

The Perception of Colour

By France Gendron

Among all the aspects of interior design, colour is certainly one of the most important. A successful interior invariably includes colour that creates a strong and satisfying impression. A poor selection of colour will make any space, however well planned otherwise, seem unpleasant.

Emotionally, the depressing effect of "institutional green" in offices, hospital rooms, and classrooms is well known. The origin of these effects can be traced back to the colour theorists of the 1930's who were so successful in promoting green as the best colour for offices, classrooms, and hospital interiors that its overuse has now made "institutional green" an objectionable cliché. However, green remains a good colour to impart serenity.

The effect of colour also has an influence on the perception of size. Generally, brighter colour bars seem larger than darker colour bars of the same size; but there are many exceptions to this. Value and position are additional factors that play important roles in perception of size.

The psychological aspects of colour often seem more emotional and personal than scientific, and determining agreement in reactions to colours is sometimes difficult. However, most people do agree that some colour combinations imply heat and some cold, and that some connote pleasure while others are experienced as being unpleasant or even depressing. A colour may also communicate excitement of a pleasurable sort in one context, yet may be irritating in another.

It is important to remember that colour

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Pharmaceutical Care Software: Greater Efficiency and New Revenue Opportunities

by Dave Robertson, RPh
Health Plus Systems Inc.

One of the delegates at the CPhA conference put it best when he said, "If I hear one more time that pharmacists should be practising pharmaceutical care, I am going to run out of the room screaming! I agree with the concept, but how do we effectively implement it?"

Pharmacists should be practising pharmaceutical care, but the fact remains that pharmacists are being paid to dispense medications — not services, which are the essence of pharmaceutical care. If pharmacists want to practise pharmaceutical care and still make money, they will have to find a way of integrating the traditional filling and billing process with the pharmaceutical care process, in a cost-effective manner. The key to solving this problem is the development of new dispensary software that will allow pharmacists to implement pharmaceutical care while still processing prescriptions and at the same time creating new revenue opportunities.

What are the key components required in dispensary/pharmaceutical care software? First and foremost is an effective, easy to use prescription-processing capability. This must include a communication engine that submits claims quickly, an on-line help file, easy to use patient entry, and a fast prescription filling process. Second, the software must be multi-faceted and multi-tasking. That means that the application must be able to print labels, send claims, resolve interactions, and remove product from inventory in an efficient and seamless manner.

As easily as the system facilitates filling and billing, so should the transition to pharmaceutical care be seamless, and *fully* inte-



grated. The entry of patient information and tracking of results should be effortless and fast.

Documentation of services is required for pharmacists to successfully negotiate reimbursement. In other health care services, documentation of the services provided (not only products) is the standard of practice. For example, a trip to your doctor, dentist, or optometrist always results in a medical record of the services provided. Pharmacists have already been providing services such as counseling and intervention services but have not recorded these events in a way that can be retrieved and reviewed.

The problem is how to document services and still fill enough prescriptions to make a living until fees for services arrive.

The answer is to have the documentation integrated into the filling cycle of your computer system. For example, when refilling a prescription that is either an early

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Automation of Documentation

by Ray Arseneau BSc Phm

Taking a close look at the practice of pharmacy, one can quickly identify the need to streamline the area of paper handling, documentation, and patient follow-up. This is especially true when we seek to become more and more involved in patient care as pharmacists.

To make ourselves more available we need to systematically orchestrate our approach to every encounter we have with our clients/patients. We need to automate documentation, paper handling, and follow-up to improve efficiencies in patient-pharmacist's communications.

The paper handling in a pharmacy usually is quite simply the generation or presentation of a prescription which is then appropriately filled by the pharmacist and then billed to the patient or to another party. The patient may receive written and verbal communications on the medications upon receipt of the meds. Documentation of the

consult is usually simplified with no standardized approach to each treatment or prescription and with relatively little follow up.

How can we make it better? Let's look at a scenario: Patient John Doe comes to Good Health Pharmacy to meet proactive John Dogooder Pharmacist. John has software that he created himself that allows him to document what the patient's complaint was that generated the Rx or the OTC request. Subsequently, he determines if it is self limiting or a long term condition. Then he scans or codes the prescription and simply links it to the patient for retrieval by the technician. Once he codes this info the computer algorithms allow him to automatically follow up on the progress (more on that later).

He takes a history as needed and the Rx is then filled by the technician while the pharmacist continues to consult with the patient on his presented new health

concern. He has time to overview the patient profile and then he chooses a standardized consult form, which is brought up on screen by the health condition chosen. This allows the pharmacist to choose from a standardized response list the outcome of the consult.

