International Journal of Multidisciplinary
Research in Science, Engineering and Technology
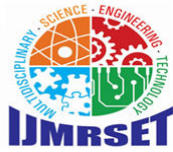
(A Monthly, Peer Reviewed, Refereed, Scholarly Indexed, Open Access Journal)

Impact of COVID-19 on Pharmacy Support during Patient Transitions

Akshada Ramdas Shinde, Prof. Amruta Jawade

Student of Master Computer Application, Anantrao Pawar College of Engineering and Research, Pune, India

Department of Master Computer Application, Anantrao Pawar College of Engineering and Research, Pune, India

ABSTRACT: Under COVID-19, there have been changes to the way we deliver healthcare. Changes include those designed to enhance patient and healthcare worker safety (i.e., donning of personal protective equipment). Pharmacy services, including specifically pharmacy transitions of care services have not been unaffected by change and in their wake have presented their own array of challenges. This paper describes changes in pharmacy transitions of care services as a result of COVID-19 using examples from sharp Grossman Hospital and hong Memorial hospital Presbyterian. Interventions taken to prevent the transmission and acquisition of COVID-19, such as reduced patient interactions and revised visitor policies, have made a best possible medication least accessible. Regarding discharge prescriptions, practice has transitioned to electronic vs. hard copy prescriptions, mail, order, and utilization of med to bed programs and other hospital-based medication delivery services to minimize patient contact in outpatient pharmacies. Increased attempt to discharge using patient assistance pro-grams and other hospital programs for medications for COVID positive patients in specific cases has been noted. This article describes the involvement of pharmacists in facilitating quality communication, assurance of continuity of care, and promotion of patient engagement and empowerment in times of transitions of care in the COVID-19 pandemic.

I. INTRODUCTION

On 11 March, 2020 the WHO declared the novel Coronavirus disease 29 (COVID-19) which is caused by the Severe Acute Respiratory syndrome coronavirus 2(SARS-coV-2) a pandemic. 1 as of October 26, 2020, confirmed cases of covid19 were 43,187,134 worldwide (8,646,085 in the us), with 1,155,653 confirmed deaths (225,282 in the us). 2 The outbreak of COVID-19 has had a disastrous impact on the provision of healthcare globally. In the early months of the pandemic, visits declined by 42 percent to the emergency de apartment and by 60 percent for ambulatory care visits in the united states. 3, 4 public apprehension of contracting the virus and compliancy with government imposed state lock-downs directly impacts the use of health systems and continues to reduce use on what the centers for disease control and prevention (CDC) would advise a patient to seek .Virtual visites and triage helplines rather than in person receiving care at acute care facilities in order to save the swamped system for the expected inundated infix of COVID 19 positives that require care. so much of the in person clinic visits have been switched to telephonic or virtual encounters. 5 procedures has also been disrupted – with many trusts no longer carrying out non-urgent operations, and only conducting those which a delay would cause a patient's condition to deteriorate or would limit their quality of life. re: healthcare operations pretty much all facilities have changed the way they operate to try to keep patients and staff safe change example-re: ramping up the cleaning protocols, condensing facilities so that we can social distance (including the # of people allowed in waiting rooms to adopt COVID screenings and visitor restrictions. 7, 8 for healthcare worker safety-In particular, changes in workflow include PPE. Given the widespread shortages of PPE, HCWs' facilities have established strategies to rationalize and optimize the use and reuse of PPE through reuse of N95 respirators with the use of PPE reuse processes and protocols .The supply of pharmacy services has also been affected by COVID-19. The Centers for Disease Control and Prevention (CDC; Atlanta , GA) has issued specific guidance on how to continue business practices for community pharmacies for maintaining social distancing, reducing contact between objects in common with patients, and promoting the delivery of prescriptions through either the mail or drive through services which limit direct patient interaction with the pharmacy.

Ambulatory Care services in pharmacy are also understood to have been impacted. A study from Saudi Arabia found changes to phar- macy work own including utilizing telehealth services and making more phone calls to provide patient care while not seeing patients' in-clinic.
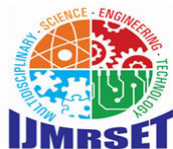
COVID-19 has disrupted the normal state of the healthcare landscape, and transitions of care (TOC) pharmacy workflow are no exception. Pharmacy TOC services reduce hospital readmissions and29 acute care utilization, and improve patient satisfaction and patient safety, while28 reducing ….

Healthcare costs. Ironically, the disjuncture between medical reconciliation and bedside task may be responsible for the lack of consensus regarding this activity itself.

Tion, performing interviews and educating patients about has Shifted because of the problems that had already occurred: the need to avoid transmission and to stop the spread of COVID-19. The continuation of pharmacy TOC services during the pandemic is critical to continuity of care and enhancing

Visitor Policy:
Sharp Healthcare System is a private, not-for-profit integrated regional health care delivery system based in San Diego, California. A large integrated health system, Sharp HealthCare includes four acute-care hospitals, three specialty hospitals and three medical groups affiliated with San Diego-based doctors. Sharp Grossmont For the approximately 100,000 patients who seek care every year, 12 Committed to exceeding expectations This consumer is well informed and knows where to... 13 Sharp Grossmont is an acute care facility in East San Diego County.

Hoag Health Network is a non-profit organization headquartered in Orange County, California, consisting of two acute-care hospitals: Hoag Hospital Newport Beach, which opened in 1952, and Hoag Hospital Irvine, which opened in 2010. Hoag offers a comprehensive mix of health care services including institutes specializing in care for cancer, heart and vascular, neurosciences, women's health, and orthopaedics. Empty Entries compete in 2 common judging and 10 common chairing roles. Hoag treats more than 30,000 inpatients and 450,000 outpatients annually and has over.

