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Strong's addition of ER pharmacists improving care, diagnosing waste

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(October 16, 2007) — Strong Memorial Hospital's addition of pharmacists to the emergency department is now being copied by 20 out-of-town hospitals.

Emergency department pharmacists are a still-rare innovation. They aren't there to dispense pills but rather to work as full-time troubleshooters and consultants to the doctors, nurses and other clinicians on the critical care team. The goal is to improve patient care and reduce costs.

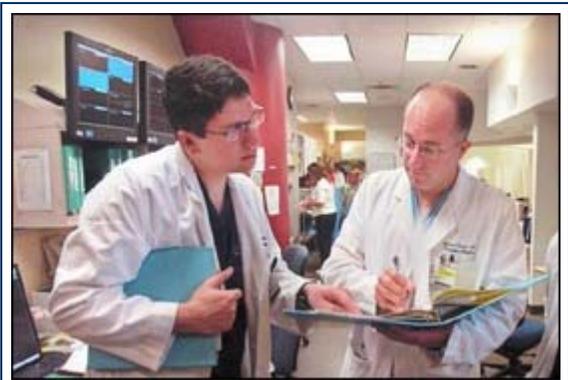
When a car crash victim urgently needs six drugs intravenously, nurse leader Wende Tefel said, the pharmacist is at her side to say whether the drugs can be safely combined. When a doctor calls out for medication for a patient in cardiac arrest, the pharmacist can quickly get the medication so Tefel doesn't have to leave the bedside, she said. The pharmacists review medication orders, watch for patient allergies and try to anticipate needs.

They also can spot ways to save money, by avoiding wasted medication, suggesting less-expensive drugs or pointing out less-expensive ways to deliver the medication.

Intravenous medications, for example, tend to be more effective than pills, so they are common in the emergency room, said Dr. Rollin J. "Terry" Fairbanks, an attending physician in the emergency department and an assistant professor of emergency medicine. But there are exceptions, such as Zithromax, as Dr. Daniel Hays, Strong's lead emergency department pharmacist, taught physicians: The pill is just as effective — and \$44 cheaper per dose.

Hays has recommended using smaller vials of propofol, a short-acting sedative, because a patient usually is switched to other drugs an hour or two later. That one change has saved about \$75,000 a year at Strong by avoiding waste.

Many hospitals already staff their intensive care units with



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SHAWN DOWD staff photographer
Dr. Daniel Hays, left, Strong's lead emergency department pharmacist, and Dr. Michael Kamali discuss a patient's medications. While ER pharmacists are still fairly uncommon, other hospitals are starting to follow Strong's lead.

Day in Photos

Mentorship program

Twenty hospitals are planning to start emergency department pharmacist programs next year. Among the 10 being mentored by Strong Memorial are: V.A. San Diego Health Care System, San Diego; St. Vincent's University Hospital, Dublin, Ireland; University of Tennessee College of Pharmacy, Knoxville, Tenn.; Exempla Good Samaritan Hospital, Lafayette, Colo.; Brigham and Women's Hospital, Boston; Legacy Good Samaritan Hospital, Portland, Ore.; and John Stroger Jr. Hospital of Cook County, Ill.



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pharmacists because ICUs have the sickest inpatients and typically the most expensive medications. Studies have proven their effectiveness at improving safety and reducing costs.

Dr. Daniel Hays works with pharmacy resident Nicole Acquisto. ER pharmacists help improve care and cut costs, Strong officials say.

But few hospitals in the United States — only 1 percent to 3 percent, according to two studies — have pharmacists full time in the emergency department.

Highland Hospital plans to start a pilot part-time program soon, said Fairbanks.

Rochester General Hospital is very interested in the concept but has no specific plans yet, said Dr. John Schriver, chief of emergency services there.

ED pharmacists are a great idea but perhaps not cost-effective for smaller emergency departments, said Dr. Robert Biernbaum, chairman of the department of emergency medicine for Unity Health System. Unity's emergency department has about 50,000 visits per year, roughly half the volume of Strong or Rochester General.

Hays initiated the pharmacist-in-emergency program at Strong when he was hired in 2000. He began by volunteering 40 hours a week in the emergency department — on top of his full-time work as a staff pharmacist. Within a month or two, he'd documented multiple benefits of having a pharmacist there.

The Emergency Department Pharmacy Mentorship Program, directed by Hays and Fairbanks, was launched this summer by the American Society of Health-System Pharmacists.

More than 50 hospitals applied to the program, so the planned 10 positions were expanded to 20. The six-month mentorship includes teleconferences, e-mails among participants and mentors and online resources. The work of creating an online tool kit is supported by a \$600,000 grant from the Agency for Healthcare Research and Quality.

"It's definitely an up-and-coming thing in pharmacy," said Michelle Malatlian, a Mentorship Program participant and clinical pharmacist who works in the main pharmacy at Sarasota Memorial Hospital in Sarasota, Fla.

David Jungst, pharmacy director at Sarasota, said he believes patients may be surprised but reassured to find a pharmacist in the emergency room.

"I think hospitals are scary places. I think anything we can do to add an extra layer of security for patients ... is something we can't afford not to do."

He and Malatlian said they want to set up their program properly so it attracts pharmacists.

One major barrier is the national shortage of pharmacists, especially those trained in emergency care. URMC is among a handful of programs offering an American Society of Health Systems Pharmacists-accredited pharmacy residency program in emergency medicine, which trains pharmacists for active roles in patient care, including critical care, organ transplant and pediatrics.

At Strong, Hays and a second pharmacist cover 80 hours a week out of the 168 hours a week that the emergency department is open. When no department pharmacist is on duty, Tefel said she can look up interactions in nearby medication books or call the hospital pharmacists — who work elsewhere in the building dispensing medication for inpatients — but that takes longer.

Her emergency department pharmacist often looks at patient charts over her shoulder. "I don't have to give him the scenario," she said. "He's right there."

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STORYCHAT 

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