



CRITICAL ANALYSIS OF THE ROLE OF PHARMACY ASSISTANTS IN MEDICATION RECONCILIATION PROCESSES.

Faya Saleh Awad Al Qahtani^{1*}, Saeed Mohammad Saeed Al Qahtani², Shaya Salman Mesfer Al-Qahtani³, Mohammed Saleh J Alghubari⁴, Hamad Saeed Salem Al-Thibah⁵, Hadi Bin Hussain Mohammed Alshahy⁶, Mohsen Azzan Ali Al Khuraym⁷, Amer Azzan Ali Alkhurim⁸

ABSTRACT

Under the perception of medication, medication reconciliation is an instrumental process in medical settings to save the precision and safety of patients' drugs. Pharmacy assistants seriously contribute to the process of medication reconciliation, though the level of their participation and the range of functions performed may differ among hospitals. This piece delves into the critical analysis of pharmacy assistants' role in the medication reconciliation process. Furthermore, the responsibilities, difficulties, and role in patient care delivery will be examined. Through a literature review involving some case studies, this study drew up an analysis that demonstrates the usefulness of pharmacy technicians in the medication reconciliation process as well as the limitations that need to be accommodated. The approach to channeling pharmacy assistants' role in medication reconciliation procedures is also highlighted, and staff safety, as well as health outcomes, are considered in this regard.

Keywords: Medication reconciliation, pharmacy assistants, patient safety, healthcare, medication management.

^{1*}Ministry of Health, Saudi Arabia Email:- fayasa@moh.gov.sa

²Ministry of Health, Saudi Arabia Email:- Salqhtani5@moh.gov.sa

³Ministry of Health, Saudi Arabia Email:- Shayasa@moh.gov.sa

⁴Ministry of Health, Saudi Arabia Email:- Msalghubari@moh.gov.sa

⁵Ministry of Health, Saudi Arabia Email:- halthibah@moh.gov.sa

⁶Ministry of Health, Saudi Arabia Email:- halshahy@moh.gov.sa

⁷Ministry of Health, Saudi Arabia Email:- MoAlKhuraym@moh.gov.sa

⁸Ministry of Health, Saudi Arabia Email:- aalkhurim@moh.gov.sa

***Corresponding Author:** Faya Saleh Awad Al Qahtani

*Ministry of Health, Saudi Arabia Email:- fayasa@moh.gov.sa

DOI: 10.53555/ecb/2022.11.7.93

INTRODUCTION

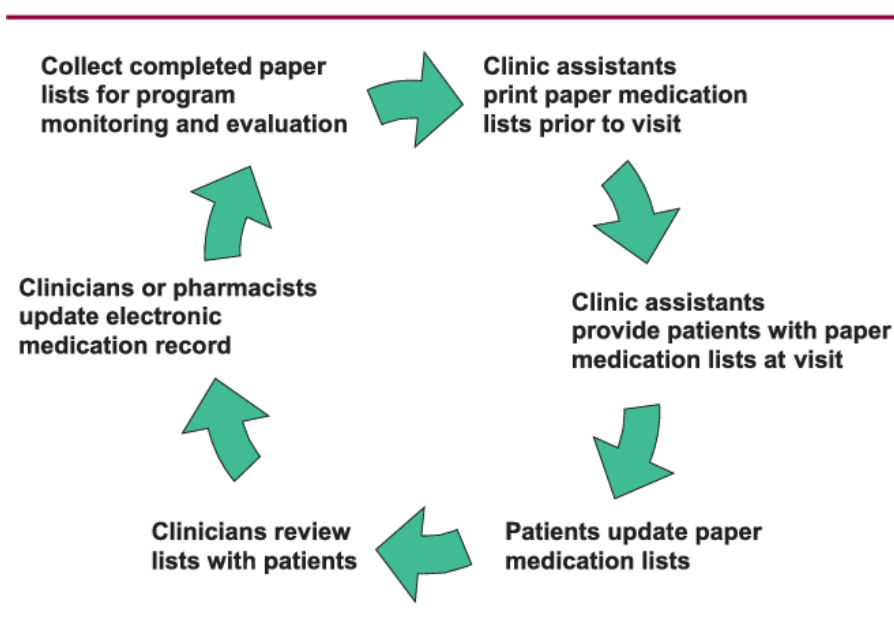
The procedure of medication reconciliation is complicated and includes:

- The correct registration and review of patients' full medication histories.
- The prevention of discrepancies in the transfer process of care.
- The reduction of medication errors.

