

Practice Spotlight: Collaborative Care of the Elderly

Susan K Bowles, BScPhm, PharmD, MSc, FCSHP
Associate Professor
College of Pharmacy and Division
of Geriatric Medicine
Dalhousie University
Clinical Pharmacy Specialist—Geriatrics
Capital District Health Authority
Halifax, Nova Scotia

The Centre for Health Care of the Elderly is a multiservice interdisciplinary program within the Capital District Health Authority of Nova Scotia. The program encompasses outpatient and inpatient care, and its cornerstone is comprehensive interdisciplinary assessment, treatment, and education of frail older persons and their caregivers. Outpatient services include the Memory Disability Clinic, which specializes in assessing and managing cognitive impairment, and the Community Outreach Program, which provides comprehensive geriatric assessment in the patient's home or a long-term care facility. The outpatient team consists of a pharmacist (Susan Bowles), geriatricians, nurse practitioners, registered nurses, and social workers.

The Memory Disability Clinic was established in the early 1980s, the team originally consisting of geriatricians and registered nurses. The Community Outreach Program was established about 10 years later, in recognition of the fact that for some individuals, performing assessments in their own home provides better insight into their problems. Approximately 2000 patients are seen annually in the Memory Disability Clinic and 300 patients through the Community Outreach Program. Susan Bowles joined the team for these programs in 2002, when Brian Tuttle, then Director of Pharmacy, and Dr Colin Powell, former Division Head of Geriatric Medicine, made an effective argument for reallocation of funds from another clinical area. The essence of this argument was the aging of the Nova Scotia population, the impact of drug-related problems on hospital admissions

of older persons, and the body of evidence supporting the role of pharmacists in the care of elderly people.

Patients are referred to geriatric outpatient services by their primary care provider, with referrals triaged according to complexity and urgency. A comprehensive geriatric assessment consists of a thorough history (cognitive, functional, medical, medication, and social), review of laboratory results, detailed cognitive and physical examinations, and an assessment of mobility. During an assessment, one team member obtains collateral information from family or caregivers, while the other team member sees the patient. If the pharmacist sees the patient, she is responsible for all aspects of the history and physical, cognitive, and mobility assessments. The physical examination, with particular emphasis on the neurologic and musculoskeletal systems, is targeted to identify findings suggestive of disease or drug effects that may be presenting atypically as cognitive or functional decline. The cognitive assessment consists of a battery of standardized tests to determine if a memory problem is present and, if such a problem is identified, its most likely cause. The medication history is an essential component of the geriatric assessment, as drugs are often overlooked as a contributing factor to cognitive and functional decline in this population.

Once the assessment is complete, the case is reviewed with the attending geriatrician. This process involves discussion of the overall impression, the need for referral to other disciplines (e.g., physiotherapy or social work) or geriatric services (e.g., home care, seniors mental health, or geriatric day hospital), the need for further testing (e.g., a neuropsychologic assessment), and a treatment and monitoring plan (which often includes discontinuing medications). The pharmacist and geriatrician then meet with the patient and family to review the diagnosis (during the first assessment) or progress (during follow-up assessments), the need for other services or testing, and the treatment plan. After the visit, the pharmacist dictates a detailed consultation letter to the primary care provider, which is reviewed and signed off by the geriatrician.

At present, Dr Bowles devotes 2 days per week to outpatient programs, with 1 day every 2 weeks set aside for the



Community Outreach Program. This unique ambulatory practice provides excellent teaching opportunities, and Dr Bowles offers clinical rotations to undergraduate pharmacy students, pharmacy residents, and PharmD students. During these rotations, pharmacy trainees experience a collaborative and expanded scope of practice, which provides an opportunity to enhance skills in history-taking, performing cognitive and physical assessments, and integrating information for the purpose of clinical decision-making. It also provides trainees in other disciplines with an understanding of pharmacists' contributions to the health care team when they work to their full scope of practice.

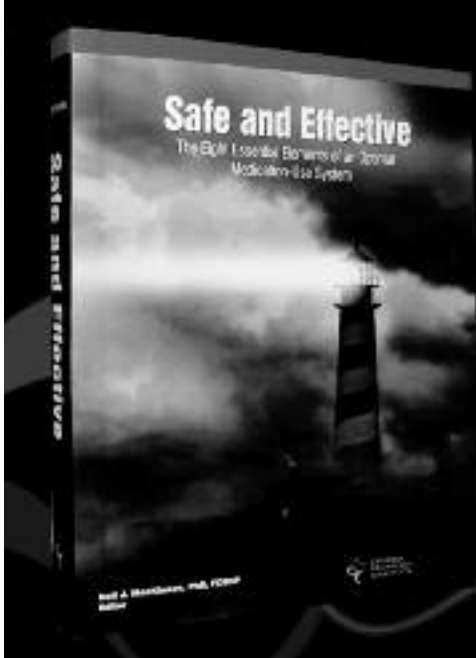
Acknowledgement

I would like to take this opportunity to acknowledge the foresight and vision of Brian Tuttle (Director of Pharmacy, now retired) and Dr Colin Powell (former Division Head of Geriatric Medicine) in helping me to develop this new role and encouraging me to not only push the envelope, but create an entirely new one.—Susan K Bowles

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.

Exclusive Offer for CSHP Members!

Get 5% off of the standard price of \$90 when you purchase at www.pharmacists.ca/promotions and enter promo code **csHP0808**. Order your copy today.



Safe and Effective

The Eight Essential Elements of an Optimal Medication-Use System

Edited by Neil J. MacKinnon, PhD, FGSHP

Medication is the most relied-upon treatment in health care today. Despite its importance, the current medication-use system suffers from problems related to lack of safety and quality. *Safe and Effective* explores the medication-use system and, more importantly, provides concrete and straightforward strategies for improving it.

"The patient safety movement is profoundly changing the face of modern health care. This effort by Neil MacKinnon and his capable and progressive group of colleagues is a "must read" for clinicians, practitioners, academics and students who are part of this important journey. This addition to the literature will assist in advancing patient safety practices for Canadian caregivers and will most certainly benefit those we all serve."
— Phil Hassan, DSO, Canadian Patient Safety Institute

Visit us at www.pharmacists.ca/see for more information.

CANADIAN PHARMACISTS ASSOCIATION / ASSOCIATION DES PHARMACIENS DU CANADA

