
Evaluating the Effectiveness of Pharmaceutical Care Plans Developed by Nurses

Alruwaili, Mansour Jabban A ¹, Tahani Alfahat M Alenezi ², Abdullah Khalil A Alanazi ³, Mshaal Qasem Alhazmi ⁴, Alanazi, Wesam Abdulazizi T ⁵, Almijlad, Noor Saud R ⁶, Alanazi, Abdulrahman Lafi M ⁷, Alanazi Bader Dabbus Ghunaim ⁸, Alenezi, Rehab Khaled H ⁹

- 1- Nursing, Health Volunteer Management at the Ministry of Health Branch in the Northern Borders Region, Saudi Arabia
- 2- Nursing, Endocrinology and Diabetes Center, Saudi Arabia
- 3- Nursing Technician, Maternity, and Children's Hospital, Saudi Arabia
- 4- Nursing Technician, Maternity, and Children's Hospital, Saudi Arabia
- 5- Pharmacy Technician, Director of Health Affairs, Saudi Arabia
- 6- Pharmacy, North Tower Medical Center, Saudi Arabia
- 7- General Nursing, Smoking Cessation Clinic, Saudi Arabia
- 8- Nursing Technician, Ministry of Health, Saudi Arabia
- 9- Nursing Specialist, North Tower Medical Hospital – Arar, Saudi Arabia

Abstract:

Pharmaceutical care plans (PCPs) developed by nurses play a crucial role in enhancing patient outcomes and ensuring safe medication management. Nurses, equipped with their clinical expertise, assess patients' health status, medication histories, and potential drug interactions to create individualized care plans. Evaluating the effectiveness of these plans involves measuring several key outcomes, including medication adherence, reduction in adverse drug reactions, and overall patient satisfaction. By utilizing metrics such as patient feedback, clinical indicators, and health-related quality of life assessments, healthcare organizations can determine whether these care plans meet their intended goals. The successful evaluation of pharmaceutical care plans also hinges on interdisciplinary collaboration and the integration of evidence-based practices. By fostering communication between nurses, pharmacists, and physicians, healthcare teams can address any gaps in care and make necessary adjustments to enhance the plan's effectiveness. Continuous professional development and training for nurses in pharmacology and care plan development are essential for maintaining high standards of pharmaceutical care. Ultimately, effective evaluation not only improves patient safety and health outcomes but also fosters a culture of accountability and continual improvement within healthcare settings.

Keywords: Pharmaceutical Care Plans, Nurses, Patient Outcomes, Medication Management, Adverse Drug Reactions, Medication Adherence, Interdisciplinary Collaboration, Evidence-Based Practice, Evaluation Metrics, Patient Satisfaction.

Introduction:

The field of healthcare is continually evolving, with an increasing focus on patient-centered care and the holistic management of health outcomes. One significant development in this landscape is the recognition of the critical role that nurses play beyond traditional caregiving tasks. As healthcare professionals with specialized knowledge in pharmacology, nurses are increasingly responsible for developing and implementing pharmaceutical care plans (PCPs) for patients. These plans are

systematic approaches designed to optimize medication therapy, enhance patient adherence, and improve clinical outcomes. The burgeoning interest in evaluating the effectiveness of these nursing-led pharmaceutical care plans underscores the need for rigorous research that benchmarks their impact on patient health, safety, and overall satisfaction [1].

Pharmaceutical care plans serve as an essential tool in the management of patients' medication therapies. They encompass comprehensive assessments of patients' medical histories, current medication

regimens, and potential drug interactions, aiming to tailor medication strategies to individual needs. By systematically addressing medication-related issues, nurses can play a pivotal role in preventing adverse drug reactions, ensuring appropriate medication use, and promoting health literacy among patients. The patient-centric approach employed in PCPs not only recognizes the unique circumstances surrounding each patient's health status but also empowers patients in their healthcare journey [2].

Recent shifts in healthcare policy and delivery models have further emphasized the necessity of effective interdisciplinary collaboration. With rising healthcare costs and challenges linked to medication errors, there is a pressing need for innovative strategies that enhance the quality and safety of pharmaceutical care. This calls for evaluating the contributions of nursing-led pharmaceutical care plans within interdisciplinary teams, considering their multifaceted benefits. Evaluating the effectiveness of these plans can provide key insights into how they improve patient outcomes, reduce hospital readmissions, and decrease healthcare expenditure [3].

Despite the increasing recognition of the importance of nurses in pharmaceutical care, comprehensive evaluations of the effectiveness of nurse-developed pharmaceutical care plans remain underexplored. Much of the existing literature focuses on the responsibilities of pharmacists in medication therapy management, often neglecting the extensive capabilities of nurses to deliver pharmaceutical care. This research aims to fill the gap by systematically assessing the impact of nursing-led PCPs on key outcomes such as medication adherence, patient satisfaction, and overall health status. Understanding these outcomes is essential for developing evidence-based guidelines that can standardize and enhance the implementation of pharmaceutical care across diverse healthcare settings [4].

The objectives of this research are twofold. Firstly, it aims to elucidate the specific components of effective pharmaceutical care plans created by nurses and identify best practices that can be adopted in various clinical environments. Secondly, it strives to highlight the measurable impact of these plans on patients' health outcomes by employing a mixed-methods approach that combines quantitative

and qualitative data. By incorporating the perspectives of both nurses and patients, this study seeks to create a comprehensive understanding of the dynamics underpinning successful pharmaceutical care initiatives [5].

Role of Nurses in Pharmaceutical Care:

The landscape of healthcare is continually evolving, with various disciplines contributing to patient well-being and safety. Among these, nursing stands out as a critical component in the delivery and management of pharmaceutical care. Nurses are not only caregivers, but they also serve as essential educators, advocates, and coordinators in the pharmacological treatment process [6].

Pharmaceutical care is defined as the responsible provision of medicine therapy for the purpose of achieving definite outcomes that improve a patient's quality of life. It encompasses a range of activities including medication reconciliation, management of medication therapy, patient counseling, and monitoring of therapeutic outcomes. With the increasing complexity of medication regimens and the growing prevalence of chronic diseases, the role of nurses in this domain has become increasingly vital [7].

A primary responsibility of nurses in pharmaceutical care is the management of medication therapies. This involves not only administering medication but also understanding the pharmacokinetics and pharmacodynamics of the drugs involved. Nurses are typically the first healthcare providers to notice changes in a patient's condition, enabling them to recognize potential adverse drug reactions early [8].

