

Evaluating the Connect with Pharmacy web-based intervention in reducing hospital readmissions for older people

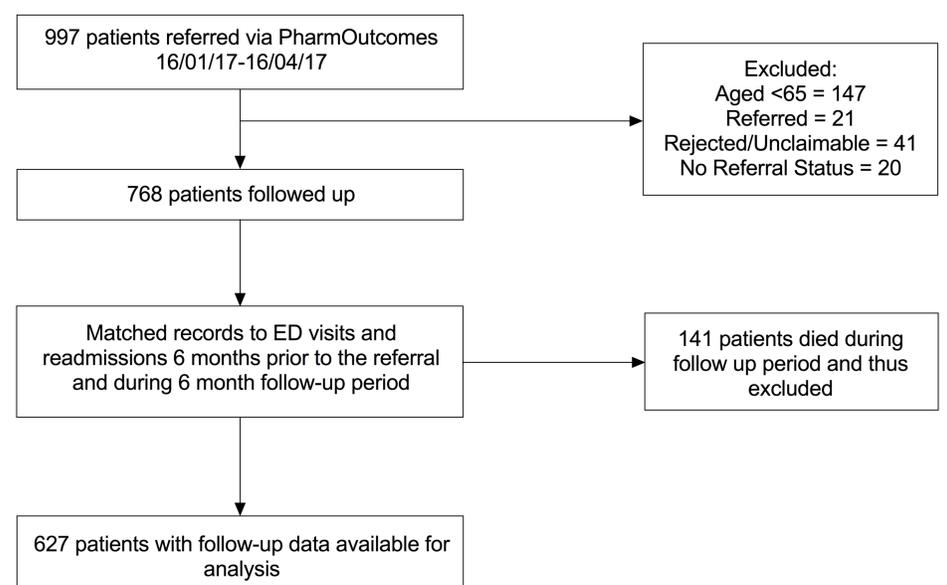
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INTRODUCTION

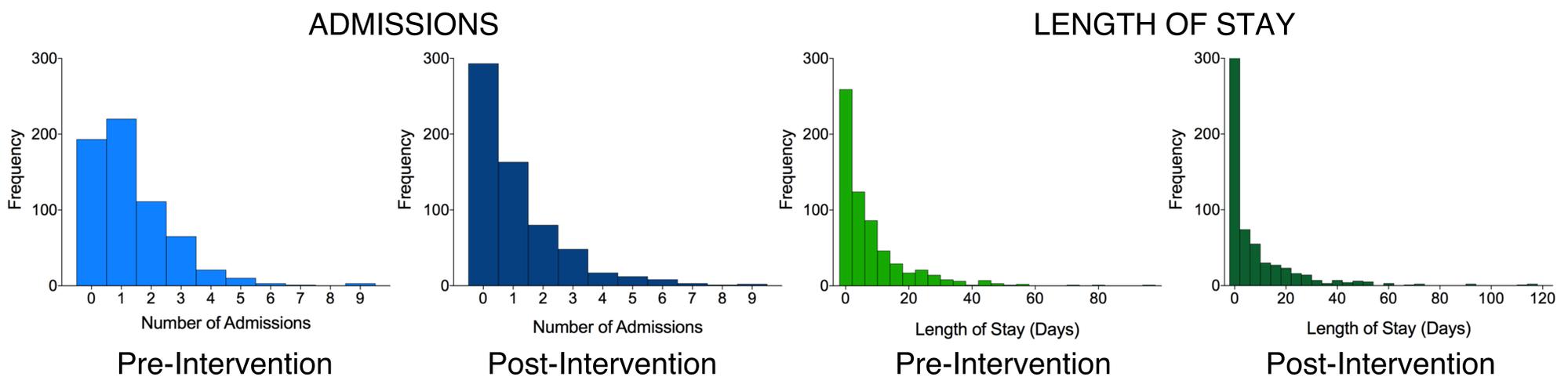
There is growing evidence that deficiencies in quality of communication exist for patients transitioning between different care settings. During hospital stay nearly every patient will experience at least one modification, and more than 75% of patient will have three or more changes in their medication regimen. These changes seem to have a greater effect on older people at this population is prone to the complexities of multi-morbidity and polypharmacy, hence need for greater post-discharge continuity of medication management.

METHODS

Leeds Teaching Hospitals Trust (LTHT) recently implemented a web-based intervention (“Connect with Pharmacy”; CwP) that allows hospital pharmacy staff to securely share pertinent discharge information with the patient’s community pharmacy. To evaluate intervention efficacy, data collected as part of routine clinical management were retrospectively analysed. For primary analysis, patient admission rates were tracked 6 months prior (baseline) and 6 months’ post-referral. Secondary measures included change in total length of stay (LoS) if readmitted, duration of emergency department (ED) visits and polypharmacy.



RESULTS



In the sample of patients (all aged 65 years and older) tracked in the first 6 months of the intervention ($n = 627$; Mean age = 81 years, 389 female), admission rates following referral ($M=1.1$, $SD=1.49$) reduced relative to baseline ($M=1.31$, $SD=1.36$) ($V=38766$; $p < .001$). There was no reduction in total LoS ($V = 63462$, $p = .12$), but subsidiary analysis revealed a post-referral reduction in number of days spent in hospital lasting less than 3 days ($\chi^2 = 13.37$, $p < .001$). There were no statistically reliable differences for number of ED visits, hours spent in ED, nor was there an effect of polypharmacy (all p 's $> .05$).

TAKE-HOME MESSAGE

The CwP intervention has been successfully implemented at LTHT and admissions for patients referred were reduced by 16.2% during the intervention period. The result showing a reduction in LoS post-intervention for short stays indicates that there may also be further benefits for patient experience and hospital flow. Conducting economic cost-benefit analysis is the next step towards larger scale adoption.

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