

Panel Discussion: Overcoming Barriers with Expanding Pharmacist Scope of Practice in the Hospital and Ambulatory Setting

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Learning Objectives

- ▶ **At the end of this session participants will be able to**
- ▶ Discuss how the Pharmacy Act and the Hospital Act have influenced practice in Ontario and how hospital pharmacies have traditionally been impacted by these two pieces of legislation.
- ▶ Describe how scope of practice can be expanded in an acute care setting
- ▶ Describe how scope of practice can be expanded in a ambulatory care setting
- ▶ Describe the role CSHP-OB is playing to support scope of practice optimization.

Introduction

- ▶ Recently CSHP-OB has been asked about conflicting information regarding scope of practice of pharmacist in organizations
 - ▶ Some suggestions that the change in scope of practice outlined in the Pharmacy Act allows for pharmacists, irrespective of settings, to adapt prescriptions (sections 3 and 4 of the act and in the regulations)
 - ▶ This sets the limits of what a pharmacist is allowed to do irrespective of settings
 - ▶ However, the Public Hospitals Act under section 24 suggests that every order for a treatment was be authenticated by a physician, midwife, dentist, or nurse practitioner.
 - ▶ The board of a hospital, through the advice of the MAC can set limits on pharmacy practice.

Historically

- ▶ Historically organizations have expanded the scope of practice of pharmacists through
 1. Medical directives
 2. “Order acts”
 3. Policies
- ▶ A variety of different approaches have been taken regarding scope of practice.

Introduction

- ▶ Two approaches will be presented regarding scope of practice of pharmacists through
 - ▶ Megan Riordon will outline the approach that Kingston Health Sciences Centre has taken to optimize pharmacists scope of practice
 - ▶ Roland Halil will discuss the approach he has taken in his ambulatory care setting at the Bruyère Academic Family Health Team

Patient Care Orders: Registered Pharmacists to Adapt Medication Order

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Kingston Health Sciences Centre (KHSC) Administrative Policy 11-047

Briefing Note

Topic of Report: Patient Care Orders: Registered Pharmacists to Adapt Medication Orders

Submitted to: Medical Advisory Committee

Submitted by: Megan Riordon, Pharmacy Manager, Clinical Practice

Date of issue: 24 / 05 / 2017

For information and discussion

Current status report

Recommendation / Action required

Motion

Background

- ▶ Traditionally, patients have relied on physicians to prescribe medications. In order to improve patients' access to and timely delivery of care, the roles of other healthcare professionals, such as nurse practitioners, registered midwives, dietitians, and in many jurisdictions, pharmacists, have been optimized by extending prescribing privileges.¹
- ▶ Registered Pharmacists (RPhs) at Kingston Health Sciences Centre (KHSC) are expected to maintain professional standards and personal competence in order to function within their scope of practice as mandated by the Ontario College of Pharmacists. Since 2012, the Ontario Government passed new regulations allowing pharmacists who work outside the hospital setting to perform several controlled acts expanding the pharmacist's scope of practice, including the ability to renew or adapt prescriptions.²

ISSUE

- ▶ When pharmacists identify a medication-related problem, current practice is to suggest modifications to the patient's medication regimen via “suggest orders” in accordance with Administrative Policy Patient Care Orders - “Suggest” Orders (11-042). Once the suggest order is written, the chart is flagged “orders to be cosigned” for prescriber countersignature.

