

Review Article

Impact of doing Medication Reconciliation at the start of Inpatient Admission for Acute Care

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ABSTRACT

Medication reconciliation, conducted at the onset of inpatient admission for acute care, is a pivotal process aimed at averting medication errors and ensuring patient safety. This review scrutinizes the impact of medication reconciliation on patient outcomes, healthcare quality, and cost-effectiveness within acute care settings. While medication reconciliation entails creating an accurate list of a patient's current medications, comparing it with prescribed medications, and making clinical judgments, its efficacy has garnered increased attention from healthcare accrediting bodies such as the Accreditation Canada Program and the Joint Commission of the USA. Additionally, the World Health Organization's High 5s Project underscores its global significance in enhancing patient safety. Despite its benefits, medication reconciliation poses challenges such as inadequate patient medication documentation and resource limitations. Overcoming these challenges is pivotal to integrating medication reconciliation seamlessly into routine clinical practice. Nevertheless, the benefits of medication reconciliation in reducing medication errors, optimizing patient outcomes, and mitigating healthcare costs are substantial, highlighting the necessity of prioritizing its implementation in acute care settings.

Key words: Medication Reconciliation, Patient Safety, Medication Errors, Clinical Pharmacy, Hospital Admissions, Adverse Drug Events

Medicine reconciliation (MedRec) is the process of comparing a patient's medication orders on admission to all of the medications that the patient has been taking to prevent medication errors like omissions, duplications, incorrect dosages, or drug interactions [1]. There are five steps in this process: 1) Create a list of all the medications that are currently being taken; 2) Create a list of medications that should be administered; 3) Compare the medications on the two lists; 4) Make clinical judgments based on the comparison; and 5) Notify the patient and relevant caregivers of the new list [2]. The Accreditation Canada program and the Joint Commission of the USA included MedRec as a required organizational practice in 2005. As a result, during the last 19 years, the ability of our healthcare facilities to adhere to these criteria has been assessed, and during this time, compliance has increased [3, 4].

The World Health Organization (WHO) started the High 5s Project in 2006 with the goal of lowering patient safety issues

by putting Standard Operating Procedures (SOPs) into place and assessing them internationally in which MedRec was one of the SOPs that was determining and assessing the effect on patient safety in various healthcare settings [5]. 82% of adult Americans use one or more medications (prescription or over-the-counter, vitamin/mineral, herbal/natural supplement); 29% take five or more and because prescription medicine use is so common, individuals may experience adverse effects if their medications are not taken as prescribed and are not properly monitored [6]. Inadequate clinical information transmission during healthcare transitions contributes to over 50% of prescription errors and up to 20% of adverse events. Among these errors, generating the preadmission medications list accounts for 72% of all potentially dangerous admission order inconsistencies [7, 8].

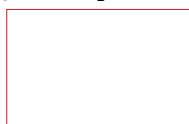
Nurses, pharmacists, technicians, and doctors typically have distinct responsibilities at various levels, but in a hectic and demanding workplace, it can be hard to see their actual worth

Access this article online

Received – 20th April 2025
Initial Review – 29th April 2025
Accepted – 18th June 2025

DOI: ***

Quick Response code



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and prioritize their implementation effectively amidst competing demands and limited resources. Lack of consensus among clinicians regarding their distinct roles and duties in performing inpatient MedRec has led to adverse events [9]. Regarding the roles of doctors and other professionals namely pharmacists and nurses held varying opinions and in every stage of the process the nursing profession envisioned more roles for physicians and fewer responsibilities for pharmacists but recently, pharmacists have increasingly been involved in interdisciplinary teams of professionals serving as a main provider to manage the demand of MedRec comprehensively and this has been found to decrease medication errors, improved communication between the team by using common Electronic Medical Record (EMR) channel as well as improved financial outcomes (cost avoidance of 1967.72 USD per month) [10, 11].

Providing drug information upon admission and taking part in rounds to maximize medication use are some of the services provided by pharmacists and compared to patient care provided by only doctors and nurses, several studies have shown that the multidisciplinary team (doctors, nurses, pharmacists, and technicians) care service has improved patient outcomes [12]. The mission of the multidisciplinary team is to offer patients high-quality therapy and to improve the quality of care that they receive in collaboration with medical experts [13]. Despite the significant risk of medication-associated issues, hospital pharmacies also provide therapeutic drug monitoring, anticoagulation counseling, medication counseling, and other related services [14].

