

Implementation and Review of Student Led Meds-to-Beds Intervention on Hospital Readmission Rates and Patient Satisfaction in Advanced Heart Failure

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INTRODUCTION

- Heart failure is one of the top 5 reasons for readmissions within 30 days.
- This accounts for both the highest rate and number of readmissions in reported data.
- Each hospital readmission is ~\$15,200¹
- Effective patient counseling and delivery of discharge medications can improve readmission rates^{2,3,4}
- The impact of Meds to Beds programs for *both* readmissions and satisfaction has not been evaluated.
- This project aims to leverage pharmacy interns to improve the transitions of care in the advanced heart failure population.

OBJECTIVES

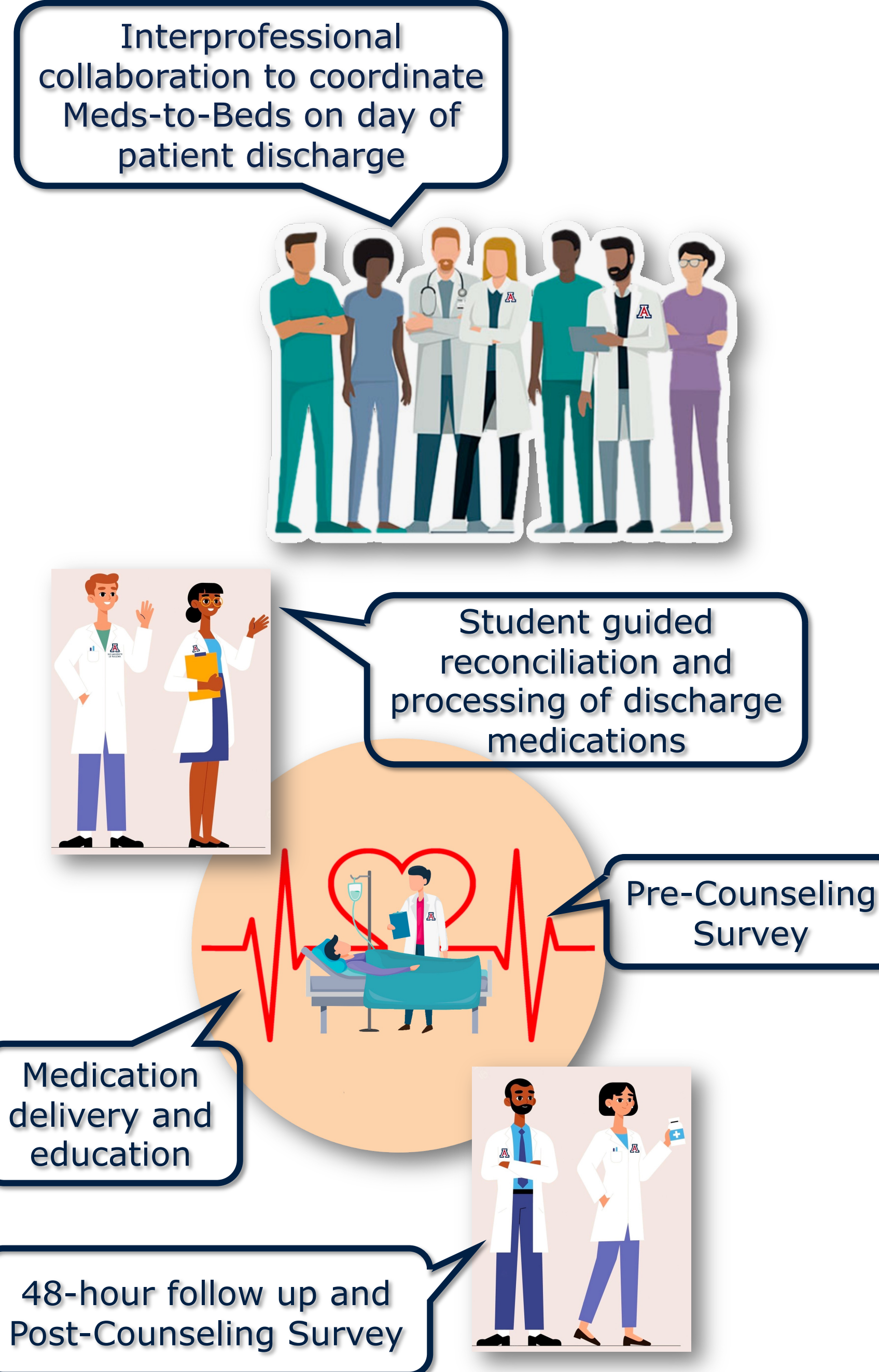
PRIMARY

- To evaluate the impact of the Meds-to-Beds program on preventable hospital readmissions amongst participating patients with advanced heart failure.

