office.
- 4. Patient expectation:** Consumer demand acts as a facilitator in the implementation of a service. If patients expect a certain service, the pharmacy will feel both obliged and motivated to provide it. Creating patient expectations can be an important role for our pharmacy associations as well as for individual pharmacies.
- 5. Manpower/staff:** Having sufficient and appropriately trained staff is a necessary key element for successful implementation of a service. If new initiatives are introduced in an ad hoc manner, without any integration, the workload will simply increase each time a new program is started. The key is to integrate the service into the workflow as much as possible, considering not only staff numbers, but also knowledge, skills, and competencies.
- 6. Communication and teamwork:** It is important to communicate the reasons for change internally, work as a team to make it happen, and have someone to lead the change. Although the owner may take a leadership role, the change process is facilitated by engaging the entire pharmacy team with all members working toward common goals. Including the entire staff is important even for a service that is essentially delivered only by the pharmacist.

**7. External support and assistance:** It is important to be able to call on experts or consultants, often from outside the pharmacy, when planning and implementing change. Professional pharmacy organizations can play a key role in providing support, not only with the clinical aspects of service delivery, but with the process of implementation. Mentoring programs, which allow pharmacists to gain assistance from other pharmacists, have been highlighted as facilitators of change.

The old adage that two heads are better than one (or many heads, in the case of a pharmacy team) can certainly apply to pharmacy change. We have talented professionals in our pharmacies and our pharmacy organizations, and they can all make contributions to help advance the practice of pharmacy.



## BUILDING SERVICES

As discussed earlier, both the building and delivering of services need to involve all members of the pharmacy team. Consider the various talents of each member of the team as well as their areas of interest and previous experience. For example, a pharmacist who has a family member who has been diagnosed with a disease, such as diabetes or heart disease, has very likely already done extra reading and research on the subject and will tend to have increased empathy and understanding gained through personal experiences. Additionally, management can help motivate their staff to advance their education by paying for accreditation programs. Reimbursement on successful completion of the course is the best way to ensure this approach yields positive results. If each pharmacist focuses on background information on different subjects with the potential for a future service, becomes an expert in the area, then shares the best sources of information, all can become experts. Although you will want to introduce services one at a time, it makes sense to begin planning, learning, and researching for future services as well. Pharmacists are all required to earn CE (continuing education) credits every year, and the best education is that which will be put to use in the form of a patient service—education with a goal.

Similarly, technicians are fully capable of learning to conduct the technical parts of patient services, such as blood glucose and blood pressure measurements, always ensuring that a pharmacist is available to deliver the cognitive aspect of the service. And don't forget the teaching role—it is often much easier to arrange time for a technician to spend 10 uninterrupted minutes teaching the function of a meter to a patient and then have the pharmacist step in afterward to teach the goals of testing and to answer questions.

Technicians should certainly be involved in designing the workflow of services, ensuring that they are incorporated into existing systems as much as possible. For example, an injection service can simply be added to the workflow by treating the injection much like a modified

prescription, with all of the pharmacy team involved in providing the service. A pharmacy assistant can manage logistics of the pharmacy service, provide information in written form, and have the client fill out an informed consent form that contains basic questions that will gather information needed by the pharmacist who will eventually be administering the injection. A technician can enter the injection into the pharmacy computer system in the same way a prescription is entered, either by adding the fee for administration to the “fill” for the product, or by creating an option called “injection administration” to document only the administration service. This will not only create a record of the service but also will produce a receipt that can be used as a record of the administration for the client. The label produced at the same time provides an extra copy that can be passed along to the family physician to ensure he/she has a complete record. In this scenario, the pharmacist only needs to review the information gathered on the consent form, perform the patient assessment, then administer the injection. The overall time required for each member of the pharmacy team is not much more than filling and counselling for a new prescription when all staff members are involved in the service.

As well, we often have members of a pharmacy team who have developed skills because of personal interests. For example, you may have a pharmacy assistant who has some artistic talent who is able to create simple, inexpensive signage for your services using a colour printer.

Many protocols for services already exist that contain tools that will help organize and standardize your services. Technician and/or pharmacist staff members should be encouraged to search out what already exists to save time. Look for tools that are based on practice guidelines and have already been tested in clinical settings to demonstrate their efficacy. For example, the Framingham risk score for estimating cardiovascular disease risk and the FRAX<sup>®</sup> tool to assess risk for bone fractures can easily be found online and are available as an iPad/iPhone app as well as in paper form. An app is also available to convert A1C readings to average blood glucose levels, which may be easier for clients to understand.



## DELIVERING SERVICES

Electronic tools and apps are increasingly available and can instantly streamline your service and make it more consistent when being delivered by various staff members. A good electronic tool, while guiding the discussion and following established guidelines for the condition, will gather and document similar information for each client, standardizing the service. Ideally it will also generate a report that can be printed or emailed, providing a take-home to remind the client of what was discussed, creating greater perceived value for your service, and lessening the documentation time.

