

Implementation of a transitions of care and care coordination service for patients with acute venous thromboembolism in the emergency department and observation unit

Insaf Mohammad, Pharm.D., Jesse Shuster, Pharm.D., BCPS
Department of Pharmacy, Harper University Hospital, Detroit, MI

Justification

- The length of stay and cost of care rendered by hospitalizations for the treatment of acute venous thromboembolism (VTE) contributes to economic burden on our health care system.¹
- Updated guidelines recommend direct oral anticoagulants (DOACs) for the treatment of acute VTE and support outpatient management without inpatient admission.²
- Direct discharge without inpatient admission has demonstrated a decrease in length of stay, complications, and cost of care.^{3,4}

Objectives

Describe the implementation of a transitions of care process for discharge on DOAC therapy from the emergency department or observation unit

Describe the characteristics of patients with acute VTE who are discharged without inpatient admission

Describe the process impact on length of stay, readmission, and cost of care

Documentation

The study population includes patients admitted to Harper University Hospital, Detroit Receiving Hospital, Sinai Grace Hospital, and Huron Valley Sinai Hospital meeting the following criteria:

Inclusion Criteria

- Age 18 to 89 years
- Diagnosis of acute VTE
- Treatment in ED or observation unit

Exclusion Criteria

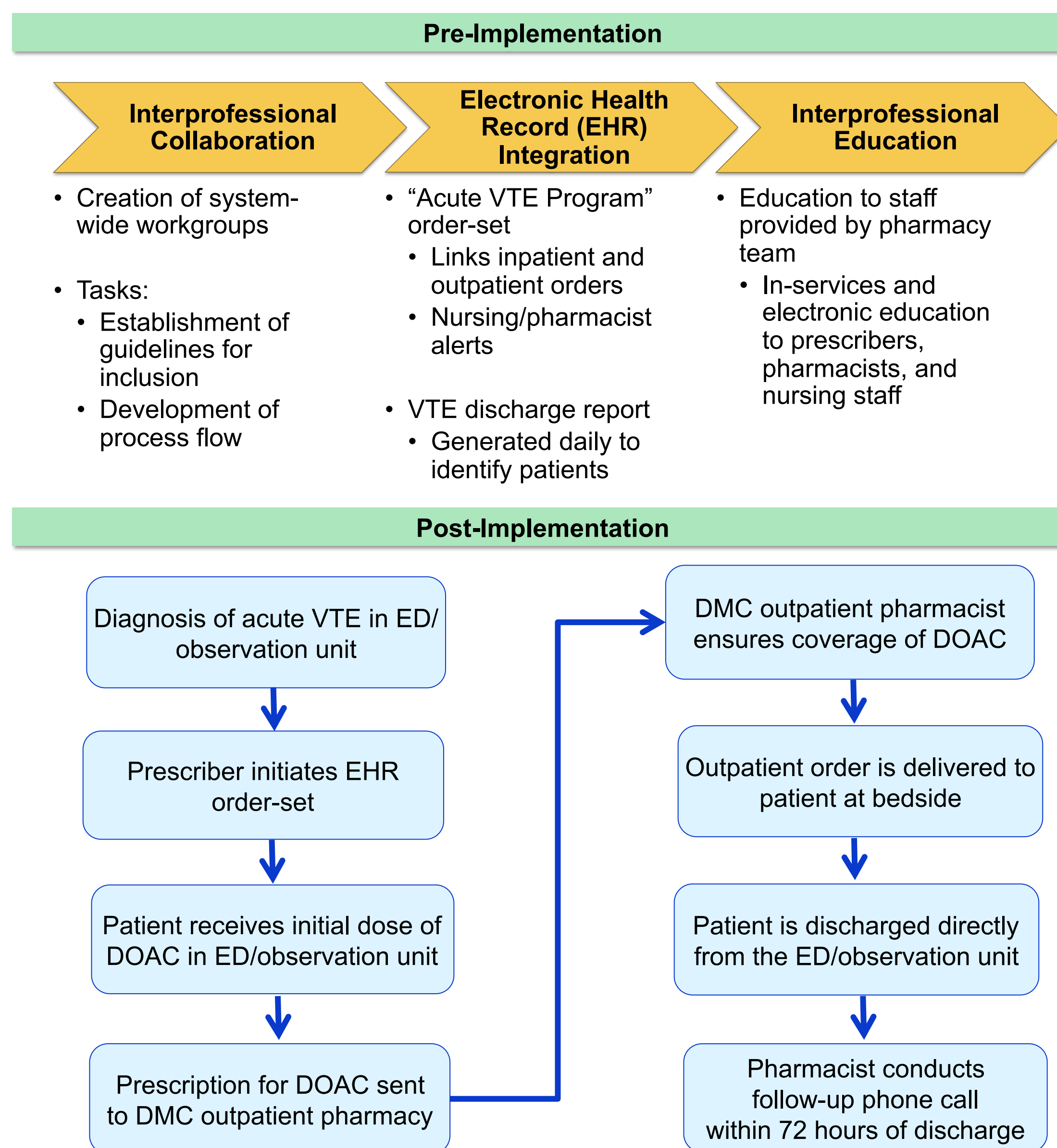
- Age < 18 years

Data Collection

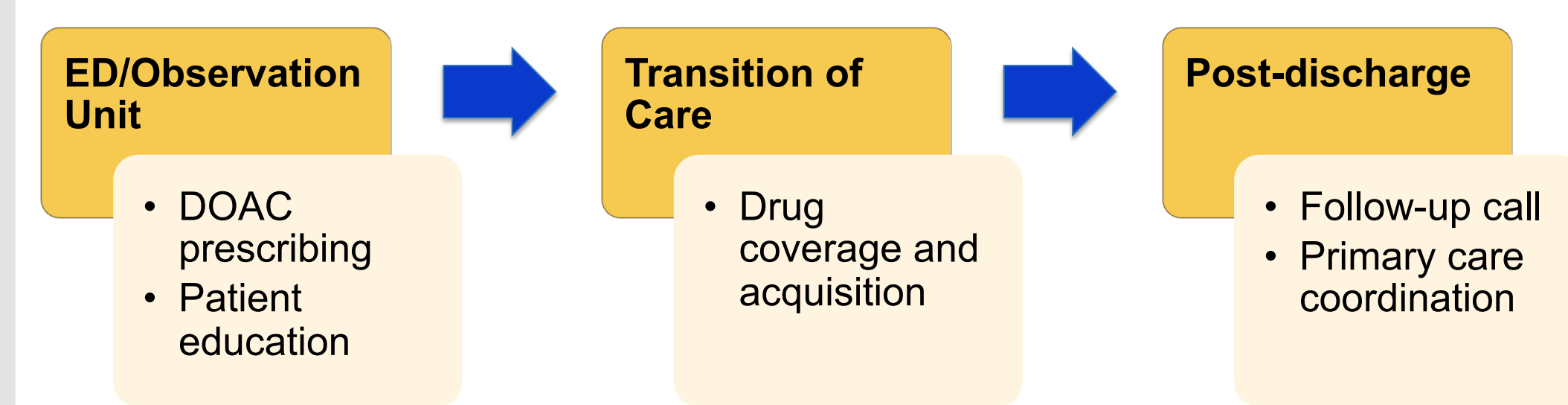
- Patient demographics
- VTE treatment at admission and discharge
- Discharge location
- Post-discharge follow-up

References: 1) LaMori JC, et al. Clin Ther. 2015;37:62-70. 2) Antithrombotic Therapy for VTE Disease Update. CHEST. 2016. 3) Rymes NL, et al. Clin Lab Haem. 2002;24:165-170. 4) Piran S, et al. Throm Res. 2013;132(5):515-519.

