

DATA COLLECTION FORM FOR PHARMACY STAFF
KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY (KNUST)
DEPARTMENT OF CLINICAL AND SOCIAL PHARMACY
EVALUATING THE MANAGEMENT OF PATIENTS' OWN DRUGS (PODs) AT THE MEDICAL
WARDS OF KOMFO ANOKYE TEACHING HOSPITAL (KATH) – KUMASI

Kindly tick [] the response that best corresponds to your opinion.

1. Gender Male [] Female []
2. Please indicate your level of qualification
 Pharmacist [] Pharmacy Technician [] Dispensary assistant [] Pharmacy Intern
 pharmacist [] Other [], specify.....
3. How many years have you practiced?
 Less than 5yrs[] 5-10yrs [] Rarely [] No [] Don't know []
4. Do patients bring along their medicines when coming to the hospital?
 Yes [] No []
5. Is it important for patients bring their medicines when coming to the hospital?
 Yes [] No []
6. Which of the following do you see as benefits of the management of POMs?

Possible benefits of the management of PODs	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
It serves as strategy to prevent medication error					
To reduce the complexity of patients' medicines					
Improving accuracy in medication history taking					
Creates avenue for education and counseling					
It helps to identify if admission was due to prescribing errors or adverse reactions to medicines bought from the community					
Helps to lower treatment costs					

7. Does the hospital have any written policy about the handling of PODs of patients on admission?
 Yes [] No []
8. Are there any quality assessment check made on the available PODs?
 Yes [] No []

9. Which of the following factors would you consider when assessing the POMs of each in-patient?

Please tick [] as appropriate.

Factors to consider when assessing PODs of in-patients	Yes	No	Not Sure
The physical integrity of the PODs			
The quantity of the PODs			
The expiry dates on the PODs			
The storage conditions patient gives to PODs			
Seeking the consent of the patients before disposing an unsuitable POD			
Re-labelling and documentation of PODs that are continued on admission			
Checking whether PODs are part of Discharge medicines			
Providing education for the patient/carer upon admission, about the hospital's take on the use of PODs at the ward			

10. For each of the statement below, tick [] the response which best corresponds to the your thinking on the possible challenges that might be encountered in the management of PODs at your facility.

Possible challenges to the management of POMs	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
Difference brands of same medicines procured and dispensed					
Inadequate time for PODs assessment at the ward					
Lack of PODs policy guidelines in the hospital					
Inadequate skills for staff for the assessment of PODs					
It is a shared responsibility of the pharmacy staff					
Patients on NHIS feel they should always new medicines					
The illegibility of the labels on medicines					
Inadequate staff to assess PODs of all in-patients					
The illiteracy level of patients/carers					
Inadequate counseling/education given to patients/carers to bring along all their PODs when coming to the hospital					

11. What in your opinion could be done to improve the management of PODs in patients on admission at this hospital?

DATA COLLECTION FORM FOR IN-PATIENTS

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WARDS OF KOMFO ANOKYE TEACHING HOSPITAL (KATH) – KUMASI**

Patient’s code: Ward: Bed No.....

Admission Date: Diagnosis..... Discharge Date:

Data Collected by: Date collected:

1. Gender Male[] Female []
2. Age.....
3. Level of education
4. Occupation
5. Are you on the NHIS? Yes [] No []
6. What sickness do you have probably caused your admission to this ward?
7. Kindly provide the following information about your own medicines (whether prescribed or supplementary) that you were taking before coming on admission.

Name & strength of PODs	PODs available[√] or unavailable [x]	Your best description of your PODs	Are PODs captured in the DHx in their folder (Y/N)

Kindly give (where possible) the **reasons** to the statements below.

8. PODs available on admission.....
9. PODs are not available on admission.....
10. The use of other supplementary medicines (if only patient has).....
11. Would you like to be given your POD if it were prescribed for you again either on admission or as part of your discharge medicines? Yes [] No []

APPENDIX V: ASSESSMENT FORM FOR PODS

ASSESSMENT CRITERIA FOR PATIENTS’ OWN DRUGS AVAILABLE			
Name & strength of POD(s)			
	Yes, complete		

Label present	Yes, incomplete			
	No			
Instructions for use legible	Legible			
	Illegible			
Clean and intact	Yes			
	No			
Expired date identified?	Yes			
	No			
POD expired?	Yes			
	No			
	Not Sure			
Quantity left				
PODs part of first day Rx				
PODs part of discharged Rx				

QUALITY CHECKLIST CRITERIA FOR PATIENTS' OWN DRUGS (PODs)

Label

- It must present, legible and clean
- It must state the name, the strength and actual quantity of drug
- Instructions should be clear and understandable
- Medicines should have been dispensed within the time frame its remain efficacious.

Container

- The container should be original, intact and clean
- There should only be one product within the container

Expiry

- The expiry date should be found and should not be exceeded.

Product Integrity

- The medicine should be easily identified.(especially if clear liquid or loose white tablets)
- The product should be whole, clean with no visible deterioration (eg, no broken tablet)

Storage

- The medicine must be stored according to manufacturer's recommendations

Adapted from: Quality checklist for assessment of POD (Panel 1) by Sean et al and PODs assessment criteria by NHS Tayside Medicines Management I (Use of POD)