



# Transitions of Care;

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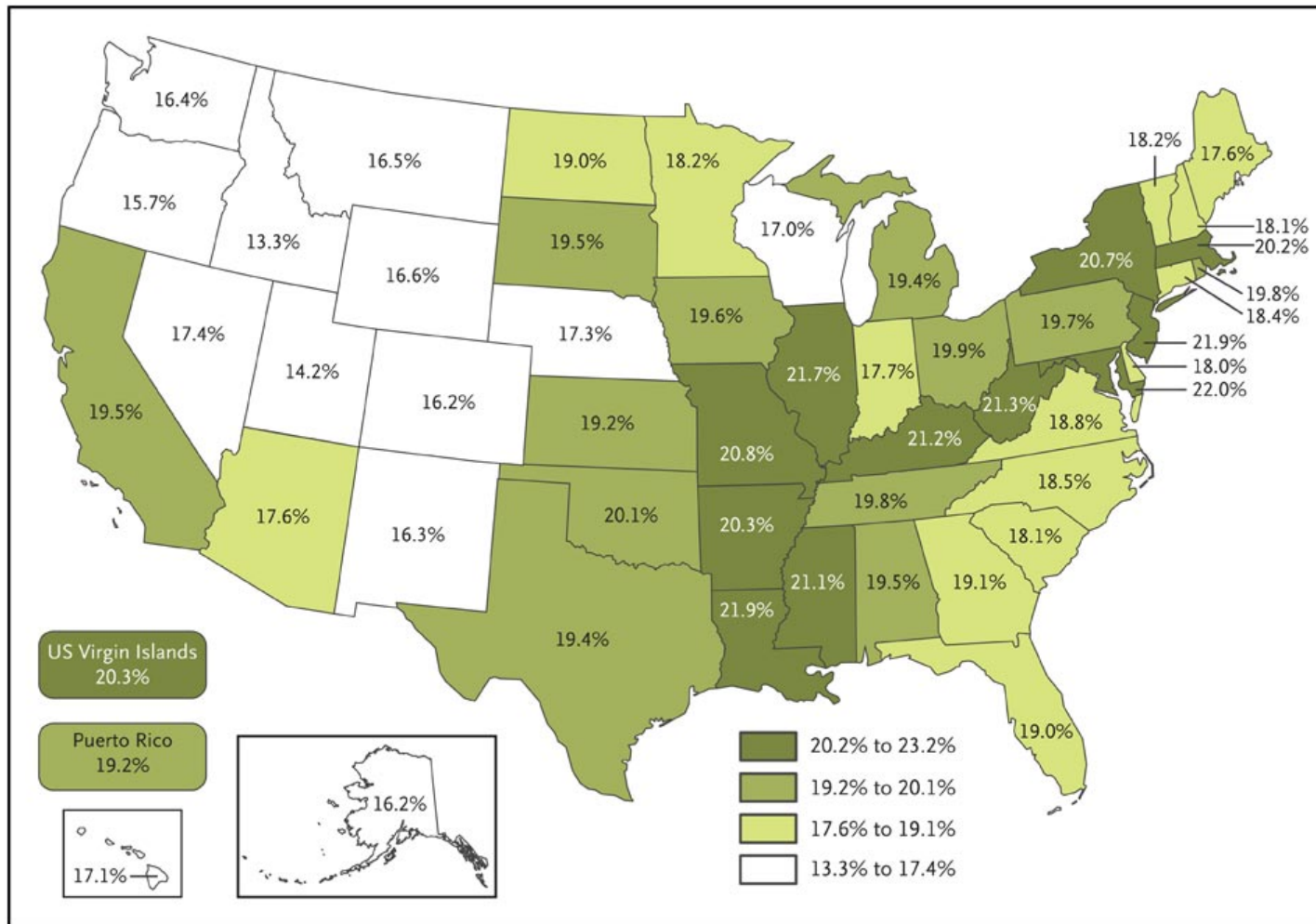
# Transitions of Care (TOC)

- Movement of a patient from one care setting to another:
  - Examples: Hospital to SNF; SNF to Home; Hospital to Home
- Well executed TOC require communication, coordination, accurate information, and follow-up

# Transitions of Care

- Quality and Safety often compromised during TOC
  - Inaccurate information transfer
  - Medication discrepancies
  - Lack of appropriate follow-up care

# Rates of Rehospitalization within 30 Days after Hospital Discharge



# TOC Outcomes

- When patient needs not met during TOC
  - Medication-related problems
  - ER visits
  - Readmissions
  - Greater health care costs

# Coleman EA, et al

## Posthospital Medication Discrepancies (MD): Prevalence and Contributing Factors

- 375 seniors admitted to hospital
  - Intact cognition or caregiver
- GNP home visit within 72 hrs of discharge
- 14.1% experienced 1 or more MD
  - half patient; half system-associated
- 30 day readmissions
  - 14.3% in those with MD
  - 6.1% in those without MD ( $P=0.04$ )

# Our Experience

- **Medication Discrepancies among Elderly Patients Discharged from an Acute Care Setting**
  - Internal Medicine patients discharged from MMC
    - $\geq 65$  years of age
    - 5 or more medications
    - discharged to home
    - followed in SIU-SOM IM clinic
  - Identify and describe med discrepancies
  - Estimate costs/benefit

# Our Experience

- Offered home visit at time of discharge
- Those agreeing were visited within 72 hrs of discharge
- Compared
  - Discharge list (given at discharge)
  - Patient list (what taking at home)
- Discrepancies described with MDT
- Communication with PCP following visit
- Attend f/u clinic visit, if necessary



# Our Experience

- 16 home visits
- 72% female; most between 70-74 years
  - (65 to 84 years)
- 56% with caregiver
- 12 meds at discharge
  - 14 meds being used at home
- Ave time spent: 1.5 - 2 hours

# Our Experience

- Results:
  - 94% with at least 1 med discrepancy
  - Range: 0 to 7; Mean: 4
  - Most common:
    - Inaccurate/incomplete discharge instructions
    - Conflicting information from different sources
  - Patient perceptions
    - Pharmacy change
    - Interfering with physician

