

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



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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.
- 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

- Patient demographics
- VTE treatment at admission and discharge

Exclusion Criteria

- Age < 18 years

Data Collection

- 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

Pre-Implementation

Interprofessional Collaboration

- Creation of systemwide workgroups
- Tasks:
- Establishment of guidelines for inclusion
- Development of process flow

Integration "Acute VTE Program" order-set

Electronic Health

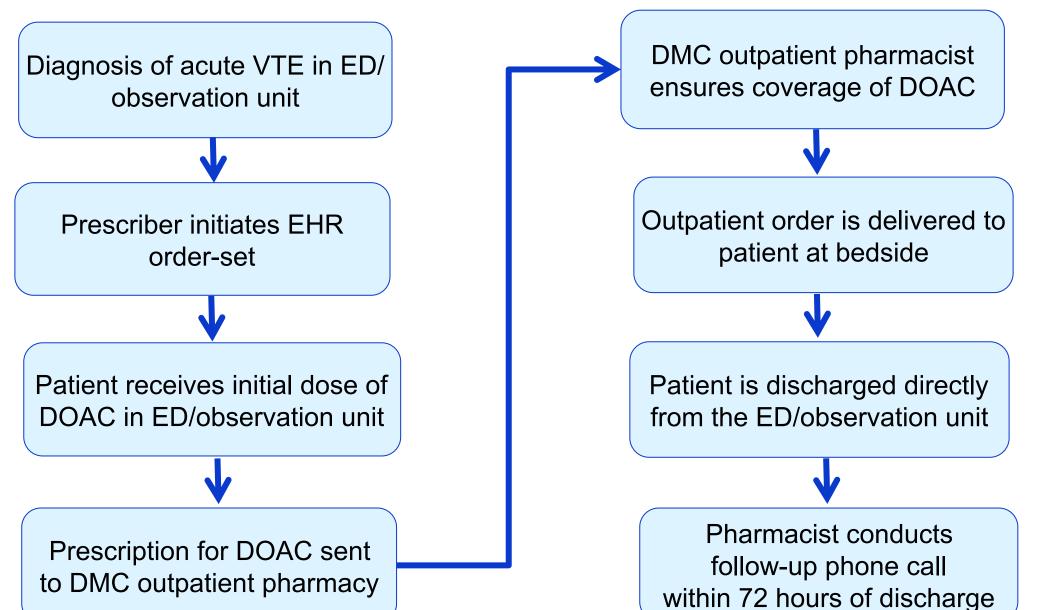
Record (EHR)

- Links inpatient and outpatient orders
- Nursing/pharmacist alerts
- VTE discharge report
- Generated daily to identify patients

Interprofessional Education

- · Education to staff provided by pharmacy team
- In-services and electronic education to prescribers, pharmacists, and nursing staff

Post-Implementation



Transferability: Pharmacist's Role

ED/Observation

- DOAC prescribing
- Patient education

Transition of Care

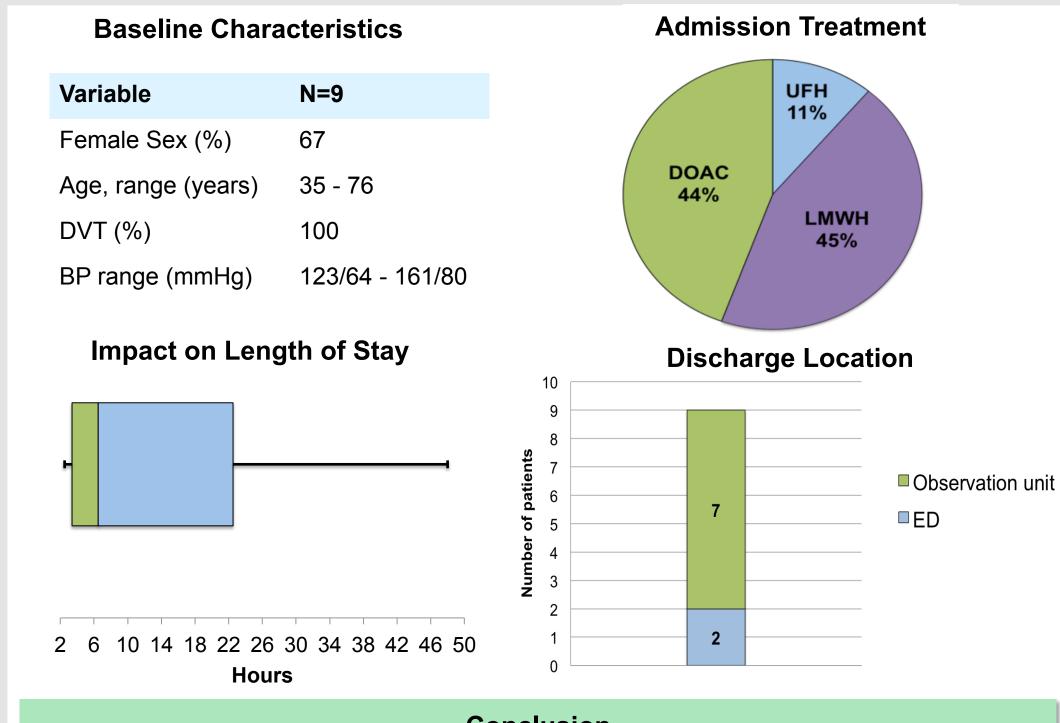
Drug coverage and acquisition



Post-discharge

- Follow-up call
- Primary care coordination

Service Impact



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.