



Canberra Health Services

Consultation Paper

Nursing & Midwifery and Patient Support Services

Central Equipment and Courier Services

Transfer of 3.6 Courier FTE and Personnel from the Central
Courier Services to the Pharmacy Department to deliver
Pharmacy specific courier services

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1. Introduction

Canberra Health Services (CHS) is focused 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 including but not limited to:

- **The Canberra Hospital:** a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- **University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research:** a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- **Mental Health, Justice Health, Alcohol and Drug Services:** provide a range of health services from prevention and treatment through to recovery and maintenance at a number of locations and in varied environments for people suffering from mental health issues.
- **Dhulwa Secure Mental Health Unit:** a purpose designed and built facility providing clinical programs and treatment options for people suffering from acute mental health issues.
- **Six community health centres:** providing a range of general and specialist health services to people of all ages.
- **Three Walk-in Centres:** which provide free treatment for minor illness and injury.
- A range of **community-based** health services including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra and the Australian Catholic University.

On 1 October 2018 ACT Health transitioned into two separate organisations being the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

To enable CHS to have a strong focus on operational effectiveness, efficiency and accountability in the health services we provide, CHS is proposing a realignment of functions.

The [current organisational chart](#) and the recent [Annual Report](#) and the ACT Government [Budget Papers](#) provide more detail about CHS.

Introduction – CHS Pharmacy Department

The CHS Pharmacy Department provides a range of services to support medicines use and high-quality pharmaceutical care to all patients. These services include drug distribution and supply services to ward areas, clinics, Walk-In Centres, health centres and other care locations as well as dispensing services to inpatients, outpatients and patients being discharged from hospital.

The department also provides clinical Pharmacy services provided by pharmacists imbedded in care teams across CHS as well as centralised clinical support services. Broader medicines management within CHS is supported by pharmacists working to support the quality use of medicines (QUM) and the organisation's participation in research is supported by the investigational medicines team.

Staff from Central Equipment and Courier Service (CECS) provide couriers services for medication from the Pharmacy to patient care areas throughout the day, seven days a week, across the Canberra Hospital campus.

Introduction - Central Equipment and Courier Services

CECS was created in 2012, by centralising staff from across the organisation. In 2016, CECS permanently acquired 3.6 full time equivalent (FTE) from Pharmacy to the central pool, these positions were reclassified with new duty statements. As well as courier services the embedded courier staff also provided some stores functions in the Pharmacy Department.

CECS also provide a variety of services across Canberra Hospital Campus for both CHS and the National Capital Private Hospital.

- including courier services, CECS staff provide clinical equipment for patient care including but not limited to: Pressure Care Equipment, Intravenous Infusion Pumps, Falls Prevention Equipment and Bariatric Equipment
- transports pathology blood products and patient specimens
- conduct clinical records collections weekday afternoons, as well as on weekend and public holiday mornings

2. Purpose

The purpose of this paper is to describe the proposal to transfer 3.6 FTE CECS staff to Pharmacy as dedicated Pharmacy couriers for the Canberra Hospital campus. The paper will outline changes in the specific roles that will be required for those in dedicated Pharmacy courier roles. The information in this document will allow further consultation of the proposed changes to Pharmacy courier services.

Consideration is being given to the transfer of these 3.6 FTE positions and staff from CECS to the Pharmacy team to maximise the efficiency of the Pharmacy courier service and to optimise use of the tracking functionality within the DHR.

The decentralisation of Pharmacy courier services from CECS to Pharmacy, will improve the pharmaceutical supply chain within the Canberra Hospital campus improving efficiency, accuracy and transparency and will ensure that the appropriate staff members are embedded in the Pharmacy team, are undertaking the right activities to maximise our use of human resources. In turn, this will have direct patient benefits, increasing the timeliness of medicine supply.

The following document outlines the proposed plan for consideration/consultation.

3. Current model

CECS staff are employed and rostered by the CECS team and report to a CECS manager. The relationship between CECS and Pharmacy is managed through interdepartmental meetings and liaison. Pharmacy has no management nor oversight over the couriers providing the service from CECS. CECS do not roster the same cohort of couriers therefore there is no consistency of staff.

