A24-067

Impact of an Emergency Care Embedded Pharmacist

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Introduction and Aim

Emergency departments (EDs) are high-risk environments for medication prescribing and administration. Time-critical medication delay and dose omission are a considerable problem in patients facing extended waits in ED. This has been offloaded by embedding a prescribing pharmacist within ED who works alongside the post take & clerking team to reconcile medicines, order critical medicines and aid differential diagnosis for patients for admission.
Aim: To evaluate clinical contributions made by pharmacists in 2023/4 at WHT, in line with Lord Carter's recommendation of resourcing pharmacists to ensure that their roles are predominantly patient facing.

Method

The clinical pharmacy service (CPS) has operated from the end of November 2023 till present, following a pilot study in 2018, with scheduled 2h sessions three times per week. A total of 90 hour (55 sessions) have been documented. It must be noted annual leave has not been accounted for with no back fill at this time due to staffing deficits. Additional core functions not included as part of this QI equate to 0.75 WTE of this ED pharmacist post including governance initiatives relating to guideline, PGD review, auditing, antimicrobial stewardship, education & training and cost initiative programmes.

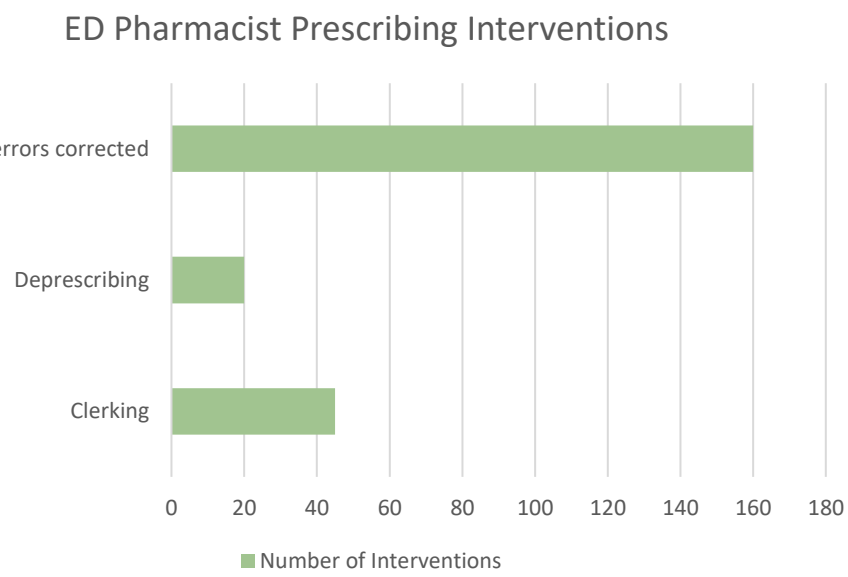
The ED pharmacist utilises care flow and Microsoft teams medical take spreadsheet to identify high risk medical patients for example those that are elderly/frail patients and/or those on high-risk medication such as insulin, Parkinson's disease medication etc. In addition to this, the pharmacist receives direct referrals from the clerking team and nursing staff to enable a targeted approach to reconciliation and pharmaceutical review.

All interventions made by the pharmacist are recorded on the pharmacy Ascribe clinical desktop ® system and have been categorised as per National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP)

Results

A total of 30 clerking hours, 60 hours of independent prescribing activity and 225 interventions over 55 sessions have been documented with a visual breakdown depicted per category type.

Approximately 50% of these interventions (N=105/220) were in relation to high-risk medicines as classified by Royal College Emergency Medicine. Approx 70% (N=160) of interventions were deemed to be a prescribing error which required pharmacist intervention and classified as Category 2 interventions (error and no harm) as per NCC MERP.



Deprescribing interventions equated to **£1,372.51 annual cost saving** as per average NHS indicative price (based upon pricing for the following suppliers: AAH, Accord, Alliance).

Conclusion

Embedding a pharmacist within ED ensures medicines optimisation, prescribing safety and released ED/Acute clinician time. There is evidence for cost-saving as demonstrated by deprescribing initiatives. The post has been imperative to helping to safeguard patients to prevent patient harm as demonstrated by error detection rate (2.9 detections/session). Currently there is a 3.0 WTE pharmacist deficit as per UK Pharmacy Association and RCEM joint position statement (2023) and therefore an undoubtable scope to expand pharmacist expertise and extrapolate savings further.

Pharmacy / Emergency Care / Sim Johal

Working in partnership
The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust