

Strategies for Broad Engagement of Pharmacists in the Care of AMI Patients

Pharmacist involvement in the care of hospitalized patients is associated with reduction in 30-day mortality rates and improved prescribing of evidence-based therapies in patients with AMI. Pharmacist services provide both direct cost savings and cost avoidance through prevention of adverse drug events and reduction in lengths of stay.

EVIDENCE-BASE FOR PHARMACIST ENGAGEMENT IN AMI CARE

Having a pharmacist engaged in AMI care:

- Is associated with lower 30-day mortality rates when the pharmacist rounds on all AMI patients.
- Can improve adherence to medication prescribing guidelines for patients with AMI through audit, feedback, and medication therapy management protocols.
- Can reduce adverse medication events.
- Can lead to direct and indirect cost savings and estimated cost avoidance through prevention of adverse drug events and reduction in length of stay.

WAYS IN WHICH PHARMACISTS CAN BE ENGAGED IN AMI CARE

- Review of medications ordered in emergency department and during admission
- Participation in interdisciplinary rounds
 - o Identification of medication omissions and opportunities for increased use of evidence based therapies
 - Increased identification of adverse medication events and preventative strategies
 - Optimization of prescribed therapies for added efficacy and safety
 - o Availability for prompt responses to medication-related inquiries
- Implementation of medication therapy protocols (e.g., anticoagulation management, pharmacodynamic/ kinetic dosing, etc.)
- Participation in cardiopulmonary resuscitation teams
- Obtaining patient medication histories and medication education
- Conducting medication reconciliation
- Conducting smoking cessation counseling and education on pharmacologic interventions
- Conducting patient education on exercise and nutrition
- Follow-up medication regimen assessments and adherence counseling through participation in cardiac rehabilitation programs
- Participation in medication related discharge planning/transition of care coordination

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