EXAMPLES

- ▶ Medication Reconciliation
 - ▶ Clarification of a dose/route/frequency of a home medication that was ordered incorrectly on admission
 - ▶ Metoprolol 50 mg PO daily to 25 mg PO BID
 - ▶ Discontinuation of a medication that was ordered on admission in the medication orders for home medications but the patient was not taking, or no longer needed
- ▶ Clarification of an incomplete or incorrect medication order
 - ▶ Clarification of a missing or non-standard dose/frequency/route
 - ▶ Levothyroxine 175 mg to 175 mcg PO daily
 - ▶ Piperacillin/Tazobactam 3.375 mg to 3.375 g IV q6h
 - ▶ Ondansetron ODT 4 mg SL to PO q8h PRN
- ▶ Dosage form/route of administration not compatible
 - ▶ Where the change will best suit patient swallowing capabilities and provide the same daily dose with no change in therapeutic efficacy
 - ▶ Diltiazem CD 240 mg PO daily via NG tube to Diltiazem IR 60 mg PO QID via NG tube
- ▶ Formulary Alternatives
 - ▶ Change to the closest dose/strength available on hospital formulary, where the change will not affect therapeutic efficacy
 - ▶ Sennosides 15 mg PO qhs to Sennosides 17.2 mg PO qhs
- ▶ Therapeutic Drug Level Monitoring
- ▶ Adjusting the dose/frequency of vancomycin due to sub or supratherapeutic blood concentration levels

ISSUE

- ▶ Pharmacists have extensive and unique drug knowledge, and clinical pharmacy services have been associated with improvements in patient safety through reductions in medication errors and decreases in mortality.¹ At KHSC, the majority of pharmacist suggest orders for adapting medication orders and continuing/discontinuing home medications are accepted by prescribers, but there is a delay in patient care when a prescriber has to be contacted to review and co-sign their suggest orders.
- ▶ In these cases, patients receive inappropriate medications until the prescriber is available to approve the pharmacist suggest orders. For example, when a patient's vancomycin level is suprathereapeutic and the pharmacist suggests to decrease the dose or extend the frequency, the patient continues to receive excess vancomycin, which increases risk of adverse effects/toxicity, until the prescriber is available to review and co-sign the order.

DECISION MAKING PROCESS

- ▶ Granting prescribing authority to pharmacists to adapt medication orders at KHSC would decrease the number of steps required for a patient to obtain the optimal medication regimen, and could therefore help optimize medication management and continuity of care by eliminating inefficiencies and duplication of effort by healthcare professionals.¹ This would also allow pharmacists to practice to their full scope and be in alignment with pharmacist practice outside of KHSC (community setting) as well within several other hospitals in Ontario.

CHANGE MANAGEMENT PLAN

- ▶ Endorse/approve the new KHSC Administrative Policy: Patient Care Orders: Registered Pharmacists to Adapt Medication Orders.

Relevant Stakeholders Consulted for review, endorsement and approval (add rows as necessary)

Relevant stakeholders consulted (below are examples of potential Stakeholders; add and/or remove as required)	Date Reviewed (yyyy/mm/dd)	Date Endorsed (yyyy/mm/dd)	Date Approved (yyyy/mm/dd)	Comments
Pharmacist Practice Council	2017/03/23	2017/03/23		
Professional Practice Council	2017/06/15	2017/06/15		
Nursing Practice Council	2017/06/22	2017/06/22		
Pharmaceuticals & Therapeutics Committee	2017/04/24	2017/04/24		
Medical Advisory Committee	2017/06/13		2017/06/13	

Planned implementation/publication date: June 2017 _____

KINGSTON HEALTH SCIENCES CENTRE

ADMINISTRATIVE POLICY MANUAL

Subject: Patient Care Orders - Registered Pharmacists to Adapt Medication Orders

Number: 11-047

Page: 1 of 2
Original Issue: 2017.06
Revised: NEW

Issued by: President and Chief Executive Officer

Introduction

The purpose of this policy is to enable Registered Pharmacists (RPhs) to adapt medication orders in compliance with the pharmacist scope of practice. Use of this policy does not replace the need for communication with the prescriber but rather serves as another means of correcting a problem with a medication order.

The scope of this policy applies to all RPhs practicing in patient care areas within the Kingston Health Sciences Centre (KHSC), including satellite dialysis clinics and the Cancer Centre of Southeastern Ontario, who possess the relevant skills, knowledge and ability.

