



Budgetary Constraints and Patient Care

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EAHP Hamburg 2015

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Disclosure

Conflict of Interest: Nothing to Disclose

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The questions



1. One of the opportunities arising from financial crisis is the weakening of barriers to change, which may be used by hospital pharmacy to switch resources to patient care.

YES or **NO?**

2. In times of staff shortage, you can stop patient oriented drug distribution (e.g. unit dose), because it uses a lot of manpower.

YES or **NO?**

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A Short Story...

- What happened to one hospital pharmacy in a time of financial crisis.
- How we are getting through these difficult times
- What we are learning
- What next...

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Summary

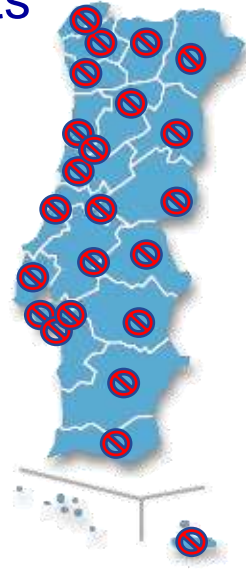
- Budgetary Constraints
- Impact in Hospital Pharmacy Practice
- Reaction of Health Authorities
- Focus on the Patient
- Hospital Pharmacy Management
- Threats and Opportunities
- Conclusion

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Budgetary constraints

- Financial Crisis:
 - Debt to pharmaceutical industry (major companies cut supply to 23 hospitals in 2011)
 - No more debt and lack of cash, imply lower stocks
 - Staff:
 - Less staff: no replacements.
 - More than 20% wages reduction
 - Reduced motivation
 - Maintenance: hard to keep up



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Budgetary constraints...

- Less of everything but...

BUREACRACY!



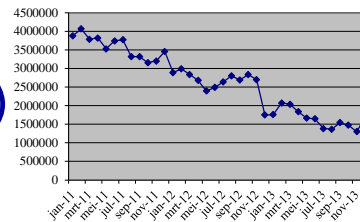
As the government tries to get a grip on drug spending, they ...

- Ask for data (from the pharmacy).
 - Ask for more data (to clarify data sent before).
 - Ask for even more data, because previous questions were not the right questions.
 - Create new rules and forms to make sure they get ... data.

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Impact in Hospital Pharmacy Practice (1)



- Purchasing and Storing
 - More paperwork with less staff.
 - Must buy for shorter periods, this implies tighter stock control to avoid shortages. More work with less staff.
 - Less staff for networking with other hospitals
 - In the end it was always possible to buy, but it was hard to get it at the right time

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Impact in Hospital Pharmacy Practice (2)

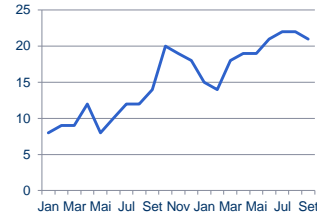


- Drug Distribution for Hospital Patients
 - Unit dose for more than 80% of beds
 - Good for pharmaceutical intervention and stock management, but...
 - Heavy workload for individual pharmaceutical prescription validation
 - Heavy workload preparing daily deliveries (and delivering them)
 - Nurses will not let go of it!

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Impact in Hospital Pharmacy Practice (3)



- Drug Distribution for Outpatients
 - Very expensive drugs (between 2000€ and 7000€/month/patient)
 - Government says: one month treatment on each visit...but:
 - Timing between hospital appointments is not compatible with one month
 - Government cuts transport facilities for patients.
 - Can a patient afford a monthly round trip of up to 300Km just to pick up medication?
 - Less staff means more wait, less time for pharmacist's intervention

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Impact in Hospital Pharmacy Practice (4)



- Cytotoxics Preparation
 - Increasing workload, less staff. 32549 treatments in 2014 (around 60 000 prepared drugs).
 - Waiting times imply constant pressure from nurses, doctors and patients
 - Lack of IT system due to lack of funding
 - Lack of time for training and qualification
 - Intermittent problems with maintenance services due to increased bureaucracy and funding

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Impact in Hospital Pharmacy Practice (5)



