To Great Extent they are equipped to control their pain.

To their postpartum patients so hospitals need a well-devised means of providing

Increases chances of developing persistent

Increases incidence of postpartum depression.

Leads to increased opioid use.

Decreases rates of exclusive breastfeeding.

Impedes upon her ability to learn new

Impedes upon her ability to care for themselves at home.

Less patient interruptions.

Decreased opioid use.

Uncontrolled postpartum pain...

Impedes upon her ability to care for herself and her newborn.

Impedes upon her ability to learn new information.

Decreases rates of exclusive breastfeeding.

Decreases her ability to rest and heal.

Leads to increased opioid use.

Increases incidence of postpartum depression.

Increases chances of developing persistent pain.

With 98.6% of births occurring in a hospital setting, hospitals need a well-devised means of providing pain medication to their postpartum patients so they are equipped to control their pain.

Self-Administration of Medications (SAM) is when patients are provided with a kit of over-the-counter medications by a registered nurse (RN). The patients are then responsible for storing and administering their medications during their hospitalization.

Implementing SAM has led to...

• Improved pain relief

• Decreased wait times to receive medications

• Increased patient and nurse satisfaction

• Patients feeling more prepared to care for themselves at home

• Less patient interruptions

• Decreased narcotic use

Despite documentation that SAM has many proven benefits, it has not been widely implemented in hospitals across the United States.

Identifying barriers and facilitators prior to implementing the SAM program at an NYC hospital will ease the implementation, success and longevity of the program.

Introduction

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Methodology

Design
Posttest design

Sample
41 postpartum RNs and 7 postpartum nurse practitioners (NPs)

Setting
48–bedded postpartum unit in a large medical center in a metropolitan setting in New York City, New York.

Study Interventions

Education Phase
• 3 lunch and learn sessions held in January 2020. Participants were educated on the literature and implementation process of SAM.

Evaluation Phase
• Each participant completed a 30-question survey entitled “Barriers and Facilitators to Using Research in Practice.” The survey aims to identify institutional, professional, legal, and practical barriers to implementing SAM.

Analysis

Questions 2-30 on the Barriers Scale were evaluated by identifying which questions had the greatest number of “to a great extent” responses. When participants selected “to a great extent” they were identifying the preceding question/statement as a barrier to implementing SAM.

In contrast, the questions with the greatest number of “to no extent” responses were deemed facilitators.

Discussion

RNAs and NPs identified lack of administration buy-in and nurses feeling that they lack authority as barriers to implementing the SAM program. With nurses support being identified as a facilitating factor it will be utilized. These are essential factors to successfully implementing and sustaining the SAM program.

Collaborative Team

With administration identified as a roadblock to implementing SAM, a collaborative interdisciplinary team has been created to implement SAM and other evidenced-based measures into practice at this metropolitan hospital.

Nurse Buy-in

Due to overwhelming interest from the RNs, a taskforce team consisting of 4 day RNs and 2 night RNs will be created. They will collaborate on the SAM protocol and will also participate in the SAM collaborative team.

Disseminating

Following the implementation of SAM, a step-by-step guide will be produced which can be used by other hospitals to implement SAM at their own institutions.

References


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