

ABSTRACT

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Use of Clinical Pharmacists in Academic EDs is Limited

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OBJECTIVES: Clinical pharmacists have been shown to reduce medication adverse events, yet their presence in EDs remains limited (3% of EDs). This study aimed to determine the rate and nature of clinical pharmacy services available in EM residency program EDs.

METHODS: All residencies in the SAEM residency catalog were surveyed using a web-based instrument. Only the primary training site was considered. Data were compiled and analyzed using descriptive statistics and 95% confidence intervals.

RESULTS: Surveys were developed based on existing literature and sent to 135 programs and 100 responses (74%) have been received. Of these, 30% had some form of dedicated clinical pharmacy services available in the ED. Of programs with clinical pharmacy services, the emergency pharmacist was present in the ED an average of 8.5 hours/day. Six programs (6%) had 24/7 coverage. Pharmacists are involved in ED care in several ways, including participating in resuscitations (29% of programs; 95% CI 20-39%) medication dispensing (34%; 95% CI 25-45%), providing drug or toxicology information (49%; 95% CI 39-60%), screening for drug interactions (33%; 95% CI 24-44%), and advising on cost effectiveness (30%; 95% CI 21-40%). A small proportion (19%) involve a pharmacist in patient counseling (95% CI 11-28%). 51% of programs are currently performing medication reconciliation in the ED, and among these, nurses are most often primarily responsible (46%), followed by physicians (33%) and pharmacists (12%).

CONCLUSIONS: ED Pharmacists are more common in EDs associated with EM residencies; however, the majority of these academic EDs still do not offer clinical pharmacy services. Of the EDs with ED Pharmacist programs, many do not take full advantage of the services available. EM residency programs should lead the way in integration of clinical pharmacists in the ED.