view their hospital care, according to the Centers for Medicare and Medicaid Services (CMS). Hospitals that participate in the inpatient prospective payment system must report HCAHPS scores to CMS or face reduced Medicare reimbursement.

The survey, which contained 27 questions as of this past January, also factors into hospitals’ Medicare reimbursement through the Value-Based Purchasing program, thanks to a provision of the Patient Protection and Affordable Care Act of 2010.

Three questions in the survey directly address medication-related patient education. Two are related to the inpatient stay, and the third and newest question concerns the discharge process.

For pharmacy, HCAHPS is about ensuring that patients “understand what their medications are being prescribed for and how to use them effectively in order to produce the best possible health outcomes and prevent hospital readmissions,” said Kasey K. Thompson, ASHP vice president of policy, planning, and communications.

“There are a lot of different ways to do things effectively. I think what’s really key is determining that the intervention that they’re using is actually resulting in a better patient outcome and ultimately, for the organization, enhanced reimbursement,” he said.

Jeffrey Reichard, senior pharmacy administration resident at the University of North Carolina (UNC) Hospitals in Chapel Hill, recently completed a master’s degree project evaluating portions of the health system’s reengineered transitional care program.

Reichard, working under assistant director of pharmacy Scott Savage, said pharmacy’s tasks for this pilot project include delivering medications before discharge, transmitting prescriptions to outpatient pharmacies, and educating patients and their families about the discharge medications. This work is coordinated by a pharmacy technician who serves as a transition specialist.

For his project, Reichard said he wanted to find out “how patients are feeling...

Correction Notice


Print edition ONLY. This correction notice applies only to the printed edition.

The publishers of the Handbook on Injectable Drugs (HID), 17th Edition, wish to inform you of an error in the esomeprazole sodium monograph. The concentrations of esomeprazole sodium in each of the three solutions tested in the solution compatibility table should have been 400 and 800 mg (Conc/L).

This error affects all entries associated with reference 2760, which are limited to the solution compatibility table of the esomeprazole sodium monograph. The corrected table follows:

**Esomeprazole Sodium Monograph**

Solution Compatibility Table, pages 461–2.

<table>
<thead>
<tr>
<th>Solution</th>
<th>Mfr</th>
<th>Mfr</th>
<th>Conc/L</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dextrose 5%</td>
<td>BA</td>
<td>ASZ</td>
<td>400 and 800 mg</td>
<td>Physically compatible with less than 7% loss in 48 hr at room temperature and no loss in 120 hr at 4 °C</td>
</tr>
<tr>
<td>Ringer’s injection, lactated</td>
<td>BA</td>
<td>ASZ</td>
<td>400 and 800 mg</td>
<td>Physically compatible with less than 4% loss in 48 hr at room temperature and little or no loss in 120 hr at 4 °C</td>
</tr>
<tr>
<td>Sodium chloride 0.9%</td>
<td>BA</td>
<td>ASZ</td>
<td>400 and 800 mg</td>
<td>Physically compatible with less than 3% loss in 48 hr at room temperature and about 1% loss in 120 hr at 4 °C</td>
</tr>
</tbody>
</table>

*Tested in PVC containers.

We urge you to correct these errors in all copies of HID, 17th ed. immediately and to communicate it to others on your staff who may use the book.