

Title

Impact of a Hospital-Based Transitions of Care Program and Pharmacy Services on All-Cause 30-Day Readmission Rates

Purpose

The purpose of this study is to assess the impact of pharmacy-based transitions of care services on all-cause 30-day readmission rates at SSM Health Saint Louis University Hospital. Among the pharmacy-based services being assessed are medication reconciliation completed in clinic, vaccination in clinic, and utilization of outpatient pharmacy services.

Methods

The primary endpoint of this retrospective chart review is all-cause 30-day hospital readmission rate. We hypothesize that patients having a follow-up appointment post-discharge at the BRIDGE clinic will have a lower all-cause 30-day readmission rate compared to patients without a BRIDGE clinic appointment within 14 days following discharge and compared to the hospital's historical 30-day readmission rates for AMI, CHF, pneumonia, stroke, and/or COPD.

Results

A total of 40 patients were included in analysis. Of these patients, 12.5% were hospitalized for AMI, 15% for COPD, 45% for CHF, 17.5% for PNA, and 10% for stroke. Of the patients analyzed, the average age was 58.6 years. There was an average of 6.6 days in between the transitions of care appointment and hospital discharge for all patients. 37.5% of patients analyzed were vaccinated in clinic.

The overall readmission rate of the patients analyzed was 12.5%. For patients with the same included disease states within the same time frame, the readmission rate for the institution was 14.4%. There was a 1.9% reduction in readmission rate between the hospital and the BRIDGE clinic patients.

Conclusion

Utilization of transitions of care services like those provided at the BRIDGE Clinic can prove to be beneficial in reduction of overall all-cause 30-day hospital readmission rates. However, the results of this research are limited due to small sample size as well as extensive inclusion and exclusion criteria.