# Implementing a Comprehensive, Pharmacist-Lead, Transitions of Care Service in a Community-Based, Inpatient Behavioral Health Unit and its Impact on Medication Adherence

St. Peter's Health

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## Background

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports 1 in 5 U.S. adults experienced mental illness in 2020, representing 52.9 million people.[1] Patients with mental illness often struggle with medication compliance due to cost barriers, self-discontinuing medication once therapeutic benefit is achieved, and higher rates of substance abuse and homelessness.[2] This patient population greatly needs additional resources to help bridge the continuity of care from hospitalization to receiving medications at discharge. Pharmacists have a powerful role in ensuring that patients receive appropriate medications throughout hospitalization and at discharge. In a retrospective review of 200 admission medication reconciliations lead by pharmacy technicians and pharmacists, 365 medication discrepancies were identified.[3] Of these, 15% occurred with psychiatric medications.[3] Previous studies highlight the impact of bedside medication delivery services on reducing readmission rates to the psychiatric unit; however, there is a lack of literature demonstrating the impact such services have on medication adherence following discharge.[4-5] In order to assess this relationship, a pharmacist-lead transitions of care service was started on the St. Peter's Health behavioral health unit (BHU). This service includes medication reconciliations at admission and discharge, bedside medication delivery, and medication counseling at discharge.

## Purpose

Assess improved medication adherence through the implementation of a pharmacist-driven transitions of care service.

## Primary Objective

Improve medication adherence following hospitalization through providing a bedside medication delivery service

## Secondary Objectives

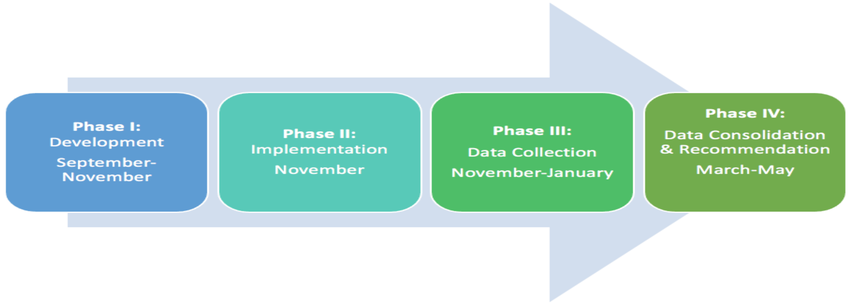
1. Medication reconciliation discrepancy subtypes
2. Medication adherence rates at 35-day follow-up
3. The impact of reason for admission on medication adherence
4. The impact of discharge destination on medication adherence during 35-day follow-up
5. Readmission rates

## Methods

**Design:** Prospective, open-label study comparing medication adherence rates from 11/01/2021-02/28/2022 of patients that chose to enroll in medication bedside delivery at discharge to those who chose to not enroll with a 72-hour follow-up to their preferred pharmacy.

| Inclusion Criteria | Exclusion Criteria |
|---|---|
| • Inpatient status | • Geriatric patients (age ≥65) |
| • Treated on the BHU | • Admitted before 11/01/2021 |
| • Ages 18-64 | • Discharge to assisted/long-term care facility |

## Implementation Process




## Phase I: Project Development

**The following will be developed prior to implementation:**

- Data collection platform
- Standardized means for documenting interventions and discharge education
- Screening tool for costly medications
- Staff education regarding service implementation for nursing, physicians and pharmacy

## Phase II: Implementation

**Key components to the transitions of care service include:**

- Medication reconciliation at admission and discharge
- Pharmacist intervention and documentation on discrepancies found on admission and discharge medication reconciliations
- Discharge medication counseling for all patients
- Bedside medication delivery service at time of discharge

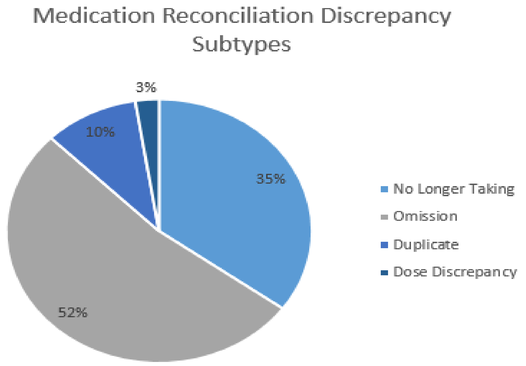
## Phase III: Data Collection

| Data to be collected: | |
|---|---|
| Medication adherence through 72-hour follow-up with outpatient pharmacies for patients not enrolled to medication delivery service at discharge | Subtypes of medication reconciliation discrepancies at admission and discharge (omission, no longer taking, wrong dose, wrong frequency, duplicate) |
| Medication adherence through 35-day follow-up with outpatient pharmacies for all patients | Discharge destination (home, homeless shelter, care facility) |
| Reason for admission | Re-admission to the inpatient behavioral health unit from 11/01/21-02/28/2022 |

## Phase IV: Data Consolidation

Following data collection, trends in the data will be further assessed in order to finalize recommendations on future plans to continue providing this service. This comprehensive transitions of care service will continue if results of this project show positive outcomes for patients.

## Preliminary Data




| Total Medication Reconciliation Discrepancies From Initial 18 Patients (as of 11/30/2021) |
|---|
| No longer taking (14) |
| Omission (21) |
| Duplicate (4) |
| Dose discrepancy (1) |
| **Total errors: 42** |

## Anticipated Challenges

Potential challenges throughout the implementation and data collection phases of this project may include, but are not limited to:

- Loss to follow-up
- Patients leaving against medical advice
- Change in outpatient pharmacy
- Mail order pharmacies

## Disclosures

Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

Nothing to Disclose.

## References

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