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Improving Patient Knowledge on Medication Communication

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Improving Patient Knowledge on Medication Communication

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Abstract

Problem: Effective medication communication, including potential side effects, is a key determinant of safe patient care and better health outcomes. 3SA scores a 1-2 out of 5-stars for medication communication with the HCAHPS survey from October 2020-March 2021.

Context: As one of the medical-surgical units at this California hospital, it serves the purpose of providing medical and/or surgical management to acutely ill patients. The unit is a 24-bed, 1:5 nursing ratio with medical-telemetry and Covid-19 overflow.

Intervention: The interventions include a structured, evidence-based multicomponent program in improving patient knowledge about new medications they receive, the possible side effects of those medication(s) and implementing of a new workflow for nurses when providing medication education to patients.

Results: The HCAHPS scoring system is used to measure outcome on medication communication by nurses. The process outcome measure was audited during leadership rounds with the goal of 80% compliance. From April 16th to May 5th, 2021, 52% of patient reported their nurse spoke to them about their medication and the possible side effects and 40% reported having been given the "medication slip" during medication pass. April 2021, 3SA closed with a HCAHPS star of 3.

Conclusion: The process measure did not meet the goal of 80%. The author identified many barriers that impact the project that can be helpful in future projects. Covid-19 greatly impacted and continues to have impact on the nursing workflow and workload. Staffing shortage, declining staff morale, lack of staff buy-in and competing projects that took priority over this project are some the barriers that have been identified.

Keywords: Medication Communication, HCAHPS, Patient Education, Teach-back method

Section II: Introduction

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a nationally recognized survey instrument and data collection methodology this Northern California hospital voluntary participates in to measure patients' perceptions of their hospital experience and helps consumers analyze and compare patient satisfaction among other like hospitals. Though HCAHPS is a voluntary measurement tool, it is a requirement for full reimbursement from Medicare (Center for Medicare & Medicaid Services, 2012). Higher repayment cultivates a motivating force for care improvement which benefits both the patients and the providing healthcare system (Britton, 2015). According to Detwiler and Vaughn (2020), hospitals are impacted in two ways with low HCAHPS scores: hindering their reputation among consumers and less funding received from Medicare.

The 24-bed medical-surgical telemetry overflow unit at a Northern California Hospital in Walnut Creek (WCR) identified as 3SA consistently receives a low score of one-star (out of five stars) in a Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey assessing the effectiveness of medication communication. Successful education provided to patients about their medications and the potential side effects are a huge marker of safe patient care and improved healthcare outcomes. Instructing patients about their medication promotes safe medication use and adherence. Inability to do so prompts an expanded risk of harm to patients (Gillam et al., 2016). According to Harris et al., (2018) interactions are insufficient when it comes to educating patients about the side effects of their medication. No attempts to identify gaps and improve the practice of educating patients about their medications can result in costly readmissions, poor patient outcomes and overall healthcare cost (Ahrens & Wirges, 2013).

Problem Description

At a large hospital-based health care system in WCR, California, practice improvements arise from poor processes, patient outcomes, and financial loss. Most of the project improvements are driven by measures such as HCAHPS and metrics that matters. Many of the projects are initiated through regional meetings and adopted by the unit-based committees run by nurses and mangers to implement the new processes. These processes involve other departments, requiring partnership from multidisciplinary teams and commitment from stakeholders. Two of the Clinical Nurse Leader's (CNL) Essential roles are quality improvement and safety (King et al., 2019). A CNL applying a systems approach to promote and implement quality measures and processes supported by evidence-based practice for patient satisfaction has greater success at desired outcomes.

Nurses have the duty to assure safe administration of medication to patients. This includes educating patients on why they are getting a certain medication and its potential side effects. 3SA consistently scores a 1-2 star for medication communication with HCAHPS. In comparison to prior year 2020, the unit score was 68.9 (1 star), While the year 2021 is 63.5 (1 star), a decline and difference of -3.6. The goal is to help increase patient engagement in care, increase communication between nurses and patients, improve patient care experience and increase HCAHPS scores in the category for medication communication for the unit.

Available Knowledge

The inquiry of medication communication prompted several articles that expressed the indication for expanded medication education training and increase patient care experience. Current studies also support that with patient focused communication and education surrounding medication improves adherence by reducing diseases and hospital readmission. Additionally, the education provided to patients improve healthcare outcomes, having a positive impact on patient satisfaction.

