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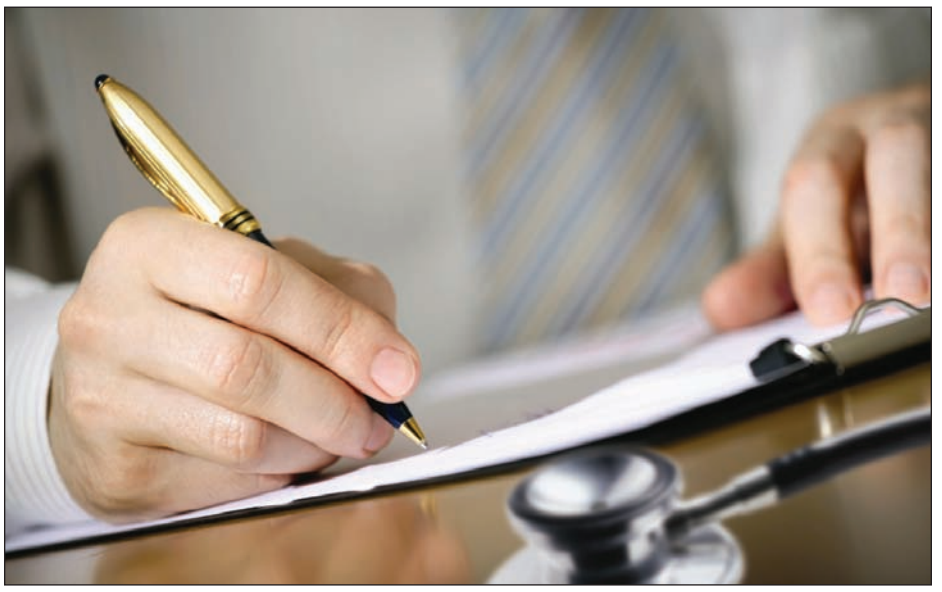
Petition Demands Due Process Rights for EPs

By Ruth SoRelle, MPH



A petition that supports the due process rights of emergency physicians represents the core issue of the American Academy of Emergency Medicine and deserves the support of all emergency physicians, said its originator.

"I can't tell you how many times my heart would sink and my stomach would get sick listening to emergency physicians who were terminated for raising quality of care issues," said Robert McNamara, MD, a founding president of AAEM who recently ended his service on the board. "They were complaining about things that compromise their ability to care for patients — inadequate nursing staff, inappropriate policies. They were told to keep quiet, or they would be terminated."

As Dr. McNamara's last initiative before ending his service on AAEM's Board of Directors, he drafted a petition to galvanize emergency physicians into fighting for what he called a long overdue fight. The petition, posted on *www.aaem.org/dueprocess/petition/*, reads:

"We, the undersigned emergency physicians of this country, believe that due process is fundamental to our ethical mandate to care for our patients without being pressured by administrative or other external influences. We serve as direct advocates for our patients, many of whom go to emergency departments because they are vulnerable due to medical, social or financial issues outside of their control. In some cases, such advocacy may conflict with profit-driven or other non-patient-oriented forces. Therefore, we strongly oppose the contractual trend that allows hospitals or contract holders to terminate physicians without a fair hearing, since this hinders our ability to act at all times in the best interest of our patients."

Dr. McNamara's name appears first on the long list of emergency physicians who have signed the petition, and he said he hopes that thousands will follow suit.

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Out of the Pharmacy, Into the ED

By Angela Munasque

If you're looking for Janine Shipley, PharmD, a pharmacist at Licking Memorial Hospital in Newark, OH, you won't find her in the pharmacy filling medication orders behind the counter. You'll find her on the floor in the emergency department working right beside the physicians and nurses.

Ms. Shipley is a rare breed. Only three to five percent of EDs in the nation have a pharmacist on staff, according to May-Lee Robertson, DO, the medical director of the emergency department at Licking Memorial. Dedicated to the ED since February, Ms. Shipley has already proved to be an invaluable part of the team. She reconciles medications, consults with staff on treatment plans, and even completes paperwork to help patients adhere to therapies once they leave the ED.

