18 October 2017

Sustainable Health Review Secretariat
189 Royal Street
EAST PERTH, WA 6004
Via SHR@health.wa.gov.au

Dear Dr Russell-Weisz,

Thank you for the opportunity to contribute to the Western Australian Government's Sustainable Health Review (SHR). SHPA is the national professional organisation for over 4,400 pharmacists, pharmacists in training, and pharmacy technicians working across Australia's health system providing care to patients. SHPA members lead the Pharmacy Departments at 29 of the principal referral hospitals in Australia, including Royal Perth Hospital, Sir Charles Gairdner Hospital and the Fiona Stanley Hospital.

SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in the hospital setting. Contemporary health care demands that all health professionals work collaboratively to support patient centred care whilst in hospital and at the point of transition to primary care, particularly for patients with multiple chronic conditions at risk of re-admission.

To achieve this, SHPA has outlined the necessary investments, strategies and initiatives required by the Western Australian government (Attachment A) to achieve a sustainable health system that improves health outcomes for all Western Australians.

If you would like more information about the role of a hospital pharmacist, or how hospital pharmacists can further assist the Western Australian government to achieve its objectives, please feel free to contact [redacted]

Yours sincerely,

Kerry Fitzsimons
SHPA Western Australian Branch Chair
(9222 4008 M, T, F or 6152 2898 W, Th)

Attachment A: A Prescription for Success – SHPA Western Australian Branch submission to the Sustainable Health Review
Attachment B: A Prescription for Success – SHPA Western Australian Branch submission to the Sustainable Health Review – References

SHPA Western Australian Branch submission to the Sustainable Health Review – A Prescription for Success

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional organisation for over 4,400 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is the only professional pharmacy organisation with a strong base of members practicing in public and private hospitals and other health service facilities.

Medicines remain the most common therapeutic intervention available to clinicians; however, the burden of harm relating to medicines is well reported.[1] Achieving high value for consumers must become the overarching goal of health care.[2] Poorly managed medicines can result in unintended hospital admissions, increased length of stay, poor health outcomes, re-admissions, morbidity or mortality. Value should always be defined around the consumer's need for positive health outcomes in management per cost of service.[1] Consumers deserve to be provided with quality information and education about their medicines and be part of the decision-making process for their ongoing management.[3] Consumers also deserve high functioning integrated healthcare across primary and secondary services that is seamless and considered.

List of Recommendations

- Implementation of electronic medication management systems (EMMS) as part of an electronic medical record to:
    - Reduce prescribing and medication administration errors
    - Expedite discharge reconciliation and generation of discharge prescription processes
    - Supply current and complete medicines lists to the discharge summary
    - Provide better information on prescribing activities to inform initiatives and programs that aim to improve quality use and cost-effectiveness of medicines programs
- Extending to seven-day clinical pharmacy services at all hospitals to increase the proportion of patients who can be reviewed for medication reconciliation, and monitoring of medicines whilst hospitalised and improve continuity of care at discharge
- Support the redesign of pharmacy services to enable an expanded scope of practice for clinical pharmacists, with a clear focus on emerging clinical roles within acute services, and upskilling pharmacy technicians to prepare dispensed medications for discharge and partake in medication reconciliation
- Implement services which support transition of care for high risk patients (e.g. Discharge Liaison Pharmacist, Hospital Outreach Clinical Pharmacy Services)
- Support use of Patient's Own Medications for safety and cost savings in medicines supply
- Provide support for change in referral funding model for HMRs such that pharmacists/hospital clinicians can refer to Primary Care Medication Management Services

Vision for improved future medicines management in healthcare services

1. Improving pharmaceutical care
    - Improvements to pharmaceutical care services across WA Health
    - Delivering safe and quality use of medicines for the people of WA

2. Enabling pharmaceutical care transformation
    - Ensuring the capability and capacity by further developing the pharmacy workforce
    - Improving access to and use of digital information and technologies
    - Planning for sustainable, flexible and resilient approaches

As the incidence of an ageing population living with multiple chronic conditions increases, so too does imperative for hospital pharmacy services to respond. The imperative to decrease the length of hospital stay, improve hospital patient flow, and move towards seven-day services, combined with the changing nature of

the patient population demands a proactive response designed to modernise outpatient services to meet the needs of the patient.

