Purpose

This intervention seeks to improve medication adherence and reconciliation and decrease hospital readmission among elderly patients discharged from the hospital.

Methods

- Literature review revealed interventional follow up and pharmacy assistance programs had increased adherence and decreased readmission rates.
- Input was given from the home health director, the discharge planner, and two elderly patients to make a plan for Buffalo.
- Discharge follow up visit includes:
  a. Discussing and quizzing of medication use, dosage, and frequency
  b. Reviewing discharge instructions
  c. Aid in arranging any follow up appointments

Results

- Some patients were excited about the visits, but others expressed hesitation and viewed the plan as a sign of loss of ability to live independently.
- Implementation found un-reconciled medications in one patient and no adherence in another.
- Each patient was counseled on the importance of letting the home health nurse know if any medications were added and the PCP was notified of the findings.
- The program could be sustained by continuing visits by incoming medical students during their family medicine rotation and home health nurses.

Discussion

- It was difficult to find people to visit with because many hospitalized patients go to senior housing or the nursing home.
- Next steps include follow up phone calls to all discharged patients and more frequent visits with elderly patients at different intervals (one month/three months).