

# Self-Administration of Medicines and the Re-use of Patients' Own Drugs

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**Summary of the project**

The introduction of self-administration of medicines (SAMs) and the re-use of patients' own drugs (PODs) schemes in the Salford Royal Hospitals NHST was an integral part of a multi-disciplinary approach to re-organising the way medicines were distributed. The scheme was initiated by the pharmacy department at the Hope Hospital (Salford Royal Hospitals NHST) in response to the recognition that the traditional system of supplying and administering medicines resulted in significant wastage of drugs, delayed discharge and did not encourage patient concordance. A project nurse was seconded to the pharmacy department to develop training initiatives and strategies to support staff during the implementation of new procedures and policies.

By February 2002, the SAMs and re-use of PODs schemes had been operational for more than two years. Over ten hospital wards were practising SAMs and all the wards embraced the re-use of PODs scheme. The successful implementation of this scheme has attracted attention from the Audit Commission, and the pharmacy department has been recognised as a Beacon Site for its continuous development and commitment to medicines management.

The success of the scheme has depended on a collaborative team approach and close liaison with colleagues in primary care.

**Box 1: Definitions and rationale**

The term self administration of medicines (SAMs) means that selected patients are responsible for storing and administering their own medicines, with the nurse and pharmacist acting as educators and supervisors of this process. This system of monitoring ensures that drugs are correctly and safely taken and that patients understand their drug regimes. People at home usually administer medication to themselves. With appropriate checks and controls, hospital in-patients can self-administer with varying amounts of nurse supervision. Self-administration fits with the concept of team nursing and current thinking regarding patient-centred care. Nurses have a major role in drug education, and self-administration allows this role to be developed. The introduction of SAMs accords well with the re-use of patients' own drugs (PODs).

Re-use of PODs schemes mean that patients can continue to use medicines with which they are familiar during their hospital stay rather than having a new set dispensed. This process assists with accurate drug taking, reduces wastage of medicines and reduces waiting times for medications on discharge.

**Background literature**

The concept of allowing patients to take their own medicines while in hospital is not a new one. Yunker, Flint and Carpenter (1990) report that in-patient self-medication programmes have been in existence for more than 20 years. There are some established schemes in the UK, for example at the Queen's

Medical Centre in Nottingham and the Oxford and Radcliffe Hospitals.

Nursing and pharmaceutical literature contains a large amount of information on the subject of self-administration and many papers report that such schemes have been welcomed with enthusiasm by clinical nurses. Collingsworth, Gould and Wainwright (1997) identify that a positive effect on patient empowerment, independence and compliance with prescribed medication is reported in most cases. However, it must be recognised that the majority of this information is derived from literature that only describes the implementation of such schemes, and methodological flaws have been found in many of the evaluative studies (Collingsworth et al, 1997),

Box 2 summarises the advantages and disadvantages of self-medication in hospitals as identified by Bird and Hassall (1993) and adapted by Collingsworth et al. (1997).

## Box 2: Advantages

- Safety
- Independence
- Trust
- Partnership
- Compliance
- Simplified regimes
- Improved patient education
- Reduced readmission rates
- Patient empowerment
- Customised care

## Disadvantages

- Overdose: accidental/intentional
- Under dosage: accidental/intentional
- Removal of drugs from patient
- No partnership in care
- Non-compliance

## Aims of the project

The aims of introducing the self-administration of medicines (SAMs) and the reuse of patients' own drugs (PODs) at Salford Royal Hospitals were to:

- Promote patient-centred care
- Assist in the provision of more accurate medication histories
- Allow a more timely supply of discharge medicines and information

- Contribute to 'seamless care'
- Reduce waste
- Improve patients' concordance

## Re-engineering the administration and distribution of medicines

Re-engineering of the way in which the pharmacy department at the SRH NHS Trust distributed and administered medicines began in the summer of 1998. The first stage of this process was to introduce "dispensing for discharge". This meant that wherever reasonable and possible, new in-patients were dispensed with enough medication to last for both the hospital stay and for discharge.

## The re-use of patients' own drugs

Following on from the "implementation of dispensing for discharge", in July 1999, the reuse of PODs scheme was introduced at the Hope Hospital following agreement from senior Trust management, Salford GPs and community pharmacists. As a result, patients use their own drugs during their hospital stay or, where these are inadequate, unavailable or the patients do not wish to use them, a 28 day supply is dispensed as per traditional methods of medicines management. These medications are returned to the patient on discharge, ensuring that they have a minimum of 14 days' supply. Information and posters encouraging patients to take their medications into hospital with them, were sent to GPs, nursing/residential homes and community day care centres by the Trust and Health Authority. A leaflet was designed to be included in admission letters and patients were informed of the scheme at pre-operative assessment. Other health care teams, including community nurses and ambulance and transport services were also informed. The successful implementation of such a scheme is dependent on collaborative management of the process by all the health professionals involved.