Pharmacy technicians are the key people in the multidisciplinary team, and they perform critical functions in the medication reconciliation processes. The pharmacy technicians' duties may

be divided into the following main parts: they would obtain patients medical information from patients, careers, and other healthcare providers; verify these medication lists; and inform the pharmacists and other members of the medical team of the presence of any discrepancies (van der Nat et.,al 2021). Yet, it is still unclear what a respective pharmacy assistant's role in medication reconciliation is, and their influence on patient outcomes may be different within different organizations' structures of systems, workflow, and human resources.

Figure 1 from Medication reconciliation Medication Reconciliation Process



(van der Nat et.,al 2021).

BODY

Pharmacy assistants play a key role in medication reconciliation.

The critical role of the pharmacy technicians is to integrate the medication reconciliation processes, ensuring that the exactness and safety of the patients' medication routines are ensured. This position encompasses various tasks and responsibilities, ranging from recording the comprehensive meds list to addressing the inconsistencies in the meds list. In addition, the medical assistants help facilitate communication between other healthcare team members, allowing the smooth transmission of information and resolution of drug-related problems.

Responsibilities and Duties:

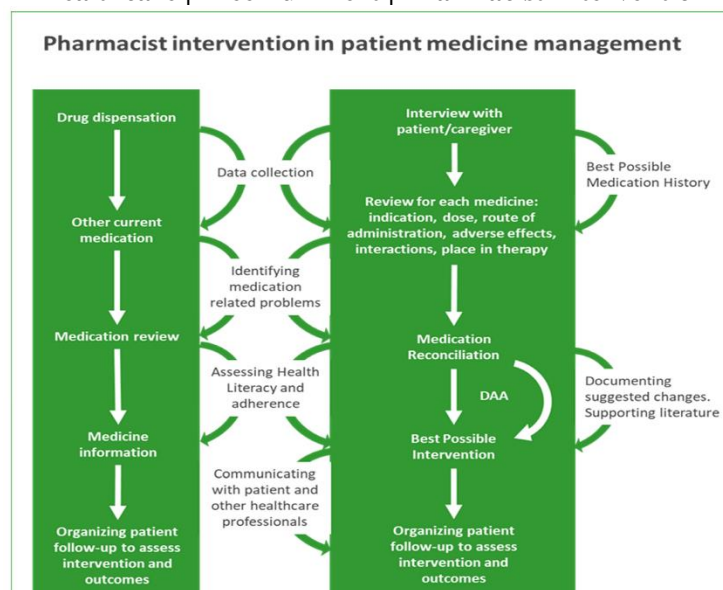
While medication reconciliation is one of the top things pharmacy assistants do, other

responsibilities include accurately recording patient's medication history in the database. For starters, it involves researching various kinds of medications (both prescription and over-the-counter) in addition to dietary supplements that patients may be taking. Pharmacy assistants need to process this information seriously in order to get appropriate medication lists for patients individually.

Furthermore, pharmacy assistants take part in the resolution of anomalies among the medication lists gathered from different sources, like patients, careers, and health care providers. Actions are likely to differ since the reasons for changes can be disparate, like switching to a different dose, frequency, or notification that might be missed. Pharmacy assistants are of great significance in identifying unusual drug discrepancies by checking patient medication orders, requesting said orders

with patients and healthcare providers, and recording any dosage changes made to a patient's medication list.

Healthcare | Free Full-Text | Pharmacist Intervention



(Petrovich et.,al 2021).

Moreover, pharmacy helps record deviations from a patient's treatment plan and arrange an appropriate communication channel to include all the healthcare professionals who are dealing with that patient. It may include shifting EHRs, contacting pharmacists or nurses, and educating patients and their families about their treatments.

Collaboration with the Healthcare Team:

Communicating and working with other health professionals are significant parts of the medication reconciliation protocol followed by pharmacy assistants. Pharmacy technicians collaborate with pharmacists, nurses, physicians, and other health care workers with the goal of verifying the authenticity of the list of medications and also resolving any conflict of medication(s) or doubts.