PICOT Question

Patients who are admitted to the inpatient medical-telemetry unit, how does receiving education on medication(s) indication and side effects compared to no education affect the patient's care experience in a 4-month timeframe (data collected and measured through the HCAHPS survey).

A systematic data base search was performed to gather evidence and current practices in improving HCAHPS scores exclusively surrounding medication communication. The following databases used were Cochrane Database of Systematic Reviews, Joanna Briggs, Evidence-Based Journals, CINAHL, and PubMed. Keywords used to search the databases were: medication communication, medication education, medication side effects, patient satisfaction, HCAHPS, patient education, and patient education tools. The limitations were set to English-only articles with publication dates no earlier than 2011.

Further literature shows having a structured, evidence-based multicomponent program was successful in improving HCAHPs scores. The program helps to increase patients'

understanding about newly prescribed medications. Using the teach-back approach and giving out written material improve patients' recall of medication side effects more easily. Implementing a multiple methodology to improve medication communication (Jones & Coke, 2016). In an improvement project by Gilliam et al. (2016), the "mug shot" concept significantly affect medication communication related HCAHPS survey scores when the medication label intervention was integrated with the use of the standard medication information sheets. When both mechanisms were used in earnest, HCAHPS unit quarterly scores for medications communication improved from 55% ($n = 55$) to 79% ($n = 207$). Developing a tool to introduce to help patients recall their medication indication and side effects proved to be effective and improve HCAHPS scores with medication communication.

Additionally, in a systematic mixed study review by Tabiano et al. (2019), there were three common themes surrounding patient engagement and medication communication. Patients took initiatives to discuss and make choices about different medications during communication with providers. Secondly, medication communication promoted engagement and empowerment regarding medication usage and behaviors. Lastly, patients viewed medication communication as a two-way accurate information sharing between patient and provider but preferred a more passive role. Data suggests that improved communication between patients and providers about medications can prevent medication errors during hospitalization and after discharge. It is critical not to forget that medication management requires coordinated effort across all healthcare setting and healthcare professional roles to reduce harm from medication errors. Including other healthcare professionals in the utilization of the medication education instrument will help increase communication about medication and add as a persistent layer of security for patient safety (Kitson et al., 2013).

Implementing a multi-segment program will encourage staff contribution and advance patient interest and improve patient satisfaction (Jones & Coke, 2016). Above all it will increase patient knowledge about their newly prescribed medications and side effects. This will decrease patient readmission, advance patient wellbeing and healthcare outcomes, boost medication adherence and shorten recovery time for patients (Shen et al., 2013).

Rationale

Improving the nurse-to-patient communication about patients' new medication and the potential side effects help promote patient safety and improve health outcomes. These poor performance and patient satisfaction measured through HCAHPS justified the need for implementing a change in the microsystem using evidence-based practices to improve the nurses' medication communication process to the patients on the 3SA unit. Poor medication communication by nurses could lead to deterioration of the patient's health outcome (Ahrens & Wirges, 2013). The goal of this project is to improve the patients' understanding of their medications on 3SA by employing a multi-pronged approach. The Clinical Nurse Leader (CNL) intern will lead an improvement team using the Institute for Health Improvement's Model for Improvement framework (IHI, n.d.) to guide the project. In addition, the CNL will use audits during exchange of information during handoff at the bedside and weekly Nurse Leader Rounding (NLR) data to assess that the test of change (Plan-Do-Study-Act) will either be adapted, adopted, or abandoned based on the results. A SWOT (Strengths, Weakness, Opportunities, and Threats) Analysis was completed to assesses the strength and barriers of this project (see Appendix A). In preparation to address the areas of weakness and threats, ongoing feedback from the frontline staff where they could share barriers and wins were addressed at

daily huddles. Reinforcement of the Opportunities were also discussed, staff recognition and what patients verbatim about their experience were shared with staff to sustain the process. In addition to the areas that could influence the success of the project, management discussed other competing projects that were running simultaneously. Audits were delegated to specific assistant nurse managers during leadership rounds to alleviate workload. The medication communication process was included in a connection bundle under patient care experience, combining the two processes help to cluster the care nurses provided.