Apart from the benefits of MedRec, it also faces certain challenges; one typical illustration can be given of an intra-institutional workflow variation when ward nurses or other clinical staff get or update the medication history before admitting physicians do, and on some occasions, admitting physicians make prescriptions in the Emergency Department (ED) before ward nurses seeing patients so an intervention developed by having pharmacist to obtain medication history after the patient is admitted would not work. Other challenges are inadequate patient medication documentation and limited access to certain institutional resources [15]. The objective of this review is to highlight the merits and limitations of MedRec during the patient admission.

Pros/Advantages of Medical Reconciliation

The discourse concerning MedRec post-inpatient admission for acute treatment holds paramount significance, considering the complexities and risks inherent in drug management during transitions of care [16]. Our review aimed to assess the effectiveness of MedRec processes in reducing medication errors, enhancing patient outcomes, promoting continuity of care, and uncovering numerous crucial discoveries and advantages of the influence of MedRec on patient care outcomes.

1. Reduced risk of Medication errors and discrepancies: In the acute care setting, patients frequently exhibit numerous comorbidities and sophisticated medication regimens, hence heightening the likelihood of medication errors and adverse drug events. Medication errors are prevalent among hospitalized patients, with up to 67% experiencing at least one error on their admission medication lists. These errors can lead to adverse drug events, therefore making accurate MedRec is crucial. Hospital-based reconciliation, performed at admission, aims to compile an accurate list of medications for each patient. Admission order errors were more common among patients with older age and a higher number of pre-admission medications, it was found that 19% of patients had an admission order error, with an additional 10% having a clinically relevant admission order error more so in the population >65 years probably due to the more number of medications they take [17].

Ensuring the correctness of the pre-admission medicine list is very important, as any mistakes in this list can spread to admission and discharge orders, hence heightening the potential harm to patients. In a meta-analysis conducted by Cheema and the group, involving 18 randomized controlled studies with over 6,000 patients, significant insights were gained. The meta-analysis revealed that reconciliation conducted by pharmacists led to a notable decrease in medication discrepancies, specifically by 42%. This suggests that pharmacist-led interventions reduced the likelihood of patients experiencing inconsistencies or errors in their drug schedules relative to those who did not receive such interventions [18]. Ensuring accurate MedRec at admission, particularly through pharmacist-led interventions, is essential for reducing the risk of medication errors and discrepancies, ultimately enhancing patient safety and optimizing healthcare outcomes in the acute care setting.

2. Reduction in cost burden: MedRec at admission reduces errors, adverse events, and expenses, enhancing patient safety, and financial efficiency. This proactive approach not only improves outcomes but also mitigates costs related to prolonged hospital stays, readmissions, and legal risks. Additionally, early identification and resolution of discrepancies prevent unnecessary tests, procedures, and treatments, yielding potential savings. This ultimately contributes to the cost-effectiveness of healthcare delivery. A retrospective observational study done by Park and group in a tertiary hospital in South Korea, enrolling 2,705 patients, successfully demonstrated the cost-effectiveness of performing MedRec at admission by pharmacists.

The study calculated that introducing designated pharmacist services resulted in a total cost reduction of \$19,162.18 over five months, with a monthly savings of \$3,832.44. The cost avoidance exceeded the average monthly compensation of a hospital pharmacist, suggesting that employing designated ward pharmacists would yield economic advantages [11].

Another prospective observational study done by Uhlenhopp and the group successfully demonstrated the cost-effectiveness of employing designated technicians to perform MedRec. These technicians were paid \$26.00 per hour and spent about 28.5 minutes per patient to gather information about their medications, which cost about \$12.37 per patient. The costs incurred when a patient has a harmful medication error were estimated to be around \$4056 (by adjusting inflation metrics of 2017 to a study done in 1996, which found the cost of an in-hospital adverse drug event to be \$2595).

Assuming that only 0.9% of medication errors lead to harm, each patient might avoid about 0.0549 harmful errors by having their medications checked. Thereby estimating savings of about \$210.33 per patient. For a hospital with around 499 beds (similar to where the study was piloted), the savings add up to over \$1.6 million each year [19]. To summarize, the introduction of MedRec schemes, overseen by pharmacists or assigned technicians, shows significant cost-effectiveness by

avoiding prescription errors and negative drug reactions. The results emphasize the economic advantages and importance of proactive drug management techniques in healthcare environments, eventually optimizing resource utilization.

