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Action Plan for Successful Implementation of Optimal ICU Pharmacist Activities: next steps for the critical care pharmacist position paper

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We congratulate Lat et al. on their efforts updating the “Position paper on critical care pharmacy services.”[1] With the advancements of critical care pharmacy practice, this undertaking is laudable, and high expectations consistent with critical care pharmacist expertise and abilities are fully detailed. The position paper delineates various patient and non-patient care related activities based on levels of perceived “value.” However, we caution that without deliberate, methodical approaches to justify and support optimal pharmacy practice models, then this paper may be “describing not a dream come true, but a drudgery of double shifts.”[2]

These recommendations must include not simply *what* the optimal pharmacist does but *how* it can be done. Clinical pharmacy practice models must support individuals as they strive for this high standard of excellence to meet the demands of our ever-changing healthcare landscape. If we continue to provide inadequate resources and fail to critically examine suboptimal practice models, then we have created an impossible standard of intensive care unit (ICU) practice and a scenario ripe for individual burn-out from the rigors of an unsustainable model.[3, 4]

We posit the next pragmatic step in the advancement of the critical care pharmacist is to develop a data-driven roadmap for institutions and clinicians on potential pathways for development of optimal practice models. Detailed guidance is sorely needed for optimal pharmacist-to-patient ratios, ICU coverage recommendations (e.g., nights, weekends), and non-patient care related activities. Further, value-based productivity metrics that guide the

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deployment of one of the highest yield resources in the ICU is paramount.[5] This evaluation includes objective assessment of the time and manpower required to optimally fulfill our professional obligations and subsequent development of predictive tools for pharmacist resources. Indeed, the profession has numerous talented and engaged individuals capable of practicing at the top of their license. Unfortunately, the profession continues to struggle on how to develop and justify highly effective and efficient practice models. The vision of optimal critical care pharmacy practice has been outlined. Now, we must pave the road to success.

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