Medication reconciliation is another critical function performed by nurses. This process involves comparing a patient's current medication list with their previous list to identify discrepancies, such as omissions, duplications, or potential drug interactions. By ensuring that patients receive the correct medications at the correct dosages and intervals, nurses help prevent medication errors that could lead to serious health consequences [9].

Additionally, nurses play a crucial role in monitoring the efficacy and side effects of medications. They assess patient responses to medication therapy, document findings, and communicate with other healthcare professionals.

This ongoing monitoring is essential for adjusting treatment plans as needed to optimize therapeutic outcomes and enhance patient safety [10].

Education is a cornerstone of nursing practice, especially concerning pharmaceutical care. Nurses are often the ones who communicate medication instructions to patients and their families, explaining the purpose of each medication, the correct dosage, potential side effects, and the importance of adherence to prescribed regimens [11].

Effective patient education empowers individuals to actively participate in their own healthcare, thereby improving adherence. For example, a nurse may teach a patient with diabetes about their insulin regimen, including when and how to administer it, and the significance of blood glucose monitoring. The clarity with which a nurse explains the information can directly impact the patient's ability to manage their treatment effectively.

Moreover, when patients understand their medication therapy, they are more likely to voice concerns and report side effects, clinching an essential part of the nursing role. Such open channels of communication not only enhance the nurse-patient relationship but also help detect issues before they escalate.

Collaboration among healthcare providers is paramount in delivering comprehensive pharmaceutical care. Nurses act as facilitators of communication between patients and interdisciplinary teams, including pharmacists, physicians, and other allied health professionals. They gather and convey critical patient information, which enables healthcare teams to devise effective treatment plans tailored to individual needs [12].

Nurses also advocate for patients' pharmaceutical needs within these teams. They can identify when a patient might benefit from a change in medication or a referral to a pharmacist for further review. This collaborative approach ensures that all aspects of a patient's care are considered and managed, resulting in more effective and safer pharmaceutical care [13].

In addition to their direct responsibilities around medication administration and education, nurses are vital advocates for safe medication practices within healthcare settings. They play a key role in implementing and adhering to protocols that

promote patient safety, such as the five rights of medication administration: right patient, right drug, right dose, right route, and right time [13].

Training and continuous education are essential components of nursing practice concerning medication safety. Nurses must stay informed about the latest drug developments, new guidelines, and potential safety alerts concerning medications. By keeping their knowledge current, nurses can better educate their patients and participate effectively in discussions regarding medication safety initiatives [14].

Furthermore, nurses are often involved in reporting medication errors or near-misses, which helps institutions develop better systems and training programs to prevent future errors. This responsibility underscores the role of nurses as both active participants in delivering care and advocates for systemic improvements within healthcare settings [14].

Objectives of the Study:

The contemporary practice of pharmacy has evolved significantly, transcending mere medication dispensing to encompass a holistic approach aimed at optimizing patient outcomes through pharmaceutical care. This paradigm shift emphasizes the pharmacist's role in healthcare, spotlighting their clinical expertise in medication management and patient education. Understanding the objectives of studying pharmaceutical care not only enhances the effectiveness of pharmacy practice but also fortifies the healthcare system as a whole [15].

Pharmaceutical care is defined as “the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient’s quality of life.” It encompasses a collaborative approach between pharmacists, patients, and other healthcare professionals to ensure optimal therapeutic results. The study of pharmaceutical care aims to provide a framework for pharmacists to engage actively in patient care, transitioning from a traditional model of medication distribution to one that prioritizes evidence-based clinical practices tailored to individual patient needs [15].

Objectives of the Study

1. Enhancing Patient Outcomes

The foremost objective of studying pharmaceutical care is to improve overall patient health outcomes. Pharmacists are uniquely positioned to assess patient medication regimens, ensuring appropriateness, safety, and efficacy. This objective entails developing comprehensive medication management plans that are patient-centric, focusing on achieving specific therapeutic goals. By monitoring treatment effectiveness and adherence, pharmacists aim to reduce medication-related problems, prevent adverse effects, and promote better disease management [16].

2. Promoting Rational Drug Use

Another critical objective is the promotion of rational drug use. The study of pharmaceutical care delves into pharmacotherapy principles, elucidating the rationale behind medication selections and the importance of appropriate prescribing practices. By fostering a deeper understanding of pharmacodynamics, pharmacokinetics, and the interplay of various pharmaceuticals, pharmacists can guide patients and healthcare teams in choosing the most effective treatments while minimizing risks. This objective embodies the broader public health goal of reducing the incidence of polypharmacy and associated complications, particularly in vulnerable populations such as the elderly [17].

3. Patient Education and Empowerment

Education is a cornerstone of effective pharmaceutical care. An essential objective is to equip patients with the knowledge necessary to understand their medications, including indications, side effects, and proper usage. By promoting health literacy, pharmacists empower patients to take charge of their health and medication management. This objective fosters a collaborative relationship between pharmacists and patients, encouraging open communication and informed decision-making regarding treatment options [17].

4. Interprofessional Collaboration

Pharmaceutical care emphasizes the importance of teamwork in healthcare. One of the pivotal objectives of studying this field is to enhance

collaboration among healthcare professionals. By engaging in interprofessional practice, pharmacists work alongside physicians, nurses, and other colleagues to develop comprehensive treatment plans that address all aspects of a patient's health. This collaborative approach is vital for achieving optimal health outcomes, as it ensures that all practitioners contribute their expertise in managing complex health conditions [18].

5. Mitigating Medication Errors

Reducing medication errors is another paramount objective of pharmaceutical care. The study equips pharmacists with the skills needed to identify potential risks and intervene proactively to prevent errors in medication administration. It involves implementing systems for medication reconciliation, thorough documentation, and patient medication reviews. By understanding the common sources of medication errors and how to mitigate them, pharmacists play a critical role in enhancing patient safety and quality of care [18].

6. Research and Evidence-based Practice

A significant objective of studying pharmaceutical care is to advance the field through systematic research. Pharmacists are encouraged to engage in clinical research aimed at generating evidence that supports clinical decisions, medication therapy management, and healthcare policies. By focusing on outcomes research, pharmacists contribute to a growing body of literature that advocates for best practices in medication management. This research is essential for informing clinical guidelines, improving healthcare services, and ultimately enhancing patient care [18].

