



**Management Case Study:
Implementation of a pharmacist-driven medication reconciliation and counseling program to improve HCAHPS performance**

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Learning Objectives

- Describe the benefits of implementing discharge counseling versus first dose counseling.
- Identify important process and outcome measures for a pharmacist counseling program.
- Describe a method of identifying target populations for first-dose counseling.





Self-Assessment Questions

- True/False: First-dose education seemed to have a larger impact on HCAHPS performance than discharge education.
- Which of the following process measures was used to assess the program?
 - Discharge counseling capture rate
 - Patient understanding (HCAHPS)
 - Readmission Rates
 - Mortality
- First-dose counseling may augment discharge counseling when targeted to patients having which of the following:
 - New chronic medications started
 - Pain medications present
 - Discontinued home medications

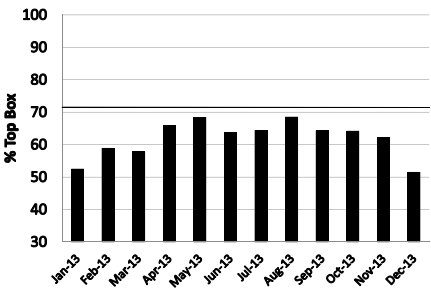


Cleveland Clinic


- 1,440 bed academic medical center
 - Case-mix index > 2.3
- > 55,000 annual admissions
- Average daily census ~1,000
- Pharmacy services
 - Unit-based and specialist
 - 0700-1530 weekdays
 - Consolidate coverage evenings and weekends

Background – Neurology HCAHPS Communication on Medications



Month	% Top Box
Jan-13	52
Feb-13	58
Mar-13	58
Apr-13	65
May-13	68
Jun-13	64
Jul-13	64
Aug-13	68
Sep-13	64
Oct-13	64
Nov-13	62
Dec-13	52



General Neurology - Pharmacy

- 1 unit-based pharmacist 0700-1530 weekdays
 - Evening and weekend consolidation
- Total coverage ~60 patients daily
 - Order verification, vancomycin dosing, targeted medication counseling, profile reviews, training/education

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Initial Questions to Address

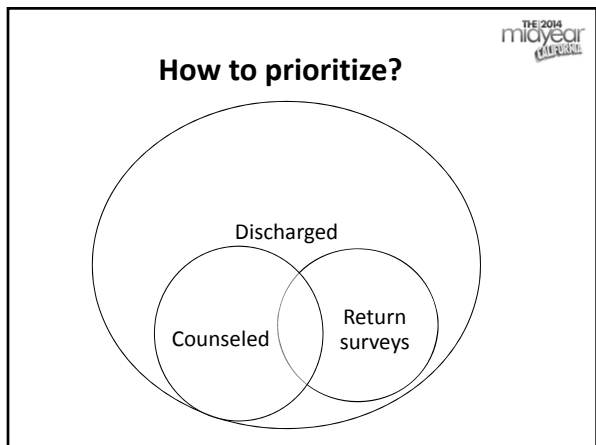
- What service to focus on?
 - First-dose education
 - Discharge education
- Capacity?
 - Appropriate scope
 - Data
- How does this fit in with upcoming initiatives?
 - Leverage as pilot for broader initiative
 - Structure to be easily adapted

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First-Dose vs. Discharge

<ul style="list-style-type: none"> • Benefits <ul style="list-style-type: none"> • Aligns with intent of HCAHPS questions (timing) • Multiple counseling opportunities • Limitations <ul style="list-style-type: none"> • Timeliness • Workload (feasible?) • No existing means of identifying 	vs.	<ul style="list-style-type: none"> • Benefits <ul style="list-style-type: none"> • More lead time from notice • Some happening already with bedside delivery of discharge medications • Existing ways to identify • Limitations <ul style="list-style-type: none"> • If missed, no second chance
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Decision: Do both, but prioritize



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Scope of the Initiative

- Prioritize home-going patients with new medications prescribed
 - Less opportunity for additional counseling in home setting
 - 8-10 discharges daily

