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Department of Health and Human Services, Victoria

## **Re: Review of hospital safety and quality assurance in Victoria**

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional organisation for over 3,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is the only professional pharmacy organisation with a core base of members practising in public and private hospitals and other health service facilities, including aged care services.

SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals. SHPA supports pharmacists to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved for Australians, as individuals, for the community as a whole and for healthcare facilities within our systems of healthcare.

The prescription of a medicine is the most frequent intervention in a patient's care. Ensuring the safe and quality use of medicines is essential in preventing medication misadventure, and optimising therapeutic outcomes. A literature review on medication safety in Australia conducted by the Australian Commission on Safety and Quality in Health Care (ACSQHC) found that in 2011-12, there were 230,000 medication-related hospital admissions, at a cost of \$1.2 billion.<sup>1</sup>

Pharmacists undertake clinical pharmacy activities for individual patients to minimise the risk associated with the use of medicines. Clinical pharmacy activities support a collaborative approach (with patients, carers, prescribers and other health professionals) to medicines management.

These services should be available to all Victorians receiving care in hospitals, with all service providers expected to provide sufficient resources to maintain safe and quality medication management. The Victorian Branch of SHPA has the following comments to make on the themes addressed in the discussion paper.

### **Theme 1: Fostering continuous improvement**

No comment

### **Theme 2: Improving hospital governance**

Should the Department of Health and Human Services (Department) implement new activities, it is crucial these are aligned with the National Safety and Quality Health Service Standards (NSQHS), published by the ACSQHC. If it is felt necessary to create an external or

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independent body, it would be beneficial to communicate to stakeholders as to why this body is required, and where its jurisdiction differs from the ACSQHC.

Smaller services, such as rural and private services, may not have the resources to ensure the risks associated with medication management are appropriately managed. We believe that the Department should ensure that medication safety is held as priority, with the expectation that this work is undertaken by a practitioner with appropriate training and experience. The delegation of medication safety to personnel without the relevant expertise, may allow opportunities for improvement to be missed, or inappropriate practices to be endorsed as acceptable within the service. This may include both intentional and accidental deviation from best practice.

The systems problems described as contributing to the outcomes at Djerriwarrh, have also recently occurred in multiple locations in other jurisdictions, with respect to chemotherapy prescribing and administration. In these examples, the decisions of clinicians have been queried by a pharmacist, without resulting in the satisfactory protection and assurance of safety to the patient. Repeated episodes of care that should have prompted review by senior management, occurred without triggering any intervention.

These problems have occurred where a clinical pharmacist is either not directly accessible, or not engaged by other hospital staff in the provision of the patient's care, or their concerns are not appropriately recorded and escalated to management. This is more likely where services are provided by a remote mechanism, such as small hospitals serviced by external providers.

The example seen with the dosing of cytotoxic chemotherapy is replicated across the various therapies offered in hospitals, exposing a large proportion of patients to potential risk. Other examples include prolonged use of perioperative antibiotic prophylaxis which are no more effective than shorter courses, but expose patients to increased risk of harm. These treatment decisions may survive an appropriate challenge, as there is an imbalance in power between various care providers.

Governance bodies within hospitals, such as Drugs and Therapeutics committees, should be tasked with both the responsibility and the authority to ensure care provided within their institution is safe. In cases where local factors necessitate provision of care that does not align with standard practice, then a locally endorsed protocol should be in place to ensure all members of the healthcare team can provide the appropriate. While acknowledging the expertise of clinicians, and the need for patient care to be tailored to each patient's circumstances, an individual clinician's prerogative should not outweigh the patient's right to safe and effective treatment.

Where deviations from usual care are encountered, and are challenged by another clinician, there should be a mechanism which enables both the particular clinical scenario to be managed to the benefit of the patient, but also for any trends of recurring similar clinical scenarios to be identified. A mechanism may be required to identify similar instances in different hospitals (involving either the same, or different, clinicians).

### **Theme 3: Strengthening oversight**

With regards to the expectation of care for all Victorian patients, we believe that the care provided within the private sector should be held to the same standards as the public sector. While the Department has a different role in the relationship with the private sector, it is expected that the level of care provided in these settings is as high quality as the public

sector. Due to the varied models of provision of pharmacy services in private hospitals, there exists a variety in the degree of quality and safety measures provided with regards to medication management. The Department should ensure that sufficient oversight and/or incentives exist to ensure monitoring and improvement in management of medicines is provided, in all care settings.

#### **Theme 4: Advancing transparency**

The Victorian Branch of SHPA supports a statement of priorities (SoP) indicator relating to medication management, given the need to satisfy related indicators in the NSQHS standards.

If you would like to discuss the contents of the Victorian Branch of SHPA's submission or require further information, please do not hesitate to contact Glenn Valoppi ([vic@shpa.org.au](mailto:vic@shpa.org.au))

Yours sincerely,



Glenn Valoppi  
Chair, SHPA VIC Branch

#### **References**

1. Australian Commission on Safety and Quality in Health Care (2013), Literature Review: Medication Safety in Australia. ACSQHC, Sydney.