Pharmacy assistants work closely with pharmacists to manage medication orders, explain patients' prescription instructions, and answer field questions about their medication schedules; I also assisted nursing teams in carrying out accurate and safe medication administration processes. Pharmacy assistants, on the other hand, may correspond with physicians or other sources of prescribing and clarify some medication orders, or they may be willing to discuss any changes to the patient's treatment plans.

Moreover, pharmacy assistants can also establish interdepartmental or multidisciplinary cooperation or work together with other healthcare providers in specialized conversation sessions in order to diagnose and solve complex medication problems.

One of the key factors for better monitoring and resolution of medication inconsistency is the interaction and teamwork of health providers. This helps guide patients to take their medications correctly and to avoid medication errors and unnecessary hospitalization.

Pharmacy aides are indispensable parts of drug interaction resolution procedures and contribute to the precision element of medication dosages and patient safety. As a patients' their duties and tasks, in addition to the interface with all members of the health care team, pharmacy assistants contribute to timely and adequate medication therapy.

Pharmacy assistants face the following challenges:

Pharmacy technicians are the backbone of medication reconciliation processes, but many risks surround their activities as the fulfillment of their tasks could be hampered. Such issues involve various factors, such as the scarcity of time, documentation challenges, a lack of a clear educational pathway, and inefficient medication reconciliation process training.

Time Constraints

Among the main obstacles encountered by pharmacy assistants while performing medication reconciliation is the workers' need for more time, workers' an extremely common practice within clinical facilities that are highly busy and have high patient volumes. As pharmacy support staff wear several hats and process various duties within very tight timeframes, it is often difficult to uphold the

full-scale process of medication reconciliation. The fast-intense demands of nurses to complete tasks within a specified time frame may affect the accuracy and completeness of medication histories, which might lead to errors and omissions in their medication lists.

On top of this, the service demand of pharmacy assistants may fluctuate from hour to hour, often with peak periods of activity directly depending on busy clinic hours or medication dispensing times in the morning. This, in turn, may put tension on hold and increase the risks of errors or omissions when comparing medications (Petrovich et.,al 2021).

Documentation Burden:

Nevertheless, the variety of documentation that should be generated during an intake process can be overwhelming; hence, it is a challenge to maintain a profile of an up-to-date and accurate medication record. The condition of pharmacy assistants with the documentation system may become worse if the volume of tasks is too much to handle, for instance, during the peak period of pharmacy activity. Another issue worth mentioning is the presence of irregularities in the medication records that may occur due to inaccuracies committed by medical personnel or a patient reporting an incomplete history of his condition.

Training and Education

Lack of training and education about workflow processes has been one of the main problems for pharmacy assistants. While working in the department of pharmacy, pharmacy assistants get their training in many aspects of the pharmacy system, namely the dispensing of medicines and the process of patient counseling. However, they may acquire a restricted scope of the prescribed drug procedures, which is a key component in this field. These gaps will cause a shortage of information and will not make people understand the significance of medication reconciliation and its direct impact on patient safety implementation.

Besides, one of the challenges is that pharmacy assistants may need to be more knowledgeable about optimal methods and medication guidelines for the reconciliation of medications. Therefore, they cannot do their tasks appropriately. One of the causes of such discrepancies may be the need for more training and education of healthcare professionals. This may lead to variations in the quality of medication histories and, accordingly, inaccurate medication reconciliation practices across different healthcare settings as well.

To recap, pharmacy support staff members are exposed to several challenges. The nature of pharmacy processes ranges from a lack of time to a

large load of recordings and insufficient training and learning. Solving this problem requires some actions that would help pharmacy technicians perform their duties in the best possible way, like workflow process optimization, resource and support supply, and offering comprehensive education and training in the process of reconciling medications. Healthcare organizations must address the challenges above to enhance the effectiveness and reliability of medication history processes, a crucial factor in achieving healthcare outcomes.

Impact on Patient Care

The pharmacy assistants participate mostly in the medication reconciliation activity, thus gradually improving patient care due to safety issues and continuity of care. This process involves checking the patient medication list accurately and providing help to providers as they change care settings. This process is very important because it contributes to the faster recovery of patients and improved quality of care (Redmond et.,al 2020).