A pharmacist or specially trained pharmacy technician checks all patients' medicines on the ward within 24 hours of admission to ensure that they are suitable for re-use and that there is a sufficient supply for the in-patient stay and discharge. Out of pharmacy hours, a nurse can check the medicines against agreed guidelines. A Trust policy was issued in July 1999 and is updated annually.

A project nurse was seconded to the pharmacy department in September 1999 to lead and co-ordinate this collaborative project.

Nurse training sessions began in September 1999, and the re-use of PODs scheme began on two wards by the end of that month. A rolling programme of training and implementation was planned for the other wards/units within the Trust. By July 2000 the re-use of PODs scheme was complete throughout the Trust. In excess of 300 nurses had attended training and this session is now incorporated into the staff induction programme. Initial audits were small scale across six wards. Analysis of this data demonstrated that there were cost savings on all wards from the re-use of PODs. By July 2001, these savings were approximately £6,000 per ward per annum.

### Box 3: The views of GPs on the re-use of PODs

Approximately nine months into the PODs scheme, it was decided to investigate formally the opinions of the GPs. The aim was to ascertain their views on the advantages and disadvantages to GPs and patients of the re-use of PODs. 241 questionnaires were sent to all the GPs working within the health authority. Of the 131 questionnaires returned, 84 were suitable for analysis. Many GPs agreed that the scheme was advantageous by assisting in the accuracy of patient drug records, allowing patients to maintain familiarity with their medications and promoting adherence to medicines. They also recognised the potential to reduce hospital drug costs and overall drug wastage. However, some GPs expressed concern about the issue of drug cost avoidance by the hospital and there were some complaints about the timeliness and quality of the information in patient discharge letters. In conclusion, the study demonstrated a belief that the quality of patient care could potentially improve through the re-use of PODs, but that such a scheme needed to be widely promoted to primary care professionals.

### The self-administration of medicines (SAMs)

Two wards were initially selected to implement SAMs, with 10 other wards identified to follow. Training of staff began in winter 1999, and the first ward officially started the scheme in May 2000.

An extensive series of resources has been developed to support and promote a standardised and efficient

self-administration scheme in all the clinical areas. These include:

- An educational package that covers the principles, guidelines and issues relating to SAMs, which all nurses in a clinical area must complete before the scheme can be implemented.
- An information file for each ward, containing training information, policy documents, order information, audit proformas and general research articles.
- A Resource Manual produced by the pharmacy department which contains information that nurses and pharmacists can use when teaching patients about their medicines.

For each patient who can potentially participate in the scheme, the following process has to be followed by the nursing staff:

- The patient must be given the necessary written and verbal information about the scheme in order that they can give informed consent if they wish to participate.
- The nursing staff must be satisfied that the patient understands the scheme and the issues of safety and security of medicines.
- A patient assessment form is completed to ascertain the patient's ability to administer their own medicines and the degree of education and supervision they will require.
- Patients are asked if they would like their medicines to be transcribed onto a Medicine Information Card. This provides details about all the medicines prescribed and how and when they should be taken.

By February 2002, 10 wards were practising the SAMs scheme and a further 10 wards had been identified for the next roll-out phase.

### Factors which promote the successful implementation of SAMs and the re-use of PODs

Throughout the project, key factors which have ensured the successful implementation of the SAMs and PODs scheme have been identified. These include:

- A lead pharmacist to act as a driving force and facilitate the change in working methods of the pharmacy team.
- Champions at board, nursing, pharmacy and GP level to support the project and foster a multi-disciplinary approach.
- Support from the health authority.

- A project nurse to provide staff training and act as a link between pharmacy and the wards.
- The education and involvement of local GPs and community pharmacists so that they actively encourage patients to take their medicines into hospital.
- The induction of junior doctors and new nursing staff.

## Potential barriers

- Cultural change.
- Historical resistance from GPs towards patients taking their drugs into hospital as this was seen as wasteful because previously most of these drugs would be thrown away.
- Resistance from nurses to check drugs out of hours.
- Pharmacists resisting change from traditional pharmacy-based role.

## References

- Bird, C. and Hassall, J. (1993) *Self administration of drugs: A guide to implementation*. London: Scutari Press.
- Collingsworth, S., Gould, D. and Wainwright, S. (1997) Patient self-administration of medication: a review of the literature. *International Journal of Nursing Studies*. Vol. 34. No.4. pp 256-269.
- Yunker, N.S., Flint, N.B. and Carpenter, E.D. (1990) Patient self-medication on a rehabilitation unit. *Patient Education and Counselling*. Vol.15. pp 261-268.

## Further Reading

- Semple, J.S., Morgan J.E., Garner, S.T., Sutherland, K. & Milligan, M. (1995) The effect of self-administration and re-use of patients' own drugs on a hospital pharmacy. *The Pharmaceutical Journal* Vol. 225. pp 124-126.
- Reynolds, N. and Bali, S. (1999) Setting up a near-patient dispensing scheme. *Hospital Pharmacist*. Vol. 6. No. 8. pp 241-243.

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