Learning from Transitional Care Pharmacy

San Jose Kaiser Permanente
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A. Step 1: Start small
   a. Collect data of number of discharge patient per day
   b. Find out discharge peak time
   c. Which nursing unit has the highest number of discharges
   d. Patient population: Med/Surg vs specialty
   e. Consider inclusion and exclusion population, criteria for med review.
      - Inclusion criteria: New meds, poly pharmacy for new & home meds, high risk meds, Beers list for elderly
      - Discharges from all floors, exclusion SNF & Hospice, and L&D
   f. Baseline of readmission data
   g. Communicate to leadership your project and potential outcome

B. Step 2: Shift, staffing, schedule
   a. When is the peak of discharge?
   b. How many hours needed to cover the majority of discharges?
   c. Which clinical shifts to be carved out? -or combined, integrated.

C. Step 3: Pilot first
   a. Select nursing floor with most turn around time for discharge
   b. Communicate to group of physicians i.e. hospitalists for support of writing and/or writing discharge orders in time.
   c. Identify your sources of discharge information i.e discharge coordinator, social worker, patient care coordinator.
   d. Expect Med Reconc by TCP upon discharge

D. Step 4: Implementation
   a. Announce Pilot Trial at Med Safety
   b. Establish duration of Pilot and planning for next step
   c. Use cost avoidance data for FTE justification
   d. Demand will further thrive TCP program

Notes: TCP activities
1. Review discharge orders and medication list
2. Intervene BEFORE patient is discharged
   a. Clinical interventions
   b. Medication reconciliation
   c. Adverse drug reaction prevention
   d. Referrals to pertinent clinics (Outpatient Anticoagulation)
3. Provide bedside discharge consultation
4. Post discharge follow-up phone calls to targeted patients