



## **SHPA Tasmanian Branch Committee Submission to Tasmanian Budget 2022-2023 consultation, October 2022**

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role 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.

Following the National Skills Commission listing hospital pharmacists on the *2022 Skills Priority List*, SHPA applauds the Tasmanian Government's ongoing commitment to supporting recruitment and retention of hospital pharmacists across Tasmania by extending the Foundation Residency program to the North West, as recommended in [SHPA's 2021-22 Tasmanian Budget submission](#). Furthermore, SHPA welcomes the Tasmanian Government's dedication to expanding the scope of practice of the existing pharmacy workforce by funding pharmacy technician led Bedside Medication Management (BMM) systems and Partnered Pharmacist Medication Charting (PPMC) across Tasmanian public hospitals. SHPA also recognises the government's continued commitment to implementing the suite of immediate actions contained within the *Our Healthcare Future* plan.

Welcoming the opportunity to provide input in the 2023-2024 Tasmanian Government Budget Consultation, SHPA's Tasmanian Branch Committee submission addresses ways in which the Tasmanian Government can further support Tasmanian hospital pharmacy departments and hospital pharmacists to provide safe and high quality care, as well as ensuring a sustainable workforce. Six specific areas for investment are highlighted which will ultimately support the Tasmanian Government in achieving its strategic plans. SHPA Tasmanian Branch Committee, chaired by Kelly Beswick, recommends:

- 1. Continued funding of a ward-based pharmacy technician-led 'Bedside Medication Management' Project across Tasmanian public hospitals to improve medication supply and nursing time productivity.**
- 2. Inclusion of dedicated Clinical Informatics Pharmacists as electronic medicines management experts in the planning and development of the Tasmanian Health ICT plan and Digital Health Transformation program 2022-2023 which encompasses electronic medical records to ensure viability, quality, safety and governance**
- 3. Implement a Pharmacist-Led Opioid Stewardship Program at all Tasmanian hospitals to reduce opioid harms for Tasmanians post-surgery**
- 4. Investment in a hospital pharmacist workforce plan, with recruitment and retention strategies and workforce programs including Foundation Residency and Advanced Training Residencies**
- 5. Fund the redevelopment of the Royal Hobart Hospital and Launceston General Hospital pharmacy departments**
- 6. Increase funding for procurement of pharmaceuticals to mitigate impact of recent price increases**

If you would like any further information about hospital pharmacy, or this submission, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on [jyik@shpa.org.au](mailto:jyik@shpa.org.au).



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## 1. Continued funding of a ward-based pharmacy technician-led 'Bedside Medication Management' Project across Tasmanian public hospitals to improve medication supply and nursing time productivity.

**Rationale for proposed policy:** To increase the capacity of the Tasmanian Health Workforce by utilising pharmacy technicians and relieving nursing resources to increase their patient-facing care capacity.

SHPA commends the Tasmanian Government in expanding pharmacy technicians' scope of practice across Tasmanian public hospitals. The continued implementation and funding of a technician-led Bedside Medication Management (BMM) supply system will result in safer and cost-saving outcomes by decreasing nursing workforce burdens throughout the Tasmanian Health Service whilst providing a dedicated quality use of medicines supply focus.

Recently, Katie Ambrose, the inaugural Statewide Pharmacy Technician Manager, won the SHPA Tasmania Technician Award for setting up and overseeing the implementation and rollout of the Bedside Medication Management (BMM) Project in Tasmania that will see 30 new FTE of technicians joining the Statewide Hospital Pharmacy (SHP) team. The project team responsible for the BMM Project were also awarded the SHPA Tasmania Hospital Innovation Award for this vital service.

The role of ward-based pharmacy technicians in the BMM model is to co-ordinate and streamline timely supply of medications, coordinate and maintain appropriate storage of medications, as well as to remove ceased and unwanted medications from patient care areas. This ensures cost-saving medication stock management at ward level, cost-savings by the return of unused medicines, timely supply of newly initiated medications, and reduces the risk of administration of expired or incorrect medications. Expanding technicians' scope of practice is also in accordance with Tasmanian strategic plans to better utilise the current health workforce.

