**Impact of a Clinical Heart Failure Stewardship Pharmacist Implementing Guideline Directed Therapy to Hospitalized Heart Failure Patients**

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**Background/Purpose:** Heart failure is a complex health condition with an increasing prevalence worldwide, as the CDC reports approximately 6.2 million adults having heart failure in the United States. With this ongoing prevalence, primary literature and the 2017 Heart Failure Society of America Guidelines support utilization of newly approved medications that have become the mainstay of heart failure management. The purpose of this study is to evaluate the impact of having a designated heart failure stewardship pharmacist implementing guideline directed medication therapies (GDMT) in hospitalized patients with heart failure.

**Objective:** The primary outcome will be the number of pharmacy interventions accepted by the prescribing provider. Secondary outcomes will include a pre- and post-intervention comparison of total GDMT actively prescribed, the number of heart failure prescriptions captured at the associated hospital’s transitions of care (TOC) pharmacy and 30-day heart failure readmission rate.

**Methods:** This was an IRB-approved, single-center, prospective, pre- and post-intervention analysis including hospitalized heart failure patients that are not optimized on a GDMT regimen. Intervention recommendations include medication initiation, as well as medication titration to target dose. Patients were eligible for a potential intervention if they are 18 years of age or older, currently admitted to the hospital with an established heart failure diagnosis and being followed inpatient by the cardiologist or hospitalist teams. Patients are excluded from potential interventions if they are younger than 18 years of age, or currently being followed by the advanced heart failure team.

**Results:** There were 277 total interventions made by the clinical pharmacist. These interventions can be further broken down into the following categories: 129 recommendations for therapy change, 37 patient assistance program applications, 62 copay relief interventions, 34 face-to-face encounters and 15 miscellaneous interventions. Of the 277 interventions made, 244 resulted in successful outcomes, allowing for an overall 88% success rate. The pre- and post-intervention comparison of prescribed GDMT met statistical significance in all medication classes, with highest significance in angiotensin receptor-neprilysin inhibitors, beta-blockers, mineralocorticoid receptor antagonists and sodium glucose co-transporter 2 inhibitors (p <0.001). From these interventions, a total of 380 prescriptions were captured at the TOC pharmacy. There was a 22% HF related readmission rate within 30 days of discharge.

**Conclusion:** Overall, pharmacist recommendations and interventions were highly successful and accepted. All medication classes met statistical significance in the pre- and post-intervention comparison. This service allowed for a strong pharmacy presence in direct patient care, while providing increased prescription capture at the TOC pharmacy.