

## Impact of a pharmacist-facilitated hospital discharge program: a quasi-experimental study.

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Walker PC, Bernstein SJ, Jones JNT, et al. Impact of a pharmacist-facilitated hospital discharge program: a quasi-experimental study. Arch Intern Med. 2009;169(21):2003-10. doi:10.1001/archinternmed.2009.398.  
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Medication errors are a leading contributor to [adverse events after hospital discharge](#), and prior studies have demonstrated a high incidence of inadvertent [medication discrepancies](#) at the time of discharge. Pharmacist involvement in inpatient care is a [proven strategy](#) to improve safety, and a pharmacist-led [medication reconciliation](#) and education process successfully reduced medication errors and hospital readmissions in a [prior study](#). In this trial, while the involvement of a pharmacist in medication teaching, medication reconciliation, communication of medication changes to outpatient physicians, and post-discharge telephone follow-up with patients did appear to reduce medication discrepancies, it had no impact on rates of readmissions and emergency department visits. This finding may indicate that more comprehensive [discharge interventions](#) may be necessary in order to reduce the risk of readmission.