Abstract

Background: Transitions of care is when patients move from an inpatient setting. To be successful at transitions of care, patients are required to take more control of their health and healthcare providers need to transmit information between settings. Through the Hospital Readmissions Reduction Program set by the Centers for Medicare and Medicaid Services, health systems can be penalized by high 30-day readmissions. It is predicted that almost 75% of readmissions are preventable.

Objective: To evaluate the impact of pharmacist intervention on hospital-associated clinic patients who are at a high risk of 30-day readmissions and medication related problems.

Methods: A prospective, interventional study was completed. Patients were seen from December 2020 to January 2021 and identified by the hospital quality improvement department as clinic patients with high LACE score.

Results: A total of 51 hospital discharges were included for a total of 48 patients. Identified patients with pharmacist intervention had on average 1.3 medication related problems. Of the patients readmitted, they on average had an increased time to readmission as compared to previous readmitted patient data.

Conclusion: Pharmacist follow-up phone calls at transitions of care was able to identify increased number of medication problems and address patient concerns early in the transition