Self Administration of Medications (SAM) for Adult Patients

Corporate Policy & Procedures Manual

Number: VII-A-65
Date Approved: February 27, 2017

Approved by:
Vice President & Chief Medical Officer; and
Vice President & Chief Operating Officer

Date Effective: September 1, 2017
Next Review: (3 years from Effective Date) September 2020

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

Purpose
To ensure consistency and awareness of safe self medication administration practices within Covenant Health facilities.

Policy Statement
Covenant Health recognizes and embraces the philosophy that patients/residents/clients\(^1\) benefit from participating in their self care and decision-making about their treatment. Health care professionals will work in partnership with patients who are appropriate candidates for self administration by providing support and supervision, and to ensure the patient is able to comply with the prescribed medication regime.

Policy Elements
Patient Selection for Self Administration of Medications (SAM)

Covenant Health shall employ a standardized approach for determining if the patient is an appropriate candidate to administer their own medication(s). Factors that will be considered include but are not limited to:

- patient's length of stay
- potential for contributing to the patient's self-reliance
- potential for misuse/abuse by patient and/or others
- patient's mental status and mental capacity, including any risk for self injury
- high risk of non-compliance when this may leave the patient at significant medical risk
- barriers to compliance, e.g. language barriers, etc.

Covenant Health accepts responsibility for the degree of risk involved in allowing normal medication practice to be waived, but considers that the risk can be minimized by:

a) careful selection of patients in order to identify and exclude those who may endanger themselves or others; and
b) being vigilant on initial and ongoing monitoring of the patient self administering medications.

\(^1\) Hereafter, all references to ‘patients’ includes residents and clients.
Medications Not Appropriate for Self Administration of Medications (SAM)

Covenant Health authorized prescribers shall not prescribe for self administration the following medications:

- once only (STAT) medications;
- opioids or controlled substances (exceptions: Palliative Care or where appropriate for Level 1 – see Procedure for definition of SAM levels);
- study/investigational medications or medications which have recently been introduced;
- medications which are dependent on close monitoring (e.g. warfarin) or when the patient’s treatment requires frequent medication dose changes;
- any medications that require special storage conditions or refrigeration;
- medications labelled as ‘Hazardous’ (exception: oral medications at Level 1 only);
- any medications administered via intravenous, intramuscular or intrathecal route;
- injectable medications (exception: medications that the patient self administered prior to admission or will be self administering on discharge [e.g. insulin, Low Molecular Weight Heparin (LMWH)]).

Safe Storage of Self Administered Medications

Covenant Health shall provide secure storage to ensure that self administered medications are only accessible to designated health care professionals and the corresponding patient.

Sites/units/programs are responsible to ensure that patient specific secure medication storage is available for patients on SAM Level 2 and 3.

Storage of all SAM Level 2 and 3 medications follow the Storage and Keys section in the Covenant Health policy #VII-B-245, Controlled Substances.

Patient Education: SAM Objectives

Covenant Health shall provide patients and, as appropriate their family, education about SAM.

The objectives of Self Administration of Medications (SAM) are to:
- increase patient knowledge and understanding of their medication regime;
- provide opportunity to practice safe administration of their medications;
- support patients in identifying any medication problems (e.g. adverse reactions) at an early stage and work with their health care provider to find a solution;
- have greater independence and empowerment; and
- reduce post-discharge treatment failure caused by non-compliance.

Patient Consent

Patient consent is mandatory prior to commencement of SAM. Participation in SAM is voluntary. Patients may choose to not participate in SAM, or may withdraw consent at any time during their hospitalization. Patient consent indicates that the patient shares responsibility for their actions relating to self administration of their medication(s) including safe storage and seeking help/advice where appropriate.
Patient consent can only be obtained after the initial assessment has been completed and all relevant documentation is completed.

Compliance and Supervision

Health care professionals shall take responsibility for the initial and continued assessment of patients who are self administering medications. Health care professionals are responsible to ensure that patients are appropriately supervised throughout their admission. SAM may be suspended at any time by any member of the health care team.

Health care professionals are encouraged to report medication incidents in accordance with corporate policy #III-45, Responding to Adverse Events, Close Calls and Hazards.

Documentation

Health care professionals shall follow the procedure. Accompanying appendices are provided to ensure activities/processes related to SAM are recorded. Health care professionals shall ensure all relevant documentation is completed.

Applicability

This policy and procedure applies to health care professionals at all Covenant Health facilities. It is limited to medications that are prescribed by Covenant Health authorized prescribers within Covenant Health facilities.

Responsibility

Covenant Health’s health care professionals will demonstrate commitment to the safety of all patients by adhering to the responsibilities and accountabilities identified in this policy/procedure.

