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PRESS-BUTTON DRUGS

by

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Some three years ago the chief pharmacist at London's St. Thomas's hospital put forward the suggestion that closed-circuit television might do much to facilitate the hospital pharmacy service and render it more efficient. St. Thomas's being a progressive hospital with a large endowment fund preserved from its pre-National Health Service days, and now devoted to research, took to the suggestion and produced the financial wherewithal to allow the chief pharmacist to carry out the requisite research.

This he did, latterly with the technical assistance of Datanomics, of Farnham, Surrey, with the result that today this London hospital has one of the most modern pharmacy services in the country, linking the central hospital pharmacy with six of the hospital wards.

In essence the system consists of a "reader" in each ward linked by coaxial cable (for image transmission) and a six-way control cable to two monitors in the hospital pharmacy. Each reader incorporates a television camera and can take up to 10 prescription sheets (every patient has his own prescription sheet or card). When loaded, the nurse presses a call button, and thereafter everything is automatic.

The button switches on a light in the monitor in the pharmacy, indicating which ward is calling. The pharmacist then presses the ward button on the control panel. This switches on a flashing light on the ward reader so that the ward knows its request is being dealt with. It also lights up the monitor screen so that the prescription sheet can be read. This the pharmacist can scan by moving the camera in the reader, thus allowing any portion of the sheet, which is magnified five times, to be read.

If there is a series of sheets in the reader, the pharmacist switches from one to another by simply pressing another button, which drops the read prescription sheet into a collecting tray in the reader and automatically advances the next one into position for viewing and reading.

Direct-Voice

Should there be any query, direct-voice communication with the pharmacy is always available by means of an integral speech circuit, irrespective of whether the pharmacy is switched to the particular ward which wants to make the query. Once the ward's demands have been met the pharmacist cancels the contact.

The pharmacy monitors are centrally located in two work stations. Each carries all the most commonly used drugs, together with labels and containers, all within arm's length of the pharmacist.

To facilitate speedy dispensing, a large number of prepacked tablets are kept in each station. The monitors in the pharmacy are inter-connected so that either can switch to any of the wards independently or both can look at the same prescription sheet—a useful precaution in dealing with the occasionally not too legible writing, or, more commonly, deciphering the patient's names and initials.

The system, the original patents for which were taken out by St. Thomas's Hospital, has the threefold advantage of being simple, safe and speedy. It has been worked out in co-operation with the nursing, medical and pharmacy staff and no technical skill is required by those using it. Neither is any special maintenance staff needed and costs are low, certainly not greater than 5 per cent. of capital cost annually. Safety is ensured by the fact that when the lid of the reader is raised, this automatically switches off all power from the entire system.

No Delay

Delay is virtually eliminated between the time a prescription is written in the ward and the time it reaches the pharmacy. This, of course, is a pleasing contrast to old systems, still existent in most hospitals, of the prescription having to be telephoned to the pharmacy (a far from reliable method of prescribing) or a nurse having to take it by hand. In a hospital covering a wide acreage this can take quite a time.

Yet another advantage of the system is that it means that the patients' prescription sheets are always in the ward, and so available to medical and nursing staff all the time. Even when they are in the reader they are still readable as they are only covered by a perspex sheet. All too often when a patient's prescription sheet is needed by a doctor doing his round, he is told that it is not available because it is on the way to or from the pharmacy.

As I found when I had the opportunity of seeing the system at work, both nursing and pharmacy staff are full of praise for it as a most effective means of increasing efficiency, so I was not the least surprised to learn that there was a growing demand for its extension.