
NKONJENI HOSPITAL, PRIVATE BAG X509, MAHLABATINI, 3865, KZN

The Department states that the main objective of Community Service is to ensure improved provision of health services to all citizens in South Africa. It goes on to say that the process also provides young professionals with an opportunity to develop skills, acquire knowledge, behaviour patterns and critical thinking that will help them in their professional development.

In this article I will analyse this statement as well as give a brief account of my experiences as a Community Service Officer in a rural area.

Nkonjeni Hospital is situated in a mountainous area just outside Mahlabathini in northern Zululand. The scenery in the area is spectacular. The order of the day is peace and tranquillity and is an ideal spot for a retiring professional. The closest town is about 20 kilometers.

When I started at Nkonjeni Hospital there was no pharmacist here before me. All the work was simply being carried out by the assistants. I knew that there was a lot of work to be done in order to get the pharmacy up to an acceptable standard. Basically I started creating control cards and entering these cards later onto a computer program. In addition to this I was placing the monthly order, ensuring sufficient stock on the shelves and in the clinics and managing staff with queries such as leave and personal problems. On top of all this there were tons of paperwork to be done on a daily basis. Life soon became boring and monotonous and I came to the conclusion that the assistants could run the pharmacy well without a pharmacist. Before considering applying for a transfer with the Natal Head Office, I decided to change my way of thinking and make the most of the situation.

Pharmacists are in a unique position in that their services are needed in many aspects in running a hospital. My first objective was to control the budget (drugs) and if possible reduce it. A therapeutics meeting was formed and regular meetings with the medical doctors took place. The amount of capital that can be saved by reducing the number of items ordered, reducing the number of items given to patient and/or substituting the item is shocking. While all this is being done that patient health outcome is still positive. For the purpose of this article I do not want to quote any figures.

Many of the rural hospitals were basically ordering the whole catalogue of drugs available by the Province. It was simply to reduce cost by keeping one or two drugs in each class of drugs. For example, there are many types of anti-fungal creams available. In the past we used to keep all. Now we only keep one and maybe a few of the expensive ones for severe fungal cases. By doing this with all the drugs a massive saving can be made. Another example is with use of IV antibiotics. It is recommended by Head Office to switch to oral drugs if possible (after day one). This was not happening at this hospital and large quantities of the IV drugs were being used. *Ceftriaxone 1G* and *metronidazole 500mg* being the culprits. However after having meetings with the doctors the quantities of these drugs used decreased. I have been involved in drawing up protocols specific to this hospital.

I consider the need to control the budget of prime importance in any hospital. Medicines form a major operational resource and cost centre after personnel. This needs proper

control systems of the drugs. Drugs are high value, small volume and specialised products which create a high risk for theft, fraud and wastage. Therefore I consider that pharmacists are needed to carry out these activities.

Other activities undertaken at the hospital include training and providing information to pharmacist assistant and other health care members. The Community Service Pharmacist has an obligation to ensure that medicines are handled and distributed under the applicable legislation. Eg..storing of drugs, scheduling, dispensing practices, minimum legal label requirements etc...

Many of the practices taken place at the hospital were in contravention of the legislation. This was not done purposefully. It was just that the staff did not know. I have found that pharmacist assistants at this hospital have shown a great interest to learn and have shown great appreciation due to the fact that they now will always have a pharmacist. In the pharmacy we also have regular discussions on matters pertaining to health and these topics have proven popular with the staff.

This pharmacy has also turned into a Drug Information Centre in a way that medical doctors frequently phone the pharmacy asking for advise or other information relating to medicines. This was not possible or difficult in the past due to unwillingness of pharmacists to work in this area.

When you take on the role of Community Service Pharmacist you are also taking on the role of a supervisor and of an officer in charge of a department within an institution. There are many tasks to be undertaken which are not related to your pharmacy training. Being a manager I would assume it safe to say that more than 60% of your work is directly not related to your degree. I have been involved in many aspects of hospital management viz head of section meeting, personal profiles, disaster management meetings etc...

In this manner I felt I was able to share my ideas and in doing so we are automatically creating life long skills.

Community Service can be an enjoyable experience but it can also be a nightmare. I know many people who are not enjoying the year. Don't get me wrong by this article and think that it is great living and working in a rural hospital. I would have preferred to been placed in an urban close to family and friends. But community service is here to stay and it is just a matter of accepting and concentrating on the positive and not dwelling on the negative. Giving a year on your life to the community can be seen as good or bad depending on how YOU spend the year.

At this hospital, socially there is no development. After work you are basically on you own till the next morning. The social/entertainment part of your life is basically put on hold. There is no one to communicate with after hours. You best companions are your television set and sleep. It is advisable to take up some form of studying to pass your time. In the beginning it is very difficult to adjust to your new environment. Depending on your religion, finding a suitable facility may prove difficult.

I feel that the remuneration package given to Community Service Pharmacists by the Department is not equal to the services and sacrifices given by these pharmacist to the Department.

There is no rural allowance available for the Community Pharmacist. You are travelling long distances to get to these hospitals and you are not being compensated. A

Community Service Pharmacist in an urban and rural area receives the same salary. There is no compensation for your sacrifice.

Community Service is basically what you make of it. You are taking charge of a pharmacy and the changes that you implement there will be carried forward in the future years.

To all interns out there who are getting ready for community service in 2002, I hope you have an enjoyable year wherever you are placed.

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