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CLINICAL PHARMACY ASSOCIATION

Pharmacy Research UK

Emergency Department Pharmacist Practitioners:

a service specification

Introduction

This document outlines an evidence-based Emergency Department Pharmacist Practitioner (EDPP) service specification; specifically, it outlines what EDPPs should do and how. Structured in four categories (see overleaf), the specification has been developed with input from both patients and healthcare professionals. Patients cared for by EDPPs were asked what they expect from a high-quality service, as were healthcare professionals (including EDPPs). The specification was also reviewed by experts in quality, emergency care and pharmacy practice.

How should I use this specification?

Service providers and practitioners

As a summation of patient and professional minimum expectations of a high quality EDPP service, you should ensure your service delivers or adheres to all relevant criteria. Whilst it is expected that most criteria will be universally adhered to, throughout, *numerous criteria are indicated as optional to accommodate local variation e.g. due to EDPP qualifications or governance constraints*. The specification can also be used to guide the quality evaluation of existing services.

Educators

In addition to informing service development, provision and evaluation, the specification may be useful for educators who are planning education and training for emergency department (ED) pharmacists.

Category 1 – Direct patient care

1a. Approach to clinical activities

1b. Patient identification, selection and preparation to care

1c. Gathering information about the patient's past and current condition

1d. Diagnosis and approach to treatment

1e. Treatment (clinical and technical activities)

1f. Treatment (advice to professionals and patients)

1g. Admission, discharge and associated handover

Category 2 – Other activities (including indirect patient care)

2a. Governance, mentorship and incident management

2b. Management of medicines

2c. Research, innovation and networking

2d. Educating professionals and patients

Category 3 – General approach: communication and behaviour

3a. How should I communicate?

3b. How should I behave?

Category 4 – Service structures (under the control of EDPPs/central hospital management)

4a. Resources and their role

Category 1: Direct patient care

1a. Approach to clinical activities

1. Work within your competence and maintain your competence

2. Work according to your local service agreement

3. Consent and confidentiality
    - Gain explicit or implicit informed consent for all activities which warrant this e.g. clinical examinations
    - Maintain patient confidentiality
    - Ensure patient privacy

4. Escalate patients to senior colleagues when necessary

5. If you handover a patient to another healthcare professional e.g. at the end of your work day, ensure this handover is comprehensive

Category 1: Direct patient care

1b. Patient identification and selection, and preparation to care

1. Secondary triage: of patients you are allocated, prioritise;
    - Those who are medically high-risk or critical
    - Those in greatest need of pharmaceutical input

2. Communicate your identity
    - Inform patients that you are a pharmacist practitioner and what your role involves, including how you are similar yet different to doctors and nurses

3. Patient attitude
    - Confirm that the patient is happy for you to be their main care provider*

4. Preparation
    - Before seeing the patient, read their medical notes (if available)
    - Explore the patient's feelings about care e.g. whether they are nervous or squeamish about certain treatment modalities

*activities dependent on local service agreement

Category 1: Direct patient care

1c. Gathering information about the patient's past and current condition

1. Learning about a patient's history
    - Take an accurate medication history or ensure this has been taken
    - If necessary, complete medicines reconciliation
    - Take a medical history*

2. Take the patient's vital signs*

3. Perform clinical examinations*

4. Investigations, tests and procedures*
    - Order or perform only when clinically necessary*
    - Inform patient of the results / findings and explain the meaning of these
    - Respect patient decisions not to undergo an investigation, test or procedure

*activities dependent on local service agreement

Category 1: Direct patient care

1d. Diagnosis and approach to treatment

1. Diagnosis
    - Develop differential diagnoses
    - Diagnose the patient
    - Constantly review this diagnosis e.g. considering new clinical information

2. Produce a clinical management plan*
    - Personalise to the patient
    - Where necessary, co-ordinate care provided by others in the department e.g. administration of intra-venous antibiotics by a nurse
    - Use diagnostic safety netting to manage diagnostic uncertainty

3. Approach to treatment
    - Champion and ensure antimicrobial stewardship (if appropriate for the patient)
    - Ensure the most suitable treatment is prescribed to begin with
    - Help the patient make an informed choice of treatment
    - Explore issues with the patient's medication and explain why these may have arisen
    - Explore how patients feel about their medicines

*activities dependent on local service agreement

Category 1: Direct patient care

1e. Treatment (clinical and technical activities)

1. Prescribe medicines*
    - Informed by findings of tests, investigations and procedures, and guidelines
    - In a timely manner
2. De-prescribe (stop) medicines
    - Reduce polypharmacy
3. Clinical check/screen/validation of prescriptions for appropriateness
    - Check all prescriptions prescribed by others (*not your own prescriptions)* for their safety and clinical appropriateness
    - Ensure treatment is modified in response to findings of tests, investigations and procedures
    - Ensure prescribing decisions of others are personalised to the patient
4. Perform procedures* e.g. suture
5. Dispense and supply medicines
    - If clinically appropriate, the patient's regular home medicines to take whilst in ED
    - Critical medicines
6. Accuracy check dispensed medicines
7. Administration of medicines
    - Administer medicines in a timely manner*
    - Retrieve and prepare medicines for administration in a timely manner
8. Monitor
    - Follow-up patients regularly throughout the episode of care

*activities dependent on local service agreement

Category 1: Direct patient care

1f. Treatment (advice to professionals and patients)

