

Point of Sale is Perfect for the Pharmacy

by Terry Cook

Point-of-sale software has been around for twenty-five years. While this might seem like a long time, it's really quite a short period in the evolution of pharmacy operations.

The first point-of-sale (POS) scanning system was installed in a New York grocery store by National Cash Register Corporation (NCR) in June of 1974. The purpose of the system was twofold: to improve the speed of the checkout process, and to reduce price-entry errors by cashiers. The results from this pilot project speak for themselves. There is hardly a retail business operating today that does not utilize some type of scanning system to process sales transactions.

Twenty-five years later, those two features of scanning items at the till are still key benefits of POS, but there are now many additional benefits that are every bit as important as speed and accuracy at the checkout. Accurate inventory control, better ordering practices, increased inventory turns, reduced out-of-stocks, and improved margins are just a few of the key benefits of a good system. All will be realized if the POS system is properly utilized.

The evolution of POS has resulted in a wonderful management tool for a pharmacy owner/manager. In fact, used on a daily basis, the *information* generated becomes an integral part of the management of a business. I've highlighted the word *information* for a specific reason: We live in the information age, and anyone trying to run a business today without current, relevant data is quite likely doomed to fail. Changes within retail pharmacy during the past few years have required pharmacy owners/managers to implement the best tools available to help them stay competitive.

Continued on page 4

Inside

Bar Coding — save time and reduce errors 2

Profile: Hy & Zels Pharmacy 3

Pharmacy Technicians: A Personal Experience

by Ron Elliott, BScPhm, FASCP

Pharmaceutical care is a term with which we have all become familiar.

The expectation of pharmacy practice is to deliver better patient care in concert with all members of the health-care team and the individual's needs. Interventions, disease-state management, assessment and recommendations for non-prescription medications, identification and remediation of drug-related problems, documentation, seamless care from institution to home, patient counselling on new and repeat medications, instructions on monitoring devices ... and the list goes on—all these have become part of the day's rigor.

Stir in the expectations of the new graduate, who is better trained, highly motivated, and skilled in the new practice of pharmacy, and we have the talent to meet the challenges.

Couple this with a seemingly chronic shortage of pharmacists, extended-hour practice settings, innovative practice sites, and ever-increasing numbers of pharmacy outlets, not to mention the productivity expectations of the employer, and we have a formula for frustration in the practice of pharmacy.

There are, however, opportunities already available to reduce the overload and to meet our professional responsibilities. Pharmacy technicians with an array of experience, initiative, and skills form a strong foundation from which pharmacists can meet their challenges.

Technicians: more than assistants

The very term *technician* implies much more than the old term of *pharmacy*

*Pharmacy technicians
with an array of experience,
initiative, and skills
form a strong foundation
from which pharmacists
can meet their challenges.*

assistant. Webster's dictionary defines a technician as "one skilled in a particular work." Our profession must move away from the concept of an "assistant", which implies "to aid or to help" and must encourage the technician to take a more substantial role in enabling pharmacists to deliver care to our patients.

Hospital pharmacies have recognized the talents of technicians for a very long time. The advent of "clinical" pharmacy in the mid-1970s was predicated on the ability of well-trained people to prepare and to distribute medications. Appropriate supervision, written procedures and protocols, and "technicians checking technicians" enabled pharmacists to assume a more appropriate role as key members of the hospital health-care team.

Community pharmacies saw the value in having someone to assist in prescription preparation, and now well-defined courses of study from the community colleges have elevated the ability of the technician to assume more responsibility in the dispensary. As recently as last year, a detailed report

Continued on page 4

Bar coding to save time and reduce errors: Part 2

In the last issue of *The Efficient Pharmacy* we explored the many uses of bar codes in today's advanced dispensaries. We saw how each of these saves time and substantially reduces the possibility of errors in processing prescriptions. In part 1 we left off at the cash ... so now it's time to pay.

On the bag receipt is a small bar code containing the prescription number and co-pay amount. The cashier scans in the bar code, and the register displays the amount owed. The computer-generated bar code assures that no mistakes are made when ringing in the sale.

