



Canberra  
Health  
Services



ACT  
Government

# Expanding Pharmacy Service Hours

A consultation paper

September 2024



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### Acknowledgement of Country

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.

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# Introduction

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person centred care. It provides acute, sub-acute, primary and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services in both the acute and community care settings.

Provision of pharmaceutical care is a core component of most services offered by CHS. CHS Pharmacy provide medicines distribution, dispensing, and compounding services, as well as a range of professional and cognitive pharmacy services. These services are provided by CHS Pharmacy to all areas of the health service with the exclusion of North Canberra Hospital and Clare Holland House which are serviced from the Pharmacy Department at North Canberra Hospital.

To enable CHS to have a strong focus on operational effectiveness, efficiency, and accountability in the health services we provide, CHS is proposing changes to the hours during which the CHS Pharmacy operates.

## Purpose

The purpose of this paper is to describe the current hours of operation of CHS Pharmacy and how amendment or expansion of these service delivery hours would lead to increased efficiency for Pharmacy customers including clinicians and patients. This paper will outline proposed changes and the implication for stakeholders including Pharmacy staff, clinical care areas and patients across CHS. This document will facilitate discussion with affected stakeholders and seeks approval to commence broader consultation with the workforce and with other stakeholders.

Expansion of Pharmacy service hours will increase the likelihood that a medicine is where it needs to be, when it needs to be taken by a patient and will streamline clinical processes for nursing staff and reduce unnecessary communication between clinical care areas and the pharmacy.

## Current model

CHS Pharmacy (currently exclusive of Pharmacy at NCH), provides medicines distribution and clinical pharmacy services, as well as a range of specialist services, to all areas of CHS.



## Core hours

Core hours of the CHS Pharmacy service are 8:30 – 16:30 Monday to Friday. In addition to these core hours, the following services are offered at other times:

- Dispensary services at TCH are offered with a reduced capacity from 16:30-19:00 Monday to Friday and from 8:30-17:00 on Saturday, Sunday, and public holidays.
- Compounding of non-cytotoxic products for Day Therapy Unit is offered on Saturdays between 8:30-16:30.
- Cancer services (including cytotoxic medicine compounding) are provided on public holidays.
- On-call services are always provided when the Main Pharmacy at TCH is closed.

## Negotiated exceptions

In order to meet specific needs of the clinical areas, clinical pharmacy services are offered to:

- TCH Emergency Department 8:00-20:00 Monday to Friday,
- Acute Medical Unit from 7:00-17:30 Monday to Friday and 8:00-16:00 on weekends and public holidays.
- Some surgical areas and medical areas receive clinical cover from 7:00-15:00 through negotiation.

## Remote workers

The introduction of the Digital Health Record (DHR) has also enabled new employment models. Key among these has been the ability to employ pharmacists working entirely in a remote capacity. These pharmacists can perform a clinical function as if they were sitting physically within the hospital pharmacy, but from locations across Australia and internationally. Demand for these positions and the flexibility that they afford has been high and CHS Pharmacy now employs pharmacists living in multiple Australian jurisdictions as well as France, the Netherlands and Canada. All pharmacists hold current Australian registration as a pharmacist, have the right to work in Australia and are employed on ACT Public Service terms and conditions.

Due to the time differences between Canberra and these locations, the Pharmacy has been able to significantly expand its hours-of-service delivery without rostering staff to after-hours shifts. It has also meant that work that arrives in the after-hours space can be clinically reviewed by a pharmacist in a more timely manner. Due to the automated processes of the DHR, these reviewed medicines are sent to a dispensing queue in the pharmacy for preparation. This queue is reviewed, and medicines dispensed, when staff come on shift at 8:30 the following morning.

## Staff engagement



Expanding Pharmacy Service Hours

The majority of pharmacy staff are considered to be shift workers. This is due to the need to roster the regular evening and weekend shifts in the dispensary. Pharmacy staff are engaged and paid as shift workers as their work is rostered and they are required (in the absence of a specific flexible working arrangement) to work Saturdays and Sundays on a regular basis. They work 36.75 hours per week. There is currently an expectation from staff that their standard shifts run from either 8:30 or 9:00 until 16:30 or 17:00 unless they are rostered to an evening shift (11:00–19:00). All other shifts are done on a volunteer basis, through negotiation with individual staff members.

