SHPA ACT Branch submission to the ACT Budget 2022-2023 consultation

The Society of Hospital Pharmacists of Australia is the national professional organisation for more than 5,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is committed to facilitating the safe and effective use of medications, which is the core business of pharmacists, especially in hospitals.

SHPA members lead Pharmacy Departments and are in leadership and management positions in hospitals across Australia. SHPA members are also employed in a range of innovative outreach and liaison services in community healthcare settings.

SHPA welcomes the opportunity to provide input to the 2022-2023 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 7 key areas in which to invest in the 2022-2023 ACT Budget, as outlined below:

1. 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. Become a signatory to the Pharmaceutical Reform Agreements enabling PBS in hospitals
3. Provision of dedicated Clinical Informatics Pharmacists as electronic medicines management experts to ensure the quality, safety and governance of ACT Health's Digital Health Record (DHR)
4. Further investment in ACT hospital pharmacy internships to improve workforce retention and sustainability
5. Embedding Geriatric Medicine Pharmacists in broader hospital-based multidisciplinary aged care outreach services to support high-risk transitions of care and reduce hospital readmissions
6. Investment in a stronger ACT pharmacy technicians workforce enabling pharmacists to spend more of their time delivering direct patient care and other clinical activities
7. Implement a Pharmacist-Led Opioid Stewardship Program to reduce opioid harms for Canberrans post-surgery

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SHPA recommendations for ACT Budget 2022-23

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 recent $500 million investment into the new Surgical Procedures, Interventional Radiology and Emergency (SPIRE) centre expansion at the Canberra Hospital will deliver 148 new inpatient beds. However, alongside increasing the territory's capacity to deliver acute, hospital-based health care, the clinical pharmacy service has not increased to reflect this growth.

Noting that minimum nurse/midwife-to-patient ratios were mandated in ACT in February 2022, SHPA proposes that clinical pharmacist ratios are also legislated to provide the highest degree of patient care. Within Canberra Health Services, there is only 1 FTE clinical pharmacist for the 60 acute mental health beds and 10 drug and alcohol detox beds. The 20 mental health rehab beds at University of Canberra Hospital are without any clinical pharmacy service.

The SHPA Standards of Practice for Clinical Pharmacy Services[1] 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:

- taking a medication history and ensuring medications are charted correctly and available at admission to be administered in a timely manner
- regular review of the safety, quality, storage and supply of medications during hospital stay
- review of discharge prescriptions, dispensing a sufficient supply of medications to take home,
- counselling patients on their medications and communicating changes to primary healthcare providers
- ensuring appropriate follow-up and monitoring of medications post-discharge including in specialised clinics and outpatient services and checking for adverse reactions to medications

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.

Rationale for proposed policy: Prevent Canberrans from missing out on vital clinical pharmacy services on weekends and reduce hospital readmission rates.

Cost of investment: ~ $200,000 per annum for 2 FTE mental health clinical pharmacists at Canberra Health Service and University of Canberra Hospital.

2. Become a signatory to the Pharmaceutical Reform Agreements enabling PBS in hospitals

SHPA believes that the Commonwealth should make the Pharmaceutical Reform Agreements (PRAs) a uniform policy in Australia and enter into PRAs with Australian Capital Territory and New South Wales. This would ensure a consistent standard of care for vulnerable patients who have just had a major health event requiring hospitalisation and reduces the need for individuals to immediately seek an appointment with their general practitioner on discharge from hospital to continue receiving vital medicines. In early February, the draft National Medicines Policy [8] specifically named the Pharmaceutical Reform Agreements as an implementation mechanism to achieve timely, equitable and reliable access to medicines individuals need, at a cost that individuals and the community can afford.

Patients being discharged from public hospitals in ACT and NSW are currently supplied 3-7 days' worth of discharge medicines, which contrasts with the other jurisdictions who are able to supply a months' worth of discharge medicines. The expansion of PBS into public hospitals has allowed more Hospital Pharmacists to be employed and provide clinical pharmacy activities to patients, as well as allow investment into specialised pharmacy services, such as pharmacists specialising in oncology, paediatrics, emergency medicine and geriatric medicine. These services are necessary to safeguard and maximise the federal government's investment into new PBS medicines that treat complex conditions.

Equity should also not just be limited to effective, safe, high-quality, and affordable medicines, but also expanded to be complemented by clinical pharmacy services delivered which are necessary to support the quality use of medicines and patient safety. Medicines have the capacity to cause harm either through side effects, drug interactions or inappropriate dosing. Literature suggests that there are 250,000 hospital admissions resulting from medication-related problems each year, costing the healthcare system $1.4 billion annually.[9]

However, several inequities exist with respect to funding that prevents patients from receiving the comprehensive suite of clinical pharmacy services in SHPA's Standards of Practice for Clinical Pharmacy Services [1] as outlined in recommendation 1. Funding enabled by Pharmaceutical Reform Agreements can assist with the funding of clinical pharmacy services in certain settings of care which are currently not provided.

