Collaborative Practice Agreement

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<th>TITLE:</th>
<th>Emergency Department Clinical Pharmacy Collaborative Practice Agreement</th>
<th>NUMBER:</th>
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<tr>
<td>Sponsor:</td>
<td>Dr. Shannon MacPhee, Chief Pediatric Emergency Medicine</td>
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<td>Approved by:</td>
<td>Medical Advisory Committee</td>
<td>Approval Date:</td>
<td>June 5, 2018</td>
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<td>Effective Date:</td>
<td>June 21, 2018</td>
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<td>Applies To:</td>
<td>Medical Staff, Pharmacy, Nursing</td>
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BACKGROUND

A collaborative prescribing model requires a collaborative practice agreement that reflects a cooperative practice relationship between a pharmacist and a physician or practice group with the legal authority to prescribe medications. Hereinafter referred to as the collaborative practice agreement, it identifies the patient population for which the pharmacist may provide services. Collaborative prescribing agreements are not the same as protocols; they do not dictate the activities the pharmacist will perform in managing a patient’s drug therapy. A collaborative prescribing agreement within the IWK Emergency Department will normally require the physician to provide the patient’s diagnosis OR have a laboratory and/or diagnostic imaging confirmed diagnosis on which to base decisions for the patient. The pharmacists may then select, initiate, monitor, modify, continue and temporarily hold pharmacotherapy as specified in the agreement to achieve the desired patient outcome.

INDIVIDUALS INVOLVED

This collaborative practice agreement is between the Emergency Medicine Physicians practicing at the IWK Health Centre in the Emergency Department

And

The following pharmacists: Melanie MacInnis, Kathryn Slayter, Jennifer Turple and Emily Black.
CREDENTIALS

The qualifications expected for the Emergency Department Clinical Pharmacy Specialist include post Bachelor of Pharmacy clinical training in pharmacy practice such as Pharm D or a graduate of an accredited pharmacy residency program (ACPR) and/or Board Certification in Pediatric Pharmacy or Pharmacotherapy.

PHARMACIST PRESCRIBING ACTIVITIES PERMITTED UNDER THIS AGREEMENT

Under this Emergency Department Pharmacy Collaborative Practice Agreement, the pharmacist(s) identified herein will have the right to prescribe and adapt prescriptions already ordered by the Emergency Physician in the patient’s best interest from the following classification:

- Non-parenteral antimicrobial medications
- Non-narcotic analgesics
- Schedule 2 or schedule 3 medication (over-the-counter or behind the counter non-prescription medication)

The pharmacist will have the responsibility of selecting the specific product, dosage, route of administration, frequency of administration and duration of utilization. The pharmacist may initiate or discontinue drug therapy as required to achieve defined outcomes. Any new drug initiation or discontinuations would result in physician notification through documentation in the patient record. Any therapy prescribed will be in accordance with the IWK Antimicrobial Guidelines for Management of Infectious Syndromes and Drug Dosing Guidelines for the IWK Health Centre which are managed by the Antimicrobial Stewardship Program, Infectious Diseases and Pharmacy Department. The pharmacist will be responsible for monitoring the following laboratory tests in patients who are older than 3 months of age:

- Urine Culture and Sensitivity
- Skin / Wound Culture and Sensitivity with the exception of Periorbital
- Streptococcal Throat Swab
- Stool Culture or PCR for viruses, bacteria and parasites
- Neisseria Gonorhea, chlamydia trachomatis, trichomonas vaginalis swab or urine
- Respiratory tract viral testing Nasopharyngeal Swab
- Pertussis testing nasopharyngeal swab
- Herpes Simplex Virus Swab
- Mycoplasma pneumonia and chlamydophyla throat swab
- Lyme Disease serology

The specific exclusion criteria are:

- Urine Culture on patients who are less than 3 months of age and/or who were admitted to hospital
- Periorbital skin/wound culture
- Periorbital Herpes Simplex Virus
- Any blood, cerebral spinal fluid and synovial fluid cultures
- EBV Serology
- CMV serology
- Measles

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- Tuberculosis
- Any positive result on a patient without being seen and assessed by an Emergency Medicine physician for a working diagnosis (example: left without being seen, consulting service is directing the patient’s care)

Any laboratory result meeting the exclusion criteria will be immediately referred to the Emergency Physician and will be managed by the Emergency Physician. Any result on an infant less than three months of age will be immediately reported to the Emergency Physician for definitive management.

Specific conversation between the Emergency Department Emergency Pharmacy Specialist and the Emergency Physician must occur at the time of reviewing of results testing for gonorrhoea, chlamydia, herpes simplex virus, and E. Coli 0157.

The pharmacist will ensure that notifiable communicable diseases as defined by the Health Protection Act are reported to Public Health by the Pharmacist.

This collaborative practice agreement is an expanded scope of practice of pharmacists identified herein. Upon approval of this agreement by the IWK Medical Advisory Committee, the Nova Scotia College of Pharmacists will approve the practice setting prior to the Collaborative Practice Agreement taking effect under section 3f of the Pharmacy Practice Regulations.

COLLABORATIVE PRESCRIBING DOCUMENTATION

Documentation of care provided is required according to IWK Health Centre documentation policies. In situations where the clinical status of the patient has changed significantly, the pharmacist may be required to gain further direction from the physician. If the patient requests further information from the physician; the pharmacist will inform the Emergency Physician.

CONTRAINDICATIONS TO IMPLEMENTATION OF THIS AGREEMENT

If at any time the pharmacist, the patient and/or patient’s family are concerned with the health status of a patient that may require medical attention, the ED Charge Physician will be notified.

The Emergency Department physicians and ED CPS pharmacists who will sign this agreement will meet periodically (every 6 months) to review how the Agreement is working and to hear feedback from everyone involved in an official round table format.