Policy Statement

Upon review of the patient's medications and based on the potential risks and benefits to the patient:

1. RPhs may adapt medication orders. The RPh may change the dose, dosage form, regimen, or route of administration of a medication order previously written by a prescriber to tailor the therapy to the patient's unique needs and circumstances.
2. The RPh may continue home medication therapy for an inpatient when:
 - 2.1 The medication to be continued is for a previously diagnosed condition; and
 - 2.2 The patient has tolerated the medication without serious side effects.
3. The RPh may discontinue a home medication ordered that a patient no longer takes or is no longer required.

Definitions

Registered Pharmacist (RPh): Regulated Health Care Professional registered with the Ontario College of Pharmacists (OCP) (part A).

Procedure

1. Pharmacists practice in compliance with OCP standards providing comprehensive medication assessments and medication therapy management in collaboration with the healthcare team on selected patients as per KHSC Pharmacy Services Standard Operating Procedures.
2. The Pharmacy Manager, Clinical Practice is responsible for the education of the pharmacists on the scope of practice to adapt medication orders in the Hospital.
3. When adapting a medication order, the RPh:
 - 3.1. Writes medication orders on the Patient Care Order Form in the patient record in a format consistent with KHSC Administrative Policy 11-040 (Patient Care Orders).
 - 3.2. Documents the time and date of the medication orders, prints name, designation and OCP license number, references KHSC Administrative Policy number, and signs.
 - 3.3. Documents the rationale for adapting the medication order in the appropriate section of the patient's medical record (e.g. patient care order form or interprofessional progress notes).

1. Individual RPhs will not adapt medication orders authorized by this policy if they do not possess the knowledge, skill, and judgement to safely do so or if it is determined that the possible outcome of the implementation is beyond their scope of practice.
 - 1.1 In these circumstances, the RPh may write a 'Suggests' Order as per KGH Administrative Policy 11-042 (Patient Care Orders – 'Suggest' Orders) or contact the prescriber.
2. RPhs do not have the authority to adapt a narcotic, controlled drug or targeted substance, nor a drug designated as a monitored drug under the Narcotic Safety and Awareness Act.
3. Adaptation of outpatient prescriptions dispensed by KHSC pharmacies is performed in accordance with OCP standards and Ontario Bill 179, the Regulated Health Professions Statute Law Amendment Act, 2009.

RPh Clinical Practice SOP

- ▶ Medication Order Adaptation
 - ▶ Pharmacists adapt medication orders as per OCP expanded scope and Administrative Policy 11-047.
 - ▶ A medication order may be adapted for the purpose of medication therapy management where the RPh has
 - ▶ Considered the potential risks and benefits to the patient of adapting the medication order;
 - ▶ Determined that medication order adaptation is in the best interest of the patient; and
 - ▶ The RPh is in possession of the existing medication order to be adapted, or has access to the information contained in the original medication order (copy, confirmation from the community pharmacy, or medical record).
 - ▶ In order for an RPh to adapt a medication order:
 - ▶ The RPh has determined the drug will be safe and effective, considering the relevant circumstances of the patient, including, but not limited to the following:
 - ▶ The patient's medical history, including co-morbid disease states and chronic conditions;
 - ▶ Laboratory or other tests as available;
 - ▶ Signs or symptoms reported by the patient or documented in the patient care chart;
 - ▶ The patient's allergies and other contraindications and precautions;
 - ▶ Other medications the patient may be taking;
 - ▶ The patient's gender, age, weight and height (where applicable)
 - ▶ Pregnancy and lactation status, if applicable
 - ▶ Any other inquiries reasonably necessary in the circumstances
 - ▶ The RPh may rely on the consent that the patient, or his or her authorized agent, has already given to the prescriber for their treatment
 - ▶ However, if, in the RPh's professional judgement, a proposed adaptation is clinically significant, it is appropriate to seek an additional consent from the patient or his or her agent
 - ▶ When adapting a medication order, the RPh:
 - ▶ Writes "Medication Order as per Policy 11-047" as a header then writes the order in a format consistent with the Patient Care Orders Policy 11-040.
 - ▶ Documents the time and date of the medication orders, prints name, designation and OCP license number, and signs
 - ▶ Documents the rationale for adapting the medication order in the appropriate section of the patient's medical record
 - ▶ If the documented rationale does not include clinical judgement, and will not exceed 2 lines of text, may document on the patient care order form with the order (e.g. levothyroxine 175 mg to 175 mcg)
 - ▶ If the documented rationale includes clinical judgement, documents in the interprofessional progress notes (e.g. renal adjustments, dose titration)

