

Implementation of a Self-Medication Program for Transplant Recipients

The Problem

Transplant recipients are often overwhelmed with the quantity of new medications needed after their transplant. Without appropriate education and medication counseling prior to discharge, there is an increased risk of adverse medication events and non-compliance as an outpatient.

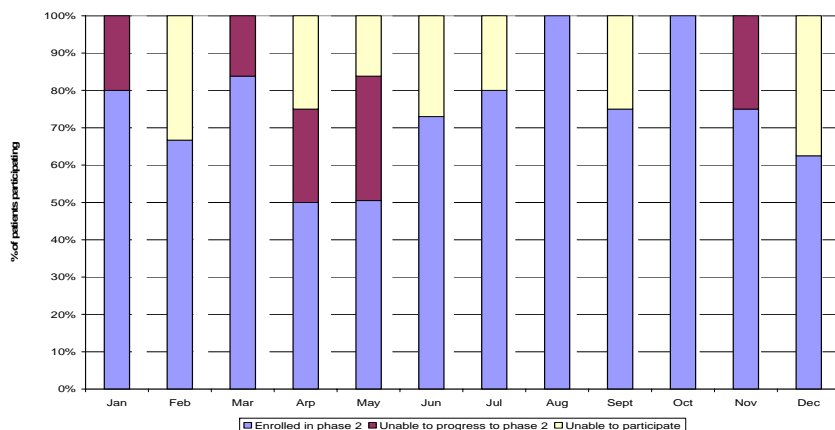
Aim/Goal

The goal of the self medication program is to improve patients' understanding of immunosuppression regimens and to decrease non-compliance. By decreasing non-compliance, we anticipate a decrease in re-admissions for non-compliance related rejection.

The Team

- Team Leader – Christin Rogers, PharmD, BCPS
- Pharmacy support – Dan Migliozi, PharmD, Jackie Gossett, PharmD, Natalya Asipenko, PharmD, BCPS, Marissa McCann, PharmD, in addition to many other pharmacists
- Nursing staff on Farr 10, Transplant Surgeons, Psychologist

Participation in the Self-Medication Program



The Interventions

Patients are evaluated for participation in the Transplant Self-Medication Program upon arrival to Farr10. Participating patients are educated about the program and are provided two alarm clocks that are set to remind the patients to call for their 6am and 8am medications.

Phase 1

- Patients are responsible for calling their nurse and requesting the necessary medications that are due at the appropriate dosing times.
- Once patients demonstrate an ability to call for all medications at the appropriate times, they will be moved into phase 2 of the program.

Phase 2

- In addition to calling for medications, patients are now responsible for identifying the correct dose of each medication from vials supplied by pharmacy. Patients now fill their own medication cup, which is then checked by the nurse.

Lessons Learned

In hopes to minimize the impact on pharmacy workflow, pre-filled vials of a 3 day supply of key medication were stocked for dispensing. Review of the first 2 months data revealed excess medication waste. The amount of medication dispensed was subsequently reduced to minimize waste.

Surveys have been developed to assess patient satisfaction with the program. Patients have confirmed that the program makes them feel comfortable with their new medication regimen prior to discharge.

Next Steps / What Should Happen Next:

Begin sending our follow-up surveys via mail/email to assess compliance at 6-12 months post transplant.

Evaluate readmission diagnosis code for non-compliance. Compare to rates prior to program implementation.



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