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Impact of Reduced Patient to Pharmacist Ratio and Enhanced Pharmacist Teaching on HCAHPS Scores and Readmission Rates on a Medical-Surgical Unit

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Purpose:

The objective of this pilot program was to examine the effect of transitioning from a 90:1 to a 30:1 patient to pharmacist ratio on a medical-surgical hospital unit on 30-day readmission rates and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) performance scores related to communication about medications.

Background:

Lehigh Valley Hospital (LVH) in Allentown, PA is a 793-bed general medical and surgical facility with over 40,000 admissions annually. LVH pharmacists historically perform a unit based role with tasks including, analyzing and approving orders, completing missing medication requests, answering phone calls and some collaborative rounds.

Methods:

A pharmacist was designated to a medical-surgical unit consisting of thirty inpatient beds. This ratio was maintained Monday through Friday from 0730 to 1530. Responsibilities included reconciling admission, inpatient, and discharge medications on all patients; counseling patients on new medicines with a focus on side effects; identifying patients at high risk for readmission and providing more in depth discharge reconciliation and counseling; attending nurse huddles; and participating in teaching rounds.

We compared the average HCAHPS scores derived from Press Ganey surveys for the 5 months prior to the intervention period with the average scores for the 5 months during the intervention period. We also compared data for acute 30-day readmission rates for 5 months prior to the intervention period and the first 4 months during the intervention period.

Results:

In the five months since implementation, over 300 patients received direct pharmacist medication counseling. The average HCAHPS scores related to communication about medicines increased by 28% compared to the previous five months. On average, thirty-day readmission rates were unchanged after four months.

Limitations and Barriers:

- Number of responses to the HCAHPS surveys were low, making it difficult to confidently assess the true impact of the intervention.
- A core rotation of three pharmacists was selected during the planning and implementation stages. Unforeseen staffing changes necessitated training of new staff in the midst of the pilot.
- Preparations for a new network-wide EMR diverted resources from the pilot.
- Software to identify patients at high risk for readmission was in place at the beginning of the pilot, but was retired two months later.
- Discharge counseling and a final medication review was difficult to complete, because discharge instructions were often finalized immediately prior to discharge.
- Available time to visit patients was limited by mornings spent on rounds, other clinical teams in the room, and the patient being away from the unit.

Future Directions:

- Using pharmacy students as pharmacist extenders on the unit.
- Introduction of a bedside concierge service to deliver prescriptions filled at LVH's outpatient pharmacy to the patient prior to discharge, and provide counseling.
- Implement an internet based survey system to increase the number of survey respondents

Conclusion:

Pharmacists providing more direct patient care in an inpatient medical-surgical unit using a 30:1 patient to pharmacist ratio can improve HCAHPS scores in the communication about medicines domain. Additional interventions are required to impact readmission rates.