In addition to the Model for Improvement framework, the CNL intern will also apply Kotter's 8-step Change Theory (Kotter, n.d.). With the current barriers and morale of the current microsystem, Kotter's model will help create a sense of urgency in why providing education to patients about their medication, celebrate the small wins and allow for the staff to be more motivated in sustaining changes. The CNL will attend the taskforce work group for medication communication monthly to share and present monthly updates. Lastly, HCAHPS scores will be compared and analyzed to evaluate the effectiveness of this project.

Project Specific Aim

The goal of this project is to engage patients and improve patients' knowledge of their medication and its side effects through a new nursing process for medication communication when administering medications, outlined in the project charter (see Appendix B) The specific aim of this project is to help increase patient engagement in care, increase communication between nurses and patients, improve patient care experience and increase HCAHPS scores in the category for medication communication for the unit. The goal for 3SA is 79.5.

Section III: Methods

Content

When taking a systems approach at health care improvement projects, assessing the microsystem using the 5 P's (Purpose, Patients, Professionals, Process and Patterns) is an important first step in designing the project. Knowing the common purpose of the unit, the patient population, the professionals that make up the microsystem, common processes on the unit and patterns all impact the success of improvements. As one of the medical-surgical unit at this California hospital, it serves the purpose of providing medical and/or surgical management to acutely ill patients. The unit is a 24-bed, 1:5 nursing ratio with medical-telemetry and COVID overflow serving an equal population of male and female patients, most of them 65+ years and older. More than 50% of the patients admitted to the unit enter through the emergency department and with a great portion of patients discharging home with or without home health and skilled nursing rehab. The average length of stay for patients ranges from 2.8-3.1 days. Patients are admitted to the unit under a line of service by a medical or surgical physician. The most common diagnoses admitted are abdominal pain (GI bleed, nausea/vomiting), falls leading to fractures and sepsis secondary to infections (pneumonia, urinary tract infection, cellulitis etc.). Being the overflow unit for telemetry and COVID-19 patients, there have been an increase for beds. The unit is taking care of higher acuity patients, there is an increase in staffing needs and skill mix, increase in overtime and increasing staff fatigue all leading to increase patient harms and poor patient satisfaction.

There are many professionals that make up this microsystem. The doctors have many different specialties, mainly orthopedics, general surgeons, vascular surgeons, nephrologist,

urologist, and gyn-oncologist. The nurses have a mix set of skills and a minimum of 1-year acute care experience. Ninety-five percent of the nurses are telemetry certified nurses and frequently float to telemetry unit. The microsystem utilizes patient care technicians (PCT), they have less training and skill mix than the traditional certified nurse assistants, mainly focusing on mobility and hygiene care. A shift regularly consists of 5-6 nurses, 2 PCTs, a unit assistant, an assistant nurse manager, ancillary and support staff helps to support the microsystem and the patients and family involved.

The microsystem has processes in places to guide safe care for patients, patient flow, human resource, compliance, and environmental safety. At this California hospital, practice improvements arise from poor processes, patient outcomes and financial loss. Many of the project are initiated through regional meetings and adopted by the unit-based committees ran by nurses and mangers to implement the new process.

In the microsystem, a common pattern observed is an absence of resources for the nurses to continue education in project improvements, patient care experiences and why metrics matters. At this California hospital, there is a pattern of poor attendance for monthly staff meetings, lack of staff engagement in huddles, limited means of communication with information sharing and a lack of excitement and commitment from staff for professional growth. The nurses and patient care technicians are unionized, and a barrier commonly observed from management is the lack of engagement in professional growth and partnership for practice improvement, which is seen by the union as practicing outside of the nurses' scope. Some project improvements have been delayed from the nurses' union fearing changes and "unsafe" nursing practice would lead to increase harm and patient safety. Changes are frequently escalated up to the nurses' union and result in a delay for health care improvement. In the design of this

process improvement project, nurses and frontline staff given the opportunity to provide

feedback on the practicality of the process into their workflow. Front line staff were surveyed

prior to for management to understand how important medication communication was and how it

was incorporated into their practice. Champion nurses were identified and assisted in presenting

the process during huddles and 1:1 assistant to frontline staff to improve staff buy-in.

Intervention

The interventions include a structured, evidence-based, multicomponent program in

improving patient knowledge about new medications they were receiving and the possible side

effects of those medication(s) and implement a new workflow for nurses when providing

medication education to patients during medication administration.