Evaluations of limited BMM programs by pharmacy ward technicians in Tasmanian hospitals demonstrated a 75% reduction in inpatients missing out on doses of prescribed medications, and a 44% reduction in inpatients experiencing delayed treatment. Omissions of prescribed medications can delay recovery, prolong hospital admissions and place patients at higher risk of potentially serious healthcare events such as venous thromboembolisms or cardiac arrest. The implementation of pharmacy ward technicians also demonstrated improved nursing productivity, less medication administration errors by nurses and achieved hospital efficiencies and savings that can contribute to reducing length of stay.

An independent evaluation of productivity gains undertaken by the Tasmanian Health Service utilising local data obtained from a BMM pilot at Royal Hobart Hospital identified the adoption of BMM across Tasmania's acute hospitals reduces nursing time spent on administrative tasks associated with medication supply by 1,526 hours each week (predicted to be higher after additional beds in K block are accounted for), thus allowing more time for patient-facing care capacity. Given ongoing workforce pressures and nursing shortages, it is inappropriate that such a significant amount of nursing time is spent undertaking tasks easily performed by pharmacy technicians.

The use of a pharmacy technician workforce also creates career and employment opportunities for Tasmanians. Currently, a nurse with an undergraduate qualification must perform these administrative medication tasks. A pharmacy technician holds a TAFE-level qualification (Cert III or Diploma), creating a career pathway for Tasmanians who wish to be involved in medication management, but not undertake an undergraduate pharmacy or nursing degree. Aligning with the Tasmanian Premier's PESRAC report, the THS could partner with TasTAFE or the University of Tasmania to offer local training pathways for pharmacy technicians.

**Cost of ongoing investment:** \$2.8 million per annum estimated to be recoverable in costs to nursing time.



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## 2. Inclusion of dedicated Clinical Informatics Pharmacists as electronic medicines management experts in the planning and development of the Tasmanian Health ICT plan and Digital Health Transformation program 2022-2023 which encompasses electronic medical records to ensure viability, quality, safety and governance

**Rationale for proposed policy:** To ensure the development and implementation of the Tasmanian Health ICT plan and the Digital Health Transformation program 2022-2023 is safe and effective to manage medicines and reduce the incidence of medication-related errors.

Early and dedicated funding should be provided to enable dedicated Clinical Informatics Pharmacists to be involved in the planning, development and roll-out of the Tasmanian Health ICT plan and the Digital Health Transformation program 2022-2023. Pharmacists as medicines management experts are skilled to ensure that the electronic flow and whole systems approach to electronic medicines management and records are properly integrated and standardised across the healthcare system in a manner that is consistent with national and international safety standards and recommendations.

Failure to include pharmacy in advance of implementation will be extremely challenging for the state's healthcare system, and will likely delay progress and negatively impact projected state government costings. Clinical Informatic Pharmacists are skilled in the design and implementation of these systems and are suitably trained to implement closed-loop Electronic Medical Records (EMRs) ensuring medication safety. To highlight the importance for the early inclusion of pharmacists as medication safety experts in the planning of Health ICT and electronic medical records implementation, can be seen in the failure of electronic medical records to adequately detect and alert staff to the incorrect prescribing, administration and monitoring of a Sydney patient who died from multi-drug toxicity after being inappropriately prescribed the wrong medication on their EMR.<sup>1</sup> Pharmacists are necessary to ensure that in the planning stages electronic management of medicines are adequate, safe and interoperable across Tasmanian hospitals.

Closed-loop EMRs means an integrated and interoperable electronic medication management system which includes hospital-wide medicines stock management and clinical medicines management systems where medication orders are electronically tracked and linked from the time of prescribing through to dispensing, supply, administration and discharge and embedded throughout patient electronic medical records. Closed-loop EMRs have the potential to reduce medication errors, other clinical errors, and improve medication safety by eradicating the need for transcription. International reviews found that a change from paper-based medicines ordering to electronic ordering of medicines in intensive care units resulted in an 85% reduction in error rates.<sup>2</sup> This is timely given that changes to activity-based funding mean that hospitals will receive negative funding adjustments from sentinel events arising from medication administration error and the incidence of medication acquired complications.