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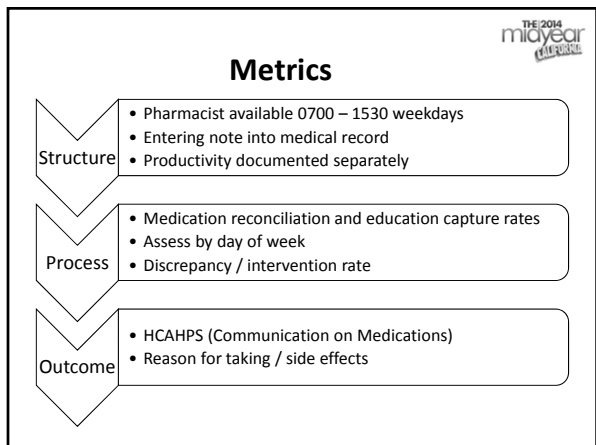
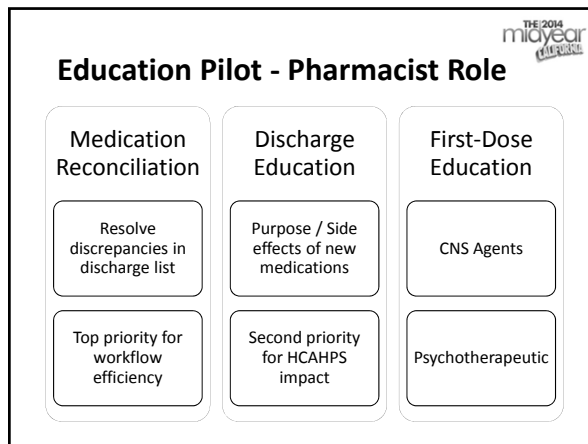
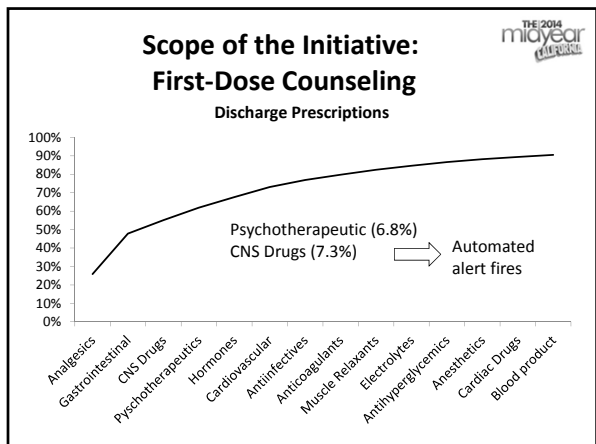
Visual Management with Electronic Medical Record

Bed	Patient Name/Age/Sex	MRN	Admission Date	Discharge Mec Rec Complete?	RX: H&D Discharge Med Rec Complete?	RX: H&D Discharge Medications Counseling	Discharge Orders
HD60-49				✓	DC Medist Reviewed	Discharge Meds Counseling Provided	DISCHARGE PATIENT
HD60-29				✓			DISCHARGE PATIENT
HD60-15				✓			DISCHARGE PATIENT
HD60-09				✓	DC Medist Reviewed	Discharge Meds Counseling Provided	DISCHARGE PATIENT

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Scope of the Initiative: First-Dose Counseling

- Could not automate identification of new medications in electronic health record
 - Some chart review would be required
 - Need to restrict volume to remain feasible
 - Push notifications to minimize manual review



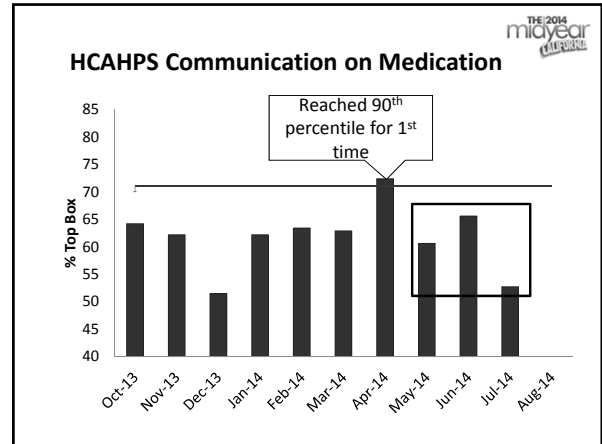
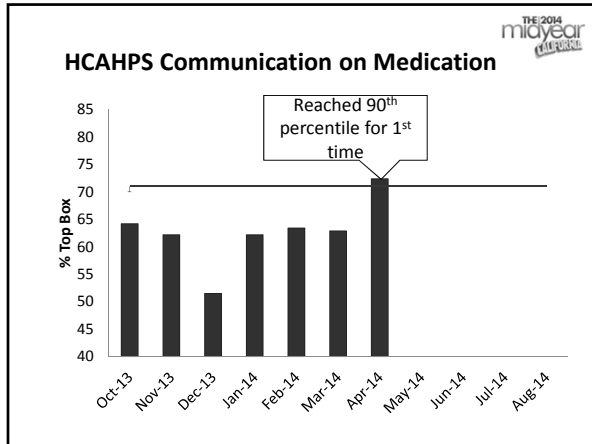
Process Measures