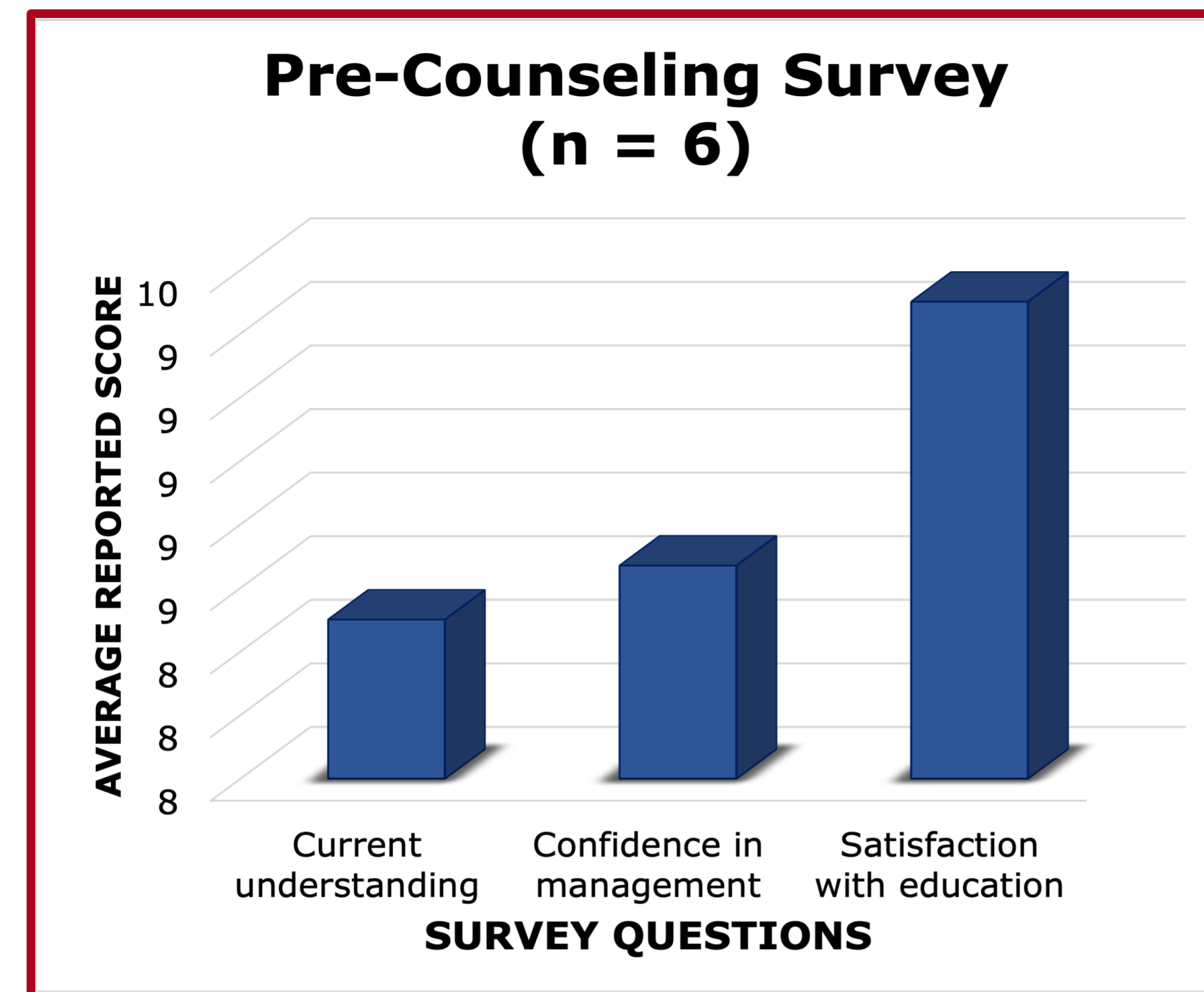
SECONDARY

- To assess patient understanding and comfort in managing medications before and after medication education.
- To assess patient satisfaction regarding the quality of medication education and counseling received.

METHODS



RESULTS



GDMT	N (%) Patients
ACE/ARB /ARNi	4 (66.6%)
Beta Blocker	6 (100%)
MRA	5 (83.3%)
SGLT2i	6 (100%)

NON-GDMT	N (%) Patients
Digoxin	1 (16.6%)
Isosorbide Dinitrate	2 (33.3%)
Hydralazine	1 (16.6%)
Quinidine	1 (16.6%)

DISCUSSION

- Low patient enrollment limits our interpretations of current data.
- This project highlighted the need for a comprehensive review and reconciliation of medications during each transition of care.
- Pharmacy interns enhanced patient care by identifying:
 - Gaps in guideline directed medication therapy
 - Prescribing errors including therapy omissions, incorrect dosing, and duplicate therapy
- Pharmacy interns served as stewards in the transitions of care for the advanced heart failure population by identifying barriers to care
- Future projects should incorporate a standardized follow up procedure to capture patients after discharge.

REFERENCES

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