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Pharmacy-led medicine reconciliation at hospital: A systematic review and quantitative analysis of effects and costs

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Objective: To review the evidence for the effects and costs of complete pharmacy-led MR in hospital settings.

Data Source: Electronic databases were reviewed up to the 15th March 2015 including EMBASE & MEDLINE Ovid, CINAHL and the Cochrane library.

Study Selection & Data Extraction: Studies evaluating complete, pharmacy-led MR in hospital were included. Five steps were associated with the delivery of complete MR: Develop a list of current medicines; develop a list of medicines to be prescribed; compare the medicines on the two lists; make clinical decisions based on the comparison and communicate the new list to the next care provider and to the patient. Articles were screened and extracted independently by two authors.

Data Synthesis: Studies were divided into those in which: MR was the primary element of the intervention and labelled as “primarily MR” studies, and those where MR was performed in addition to non-MR care interventions and labelled as “supplemented MR” studies. Quality assessment of studies was performed by independent reviewers using a pre-defined tool. The literature search identified 4,065 citations of which 13 met the inclusion criteria. There was a scarcity of rigorously designed studies regarding the effects and costs of pharmacy-led hospital based complete MR.

Conclusion: No evidence to support the cost-effectiveness of pharmacy-led MR intervention was identified. The nature of reporting prohibited isolation of the effect and costs of pharmacy-led MR in the absence of other non-MR healthcare interventions.

Biography

Eman A Hammad was awarded her PhD from the University of East Anglia, UK in 2013. She currently teaches and researches in Clinical Pharmacy Practice and Health Economics. She finished her Undergraduate degree in Pharmacy and Master degree in Clinical Pharmacy from the University of Jordan in 2007 and 2010. She has a number of published papers evaluating health care services and pursue to assess the cost effectiveness and cost implications of pharmacy led interventions at hospital settings as well as in community settings. An intervention of most research interest to her has been pharmacy led medicine reconciliation.

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