Greater use of secondary sources to construct medication histories:
There has been a growing use of secondary sources of in-Form for full medication history. Sharp Healthcare uses sure scripts, a database that communicates with pharmacies and pharmacy benefit managers, to aggregate fill histories from Outpatient pharmacies. This one can be helpful in finding out what's been filled lately, but it won't tell you about compliance or if it's been used, so I hope you understood why it's so important to verify with a primary source. Additionally, fill histories from the pharmacy do not include OTC or herbal therapies that the patient may be using or claims billed outside of insurance (i.e., cash payers). Also, sure scripts simply does not report claims from non-contracted pharmacies.

Communicate well-providing education-patient interviews
The importance of good communication between health care professionals and patients is fundamental to ensuring safe and effective transitions of care. It is crucial to effectively capture and communicate key elements of health information through direct patient communication. 36 When obtaining a best possible medication history, we use the communication from the patient to construct an accurate list of medications and to learn about adherence and access barriers. Transparent patient information and education are essential to optimize accurate medication use and avoid drug-related problems. 37,38 When we educate our patients we use teach-back to identify educational gaps, reconcile the information that was not well understood and provide clear instructions for follow-up and monitoring. The patient is an equal member of the healthcare team, and possibly the most important one.

Discharge prescriptions:
Legislation encourages prescribers to submit community/retail pharmacies' prescriptions via electronic platforms or telephone to decrease handling paper prescriptions.9, 11 Patients should also be discouraged from going to the pharmacy to pick up medications (or accompanied persons) as much as possible or use home delivery, curb side, or drive-through services (in particular, the frail older adult or those with a pre-existing medical diagnosis or other risk factors). If the latter scenario is unavoidable, the patient should go to the pharmacy and send a person in good healthiness.9 this legislation also emphasizes using the health systems, offering patient education, and removing barriers to alleviate adherence and promote health care delivery. The provision of health-care delivery through these modalities may result in unique challenges, especially in language or educational deficits, or visually or hearing-impaired patients.

Supporting continuity of care

Maintaining continuity of care following transition in care is a notable barrier and COVID-19 has exacerbated this issue. 5 Communicate to Safe, effective transitions of care should be accompanied by communication to the106, 107 accepting provider. Patients' Medical Team and Follow-Up with Patients to Review And reconcile medications, answer questions and concerns and Resolve Potential adherence barriers. Follow up will be usually undertaken by phone, by attendance to the clinic or by home care, and the current limitations are not exempted from adapting the usual protocol. In order to maintain continuity of care and have high risk patients receive pharmacist interventions post-discharge, a pilot program has just been initiated at Hoag Hospitals "Because of this for post-discharge calls. Patients discharged from hospital are contacted by a TOC navigator within 24 –72 h after discharge.

Engaging and empowering patients

Given that patients with high risk disease states may be deferring care due to COV- ID-19, patient engagement and education in self- care, red flag identification, and the necessity of emergent care is a higher priority at this time. Patient and individual involvement in their care as being a good historian and self- advocate can also lower the incidence of healthcare errors.45 Pharmacists can also be instrumental in supporting patient empowerment during. 44 transitions of care.

II. CONCLUSION

While the direct impact of COVID-19 may be transient, there will likely be longer-term implications on how we provide patient care. With expanding utilization of telehealth services, and the increasing complexities of navigating the healthcare system, it remains essential to optimize provision of care as patients' transition from one provider or setting to the next. Optimizing transitions of care interventions, and implementing strategies to support effective communication and inter- professional collaboration, will support providing continuity of care for patients.

REFERENCES

1. Centers for Disease Control and Prevention. Using telehealth to expand access to essential health services during the COVID-19 pandemic. https://www.cdc.gov/coro navirus/2019-ncov/hcp/telehealth.html. Accessed August 17, 2020. Accessed.

American College of Surgeons. COVID-19: executive orders by state on dental, medical, and surgical procedures. https://www.facs.org/covid-19/legislative-reg ulatory/executive-orders. Accessed August 28, 2020. Accessed.

2. Sharp Healthcare. Patient and employee safety. https://www.sharp.com/coronavir us/safety.cfm. Accessed October 26, 2020. Accessed.

Methodist Hospitals. Making our facilities safe. https://www.methodisthospitals. Org/about_methodist/making-our's-facilities-safe/. Accessed October 26, 2020. Accessed.

3. Thorakkattil SA, Nemr HS, Al-Ghamdi FH, Jabbour RJ, Al-Qaaneh AM. Structural and operational redesigning of patient-centered ambulatory care pharmacy services and its effectiveness during the COVID-19 pandemic. Res Soc Adm Pharm. 2020. https://doi.org/10.1016/j.sapharm.2020.06.017.

Centers for Disease Control and Prevention. Ten ways healthcare systems can operate effectively during the COVID-19 pandemic. https://www.cdc.gov/coronavi rus/2019-ncov/hcp/ways-operate-effectively.html. Accessed August 28, 2020. Accessed.

4. Centers for Disease Control and Prevention. Guidance for pharmacies – guidance for Pharmacists and pharmacy technicians in community pharmacies during the COVID-19 response. https://www.cdc.gov/coronavirus/2019-ncov/hcp/pharmacies.html?fbclid=IwAR3iN830jGJl9nL4ZC_3-6oYqtfBb_uJGkaQK1bzupq-sMnFluKJn

INTERNATIONAL JOURNAL OF

MULTIDISCIPLINARY RESEARCH

IN SCIENCE, ENGINEERING AND TECHNOLOGY