Community engagement integral to pharmacy success in remote community

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Good morning, my name is Lynn Short, former community pharmacist of Thursday Island.

I’d like to acknowledge the traditional owners of this land the Kuarna people, past and present.

Today I will be speaking about community engagement being integral to pharmacy success in remote community.

I’ll be running a PowerPoint as I speak showing you pictures of the pharmacy, the staff, Thursday Island, and the Torres Strait islands.

I began my pharmacy career as a pharmacy assistant at 16. In my mid twenties I began external senior and in my late twenties began my degree at UQ. I continued my pharmacy assistant career till I graduated as a pharmacist.

I did my pre-reg in the razzle dazzle of Surfers Paradise and stayed on for several years then took over the Canungra Pharmacy in rural south east Queensland. This was my home town, so community engagement already existed in this case.

In 2000 I took over the Thursday Island Pharmacy servicing the Torres Strait and Northern Peninsula Australia district in far north Queensland. Thursday Island is the administrative centre for the Torres Strait region, a group of islands between the top of Cape York in Queensland and Papua New Guinea.

At this time the previous pharmacist of 32 years was retiring, the pharmacy had 5 assistants, of which 4 were Torres Strait Islanders, and a wet photo lab which I knew little about. The introduction of s100 supply in the district was imminent. I was a country girl and a country pharmacist but had no indigenous experience and no extremely remote experience.

Now I’m definitely a glass half full girl, and I don’t mind a challenge.

My challenges were to:

- improve pharmacy services in my district
- improve procedures and systems
- expand and develop my staff team
- integrate in the community and LEARN.

On a time line I’d like to talk about how I achieved these goals:

- introduction of s100 supply to 20 AHS
- achieving QCPP
- introduction of blister packed medication for my district
- introduction of s100 support to 20 AHS
- staff training and development.
Introduction of s100 supply to 20 AHS

S100 supply began in the Torres Straits and NPA in October 2001. My approach to s100 was that if it was coming I needed to prepare us as best I could. Over the few months before we began s100 I prepared templates for imprest lists and claiming benefits, and procedures for statistically reviewing s100 ordering from AHSs to maximise stock control. I then collated all our clients dispensing records in the district into home communities then collated their current medication usage in each community. From here I created an imprest list for each community which comprised of a core list of drugs chosen by our MO and the hospital pharmacist plus the current medication used by those in that community. The day the dispensaries in brown cartons were delivered to each of our 20 community Ashes I was confident everyone would begin the s100 scheme with adequate stock which I felt was integral to the confidence in the new program and the success of the program.

Achieving QCPP

QCPP (our industry quality assurance) was on the horizon next. I needed good procedures and systems to steer us in the right direction and keep us on track. If I was going to do QCPP I was going to make it work for us... and it does. We have a written procedure or system for anything that may occur in the pharmacy. Think about the logistics of Thursday Island, we get stock from Cairns and Townsville mainly by 3 day boat journey, topped up by air bags for urgent meds. We send medicines including cold chain to our 20 remote, mainly island, AHS either by ship or plane. Both despatch and receipt of the goods is communicated between us and the AHS by fax, phone, email, or coconut telegraph if necessary. If our QCPP procedures are not followed our systems would fall down and we would have utter chaos on our hands.

Introduction of blister packed medication for my district

In response to the community need our next hurdle was to set up blister packing services for the district. The first pack we made as we developed the new blister packing procedures took 3 pharmacists several hours one night to produce. Nowadays we have 5 full time packers at the pharmacy producing up to 1000 packs per week. Our systems are rigid; we pack for the residents of Thursday Island and the residents of 20 other communities. If any blister packed patient has a med change we want the new med chart faxed to us promptly. We do a systematic sweep of each community from time to time and reconfirm all current med charts. If there was a change made we were not notified of it’s not difficult to pinpoint who made the change and when to work out who didn’t follow procedure.

Introduction of s100 support to 20 AHS

I first began to visit my AHSs on the medical team plane. A plane load of health professionals would converge on the health centre for clinic day. There would be at least one doctor, maybe a specialist or a student too, and any other allied health professionals rotating to that community, plus me. The few hours we had with the health centre staff were quickly consumed. It was time to all scramble back to the plane. I had plenty of time in the dispensary but no quality time with the staff.

When we came on board with formal s100 support I needed to find another way to visit my AHS. They’re islands so that rules out land travel, the plane schedules didn’t fit, it may be days till there was another plane going in a direction we needed to go, so that leaves the sea.

I looked for a suitable boat, it needed to be economical enough that I could afford to run it across the vast expanses of the Straits, but large enough that it could cope with the high seas and weather conditions it would experience. Boat being found I could now have full days at my AHS and not clinic days. This allowed me to spend the morning on the dispensary when the staff are usually busy with clients and the afternoon gave more quality time with the nurses, centre managers, and health workers for communication, discussion, and presentation of education modules.
We standardised all the dispensaries in the district, all had the same layout and shelf tags were maintained. This aided stock control and made the dispensary user friendly to the number of doctors, nurses, and health workers moving between the communities.