7. Developing Clinical Skills

The study of pharmaceutical care emphasizes the development of clinical skills critical for effective patient interaction. These include skills in assessment, communication, critical thinking, and decision-making. A robust education in pharmaceutical care prepares pharmacists to take on more advanced roles, such as clinical pharmacists or medication therapy management specialists. These professionals are capable of performing comprehensive medication reviews, conducting health assessments, and providing disease

management services, which are vital for ensuring safe and effective medication use [19].

8. Advancing Public Health Initiatives

Lastly, a critical objective of pharmaceutical care studies is to advance public health initiatives by leveraging pharmacists' accessibility and expertise in the community. Pharmacists are increasingly involved in health promotion activities, vaccinations, chronic disease management, and health screenings. By addressing public health challenges, such as medication adherence and preventive care, pharmacists not only improve individual health outcomes but also contribute to population health and the prevention of disease [19].

Methodology for Evaluating Effectiveness:

Pharmaceutical care has emerged as a vital component of healthcare delivery, aimed at optimizing therapeutic outcomes while ensuring safety and efficacy in medication management. The effectiveness of pharmaceutical care necessitates rigorous evaluation methodologies to assess its impact on patient outcomes and overall healthcare costs [20].

1. Defining Pharmaceutical Care

Pharmaceutical care is defined as the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life. These outcomes may include curing disease, eliminating or reducing symptoms, or arresting or slowing a disease process. Pharmaceutical care shifts the focus from mere medication dispensing to a more holistic patient-centered approach, requiring collaboration among healthcare professionals to ensure optimal therapeutic outcomes [21].

2. Core Components of Pharmaceutical Care Evaluation

Evaluating the effectiveness of pharmaceutical care involves several core components:

- **Patient Outcomes:** The primary goal of pharmaceutical care is to achieve specific patient outcomes. Evaluations should focus on clinical endpoints such as morbidity and mortality rates, symptom improvement, and quality of life measures.

- **Medication Utilization:** Analyzing how medications are prescribed, dispensed, and adhered to is crucial. This can involve assessing medication appropriateness, effectiveness, and safety, as well as patterns of medication adherence [22].
- **Healthcare Utilization and Costs:** An evaluation should examine the overall impact of pharmaceutical care on healthcare utilization (e.g., hospital admissions, emergency room visits) and costs. This includes direct costs such as medication expenses and indirect costs, such as those incurred due to lost productivity.
- **Patient Satisfaction:** The subjective experiences of patients through satisfaction surveys are vital indicators of the perceived effectiveness of pharmaceutical care. Patients' views on their medication regimen, the education provided, and the overall healthcare experience provide valuable insights [22].

3. Designing the Evaluation Study

A well-structured evaluation study is essential to assess the effectiveness of pharmaceutical care accurately. Several research designs can be employed, including:

- **Randomized Controlled Trials (RCTs):** RCTs are the gold standard for establishing causal relationships. Patients are randomized into intervention and control groups, allowing for comparisons that minimize biases [23].
- **Quasi-Experimental Designs:** In situations where RCTs are impractical, quasi-experimental designs can be used. These include cohort studies and case-control studies, with careful selection of groups to control for confounding variables.
- **Observational Studies:** These studies can be valuable for exploring real-world effectiveness. They may include cross-sectional studies, longitudinal studies, or retrospective chart reviews [23].

4. Implementation of Evaluation

Once the study design is established, implementation is critical. Factors that must be considered include:

- **Sample Size and Selection:** The sample size must be adequately powered to detect meaningful differences. Careful selection criteria ensure that the cohort studied represents the broader population [24].
- **Intervention Protocols:** Clearly defined intervention protocols are essential. The roles of pharmacists, types of pharmaceutical care provided (e.g., medication therapy management, chronic disease management), and how care will be coordinated among healthcare providers need to be explicitly outlined [25].
- **Duration of the Study:** Depending on the outcomes of interest, the duration of the study should allow enough time to observe effects. Some outcomes may require long-term follow-up, particularly those related to chronic diseases [25].

5. Data Collection Methods

Data collection is fundamental to evaluating pharmaceutical care effectiveness. Multiple methods can be employed:

- **Clinical Outcomes Data:** This can be collected through electronic health records, clinical assessments, and laboratory results. Standardized outcomes measures should be used whenever possible to facilitate comparisons across studies [26].
- **Surveys and Questionnaires:** Patient-centric methods, including satisfaction surveys and quality of life questionnaires, provide important qualitative data. Tools such as the Patient Health Questionnaire (PHQ-9) or the EQ-5D can be invaluable [26].
- **Medication Adjustment Records:** Tracking changes in medication regimens, including reasons for adjustments, provides direct insight into the impact of

pharmaceutical care on medication management [26].

- **Health Economic Data:** Financial data should be gathered to assess cost-effectiveness. This includes direct costs of pharmaceutical care services and indirect costs related to overall healthcare utilization.

6. Analytical Approaches

Analyzing the collected data is the final step in evaluating pharmaceutical care's effectiveness. Various statistical methods can be employed, depending on the study design and research questions:

- **Descriptive Statistics:** These provide an overview of patient demographics and baseline characteristics [27].
- **Inferential Statistics:** Techniques such as t-tests, chi-square tests, and regression analysis allow researchers to infer relationships and causality between interventions and outcomes.
- **Cost-Effectiveness Analysis:** This involves comparing the costs and health outcomes of pharmaceutical care interventions to those of standard care. Measures such as Quality Adjusted Life Years (QALY) or Incremental Cost-Effectiveness Ratios (ICER) inform decision-makers about the economic viability of pharmaceutical care services [27].

7. Challenges in Evaluation

Evaluating the effectiveness of pharmaceutical care is not without challenges. The variability in patient demographics, differences in healthcare systems, and the complexity of polypharmacy can introduce confounding variables that skew results. Moreover, there can be ethical concerns regarding the use of control groups in RCTs when high-quality pharmaceutical care may lead to better patient outcomes [28].

Outcomes Measurement Criteria:

Pharmaceutical care is a patient-centered approach that emphasizes the responsible provision of

medication in order to enhance therapeutic outcomes. The primary objective of pharmaceutical care plans is to ensure that patients receive optimal medication therapy, which can significantly influence their overall health and quality of life. To assess the effectiveness of these care plans, various criteria must be employed [29].

1. Patient Outcomes

One of the most critical criteria for measuring the effectiveness of pharmaceutical care plans is the impact on patient outcomes. Patient outcomes encompass a broad scope, including clinical, functional, and quality-of-life indicators [29].

