Reviewer’s report

Title: Medication reconciliation at hospital admission and discharge: insufficient knowledge, unclear task reallocation and lack of collaboration as major barriers to medication safety

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Reviewer: Fatma Karapinar

Reviewer’s report:

First of all, I want to congratulate the authors with an interesting and important article in the field of medication reconciliation. However, the article needs further clarification, especially in the methods and results section.

Major compulsory revisions:

1-Introduction: previous studies on this topic have been performed as you mention in the discussion. Please state in your introduction why you performed your study and what your study is expected to add in relation to previous studies.

2-Introduction, last paragraph, aim: add that the barriers and drivers for the implementation process of medication reconciliation are assessed from a healthcare provider view.

3- Methods, regarding participants: a) explain why the general practitioner was not included in the interviews as you do include the community pharmacy and both are needed for continuity of care after hospital discharge. b) if participants were in the process of implementing medication reconciliation, to a greater or lesser extent, this could influence their thoughts regarding the needs, barriers and drivers of med. rec. Was there a major difference regarding participants and their experience with med. rec.? c) How did you select participants, which nurses, which policy makers, which community pharmacists.

4- Results, in general: a) it is unclear to whom the quotes belong. Please specify the profession of the participant and the department if applicable. b) it is not always clear whether the text presented after the quotes is concluded regarding the quote(s) of interviewees or is a general remark/discussion. For example, one policy maker was interviewed, but the next sentence is written in the results, third paragraph: "due to the rather thin evidence it was not possible for policy makers to impose one specific way..." (are these the policy makers in your hospital or policy makers in general). Example two: perceived drivers, second paragraph, the text "involvement of professionals with both a proactive attitude ....". Is this text based on the quotes or is this a general belief of the authors?

5- Results, section perceived barriers, innovation: the first quote deals about not enough evidence (or not enough usefullness shown) of med. rec. The first quote in the paragraph "the health care professional" assesses the same issue, i.e. not
being convinced in the usefulness of med. rec. Please comment what the difference is.

6- Results, section drivers, organisation: conflicting quotes with previous quotes. Professionals did not want pharmacy technicians to perform med. rec. Community pharmacies were stripped, so do they have time, even if they receive a reimbursement, to perform med. rec. for every patient. The first conflicting results is discussed, please discuss also the second conflicting result in the discussion section of your article.

Minor revisions:

7- Results, section perceived barriers, the patient: The text as it is presented now concludes that it is a fact that patients want to go home as soon as possible. This is certainly not true for all patients as there are patients who state they need information regarding medication changes. See for example. Borgsteede et al. Information needs about medication according to patients discharged from a general hospital. Patient Educ Couns. 2011;83(1):22-8.

8- Results, barriers, economic aspects: lack of time for med. rec. is the barrier that is named most in studies, it is interesting that the authors do not mention this in this paragraph.

9- Results, barriers, economic, political ..., final paragraph: do not interchange the terms medication reconciliation and medication review.

10-Discussion, first paragraph: it seems to me that reimbursement and lack of money/personell are important barriers. Were these not mentioned at all? The drivers mentioned MAY benefit the implementation process according to the healthcare professionals. For example, studies have shown that empowering the patient with a medication list does not improve results necessarily.

11- Discussion, what new aspect did your study find, when compared to previous studies?

12- Discussion, limitation: it is not only the selection from one hospital, but also the selection of a limited number of different healthcare providers that may limit generalisability. Do the four clinicians you interviewed, for example, represent the other clinicians of your hospital?

Discretionary revisions:

13- Introduction, first paragraph, last sentence: not every discrepancy results in adverse drug events.

14- Methods, regarding the Dutch Bundle:

--> add that the bundle, for now, is only for planned admissions and discharges of those planned admissions.

--> "the hospital board assigned": specify that these sentences are regarding your hospital. Not in all hospitals, departments themselves are responsible for med. rec.
15- results and table 2: please use the same headers for your results section as you use in your table for the levels.

Kind regards,
Fatma Karapinar

**Level of interest**: An article of importance in its field

**Quality of written English**: Needs some language corrections before being published

**Statistical review**: No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests**: I declare that I have no competing interests