Description

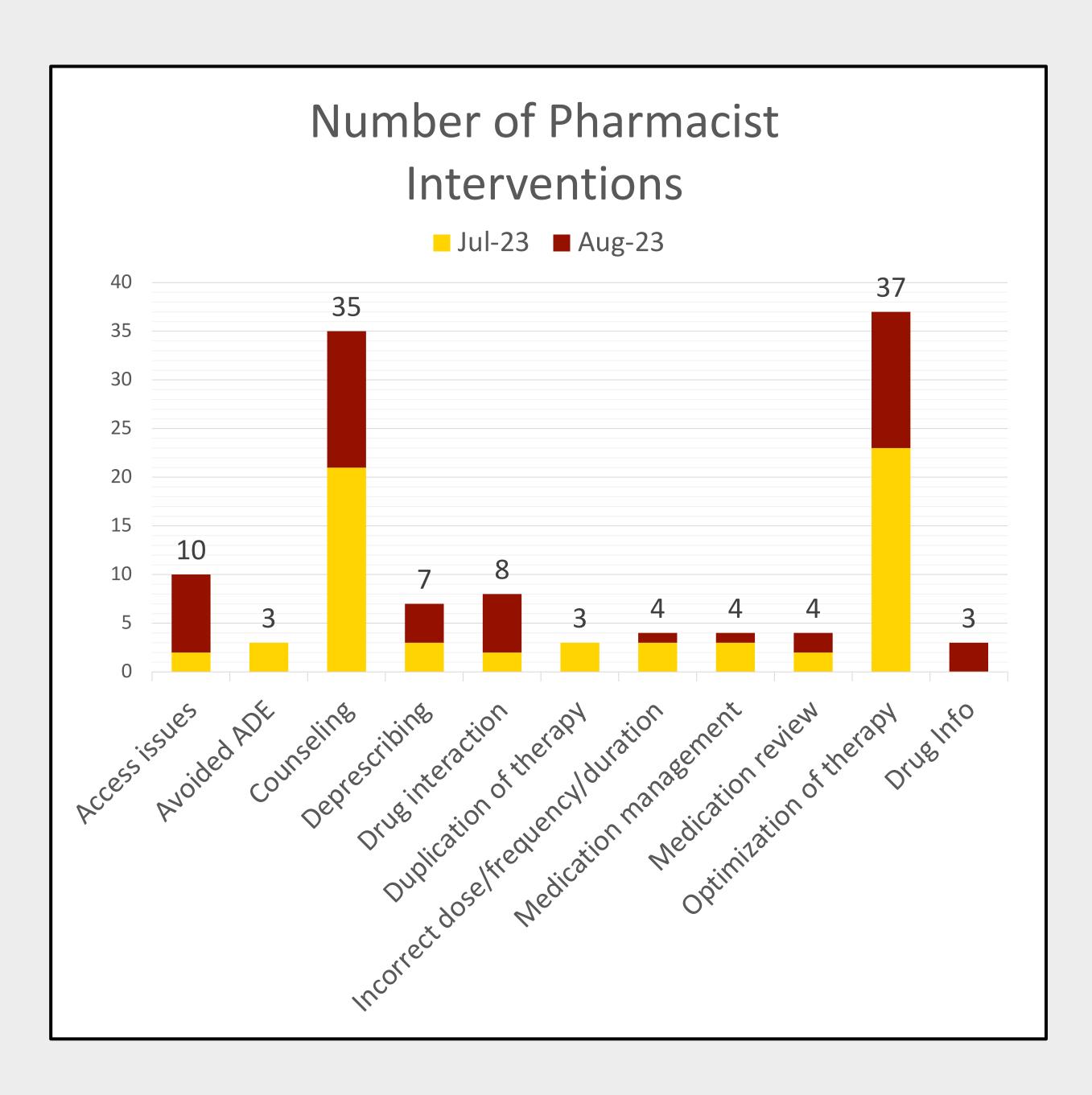
- Stanford Health Care's Transitions of Care (TOC) team is aimed at reducing hospital readmissions during the first 60 days after discharge for patients over 65 years old and at high risk of readmission.
- The team recently added pharmacy support for targeted comprehensive pharmacy consults.
- Team members can refer patients to pharmacist for discharge medication counseling, comprehensive medication review, interim management of comorbidities, and drug-related queries.

Needs and Objectives

- Medications are often modified during hospitalization, which can lead to adverse events postdischarge.
- We aim to investigate whether targeted consultations conducted by a dedicated TOC pharmacist benefit an established transitional care team.

