

Hospital-based medication reconciliation practices: a systematic review.

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Mueller SK, Sponsler KC, Kripalani S, et al. Hospital-based medication reconciliation practices: a systematic review. Arch Intern Med. 2012;172(14):1057-69. doi:10.1001/archinternmed.2012.2246.
<https://psnet.ahrq.gov/issue/hospital-based-medication-reconciliation-practices-systematic-review>

[Medication reconciliation](#) was reinstated as a Joint Commission [National Patient Safety Goal](#) in 2011, with the goal of reducing adverse drug events (ADEs) due to inadvertent medication discrepancies. However, a lack of proven medication reconciliation strategies has resulted in frustrating experiences for many hospitals attempting to meet this requirement. This systematic review identified 26 studies of hospital-based medication reconciliation efforts, the majority of which relied on [pharmacists](#) or [information technology-based](#) interventions. Although pharmacist-led interventions and interventions focusing on high-risk patients were generally successful at reducing potential ADEs, the authors concluded that the overall literature base was insufficiently rigorous to draw firm conclusions about which strategies are both effective and generalizable.