



Review Article

Identification of Indicators for Evaluating the Financial and Economic Performance of the Pharmacy: A Systematic Review

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ABSTRACT

Background: Nowadays, by the increasing of the pharmaceutical expenditure the health system in all countries has gone under pressure. Thus, a process must be provided to assess the financial performance of this industry as it is essential to ensure that the limited resources are spent for the best advantages. **Objectives:** This study aimed to review indicators for evaluating the economic and financial performance of pharmacies. **Methods:** A systematic literature research was conducted using seven different search engines and electronic databases (PubMed, EBESCO, Ovid, ProQuest, springer, Science Direct, Scopus) until March 2014 without any time limitation. Inclusion criteria were: articles published in English, and the studies that focused on financial or economical scopes of pharmacy services. Studies that evaluated only clinical or humanistic performance of the pharmacy without an economic and financial assessment and also studies presented in seminars or conferences and letter to editor were excluded from the study. Selected studies were examined carefully, and their results were summarized via Extraction Table. **Results:** finally, 15 articles were chosen from 1437 articles. After assessment of articles, 108 financial and economic indicators selected for evaluating pharmacy's performance. Some indicators were: current ratio, cash ratio, total asset turnover, Net Profit Percentage (NPP). Finally, the financial and economic indicators were divided into three scopes: input, process and output indicators. **Conclusion:** for evaluating pharmacy's performance, valid financial and economic indicators are required. The financial and economic indicators which had been summarized and sorted in our study can be applied by any country for codifying their local indicators.

Introduction

Last three decades, literature evidences showed that the pharmacy performance is a critical factor in the health system's success and create a considerable improvement in society health outcomes. Pharmacies are as direct providers of pharmaceutical services that offer a wide range of services and use so much of healthcare limited resource simultaneously.^{1,2} The healthcare is one of the largest and fast growing industries in the world. The pharmaceutical expenditure has been extended by growth in Gross Domestic Product (GDP) and health budgets in recent years; average 15% of annual health care expenditure is allocated to GDP in developed countries. But this extension had a small effect on health indicators.^{3,4} Increasing demand of the pharmacy customers has put a force on the health system of all countries, so it seems

essential to assess the financial performance of this industry to ensure that limited resources are spent for the best advantages. The necessity has made this subject as an important part of the health system.^{5,6} Pharmacies are depending on financial performance data for their operations to manage costs and clinical care procedure; monitor quality services and publish information for using in inside and outside of organization. Financial management for pharmacy department is a dynamic process, which needs adaptation to environment and the other organization's changes. So they can reach the most effectiveness in the future and meet the organization strategic goals.^{7,8} Financial analysis is a systematic approach which is used to determine how well the available funds are being managed and controlled in a business. It gives an opportunity to pharmacy owners to evaluate their

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pharmacies performance, and helps them make effective decisions to improve their financial performance. Pharmacists use financial analysis as a tool when they want to evaluate financial performance of pharmacies. Three objectives for financial analysis and management in pharmacy are: (a) management efficacy assessment in pharmacy (b) certain financial trends determination in the business and (c) necessary background data provision for business mechanism's control.^{9,10} Different countries use a variety of methods to organize their pharmacy services. These key methods are, collecting information from various sources in the pharmacy and developing a system for consistent reviewing these information which leads to provide an efficient and standard healthcare service. There are a limited number of literatures in Iran that consider the economic performance evaluation of the pharmacy.^{11,12} The aim of this systematic review was identified indicators for evaluating the economic and financial performance of pharmacies.

Materials and Methods

The systematic review research was done in seven search engines and data bases include: PubMed and Ovid (by applying MeSH terms), EBSCO, ProQuest, Springer, Science Direct and Scopus. The search terms included a combination of the following with AND/OR: "Financial Performance", "Financial Index", "Economic Performance", "Economic Index", "Financial Management", "Financial Analysis", "Ratio Analysis", "Pharmacy", "Drug store", "Hospital Pharmacy" and "Community Pharmacy". Each database had its own characteristics which led to varying search strategies. The systematic review was carried out until the March 2014 and there is no limitation in time bound. As study design had no importance in our study so we included all study designs. The studies were entered into the EndNote X6,

and a list was generated for analysis and selection. Inclusion criteria included: articles published in English language, the studies that focused on financial or economical scopes of pharmacy services and the studies which had been conducted at pharmacy, hospital pharmacy and community pharmacy. Exclusion criteria included: Studies that evaluated only clinical or humanistic performance of the pharmacy without an economic and financial assessment also studies that published in the other languages and studies that presented in seminars or conferences and letter to editor.

