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Research Article

COOPERATION BETWEEN THE NURSE AND THE PHARMACIST IN SUPPLYING MEDICATIONS TO THE HEALTH FACILITY

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Abstract:

The study aimed to, find out what is, the relationship of the nurse and the role assigned to him in the matter of medicines, the relationship of the pharmacist in the matter of securing medicines for departments of the health facility, the extent of cooperation and coordination between the pharmacist and the various technical groups in the matter of medicines.. A questionnaire was created via the Google Drive program and distributed via social media (WhatsApp) to the targeted, who are health practitioners in Mecca, 750 questionnaires were distributed, and 700 responses were obtained from this questionnaire (residents of Mecca between 25-55 years).

Keywords: Cooperation between the nurse and the pharmacist, in supplying medications, health facility.

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1-INTRODUCTION:

Over the past decade, healthcare professionals (HCPs) have increasingly be crushed by the burden and complication of chronic illness care which has outcome in a high proportion of patients experiencing suboptimal sickness department.⁽¹⁾ One of the concepts advanced in an attempt to improve chronic illness administration in primary care contains 'collaboration' (research in the area of 'collaboration' is often indicated to in terms of a different of terms that include coordinated, interprofessional, interdisciplinary, multidisciplinary and team-based health care); that is, 'the process in which different professional groups work together to positively impact health care'.⁽²⁾ The effect of collaboration on patient outcomes has been studied in many illness states and in variety groups of a team-based neared to health care for over a decade.^(3,4) In the primary care setting, pharmacist and physician collaborations have reported successful results with regards to cholesterol lowering and cardiac dander reduction, blood pressure control, diabetes department, heart-failure management, depression, ache, asthma control and palliative care.⁽⁵⁻¹⁵⁾ In Australia, the importance of collaboration in primary healthcare delivery has been acknowledged by the Commonwealth Government through the availability of two funding models for collaboration: ⁽¹⁶⁾ the Enhanced Primary Care (EPC) programme, which reimburses medical practitioners for developing care plans for chronically ill patients that involve at least two other HCPs and the Home Medication Review (HMR; also known as DMMR or Domiciliary Medication Management Review), which reimburses medical practitioners and pharmacists for, respectively, initiating and completing comprehensive drug reviews. Despite the proof supporting collaboration and the funding models available to enhance collaboration, international and Australian data refers that minimal collaboration occurs in primary care and that links between general practice and allied health, including pharmacy, are poorly developed. ^(2,17,18-22) According to the definition of Cipolle et al., pharmaceutical care is 'a patient-centered practice in which the practitioner assumes responsibility for a patient's medicine-related needs and is held accountable for this commitment' ⁽²³⁾. A significant tool for pharmaceutical care is regular medication reviews or drug reconciliation next to the assessment of patient needs and the development of a care plan. A drug review is determined as 'a structured, critical examination of a patient's medicines with the objective of reaching an agreement with the patient about treatment, optimizing the cause of medicines, minimizing the number of medication-related

problems and miming waste' ⁽²⁴⁾. Medication reconciliation is defined as 'the process of obtaining and maintaining a complete and accurate list of the current medication use of a patient across healthcare settings' ⁽²⁵⁾. In 2002, the Medicines Partnership defined four levels of medication review ⁽²⁴⁾. An ad hoc review (level 0) consists of an isolated question to a patient. A prescription review (level 1) is a review of a patient's medicine by a pharmacist. A treatment review (level 2) requires cooperation between pharmacist and GP (or medical specialist) to review a patient's medicines with the patient's full notes. Finally, a clinical medication review (CMR; level 3) demands face-to face cooperation between pharmacist and/or GP and the patient in order to review a patient's medicines and conditions. When performing a higher level of medication review, cooperation must increase. In 2008, the four levels were reviewed and redefined to three kinds in order to focus on the purpose of medication review ⁽²⁶⁾. One important cause was that medicines use review (MUR), a new development in medication review services, did not fit within the previously defined levels of drug review. A MUR is conducted with the patient (level 3) but without access to the patient's full notes (level 2). In this new classification, prescription review (type 1), concordance and compliance review (type 2) and clinical medication review (type 3) are defined (Table 1) ⁽²⁶⁾. However, we believe not all different kinds of medication review are covered within these new defined types of medication reviews, e.g. the former level 2, treatment review, where a pharmacist cooperates with a GP to review the patient's medicines with the patient's full notes. Several classifications of medicine review activities are being used but none covers all different activities. One similarity is that both the highest level and/or type of medication review requires the patient's presence.

2-MATERIAL AND METHODS:

The study started in (the holy city of Mecca in Saudi Arabia), began writing the research and then recording the questionnaire in July 2022, and the study ended with data collection in November 2022. The researcher used the descriptive analytical approach that uses a quantitative or qualitative description of the social phenomenon (Cooperation between the nurse and the pharmacist in supplying medications to the health facility). This kind of study is characterized by analysis, reason, objectivity, and reality, as it is concerned with individuals and societies, as it studies the variables and their effects on the health of the individual, society, and consumer, the spread of diseases and their relationship to