Sites and/or programs are responsible to determine the educational requirements of their health care professionals based on a thorough and complete understanding of the application of SAM for their patient populations. The corporate ‘SAM Educational Toolkit’ will be utilized as a base from which to work.

Units utilizing individual patient secure storage will have a written procedure that ensures patient safety and permits full auditing of the product from receipt through to patient administration, and ensures that control of and access to SAM medications are in compliance with the appropriate Controlled Substances legislation and guidelines.

Sites/areas and/or programs shall be responsible for conducting audits to assess compliance, to identify trends, and develop mitigation strategies as appropriate. (An audit tool is available from the Medication Management Safety Team.)

Procedure

See Attached
Definitions

**Authorized prescriber** means a health care professional who is permitted by Federal and Provincial legislation, her/his regulatory college, Covenant Health and practice setting (where applicable) to prescribe medications.

**Health care professional** means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* [Alberta] or the *Health Professions Act* [Alberta], and who practices within scope and role.

**Health record** means Covenant Health's legal record of the patient's diagnostic, treatment and care information.

**Most responsible health practitioner** means the health care professional who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Covenant Health to perform the duties required to fulfill the delivery of such a treatment/procedure(s), within the scope of his/her practice.

**Order** means a direction given by a regulated health care professional to carry out specific activity(s) as part of the diagnostic and/or therapeutic care and treatment to the benefit of a patient/client. Refer to corporate policy #VII-B-125, *Medication Orders*.

**Self Administration of Medications (SAM)** is the mechanisms for prescribing, ordering, supplying, storing and documenting medications to enable *competent* patients to safely administer their own medications.

**Supervision** means consultation and guidance by a member of a regulated health care profession in the practice setting. Supervision may be:

- **direct** (means supervision by a regulated health care professional present at the point of care);
- **indirect** (means supervision by a regulated health care professional readily available at the same location as care);
- **indirect, remote** (means supervision by a regulated health care professional not present, but who can be easily contacted through the use of technology).

**Related Documents & Resources**

NOTE: The following appendices can be accessed in the “Resources” category, accompanying the policy, of the A-Z policy webpage @

[http://www.compassionnet.ca/Page2099.aspx](http://www.compassionnet.ca/Page2099.aspx)

- Appendix A SAM Patient Assessment Tool
- Appendix B SAM Patient Information Pamphlet
- Appendix C SAM Patient Agreement Consent Form
- Appendix D SAM Teaching Checklist and Documentation Record
- Appendix E SAM Medication Instruction Sheet
- Appendix F SAM Medication Administration Record for Patients (With Medication Instruction)
- Appendix G SAM Medications Count Sheet
- Appendix H SAM Patient Monitoring Tool
- Appendix I SAM Process Checklist

SAM Educational Toolkit (in development)
Covenant Health Policies/Procedures
- Medication Administration VII-A-50
- Medication Orders, VII-B-125
- Responding to Adverse Events, Close Calls and Hazards III-45

References
Accreditation Canada. (2014). Medication Management Standards (Qmentum Program). Accreditation Canada
Bwrdd lechyd Hywel Ddd Local Health Board. (2013). Guidelines for the Self-administration of In-Patients Own Medicines Version 1. Gig Cymru NHS Wales: Bwrdd lechyd Hywel Ddd Local Health Board
East London NHS Foundation Trust SELF-ADMINISTRATION OF MEDICINES (SAM)
Evaluating the Effectiveness of Self-Administration of Medication (SAM) Schemes in the Hospital Setting: A Systematic Review of the Literature


Previous Revision Date(s) N/A
PROCEDURE:

SAM has three levels of medication administration:

- **Level 1** - Direct Supervision of SAM. Medications are provided from the nursing station on the request of the patient.
- **Level 2** - Indirect Supervision of SAM achieved by DAILY medication count. Patient is responsible for maintaining the secure storage of the medications in Covenant Health-provided secure medication storage is available.
- **Level 3** - Indirect Supervision of SAM achieved by WEEKLY medication count. Patient is responsible to maintain the secure storage of the medications in Covenant Health-provided secure medication storage is available.

NOTE: These levels may change throughout the patient’s admission. The patient may begin at any level deemed appropriate and be moved as appropriate after considering all patient information and assessments.

