

Factors Associated with Increased Risk of 30-Day Readmissions.

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Background

- Hospital readmissions cause great financial strain to the United States health care system and individual health systems.^{1,3}
- The Centers for Medicare and Medicaid Services (CMS) has created the Hospital Readmissions and Reductions Program (HRRP) which penalizes systems that have high 30-day readmission rates in certain disease states.²
- With almost three-fourths of CMS readmissions being preventable, many different payers and health systems will need to focus on reducing readmissions to save money and improve patient care.^{1,3}

Objectives

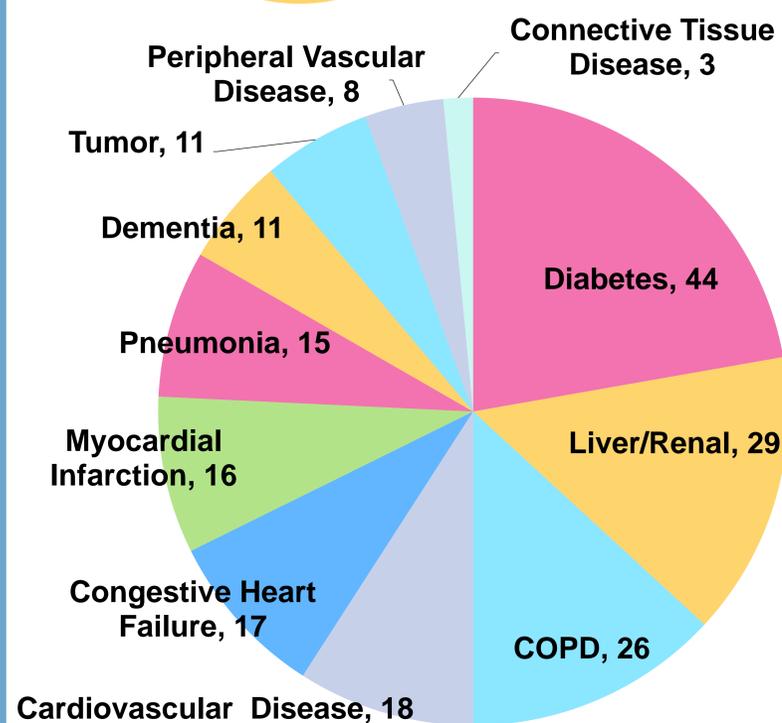
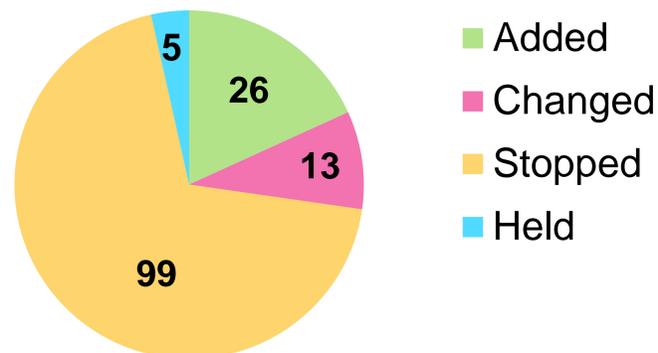
To evaluate possible causes of 30-day readmissions to identify areas pharmacists can improve outcomes and patient care.

Methods

- Single center, retrospective chart review of COMCARE patients readmitted within 30 days, identified by our medication reconciliation technicians.
- Readmissions from January 30th, 2020, to October 17th, 2020
- Inclusion Criteria:**
 - Primary care provider at COMCARE.
 - Discharging from Salina Regional Health Center.
 - Older than 18 years of age.
- Exclusion Criteria:**
 - Patients with less than 3 medications.
 - Patient readmissions due to elective surgery.
 - Prisoners.

Results

Patient Demographics		
Gender (percent)	Male	39 (51)
	Female	38 (49)
Age (years old)	Mean	71.4
Time to Readmission (days)	Mean	9.5
Time To Follow-Up (days)	Mean	7.8
Medications	Mean	14.5
Medication Changes	Mean	2.4



Conclusions

- Readmitted patients have a high medication and disease burden.
- 60% of the disease states identified on readmitted patients meet CMS criteria, creating extra financial strain on the institution.
- While our time to follow-up is less than our time to readmission, these patients still need more intervention to reduce their likelihood of readmission.
- Through emphasis on medication use and complex disease state education, pharmacists can improve care for patients and impact outcomes.
- This evaluation only includes patients identified by medication reconciliation technicians and may not identify every COMCARE patient readmitted.

References

- Bethishou L, Herzik, K, Fang N, et al. The impact of the pharmacist on continuity of care during transitions of care: a systematic review. *Journal of American Pharmacist Association*. 2019; 60:163-177.
- Otsuka SH, Sen S, Melod KT, Ganetsky VS. A practical guide for pharmacists to establish a transitions of care program in an outpatient setting. *Journal of American Pharmacist Association*. 2015; 55(5):527-533.
- Ploenzke C, Kemp T, Naidl T, et al. Design and implementation of a targeted approach for pharmacist-mediated medication management at care transitions. *Journal of American Pharmacist Association*. 2016; 56: 303-309.

Disclosures

Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation:

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