We used PRISMA- statement to provided substantial transparency in the selection process of paper. The final result was 1437 papers and three levels of screening were conducted on them, by two reviewers. The Kappa coefficient was calculated via SPSS as 16 (K = 0.82). After elimination of the duplicates, 1369 articles were remained. In the first level 1302 references excluded on the basis of title and abstract review. From the selected studies, we collected 67 articles full texts. The second stage consisted of reviewing these 67 full text articles with the same criteria used in the previous stage. In the full review processing, each paper was assigned to another reviewer whose job is to confirm inclusion criteria and extract key information. Nonconformities were resolved by consensus. To control evaluation bias, assessors blinded about each other's decisions. At the end of this stage 12 articles persisted. The third stage of screening included of reviewing and searching the references of selected articles. For more comprehensive searching, we used hand searching and gray literature on financial management books which was selected from a small non-random sample of university courses curriculum and key journals which might not exist in databases. We also searched references of references from identified studies. In overall, 15 studies were retained and abstracted (Figure 1).

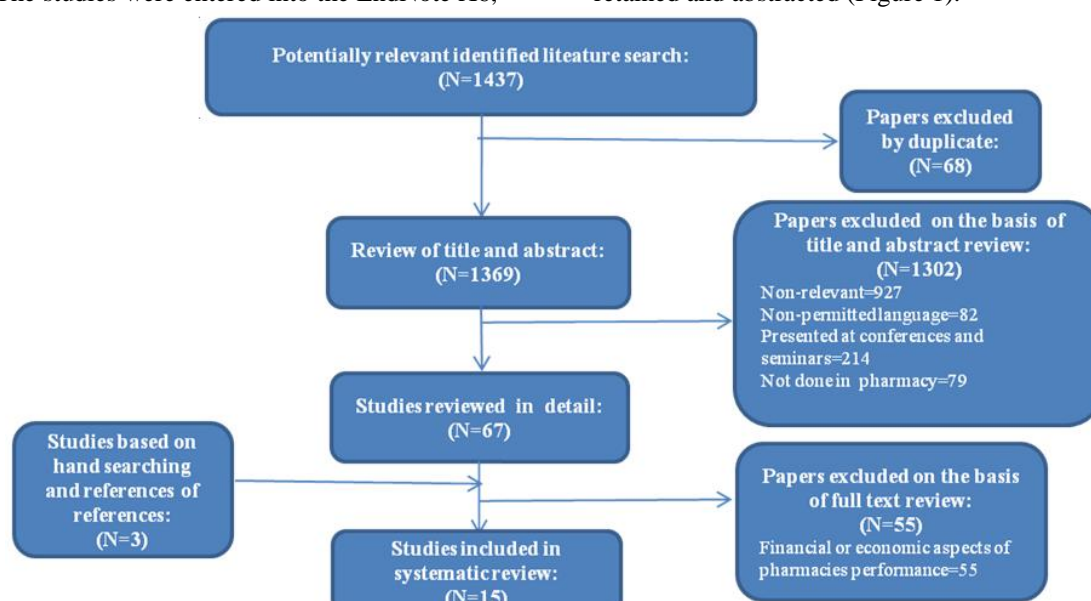


Figure1. Flow diagram of the search and selection process.

We described the final set of 15 included studies, in appendix 1. The extraction of the 15 studies was based on the: author, year, location, used indicators and results of each study. Due to the

excessive content of results, only some of the mentioned study indicators were presented in this table.

Table 1. Key financial indicators¹.

| Input indicators | | Process indicators | | Output indicators | |
|---------------------------------|--|--|---|------------------------------|--|
| Description | Formula | Description | Formula | Description | Formula |
| Current ratio | Current assets ÷ current liabilities | IT | COGS ÷ average inventory | ROA | Net income ÷ average total assets |
| Quick or acid-test ratio | (Current assets – inventory) ÷ current liabilities | Accounts payable turnover ratio | COGS ÷ accounts payable | ROE | Net income ÷ average shareholder equity |
| Net working capital | Current assets – current liabilities | Accounts receivable turnover | Net sales ÷ average accounts receivable | ROI | Net profit ÷ (owners' equity + long term depts.) |
| Drug budget | Drug budget ÷ pharmacy department budget | Break – even point | TFC ÷ (P – VC) | Gross profit | Sales - COGS |
| Debt ratio | Total liabilities ÷ total assets | Total Asset Turnover | Total sales ÷ total assets | Gross profit margin % | (Gross profit ÷ sales) × 100 |
| Budgeting of pharmacy | Pharmacy budget ÷ hospital budget | Average collection period | 365 ÷ accounts receivable turnover ratio | (Unit CM) | Unit selling price – unit variable cost |
| | | Average payment period | 365 ÷ account payable turnover ratio | | |
| | | accounts payable to current liabilities ratio | accounts payable ÷ current liabilities | | |
| | | break-even total cost of a prescription | (cost of the drug per prescription + cost of dispense)- average prescription charge | | |

¹Abbreviations: IT, Inventory turnover; COGS, Cost of goods sold; TFC, total fixed costs; VC, variable costs; ROA, Return on assets; ROE, Return on equity; ROI, Return on total investment; Unit CM, Unit contribution margin.