Patient Safety

The roles play a highly important role in the medication reconciliation processes as far as patient safety issues are concerned. In this case, pharmacy assistants, besides checking patients' prescriptions or over-the-counter products, also handle their medication data, including supplements. Through the process of carefully documenting those peculiarities and pinpointing the discrepancies within the drug lists that came from different sources, the pharmacy assistants help to reduce the probability of medication errors and adverse drug events to a minimum.

Establishing precise medication lists is crucial to providing a clear way to be free of medication-related harm and ensure patient safety. The inaccuracies in medication histories could be a source of ineffective, improperly dosed, or medicine-related interactions, thus increasing the rate of negative events. Pharmacy assistants are crucial in identifying and eliminating medication errors by paying close attention to details and maintaining accurate medication records. This ultimately leads to improved safety for the patient. Firstly, pharmacy assistants demonstrate hospitality to pharmacists and other health team members by verifying medication orders, clarifying prescription medication instructions, and answering any questions or concerns related to patients' medication schedules. Through effective interaction among co-healthcare providers, communication and collaboration further promote

drug use safety by allowing the proper and accurate use of medications.

Continuity of Care

Moreover, pharmacy assistants' participation in medication reconciliation processes will ensure patient safety and the effective delivery of care that patients undergoing different settings of care will enjoy. Therefore, unambiguous drug reconciliation allows us to get accurate and relevant information on the drugs from several dissimilar healthcare units, like hospitals, clinics, and long-term institutions.

Pharmacy assistants serve as crucial human links in making a patient's care experience at home smooth. They accomplish this by serving as intermediaries for healthcare providers, ensuring effective communication of patients' medication information and thorough documentation in their medical records. This maintains care continuity through the use of electronic health records that include patients' medication history, allergies, and treatment preferences, which aids healthcare professionals in making the correct decisions concerning medication management.

To be more specific, pharmacy assistants could help and teach the patients and their careers regarding the best way of taking their medication, like its administration technique, the possible side effects, and the need for their medications to be well taken. Educational initiatives conducted by pharmacy assistants encourage patients to play an active role in maintaining their health and medication schedules. As a result, the health of the patients improves, and medical care becomes stable (Rojas-Ocaña et.,al 2023, May).

Finally, pharmacy assistants are a large part of the medication reconciliation process, which not only contributes to patient safety but also ensures the right medicine is taken to maintain continuity of care. Through their involvement in the maintenance of the correctness of patients' medicine lists and the utilization of the integrated approach in switching patients' care from one healthcare unit to another, pharmacy assistants make a significant contribution to the prospects of improved treatment results and elevated quality of care that is provided to patients in healthcare facilities. When pharmacy assistants are acknowledged for their role in medication reconciliation and are given space and resources to strive for improvements in this area, these health organizations can only take a step further towards safer and more seamless care for patients.

Optimising the Role of Pharmacy Assistants

The discretion of the pharmacy assistants is pivotal to medication reconciliation, and this needs to be

optimized as a means of improving the efficiency and accuracy of medication management methods. Several key approaches can engross pharmacy assistants in medication reunification and improve treatment results.

Training and Education

Through training, education, and ensuring proficiency in medication reconciliation, pharmacy assistants will have the knowledge and skills to do medication reconciliation effectively. Training classes, including medication processes, should be the same, like how the medications are listed, where any discrepancy takes place, and also the ways of updating changes to the medication to be documented. Continuing education programs will be in place so that pharmacy assistants can update their information on the latest trends and effective methods of operation. They are also required to revise the medication management guidelines frequently.

Besides this, the under-training programs should place much emphasis on details, communication, and working harmoniously with other practitioners. The drug dispensers must identify any medication errors, adverse drug reactions, and medication problems relating to the use of drugs and provide clear communication with the pharmacists and other healthcare providers immediately (Uhlenhopp et.,al 2020).

Workflow Optimization

Smoothing the medication reconciliation cycle is a sine qua non in the context of increasing efficiency and promoting the correctness of medication regime implementation. Health institutions should re-assess or audit their current medication reconciliation processes to identify the areas to which the workers should pay more attention and have these areas optimized so that workflow can be made more efficient.

