Improving Healthcare Outcomes through an Interdisciplinary Effort of Social Work and Pharmacy in a “Village” Model Setting
Elizabeth Hipp, Lauren Post, Virginia Richardson, PhD.

PURPOSE
To present an innovative community intervention comprised of pharmacists and social workers designed to decrease hospital readmissions among older adults. We describe an implementation plan that “Villages” can use to lower hospital admissions among older persons residing in these communities.

INTRODUCTION
The “Village” model was developed based on findings from a survey conducted by The National Institute in Aging that 90% of older adults desire to age in their homes. This is an innovative consumer-driven approach that can enhance the well-being of community-dwelling seniors through a combination of social activities, volunteer opportunities, service referral, and direct assistance. The “Village” model is a promising approach that supports aging in place.

Newton at Home and Ashbury Village have partnered with their local hospital to assist members during their return home and help reduce readmission rates. A recent study in the Journal of Managed Care Pharmacy found success in reducing hospital readmission rates. A recent study in the Journal of the American Medical Association found that a transition tool kit initiated “tool kit” to guide members through the transition of care from hospital to home. This tool kit consists of a list of specific areas of the transition process and pertinent resources from the combined perspective of social work and pharmacy, but that is easy enough for volunteers to initiate.

RESULTS
The findings from our one-on-one interviews reinforced the current trend of older adults lacking services and coordination of care as they transition from hospital to home. The top areas of concern include:
- In-home physical and occupational therapy
- Questions about insurance information
- Transportation
- Meals and household cleaning
- Social support from family, friends, and volunteers
- Adverse reactions to medications
- Medication education and adherence
- Assistance obtaining and utilizing home-health equipment

Overall, members of Village Connections felt that their health had improved at least slightly since returning home from the hospital. However, the fact that they were able to identify specific areas where services are lacking shows that there is a need for Village Connections to institute a more stream-lined, volunteer initiated “tool kit” to guide members through the transition of care from hospital to home. This tool kit consists of a list of specific areas of the transition process and pertinent resources from the combined perspective of social work and pharmacy, but that is easy enough for volunteers to initiate.

CONCLUSIONS
The Village Model represents an innovative approach to allowing seniors to stay in their homes despite increasing age and physical limitations. However, a transition from hospital stay back home has proven to be more challenging for older adults, especially those living independently in the community. This has lead to increasing hospital readmission rates, worsening outcomes for older adults and further financial burden for the entire healthcare system. With the main goal of Village Connections being to keep seniors in their homes it is imperative that members be provided with step-by-step guidance throughout the transition of care process. By utilizing an interdisciplinary approach between social work and pharmacy we have created a multi-faceted transition of care tool kit that can be easily understood and utilized by volunteers. We have incorporated each aspect of the transition of care process where Village Connections members expressed concern with the hope that the process will become more successful and keep older adults living in their homes for as long as possible.

BIBLIOGRAPHY

ACKNOWLEDGEMENTS
The authors would like to thank the members of Village Connections who participated in the interview process, Katie White, Executive Director of Village Connections, and Doctor Virginia Richardson, Professor of Gerontology at The Ohio State University.