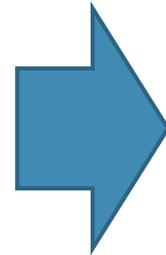
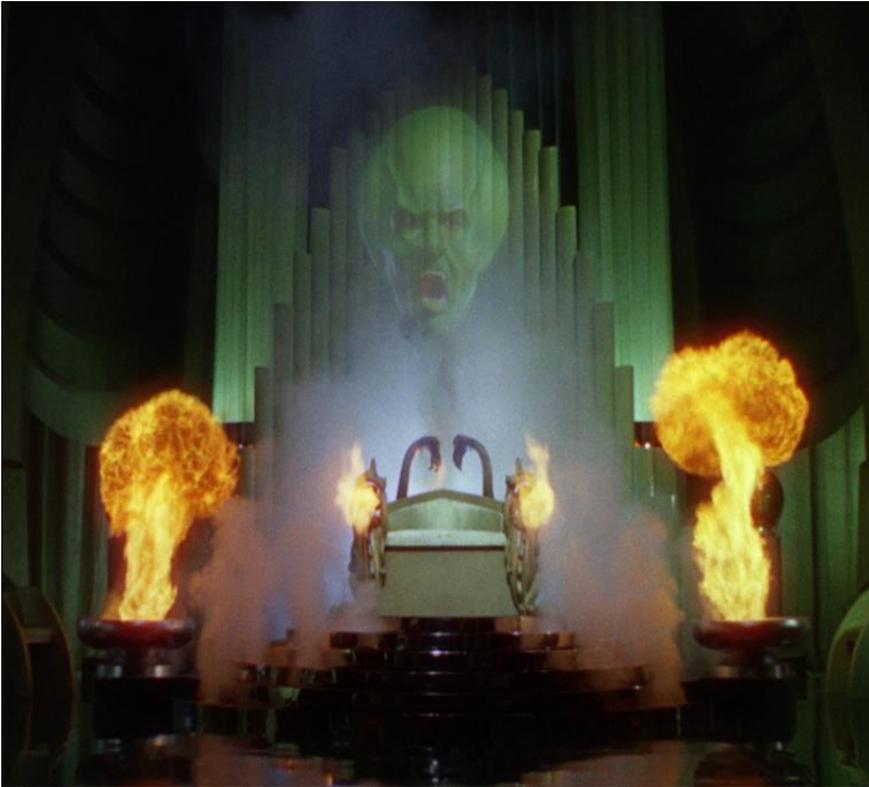
CURRENT/FUTURE PLANS

- ▶ Edit policy to add the following:
 - ▶ The RPh may discontinue unsafe duplication of prophylactic and therapeutic anticoagulant therapy
 - ▶ The RPh may initiate, adapt, or discontinue drug levels, electrolytes, serum creatinine, albumin, and or PT/INR

