

## REASON WHY?

Self-administration of medication empowers patients and improves compliance with medication management. There is lots of evidence that self-administration reduces incidents and increases patient safety as well as having the potential to free up nursing staff time.



To increase the assessment of self-administration on SAU by 30/06/2023 as evidenced by audit data.

## PLAN

- Step 1** – Engage with clinical teams (SAU) to gauge understanding of current process and to identify initial barriers. Identify key members within the clinical team to support and lead on improvement work.
- Step 2** – Complete an initial audit to identify numbers of patients that are currently self-administering.
- Step 3** – Review audit data and resolve any immediate barriers and incidents.
- Step 4** – Provide training to clinical teams on the policy and assessment of patients as part of the clerking/admission.
- Step 5** – Trial of all patients being assessed for self-administration at the point of admission during initial clerking/assessment.
- Step 6** – Analyse trial data and feedback from patients and staff. Make any adjustments.
- Step 7** – Feedback to clinical staff and develop process to organisational level.

## DO

In order to highlight the staff that would be integral to implementing this change the stakeholder analysis tool was used as well as a Genba walk. These staff then engaged in process mapping to identify opportunities for improvement.

One of the barriers that was identified is the bedside locker combination code, as patients would need their own code to keep items safely. The process mapping also identified the need for training.

The base audit identified further learning and improvement opportunities that were put in place at the time and really build positive and open forums to support sustainability.

The trial date was set and a plan of communications was developed and given via daily huddles.

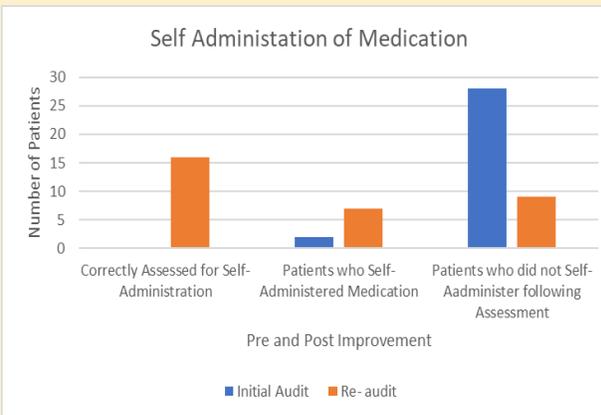
Main benefits included patient engagement and empowerment, improved relationships between patients and staff due to increased shared care.

## STUDY

The initial audit found there were two patients that could self-administer medication but that the policy was not being followed.

After the intervention, the final audit showed an increase in people self-administering medication, however most importantly, the documentation from the policy was present to support the assessment for and decision making about self-administration.

There is a debate about the need for a consent form to show when patients had decided not to self-administer their medication and there is need for further discussion about this.



## ACT

**Adopt:** to keep the documentation from the new policy.

**Adapt :** still need to consider when the consent is filled in and give clear guidance about this.

**Next Steps:** Difficulties encountered were that the ward was using a high number of agency staff which meant that embedding the change, despite it being successful, was difficult. Therefore, the trial will continue on SAU whilst being rolled out on AMU at RSH with support from the pharmacy team.