At the end of the day, the register prints out a report of the day's prescriptions filled and the number processed through the register. With the scripts waiting in will-call, everything balances.

Point-of-sale systems

This is all made possible with point-of-sale (POS) software and hardware. POS systems use computerized relational databases to track sales. A store can use the various features of its POS system to analyze and to track its merchandise performance.

POS can help to lower inventory and to refine the ordering process so that excess inventory—by far the largest investment of any store—is avoided. Without POS, an average pharmacy might turn its inventory 3 or 4 times a year. Some POS studies show turns increasing to 9 or 10 and inventory reduced by 5–6 percent. Some POS systems are even sophisticated enough to comparison-shop vendors' on-line catalogues to find the best deals.

Do you need to change the price on an item? Using the POS system and hand-held radio-frequency devices, you can change the price on any item in the store in 11 seconds. With these devices you can also build purchase orders while walking the floor, count product on the shelf, and produce automated replenishment orders.

Some POS studies

show turns increasing

to 9 or 10 and

inventory reduced

by 5–6 percent

POS and safety

But that's not all that point-of-sale systems can do: They can also predict interactions between over-the-counter (OTC) and prescription (Rx) drugs. Such interactions have been a recognized health issue for many years. Compounding the problem is the current trend of switching medications that were previously Rx-only to OTC. While the informed consumer receives great benefit from the general availability of these "switch" products, the population unwilling or unable to read and understand the labelling might put itself in harm's way. Here are some common scenarios:

- Because it has been available for so long and is so inexpensive, people tend to think of acetylsalicylic acid (ASA) as harmless. Adult patients self-medicating with ASA for a headache while taking another NSAID (non-steroidal anti-inflammatory) such as ibuprofen, ketoprofen, or naproxen for symptoms of arthritis are putting themselves at great risk for bleeding disorders and gastrointestinal diseases. ASA taken with prescription anticoagulants such as warfarin can cause potentially fatal bleeding.
- OTC decongestants taken by someone with glaucoma can aggravate the condition by increasing intraocular pressure.
- Cimetidine, available OTC, can cause severe interactions in patients taking theophylline (e.g., for asthma), phenytoin (for seizure disorders), or warfarin.

- Ibuprofen suspensions are indicated for children over two years of age, but children with a history of asthma, inflammation, shock, or hives subsequent to ASA ingestion can experience a cross-reaction with ibuprofen.
- Homeopathic and herbal remedies are increasingly popular but are not regulated. Some of these OTC alternative medications are associated with allergic reactions, heavy-metal poisoning, and hepatotoxicity.

The ideal set-up gives the store's POS system access to an OTC-Rx interaction database and to the pharmacy system. (Such access is not currently available in Canada.) When an OTC product is scanned at the checkout counter, a flag on the OTC product initiates a search for the patient in the pharmacy system and checks for potential drug-drug interactions. If any are likely, the cashier is prompted to recommend that the customer speak to a pharmacist.

POS and customer loyalty

This kind of interactive system requires that we know who our customers are; that is, we also need to have scanned an identifier such as a loyalty, credit, or debit card. Another requirement is that, in most cases, the Rx medication and the OTC product are dispensed from the same location. This works for some North American chains, which pool their stores' data so that a customer can have a prescription filled at any of the chain's stores. In some provinces (British Columbia, for one) all patient data—no matter which pharmacy was used—is available to all pharmacies.

In the meanwhile, before completely interactive systems become available, the POS software can be programmed to flag certain OTC products. This in turn would prompt the cashier to recommend (verbally or with a bag stuffer) that patients speak with a pharmacist if they are taking any prescription medications.

In general, the addition of bar codes to the dispensary results in reduced risk of prescription errors, improved productivity, a more safety-conscious work environment, and increased customer confidence and, therefore, loyalty.

Profile

Hy and Zels Pharmacy

Thornhill, Ontario

Phil Rosenberg is the director of pharmacy operations for the 16-store Hy and Zels chain. He describes how the chain's store in Thornhill, Ontario, which was opened in 1983, recently underwent a redesign.

