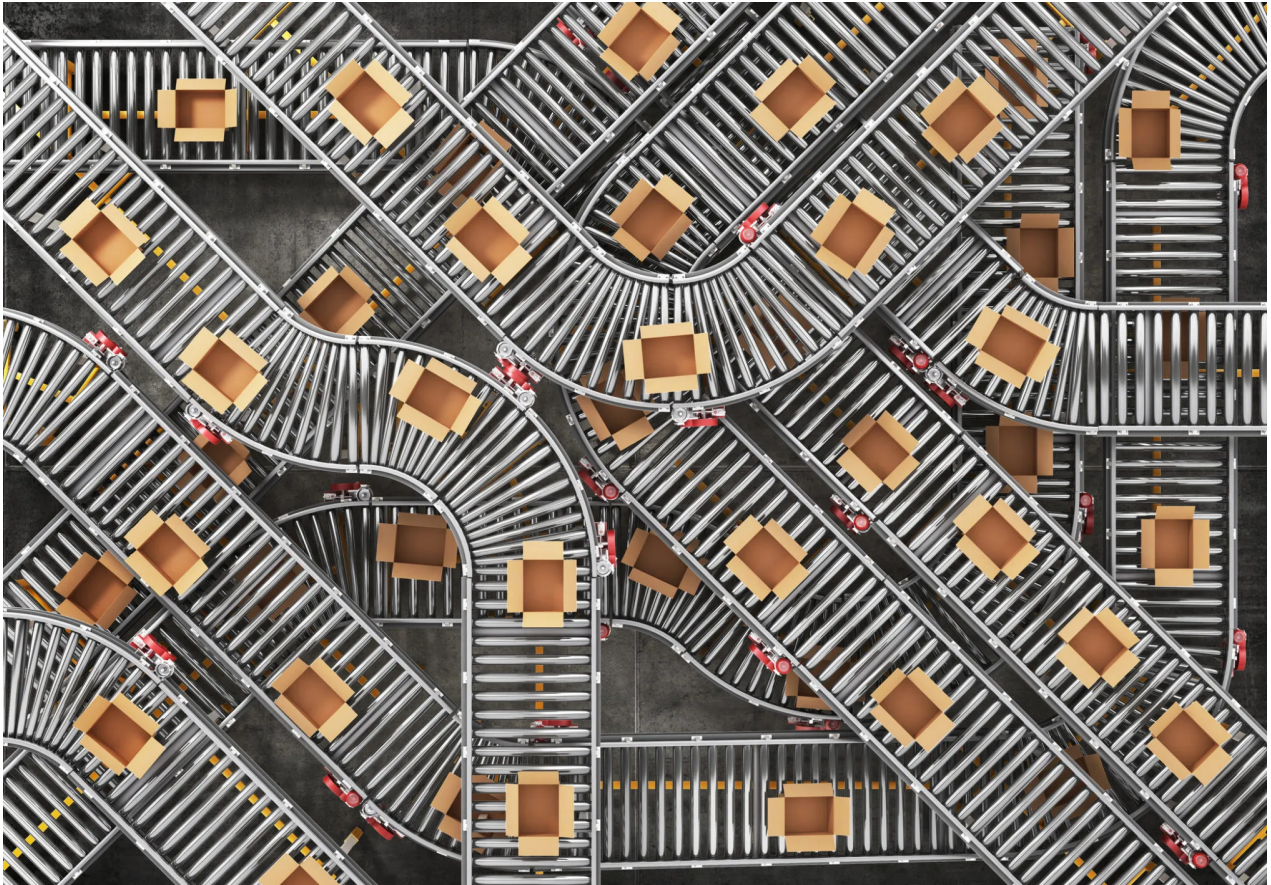


BUSINESS CLASS COLUMNS

AVOIDING PHARMACY RAFFERTY'S RULES

 GUEST AUTHOR 20/08/2022



How can pharmacies develop an efficient conveyor belt-like workflow, but with a human touch? Glenn Guilfoyle explains how to avoid workflow chaos

*The Macquarie Dictionary says the term 'Rafferty's rules' has been part of Aussie slang since at least the 1910s. The phrase, a play on the Irish surname Rafferty, is **a way to say you aren't playing by any rules at all.***

When you think about a conveyor belt what mental images are conjured? Maybe it's the classic Model T Ford, beginning at one end of the belt as a "bare bones" metal chassis and finishing at the other end of the line as a completely fitted out, ready-to-go car?