The program started out with training and education provided to Assistant Nurse

Managers (ANM) and Nurse Champions prior to a new process for patient education during

patient's hospital stay and during drug administration start date of April 10th, 2021. Opportunity

for trainees to provide feedback regarding process, educational material and feasibility were

taken into consideration prior to implementation. The new process started on April 15th, 2021

include nurses applying the teach-back method when providing medication education to patients

on new medication(s). In the process, nurses were to integrate the use of "medication slips" (see

Appendix C) with the standard medication information sheets on new medications to help

patients' recall medication side effects more easily. "Medication slips" were replicated verbatim

from the organization's generated "My Medication Handout" patient education pamphlet to

avoid any possible delay and approval process from region and pharmacy for review if there

were any changes in literature for accuracy. "Medication Slips" were dispersed at huddle and on

the unit for feedback prior to implementation. During the training nurses walked through how to document education provided to patient in electronic health record used by this organization (see Appendix D). Visual posters were placed in (see Appendix E) in patients' rooms to increase patient engagement about their medication(s). ANMs started on May 15th to validate their direct report nurses during medication administration on the teach-back method and provide coaching if needed.

Study of the Intervention

Training of the Assistant Nurse Managers (ANM) and nurse champions took place between April 10th and 15th by the CNL intern. The training was completed by here author. The nurse education and training of new process outlined in Appendix F, included a step-by-step process of the roles of the individuals, the actions for everyone and the time it took to complete the process to improve patient's knowledge on medication communication during drug administration. The training and materials to improve patient satisfaction and HCAHPS scores were implemented on April 15th in which champions provided to the nurses during huddles and 1:1 training. In addition to the process, posters were placed in each patient rooms to engage and encourage patients to ask about their medications. The posters were created by the work group and staff were able to provide feedback about the size, the font, color, simplicity of poster before installed in the patient's rooms. ANMs also utilized direct report rounding and huddles to obtain feedback from nurses on the standard workflow for this project.

After training of the new process was completed with the staff, the process was rolled out. ANMs rounded on patients during leadership rounding and collected data to

measure the process. Collection of the data excluded confused patients unless family or
caregivers were at bedside to answer questions. The data collected consisted of the
following questions:

1) Have your Nurses talked to you about your medication? (Why you are taking
   them and the side effects).
2) Was there "Medication Slips" used before your nurse gave you a new
   medication?

Data collection took place from April 16th-May 5th, 2021, (a goal of 80%) 53% of
patients reported that their nurse talked to them about their medication. Forty-one percent of
patients reported their nurse using the "medication slip" during medication pass to discuss
possible side effects of drugs. The data collected showed that the process was not successful.
During observation of the process, frequently observed that nurses were not providing effective
teach-back method or omitting it completely, leading to another PDSA. This PDSA was the
validation and training for the teach-back method to nurses. This PDSA was assigned to ANMs
to complete with their direct reports. Validation tools were provided to ANMs from the local
care experience practice leader (see Appendix G). Validations were to be recorded electronically
in the organization's direct report database.

<div align="center">

Measures

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The HCAHPS scoring system will be used to measure the outcome on medication
communication by nurses for this project. The HCAHPS survey is from the Centers for Medicare
& Medicaid Services (CMS) grading system that assess the quality of consumer care. The score

of 1-5 star is given based on 2 questions that measure the effectiveness of drug communication on the HCAHPS survey patient receive post discharge. CMS and the Agency for Healthcare Research and Quality have partnered up to review the survey for validity, reliability, and adherence to what they recognize to be indicators of quality health-care measures (HCAHPS, 2021). Prior year (2020) performance HCAHPS score for medication communication on 3SA establish a baseline of 68.9. 1st and 2nd quarter including open data until May 2021 is currently 64.8. Monthly reports pulled on linear means for current performance and open data will be used to monitor trends and patterns. Daily leadership rounding audit (see Appendix H) were performed from April 16th-May 5th, 2021, to measure process outcomes with the goal of 80% of patients reporting that their nurse talked to them about their medication, discussed the indication and possible side effects while using the "medication slips" to reinforce education.

