

ABSTRACT

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Medical and Nursing Staff Highly Value Clinical Pharmacists in the ED

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OBJECTIVES: The presence of emergency pharmacists (EPH) can reduce the risks of medication adverse events in the ED. One possible roadblock to successful implementation of such programs is integration with preexisting staff and systems. This study aims to assess medical and nursing staff perceptions of the value of the EPH in improving patient safety and quality of care.

METHODS: We designed a 26-item survey instrument using previously collected qualitative data to determine the perceived effect of the EPH and value of specific EPH functions in the ED. 50% of nursing, physician, and midlevel provider staff from an academic medical center ED (95,000 patients/year) with a dedicated EPH program were randomly selected to complete a web-based survey. Responses were summarized and confidence intervals calculated.

RESULTS: 92 survey instruments were distributed and 75 completed (82% response rate, 42 nurses, 33 providers). Essentially all respondents agree that the EPH improves quality of care in the ED (99%; 95% CI 93-100%). Staff feel the EPH is an integral part of the ED team (96% agree; 95% CI 89-99%), which is demonstrated by the fact that 93% report having consulted the EPH "at least a few times" during their last five shifts (95% CI 85-98%). Responses showed that staff make more use of a pharmacist when they are located in the ED as opposed to when they have to call the pharmacy (93%; 95% CI 85-98%). Although 73% feel it is helpful when EPH checks their orders (95% CI 62-83%), only 36% favor a mandatory review (95% CI 19-55%). When questioned on specific functions, staff felt that the EPH was most valuable when available for consults, attending resuscitations, and checking orders.

CONCLUSIONS: The medical and nursing staff in this ED overwhelmingly favor the presence of an EPH. They frequently seek their advice, and feel they improve quality of care, but they do not favor a mandatory review. Acceptance by providers and nurses is not a barrier to EPH program success.