

## **Title of Proposed Research:** Effective Medication Management in Older Hospitalized Patients

### **A. Abstract:**

Suboptimal medication management during hospitalization is common and deadly. Due to greater healthcare utilization, higher medication use, and inherent vulnerability, older patients are at disproportionate risk for exposure to, and harm from, suboptimal medication practices during hospitalization. This suboptimal medication management during hospitalization ultimately affects patients' health longitudinally by contributing to poor care transitions post-hospitalization, and independently increasing their risk for injurious geriatric syndromes, adverse drug reactions, unnecessary healthcare utilization, and death.

Geriatricians apply a medication management model in their daily practice based on their unique geriatrics knowledge and perspective that they have used to develop geriatrician-led interventions shown to decrease suboptimal medication management. However, geriatrics is facing a workforce shortage, thus limiting use of these models. In contrast, Hospitalists are the fastest growing subspecialty and are poised to become the primary providers of inpatient care for older adults, but like other specialties, they receive little training in geriatrics. Therefore, I believe there is an imperative and opportunity to collaborate with hospitalists to develop an innovative model that incorporates the essentials of geriatrics medication management in a structured process they could use, independent of geriatricians, to improve their care of the growing number of older inpatients at risk of harm due to suboptimal medication management.

To this end, I aim to define, organize and operationalize the essentials of medication management used daily by geriatricians in their care of multimorbid, complex older patients. Once operationalized, I aim to use them to create and pilot a structured process hospitalists can use to improve their medication management of older adults. Collaborating with hospitalists to develop the model will ensure that it will be feasible, and useful in their daily care of complex, multimorbid, older hospitalized adults, thus directly impacting patient safety while also affecting multiple other geriatric syndromes and post-hospital transitions of care.