Reviewer's report

Title: Medication Reconciliation at Admission and Discharge: a Time and Motion

Version: 2 Date: 11 October 2013

Reviewer: Stephanie K Mueller

Reviewer's report:

Overall I think the authors did an excellent job of responding to my original comments.

I currently have only the following Major compulsory revision (although it is more organization rather than content related):

1.) In doing revisions, I believe the discussion section of the article has now become a bit long and disorganized and difficult to follow - what are the authors trying to say? What are the ultimate conclusions? Based on what I think your findings suggest and what I think you’re trying to say, I would reorganize the discussion section as follows:

In 1 paragraph, repeat the main findings/results of your study: first, that anywhere from 1-3 health professionals are involved in the medication reconciliation process; second, that there is a large variation in time spent on medication reconciliation between units (anywhere from 9.9 to 92.2 minutes); third, there is large variation in subtasks performed both between and within units, and additionally, the time spent on non-direct patient interaction subtasks is more than twice time spent on tasks involving direct patient contact.

Then you should interpret these findings, as you have done, but organize your interpretations. I would suggest the following:

Spend 1-2 paragraphs discussing how your findings suggest that there are inefficiencies in the medication reconciliation process. This is supported by your findings of multiple different health professionals are doing the same job which could indicate unclear role responsibilities. This is also supported by all the time spent on non-direct patient interaction subtasks which could indicate waste. Then discuss ways in which these issues could be ameliorated in order to improve efficiency (clearer role responsibilities, IT modalities to help eliminate waste, etc.).

The next couple of paragraphs could be spent on your next conclusion, how your findings in addition to suggesting evidence of inefficiencies, also suggest variability in quality of the medication reconciliation process. This is suggested by the variability in time spent on medication reconciliation between the different units (is 90+ minutes spent on geriatrics too long?, is 10 minutes spent on surgery too short?, etc.). Then make suggestions as to how this variability can be improved (standardization, inclusion of known best practices of med rec, etc.)
End with your conclusion, reiterating the above, but in 1 succinct paragraph.

**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:**

No conflicts of interest to disclose