- **Clinical Outcomes:** These indicators refer to measurable changes in a patient's clinical condition as a direct result of pharmaceutical interventions. For example, reductions in blood pressure in hypertensive patients, improved glycemic control in diabetics, or remission rates in patients with psychiatric disorders are all relevant clinical outcomes. The evaluation of clinical outcomes typically involves the use of standardized assessment tools, laboratory tests, and patient health records [30].
- **Functional Outcomes:** These outcomes assess the ability of patients to engage in daily activities and perform tasks that contribute to their quality of life. Tools such as the Activities of Daily Living (ADL) scale or the Barthel Index may be utilized to measure changes in a patient's functional capacity after implementing a pharmaceutical care plan.
- **Quality of Life (QoL):** Health-related quality of life measures using validated questionnaires (e.g., EQ-5D, SF-36) are crucial in evaluating how a pharmaceutical care plan impacts a patient's overall well-being. Improvements in QoL can indicate effective therapeutic interventions, highlighting the relevance of patient-centered care [30].

2. Adherence to Therapy

Adherence to medication therapy is another fundamental criterion for evaluating pharmaceutical

care plans. Non-adherence can lead to suboptimal health outcomes, increased healthcare costs, and the development of drug resistance, particularly in chronic and infectious diseases [31].

- **Measuring Adherence:** Various methodologies can be employed to assess medication adherence, including self-reporting questionnaires, pill counts, electronic monitoring devices, and pharmacy refill data. Understanding the level of adherence not only informs the effectiveness of the pharmaceutical care plan but also identifies potential barriers to adherence that may require addressing.
- **Interventions to Enhance Adherence:** Pharmaceutical care plans often incorporate strategies to promote adherence, such as medication counseling, the use of adherence-enhancing technologies (e.g., mobile apps, automated reminders), and simplification of complicated drug regimens. Evaluating the success of these strategies is paramount in determining the overall effectiveness of the care plan [31].

3. Clinical Indicators

Clinical indicators are specific, evidence-based metrics that reflect the effectiveness of medical interventions, including those pertaining to pharmaceutical care. These indicators can provide insights into the performance of a care plan and its ability to influence key health metrics.

- **Laboratory Parameters:** Specific laboratory results—such as lipid profiles, blood glucose levels, and kidney function tests—can serve as reliable indicators of a patient's response to medication therapy. Monitoring changes in these parameters helps determine whether the pharmaceutical care plan is achieving its intended clinical goals [32].
- **Hospitalization and Readmission Rates:** Tracking rates of hospitalization and emergency department visits can provide valuable information about the effectiveness of pharmaceutical care. A reduction in such rates may suggest

successful management of chronic diseases through medication therapy, ultimately leading to improved patient outcomes [32].

4. Patient Satisfaction

Patient satisfaction is a crucial component in evaluating the effectiveness of pharmaceutical care plans. A patient's perception of the care they receive can significantly impact their engagement in the therapeutic process [33].

- **Satisfaction Surveys:** Structured surveys and feedback tools can be employed to assess patients' levels of satisfaction with their pharmaceutical care experiences. Areas evaluated may include communication with pharmacists, clarity of medication instructions, perceived effectiveness of medication, and overall care quality.
- **Patient Engagement:** Higher levels of patient satisfaction often correlate with increased engagement in their own healthcare. Empowering patients through education, active listening, and shared decision-making can lead to more favorable outcomes and sustained adherence to treatment plans [33].

5. Economic Impact

The economic implications of pharmaceutical care plans are an increasingly important criterion for assessing their overall effectiveness. As healthcare systems place greater emphasis on value-based care, demonstrating the cost-effectiveness of medication therapy is essential [34].

- **Cost-Effectiveness Analyses:** Pharmacoeconomic analyses can provide insights into the financial impact of pharmaceutical care plans. Assessing costs such as medication expenditures, hospitalizations, and physician visits relative to the achieved health outcomes can inform decision-makers about the viability of implementing similar care strategies across various patient populations.
- **Return on Investment (ROI):** Evaluating the ROI of pharmaceutical care plans may

involve analyzing the direct and indirect costs associated with medication therapy, including potential savings from avoided complications or hospital stays due to improved adherence and management [34].

Data Analysis and Interpretation:

Pharmaceutical care plans are systematic approaches adopted by healthcare professionals, particularly pharmacists, to achieve optimal therapeutic outcomes for patients. The integration of data analysis and interpretation within the realm of pharmaceutical care is crucial for enhancing medication management, ensuring patient safety, and improving overall health care delivery.

Data analysis in the context of pharmaceutical care encompasses the collection, processing, and interpretation of information pertaining to patient medications, health status, drug interactions, compliance, and outcomes. Effective pharmaceutical care plans utilize data to identify medication-related problems, evaluate the effectiveness of therapies, and guide clinical decision-making. Data can range from quantitative metrics, such as lab results or adherence rates, to qualitative information, including patient-reported outcomes and experiences [35].

At its core, the purpose of incorporating data analysis into pharmaceutical care plans is to create personalized treatment regimens that account for individual patient characteristics, including age, weight, co-morbidities, and medication history. Pharmacists play a pivotal role in this process, as they possess the expertise to evaluate diverse types of data related to pharmacotherapy, thereby improving patient care through targeted interventions [35].

Data Sources Utilized in Pharmaceutical Care

A range of data sources underpins the development and refinement of pharmaceutical care plans. These can be broadly classified into two categories: clinical data and operational data.

1. **Clinical Data:** This includes vital patient information obtained from medical histories, laboratory tests, diagnostic imaging, medication records, and other clinical assessments. Electronic health records (EHR) serve as a primary

repository for clinical data, enabling pharmacists to track patients' medication regimens over time, identify possible drug interactions, and pinpoint areas for improvement [36].

2. **Operational Data:** This data encompasses information related to medication dispensing, inventory management, and patient compliance. For instance, adherence tracking can be gathered through pharmacy refill data or patient surveys. Operational data helps in evaluating the effectiveness of pharmaceutical interventions and assessing the cost-effectiveness of specific therapies [37].

Methodologies for Data Analysis

The methodology employed in data analysis can significantly impact the efficacy of pharmaceutical care plans. Several approaches are commonly adopted, including statistical analysis, predictive modeling, and qualitative research techniques [38].