Maybe its when you checked in luggage at the airport, where your stickered and keyed in suitcase moves along a conveyor belt at your embarkation airport and ends up on another conveyor belt (hopefully) at the right destination airport at the right time for you to re-collect?

Or do you think of any of the beverage manufacturing processes where life at one end of the conveyor begins as an empty, blank container, and ends up at the other end as a labelled, capped, filled, ready-to-sell beverage container?

Imagine what happens to the mass production efficiency of any of these processes if one of the sequential steps at a designated spot along the line is randomly or even semi-routinely executed at an alternative sequential step and designated spot along the line? Process breakdown and resulting mayhem. It is obvious and intuitive that such entities running conveyor belt processes would maximise every step of the process being executed in the right sequence in the right location.

Is pharmacy different?

But many of us in retail pharmacy do not think this way in terms of how we run the dispensary.

Why not? Is it because we know that our patients are humans and as such are not inanimate objects like cars, suitcases and bottles of Coke? Or because we lamely believe that we are providing customer service by serving the customer wherever the customer wants to be served? Or do we kid ourselves that we have to be nimble and flexible and take the next customer away from a customer congestion hotspot and serve them anywhere in the dispensary that is less congested.

All these well intentioned paradigms are silent killers of good work and traffic flow and therefore overall good customer engagement and service. And they happen all day, every day across retail pharmacy Australia.

Lets go back to the airport scenario. The customer service agent at the lost baggage counter does not serve passengers who want to check in there. That service location is not for that purpose. There is solid logic in this work flow and service counter designation.

It becomes incumbent on any pharmacy aspiring to deliver great customer engagement and service to adopt these principles: No more 'Rafferty's Rules'.

What are the hallmarks of effective work and traffic flow?

First and foremost, set up dedicated service locations:

- Script in (with a direct dispense location included)
- OTC
- Script out

Don't muddy the waters. Educate customers and staff where to go to get the right service for each and every customer visit. And stick to this game plan.

Don't revert to 'Rafferty's Rules' when the heat comes on. Use all the tools of the trade at your disposal, including clear signage, floor stickers, tensa barriers...but most importantly, a kindly human touch.

In setting your service locations, think about optimal flow, think about the conveyor belt analogies.

For scripts: U-shaped. In at script-in -> over the back for processing -> across to the checking bench -> across to the meds for collection bay -> back out at script out.

Other steps are to:

- Try to avoid any need for staff to walk against the flow. Mark down on a sketch of your dispensary the staff footpaths and directions, and change accordingly. Go with the flow!
- Waiting chairs in front of and within earshot of the script out service counter.
- The OTC service counter should be adjacent to script out service counter, but again keep the service specialised to the nominated counter and this will also assist traffic flow and lack of congestive traffic criss-cross – on both sides of the serving counters.

You will find that when you successfully design and execute efficient workflow on the staff side of the dispensary service counters, better customer traffic flow on the other side will follow, with less congestion, and better ambience for customers to engage in rich health conversations with pharmacists at these specialised service counters.

Avoid peak hour panic

Don't panic about peak hour when the congestion builds up. And don't fall for the ubiquitous line of least resistance and take a queuing customer from the right service location to the wrong to serve them and get them out of the queue.

Train up you retail manager or whoever is most likely to be on the floor in the aisles near the dispensary during peak periods to keep their antennae buzzing.

As soon as the queues start building at any of the 3 main service locations, this nominee should drop what he/she is doing in the aisles and de-queue the queues.

Take the script from script in queue customers and get it in over the back for processing and get the customer out of the queue (waiting area – which should be set up as a self serving health info/engagement hub – always preferable to sending them to the supermarket).

Serve the queuing OTC customers, right there on the spot! Let the queuing script out customer know if there medicine is ready for collection, if not, again get the customer out of the queue and into the health info interactive waiting area.

All of this should be predicated on the mantra '*pharmacists out the front – techs out the back – assistants jockeying in between to provide the glue to make it all stick*'.

This point segues to the related topic of '*right people, right place, right time, doing the right things*'. That behoves a whole other chapter.

Glenn Guilfoyle is principal of *The Next Level*. Click [here](#) or call 0418 519 755

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