

Effect of patient- and medication-related factors on inpatient medication reconciliation errors.

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Salanitro AH, Osborn CY, Schnipper JL, et al. Effect of patient- and medication-related factors on inpatient medication reconciliation errors. J Gen Intern Med. 2012;27(8):924-932. doi:10.1007/s11606-012-2003-y. <https://psnet.ahrq.gov/issue/effect-patient-and-medication-related-factors-inpatient-medication-reconciliation-errors>

[Medication reconciliation](#) continues to pose significant threats to patients when they transition [in](#) and [out](#) of the hospital setting. This study found that reconciliation errors occurred frequently at both these transition times; 42% of patients had at least one error in their preadmission medication list (PAML). Clinically relevant PAML and admission order errors were associated with older age and the number of preadmission medications. These errors were less likely when a recent medication list was available in the electronic health record. [Discharge](#) medication errors were more likely for every PAML error and the number of medication changes during hospitalization. A past AHRQ WebM&M [commentary](#) discussed a medication reconciliation victory after an avoidable error.