Ethical Considerations

There was no conflict of interest in the parties involved (staff, patients, and of patients reporting that their nurse talked to them about their medication, discussed the indication and possible side effects while using the "medication slips" to reinforce education. management). Healthcare professionals have an ethical duty to provide patients with accurate information to make informed decisions. Patients' rights to make their own decisions and conduct activities based on their personal beliefs and perceived advantages are the concepts of autonomy and right to self-determination. Patients have a moral duty to be informed about their medication particularly if a medication error has occurred. Healthcare providers have an ethical obligation to do no harm to patients as

medications errors are preventable. Providing care to benefit the interest of the patient is a core value of nursing. This project did not require approval by the Institution of Review Board (see Appendix I).

Section IV: Results

Prior to the project improvement, 3SA consistently received a 1-star for medication communication from October 2020 through March 2021. April 2021 closed with a 3-star. Open data shows that the PDSA implemented in April 15th has not positively impacted the medication communication between nurse and patient. The process measure did not meet the goal of 80%. The following barriers have been identified as have negatively impacting this project:

1) Covid-19 pandemic:
   a. Shortage of staff leading to:
      i. Staff burn out, lack of buy-in from staff and poor morale.
      ii. On-boarding of new staff.
      iii. Increase in travelers and float staff not familiar with process.
      iv. Cross covering ANMs not familiar with process.
   b. Shortage in ANMs covering multiple units leading to:
      i. Poor follow up with staff and real time coaching
      ii. Unable to provide effective patient rounding
2) Multiple competing projects/time conflict
   a. Patient care experience bundle, adding additional task to an already high patient acuity load.

      b. Multiple harms/quality projects

3) Lack of documentation for not traditional use of medication by the ordering physician.

      a. Increase workload for nurses to search indication.

      b. Increase the possibility of weakening the RN/patient relationship if off label use of medication was not communicated to patient.

A balancing measure to consider in this improvement project is an increase in nursing fatigue adding more to an already heavy workload. More time spent with a patient providing education and documenting intervention can take time away from other patients or other competing task, increase in overtime, and lead to poor patient care experience.

Section V: Discussion

Summary

A driver of safe patient care and better health outcomes is effective drug communication, which includes potential adverse effects. Research suggests that using a systematic, evidence-based multicomponent approach to improve HCAHPs scores is effective. The approach aids individuals in better comprehending newly given medicines. Patients' recollection of pharmaceutical adverse effects improves with the use of the teach-back method and the distribution of written materials. The interventions include implementing a new workflow for nurses when providing medication education to patients during medication administration, as well as a structured, evidence-based

multicomponent program to improve patient knowledge about new medications they were receiving and the possible side effects of those medications.

With the HCAHPS survey for 3SA from October 2020 to March 2021, the unit receives a 1-2 out of 5-star rating for medication communication. The CNL led a project improvement team that was guided by the Institute for Health Improvement's Model for Improvement framework on a 24-bed med-surgical telemetry Covid-19 overflow unit. In addition, the CNL performed audits of information exchanged at the bedside during handoff and Nurse Leader Rounding (NLR) data.

After implementation of multiple PDSA cycles, and not reaching the targeted goals, barriers were identified and new PDSA cycles were implemented.

Conclusion

Medication communication improvement project on 3SA was implemented to promote patient knowledge about their medication and improve the communication among RN's and patients during medication administration. Although many barriers were identified in the success and failure of the interventions implemented, the author identified barriers and emphasizes the importance of staff buy-in, physician collaboration, staffing shortages, multiple competing projects, additional education for the staff and lastly the impact of the Covid-19 pandemic on the staff. The program implemented did not help the 3SA reach its goal of 80%. Currently the project is in a new PDSA, involves validating nursing personnel in the proper use of the teach-back approach. Despite the obstacles encountered throughout this project, research suggests

that building a tool that gives teach back and repetition may be a long-term resource for improving patient satisfaction and safety.

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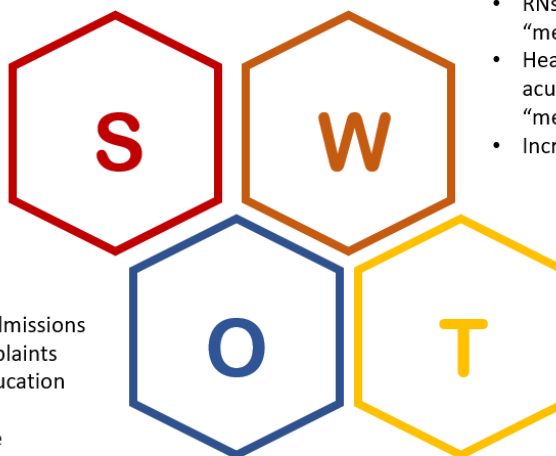http://dx.doi.org/10.1016/j.gerinurse.2006.03.015

