# The Multidisciplinary Impact of Drug Shortages in an Acute Care Setting

A presentation for HealthTrust members

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# **Pharmacist & Supply Chain Objectives**

- Describe the impact of drug shortages on a multidisciplinary team
- Identify management strategies to mitigate the operational, clinical and financial outcomes
- Assess the state of current practice to determine potential gaps



#### **Pharmacy Technician Objectives**

- Define the drug shortage landscape and the impact that it is has on the acute care setting
- Recall strategies to help minimize the impact of drug shortages on the acute care setting



## Roadmap



Management Strategies

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Assessment



# Drug Shortage Landscape & Impact



# **Drug Shortage**

#### Definition

 Supply issue that affects preparation or dispensing OR

 Prescribing an alternative agent due to a shortage which influences the care of a patient

Factors Affecting the Drug Shortage		
Manufacturing:	Production of raw material	
Production delays	Restricted distribution	
Quality concerns	Inventory practices	
Lack of capacity	Regulators	
Business decisions	Distributors/wholesalers	



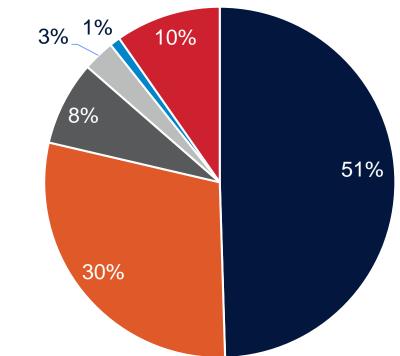
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Source: Am J Health-Syst Pharm. 2018; 75:e593-601.

## **Reasons for Drug Shortages**

Reasons for Drug Shortages as reported by manufacturers



Manufacturing

Unknown

- Supply/demand
- Natural Disaster
- Raw Material
- Discontinuation

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Source: https://www.ashp.org/Drug-Shortages/Shortage<sup>8</sup> Resources/Drug-Shortages-Statistics

# Drug Shortages – State of the Union

 2018 ISMP Survey with nearly 300 respondents representing various types of inpatient settings

o 56% community, 21% teaching, 9% critical access & 10% specialty hospitals

- More than half of respondents reported at least 20 drugs were involved with shortages in the preceding 6 months
- Shortages were reported across all treatment categories:
  - o Emergency, anesthesia, pain management, infectious diseases & cardiovascular
  - More than half of respondents experienced drug shortages affecting parenteral nutrition (55%)
  - OB/GYN & Hematology/Oncology service lines were also commonly affected



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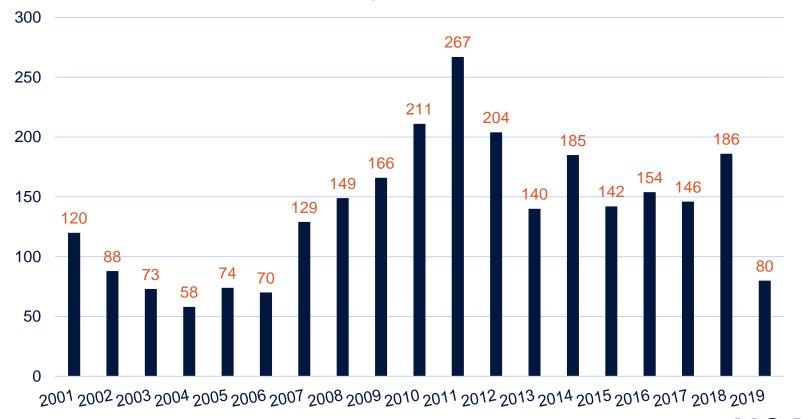
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Sources: https://www.ismp.org/resources/drug-shortages-continue-

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## **Drug Shortages – By the Numbers**

Annual New Shortages by Year (2001 through June 30, 2019)



