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Impact of 'Meds to Beds' Program in Reducing 30-Day Readmissions for CHF and AMI Patients

BACKGROUND

Medication reconciliation is a necessary element for safe transitions of patients across the care continuum. Approximately 50% of medication errors occur at the time of discharge. Post discharge medication adherence and compliance is a necessary component to reduce medication errors, promote safe discharge, and reduce avoidable readmissions.

The 'Meds to Beds' program is a bedside medication delivery service which facilitates timely resolution to the problem of prior authorizations and improves medication reconciliation resulting in positive health outcomes.

The Transition of Care Team promoted and expanded the utilization of the program across the hospital with the goal of promoting patient safety.

PROJECT AIM

Increase utilization of 'Meds to Beds' by 20% and study its impact on CHF/AMI readmissions

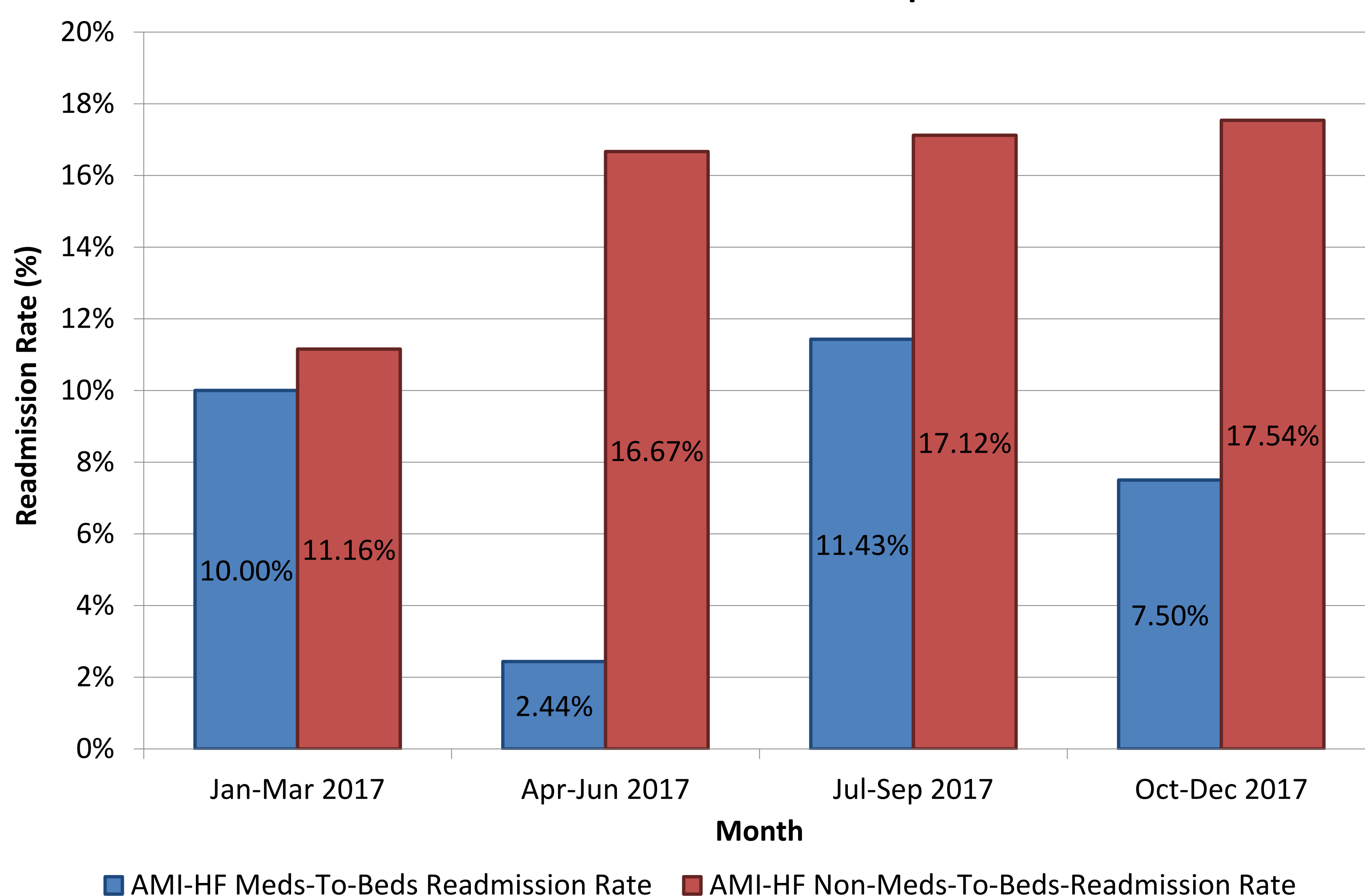
METHODOLOGY



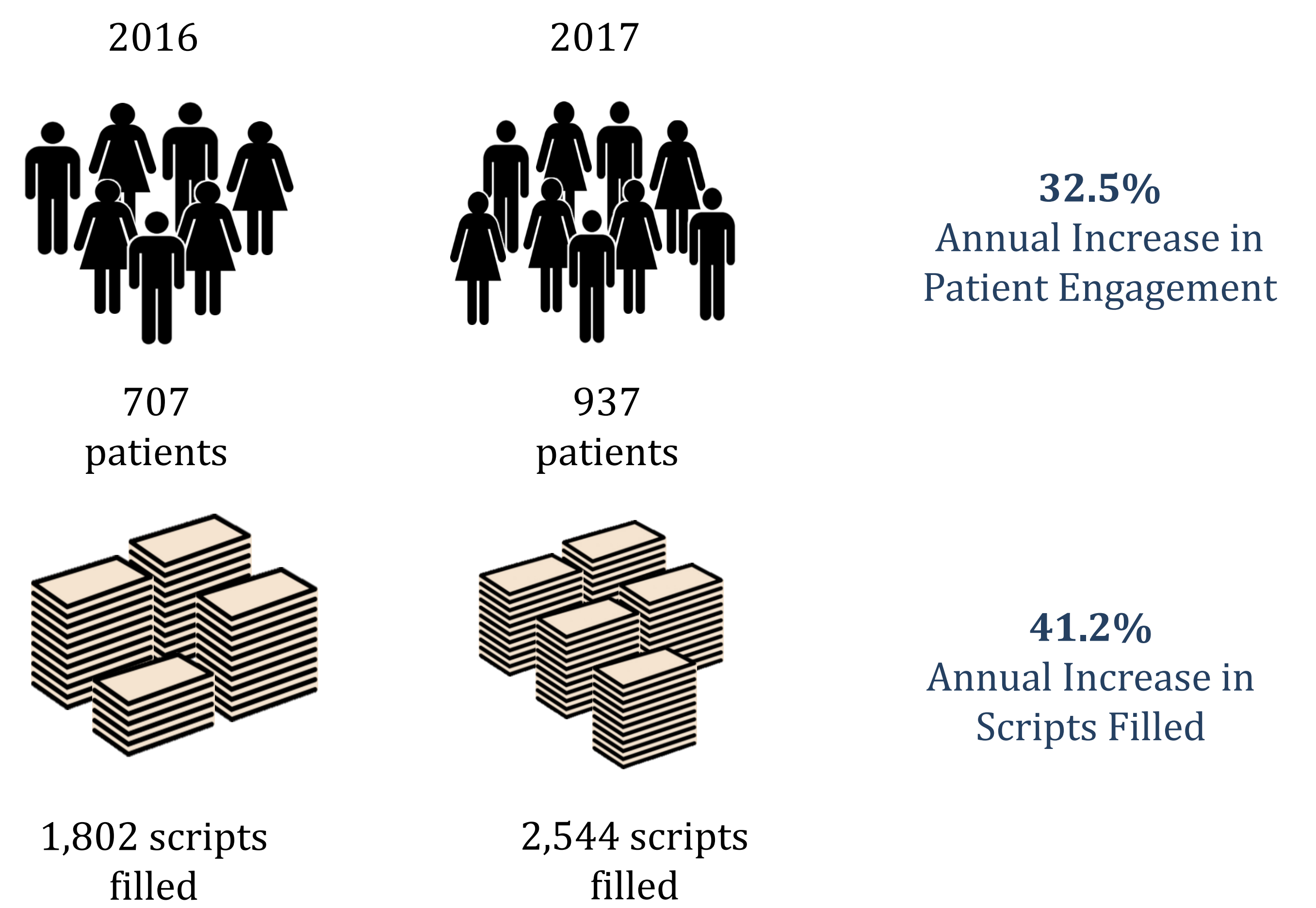
* Exclusions Criteria:

Patients discharged/transferred to facilities other than home
 Patients under the age of 18

Readmission Rates for AMI & HF Population



RESULTS



CHF/AMI Discharges (2017)	Readmitted Patients	Non Readmitted Patients	Total
Meds-To-Beds Population	11	135	146
% of Readmit Type	6.29%	13.27%	12.25%
Non Meds-To-Beds Population	164	882	1,046
% of Readmit Type	93.71%	86.73%	87.75%
Total	175	1,017	1,192
% of Readmit Type	100.0%	100.0%	100.0%

By using the Chi-Square test, the study results demonstrated statistical significance with a p-value= 0.0092, $\chi^2 = 6.784$, and $\alpha = 0.05$

CONCLUSION

