REPORT DOCUMENTATION PAGE

Form Approved OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Service Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

1. REPORT DATE (DO-MAN-YTYY) 1. 202017 2. A STITLE AND SUBTITLE Evaluation of a Tool to Predict 90-Day Readmission or Death Following Hospitalization for COPD 5. GRANT NUMBER 5. GRANT NUMBER 5. GRANT NUMBER 5. GRANT NUMBER 6. AUTHOR(S) Capt Patluvany, Alexander S 5. TASK NUMBER 5. TASK NUMBER 6. WORK UNIT NUMBER 7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Sph Clinical Research Division 1100 Willierd Hall Loop, Bidg. 4430 1100 Willierd Hall	PLEASE DO N	JOT RETURN YC	OUR FORM TO T	i collection of information if it does in THE ABOVE ORGANIZAT	not display a currenti	ly valid OMB o	control number.
1.203/2017 Abstract 1.203/2017-12/07/2017	1. REPORT D	ATE (DD-MM-YY					3. DATES COVERED (From - To)
Evaluation of a Tool to Predict 90-Day Readmission or Death Following Hospitalization for COPD 5b. GRANT NUMBER 6c. PROGRAM ELEMENT NUMBER 6c. PROGRAM ELEMENT NUMBER 6d. PROJECT NUMBER 6d. PROJECT NUMBER 7c. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 9th Clinical Research Division 1100 Willford Hall Loop, Bidg. 4430 1100-92-7141 9. \$PONSORINGMONITORING AGENCY NAME(S) AND ADDRESS(ES) 9th Clinical Research Division 1100 Willford Hall Loop, Bidg. 4430 1100-92-7141 19. \$PONSORINGMONITORING AGENCY NAME(S) AND ADDRESS(ES) 9th Clinical Research Division 1100 Willford Hall Loop, Bidg. 4430 1	12	2/03/2017		Abstrac	t		
So. Grant Number So. PROGRAM ELEMENT NUMBER So. PROGRAM ELEMENT NUMBER So. PROJECT NUMBER So. PROJECT NUMBER So. PROJECT NUMBER So. TASK NUMBE					P	5a. CON	NTRACT NUMBER
56. AUTHORIS) Capt Patiovany, Alexander S 56. PROGRAM ELEMENT NUMBER 56. TASK NUMBER 56. TASK NUMBER 57. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Sobit Clinical Research Division 1100 Willford Hall Loop, Bidg. 4430 1100 Willford Hall L			90-Day Readmis	ssion or Death Following	,		
6. AUTHOR(s) Capt Patlovany, Alexander S 5d. PROJECT NUMBER 5d. WORK UNIT NUMBER 7. PERFORMING ORGANIZATION NAME(s) AND ADDRESS(ES) 9th Clinical Research Division 1100 Willford Hall Loop, Bldg. 4430 1110 Willford Hall Loop, Bldg. 4430 112. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRAGT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18a. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18a. NUMBER 18a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18a. NUMBER 18a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18a. NUMBER 18a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18a. NUMBER 18a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18a. NUMBER 18a. NAME OF RESPONSIBLE PERSON Clarice Longoria 18a. NUMBER 18a. NAME OF RESPONSIBLE PERSO	Hospitalization	a for COPD				Sh GR	A NIT AN IMPED
6. AUTHOR(S) Capt Patiovany, Alexander S 50. TASK NUMBER 61. WORK UNIT NUMBER 77. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 9th Clinical Research Division 1100 Willford Hall Loop, Bidg. 4430 118SA-Lackland, TX 78236-9908 17490 117490 117490 118SA-Lackland, TX 78236-9908 117490 1199-292-7141 11. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 9th Clinical Research Division 1100 Willford Hall Loop, Bidg. 4430 111. SPONSOR/MONITOR'S AGRONYM(S) 112. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 113. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 114. ABSTRACT 115. SUBJECT TERMS 116. SECURITY CLASSIFICATION OF: ABSTRACT 117. LIMITATION OF ABSTRACT 118. NUMBER (Include area code) 119a. NAME OF RESPONSIBLE PERSON Clarice Longoria 119b. TELEPONE NUMBER (Include area code)						J 00. 010	ANT NOWIDER
