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Heart failure (HF) imposes a heavy burden on patients and healthcare systems. Interprofessional HF clinics may be a way to reduce the burden of care. The objective of this study was to determine if our community HF clinic had a positive impact on patient outcomes.

Retrospective, chart review was conducted of patients admitted to clinic from January 2016 to January 2018. Patients were grouped by the number of clinic visits. The primary outcome was the number of patients with HF-related hospital readmissions after enrollment in clinic. Secondary outcomes included the number of patients with HF-related emergency department (ED) visits, all-cause readmissions, all-cause ED visits, and mortality. Data was also collected to see if patients were at therapeutic medication dosing.

: A total of 377 patients were screened with 219 patients meeting inclusion criteria. There were 5.7% of patients in the 1-2 visits group with HF-related readmissions compared to 51.4% of patients a year prior to initial visit or baseline, 21.5% of patients in the 3-10 visits group versus 72% at baseline, 16.9% of patients in the 11-17 visits group versus 76.6% at baseline, and 0% of patients in the 18+ visits group versus 78.6% at baseline. Further statistical analysis is pending.

The number of patients with HF-related hospital readmissions decreased compared to baseline. It is possible that some patients were lost to follow-up. A follow-up study comparing HF clinic patients to a control group is needed to determine whether there is truly a difference on patient outcomes.

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To determine if falls in the hospital occur more frequently i 612 792 reW\*ñBT/F3 14.04 Tf1 0 0



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: To investigate the effects of timing of initiating home neuropsychiatric medications (NPM) on incidence of delirium in the first 7 days of intensive care unit (ICU) admission.

: This is a retrospective analysis comparing timing of the re-initiation of home NPM of all patients admitted to the ICU between March 1, 2019 and September 30, 2019. The early-start group encompassed patients who restarted home NPM within 3 days of 17-23(3)7( )-23(d)W\*ñBT of 17-23(3)7( )

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Previous research has determined that oxidative stress may play a role in



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: To determine the antiplatelet and anticoagulant requirements during PCI in patients receiving cangrelor versus prior standard therapy.

: This study is a retrospective analysis of high-risk myocardial infarction patients who underwent percutaneous coronary intervention (PCI) comparing medication requirements, costs, and outcomes in patients who received intravenous cangrelor versus prior standard therapy. Historical data were collected from January 1, 2018 to November 30, 2019 in patients who underwent prior standard therapy and from December 1, 2019 to present day in patients who received cangrelor. Inclusion criteria included age ≥ 18 years, admission to Texas Health Presbyterian Hospital Dallas, primary PCI within 48 hours of acute coronary syndrome diagnosis, and presence of at least one high risk feature (intubation, hemodynamically unstable, high risk anatomy, or the use of either an intra-aortic balloon pump or Impella® device). Exclusion criteria

