

# Bridging retail and hospital pharmacy services to re-invent transitions of care in a stand-alone community medical center

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## Background

- Transitions of care refers to a collection of services aimed at ensuring optimal communication and coordination of services to provide health care continuity, avoid preventable poor outcomes among at-risk populations, and promote the safe and timely transfer of patients from one level of care or from one type of setting to another.
- It is complementary to but not the same as primary care, care coordination, discharge planning, disease management or care management.
- It requires a multidisciplinary health care team, with pharmacists being the distinct medication expert and reconciling discrepancies in medication therapy that translate into improved outcomes and reduce readmissions.

## Objectives

- The objective of this study was to evaluate the ability to implement a pharmacy transitions of care program at Holy Name Medical Center
  - Involving the retail and institutional pharmacy
  - Assess the barriers that may arise within the pharmacy department and the hospital.

## Methods

- Attended daily transitional care rounds on medical/surgical floors.
  - Observed the format of discussing obstacles to discharge.
- Shadowed institutional staff pharmacists on medical/surgical floors
  - Observed their tasks during order entry
  - Observed their counseling sessions of in-house patients
- Meds-to-Beds Program at Holy Name PharmaCare (PharmaCare)
  - PharmaCare is an outpatient pharmacy located in Holy Name Medical Center that provides prescription services to the public, employees and patients upon discharge
  - Enhancement of Meds-to-Beds program
  - Established criteria for ideal patients who would benefit from receiving PharmaCare services upon discharge.

## Results

### Transitional Care Rounds (TC)

- Floors holding rounds: Lobby North, 1North, 3Marian, 4Marian, 5Marian/Chadwick, 6Marian
- Personnel recommended to attend: transitions of care nurse and social worker, nurse manager, clinical coordinator, charge nurse, respiratory therapist, physical therapist, pharmacist

Pros	Cons
<ul style="list-style-type: none"> <li>• Discussed progress of each patient</li> <li>• Provided information of definite and tentative discharges for the day</li> <li>• Opportunities for discussion between different disciplines</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistency of:                             <ul style="list-style-type: none"> <li>• Structure and format of rounds</li> <li>• Attendance of recommended personnel</li> <li>• Duration</li> </ul> </li> </ul>

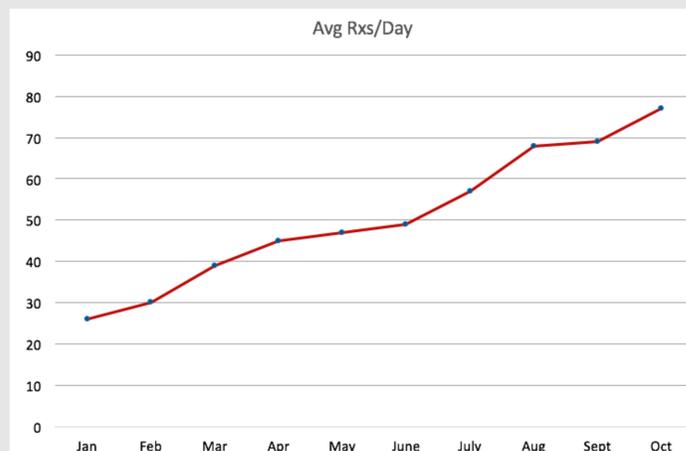
### Presence of institutional staff pharmacists on medical/surgical floors

- Placed on various floors in HNMC to process medications orders and provide pharmaceutical information when approached by healthcare professionals
- Available for counseling sessions with in-house patients when requested

Pros	Cons
<ul style="list-style-type: none"> <li>• Pharmacist in area for direct contact with healthcare professionals</li> <li>• Can quickly resolve medication interventions</li> <li>• Private pharmacy counseling for patients</li> <li>• Opportunity to identify barriers to discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacists are assigned to different floors daily</li> <li>• Cannot follow up on patient progress for more than one day</li> <li>• May not benefit by attending daily TC rounds due to inconsistent format amongst medical floors</li> <li>• Reading physician progress notes for each patient is time consuming</li> </ul>

### Holy Name PharmaCare

- Since the new implementation of the Meds-to-Beds program, PharmaCare has been successfully filling and dispensing medications to patients prior to discharge.



- However, there has been a divide in communication between the retail pharmacy and transitional care department in identifying and recommending patients suitable for the Meds-to-Beds program
- PharmaCare sought to compile a report that would pull patient information based on diagnosis, medications, risk for readmission (this report would require IT support)
- Criteria for ideal patient for PharmaCare services:
  - Plan to discharge home; high risk medications (oral anticoagulants, heart failure therapy, antibiotics, diabetic therapy, respiratory disease therapy); readmitted within 30 days

## Obstacles

Within Pharmacy Control	Outside of Pharmacy Control
<ul style="list-style-type: none"> <li>• Pharmacist staffing doesn't allow for same pharmacist to cover a unit</li> <li>• Implementing new method for workflow</li> <li>• Attributing inpatient pharmacy resources to assist in developing a transitions of care program</li> <li>• Lack of prioritization of patient counseling efforts</li> </ul>	<ul style="list-style-type: none"> <li>• IT request for developing a report of patients that need pharmacy intervention based on diagnosis, medications, readmission, etc.</li> <li>• Format of TC rounds</li> <li>• Approval of a position for transitions of care pharmacist</li> </ul>

## Recommendations

### Interim

- In place of attending TC rounds, pharmacists can read Utilization Review notes to become familiar with patient cases and progress
  - Such notes will provide information on: reason for admission/readmission, chief complaint, history of present illness, diagnosis
  - Will provide a "quick snapshot" of each patient's case
- To provide a list of tentative patient discharges for the day, PharmaCare can utilize Transitional Care notes
  - Such notes will provide information on: plans upon discharge, barriers to discharge

### Long Term

- Integrated work list for the institutional and retail pharmacy
  - Identifying and recommending patients for counseling, PharmaCare services
  - Pharmacists can add patients to this work list based on their observations
- Unified format of transitional care rounds throughout HNMC
- Designate a pharmacist on one medical floor for the duration of one week
  - This will assist in patient progress, follow-up on assigned floor and identifying opportunities for pharmacy intervention and Meds-to-Beds program
- Advanced training for pharmacists
  - To better recognize and identify patients through clinical workup and identify problems that require transitions of care intervention

## Conclusions

- Barriers were identified when evaluating the implementation of a pharmacy transitions of care program
- Retail and institutional pharmacies can work independent of the other disciplines at establishing a pharmacy transitions of care program.

## References

1. Naylor MD, Aiken LH, Kurtzman ET, et al. Health Affairs. 2011;30:746-54.
2. American Pharmacists Association. ASHP-APhA medication management in care transitions best practices. Available at: <http://www.ashp.org/DocLibrary/Policy/Transitions-of-Care/ASHP-APhA-Report.pdf>. Accessed October 10, 2019.