6. AUTHOR(S) Capt Patiovany, Alexander S 50. TASK NUMBER 61. WORK UNIT NUMBER 77. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 9th Clinical Research Division 1100 Willford Hall Loop, Bidg. 4430 118SA-Lackland, TX 78236-9908 17490 117490 117490 118SA-Lackland, TX 78236-9908 117490 1199-292-7141 11. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 9th Clinical Research Division 1100 Willford Hall Loop, Bidg. 4430 111. SPONSOR/MONITOR'S AGRONYM(S) 112. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 113. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 114. ABSTRACT 115. SUBJECT TERMS 116. SECURITY CLASSIFICATION OF: ABSTRACT 117. LIMITATION OF ABSTRACT 118. NUMBER (Include area code) 119a. NAME OF RESPONSIBLE PERSON Clarice Longoria 119b. TELEPONE NUMBER (Include area code)							
Capt Patlovany, Alexander S 56. TASK NUMBER 57. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1100 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 17490 10-292-7141 19. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1101 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 11-590NSORING/MONITORIS AGENCY NAME(S) AND ADDRESS(ES) 10. SPONSORING/MONITORIS AGRONYM(S) 11. SPONSORIMONITORIS REPORT NUMBER(S) 11. SPONSORIMONITORIS AGRONYM(S) 11. SPONSORIMONITORIS AG						5c. PRC	OGRAM ELEMENT NUMBER
Capt Patlovany, Alexander S 56. TASK NUMBER 57. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1100 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 17490 10-292-7141 19. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1101 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 11-590NSORING/MONITORIS AGENCY NAME(S) AND ADDRESS(ES) 10. SPONSORING/MONITORIS AGRONYM(S) 11. SPONSORIMONITORIS REPORT NUMBER(S) 11. SPONSORIMONITORIS AGRONYM(S) 11. SPONSORIMONITORIS AG							
Capt Patlovany, Alexander S 56. TASK NUMBER 57. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1100 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 17490 10-292-7141 19. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1101 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 11-590NSORING/MONITORIS AGENCY NAME(S) AND ADDRESS(ES) 10. SPONSORING/MONITORIS AGRONYM(S) 11. SPONSORIMONITORIS REPORT NUMBER(S) 11. SPONSORIMONITORIS AGRONYM(S) 11. SPONSORIMONITORIS AG	6. AUTHOR(S	:1				5d. PRC	O IFCT NIIMBER
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 5th Clinical Research Division 1100 Willford Hall Loop, Bldg 4430 118-A-Lackland, TX 78236-9908 17490 17490 17490 17490 185-A-Lackland, TX 78236-9908 17490 185-A-Lackland, TX 78236-9908 17490 185-A-Lackland, TX 78236-9908 17490 185-A-Lackland, TX 78236-9908 175-Yelliford Hall Loop, Bldg 4430 185-Yelliford						Ju	JOEOT ROBIDER
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 99th Clinical Research Division 1100 Willford Hall Loop, Bidg. 4430 118A-Lackland, TX 78236-9908 210-292-7141 9. \$PONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 99th Clinical Research Division 1100 Willford Hall Loop, Bidg. 4430 118A-Lackland, TX 78236-9908 210-292-7141 11. \$PONSORING/MONITOR'S ACRONYM(S) 1100 Willford Hall Loop, Bidg. 4430 118A-Lackland, TX 78236-9908 210-292-7141 12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 13. \$UPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 16. \$EGURITY CLASSIFICATION OF: a. \$REPORT D. ABSTRACT C. THIS PAGE 17. LIMITATION OF ABSTRACT D. ABSTRACT C. THIS PAGE 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 19b. TELEPHONE NUMBER (Includes area code)		,					
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1100 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 17490 10. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1100 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 1100 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 11. SPONSOR/MONITOR'S ACRONYM(S) 11. SPONSOR/MONITOR'S REPORT NUMBER(S) 12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 16. SUBJECT TERMS 17. LIMITATION OF ABSTRACT 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria OF PAGES 19b. TELEPHONE NUMBER (Include area code)						5e. TAS	K NUMBER