Activity	Total to Date	Daily Average	Average Capture Rate
Discharge Medication Reconciliation	768	7-8	60% (total) >90% (weekdays)
Discharge Counseling	447	4-6	35% (total) 66% (weekdays)
First-Dose Education	81	1-2	NA

THE 2014 midyear CLINICAL MEETING

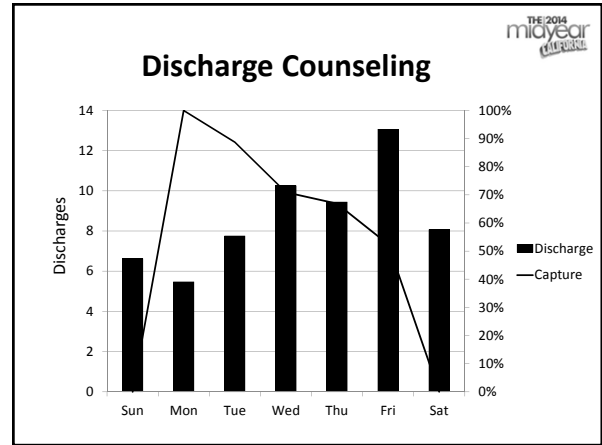
- ### Impact through August
- Discharge medication reconciliation
 - Interventions on 222 patients (29%)
 - Examples
 - IV diazepam prescribed
 - Antibiotics changed from piperacillin/tazobactam to cefepime – piperacillin/tazobactam continued
 - Metoprolol dose increased during inpatient stay, inadvertently discontinued
 - Aspirin resumed at 325mg three times daily instead of daily
- THE 2014 midyear CLINICAL MEETING

- ### Patient Counseling
- Overall, 66% capture rate of target patients
 - Ranges from 54% to 83%
 - 15% of all patient counseling was first-dose counseling
 - ~ 10-15 minutes per counseling
- THE 2014 midyear CLINICAL MEETING



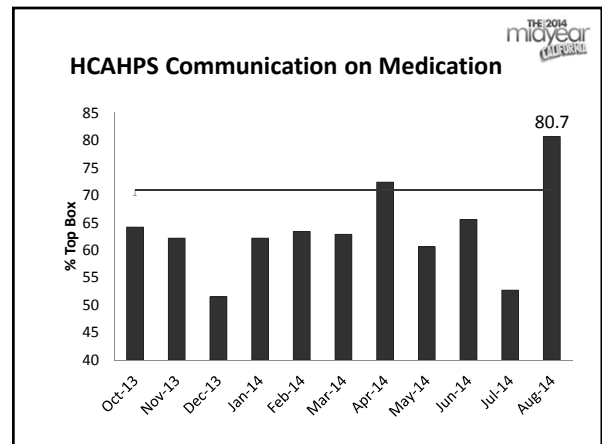
Stakeholder review

- What changed?
 - No pharmacy student presence
 - Less medication reconciliation lead time
 - Capture rate varied widely by day of week



Stakeholder review

- What changed?
 - No pharmacy student presence
 - Less medication reconciliation lead time
 - Capture rate varied widely by day of week
- Implement?
 - Re-communicate importance of early medication reconciliation
 - Student involvement
 - Exploring call-back program Mon-Tues





Self-Assessment Question 1

- First-dose counseling may augment discharge counseling when targeted to patients having which of the following:
 - A. New chronic medications started
 - B. Pain medications present
 - C. Discontinued home medications

Answer: A



Self-Assessment Question 2

- Which of the following process measures was used to assess the program?
 - A. Discharge counseling capture rate
 - B. Patient understanding (HCAHPS)
 - C. Readmission Rates
 - D. Mortality

Answer: A



Self-Assessment Question 3

- True/False: First-dose education seemed to have a larger impact on HCAHPS performance than discharge education

Answer: FALSE



Key Takeaways

- Improvements in HCAHPS scores **can** be realized by incremental increases in patient education efforts by pharmacists
- Discharge counseling may offer a **procedurally simpler** means of improving HCAHPS scores than first-dose teaching
 - Follow the metrics (both process and outcome)
- When tackling volume in excess of capacity, pair stakeholder input with data to **prioritize interventions**