- Compounding
 - Shortage of staff imply that routine compounded drugs compete with development work to answer new requests.
 - Small facility prepares around 65 000 units of compounded products yearly and is involved in the development/improvement of 16 new formulations
 - Intermittent delays in production imply shortages for patients

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Impact in Hospital Pharmacy Practice (6)



- Clinical Pharmacy Activities
 - Prescription validation: more than 100 000 prescriptions yearly but:
 - Impact of pharmaceutical intervention not measured
 - Therapeutic Drug Monitoring: vancomycin and amikacin
 - Need updating and training
 - Possibility of working with other drugs

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Impact in Hospital Pharmacy Practice (7)



- Clinical Pharmacy Activities
 - Compliance and Pharmaceutical Consultation for Outpatients:
 - need time, average availability is less than 5 minutes per patient
 - Medicines Reconciliation:
 - New project in 2013, accepted by doctors, stopped by lack of staff.
 - Antimicrobial stewardship:
 - Wish list...

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Reaction of Health Authorities



- Dynamic Reference Pricing:
 - 2 drugs representing 20% of expenditure had prices cut by 28% just by referencing the price to different EU member states.
- Negotiation with pharmaceutical industry:
 - Price reduction not possible due to ... Reference pricing.
 - Yearly paybacks negotiated with industry association : 300M€ in 2012; 122 M€ in 2013, etc.

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Reaction of Health Authorities



- Electronic Prescription by ICD mandatory both in outpatients and hospitals
- Fight against fraud... With widespread media coverage.
- Clinical guidelines for major pathologies ... ?!
- Central tenders, reduced bureaucracy and costs...with mixed results.
- **Pharmaceutical intervention mandatory for hospital outpatients!**

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Reaction of Health Authorities



- The National Formulary – A Tool for Pharmacists

ICD	Dosage Form	SPC	PE / Reimbursed	Formulary Use	Justification How?	Therapeutic Alternatives	Switch?
Anastrozol	Film coated tablet	Breast Cancer Post Menopause, HR+, adjuvant therapy	Yes (37%)	Breast Cancer Post Menopause, HR+, adjuvant therapy	No	letrozol, exemestane	No
Letrozol	Film coated tablet	Breast Cancer Post Menopause, HR+, adjuvant therapy	Yes (37%)	Breast Cancer Post Menopause, HR+, adjuvant therapy	No	exemestane anastrozol	No

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Focus on the Patient



- In the decision making process...

THINK!

**WHAT IS BETTER FOR THE
PATIENT?**

Or

**WHAT IS THE LESS OF TWO EVILS FOR THE
PATIENT?**

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Hospital Pharmacy Management (1) Focus on the Patient

- We **MUST** have the right drugs at the right time.

Even in times of crisis, we did carry on with patient care, and even improved where we could...

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Hospital Pharmacy Management (1)



- Purchasing and Storing
 - IT system: purchasing orders issued by pharmacy to suppliers complying with legal requirements.
 - Quicker response time, more control, less paperwork
 - Networking with other hospitals: no staff, outsource transport, organise requests.
 - Selective stocking: lower stocks for expensive easy to get drugs, higher stocks for hard to get drugs

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Hospital Pharmacy Management (2)



- Drug Distribution for Hospital Patients
 - Can you **stop unit dose?**
 - Higher risk for patients
 - More workload for nurses, implying higher risks for patients.
 - No because it's **bad for the patient**
 - Actually we started unit dose for the BMT unit in 2011
 - As a side effect it's better for stock control
 - So we stopped some checks on non patient based medication, due to staff shortages...



