CONFERECE ABSTRACT

Preliminary design of a pharmaceutical care service aiming at the reduction of hospital readmissions and its financial aspects

19th International Conference on Integrated Care, San Sebastian, 01-03 April 2019

Konstantina Nikou1, Aspasia-Athina Volakaki2

1: SOTIRIA Hospital, Athens, Greece;
2: Panarkadiko Hospital, Tripoli, Greece

Introduction: Healthcare reform is creating a shift from volume-based to value-based care, with a renewed focus on improving patient outcomes and quality care. Hospital pharmacists are uniquely positioned to play a key role in positively affecting patient outcomes and reducing hospital readmissions, as well as healthcare costs.

Aim: The aim of this attempt is to increase patient adherence through understanding of their medication post discharge, in order to achieve prompt recuperation and a better quality of life.

Service description: In order to achieve this aim, a full medical history of critical patients and bidirectional communication between hospital pharmacists and hospital doctors is necessary. Subsequently, the hospital pharmacists ought to gain patients’ trust through discussion. Therefore, a first face-to-face contact with each patient would be preferable, continuing with follow-up calls.

Nevertheless, in the development of this type of pharmaceutical care one should be aware of barriers such as lack of information, increase in workload, lack of laboratory data and full access to all electronic data. Sometimes spoken communication might be an issue.

Comments on transferability: At the first stage of this service the targeted population will be the elderly, being the most representative part of the total population regarding polypharmacy, which usually has little or no help in terms of homecare treatment. In the next step, community pharmacists and home care nurses should also be involved.

Conclusions: Although multiple factors contribute to hospital readmission, hospital pharmacists can play an important role individually and as part of interdisciplinary teams. They can be extremely effective conducting interventions involving medication review and patient education post discharge. Eventually hospital readmissions are associated with unfavorable patient outcomes and high financial costs, more than the cost of some extra hospital pharmacists involved in patients discharge.

Keywords: hospital pharmacist; readmission; elderly