INTRODUCING THE DISCHARGE MEDICATION RECONCILIATION AND BEDSIDE COUNSELING PROCESS SUPPORTED BY DECENTRALIZATION OF ACUTE CARE PHARMACIST

Vishwesha Patel, PharmD

Objectives
To introduce decentralization of inpatient pharmacist to acute care areas for expansion of discharge medication reconciliation and bedside counseling services.

Background
- Medication reconciliation and medication education to the patient should be performed at every transition of care (National Patient Safety Goal 03.06.01).
- Pharmacists can play a vital role in ensuring that this critical step is completed to optimize patient care during discharge.

Methods
- To facilitate patient care and improve support to nursing/medical staff, pharmacy leadership took an initiative to decentralize pharmacists to acute care areas to streamline the discharge process.
- Decentralized pharmacist responsibilities include: inpatient dispensing; discharge medication reconciliation; and discharge bedside counseling for their acute care areas.
- Discharge bedside counseling was initially piloted to certain high risk group of patients and subsequently expanded to decentralized care areas. High risk groups included:
  - CHF readmission
  - Anticoagulation therapy
  - Pediatrics
  - Wounded Warrors
- Initially, the decentralization of inpatient pharmacist was limited to Monday through Friday only from 0700 to 1500.

Key Players in Discharge Reconciliation Process

Discharge Process - Flow
- Place Discharge Medication Request through Essentris Electronic Health Record (EHR)
- All Essentris Discharge Medication Requests queued in a web link
- Monitor discharge medication request web link and provide appropriate annotation
- Perform in-depth medication reconciliation of home meds, inpatient meds, and discharge meds
- Call provider for discrepancies and update discharge summary accordingly
- Process discharge prescription
- Provide Vanguard Report link in Discharge Medication Request for nurses to monitor status
- Provide bedside discharge medication counseling
- Provide documentation in patient’s EHR regarding medication reconciliation and bedside counseling
- Check Vanguard Report for status of discharge medications
- Pick up or send patient’s family member to pick up discharge medications from outpatient pharmacy if pharmacist is not available for bedside counseling

Discharge Medication Request

Discharge Med Rec and Pt Counseling Note

Results - Nursing Survey

Results – Discharge Matrix
- 90% of patients discharged received medication reconciliation
- 20% of patients discharged received bedside counseling
- 85% of nursing staff were satisfied with new discharge process
- 40% of reconciled discharge patients required pharmacist interventions
- Interventions captured were:
  - Omission error
  - Incorrect medication
  - Incorrect dose/frequency
  - Documentation error in discharge summary

Challenges/Limitations
- Missing discharge medication request for discharges to rehab/skilled nursing/assisted living facility
- Discharges with no medications
- Patients/nurses unable to access discharge medications request process and pick up discharge medications straight from outpatient pharmacy (missed medication reconciliation/bedside counseling)
- Missing documentation of completed discharge medication reconciliation and/or bedside counseling patients is EHR
- No documentation in place to capture type of intervention

Survey
- Satisfaction with the decentralized pharmacist on acute care area -
- Conveniency of decentralized pharmacist on weekends/holidays and after hours
- Location: the decentralization of inpatient pharmacy services provided a significant improvement in the expansion of discharge medication reconciliation and bedside counseling process
- Future plan to provide weekend and after hours coverage for discharge counseling

Results – Nursing Survey

Conclusion
- Decentralization of inpatient pharmacy services provided a significant improvement in the expansion of discharge medication reconciliation and bedside counseling process
- Future plan to provide weekend and after hours coverage for discharge counseling

Disclaimers
The views expressed in this poster are those of the author and do not reflect the official policy of the Department of Defense or U.S. Government.
- The author declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this poster.
- No financial support was received for the preparation of the poster.
- The author is in no way affiliated with the Department of Defense or U.S. Government.