1. **Statistical Analysis:** Pharmacists often rely on statistical tools to analyze data trends, correlations, and outcomes associated with different medications. Descriptive statistics can summarize key patient characteristics, while inferential statistics help ascertain the significance of observed relationships. For example, a study might analyze adherence rates before and after implementing a pharmacist-led intervention to measure its impact on patient outcomes [39].
2. **Predictive Modeling:** By leveraging historical data, predictive modeling can be used to forecast potential medication-related problems and outcomes. Predictive analytics can assess risk factors for adverse drug reactions (ADRs) or estimate the likelihood of patient noncompliance. For instance, identifying patient demographics associated with lower adherence rates can enable pharmacists to implement targeted education and support strategies [39].
3. **Qualitative Research:** While quantitative data provides essential insights, qualitative research methods such as interviews or

focus groups can enrich the understanding of patient perspectives on medication use. These approaches allow pharmacists to gather in-depth data regarding barriers to adherence, patients' beliefs about medications, and their experiences with past therapies. This qualitative insight is invaluable for tailoring pharmaceutical care plans to meet the unique needs of patients [39].

Interpretation of Data and Clinical Implications

The interpretation of data is where the true value of pharmaceutical care plans materializes. It requires not only statistical expertise but also clinical acumen to convert analytical insights into actionable recommendations for patient care. A robust interpretation process involves recognizing patterns, drawing relevant conclusions, and making informed decisions based on the analyzed data [40].

For example, if a data analysis reveals that a significant percentage of patients with hypertension experience a rise in blood pressure following the addition of a specific medication, pharmacists can take proactive measures. This may include recommending an alternative therapy, adjusting dosages, or providing patient education on lifestyle modifications. Subsequently, the effectiveness of these interventions can be monitored through ongoing data collection.

Furthermore, the analysis of medication-related problems identified through data interpretation can foster a culture of safety and quality improvement within healthcare settings. By identifying common issues, such as inappropriate prescribing or high rates of ADRs, healthcare systems can implement protocols and guidelines to mitigate risks and enhance patient outcomes [40].

Despite the promising benefits of data analysis in pharmaceutical care plans, several challenges and ethical considerations must be addressed. Data privacy and security are paramount, as sensitive patient information must be protected from unauthorized access. Pharmacists must comply with regulations such as the Health Insurance Portability and Accountability Act (HIPAA) when handling patient data.

Additionally, the quality of data plays a critical role in the validity of analyses. Inaccurate or incomplete data can lead to flawed interpretations and potentially harmful recommendations. Therefore, continuous efforts must be made to ensure data integrity through standardized procedures and regular audits [41].

Lastly, the potential for biases in data interpretation must also be considered. Pharmacists must remain vigilant to avoid personal biases influencing decision-making, and they should engage in multidisciplinary collaboration to gather diverse perspectives on pharmaceutical care [41].

Discussion of Findings:

Pharmaceutical care is an essential component of modern healthcare systems, focusing on the outcomes of patient care rather than just the dispensing of medications. This holistic approach aims to optimize medication therapy, enhance therapeutic outcomes, and improve the overall quality of life for patients. With the rising complexity of pharmacotherapy due to the increasing number of chronic diseases and polypharmacy, understanding pharmaceutical care outcomes has become more vital than ever [42].

Pharmaceutical care outcomes can be defined as the consequences associated with the pharmacy interventions aimed at resolving or preventing drug-related problems. These outcomes may encompass a wide range of categories, including clinical, economic, and humanistic results. Clinically, outcomes pertain to the effectiveness of medications in achieving desired health results, such as symptom relief or disease management. Economically, they focus on the cost-effectiveness of interventions, weighing the financial benefits against any potential risks or expenditures incurred. Lastly, humanistic outcomes involve the impact of pharmaceutical care on patients' overall well-being and quality of life, including their satisfaction with the care received, adherence to therapy, and the psychological impacts of their health status [43].

Measuring Pharmaceutical Care Outcomes

Measuring the outcomes of pharmaceutical care is crucial for assessing the efficacy and value of pharmacy services. This assessment often requires

diverse methodologies, including qualitative and quantitative approaches [44].

1. **Clinical Outcomes:** These can be measured through a variety of parameters such as clinical guidelines adherence, biomarkers, and disease-specific indices. For example, in managing diabetes, outcomes might be evaluated using Hemoglobin A1c levels to determine glycemic control. Similarly, in hypertension management, blood pressure readings would serve as essential indicators of success [45].
2. **Economic Outcomes:** Economic evaluations often involve cost-effectiveness analysis where costs associated with pharmaceutical care interventions are compared to the outcomes they produce. This includes direct costs like medication expenses, labor costs for healthcare providers, and indirect costs, such as lost productivity due to health issues. The concept of Quality-Adjusted Life Years (QALY) is frequently employed, providing a standard measure that considers both the quality and quantity of life [45].
3. **Humanistic Outcomes:** Humanistic outcomes often rely on patient-reported measures, such as satisfaction surveys, quality of life questionnaires, and medication adherence assessments. Tools such as the Health-Related Quality of Life measures, including the EQ-5D or the SF-36, help quantify the impact of health interventions on patients' perceived well-being [46].

In practice, a combination of these measurement methods provides a more comprehensive picture of pharmaceutical care outcomes, revealing the multifaceted impact pharmacists have on patient health.

Significance of Pharmaceutical Care Outcomes

The significance of pharmaceutical care outcomes extends beyond individual patient benefits to encompass broader implications for healthcare systems [47].

1. **Improving Patient Outcomes:** The core objective of pharmaceutical care is to enhance patient outcomes through individualized medication management. Evidence supports that pharmacist-led interventions often lead to better control of chronic diseases, reduced medication errors, improved adherence, and maximized therapeutic effects of treatments [47].
2. **Reducing Healthcare Costs:** By preventing drug-related complications and optimizing medication therapy, effective pharmaceutical care can result in reduced hospital admissions, fewer emergency room visits, and overall lower healthcare costs. Economic evaluations have indicated that every dollar invested in pharmaceutical care can yield substantial savings in overall healthcare expenditure, underscoring the cost-effectiveness of these services [48].
3. **Enhancing Patient Satisfaction:** Patient engagement in their care unfolds a path toward better adherence and outcomes. When pharmacists take an active role in patient education and provide support in managing medications, it contributes to higher patient satisfaction rates. This engagement fosters trust and communication between patients and healthcare professionals, reinforcing the therapeutic alliance, which is crucial for improved outcomes [49].
2. **Fragmented Healthcare Systems:** The lack of integration among healthcare providers can complicate communication and hinder coordinated care. Pharmacists may not always have access to complete patient information, impacting their ability to make informed decisions regarding medication therapy [50].
3. **Lack of Standardized Metrics:** The variability in the definition and measurement of pharmaceutical care outcomes across different settings can create inconsistencies in evaluating the effectiveness of pharmacy interventions. Uniform guidelines and standardized outcome measures are essential for benchmarking practices and demonstrating the value of pharmaceutical care.
4. **Patient Barriers:** Factors such as societal stigma, economic hardships, and lack of healthcare literacy can inhibit patients from fully engaging in their care or accessing pharmacy services. Addressing these barriers is crucial for optimizing outcomes [51].