Indicators were divided into two financial and economic categories after performing the identification and extraction on the selected texts. In this study among the found indicators, those which grouped as liquidity, activity, debt and profitable ratios were financial indicators, whereas the others were economic. Indicators were grouped by Donabedian model (Figure 2). Donabedian model is the most comprehensive pattern in the health care assessment, introduced in 1966.

This model is including 3 steps, input (proper equipment, sufficient and expert human resources, capital and service delivery matters), process (indicates the quality of service delivery) and output or all result (including result and outputs of health care).^{13,14}



Figure 2. The Donabedian Model for extracting the financial and economic indicators of pharmacies.

Results

A total of 1437 potentially relevant records were found, 15 studies were qualified to be included in our systematic review. Included studies were reviewed in detail and appropriate results were summarized and reported in extraction table. Extracted indicators were categorized into 3 scopes: input, process and output

indicators. Among the identified indicators, those were most important and repeated in most of the articles were shown in the tables 1 and 2. Others were shown in the appendix 2. The Study resulted in 108 indicators included 32 financial (30%) and 76 economic (70%). The selected studies were published from 1986 to 2013, and most important target of them was to manage the performance and find out the high performance pharmacy framework. More studies were conducted in the United States (60%) and showed the importance of such studies in developed countries. Most Indicators of financial group were situated in an output scope of 44% which suggests that this group of indicators has been focused on outputs of pharmacy’s performance for sale and profitability.

Table 2. Key economic indicators¹

| Input indicators | | Process indicators | | Output indicators | |
|--|--|---|--|-------------------------------------|--|
| Description | Formula | Description | Formula | Description | Formula |
| FTE per prescriptions dispensed | Number of FTEs ÷ number of Prescriptions dispensed | OTC cost allocation | Total operating cost – The cost of dispensing(COD) | Net income(loss) | Revenues - expenses |
| FTE per investment | Number of FTEs ÷ requiring the investment | Prescriptions dispensed per day | Number of Prescriptions filled per day of operations | Net profit | Gross profit – expense |
| Energy charge | Energy costs ÷ Total cost | Hours of operation and Staffing ratio | hours the prescription department is open each week ÷ total number of staffing | Net profit margin % | (Net profit ÷ Net sales) × 100 |
| Total personnel cost | Total personnel cost ÷ Total number of personnel | Prescriptions filled per pharmacist per hour | Number of Prescriptions dispensed by each pharmacist per hour | Interest coverage ratio | (Net income before interest and income tax expense) ÷ interest expense |
| Equipment cost/total cost ratio | Equipment cost ÷ total cost | Workload | Number of Prescriptions dispensed per day | NPP | (net income ÷ total sales) × 100 |
| Average of depreciation expense | depreciation expense ÷ total expense | Total Sales to Inventory | Total sales ÷ inventory | Ratio of net sales to assets | Net sales ÷ average total assets (excluding long-term investments) |
| Pharmacy expenses | Total pharmacy costs ÷ number of | profit margin of selling domestic | (Profit of selling domestic drugs ÷ sales) × 100 | Rate earned on total assets | (net income + interest expense) ÷ average |