Keep the team approach in mind when delivering as well as preparing for services. Having the entire pharmacy team involved in the delivery of services lessens the work-

load on each individual. It also helps all team members to familiarize themselves with the services being offered and, therefore, better able to answer questions about the services.



### **BUILD IN CONSISTENCY**

Because you will be charging the same price to all clients, you will want the service to be consistent, delivering the same value to every user of the service, regardless of which staff member delivers it. One way to ensure this is to have consistent training for those who deliver the knowledge component of the service; we see this in the requirement for certain courses as a prerequisite for payment for government-paid services.

If everyone delivering a service uses the same tools, eg, patient questionnaires, this will help ensure the same level of information will be gathered from and given to each client. The use of a written protocol will help ensure that the same topics are discussed at each interview. It will also help to keep the discussion from drifting off topic, resulting in time wasted during the interview. A standardized information collection form or electronic tool also helps to keep the service consistent. Having written information readily available and organized by subject will help the person delivering the service to provide important written material for the client to take home afterward. Electronic files can be easier to organize and find than paper versions, and are generally easier to email or print off when needed. We know that people remember more details of what they have read as well as heard, so the take-home materials will increase the amount of information that clients will learn and retain, increasing the value of the service to them. You will find that your services will develop and improve over time in response to client feedback, changes in the environment, and new research.





**CASE STUDIES**





## CASE STUDY: Osteoporosis Risk Clinic (by appointment)

Our store's head office has an ultrasound bone density machine that is shared between several stores, with each having access for one to two weeks a year. In the past, we have simply performed the bone density measurement and given a short explanation of what the reading meant with a comparison to the normal range.

This year, given our new emphasis on pharmacy services, we decide to include a more complete assessment of osteoporosis risk. The goal of the service is to educate the patient while screening for possible low bone density. A low result from an ultrasound bone density test would suggest that higher level testing would be needed. The education imparted during the service would potentially help in the prevention of future bone loss. By searching the internet, we find the Canadian version of the FRAX<sup>®</sup> tool, an assessment developed by the World Health Organization that estimates a 10-year risk of fracture using multiple risk factors, including the T-score, that will be produced by the ultrasound machine we will be using. This tool is the result of extensive analyses and consideration of more than 50 risk factors that identify five factors that markedly affect fracture outcome: age, bone mineral density, body weight, a history of prior fracture after the age of 50, and any falls during the past 12 months. These risk factors were then used to develop and internally validate the prognostic model used by the tool, which has been adjusted for varying factors in specific countries.<sup>(2,3)</sup> The tool is available as a free iPhone/iPad app designed for Canada that we have loaded onto the store's iPod. The results can be emailed to the client but, as many of our clients are elderly and possibly not users of email, we plan to email the results to our store email and print off a copy when necessary, as we will be using an iPod for portability. In the future, we may consider installing a computer and printer in the counselling room for convenience.

We want the clients to leave with good information in written form, so one of the pharmacists conducts an internet search for a concise article in lay language. He finds one on a trusted Canadian patient osteoporosis information site ([osteoporosis.ca](http://osteoporosis.ca)) and reproduces it on the store's colour printer. He creates a file on the store computer so documents can be saved in an organized manner, to be accessed and reprinted easily in the future. He shares the information with the other pharmacists so all will be familiar with the written information being given to clients and where they can find it.

We will ask clients if they would like the results shared with their physician. We have also prepared a brief questionnaire to assess the clients' satisfaction with the service and will have them complete this before leaving the store.

Although we have offered free bone density measurements in the past as a promotional event, we have decided that, with the additional assessment, this service is worth at least \$50—the price currently being paid by several provincial governments for a basic medication review. One of

the pharmacists writes up a brief description of the assessment, and our pharmacy assistant prepares a bag stuffer. We have a staff meeting to explain the program so all staff members understand what is being done, and start promoting the two-week-long event a month beforehand to our clients at both the pharmacy and the front cash, with all staff verbally drawing attention to the bag stuffer. Two weeks before the event, we run an ad in the local newspaper and request a public service announcement on the local radio station.

Our pharmacists already have good knowledge about osteoporosis, and the FRAX<sup>®</sup> tool will lead them through the discussion of risk factors, so the only preparation left to do is for the pharmacy team to familiarize themselves with the FRAX<sup>®</sup> tool and the ultrasound machine itself. We receive the machine three days before the clinic begins, and two pharmacists and two technicians study the specifications and instructions for operating the machine during quiet times and overlap. They practice taking readings on each other and on other staff until all participants can produce consistent readings efficiently. The pharmacists on the team practice using the FRAX<sup>®</sup> tool and find that it is very easy to use.

