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BACKGROUND

Clinical pharmacists involved in critical care are well described in the literature. Additionally, a computerized physician order entry (CPOE) system reduces the incidence of medication errors, especially when it allows pharmacy validation. Despite these potential benefits, integrating new members and implementing new tools in an ICU team is a complex process and it can influence overall staff satisfaction..

PURPOSE

To assess the satisfaction of ICU doctors and nurses with the new critical care pharmacist role during the last 2 years and the new CPOE 1 year after implementation.

MATERIALS AND METHODS

Cross-sectional study carried out in September 2020 in a 18-bed medical/surgical adult ICU of a second-level hospital. A 5-point Likert scale-based survey (5 = highest level of agreement) was electronically distributed to ICU staff. Surveys contained 17-Likert questions in 3 sections: pharmacist integration on ICU team; pharmacist role; CPOE. The results were expressed as a percentage of maximum score (a value ≥ 4). Demographic data and section for comments were included. Cronbach's alpha coefficient was performed to assess reliability. Data analysis was conducted using the SPSS statistical software 20.0

RESULTS

A total of 31/72 nurses and 15/18 doctors completed the survey (42% vs 83.3% response rate).

Regarding the pharmacist integration, 100% doctors vs 22.6% nurses knew the pharmacist by name and 100% doctors vs 71% nurses considered pharmacists accessible professionals. Both consider pharmacist as an important liaison pharmacy-ICU (100% vs 96,8%).

Doctors were satisfied with statements such as timely resolution to drug-related questions (100% vs 67.7% nurses) ICU-pharmacy relationship has improved since the pharmacist joined (100% vs 61.3%) and overall satisfaction with the pharmacist (100% vs 64.5%).

Concerning CPOE: pharmaceutical validation makes safer the CPOE (80% vs 41.9%), taking into account the pharmacist advice (90% vs 96.7%), CPOE presents more advantages than disadvantages (80% vs 61.3%).

Cronbach's alpha statistical analysis indicated surveys' reliability was high (nurses 0.77, doctors 0.89).

CONCLUSIONS

Physicians extraordinarily appreciated clinical pharmacist work and its impact on daily clinical practice. Nurses gave lower scores, nevertheless its role as an intermediary is highly valued. The valuation of new CPOE was satisfactory, however it is necessary to focus on nurses' needs to improve the pharmacist service.

