

Introduction

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 lead 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.

Background & Significance

Nearly 4 million women give birth each year in the United States making it imperative to provide them with reliable pain relief.

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.

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 learns were 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.

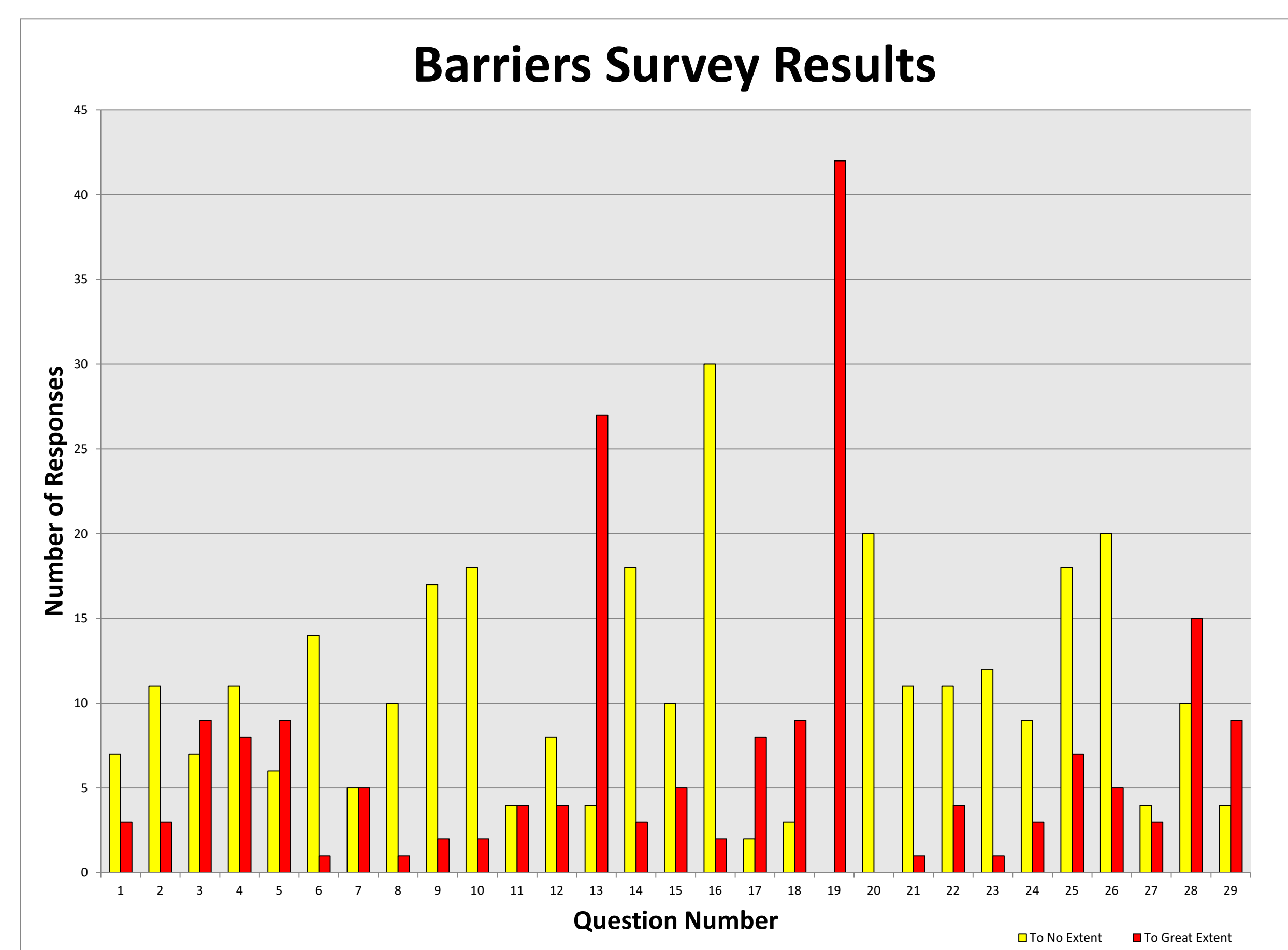
Results

Barriers

1. Administration will not allow implementation (n= 42)
2. The nurse does not feel she/he has enough authority to change patient care procedures (n= 27)
3. The nurse does not feel capable of evaluating the quality of the research (n= 15)

Facilitators

1. The nurse sees benefit for themselves (n= 30)
2. The nurse sees the value of research for practice (n= 20)
3. Nurses' willingness to try new ideas (n= 20)



Discussion

RNs 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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