The pharmacy team has had a staff meeting to discuss the clinic's workflow. They discuss what patients they will target and how they will reach them with information about the clinic. They decide to post signs in the vitamin/mineral aisle and to call clients who take medications that suggest increased risk of bone loss (running a report to identify these clients). They decide to book the client appointments in the early morning, before the pharmacy usually becomes busy, and during overlap in the afternoon. The pharmacy assistant will look after booking the appointments, referring to a trained technician or pharmacist to explain the program if necessary. She will call each client the day before the appointment as a reminder. When the client arrives for the appointment, the pharmacy assistant will ring in the payment, escort the client to the counselling room, and seat him or her comfortably. One of the technicians will then join the client and perform the measurement with the ultrasound machine, recording the result for the pharmacist. She will then leave the counselling room and alert the pharmacist that the T-score measurement has been completed. She will prepare an official receipt for the client, using the pharmacy software. This will also record the event on the patient profile for future reference. (Alternatively, a drug profile called the FRAX<sup>®</sup> assessment could be created and a prescription could be filled for the client to document the service and produce a receipt.)

The pharmacist will then step in and conduct the FRAX<sup>®</sup> assessment, answering any questions that the client may have, and taking advantage of the opportunity to briefly educate the client on each risk factor as appropriate. When the discussion is finished, the pharmacist will email the result of the FRAX<sup>®</sup> assessment to the client or pharmacy (for printing), as appropriate. Using the FRAX<sup>®</sup> electronic questionnaire controls the depth of the interaction and limits pharmacist time requirements, resulting in an affordable service for cash paying clients.

The pharmacist will then give the client a short questionnaire, asking for his or her opinion on the service and for any suggestions for improvements, explaining that the goal is to improve the service, and that the client's help is greatly appreciated. She will then step out of the counselling room, giving the client some privacy to fill out the questionnaire. The pharmacy team decides they will record the T-score and 10-year percentage risk of fracture in the pharmacy computer system, adding the information to the clinical event, which was created to produce a receipt. Alternatively, some pharmacy systems have a "clinical" section that can be programmed to store this information. This is completed, along with emailing or printing the FRAX® report if necessary, while the client is filling out the questionnaire. The pharmacist will then be ready to thank and dismiss the client, ensuring that there was no problem with the satisfaction survey, and giving the take-home material.

They estimate the time required for this service will be approximately 10 minutes each for one pharmacist and one technician. They decide they can perform up to three assessments per day, and book appointments accordingly. The appointments will be spaced at least two hours apart to reduce the impact on regular workflow. Clients are informed the service will take up to 30 minutes total time. No extra staff hours will be required as the assessments will be done during regular work hours. Because the workload is being divided among members of the pharmacy team, the interruption to the flow of regular work in the pharmacy will be minimized. Appointment times will be chosen during slower times in the dispensary.

#### **Cost/benefit analysis for two weeks of appointments, given three times/day:**

- Newspaper ad = \$100
- Machine rental = \$300
  - Total additional costs = \$400 biweekly
- Income—3 assessments/day x 10 weekdays = 30 assessments x \$50 = \$1,500 – \$400 costs = \$1,100 additional income
  - Plus intangible benefits (improved customer relationships and pharmacy image)
  - Plus increased sales of related items (eg, calcium, vitamin D after an osteoporosis-related service)
  - Note: No adjustment is made for staffing costs, as the method of implementation does not require additional staff. In a very busy pharmacy, additional help could be arranged by reassigning a member of the front store staff temporarily to the dispensary.



#### **CASE STUDY: Influenza Immunization Service (as an integrated daily activity)**

Rather than run specific influenza clinic days, our pharmacy has decided to incorporate flu immunization as a regular service. By dividing up the duties that need to be performed and incorporating efficiencies, we have found the time required is similar to the time needed to fill and counsel for a regular new prescription.

A client presents at the pharmacy counter requesting an appointment for a flu shot. The technician explains that an appointment is not required and that his request would be put in queue with other prescription clients who are waiting. She explains the pharmacy is moderately busy and that his waiting time for the service to begin would be about 10–15 minutes followed by five minutes for the actual injection and 15 minutes required waiting time afterward to ensure no reaction occurs (a total of 30 minutes). The client decides he has sufficient time and would like to use the service. The technician gives the client a combination patient information/informed consent/record form along with information on the influenza vaccine on a clipboard and asks him to bring the form back to the counter when completed. When the client returns, the technician rings in the payment, takes the form, and seats him comfortably in the counselling room, telling him that the pharmacist will be in to speak to him and examine the injection site in 5–10 minutes.