The program was successful in increasing hospital wide utilization by over 20%. Patients enrolled in the program were half as likely to be readmitted as those who didn't participate. Utilizing the program showed secondary endpoints including improving patient satisfaction, reducing post hospital medication errors and decreasing medication non adherence.

POTENTIAL FINANCIAL IMPACT

Under the assumption that the AMI-CHF 'Meds to Beds' readmission rate is held constant to all AMI and CHF patients, 85 readmissions could have been potentially prevented which had a financial impact of \$722,500 cost savings (85 x \$8,500*).
 *Assumes an average readmissions cost \$8,500 per Medicare and Medicaid data

NEXT STEPS

- Expand the hours of operation for both Pharmacy Advocate and retail pharmacy to 7 days and offer home delivery services
- Patients are automatically enrolled into the program at the time of admission through Cerner
- Improve communication capabilities for all providers using Tiger Text to coordinate the discharge of a patient

REFERENCES

Comer D, Goldsack J, Flaherty J, et al. Impact of a discharge prescription program on hospital readmissions and patient satisfaction. *J Am Pharm Assoc* 2017; 57:498-502

Rosen OZ, Fridman R, Rosen BT, Shane R, Pevnick JM. Medication adherence as a predictor of 30-day hospital readmissions. Patient preference and adherence. 2017; 11:801-810. doi:10.2147/PPA.S125672.

Eggink RN, Lenderink AW, Widdershoven JWMG, van den Bemt PMLA. The effect of a clinical pharmacist discharge service on medication discrepancies in patients with heart failure. *Pharm World Sci*. 2010;32;759-766

Walker PC, Bernstein SJ, Jones JNT, et al. Impact of pharmacist-facilitated hospital discharge program: a quasi-experimental study. *Arch Intern Med*. 2009; 169:2003-2010

Sarangarm P, London MS, Snowden SS, et al. Impact of pharmacist discharge medication therapy counseling and disease state education: Pharmacist Assisting at Routine Medical Discharge (project PhARMD). *Am J Med Qual*. 2013;28:292-300.