| | | | | | |
|---|---|---|---|--|--|
| | patients in hospital per day Salaries ÷ number of patients in hospital per day | drugs | | | total assets |
| average expense of renting pharmacy location | expense of renting pharmacy ÷ 30 | Generic percentage | Generic medication COGS ÷ total medication COGS | Medication expense per patient day | Annual medication cost ÷ average patient days |
| Total payroll per FTE | Payroll expenses ÷ total number of FTE | EOQ | $\sqrt{\frac{2(Annual\ usage\ in\ units)(Order\ cost)}{Annual\ carrying\ cost\ per\ unit}}$ | average net income gained from selling prescription medicines | net income gained from selling prescription medicines ÷ total number of prescriptions |
| Total pharmacy department expense | Labor expense + drug expense | Employee turnover | $[(personnel\ hired + personnel\ left) \div 2] \div personnel\ employed$ | Sales ratio | Department sales ÷ total store sales |
| Third party percentage | Third party Prescription payments ÷ total Prescription sales | Labor efficiency | worked hours per 100 orders, worked hours per pharmacy intensity weighted discharge, pharmacy labor expense per pharmacy intensity weighted discharge | Total COD | Labor cost + direct cost + allocated FC + allocated VC |
| | | Percentage of refilled Prescriptions | Number of refilled Prescriptions ÷ total Prescriptions dispensed | cost efficiency | drug expense ÷ pharmacy intensity weighted discharge, total pharmacy expense ÷ pharmacy intensity weighted discharge |
| | | total cost of a prescription | cost of the drug + cost to fill the prescription | Average Prescription sales price | Prescription sales ÷ number of Prescriptions dispensed |
| | | cost of the drug per prescription | total cost of goods sold in the prescription department ÷ total number of prescriptions filled | prescription price | COGS + COD + profit |
| | | average expenses of delays in insurance companies reimbursements | expenses of insurance companies reimbursements ÷ 30 | Net Functional income/cost ratio | Functional income ÷ Functional costs (Depreciation excluded) |

| | | | | |
|--|--|---|---|---|
| | Prescribing errors | Identification and resolution of unintentional departure from recommended prescribing practices per patient bed day | Net Total income/ Total cost ratio | Total income ÷ Total cost (Depreciation excluded) |
| | percentage of expired drugs in pharmacies | $(\text{number of expired drugs} \div \text{total number of drug}) \times 100$ | GMROI | Gross Margin ÷ Average inventory cost |

¹Abbreviations: FTE, Full-time employee; OTC, over-the-counter; EOQ, Economic order quantity; NPP, Net Profit Percentage; COD, cost of dispensing; COGS, cost of goods sold; GMROI, Gross margin return on investment.

Table 3. Main scopes of financial and economic indicators.

| Financial group indicators | Liquidity ratios | Current ratio Quick ratio |
|-----------------------------------|-----------------------------|--|
| | Activity ratios | Inventory turnover Total Asset Turnover Average collection period Accounts receivable turnover ratio Accounts payable turnover ratio |
| | Debt ratios | Debt-equity ratio Debt ratio |
| | Profitability ratios | Return on assets Return on equity Gross profit margin% Break even analysis |
| Economic group indicators | Cost management | Drug cost Total personnel cost Energy charge |
| | Efficiency | Workload Labor efficiency Prescriptions dispensed per day |
| | Profit/income | Net profit percentage Net income(loss) Net Functional income/cost ratio |

General processes for the selection of the indicators included: collection of indicators and dividing them into financial and economical groups, and categorizing each group into 3 scopes including: input, process and output indicators. Our study's result showed that there are two basic financial statements that we can use for detection and calculation of financial ratios: **profit and loss statement** and **balance sheet**. The profit and loss statement determines the financial performance of pharmacy, and the balance sheet, provides a view of all pharmacy assets and liabilities in a period or point in time.¹⁵ For better presentation we sorted the identified financial indicators into four scopes and economic indicators into three in table 3.

Discussion

Financial indicators including: liquidity ratios, efficiency ratios, debt ratios and profitability ratios. **Liquidity ratios** evaluate pharmacy's ability to pay short-term debt and involving current and quick ratios. These display a ratio comparison for current assets. The greater the level is the more liquidity for pharmacy's business will be produced. **Activity or efficiency ratios** measure the way a pharmacy can manage its assets and how quickly it converts non-cash assets to cash assets. These ratios include: Inventory turnover (IT), Average collection period and Total Asset Turnover. Inventory turnover ratio indicates how rapidly inventory is sold and replaced in a pharmacy. High ratio is appreciated and means that the pharmacy can collect accounts receivable much better, with much more accessible cash. Accounts payable turnover ratio indicates how the pharmacy classifies its payments and evaluates liquidity status. Average collection period displays the average number of days needed to gather pharmacy sales on credit.^{16,17} **Debt or leverage ratios** are used to analyze and quantify the pharmacy's ability to pay long-term debt obligations, and continue to perform well. There are Debt equity and Debt ratios. Profitability ratios, relates to the

pharmacy's ability to generate profits through the efficient use of its assets providing a return to shareholders on their invested capital. The profitability ratios for analyzing Include: Return on assets (ROA), Return on equity (ROE) and Earnings per share on common stock. Return on assets measure the general profitability of assets and return on equity use for the measurement of the earnings on the shareholder's investment. The gross profit margin ratio is used as an indicator of a pharmacy's financial health and is expressed as a percentage. The higher the percentage is the more money is left for other operating expenses and net income. Another important financial indicator is Working Capital. It ensures that a pharmacy has enough cash to pay debts and expenses as they fall due, particularly during start-up periods. The working capital cycle is made up of four focal components. The key factor of successful cash management is to control each step in this cycle.¹⁸⁻²⁰

