

SELF-MEDICATION PROGRAM (SMP)

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook provides guidance for the management of Self Medication Programs (SMPs) designed to monitor patients' progress towards the understanding and independent administration of medications.
- 2. SUMMARY OF MAJOR CHANGES:** This VHA Handbook incorporates the tools necessary to assess a patient for participation in an SMP and to define education, monitoring and documentation of progress towards independent medication administration. The use of self-medication has been incorporated into many Department of Veterans Affairs (VA) treatment programs and may be considered a viable program for all official VA bed sections. The most significant change from the former policy is the broad application of this policy and evaluation of patients qualifying for the program. This Handbook allows more independence to facilities to design SMPs that meet the needs of their patient populations. In addition, there is more flexibility in the types of medications permissible for use in the SMP, including the use of controlled substances. Storage requirements for non-controlled substances and controlled substances are defined in this Handbook.
- 3. RELATED DIRECTIVE:** VHA Directive 1108 (to be published).
- 4. RESPONSIBLE OFFICE:** The Chief Consultant, Pharmacy Benefits Management Strategic Health Group (119) is responsible for the contents of this Handbook. Questions may be addressed to (202) 273-8429.
- 5. RESCISSIONS:** This VHA Handbook rescinds VHA M-2, Part VII, Chapter 11, dated August 20, 1993.
- 6. RECERTIFICATION:** This VHA Handbook is scheduled for recertification on or before the last working day of March 2010.

S/ Jonathan B. Perlin, MD, PhD, MSHA, FACP
Acting Under Secretary for Health

DISTRIBUTION: CO: E-mailed 3/16/05
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 3/16/05

CONTENTS

SELF-MEDICATION PROGRAM (SMP)

PARAGRAPH	PAGE
1. Purpose	1
2. Background	1
3. Definition	1
4. Scope	1
5. Medical Center Director Responsibility	1
6. Patient Selection Criteria and Assessment	2
7. Various Levels of Patient Independence in Self-Medication	2
8. Clinical Monitoring	4
9. Patient Education	4
10. Medication Selection Criteria	5
11. Medication Security Criteria	6
APPENDIX	
A. Description of Key Functions for Levels of Self-Medication Program	A-1

SELF-MEDICATION PROGRAM (SMP)

1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides new policy and procedure for the operation of Self-Medication Programs (SMPs).

2. BACKGROUND

In 1993, VHA SMP policy was delineated in M-2, Part VII, Chapter 11. Since that time, VHA has increasingly shifted health care delivery from traditional inpatient hospital-based approaches to a range of residential and community-based delivery systems. This shift has fostered a greater emphasis on rehabilitative approaches that promote patient education and skill development designed for improved self-care. With these newer approaches to health care, patients are able to learn and practice self-care skills, including the self-management of their medication regimens.

3. DEFINITION

SMPs are structured programs for patients to learn and practice skills for the self-management of their prescribed medications; it occurs on all official Department of Veterans Affairs (VA) bed sections. The self-management of medications includes:

- a. Methods that permit selected patients to self-administer medications authorized by their health care provider, and
- b. Instructions for teaching patients to assume responsibility for their medication storage.

4. SCOPE

a. VHA policy establishes programs that maximize patient functioning and independence for self-medication and identifies patients who are appropriate for such programs. Knowledge of one's medication regimen, the ability to self-administer and demonstrated compliance with a medication regimen are considered important aspects of self-care. The SMP is designed to teach and monitor self-medication administration, storage and compliance; it is not intended to be used to solve staffing or other workforce-related issues.

b. This new Handbook is designed to assist in the development of local policies that foster maximum opportunity for patients to improve and utilize self-care skills prior to discharge (or transfer) to less supervised or structured levels of care.

5. MEDICAL CENTER DIRECTOR RESPONSIBILITY

The Medical Center Director is responsible for ensuring a written SMP policy for each participating ward, unit or program. SMP policies must include guidance for:

- a. Assessing patients' suitability for the SMP;
- b. Patient education and compliance;
- c. Administration, safekeeping and storage of medication;
- d. Monitoring clinical responses to medications; and
- e. Reporting adverse drug events.

6. PATIENT SELECTION CRITERIA AND ASSESSMENT

a. Prior to each patient's entry into the SMP, a provider with prescriptive privileges, and/or other qualified staff, must assess patients in VA bed sections who may benefit from participating in a SMP. A progress note, with a provider's order, must document that the patient has been assessed and is eligible for the SMP. This assessment must include the patient's degree of knowledge and understanding of the following:

- (1) The name of each medication;
- (2) How to administer each medication (such as appropriate frequency, routes of administration, dose, etc.);
- (3) Storage requirements;
- (4) Reason for taking each medication;
- (5) Common side effects of the medication;
- (6) Integration of medications into the patient's lifestyle;
- (7) Possible barriers to compliance;
- (8) Possible barriers to learning; and
- (9) Procedures for requesting a change in medication regimen.

b. Before discharge from the SMP, the provider must assess the patient's ability to demonstrate knowledge of self-medicating, as described in subparagraph 6a., and document the outcome.