So far, having a pharmacist in the ED is working well, but it's a program in its infancy, and there are kinks still to be ironed out. And for EDs who don't have a pharmacist but want one, even more challenges await them.

Patient Safety

It's easy to understand why an ED might

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PERIODICALS

SPECIAL REPORT

The Great Stroke Debate For more than a decade, the buzz in emergent stroke care has been fueled by three letters: tPA. But there's more to stroke care than thrombolytics. 13

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ED Pharmacist

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want a pharmacist on hand. The Institute of Medicine found that EDs have the highest rate of preventable adverse events in the hospital, with nearly four million annually. (To Err is Human: Building a Safer Health System. Washington D.C.: National Academy Press; 1999.) Loud, crowded, and hectic, the environment of an ED can propagate mistakes, which has prompted hospitals to ramp up patient safety efforts in recent years.

The decision to add an emergency pharmacist at Licking Memorial was not a response to a specific situation, said Robert Montagnese, the hospital's president and chief executive officer, but rather a proactive move to improve quality of care.

Having a pharmacist on hand, Dr. Robertson said, to screen for negative interactions and formulate proper dosages boosts safety in the ED. And when the pharmacist is doing what she does best, physicians are able to devote more time to patient care, resulting in better role specialization and resource utilization.

Rollin (Terry) Fairbanks, MD, the principal investigator at the Emergency Pharmacist Research Center (EPRC) and an assistant professor of emergency medicine at Rochester (NY) University, is quick to point out what an emergency pharmacist's role is — and what it is not. "I think sometimes people who are not familiar with the program picture a pharmacist in the ED as someone dispensing drugs in a little room, and that's not at all what their role is," he said. The pharmacist's consultations on resuscitation, trauma, and other critical patients are crucial. "They're at the bedside. They're true clinical partners to us," he said.

As part of his work with EPRC, Dr. Fairbanks found that medical and nursing staff overwhelmingly value emergency pharmacists: 99 percent of respondents said pharmacists improve quality of care, 96 percent said pharmacists are an integral part of the care team, and 93 percent had consulted the pharmacist at least a few times during their past five shifts. (*Emerg Med J* 2007;24:716.)

Challenges Galore

As much as an emergency pharmacist contributes, there seem to be twice as many challenges to overcome. Licking Memorial, for one, would like to have more than one pharmacist in its ED. Pharmacists, however, "are not cheap," said Daniel Hays, PharmD, an emergency pharmacist with EPRC, and the current pharmacist shortage doesn't help matters. From 1998 until 2000, pharmacist vacancies ballooned from 2700 to 7000, according to the Health Resources and Services Administration. (The Pharmacist Workforce: A Study of the Supply and Demand for Pharmacists. Rockville, MD: Department of Health and Human Services; 2000.) A more recent study concluded that there was a "sustained unmet demand for pharmacists" in the United States from 1999 through 2003. (*Am J Health Syst Pharm* 2005;62:492.)

Assuming that an ED can get its hands on a pharmacist, they'll have to convince administration about their need for one, of course, which can prove difficult, said Drs. Hays and Fairbanks. "Hospital leadership wants to see a business model," Dr. Fairbanks said, and not just any business model, but one that will create a "return of investment."

The good news for EDs interested in having their own pharmacist is that there are descriptive papers that record ways that pharmacists have saved costs, and the EPRC provides access to many of these. (www.emergencypharmacist.org.) Luckily for Licking Memorial, administration was not an antagonist in implementing this initiative — just the opposite, in fact. "Upper management wholeheartedly supported and pushed us actually," said Jean Glaser, PharmD, the director of the pharmacy at Licking Memorial.

Once an ED finds a pharmacist and administration approves, challenges still have to be conquered. A Joint Commission policy on medical reconciliation that requires a pharmacist to review all orders could tie up emergency pharmacists, preventing them from doing clinical consultations and prospective medicine reviews, said Dr. Fairbanks. (*EMN* 2007;29:1.)

Beyond this, everyone is concerned about educational support for these vanguard pharmacists, and for EDs who want to follow their path. "It is definitely a new adventure, and without the right direction," Dr. Glaser cautioned, "they perhaps aren't going to capture everything they need to be thinking about or do things in the best manner."

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