

PHARMACIUM DISPENSARY CORNER #3



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YOU'LL NEVER GET ANOTHER CHANCE TO MAKE A FIRST IMPRESSION

While the origins of the quotation in this title – you'll will never get another chance to make a first impression – are debateable, attributed to both writer Franz Kafka and actor Will Rogers, there is no uncertainty as to its truth – first impressions count. And this is particularly relevant to the topic for this Dispensary Corner article: the scripts-in counter, a fundamental contributor to your patients' first impression of your pharmacy.

For many patients entering the pharmacy, their first priority is to submit the piece of paper that has brought them there – the prescription. Therefore, most people who walk through your pharmacy door will make a direct beeline for the dispensary and more specifically the 'scripts-in' counter. It is typically at this point that the patient has the first contact and interaction with anyone in your pharmacy – and boom! First impression! Judgement! And all the foundations for perceptions of and feelings towards your pharmacy and service quality are laid down.

It is those first critical moments of engagement with your staff member at the scripts in counter that pave the way for that patient's experience in your pharmacy. And unless you slept through all of the sessions at the recent APP conference or are blissfully unaware of any recent consumer trend predictions, you will know providing a

great consumer experience is part of the winning formula for business today – and one we touched on in our last article of Dispensary Corner with the CX principle and design.

So, to look at what the ideal scripts-in counter looks like, let's consider what ideally needs to happen to create that standout first experience for your patients.

First, in order to stand out, we need to exceed patient expectations – and for most patients, the expectation for dropping off their prescription is approaching a counter typically attended by a pharmacy assistant, handing over their piece of paper, answering a couple of questions as the assistant rummages under the counter for a basket and note pad, makes a few notes and puts the prescription into a basket before briefly making eye contact to generically advise, "That will be about 10-15 minutes, would you like to wait or come back?", as she slides the basket down into the depths of the dispensary.

As we discussed in our earlier Dispensary Corner article, to create a workspace that provides a superior experience for the patient we need to consider: who will primarily use this work area? What will they need at the work area and what will they need access to most frequently? How does this support the best all-round customer experience and flow through the pharmacy?

What adjacencies need to be considered?

We can see from the above 'typical' example that by rethinking who should primarily work in this area – and positioning the most knowledgeable team member, the pharmacist, to be that first point of contact for the patient – we can lay the foundation for an experience that exceeds the typical punter's expectations.

So, if we consider that ideally a pharmacist will be using this work area (even if not exclusively), we then need to think about what the primary function will be. And while direct dispensing is great, it's not practical for every single patient, particularly those with large script wads to fill each time (think of those patients you have who reach their safety net in the first quarter).

Therefore, the ideal scripts-in counter needs to be flexible and function as a 'triage' point – with the knowledgeable staff member (ideally a pharmacist) assessing the patient's needs and directing them on their journey through the pharmacy. It needs the capability to be used as a direct dispense station, as well as an interim concierge point, and provide the patient with the best first impression and experience in both scenarios.

Looking at the design of the scripts-in area, the configuration of the counter itself, as well as the positioning of this work space and proximity to other elements of the dispensary, are both important.



SOME KEY ASPECTS TO CONSIDER ARE:

- Dispensing capability and hardware required – PC, printers, C&A labels, script backings and other stationery.
- Access to medicines needed for dispensing.
- Access to scripts on file – position and ease of use.
- Proximity to other dispense stations – for passing larger script orders.
- Storage and access to other tools and accessories – script baskets, bin, etc.

Figures 1 and 2 highlight the impact that correct configuration of the scripts-in area and positioning within the dispensary can have on workflow, efficiency and, ultimately, the experience and all-important first impression for the patient.

The more traditional Figure 1 example shows that while scripts received at the 'in' counter can be passed to the back to the pharmacists and techs, the location of medicines and possibly even scripts on file mean the interaction with the patient is not seamless and likely to be interrupted if anything beyond simply dropping off a script is required.

The more ideal example of Figure 2 shows that, by positioning all the key elements within a closer proximity and adding a dispensing capability to the scripts-in counter (complete with all the elements listed above), you can have a better interaction with the patient – and the patient can have a better experience.

While the look and feel are important, clear signage and pathways to the scripts-in counter are required.

As with the design of any element for the 'ideal dispensary', it's always about the right person, in the right place, with the right tools, doing the right thing – for the benefit of the patient.

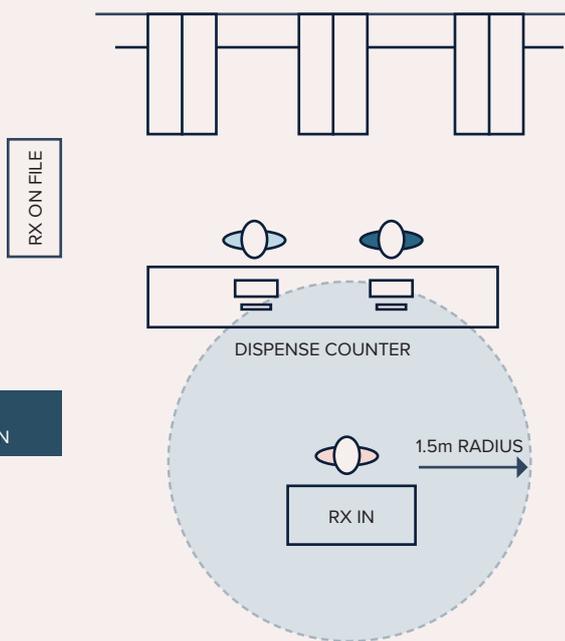


FIGURE 1.
TRADITIONAL SCRIPTS IN

-  PHARMACIST
-  DISPENSARY TECHNICIAN
-  PHARMACY ASSISTANT

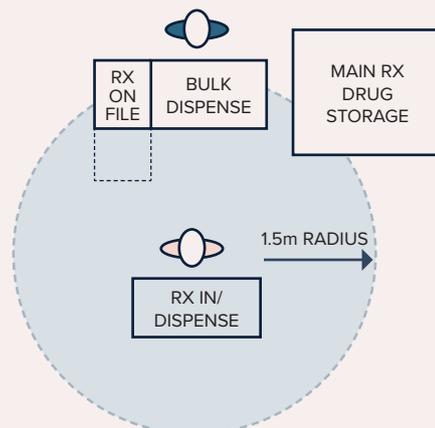


FIGURE 2.
IDEAL SCRIPTS IN