CECs provide courier services to the Pharmacy in the form of hourly rounds occurring from;

- 9am to 8pm Monday to Friday
- 9am to 6pm on weekends and public holidays
- an 'urgent courier' can be called on demand
- outlier locations in the Canberra Hospital campus such as the Acute Mental Health Unit are provided by three rounds per day

The courier officers may utilise a trolley or motorised scooter when delivering medication depending on the size of the medication round or the distance travelled for the medication delivery. The rounds are known as "inners" refer to delivery of medication within the main hospital building and "outers" referring to areas located outside of the main hospital building.

Following the introduction of the Digital Health Record (DHR), pharmacy staff use DHR functionality to keep track of items sent from the Pharmacy and to communicate this information to nursing staff. This process involves sorting all medicines to be supplied into containers for a care area, and then digitally assigning each of these medicines to a particular container for delivery to an area.

Post DHR implementation, CECS couriers have been unable to provide the medication sorting service previously provided or accommodate the use of the new DHR medicines tracking system. Currently, couriers collect medicines packaged for care areas prepared by the Pharmacy team and deliver these to a designated drop off point in each area.

4. Rationale for change

The introduction of the DHR required changes to processes in the Pharmacy which have affected the scope of practice required for courier assistance in the dispensary. This change does not align with the 'courier' duty statement. Hence, the CECS couriers do not have access to the required DHR modules and nor should they due to the required change in

scope of practice. As a result, this has impacted the workload of the Pharmacy dispensary staff disproportionately.

The DHR introduced functionality across the organisation that enables full end to end tracking of medicines and medicines orders. This tracking system works in the same way as tracking systems used by logistics companies/supply chains. At various points in the journey of a medicine, the barcode is scanned, and its status is updated. This enables clear and easy communication between the Pharmacy and nursing staff about the location and status of a medication and reduces the opportunity to lose or misplace medicines. This functionality is not currently being used.

CECS couriers are at Health Services Officer level 3 (HS03) level, in accordance with the work level standards classification, and the additional requirement the DHR has implemented is not currently within their scope of the work. As a result of this, there has been an increased workload and time taken for Pharmacy staff to prepare a medication round. Couriers can often be left waiting to receive medicines for delivery which contributes to an increase in non-productive time for the courier staff. The proposed change would also ensure that patients receive medication in a timelier manner.

CECS team leaders (TLs) (TO2) currently do have the capability to access DHR and provide this service. It is noted that it not reasonable for TLs to continue to perform this duty for Pharmacy deliveries on an ongoing basis as it is not an efficient use of their time, and it creates time delays for other tasks if TLs are taken offline to perform these duties.

If the CECS couriers use the DHR functionality on their medication rounds, they would be provided with electronic verification that the medicines are being supplied to the correct site and enable nursing staff to have full visibility of where medicines were in transit. Also, couriers could provide the Pharmacy team with assistance with other tasks, such as sorting medicines and assigning to delivery containers, in between courier rounds.

5. Future model

5.1. Scope of the future model

It's proposed to transfer 3.6 FTE from CECS to Pharmacy to improve workflows and facilitate all courier functions related to the delivery of medicines on the Canberra Hospital campus.

Pharmacy couriers will be trained to utilise the DHR system, which will enable them to prepare medicines for delivery and to document their delivery in patient care areas.

Staff will be impacted in a range of ways including:

- Reporting lines will change, with Pharmacy Couriers reporting directly through Pharmacy supervisors and to the Deputy Director of Pharmacy (Operations).
- Work patterns may vary more frequently than they currently do, with courier services required to be provided 365 days a year between 9am and 8pm on weekdays and 9am and 6pm on weekends.

- As the planned transfer of 3.6 FTE is a smaller pool of trained staff, there will likely be a requirement to work one in every three weekends.
- The role of staff will change and will require training in using the DHR system. As well as providing simple point to point delivery, the courier team will be responsible for the documentation of medication supply
 - This will require accurate sorting medicines into containers for delivery using DHR technology and recording receipt and delivery of medicines at their destination point.

