Abstract

Impact of Transitions of Care Pharmacists

Purpose: Many barriers exist when it comes to patients' receiving optimal care throughout their discharge process. In some facilities, there is no specific designation for this role, in others, Transitions of Care Pharmacists exist. Studies have shown that Transitions of Care Pharmacists show a reduction in 30-day readmission rates among their intervention with patients. Not only are patients reaping the benefits of pharmacist intervention among transitions of care, but there is also shown to be a reduced workload among hospitalists, and greater opportunity for hospital reimbursement when pharmacist intervention is applied.

Methods: This retrospective, observational, cohort study collected data from HSHS St. Elizabeth's Hospital in O'Fallon, Illinois from February through April of 2024 along with the corresponding months in the year of 2025. Each month of 2025 has been compared to the same month of 2024, where Transitions of Care pharmacist interventions were not made. Approximately 500 patients between ages 18 and 89 were reviewed and were admitted to the facility's telemetry floor. Outcomes include 30-day readmission, and specific interventions were made by the transitions of care pharmacist.

Results: The comparison of overall hospital 30-day readmission data was similar and lower compared to the 2025 group of patients' 30-day readmission data that consisted of patients that were only seen by Transitions of Care Pharmacists. The number of patients experiencing timely discharge exceeded those that were not in the 2025 period. 836 interventions were made throughout the discharge process, ranging from discontinuation of unnecessary medications, antimicrobial stewardship, anticoagulation, insulin adjustments, and others.