According to the 2021 Cost of Living ACT Report[10], over the past 12 months, the overall Consumer Price Index (CPI) has risen at a higher rate in Canberra than nationally. Over the past five years, prices for health in Canberra have increased at a rate above the overall CPI, seeing prices increase by 18.6%. Lowering the cost of living for consumers in ACT to be able to afford medicines is therefore a priority.

Rationale for proposed policy: Becoming a signatory of the Pharmaceutical Reform Agreements to achieve equity and access to medicines irrespective of geographical location. Furthermore, alleviating the burden of the cost of medicines for Canberrans.

3. Provision of dedicated Clinical Informatics Pharmacists as electronic medicines management experts to ensure the quality, safety and governance of ACT Health's Digital Health Record (DHR)

Early and dedicated funding should be provided to enable dedicated Clinical Informatics Pharmacists to be involved in the planning, development and roll-out of ACT Health's DHR project. 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 post- implementation will be extremely challenging for the state's healthcare system, and will likely delay progress and negatively impact projected state government costings. Clinical Informatics 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.

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. This is highlighted in the case of a Sydney patient who died from multi-drug toxicity after being inappropriately prescribed the wrong medication on their EMR. Pharmacists are necessary to ensure that in the planning stages and beyond, electronic management of medicines are adequate, safe and interoperable across ACT hospitals.

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.

The ACT should effectively plan to ensure this system and the expertise of specialised informatics pharmacists are not only included in Health ICT strategic planning but also utilised to expand the functionality of the DHR. Clinical Informatics Pharmacists can further be utilised to troubleshoot medication errors and identify medication safety risks, thus fully optimising patient care and efficiency.

Rationale for proposed policy: To ensure the development and implementation of ACT Health's DHR is safe and effective to manage medicines and reduce the incidence of medication-related errors.

Cost of investment: ~$240,000 per annum (2 x EFT Clinical Informatics Pharmacist)

4. 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. Calvary Public Hospital currently only has one pharmacist internship position per year.

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.

Rationale for proposed policy: Investing in intern pharmacist positions can improve hospital pharmacy workforce and service development, ultimately future-proofing high quality medicine management for Canberrans.

Cost of investment: ~$225,000 per annum for 3 additional hospital pharmacy interns at Calvary Public Hospital.

5. 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.[11] 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[12] , 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. If transitions of care are not undertaken properly, patients are at high-risk of readmission to hospital.

Following an inpatient admission, discrepancies in the discharge summary can occur, with the potential for these discrepancies being continued along each step in the transitions of care. An audit at an Australian regional hospital demonstrated that almost half of these discrepancies are attributed to regular medications being omitted.[13] 29% of these had moderate potential clinical significance reiterating that improved communication around changes to medication regimes at transitions of care is essential in preventing harm to older people.

Without input from a pharmacist at the point of entry to a Residential Aged Care Facility (RACF), it has been observed that in the first 24 hours following discharge from hospital, over 18% of RACF residents have doses missed or significantly delayed, 61% do not have their medication charts updated and 38% do not have medications packed and available for the first dose.[14] As noted above, the potential for harm to older people is further compounded if there are discrepancies in the discharge summary following an inpatient admission.

Rationale for proposed policy: Embedding Geriatric Medicine Pharmacists into aged care outreach services can provide better care for older people whilst placing less strain on hospital emergency departments.

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

6. 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.

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.

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.

SHPA commends Canberra Health Services in its implementation of the Pharmacy Accuracy Checking Technicians (PACT) Pilot at the Canberra Hospital. SHPA proposes that the 18 months pilot is extended further and to all sites across Canberra, including Calvary Public Hospital Bruce.

Rationale for proposed policy: Strengthening the pharmacy technician workforce and expanding the role to its full potential, supports clinical pharmacists to perform more direct patient care activities that result in improved medication safety and ultimately better patient health outcomes.

7. Implement a Pharmacist-Led Opioid Stewardship Program to reduce opioid harms for Canberrans post-surgery

In 2018, the ACT recorded 4.7 deaths per 100,000 people relating to opioid use, just over the average for Australia.[15]

Opioid stewardship involves coordinated interventions to improve, monitor and evaluate the use of opioids in patients for acute, chronic or acute on chronic pain. 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.

The Australian Commission on Safety and Quality in Health Care's newly released Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard highlights the key role of pharmacist-led Opioid Stewardship service in an acute setting. The service aligns with several of the quality statements such as: discussing treatment options with patients and carers, the monitoring and management of opioid analgesic adverse effects, appropriate opioid analgesic prescribing as well as the assessment of risk-benefit whenever an opioid analgesic is considered.[16] This role would also involve education of health practitioners in pain and opioid management, support of appropriate acute pain management and opioid risk management strategies and ensuring that a non-opioid prescribing specialist pharmacist is a central member of a multidisciplinary pain management team in a hospital.

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 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.

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.

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 ACT public health system.

Cost of investment: ~$300,000 per annum (covering 2.0 EFT x Allied Health Professional Level 4 Hospital Pharmacist plus 0.4 FTE nursing and operational support)

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