

# Evaluating Pharmacist Role in Transitions from Acute Care to Skilled Nursing Setting

Chase Price, PharmD<sup>1</sup>, Stephanie Fenwick, PharmD, BCPS<sup>1</sup>, Violet Martin, PharmD<sup>2</sup>, Casondra Seibert, PharmD, BCGP, FASCP<sup>1,2,3</sup>  
 University of Cincinnati James L. Winkle College of Pharmacy<sup>1</sup>, Medication Managers<sup>3</sup>, RxArchitects, Inc.<sup>3</sup>

## Background:

- Transitions of care from acute care settings to skilled nursing facilities (SNFs) represent a critical juncture in the healthcare continuum for older adults that has limited research on the effectiveness of pharmacist interventions.
- This transition impacts patient outcomes, healthcare utilization costs, and overall quality of life.<sup>1</sup>
- Polypharmacy is common in older adults and requires structured management and de-prescribing of high-risk medications.<sup>2</sup>
- In other care settings, integrating pharmacists into transition-of-care teams has been shown to enhance patient safety, improve care handoffs, and reduce readmissions and healthcare costs.<sup>3</sup>

## Methods:

Primary objectives:

- Assess the rate of pharmacist intervention following a transition of care medication reconciliation.

Secondary objectives:

- Assess the rate and outcome of acceptance of provider responses to transitions of care medication reconciliation.
- Assess the number of adverse drug events associated with target medication classes following transitions of care.
- Assess the number of 30-day all-cause hospital readmissions following transition of care.

## Results:

Primary Outcome		Target Medication Classes
Number of patients needing pharmacist recommendation	225 (84.3%)	
Number of recommendations including target medication classes	188 (70.4%)	<ul style="list-style-type: none"> <li>- Antianxiolytic</li> <li>- 1st and 2nd Generation antipsychotics</li> <li>- Antidepressants</li> <li>- 1st Generation antihistamines</li> <li>- Opioids</li> <li>- Non-Steroidal Anti-Inflammatory Drugs</li> <li>- Benzodiazepines</li> <li>- Anticoagulants</li> <li>- Muscle relaxants</li> <li>- Histamine H2-receptor Antagonist and Proton Pump Inhibitors</li> <li>- Antiemetics</li> <li>- Sliding scale insulin</li> </ul>
Average number of recommendations per patient	0.93	
Secondary Outcome		
Total number of recommendations	248	
	Accepted 196 (79%)	
	Modified 19 (7.6%)	
	Declined WITH rationale 23 (9.3%)	
	Discharged 10 (4.1%)	
Total adverse drug events	5 (2.2%)	
Drug events from medications on target medication classes list	3 (1.3%)	
Patients re-hospitalized within 30 days of admission to SNF	83 (31.1%)	

## Discussion and Conclusions:

- Pharmacists enhance medication reconciliation and patient outcomes during transitions; however, their position remains underutilized.
- Many target medication classes remain prescribed during discharge from acute care, as seen by 188 pharmacist recommendations addressing these medications.
- Pharmacists are important for helping facilitate transitions of care from acute settings to skilled nursing facilities, frequently making interventions that are mostly accepted by physicians (79%).
- Five residents experienced adverse drug events (ADEs), mostly involving medications started after SNF admission.
  - Three ADEs were linked to new medications started after SNF admission and pulled from dispensing cabinet or discontinued without pharmacist consultation.
  - Two ADEs included vancomycin, which could be potential for future research.

## References:

- 1.) Meyers DJ, Chien AT, Nguyen KH, Li Z, Singer SJ, Rosenthal MB. Association of Team-Based Primary Care With Health Care Utilization and Costs Among Chronically Ill Patients. *JAMA Intern Med.* 2019;179(1):54-61. doi:10.1001/jamainternmed.2018.5118 2.
- 2.) Kurczewska-Michalak M, Lewek P, Jankowska-Polańska B, et al. Polypharmacy Management in the Older Adults: A Scoping Review of Available Interventions. *Front Pharmacol.* 2021;12:734045. Published 2021 Nov 26. doi:10.3389/fphar.2021.734045 2.
- 3.) Collet R, van Grootel J, van Dongen J, et al. The Impact of Multidisciplinary Transitional Care Interventions for Complex Care Needs: A Systematic Review and Meta-Analysis. *Gerontologist.* 2025;65(6):gnaf088. doi:10.1093/geront/gnaf088