

Lack of agreement for meds reconciliation responsibilities

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(HealthDay)—There is a lack of agreement among clinicians about who is responsible for specific roles in the medication reconciliation process, according to a research letter published in the March issue of the *Journal of Hospital Medicine*.

Kirby P. Lee, Pharm.D., from the University of California in San Francisco, and colleagues surveyed attending and resident physicians, nurses, and pharmacists via e-mail to examine roles for specific tasks in the medication reconciliation process. Data were included from 78 active [clinicians](#) providing care in various hospital services.

The researchers found that there was poor to fair overall agreement on whose primary role it was for specific medication reconciliation tasks from admission through discharge. Clinicians mainly agreed that physicians were responsible for deciding which medications should be

continued or discontinued on admission and discharge; there was variation in agreement between attending and resident physicians. Significant differences in agreement were seen with respect to who was responsible for obtaining and documenting a medication history on admission; providing a list of discharge medications; and educating patients on the post-discharge medication regimen.

"Lack of agreement among clinicians about their specific roles and responsibilities in the [medication reconciliation](#) process exists, and this may result in incomplete reconciliation, inefficiency, duplication of work, and possibly more confusion about a patient's medication regimen," the authors write.

More information: [Full Text \(subscription or payment may be required\)](#)

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