1. Advise healthcare professionals on the most suitable treatment for a patient, and this advice should be:
    - Informed by guidelines
    - Personalised to the patient

2. Provide individualised counselling to patients about*:
    - Their treatment e.g. medicines prescribed - how they work, how to take them, and their importance
    - How to manage their condition and if possible, how they can improve it
    - How to manage missed dose(s) and access medicines in an emergency
    - The consequences of lifestyle choices and provide related lifestyle advice/therapy

*activities dependent on local service agreement

Category 1: Direct patient care

1g. Admission, discharge, and communication with regular care provider

1. Admission to hospital
    - Ensure patients are not admitted to hospital unnecessarily e.g. due to low severity adverse event

2. Discharge from the ED
    - Provide discharge counselling, including clear and simple printed information, to all patients*
    - Put in place necessary interventions e.g. home support to monitor elderly patients*
    - Discharge, transfer or refer patients in a timely manner; and where not possible, provide continuing care*

3. Documentation and communication with regular provider
    - Record all changes made to the patient's management e.g. changes to medicines
    - Communicate all changes to patient's management to regular provider e.g. General Practitioner

*activities dependent on local service agreement

Category 2: Other activities (including indirect patient care)

2a. Governance, mentorship and incident management

1. Governance documentation
    - Ensure documents that you are responsible for are approved for use e.g. Patient Group Directions
    - Ensure drug related protocols and procedures are safe e.g. they have gone through review and are up-to-date
    - Ensure department adherence to both local and national policies and protocols, and awareness of guidelines
    - Ensure evidence can be used efficiently in practice e.g. retrievable records of evidence-based care pathways

2. Governance of your role,
    - Ensure arrangements which govern your role are in place e.g. local policies which may govern all types of practitioner

3. Mentorship and appraisal
    - Identify a mentor and work with them to support your professional development
    - Periodically undergo appraisal to document and evaluate your performance

4. Incidents
    - Ensure Adverse Drug Events are identified
    - Ensure incidents are recorded, fed back to those involved and learned from

*activities dependent on local service agreement

Category 2: Other activities (including indirect patient care)

2b. Management of medicines

1. Storage
    - Store in a convenient place that is conducive to time efficient retrieval
    - Ensure medicines are stored safely, and according to legal and Care Quality Commission requirements, including those patients bring into hospital

2. Stock management
    - Ensure products added to the repository are not excessive duplication of therapies already stocked to treat a condition
    - Ensure correct products are stocked and review this regularly
    - Ensure products stocked are available
    - Keep up-to-date manufacturing issues, stock availability, costs, and brand to generic switches

*activities dependent on local service agreement

Category 2: Other activities (including indirect patient care)

2c. Research, innovation and networking

1. Research, audit and innovation
    - Contribute to ongoing research e.g. clinical trials in the ED, and audit activities
    - Lead research initiatives*
    - Develop existing practice and new ways of working
    - Provide an evidence-based Medicines Information service to the ED*

2. Networking
    - Share your practice and/or best practice with other hospitals

*activities dependent on local service agreement

Category 2: Other activities (including indirect patient care)

2d. Educating professionals and patients

1. Educating professionals
    - Educate on safe medicines use in practice
    - Educate on topics requested or areas of weakness e.g. identified practice issues
    - Disseminate general information through the ED effectively e.g. via approved communication channels

2. Educate patients on:
    - Alternative care providers e.g. community and General Practice so that they can make an informed decision as to where to seek care

*activities dependent on local service agreement

Category 3: General approach - communication and behaviour

3a. How should I communicate?

1. With clarity
    - Avoid jargon
    - Use examples and analogies
    - In addition to the questions which you need to ask, also ask patients questions which you believe they would want to be asked

2. Take time to / when…
    - Listen / listening to patients
    - Talk / talking to patients

3. Decisions
    - Involve patients
    - Make joint decisions
    - Re-iterate why care activities are being done and check understanding

4. Wait times
    - Periodically inform patients of expected length of overall visit (start to finish) and components of the visit (e.g. a procedure), and any associated wait times

5. Non-verbal
    - Be visually recognisable as an EDPP

*activities dependent on local service agreement

Category 3: General approach - communication and behaviour

3b. How should I behave?

1. Patient centred
    - Make the patient central to their care
    - Show interest
    - Prioritise the patient's health over everything else about them
2. Respect...:
    - Patient decisions about their care
    - Patient values and beliefs
3. Presence
    - Display confidence through words and actions
    - Be caring and approachable
    - Be available to support all patients
4. Care provision
    - Be thorough
    - Do not rush
    - Be holistic
    - See patients in a timely manner
    - Personalise care to a patient's condition, history, ideas, expectations and concerns
5. Equity
    - Do not prejudice; ensure care does not vary because of personal characteristics e.g. gender, or because a condition could be self-inflicted
    - Manage your unconscious biases e.g. review these and respond accordingly

*activities dependent on local service agreement

Category 4: Service structures (under the control of EDPPs/central hospital management)

4a. Resources and their role

1. Systems
    - Have systems to collect and categorise incident data
    - Have electronic storage systems which can monitor stock levels to aid stock management*
    - Have well defined care-pathways that support timely care

2. Time
    - Ensure EDPPs have adequate time to fulfil their role; in particular, time to proactively/reactively help patients in need

3. Choice of practitioner
    - Give patients a choice of which practitioner to see*

*activities dependent on local service agreement