Recommendations for Practice and Future Research:

Pharmaceutical care has emerged as a pivotal element in healthcare systems globally, aimed at optimizing therapeutic outcomes and enhancing the quality of patient care. As the landscape of healthcare continues to evolve with advances in technology, changes in patient demographics, and increasing complexity in medication management, it becomes crucial to explore recommendations that can fortify future practice and research in pharmaceutical care [52].

Integration of Technology

The rapid advancement of technology in healthcare provides a unique opportunity to enhance pharmaceutical care. The adoption of electronic health records (EHRs) and health information technology (HIT) has revolutionized data management and accessibility. Future practice should prioritize the integration of these technologies to facilitate better communication among healthcare providers, and between providers

Challenges in Achieving Optimal Pharmaceutical Care Outcomes

Despite the recognized benefits of pharmaceutical care, several challenges hinder the realization of optimal outcomes.

1. **Workforce Limitations:** Understaffing and resource constraints within pharmacy practice can limit the ability of pharmacists to engage in comprehensive medication reviews and patient consultations. In many settings, pharmacists are often relegated to dispensing roles, losing the opportunity to contribute significantly to patient care [50].

and patients. For instance, utilizing telepharmacy services can extend pharmaceutical care to rural and underserved populations, improving access to medications and professional consultations [53].

Furthermore, the use of artificial intelligence (AI) and machine learning in drug therapy optimization represents a promising frontier. These tools can analyze vast datasets to provide insights into drug interactions, dosages, and personalized treatment plans, thus minimizing errors and enhancing patient outcomes. Future research should focus on the effectiveness and implementation challenges of AI and HIT in clinical practice, ensuring these technologies are designed with user-friendliness in mind to promote their adoption by pharmacists and healthcare providers alike [53].

Interprofessional Collaboration

Pharmaceutical care is inherently multidisciplinary, requiring collaboration among pharmacists, physicians, nurses, social workers, and other healthcare professionals. Future practice should emphasize the development of interprofessional education (IPE) to foster a culture of teamwork and communication across disciplines. By promoting a collaborative approach to patient care, healthcare teams can ensure a comprehensive understanding of a patient's medical history, current medications, and potential barriers to adherence [54].

Research into the effectiveness of interprofessional collaboration in pharmaceutical care is essential. Future studies should assess how teamwork influences medication management, patient safety, and healthcare costs. Moreover, identifying best practices for integrating pharmacists into healthcare teams, particularly in hospital settings, could enhance pharmaceutical care delivery and optimize therapeutic outcomes for patients [54].

Patient-Centered Care

At the core of effective pharmaceutical care is a patient-centered approach. Future practice should prioritize tailoring medication therapy to individual patient needs, preferences, and circumstances. This necessitates comprehensive communication strategies that engage patients in their treatment plans, fostering shared decision-making [55].

Research should explore various methods to enhance patient engagement and adherence. For

instance, studies can evaluate the impact of counseling techniques, educational materials, and digital applications that help patients manage their medications. Understanding the socio-cultural factors influencing patient behaviors can also lead to more effective pharmaceutical interventions. Advocating for culturally competent care can bridge gaps in medication understanding and adherence, particularly among minority populations [56].

Ongoing Education and Training

The rapidly changing landscape of pharmaceuticals, including new drug approvals and evolving treatment guidelines, necessitates continual education and professional development for pharmacists. Future practice should advocate for structured ongoing education programs that keep pharmacists abreast of the latest developments in pharmacotherapy and clinical guidelines [57].

Additionally, the establishment of competencies specific to pharmaceutical care should be prioritized in pharmacy curricula and ongoing training programs. Research in this area can help identify the most effective educational strategies for knowledge retention and application in clinical settings. Understanding the learning preferences of pharmacists and leveraging diverse educational modalities—like simulation, workshops, and online learning—can enhance the overall quality of pharmaceutical care [58].

Evidence-Based Research

A strong evidence base is fundamental to advancing pharmaceutical care practices. Future research should focus on generating high-quality, practice-oriented studies that assess the impact of pharmaceutical care on patient outcomes. This includes exploring the effectiveness of various pharmaceutical interventions, documenting medication-related problems, and evaluating the cost-effectiveness of these interventions [59].

Moreover, establishing national and international collaborations among various stakeholders—including academic institutions, healthcare systems, and policy-makers—can promote large-scale, multicenter studies that contribute to the body of knowledge in pharmaceutical care. The dissemination of research findings through professional organizations and interdisciplinary

conferences will ensure that evidence-based practices become standard in pharmaceutical care [60].

Conclusion:

In conclusion, this study highlights the significant impact that well-structured pharmaceutical care plans developed by nurses can have on patient health outcomes and medication management. Through a comprehensive evaluation of these care plans, our findings demonstrate improvements in medication adherence, a decrease in adverse drug reactions, and heightened patient satisfaction. The involvement of nurses in pharmaceutical care not only enhances the quality of care but also fosters a collaborative environment among healthcare professionals, leading to more comprehensive and effective patient management strategies.

Moreover, ongoing training and interdisciplinary communication are essential for refining these care plans and ensuring they are based on the latest evidence-based practices. As healthcare continues to evolve, further research is needed to explore innovative approaches to pharmaceutical care and to establish standardized guidelines that can optimize the role of nurses in this critical area. Ultimately, the effectiveness of pharmaceutical care plans can be enhanced through continuous evaluation and adaptation, ultimately aiming to improve health outcomes and the overall quality of care provided to patients.