3. Shortened Length of Stay (LOS) in Hospital: Healthcare practitioners can avoid medication disparities and errors during a patient's hospital stay by ensuring that their medication lists are correct and comprehensive upon admission by using MedRec. Adoption of this approach leads to a decreased probability of experiencing negative drug events and issues related to medication. This, in turn, assists in reducing the LOS in hospitals. To minimize discrepancies and errors, it is important to ensure the correctness and comprehensiveness of prescription lists. This will decrease the chance of adverse drug events and related concerns throughout a patient's hospital stay. Therefore, reducing the LOS in hospitals overall enhances the effectiveness of delivering care [20]. Figure 1 summarizes the positive impacts of performing MedRec.

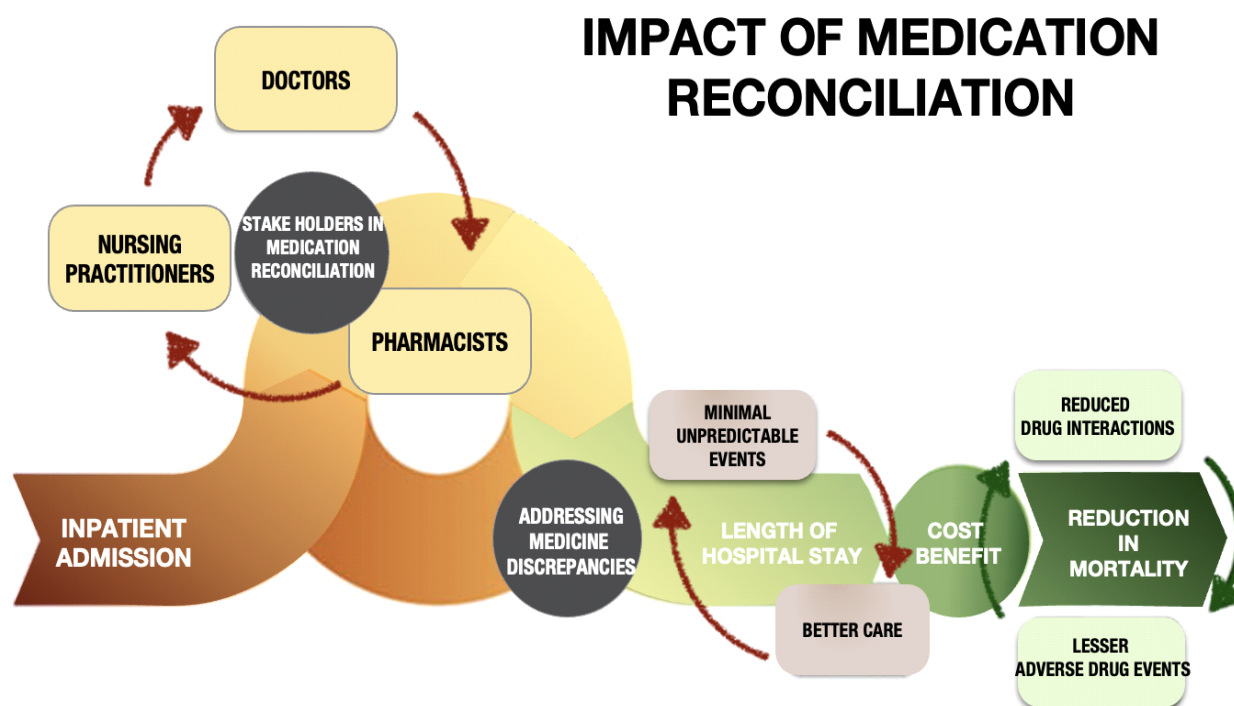


Figure 1: Impact of Medication Reconciliation.

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Cons/Disadvantages of Medical Reconciliation

Despite its undeniable benefits, MedRec also presents certain challenges that healthcare practitioners must navigate. Although MedRec, upon admission, significantly improves patient safety and decreases adverse reactions, it is important to acknowledge that the method involved is complex. Healthcare systems face challenges in implementing drug reconciliation policies, which might hinder their effectiveness. Getting a comprehensive understanding of these obstacles is essential to formulate effective strategies to tackle them and guarantee the

smooth incorporation of medication reconciliation into regular clinical practice.