Closed-loop EMRs are in the process of being implemented across Australian jurisdictions and necessitate the expertise of Clinical Informatics Pharmacists. Tasmania should effectively plan to ensure this system and the expertise of specialised informatics pharmacists are included in Health ICT strategic planning. Closed-loop EMRs improve safety, efficiency and quality of care by enhancing transparency, clinical decision support and medicines management at all stages of the medical records process both within and beyond the acute hospital setting into primary care. Electronic medical records need to be fully integrated including from a medication safety and viability perspective at all stages of the ICT plan.

**Cost of investment:** \$1.1 million per annum (8 x EFT Level 3 Allied Health Professional Clinical Pharmacists and 1 x EFT Level 5 Allied Health Professional Manager)



### 3. Implement a Pharmacist-Led Opioid Stewardship Program at all Tasmanian hospitals to reduce opioid harms for Tasmanians post-surgery

**Rationale for proposed policy:** To reduce incidence of long-term and/or inappropriate use of high-risk opioid medicines causing severe harm initiated in the Tasmanian public health system.

With the increasing trend of misuse of prescription opioids in Tasmania and Australia overall<sup>3</sup>, opioid stewardship programs in hospitals show great potential for reducing harm when supported by adequate funding and management. Opioid analgesic prescribing in Tasmania has increased almost seven-fold from around 19,300 scripts in 1999 to around 127,400 scripts in 2010, despite Tasmania's population remaining relatively static during this period. Evidence indicates that one-third of adults receiving long-term opioid therapy have had their first opioid prescription from a surgeon, indicating that postsurgical prescribing in hospitals is an important point of intervention. Investment in opioid stewardship programs can reduce the incidence of opioid-related harm stemming from opioid initiation in hospitals.

Opioid stewardship involves coordinated interventions to improve, monitor and evaluate the use of opioids in patients for acute, chronic or acute on chronic pain. The newly released *Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard*<sup>4</sup> outlines the appropriate use and review of opioid analgesics for the management of acute pain to optimise patient outcomes and reduce the potential for opioid-related harm in Australia. Hospital pharmacists are key to achieving the standard, in particular quality statements five: appropriate opioid analgesic prescribing and six: monitoring and management of opioid analgesic adverse effects. Hospital pharmacists are experts in medicines management and utilise their knowledge to recommend appropriate pain medicines selection and dosing to inform appropriate and safe prescribing by doctors.

Tasmania's Department of Health document *A review of Opioid Prescribing in Tasmania: A Blueprint for the Future*<sup>5</sup> outlines several recommendations to address the harms caused by opioids. A pharmacist-led Opioid Stewardship service in an acute setting aligns with several of these recommendations this includes; education of health practitioners in pain and opioid management, support of appropriate acute pain management and opioid risk management strategies and ensures that a non-opioid prescribing specialist pharmacist is a central member of a multidisciplinary pain management team in a hospital.

The service would see 1 FTE Opioid Stewardship pharmacist and 0.2 FTE nurse working collaboratively with prescribers, pharmacists, nurses and patients in each acute hospital region (South, North, and North West). Similar to the well-established antimicrobial Stewardship model, opioid stewardship is backed by strong research showing effective risk mitigation for patients at risk of opioid harm. This approach is also supported by PainAustralia, the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain.

The pharmacist-led program has been trialled in Victorian and Queensland hospitals with successful outcomes obtained. An audit after two years of implementation in Victoria demonstrated lower quantities of oxycodone dispensed to patients and increased analgesic weaning in hospital and inclusion in medical discharge summaries. Pharmacist-led opioid de-escalation in orthopaedic patients was shown to reduce opioid requirements by 25%. The Opioid Prescribing Toolkit developed in Queensland further highlights the success of an opioid stewardship where the average number of oxycodone tablets supplied on discharge decreased from 19.9 to 11 tablets. This was matched with an increase in the proportion of patients having a de-escalation plan handed over to their general practitioner.

