

Inpatient Medication Reconciliations: Are They Complete and Equitable?

Emma D He, Alexandra Diaz-Barbe, Misha Tran MD MS, Matthew T Cerasale MD MPH
Section of Hospital Medicine, University of Chicago

BACKGROUND

- Incomplete medication reconciliation on admission can cause patient harm both during hospitalization and after discharge.
- Variations in these practices may occur based on admitting service, time of day, and patient factors.

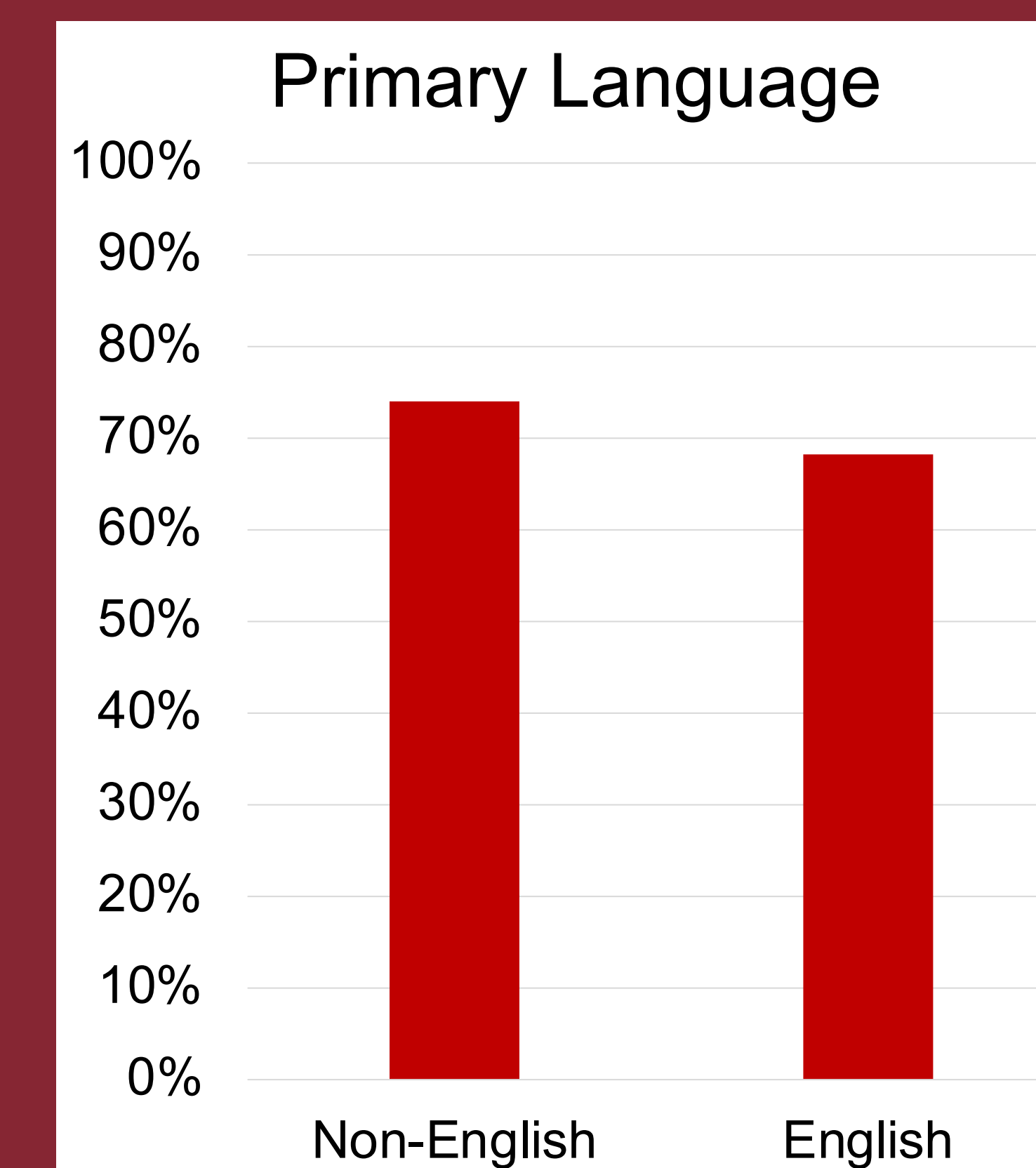
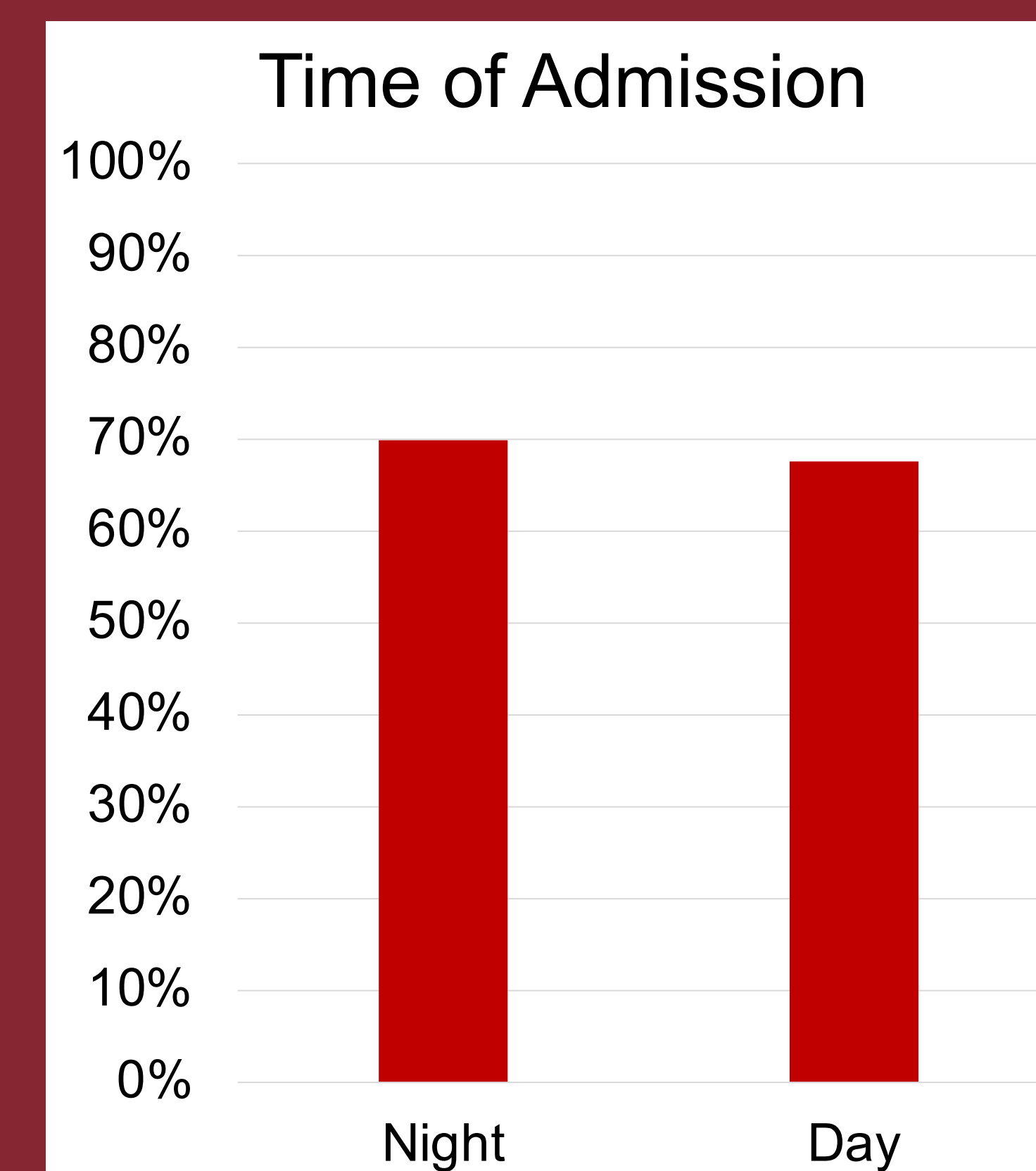
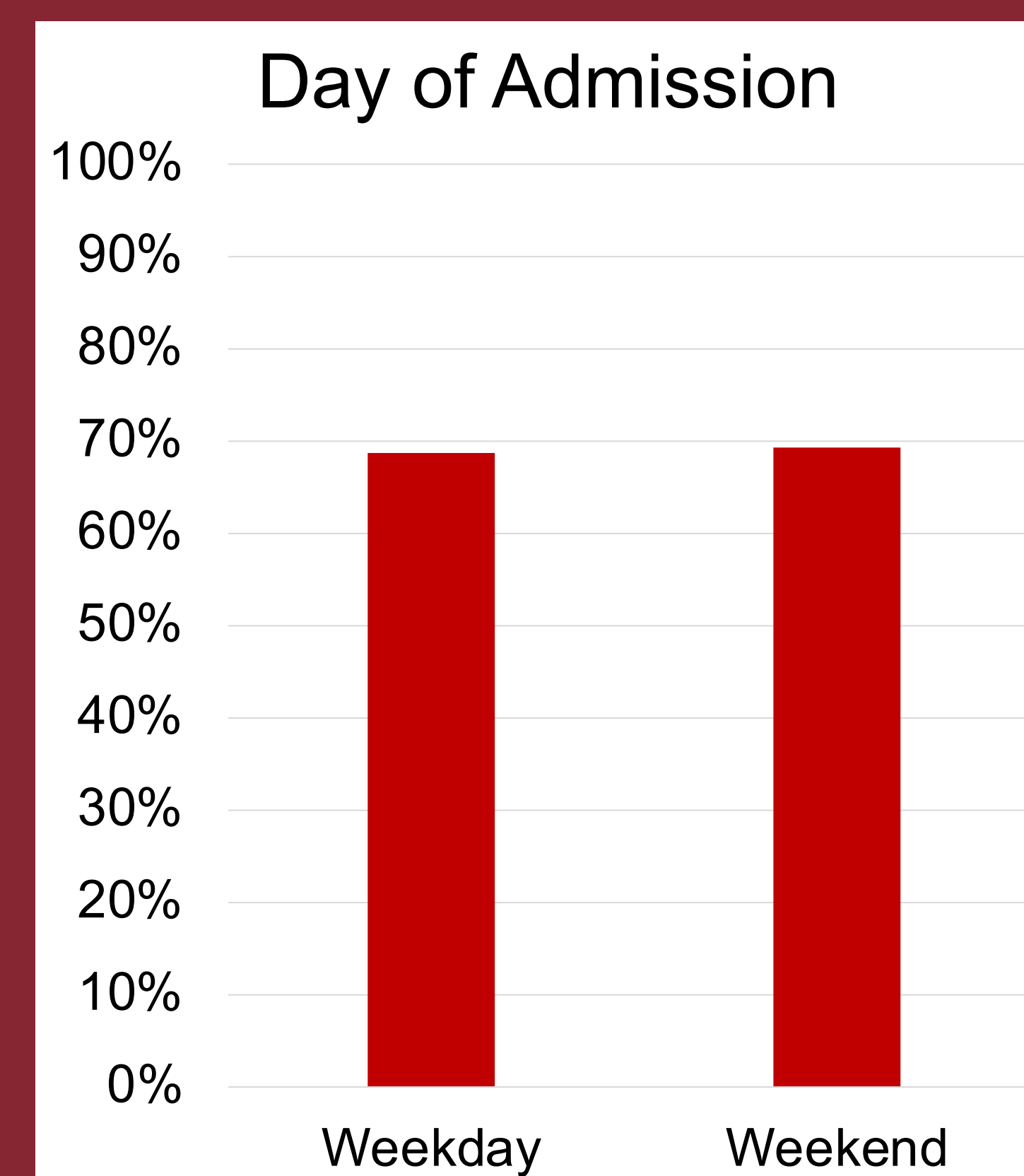