Even the approach is standardized on screen for the pharmacist to consistently consult with every patient, every time. On top of that, every Care Plan has been decided upon previously, and there is nothing that allows for a free form observation note. Rather, all Care Plans force a systematic approach to the disease module.

While doing this, the pharmacist orders documentation to be printed on the health concern presented and might even send a quick note to the physician informing her or bringing something to her attention regarding this patient. Of course, the note is automatically linked to the patient file. She may also switch to a different program on screen to describe the disease to the patient more completely with graphic links or even a QuickTime video. All in all, the modules utilized allow the pharmacist a standardized approach.

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Patient Counselling Areas: New Options Give Greater Flexibility

by Wayne Morgan Caverly,
associate member, The Institute of Store Planners.

As the pharmacy moves from being a retail outlet to a place where health outcomes are monitored, the need for patient counseling areas increases in importance. Indeed, governing bodies are recommending or mandating patient counseling throughout North America.

Historically, two types of counsel areas have been used representing the two extreme views:

Over the counter: This is where the pharmacist simply speaks to the patient, either over the dispensary counter or beside the cash register. This level offers no privacy to the conversation.

Fully private: The fully private counseling

room is normally the pharmacist's office or a fitting room. In most pharmacies it's too difficult or too expensive to allocate the required space for a counseling room that is used infrequently. The reason most often cited for this infrequent use is that patients often feel uncomfortable entering an office and having the door closed behind them to talk about their prescriptions. They don't like how it makes them feel or how it appears to others. Patients have commented, "If you have to discuss things so privately, there must be something terribly wrong with you."

In recent years the concept of the semi-private area has become a low cost third option. The semi-private counseling area is

usually situated at the work or cash-out counter using low-level partitions (approximately 36") of either glass or fabric to provide a minimal level of visual and auditory privacy.

A Canadian firm specializing in pharmacy design, AutoPharm, has developed a fourth option called the "open-private" concept. The open-private counseling room is an enclosed office space where the pharmacist and the patient can sit down together for more private discussions. The walls are made primarily of glass, and above 36" the walls are completely glass. At the entrance to the office there is either a half-height door or no door at all.

The open-private concept provides complete auditory privacy and at the same time an openness that alleviates the hesitation patients have in entering a private office. Once inside, should the need arise for visual as well as auditory privacy, the pharmacist may either use window blinds (if available) or move to a private counsel room.

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Profile

Calgary Co-op

Calgary, Alberta

For over 40 years, Calgary Co-op has been helping to change the retail landscape of that city. The existing 16 member-owned stores are committed to a retail concept of "one-stop shopping." A typical Calgary Co-op store is 50,000 square feet containing a full-service pharmacy, a grocery and fresh produce department, a travel agency, a general merchandise department, and a cafeteria. Today Calgary Co-op employs over 4,500 people, making it the largest non-governmental employer in the province of Alberta.

"Our newest store builds on the successful formula of our existing 15 stores," says Vinod Thakrar, Category Manager, Pharmacy and H&BA. "We've made some modifications to our new Hamptons Calgary store. For example, the pharmacy will be located in the center of the store and will be one of the departments a shopper sees when entering the store." This departure from placing the pharmacy along the perimeter of the store will not only create more visibility, but will enable the pharmacy to be lit by natural light coming from the large skylight directly above.

"We've planned a 750-square-foot dispensary surrounded by 3,000 square foot OTC and H&BA area. The layout is consistent with the design of our other dispensaries. The counter is 40 feet long with a combined drop off and pick-up area. We provide two types of counseling areas: open and private. The open area is over the counter for simple routine counseling. For more extensive or more

personal counseling, our private area allows customers to sit down with our pharmacists for more private discussions.

The counter is low to allow the pharmacist to easily counsel customers. Our current staffing plan calls for both pharmacists and technicians. At least two staff members will be available at all times."

Behind the counter there is a row of six bay shelves, and at the end of the bays along the walls is additional opening shelving. At the front end of four of the bays will be Baker (Cell) Cassettes. "We've used automation in our stores since 1989, and we're one of the few chains that use automation in all our stores."

Not only has Calgary Co-op automated their tablet and dispensing process, but they were the first to have an integrated one-step dispensing software system. As soon as the patient data and prescription are entered, the computer triggers the Baker Cells to count out the meds. This system minimizes prescription errors and has helped to free up staff time.