We categorized pharmacy economic indicators further into 1) cost management, 2) efficiency and 3) profit/income categories. When we analyze a pharmacy, the first thing that reaches to our mind is prescription dispensing. Therefore, ratio analysis can be suitable and provides essential information for the pharmacy managers to develop appropriate staffing requirements and provide quality patient care. Two frequent indicators in this category include: Prescription sales per store open hour (Indicator of prescription activity and determining each operation hour of the pharmacy) and Prescriptions filled by a pharmacist per hour (Indicator of the efficiency for one pharmacist per day). Many ratios are used for effective management of payroll in relation to the prescription such as, FTE per Prescriptions dispensed (Indicator of FTE staffing levels relative to prescription dispensing volume) and FTE per patient day (Indicator of staffing levels relative to total number of patients in the hospital).²¹⁻²³

In a study conducted in university of Iowa, pharmacy costs were classified into seven groups: production, supplies, employment, sales, overhead, gear, and miscellaneous (2). In another study on hospital pharmacy practice, the most important expenditure that required monitoring in a pharmacy was drug cost allocating to itself 70% to 75% of the pharmacy's budget. Other important expenditures include personnel and supplies. As a result, the major financial focus is the pharmacy's director who must be controlling the department's drug and personnel expenses.²⁴ In economic evaluation of clinical pharmacy services using cost analysis and outcome most studies showed positive financial benefits of the evaluated pharmacy service.²⁵ One important indicator is to break the equal analysis, which is the point at

which income and expenses are exactly equal. This point is in its lower bound when it is defining profit margins and can be calculated for any period of time.²⁶ In the study of the University of Alabama, the pharmacy was divided into the prescription department and the front end enabling us to put the indicators in two scopes. The front end refers to all non-prescription item sales.²⁷ The pharmacy should have an adequate efficiency for better service delivery and use of resource. More studies were mentioned in this issue as important key indicators for assessing economic performance of the pharmacy.²⁸ In the performance evaluation and ratio analysis, different financial ratios were used, such as liquidity ratios, debt ratios, asset management and etc. Results showed that, the ratio analysis was the most important factor for performance assessment.^{29,30} Gross margin return on investment (GMROI) is the other important ratio for pharmacy performance. It analyzes the pharmacy's ability to turn inventory into cash beyond the cost of inventory. The higher the ratio the better the result will be.³¹ In the studies of Alabama Community Pharmacies, results showed that the managers should monitor prescription department inventory cost and target gross margin, as GMROI.³² Our study results showed that the inventory management of pharmacies is an important basis for a better performance. Lacking technology to support automate, enough and on time purchasing caused the increasing of cost and investment and subsequently decreased the quality of care.³³

A strong point of our study was that there wasn't any study available determining the economic and financial indicators to evaluate the pharmacy performance until the recent years. This study makes a basis for future research that takes advantage of these indicators in focus group discussion (FGD) and Delphi technique and formulates these indicators to assess the financial and economic performance of the pharmacy. Despite the considerable degree of heterogeneity in financial and economic indicators, there was scientific evidence of associations between pharmacy performance and financial and economic management. The authors searched the articles in Farsi data base; but due to lack of appropriate literature consist with the search strategies, the search was restricted to English articles. Unavailability of some valid databases, Lack of studies concerning financial indicators in a pharmacy and inaccessibility of electronic files for earlier papers (1970-1990) are the main shortcomings of the present study. Unpublished grey literature, publication in non-electronic journals and articles in other languages could lead to our publication bias.

Conclusion

It seems that the economic and financial evaluation of a pharmacy performance is essential. All the owners of the pharmacies in all countries need these indicators to evaluate their financial performance. It would be helpful to access such references, which have been derived from the literatures of the other countries to get more familiar with the indicators. The financial and economic indicators which had been summarized and sorted in our study, can be applied by any country for codifying their local indicators.

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Conflict of Interest

The authors report no conflicts of interest.

