

Building a complete list of a person's medication before care transitions can help reduce improper usage of medications, but it is still unclear whether this improves health outcomes for patients

Redmond P, Grimes TC, McDonnell R, Boland F, Hughes C, Fahey T. [Impact of medication reconciliation for improving transitions of care](#). The Cochrane Database of Systematic Reviews. 2018;(8):Art No.: CD010791. DOI: 10.1002/14651858.CD010791.pub2.

What is the context of this review?

- When patients move to different care settings, errors can be made in providing the correct medication to patients due to a lack of communication.
- This can result in adverse drug events (harm caused to a patient from using a medication incorrectly).
- Medication reconciliation is a process to prevent medication errors during care transitions. The process involves building a complete list of a person's medications, checking them for accuracy, reconciling and documenting any changes.
- However, there is limited evidence that supports the use of medication reconciliation, and this review aims to understand if medication reconciliation helps prevent adverse drug events.

Box 1: Coverage of OHT building blocks

This review addresses [building block #4](#):

- 1) defined patient population
- 2) in-scope services
- 3) patient partnership and community engagement
- 4) patient care and experience (domain 27 – transition services)**
- 5) digital health
- 6) leadership, accountability and governance
- 7) funding and incentive structure
- 8) performance measurement, quality improvement, and continuous learning

What question is being addressed?

- Does medication reconciliation improve patient outcomes during care transitions?

How was the review done?

- Several online databases were searched to find studies that discussed medication reconciliation when a patient is transitioning to a different care setting.
- The authors were supported by funding from the Cochrane Fellowship 2012 by the Health Research Board (HRB), and National Institute for Health Research (NIHR).

How up to date is this review?

- The authors searched for studies published up to 18 January 2018.

What are the main results of the review?

- The authors found a total of 13,585 studies, 25 of which were deemed relevant.
- Most of the studies identified that medical reconciliation was provided by pharmacists working with other healthcare professionals.
- The lists were created by involving the patient through interviews and face-to-face interactions, and follow-ups were conducted in some studies to make sure medications were taken correctly.
- Medication reconciliation can help support patients with low health literacy (the degree to which an individual has the capacity to obtain, communicate, process and understand basic health information to make appropriate health decisions) by offering counselling/education sessions to explain the medication lists to them.
- The studies found that medication reconciliation does reduce the number of medication discrepancies. However, the quality of evidence was low, which makes it difficult to be confident in the result.
- Each of the included studies used medication reconciliation very differently, and many of the studies had incomplete data.

How confident are we in the results?

- This is a recent and high-quality systematic review with an AMSTAR score of 11/11.
- The authors found the quality of the studies to be low to very low quality, which makes it difficult to draw definite conclusions.

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