7. VARIOUS LEVELS OF PATIENT INDEPENDENCE IN SELF-MEDICATION

Based on the results of the patient assessment, each patient must be categorized as either a "semi-independent" or "independent" participant in the SMP; and, if assessed as "semi-independent," then be further sub-categorized into one of four defined levels of SMP semi-independence. *NOTE: Appendix A, entitled "Description of Key Functions for Levels of Self-*

Medication Program” provides guidance for medication dispensing, administration, monitoring, education, and storage for each level.

a. Patients’ self-medication status can change throughout their treatment as they develop the skills necessary to manage their own medications, or when closer supervision is warranted. One method likely to be helpful for patients to progress through levels is personalized education regarding the patient’s medications, followed by demonstrated knowledge by the patient.

b. Key functions involved in all levels of self-medication programming include the following:

(1) **Periodic Assessment of Patient Medication Knowledge.** Assessment of patient medication knowledge is a process by which a patient’s ability to accurately and safely self-manage the patient’s own medication regimen is determined. The findings of this assessment must be documented in the patient’s medical record.

(2) **Patient Level of Independence Defined.** Each patient accepted into the SMP must be categorized as either “independent” (Level V) or “semi-independent” (Levels I-IV) in self-medication.

(a) The independent patient (Level V) is capable of assuming complete responsibility for the storage, security, and self-administration of medications. This patient understands the medication and potential side effects, and can consistently demonstrate independent medication management.

(b) The semi-independent patient (Levels I-IV) requires additional education and varying levels of medication monitoring which may range from the direct involvement in nursing for observing and documenting each self-administered medication, to an indirect role of documenting the results of periodic reviews of patient’s self-medication practices, a visual count of patient’s medications, or clinical observations of patient’s responses.

(3) **Pharmacy Method of Dispensing.** All VA and non-VA medication will be labeled in accordance with current VA policy. The VA pharmacy is required to check prescription and non-prescription over the counter (OTC) medication and herbal products not dispensed by the VA Pharmacy, even though they are approved by the VA provider for self-medication.

(4) **Type of Medication Administration.** Patients on semi-independent status may progress towards increasing independence based on the staff’s assessment of the patient’s ability. When independent self-medication status is indicated, a patient may receive a 7 to 30-day supply directly from the pharmacy.

(5) **Compliance Monitoring and Documentation of Medication Administration.** Staff responsibility for monitoring patient compliance with self-medication may range from directly observing each dose and documenting same to clinical monitoring and documentation only of the patient’s response to medication. Each facility must define the responsibilities for documentation in their local self-medication policy. **NOTE:** *Intermediate levels of monitoring*

patient compliance may include observation of a patient filling a daily pillbox, periodic staff review, or counting the medication in the patient's possession.

(6) **Patient Education.** Patient education is along a continuum and must be provided initially for each medication, and must continue until the patient has successfully demonstrated the skills and understanding of the medication to independently self-medicate. **NOTE:** *Detailed guidance on patient education is described in paragraph 9.*

(7) **Responsibility for Medication Storage.** Responsibility for medication storage may range from storage of all medications by designated staff to the patient storing the patient's own medications. In all cases, medications (including controlled substances) must be stored in locked locations, accessible only to clinical staff and the patient for whom the medications are prescribed.

8. CLINICAL MONITORING

Clinical monitoring of the patient's response to medications must be recorded in the patient's progress notes periodically, in addition to the compliance monitoring described in subparagraph 7b(5). Clinical monitoring includes:

- a. Identification of target symptoms;
- b. Assessment of the efficacy of the medication on those target symptoms and of any adverse events associated with the use of the medication, including the patient's own perception about side effects and efficacy;
- c. Reviewing relevant laboratory results, etc.; and
- d. An assessment of educational needs and barriers.

9. PATIENT EDUCATION

A thorough understanding of patient's medications is vital to the patient's success with self-medication. Following an initial assessment of the veteran's knowledge of the patient's medication regimen, education must be provided by clinical personnel for each medication included on the patient's medication regimen, regardless of the patient's independence "level."

- a. Education needs to include the parameters listed in preceding subparagraph 7b(6).

NOTE: *The use of learning aids may be beneficial and are encouraged for increased comprehension and/or compliance with the medication regimen (increased medication understanding). Examples could include a demonstration of proper metered dose inhaler technique, daily flow sheets of medications and administration times, posters, and the use of a pill box.*

- b. The education provided needs to be documented in the patient's clinical record. This documentation is to include the:

- (1) Name of person providing education,
- (2) Education provided, and
- (3) Level of understanding demonstrated and/or verbalized by the patient.
- (4) Assessment of a patient's learning needs (e.g. barriers, preferred methods of learning, etc.)

