Sonja Clausen, MS, PharmD

ASHP Residency Research Grant Proposal Abstract

Project Title: Implementation of a pharmacy-driven transitions of care service providing medication review, recommendations, and education after hospital discharge prior to primary care provider appointment.

Project Team & Roles:

TITLE	TEAM MEMBER	ROLE
PRICIPLE INVESTIGATOR	Sonja Clausen, PharmD	Aims, goals, research, evaluation, publication
SENIOR INVESTIGATOR	Amanda Woloszyn, PharmD, BCPS	Project timeline, project implementation
AMBULATORY CARE CLINIC PRECEPTOR	Lindsey Firman, PharmD	Logistics, clinic coordinator, ambulatory care clinic workflow
PHYSICIAN CHAMPION	Dr. Pamela Heibert	Provider communication resource (provider satisfaction, workflow)

Purpose: The purpose of this study aims to retrospectively evaluate inpatient transition of care (TOC) interventions and medication data to identify potential for continued patient education and optimization of medication therapy after hospital discharge. This evaluation will identify a patient population gap that may benefit from a new pharmacy service involving a post-discharge pharmacist-led appointment. The second aim of this project is to evaluate patient impact, pharmacist interventions, and patient/provider satisfaction after one-on-one appointments with a pharmacy resident to provide medication education and therapy recommendations to their primary care provider (PCP) after hospital discharge.

Specific Aims: Aim 1**:** To evaluate discharge medication lists and identify potential for patient education and pharmacy recommendations to patient medication therapy after hospital discharge to improve long-term patient outcomes. Aim 2**:** To evaluate patient impact and patient and provider satisfaction after one-on-one appointments with a pharmacy resident to provide medication education and therapy recommendations to their primary care provider after hospital discharge.

Methods: TOC pharmacists currently provide a pre-discharge medication review service for patients discharging from the hospital. This review includes patient education, medication counseling, disease-state pharmacotherapy review, and medication reconciliation. Interventions documented by TOC pharmacists for 300 patients will be evaluated to determine the potential impact on a post-discharge pharmacy appointment prior to patients' PCP follow-up appointment. TOC pharmacist interventions evaluated will include: coordination of care, correct medication dosing, therapy optimization, intended therapy missing, insurance/payment assistance, and missing home medications added. Interventions made concerning errors with potential to cause harm will also be evaluated. Using the information from the retrospective review, in addition to a risk stratification tool, high-risk patients that are discharged from the hospital will have the opportunity for a pharmacist-led appointment on the same day as their follow-up PCP appointment. This appointment aims to ensure appropriate medication management, provide education, and aid in the achievement of patient and disease-state specific healthcare goals. Pharmacist interventions, including medication recommendations, medication discrepancies, and hospital readmission rates, will be evaluated in addition to patient and provider satisfaction through surveys. This will determine the impact and feasibility of this innovative pharmacy service.

Outcomes Analyzed:

Specific Aim 1:

- Number of patients identified as "high-risk" by TOC
- Hospital Readmission rate at 30 days & LACE scores
- Total number of medications
- Total number of medication discrepancies
    - Drug-drug interactions
    - Drug-disease state interactions
- Total number therapies that may require additional patient education.
    - Anticoagulation patients
    - New disease states/medications

Specific Aim 2:

- Number of patients identified
- Number of patient accepting and declining service
- Number of medication reconciliation discrepancies
- Number of medication recommendations, stratified by severity
- Number of accepted medication recommendations, stratified by severity
- Number of recommendations that contribute to Practice Standard Attainment
- Hospital readmission at 30 days & LACE Scores
- Patient and provider satisfaction survey data