Impact of Pharmacist-Driven Transition of Care Program in a Community Hospital

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Citation  
Seiler, Felicia; Lopez-Samblas, Ana; Rojo-Carlo, Maria; Marrero, Abby; and Rey, Aixa, "Impact of Pharmacist-Driven Transition of Care Program in a Community Hospital" (2015). All Publications. 588.  
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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

Background

• One in five patients suffer an adverse event upon hospital discharge
• Nearly 2/3 of all post discharge adverse events are medication related
• 29% of these are serious/life threatening
• Approximately 20% of Medicare patients are readmitted within 30 days of discharge
• 75% of which are preventable

• Pharmacist-driven discharge programs reduce discharge medication errors, post-discharge adverse drug events (ADEs), hospital readmissions, and ED visits

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 discharge 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

Preliminary Results

Counseled Patients n=64

Interventions Identified

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Count</th>
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<tbody>
<tr>
<td>Diabetes Education</td>
<td>9</td>
</tr>
<tr>
<td>ATIRE*</td>
<td>8</td>
</tr>
<tr>
<td>Incomplete Rx</td>
<td>7</td>
</tr>
<tr>
<td>ATE Prevention</td>
<td>6</td>
</tr>
<tr>
<td>Missing Rx</td>
<td>2</td>
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<tr>
<td>Filling Assistance</td>
<td>1</td>
</tr>
<tr>
<td>Inappropriate therapy</td>
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</tr>
<tr>
<td>Incorrect Rx Explanations</td>
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</tr>
<tr>
<td>Misc</td>
<td>2</td>
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</table>

*ATIRE= Alternate Therapy Recommendation

Mean Patient Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
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<tbody>
<tr>
<td>Age</td>
<td>60.3 ± 20.3</td>
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<tr>
<td>Language</td>
<td>52% Spanish, 48% English</td>
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<tr>
<td>#Medications</td>
<td>9.6 ± 4.7</td>
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<tr>
<td>Preparation time</td>
<td>33.2 minutes ± 28</td>
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<tr>
<td>Counseling time</td>
<td>12.3 minutes ± 9.1</td>
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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

References