

HEALTH RESEARCH ABSTRACT SUBMISSIONS

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College *	College of Pharmacy
Department *	Pharmacy Practice and Science
Title of Research *	Inpatient Pharmacist Recommendations Designed to Reduce Re-hospitalizations
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Introduction & Purpose *	To evaluate inpatient pharmacist recommendations aimed to improve treatment of chronic conditions and reduce future re-hospitalizations.
Experimental Design *	This prospective trial randomized patients to either a control group or two intervention groups. Blinded pharmacy case managers made drug therapy recommendations to the inpatient physician who either accepted or rejected the recommendation. All patients received phone calls from a research nurse at 30 and 90 days after discharge to determine if they had subsequent emergency room visits, hospital readmissions, and/or unscheduled clinic visits after being discharged.
Results *	<p>Pharmacists made 171 recommendations to inpatient physicians for 72 patients; 80 (47%) were accepted, 91 (53%) were denied. Physicians were less likely to accept the pharmacists' recommendation for patients who received more medications on admission (OR = 0.94 per additional medication, CI= 0.89-1.00, p=0.038). When the pharmacist made a recommendation regarding a pharmaceutical issue, there was a trend that physicians were more likely to accept the recommendation (p=0.063) but they were less likely to accept the recommendation if it involved the proper indication for a medication (p<0.001). Physicians were more likely to accept recommendations to discontinue a medication (p=0.046) and there was a trend to not accept recommendations to add a medication (p=0.054). There was no significant correlation between acceptance of the pharmacist and fewer re-hospitalizations or emergency visits (p=0.385).</p>
Conclusions *	The pharmacists made many recommendations but only 47% were accepted. Many hospital physicians did not want to change therapy being managed by community physicians. Patients admitted with a higher case complexity had fewer recommendations accepted by the inpatient team. Pharmacist recommendation acceptance showed no significant correlation with fewer re-hospitalizations. The final dataset for this ongoing study is expected to have double the number of patients and recommendations as what we currently have.

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