"After nearly 17 years in business, our dispensary was inefficient, outdated, and inaccessible to our customers," says Rosenberg. "Our volume of prescriptions had surpassed the capacity of the current pharmacy operations. Moreover, our staff has doubled since 1983 from four to eight. We needed to improve the workspace as well as the workflow."

More accessible

The 40,000-square-foot warehouse-type store contains a 1,327-square-foot pharmacy. The original dispensary design was typical: a very long (63 feet) and high counter that obscured the pharmacist's view and created a barrier between pharmacist and customer.

"Our dispensary had the outmoded elevated platform that was intimidating to

customers," says Rosenberg. "One of our goals when we began the renovation process was to make the pharmacy more customer-friendly and our pharmacists more visible and accessible." Ensuring accuracy, minimizing walking, and conforming to new regulations on patient counselling were the other goals Rosenberg hoped to achieve with the new design.

"The first step was the design process. We called in AutoPharm, which has experience designing and renovating dispensaries. The process took about one year to evolve from the conceptual stage to the approved plan. During this time, we consulted with our staff to fine-tune the design until we were all satisfied. AutoPharm covered everything, from redesigning the workspace to selecting colors, lighting, and even the furniture."

The new design called for deepening the pharmacy while shortening the over-all length, although the actual square footage remained the same. The front counter was shortened and reduced so that customers now have a wide-open view of the pharmacy and staff. According to Rosenberg, this

openness reduces tension, because customers can see what's going on: "Now customers come to a clearly designated reception area.

"If they present a new prescription, it's scanned into the computer with our Pharmacy 2000 system. We have one person dedicated to data entry, with a second station for any overflow."

Faster and more accurate

Prescription labels are produced on a laser printer near the filling station and are retrieved by either of the two technicians. Prescriptions for high-volume products are filled automatically from either Baker Cells (there are 53 in the store) or the Baker Universal countertop counter. Medications are "mapped" or located according to volume rather than by manufacturers, as in traditional location systems. This approach reduces errors as well as minimizes walking. (See "Mapping products efficiently in the pharmacy" in *Efficient Pharmacy* Vol. 1 No. 4.)

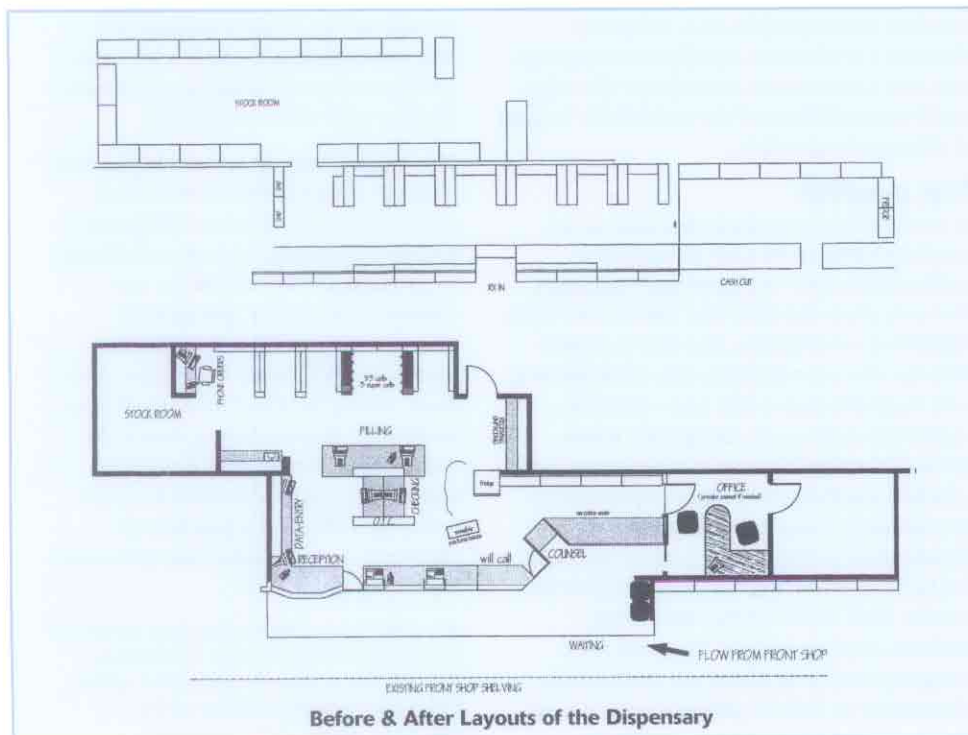
After the prescriptions are filled, they are put onto color-coded trays and are placed in the checking station for the pharmacist. The color-coding designates which prescriptions require counselling or not.

