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Regarding: Pharmacist Scope of Practice

Firstly, I support the proposal of the Ontario College of Pharmacists to revise the scope of practice for pharmacy to include the “the promotion of health, prevention and treatment of diseases, dysfunction and disorders through medication and non-medication therapy; the monitoring and management of medication therapy” and the “information related to their use”. The expanded scope of practice statement more accurately reflects the practice of pharmacists in both community and hospital settings.

Secondly, I am supportive of granting pharmacists two controlled acts “of administering a substance by injection” (i.e. provide immunization services to patients when it is in the patients’ best interest and appropriate, in the pharmacist’s professional judgment) and “administering a substance by inhalation” for the purposes of education and demonstration. As well, pharmacists are equipped and able to provide medication management services.

In the hospital setting, pharmacists develop numerous protocols or therapeutic substitutions to maximize medication therapy such as changes to dosing times of antibiotics from three times a day to every 8 hours to provide optimal drug levels. Under protocols or medical directives, many pharmacists order laboratory tests such as INR levels and adjust the patient warfarin levels based on the patient’s response on an inpatient and outpatient basis. As members of the Antimicrobial Stewardship team, there are numerous interventions/recommendations which pharmacists make which range from selecting the appropriate antibiotic to treatment of patients with C. difficile, MRA, VRE and participating in patient safety initiatives such as Safer Health Care Now; reduction of Surgical Site Infections.

In April 23, 2008, the MoHLTC announced one important health care priorities was to reduce wait times in emergency departments. Specifically, one ER strategy includes: “Better management of chronic diseases, such as diabetes”. The majority of chronic diseases are managed or controlled by medications and therefore the ability to extend prescriptions in the absence

of a family physician or adjust medications as appropriately an important role which can be filled by a pharmacist.

Medication regimens can be extremely complex and under the new patient safety goals, Accreditation Canada requires that patient's medications must be accurately communicated to the next provider at each transition of care (Medication Reconciliation) i.e. from the community to the Nursing Home to the Hospital. Pharmacists are best able to facilitate this process (in community or hospital settings) and through "Medication Management " a pharmacist can ensure that the patient and all health care providers have an accurate, up to date and appropriate medication list or regimen, that the label on the medication is correct and in turn may prevent unnecessary visits to the Emergency departments.

Finally, the following changes to legislation are required to support the pharmacist's enhanced scope of practice.

The Laboratory Specimen and Collection Centre Licensing Act and its regulations require changes to Section 9(1) of Regulation 682 and Sections 2(b) and (5) of Regulation 683 to include pharmacists as health professionals who can order laboratory tests. These tests would be for the purpose of medication monitoring and management as described above.

Regulation 965 of the *Public Hospitals Act* needs to permit pharmacists various authorities with respect to treating inpatients, including the recognition of orders for treatment or diagnostic tests given by pharmacists.

Respectfully submitted,

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