Effect of medication reconciliation at hospital admission on 30-day returns to hospital: a randomized clinical trial[a] R-IPR-3

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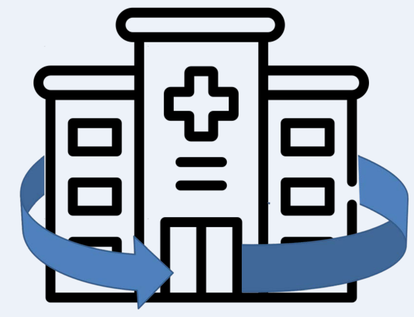
BACKGROUND

The aim of the study was to assess the impact of medication reconciliation (MedRec) at hospital admission on patient-centered health care outcomes.



PRIMARY OUTCOME

Composite postdischarge health care use (unplanned all-cause hospital readmissions and emergency department visits) within 30 days after discharge from the hospital.

METHODS

Parallel group, open-label, randomized controlled trial with centralized randomization

1702 patients included (720 ♂ , 982 ♀)

836 Control
Standard physician-acquired medication history

866 Intervention
Best Possible Medication History (pharmacy assistant)
+ Medication Reconciliation (clinical pharmacist)

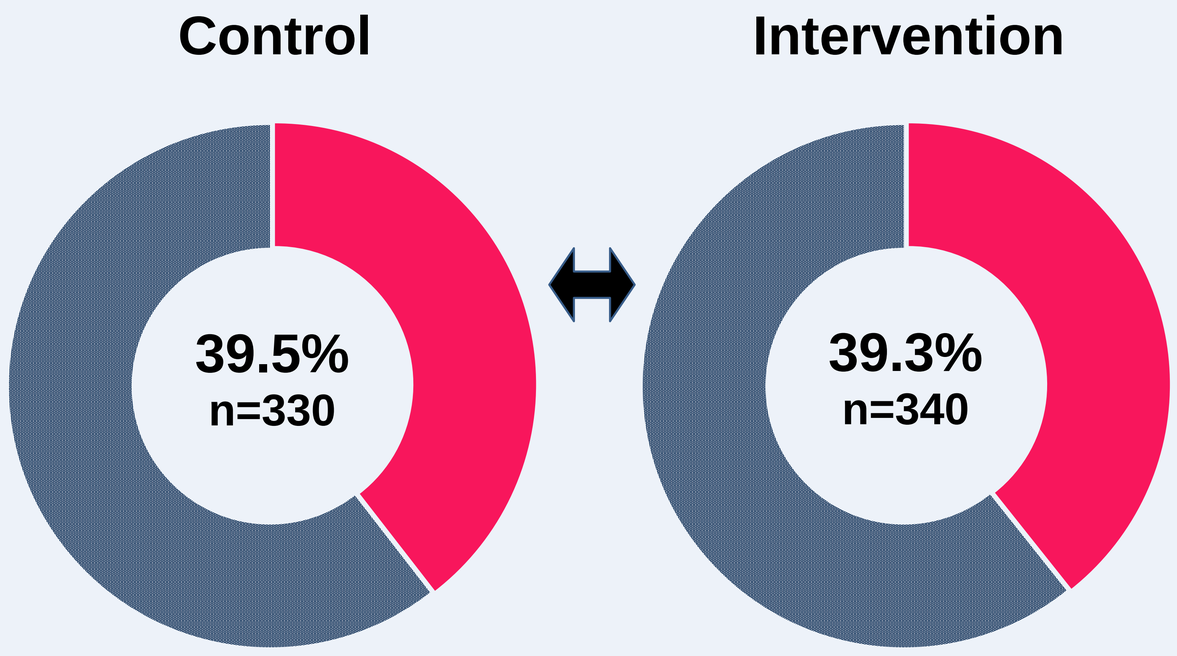
Population: Adults ≥ 85 years and/or with > 10 medications, median age **86 years** (IQR 79-89)

Duration: 14.5 months (Nov 2018 – Jan 2020)

Location: 2 regional teaching hospitals in Ticino

RESULTS

No statistically significant difference in unplanned all-cause hospital readmissions and emergency department visits



96% patients with ≥ 1 medication discrepancies

6.54 drug discrepancies/patient (min 0 – max 22)

Most frequent discrepancies: **drug omission** (68.3% patients in chronic treatment)

55 min (IQR 40-70) for MedRec

CONCLUSIONS

This study suggests that a structured MedRec at hospital admission had no impact on postdischarge health care use in the study population. The age and polymorbidity of the patients and the intervention limited only at admission might have played a role. Future studies in a different population and/or including MedRec at discharge are warranted to better understand the impact of MedRec in patient safety.

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