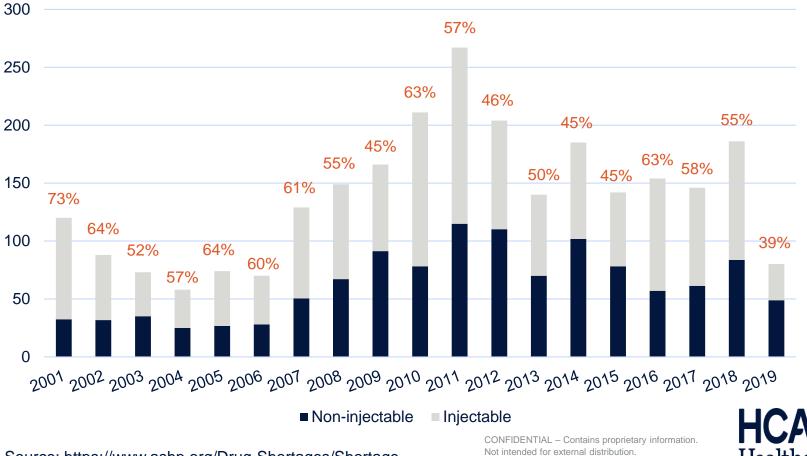
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Source: https://www.ashp.org/Drug-Shortages/Shortage-Resources/Drug-Shortages-Statistics 10

#### **Drug Shortages – By the Numbers**

Annual New Shortages by Year – Percent Injectable (2001 through June 30, 2019)





<sup>11</sup> Source: https://www.ashp.org/Drug-Shortages/Shortage-Resources/Drug-Shortages-Statistics

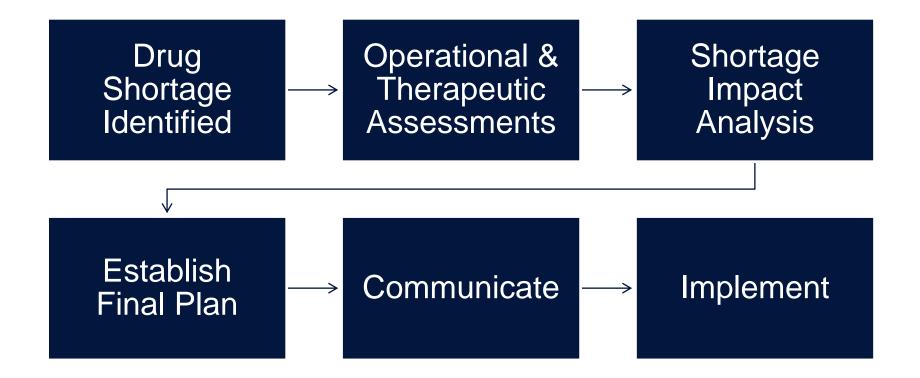
## **Drug Shortages – By the Numbers**

Active Drug Shortages by Quarter 238 02:19 01.1.

<sup>12</sup> Source: https://www.ashp.org/Drug-Shortages/Shortage-Resources/Drug-Shortages-Statistics



#### **Decision Making Process**



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<sup>13</sup> Source: *Am J Health-Syst Pharm.* 2018; 75:e593- 601.

# Management Strategies: Operational



- Establishment of a Drug Shortage Team
  - Multidisciplinary
  - Include key stakeholders
  - o Activities
    - Data gathering
    - Monitoring
    - Storage and preparation considerations
    - Dispensing procedures
    - Conservation strategies
    - Technology changes
- Develop a process for approving alternative agents





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Source: Am J Health-Syst Pharm. 2018; 75:e593- 601.

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Validate details

o Determine details and the shortage duration

- The team may contact distributors, manufacturers, Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC)
- The status of a shortage may change quickly

o Frequent communication with manufacturers may be required

Determine stock

o Assess the on-hand inventory

o Estimate the time period the drugs will cover



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<sup>17</sup> Source: *Am J Health-Syst Pharm*. 2018; 75:e593- 601.

