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**Communication Networks of Medication Management in an Ambulatory Care Setting Analysis**

There is different system approaches that are used in healthcare to address the complications of care associated to prescription protection. By effective communication between healthcare providers, the adverse events can be prevented. Study has also suggested that undesirable medicine actions in the ambulatory care setting are quite frequent and also they can be prevented easily. The processes that are there to ensure patient safety or which are there to distribution of treatment in the ambulatory settings are quite complicated and comprehensive, and they must comprise the patient view, the healthcare provider interaction along with the institute level factors. In the united state of America the ambulatory care complexity cannot be simplified, and due to this particular factor, it shows unavoidable risks to medication safety. Such complications normally lead to multiple challenges when looking for interventions to decrease risk due to extremely inconsistent and dynamic processes for communication and information in healthcare. Social network analysis is one such effective approach that is used to address this particularly important issue (Andrea and Bryant, 2018).

This is an innovative methodological tool that is used for the characterization of the complex social system. This method is used to understand different patterns of interactions that are present and used within a particular group. An essential characteristic of this approach is that it takes into consideration the behavior of an individual in the context of the whole system. It is a fact the social network analysis is less common in healthcare, but that does not mean that this is an entirely new approach. There are number of different kinds of literature in the healthcare departments that have shown the effective use of this approach in healthcare departments (Andrea and Bryant, 2018).

SNA or social network analysis is practiced to assess the pattern of professional interaction in the case of ambulatory and major care approaches. Such studies help find out that SNA was a beneficial instrument to explain the extent of hierarchical communications. Patients with unstable health or those patients who changed their medication dosage on a regular basis are normally at a high danger of medicine error in ambulatory settings. The exact causes of the errors of the harmful events of drugs are still unknown, and they are difficult to determine, but it is known that the patients who require continuous monitoring are the ones who are at the higher risk of preventable hospital visits and stays (Andrea and Bryant, 2018).

In order to build upon the progress of SNA in medication security investigation, the purpose of this paper is to explain the process of high-risk medication management and other communication structure during prescribing and also monitoring of patients on warfarin therapy in an ambulatory care setting. For that purpose, different types of evaluation were used for social network testing. Using resources like electronic records data were collected, and information that was collected was based on the involvement of individuals who were frequently involved as well as their type of communication and frequency as well. This analysis was followed by the contribution of males and females patients at one internal medicine clinic over a period of few months (Andrea and Bryant, 2018).

In this study, it was found that communication structure was basically one-directional and mostly it is between actors who belong to various professional groups. Most of these communications were those that were directed from the healthcare providers to general public. And the contributing parties who were most connected to other parties were one prescriber, various nursing staff, and pharmacists as well. The characterization of communication by means of effect on patient safety was also different. Also in case of moderate impact communication pharmacists were proved to be the most prominent gatekeepers. As far as medication-related communication is concerned, it is present between different professional group's actors. The different interaction system of medication management in an ambulatory clinic setting shows a hierarchical and interdisciplinary process. Majority of the interactions in this study were one-directional and friendly to bond practitioners from various specialized group. Some of the main standard medicine interactions were exchanged among nurses and prescribers, community pharmacies and healthcare providers and other patients and pharmacists. This study also suggested that social network analysis is an innovative system to study the processes and structures of interactions network for various drug administrations in an ambulatory care setting. Drug security intervention in ambulatory care can also be used in social network analysis to evaluate different participating parties like nurses and pharmacists. Such practitioners or actors can be vital to persuade the change in the system. By studying the findings in this study, it is safe to say that a good intervention could be enhancing the total number of communication and interaction between the community pharmacies and also the clinicians and healthcare providers. The results revealed that community pharmaceutical companies were not officially informed about the moderate level medication communications. The information from this study can also be used in designing an intervention to prompt different participating groups (Andrea and Bryant, 2018).

The findings of this study also suggested the constitution and development of the ambulatory care clinic can show a quality situation. The communication that is confined to the clinic is unilateral, and they flow through only a few gatekeepers. In this clinical study, the most effective communication used was between different nurses and other healthcare providers.

Although this study is quite useful in giving an insight to all the healthcare providers and practitioners in providing effective healthcare facilities to the patients, by communication with the patients at an interpersonal level the present gaps between nurses, pharmacists and patients can be reduced. The influence level of the pharmacist which is also described as a connector in this network rose in combination with the level of possible effect of the communication had on the public security and safety level as well. This article is also helpful for the healthcare professionals because it gives them a brief idea of how communication among different actors can play a vital role in providing effective healthcare facilities to the general public. The better understanding of the patient past history, the doctor's prescription and then the pharmacist role in the entire scenario plays a major role in all this. Therefore the public health policymakers should keep in mind all these factors while designing any treatment strategy for the public (Andrea and Bryant, 2018).

Having said that there are certain limitations to this academic study which needs to be addressed. The main limitation is that one study setting is used here. So the drawback is the results of this study cannot be implemented to other general settings. To draw various other inferences and more conclusions, a brief study needs to be done that include all the essential part of healthcare departments. The data of all the patients who were receiving healthcare facilities in this particular clinic is also missing. Although the patients who were included in this particular study were using warfarin therapy while collecting data from them, it does not show the course of medicine communications for the majority of the patients. There are only a few patients were included in this study, the total number of patients included in this study were only 16 including both males and females if the number of patients was increased during the study then the results would be quite different. Furthermore, the specific actors in the community pharmacists were not identified which is another hurdle in describing the results and making them effective to all the practitioners. Knowing particularly as to whom the communication is happening inside the community pharmacies would provide extra information to the healthcare officials. As it is a well-known fact that all the pharmaceutical companies maintain their electronic data so that data is not obtained in this study (Andrea and Bryant, 2018). For future studies, it is very significant to include all the community pharmaceutical companies in the evaluation of medication administration interaction despite the fact that such interaction is not part of the present study and they are totally missing. This is further helpful in providing the chance for the ambulatory clinic to think growing formal and organized interactions procedures with the community pharmacies that have the ability to affect patient care income.

**Work Cited**

Kjos, Andrea L., and Ginelle A. Bryant. "Communication networks of medication management in an ambulatory care setting." *Research in Social and Administrative Pharmacy*(2018).