Service Implementation



Transferability: Pharmacist's Role

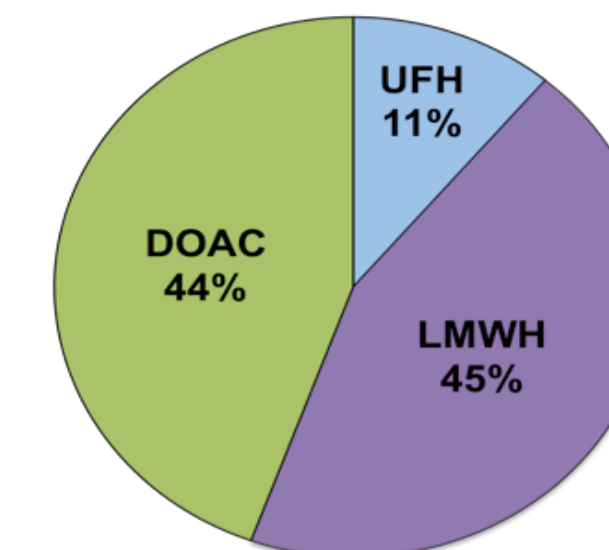


Service Impact

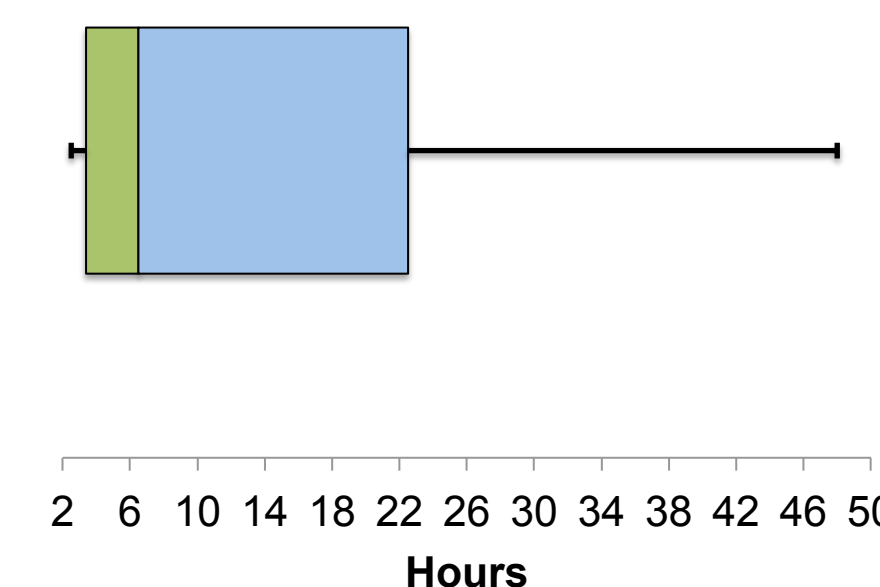
Baseline Characteristics

Variable	N=9
Female Sex (%)	67
Age, range (years)	35 - 76
DVT (%)	100
BP range (mmHg)	123/64 - 161/80

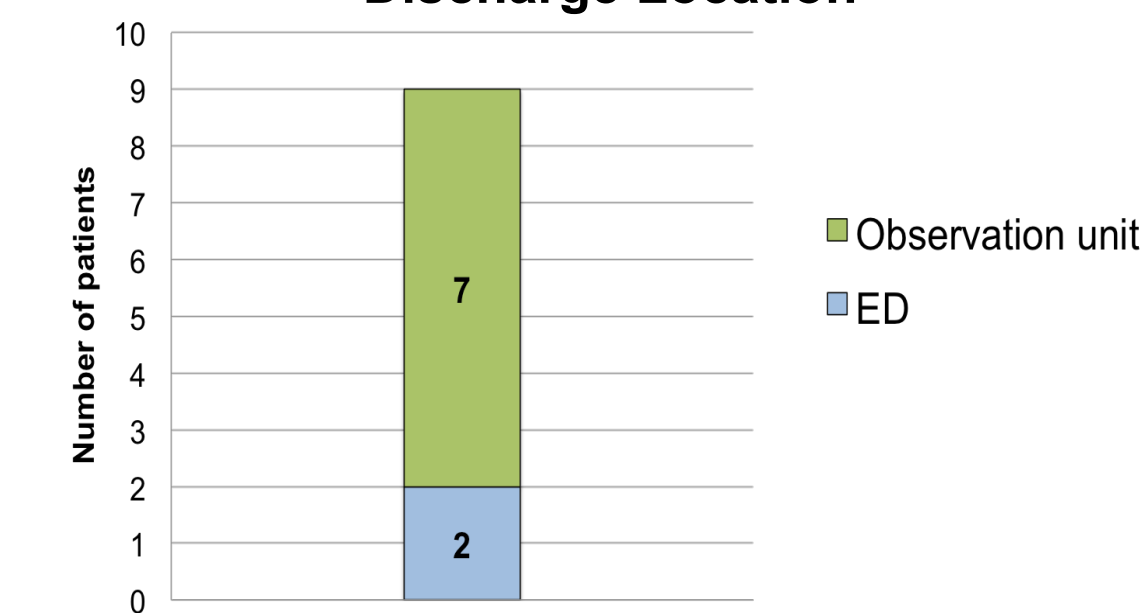
Admission Treatment



Impact on Length of Stay



Discharge Location



Conclusion

Management of acute VTE is shifting from the inpatient to the outpatient setting, reducing length of stay and cost of care. Pharmacist involvement during the transition of care improves the safety and follow-up of this patient population.