- Purchase history
- Estimate impact

• Estimate the time for the drug shortage to impact the facility

- Convert counts of inventory into common measurements such as days of therapy or common dose
- Alternative sources

 Quantify the supply from other predetermined alternative sources

• Alternative agent

Determine alternative drug products' supply



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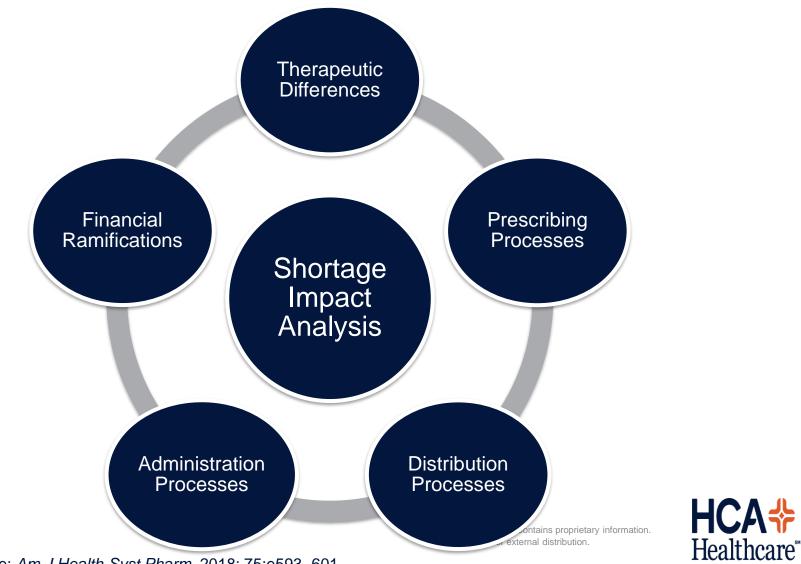
<sup>18</sup> Source: *Am J Health-Syst Pharm*. 2018; 75:e593- 601.

- Therapeutic assessment
  - A therapeutic assessment should be done at the same time as the operation assessment
  - o Identify the patient population(s) being affected
  - Identify therapeutic alternatives
    - Assess inventory to assure the supply meets the new demand
    - Establish a process for expediting formulary additions, if needed



- Conduct a shortage impact analysis to determine the impact on patient care
  - Analysis evaluates all factors pertinent to the shortage
    - Duration
    - Inventory
    - Medical necessity
    - Patient populations affected
    - Alternative therapies

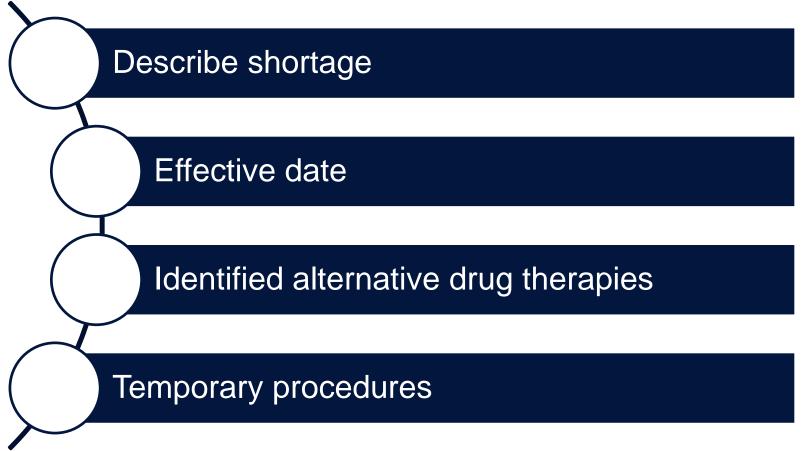




21 Source: Am J Health-Syst Pharm. 2018; 75:e593-601.

# Communication

Clear communication with affected clinicians



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<sup>22</sup> Source: *Am J Health-Syst Pharm*. 2018; 75:e593- 601.

# Communication

- Multiple communications versus one communication is better
- Electronic Health Records (EHRs) may be able to assist in communication with prescribers at the time of drug ordering
- Prospectively share both confirmed and anticipated drug shortages to allow appropriate preparation
- All shifts should receive the same communication



#### Communication

#### Providers

#### • Face-to-face

- Physician Lounge
- Email/Fax blasts
- Routine
   touchpoints

#### Nursing, Supply Chain, Clinical Staff

- Shortage alerts or memos
- Huddles
- Staff meetings
- Leadership meetings
- E-mail

#### Pharmacy

- Shortage alerts or memos
- Staff
   meetings
- Huddles
- E-mail

#### Administration

- Shortage alerts or memos
- Shortage meetings
- Status reports
- Staffing needs



<sup>24</sup> Source: *Am J Health-Syst Pharm*. 2018; 75:e593- 601.