Calgary Co-op has also created an exclusive value-added service program called Care+. One of the components of the program is the Care+ report that is automatically printed with each new script. The report contains a full description of the drug, information on drug interactions and allergies, etc. The written report is intended to complement the verbal communication and answer questions customers may not know to ask or may feel uncomfortable discussing. Through Care+, Calgary Co-op also provides clinics for customers with hypertension, diabetes, etc., along with many other free health-related services.

"Service is the hallmark of Calgary Co-op, from our highly accessible dispensary, to our Care+ program, to our automated dispensary operations, to our free child care. These are some of the components that have made us the largest and most profitable grocery co-op in Canada."

Automation of Documentation: Continued from page 2

After verifying the prepared prescriptions, he informs the patient of the medication shapes and colours and gives a final overview of the dosage schedule. Side effects and possible areas of concern are flagged, and printed documentation is given to the patient perhaps with a colour picture of the medications. The patient interview is now over. The signed prescription is then scanned into the computer by the technician and kept on file.

The approach to the consult and the documentation has been standardized by the system. The data is then analyzed by an algorithm that attributes the call-back follow-ups by attending pharmacists. Every process or task is delineated as to who is responsible to perform it in the system, and then this process is allocated automatically by the computer to the proper follow up person.

The follow up person has a terminal that also has standard follow-up forms for the patient's disease. The follow-up person simply enters by choosing from a standardized response list the comments from the interview with the patient.

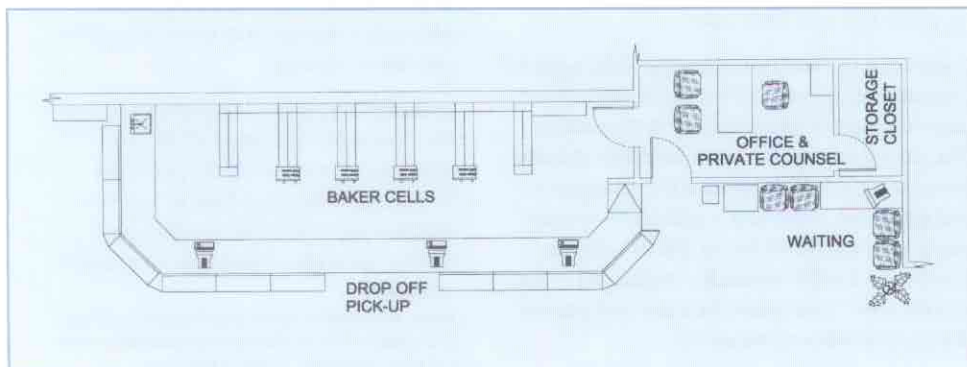
Outcomes analysis now is rendered possible, as no free-form observation notes are allowed; thus the system is able to retrospectively analyze the data.

This scenario is definitely possible in today's pharmacy. There is a commercially available system on the market, Baker 1000 and 2000, that has the ability to provide both pill and prescription imaging. This system, as well as future ones, will enable the pharmacist to move away from a technical role to that of a drug treatment counselor.

The patient will benefit and be encouraged to see the pharmacist truly involved in his treatment. Now the pharmacist can and will be consulted on even more health related questions.

You can be part of that change. First decide to make a concerted effort to improve efficiencies in patient-pharmacist's communications. Then look at the documentation and paper handling, and the follow-up that you provide your clients. Finally, let your software vendor know your needs. Did I hear anyone say Petition?

Ray Arseneau, president of Care Technologies, has an extensive background in automation technologies and has developed POS software for pharmacies.



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affects people physiologically, beyond awareness, and that it taps into their sense of well-being. For example, reds, in quantity, can cause increased heart and perspiration rates, while blues can have the reverse effect, greens and grays being more neutral. This is certainly not to imply that any colour is taboo in the pharmacy environment, but to say that a balanced colour scheme is necessary. A mix of colours also provides variety and is a good means of defining subjective space when people interact in a professional setting, in closed as well as in open areas.

In addition, and especially in the open area, colour can be a powerful shaper of the character, mood, image, and even of the apparent logic or chaos of the space. It can cause the space to seem dull or lively, depressing or cheerful, chaotic or orderly, and can, to a certain extent, influence user perception of the size and shape of the space.

Another important consideration is how lighting affects colour, and vice versa. The kinds of light sources used in the pharmacy space have a direct bearing on our colour perception, and excessive colour contrasts in the workplace may decrease visual comfort and the quality of productivity appreciably.