10. MEDICATION SELECTION CRITERIA

a. **Selection of Medication for SMP.** Medication for use in the SMP requires a licensed health care provider to review and assess the patient's medication regimen and to document, in the patient's chart, the regimen approved for self-medication. An effective procedure regarding the use of the patient's own medication in the SMP must be established in writing. Intravenous or injection therapy will not be permitted in the SMP; the exception being insulin.

b. **Controlled Substances**

(1) Controlled Substances can be included for self-medication use as determined by individual VA facilities. If the VA facility determines that controlled substances are to be included in the self-medication program, the facility must adhere to standards in the VHA Handbook 1108.1 and 1108.2 on the handling, storage and inspection of controlled substances.

(2) Controlled Substances that are administered intravenously, or as an injectable, are not permitted in the SMP.

(3) Controlled Substances used in the SMP will be permitted in 7-day quantities, or less, if administered and stored entirely by the patient.

(4) Controlled Substances administered by the facility must be inventoried every 72 hours, as described in the VHA Handbook 1108.1.

(5) Storage for controlled substances administered by the patient must have a secure locked system as described in the VA Handbook 0730/1.

c. **Over-the-Counter (OTC) Medications and Herbal Products.** OTC medications and herbal products are permitted in the SMP only after a licensed health care provider has evaluated the patient's medical history and medication regimen, and approves the products for use.

d. **Medication-dosing Packaging.** The following methods must be used to obtain the correct medication-dosing packaging for an SMP patient.

(1) The Outpatient Pharmacy Software Package must be used for self medication in patients requiring multi-dose vials use. A health care provider may use the Outpatient Pharmacy Software package to order the multi-dose vials used for patients that do not require daily reviews

and monitoring (e.g., No Medication Administration Records (MAR) are available with this software). This process may require the implementation of a locally-defined (or centrally-recommended) Outpatient Status that establishes the days supply and refill maximums.

(2) The Inpatient Software Package must be used for self-medication in patients requiring unit dose medication. A health care provider may use the Inpatient Pharmacy Software package to order unit dose medication along with MAR that is printed, along with the dispensing of these medications. This process requires that the patient be locally-designated as Inpatient Status. **NOTE:** *Medication may be monitored and documented by staff using this software package.*

11. MEDICATION SECURITY CRITERIA

a. All self-medications (including controlled substances) must be kept in a locked cabinet or locker accessible only to the patient, the provider with prescriptive privileges, and/or qualified ward staff. Keys must be unique and not usable in other patients' cabinets or lockers. **NOTE:** *Facilities may wish to use keyless entry security systems.*

b. Exceptions to security requirements are made for self-medication that must be stored under refrigerated conditions.

c. Patients must agree, in writing, to comply with all security requirements in order to participate in the SMP. This agreement must include a statement that the patient is responsible for the security of self-medication(s) and lock-box key or security code issued to the patient.

APPENDIX A

DESCRIPTION OF KEY FUNCTIONS FOR LEVELS OF SELF-MEDICATION PROGRAM

Key Functions	Level I "Semi-independent"	Level II "Semi-independent"	Level III "Semi-independent"	Level IV "Semi-independent"	Level V "Independent"
Assessment of patient medication knowledge.	Not demonstrated for self-medication at higher level.	Not demonstrated for self-medication at higher level.	Demonstrated for Level III self-administration.	Demonstrated for Level IV self-administration.	Demonstrated for Level V self-administration.
Pharmacy method of dispensing.	Unit dose.	Patient requests daily supply of medication from nurse.	Multi-dose vial.	Multi-dose vial.	Multi-dose vial.
Means of medication receipt.	Patient requests each dose from nurse.	Patient requests daily supply of medication from nurse.	Patient receives a 7-day supply from pharmacy.	Patient receives a 7 to 30-day supply from pharmacy.	Patient receives a 7 to 30-day supply from pharmacy.
Monitoring and documentation of education administration.	Nurse observes and documents patient self-administration.	Nurse observes and documents patient filling of pillbox daily.	Nurse observes filling of pillbox, if used. Patient documents daily self-admin. of medication. Nurse verifies compliance and documents at 3 and 7 days.	Nurse observes filling of pillbox, if used. Nurse does a review and/or visual count and documents as determined by team.	Clinical monitoring of patient's response to medications is documented. If clinically indicated, random spot check of medication is conducted.
Patient Education.	Nurse provides education at each dispensing of medications.	Nurse provides daily education as patient fills pillbox.	Pharmacy or Nursing provides education upon patient's receipt of medication.	Pharmacy or Nursing provides education upon patient's receipt of medication.	Appropriately credentialed staff provides education (including pillbox use) upon patient's receipt of medication.
Responsibility for medication storage.	Nurse stores all medications in locked location.	Nurse stores medications in locked location except patient's daily supply in pillbox.	Patient stores own medications in a locked location.	Patient stores own medications in a locked location.	Patient stores own medications in a locked location.