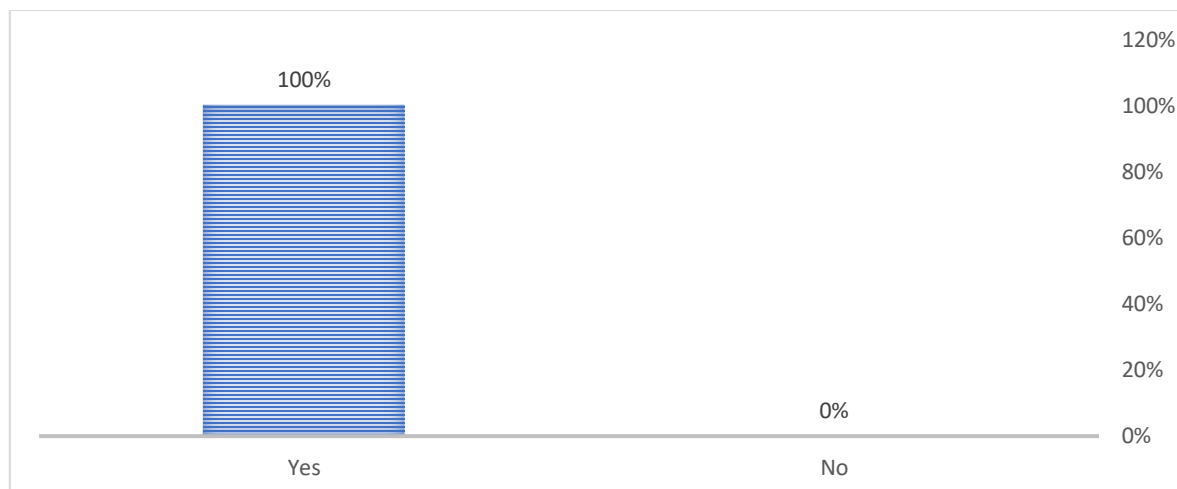
demographic variables such as age, gender, nationality, and marital status. Status, occupation ⁽²⁷⁾, And use the Excel 2010 Office suite histogram to arrange the results using: Frequency tables Percentages ⁽²⁸⁾. A questionnaire is a remarkable and helpful tool for collecting a huge amount of data, however, researchers were not able to personally interview participants on the online survey, due to social distancing regulations at the time to prevent infection between participants and researchers and vice versa (not coronavirus participation completely disappearing from society). He only answered the questionnaire electronically, because the questionnaire consisted of ten questions, all of which were closed. The online approach has also been used to generate valid samples in similar studies in Saudi Arabia and elsewhere ⁽²⁹⁾ (figure No.1).

3- RESULTS AND DISCUSSION:

The total percentage of those who agreed to the research questionnaire was 100%, and the percentage of those who were blind was as follows: those aged 25-34 years and those aged 35-44 years (equal) were 42.9%, while those aged 45-55 years were 14.3%. The gender of the participants was male and female, as follows: 71.4% male, while 28.6% female. As for their professions, they were as follows: student 0%, government employee 100%, private sector employee 0%, housewife 0%, self-employed 0%, and (does not work) 0%. As for their educational status, it was as follows: neither read nor write 0%, primary 0%, intermediate 0%, secondary 0%, diploma 28.6%, university 57.1%, doctorate 14.3%. When moving to the answers and responses of the participants in the questionnaire, they were as follows: The first question: What is among the responsibilities of the pharmacist in the health facility, taking care of medications and supplying their departments? Yes 100% and no 0%. The second question: Who among the nurse's responsibilities is obtaining medications, storing them, preparing them, administering them, documenting them, and monitoring their effect on patients? Yes 100% and no 0%. The third question:

What is the traditional (nursing) matter for the nurse to inventory the medicines in the health facility department he is responsible for, and submit a request for the necessary medicines permanently or on a form to the hospital pharmacist? Yes 100% and no 0%. The fourth question: Is the hospital pharmacist able to prepare different dosage forms for special medications? Yes 100% and no 0%. The fifth question: Are addictive medications subject to law and therefore control, and are only dispensed by the responsible nurse or treating physician? Yes 85.7% and no 14.3%. The sixth question about the medication form includes: the name of the medication, its pharmaceutical form, its strength, and its required quantity? Yes, 100% and no, 0%. The seventh question: About drugs that cause addiction and require the signature of the treating physician, such as: morphine, diamorphine, papaverine, cocaine, pethidine, methadone, dexamuramide, buprenorphine, barbiturates, and amphetamines? Yes 100% and no 0%. The eighth question: Does some hospitals subject other medications, such as tranquilizers and antidepressants, in addition to alcohol, to control so that they are not misused? Yes 100% and no 0%. The ninth question: Does the nurse in charge of the department keep a key (a locked safe designated for controlled medications), and some medications can be dissolved in a solution before giving them through needles, and added to the intravenous infusion solution? Yes 100% and no 0%. The tenth question about not keeping the solution in the needle, when using it after a period of more than 6 hours? Yes 100% and no 0%. The eleventh question: Does the medication patch contain the following information: the patient's name, room number, name of the medication, its strength, quantity, date of dispensing, necessary warnings, and the pharmacist's signature? Yes 100% and no 0%. The last question: Does the nurse monitor the medication after giving it to the patient, by measuring the patient's temperature, blood pressure, pulse, urinary output, or urine test to detect glucose or proteins, for example? Yes 100% and no 0%.

Figure No.1: Participants' opinions about cooperation between the nurse and the pharmacist on the issue of medications in the health facility



4-CONCLUSION:

We conclude from this study that, The importance of cooperation between patients and the pharmacist regarding the issue of securing medications for hospital departments according to the request of the treating physician, and coordination while doing so, because cooperation while will be in the interest of patients in particular, and the hospital and its reputation in particular.

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