Innovative pharmacy practice: Chloe McMillan

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Please provide some background information about your practice setting

I work on a cardiovascular surgery stepdown unit at the Mazankowski Alberta Heart Institute in Edmonton. We see patients who have had open heart surgery, so it could be anything from bypass surgeries to valve replacements or repairs, congenital corrections, heart and lung transplants, or ventricular assist device implantations.

Describe your practice/role—what do you think makes it unique/valuable?

My role, essentially, is to optimize pharmacologic therapies after surgery, to help patients as they recover and to facilitate discharge home. I take responsibility for prescribing medications for

patients on the CV Surgery ward, working closely with patients, nurse practitioners, cardiovascular surgeons and the multidisciplinary team. I routinely assess and independently prescribe for a variety of different medications—ranging from pain control, electrolyte replacement, titration of cardiac meds, anticoagulation management, PRNs for nausea, bowel routine, sleep, management of diabetes, treating infections and ensuring antibiotic stewardship and more. I love that my job is highly variable and multifaceted. The cardiovascular surgeons and nurse practitioners will check in with me throughout the day to review the implemented plans and progress. As well, I provide in-depth medication teaching to my patients prior to discharge and will often write the discharge prescriptions myself. I ensure continuity of care by contacting family

Chloe McMillan works on a cardiovascular stepdown unit at the Mazankowski Alberta Heart Institute in Edmonton (photo credit: Jim Dobie Photography).

physicians and community pharmacists to try to ensure seamless care, especially for things like new warfarin starts and communicating targets, duration, etc.

Our practice is somewhat unique, because the surgeons are in the operating room for most of the day, so they rely heavily on the pharmacists and the nurse practitioners to manage medications and the overall patient recovery pathway. We have been able to establish a good rapport with the surgeons and with the team, and I believe the pharmacists have become integral to the CV surgery team. I think surgery is a difficult place to start working; without the typical hospital rounding team, we must be able to work independently. In this environment, I had to gain confidence in my decision-making, as I might not be able to talk to the physician until later in the day.

If I come across an issue that is outside of my scope of practice or understanding/knowledge/skills, I will discuss the issue with the nurse practitioner. If the issue is beyond either of our scopes or expertise, I would then page the physicians. Depending on the urgency of the situation, we can either wait until they are finished a case, give a message through the OR nurse or call them out of the OR for an emergency. After 5 years in CV surgery, I know my own boundaries in terms of knowledge and skills.

I think that the success of our pharmacists on the CV surgery ward correlates with the quality of people whom I work with. I work with an excellent team of pharmacists and nurse practitioners and am grateful for that. They are dedicated, intelligent and hardworking. Additionally, we have the support of our management, who have helped to fund a second full-time pharmacist for the CV surgery ward. This made a huge difference in our ability to provide care that is proactive instead of reactive. Finally, we have excellent support from our Clinical Practice Leader, who has pushed us to become more independent and to advance our practice. I think other surgery units could definitely follow our model and that there are great opportunities for pharmacists to take on independent, advanced practices.

How did you come into this practice/role and how did you prepare for it?

I started at the University of Alberta Hospitals in 2008, initially as a clinical float pharmacist. I wanted to experience as much as I could and see

different practices before I chose a clinical area. Around 2010, I covered a maternity leave in cardiology medicine. During that time, I decided to apply for my Additional Prescribing Authorization (APA), because it was a structured, rounding team. At the end of that year, I knew I wanted to stay within the Mazankowski. At that time, CV surgery didn't have a clinical pharmacist; I expressed that I wanted to stay within cardiology, and after some discussions, it was decided that I would start the clinical practice. They had never had a primary clinical pharmacist in CV surgery, so when I walked in, they didn't know who I was or why I was there, or why they would ever need a pharmacist. Initially, I worked hard to incorporate myself into the CV surgery team and to prove my value. In hindsight, this wasn't as difficult as I thought it would be. Beyond some initial resistance, the team welcomed me and was grateful for the insight and help that I provided. Over time, my role on the ward has grown and evolved. I started out by focusing on the complicated discharges and the sicker patients. Once the second pharmacist was added to the team, we were able to advance the scope of our practice further.

Starting a new clinical practice area was intimidating, but I prepared for it by reading and studying clinical practice guidelines and primary literature. I spent time with the CV ICU pharmacists and use them immensely to this day for their expertise. The nurse practitioners are very supportive, teaching me about what they're doing and why. The surgeons, as well, have been supportive and explain things to me. When I've done things that they disagree with, they'll explain why. APA and being able to order labs have been very helpful. They expedite care for the patients; when I identify a problem, I can assess it, discuss it with the patient, make a plan, implement the plan and then move on to the next patient. I don't have to wait for the physician to come around. I find, since receiving my APA, I'm more confident in my decision-making, because it's kind of final. It used to be that I could write co-sign orders and always knew that someone else would come and assess it after me and then decide if it was appropriate, so you didn't really feel that finality of having APA. I had to become more confident in my knowledge and more understanding of my own boundaries so that I can make the decision whether to prescribe or not. You have to be confident that what you are doing is right for the patient.

How have the other members of the health care team responded?

When I started in surgery, I didn't tell them that I had my APA. I wanted to become more familiar with the area, and I didn't feel confident in my knowledge in surgery to be able to make prescribing decisions. It came out when there was a policy change for Alberta Health Services (AHS) that they were going to recognize pharmacists as prescribers within AHS and that we were going to be able to order labs, medications and blood products. At a ward operations meeting, someone brought up this memo that said pharmacists will be able to prescribe. So, they all looked at me and asked, "What's the story about this?" So, I explained what it is and that I have APA and these are the types of things that maybe I could be involved in: changing antibiotics, anticoagulation management, that kind of thing. Everyone said, "Yes, that is reasonable!" and moved on to the next agenda item. On occasion, I have had disagreements with team members. However, we work in an environment of mutual respect, and we've been able to directly discuss disagreements and come up with a mutual care plan. I have become familiar with physician-specific preferences and practice patterns and am able to adapt my care plans to incorporate these. Overall, it's been very well accepted, and I feel that the team has been quite supportive. They actually tease my colleagues who don't have their APA and say, "When are you going to get your APA?"

How have patients responded?

Overall, patients are very appreciative. We tend to have good relationships with patients and their families. We try to provide patient-centred care, so we're not making decisions without

involving them or trying to explain what we're doing and why. A lot of times, the surgeons come by very early in the morning and the patients aren't awake yet, so they're not always able to talk to them. So, we're there to explain the plan, what we're doing and what to expect and involve the patient in the decisions when we can.

Any advice for other pharmacists who want to advance their practice?

My biggest advice to other pharmacists is just to start slowly and gradually evolve over time. You don't have to walk in and be able to prescribe everything; you can start with the basics. I always use the example of stopping a laxative when the patient has diarrhea—immediately, the patient will thank you. Or making adjustments to pain or nausea medications; those are simple things that we can do that make a big difference to the patient. And gradually increase the complexity of decisions. You can get buy-in from the patient early on if you make them feel better, but you can also get the buy-in and the respect of the physicians or team if they see that you're always there helping out and making small changes. Documenting all of your decisions with a full plan in the progress notes is of vital importance, and just being sure that someone else can come in and pick up where you left off with the same plan. Involve the patient in the care plan. It doesn't matter how evidence based the decision is, if the patient disagrees with it, your whole plan falls apart. Learn from all of your colleagues and experiences. Be patient. And, finally, just be present on the unit. Even if I have downtime, I will stay on the unit. Being present and available, overhearing nurses' discussions or patient questions and being ready to help will help establish you as a vital team member. ■