**Cost of investment: \$450,000 per annum (covering 3.0 EFT x Allied Health Professional Level 4 Hospital Pharmacist plus nursing and operational support)**



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#### 4. Investment in a hospital pharmacist workforce plan, with recruitment and retention strategies and workforce programs including Foundation Residency and Advanced Training Residencies

SHPA welcomes the Health Workforce 2040 strategies proposed by the government and reiterates the need for a Pharmacy Workforce Plan following the formal acknowledgment of nationwide shortages of pharmacists by the National Skills Commission (NSC) in its 2022 *Skills Priority List*, with Tasmania experiencing a moderate shortage of hospital pharmacists. SHPA recommends the Tasmanian government undertake a service gap analysis with the four Tasmanian hospital pharmacy departments to inform and devise workforce recruitment and retention strategies to ensure the sickest Tasmanians are able to receive appropriate care.

There is also a need for retention strategies for pharmacists to achieve parity in pay when benchmarked with other Australian states. Currently Tasmania falls significantly behind in equivalent pay scale by being one of the lowest paid pharmacists for equivalent professional year and grading after the first year of registration.

With the recent approval of the Accelerated Bachelor of Pharmacy with Honours being provided by the University of Tasmania in the North and North West, this provides an excellent opportunity to increase the numbers of students enrolled in the degree from across the state. The recently completed Summary Report of the Project to research key characteristics of the pharmacist workforce in public hospitals in Australia from PharmConsult provides suggestions of strategies that could be used to improve pharmacist workforce recruitment and retention.

SHPA has developed the Foundation Residency program and Advanced Training Residency program to support pharmacy workforce development. To capitalise on the current investment of twenty-three hospital pharmacy interns annually, the Tasmanian government should further invest in Residency programs.

SHPA commends the Tasmanian Government for implementing Foundation Residency programs at the Royal Hobart Hospital and Launceston General Hospital, and provisionally extending this to the North West Region following SHPA's recommendation in its previous budget submission. Extending the Foundation Residency programs for early career Tasmanian hospital pharmacists to all four Tasmanian public hospitals will ensure pharmacists trained by the Tasmanian public hospital system remain in this pipeline. This will establish an important workforce development and retention strategy in the North West Regional Hospital and Mersey Community Hospital.

SHPA also recommends extending the Advanced Training Residency programs to additional specialties at the Royal Hobart Hospital where there is specialist capacity. SHPA commends the Tasmanian Government for being an 'early adopter' of Advanced Training Residencies in Pharmacy Leadership and believes that extending this training opportunity to disciplines such as Critical Care, Oncology, and Paediatrics will improve workforce development and patient care. The rise in chronic diseases combined with an ageing population with complex medication regimens places a growing burden on the Australian health system. The increased demand and service pressure is particularly acute in north-western Tasmania, where recruitment is chronically difficult.

##### **Cost of investment:**

- \$150,000 one-off to engage a consultant to develop a Tasmanian Hospital Pharmacy Workforce Strategy Plan
- \$200,000 per annum to extend Pharmacy Residency training to the North West
- Additional investment to extend the range of advanced pharmacy training opportunities in Tasmania



## 5. Fund the redevelopment of the Royal Hobart Hospital and Launceston General Hospital pharmacy departments

SHPA welcomes the ongoing major capital works for the Royal Hobart Hospital Pharmacy redevelopment, which was estimated to be completed in 2023-2024. These works were originally delayed by the COVID-19 pandemic and have become increasingly important over the last few years. An increase in stockholdings of pharmaceutical items during this time have required a central store at the Royal Hobart Hospital, coupled with the increased numbers of staff to manage this and the requirement for social distancing, makes the Royal Hobart Hospital Pharmacy redevelopment imperative.

Currently, the manufacturing abilities of the pharmacy services at Royal Hobart Hospital are unable to meet the demand of manufacturing for all patients across the state. As such, a significant proportion of this demand is outsourced to external compounders. The COVID-19 pandemic has highlighted challenges with reliance on a supply chain off island that may be affected by inclement weather and subsequently can result in patients not able to receive chemotherapy. By ensuring the redevelopment of the Royal Hobart Hospital pharmacy, it allows additional capacity to mitigate these risks.

