Learning Objectives

- Describe how a flow diagram may be used as a tool for health systems improvement to ensure safe medication use across transitions of care.
- Outline standard work of a pharmacist managing the transition from SNF to home.
- List electronic health record data challenges faced during quality improvement transitions of care initiatives.

Self-Assessment Questions

- **True or False**: Constructing a flow diagram describing patient care pathways and documentation standards should be one of the initial steps in designing a transitions of care initiative.
- **True or False**: Upon SNF discharge, the pharmacist’s highest priority is ensuring the medication list in only the health system EHR is accurate.
- **True or False**: Prior to implementing a transitions of care initiative, a data management plan should be developed that outlines type of data to be collected, data source and frequency of collection.

Overview of the Problem

- Lack of initiatives for SNF Transitional Care Unit (TCU) patients
  - Consultant pharmacists
  - No formal medication reconciliation

- ~70% return home after TCU discharge
  - May have home care services
  - Delayed follow up with PCP post-discharge
  - Inconsistent pharmacist follow up in clinic

TCU Pharmacist Workflow

- Obtain list of discharges from Therapy & Social Work
- Review medication list and chart notes to identify medication changes
- Meet with patient and determine follow up
- Consult with NPs to determine home regimen
- Place discharge med orders in EHR
- Visit patient at their home post-discharge
Evaluation Plan

- **Methods:** Retrospective chart review
- Data collected using EHR from health system & TCU

<table>
<thead>
<tr>
<th>Primary Outcome</th>
<th>30 Day Post TCU Discharge Hospitalization &amp; Emergency Department Visit Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary Outcome</td>
<td>Number &amp; Type of Medication Related Problems Identified Among Intervention Group</td>
</tr>
</tbody>
</table>

Results

<table>
<thead>
<tr>
<th></th>
<th>Comparison (n=189)</th>
<th>Intervention (n=88)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ave Age (yrs)</td>
<td>69.7</td>
<td>70.8</td>
<td>0.52</td>
</tr>
<tr>
<td>Gender (% male)</td>
<td>40</td>
<td>43</td>
<td>0.64</td>
</tr>
<tr>
<td>Ave TCU LOS (days)</td>
<td>35.4</td>
<td>29.1</td>
<td>0.13</td>
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<tr>
<td>Median TCU LOS (days)</td>
<td>24</td>
<td>23</td>
<td></td>
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</tbody>
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Lessons Learned

- Transition of Care Documentation Problems
- Despite using data from two EHRs, not all outcomes can be tracked
- Adherence to medications not often documented

Self-Assessment Question 1

- **True or False:** Constructing a flow diagram describing patient care pathways and documentation standards should be one of the initial steps in designing a transitions of care initiative.
  - **Answer:** True
Self-Assessment Question 2
• True or False: Upon SNF discharge, the pharmacist’s highest priority is ensuring the medication list in only the health system EHR is accurate
Answer: False

Self-Assessment Question 3
• True or False: Prior to implementing a transitions of care initiative, a data management plan should be developed that outlines type of data to be collected, data source and frequency of collection.
Answer: True

Key Takeaways
• Key Takeaway #1
  • TCU staff and health system staff must collaborate to outline care processes and documentation standards.
• Key Takeaway #2
  • Pharmacists must communicate medication changes made to pharmacist & providers across each care transition.
• Key Takeaway #3
  • Improvements in delivering accurate clinical data across the transitions of care could help facilitate quality initiatives