"When the volume gets high—and often it does—we have a second, mobile, checking station," says Rosenberg. "This ensures accuracy as well as puts the station in easy reach of the pharmacist and the technicians."

The Hy and Zels redesign allows a three-tiered counselling approach: open, semi-private, and fully private. These three options accommodate all their activities, from repeating prescriptions to drug interventions.

"We also installed an automated telephone refill system to handle the increasing volume of repeat prescriptions," Rosenberg says. "The Dial-Rx system was installed about two months ago, and it has met our expectations. We've reduced the number of calls we take, which has freed up staff time. We now plan to roll out automated telephone refill systems in all our other stores." (See "Automated Refill Prescription Systems" in *Efficient Pharmacy* Vol. 1 No. 3.)

Dorothy Astbury, the Thornhill pharmacy's manager, is also pleased with the redesign: "It has significantly reduced the walking needed to fill prescriptions, and our customers have responded very positively to the new open concept. Over all, the design is very esthetically pleasing."



**Point of Sale is Perfect—
Continued from page 1**

Point-of-sale software, written specifically for pharmacy, can provide much of this required information. Here are just some examples of the management information that pharmacy POS software can provide:

- Management reports detailing sales of specific products help to spot retail trends, thus improving sales. A similar report identifies products that are not selling, so that they can be cleared from inventory and replaced with products that will generate a better gross profit.
- Electronic data exchange provides electronic ordering capability to your vendors complete with advance-ship notices returned to your store, improving the ordering cycle and reducing your processing costs.
- Hand-held radio-frequency devices allow for real-time price changes, inventory counting, and shelf-label generation right at the product display, saving countless hours of staff time dedicated to a manual or batch process.
- Scientific ordering programs prepare suggested orders based on product sales history, and they allow the orders to be electronically forwarded to the appropriate vendor, resulting in improved buying procedures and better inventory management.
- Cashier security, price overrides, returns, and discounts are all monitored by POS, resulting in increased profit margins across the board.
- Enhanced inventory management results in better,

VALUE DAYS ARE HERE! Hospital 2.29 Retail 1.39		Total 47.05 Taxes Included		
Savings: 0.90				
CREST ICY MINT 130M 1 @ 1.39				
ITEM	PRICE	QTY	TR	TAX
PERT FLOR BURN	2.74	1	TPV	2.79
CREST T/P-GEE	1.39	4	TPV	5.56
BUTLER C. H. B. THORNTON	1.99	1	T	1.99
CREST ICY MINT 130M	1.39	1	TPV	1.39
REF COVER	8.58	-1		-8.58
STW OFFICE LONG CA	9.19	1	T	9.19
ENTRO TONER XL200	12.74	1	TPV	12.74
PRESCRIPTIONS	-10.28	1		-10.28
TOTAL				
15	16	17	18	19

timelier buying habits, reducing over-stock and out-of-stock items, again resulting in an improved profit picture.

The benefits to POS for pharmacy are far too numerous to mention in the space allotted to this article. I can say, however, that POS can benefit almost any pharmacy regardless of size. The key is finding a system that fits your needs and your budget. Once you find the right software, the benefits will accrue if you can discipline yourself to learn and to utilize all the features that the system has to offer.