References

1. Vermeulen LC, Rough SS, Thielke TS, Shane RR, Ivey MF, Woodward BW, et al. Strategic approach for improving the medication-use process in health systems: the high-performance pharmacy practice framework. *Am J Health Syst Pharm* 2007;64:1699-1710. doi:10.2146/ajhp060558
2. Doucette WR, McDonough RP, Mormann MM, Vaschevici R, Urmie JM, Patterson BJ. Three-year financial analysis of pharmacy services at an independent community pharmacy. *J Am Pharm Assoc (2003)* 2012;52:181-187. doi:10.1331/JAPhA.2012.11207
3. Tordoff JM, Norris PT, Reith DM. "Price management" and its impact on hospital pharmaceutical expenditure and the availability of medicines in New Zealand hospitals. *Value Health* 2008;11:1214-1226. doi:10.1111/j.1524-4733.2008.00353.x
4. Akortsu MA, Abor PA. Financing public healthcare institutions in Ghana. *J Health Organ Manag* 2011;25:128-141. doi:10.1108/14777261111134383
5. Sabzghabae AM, Etebari M, Sajjadi H, Badri S, Hosseini-Biuki SM, Sheikhaboumasoudi R. Financial performance of the teaching pharmacies in Isfahan: an economic evaluation. *Res Pharm Sci* 2009;4:99-104.
6. Sansom L. The subsidy of pharmaceuticals in Australia: processes and challenges. *Aust Health Rev* 2004;28:194-205. doi:10.1071/ah040194
7. McDonald R, Cheraghi-Sohi S, Sanders C, Ashcroft D. Professional status in a changing world: The case of medicines use reviews in English community pharmacy. *Soc Sci Med* 2010;71:451-458. doi.org/10.1016/j.socscimed.2010.04.021
8. Philip B, Weber RJ. Enhancing pharmacy practice models through pharmacists' privileging. *Hosp Pharm* 2013;48:160-165. doi:10.1310/hpj4802-160
9. Zgarrick DP. *Use of financial, operational and environmental information to predict the financial performance of independent pharmacies*: Ohio State University; 1993.
10. Choate GM, Tanaka K. Using financial ratio analysis to compare hospitals' performance. *Hosp Prog* 1979;60:43-58.
11. Lotfi F, Kalhor R, Bastani P, Shaarbafchi Zadeh N, Eslamian M, Dehghani MR, et al. Various indicators for the assessment of hospitals' performance status: differences and similarities. *Iran Red Crescent Med J* 2014;16:e12950. doi:10.5812/ircmj.12950
12. Janati A, Valizadeh S, Jafarabadi MA. Development of financial indicators of hospital performance. *J Clin Res Gov* 2014;3:92-98.
13. Donabedian A. The Lichfield Lecture. Quality assurance in health care: consumers' role. *Qual Health Care* 1992;1:247-251. doi:10.1136/qshc.1.4.247
14. Tomlinson JS, Ko CY. Patient satisfaction: an increasingly important measure of quality. *Ann Surg Oncol* 2006;13:764-765. doi:10.1245/aso.2006.01.904
15. White JP. Reading and understanding financial statements. *J Med Pract Manage* 2005;20:308-313.
16. McCue MJ, Nayar P. A financial ratio analysis of for-profit and non-profit rural referral centers. *J Rural Health* 2009;25:314-319. doi:10.1111/j.1748-0361.2009.00236.x
17. Ali AK. Inventory Management in Pharmacy Practice: A Review of Literature. *Arch Pharm Pract* 2011;2:151.
18. Singh SR, Wheeler J. Hospital financial management: what is the link between revenue cycle management, profitability, and not-for-profit hospitals' ability to grow equity? *J Healthc Manag* 2012;57:325-339.
19. Keshavarz K, Kebriaeezadeh A, Meshkini AH, Nikfar S, Mirian I, Khoonsari H. Financial perspective of private pharmacies in Tehran (Iran); is it a lucrative business? *Daru* 2012;20:62. doi:10.1186/2008-2231-20-62
20. Crawley-Stout LA, Ward KA, See CH, Randolph G. Lessons Learned From Measuring Return on Investment in Public Health Quality Improvement Initiatives. *J Public Health Manag Pract* 2015;In-Press. doi:10.1097/phh.0000000000000229
21. Nakagawa Y, Yoshihara H, Nakagawa Y. New indicators based on personnel cost for

