

Pharmacist's Role in Management of Home Health Patients Admitted to the Hospital (PRIME-Health)

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INTRODUCTION

- Patients that have undergone complicated admissions may be at a higher risk of medication issues due to changes in therapy.
 - Complexities of managing a medication reconciliation include the patient's ability and willingness to provide information, difficulty obtaining a list in one encounter, and the expertise of the individual collecting the history.
- Those with chronic illnesses may qualify for home health care due to limitations in mobility and transportation and therefore, receive assistance and routine visits from healthcare professionals.
- The purpose of this study was to determine if readmissions of Home Health (HH) patients was due to a medication-related issue and assess the value of a pharmacist in evaluating these patients.

METHODS

STUDY DESIGN

- Prospective experimental cohort study from March through April 2019
- Approved by the institutional review board
- Pharmacist alerted when HH patient was admitted to the emergency department or inpatient unit
- Those who qualified based on selection criteria were evaluated and interviewed
- Patients received a follow up phone call after discharge to reinforce compliance and identify barriers in obtaining medications

INCLUSION CRITERIA

- Patients ≥18 years of age
- Enrolled in home health services
- Admission to an inpatient unit

EXCLUSION CRITERIA

- Primary diagnosis of heart failure
- Discharged from emergency department

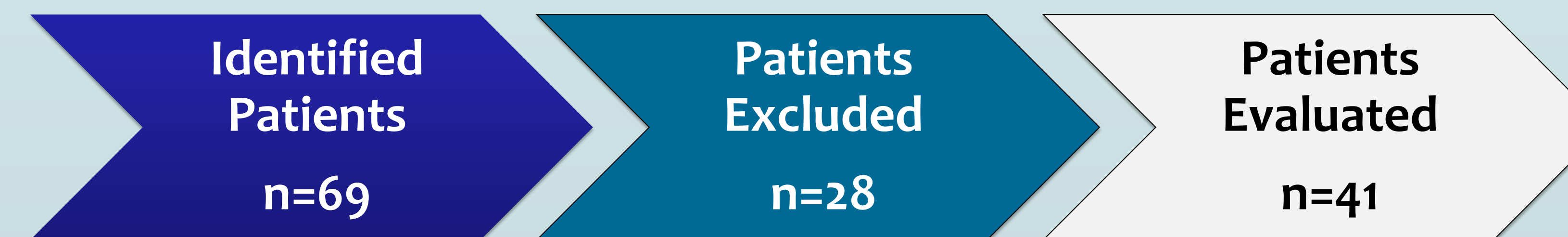
PRIMARY OUTCOME

- Percent of home health patients admitted to the hospital due to a medication-related issue

SECONDARY OUTCOMES

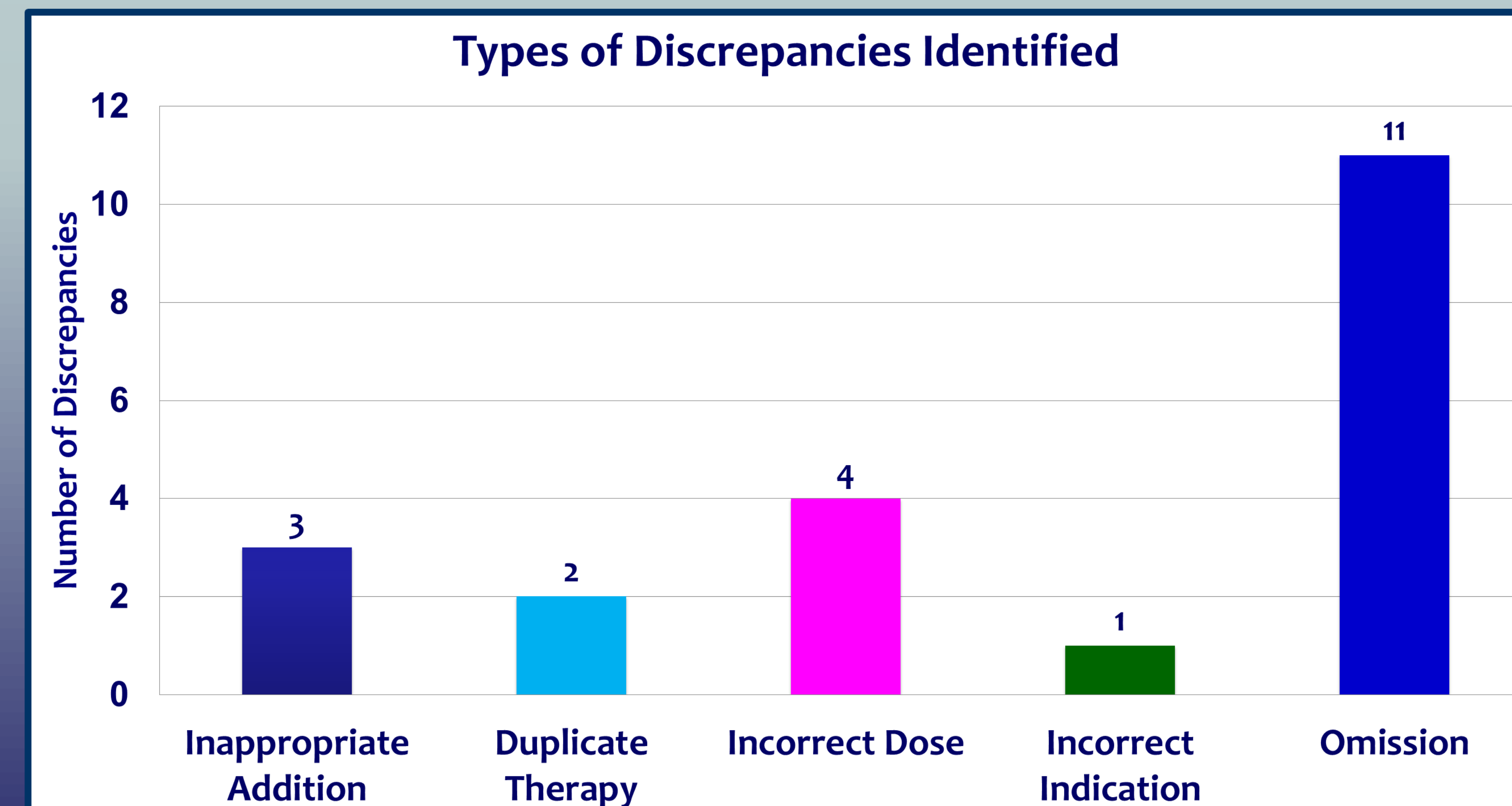
- Number of discrepancies in a medication reconciliation
- Number of patients readmitted to the hospital within 30 days due to a medication-related symptom
- Type of discrepancies identified