1. Inadequate Patient Medication Documentation: To conduct efficient MedRec procedures, it is imperative that medical records accurately reflect a patient's past prescription usage. Nevertheless, a significant disadvantage arises when patients neglect to provide accurate information about the drugs they take, or when medical staff cannot readily obtain their prescription lists. Incorrect dosages or names of drugs, or purposeful exclusion due to social disapproval or fear of

criticism, can all lead to these consistency problems. Additionally, patients might not understand the importance of talking about over-the-counter medications, herbal supplements, or vitamins, which would make the reconciliation process even more difficult. Drug dispensing histories can be difficult to get, particularly when there are no records for prescription drugs the patient may have bought with cash [21]. Drug documentation may be inaccurate when patients receive therapy from numerous healthcare providers, and the transition of care from one healthcare facility to another also presents another challenge in MedRec, as various healthcare systems fail to grant the current caregiver access to records within their system [22]. Problems also arise when patients with altered sensorium arrive at the emergency room, unable to provide a proper list of their medications themselves, or are not accompanied by someone who can assist in this regard.

2. Resource Limitations and Challenges in MedRec Efforts:

Resource constraints provide significant challenges to the efficient implementation of MedRec in healthcare systems. One of the main difficulties arises from the distribution of human resources. Healthcare facilities frequently have challenges in allocating adequate staffing resources to perform comprehensive medication assessments and reconciliations for every admitted patient [23]. Each patient should be able to get thorough care from pharmacists and nurses to enhance patient outcomes, and work satisfaction among pharmacists and nurses. Keeping MedRec in mind, the optimal staff ratio should be 1 pharmacist to 13 patients in internal medicine teaching units, 1 pharmacist to 26 patients in hospitalist or internal medicine non-teaching units, and 1 pharmacist to 14 patients in surgical units while the average nurse to patient recommendation is 1 nurse to every 4 patients [24, 25].

Currently in the US, the number of pharmacists and nurses per patient varies from state to state, for example in New York, the average nurse-to-patient ratio is 1 to 6, whereas in California, it is 1 to 3.6 while there is one pharmacist per 5-92 patients in medical and surgical units [25, 26] and at the same time the lack of committed personnel may also lead to impaired precision and incomplete reconciliation procedures. Moreover, the presence and sufficiency of tools and technology are crucial in optimizing medication reconciliation processes. Regrettably, some healthcare institutions do not have access to EMR systems that are equipped with comprehensive drug reconciliation features or interoperability features, making the whole process of reconciliation expensive, laborious, personnel-devouring, and time-consuming [27].

Without modern technology, doctors are forced to depend on manual techniques for reconciling prescriptions, which are intrinsically time-consuming and prone to mistakes. The dependence on manual processes worsens the difficulties caused by a lack of personnel and time limitations, further hindering the effectiveness and efficiency of reconciliation efforts [28]. To tackle these constraints on resources, it is

essential to adopt a complete strategy that includes workforce planning, optimizing workflows, and implementing technological improvements. Healthcare companies should give priority to workforce planning techniques to guarantee sufficient personnel levels and a suitable combination of skills for medication reconciliation activities, which will reduce time constraints, enabling them to conduct more comprehensive and precise reconciliation operations. It is essential to invest in modern technical solutions, such as comprehensive EMR systems with integrated reconciliation features, to ensure easy access to prescription data and improve the accuracy of reconciliation operations. Healthcare organizations can enhance medication reconciliation processes, reduce risks related to prescription errors, and ultimately enhance patient safety results by directly addressing these resource limits [29].

