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UCSF Health

Care Transitions Outreach Program: The Pharmacists Role in Ensuring Post-Discharge Medication Safety

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Goals for Today

- Introduce Care Transitions Outreach Program (CTOP)
- Provide an Overview of UCSF's Interprofessional CipherOutreach Program
- Define the Pharmacists Role in Post-Discharge Medication Safety
- Share Medication Data & Patient Stories
- Describe Leveraging CipherOutreach for Program Evaluation, New Program Development and Quality Improvement

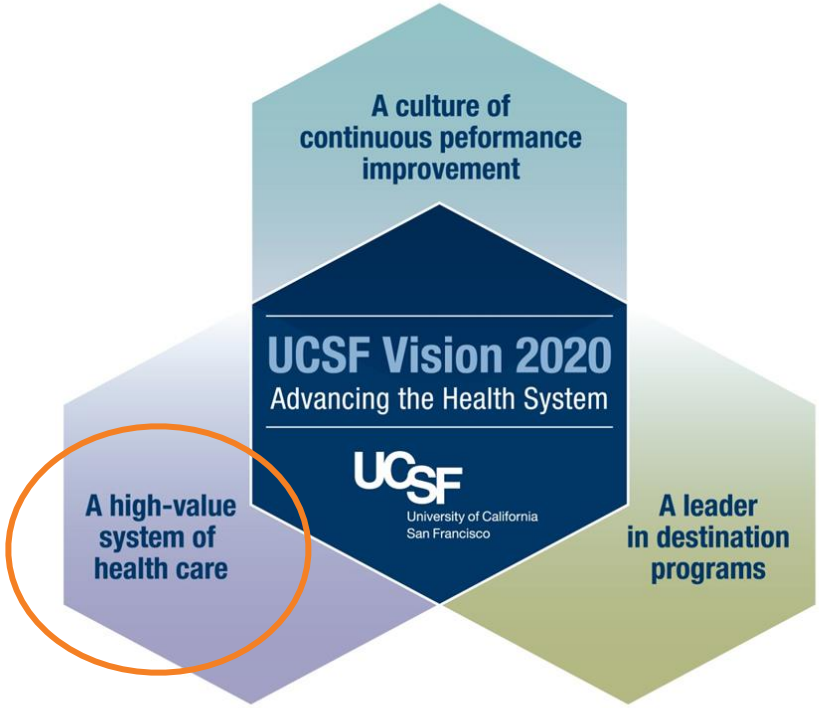
UCSF Health

Large Academic Medical Center

- 979 beds in total
- Three campuses in San Francisco at Parnassus, Mission Bay and Mount Zion

The Office of Population Health and Accountable Care (OPHAC)

***Our Mission**: Combining **innovation** with **compassion** to transform health care delivery across UCSF Health.*



Care Transitions Outreach Program

Program Overview

- Centralized group of 7 expert RNs with diverse clinical backgrounds & 4 School of Pharmacy pharmacist faculty and one social worker
- Provide a safety net through discharge follow-up phone calls
- Expanding & improving since September, 2013

Care Transitions Outreach Program

Goals of the Program

- Support patients during transition from hospital to home
  - Reduce patient anxiety & improve experience
- Complete the discharge process
  - Follow up on plan of care & reinforce discharge instructions

- Facilitate the right care at the right time
  - Prevent unnecessary ED visits/rehospitalization & expedite care when needed
- Prevent patient harm & report opportunities for improvement
  - Medication Safety Committee

