

# Assessing the Need for a Self-Medication Program for the Geriatric Assessment and Rehabilitation Unit (GARU)

## Introduction

- Patients admitted to the Geriatric Assessment and Rehabilitation Unit (GARU) come to transition to various discharge destinations mainly for physical rehab
- Some patients have discharge destinations of home and it is assumed that they will safely administer their own medications
- Patients often have complicated dosing regimens and during their hospital admission are not responsible for their own medications
- Safe patient administration of medication should also be a criteria for discharge home
- The goal of my project was to create a tool to assess whether patients would be candidates for a self-medication program

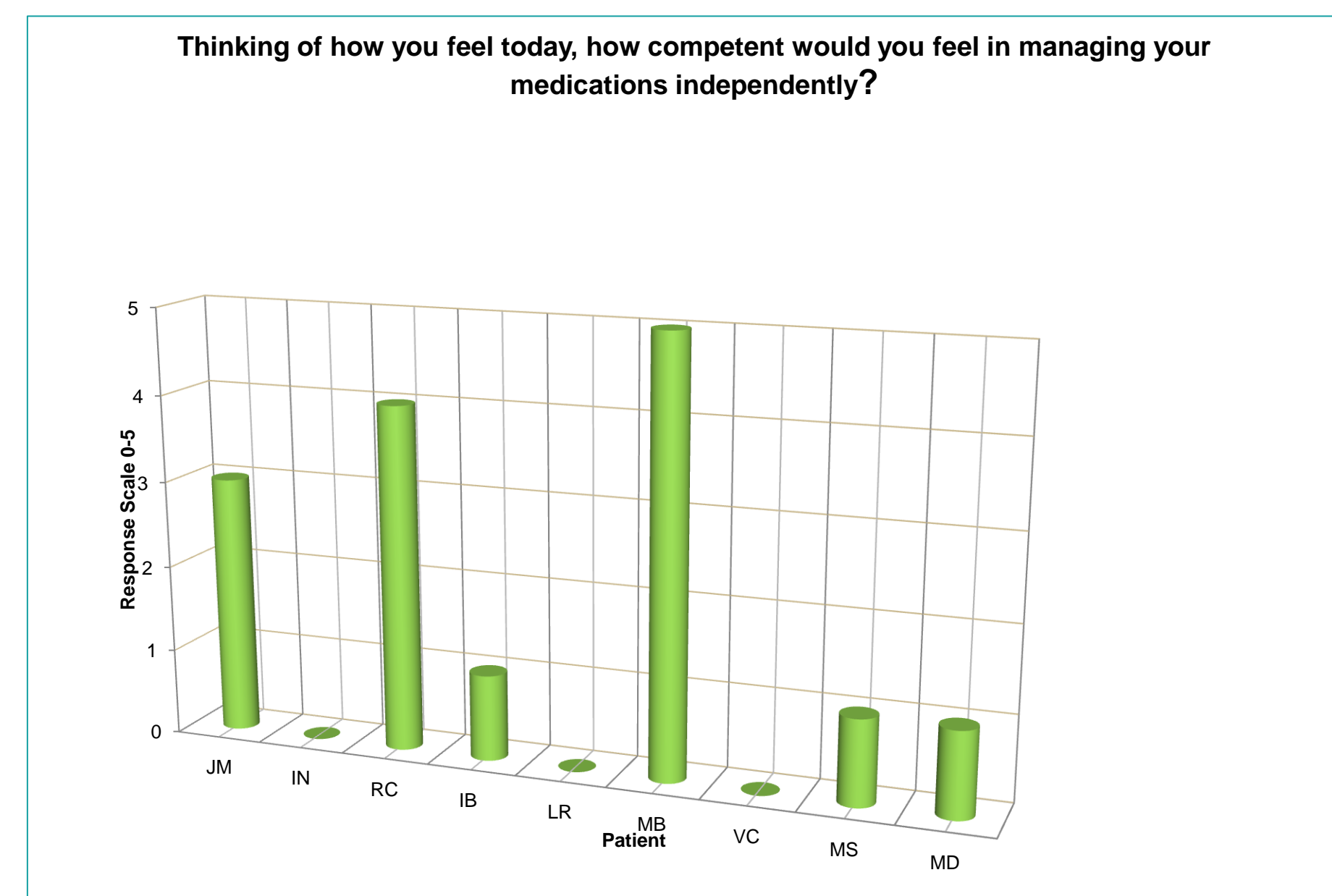


## Actions

- Literature search (involved medical information librarian)
- Reviewed evidence/sample programs (specifically VA Hospital Program)
- Contacted hospitals pharmacies in GTA regarding their self-meds programs
- Created an outline of approach to IP project
  - Use assessment tool to determine candidates for self meds program
  - Interview appropriate patients according to discharge goals
  - Review data
  - Obtained approval from LHB clinical leader
- Discussed plan with head nurse practitioner, charge nurse on unit and PT
- Created/modified assessment tool for Lakeridge Health
- Implemented Trial of Assessment tool (October, November)
- Review Data

## Results

- A total of nine patients were interviewed with a discharge destination of home. Many of the other patients had discharge goals to LTC Homes.
- It's not known how many patients with a discharge goal of home were missed
- Of the patients interviewed only one patient was assessed as being a candidate for a trial of self medications
- Other patients surprisingly did not want manage their own medications or did not feel competent to



## Challenges

### Work Load – LHB pharmacy understaffed - 1 FTE open

- Also, during main phase of project, pharmacist left for maternity leave
- New pharmacy grad hired and training became first priority
- Open FTE filled

### Sample Size

- Number of appropriate patients (i.e. goal of home, will self medicate) very small
- Many of the patients admitted during the project were ALC awaiting LTC Home placement
- The number of patients with a discharge goal of home and would self medicate was very small relative to the total number of patients being discharged. It would be most appropriate to review all discharges in hospital

### Patient Factors

- Surprisingly, patients were not as motivated as suspected to manage their medication in hospital

## Lessons Learned

- Need a change in philosophy, how we care for our patients reinforcing to patient what medication is for each time it is given
- May in fact be over-caring for patients
- Self-meds is not enough. Liaison with local pharmacies to ensure compliance correct
- Patients are often very overwhelmed while in hospital, and are intimidated by all the changes. Often, they don't know what they are currently on



## New Evidence/Best Practices

- ★ Often times self medications programs are initiated on patients that may not be ideal candidates. Our findings suggest that we should assess all patients who plan to self-medicate on their capacity to self-medicate.

- ★ I believe we must change the standard of care in hospital to emphasize the importance of medications. Education on each medication each time a medication is administered may be a starting point. Sometimes we cradle otherwise fully independent adults. The current standard, which isn't always done is a discharge counsel. All the medications are explained when the patient leaves, a time which is extremely overwhelming in itself.

## Next Steps

We should reevaluate the current process of medication administration. Every interaction with a patient is an opportunity for education. Patients have a right to transparency and should have some role in their health management.

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