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Pharmacist Reduces Medication Discrepancies for Elderly Patients, Study Shows

An internal medicine team that included a pharmacist had the lowest average medication discrepancies per patient discharged from a hospital when compared with hospitalists and internal medicine teams that did not utilize pharmacists, according to an August 2011 study in *The American Journal of Geriatric Pharmacotherapy*.¹

The average number of medication discrepancies per patient was 6.27 when treated by an internal medicine team that included a pharmacist. Hospitalists and an internal medicine team that did not include pharmacists had 9.68 and 11.33 medication discrepancies per patient, respectively. Pharmacists at the hospital studied participate in internal medicine patient rounds and help reconcile medications.

"Pharmacists who work with patient care teams are in a prime position to facilitate seamless care by reducing medication discrepancies and errors that occur during health care transition," the study found.

This study was based on a retrospective review of hospital discharge medication regimens for 200 patients ages 65 and older from August 2008 to December 2009. The medication regimens were obtained from three lists that included physician discharge summaries, discharge orders, and nursing discharge lists.

An abstract of the study is available [here](#).

1. Stitt DM, Elliott DP, Thompson SN. Medication discrepancies identified at time of hospital discharge in a geriatric population. *Am J Geriatr Pharmacother*. 2011; 9:234-40.

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