Care Transitions Outreach Program

By the Numbers

- 100% implementation to adult populations; 98% pediatrics
- 55 service-line/specialty clinic partnerships
- 54 languages accommodated through interpreting services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Добрий
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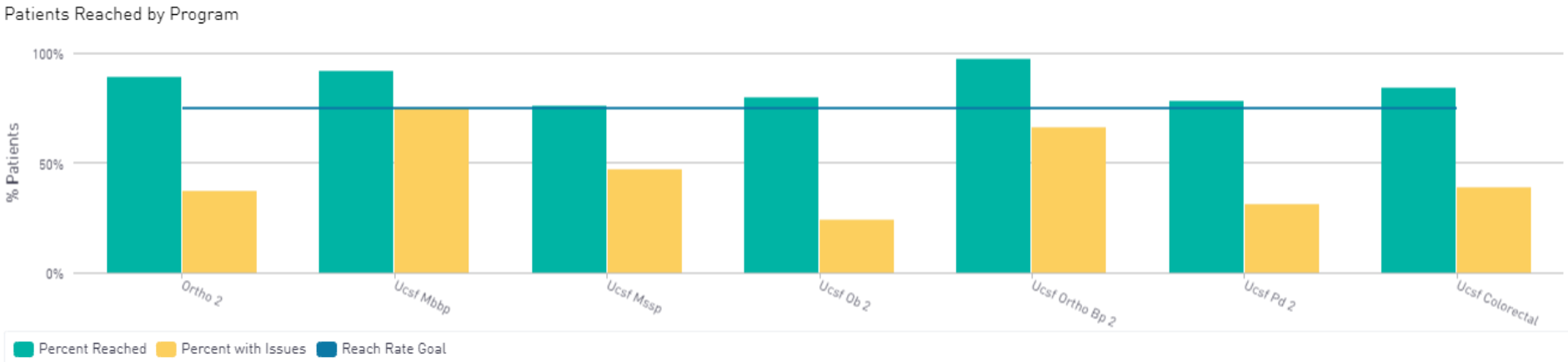
Привет

Care Transitions Outreach Program

Jan 1, 2019 – December 31, 2019 (Pre COVID-19)

- 28.5K patients called
- 80% (23.6K) reached
- 32% self-identified issues
  - 35% of these issues are medication -related
- 3-hour median time to resolve all issues



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Care Transitions Outreach Program

Your Hospital Stay

Why You Were Hospitalized

Primary Hospital Problem: Not on File

Your Hospital Team and How to Reach Them

General Surgery: (415) 353-2161

After Visit Phone Call

Within 3 days after you are home, you will receive an automated phone call from our team. Please respond to the questions, so that we know how you are doing. If you need help or have a question, a nurse will call you back.

Care Transitions Outreach Program

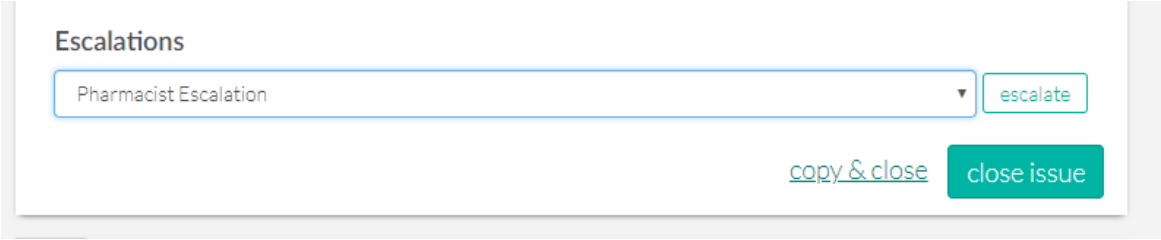
How the Program Works:

- Patients are told to expect our call at discharge. This is also in their discharge paperwork.
- Automated call is sent out 48-72H after discharge
- Patient/family responds to automated call (interactive)
- Outreach team is notified of patients who need help
- RN/pharmacist reviews chart, calls patient & addresses issues/questions
  - Often independently, but also collaborates with inpatient/outpatient providers, PCPs, case managers, home health agencies
- RN/pharmacist documents in EMR and communicates outcome of call to care teams

Care Transitions Outreach Program

Pharmacy Escalations:

- **Teamwork that results in the right care at the right time**
  - Nurses escalate complex medication/prescription issues to pharmacy
  - Pharmacy also self-escalates medication-only problems
    - Especially during times of nursing shortage and high volume



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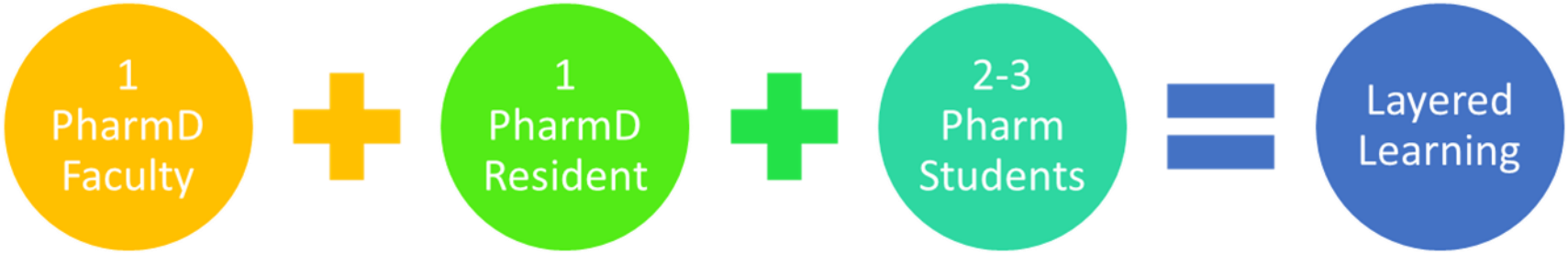
Layered Learning