# **Management Strategies: Clinical**



#### **Therapeutic Assessment: What is it?**

- Occurs simultaneously with the operations assessment
- Integral part of the communication you will have with the key stakeholders
- Identify primary patient population(s) affected by the drug shortage
- Research conservation strategies & potential alternatives
- Prepare for resistance



#### **Therapeutic Assessment**





# **Patient Safety Impact**

- Shortages impact patient care in a real way
  - 71% of respondents believed patients were unable to get the recommended drug due to shortages
  - 47% of respondents felt this resulted in patients receiving a less effective drug
  - o 75% reported delays in treatment due to drug shortages
- Shortages predispose healthcare personnel to participate in unsafe medication practices

Due to changes in ordering, preparing, dispensing & administering



# **Patient Safety Impact**

• Drug shortages contribute to medication errors

EPINEPHrine 1 mg/mL vial was used to prepare and administer an IV dose; the drug was not diluted, and wrong dose was administered

A multiple dose vial with a preservative was used to prepare an epidural infusion when preservative-free bupivacaine with EPINEPHrine was unavailable

1 mL vials of morphine 10 mg were dispensed when 2 mg vials were unavailable; 10 mg IV was administered in error

Patient received no treatment when a drug known to be unavailable was ordered verbally and the nurse did not notify the pharmacy about the order or request an alternative

Potassium chloride small volume piggybacks were prepared at the wrong concentration and administered



#### **Patient Safety Impact**





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# **Capitalize on Opportunities**

Failed attempts to implement a new clinical initiative

Drug shortage necessitates implementation of a clinical initiative to preserve available supply

Continue with the initiative after the shortage has resolved



# **Fixed Dose 4F- PCC Implementation**

 FDA-approved dosing is based on patient weight and INR values<sup>1</sup>

Pretreatment INR	2 to <4	4 to 6	>6
Dose (units Factor IX activity)/kg body weight	25	35	50
Maximum Dose (units Factor IX activity)	2500	3500	5000

- Literature suggests that lower doses may be similarly effective for warfarin reversal<sup>2-5</sup>
  - o 1000 1500 units (up to 2000 units maximum)

Sources:

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- 1. Kcentra [package insert], CSL Behring
- 2. Am J Emerg Med. 2015;33(9):1213-8
- 3. J Am Coll Cardiol. 2017;70(24):3042-3067.
- 4. J Emerg Med. 2018;54(6):861-866.
  - 5. J Thromb Thrombolysis. 2018;45(2):300-305.

4F-PCC: 4-Factor Prothrombin Complex Concentrate INR: International Normalized Ratio



#### **Next Steps**

- Check whether or not any policies and procedures need to be modified to accommodate the plan for the shortage
- Ensure orders and order sets are modified
- Develop any necessary education



# **Emergency Syringe Shortages**

- Early 2019: Epinephrine 1 mg/10 mL abboject syringes go on shortage
  - Step 1: Assess indications for use, patient population(s)/nursing units/physician groups affected
  - o Step 2: Identify potential management strategies
  - Step 3: Get input from key stakeholders
  - Step 4: Develop & roll out education
  - Step 5: Continuous monitoring of proposed solution

