

How this webinar is organized					
Time	Торіс				
12:00pm ET	Welcome and Introductions				
12:05pm ET	Identification of HF/AMI Patients				
12:25pm ET	Q&A				
12:35pm ET	Medication Reconciliation				
12:50pm ET	Q&A				
12:55pm ET	Wrap-Up and Next Steps				
	Quality Improv	ven			

Navigator Hospitals- Cohort 1

- Advocate Sherman Hospital Elgin, IL
- Christiana Care Health Services Wilmington, DE
- Einstein Medical Center Philadelphia, PA
- Huntsville Hospital Huntsville, AL
- Indiana University Health Methodist Hospital IN
- MedStar Washington Hospital Washington, DC
- Montefiore Medical Center New York, NY
- Providence St Vincent Medical Center OR

- Ronald Reagan UCLA Medical Center CA
 - St. Mary's Hospital Waterbury, CT
 - Trident Health Charleston, SC
 - Vanderbilt Heart and Vascular Institute TN
 - VCU Pauley Heart Center Richmond, VA
 - WakeMed Hospital Raleigh, NC
 - Western Maryland Health System Cumberland, MD
 - Wyoming Medical Center Casper, WY

Quality Improvement for Institutions

Quality Improvement for Institutions

Navigator Hospitals-Cohort 2

- Aurora BayCare Medical Center Green Bay, WI
- Baptist Health Louisville Louisville, KY
- Barnes Jewish Hospital St. Louis, MO
- California Pacific Medical Center, San Francisco
- Centra Lynchburg General Hospital Lynchburg, VA
- Fairview Hospital Cleveland, OH
- Indian River Medical Center Vero Beach, FL
- Mercy Hospital Portland, ME
- Mercy Medical Center- Des Moines, IA
- Newark Beth Israel Medical Center, Newark, NJ

- Olathe Medical Center Olathe, KS
- Renown Institute Reno, NV
- Scott & White Healthcare Temple, TX
- St. Vincent's Medical Center Bridgeport, CT
- Multicare Tacoma General Hospital Tacoma, WA
- University of Colorado Hospital Aurora, CO
- University of Utah Health Care Lake
 City, UT
- UT Southwestern Medical Center Dallas, TX
- West Jefferson Medical Center Marrero, LA

















- Heart Failure Patient Arrives at UCH
- Triggers a Best Practice Alert (BPA) based
 - HF ICD-9 codes from problem list, OR
 - -BNP > 100 pg/ml, OR
 - IV loop diuretic during current encounter
- A BPA appears to the admitting provider and suggests use of the HF specific admission order set
- Notification to EPIC inbox
- Generates an e-mail to a list of people with a calculated HF readmission risk score
 University of Colorado Hospital

How do I take my medicines? This is a full list of all your medicines. It has new medicines to start taking and old medicines to keep on taking. Please note: Check to see if your old medicines have new doses.							
Medication Name				r~p	Additional Instructions		
	Morning	Noon	Evening	BedTime			
amitriptyline 50 mg oral tablet By mouth				3 tab(s)	3 tab(s) orally once a day (at bedtime)		
(Also known as: Elavil, Endep, Vanatrip)							
aza THIOprine 50 mg oral tablet By mouth				4 tab(s)	4 tab(s) orally once a day (at bedtime) (Held currently due to surgery status per Patient)		
(Also known as: Imuran)							
gabapentin 300 mg oral capsule By mouth	1 cap(s)		1 cap(s)		1 cap(s) orally 2 times a day		
(Also known as: Neurontin)							
omeprazole 20 mg oral delayed release capsule By mouth	1 cap(s)				1 cap(s) orally once a day		
(Also known as: PriLOSEC, PriLOSEC OTC)							
Vitamin D3 2000 intl units oral tablet By mouth (Also known as: Vitamin D2, Thera-D, 2000, Thera-D, Spo	1 tab(s)				1 tab(s) orally once a day		
acetaminophen-oxyCODONE 325 mg-5 mg oral tablet By mouth	1 tab(s) orally every 4 hours, as needed for pain						
(Also known as: Roxicet, Percocet 5/325, Endocet, Endo	cet 5/325)						
cyanocobalamin 1000 mcg/mL injectable solution injection	1 milliliter(s) injectable once a month						
(Also known as: Ovanoiect Ovomin, Cobal-1000, Crysta	B-12)						

Who's Doing the Admission Work? May 2015							
Employee Group	Initiation of Medication History	Completion of Medication History					
Pharmacists	28%	40%					
Pharmacy Technicians (TOC Techs)	26%	20%					
Pharmacy Students (on PY4 rotations)	15%	14%					
Pharmacy Interns (employed PY1-4 students)	31%	26%					
 3178 discharges during the month (two hospitals) 3169 patients had admit medication history completed 100% of admit reconciliation performed by pharmacists Currently have 8 FTE of TOC technicians in high-flow areas ED/OR Pharmacists completed 158 discharge reconciliations (~5%) CV, Transplant, and BOOST Pilot Unit 							

80/20: Perfect is the Enemy of Good

• 80%

- High Risk Medications: Anticoagulation, Prostanoids, Chemotherapy
- High Risk Patients: > 10 Meds, Transplant, Cardiology, CT Surgery, BMT, Medicine
- Core Measure with Discharge Emphasis: HF, AMI, Stroke
- By nursing request

• 20% - unless triggered by above

- Labor and Delivery
- Pediatric
- Other low risk patient populations

