

Appendix 17: EDPP expert panel themes and consensus calculations

Table 1 through 6 present the themes developed in the expert panel for each IoM quality domain. For each theme, the median rating and mean absolute deviation is given, as well as comments made when EDPPs rated themes for the second and final time. Comments relate to both the theme and rationale for their rating. Those themes that did not achieve consensus (i.e. both strong group support and high agreement) are greyed out.

Table 1: Themes developed through expert panel for domain 'Safe' and whether each achieved Strong Support / High Agreement

Theme	Median round 2 rating	Strong support?	Mean absolute deviation	High agreement?	Comments received about the theme or rating chosen
Incidents and governance	9.0	Yes	0.67	Yes	<ul style="list-style-type: none"> Really important to the role and can have a high impact on overall department working. Personally, I don't find this work very exciting, but the department has appreciated the impact of a pharmacist's input.
Safekeeping of medicines	7.5	Yes	0.83	Yes	<ul style="list-style-type: none"> Important projects to always have on the radar, particularly if the ED hasn't traditionally had access to a pharmacist. Cause of errors.
Continuity of service	6.0	No	1.00	Yes	<ul style="list-style-type: none"> I feel this is outside the control of individual pharmacists.
Medicines prescribing	9.0	Yes	0.28	Yes	<ul style="list-style-type: none"> Being a prescriber should definitely be a standard, even if this is something that is being worked towards. Important both for self and educating other prescribers.
Medicines administration	6.5	No	1.00	Yes	<ul style="list-style-type: none"> Nursing staff may be better placed to do this.
Drug history and medicines reconciliation	8.0	Yes	0.33	Yes	<ul style="list-style-type: none"> A big 'way in' for a new service and a good way to consider how financially viable a service is. This should be a mainstay of a pharmacy service to the majority of EDs.

Medicines supply	7.0	Yes	1.00	Yes	<ul style="list-style-type: none"> • Important technician role. • Depends on development of role; may do less of this moving forward. • Important that is safe but less involvement in my role.
Venous Thromboembolism	5.0	No	1.22	No	<ul style="list-style-type: none"> • Not always relevant to ED. • Less important in ED for most patients.
Antimicrobial stewardship	8.0	Yes	0.56	Yes	<ul style="list-style-type: none"> • Such an important national and international issue it must be part of the ED pharmacist role. Correct antibiotics at first prescription means likely correct treatment throughout hospital stay, and therefore a possible shorter length of stay.
Competent practitioner	9.0	Yes	0.28	Yes	<ul style="list-style-type: none"> • In my current role I am not an independent practitioner, but I see this as an important role going forward.
Education	8.5	Yes	0.83	Yes	<ul style="list-style-type: none"> • Really important and a real 'way in' to working with the whole multi-disciplinary team.
Support discharge	7.0	Yes	0.61	Yes	

Table 2: Themes developed through expert panel for domain 'Effective' and whether each achieved Strong Support / High Agreement

Theme	Median round 2 rating	Strong support?	Mean absolute deviation	High agreement?	Comments received about the theme or rating chosen
Proactive evidence-based medicine	9.0	Yes	0.28	Yes	
Focus on staff training	7.5	Yes	0.83	Yes	<ul style="list-style-type: none"> Really important and a real 'way in' to working with the whole multi-disciplinary team.
Prioritising patients to be seen by pharmacist	7.5	Yes	0.50	Yes	

Table 3: Themes developed through expert panel for domain 'Patient Centred' and whether each achieved Strong Support / High Agreement

Theme	Median round 2 rating	Strong support?	Mean absolute deviation	High agreement?	Comments received about the theme or rating chosen
Involve patient in decision making	9.0	Yes	0.44	Yes	
Informing patient (e.g. counselling)	8.5	Yes	0.50	Yes	<ul style="list-style-type: none"> • Key, and although patient satisfaction of the ED pharmacy team may not have been studied I think counselling would be a huge part of this.
Patient choice of practitioner	5.0	No	0.67	Yes	<ul style="list-style-type: none"> • Need patient choice but shouldn't be relevant if all trained and competent.
Respect patient decisions	9.0	Yes	0.00	Yes	
Patient choice of treatment locality in ED	5.0	No	1.33	No	<ul style="list-style-type: none"> • Likely outside of control of individual pharmacists.
Privacy and confidentiality	9.0	Yes	0.28	Yes	

Table 4: Themes developed through expert panel for domain 'Timely' and whether each achieved Strong Support / High Agreement

Theme	Median round 2 rating	Strong support?	Mean absolute deviation	High agreement?	Comments received about the theme or rating chosen
Being seen in a timely fashion	7.0	Yes	1.78	No	<ul style="list-style-type: none"> Pharmacists can improve flow, so will directly impact on this. Key for department and trust targets. Outside of pharmacists control sometimes. Too many variables other than my role affect this.
Receiving medicines in a timely fashion (first and subsequent doses)	8.0	Yes	0.44	Yes	<ul style="list-style-type: none"> Particularly as EDs slow down due to hospital beds being at capacity.
Timely discharge / transfer / referral	8.0	Yes	0.33	Yes	<ul style="list-style-type: none"> Should be considered highly and considerations made towards how ED teams communicate with community teams and community pharmacists.
Avoid attendees going to admission	8.0	Yes	1.00	Yes	<ul style="list-style-type: none"> I think this is one of our most important and highest impact roles. Not always possible to control.

Table 5: Themes developed through expert panel for domain 'Efficient' and whether each achieved Strong Support / High Agreement

Theme	Median round 2 rating	Strong support?	Mean absolute deviation	High agreement?	Comments received about the theme or rating chosen
Transfer of medicines with patient from ED to ward	5.0	No	1.00	Yes	<ul style="list-style-type: none"> • Should be technician role. • More of a technician / assistant role? • Reduces errors and waste.
Appropriate and up-to-date policies	8.0	Yes	1.11	No	<ul style="list-style-type: none"> • It's the way in to being useful and respected in the department. • Medicines policies.
Right practitioner for the right patient	7.0	Yes	0.61	Yes	
Streamlining drug stock	7.0	Yes	0.89	Yes	
Pharmacy technologies e.g. Omnicell	5.5	No	1.56	No	<ul style="list-style-type: none"> • Important for future-proofing departments. Early Pharmacist input is incredibly important to ensure these types of projects are successful. • Outside of pharmacist's control.
Pharmacist innovation (e.g. practitioner role)	8.0	Yes	0.67	Yes	

Table 6: Themes developed through expert panel for domain 'Equitable' and whether each achieved Strong Support / High Agreement

Theme	Median round 2 rating	Strong support?	Mean absolute deviation	High agreement?	Comments received about the theme or rating chosen
Treat all patients the same	9.0	Yes	0.00	Yes	
Access (physical numbers of EDs with pharmacist service and number of pharmacist hours)	6.0	No	1.76	No	<ul style="list-style-type: none"> Not necessarily in our control.
Language barriers	6.0	No	0.72	Yes	
Frequent attendees (to the same service)	6.0	No	0.48	Yes	<ul style="list-style-type: none"> Medication supply continuity and traceability of supply can be improved with pharmacist input.
Patients with medical conditions e.g. drug abuse / alcohol	8.0	Yes	0.64	Yes	<ul style="list-style-type: none"> We can have a high impact here and are ideally placed to care for this group. Pharmacists are usually excellent at the multi-disciplinary team and interface care communication this group of patients require.