Section VII: Appendices

Appendix A: SWOT Analysis

Strengths:
- Improve patient care experience
- Improve hospital reputation and hospital reimbursement
- Increase patient involvement and engagement
- Increase patient medication adherence and knowledge

Weaknesses:
- RNs not utilizing the "medication slips", staff buy-in.
- Heavy workload and patient acuity, no time to use the "medication slips".
- Increase in overtime

Opportunities:
- Reduction in hospital readmissions
- Reduction in patient complaints
- Accessible medication education and materials to patients
- Individualized plan of care

Threats:
- Simultaneous improvement projects occurring
- Competes with already heavy workload
- Delay response time to other patients

S W O T

Appendix B: Project Charter

Project Charter: Improving Medication Communication on 3SA Med-Surg Unit

Global Aim: To improve patient care perception surrounding medication communication by implementing a program that includes teach back approach, written "medication slips" and visual tools to promoted patient engagement and empowerment regarding medication usage and behaviors by June 2021.

Specific Aim: To improve the medication communication HCAHPS score from a Summary Star of 2.3 to 2.6 or linear means from prior year 2020 of 73.9 to 2021 goal of 75.9.

Background:

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a nationally recognized survey instrument and data collection methodology hospitals voluntary participates in to measure patients' perceptions of their hospital experience and helps consumers analyze and compare patient satisfaction among other like hospitals. Though HCAHPS is a voluntary measurement tool, it is a requirement for full reimbursement from Medicare (Center for Medicare & Medicaid Services, 2012). Higher repayment cultivates a motivating force for care improvement which benefits the both the patients and the providing healthcare system (Britton, 2015). According to Detwiler et al. (2020), hospitals are impacted in two ways with low HCAHPS scores: hindering their reputation among consumers and less funding received from Medicare. Implementing a multi-segment program will encourage staff contribution and advance patient interest and improve patient satisfaction (Jones & Coke, 2016). Above all it will increase patient knowledge about their newly prescribed medications and side effects. This will decrease patient readmission, advance patient wellbeing and healthcare outcomes, promote medication adherence and shorten recovery time for patients (Shen et al., 2013).

Sponsors

Clinical Adult Service Director	S. M.
Department Nurse Manager-Med/Surg	D. H.
Care Experience Practice Leader	L. T.

Goals

To provide a structured, evidence-based multicomponent program in improving patient knowledge about new medications they were receiving and the possible side effects of those medication(s). The program includes the following:

1. Nurses applying the teach-back approach when providing medication education to patients on new medications.
2. Nurses integrating the use of "medication slips" with the standard medication information sheets on new medications to help patients' recall medication side effects more easily.

3. Visual posters in in patients' rooms to increase patient engagement about their medication(s).

Measures

Measure	Data Source	Target
Outcome		
% patients that report that hospital staff always told the patient when giving new medications what the medicine was for before and always described the possible side effects in a way the patients understood.	HCAHPS Medication Communication category	75.9%
Process		
% of nurses using the medication slip when administering new medications to patients	KP Leadership Rounding Reports	80%
% of patient rooms having a visible poster about medication communication.	KP Leadership Rounding Reports	100%
Balancing		
Improved medication compliance	EPIC chart audits and MAR report	<3/month

Team

MD Co lead	Dr. W. H.
RN Co Lead	D. C.
Quality Nurse	D. H.
Staff nurse champions	K. G., S. T. & J. E.

Changes to Test:

1. Nurses applying the teach-back approach when providing medication education to patients on new medications.
2. Nurses integrating the use of "medication slips" with the standard medication information sheets on new medications to help patients' recall medication side effects more easily.
3. Visual posters in in patients' rooms to increase patient engagement about their medication(s).

Clinical Nurse Leader (CNL) Competencies:

1. The CNL use a combination of evidence-based practice (EBP) and literature review through data bases such as CINAHL to implement small test of changes based on like microsystems to implement on 3SA Unit. Lastly the CNL will analyze relevant data from information systems with the Care Experience Practice Leader to establish a baseline, and design and implement a plan for 3 South A Medication Communication Plan-Do-Study-Act.