- **Description – Education and Practice**
  - Focus on practice expansion and advancement through a layered mentoring process



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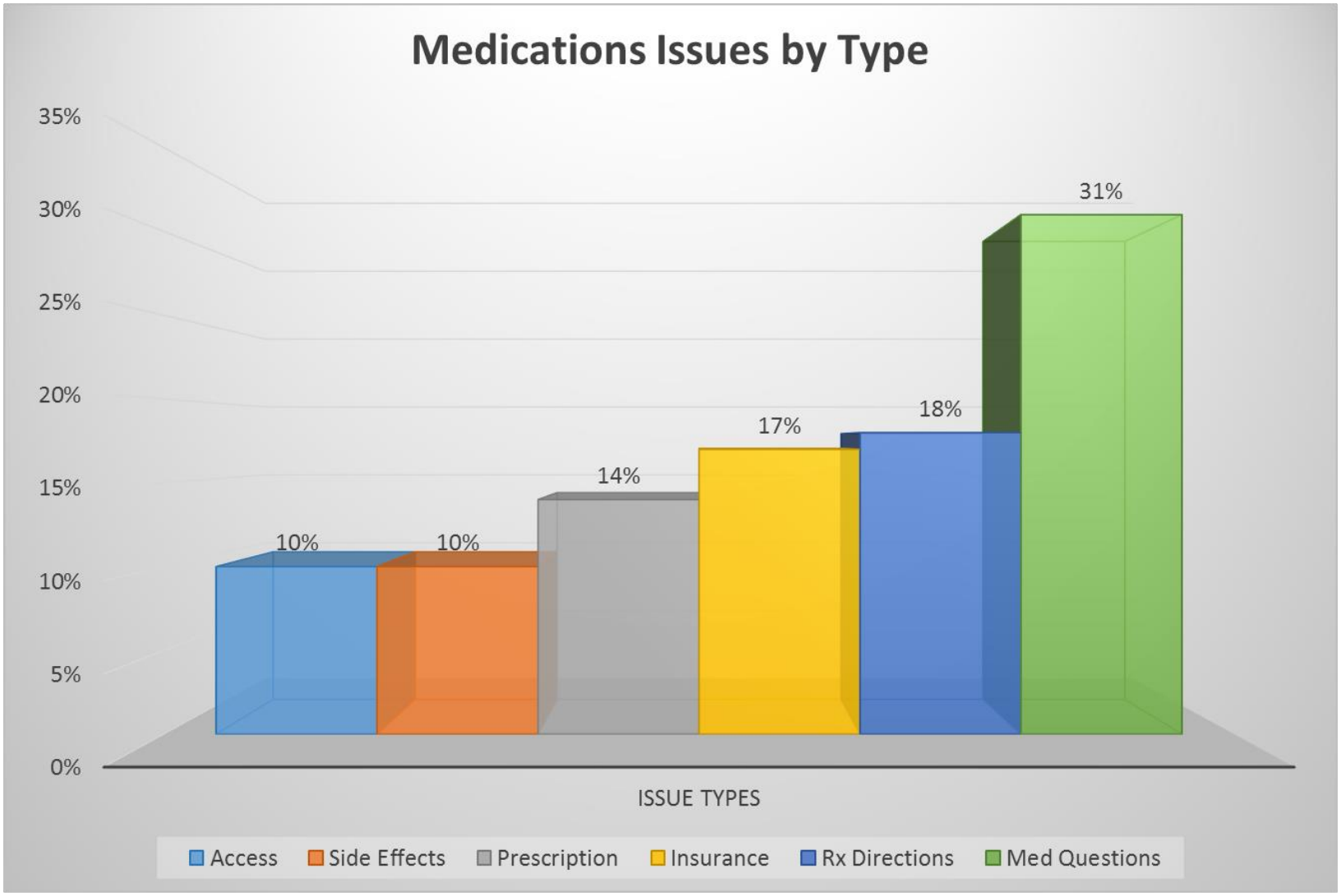
Layered Learning

