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Meds to Beds

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Meds to Beds

Background

- Hospital readmissions related to medications are largely preventable
- Readmissions that happen within 30 days of discharge are not covered by CMS
- Picking up discharge medications is often delayed due to financial reasons, including waiting days for prior authorizations
- Lack of pharmacies in our rural area, 1 per 132 sq/miles
- No pharmacies open 24 hours and some with limited hours

Importance of Issue

- Frequent hospitalizations can increase patient mortality
- Medication costs have continued to rise dramatically
- Frequent readmissions impact staffing and availability of beds at hospitals
- One hospital saw over 31,000 ER visits and 6610 discharges in 2018 alone
- Medication non-adherence can reduce quality of life for the patients and their families
- Reduced funding for hospitals from CMS, the largest insurance payer

Framework

- The Iowa Model would be the best framework for this project to promote quality healthcare
- The steps of the Iowa model closely follow the steps for this project

Key Concepts & Outcomes

- Decrease frequent hospitalizations
- Increase quality of life and lower mortality for patients
- Decrease impact of hospital by reducing the number of patients seen in the ER and admitted



GOAL:
Patients who receive meds prior to discharge will have a 50% reduction in ER visits and/or readmissions within one year of implementation

Interventions & Solutions

- Patients will receive a 30-day supply of their discharge medications prior to leaving the hospital
- The pharmacy will deliver the medications to the bedside within one hour of receiving the medication orders
- The hospital will see a 5% reduction in the number of ER visits and 30-day readmissions
- Patients who receive medications will have a post-discharge follow-up phone call within 48 hours of discharge

Evaluation

- Monitor rates of ER visits within 30 days of discharge
- Monitor rates of 30-day readmissions
- Evaluate causes of 30-day ER visits and readmissions
- Evaluate patient's medication knowledge prior to discharge
- Re-evaluate patient's medication knowledge at 48 hour post-discharge follow-up phone call

Key Players

- Patients identified as high risk for medication non-adherence and/or readmission
- Patients families and/or caretakers
- General Nursing staff
- Case Managers
- Physicians
- Discharge nurse
- Hospital pharmacists and pharmacy staff



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