The hospital pharmacy team plays an invaluable role in delivering clinical services, working closely with doctors, nursing staff and other health professionals to ensure appropriate medicines are prescribed and administered, and that clinical outcomes are monitored to ensure best use and to avoid harm and adverse events. They also have an important contribution working in collaboration with primary health care providers at multiple points in the healthcare system including pre-admission, admission, prescribing, monitoring and discharge. This is particularly evident with increased admissions due to adverse reactions to medicines, and would benefit at-risk patients such as the elderly, patients with multiple chronic conditions, and patients taking a large number of medicines and at risk of inappropriate polypharmacy.[1]

Technology and data will have a crucial role in improving pharmaceutical care, underpinning our culture of safety culture and ensuring service efficiency. This can unlock capacity within pharmacy teams and facilitate improved sharing of information between health and social care settings. It is envisaged that the implementation of hospital-wide Electronic Medication Management Systems (EMMS) will leverage automated technologies to better support clinicians and patients to better manage their medications across WA Health systems. These developments will improve patient safety and release capacity not only in pharmacy but across a range of healthcare professional groups.

Self-management of medicines

Hospital pharmacists are well placed to support and educate patients to self-manage their care in the community setting, which is a core component of providing patient-centred pharmaceutical care. Personalised care planning leads to improvements in both health outcomes and a patient's engagement with their healthcare needs. An important aspect of this includes the need to be responsive to people's health literacy needs.

Pharmacists are ideally positioned to take on an increased clinical role in delivering pharmaceutical care, ensuring evidenced-based clinical decision making and overall improving the quality use of medicines. Access to and sharing of electronic health information and data, such as My Health Record will help ensure that pharmaceutical care is tailored to the needs of the patient. As encouraged by the Choosing Wisely Campaign Australia[4], pharmacists have the expertise needed to work with consumers and clinicians in identifying medicines with limited or no value and worthy of consideration for deprescribing. They are also uniquely placed to assess higher risk benefit ratio of medicines as well as monitoring clinical progress, treatment efficacy, and side-effects. Through their collaboration with other clinicians, pharmacists can reduce the burden of harm in relation to medicines at multiple points in the care pathway.

Patients with the lowest health literacy or interest in their health may be the least able to seek timely medical care (preventative and treatment care) and as such, may pose a greater cost burden to the healthcare system in the long term. Processes for identifying risk and improving access to care should be a focus for this review (e.g. straightforward referral processes, reasonable waiting list times), tailored to their needs (e.g. Aboriginal Medical Services) and should be prioritised.

Facilitating better care – seven-day services and workforce redesign

At present, some WA hospital pharmacy departments deliver a skeletal weekend pharmacy service focused on medicines supply, if at all. There are currently gaps in the provision of clinical pharmacy services available in acute care hospitals across weekends. Addressing this in an equitable way and appropriating pharmacy resources of areas with highest need requires urgent action. Even during weekdays, pharmacy resources should be targeted through a triage model focusing on patients at highest risk of medicines mismanagement, with commensurate and appropriate pharmacy resources to be deployed in hospital pharmacy departments.

Traditionally, hospital pharmacists have only had capacity to target their care to patients at admission and discharge; however, to promote patient safety and excellence in hospital pharmacy practice, commitment to

full clinical pharmacy services across seven days is required. This needs to take factor in how current hospital pharmacy teams allocate their scarce resources and prioritise direct frontline care. It also needs to take into account the challenges presented through urgent unscheduled care, as well as scheduled care. This requires thoughtful consideration to exactly what clinical activities need to be prioritised on both weekdays and at weekends, and what role remote and/or mobile consultations could play in ensuring adequate pharmacy coverage. Planning, integrating and co-ordinating of pharmacy services across all care settings at a local level can ensure the best use of the available skill mix, expertise and digital tools. Balancing flow and patient demand through the system against a finite hospital pharmacy workforce is challenging. Clinicians need to be adequately trained and resourced to provide the best care. For example, in the hospital setting, if hospital pharmacists are not able to provide services such as medication reconciliation and medication review, this poses a risk to patients, whereby errors or omissions during the admission may be inadvertently continued upon transition back into primary care settings.