REFERENCES

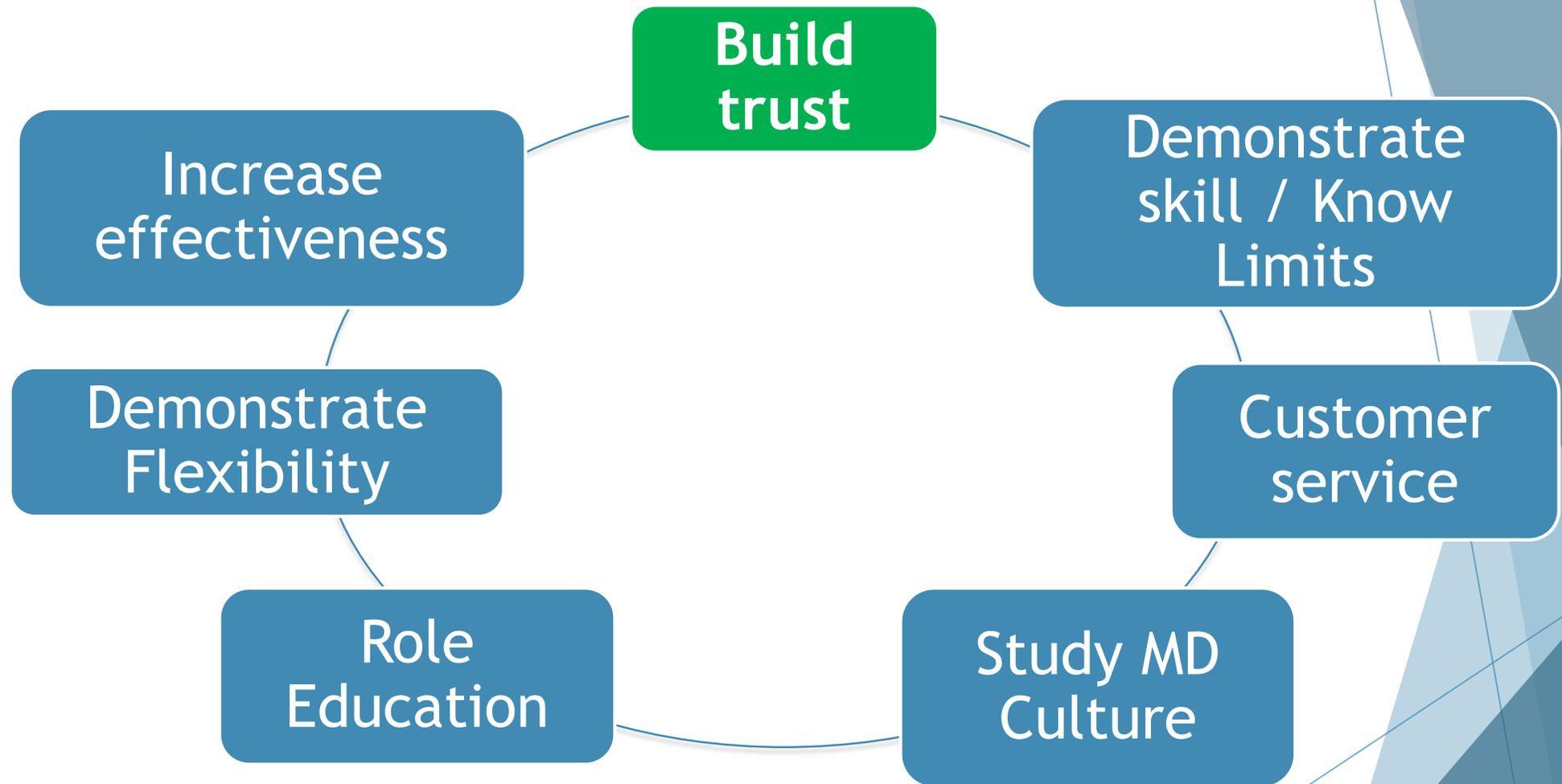
1. Canadian Society of Hospital Pharmacists. Prescribing by pharmacists: information paper. Ottawa (ON): Canadian Society of Hospital Pharmacists; 2009.
2. Ontario College of Pharmacists. Expanded scope of practice orientation manual. Toronto, ON: Ontario College of Pharmacists; 2012 Oct. Available from: <http://www.ocpinfo.com/library/practice-related/download/Expanded%20Scope%20Orientation%20Manual.pdf>. Accessed: 2016 Oct 24

Collaborative Care & Scope of Practice in Ambulatory Care Settings



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Building Relationships



Summary

- ▶ Two excellent examples of how we can approach maximizing the scope of practice for pharmacy.
- ▶ CSHP-OB has been working to
 - ▶ Clarify the legal status
 - ▶ Legal opinion suggested that the PHA dictates roles in institutions
 - ▶ Therefore changes to practice need to be authorized by MAC/Board.
 - ▶ Highlight examples and materials that would support a less reliant relationship and process.

Questions

