



ACT Budget 2021-2022 submission

INTRODUCTION

Hospital pharmacists are advocates for patient-centred clinical excellence and quality medication management working in healthcare services across the ACT including public and private hospitals. The SHPA is the national, professional, for-purpose organisation for leading pharmacists and pharmacy technicians working across Australia's health system, advocating for their pivotal role in improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA welcomes the opportunity to provide input to the 2021-2022 ACT Government Budget Consultation Process. SHPA's submission highlights key areas that require attention in order to achieve optimal health outcomes for Canberrans that are in line with Commonwealth Government objectives.

RECOMMENDATIONS

SHPA recommends the ACT Government prioritise four key areas in which to invest in the 2021-2022 ACT Budget, costed against the ACT Public Sector Health Professionals Enterprise Agreement 2018-2021 as outlined below:

1. Further investment in ACT hospital pharmacy workforce to provide Canberrans with seven-day, extended hours access to clinical pharmacy services that support the safe and quality use of medications
2. Further investment in ACT hospital pharmacy internships to improve workforce retention and sustainability
3. Embedding Geriatric Medicine Pharmacists in broader hospital-based multidisciplinary aged care outreach services to support high-risk transitions of care and reduce hospital readmissions
4. Investment in a stronger ACT pharmacy technicians workforce enabling pharmacists to spend more of their time delivering direct patient care and other clinical activities



POLICY DISCUSSION

1. Further investment in ACT hospital pharmacy workforce to provide Canberrans with seven-day, extended hours access to clinical pharmacy services that support the safe and quality use of medications

Pharmacists are medication safety experts and should be involved wherever medications are being used. Timely access to clinical pharmacy services is essential in hospitals, where the most unwell Canberrans are treated, and the most complex and high-risk medications are used, to ensure safe medication use. Despite recent expenditure there remains an increased and unmet demand for hospital services, such as clinical pharmacy services, putting current hospital pharmacist resources which are understaffed under immense strain and pressure to meet the demands of the healthcare system.

At present, pharmacy departments provide limited pharmacy services after hours and on weekends, to the detriment of hospital patients who miss out on vital services that improve the quality and safety of care and reduce readmission rates. Patients are often discharged on the weekend with limited opportunity to be reviewed by a pharmacist, meaning they are at greater risk of serious medication errors or adverse events relating to their medicines. These services are also vital for managing patient flow and freeing up bed capacity safely.

The SHPA Standards of Practice for Clinical Pharmacy Services¹ recommend one hospital pharmacist to every 30 patients (1:30) to ensure safe high-quality medicines management. This includes providing inpatients pharmacy services such as:

- medication reconciliation on admission and discharge
- daily medication chart review
- management of adverse drug reactions and drug interactions
- therapeutic drug monitoring
- managing and monitoring the initiation and cessation of medicines
- providing prescribing advice to doctors
- monitoring pathology and laboratory test results
- patient counselling

The value of clinical pharmacy services is well documented in literature^{2,3}, with an Australian economic analysis indicating a \$23 return for every \$1 spent on clinical pharmacy services.⁴

Australian Institute of Health and Welfare (AIHW) note that there are more emergency department (ED) presentations on weekends compared with weekdays and that 69% of presentations occur between 8am and 8pm on any given day.⁵ Hospital pharmacy services are not resourced or supported in most healthcare settings during these times. In one study, medication charts were less likely to be reviewed if patients were admitted on weekends compared to weekdays.⁶ The lack of medication histories taken on admission and reviews conducted outside of business hours places patients at risk of increased medication errors and ultimately poorer health outcomes.

It is therefore necessary, as highlighted in the *SHPA Medication Safety Position Statement*⁷, to enable seven-day, extended hours access to clinical pharmacy services in health organisations to support timely and safe medication use in hospitals. These essential clinical pharmacy services can be delivered flexibly via telehealth where there are limited resources to provide timely face-to-face services.



2. Further investment in ACT hospital pharmacy internships to improve workforce retention and sustainability

ACT hospital pharmacy departments frequently experience difficulties in employing and retaining hospital pharmacists across generalist and specialist positions due to the high demand for pharmacy expertise in clinical and non-clinical (including government) roles relative to the population. Creating additional internship positions in ACT's public hospital system will increase the workforce capacity leading to greater capability to recruit for advanced positions and consistent high-quality medicine management for Canberrans in hospital. To improve retention and investment in the clinical pharmacy workforce, more hospital pharmacy internships must be made available for pharmacy graduates to set up career pathway entry points into hospital pharmacy.