OBSTACLES TO MEDICATION RECONCILIATION

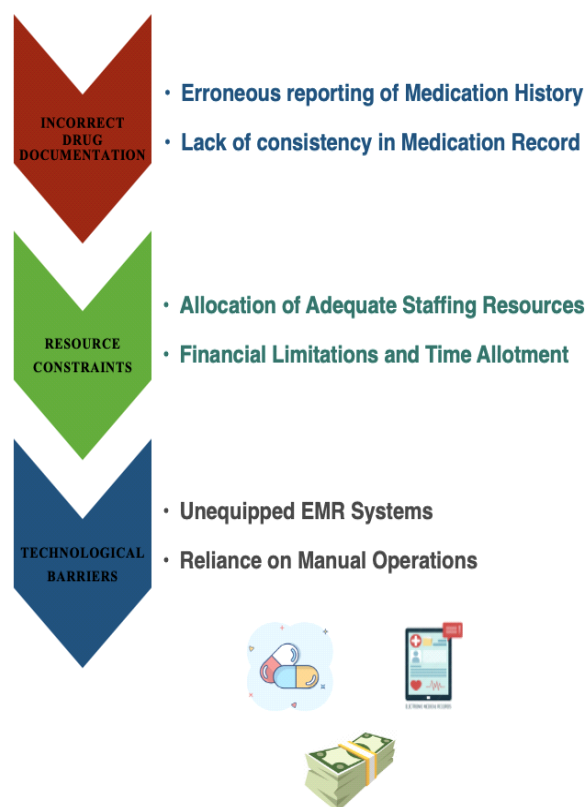


Figure 2: Obstacles to Medication Reconciliation.

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Overall, MedRec has significant advantages in improving patient safety and minimizing harmful drug incidents. However, it is crucial to acknowledge and tackle the difficulties it poses. The success of reconciliation attempts is substantially impacted by insufficient patient medication recordkeeping and resource limitations, such as personnel allocation and time limits. Healthcare institutions can overcome these challenges and improve the standard of care by implementing

proactive approaches such as patient awareness, workforce preparation, workflow improvement, and technological advances to seamlessly incorporate MedRec into everyday clinical operations. Figure 3 explains the steps that can be adopted to overcome the challenges of doing MedRec.

OVERCOMING CHALLENGES IN MEDICATION RECONCILIATION

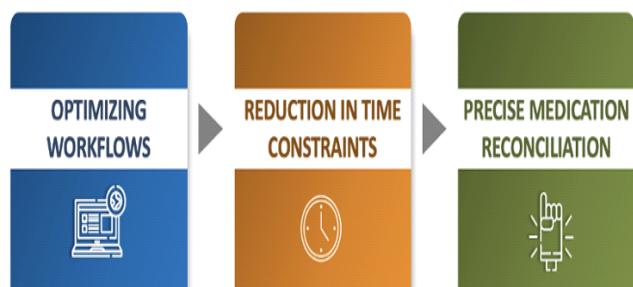


Figure 3: Overcoming challenges in Medication Reconciliation.

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3. Contextual Challenges: The Indian Healthcare Perspective

In the Indian healthcare setting, the implementation of MedRec faces distinct challenges, including inadequate integration of electronic health records, limited availability of clinical pharmacists, and inconsistent adoption of SOPs across institutions. Public hospitals in India often operate with constrained staffing and infrastructure, which can limit the feasibility of comprehensive MedRec at admission [30]. The National Accreditation Board for Hospitals and Healthcare Providers (NABH) has issued guidelines recommending MedRec as a core component of patient safety protocols; however, adherence remains variable, particularly in smaller and rural institutions. Studies conducted in tertiary care centers such as All India Institute of Medical Sciences (AIIMS) and Post Graduate Institute of Medical Education & Research (PGIMER) have highlighted the prevalence of medication discrepancies on admission and the need for better documentation and pharmacist involvement. Incorporating such region-specific evidence emphasizes the global relevance of MedRec while underscoring the importance of tailored strategies for different healthcare systems [31].

Future perspectives

The establishment of dedicated training programs for clinical staff and the inclusion of MedRec as a quality metric may serve to strengthen institutional accountability and patient outcomes. Future research should focus on evaluating the long-term impact of such policy implementations, exploring region-specific challenges (especially in resource-constrained settings), and assessing the cost-benefit outcomes of various reconciliation models to guide global best practices.

Furthermore, from a policy standpoint, adopting national standards—such as mandatory documentation protocols, pharmacist-led reconciliation initiatives, and defined staffing ratios—can greatly enhance the consistency and effectiveness of reconciliation practices across healthcare settings.

CONCLUSION

Medication reconciliation at the onset of inpatient admission plays a pivotal role in enhancing patient safety, minimizing medication errors, and promoting cost-effective healthcare delivery. This review underscores the need for institutional policies that mandate MedRec at all transition points of care, supported by adequate staffing, interprofessional collaboration, and access to integrated electronic medical record systems.

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Funding: Nil; Conflicts of Interest: None Stated.

How to cite this article: Munjal P, Trivedi YV, Virmani M, Gupta V, Kamboj SS, Singh B, Jain R. Impact of doing Medication Reconciliation at the start of Inpatient Admission for Acute Care. *Eastern J Med Sci.* 2025: Epub ahead of print.