- **Benefits**
  - **Patient care**
    - More efficient, didactic care management, analyze data for projects
  - **Modeling** the four preceptor roles through clinical problem solving
    - Instructing ► Modeling ► Coaching ► Facilitating
  - **Topic discussions** to further learning of all
    - Weekly clinical pearls and monthly clinical presentations
  - **Mentored research**

Pharmacy by the Numbers



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Pharmacy by the Numbers

Pharmacist Involvement with CTOP

- Providing high quality service to ensure medication safety for discharged patients
- Depth of what a call involves expanded in 2018 to reach new targets for comprehensive medication reviews (CMRs) and medication reconciliation.

Year	# Rx Escalations	# of touches
2015	440	
2016	667	2.36
2017	814	2.94
2018	663	4.0
2019	592	4.1
2020	798	4.3

CipherOutreach Optimization

Script Improvements in April, 2018 aimed at reducing false positives

Q1. Symptoms: Are you having any new symptoms or symptoms that are getting worse?

Q2-4. Prescription and medication related

Q5. Follow up help: Asks if patient has questions related to follow-up plan, phone number to schedule and appointment or home visit

Q6. Discharge Instructions: Questions related to instructions given at discharge on how to care for yourself at home

Q7. Satisfaction: Were you satisfied with your stay at UCSF?

Q8. Other Clinical Issues: Would you like the opportunity to discuss another clinical issue about your hospital stay with a UCSF nurse?

Medication Safety & Problem Solving: Case #1

Patient 1: Nurse escalation for "my new medications are not at the pharmacy"

Pharmacist Assessment: Heart medicines (i.e. metoprolol, atorvastatin, amlodipine) not successfully E-transmitted to pharmacy after discharge for AAA repair

Action: Provider contacted successfully transmitted

What happened next?

On CMR, patient reports taking carvedilol and simvastatin at home. Provider re-contacted, duplication of therapy addressed, patient educated, community pharmacy notified, incident report filed.

Medication Safety & Problem Solving: Case #2

Patient 2: Nurse escalation for "med confusion"

Pharmacist Assessment: Pt admitted for GI bleed; Xarelto® stopped and verbally told to continue baby ASA, but ASA not listed on After Visit Summary (AVS)

Action: Provider contacted, ASA OK, patient informed, pharmacist added to medication list

What happened next?

On CMR, patient reports taking home meds of Lisinopril (not on AVS) and amlodipine (on AVS). Pharmacist noted on admit patient was dizzy/hypotensive and all BP meds held. Contacted provider, told patient to stop both amlodipine and lisinopril until f/u with PCP. Incident report filed.

Medication Safety & Problem Solving: Case #2

Patient 3: Nurse escalation for "patient had to borrow prednisone from a family member"

Pharmacist Assessment: Pt admitted for flare of inflammatory bowel disease; community Rx received 4 e-Rx from UCSF for weekly taper

What happened next?

Community pharmacist dispensed Rx for week 3 taper on week 1 and encountered "fill to soon" error. UCSF Pharm resolved with insurance, educated MD, requested new Rx.