In response to the changing healthcare landscape, hospital pharmacists are driving workforce change to ensure a fit-for-purpose workforce through programs developing competent staff working to their full scope of practice. This is evidenced with several hospitals in WA enrolling in the Society of Hospital Pharmacists of Australia (SHPA) Residency Program. This two-year professional development program provides a structured, formalised, supported and nationally accredited pharmacy residency program, ensuring residents gain the skills and knowledge to achieve a cohort of competent general level pharmacists.[5] This is an important first step in formalising advanced pharmacy practice, ensuring pharmacists can competently manage increasingly complex patient services and demanding healthcare needs.[6]

As hospital pharmacy evolves and expand their scope of practice, from dispensary-based supply functions to team based patient-centric roles, the need to effectively harness the technician and assistant workforce becomes paramount.[7] SHPA is currently prioritising development of advanced level competencies, where technicians/assistants can undergo credentialing for specific practice areas with national certification, enabling movement between hospitals across Australia, and ensuring the ongoing development of the profession in partnership with pharmacists to provide enhanced patient care. Assisting WA hospitals in this workforce redesign through upskilling pharmacy technicians to prepare dispensed medications for discharge[8] and partake in medication reconciliation[9] can reform pharmacy services and improve patient care.

The application of digital solutions can support more productive ways of working through the implementation of hospital-wide EMMS and the use of automation. This will increase availability of pharmacy resources for clinical pharmacy services; ensuring patients receive appropriate and targeted interventions to support the quality use of medicines. The elimination of paper and physical transfer of prescriptions for discharge medications, would also significantly decrease the turn-around time for medication reconciliation at discharge and preparation of discharge medications, this would greatly improve patient bed flow.

Hospital Discharge

Ensuring a seamless transition for patients at discharge is a complex process, and while fraught with challenges, demands high priority in this review process.

There are well documented challenges with regards to delays at discharge. A number of solutions have been tested including; not providing discharge medications if patients have sufficient medicine supplies at home; the use of PBS hospital prescriptions for those whom discharge is simple and who are able to access a community pharmacy for their medicines, and the use of patient's own medicines during hospitalisation.

Mandating that discharges require a consultant ward round sign-off can impact timeliness of discharge medications, and alternatively, criteria-led discharge service model delivery that triages patient risk is worthy of this consideration in this review. Additionally, it is imperative to work with medical interns and resident medical officers – who have workload challenges of their own – to identify and deliver solutions to improve the discharge process across all hospitals whilst maintain safety and quality. Hospital-wide EMMS can streamline the discharge process allowing the patient's medicines to be pre-populated into the electronic discharge letter and discharge prescriptions.

Hospital pharmacists can improve pre-discharge intervention through patient education, discharge planning, medication reconciliation and identifying and resolving medication-related problems, as well as ensuring access to post hospital medication management services where needed.

Providing a current and complete medication list at discharge, and communicating changes in management with supportive rationale to healthcare providers, is imperative to ensure smooth transitions of care. This is important whether the patient is discharged to a primary care setting or transferred to another hospital or healthcare setting. The National Standards for Safety and Quality in Healthcare focus of the need to provide comprehensive handover of medicines at the point of transfer and discharge.[3] Permitting pharmacists to access to electronic discharge summaries reduced the rate of medication errors (including errors of high and extreme risk) in medication summaries for general medical patients.[10] Therefore, reforming the personnel and processes in discharge planning to include clinical pharmacists wherever possible is imperative, especially where patients, or their circumstances are considered high risk.

Hospital pharmacy teams are redesigning services with a clear focus on emerging clinical roles within and across acute services. Through risk stratification, pharmacists are targeting unscheduled acute high-risk groups, prioritising availability of pharmacists in specialist clinics both in secondary and primary care. (i.e. antimicrobial stewardship pharmacists, emergency department pharmacist, theatre pharmacists, pre-admission clinic pharmacists, or outpatient clinic pharmacists in oncology, respiratory, cardiovascular and rheumatology etc). These developments will need to be underpinned by improving information sharing and referral pathways.

Transition of Care

It is well recognised that the risk of medication-related misadventure is high on transition of care,[1] Improving service provision and care coordination across the care continuum demands optimal use of available hospital pharmacy resources. Developing integrated partnerships between stakeholders and improving understanding of the suite of hospital pharmacy services available post-discharge, will ensure flexibility in service redesign, and transform the health system to meet people's health and social care needs and preferences.

