

AN AUDIT OF SELF-ADMINISTRATION OF MEDICINES IN CARDIOVASCULAR WARDS AND PATIENT'S PREFERENCE FOR MEDICINES ADMINISTRATION WHILE AN INPATIENT

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Background

- Self-administration of medicines (SAM) is a transfer of patient's responsibility to manage their medication themselves¹.
- **Benefits of self-administration²:**
 - 1.Improvement of patient's knowledge;
 - 2.More engagement with patients;
 - 3.Better ways for health care professionals to identify patient's problems in taking their medicines.
- As the UK's government encourages the implementation of SAM, this is a crucial first published study about an audit of SAM in cardiovascular wards.

Objectives

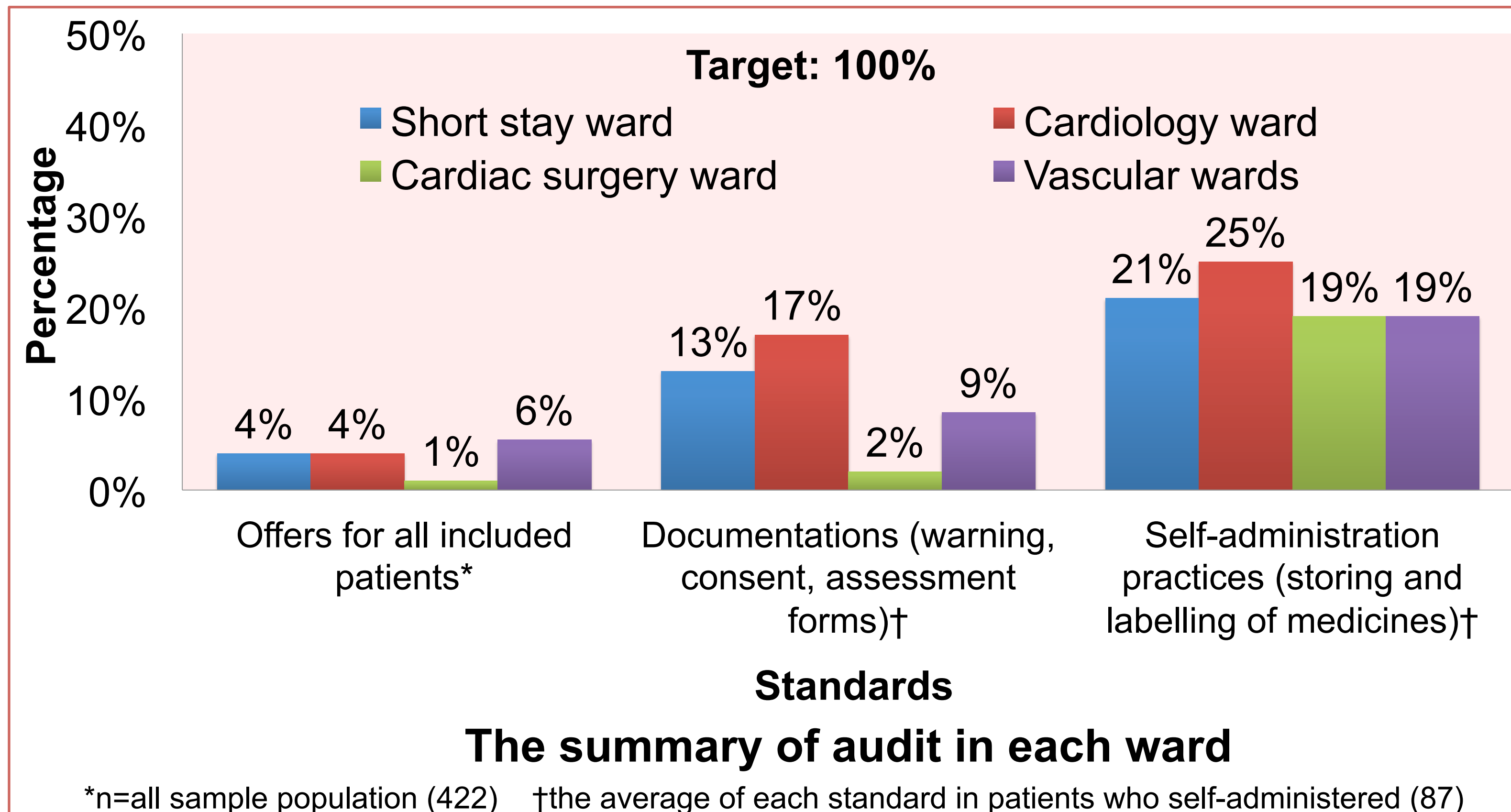
1. To identify whether the SAM standards are being achieved, which are:
 - 100% of patients are offered the SAM programme;
 - 100% of both informed consents and assessment forms are documented; and
 - 100% of medicines are stored and labeled properly.
2. To provide evaluations for improvements in the SAM practices.
3. To analyse the criteria which can encourage patients to participate in the SAM programme.

Methods

- A six-week prospective study was conducted in five cardiovascular wards.
- The study included:
 1. Finding eligible patients to participate in a structured interview
 2. Observing how the standards were being applied.
- A convenience sampling method was chosen with a verbal consent for interviews.
- The questions covered were:
 1. Whether patients self-administered their medicines;
 2. Whether patients had been offered to self-administer; and
 3. Patients' preferences for administration (assessed using the Mann-Whitney, Kruskal-Wallis and chi-square tests (significance level, p<0.05).

Results

- **422** patients were approached for the structured interview.
- The mean age of the patient population: **64.44±15.889** (16-95); Male: 276 (**65%**); Female: 146 (**35%**).
- **91 (22%)** patients self-administered their medicines. **35** of them self-administered **ALL** of their medicines.
- The findings were unsatisfactory since all wards did not achieve the target percentage.
- The average percentages were 4%, 10% and 21%, respectively.



Association between patient's characteristics and preferences

Variables	Self-administration preference ¹ (43%)		Nurse-administration preference ¹ (57%)		p-value
	Male	Female	Male	Female	
Median age (range)	64 (16-91)		69 (16-95)		0.001 ^{2,3}
Gender	99(59%)	68(41%)	151(69%)	69(31%)	0.057
	≤48 hours	>48 hours	≤48 hours	>48 hours	
Length of stay	41(25%)	126(75%)	25(11%)	195(89%)	0.001 ²
	7 (1-18)		8 (1-25)		
Median number of medicines (range)					

¹Total patients: 387 patients (excluding patients who self-administered all medicines)

²Statistically significant, p < 0.05.

³Non-parametric: Mann-Whitney test; the rest: chi-square tests

Discussion

- The finding from the audit is unsatisfactory, since all wards did not achieve the targets set by the Trust Policy. It is mainly due to lack of awareness of the policy. **A reminder about the policy for nurses is required.**
- The highest programme offer rate was in vascular wards because most of the patients were on regular insulin.
- All wards have bedside lockers. Better documentation and self-administration practice was found in the cardiology ward as patients were allowed to keep the key of their bedside locker.
- An audit in another hospital found 43% patients (n=25) preferred self-administration, however they did not provide any further analysis³.
- Younger people were significantly more willing to self-administer than older people.
- Those with a lower number of medicines were significantly more willing to self-administer than those with a higher number.

Conclusion

- This audit showed that all wards did not adhere to the Trust's policy of self-administration adequately.
- Further study could identify patients' and healthcare professionals' perspectives regarding the barriers of the implementation of this programme.

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