SHPA welcomes the \$6 million investment to fund the works and proposes that the Tasmanian Government commits to fully fund the redevelopment estimated at \$12 million. These works will ensure that that Royal Hobart Hospital Pharmacy and its staff can continue to deliver safe and sustainable care to its patients.

SHPA welcomes the planned redevelopment of Launceston General Hospital pharmacy, due to be completed between 2027-2034, and anticipates the creation of a pharmacy department that is fit-for-purpose. SHPA anticipates that the funding allocated to the redevelopment of Launceston General Hospital Pharmacy is assigned sufficient space and funding to facilitate this redevelopment including future opportunities for pharmacy automation.

**Cost of investment:** \$12 million for the redevelopment of the Royal Hobart Hospital pharmacy department.

## 6. Increase funding for procurement of pharmaceuticals to mitigate impact of recent price increases

The Australian Government and the Generic and Biosimilar Medicines Association (GBMA) entered into a new five-year strategic agreement<sup>6</sup> (GBMA Agreement), commencing 1 July 2022 which included a suite of policy agreements on pricing arrangements and stockholding requirements to bolster medicine supply and availability through the Pharmaceutical Benefits Scheme (PBS).

Historically, medicine prices offered to public hospitals are excluded from price disclosure calculations undertaken by the Commonwealth, which has usually resulted in public hospitals being able to secure preferential pricing leveraging its large procurement volumes from wholesalers, compared to purchasing arrangements in the retail pharmacy setting.

From 1 October 2022, medicines on the PBS which have reached the seventh cycle of price disclosure will be included in price disclosure calculations, thus removing incentives for wholesalers to offer pricing arrangements that are preferential to retail pharmacy settings and increasing the cost of medicines procurement for Tasmanian public hospitals.

Additionally, written into the GBMA agreement is the introduction of a new \$4 floor price for PBS medicine. PBS medicines with an approved price less than \$2 will increase to \$2.50 and PBS medicines with an approved price between \$2 and \$3.50 will increase by up to \$0.50 to a maximum of \$3.50.

SHPA estimates the impact of this for Tasmanian Health Service is approximately an additional \$500,000 in pharmaceutical procurement costs per annum. Without financial support from the Tasmanian government to top-up existing expenditure budgets for pharmaceuticals, Tasmanian hospitals will likely be faced with unfortunate scenarios of withholding vital treatment for Tasmanians or cutting pharmacy services, both of which will be detrimental to the health of Tasmanians and can be ameliorated by increased funding.

**Cost of investment:** \$500,000 per annum disbursed proportionally to public hospital pharmacy departments



## References

- <sup>1</sup> Mitchell, G. Sydney Morning Herald. (2018) 'Paul Lau died at Sydney hospital after wrongly prescribed fentanyl: inquest', February 5, 2018. Available from <https://www.smh.com.au/national/nsw/paul-lau-died-at-sydney-hospital-after-wrongly-being-prescribed-fentanyl-inquest-20180205-h0twtn.html>
- <sup>2</sup> Prgomet, M., Li, L., Niazkhani, Z., Georgiou, A., & Westbrook, J. I. (2017). Impact of commercial computerized provider order entry (CPOE) and clinical decision support systems (CDSSs) on medication errors, length of stay, and mortality in intensive care units: a systematic review and meta-analysis. *Journal of the American Medical Informatics Association*, 24(2), 413-422. doi:10.1093/jamia/ocw14
- <sup>3</sup> Kovitwanichkanont, T., & Day, C. A. (2018). Prescription Opioid Misuse and Public Health Approach in Australia. *Substance Use & Misuse*, 53(2), 200-205.
- <sup>4</sup> Australian Commission on Safety and Quality in Health Care. (2022) Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard – Acute care edition. Sydney
- <sup>5</sup> National Drug and Alcohol Research Centre (2012). A Review of Opioid Prescribing in Tasmania: A Blueprint for the Future. Sydney: University of New South Wales.
- <sup>6</sup> Commonwealth of Australia and Generic and Biosimilar Medicines Association (2021). Available at: <https://www.pbs.gov.au/general/medicines-industry-strategic-agreement-files/GBMA-Strategic-Agreement-Signed.pdf>

