Impact of pharmacist-driven transition of care program in a community hospital

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**Impact of pharmacist-driven transition of care program in a community hospital**

Felicia Seiler, PharmD; Ana Lopez-Samblas, PharmD, FASHP; Maria Rojo Rodriguez, PharmD, BCPS; Abby Marrero, PharmD, BCPS; Aixa Rey, PharmD

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**Background**

- One in five patients suffer an adverse event upon hospital discharge¹
- Nearly 2/3 of all post discharge adverse events are medication related²
  - 29% of these are serious/ life threatening
- Approximately 20% of Medicare patients are readmitted within 30 days of discharge³
  - 75% of which are preventable
- Pharmacist-driven discharge programs reduce discharge medication errors, post-discharge adverse drug events (ADEs), hospital readmissions, and ED visits⁴

<table>
<thead>
<tr>
<th>Table 1: Patients at increased risk of adverse events at discharge⁵</th>
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<tbody>
<tr>
<td><strong>Elderly patients</strong></td>
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<tr>
<td><strong>End of life patients</strong></td>
</tr>
<tr>
<td><strong>Children with special health care needs</strong></td>
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<td><strong>Patients with &gt;5 medications</strong></td>
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<tr>
<td><strong>Newly admitted to long term care facility (LTCF)</strong></td>
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</tbody>
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**Objectives**

- Identify and quantify pharmacists’ interventions to optimize therapy during discharge
- Determine if the Pharmacist Driven Discharge Counseling (PDDC) impacts 30 day readmission rates
- Determine if the PDDC improves Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) percentage scores, specifically for the statement “When I left the hospital, I clearly understood the purpose for taking each of my medications.”

**Methods**

- Study Period: September 2014- April 2015
- Intervention: Pharmacists and/or students re-reconcile discharge medications, review outpatient prescriptions, prepare a pocket-sized medication list, and provide patient tailored discharge counseling. This service is currently provided 8 hours per day, Monday through Friday only.

Inclusion Criteria
- In-patients admitted to medical/surgical units
- ≥18 years old
- Discharged to home
- Patients meeting one of the following criteria:
  - Discharged with chronic medications for the following disease states
    - Heart Failure
    - COPD
  - Discharged with ≥ 5 long-term medications
  - Discharged with <5 long-term medications if:
    - New start anticoagulation
    - New start insulin patient
  - Readmission within 30 days of being discharged from any Baptist Health South Florida facility

Exclusion Criteria
- ≥90 years old
- Discharged to
  - Assisted Living Facility (ALF)
  - Skilled Nursing Facility (SNF)
- Placed on Comfort Measures Only
- Transferred to Hospice Care
- Non-coherent/unable to understand discharge instructions

**Results**

- Counseled Patients n= 151
- 65% Required Intervention(s)
- 35% No Intervention

- These 53 patients had:
  - 73 Interventions
  - 91 Medications affected

<table>
<thead>
<tr>
<th>Mean Patient Characteristics</th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
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<tr>
<td><strong>Language</strong></td>
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<tr>
<td><strong>#Medications</strong></td>
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<tr>
<td><strong>Preparation time</strong></td>
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<tr>
<td><strong>Counseling time</strong></td>
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</tbody>
</table>

- **Interventions Identified**
  - Diabetic Education
  - Alternate Therapy
  - Incomplete Rx
  - AOF Prevention
  - Missing Rx
  - Patient Request
  - Unnecessary Therapy
  - Incorrect Interventions
  - Charity Medi
  - Filing Assistance
  - Duplicate Therapy
  - Misc

**References**


**Disclosures**

Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have direct or indirect interest in the subject matter of this presentation: Felicia Seiler: nothing to disclose
Ana Lopez-Samblas: nothing to disclose
Maria Rojo Rodriguez: nothing to disclose
Abby Marrero: nothing to disclose
Aixa Rey: nothing to disclose

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