Intrinsic to the medication reconciliation process are three steps: (1) verification or gathering the best possible medication history, (2) clarification or ensuring the appropriateness of the medication and dosage regimen, and (3) resolution or resolving discrepancies. While the purpose of reconciliation is to avoid medication errors, the ultimate goals are to improve patient safety and reduce clinical complications associated with medication errors. So important is medication reconciliation that the World Health Organization developed a standard implementation protocol to aid in its application.

In this issue are two intriguing studies that highlight the importance of medication reconciliation but also generate questions. In one of these studies, Sanh and others investigated elderly patients with high health care utilization at two academic hospitals and found that potentially inappropriate prescribing occurred in 89% of patients, with both potentially inappropriate medications and potential prescribing omissions being common. The therapeutic classes of medications most often implicated included anticoagulants and antiplatelet agents, renin-angiotensin-aldosterone system (RAAS) inhibitors, benzodiazepines, and opioids. Of note, only 14% of the cases of potentially inappropriate prescribing had been addressed by the time of hospital discharge. The other study was conducted by Abu Hammour and others. After initial screening for unintentional medication discrepancies, 123 surgical patients were randomly assigned to receive medication reconciliation or standard care. Although the number of discrepancies per patient tended to be higher at baseline in the medication reconciliation group, the reduction in discrepancies at discharge was similar between groups. Of clinical importance is that medication reconciliation improved outcomes only when a process for resolution was evident. The obvious critique of these data is the intensive services that were needed to optimize resolution. However, the results suggest that identifying best practices for the process of resolution is imperative if the goals of medication reconciliation are to improve safety and clinical outcomes. Pharmacists are integral to medication reconciliation, and evidence supports their involvement in the steps of verification and clarification. What is needed now is additional investigation about the optimal role of the pharmacist in the resolution step.

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**ON THE FRONT COVER**

**Hoodooos, Drumheller, Alberta**

This photograph was taken by Scot Simpson during a family trip to Drumheller, Alberta. He and his family enjoyed seeing dinosaurs at the Royal Tyrrell Museum, a tipple at the Atlas Coal Mine, and these hoodoos. Scot captured this image using a Nikon D3200 Digital SLR with 18–55 mm lens set to ISO 100, 1/640 exposure, f/3.8.

Scot is a professor in the Faculty of Pharmacy and Pharmaceutical Sciences at the University of Alberta. He is a pharmacoepidemiologist and health services researcher with an interest in diabetes management. When not working, he can be found out on the Edmonton River valley trails with his dog or on his mountain bike.

The *CJHP* would be pleased to consider photographs featuring Canadian scenery taken by CSHP members for use on the front cover of the Journal. If you would like to submit a photograph, please send an electronic copy (minimum resolution 300 dpi) to publications@cshp.ca.