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Introduction

- ❖ Diabetic foot infections (DFIs) require complex medical care. At our hospital, a team of Infectious Disease (ID) specialists assess all inpatients with DFIs and transition these patients (pts) to an outpatient clinic with an ID and Podiatrist team.
- ❖ Clinical pharmacists have now joined the team to provide diabetes (DM) medication management.
- ❖ The goal of this project is to demonstrate the need for DM care in a multidisciplinary limb-salvage clinic.

Methods and Materials

- ❖ We performed a retrospective chart review of pts seen in the ID clinic Sept 2014-June 2015.
- ❖ DM medication management was implemented in Oct 2017. During clinic visits, the DM care plan was assessed for medication therapy problems related to indication, efficacy, safety and adherence for all new DFI pts.
- ❖ All findings and interventions were documented, discussed with the team and communicated to the pt's primary care provider.
- ❖ Pts are followed at each visit to assess response to the intervention. Pts typically have at least one follow up visit or more with the clinic.
- ❖ Repeat HbA1c, hypoglycemic episodes, and readmission for DFIs are measured.

Historical Data

- ❖ Total of 500 pts seen in ID clinic in 2014-2015. 123 pts had DFIs.
- ❖ 94 pts (76%) HbA1c >7%. 50 pts (41%) had an amputation prior to the initial clinic visit.
- ❖ 69 pts (56%) were reevaluated in clinic for recurrent DFI after clinic discharge with a mean time to revisit of 210 days.
- ❖ 54% pts developed DFIs in the opposite foot.

Characteristics	N=60
Age (median)	57 (21-70)
Male	90%
Mean HbA1c at 1 st visit	10.07
Pts with amputation at 1 st visit	37 (61%)
Number of comorbidities (mean)	2.8
Number of chronic meds (mean)	6
Pts w/o a PCP at first visit	18 (30%)
Pts w/o prior DM mgmt visit	27 (45%)

Fig 1: Demographics of 60 Pts assessed by PharmD Oct 2017-Aug 2018

Results

Fig 2. Medication Therapy Problems Identified (#, N=60 pts)

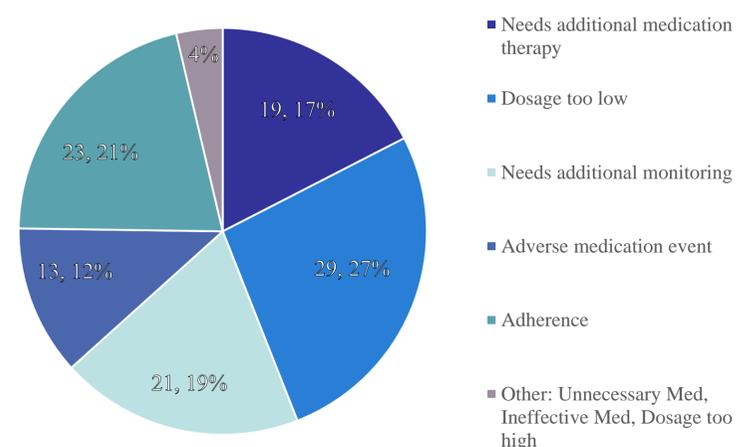


Fig 3. Efficacy and Safety Outcomes

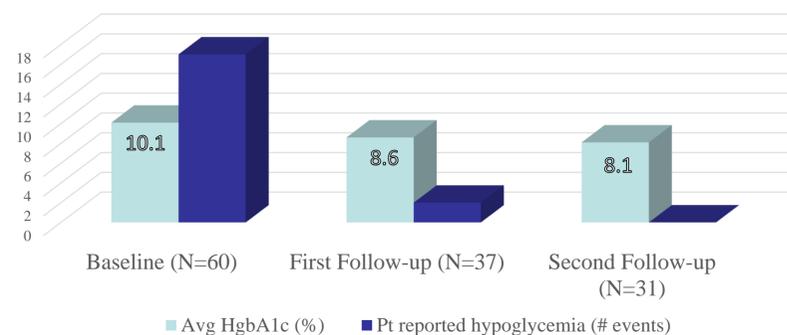
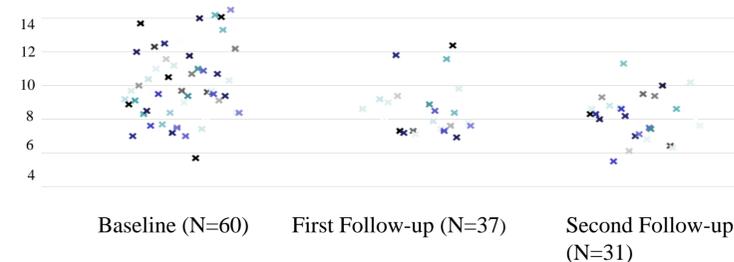


Fig 4. Trend in A1c Range (%)



- ❖ Clinical pharmacists made 107 interventions overall. The most common were dose increases (31), adherence education (25), and starting new medications (19)
- ❖ Pts had an average of 2 diabetes medications, with an average of 2 medication therapy problems. 50 pts (83%) had DM medication changes upon hospital discharge.
- ❖ Of 31 pts that returned for 6 month follow-up, only 12 pts (20%) required readmissions for DFIs. 8 pts (13%) required amputations post intervention.

Conclusions

- ❖ All 60 pts required pharmacist intervention to improve DM care.
- ❖ There was a trend in reduction of HgbA1c by an avg of 2% without an increase in pt reported hypoglycemia
- ❖ Taking advantage of frequent visits required for limb-salvage allowed for more rapid dose titration of diabetes medications
- ❖ Incorporating DM management into the clinic visit was feasible and well received.
- ❖ A registered dietician has joined the team to aid in DM management.
- ❖ Including DM management in a multidisciplinary approach to limb-salvage is an essential and effective way to manage DFI pts and will lead to reduce readmissions and amputations.

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