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Medicines reconciliation at the interface

Submission date 05/09/2012	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 10/09/2012	**Overall study status** Completed	
Last Edited 07/06/2017	**Condition category** Other	

Plain English summary of protocol

Background and study aims
Prescribing errors occur in about half of hospital admissions. To reduce this, the government has recommended that all patients should receive a review from a pharmacist within 24 hours of admission to hospital. The medicines that the patient was taking before they came into hospital should be checked and compared against any hospital charts or other documentation. Currently hospitals in East of England achieve this only for 50% of patients. Expanding the pharmacy service to all patients would require a full seven-day service which is likely to be costly and may not be the best use of NHS resources. This study is designed to estimate the costs and effects of expanding the current pharmacy service in one teaching hospital.

Who can participate?
Adults, aged at least 18, admitted to one of the five adult medical wards with prescribed medicines.

What does the study involve?
Participants will be allocated to one of two groups. One group will receive usual care and the other group will be seen by a Pharmacist for a review of their medicines within 24 hours of their emergency admission. All participants will complete a short questionnaire. 3 months after discharge from hospital, the Research Assistant will write to the participants with a second questionnaire, as well as questions regarding their use of health or social services since their discharge. The length of stay in hospital, use of NHS resources, the level of medication errors and health-related quality of life will be compared between the two groups. Some participants will be randomly chosen to be invited to a discussion group regarding their experience of being in the study. Medical and Pharmacy staff who have had contact with the study will also be asked to join a discussion group regarding their experience of the study.

What are the possible benefits and risks of participating?
Participants may receive no direct benefit, but that their participation in this study may help to inform Pharmacists where best to concentrate their resources. Participants will need to complete some forms and that they will need to speak to a Researcher for 5-10 minutes. They may need to speak to a Pharmacist and the time taken can't really be estimated. The risk regarding personal data is minimised, according to data protection laws, and this is fully explained to potential recruits.

Where is the study run from?
The study will be run from the Pharmacy department at Cambridge University Hospital. Participants will be recruited from one of five medical wards

When is the study starting and how long is it expected to run for?
The study started in July 2012 and will run until April 2013.

Who is funding the study?
NIHR Research for Patient Benefit Programme (UK).

Who is the main contact?
Miss Amanda Bale
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Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

Protocol serial number
12437

Study information

Scientific Title
Medicines reconciliation at the interface: a pilot randomised controlled trial to determine the costs and effects of a pharmacy provided service

Study objectives
Prescribing errors have been estimated to occur within approximately fifty percent of hospital admissions. To reduce this, the government has recommended that all patients should receive a review from a pharmacist within 24 hrs following admission. The medicines that the patient was taking before they came into hospital should be checked and compared against any hospital charts or other documentation ("Medicines Reconciliation"). Currently hospitals in East of England achieve this only for 50% of patients. Expanding the pharmacy service to all patients would require a full seven day service which is likely to be costly and may not be the best use of

NHS resources. This study is designed to estimate the costs and effects of expanding the current pharmacy service in one teaching hospital. Two hundred patients will be recruited to the study and randomised to either receive pharmacist service or usual care. The length of stay in hospital, use of NHS resources, the level of medication errors and health-related quality of life will be compared between the two groups 3 months post discharge. Additionally, patients, pharmacists and medical teams onwards which were involved in the pilot study will be invited for focus group discussion to review the study process and pharmacy service. Findings of this pilot and post study focus groups will inform the design of a definitive larger study.

More details can be found at http://public.ukcrn.org.uk/Search/StudyDetail.aspx?StudyID=12437

Ethics approval required
Old ethics approval format

Ethics approval(s)
Essex Reasearch Ethics Committee, 14/06/2012, ref: 12/EE/0143

Primary study design
Interventional

Study design
Randomised interventional trial

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Health Services Research

Interventions
Medicines reconciliation versus medicines reconciliation within 24 hours of admisssion by the Study Pharmacist.
Followed up at 3 months.

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
Length of stay measured at discharge

Key secondary outcome(s)
1. Feasibility measured at end of study
2. Morbidity and mortality measured at 3 months
3. Patient satisfaction measured at 3 months
4. Quality of life measured at 3 months

Completion date
03/04/2013

Eligibility

Key inclusion criteria
1. Adult, aged at least 18 years of age
2. Admitted with prescribed medicines (at least one regular/OTC medication) to one of the five adult medical wards.
3. Not received MR service from the pharmacy team as part of routine pharmaceutical input at the point of recruitment.
4. Identified from hospital computer system as being admitted within the previous 24 hours
5. Male or female participants

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
All

Key exclusion criteria
1. Elective patients receive MR via pre-admission clinics such as surgical pre admission assessment unit
2. Wards anticipated to close during the study period will be automatically excluded
3. Recruited patients readmitted during the course of the study

Date of first enrolment
04/07/2012

Date of final enrolment
03/04/2013

Locations

Countries of recruitment
United Kingdom

England

Study participating centre

Addenbrookes Hospital
Cambridge
United Kingdom
CB2 0QQ

Sponsor information

Organisation
Cambridge University Hospitals NHS Foundation Trust (UK)

ROR
https://ror.org/04v54gj93

Funder(s)

Funder type
Government

Funder Name
NIHR Research for Patient Benefit Programme (UK)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	16/03/2017		Yes	No