- management efficiency in a hospital. *J Med Syst* 2011;35:625-637. doi:10.1007/s10916-009-9400-8
22. Tongkong S. Key factors influencing capital structure decision and its speed of adjustment of Thai listed real estate companies. *Soc Behav Sci* 2012;40:716-720. doi:10.1016/j.sbspro.2012.03.254
23. Tordoff JM, Norris PT, Reith DM. Managing prices for hospital pharmaceuticals: a successful strategy for New Zealand? *Value Health* 2005;8:201-208. doi:10.1111/j.1524-4733.2005.04040.x
24. RJMSF W. Core Competencies in Hospital Pharmacy Practice: Department Financial Management. *Hosp Pharm* 2006;41:689-694.
25. Schumock GT, Butler MG, Meek PD, Vermeulen LC, Arondekar BV, Bauman JL. Evidence of the economic benefit of clinical pharmacy services: 1996-2000. *Pharmacotherapy* 2003;23:113-132. doi:10.1592/phco.23.1.113.31910
26. Broyles RW, Narine L, Khaliq A. Break-even analysis revisited: the need to adjust for profitability, the collection rate and autonomous income. *Health Serv Manage Res* 2003;16:194-202. doi:10.1258/095148403322167951
27. Berger BA, Pearson RE. Pharmacy financial management. *J Pharm Mark Manage* 1986;1:73-90.
28. Rattanachotphanit T, Limwattananon C, Limwattananon S, Johns JR, Schommer JC, Brown LM. Assessing the efficiency of hospital pharmacy services in Thai public district hospitals. *Southeast Asian J Trop Med Public Health* 2008;39:753-765.
29. Coyne JS. Measuring hospital performance in multiinstitutional organizations using financial ratios. *Health Care Manag Rev* 1985;10:35-42. doi:10.1097/00004010-198501040-00005
30. Zeller TL, Stanko BB, Cleverley WO. A new perspective on hospital financial ratio analysis. *Health Care Financ Manag* 1997;51:62-66.
31. McGinnis MA, Gable M, Madden RB. Improving the profitability of retail merchandising decisions—Revisited. *JAMS* 1984;12:49-57. doi:10.1007/bf02729486
32. Parrish RH, Berger BA. The Relationships Between Profitability, Inventory Efficiency, and Gross Margin Return on Investment in Alabama Community Pharmacies. *J Pharm Mark Manage* 1986;1:11-26. doi:10.3109/J058v01n01_03
33. Hughes TF. Objectives of an effective inventory control system. *Am J Hosp Pharm* 1984;41:2078-2085.

Appendix1. characteristic of included studies

| Reference | Number of used indicators & Example | Results |
|---|--|---|
| Robert J, et al:2006 Pittsburgh | 8 Drug budget, Accounts receivable turnover | Director of pharmacy must use an approach to budgetary management |
| Lee C. Vermeulen, et al:2007 USA | 6 Total Asset Turnover, FTE per investment | Identified seven dimensions of high-performance pharmacy (HPP) framework |
| Malovecká, I, et al:2013, Bratislava | 18 Average collection period, Gross profit, Current ratio | Understanding and analysis of the financial statements in the pharmacy |
| Bruce A. Berger, et al:1986 Alabama | 11 total cost of a prescription, average prescription charge | Use the cost accounting principles showed that profitability in this study could be attributed primarily to the prescription department |
| William R. Doucette, et al:2011 USA | 5 Total revenue for each service, FTE per Prescriptions dispensed | Examined to determine the total revenue and costs of each service and 7 of 11 pharmacy services showed a net profit each year |
| Mehdi Mohammadzadeh, et al:2013 Iran | 3 Qtubin(rate of market value to net asset value), Return on equity (ROE) | Alignment between Marketing strategy and Financial strategy had significant impact on profitability |
| Miwako Kamei, et al:2000 Japan | 4 OTC cost allocation, Workload | Evaluation functions were analyzed and classified into seven dimensions |
| Steve S. Rough, et al:2010 USA | 10 Revenue adjustment, cost efficiency, Drug cost per patient day | Preferred productivity and cost metrics for measuring pharmacy department effectiveness |
| www.highperformancepharmacy.com USA | 6 Budgeting of pharmacy, Employee turnover | Ranked hospital pharmacies and scores them on 78 practice elements in 8 dimensions |
| A.M. Sabzghabae, et al:2008 Iran | 8 Total income/ Functional costs ratio, Net | pharmacies financial documents and reports, used as a base for calculating the total income and the total costs |

| | Functional income/cost ratio | |
|--|--|--|
| David H. Kreling, et al:2004 USA | 6 Hours of operation and Staffing ratio, Prescriptions dispensed per day | Dispensing and patient care activities, have increased productivity, quality of care and financial performance |
| Jerome Ng, et al:2010 New Zealand | 2 Clinical pharmacy interventions, Prescribing errors | The top ranked KPIs reflected the pharmacist's central role in improving the individual patient's medicines use |
| KhosroKeshavarz, et al:2012 Iran | 13 average net income gained from selling prescription medicines, percentage of expired drugs in pharmacies | Analysis indicated that the average annual costs (and expenses), income and profits of pharmacies have significant effects on a pharmacy's economy |
| Keith NHerist, et al:2011 USA | 50 Cash ratio, Interest coverage ratio, Dividend yield, Reorder point (RP) | Provided evidence of the relevance of accounting and financial management in many areas of pharmacy practice |
| Zgarrick, David Paul:1993 USA | 18 Size of Total Assets, Net Profit Percentage (NPP), Total Sales to Inventory | operational and environmental factors were Influenced in financial performance of pharmacy |