This agreement will be in effect from the date approved by Nova Scotia College of Pharmacists (January 23, 2017) and reviewed reviewed annually thereafter.
Names of Emergency Physicians from IWK

Dr. Dominic Allain     Dr. Erin Killorn
Dr. Chandra Avery     Dr. Lorraine Lewis
Dr. Emma Burns        Dr. Shannon MacPhee
Dr. Jonathan Cherry   Dr. Chris McCrossin
Dr. Tara Chobotuk     Dr. Donna McCulloch
Dr. Chris Cox         Dr. Charlotte Morley
Dr. Katie Gardner     Dr. Neil Petrie
Dr. Vered Gazit       Dr. Heather Rose
Dr. John Grant        Dr. Jeffrey Scott
Dr. Andrew Hamson     Dr. Brett Taylor
Dr. Alyson Holland    Dr. Kirstin Weerdenburg
Dr. Katrina Hurley    Dr. Michael Young

And any new physician credentialed to work in the Emergency Department at the IWK Health Centre.

Name and Pharmacist Signatures:

Dr. __________ ______________________________________________

Dr. __________ ______________________________________________

Dr. __________ ______________________________________________

Ms. __________ ______________________________________________

Having read and understood the full contents of the ED Pharmacy Collaborative Practice Agreement, the Chief of Pediatric Emergency Medicine agrees on behalf of the physician members of the Department to enter into this agreement.

Signed ________________________________________________

Dated __________________________
ADDENDUM

PROTOCOL FOR ED PHARMACY COLLABORATIVE AGREEMENT

Hours of Operation: Business days (Monday to Friday excluding statutory holidays)

Protocol:

Minimally, once daily, the ED Clinical Pharmacy Specialist (ED CPS) will review laboratory investigations that have returned on patients who were registered to the Emergency Department.

1. Review results for appropriate therapy by reviewing ED Treatment Record and liaising with Charge Physician when appropriate.
2. Call patient or substitute decision maker to inform them of changes in care that are required, or to inform families of a significant result. A message may need to be left with the family to call the IWK ED for results. It is expected that the ED CPS will counsel the family on the expected course of illness, response to therapy expected and the reasons to return to the Emergency Department. Preferred references are attached and may be updated as necessary.
3. Notifiable illness under the Health Protection Act will be called to the Public Health and to Occupational Health at the IWK. A message should be left for the ED Clinical Leader with the positive results so that exposed staff can be notified.
4. Prescribe appropriate therapy and communicate with the appropriate community pharmacy.
5. Record care provided on patient’s chart. The ED Treatment Record when available would be the first choice, but an Interprofessional Note may be required for charts that are already scanned or for more complex care plans.
6. If the patient has “timed out” of Meditech; the patient will be registered as a telephone facilitated care visit.

COVERAGE FOR PLANNED AND UNPLANNED ABSENCES

When the ED-CPS has a planned absence, clinical coverage will be arranged amongst all pharmacists noted in this agreement. Should none be available, the ED Physician covers the duties of the pharmacist. ED staff will be made aware of this planned absence through email memo and a poster in the ED. The Ward clerk will also be made aware to ensure that the appropriate laboratory follow up occurs.

For unplanned absences, the ED CPS will contact the Emergency Department as soon as possible. The point of contact will be the Charge Physician.

CONTINUOUS QUALITY IMPROVEMENT

- Access to this service will be a quality indicator
- Timeliness to follow-up will be assessed qualitatively
- Safety of prescribing based on internal adverse event monitoring system
- Return rates to the ED

HOW THE ED CPS AND PEM WORK TOGETHER TO SHARE PRACTICE TRENDS

The ED CPS report will be made available annually to the PEM Physicians that highlights the trends in positive cultures as well as trends in antimicrobial resistance for all major C/S results.
CONTINUING COMPETENCY

Areas of learning valuable to this Pharmacy Collaborative Practice Agreement will be identified by the ED Chief on a yearly basis.

REFERENCES


Nova Scotia Pharmacy Act
http://nslegislature.ca/legc/statutes/pharmacy.pdf

Pharmacy Practice Regulations
http://www.novascotia.ca/just/regulations/regs/pharmprc.htm

Pharmacist Drug Prescribing Regulations
http://www.novascotia.ca/just/regulations/regs/pharmdrugrx.htm

Pharmacist Extended Practice Regulations
https://www.novascotia.ca/just/regulations/regs/pharmextprac.htm

Nova Scotia College of Pharmacists Standards of Practice: Prescribing of Drugs by Pharmacists

Nova Scotia College of Pharmacists Standards of Practice: Drug Administration

Nova Scotia College of Pharmacists Standards of Practice: General Pharmacy Practice

Nova Scotia College of Pharmacists Standards of Practice: Testing

Nova Scotia College of Pharmacists Code of Ethics
http://www.nspharmacists.ca/ethics/documents/NSCPCodeofEthics_000.pdf

National Association of Pharmacy Regulatory Authorities (NAPRA) National Drug Schedules.
www.napra.ca/pages/Schedules/Search.aspx

IWK Guidelines for Empiric Antimicrobial Therapy
http://pulse.iwk.nshealth.ca/subsites/page/view/?id=11210

http://spectrum.md/iwk/


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Appendix A

DEFINITION

Collaborative Practice Agreement

An agreement between one or more Licensed Pharmacists and the IWK Health Centre, that outlines the competency-based functions performed by Licensed Pharmacists and other health care providers employed by, or practicing in the IWK Health Centre, and acknowledges shared risk and responsibilities for patient outcomes

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Version History

<table>
<thead>
<tr>
<th>Major Revisions (e.g. Standard 4 year review)</th>
<th>Minor Revisions (e.g. spelling correction, wording changes, etc.)</th>
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