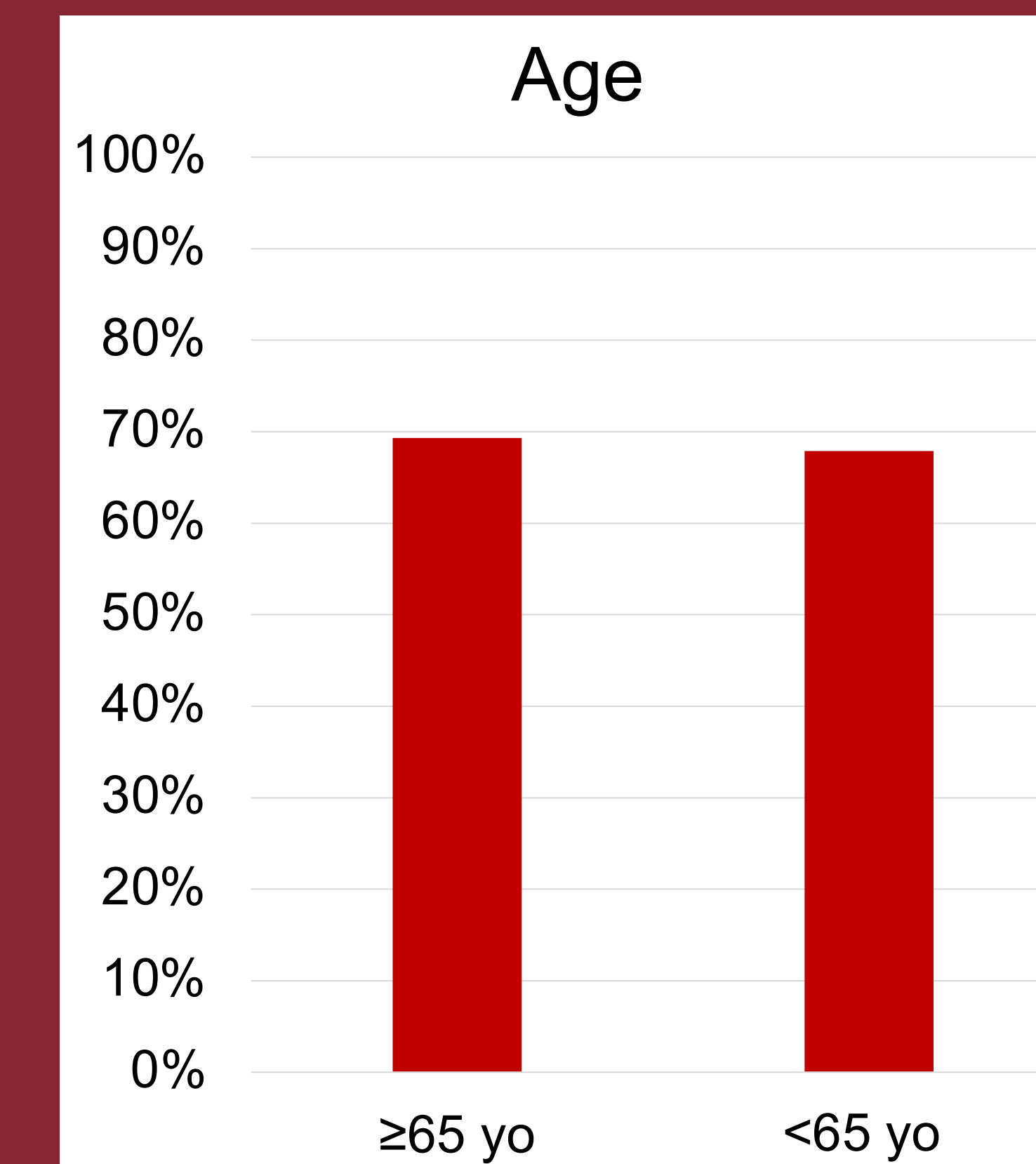
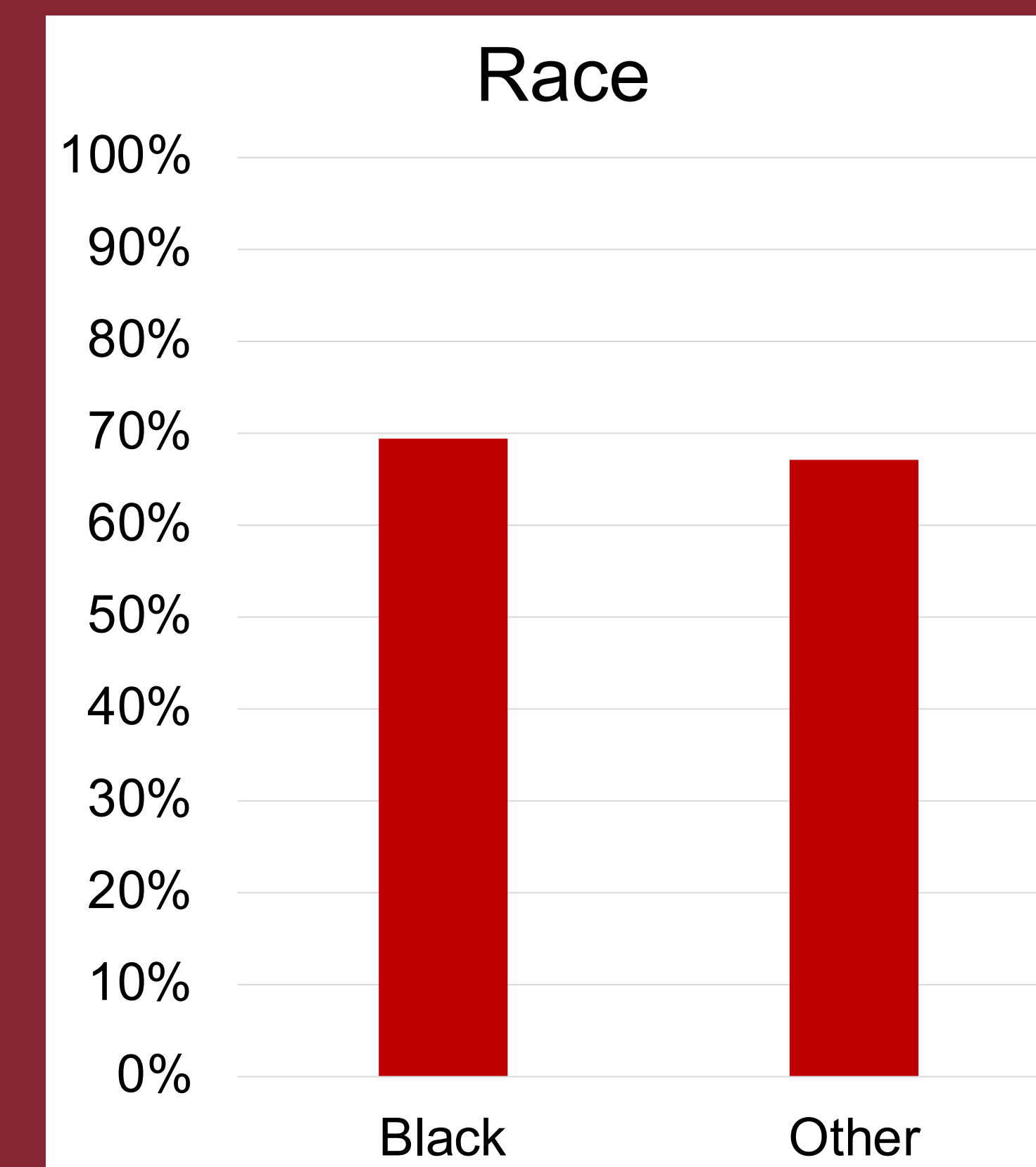
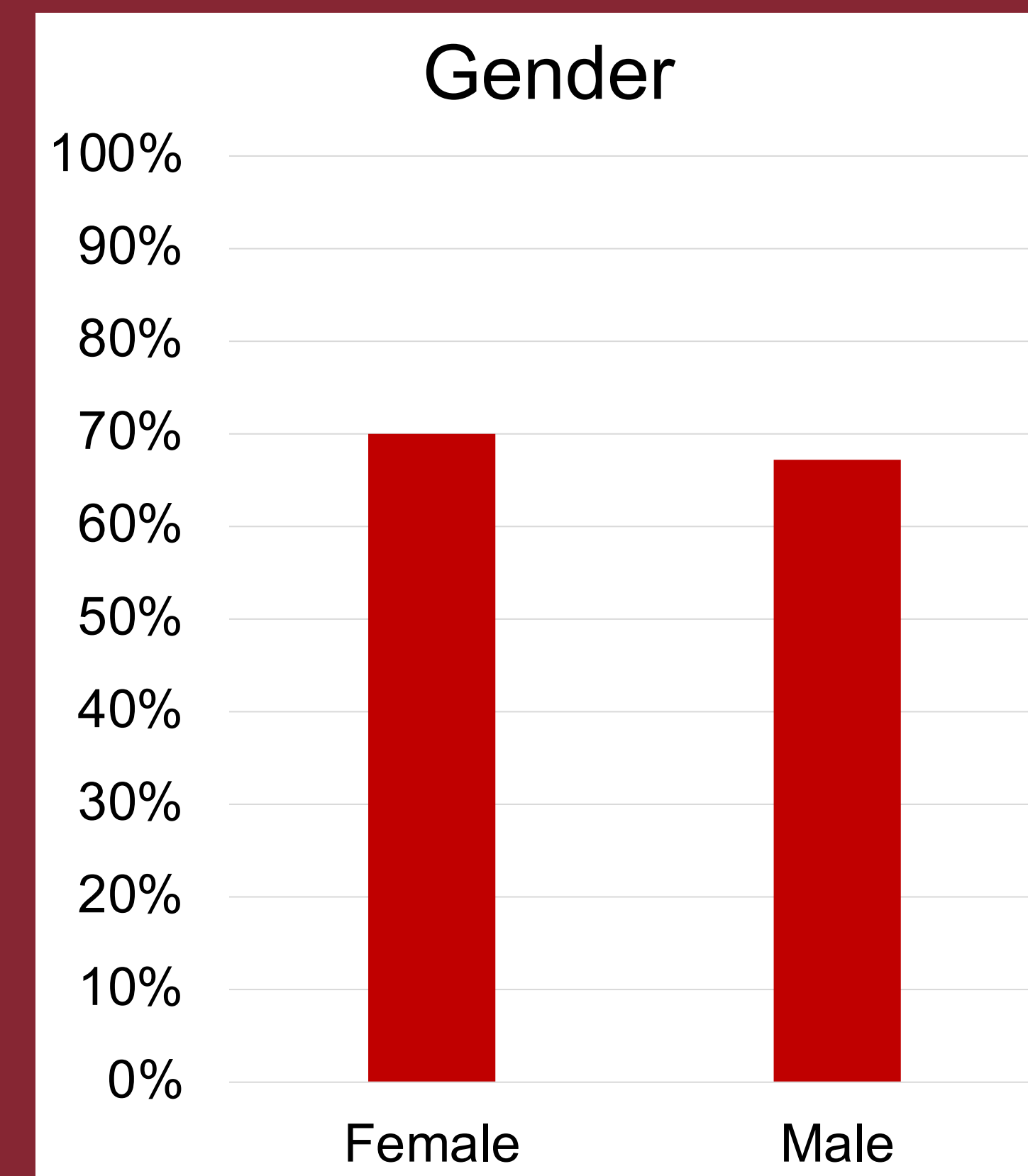
OBJECTIVES