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<thead>
<tr>
<th>STEP</th>
<th>APPLICABLE TO SAM</th>
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<tbody>
<tr>
<td></td>
<td>LEVEL 1</td>
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<tr>
<td>1.</td>
<td>Assessment</td>
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<tr>
<td></td>
<td>Health care team is in agreement with the decision that the patient may be an appropriate candidate for SAM.</td>
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<td></td>
<td>The most responsible health practitioner requests completion of the SAM Patient Assessment Tool (Appendix A). This helps to determine if the patient is an appropriate candidate for SAM based on the information on the completed form. If the patient is deemed suitable move on to step #2.</td>
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<tr>
<td>2.</td>
<td>Prescriber Order</td>
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<td>The authorized prescriber provides a written order indicating SAM level and SAM medications. NOTE: Order shall not include medications that are not appropriate for SAM. Refer to the “Medications not Appropriate for Self Administration” category in the Policy Elements section.</td>
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<td>3.</td>
<td>Inclusion Criteria</td>
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<td>SAM may be implemented when the:</td>
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<tr>
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<td>- health care team agrees the patient is an appropriate candidate;</td>
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<td>- patient's medication regime is relatively stable and predictable for this patient population;</td>
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<td></td>
<td>- SAM level has been determined;</td>
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<td>- most responsible health practitioner has provided a written order indicating SAM level and SAM medications.</td>
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### APPLICABLE TO SAM

<table>
<thead>
<tr>
<th>STEP</th>
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<th>LEVEL 2</th>
<th>LEVEL 3</th>
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<tr>
<td>patient wishes to participate, has received education, and has provided written consent (See step 4 below).</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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### 4. Patient & Family Education and Written Consent

The health care professional:

1. **Gives the patient the SAM Patient Information Pamphlet** *(Appendix B)* and discusses the pamphlet with the patient and his/her family (as appropriate). The checklist on the back of the pamphlet is then completed with the patient. ✔️ ✔️ ✔️

2. **Explains the patient's role in SAM and answers any further questions.** ✔️ ✔️ ✔️

3. **Obtains written consent from the patient on the SAM Patient Agreement Consent Form** *(Appendix C)*. The completed form is placed in the **health record**. ✔️ ✔️ ✔️

4. **Documents the patient teaching on the SAM Teaching Checklist and Documentation Record** *(Appendix D)* to indicate the completed patient education step. ✔️ ✔️ ✔️

### 5. Implementation

1. **Level 1 patients use the SAM Medication Instruction Sheet** *(Appendix E)* to list all medications that are to be self administered. This may be recorded by the patient or the health care professional with the patient but must be legible. ✔️

   - **Each time a change is made to a SAM medication, a new SAM Medication Instruction sheet is completed and placed in the health record.** Place a diagonal line through the old sheet (corner to corner), write “updated” with the date of change and your initials. Retain ALL versions of the Medication Instruction Sheet in the health record. All entries must be legible.

2. **Level 2 and 3 patients receive a copy of and complete the SAM Medication Administration Record for Patients (With Medication Information)** *(Appendix F)*. This requires the support of the health care professional. ✔️ ✔️ ✔️

   - **This is both the medication instruction guide and the record to document daily medication consumption.**
5.2.2 A new Medication Administration Record for Patients form will be provided to the patient weekly or as required.

**Note:** The health care professional may utilize the SAM Process Checklist (Appendix I) as a tool to indicate the completed steps for SAM if desired.

### 6. Dispensing and Storing Medications

#### 6.1. All medications shall be prescribed and dispensed in accordance with the *Medication Orders* policy #VII-B-125.

#### 6.2. Level 1 SAM medications will be labelled by Pharmacy in the normal manner.

6.2.1 Level 2 and 3 SAM medications will be labelled by Pharmacy with this additional information:
- patient's name
- prescriber's name
- medication name
- medication strength/dose
- administration times for each drug
- directions for use including special considerations
- expiration date where appropriate
- number of doses required

#### 6.3. Level 2 and 3: A maximum of seven days’ supply of prescribed medications for SAM can be stored unless there is a specific prescriber order.

