Background and importance Clinical pharmacists involved in critical care are well described in the literature. Additionally, a computerised 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.

Aim and objectives 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.

Material and methods A cross sectional study was carried out in September 2020 in an 18 bed medical/surgical adult ICU in a second level hospital. A 5 point Likert scale based survey (5=highest level of agreement) was electronically distributed to ICU staff. The surveys contained 17 Likert questions in three sections: pharmacist integration on ICU team; pharmacist role; and CPOE. The results were expressed as a percentage of the maximum score (a value ≥4). Demographic data and sections 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 31/72 nurses and 15/18 doctors completed the survey (42% vs 83.3% response rate). Regarding the pharmacist’s integration, 100% of doctors versus 22.6% of nurses knew the pharmacist by name and 100% of doctors versus 71% of nurses considered pharmacists accessible professionals. Both considered the pharmacist as an important liaison between the pharmacy and ICU (100% vs 96.8%). Doctors were satisfied with statements such as timely resolution to drug related questions (100% vs 67.7% of 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 the CPOE safer (80% vs 41.9%), taking into account the pharmacist’s advice (90% vs 96.7%), and CPOE presents more advantages than disadvantages (80% vs 61.3%). Cronbach’s alpha statistical analysis indicated that the survey’s reliability was high (nurses 0.77, doctors 0.89).

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

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest