



Discharge Counseling Pilot for High Risk Patients

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Outline

- Background
- Pilot Design
- Pilot Outcomes
- Future Directions





Background

About Santa Clara Valley Medical Center

- SCVMC
 - Founded in 1876
 - 524-bed Teaching, Safety Net, County Hospital (2nd largest in CA)
 - 24-bed ED & 9 Satellite Clinics
 - Provision of services to 1 out of every 4 County residents
- County Demographics
 - 2010 Census: 1,781,642 people
 - Ethnically diverse
 - 47% White, 32% Asian, 27% Hispanic/Latino, 3% African American
 - Financial class¹
 - 41% Medical, 17% Medicare, 16% Commercial, 14% Medical Managed Care, **2% Valley Care, 5% APD, 5% Uninsured**



The Transition of Care Outlook

Ongoing assessments:

Interim Review
3/2013

Interim Review
1/2015

Initial Pilot
8/2012-12/2013

Full Pilot Implementation
1/2014-1/2015

Permanent Implementation
1/2015-

Players:	Pharmacist* (1) + Resident Pharmacy Students (14)	Pharmacists (2.5) Pharmacy Technicians (2.5)	Pharmacists (TBD) Pharmacy Technicians (TBD)
Patients:	Medicine team-based (2-3 Medicine teams)	Unit-based (all units)	Unit-based (all units)
Hours of operation:	Monday-Friday 8 hours/day	Daily, including weekends 8 hours/day	Daily, including weekends 8 hours/day



Transition of Care Pilot Design 1/2013

Personnel

- One pharmacist, 2 pharmacy students
 - Heart Failure, HIV and Renal Care pharmacists also involved
- Daily rounds with 2-3 medicine teams
 - Pick teams students are assigned to
 - MD provides quick overview of patients who will be discharged

Inclusion/Exclusion Criteria

- Patients with high-risk disease states
 - Heart failure, CAP, DM, MI, asthma
- Exclusion criteria
 - Discharged to nursing home, board and care
 - Hospice care patients
 - Weekend discharge

Daily Workflow: Training

- SCVMC affiliated with 3 schools
 - Two to three students every 6 weeks for IM
 - Future: focus on hospital/community rotations
- Training occurs on 1st day of rotation
 - Computer software training
 - Operations training
 - Medication calendar/counseling training

Daily Workflow: Activities

- Obtain discharge prescription
- Verify medications are on formulary
- Screen discharge Rx' s for errors
- Notify charge and bedside nurse
- Speak to patient
- Barcode stickers on discharge Rx' s

Daily Workflow: Activities (Cont.)

- Fax hard copy of discharge Rx to outpatient pharmacy (OPD)
- Deliver hard copy of Rx to OPD
- Create medication calendar
- Counsel patient
- Obtain patient contact information
- Document interventions

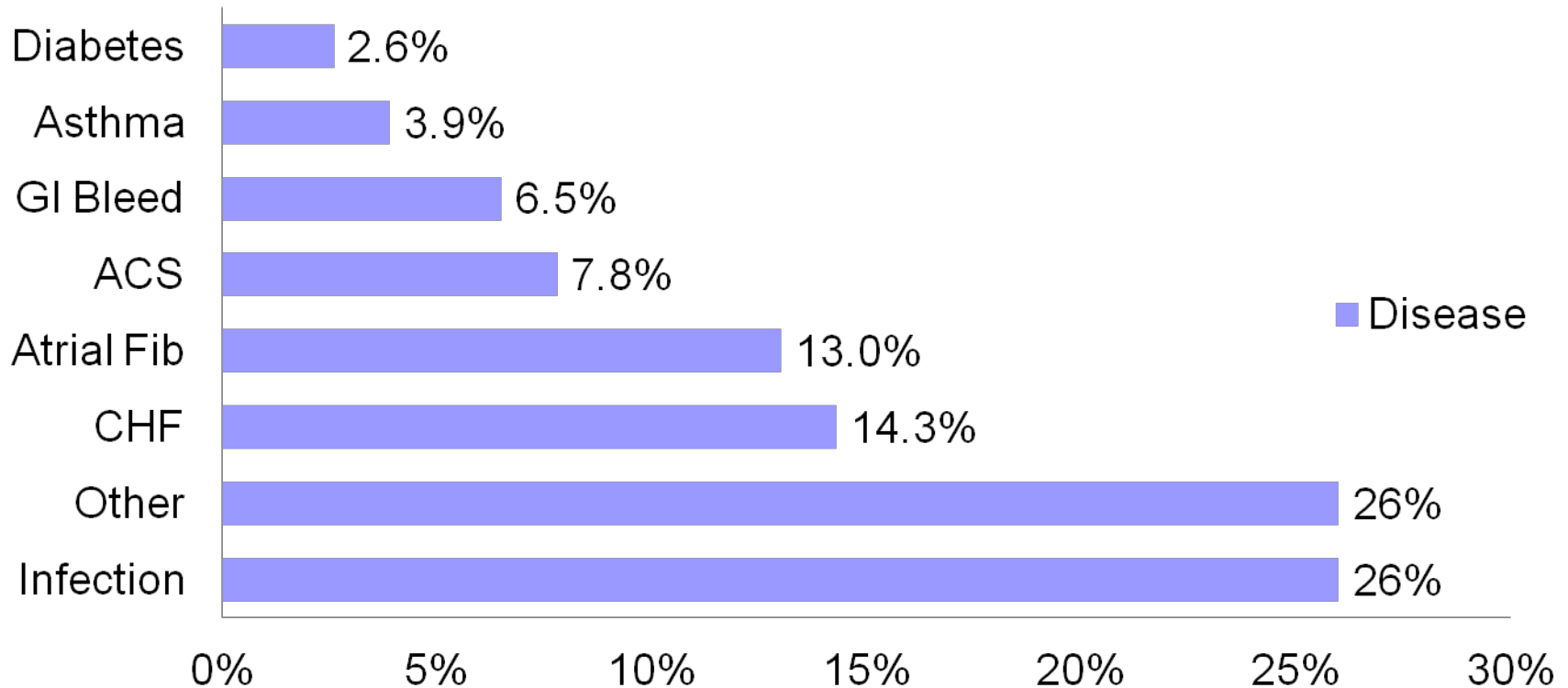


Pilot Outcomes

Demographics (N=79)

Patient Characteristic	N = 79
Mean Age (years)	55.3 ± 14.3
Gender	Male, 59.5%
Length of Hospital Stay (Days)	4.8 ± 4.1
Mean # Discharge Prescriptions	4.6 ± 3.1
% of Non-English Speaking Pts	30.4
% Patients Requiring Interventions	61.7%

Primary Admission Diagnosis



Thirty Day Readmissions/Adherence

30-Day Post-Discharge Readmissions/Adherence at 48-72 hr

No. of ED Visits	2.5% (heart failure, wound care)
% Readmissions	7.6%* (baseline, 14.2%)
Rates of obtaining discharge Rx' s	93%

*Afib, N/V, unstable angina, Foley removal, diabetes complications



Pilot: Future Directions

Future Directions/Goals

- Inpatient Pharmacy Workload
 - Provide 16 hours of discharge counseling daily, with goal of counseling 32 patients/day
- Pharmacist Technician Support
 - Bedside delivery of discharge medications
- Pharmacist Interns
 - Medication calendars and counseling