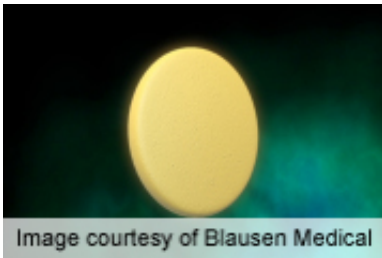


Pharmacist intervention does not prevent medication errors

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A pharmacist-delivered intervention does not significantly improve the rate of clinically important medication errors following discharge among hospitalized heart patients, according to a study published in the July 3 issue of the *Annals of Internal Medicine*.

(HealthDay) -- A pharmacist-delivered intervention does not significantly improve the rate of clinically important medication errors following discharge among hospitalized heart patients, according to a study published in the July 3 issue of the *Annals of Internal Medicine*.

Sunil Kripalani, M.D., from Vanderbilt University in Nashville, Tenn., and colleagues assessed the effect of a tailored pharmacist-delivered intervention on the occurrence of clinically important medication errors for 851 patients discharged following hospitalization with [acute coronary syndromes](#) or acute decompensated [heart failure](#). Participants were randomly allocated to either usual care or an intervention of pharmacist-assisted medication reconciliation, inpatient pharmacist counseling, low-

literacy adherence aids, and individualized telephone follow-up after discharge.

The researchers found that 50.8 percent of patients had one or more clinically important medication errors, of which 22.9 percent were serious and 1.8 percent were life-threatening. Overall, 30.3 percent of patients had adverse drug events (ADEs), and potential ADEs occurred in 29.7 percent. There was no significant change in the number of clinically important [medication errors](#) or ADEs per-patient for those in the intervention group (unadjusted incidence rate ratio [IRR], 0.92 [95 percent confidence interval (CI), 0.77 to 1.10] and 1.09 [95 percent CI, 0.86 to 1.39], respectively). There tended to be fewer potential ADEs in those receiving the intervention (unadjusted IRR, 0.80; CI, 0.61 to 1.04).

"A health-literacy-sensitive pharmacist intervention that included post-discharge telephone follow-up did not improve [medication safety](#) overall," the authors write. "Reducing ADEs and potential ADEs in the post-discharge period is becoming more critical as hospitals have increasing financial penalties tied to rehospitalization rates."

More information: [Full Text \(subscription or payment may be required\)](#)

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