



EFFICIENCY EXPERT

Niklas Moeller



Noise considerations: Distractions, errors and privacy

Industry associations — such as the American Hospital Association (AHA), the Institute for Safe Medical Practices (ISMP) and the US Pharmacist Continuing Education program — frequently identify noise as an issue in pharmacy facilities.

Noise distractions may increase dispensing errors and, as noise levels increase, so too do error rates. Caverly cites a study with a baseline 3.23% error rate in which the error rate increased to 6.55% when pharmacists were distracted by noise, and 6.65% when noise interrupted pharmacists from the task at hand.¹

Research suggests that reducing noise decreases the number of mistakes. Dr. Kenneth Barker, a professor at the Auburn University School of Pharmacy, studied pharmacy operations and found a 1.6% dispensing error rate. He noted that “[w]hen there were fewer interruptions, fewer distractions, and better lighting, errors decreased by one percent.”²

Reducing noise may also help address another problem, retention of pharmacists. The results of a survey by the American Society of Health-System Pharmacists suggest that the physical environment influences personnel retention in phar-

macies.³ Because noise causes stress, addressing this problem creates a more attractive workplace.

Another acoustical challenge facing pharmacies is speech privacy. Pharmacists are the most trusted health-care professionals and, as the protection of personal information is important, organizations should take measures to maintain this reputation. In the US the Department of Health and Human Services (HHS) has developed privacy regulations as part of the Health Insurance Portability and Accountability Act (HIPAA). The deadline for compliance is April 14, 2003. Often overlooked is the fact that the new privacy standards include the oral communication of Protected Health Information (PHI) or of any individual health information. Oral communications include in-person conversations with customers, between employees, and telephone communications.

HHS does not expect the health-care industry, including pharmacies, to eliminate the risk of overhearing PHI, as the chance of overhearing conversations is unavoidable in an open environment. Instead, “reasonable safeguards” must be in place to ensure speech privacy, including administrative, technical and physical measures. A non-specific requirement such as “reasonable efforts” makes a determination of compliance difficult; however, it is clearly insufficient to do nothing.

Industry participants recommend reducing noise levels and distractions, particularly in areas where

consultations, calculations, transcriptions and other critical duties occur. These include receiving verbal prescriptions in an area with minimal distractions using an electronic or manual triage system for telephone calls, encouraging fax or email instead of telephone calls, enclosing the dispensing area, using sound absorbing materials on floors and ceilings, purchasing quieter equipment, and installing a sound masking system.

Speech privacy can also be accomplished by keeping customers at a distance from confidential discussions and locating telephones where customers are unlikely to overhear conversations.

Sound masking systems address both noise disruption and lack of speech privacy, and do not impact employees’ ability to provide timely and efficient service.

Masking systems have been used for over 25 years, and consist of a series of speakers, typically installed above a suspended ceiling, that distribute background sound. This increases speech privacy, reduces noise distractions, improves concentration, and, in some cases, reduces construction costs. In addition to masking unwanted sound, these systems can provide public address systems and play music. Most systems are inexpensive, and can be easily installed in both new and existing facilities.

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A prescription for Diflucan 150 mg prompted me to reflect on Angau's increasing numbers of HIV-positive patients, and a need for access to such drugs. The \$25 cost to a Canadian consumer seemed reasonable, but completely out of reach of the budget of the PNG government. If an inexpensive generic version could be sourced — quality assurance notwithstanding — perhaps patients could be given access to the drug. But is there not a difficulty with international patent laws specifically involving Diflucan? My awareness of these issues has certainly been raised by the time spent working in PNG.

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