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1100 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 17490 10. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1100 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 1100 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 11. SPONSOR/MONITOR'S ACRONYM(S) 11. SPONSOR/MONITOR'S REPORT NUMBER(S) 12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 16. SUBJECT TERMS 17. LIMITATION OF ABSTRACT 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria OF PAGES 19b. TELEPHONE NUMBER (Include area code)							
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1100 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 17490 10. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1100 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 1100 Willford Hall Loop, Bidg 4430 1BSA-Lackland, TX 78236-9908 11. SPONSOR/MONITOR'S ACRONYM(S) 11. SPONSOR/MONITOR'S REPORT NUMBER(S) 12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 16. SUBJECT TERMS 17. LIMITATION OF ABSTRACT 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria OF PAGES 19b. TELEPHONE NUMBER (Include area code)						5f. WOF	RK UNIT NUMBER
Soth Clinical Research Division 17490							
Soth Clinical Research Division 17490							
1100 Willford Hall Loop, Bldg 4430 JBSA-Lackland, TX 78236-9908 17490 10. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1100 Willford Hall Loop, Bldg 4430 JBSA-Lackland, TX 78236-9908 11. SPONSOR/MONITOR'S ACRONYM(S) 59th Clinical Research Division 1100 Willford Hall Loop, Bldg 4430 JBSA-Lackland, TX 78236-9908 11. SPONSOR/MONITOR'S REPORT NUMBER(S) 12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT D. ABSTRACT C. THIS PAGE 17. LIMITATION OF ABSTRACT OF PAGES Clarice Longoria (Jan. NAME OF RESPONSIBLE PERSON Clarice Longoria) (Jan. NAME OF RESPONSIBLE PERSON Clarice Longoria) (Jan. NAME OF RESPONSIBLE PERSON Clarice Longoria) (Jan. NEELEPHONE NUMBER (Include area code))				ND ADDRESS(ES)			
JBSA-Lackland, TX 78:236-9908 210-292-7141 3. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1100 Willford Hall Loop, Bidg 4430 JBSA-Lackland, TX 78:236-9908 210-292-7141 11. SPONSOR/MONITOR'S REPORT NUMBER(S) 11. SPONSOR/MONITOR'S REPORT NUMBER(S) 11. SPONSOR/MONITOR'S REPORT NUMBER(S) 11. SPONSOR/MONITOR'S REPORT NUMBER(S) 14. ABSTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT D. ABSTRACT C. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)							REPORT NOWIDER
210-292-7141 9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 50th Clinical Research Division 1100 Willford Hall Loop, Bidg. 4430 JBSA-Lackland, TX 78236-9908 210-292-7141 11. SPONSOR/MONITOR'S REPORT NUMBER(S) 11. SPONSOR/MONITOR'S REPORT NUMBER(S) 12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF PAGES 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 19b. TELEPHONE NUMBER (include area code)			•				17400
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1100 Willford Hall Loop, Bldg 4430 1BSA-Lackland, TX 78236-9908 210-292-7141 11. SPONSOR/MONITOR'S REPORT NUMBER(S) 12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF:		a, 1 A /8230-990	J8				1/470
59th Clinical Research Division 1100 Willford Hall Loop, Bldg 4430 1BSA-Lackland, TX 78236-9908 210-292-7141 12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT D. ABSTRACT C. THIS PAGE 17. LIMITATION OF ABSTRACT OF PAGES Clarice Longoria 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)		NO/MONITORIN	O ACENCY NAS	SE(O) AND ADDDECO(E(40 COON COD MACAUTORIO A CRONVINO