5.2. Physical Relocation

The Pharmacy Department will allocate a suitable area within the Pharmacy to accommodate the Pharmacy couriers.

5.3. Benefits of the future model

The benefit to this change is that it will improve:

- Medicines will be tracked throughout their entire journey through the Canberra Hospital campus. This will enable nurses to identify where medicines are at any time to support timely availability to patients.
- Tracking medicines throughout their journey will reduce the amount of medicine that is sent to an incorrect location and subsequently re-dispensed. This will reduce pharmaceutical wastage and associated costs.
 - By providing courier staff with technology to assist in the delivery of medicines, the possibility of sending medicines to wrong location will be reduced.
- Through enabling nursing staff to see where medicines are in their journey using the DHR, there will be a reduced need for communication such as phone calls between nursing staff and the Pharmacy, reducing Pharmacy technician time and support improved dispensary service.
- As couriers will be responsible for sorting medicines for delivery, there will be a reduction in non-productive time that is currently spent waiting by CECS staff for Pharmacy staff to complete this task.

5.4. Implementation of the future model

This change will require the transfer of 1.12 vacant FTE to Pharmacy and 2.48 permanent FTE of current workforce. It is proposed to complete an expression of interest process (merit-based selection process) that will be open only to the CECS team in the first instance, giving any staff member within the team the opportunity to apply to transfer to the Pharmacy department. There is the opportunity for two full time and 1 part time existing staff members to transfer.

The team will be provided further information regarding the finer details of the transfer following the completion of the consultation process.

CHS is committed to working with impacted staff through the change process.

Under the Union Encouragement Policy, employees will be given full access to union officials/ delegates and facilities during working hours to discuss the restructure on the provision that work requirements are not unreasonable affected.

It is envisaged the proposed structure will be implemented as soon as possible after the consultation period has closed as per table 1:

Table 1: Proposed implementation timeline

Steps	Action	Dates
1	Consultation period opens	4 July 2023
2	Individual meetings with staff where requested.	Ongoing
3	Consultation period ends	18 July 2023
4	Any provided suggestions from consultations will be reviewed and any changes incorporated into the final paper, presented for information.	21 July 2023
5	Initiate EOI process	24 July 2023
6	Activate Changes	Closest pay/roster period

5.5. Related change processes

As a result of potential FTE and/or staffing transfer following the implementation of these changes, a review of the Central Equipment and Courier Services rosters will be required to ensure remaining FTE/staffing numbers and workload are aligned to continue safe and timely delivery of services.

5.6. Implications for not undertaking the change

If the proposed change is not implemented, current issues will continue to exist. Separate models for increasing the CECS uptake of technology will be developed and considered.

Some related consequences of not undertaking this change are:

- The inability to track the delivery of timely medication to patients on the CHS campus
- Staff inefficiencies with inactive down time for couriers and increased workload for Pharmacy staff
- The potential negative impact on timely patient care and the patient experience

- Inefficiencies impact patient flow

6. Consultation methodology

It is noted that there are still details that need be determined and your feedback, suggestions and questions will assist in further refining the target of transferring the Pharmaceutical Courier Services to the Pharmacy department.

Feedback can be provided via email to Joanne.keni@act.gov.au

Feedback is due by 18 July 2023

We are seeking responses to the following questions:

- Do you have any concerns about the proposal so far, if so, what are they?
- Do you have any other feedback you would like to be considered in relation to the Transfer of 3.6 FTE Pharmaceutical Courier Services?

If you have any questions, please contact Joanne Keni on 02 512 42980.

7. References

Document	Author
ACTPS Support Services Enterprise Agreement 2021-2022.pdf (sharepoint.com)	ACT Government
HSO 3 CECS Equipment Courier Officer Position Description	Neil Howlett
https://www.cmtedd.act.gov.au/_data/assets/word_doc/0003/116445/wlsgso2.doc	ACT Government Chief Minister and Treasury