2. The CNL will assess 3 South A's processes for care transitions and medication management for optimal adherence. The CNL will be able to assess communication patterns among hospital staff to patients to develop cohort specific health literacy handouts (medication slips) and mechanisms, coordination, safety, and outcomes through data collected. The CNL will also be able to identify gaps during this process of studying the current process with current literature reviews and relevant data to propose recommendation(s) for change with leaders at the medication communication work group meetings.

3. Like stated in competency number 1, the CNL will use EBP methodologies to lead a practice change in medication communication to integrate updated EBP protocol/guideline to help improve patient care experience and improve HCAHPS scores.

Appendix C: Medication Slips Display
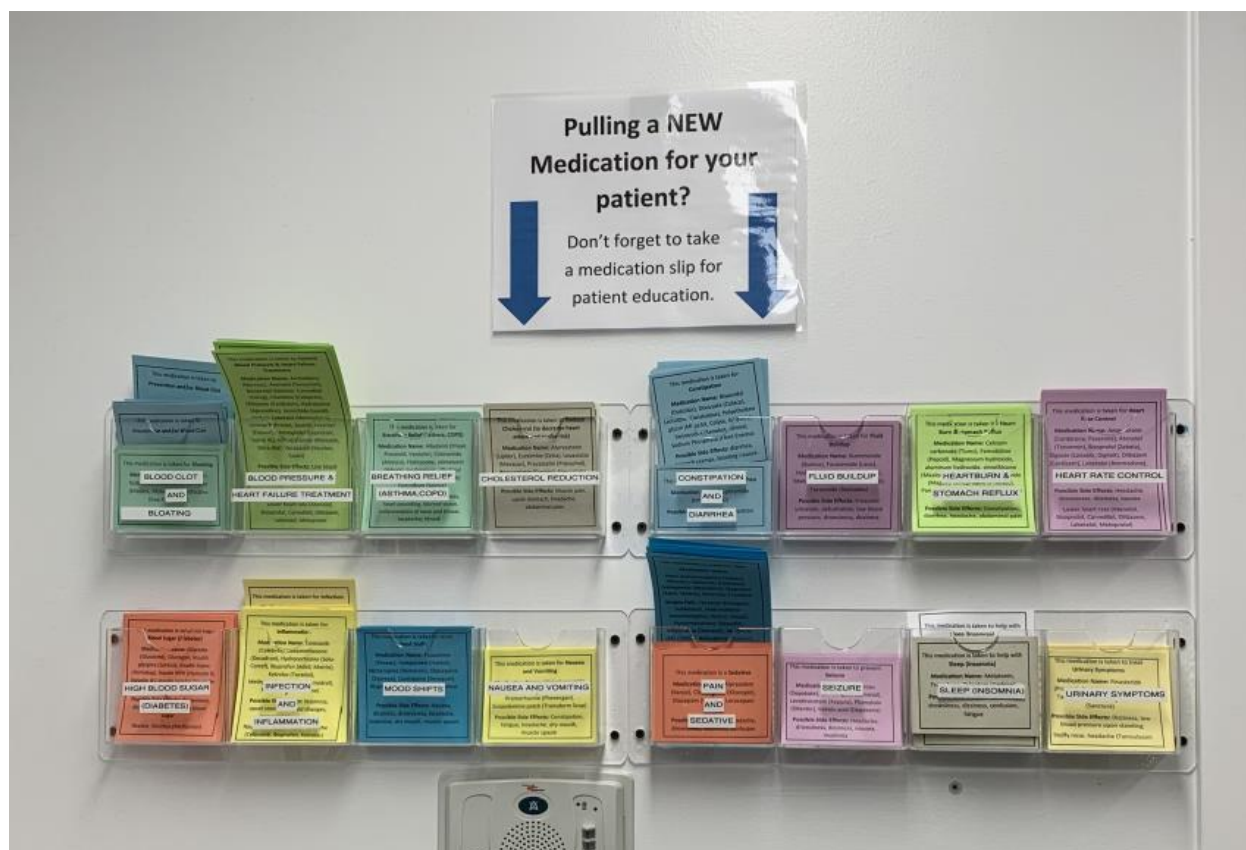
Appendix D: Handout for Training on Medication Education and Documentation

3-Step process to providing medication education to your patients

1: Identify	Identify medication to administer (new to patient)
2: Provide	Provide patient education with "medication slip" and teach back during administration.
3: Document	Document teaching in patient education (General Education-Medication).