11. SPONSOR/MONITOR'S REPORT NUMBER(S) 12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT C. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19b. TELEPHONE NUMBER (include area code)				IE(S) AND ADDRESS(ES	•)		10. SPONSOR/MONITOR'S ACRONYM(5)
JBSA-Lackland, TX 78236-9908 210-292-7141 12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT OF ABSTRACT OF PAGES 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)							
12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT D. ABSTRACT C. THIS PAGE T. LIMITATION OF ABSTRACT ABSTRACT OF PAGES OF PAGES Telephone Number (include area code)						I	44 SPONSOD/MONITORIS DEPORT
12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON OF Clarice Longoria 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)		u, 1A /6250-570	76			I	
Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)	210-272 /1.1						
Approved for public release. Distribution is unlimited. 13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)	12 DISTRIBUT	ΓΙΩΝ/ΔΥΔΙΙ ΔΒΙΙ	ITV STATEMEN	т			1
13. SUPPLEMENTARY NOTES American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT ABSTRACT OF PAGES OF PAGES OF PAGES 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)				· =			
American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)	The training	Addie rerease.	Stiloution to u	inica.			
American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)							
American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition, Orlando, FL, 3-7 Dec 2017 14. ABSTRACT 15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)	13. SUPPLEME	ENTARY NOTES					4.50
16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19. TELEPHONE NUMBER (Include area code)				s Midvear Clinical Meeti	ng and Exhibiti	on. Orland	do FL 3-7 Dec 2017
15. SUBJECT TERMS 16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER 19a. NAME OF RESPONSIBLE PERSON Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)					15	O.,	10, 11, 5 / 200 201.
16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19. TELEPHONE NUMBER (Include area code)	14. ABSTRACT	r					
16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19. TELEPHONE NUMBER (Include area code)			p				
16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19. TELEPHONE NUMBER (Include area code)							
16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19. TELEPHONE NUMBER (Include area code)							
16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19. TELEPHONE NUMBER (Include area code)							
16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19. TELEPHONE NUMBER (Include area code)							
16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19. TELEPHONE NUMBER (Include area code)							
16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19. TELEPHONE NUMBER (Include area code)							
16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19. TELEPHONE NUMBER (Include area code)							
16. SECURITY CLASSIFICATION OF: a. REPORT b. ABSTRACT c. THIS PAGE 17. LIMITATION OF ABSTRACT 18. NUMBER OF RESPONSIBLE PERSON Clarice Longoria 19. TELEPHONE NUMBER (Include area code)							
a. REPORT b. ABSTRACT c. THIS PAGE ABSTRACT OF PAGES Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)	15. SUBJECT T	(ERMS					
a. REPORT b. ABSTRACT c. THIS PAGE ABSTRACT OF PAGES Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)							
a. REPORT b. ABSTRACT c. THIS PAGE ABSTRACT OF PAGES Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)							
a. REPORT b. ABSTRACT c. THIS PAGE ABSTRACT OF PAGES Clarice Longoria 19b. TELEPHONE NUMBER (Include area code)							
PAGES PAGES 19b. TELEPHONE NUMBER (Include area code)					18. NUMBER		
19b. TELEPHONE NUMBER (Include area code)	a. REPORT	b. ABSTRACT	c. THIS PAGE	ABSTRACI	DAGES		
			!			19b. TELF	EPHONE NUMBER (Include area code)