## Rationale for change

### Timely supply of medicines

Historically, it was generally accepted that all orders written for medicines after 16:30 would be assessed by a pharmacist the following day and subsequently supplied. Where the nursing staff was able to access the medicine from another source (e.g. the After-Hours Cupboard or another care unit), they would obtain a small quantity to treat the patient until supply could be obtained from pharmacy. This would often include obtaining morning doses. Nursing staff would send a copy of the medication chart to the pharmacy where it could be reviewed for clinical urgency and appropriateness for supply when the relevant pharmacist came on shift.

In the current system, any new order for a medicine (which is not kept as imprest stock) is sent directly to a queue within the DHR for review by a pharmacist. Once reviewed, it falls immediately on a dispensing queue within the pharmacy for action. In addition to this automated messaging, nursing staff are able to generate an in-basket message requesting supply of medicine. Observed behaviour is that nursing staff performing a medication round at 8:00 will send an in-basket message for supply if medicines are not readily accessible to them. This message is sent despite the fact that the pharmacy is closed and has not been open since the order was written.

In-basket messages must subsequently be reviewed by a pharmacist to determine whether there is a need to supply medicines outside of the business-as-usual processes. This task is time-consuming and takes the pharmacist away from tasks that are more likely to lead to positive patient outcomes.

Changing expectations of health care delivery and transparency of data, mean that there is now a greater expectation that medicines are available when they are due to be administered. Given that clinical pharmacists are now available overnight to review medication orders, it is now possible that medicines prescribed after-hours could be dispensed and supplied to clinical areas before the 8:00 medication round if staff were available in Main Pharmacy to undertake this work.

### Building 5 medicines supply



The model of care for Building 5 is also significantly more demanding on pharmacy services than the existing service delivery model. Building 5 is furnished with automated dispensing cabinets (ADCs) which store the majority of medicines in the building. To enable the most efficient use of space in these cabinets and to promote the use of closed-loop medication management, pharmacy supply unit dose packages of medicines for all solid oral medicines and oral liquids stored within the ADCs, where appropriate. The preparation of these unit dose packages requires use of robotics currently used for the supply of medicine to correctional facilities. To maximise the productive use time of these robots, it may be necessary to increase the hours of operation in the pharmacy servicing the correctional facilities beyond their existing 8:30-16:30 Monday to Friday service.

## **Service hours and demand mismatch**

There is also currently a mismatch between the hours of pharmacy service and when there is highest activity within the system. Data suggests that, often, more patients are presenting to the Emergency Department after hours than they are during business hours.

With clinical pharmacists embedded into clinical teams, they also need to be available when the work of the team is done. For many services such as ICU, AMU and several surgical specialties, this means being available for ward rounds that run outside of normal business hours. Being available to provide the best input to the team may mean being on a ward round at 7:00am.

## **Workforce dynamics**

There is a growing demand from the workforce for greater flexibility in the way in which work is done. In many industries, people are seeking greater flexibility in work hours, shift length and total hours of engagement. There is a limited amount of flexibility that can be offered to people in a rigid 8:30-16:30 model.

## **Operational requirements**

The number of clinical areas that require an adjustment to standard work hours is increasing. It is no longer feasible to fill rosters for these areas on a voluntary basis.

# **Future model**

## **What would expanded Pharmacy service hours look like?**

It is proposed that the hours of the Pharmacy service are expanded. The hours of operation of the Main Pharmacy dispensary are proposed to increase from the current state to 06:30 – 21:00. It is proposed that during this bandwidth, the Pharmacy doors would only open for their current opening hours of 8:30-19:00 and that two closed door periods at the beginning and end of day would be used for specific purposes.



## 06:30-8:30 service

With the clinical pharmacist team verifying orders after hours, there are medicines queued to be dispensed by pharmacy when the team arrives in the morning. A great majority of these items are available by 06:30 in the morning.

While some of these orders will not be needed until later in the day, a proportion are needed for morning medication rounds.

It is proposed that a team of 1 pharmacist and 1 technical officer commence work at 06:30 to clear the dispense queue and to deliver the medicines to clinical areas before the 08:00 medication round.

It is proposed that the shift would run from 6:30 until 14:30 with a 39 minute meal break.

## Evening shift

The current late shift runs from 11:00 until 19:00 and is staffed by two pharmacists and 2 technical officers. This shift is designed to provide extended hours of service to provide medicines urgently needed for patients admitted in the evening and to facilitate discharges where possible. With increased verification activity in the evening, and with a pattern of both late discharges and late admissions across the organisation, coverage until 21:00 would be more useful.

