The Discharge Companion (DC) Program was integrated into the hospital’s transitional care (TC) team model to: reduce readmissions; improve patient health outcomes; and decrease patient- and hospital-related costs.

The DC telepharmacist assimilated information from the patient’s outpatient pharmacy to identify contraindicated medication recommendations made during the DC Program. The DC nurse shared the telepharmacist’s clinical recommendations with outpatient providers and community pharmacies.

A total of 340 patient records were retrospectively reviewed by the clinical telepharmacist during the DC Program.

Table 1 provides characteristics of patients.

Table 1. Patient characteristics (N=340)

<table>
<thead>
<tr>
<th>Age, mean (SD)</th>
<th>78 (8) years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male gender, n (%)</td>
<td>203 (60%)</td>
</tr>
<tr>
<td>Female Gender, n (%)</td>
<td>137 (40%)</td>
</tr>
<tr>
<td>Race, n (%)</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>318 (93%)</td>
</tr>
<tr>
<td>Other</td>
<td>22 (7%)</td>
</tr>
<tr>
<td>Hispanic ethnicity, n (%)</td>
<td>59 (17%)</td>
</tr>
</tbody>
</table>

A total of 1242 recommendations were made by DC pharmacists.

Figure 1 delineates the types of clinical interventions made.

Figure 2 shows the types of safety-related concerns identified.

Figure 3 illustrates the types of vaccine guideline recommendations made.

Table 2 lists the types of national consensus guideline recommendations made.

The MTM telepharmacist and nurse were integral in facilitating focused follow-up appointments between the patient and provider to promptly resolve related concerns and therapeutic-related issues.

Interprofessional collaboration between the pharmacists and outpatient providers resulted in identification of gaps in care and safety issues.

The DC Program was successful in identifying and addressing considerable safety issues and gaps in adherence to national consensus guidelines.

Future research is needed to determine the impact of longer-term transitional care programs on: improved adherence and patient-related outcomes.

REFERENCES


The authors have no disclosures to report.