

A retrospective chart review of a polypharmacy reduction initiative implemented at WJB Dorn Veteran Affairs Medical Center will be conducted. Geriatric patients, age 65 or older, receiving nine (9) or more medications (excluding IV medications, antibiotics and supply items) being treated on the acute medicine service at our facility, are eligible for their medication regimen to be reviewed by a geriatrics specialized physician and clinical pharmacist. Patients identified as meeting inclusion criteria by any provider on the acute medicine service may enter a polypharmacy consult into the patient's computerized medical record. This consult is received and collaboratively reviewed by a physician and Pharm. D. in the Geriatrics department. For this project, patients for whom a "polypharmacy consult" was received will be considered the "study group" and those meeting inclusion criteria for whom a consult was not received for purposes of this review, will be considered the "control group". The objective of this project is to compare the impact of the recommendations made by geriatrics specialists for patients in the study group compared to patients in the control group for whom a consult was not received.

Primary outcome objectives for this review will involve comparing the number of medications being taken from time of admission to those prescribed at discharge for the study and control groups. The number and severity of major drug-drug interactions will also be compared from the medication list at admission to the medication regimen prescribed at discharge for patients in the study and control population. Cost savings from reduction in numbers of medications will also be calculated for the patients for whom a polypharmacy consult was received.