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Hospital Pharmacy Management (3)



- Drug Distribution for Ambulatory Patients
 - Talk to patients: how hard is it to get to the hospital? Check other appointments in IT system: can we provide the drug when the CAT scan is scheduled?
 - Ask top management permission for bigger quantities
- Can we stop pharmacist's intervention? **No!**
 - Compliance is key to success of therapy
 - Patients need advice on side effects, etc.
- Project 2015/16: Selective Pharmacist's Intervention

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Hospital Pharmacy Management (3A)



- Other examples of ambulatory care (Hospital Garcia de Orta):
 - pre-packed individual patient schemes for HIV:
 - 20 schemes
 - 100 patients
 - 66% less errors, 50% less time
 - Networking for ambulatory patients:
 - Specific diseases, pre-packed individual medication
 - Controlled and validated transport using patient and blood transport vehicles
 - Dispensing made by pharmacists of hospital near the patients home (some are more than 200Km away)

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Hospital Pharmacy Management (4)



- Cytotoxics Preparation

- Safety of Patient comes First: we must prepare all cytotoxics with safety and quality:
 - During 2011-2014 pharmacy preparation was adopted for all patients (including some 20% more preparations).
 - Safety checks cannot be relaxed
 - Lack of IT system and lack of funds for purchase led to ongoing development of software (as a useful side effect, it makes us think about the processes)
 - Maintenance problems led to the definition of minimum safety requirements for patient and staff safety.

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Hospital Pharmacy Management (4 A)

- Cytotoxics Preparation
- Training and Qualification:
 - Required by patient safety!
 - Required by staff safety!
 - Good for staff motivation

We can't afford not to do it !

Improving Staff Training in a Cytotoxic Preparation Unit

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2014 Congress EAHP

What was done?

Implementation of a training program for the cytotoxic preparation unit staff. The program included theoretical and practical training, as well as the development of a training manual and the implementation of a training program for the staff.

Why was it done?

The cytotoxic preparation unit is a high-risk area for staff safety. The implementation of a training program was necessary to ensure the safety of the staff and the quality of the preparation.

How was it done?

The training program was implemented through a series of workshops and practical sessions. The program was designed to be interactive and to provide the staff with the necessary skills and knowledge to perform their duties safely and effectively.

What has been achieved?

The implementation of the training program has resulted in a significant improvement in the staff's knowledge and skills. The staff are now better equipped to handle the cytotoxic preparation process safely and effectively.

What next?

The training program will be evaluated and updated regularly to ensure that the staff are kept up-to-date with the latest developments in the field of cytotoxic preparation.

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Hospital Pharmacy Management (5)



- Compounding
 - Reduce routine compounding (disinfectant solution, artificial saliva)
 - Reduce quantity, focus on patient's specific needs
 - Don't stop development or improvement work
 - The patients really need those compounded products, get rid of the ones they can easily get elsewhere

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Hospital Pharmacy Management (5A)

Development of a topical lidocaine sterile formulation 20% (w/v)

Background: Lidocaine is a local anesthetic commonly used in various clinical applications. The aim of this study was to develop a sterile lidocaine formulation for topical use, suitable for patients with sensitive skin.

Purpose: Developing a sterile lidocaine formulation with enhanced patient compliance and stability.

Materials and Methods: The study involved the formulation of lidocaine 20% (w/v) in a sterile, isotonic, and pH-adjusted vehicle. The formulation was evaluated for stability, sterility, and patient acceptability.

Results: The developed formulation was stable, sterile, and well-tolerated by patients. It demonstrated improved patient compliance compared to the reference formulation.

Conclusions: The developed sterile lidocaine formulation is a suitable alternative for topical use, offering enhanced patient compliance and stability.

Topical morphine gels for painful wounds

Background: Topical morphine gels are used for the management of painful wounds. The aim of this study was to evaluate the efficacy and safety of these gels.

Purpose: Evaluating the efficacy and safety of topical morphine gels for the management of painful wounds.

Materials and Methods: The study involved the application of topical morphine gels to painful wounds. The efficacy and safety were evaluated using a standardized pain scale and adverse event monitoring.

Results and Discussion: The study demonstrated that topical morphine gels were effective in reducing pain in patients with painful wounds. The gels were well-tolerated and did not cause significant adverse effects.

Conclusions: Topical morphine gels are an effective and safe option for the management of painful wounds.

Management of a patient with a severe allergic reaction to a topical morphine gel

Background: Severe allergic reactions to topical morphine gels are rare but can be life-threatening. The aim of this study was to report a case of such a reaction and its management.

Purpose: Reporting a case of a severe allergic reaction to a topical morphine gel and its management.