**Staff training and development**

All these new services and I need help. Can’t go to the local employment agency and view their list of experienced pharmacy assistants. I was happy to train my staff, with my own 16 years experience as an assistant, but I had no formal training plan.

In 2007 at the NRHA conference in Albury ATSIPATS was announced. This was my answer to formalised training.

ATSIPATS (Aboriginal and Torres Strait Islander Pharmacy Assistant Training Scheme) is administered by The Pharmacy Guild and funded by DOHA from the 5th Community Pharmacy Agreement. ATSIPATS provides funding for students to move up through their pharmacy assistant grades.

We chose to train out staff onsite and use the funding to cover purchasing training modules and onsite training and to fund bringing the trainer from The Pharmacy Guild (our chosen education supplier) to train the staff and examine their completed modules. In fact Marie from Queensland Pharmacy Guild has just been to the island last month again. This system works well as the students can compare our training delivery with the training received from the professional Guild trainer to be confident we are delivering reasonable quality of training.

This training has assisted me to build my team from 5 to 25 employees, which makes Thursday Island pharmacy the largest non-government employer of indigenous workers in the district.

Our ATSIPATS students take great pride in their training and in achieving their grade certificates. This pride extends into the community. Their training results in increased availability of pharmacy service and advice in the community, increased work motivation individually and within the team, and stronger career paths in pharmacy for the students.

**Team building**

My PowerPoint has shown you screens of team building examples:

- My 10th Anniversary celebrations at TI pharmacy, the team did a mighty job.
- Community promotions for Shave for a cure, AIDS Day, Breast Cancer Awareness.
- Xmas Parties at TI, alternating years of adult parties then full family parties with all the children and grandchildren.
- The staff dance team, secretly formed and practiced to give a surprise performance at one of our staff’s wedding late last year. That’s team work.
- I was proud to speak at the IAHA in Brisbane last November and even prouder to bring one of my ATSIPATS students, Joseph Passi, to the conference. Joseph was funded by The Pharmacy Guild to attend the conference where he spoke of his enthusiasm and pride in his training. This exposure opened many doors for Joseph and he is now considering attempting a Pharmacy Degree as is his brother, Richard, who also works at the pharmacy.

I have employed male and female assistants; I feel it created a better work environment. The work is spread across the genders, not gender specific.

My Retail Manager is a Torres Strait man, when delegating duties to staff I often delegate through him so I am not crossing cultural boundaries in my delivery.
Our team is a family; we have a tall chair so heavily pregnant staff can sit at a register in comfort, there is a child bed on the premises for staff “family” emergencies.

We have a regular uniform and a cultural uniform for special occasions. We celebrate Flowery Friday with island style dress; this has spread throughout the island.

Our staff motto is “To provide a pharmacy service to our people equal to, or better than, the pharmacy service available on the mainland”. They added the ‘or better than” when they “really got into” their training. My staff are definitely EMPOWERED.

**Improving community engagement**

In general, to engage well in a remote and/or indigenous community you must have genuine empathy and respect for your people.

Employ locally and train; as with most indigenous communities, our people are mainly Second Language English. Effective communications from the pharmacy to clients could not occur with a language barrier. A majority of our staff are fluent in the local language and are always happy to translate for those of us who are not.

Develop local relationships, network, and collaborate with:

- Health Councils at a Local, District, State, and Federal level if possible.
- Allied Health professionals
- AHS management and employees
- Local Nursing Home management and employees
- Elders and community leaders
- Education facilities
- HAAC and similar support groups. (Our staff regularly takes the hose up the street a few doors to TI HAAC and hoses down their shop front, a small community service.)

You should support your local charities and churches, community groups and sporting participants and community events. Basically, respond to community needs within the pharmacy and the wider community.

**Information technology**

Regarding information technology, if you are not taking advantage of the latest IT in a remote pharmacy setting you are giving the pharmacy a double disadvantage in providing systems and service.

My north Queensland colleague Scott McCahn from Weipa won the Quality Care Pharmacy Program Excellence Award in Pharmacy in 2012 and the Community Engagement in Pharmacy Award in 2012. I understand the circumstances under which you practice in a remote and indigenous community and the adversities we face. You also have any trials associated with practicing in a remote mining town. Congratulations Scott.

I retired in December when my managers Mick Delaney and Luci Bastos took over at Thursday Island Pharmacy. They will continue the work I have done in the district and build on it to give the Torres Straits and NPA a solid and responsive pharmacy service built on foundations of being an integral part of the community with genuine community engagement.