

# 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	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
2	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
3	Medicines management at home during the COVID-19 pandemic: a qualitative study exploring the UK patient/carer perspective. <i>International Journal of Pharmacy Practice</i> , 2021, 29, 458-464.	0.6	8
4	Personal Electronic Records of Medications (PERMs) for medication reconciliation at care transitions: a rapid realist review. <i>BMC Medical Informatics and Decision Making</i> , 2021, 21, 307.	3.0	6
5	A prospective observational pilot study of adverse drug reactions contributing to hospitalization in a cohort of middle-aged adults aged 45-64 years. <i>Drugs and Therapy Perspectives</i> , 2020, 36, 123-130.	0.6	5
6	Barriers and facilitators of medicines reconciliation at transitions of care in Ireland - a qualitative study. <i>BMC Family Practice</i> , 2020, 21, 116.	2.9	5
7	Household medication safety practices during the COVID-19 pandemic: a descriptive qualitative study protocol. <i>BMJ Open</i> , 2020, 10, e044441.	1.9	3
8	Design and Implementation of an Integrated Competency-Focused Pharmacy Programme: A Case Report. <i>Pharmacy (Basel, Switzerland)</i> , 2019, 7, 121.	1.6	11
9	Unintended discontinuation of medication following hospitalisation: a retrospective cohort study. <i>BMJ Open</i> , 2019, 9, e024747.	1.9	11
10	Impact of medication reconciliation for improving transitions of care. <i>The Cochrane Library</i> , 2018, 2018, CD010791.	2.8	80
11	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
12	Agreement between renal prescribing references and determination of prescribing appropriateness in hospitalized patients with chronic kidney disease. <i>QJM - Monthly Journal of the Association of Physicians</i> , 2017, 110, 623-628.	0.5	7
13	GPs' and community pharmacists' opinions on medication management at transitions of care in Ireland. <i>Family Practice</i> , 2016, 33, 172-178.	1.9	22
14	Exploring discharge prescribing errors and their propagation post-discharge: an observational study. <i>International Journal of Clinical Pharmacy</i> , 2016, 38, 1172-1181.	2.1	23
15	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
16	Impact of the Collaborative Pharmaceutical Care at Tallaght Hospital (PACT) model on medication appropriateness of older patients. <i>European Journal of Hospital Pharmacy</i> , 2016, 23, 16-21.	1.1	9
17	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
18	Collaborative pharmaceutical care in an Irish hospital: uncontrolled before-after study. <i>BMJ Quality and Safety</i> , 2014, 23, 574-583.	3.7	40

#	ARTICLE	IF	CITATIONS
19	Clinical pharmacist's contribution to medication reconciliation on admission to hospital in Ireland. <i>International Journal of Clinical Pharmacy</i> , 2013, 35, 14-21.	2.1	38
20	Tackling transitions in patient care: the process of medication reconciliation. <i>Family Practice</i> , 2013, 30, 483-484.	1.9	10
21	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. <i>Journal of Clinical Pharmacy and Therapeutics</i> , 2013, 38, 219-224.	1.5	20
22	Sources of pre-admission medication information: observational study of accuracy and availability. <i>International Journal of Pharmacy Practice</i> , 2011, 19, 408-416.	0.6	30
23	Medication details documented on hospital discharge: cross-sectional observational study of factors associated with medication non-reconciliation. <i>British Journal of Clinical Pharmacology</i> , 2011, 71, 449-457.	2.4	67
24	Pharmacy services at admission and discharge in adult, acute, public hospitals in Ireland. <i>International Journal of Pharmacy Practice</i> , 2010, 18, 346-352.	0.6	11
25	Care of the stroke patient's communication between the community pharmacist and prescribers in the Republic of Ireland. <i>International Journal of Clinical Pharmacy</i> , 2009, 31, 648-655.	1.4	8
26	Survey of medication documentation at hospital discharge: implications for patient safety and continuity of care. <i>Irish Journal of Medical Science</i> , 2008, 177, 93-97.	1.5	40
27	Interventions for improving medication reconciliation across transitions of care. <i>The Cochrane Library</i> , 0, , .	2.8	3