

Stellingen

The risk of medication transfer errors increases with every medicine used by the patient [this thesis]

A risk driven approach should determine in which patients medication reconciliation should be performed by the hospital pharmacy [this thesis]

Medication reconciliation at the pre-operative screening is no guarantee of an error free medication transfer at hospital admission [this thesis]

The Health and Youth Care Inspectorate should change their definition of patients at high risk of medication transfer errors because age is not the best evidence-based risk factor [this thesis]

Medication reconciliation can effectively be performed by patients themselves through a patient portal [this thesis]

Medication reconciliation reduces medication discrepancies but evidence for an effect on mortality, length of hospital stay, emergency visits, readmissions and healthcare utilization is still needed [Guisado-Gil et al. Res Social Adm Pharm, 2020. 16(8):995-1002]

Medication reconciliation is of higher quality when performed by pharmacy professionals compared to other health care professionals [Mekonnen et al. J Clin Pharm Ther, 2016.41(2):128-144]

Electronic tools used in medication reconciliation reduce the incidence of medication with unintended discrepancies [Wang et al. Eur. J. Hosp. Pharm.-Sci. Pract, 2018.25(5):245-250]

Machine learning models based on electronic medical records can predict readmissions better than logistic regression models [Mahmoudi et al. BMJ, 2020.369:m958]

Interventions for patient engagement should incorporate higher levels of empowering patients with the final aim to integrate them as full care team members [Kim et al. Patient, 2018. 11(2): 193-206]

Not everything that can be counted counts, and not everything that counts can be counted [Einstein]