

## DUTIES FOR THE UNREGISTERED ASSISTANT IN THE HOSPITAL PHARMACY.\*

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In beginning it might be well to mention that the pharmacy at the University of Chicago Clinics maintains a staff composed of one part-time and four full-time pharmacists, a cashier and two other unregistered assistants. The last three mentioned have taken out apprenticeship papers and two of them are planning to become registered assistants. One of the pharmacists is in charge of the manufacturing, while the others fill all prescriptions for the hospital and clinic patients, and prepare medications for the hospital divisions, the clinics and the various departments.

In a pharmacy where a clinic is served a good bit of time is spent in waiting on patients. The prescriptions must be priced and a charge made for them. After they have been filled, they must be checked, wrapped and handed to the patient. Though a registered person should fill and check all prescriptions, a cashier can perform the other tasks, and the pharmacist will have more time to devote to professional duties.

Probably a plan to have a person who knows very little about the costs of medicinals, price prescriptions, does not seem feasible, but just such an arrangement can be worked out successfully.

A person with a pleasing personality, who is accurate and dependable, should be chosen for the position. Although previous experience as a cashier or any pharmaceutical training is not required, it would be an added asset. First the individual must learn the apothecary system and its metric equivalent. Instruction in the use of the prescription schedule is the next step. As the schedule is merely the minimum charge on different types of prescriptions, exceptions will occur from time to time and the pharmacy cashier must gain a complete knowledge of drug costs. This can be accomplished by the use of a price record system.

The one in use at the present time consists of three looseleaf books, containing a page for each item stocked. Items are grouped together under special headings. For example: One book contains acids, biologicals, capsules and chemicals, and each group is alphabetically arranged. The record on each item shows the vendor's name, the date it was purchased, the purchase order number, the quantity purchased, the cost and retail price. The cashier posts all invoices and in that way learns the cost of medications and supplies. A request for an item more costly than those charged at the minimum rate is easily recognized. The pharmacist supervises the pricing at first, and as the cashier becomes more efficient is consulted only when advice is necessary. The pharmacists relieve the cashier during the noon hour, on Saturday afternoon and on Sunday. In order to keep them acquainted with price changes, notices are issued regularly.

The automatic commitment of many of the prices to memory greatly facilitates the discharge of these duties, and soon the cashier is ready to perform allied tasks.

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Charges must be made on all prescriptions issued to hospital patients. These charges are rung on the register and written up in duplicate. One copy is sent to the hospital cashier and the other is kept for at least three months in the pharmacy files. The cashier takes care of these charges from three to four times a day. If, however, a patient is being discharged, the hospital cashier is notified at once by telephone and a confirming charge is sent in later.

Free medications are also given out. These prescriptions are charged to the service where the patient is receiving treatment, at cost plus ten per cent, or if the prescription is priced according to the minimum price schedule, it is charged at half the minimum rate. The cashier must register a duplicate free-slip and send a copy to the hospital cashier, so that the proper clinic is charged for the free drugs.

A stores-order is used by the hospital divisions and the different departments for ordering supplies from the pharmacy. These orders are written in triplicate and a priced copy sent to the accounting office daily. To simplify the pricing of these requisitions, the cashier has a list of prices on items stocked by the divisions. Charges for supplies not issued regularly must be gotten from the price record.

A physical inventory is taken twice a year. At least one tabulating card must be made for each article, and in some instances as many as three cards are necessary, because an item may be stocked in the pharmacy proper, in the manufacturing pharmacy and in the stock-room. As the preparation of these cards involves a great deal of time, the entire staff assists in making out the cards, but the greatest part of the pricing is done by the cashier. These prices are checked by an accountant. The fact that the pharmacy closes at noon on "inventory day," and that the entire personnel works until the inventory is finished, might be of interest. About five hours are necessary to complete this work. The accounting staff checks the count and the cards are then sent to the comptroller for tabulating.

Although the tasks stated above constitute the greater part of the services rendered by the cashier, it must be remembered that in the capacity of pharmacy apprentice, the cashier folds powders, fills capsules, packages tablets and helps with similar tasks when time permits. An unregistered person can successfully discharge the duties mentioned in the foregoing paragraphs, and in so doing can become an essential part of a pharmacy where such services are required.

Next, attention is given to the duties assigned to the other two unregistered assistants. One apprentice is in charge of the pharmacy stock-room, and the other ranks as assistant.

These two assistants have their regular responsibilities. Supplies are issued daily, the stock-room must be kept clean and orderly and the stock must be watched to prevent shortages. A "want-book" is used for this purpose, and the pharmacist in charge orders twice a week. The packaging of items such as cod liver oil, benedicts solution, petrolatum and so on, is also done. Though a formula is not in use at the present time, there are many routine prescriptions written in the clinics that can be boxed, bottled or jarred in advance. Another duty is the keeping of a "receiving book." All goods received must be entered in this book, and all packing slips are filed as a double check. This enables the assistants to put the stock away as soon as it is received. Later, the pharmacist checks the invoices against the entries made in the receiving book.

In addition to these regular duties, special tasks are entrusted to each apprentice.

The assistant in charge takes care of the mail orders, which are sent out each day, prepares all fifty and seventy per cent alcohol solutions, gives out all alcohol and keeps a daily record of these issues. The pharmacist verifies this record once a month, when the report is sent to the government.

The junior assistant makes all hypo and developer for the X-ray department. The manufacturing pharmacist supervises the making of these solutions. Another task is the bottling of all procaine solutions made for injection. This is done in the pharmacy proper, and is supervised by one of the pharmacists.

The above constitutes the duties relegated to the unregistered assistant, and since this arrangement has been successful in the pharmacy at the University of Chicago Clinics, it is offered with the hope that it may contain a few helpful suggestions.

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### ESTABLISHING A FAIR WAGE LEVEL FOR THE HOSPITAL PHARMACIST.\*

BY DORTHEA FRANKS STONER.<sup>1</sup>

Often in the past the employment of inferior pharmacists in the hospital has been due to the fact that the wage scale has been much lower than in the retail pharmacy. The hospital has merely set a wage without ascertaining whether or not this is in accordance with the earning capacity of the department and has not attempted to determine the value of a higher salaried pharmacist in lowering the expenses and increasing the efficiency in their pharmacy. It has been shown in a recent series of articles published in the *American Professional Pharmacist*, that the efforts of an intelligent and personable pharmacist would more than counter-balance the increase in salary. This eradicates the old excuse that the hospital could not afford the services of a pharmacist demanding a reasonable wage.

The hospital pharmacy should not continue to be a drab, dirty, cluttered corner of the hospital that all members of the hospital personally dislike frequenting. For the hospital is a small city in itself, employing nurses, laboratory technicians, X-ray technicians, anesthetists, surgical supervisors, pharmacists, instructors, students, bookkeepers, maids, porters, engineers, firemen, painters, clerks, librarian, stenographers, telephone operators, dietitian, cooks, waitresses, kitchen help, dish washers, butchers, window washers, carpenters, laundry workers, store-room keepers and men of all work. Just as the retail druggist expresses his personality in his store and draws customers, the hospital pharmacist should create a personality for his pharmacy and attract his customers, the hospital employees and doctors. The doctors are the hospitals most important customers. If they are not served honestly and efficiently, they have issue to take their patients elsewhere. Many hospitals permit their doctors to bring in what medication they wish. However, the pharmacist can do a great deal to discourage this by gaining these men's confidence through service. On every contact with them make their demands seem the most important duty you have.

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