The completed form is forwarded to the dispensing technician, who processes the immunization similarly to a regular prescription. This will enter a record of the immunization on the patient record and produce a receipt that will provide a record for the patient as required by regulations. She places the order in the queue of prescriptions.

The pharmacist receives the completed form and computer printout, reviews the written information provided by the client, then steps into the counselling room to greet the client and assess the injection site. After clarifying any questions that arise from the consent form and enquiring about previous injection experiences, she steps out to prepare the injection. Meanwhile, the filling technician has prepared the injection tray with supplies the pharmacist will need.

The actual administration of the injection, once all of the preparation is done, takes about two minutes. As the pharmacist cleans up the administration tray and applies a bandage to the injection site, she reviews basic adverse effects that might be expected, reminds the client that he needs to remain in the pharmacy waiting room for 15 minutes and briefly reviews the important symptoms of a serious reaction for which he should call for attention during this time. She also asks him to check back with the technician to inform her of his status before leaving.

#### **Cost/benefit analysis (assuming a cash-paying client):**

- Vaccine/equipment \$10 + dispensing fee \$10 = \$20
- Assuming an extra five minutes of pharmacist time required, as compared to filling a regular prescription (@ \$60/hour) = \$5
  - Total cost to client = \$25 (\$15 margin)
- Income—10 injections/day x 5 days/week = 50 injections x \$15 margin = \$750/week x 10 weeks of flu shot season = \$7,500 profit annually

## QUESTIONS

Please select the best answer for each question and answer online at [www.CanadianHealthcareNetwork.ca](http://www.CanadianHealthcareNetwork.ca) for instant results.

- 1) Advantages of using a team-based approach to change include:
  - a) Reduced change-induced stress
  - b) Greater ownership of the change
  - c) Reduced resistance to change
  - d) Reduced individual workload related to preparing and instituting the change
  - e) All of the above
- 2) Time can best be created by:
  - a) Streamlining dispensing services
  - b) Training technicians to assume technical tasks done by pharmacists
  - c) Training pharmacy assistants to take over less technical tasks done by technicians
  - d) Demanding more effort from each staff member
  - e) a, b, and c
  - f) All of the above
- 3) Advantages to involving all of the pharmacy team in providing services include:
  - a) Various team members having differing talents to contribute
  - b) All team members being able to expect increased salaries
  - c) The workload of delivering the service can be shared
  - d) All staff having the knowledge to enable "personal marketing"
  - e) a, c, and d
  - f) All of the above
- 4) Standardizing of services can be accomplished by:
  - a) Using a written protocol
  - b) Ensuring those providing the service have received consistent training
  - c) Using a form or electronic tool to document the service
  - d) Establishing an appropriate fee structure
  - e) Both a and b
  - f) a, b, and c
  - g) All of the above
- 5) A good first step to establishing an enhanced relationship with local physicians is to send them information that may enhance their ability to improve patients' care.
  - a) True
  - b) False
- 6) Using an established protocol can help to:
  - a) Keep the service delivery focused on the outcome
  - b) Ensure that all important points are discussed
  - c) Allow the client to discuss other related subjects during the service
  - d) Achieve the goals of the service within the allotted time
  - e) a, b, and d
  - f) All of the above
- 7) One means of fostering a change in pharmacy culture from product to patient focus is to develop empathy for the client and an understanding of his or her needs.
  - a) True
  - b) False
- 8) Advantages of using an established protocol in electronic format include:
  - a) It is often based on established guidelines or studies
  - b) It is ready to use, saving preparation time
  - c) It can easily standardize the delivery of the service
  - d) Often it will produce a written summary for the client to take home
  - e) All of the above
- 9) Advertising widely in the media is the best method of promoting pharmacy services.
  - a) True
  - b) False
- 10) Reasons to establish patient-focussed pharmacy services include:
  - a) Improving health outcomes for patients
  - b) Contributing to the advancement of pharmacy practice
  - c) Increasing job satisfaction for pharmacy team members
  - d) Improving the image of the pharmacy
  - e) a, b, and d
  - f) All of the above

## REFERENCES

1. Roberts A, et al. Practice change in community pharmacy: quantification of facilitators. *Ann Pharmacother* 2008;42(6):861–8.
2. Nguyen ND, Frost SA, Center JR, et al. Development of prognostic nomograms for individualizing 5-year and 10-year fracture risks. *Osteoporos Int* 2008;19(10):1431–44.
3. Nguyen ND, Frost SA, Center JR, et al. Development of a nomogram for individualizing hip fracture risk in men and women. *Osteoporos Int* 2007;18(8):1109–17.

## CE FACULTY

### Making the Change—A Team Approach to Appointment-Based Pharmacy Services

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This lesson is valid until July 16, 2014. Information about appointment-based pharmacy services may change over the course of this time. Readers are responsible for determining the most current aspects of this topic.

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