



Hospital Discharge Medication Program

INTERMOUNTAIN HEALTHCARE UTAH

Purpose

To ensure that appropriate secondary prevention medications were prescribed at discharge to all patients with specific cardiovascular diagnoses

Target Population

Patients admitted to an Intermountain Healthcare hospital for cardiovascular services

Goals

- Increase number of prescriptions of indicated medications upon hospital discharge
- Develop and implement discharge quality improvement program in integrated multihospital setting
- Compare pre and post implementation readmission and mortality rates

Years in Operation

1999 - present

Results

After one year, the rate of prescriptions increased significantly to more than 90 percent. Relative risk for both death and readmission at 30 days declined after implementation of the program. After one year, the risk for death continued to decrease and the risk of readmission stabilized.

Funding

Intermountain Healthcare funded the study and continued implementation of the effort

Key Partners

Intermountain Healthcare administration, nurses and other hospital staff, and physicians

What Works and Why

Intermountain invested in an institution-wide database to facilitate implementation and long-term management. To gain the support and commitment of members within the health system, the Intermountain Healthcare Cardiovascular Clinical Program leadership conducted an extensive education campaign in all participating hospitals for providers. Hospitals within the system were allowed some flexibility in implementation and the documentation process, though the essential core elements did not vary. Monthly reports on progress were shared to show progress and increase engagement.

Structure and Operations

To assist in implementation and long-term management, Intermountain invested in a new institution-wide database. Simultaneously, all institutions began to track prescriptions of applicable discharge medications for all cardiac patients discharged from Intermountain hospitals. The actual documentation process and its implementation varied from hospital to hospital, but included the same essential core elements. The appropriate indication for each medication was printed directly on the discharge form, so physicians only had to check the correct box or record any contraindication to that medication. The forms were used as both project management and data collection tools. If a physician did not check a medication or document a contraindication, a discharge planning nurse would contact the physician to have the medication added or to note the contraindication, as appropriate. Monthly reports were generated and shared widely among all participating providers to show the progress for each of the 10 hospitals and to encourage increased adherence.

For the study period (1999-2002), each patient was followed for up to one year for hospital readmission due to a cardiovascular indication or for death.

Barriers to Success

Though the quality improvement program was relatively simple in its design, establishing a large database may prove too costly for some settings. Hospitals in less integrated, more diverse settings may have trouble achieving the same amount of consistency in practice and ability to track results.

For More Information

Additional information is available online:

<http://intermountainhealthcare.org/xp/public/lds/aboutus/news/article54.xml>

<http://www.annals.org/cgi/content/abstract/141/6/446>