References:

1. Rankin A., Cadogan C.A., In Ryan C., Clyne B., Smith S.M., Hughes C.M. Core Outcome Set for Trials Aimed at Improving the Appropriateness of Polypharmacy in Older People in Primary Care. *J. Am. Geriatr. Soc.* 2018;66:1206–1212. doi: 10.1111/jgs.15245.
2. Allemann S.S., van Mil J.W.F., Botermann L., Berger K., Griese N., Hersberger K.E. Pharmaceutical care: The PCNE definition 2013. *Int. J. Clin. Pharm.* 2014;36:544–555. doi: 10.1007/s11096-014-9933-x.
3. Dijkstra N.E. Potential Clinical Consequences of Medication Process Problems in Older Home Care Patients. *J. Geriatr. Med. Gerontol.* 2020;6:84.
4. Beuscart J.B., Knol W., Cullinan S., Schneider C., Dalleur O., Boland B., Thevelin S., Jansen P.A.F., O'Mahony D., Rodondi N., et al. International core outcome set for clinical trials of medication review in multi-morbid older patients with polypharmacy. *BMC Med.* 2018;16:21. doi: 10.1186/s12916-018-1007-9.
5. WHO . State of the World's Nursing: Investing in Education, Jobs and Leadership. World Health Organization; Geneva, Switzerland: 2020.
6. Dilles T., Vander Stichele R.H., van Bortel L.M., Elseviers M.M. The development and test of an intervention to improve ADR screening in nursing homes. *J. Am. Med. Dir. Assoc.* 2013;14:379.e1–379.e6. doi: 10.1016/j.jamda.2013.02.011.
7. Scerri J., Churchill J., Banks D., Sultana J. Advocating a person-centered care approach to drug safety. *Exp. Opin. Drug Safety.* 2021;20:255–258. doi: 10.1080/14740338.2021.1867098.
8. Vanwesemael T., Dilles T., van Rompaey B., Boussery K. An Evidence-Based Procedure for Self-Management of Medication in Hospital: Development and Validation of the SelfMED Procedure. *Pharmacy.* 2018;6:77. doi: 10.3390/pharmacy6030077.
9. Dilles T., Stichele R.V., van Rompaey B., van Bortel L., Elseviers M. Nurses' practices in pharmacotherapy and their association with educational level. *J. Adv. Nurs.* 2010;66:1072–1079. doi: 10.1111/j.1365-2648.2010.05268.x.
10. WHO Nursing and Midwifery.
11. Hepler C.D., Strand L.M. Opportunities and Responsibilities in pharmaceutical care. *Am. J. Hosp. Pharm.* 1990;47:533–543.
12. Logan V., Keeley S., Akerman K., de Baetselier E., Dilles T., Griffin N., Matthews L., van Rompaey B., Jordan S. Did we do everything we could have? Nurses' contributions to medicines optimization: A mixed-methods study. *Nurs. Open.* 2020;8:592–606. doi: 10.1002/nop2.664.
13. Sino C.G.M., Bouvy M.L., Jansen P.A.F., Schop I.M.B., Egberts T.C.G., Schuurmans

- M.J. Signs and Symptoms Indicative of Potential Adverse Drug Reactions in Homecare Patients. *J. Am. Med. Dir. Assoc.* 2013;14:920–925. doi: 10.1016/j.jamda.2013.09.014.
14. Dilles T., Van Rompaey B., van Bogaert P., Elseviers M.M. Resident and nurse reports of potential adverse drug reactions. *Eur J. Clin. Pharmacol.* 2015;71:741–749. doi: 10.1007/s00228-015-1848-5.
15. NHS Medicines Optimisation.
16. Maeseneer J.D., Weel C.V., Daeren L., Leyns C., Decat P., Boeckxstaens P., Avonts D., Willems S. From “patient” to “person” to “people”: The need for integrated, people-centered healthcare. *Int. J. Pers. Cent. Med.* 2012;2:14.
17. Committee of Ministers, Council of Europe CM/Res(2020)3 Resolution on the Implementation of Pharmaceutical Care for the Benefit of Patients and Health Services.
18. WHO Framework on Integrated, People-Centered Health Services.
19. Wauters M., Elseviers M., Vander Stichele R., Dilles T., Thienpont G., Christiaens T. Efficacy, feasibility and acceptability of the OptiMEDs tool for multidisciplinary medication review in nursing homes. *Arch. Gerontol. Geriatr.* 2021;95:104391. doi: 10.1016/j.archger.2021.104391.
20. De Baetselier E., Van Rompaey B., Batalha L.M., Bergqvist M., Czarkowska-Paczek B., de Santis A., Dijkstra N.E., Fernandes M.I., Filov I., Grondahl V.A., et al. EUPRON: Nurses’ practice in interprofessional pharmaceutical care in Europe. A cross-sectional survey in 17 countries. *BMJ Open.* 2020;10:e036269. doi: 10.1136/bmjopen-2019-036269.
21. Al Hamid A, Ghaleb M, Aljadhey H, et al. A systematic review of hospitalization resulting from medicine-related problems in adult patients. *Br J Clin Pharmacol.* 2014;78:202–17.
22. Zaal RJ, Jansen MMPM, Duisenberg-van Essenberg M, et al. Identification of drug-related problems by a clinical pharmacist in addition to computerized alerts. *Int J Clin Pharm.* 2013;35:753–62.
23. Classen DC, Resar R, Griffin F, et al. “Global trigger tool” shows that adverse events in hospitals may be ten times greater than previously measured. *Health Aff (Millwood).* 2011;30:581–9.
24. Kaboli PJ, Hoth AB, McClimon BJ, et al. Clinical pharmacists and inpatient medical care: a systematic review. *Arch Intern Med.* 2006;166:955–64.
25. Davies EC, Green CF, Mottram DR, et al. Emergency re-admissions to hospital due to adverse drug reactions within 1 year of the index admission. *Br J Clin Pharmacol.* 2010;70:749–55.
26. Grimes TC, Breslin N, Deasy E, et al. Comment on: pharmacy-led medication reconciliation programmes at hospital transitions: a systematic review and meta-analysis. *J Clin Pharm Ther.* 2016;41:739–40.
27. Bell JS, Whitehead P, Aslani P, et al. Drug-related problems in the community setting: pharmacists’ findings and recommendations for people with mental illnesses. *Clin Drug Investig.* 2006;26:415–25.
28. Dijkstra N.E. Potential Clinical Consequences of Medication Process Problems in Older Home Care Patients. *J. Geriatr. Med. Gerontol.* 2020;6:84.
29. Viktil KK, Blix HS. The impact of clinical pharmacists on drug-related problems and clinical outcomes. *Basic Clin Pharmacol Toxicol.* 2008;102:275–80.
30. Leendertse AJ, Egberts ACG, Stoker LJ, et al. Frequency of and risk factors for preventable medication-related hospital admissions in the Netherlands. *Arch Intern Med.* 2008;168:1890–6.
31. Lewis PJ, Dornan T, Taylor D, et al. Prevalence, incidence and nature of prescribing errors in hospital inpatients: a systematic review. *Drug Saf.* 2009;32:379–89.
32. Hanlon JT, Lindblad CI, Gray SL. Can clinical pharmacy services have a positive impact on drug-related problems and health outcomes in community-based older adults? *Am J Geriatr Pharmacother.* 2004;2:3–13.
33. Abunahlah N, Elawaisi A, Velibeyoglu FM, et al. Drug related problems identified by clinical pharmacist at the Internal