Evaluation of a Tool to Predict 90-day Readmission or Death Following Hospitalization for COPD Capt Alexander S Patlovany, PharmDa; Annabel L Schumaker, PharmDb

^aSan Antonio Military Medical Center, JBSA Fort Sam Houston, TX ^bDepartment of Pharmacy, Brooke Army Medical Center, JBSA Fort Sam Houston



BACKGROUND

exacerbation of COPD7 death in patients discharged following an admission for an acute PEARL was developed as a predictive tool for 90-day readmissions or BODEX⁵) or health status (DOSE⁶) rather than hospital readmission. were developed primarily to determine risk of death (ADO4 and readmitted3. Several predictive models exist for COPD; however, they between provider groups, no group accurately predicted who would be identifying patients at high risk for readmission. In a comparison Francisco Medical Center, a study found that clinicians have difficulty readmission within 90 days 1.2. At the University of California San admission with approximately one-third of patients requiring COPD exacerbations are one of the most common reasons for hospital

translate into better overall patient heath and better use of limited high risk patients with early interventions. Early interventions may readmission or death within 90 days would allow clinicians to target An effective predictive tool for identifying patients at high risk for

PURPOSE

provides predictive value. PEARL. It is unknown if the PEARL tool modified with mMRC still validated measure of dyspnea,9 which is the dyspnea score used with (mMRC) dyspnea scale. SAMMC uses mMRC rather than eMRCD as a replacing the eMRCD with the modified Medical Research Council purpose of this study is to evaluate the predictive ability PEARL extended Medical Research Council Dyspnea (eMRCD) score. The readmission or death after admission for a COPD exacerbation using the heart failure) tool has previously been validated to predict 90-day Dyspnoea Scale (eMRCD), Age, Right-sided heart failure, Left sided The PEARL (Previous admissions, Extended Medical Research Council

- Center (SAMMC) admission data for the 18 month period from 1 Jan This retrospective cohort study will use San Antonio Military Medical 2016 to 30 Jun 2017.
- The target population is adults over 18 years of age with a diagnosis of COPD who have received care one of the medical center facilities.
- The study has been approved by the Institutional Review Board.
- An electronic medical record ad hoc report will identify patients admitted with a primary diagnosis of acute exacerbation of COPD.
- and outcomes data. The following data will include the PEARL indices, demographic data,
- A modified PEARL score will be calculated using mMRC scores of 0, 1, and as 5b in a second calculation. mMRC scores of 4 will be assessed as eMRCD 5a in one calculation 2, and 3 (replacing eMRCD scores of 1, 2, 3, and 4 respectively);
- Chi-square will be used to compare PEARL risk assignment (low, or death without readmission at both 90 days and at 30 days. intermediate, or high) with the combined endpoint of readmission
- Imputation will be used to handle missing data

PEARL Indices	eMRCD	mMRC
vious admissions	1 - Breathless with strenuous exercise	0 - Breathless with strenuous exercise
RCD 2	2 – Breathless when hurrying on level or walking up slight hill	1 – Breathless when hurrying on level or walking up slight hill
(0 to	3 – Walks slower than peers or stops walking at own pace	2 - Walks slower than peers or stops walking at own pace
ht-sided heart failure n	4 – Stops after 100m or for a few minutes on level	3 – Stops after 100m or for a few minutes on level
1-sided heart failure v	Too breathless to leave house and: 5a - independent in washing/dressing 5b - dependent in washing/dressing	4 too breathless to leave house or breathless when dressing/undressing

Righ

eMF Age

RESULTS

- through 30 Jun 2017. An admission report was run with data from 1 Jan 2016
- acute exacerbation of COPD. 410 admissions were found to have a primary diagnosis of
- inpatient medical records. Data is currently being extracted from outpatient and

DISCUSSION

Pending results

CONCLUSION

Pending results

REFERENCES

pulmonary disease. Commission for Healthcare Audit and Inspection, 2006. Healthcare Commission. Clearing the air. A national study of chronic obstructive

Roberts CM, et al. Thorax. 2002;57:137-41

 Puhan MA, et al. Lancet. 2009;374:704-11 3. Allaudeen N, et al. *JAMA Intern Med*. 2016;176(4):484-493

5. Soler-Cantaluna JJ, et al. Respir Med 2009;13:692-9

Jones RC, et al. Am J Respir Crit Care Med. 2009;180:1189-95 7. Echevarria C, et al. *Thorax*. 2017;72:686-693.

9. Casanova C, et al. Chest. 2015;148(1):159-168 8. Vestbo J, et al. Am J Respir Crit Care Med. 2013;187:347-65

DISCLOSURES

ent, gifts, stock holdings, and honora real or apparent, and

ed herein are those of the author(s) and do not reflect the official policy or al Center, the U.S. Army Medical Department, the U.S. Army Office of the ent of the Army, the Department of the Air Force and Department of Defens