

PIVOTS-S: Pharmacist-led InterVentions On Transitions of Seniors – Scalability, A Skilled Nursing Facility Intensive Intervention For Hospital Readmission Reduction.

Poor quality of care during transitions from one care setting to another and subsequent increases in morbidity, mortality, and healthcare utilization (e.g., hospital admission, “bounce-backs” to a more-intensive care setting) are increasingly recognized as major public health concerns, especially among older adults, with particular vulnerabilities seen in the skilled nursing facility (SNF) population. Our current practice includes pharmacist-physician pairs working together in real-time to make medication therapy decisions and communicate drug-therapy problems as patients reside in and transition between healthcare settings (i.e. hospital, physician office, skilled and assisted living facilities). Pharmacists are responsible for the patient’s care and coordinate the identification, prevention, and resolution of drug therapy problems across all geriatric healthcare and living settings.

Through the PIVOTS-S program, scalability will be created by adding pharmacist time that is dually purposed for both patient care and systems based practice improvements. The pharmacist will provide comprehensive medication management to an expanded patient panel within the SNF. Additionally, the pharmacist will identify gaps in quality care, work with healthsystem, facility, and partnering organizational leaders to create feedback loops and systems based change. Partners in PIVOTS-S program include the UPMC Donald D.Wolff, Jr. Center for Quality, Safety and Innovation and Presbyterian SeniorCare, both aligned with the PIVOTS-S goal to improve patient care quality and reduce 7-day hospital readmissions from the SNF.

The PIVOTS-S program vision is to further embed pharmacists within the interprofessional geriatric care team, starting in the SNF arena, where numerous risk points exist for medication misadventures. The program goal is three-fold: (1) local scalability of our existing pharmacist-physician practice; (2) development of pharmacist-led institutional and health system level feedback loops, transparency, practice change and quality improvement around medication-related systems-based practice concerns and drug therapy problems; (3) regional and national scalability of our practice through creation of a working business plan.