



The Automated Pill Dispenser Project - End Project Evaluation Report March 2012

EXTRACTS FROM THE CASE STUDIES

Case Study 1 -

Condition: COPD and general health problems

Mr and Mrs J - Dudley

Mrs J suffers from Asthma and Chronic Obstructive Pulmonary Disorder (COPD) and was struggling with her medication. She was also responsible for making sure that her husband was taking the correct amount of medication at the right time: he had lots of health problems and was constantly getting his medication mixed up.

Due to her own health problems, Mrs J was not able to go out unaided and when she was taken out she got very anxious in case she could not get back to Mr J in time to give him his medication. To help him regulate his medication Mrs J bought a weekly pill box from the pharmacist that she filled but this caused problems as Mr J was still taking the doses at the wrong times.

A case manager for health could see the distress it was causing Mrs J and the detriment it was having on her health so she referred Mr & Mrs J to the pill dispenser project.

The first week on the project Mrs J and the case manager were shown how to use the pill dispenser followed by a visit the next week to show Mrs J how to change the disposable tray inserts in the dispenser. Mrs J was happy with changing the inserts herself and did not have to rely on the case manager to do it.

Mr J was later introduced to the pill dispenser and was able to take the correct medication at the correct time and change the tray over on a weekly basis. Both Mr and Mrs J's health improved and Mrs J is much more confident about medication. She is now able to go out without worrying about getting back.

Case Study 2

Condition: Vascular dementia

Mr Barber – Dudley

Mr Barber took part in a DVD and his story can be seen at:
<http://nhslocal.nhs.uk/story/features/pill-machine-medicine-remind>

Case Study 3

Condition: Epilepsy

John – Staffordshire

John is 25 and recently left home to live independently. He struggled with managing his medication which helped control his epilepsy and reduce the risk of tonic-clonic seizures.

As a result he relied heavily on both Community Nursing support and social care staff. He was frequently visited by paramedics and hated the ambulance trips to hospital. He acknowledges that he didn't like so much attention, which although necessary, impinged on his lifestyle. His lifestyle also suffered because he was experiencing absent periods following a seizure, mainly in the mornings. This coupled with unsettled nights affected his ability to function and manage everyday living. His home was in a poor state and his landlord was threatening to ask him to move. His family was worried for him and his friends were visiting less, worried by his seizures. He was reluctant to engage in voluntary work in case he had a seizure.

In June 2010 John started using the pill dispenser and within a week his medication compliance improved, this meant his medication started to help manage his epilepsy and his seizures reduced significantly. His sleep improved and he had more energy to live his life.

He started to tidy up his home and his friends started visiting again reassured by his improved health. He was able to rely less on his Community Nurse and after two months they now only visit on a planned basis to monitor.

His care team visits have also reduced so John has regained control of his life to the delight of himself, his family and friends.

His confidence has grown and now he has achieved his goal of working with a community agency greeting visitors to a local leisure centre.

John has said using the pill dispenser has been the turning point for him in getting on with his life.

Case Study 4

Condition: Brain injury causing memory loss

Mrs R - Staffordshire

Mrs R was assessed after a referral from her social worker. She had received a brain injury a few years earlier which had left her with memory loss and epilepsy. Her quality of life had declined because her husband had to work away, which meant she was forgetting to take doses of her medication and had to rely on her children to remind her to take her tablets.

Because she was forgetting her medication she was suffering more epileptic seizures which made her feel very self-conscious and not want to go out unaccompanied.

After using the pill dispenser for a couple of weeks, she was very happy with it and she was taking her medication much more reliably. This meant her seizures were now improving, giving her much more self-confidence, improving her quality of life and giving her husband much more peace of mind whilst working away.

Case Study 5

Condition: Learning Difficulties

Mr C – Wolverhampton

There is a supported living scheme that provides 24 hour support to the tenants with a learning disability. Staff within the scheme until recently would have administered the tenants medication.

