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**To reduce avoidable readmission of patients who are categorized as high risk by 30-day hospital readmission model at medical ward of United Christian Hospital through medication reconciliation and discharge counseling**
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## Introduction
Medication reconciliation and discharge counseling cannot be conducted on every patient in hospitals. A risk prediction model may help pharmacists to concentrate their efforts and resources on high risk patients to reduce their readmission.

## Objectives
To validate the 30 days hospital readmission model in medical wards of United Christian Hospital and see whether providing medication reconciliation and discharge counseling can reduce readmission of patients who are classified as high risk by the model

## Methodology
The study was divided into two parts. First part would be a retrospective study for validation of the model in local hospital. The second part was a prospective and nonrandomized cohorts study of reducing readmission of high risk patients by medication reconciliation and discharge counseling.

## Result
24 discharges were followed by 30 day readmission among 211 discharges. 5.56% of the patients in the low risk group (estimated, 5.12%) with 14.55% of the patients in the intermediate risk group (estimated, 9.22%), and 20.83% in the high risk group readmitted (estimated, 18.51%) to the hospital within 30 days after discharge. By Cochran Mantel Haenszel test, the p-value was 0.283. Therefore, the observed proportion of patients requiring readmission in UCH were similar to the estimated proportion from the study of Donze1, after using 30 days readmission model to classify patients into different risk groups. In the second part, among 38 patients who were classified as high risk and received medication reconciliation and discharge counseling, 5 of them (13.16%) were readmitted to the hospital within 30 days after discharge. The chi square test showed that the p-value was 0.352 which was not statically significant.