# Article information:

Effect of an In-Hospital Multifaceted Clinical Pharmacist Intervention on the Risk of Readmission: A Randomized Clinical Trial - PubMed  
<https://pubmed.ncbi.nlm.nih.gov/29379953/>

# Article summary:

1. 多方面的临床药师干预可以降低再入院和急诊就诊的风险。

2. 该研究对使用5种或更多药物的医疗患者进行了随机临床试验。

3. 扩展干预组（药物评估、三次动力学访谈和与初级保健医生、药房和养老院的跟进）对于减少30天内再入院、180天内再入院和急诊就诊以及主要复合终点具有显著效果。

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article "Effect of an In-Hospital Multifaceted Clinical Pharmacist Intervention on the Risk of Readmission: A Randomized Clinical Trial" presents a randomized clinical trial that aimed to determine whether a multifaceted pharmacist intervention can reduce the number of readmissions and emergency department visits among patients receiving multiple medications. The study found that the extended intervention had a significant effect on reducing readmissions within 30 or 180 days and ED visits within 180 days.

However, the article does not provide information about potential biases in the study design or implementation. For example, it is unclear how patients were selected for participation, which could introduce selection bias. Additionally, there is no discussion of potential confounding variables that may have influenced the results.

The article also presents a one-sided view of the benefits of the intervention without exploring potential risks or drawbacks. For example, there may be unintended consequences associated with medication changes or interactions that were not adequately addressed in the study.

Furthermore, while the study provides evidence to support the use of multifaceted pharmacist interventions to reduce readmissions and ED visits, it does not provide sufficient evidence to support broader claims about their effectiveness in improving patient outcomes or reducing healthcare costs.

Overall, while this study provides valuable insights into the potential benefits of pharmacist interventions for reducing readmissions and ED visits among patients receiving multiple medications, more research is needed to fully understand their impact on patient outcomes and healthcare costs.

# Topics for further research:

* Study design and implementation biases
* Potential confounding variables
* Unintended consequences of medication changes or interactions
* Limited evidence for broader claims about effectiveness
* Need for further research
* Multifaceted pharmacist interventions and patient outcomes/costs

# Report location:

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