A particular direction for workflow optimization is what we call technology solutions, such as EHRs and medication reconciliation software. Such systems can automate a portion of medication reconciliation, which includes things like medication list preparation, recording the patient's medication history, and checking if the medication orders are written. This can drastically reduce manual data entry and documentation workloads. Besides, suppose proper mechanisms for medication reconciliation, like standardizing processes and clear conduction of protocols and techniques, are put into use. In that case, they should work to reduce discrepancies and help ensure consistency across various healthcare settings. Workflow optimization attempts should

be made to eliminate redundancy and unnecessary steps and streamline communication between the team members, i.e., pharmacy assistants, pharmacists, and other healthcare team collaborators.

Interprofessional Collaboration:

Building up communication and teamwork among the members of the healthcare team should be the fundamental component for the advancement of medication reconciliation processes as well as for the improvement of patient outcomes. A health assistant must collaborate with pharmacists, nurses, physicians, and other healthcare providers on medication reconciliation so as to build a one-stop medication center with accurate and proper drug information (Levesque et.,al 2021).

Interprofessional cooperation will facilitate information exchange, point of view, and specialists' expertise sharing, which will empower healthcare workers to recognize medication-associated problems and resolve them successfully. Assistants in pharmacy teaming with pharmacists will be able to review drug orders, rectify accidental errors, and offer medication guidance to patients' careers and patients. In addition, they can act as a link between nurses and physicians and team them up so as to implement plans for medication management while addressing any specific concerns or questions they have about treatment medications.

CONCLUSION

Pharmaceutical assistants are among the healthcare professionals who effectively handle medication reconciliation, ensuring that individuals do not receive incompatible drug prescriptions. Although sometimes the workplaces for pharmacy assistants become a stage for issues between them and the proper functioning of the system—challenges such as time constraints and a lack of knowledge and experience—their primary contribution to patient care involves the provision of smooth transitions from one treatment to another and the depreciation of the risk of errors during drug preparation. Along these lines, a training package, improving the workflow, and having a give-and-take with other healthcare professionals are necessary in this field. Through the engagement and training of pharmacy assistants on essential job-related knowledge, skills, and performance-supporting resources, patients will experience better, safer, and more positive outcomes in regard to the proper use of drugs (Elamin et.,al 2021).

RECOMMENDATION:

This study's critical analysis leads to the following recommendations for optimizing the role of pharmacy assistants in medication reconciliation processes: The study's critical analysis proposes the following recommendations to enhance the role of pharmacy assistants in medication reconciliation processes:

- ✓ Develop and conduct pharmacy assistant training with an emphasis on medication reconciliation aimed at improving their pharmacy task performance and understanding.
- ✓ Streamline the workflows of medication reconciliation, as mentioned earlier, and avail technology solutions such as EHRs and reconciliation software, which will allow one to improve efficiency and accuracy (Burgess et.,al 2021).
- ✓ Encourage interprofessional connections and communication among healthcare providers and in the team so that transitions may flow smoothly and there will be no medical errors.
- ✓ Introduce quality improvement actions to ensure the vital continual improvement of the diagnosis reconciliation operations and highlight parts where defects are probable.

REFERENCE

1. Burgess, L. H., Kramer, J., Castelein, C., Parra, J. M., Timmons, V., Pickens, S., ... & Skinner, C. C. (2021). Pharmacy-led medication reconciliation program reduces adverse drug events and improves satisfaction in a community hospital. *HCA Healthcare Journal of Medicine*, 2(6), 411. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10324798/>
2. Fernandes, B. D., Foppa, A. A., Ayres, L. R., & Chemello, C. (2022). Implementation of medication reconciliation conducted by hospital pharmacists: A case study guided by the consolidated framework for implementation research. *Research in Social and Administrative Pharmacy*, 18(9), 3631-3637. <https://www.sciencedirect.com/science/article/pii/S1551741122000328>
3. Magrum, B., Smetana, K. S., Thompson, M., Elefritz, J. L., Phelps, M., Trolli, E., & Murphy, C. V. (2023). Characterization of medication discrepancies and interventions resulting from pharmacy-led medication reconciliation in the critical care setting. *Journal of Pharmacy Practice*, 08971900221149788. <https://journals.sagepub.com/doi/abs/10.1177/08971900221149788>
4. Stuijt, C. C. M., van den Bemt, B. J. F., Boerlage, V. E., Janssen, M. J. A., Taxis, K., &