- To evaluate the timeliness and completeness of medication reconciliations
- To identify any potential inequities in care

METHODS

- Medication reconciliations at an urban, academic, tertiary care hospital were reviewed from December 31, 2022, through February 19, 2023, via a data pull from Epic.
- Chi-squared analyses were done to compare patient demographics, admitting service and admission times between encounters where all medications were reconciled and visits where reconciliation was incomplete.
- These analyses were completed at 24 hours after admission and at discharge.

Rates of Complete Medication Reconciliations by Patient and Hospital Factors



Medication reconciliation was completed for 68.5% of patients at admission. No patient or hospital factors significantly predicted completion of medication reconciliation at admission.

RESULTS

- There were 3115 hospital visits at this tertiary care hospital during the study period.
- Medication reconciliations were completed within 24 hours for 2134 patients (68.5%) and for an additional 39 patients (1.2%) prior to discharge.
- Completion rates were similar between patients of different genders (70.0% men vs. 67.2% women), races (69.4% black vs. 67.1% all other races) and ages (69.3% >65 years vs. 67.9% <65 years).
- Weekdays and weekends had similar rates of completion (68.7% vs. 69.3%), as did night versus day (69.9% vs. 67.6%).
- Language showed a non-significant trend towards high completion in non-English speaking patients (74.0% vs. 68.2%).
- Of patients with known places of origin, there was no difference between those who came from a healthcare setting and those who came from a non-healthcare setting (66.6% vs. 64.5%).

CONCLUSION

- Nearly one third of patients had incomplete medication reconciliations at admission.
- No patient or hospital factors reviewed were associated with a significant difference in completion.
- Additional resources for medication reconciliation should be considered for patients with incomplete reconciliations on admission, as it is unlikely that it will be completed later in the encounter.

The authors have no conflicts of interest to declare.