Mr C is aged 60 years and had been previously living in a residential care home since 1972. In February 2007 the care home closed and he was asked if he would like to live more independently. He was very reluctant to move into supported living.

Professionals also expressed concerns regarding his capabilities to live independently. However since this time he has embraced the changes within his life and achieved many personal goals in all aspects of his life and continues to be a positive role model to others.

In March 2011 joined the pill dispenser project and embraced this change. He had never been able to administer his own medication as staff held the view that he was not capable of doing so. He was given a tipper along with the dispenser and now manages his own medication. This has made a dramatic change to Mr C's life. It has increased his self-confidence and motivation in a positive way. Staff now only need to monitor and will ask him if he has taken his medication.

Family have also noticed what a positive impact the pill dispenser has had on him.

Mr C is very proud of his achievement and has recently become an ambassador for independent living and is looking to champion the use of assisted technology to other people within Wolverhampton.

Case Study 6

Condition: Non-compliance causing breathing difficulties

Mrs C – Worcestershire

Mrs C was admitted to hospital with breathing problems which appeared to be as a result of her forgetting to take her medication. She was provided with a PivoTell but declined any other support. Mrs C's daughter says the PivoTell is 'brilliant' and a 'life saver'. She said it has very much helped as her mother requires steroids to help her eczema. As she was taking these regularly the eczema has got much better and the dosage is being decreased slowly. She also said that she showed her mother's GP who was impressed with the device.

Case Study 7

Condition: General health problem complicated by confusion over medication to be taken

Mr F – Worcestershire

Mr F was admitted to hospital with a general health problem. When he was discharged he had so much medication that he did not know what to take and was taken back into hospital a day later with an accidental overdose. He spent a long time in hospital and initially did not want to leave.

Case Study 7 (Continued)

He moved into sheltered accommodation and was provided with a PivoTell and orientation clock. Mr F states that the PivoTell is going well for him. He says he takes his medication when the box tells him to, when it alarms. He has had no problems with it at all.

His advocate advised that the clock and PivoTell are working very well. He said that Mr F 'looks ten years younger' as his medication is now being taken regularly and is helping him health-wise. He said that Mr F is on minimum support from his supported housing accommodation as he has managed to become largely independent again due to his, now correct, medication management. His advocate said he 'could not speak any more highly of the service provided'.

Case Study 8

Condition: Stroke/ Cognitive Impairment /Anxiety and Depression

Mr and Mrs K – Wolverhampton

Mr and Mrs K are an elderly married couple who live together in a privately owned house and prior to recent medical problems both were very independent and required no assistance from formal services.

In December 2010, Mr K had a stroke resulting in memory problems and was discharged home with the support of a re-ablement service who were visiting 4 times daily to assist with meals and prompt medication. He was keen to regain his independence and manage his medication independently.

After a few weeks, visits were reduced to twice daily but Mr K was regularly forgetting to take his medication.

In April 2010, Mrs K was diagnosed with mild cognitive impairment and adjustment disorder with mixed anxiety and depression, and prescribed medication.

She admits she was double dosing at times as she could not remember if she had taken her medication.

Family was concerned and consequently arranged for private carers to visit and prompt them both with medication. Both were not keen having carers coming into the house and wanted to regain independence around medication compliance.

Mr and Mrs K were referred by a social worker for a pill dispenser and were visited in April this year with their son present. Mr K was assessed first and deemed a suitable candidate for the pill dispenser trial. Mrs K was assessed a few weeks later, she was keen to try the pill dispenser as she was familiar with her husband's and felt it would be beneficial for her.

Mrs K was also recommended for the trial; a tipper was required as Mrs K had difficulty handling the dispenser and containing the medication in her hand.

Both have now had the dispenser for several months and carers no longer visit to prompt with medication. The devices are clearly labelled, have different alarm alerts and are kept in separate places so they do not get mixed up.

The dispenser works very well for them and Mrs K advised it has stopped her making dangerous mistakes with her medication. Both are very happy with the dispenser and relieved that they no longer have to rely on others to prompt them with their medication.

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