

Trust

Ownership

Nurse



Autonomy

SAMP Self Administration of Medication Program



Family

Doctor

Empowerment

Allied Health

Guidance

Recovery

Consumer



Objectives

- **How SAMP emerged?**
- **Understanding the Process**
- **What SAMP will do for the Consumer**
- **What SAMP will do for the Multidisciplinary Team (MDT)**
- **Evaluation and Feedback**
- **Future Goals**



How SAMP emerged?

- **Quality use of medicines project**
- **Model of Service Care Delivery**
- **2003 Business Case Framework Formulated.**
- **Sentinel Event 2004**
- **Policy Review 2010**



Understanding the Process

Mrs Smith it's time for your medication

Step 1



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CONSENT FORM - SAMP

For consumers willing to partake in the Self Administration of Medications Program (SAMP) at: Facility:.....

I am willing to participate in the education of my medications and the Self Administration of Medications Program (SAMP).

I understand the information given to me about SAMP

I can withdraw from the program if:

1. I become acutely unwell
2. I chose to
3. I am discharged from the facility/service.

..... (Consumer Signature).

..... (Date)

..... (Witness)

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Step 2

Nurse,
It's time for my
medication



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I must remember to take my pills at the right times every day



Step 3



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Charters Towers Rehabilitation Unit CONSENT FORM – MEDICATION SAFE

For Consumers who have been assessed and are deemed capable of attending to their own administration of medication – SAMP Step 3

I am willing to pay the \$10.00 deposit for the key to my medication safe. I have been assessed and passed the requirements to be in Step 3 in SAMP.

I do understand that I am responsible for the key at all times and the only person to have the key in my possession. I also know that I will have to surrender my deposit for the key if it is misplaced.

I do understand that staff at CTRU have a duty of care for my wellbeing and reserve the right to have the key returned to them if I become:

- Mentally unwell
- Non-compliant with my medication, or
- Misuse my medication (ie. over consumption)

PLEASE NOTE:

As part of Step 3 SAMP, staff at CTRU will monitor your compliancy with random blood tests and have the authority to do medication safe checks.

..... (Consumer Signature).

..... (Date)

..... (Witness)

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Step 4 Community

MARCH 2011						
SUN	MON	TUES	WED	THURS	FRI	SAT
		1 Tell Case manager going away	2 Pack enough meds for trip	3 Conference in Adelaide	4	5 Check out the sights
6	7 Blood test	8	9 GP appt Depot due	10	11 Fill script at pharmacy	12
13	14	15	16	17	18	19
20	21	22	23 GP appt Depot due	24	25 Meet with Case Manager	26
27	28	29	30	31		



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Charters Towers Rehabilitation Unit (CTRU) and Charters Towers Community Support Program (CSP) SAMP Flow Chart

STEP 1

All CTRU consumers start on Step 1
Staff administer medication

Consumer Consent Contract to be signed before Step 1. SAMP Consumer Assessment Form to be completed prior to 3/12 reviews and or PRN and along with MDT the decision to progress steps will be made. If errors occur such as compliancy issues or change in acuity are detected the consumer will go back to the appropriate stage as decided in consultation with MDT and or the treating doctor.

STEP 2

Consumer becomes confident with initiating his/her own medication and is supervised.

STEP 3

Consumer is responsible for his/her own initiating and reporting to staff following administration of own medication. Works towards gaining skills for Step 4.

STEP 4
(In the Community)
Without direct supervision the consumer is independent with all aspects of medication management.



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What SAMP will do for consumers!

Assess current Knowledge

Educate

Empower

**Support
&
Continuity**

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What SAMP will do for the Multidisciplinary Team:

- **Understand the SAMP process**
- **Accurate implementation of individualised medication plans**
- **Empower staff**
- **Reduce barriers**
- **Community support**



Evaluation and Feedback

- **Six week Post-discharge Feedback form**
- **SAMP consumer feedback form.**



Looking Forward

■ **Move from
local to district**

■ **Mandatory
Training**

■ **Staff education in
other Health
Service Districts**



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Assessment Tools & Documents

- **Referral Form**
- **Consent Form**
- **Brief Psychiatric Rating Scale (BPRS)**
- **Mini Mental State Exam (MMSE)**
- **Medication Action Plan (MAP)**
- **Health of the Nation Outcome Scale (HoNOS)**
- **Life Skills Profile (LSP)**
- **Occupational Therapist - Cognitive Assessment**
- **Individual Care Plan (ICP)**
- **SAMP Medication Management Plan**
- **Medication Chart**
- **Progress Notes**
- **SAMP Consumer Assessment Form**
- **Consumer Medication Questionnaire**
- **Six Week Post Discharge Feedback Form**
- **SAMP Consumer Feedback Form**
- **Consumer Perception of Care Form (CPoC)**



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