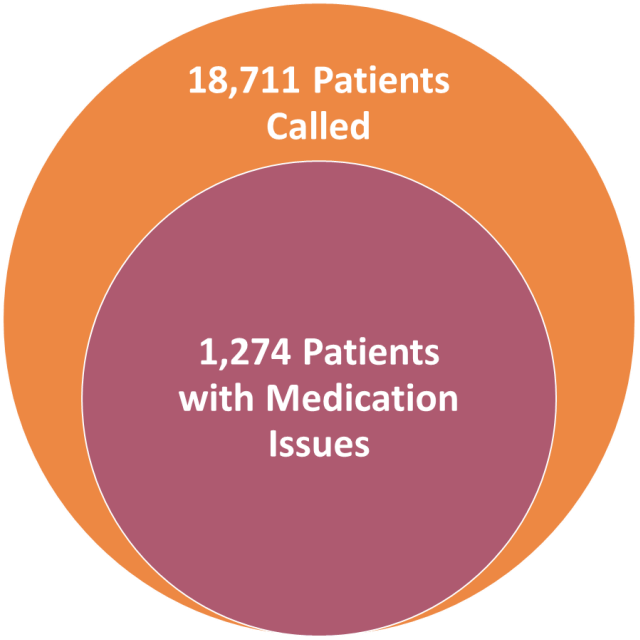
Meds to Beds (M2B) Program

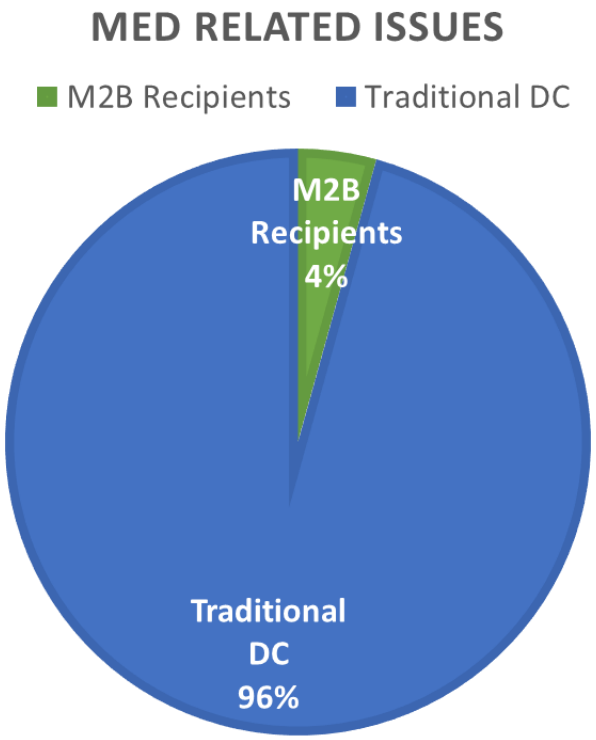
Study Done by Pharmacy Led to Improved Access

- Bedside delivery of new discharge medicines through UCSF/Walgreens partnership
- Medication counseling provided by service-based UCSF pharmacists, residents, and pharmacy students
- Voluntary enrollment for patients admitted at both UCSF campuses

Meds to Beds (M2B)

Leveraged CipherOutreach Data to Test Program Effectiveness





- 5% of traditional discharge pts were not able to fill their medications, 0% of M2B (p=.08) trend

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Meds to Beds Success Story

Patient Example

96 YO female dc'd home with a new Rx for metoprolol succinate. Team sent script to Walgreens for 50 mg, (2 tabs =100 mg/day). After morning rounds, team reduced dose to 50 mg/day.

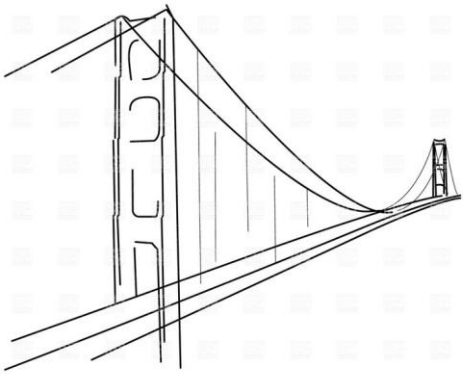
What happened next?

Meds 2 Beds Rx arrived; during pharmacist counsel, pharmacist noticed directions on bottle read 2 tabs = 100 mg.

Likely saved a CTOP medication-related call post discharge

CTOP Expertise and Experience → Positive Systemwide Improvements

- **Internal (UCSF Health)**
  - Opioid education on AVS
  - PRIME metric
  - Interest in analyzing Cipher data
- **External (across the UC System)**
  - UCOP
    - Learn from each other
- **And beyond!**



New Population Health Programs

- Longitudinal Outreach with CipherOutreach
  - Heart failure, orthopedic surgery, COPD, Bowel surgery
- COVID Outreach
- Virtual High-Risk Transitions

Summary

- Care Transitions Outreach Program is UCSF's Safety Net
- UCSF Utilizes CipherOutreach to Reach & Help Patients
- Layered Learning Benefits Patients, Students, & Research
- Our Program Tackles Common Medication Problems and Promotes Medication Safety
- CipherOutreach Can Be Leveraged for Program Evaluation
- Optimization of CipherOutreach Script Lead to Program Expansion and Quality Improvement

What questions or comments do you have?

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