In this brief article, we have discussed the importance of several factors, namely colour, in the planning of living spaces; in the specific context of the pharmacy dispensary, a judicious choice in the design of the environment, with the help of a professional interior designer, can certainly add to the quality of the relationship between a more and more demanding consumer and the pharmacist of his or her choice.

Ms. Gendron is a professional interior designer and member of S.D.I.Q., D.I.C.

The Efficient Pharmacy

TRACKS IN DISPENSARY, INNOVATION & AUTOMATION

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 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.

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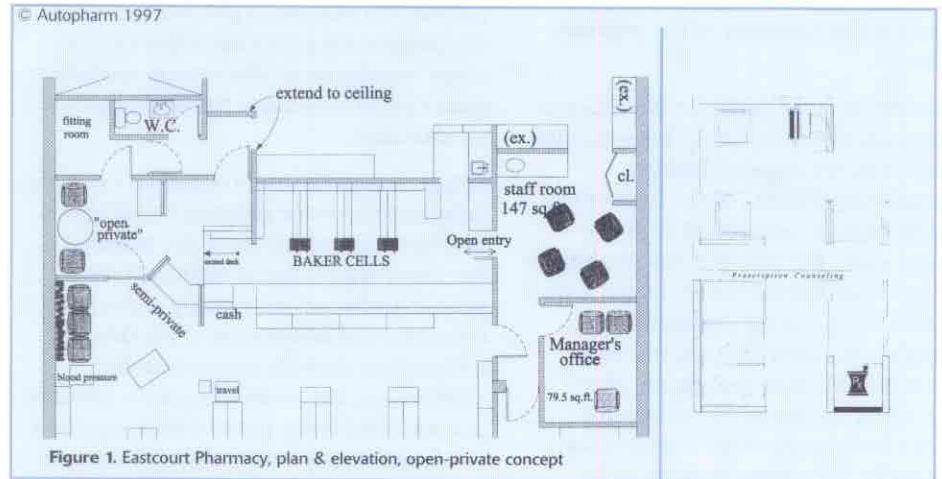
Patient Counseling Areas: Continued from page 2

In most new pharmacy designs, AutoPharm now recommends the use of three distinct levels of counseling for maximum flexibility. A semi-private counter located close to the checking area would be appropriate for most counseling needs. The open-private area would be located within a few steps from the first area for easy transition and minimal loss of pharmacist productivity. Finally, the pharmacist's office or a fitting room could be used when a fully private counseling session is required.

An example of this three-tiered approach was used at Eastcourt Pharmacy in Cornwall, Ontario. As illustrated in the floor plan, an angled semi-private counter leads directly into an open-private area that is also equipped with a computer for DUR. For the

third level, the manager's office is used for private consultations and is located so that there is access to both the dispensary and the front store.

To be productive, the pharmacist must have access to reference books and a computer terminal for DUR. Wherever possible, reference books should also be visible to the patient. Depending on the pharmacy's business plan and clientele, counseling needs will vary. Whatever counseling options or combination of options are chosen, counseling areas should be comfortable, well-lit and well ventilated. Wall colours, carpeting, and other aesthetic treatments should be pleasing and make the patient feel at ease. (For more on colour, see article by France Gendron in this issue).



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or late refill, the computer system should inform the pharmacist and allow documentation of the intervention with the click of a button. Computer alerts should allow the pharmacist to intervene and document what services were performed to resolve the problem, and the outcome of the services. This should be seamless with the fill-and-bill process that already exists today. The interventions, services, and results can be reviewed at a later date.

Following up with patients for refill reminders, care plans, or interventions will also become part of pharmacists' daily routine. The computer system will facilitate this by integrating a calendar into the pharmacy management system. If a patient is consistently late for refills he or she would be placed on a refill reminder protocol by the pharmacist. This could be easy and part of the normal fill-and-bill cycle.

The software must also interface with other labor saving technologies such as Baker Cells, telephone refill systems, auxiliary label SIM cards, bar code readers, laser printer, scanners, etc. Technology will allow the pharmacist to process a higher volume of prescriptions, while freeing his or her time to spend with the patient performing pharmaceutical care services. To optimize the pharmaceutical care experience and potential for revenue creation, the pharmacy design and workflow must also be reviewed.

In summary, dispensary/pharmaceutical care software must allow the pharmacist to rapidly fill prescriptions, but also allow him or her to document, intervene, resolve, and follow up with patients in an efficient manner.

Dave Robertson developed Simplicity Plus, a Windows-based fill-and-bill/pharmaceutical care program. (888) 688-9888