- Karapinar-Çarkit, F. (2022). Differences in medication reconciliation interventions between six hospitals: a mixed method study. *BMC Health Services Research*, 22(1), 722. <https://link.springer.com/article/10.1186/s12913-022-08118-8>
5. Park, B., Baek, A., Kim, Y., Suh, Y., Lee, J., Lee, E., ... & Kim, H. W. (2022). Clinical and economic impact of medication reconciliation by designated ward pharmacists in a hospitalist-managed acute medical unit. *Research in Social and Administrative Pharmacy*, 18(4), 2683-2690. <https://www.sciencedirect.com/science/article/pii/S1551741121002072>
6. Elamin, M. M., Ahmed, K. O., Saeed, O. K., & Yousif, M. A. E. (2021). Impact of clinical pharmacist-led medication reconciliation on therapeutic process. *Saudi Journal for Health Sciences*, 10(2), 73-79. https://journals.lww.com/sjhs/_layouts/15/oaks.journals/downloadpdf.aspx?an=01772839-202110020-00001
7. Stranges, P. M., Jackevicius, C. A., Anderson, S. L., Bondi, D. S., Danelich, I., Emmons, R. P., ... & Smithgall, S. (2020). Role of clinical pharmacists and pharmacy support personnel in transitions of care. *Journal of the American College of Clinical Pharmacy*, 3(2), 532-545. <https://accpjournals.onlinelibrary.wiley.com/doi/abs/10.1002/jac5.1215>
8. Gadallah, A., McGinnis, B., Nguyen, B., & Olson, J. (2021). Assessing the impact of virtual medication history technicians on medication reconciliation discrepancies. *International Journal of Clinical Pharmacy*, 43(5), 1404-1411. <https://link.springer.com/article/10.1007/s11096-021-01267-6>
9. Levesque, T., Abdelaziz, H., Smith, A., Cormier, N., Bernard, M., Laplante, M., & Gagnon, J. (2021). Medication Reconciliation at Hospital Admission: Proactive Versus Retroactive Models. *Drugs & Therapy Perspectives*, 37, 545-551. <https://link.springer.com/article/10.1007/s40267-021-00872-9>
10. Petrovich, B., Sweet, M., Gillian, S., & Copenhaver, J. (2021). Assessing the impact of a pharmacist-managed discharge medication reconciliation pilot at a community hospital system. *The Journal for Healthcare Quality (JHQ)*, 43(2), e26-e32. https://journals.lww.com/jhqonline/fulltext/2021/04000/assessing_the_impact_of_a_pharmacist_managed.10.aspx
11. Redmond, P., Munir, K., Alabi, O., Grimes, T., Clyne, B., Hughes, C., & Fahey, T. (2020). Barriers and facilitators of medicines reconciliation at transitions of care in Ireland—a qualitative study. *BMC Family Practice*, 21, 1-10. <https://link.springer.com/article/10.1186/s12875-020-01188-9>
12. Uhlenhopp, D. J., Aguilar, O., Dai, D., Ghosh, A., Shaw, M., & Mitra, C. (2020). Hospital-wide medication reconciliation program: error identification, cost-effectiveness, and detecting high-risk individuals on admission. *Integrated Pharmacy Research and Practice*, 195-203. <https://www.tandfonline.com/doi/abs/10.2147/I PRP.S269857>
13. Rojas-Ocaña, M. J., Teresa-Morales, C., Ramos-Pichardo, J. D., & Araujo-Hernández, M. (2023, May). Barriers and Facilitators of Communication in the Medication Reconciliation Process during Hospital Discharge: Primary Healthcare Professionals' Perspectives. In *Healthcare* (Vol. 11, No. 10, p. 1495). MDPI. <https://www.mdpi.com/2227-9032/11/10/1495>
14. Griva, K., Chua, Z. Y., Lai, L. Y., Xu, S. J., Bek, E. S. J., & Lee, E. S. (2024). Pharmacist-led medication reconciliation service for patients after discharge from tertiary hospitals to primary care in Singapore: a qualitative study. *BMC Health Services Research*, 24(1), 1-12. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-024-10830-6>
15. Studer, H., Imfeld-Isenegger, T. L., Beeler, P. E., Ceppi, M. G., Rosen, C., Bodmer, M., ... & Lampert, M. L. (2023). The impact of pharmacist-led medication reconciliation and interprofessional ward rounds on drug-related problems at hospital discharge. *International Journal of Clinical Pharmacy*, 45(1), 117-125. <https://link.springer.com/article/10.1007/s11096-022-01496-3>
16. Ceschi, A., Nosedà, R., Pironi, M., Lazzeri, N., Eberhardt-Gianella, O., Imelli, S., ... & Ferrari, P. (2021). Effect of medication reconciliation at hospital admission on 30-day returns to hospital: a randomized clinical trial. *JAMA network open*, 4(9), e2124672-e2124672. <https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2784184>
17. Alix, L., Bajoux, E., Huber, J., Tuffier, S., Cador, B., Josselin, J. M., ... & Hue, B. (2021). Medication reconciliation in hospital patients over the age of 65: how long does it take, and how much does it cost? A time-motion study in an internal medicine ward. *Journal de*

