Optimizing the Role of Clinical Pharmacy Services in Transitions of Care

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The purpose of this project is to improve clinical outcomes in patients transitioning from inpatient to outpatient care by optimizing the process that primary care pharmacists use to perform comprehensive medication reviews.

RESULTS

Primary Outcome: Interventions per Transitions of Care Consult

<table>
<thead>
<tr>
<th></th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventions/Recommendations per Consult</td>
<td>2.0</td>
<td>1.6</td>
</tr>
</tbody>
</table>

p<0.001

Proportion of Recommendations Implemented

- Pre-Intervention: 29% Implemented, 71% Not Implemented
- Post-Intervention: 14% Implemented, 86% Not Implemented

Pharmacist Time per Transitions of Care Consult

<table>
<thead>
<tr>
<th></th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes per Completed Consult</td>
<td>30</td>
<td>25</td>
</tr>
</tbody>
</table>

p=0.22

METHODS (CONTINUED)

- Results of the initial review (August and September 2021) and survey were utilized to make improvements to transitions of care review process.
- Interventions implemented thus far include:
  - Development of EPIC smart phrases to standardize pharmacist review process.
  - Meeting with the Clinical Support Coordinator team to review strategies to optimize referrals to clinical pharmacy.
  - A second retrospective chart review was completed 1 month after the updated EPIC smart phrases were implemented (April 2021) to determine the impact on recommended interventions and time spent per pharmacist consult.

DISCUSSION

These results suggest that a standardized review process conducted via EPIC smart phrases increases interventions provided via clinical pharmacy review during transitions of care.

Several important confounding factors such as seasonal/staffing variation and the unblinded nature of this study must be considered when interpreting study results.

NEXT STEPS

- Additional Data Collection:
  - One more month of data will be added to the evidence summarized here to allow 2 months of pre and post data.
  - 30-day readmission rates post-intervention will be evaluated when 30 days have passed from the data collection period. This will allow for determination of increased interventions or readmission rates.

Continued Process Improvement Possibilities:

- Adjusting criteria for PharmD review
- Leverage clinical pharmacy team to continue modifying and improving recently created EPIC smart phrases
- Continued collaboration with Clinical Support Coordinator team to ensure appropriate referrals for pharmacist review.

REFERENCES