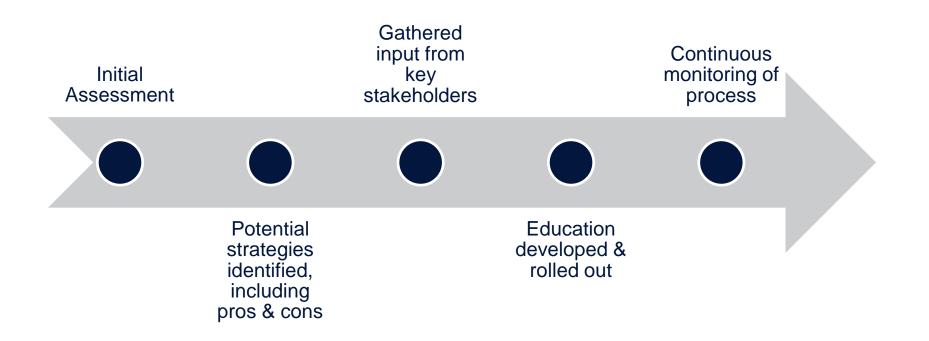




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#### **Therapeutic Assessment Steps**





# **Management Strategies: Financial**



Off-contract options

Alternative agents may be more expensive Labor of drug shortage team

Labor to modify technology

### **Direct Costs**

## Indirect Costs

# Increased Costs

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<sup>37</sup> Source: *Am J Health-Syst Pharm*. 2018; 75:e593-601.



Sources: Lagasse, J. (2019, June 26). Drug shortages cost hospitals close to \$360 million annually in labor expenses. Retrieved from: https://www.healthcarefinancenews.com/news/drug-shortages-costhospitals-close-360-million-annually-labor-expenses

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#### **Time Spent**

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• 8.6 million hours spent on labor

Hours spent each week (average)			
Buyers	12 hours		
Pharmacists	9.3 hours		
Pharmacy technicians	7.6 hours		
Informatics pharmacists	3.8 hours		
Nurses	1.7 hours		
Physicians	1.4 hours		
Financial office	1.3 hours		

Sources: Lagasse, J. (2019, June 26). Drug shortages cost hospitals close to \$360 million annually in labor expenses. Retrieved from: https://www.healthcarefinancenews.com/news/drug-shortages-cost-hospitals-close-360-million-annually-labor-expenses



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#### **Financial Impact of Drug Shortages**

MORE ON PHARMACY **JUN 26** 

### Drug shortages cost hospitals close to \$360 million annually in labor expenses

Controlled substances, local anesthetics and antibiotics are among the most common drug categories where shortages had an impact.



Jeff Lagasse, Associate Editor



Sourcess: Lagasse, J. (2019, June 26). Drug shortages cost hospitals close to \$360 million annually in labor expenses. Retrieved from: https://www.healthcarefinancenews.com/news/drug-shortages-cost-

hospitals-close-360-million-annually-labor-expenses

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### **Gap Analysis**



#### **Gap Analysis**

- Determines the steps that are needed in order to move to the desired goal
- Gap analysis consists of:





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#### **Example: Gap Analysis**

Objective	Opportunity (Y/N)	Actions	Comments
Has a Drug Shortage Team been developed?			
A process exists for identifying a drug shortages.			
Operational assessments are performed when a drug shortage is identified.			
A therapeutic assessment is performed when a drug shortage is identified.			
A drug shortage impact analysis is performed when a drug shortage is identified.			
An implementation plan includes new procedures, system and technology changes.			
A communication plan is developed when there are drug shortages.			

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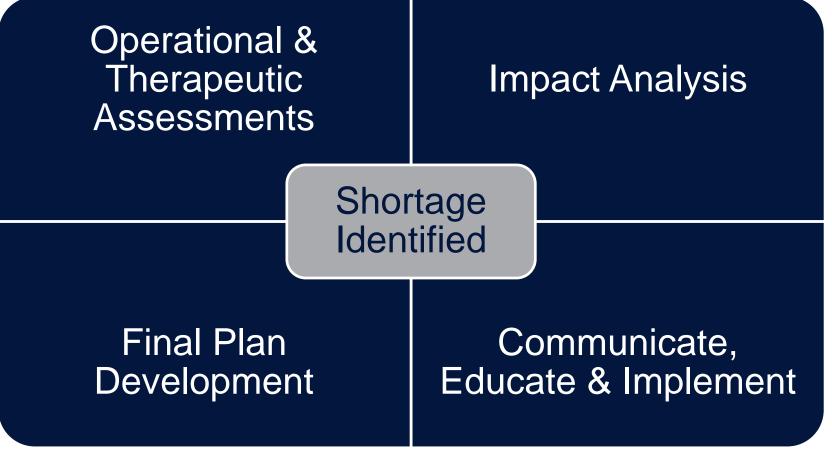