Systematic reviews have consistently shown medication reconciliation processes reduce medication discrepancies, as well as actual and potential adverse drug events.[11]. Involving pharmacists at the point of discharge assures this process, as well as the provision of an accurate medicines list, documenting reasons for any medicines changes, and appropriate handover to primary care providers.[10] A pilot study utilising an Outreach Discharge Liaison pharmacist conducted in 2006-7 at Fremantle Hospital[12] demonstrated improvements in communication with community-based health services, patient's medication knowledge and adherence. Recent Australian evidence confirms hospital initiated medication reviews, (referred by discharging doctors or hospital pharmacists) conducted by clinical pharmacists in outreach roles early in the post-discharge period can reduce hospital readmissions by 25% among people aged between 51 and 65 years.[13] Building on these models, the CoNeCT Pharmacy Service was developed in 2015 from Sir Charles Gairdner Hospital and currently provides an outreach clinical pharmacy service for complex patients meeting high-risk criteria and who are unable to access timely medication management services from the community (within 7-10 days of discharge).[14]

With the growing number of people in the community with chronic diseases taking high risk medicines, these outreach hospital pharmacist roles can complement existing community-based pharmacy services provided by accredited pharmacists (such as Home Medicines Review (HMR) and Residential Medication Management Reviews (RMMR)) or MedsCheck (service available from some community pharmacies where consumers bring their medications into the pharmacy for review by a pharmacist). Currently, all HMRs require a GP referral to initiate, which compromises the timeliness of this community service in the post-hospital discharge setting, where timeliness is paramount. The period 7-10 days post discharge is the most vulnerable time for patients, and studies confirm the earliest possible collaborative reviews took 11 days when required to be channelled through GP surgery for initiation and follow-up.[15] In addition, there are currently restrictions on referrer eligibility and caps on the number of HMRs or MedsChecks individual

accredited pharmacists and pharmacies can provide, limiting the value and potential access to this important safety initiative by patients.

Capacity for hospital clinicians (including hospital pharmacists) to refer high risk patients, taking high risk drugs to the most appropriate medication management service directly would improve medication safety of our most vulnerable patients. A collaborative partnership approach to develop a local model of care with important stakeholders including consumers, SHPA, PSA, Pharmacy Guild and the WA Primary Health Alliance as stakeholders, to coordinate a competent, rapid-responding pharmacist workforce could optimise patients' medication management across the care continuum.

Prioritising the use of My Health Record across all hospital sites, championing both consumer and healthcare professional awareness and uptake will require strong leadership, and a formalised structured approach by WA Health in collaboration with the WA Primary Health Alliance and key primary care stakeholders. From a medication safety perspective, success would require significant imprimatur from the Department of Health (both State and Federal) working with stakeholders, particularly consumers, driving an agenda informed by results from the Federal pilot investigating the opt-out option for My Health Record. Prioritising care coordination for consumers with poor health literacy and advocating at the health care professional level (e.g. maximal uptake with My Health Record so clinicians have access to patient discharge summaries and current medicines lists) to connect primary and secondary/tertiary care. This will improve the quality of patient information regarding allergy/adverse drug reaction history and assist medication reconciliation and documentation of any changes to the patient's medicines list to ensure information is current and accurate.

Optimising the use of digital information, data and technologies for improved service delivery

Hospital-wide EMMS, when fully implemented, make hospitals safer places to prescribe, review and administer medicines. In other Australian states and territories, and internationally, EMMS has demonstrated benefits in improving the clarity and quality of prescribing, reducing dose omissions and acting as a clinical decision support tool at the point of care. WA is the only state that has not implemented ePrescribing for inpatient medicines management (with the exception of MetaVision® in the Intensive Care Unit of the Fiona Stanley hospital). EMMS can also offer the opportunity of much better insight into prescribing and other medicine related activities through data analytics at different levels.

Commitment to resourcing across all hospital sites (including importantly regional hospitals) is required (including funding) for technologies to enable streamlined and secure electronic systems, which are to be used consistently across the state, to communicate patient information (e.g. medical records, dispensing history). Paper records or information which is inaccessible to patients and/or other health care providers (e.g. dispensing history at a particular pharmacy) can contribute to fragmented care and inefficient communication between patients and health care providers across the sectors of health care.

Telehealth

Telehealth pharmacy services are being conducted across remote and rural Queensland, with medication review services programs reaching out to isolated residents in an attempt to provide equitable access to clinical pharmacy services. One example is in the town of Atherton in far-north Queensland, where senior pharmacists have implemented a telehealth system that delivers services from a medium-sized rural hospital and seven different rural/remote healthcare facilities across the state, covering an area of approximately 160,000 kilometres.[16] WA Country Health Service is currently trialing telehealth for certain services, and SHPA considers early post-discharge medication review from WA regional hospitals to patients who would otherwise not be able to access support is worthy of further investigation and implementation where appropriate.

If you would like to discuss any matters raised in this consultation, please contact:

[redacted]

Attachment B: A Prescription for Success – SHPA Western Australian Branch submission to the Sustainable Health Review References

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