Investing in intern pharmacists creates greater job stability and more opportunities for advancement for current pharmacy staff. It will also increase the pool for internal recruitment, thus reducing recruiting and training costs with a stronger internal pipeline that improves staff retention and advancement.

This workforce strategy has been effective in states such as Victoria, where hospital pharmacy internship positions are 60% funded by the state government. These intern positions have fostered stability and improvement in hospital pharmacy workforce and service development, with the majority of hospital pharmacy interns finding gainful employment in the public sector following completion of their internship.

Cost of investment: ~\$450,000 per annum for six (6) additional hospital pharmacy interns (three (3) at each Calvary Public Hospital and The Canberra Hospital)

3. Embedding Geriatric Medicine Pharmacists in broader hospital-based multidisciplinary aged care outreach services to support high-risk transitions of care and reduce hospital readmissions

Data shows that for older people, approximately one in five unplanned admissions to hospital is medication-related.⁸ It is therefore imperative that Geriatric Medicine Pharmacists are incorporated into hospital-based outreach services and available to older people in residential care or receiving personal care at home, based on clinical need.

As noted in the *Royal Commission into Aged Care Quality and Safety: Final Report*⁹, nowhere is the need for multidisciplinary services more apparent than at the interface between the hospital system and the aged care system. These services are typically hospital-led and, as highlighted in the *Royal Commission into Aged Care Quality and Safety: Final Report*⁹, these multidisciplinary teams must include pharmacists.

Geriatric Medicine Pharmacists working in collaboration with doctors and nurses, can promptly respond to older people at risk of hospital admission and deliver appropriate care to manage the individual in their place of residence. This service provides better care for the older person whilst placing less strain on hospital emergency departments.

A major risk in the transition of care process is the misalignment of hospital and community services post-discharge. This leaves a gap for patients at a critical time leaving them at risk of medication error or mismanagement and a delay in medication supply, heavily compromising medication safety. Geriatric Medicine Pharmacists embedded in outreach roles support the transition of care process by reviewing patient's medications, ensuring they are correctly and safely taking or receiving their medications, and that the intended weaning or cessation of medications post-discharge, has occurred. These pharmacists have an opportunity to conduct comprehensive medication reviews to ensure safe and quality use of all medications prescribed and, where possible, achieve medication regimen simplification.

Cost of investment: ~\$200,000 per annum for Geriatric Medicine Pharmacists in aged care outreach services at both hospitals



The Society of Hospital Pharmacists of Australia

PO Box 1774 Collingwood Victoria 3066 Australia

(03) 9486 0177 | shpa.org.au | shpa@shpa.org.au | ABN: 54 004 553 806

4. Investment in a stronger ACT pharmacy technicians workforce enabling pharmacists to spend more of their time delivering direct patient care and other clinical activities

Pharmacy technicians are qualified and trained to provide a range of pharmacy services in hospitals. As pharmacists' roles have evolved to allow more time for clinical activities and direct patient care, pharmacy technician roles have also expanded to support medication management functions on hospital wards. In many states, hospitals have ward-based pharmacy technicians who undertake traditional nursing administrative roles associated with medication storage and supply.

Tech-check-tech is an example of an activity undertaken by many pharmacy technicians in Victoria, Queensland and in South Australia, to support pharmacists and increase their capacity to perform more clinical tasks. Responsibilities such as these are growing more common and a greater focus is placed on a range of ward-based administrative, supply, technical and cognitive activities under the supervision of a pharmacist.

With the current pharmacy workforce retention issues in the ACT, a stronger pharmacy technician workforce would support the limited number of clinical pharmacists to perform more direct patient care activities that result in improved medication safety and ultimately better patient health outcomes. Expansion of the pharmacy technician workforce also creates career and employment opportunities for Canberrans. Currently, a nurse with an undergraduate qualification must perform administrative medication tasks. A pharmacy technician holds a TAFE-level qualification (Cert III or Diploma), creating a career pathway for Canberrans who wish to be involved in medication management, but not undertake an undergraduate pharmacy or nursing degree.

For further information on SHPA ACT Branch's submission, please contact Jerry Yik, Head of Policy and Advocacy, jyik@shpa.org.au.



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