It is proposed that a direct roster change is made and that staff currently rostered to work from 11:00 to 19:00 are rostered from 13:00 to 21:00.

Pharmacy Courier shifts would be extended from the current finish time of 8pm to 9:30pm. Start times would also be adjusted to maintain existing shift lengths.

## Clinical shifts

There is a degree of flexibility required for the optimal delivery of clinical services. Each clinical unit has its own cadence and needs. It is proposed that a clinical roster is constructed such that all clinical pharmacists can be rostered to start times between 07:00 and 09:00 for standard shifts. The rostered start time would be consistent during allocation to specific clinical areas and teams to allow consistency and routine for a defined period. Individual flexible working arrangements and specific agreements would be taken into consideration.

In addition, for servicing the Emergency Department and Acute Medical Unit (AMU), it is proposed that rostered shifts could conclude as late as 23:00. This matches the proposed senior medical officer coverage of the AMU.

Efforts will be made to rotate staff through shifts with late finish times such that no more than 25% of their shifts conclude after 17:00 unless flexible working arrangements to do so suit the employee.

## What are the benefits of expanding Pharmacy service hours?





The anticipated benefits of expanding Pharmacy service hours include:

- A reduction in the number of patients who have delayed or missed morning doses of medicines,
- A reduction in the amount of medicines retrieved from the After Hours Cupboard and associated demand on the After Hours CNC,
- A reduction in the number of in-basket messages sent to Pharmacy seeking supply of medicines for the morning medication round, subsequently releasing pharmacist time to provide care,
- Reduced time spent by nursing staff trying to look for, or source medicines,
- Possible increased flexibility for staff who have limitations with their existing flexible working arrangement and who wish to work adjusted working patterns,
- Greater consistency of service provided to clinical areas outside of standard business hours.

### **What are the implications of not undertaking the change?**

No change to the status quo will lead to no improvement in service provision. If changes are not made, nursing staff will be required to take greater ownership and responsibility for sourcing of medicines in the after-hours setting. This increases the risk of medication errors and potential harm.

Clinical time of both nursing and Pharmacy staff will continue to be wasted on unnecessary communication.

Not undertaking the change would also represent a missed opportunity to exploit the current benefits that Pharmacy derives from having workers in alternate time zones. Given that work is being done through the night, it would be of benefit to use that work by dispensing medicines earlier.

Changes in this space may provide staff with greater flexibility and better work life balance. No change fails to explore those options.

### **Other considerations**

As part of this consultation, submissions related to changed working patterns and shift durations that would be alternatives to the proposed shift durations would be welcomed. The ideal outcome would be to design work hours that both enhance the pharmacy service and better meet the needs of individual employees.

## **Application of the Proposed Changes**



## Pay rate and penalties

All rates of pay and penalties related to non-standard shifts will be calculated according to the provisions outlined in the respective enterprise agreements.

## Assessment and review

Any change should be monitored and measured to ensure that it is delivering the outcomes that it was designed to deliver. If changes are made to the pharmacy service hours as planned, data will be collected following implementation, and a formal review will be undertaken 6 months after the date of implementation. If preliminary data

## Consultation methodology

This proposal provides a rationale for expanding the pharmacy service hours and suggestions for specific amendments to existing rosters to accommodate this. The best way to meet the goals of this proposal might be a different course of action and your feedback, suggestions and questions will assist in further refining the proposal.

Feedback can be provided via email to [daniel.lalor@act.gov.au](mailto:daniel.lalor@act.gov.au).

Feedback is due by Friday, 11<sup>th</sup> of October, 2024.

In particular we are seeking responses to the following questions:

1. Do you think that there is a need for the Pharmacy to expand its current hours of operation?
2. Do the proposed hours of operation fit the needs of the organisation?
3. Does the proposed staffing seem appropriate for extended hours shifts?
4. Do you have any concerns about the proposal so far, if so what are they?
5. What suggestions do you have for different work patterns and hours that may help to expand the Pharmacy hours of operation?
6. Do you have any other feedback you would like to be considered in relation to the proposed expansion of pharmacy service hours?

For any further information relating to the proposed expansion of hours for the Pharmacy service and subsequent consultation process, please contact Daniel Lalor on 5124 8623.

