



AMERICA'S ESSENTIAL HOSPITALS

Readmissions Success Stories

Essential Hospital Engagement Network (EHEN)

April 3, 2014



SUCCESSFUL APPROACHES TO REDUCE READMISSIONS

- Increasing involvement of pharmacist in care transitions.
 - » Medication errors that occur during transitions are major reason for readmissions
 - » Critical challenge: health literacy below average
- Want to share 3 examples from our HEN of hospitals that are using pharmacist-led interventions to reduce readmissions
 - » Programs began in 2012



ALAMEDA HEALTH SYSTEM (CA)

- Hospital does screening for high-risk patients.
 - » Care Transitions Pharmacist sees patient in hospital to discuss medications and does medication–reconciliation on discharge.
 - » Provides minimum of 30-day supply of meds, can override co-pay for some and uses teach-back for medication education.
 - » Calls patient within 24 hours of discharge and makes home visit within 2 weeks.
 - » Connects patient to Alameda clinics if no PCP.
 - » Clinics address social issues (e.g., transportation, housing, insurance, etc.).
- They have seen a 12% decrease in readmissions since 2012.



SANTA CLARA VALLEY MEDICAL CENTER

(CA)

- Transitions of Care Pharmacy Discharge project.
 - » High-risk patients receive bedside counseling by clinical pharmacist prior to discharge on medication adherence, potential ADE's and medication reconciliation using teach-back and an individualized medication calendar.
 - » Medications delivered to bedside prior to discharge.
 - » 48-72 hours post discharge, pharmacist calls patient to screen for issues.
 - » Expanding program to place clinical pharmacist in discharge clinic (for patients without PCP).
- One year results show a 5% decrease in readmission rates.

TRUMAN MEDICAL CENTERS

(MO)

- Medication Reconciliation and Discharge Education Pharmacist.
 - » Targeted HF and COPD through EMR screening.
 - » Pharmacist sees patient within 24 hours of admission to do medication reconciliation, teaching and verifies home pharmacy.
 - » Ensures patient has medications at discharge.
 - » Post discharge phone calls made with 3 days to screen for issues and follow-up appointment with clinic or PCP.
- Results show a 10% decrease in readmission rates.



Q & A

