

# The potential impact of pharmacist intervention on re-presentation and re-admission rates from high turnover units

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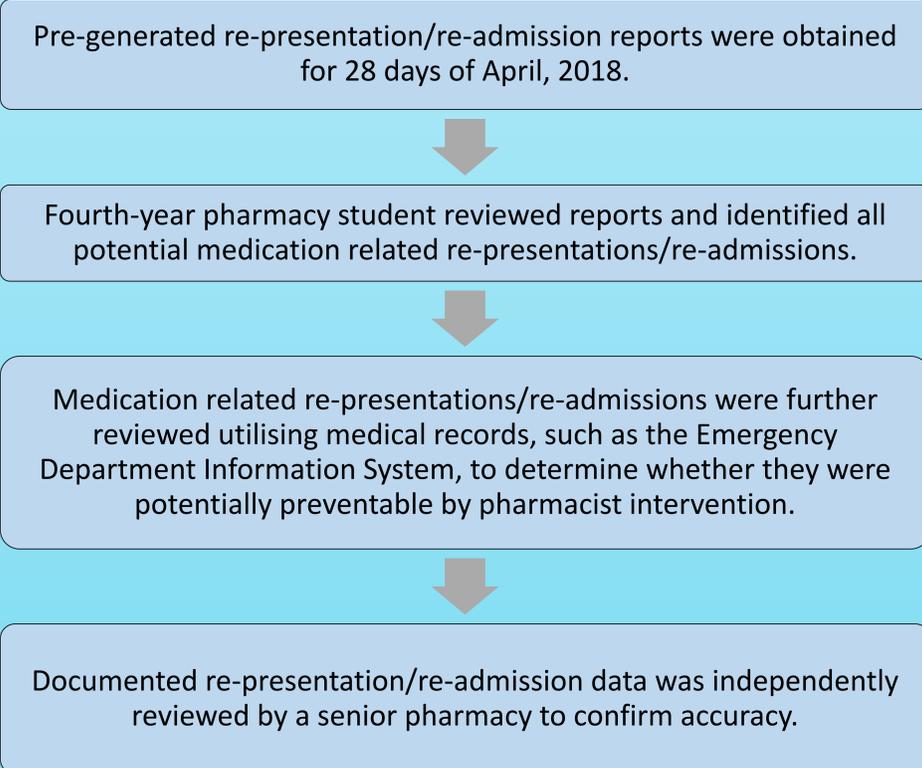
## Background

Current evidence demonstrates that pharmacist involvement in the discharge process can significantly decrease medication related re-presentation/re-admission rates<sup>1</sup>. This reinforces the need for more pharmacist intervention, especially in high patient turnover areas such as short stay unit (SSU) and day procedural unit (DPU). At present, these areas generally have minimal or no pharmacy presence and patients are often given prescriptions on discharge by medical/nursing staff with little to no counselling, nor opportunity for pharmaceutical review.

## Aim

1. To identify the significance of medication related re-presentation/re-admissions from SSU and DPU.
2. Establish whether pharmacy service expansion into SSU and DPU could potentially prevent/reduce medication related re-presentation/re-admissions.