Appendix 2. financial and economic indicators^a

| Financial indicators | | | | Economic indicators | | | | | |
|-----------------------------|---|---|--|----------------------------------|--|--|---|---------------------------------------|--|
| Input indicators | | Output indicators | | Input indicators | | Process indicators | | Output indicators | |
| Description | Formula | Description | Formula | Description | Formula | Description | Formula | Description | Formula |
| Cash ratio | (cash + cash equivalents + investments) ÷ current liabilities | Rate earned on total shareholders' equity | Net income ÷ average shareholders' equity | FTE per occupied bed | Number of FTEs ÷ number of occupied bed | Percentage of new Prescriptions | Number of new Prescriptions ÷ total Prescriptions dispensed | Total profit | Net income × sales ratio |
| Size of Total Assets | Total assets a pharmacy has at the end of a given fiscal year | Rate earned on common shareholders' equity | (net income – preferred dividends) ÷ average common shareholders' equity | TIC | Purchase cost + order cost + carrying cost Or [(cost per unit × annual utilization)+ (annual utilization/EOQ) + (EOQ/2)] | Technician order entry | Number of new Prescriptions entered by technician ÷ total number of new Prescriptions | ASP | Total revenue from a products sale ÷ total number of unit sold |
| Debt-equity ratio | Total liabilities ÷ total stockholders' equity | Earnings per share on common stock | (net income – preferred dividends) ÷ shares of common stock outstanding | RP | Lead time × average usage per unit of time (lead time from placing to receiving an order) | Total payroll per Prescriptions dispensed | Total payroll ÷ number of Prescriptions dispensed | Revenue adjustment | total inpatient and clinic pharmacy charges ÷ total inpatient pharmacy charges |
| | | Dividends per share of common stock | Dividends ÷ share of common stock outstanding | Space ratio | Total department area ÷ total facility area | Average COD | Total COD ÷ number of prescriptions | Total revenue for each service | service frequency × number of patients |
| | | Dividend yield | Dividends per share of common stock ÷ market price per share of | Drug cost per patient day | Drug cost ÷ number of patients in hospital per day | average prescription charge | Total prescription department sales ÷ total number of prescriptions | Functional income/cost ratio | Functional income ÷ Functional costs |

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| | | | common stock | | | | filled | | |
| | | Total sales to accounts receivable | total sales ÷ accounts receivable | Qtubin (rate of market value to net asset value) | Equity Value + Liabilities Market Value) ÷ (Equity Value + Liabilities Book Value | Prescription sales per store open per hour | Total Prescriptions dispensed ÷ total store hours of operations | Non-functional income/ Non-functional costs ratio | Non-functional income ÷ Non-functional costs |
| | | Working capital as a percentage of sales | [(inventory + accounts receivable - accounts payables) ÷ sales] × 100 | Drug cost | Drug cost ÷ number of hospital admission or discharge | Clinical pharmacy interventions | Identification and resolution of potential or actual drug related problems per patient bed day | Total income/ Total costs ratio | Total income ÷ Total costs |
| | | Gross profit margin ratio | Gross profit ÷ sales | average manpower expense | manpower expense ÷ number of manpower | | | Total income/ Functional costs ratio | Total income ÷ Functional costs |
| | | | | Variable costs allocation to COD | Total variable costs × sales ratio | | | Net income ratio | Net income ÷ net sales |
| | | | | Fixed costs allocation to COD | Total fixed costs × space ratio | | | Pharmacy profitability | prescription department + front-end merchandise |
| | | | | FTE per patient day | Number of FTEs ÷ number of patients in hospital per day | | | Net profit margin ratio | Net profit ÷ Net sales |
| | | | | | | | | average net income gained | net income gained from selling |

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| | | | | | | | | from selling OTC drugs | OTC ÷ total number of OTC |
| | | | | | | | | average net income gained from selling hygienic & cosmetic products | net income gained from selling hygienic & cosmetic products ÷ total number of hygienic & cosmetic products |

Abbreviations: FTE, Full-time employee; TIC, Total inventory cost; RP, Reorder point; COD, cost of dispensing; ASP, Average sale price; OTC, Over-the-counter.