

Practice Spotlight: Stacey MacAulay

**Stacey MacAulay, BScPharm, PharmD
Clinical Pharmacy Specialist,
Extra Mural Program
South-East Regional Health Authority
Moncton, New Brunswick**

Dr Stacey MacAulay provides clinical pharmacy services to patients in the home care setting as part of a collaborative effort between the Pharmacy Department at South-East Regional Health Authority (SERHA) and the Extra Mural Program in Moncton, New Brunswick. The Extra Mural Program, New Brunswick's provincially funded home care program, has received national recognition for its model of practice. When Dr MacAulay began her clinical practice with the Driscoll Unit of the Extra Mural Program in November 2004, the provision of clinical services by nurses, physiotherapists, occupational therapists, dietitians, respiratory therapists, speech language pathologists, and social workers was well established; however, as with many other jurisdictions in Canada, a pharmacist was not yet an integrated member of the home care team. In fact, Dr MacAulay was the first pharmacist in New Brunswick to work in this capacity.

The idea for this new practice setting was developed under the vision of Lauza Saulnier, Chief of Pharmacy Services at SERHA, who reallocated resources to develop a 0.5 full-time equivalent position in home care. The creation of this position was aligned with changes in the needs of Canada's health care system, which have resulted from increased emphasis on the deinstitutionalization of health service delivery from acute care settings to outpatient settings. Furthermore, creation of the position was timely, following as it did the release of 2 national reports, those of the Romanow Commission and the Kirby Committee, which identified the growing importance of home care in Canada's health care system.^{1,2} At the provincial level, the New

Brunswick government echoed these reports by identifying enhancement of home care services as a priority area in the provincial health plan for 2004–2008.³

Dr MacAulay began providing clinical pharmacy services to home care patients as part of a pilot project. A grant from the Medbuy Endowment Fund assisted with the development and maintenance of a computerized database for the pilot project. The model and results of this project were presented as a poster at the 2006 CSHP Annual General Meeting in Montreal.⁴ Briefly, the primary objective of the pilot project was to determine the impact of clinical pharmacy services in the home care setting. This was done by determining the rate at which medication-related issues were identified, the rate of acceptance of the pharmacist's recommendations, and the clinical significance of the pharmacist's recommendations. The secondary objective was to determine the level of satisfaction among patients and nurses with clinical pharmacy services. During the pilot project, Dr MacAulay provided a variety of clinical pharmacy services (e.g., comprehensive or focused review of the medication regimen, assessment of adverse drug events, assessment of medication adherence, monitoring for medication efficacy and toxicity, and education about medication regimens) to patients who had recently been discharged from hospital and were deemed to be at high risk of an adverse drug event. Upon receiving a referral from a home care nurse, Dr MacAulay visited each patient once weekly for a minimum of 3 weeks. This patient population and model of practice were chosen on the basis of the findings of Canadian research indicating that adverse drug events account for 66% of adverse events occurring within the initial 3 weeks after discharge from hospital.⁵ The main results of the pilot project included the following:

- There were a mean of 3.6 medication-related issues and 4.3 recommendations per patient.
- Physicians accepted 74.1% of the pharmacist's recommendations (5.5% of the recommendations were rejected, and the outcome for 20.4% of the recommendations was unknown).

- Eighty-nine percent of the recommendations were rated as either significant or very significant.
- The overall satisfaction scores were 9.9 for patients and 9.6 for nurses, on a scale from 1 to 10.

The total amount of time that the pharmacist spent on each patient's case was also tracked. This value includes preparation time before the home visit, travel time, the home visit itself, and any postvisit activities linked to caring for the patient, including development of the care plan, contacting other health care professionals, and documentation. The amount of time spent per patient declined significantly from visit 1 (mean 227 min) to visit 2 (mean 128 min). Although there was a further decline at visit 3 (to mean 114 min), this change was not statistically significant. Considerably more time was required for work associated with the first visit after discharge from the hospital, mostly because of the previsit chart review and other preparatory work.

The results of this pilot project demonstrate that medication-related issues occur in patients recently discharged from hospital. The pharmacist was able to make recommendations to optimize medication regimens for these patients, and nearly 75% of these recommendations were accepted. Finally, both patients and nurses were very satisfied with the pharmacist's services.

Since completion of the pilot project, the pharmacist position has become permanent. The pharmacist's role has evolved to include the provision of direct patient care to patients other than those who have recently been in hospital (e.g., community-dwelling patients, patients receiving palliative care). The process for referrals to pharmacy services has expanded to include interdisciplinary referrals and referrals directly from physicians. The pharmacist also serves as a drug information resource for members of the home care team and provides educational inservices to the team. Dr MacAulay has been a preceptor for 3 pharmacy residents who have completed rotations with her to learn about the unique aspects of providing direct patient care in the home care setting. She has made presentations both regionally and nationally about her model of practice and the findings of the pilot project. Dr MacAulay is a member of the newly founded CSHP Home Care Pharmacy Specialty Network (PSN), which she feels is a valuable forum for the exchange of ideas and information about the role of pharmacists in the home care setting.

Stepping into a new role can be challenging; however, the warm welcome offered by the interdisciplinary home care team facilitated this transition for Dr MacAulay. She enjoys collaborating with the health care team in efforts to optimize patients' therapies. She finds her work with home care patients extremely rewarding and considers it a privilege to meet with patients in their home environment. With certainty, it is a unique and fulfilling role that Dr MacAulay sees as an essential link among hospital and community settings.

References

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The Practice Spotlight series highlights the accomplishments of Canadian pharmacists with unique practices in hospitals and related health care settings. If you have a unique or innovative practice, or you know someone else who should be profiled, please submit your contact information to Mary Ensom, Editor of *CJHP* (cjhpedit@cshp.ca), and one of our Associate Editors will be in touch with you.

