



PHARMACY

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Self administration – our journey

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Setting

- A large teaching hospital in the midlands across 3 sites with approx 2000 beds
- Serves over 1 million people across Leicester, Leicestershire & Rutland
- Diverse ethnic population.
- Large number of diabetics inpatients – approx 20%
- A number of complaints from patients who wanted to self administer their insulin

Journey

- LiA (Listening into Action) event - spoke to staff and patients about insulin what were the challenges, what could we do better
- Several things emerged from patients:
 - To self administer insulin – they felt that they knew more than some of those looking after them
 - Snacks at bedtime – patients were bringing in jelly babies, biscuits etc
- A recent audit on ‘patient refusal’ for insulin also demonstrated this – they were appropriately refusing if they had had a reduced calorie intake.
- We had a policy and 1 or 2 wards were regularly using SAM but not necessarily following the policy
- We had a SI where a patient was administering their own insulin but the ward had not done any SAM assessment. The patient suffered severe hypos during the night and cardiac arrest.

Our Plan

To update the policy:

- create a SAM assessment booklet which was easy to use and allowed just the administration of insulin not all medicines
- e learning for staff
- Information sheets for patients
- Roll out ward by ward starting with wards which requested this first

This is what we did initially but this took a large amount of time and never really took off. Pockets of good practice

Wards needed to get the books printed.

It required a huge time investment from a very small team of 3 to go and train everyone on a ward.

Where we are now

Positives

- There are areas that it works really well e.g. renal transplant. 10 areas 'live' with SAM
- SAM assessment now added to the EPR system
- e-learning video available for staff to watch via HELM
- eMeds across all adult wards- ability to print SAM drug chart
- Insulin is allowed to be stored out of the patient drug cupboard-patient agrees to keep out of sight away from other patients
- Creation of 'Go live' checklist for wards who want to SAM
- Creation of SMART list on EPR so we can see who is using SAM assessment and check if this is being done correctly

Challenges

- SAM assessment not always completed correctly.
- Message that this is not only a nurse led initiative. Assessments can be done by pharmacists, MMTs, Diabetic Specialist Nurses (insulin only)
- When SAM is not SAM e.g. when patient won't follow policy requirements
- SAM is not always the solution to administration of time critical medications e.g. Parkinson's

The future...

- Increased awareness of SAM and patient benefits
- Children's areas (currently on one ward but need to prove concept before rolling out further)
- How to move this forward. Request to Nurse Executive board to allow wards to implement SAM when they have patients who would like this option
- Medicines Management team taking on a supportive role rather than overly controlling
- Patient Experience surveys/ QR codes/ paper surveys
- Patient Experience stories
- Staff surveys

Key messages

- Make the process simple – we have refined it several times
- Adaptive – one, several or all medicines
- Multi-professional – various groups of staff to be involved in SAM assessing. Pharmacy staff are encouraged to do this as well as nursing.
- Acknowledge that not all areas will be able to do this – many of our patients are not suitable for SAM
- Be supportive for patients and wards who want to do SAM.