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## Pharmacists fill new role

### Hospitals hiring specialists for ER

BY ELISE KLEEMAN  
STAFF WRITER

PASADENA — To say that practicing emergency medicine is challenging is an understatement.

Patients arrive with an endless range of ailments and often without a known medical history. With every moment counting, doctors

must distribute medications quickly and accurately, regardless of the stressful atmosphere, lack of written prescriptions or pharmacist oversight.

It's no wonder, then, that emergency departments see the highest number of preventable medication errors in hospitals, according to the National Center of Health Statistics.

Around the country, though, emphasis on emergency patient safety is growing. Toward that end, some hospitals are beginning to hire specialized pharmacists to assist the doctors and nurses in the ER.

"It's now, in my opinion, really going to become the next frontier for practicing pharmacy medicine," said Daniel Hays, a

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DISPENSARY: Jill Hara, emergency clinic pharmacist at Huntington Hospital, shows the automated dispensing machine that measures doses of drugs for use in the emergency room at the hospital in Pasadena.

WALT MANCINI /  
STAFF

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### PATIENTS Pharmacist reduces errors

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clinical pharmacy specialist in emergency medicine at the University of Rochester Medical Center.

Among the small but growing handful of trauma centers to adopt this approach in recent years is Huntington Hospital in Pasadena.

There, Jill Hara, a 28-year-old pharmacist and Monterey Park native, has been working in the emergency department for a year and a half, after petitioning to create the position.

"I can add that extra element, that extra health care mind," she said.

Hara's job is a mix of treating patients, educating the doctors and nurses she works with and reorganizing the way drugs are distributed to make the process safer and more efficient.

Some changes have been as simple as requiring pharmacists to sign off on the use of any high-alert medications — ones that are more likely to cause harm if misused. But the impact has been notable, statistics indicate.

Among the hospital's pediatric emergency department patients, there was a 50 percent reduction in miscalculation or misdosing — from 22 errors during the six months before Hara's arrival to nine during a corresponding period afterward.

Though medication errors actually harm patients only 5 percent of the time, according to a study by U.S. Pharmacopeia,

the standards-setting authority for all medicines, they can keep treatment from being its most effective.

"There is a lot of evidence in the literature to support (the idea) that with a pharmacist involved in patient care, the safety is improved and the effectiveness of the medication is also improved," said Jean Palares, Huntington's director of pharmacy.

"I'm sure the time to medication is shorter," Hara said. "We've made many medications more accessible so they can be started quicker — that may mean shorter stays in the hospital."

But despite the potential benefits of having a dedicated emergency-room pharmacist, they only exist in between 1 and 3 percent of hospitals nationwide, Hays said.

"The problem that we're facing, particularly in California because of limited financing, is that it's hard to do all (suggested safety improvements) at the same time," said Kent Martyn, the director of pharmacy for Citrus Valley Medical Center, which has branches in Covina and West Covina. "You've got to kind of pick your battles."

At Citrus Valley, funding has been directed not toward an additional pharmacist but toward a computerized system that can double-check a physician's prescriptions for drug interactions and allergies.

"Everybody's out there trying to approach this safety issue and best-outcome issue the best that they can, and everybody's sort of picking at it from different angles," Martyn said.

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