

identify and correct medication errors. At Johns Hopkins Hospital, the HIV/AIDS service has a specialized clinical pharmacist who reviews all medications administered on the prior day. However, our study included not only patients admitted to the HIV/AIDS service, but also those admitted to medicine, surgery, obstetrics and gynecology, neurology, and psychiatry. These other services do not routinely include pharmacists on the rounding team.

Since we did not specifically evaluate a clinical pharmacist intervention on medication orders, we offered clinical pharmacy review of medication orders as a possible reason for the decline in errors on the second day of hospitalization for two reasons: (1) prior studies have demonstrated the efficacy of clinical pharmacists in decreasing ARV medication errors [3], and (2) 64% of our study patients were admitted to the HIV/AIDS service, which has a dedicated HIV clinical pharmacist. Other interventions, both educational and technological, may also be important to correcting ARV medication errors that occur early in hospitalization.

Reply to Holtzman and Gallagher

TO THE EDITOR—We thank Holtzman and Gallagher for their interest in our work [1]. Consistent with our study, which identified antiretroviral (ARV) medication errors in 29% of admissions during the first hospital day [2], they report an error rate of 26% among hospitalized human immunodeficiency virus (HIV)-infected patients prescribed ARV medications at Temple University Hospital in Philadelphia, PA [1].

We would like to clarify a misunderstanding by Holtzman and Gallagher of our study methods. As we stated in the methods section of our paper, our study was a retrospective review of ARV medication errors, and not an evaluation of a pharmacist intervention [2]. Two clinical pharmacists retrospectively reviewed medical orders to identify ARV medication errors for study purposes, and were not present in real time to

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Correspondence: Baligh R. Yehia, MD, University of Pennsylvania Perelman School of Medicine, 1309 Blockley Hall, 423 Guardian Dr, Philadelphia, Pennsylvania 19104 (byehia@upenn.edu).

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Notes

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**Baligh R. Yehia,¹ Jimish M. Mehta,²
Danielle Ciuffetelli,² Richard D. Moore,³
Paul A. Pham,³ Joshua P. Metlay,¹ and
Kelly A. Gebo³**

¹Department of Medicine, University of Pennsylvania Perelman School of Medicine, ²Department of Pharmacy, Hospital of the University of Pennsylvania, Philadelphia; and ³Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, Maryland