

Tamasine Grimes

List of Publications by Year in descending order

Source: <https://exaly.com/author-pdf/5819499/publications.pdf>

Version: 2024-02-01

27
papers

474
citations

933447

10
h-index

713466

21
g-index

28
all docs

28
docs citations

28
times ranked

555
citing authors

#	ARTICLE	IF	CITATIONS
1	Impact of medication reconciliation for improving transitions of care. The Cochrane Library, 2018, CD010791.	2.8	80
2	Medication details documented on hospital discharge: cross-sectional observational study of factors associated with medication non-reconciliation. British Journal of Clinical Pharmacology, 2011, 71, 449-457.	2.4	67
3	Survey of medication documentation at hospital discharge: implications for patient safety and continuity of care. Irish Journal of Medical Science, 2008, 177, 93-97.	1.5	40
4	Collaborative pharmaceutical care in an Irish hospital: uncontrolled before-after study. BMJ Quality and Safety, 2014, 23, 574-583.	3.7	40
5	Clinical pharmacist's contribution to medication reconciliation on admission to hospital in Ireland. International Journal of Clinical Pharmacy, 2013, 35, 14-21.	2.1	38
6	Sources of pre-admission medication information: observational study of accuracy and availability. International Journal of Pharmacy Practice, 2011, 19, 408-416.	0.6	30
7	Exploring discharge prescribing errors and their propagation post-discharge: an observational study. International Journal of Clinical Pharmacy, 2016, 38, 1172-1181.	2.1	23
8	GPs and community pharmacists' opinions on medication management at transitions of care in Ireland. Family Practice, 2016, 33, 172-178.	1.9	22
9	Relative accuracy and availability of an Irish National Database of dispensed medication as a source of medication history information: observational study and retrospective record analysis. Journal of Clinical Pharmacy and Therapeutics, 2013, 38, 219-224.	1.5	20
10	Pharmacy services at admission and discharge in adult, acute, public hospitals in Ireland. International Journal of Pharmacy Practice, 2010, 18, 346-352.	0.6	11
11	Design and Implementation of an Integrated Competency-Focused Pharmacy Programme: A Case Report. Pharmacy (Basel, Switzerland), 2019, 7, 121.	1.6	11
12	Unintended discontinuation of medication following hospitalisation: a retrospective cohort study. BMJ Open, 2019, 9, e024747.	1.9	11
13	Tackling transitions in patient care: the process of medication reconciliation. Family Practice, 2013, 30, 483-484.	1.9	10
14	Impact of the Collaborative Pharmaceutical Care at Tallaght Hospital (PACT) model on medication appropriateness of older patients. European Journal of Hospital Pharmacy, 2016, 23, 16-21.	1.1	9
15	Care of the stroke patient's communication between the community pharmacist and prescribers in the Republic of Ireland. International Journal of Clinical Pharmacy, 2009, 31, 648-655.	1.4	8
16	Medicines management at home during the COVID-19 pandemic: a qualitative study exploring the UK patient/carer perspective. International Journal of Pharmacy Practice, 2021, 29, 458-464.	0.6	8
17	Agreement between renal prescribing references and determination of prescribing appropriateness in hospitalized patients with chronic kidney disease. QJM - Monthly Journal of the Association of Physicians, 2017, 110, 623-628.	0.5	7
18	Personal Electronic Records of Medications (PERMs) for medication reconciliation at care transitions: a rapid realist review. BMC Medical Informatics and Decision Making, 2021, 21, 307.	3.0	6

#	ARTICLE	IF	CITATIONS
19	Impact of team-versus ward-aligned clinical pharmacy on unintentional medication discrepancies at admission. <i>International Journal of Clinical Pharmacy</i> , 2017, 39, 148-155.	2.1	5
20	A prospective observational pilot study of adverse drug reactions contributing to hospitalization in a cohort of middle-aged adults aged 45â€“64 years. <i>Drugs and Therapy Perspectives</i> , 2020, 36, 123-130.	0.6	5
21	Barriers and facilitators of medicines reconciliation at transitions of care in Ireland â€“ a qualitative study. <i>BMC Family Practice</i> , 2020, 21, 116.	2.9	5
22	Is it time for greater patient involvement to enhance transitional medication safety?. <i>BMJ Quality and Safety</i> , 2022, 31, 247-250.	3.7	4
23	Compliance with the Health Information and Quality Authority of Ireland National Standard for Patient Discharge Summary Information: a retrospective study in secondary care. <i>European Journal of Hospital Pharmacy</i> , 2016, 23, 272-277.	1.1	4
24	Interventions for improving medication reconciliation across transitions of care. <i>The Cochrane Library</i> , 0, , .	2.8	3
25	Household medication safety practices during the COVID-19 pandemic: a descriptive qualitative study protocol. <i>BMJ Open</i> , 2020, 10, e044441.	1.9	3
26	Comment on: pharmacy-led medication reconciliation programmes at hospital transitions: a systematic review and meta-analysis. <i>Journal of Clinical Pharmacy and Therapeutics</i> , 2016, 41, 739-740.	1.5	2
27	Potential costs and consequences associated with medication error at hospital discharge: an expert judgement study. <i>European Journal of Hospital Pharmacy</i> , 2022, , ejhpharm-2021-002697.	1.1	2