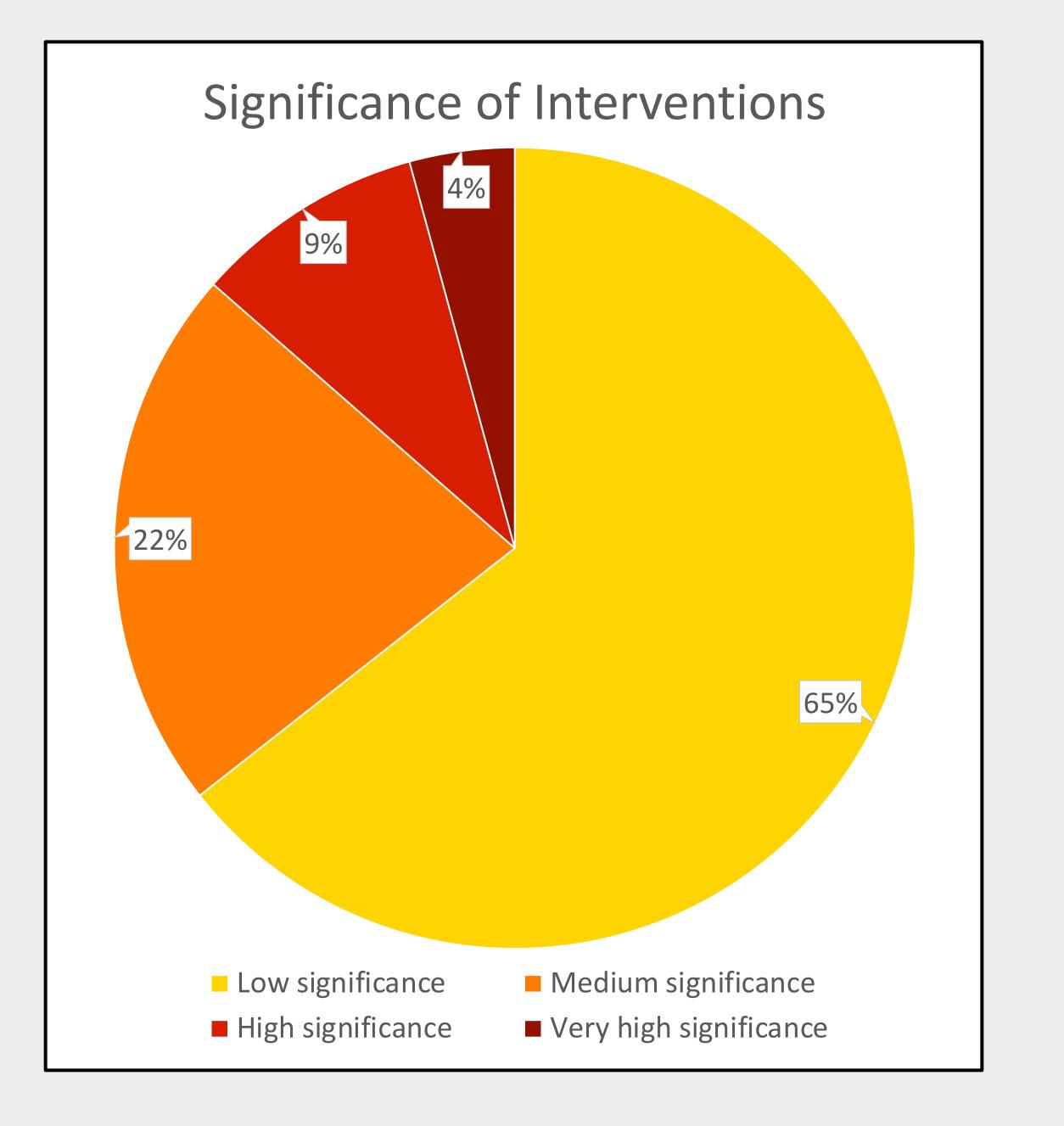
Enhancing Post-Discharge Care for Elderly Adults: The Impact of a Transitional Care Pharmacist

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Evaluation

- Between July 1 and August 31, 2023, there were sixteen 4.5-hour pharmacy shifts during which 36 unique patients were evaluated.
- The pharmacist completed 85.7% of post-discharge consults, and for the remaining 14.3% of patients who could not be reached, a comprehensive medication review was completed based on chart review alone.
- The average patient was 78.9 years old (range 67-90 years old), and the average time from discharge to referral was 16.9 days (range 2-72 days).
- The average time spent per consult was 72 minutes.
- therapy (n=37) were most frequently performed, followed by addressing access issues (n=10) and identifying drug interactions (n=8).
- Of the 118 interventions performed, 65% were considered low significance, 22% a validated classification of significance scale.



• Out of 118 PharmD interventions, medication counseling (n=35) and optimization of

medium significance, 9% high significance, and 4% very high significance, based on

Discussion

- With the addition of a pharmacist to our Transitions of Care team, we can identify and intervene upon various medication issues during the vulnerable period after hospital discharge.
- These targeted pharmacy consultations addressed medication gaps and identified errors, even among patients cared for by a team trained to manage medications posthospital discharge.
- We recognize an opportunity for improvement in time from discharge to referral (average 16.9 days) and speculate that high workload and limited time may be causing delays in care.
- We have since implemented a pharmacy technician to optimize the pharmacist's workflow and increase the number of successful post-discharge visits.

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