## Management Example – IV Opioid Shortage



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#### **IV Opioids**



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Operational Assessment Validate Details: Decreased availability of injectable opioids (morphine, fentanyl, and HYDROmorphone) due to multiple factors

Determine Stock: Compare with historical usage to figure out how many days on hand are available

Alternative Sources: 503b Compounding facility? In-house compounding?

Estimate Impact: Projected to be a major impact affecting almost every service line

Technology Impact: Need to update orders to guide prescribers to concentrations on hand, ensure smart pumps have correct volumes/concentrations programmed



Therapeutic Populations affected: Almost all hospitalized patients Assessment

Available Alternatives: PO opioids, non-opioid analgesics, alternative parenteral opioids (e.g., SUFentanil)

Conservation Strategies: Reserve on-hand parenteral opioids for which patient populations? Palliative care, OB/GYN, critical care, surgical services

Patient Safety Concerns: Varying concentrations of opioids, nurses have limited familiarity with alternative agents



# Impact Therapeutic Differences: Potency concerns, bioavailability concerns Analysis Therapeutic Differences: Potency concerns, bioavailability concerns

Prescribing Processes: Alerts in the EHR to communicate what concentrations are available & what restrictions exist, if any

Distribution Processes: Ensuring diligent checks when new/multiple concentrations of a product exist within the healthcare system

Administration Processes: Facilitating double checks of different concentrations of opioids?

Financial Ramifications: Increased costs associated with outsourced products, increased labor costs associated with in-house compounding/batching, human resources devoted to managing the shortage



Communication, Education, & Implementation Communication: Face-to-face, huddles, EHR alerts, ongoing to keep team aware of what was on hand and what challenges were being faced

> Education: Multidisciplinary partnership, education on new concentrations/presentations of medications, policy & procedure updates

> Implementation: Encouraged oral utilization whenever possible, weekly communications with affected service lines, updated IV to PO policy to include opioids, patientspecific dosing to conserve existing stock



#### **Key Points**

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- Drug shortages frequently affect health care systems
- Establishing infrastructures can mitigate effects of drug shortages
- Success may be found in teamwork by assessing options and the ability to change rapidly
- Communication with the healthcare team such as providers, nursing, administrations and the pharmacy team are vital



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#### **Test Your Knowledge: Question 1**

- Which of the following are management strategies for drug shortages?
  - A. Compounding
  - B. Dose Optimization
  - C. IV to Oral Conversion
  - D. Utilization of Alternative Agents
  - E. All of the above



#### **Test Your Knowledge: Response 1**

- Which of the following are management strategies for drug shortages?
  - A. Compounding
  - B. Dose Optimization
  - C. IV to Oral Conversion
  - D. Utilization of Alternative Agents
  - E. All of the above



#### **Test Your Knowledge: Question 2**

- Within a healthcare facility, providers, nursing, administration and pharmacy should all be notified regarding all drug shortages.
  - A. True
  - B. False



#### **Test Your Knowledge: Response 2**

- Within a healthcare facility, providers, nursing, administration and pharmacy should all be notified regarding all drug shortages.
  - A. True
  - B. False



#### **Test Your Knowledge: Question 3**

- Drug shortages represent a patient safety issue
   A. True
  - B. False



#### **Test Your Knowledge: Response 3**

- Drug shortages represent a patient safety issue
   A. True
  - B. False



#### **Test Your Knowledge: Question 4**

- A gap analysis should identify opportunities that exist within a process at your organization in order to move toward a more optimal state
  - A. True
  - B. False



#### **Test Your Knowledge: Response 4**

 A gap analysis should identify opportunities that exist within a process at your organization in order to move toward a more optimal state

#### A. True

B. False



#### References

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# **Thank You!**

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