Impact of pharmacist post discharge follow up phone call program on adherence and medication related problems

Sady Castane  
West Kendall Baptist Hospital, sadyca@baptisthealth.net

Ana Lopez-Samblas  
West Kendall Baptist Hospital, anals@baptisthealth.net

Maria Rojo-Carlo  
West Kendall Baptist Hospital, MariaRoj@baptisthealth.net

Abby Marrero  
West Kendall Baptist Hospital, AbbyM@baptisthealth.net

Aixa Rey  
West Kendall Baptist Hospital, AixaR@baptisthealth.net

See next page for additional authors

Follow this and additional works at: https://scholarlycommons.baptisthealth.net/se-all-publications

Part of the Pharmacy and Pharmaceutical Sciences Commons

Citation
Castane, Sady; Lopez-Samblas, Ana; Rojo-Carlo, Maria; Marrero, Abby; Rey, Aixa; and Perez Arias, Maria, "Impact of pharmacist post discharge follow up phone call program on adherence and medication related problems" (2016). All Publications. 2642.  
https://scholarlycommons.baptisthealth.net/se-all-publications/2642

This Conference Poster -- Open Access is brought to you for free and open access by Scholarly Commons @ Baptist Health South Florida. It has been accepted for inclusion in All Publications by an authorized administrator of Scholarly Commons @ Baptist Health South Florida. For more information, please contact Carrie@baptisthealth.net.
Authors
Sady Castane, Ana Lopez-Samblas, Maria Rojo-Carlo, Abby Marrero, Aixa Rey, and Maria Perez Arias
Impact of pharmacist post discharge follow up phone call program on adherence and medication related problems

Sady Castane, PharmD; Ana Lopez-Samblas, PharmD, FASHP; Maria Rojo-Carlo, PharmD, BCPS; Abby Marrero, PharmD, BCPS, BCCCP; Aixa Rey, PharmD; Maria Perez-Arias, PharmD

Background

Transition of care (ToC) from hospital discharge to the community increases the risk for medication errors, which may be related to poor outpatient medication reconciliation, misunderstanding of discharge instructions, and lack of communication with outpatient providers. Pharmacists’ interventions at discharge can identify and correct medication related errors as well as improve adherence. Discrepancies on discharge medications have been identified during a pharmacist post hospital discharge phone calls.

Objectives

Identify post hospital discharge:
• Medication regimen discrepancies during follow-up phone calls to the patients and to the community pharmacy
• Adherence and barriers to the adherence

Assess the effect of follow-up calls on hospital readmissions or ED visits at 30 days post discharge.

Methods

Interventions:
• Pharmacy staff will call patients 24-72 hours post discharge to identify medication discrepancies, and to assess adherence and identify treatment barriers utilizing the Pharmacist Drug Adherence Work-up Tool (DRAW).
• The patient’s community pharmacy will be called to reconcile medication changes made during the patient’s hospital stay with their outpatient profile, inquire about automatic refills, and emphasize discontinued medications.
• A second follow-up phone call will be made to the patient 30 days post discharge to assess hospital readmission or ED visits since discharge.

Preliminary Results

From October 2015 to present there were 161 patients that had an initial post discharge phone call.

Table 1: Data derived from patient’s phone interview

<table>
<thead>
<tr>
<th>Medication problems identified (n=161)</th>
<th>Patient reported adherence (n=133)</th>
<th>Patient reported Non-adherence (n=28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient reported taking too many medications</td>
<td>5%</td>
<td>21%</td>
</tr>
<tr>
<td>Patient believes medication is not working</td>
<td>0.7%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Misunderstanding of instructions</td>
<td>-</td>
<td>36%</td>
</tr>
<tr>
<td>Forgetfulness</td>
<td>-</td>
<td>21%</td>
</tr>
<tr>
<td>Patient believes medication is not needed</td>
<td>-</td>
<td>18%</td>
</tr>
<tr>
<td>Unable to obtain medication</td>
<td>-</td>
<td>32%</td>
</tr>
<tr>
<td>Patient reported barriers to adherence</td>
<td>14%</td>
<td>43%</td>
</tr>
</tbody>
</table>

Adherence Barriers (n=31)

- Side effects 33%
- Cost related 39%
- No insurance 6%
- Other 10%

33% had medication discrepancies with community pharmacy profile

Data derived from patient’s phone interview

References