Materials and Methods: The patient was treated with antihistamines, corticosteroids, and supportive care. The patient's response to treatment was monitored.

Results and Discussion: The patient's symptoms improved with treatment, and the allergic reaction was successfully managed.

Conclusions: Severe allergic reactions to topical morphine gels are rare but can be managed with appropriate treatment.

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Hospital Pharmacy Management (6)

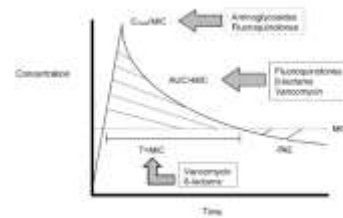
• Clinical Pharmacy Activities

– Prescription validation:

- Cannot stop it: the safety of the patient is at stake.
- Must improve it: project 2015-2016: a practical checklist for prescription validation for inpatients

– TDM:

- Safety of Patient
- Efficacy of antimicrobial therapy
- Cannot stop it, must be improved



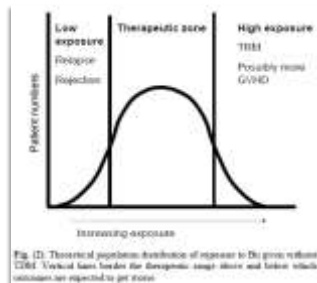
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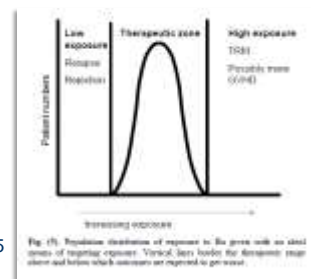
Hospital Pharmacy Management (6A)

• TDM

- Update on procedures and methods for TDM of Vancomycin and Amycacin
- Training sessions for pharmacists
- Informative sessions in BMT unit and Oncology department
- The Bussulfan Project (2014-2016)



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Hospital Pharmacy Management (7)



- Clinical Pharmacy Activities
 - Medicines Reconciliation:
 - Re-start project in 2015-2016 in medical oncology department.
 - Antimicrobial stewardship:
 - National level project started in 2015, hospital pharmacy is involved
 - Education and Training is mandatory
 - We cannot afford not to do it!

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Hospital Pharmacy Management (8)



- Staff Motivation
 - Low wages (and going down...)
 - Lots of routine work (40h per week) (and going up)
 - Lots of pressure:
 - From patients
 - From management
 - From nurses
 - From doctors
 - How to keep going?

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Hospital Pharmacy Management (8)



- Staff Motivation
 - The answer may be ...
 - Move forward, don't stay put in the worst situation
 - Use your imagination and improve. Involve people in change.
 - Ask yourself, as a pharmacy director or a junior pharmacist the same question:
 - What can I do to improve patient's outcomes
 - What am I doing that is less relevant
 - It's not easy, but to do nothing is worse

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Threats and Opportunities

- The Opportunity
 - Crisis removes some barriers to change
 - We have been learning how to do more with less.
 - If we have more, we can do better!
- The Threat
 - Once we are “back to normal” maybe ...
 - ... Business as usual!
- The Challenge
 - Keep the focus on the patient, improve the good changes, don't fall back.

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The questions



1. One of the opportunities arising from financial crisis is the weakening of barriers to change, which may be used by hospital pharmacy to switch resources to patient care.

YES or **NO?**

2. In times of staff shortage, you can stop patient oriented drug distribution (e.g. unit dose), because it uses a lot of manpower.

YES or **NO?**

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The Answers



1. One of the opportunities arising from financial crisis is the weakening of barriers to change, which may be used by hospital pharmacy to switch resources to patient care.

YES!

2. In times of staff shortage, you can stop patient oriented drug distribution like unit dose, because it uses a lot of manpower.

NO!

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Conclusion

- The main impact of crisis in hospital pharmacy was perceived as staff shortages, staff motivation, bureaucracy and lack of funding
- The key response is to use the pressure of crisis to drop non-essential tasks and focus on patient care.
- The fundamental threat for the future is to go back to the past.

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We Can Always Change for the Better!

Thank You for Your Attention



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