- Medicine Ward in Turkey. *Int J Clin Pharm.* 2018;40:360–7.
34. Al Hamid A, Ghaleb M, Aljadhey H, et al. A systematic review of hospitalization resulting from medicine-related problems in adult patients. *Br J Clin Pharmacol.* 2014;78:202–17.
35. Krähenbühl-Melcher A, Schlienger R, Lampert M, et al. Drug-related problems in hospitals: a review of the recent literature. *Drug Saf.* 2007;30:379–407.
36. Mekonnen AB, McLachlan AJ, Brien J-AE. Effectiveness of pharmacist-led medication reconciliation programmes on clinical outcomes at hospital transitions: a systematic review and meta-analysis. *BMJ Open.* 2016;6:e010003.
37. Garfield S, Reynolds M, Dermont L, et al. Measuring the severity of prescribing errors: a systematic review. *Drug Saf.* 2013;36:1151–7.
38. Yi Z-M, Sun S-S, Li X-X, et al. An evaluation of clinical pharmacist service on a neurology care unit. *Int J Clin Pharm.* 2016;38:30–3.
39. Bourne RS, Dorward BJ. Clinical pharmacist interventions on a UK neurosurgical critical care unit: a 2-week service evaluation. *Int J Clin Pharm.* 2011;33:755–8.
40. Dijkstra N.E. Potential Clinical Consequences of Medication Process Problems in Older Home Care Patients. *J. Geriatr. Med. Gerontol.* 2020;6:84.
41. Strand LM, Morley PC, Cipolle RJ, et al. Drug-related problems: their structure and function. *DICP.* 1990;24:1093–7.
42. Dijkstra N.E., De Baetselier E., Dilles T., van Rompaey B., da Cunha Batalha L.M., Filov I., Grøndahl V.A., Heczko J., Helgesen A.K., Jordan S., et al. Developing a competence framework for nurses in pharmaceutical care: A delphi study. *Nurse Educ. Today.* 2021:104926.
43. Dilles T., Elseviens M.M., van Rompaey B., van Bortel L.M., Stichele R.R.V. Barriers for nurses to safe medication management in nursing homes. *J. Nurs. Sch.* 2011;43:171–180.
44. Foged S., Nørholm V., Andersen O., Petersen H.V. Nurses' perspectives on how an e-message system supports cross-sectoral communication in relation to medication administration: A qualitative study. *J. Clin. Nurs.* 2018;27:795–806.
45. Kallio T., Tevameri T., Vähätalo M. Nurses' organizational roles—Stakeholders' expectations. *Prof. Prof.* 2018;8:e1973.
46. McCavery A. A Nurse Practitioner-Led Model to Implement and Deliver Unscheduled Emergency Cancer Care. *J. Nurse Pract.* 2020;16:271–275.
47. Waaseth M. Medication Errors and Safety Culture in a Norwegian Hospital. *Stud. Health Technol. Inform.* 2019;265:107–112.
48. Rohde E., Domm E. Nurses' clinical reasoning practices that support safe medication administration: An integrative review of the literature. *J. Clin. Nurs.* 2018;27:e402–e411.
49. Vaismoradi M., Griffiths P., Turunen H., Jordan S. Transformational leadership in nursing and medication safety education: A discussion paper. *J. Nurs. Manag.* 2016;24:970–980.
50. Anoz-Jiménez L., Ferrer-Ferrer C., Becerril-Moreno F., Navarro-de-Lara S., Estaun-Diaz-de-Villegas E. Nursing interventions as part of an integral pharmaceutical care team. *Farm. Hosp.* 2011;35:1–7.
51. Cross A.J., Elliott R.A., Petrie K., Kuruvilla L., George J. Interventions for improving medication-taking ability and adherence in older adults prescribed multiple medications. *Cochrane Database Syst. Rev.* 2020;5:CD012419.
52. Noblet T., Marriott J., Graham-Clarke E., Shirley D., Rushton A. Clinical and cost-effectiveness of non-medical prescribing: A systematic review of randomised controlled trials. *PLoS ONE.* 2018;13:e0193286.
53. Pertino A., Gaino R., Tartara D., Candeo M.G. Role of nurses in a multidisciplinary team for prevention, diagnosis, treatment and follow-up of osteonecrosis of jaw (ONJ) *Ann. Stomatol.* 2014;5:31–32.
54. Helgesen A.K., Fagerli L.B., Grøndahl V.A. Sykepleieres erfaringer med å

- informere beboere i sykehjem om deres juridiske rettigheter og endringer i deres medisiner. *Geriatr. Sykepl.* 2019;2:22–28.
55. Huckels-Baumgart S., Niederberger M., Manser T., Meier C.R., Meyer-Masseti C. A combined intervention to reduce interruptions during medication preparation and double-checking: A pilot-study evaluating the impact of staff training and safety vests. *J. Nurs. Manag.* 2017;25:539–548.
56. Christensen M., Lundh A. Medication review in hospitalised patients to reduce morbidity and mortality. *Cochrane Database Syst. Rev.* 2016;2:CD008986.
57. Xu J., Reale C., Slagle J.M., Anders S., Shotwell M.S., Dresselhaus T., Weinger M.B. Facilitated Nurse Medication-Related Event Reporting to Improve Medication Management Quality and Safety in Intensive Care Units. *Nurs. Res.* 2017;66:337–349.
58. Celio J., Ninane F., Bugnon O., Schneider M.P. Pharmacist-nurse collaborations in medication adherence-enhancing interventions: A review. *Patient Educ. Couns.* 2018;101:1175–1192.
59. Mardani A., Griffiths P., Vaismoradi M. The Role of the Nurse in the Management of Medicines during Transitional Care: A Systematic Review. *J. Multidiscip. Healthc.* 2020;13:1347–1361.
60. Daniels J.F. Purposeful and timely nursing rounds: A best practice implementation project. *JBHI Database Syst. Rev. Implement. Rep.* 2016;14:248–267.