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## **UCDHSC Report Examines Post-hospital Patient Medication Discrepancies**

**DENVER** (September 12, 2005) – At a time where healthcare quality and patient safety are at the forefront of hospital and provider concern, a Sept. 12 study in the *Archives of Internal Medicine* looks at medication errors that can arise during patient care “hand-offs” or transitions, specifically from hospital care to home. The study, conducted by researchers at the University of Colorado at Denver and Health Sciences Center, with the support of the John A. Hartford Foundation, focuses on the medication safety and breakdown that older patients may encounter during healthcare transition points.

The study looked at adults ages 65 and older that were admitted to a hospital with one of nine selected conditions including heart disease, emphysema, and hip fracture. Within 24 to 72 hours after discharge from the hospital, a geriatric nurse practitioner performed a comprehensive medical assessment on the patient including medications taken both before and after the hospital stay. The study found that 14.1 percent of patients experienced one or more medication discrepancies.

“Medication discrepancies could include when a patient is given separate prescriptions for both the brand name and the generic name of the same drug, or when a patient is simply unaware that they should be taking a medication prescribed by one of their doctors,” said Eric A. Coleman, MD, MPH, associate professor of medicine in the Division of Health Care Policy and Research at UCDHSC and primary investigator on the study. “We also detected incidents when hospital instructions were incomplete, illegible, or written in Latin – which can clearly cause some confusion and errors.”

The article also indicated that 14.3 percent of the patients with a medication discrepancy were re-hospitalized within 30 days, compared to 6.1 percent of patients who did not experience a discrepancy.

“The problem boils down to older patients receiving prescriptions from multiple physicians in different settings, none of whom takes on the responsibility for creating a single safe and effective medication regimen,” said Coleman. “Unfortunately, unless this is corrected, the outcomes for patients and the healthcare system are costly medical errors and poor health outcomes. Both patient

and system-associated solutions are needed to ensure medication safety during this vulnerable period between care settings.”

For more information about this study, please visit [www.caretransitions.org](http://www.caretransitions.org).

The University of Colorado at Denver and Health Sciences Center is one of three campuses in the University of Colorado system. Located in Denver and Aurora, Colo., the center includes schools of medicine, nursing, pharmacy, and dentistry, a graduate school and a teaching hospital. For more information, visit the Web site at [www.uchsc.edu](http://www.uchsc.edu).

Founded in 1929, the John A. Hartford Foundation is a committed champion of training, research and service system innovations that promote the health and independence of America’s older adults. Through its grant making, the Foundation seeks to strengthen the nation’s capacity to provide effective, affordable care to this rapidly increasing older population by educating “aging-prepared” health professionals (physicians, nurses, social workers), and developing innovations that improve and better integrate health and supportive services. The Foundation was established by John A. Hartford. Mr. Hartford and his brother, George L. Hartford, both former chief executives of the Great Atlantic & Pacific Tea Company, left the bulk of their estates to the Foundation upon their deaths in the 1950s. Additional information about the Foundation and its programs is available at [www.jhartfound.org](http://www.jhartfound.org).

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