

# DEFINING INTERNATIONAL CRITICAL CARE PHARMACIST ASPIRATIONS TO THE MANAGEMENT OF SEPSIS

4CPS-225

## SECTION 4: CLINICAL PHARMACY SERVICES

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## BACKGROUND

Clinical pharmacist input in intensive care unit (ICU) patient care varies greatly among different countries and settings.

## OBJECTIVES

- Explore variation and contributing factors to differing aspirations
- Reflect on how aspirations could enhance leadership activities and help pharmacists adapt to evolving ICU infrastructures

## METHODS

- Institutional ethical approval obtained including data protection impact assessment
- Pharmacists affiliated with the provision of care to an ICU via professional networks of an international research team contacted by email via non-probability convenience and snowball sampling between 31/05-13/07/23
- Participants surveyed using semi-structured interview methods remotely via Zoom<sup>®</sup>
- Sample size determined by data saturation
- Interviews transcribed, coded and thematically analysed in line with Braun and Clarke's six stage process

## RESULTS

### PHYSICAL

Ability to practice by patient bedside, increased scope of practice, access to patient notes:

- Sepsis identification
- Initiating antimicrobials
- Individualising/ altering antimicrobial dosing
- Ownership of TDM

### TRAINING/EDUCATION

- Workforce standardisation
- Increasing scope of practice
- Improving research outputs
- Increased/improved therapeutic drug monitoring (TDM) practices
- Pharmacokinetic/pharmacodynamic (PK/PD) expertise
- Point-of-care devices
- Metagenomics

### FINANCIAL

- Improved funding of pharmacy services
- Metric capture of contributions

### ASPIRATIONAL THEMES

Twenty participants from

14 countries participated.

14 countries participated.

PHYSICAL

TRAINING/  
EDUCATION

FINANCIAL

RESEARCH  
ASPIRATIONS

LOCAL/  
NATIONAL

SOCIAL

### SOCIAL

- Improved stakeholder perceptions of clinical pharmacists underpinning each of the identified themes
- Multidisciplinary team contributions
- Enhanced scope of clinical practice

### LOCAL/NATIONAL

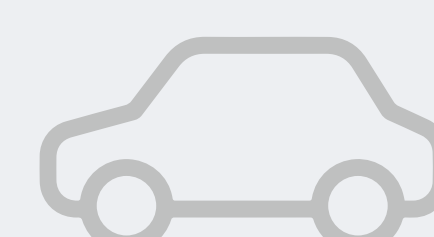
- Service standards
- Legislation supporting pharmacy roles

### RESEARCH/ASPIRATIONS

- Therapeutic personalisations



Reported aspirations varied between pharmacists working in dedicated ICU roles based at the bedside and non-dedicated ICU roles with little/no bedside component.



### Key vehicles:

- Improving multidisciplinary team integration
- Stakeholder perceptions
- Digital infrastructures
- Legislation

## CONCLUSION

- Aspiration content and variation reflect broader disparities in clinical pharmacist adoption and contributions, particularly in Europe

- Leadership and research addressing study identified themes is required to enable pharmacists to maximise impact on septic patient care

- Value of ICU clinical pharmacists must be demonstrated to different stakeholders to promote adoption, capability enhancement and research outputs