If you can do this you will have, at your fingertips, all the information you need to prepare your pharmacy to meet future challenges.

Terry M. Cook is the president of Auto-Star Compusystems Inc., based in Medicine Hat, Alberta.

Phone (Canada): (403) 529-5595 ext. 1601
 Phone (USA): 888-460-6963 ext. 1601
 e-mail: terryc@auto-star.com

**Personal Technicians
— Continued from page 2**

outlining curriculum content and required skill sets was prepared for the Ministry of Colleges and Universities in Ontario to develop consistency of training across the province. The Ontario College of Pharmacists has developed its own voluntary pharmacy technician certification examination and continues to re-evaluate the roles and responsibilities of the technician in light of changes in practice.

Our practice

In our pharmacy, technicians take on an ever-expanding role. Our most senior technician is now our pharmacy manager. Not only does she have the talents and skills needed as a technician, but she is responsible for the over-all day-to-day running of a very busy pharmacy. She hires and fires, supervises and trains, disciplines when needed, coaches change in knowledge, sets schedules and meets budget requirements. Her authority runs to supervising the pharmacists as well as the technicians and focuses on delivering top-notch customer service. Well aware of the increasing demand on pharmacists' time and their changing responsibilities, she enables the pharmacist to deliver pharmaceutical care.

She is very involved in all aspects of the business and sits as a key member on the management team.

Staff technicians in our practice have assumed responsibilities for most of the distributive function. They have embraced the roles and responsibilities as set out in the role document from the College. Most of our technician staff have completed the College certification program, and all have finished our corporate program.

An experienced technician is responsible for our long-term care program and works very closely with our consultant pharmacist to deliver quality care to nursing home residents. The technician visits the nursing homes on occasion, as well as participates in our quarterly meetings with the nursing home staff. The technician is totally responsible for the distributive function, and also prepares MARS and other necessary documentation under the supervision of a staff pharmacist.

Third-party insurance has become a fact of life in the practice of community pharmacy. With the vast array of plans and their idiosyncrasies, expert knowledge is required just to cope. Our technicians have become wizards in solving third-party problems, including complications such as coordination of benefits, not to mention the vagaries of government formularies and limited-use specifications. I might suggest, too, that our technicians have a lot more patience than the pharmacists when dealing with these problems!

The trained technician offers pharmacists the opportunity to meet and exceed their professional obligations. Rather than being seen as a challenge to profession, the technician can enhance the role by "permitting" pharmacists to be more available, more involved, more inquisitive, and more caring for their patients. With a teamwork approach that shares the workload, our staff have begun to reduce the stress level and, in many ways, have made the practice of pharmacy more interesting and some days even more fun!

Ron Elliott is a pharmacist and owner of a Shopper's Drug Mart in St. Thomas, Ontario. He is also vice-president of the CPBA and a past-president of the Ontario College of Pharmacists.

The Efficient Pharmacy
TRAVEL IN DISPENSARY THROUGHOUT AN AUTOPHARM

The Efficient Pharmacy is a quarterly newsletter that addresses the informational needs of community pharmacists as they adjust to a changing pharmaceutical environment. The publication will provide pharmacists with timely practical information on how to reprofessionalize their pharmacy by improving work flow, adopting new technology and developing the ergonomic design of the dispensary and its components. The Efficient Pharmacy is distributed free of charge to pharmacists in Canada and is funded by an educational grant from AutoPharm.

The opinions expressed in The Efficient Pharmacy are those of the contributors and do not necessarily reflect the views of AutoPharm.

The editorial staff and AutoPharm welcome opinions as well as subscription requests from our readers. Please direct your correspondence to:

Saxe Communications
 (802) 872-7559 Tel.
 (802) 872-7558 Fax
 Internet: info@dsaxe.com

Editorial Board

Bev Allen BSP
 University of Saskatchewan

Wayne Caverly
 The Efficient Pharmacy Institute
 Dwight Johnson BSP
 People's Drug Mart
 Armstrong, BC

© 1999 All rights reserved