

Pharmacist medicines reconciliation reduces patient harm

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A pilot study, published today in *British Medical Journal Open*, demonstrates that medicines reconciliation provided by pharmacists can significantly reduce medicine discrepancies and may be associated with reductions in length of hospital stay and readmission.

The UK government currently recommends that all patients receive medicines reconciliation (MR) from a member of the [pharmacy](#) team

within 24 hours of hospital admission to ensure accurate transfer of information about medication between the different care settings.

This is the first UK randomised controlled trial of pharmacy-provided MR and was carried out by the Pharmacy department at Cambridge University Hospital Foundation Trust and the University of East Anglia (UEA).

Results demonstrate a significant reduction in unintentional medication discrepancies and a potential association with reduced length of patient stay and hospital emergency readmission.

Two hundred patients at Cambridge University Hospitals NHS Foundation Trust were randomised to either gold standard medicines reconciliation or usual care. Researchers found that nearly all medication discrepancies identified at both points of transfer were addressed in the intervention arm.

In those patients who received usual care, which may or may not have included pharmacy provided medicines reconciliation, a large number of discrepancies remained at both time points.

Brit Cadman, principal investigator on the project, said: "This project suggests that whilst significant resources are required to undertake thorough medicines reconciliations this may be justified by cost savings realised through reduced length of stay and rehospitalisation. The study found that, in line with international evidence, thorough medicines reconciliation takes on average 45 minutes per patient. Interestingly only 15 minutes was spent on medicines reconciliation per patient in the usual care group."

Prof David Wright, from UEA's School of Pharmacy, said: "We undertook the study to determine whether it was possible to undertake a

definitive randomised controlled trial in a [hospital](#) where the service is already being provided. This [pilot study](#) shows that a definitive trial is both possible and required in order to accurately ascertain the cost-effectiveness of pharmacy provided medicines reconciliation.'

More information: Brit Cadman et al, Pharmacist provided medicines reconciliation within 24 hours of admission and on discharge: a randomised controlled pilot study, *BMJ Open* (2017). DOI: 10.1136/bmjopen-2016-013647

Provided by University of East Anglia

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