

Why Does Your Hospital Need a Certified Geriatric Pharmacist?

1. Adults aged 65 and over account for 48% of all inpatient hospital days.

This percent will increase as baby boomers begin turning 65 in 2011. Effective medication therapy management in older adults requires knowledge of issues in which many pharmacists fail to receive adequate training, such as:

- Potentially inappropriate medications
- Geriatric syndromes (e.g. falls, delirium)
- Polypharmacy
- Prescribing cascade

2. A recent report from the HHS Office of Inspector General found that about 1 in 7 hospitalized Medicare beneficiaries experienced an adverse event. Of the adverse events identified, 31% were medication-related.¹

Medication use presents unique challenges and issues in older adults, due to their susceptibility to delirium, falls, hypoglycemia, hypotension, and organ damage. Traditional therapeutic targets, such as blood pressure and hemoglobin A1C, may need to be adjusted in this population to prevent adverse consequences from overly aggressive therapy.

3. A recently reported review of rates of patient harm in North Carolina hospitals found that 25 harms were identified per 100 adult admissions. Of these harms, 28% were medication-related.²

Since pediatric patients were excluded from this study, the majority of hospital patients reviewed were elderly. The findings from this study are consistent with the report from the HHS OIG described above.

4. A hospital with one or more Certified Geriatric Pharmacists demonstrates understanding of the need for expertise in medication use in older adults, and a commitment to improving care for older adult patients.

1. Levinson DR. Adverse events in hospitals: national incidence among Medicare beneficiaries. Department of Health and Human Services Office of Inspector General. November 2010. OEI-06-09-00090. <http://oig.hhs.gov/oei/reports/oei-06-09-00090.pdf>
2. Landrigan CP, et al. Temporal trends in rates of patient harm resulting from medical care. N Engl J Med 2010;363:2124-34. <http://www.nejm.org/doi/full/10.1056/NEJMsa1004404>