



The Emergency Pharmacist (EPh): A Safety Measure in Emergency Medicine

Part III: Implementation

Prepared by the Emergency Pharmacist Research Team, University of Rochester Department of Emergency Medicine
Rollin J. (Terry) Fairbanks, Principal Investigator; Karen E. Kolstee, Project Coordinator; Daniel P. Hays, Lead Pharmacist
www.EmergencyPharmacist.org

*Supported by The Agency for Healthcare Research and Quality,
Partnerships in Patient Safety, Grant no. 1 U18 HS015818*



National Implementation

- Nationally, an estimated 3-5% of ED's have a clinical pharmacist in the ED
- 30.1% plan to request funding
- 18.3% have attempted to gain funding for a pharmacist position
 - Funding primarily done through department of pharmacy
- The demand for an EPh is increasing



The Plan

ED's across the country are in need of dedicated pharmacists – come in with a plan and they will welcome you with open arms...



Step I: Assess Individual ED Environment

- Size of hospital
 - Academic center vs. non-academic
 - Urban vs. rural
 - Patient demographics
 - Number of patients seen
 - Trauma center or not
 - Have a potential EPh candidate shadow medical staff to determine needs and role
-



Step 2: Recruitment

- Finding a full time dedicated EPh
 - Education
 - Pharm D.
 - Residency – accredited emergency pharmacist program
 - ACLS, PALS, ATLS certification
 - Preceptor – through central pharmacy
 - Experience
 - Critical/acute care
 - Emergency Medicine
-



What to Look for

- Characteristics
 - Proactive – continually offer assistance
 - Actively seeking out medical team
 - Build relationships with all medical staff
 - Actively seeking out patients that can benefit from EPh intervention
 - Ability to appear helpful and not confrontational
-



Step 3: Overcoming Challenges

- Financial
- Staff Resistance*
- National Pharmacist Shortage

* **Probably not a problem!** See: Fairbanks RJ, Hildebrand JM, Kolstee KE, Schneider SM, Shah MN. *Medical and nursing staff value and utilize clinical pharmacists in the Emergency Department.* Emergency Medicine Journal (in press).



Financial

- Important to demonstrate that there is return on investment for the EPh salary
 - EPh will save \$\$\$ in an ED
 - By recommending lower cost medications with equal or better efficacy for particular treatments
 - By reducing adverse drug events
 - 4 month study – 2150 interventions
 - 1393 directly related to ADE's
 - Cost avoidance of \$1,029,776
- Use existing pharmacists to participate in clinical decision making, even if a full time position is not an option

An Office is Not Necessary

- Provide EPh with necessary equipment in ED (lap top, portable phone, pager, reference guides)



The University of Rochester's EPh in his "office" in the trauma bay.



Staff Resistance to EPh

- Minimize the potential for resistance
 - Stress importance of teamwork in order to improve quality of care
 - Differences in opinion should be settled away from patient's bedside
 - Ensure consistency with EPh services – Reliability

- Success with EPh at the University of Rochester Medical Center
 - 99% feel EPh improves quality of care
 - 96 % felt EPh was an integral part of ED team
 - 95% indicated they had consulted with EPh at least a few times during last 5 shifts



National Shortage of Pharmacists

- Opportunities for existing pharmacists
 - Participate in clinical decision making
 - Specialty/critical care needs
 - Utilize pharmacist for high risk medications
 - Utilize pharmacist for high risk patients
 - Coverage during identified high volume or peak hours
-



Step 4: Creating a National Norm

- Increase awareness to encourage hospitals to initiate EPh programs
 - Print and broadcast media
 - ASHP / ACCP involvement
 - National EM/CC society involvement
 - Publications
 - AHRQ and other funding to study program outcomes
 - There is a need for a formal cost analysis study
-