

Patient is admitted to UHIC, screened, enrolled and data are collected by research staff. Data include demographics, questionnaire and ADE survey.

Patient is randomized by project manager using statistician-generated sequentially numbered envelopes. Pharmacist case manager (PCM) remains blinded to intervention group.

PCM remains blinded.

Enhanced intervention

Minimal intervention

Control

PCM verifies admission medications with community pharmacy, in addition to medication reconciliation by unit pharmacist.

Usual Care: unit pharmacist performs medication reconciliation

PCM makes recommendations to inpatient medical team. PCM educates patient during hospitalization, provides discharge medication counseling and wallet card medication list. Strategies are reviewed to enhance self-management.

Usual Care: Unit nurse provides discharge summary & medication list.

DISCHARGE. PCM is unblinded to enhanced and minimal intervention enhanced.

PCM creates discharge care plan and faxes to community physician and pharmacy.

Usual structure/process

Usual structure/process

PCM phones patient 3-5 days post-discharge to evaluate adherence and new side effects and answer questions. Report is faxed to community physician and pharmacist if problem is noted.

Usual structure/process

Usual structure/process

Blinded research staff phones to collect data on symptoms, readmission, emergency department visits and unscheduled office visits at 30 and 90 days. Research assistant constructs case abstracts for blinded evaluation of medication appropriateness and adverse drug events.