#### 6.4. When SAM patient medications arrive on the unit, the designated health care professional is responsible for verifying the medication, completing the *SAM Medication Count Sheet* (Appendix G) and placing the medication into the patient specific secure medication storage.
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<tr>
<td><strong>7.</strong> Administration</td>
<td><strong>LEVEL 1</strong></td>
</tr>
<tr>
<td>7.1 Level 1: The patient requests his/her specific medications from the designated health care professional at the times ordered.</td>
<td>✓</td>
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<tr>
<td>7.1.1 The health care professional provides the medication requested by the patient. If the patient makes an error and asks for the wrong medication or dose, etc. the health care professional reinforces the education with the patient and provides the correct medication and dose, and supervises the patient preparing and taking medication.</td>
<td>✓</td>
</tr>
<tr>
<td>7.2 Level 2 and 3: Provide the patient with secure medication storage and instruct the patient to keep access secure and confidential.</td>
<td>✓</td>
</tr>
<tr>
<td>7.3 Level 1: The health care professional records the date, time (if applicable) and level of SAM; e.g. SAM 1 and initials on the Medication Administration Record (MAR) or site specific medication sheet when medications are given.</td>
<td>✓</td>
</tr>
<tr>
<td>7.4 Level 1 (optional practice for preparation for Level 2, 3 or pass/discharge), Level 2 and 3: The patient records the date and time/meal time on the SAM Medication Administration Record for Patients (Appendix F).</td>
<td>✓</td>
</tr>
<tr>
<td>7.4.1 The health care professional reviews the SAM process with the patient during normal nursing interventions to;</td>
<td>✓</td>
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<tr>
<td>• identify opportunities for further patient education about SAM and discharge</td>
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<td>• reinforce positive patient practices</td>
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<td>• identify where improvements can be made to support the patient (e.g. from tablet form to liquid)</td>
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<td>• identify areas of non-compliance</td>
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<td><strong>8.</strong> Medication Counts: (SAM Level 2 and 3 only)</td>
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<tr>
<td>8.1 The health care professional completes the SAM Medication Count Sheet (Appendix G).</td>
<td>✓</td>
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#### Date Effective
Sept. 1, 2017

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VII-A-65

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| **8.2** Medication counts are performed by a health care professional and when;  
  * there is a change, addition or discontinuation of medication(s);  
  * there is suspicion that the secure medication storage has been compromised;  
  * the patient is discharged or transferred. | LEVEL 1 | LEVEL 2 | LEVEL 3 |
| **8.3** Report any count discrepancies to the unit manager. | | | |
| **8.3.1** The unit manager/designate is responsible to investigate count discrepancies and decide if further action is required. | ✓ | ✓ | ✓ |
| **8.4** Remove changed or discontinued medications remaining in the patient’s secure medication storage and return to pharmacy (or store according to site procedures). | ✓ | ✓ | ✓ |

#### 9. Documentation and Patient Monitoring:

| 9.1 Interdisciplinary team responsibility: The clinical notes in the health record shall clearly identify the objectives for the patient on SAM, their progress (which is evaluated at regular intervals) and outcomes. | ✓ | ✓ | ✓ |
| 9.2 Use the SAM Patient Monitoring Tool (Appendix H) to document patient compliance. Record error codes to identify areas of concern and trends. The intervention codes identify decisions made for SAM. This tool will allow the health care team to view all SAM information in a standardized way on a dedicated documentation tool. Comments will increase the communication within the health care team. | ✓ | ✓ | ✓ |
| 9.3 When areas of concern are identified they must be discussed with the patient/family and (as appropriate) members of the health care team and the most responsible health practitioner. | ✓ | ✓ | ✓ |
| 9.4 Prior to moving the patient to a higher level of SAM, review the SAM Teaching Checklist and Documentation Record (Appendix D) with the patient to confirm patient knowledge and to verify that the patient can correctly identify their medication(s) as well as common side-effects and other pertinent information. | ✓ | ✓ |
10. On-going Observation and Assessment

10.1 Health care professionals retain responsibility for shift to shift supervision of medication administration according to the designated SAM level.

10.2 On-going assessment is required to determine if the patient is adhering to SAM and is maintaining proficiency at their designated SAM level. (Assessment may occur during any patient interaction or observation of medication administration or following the identification of a medication error or incorrect count.)

10.3 During interdisciplinary rounds (rapid rounds) and handovers (shift reports) competence of the patient to self administer must be discussed.

10.4 Surgical patients: SAM will be suspended post-operatively until the patient is no longer under the influence of sedating medications

10.5 SAM may be discontinued if the patient is unable to consistently self administer despite support or when concerns have been identified. This should be discussed with the health care team

11. Error or Adverse Event in Medication

11.1 Refer to Covenant Health Policy #III-45, Responding to Adverse Events, Close Calls and Hazards. When reporting an error/incident through the Reporting and Learning System (RLS), clearly indicate in the narrative that the patient was on SAM and the patient's SAM Level.

12. Transfer or Discharge of Patients

12.1 Refer to Covenant Health policy #VII-B-235, Medication Reconciliation at Key Transitions of Care. If a patient is transferred within a site the medications may be transferred with the patient provided pharmacy is notified.

12.2 The discharge summary should clearly state the outcome of SAM and if issues arose with any successful strategies recorded as part of the discharge plan. It may include details if a plan has been made (e.g. ‘patient has support of family and medications will be under their control, community support has been arranged for medication administration’).

12.3 The discharge plan for patient’s medication should be discussed with the patient and family prior to discharge.