Part III: Implementation

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


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

Hildebrand, JM; et al. Academic Emergency Medicine (In Press)
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