- Pharmacie Clinique*, 40(4). <https://search.ebscohost.com/login.aspx?direct=true&profile=ehost&scope=site&authtype=crawler&jrnl=02911981&AN=154802105&h=ssyrf8V3PIAZk efSw04Z6cZ7WYUos5wjddUF7Zurhq5ROoYwlQO%2Bu3kj6SuVwrB6Ld3C42X6KBcegTxQD15HJQ%3D%3D&crl=c>
18. van der Nat, D. J., Taks, M., Huiskes, V. J., van den Bemt, B. J., & van Onzenoort, H. A. (2021). A comparison between medication reconciliation by a pharmacy technician and the use of an online personal health record by patients for identifying medication discrepancies in patients' drug lists prior to elective admissions. *International Journal of Medical Informatics*, 147, 104370. <https://www.sciencedirect.com/science/article/pii/S1386505620319067>
19. Tafazoli, A. (2021). Determination of Fundamental Medication Reconciliation Features with an International Perspective. *Current Reviews in Clinical and Experimental Pharmacology Formerly Current Clinical Pharmacology*, 16(1), 4-16. <https://www.ingentaconnect.com/content/ben/crcep/2021/00000016/00000001/art00004>
20. Daliri, S., Bouhnouf, M., van de Meerendonk, H. W., Buurman, B. M., op Reimer, W. J. S., Kooij, M. J., & Karapinar-Çarkit, F. (2021). Longitudinal medication reconciliation at hospital admission, discharge and post-discharge. *Research in Social and Administrative Pharmacy*, 17(4), 677-684. <https://www.sciencedirect.com/science/article/pii/S1551741119311052>
21. Stollendorf, D. P., Mixon, A. S., Auerbach, A. D., Aylor, A. R., Shabbir, H., Schnipper, J., & Kripalani, S. (2020). Implementation and sustainability of a medication reconciliation toolkit: a mixed methods evaluation. *American Journal of Health-System Pharmacy*, 77(14), 1135-1143. <https://academic.oup.com/ajhp/article-abstract/77/14/1135/5864549>
22. Baughman, A. W., Triantafylidis, L. K., O'Neil, N., Norstrom, J., Okpara, K., Ruopp, M. D., ... & Simon, S. R. (2021). Improving medication reconciliation with comprehensive evaluation at a veterans affairs skilled nursing facility. *The Joint Commission Journal on Quality and Patient Safety*, 47(10), 646-653. <https://www.sciencedirect.com/science/article/pii/S1553725021001537>
23. King, P. K., Burkhardt, C., Rafferty, A., Wooster, J., Walkerly, A., Thurber, K., ... & Rascon, K. (2021). Quality measures of clinical pharmacy services during transitions of care. *Journal of the American College of Clinical Pharmacy*, 4(7), 883-907. <https://accpjournals.onlinelibrary.wiley.com/doi/abs/10.1002/jac5.1479>
24. Cardinale, S., Saraon, T., Lodoie, N., Alshehry, A., Raffoul, M., Caspers, C., & Vider, E. (2023). Clinical Pharmacist Led Medication Reconciliation Program in an Emergency Department Observation Unit. *Journal of Pharmacy Practice*, 36(5), 1156-1163. <https://journals.sagepub.com/doi/abs/10.1177/08971900221091174>