## Methods

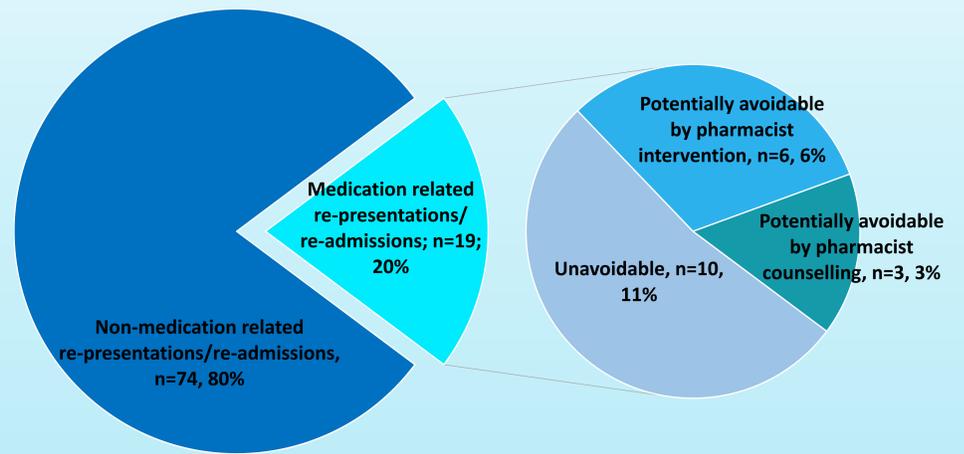


## Conclusion

- ❖ Despite the likely benefits beyond medication related/re-presentation/re-admission prevention, our results suggest that these rates may not be significantly affected by pharmacist presence in these units. Inclusion of other outcome measures may be more beneficial in identifying future staffing needs.
- ❖ Service expansion of targeted anti-microbial stewardship reviews in SSU may assist in reducing the high rate of re-presentation/re-admissions associated with inappropriate antibiotic selection.
- ❖ Encouraging that DPU discharge prescriptions are dispensed at the hospital pharmacy may enhance opportunity for appropriate counselling.
- ❖ Main study limitations were the small study size and short duration analysed. A larger scale audit, conducted over an extended period of time, may identify a greater significance of pharmacist intervention in these high turnover areas.

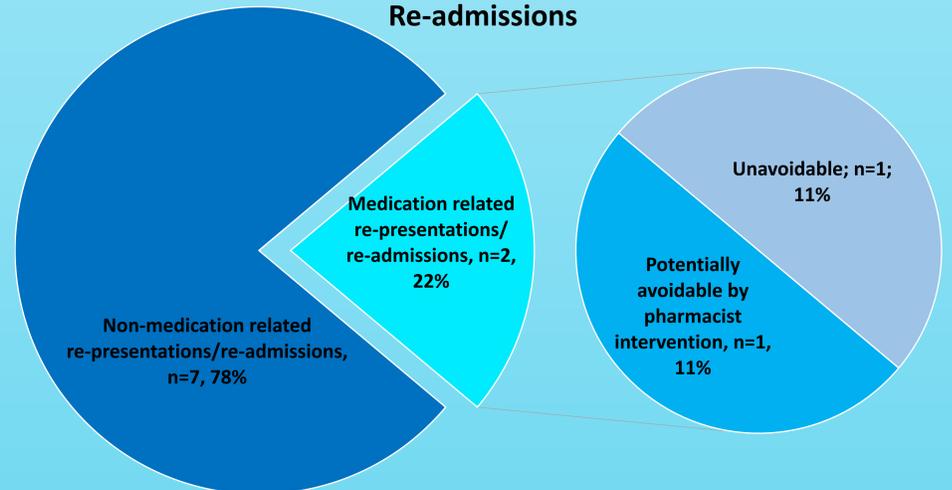
## Results

Table 1. Short Stay Unit Re-presentations/Re-admissions



- ❖ Of 93 re-presentation/re-admissions, 19 cases were considered medication related.
- ❖ 6 re-presentation/re-admissions potentially preventable through pharmacist intervention:
  - 5 cases – oral antibiotic selection (sensitivities identifying resistance to prescribed antibiotic).
  - 1 case – aperients required to prevent opioid-induced constipation.
- ❖ Additional 3 cases potentially preventable if medication counselling was provided by the pharmacist:
  1. Reinforcement of medication compliance.
  2. Sedation and increase risk of falls with quetiapine.
  3. Reinforce/review correct inhaler technique.
- ❖ Some unavoidable re-presentation/re-admissions included:
  - Inadequate analgesia provided on initial discharge.
  - Deep vein thrombosis post hip replacement, despite rivaroxaban 10mg prescribed on initial discharge.
  - Re-admission for congestive heart failure symptoms, with diagnosis of pneumonia on initial discharge.

Table 2. Day Procedural Unit Re-presentations/Re-admissions



- ❖ Of 9 re-presentation/re-admissions originating from DPU, 2 were considered medication-related:
  - 1 case - potentially preventable through pharmacist counselling to improve antibiotic compliance.