RESULTS

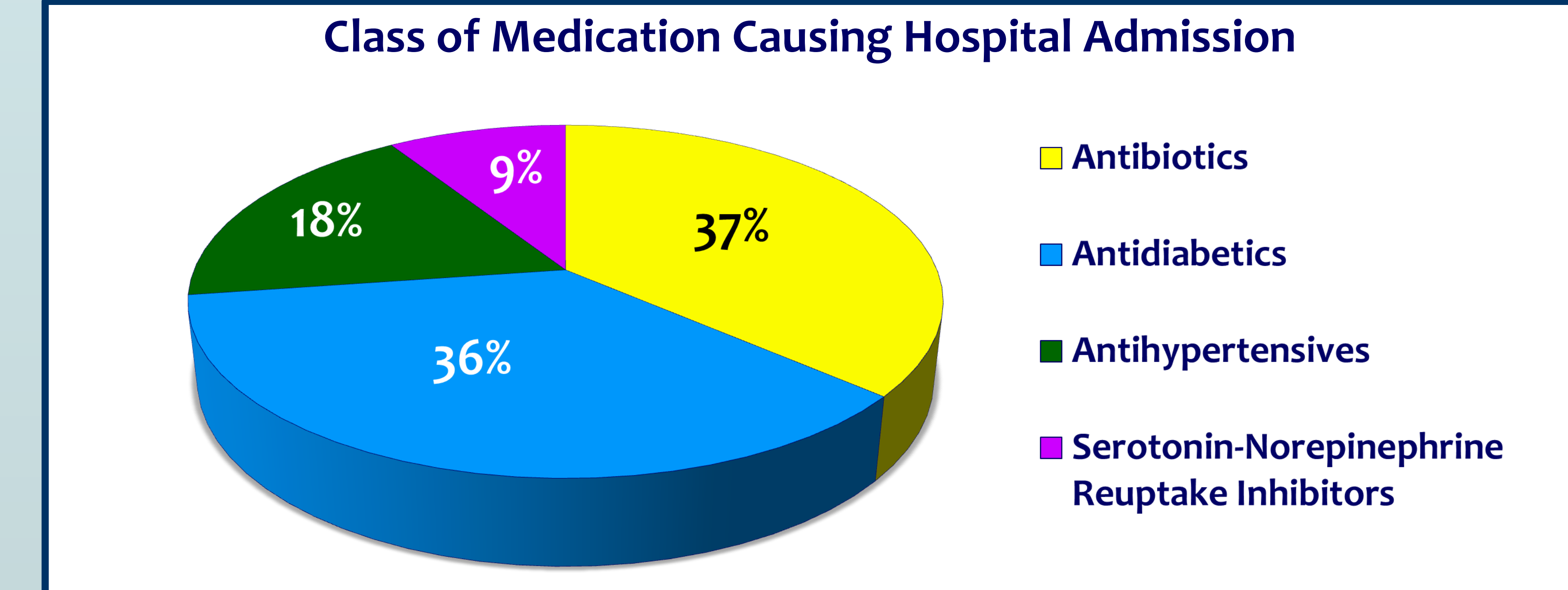


PATIENT DEMOGRAPHICS (n=41)		Results (± SD)
Characteristics		
Age (years)		76.15 ± 12.88
Gender (Male)		48.8%
Mean hospital length of stay (days)	Patients admitted for a medication-related reason	6.27 ± 3.74
	Patients admitted for non-medication-related reason	6.37 ± 4.62

PRIMARY OUTCOME	RESULTS
Percent of HH patients admitted due to a medication-related issue	27%
SECONDARY OUTCOMES	RESULTS
Average number of discrepancies in a medication reconciliation	2
Number of patients readmitted within 30 days for a medication-related issue	2



RESULTS (cont.)



DISCUSSION

- Approximately 30% HH patients were admitted to the hospital due to a medication-related issue.
- The pharmacist was able to identify an average of two medication discrepancies per patient.
- Follow up phone calls were conducted on 25 patients.
 - Remaining patients either expired, were discharged to another facility, or were unavailable.
 - During post-discharge phone calls, adherence was assessed and reinforced, patient concerns were addressed and additional questions regarding medications were answered.
- Limitations:
 - Other resident obligations precluded all patients from being interviewed and some were discharged prior to speaking with the pharmacist.
 - Small sample size
 - Limited study duration

CONCLUSION

- Home health patients can be at risk for readmissions due to their complex medications regimens. The integration of pharmacy services can be beneficial in bridging gaps between health care settings.

DISCLOSURE

Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation: Janay Bailey, Rani P. Madduri, Ashmi A. Philips, Navin B. Philips, Beata Wrobel: Nothing to disclose.