How to document medication education provided to patients or family.

How to document medication education provided to patients or family.

How to document medication education provided to patients or family.

Appendix E: Visual Poster for Patients' Rooms

Appendix F: **Nurse Process Implemented April 15th**

STANDARD WORK SHEET

Process:	Medication Communication/Education		Revision #: 1	Where electronic document is filed:
Purpose:	Increase patient knowledge on side effects and indication of new medications			Revised by:
Role:				Revision Date:
Original Author:	Deborah Cha			Revision Reason:
Original Date:	4/12/2021			Take time:
Trigger:	At admission			Work in Process:

Check quality of inputs. Do not accept defects.

Seq	Major Process Step (main steps that advance process)	Role	Time	Key Points (Provides the "how to" includes Tips/ Tricks)	Why is this Step Important
1	RN to provide and ensure My Medication Matters (MMM) Handout has been given to patient at admission.	Nurse	1-2 mins	Location of MMM handouts are located at nurses station. Laminated handouts are located in all patients' rooms next to careboards. Save time by having the handout in room when prepping room for admission.	Engages patient and increase patient knowledge on medication, builds rapport with RN to patient relation and overall improve patient care experience.
2	Identify in HealthConnect/MAR if medication RN will administer is a new medication.	Nurse	1-2 mins	Ask alert and oriented patients or caregiver if the medication to administer is a **new** medication to them. Review MAR to see if the dose to administer is the first dose. Focus on new medications patients are receiving.	Focus on new medication indication and possible side effects increase patient knowledge and medication adherence.
3	Provide education to patients on why they are receiving the medication and the possible side effects using the specific medication slips and teach back method.	Nurse	2-3 mins	Medication slips located on the wall, to the right of the Pyxis medication dispenser. Provide education with teachback and leave slip on patients bedside table for next RN to reinforce indication and possible side effects for the next dose. Indication, Name of Medication(s) and possible Side Effects title are in BOLD for easy reference.	Engages patient and increase patient knowledge on medication, builds rapport with RN to patient relation and overall improve patient care experience. Decrease patient recovery time and readmission rates.
4	RN to document teaching provided to patient on new medication in Epic under "General Education".	Nurse	1-2 mins	Document name of medicaton in "General Education", specifically in "Medication" (see visiual tool provided).	Documentation that education has been completed.
5	RN to provide and ensure My Medication Matters (MMM) Handout is stapled to After Visit Summary discharge paperwork at time of discharge.	Nurse	2-3 mins	My Medication Matters Handout are located at Nurse station.	Increase patient knowledge and compliance with medication management, lower risk of readmission.
		Cycle Time:	7-12 mins		

Appendix G: Nurse Teach-Back Validation Tool

My Medications Matter Observations and Validations:

Director observes/validates Manager
on MMM and Coaching Practices
↓
Manager observes/validates ANMs
on MMM and Coaching Practices
↓
ANMs observes/validates Staff
on MMM Practices

WHAT ARE WE OBSERVING/VALIDATING THEM ON?

MMM PRACTICE:

DO THEY KNOW THE 3 MY MEDS MATTER QUESTIONS:

1. WHAT IS THE NAME OF THE MEDICATION?
2. WHAT IS THE PURPOSE OF MEDICATION (WHY THEY ARE TAKING IT)?
3. WHAT ARE THE POSSIBLE "SIDE EFFECTS" OF MEDICATION (USES KEY WORD)?

MY MEDS MATTER TOOLS:

1. DID THEY USE TEACHBACK?
2. SIDE EFFECTS TOOLSHEET IS IN ROOM?
3. DID THEY USE THE TERM "POSSIBLE SIDE EFFECTS"

COACHING PRACTICE:

OBSERVATIONAL COACHING:
1. WHAT DO YOU THINK WENT WELL? (ADD YOUR OWN)
2. WHAT DO YOU THINK COULD HAVE BEEN DONE DIFFERENTLY? (ADD YOUR OWN)

(ALLOWS FOR SELF-REFLECTION FIRST, THEN OFFERS THEIR OWN OBSERVATIONS)

LOG OBSERVATIONS/VALIDATIONS IN KP ROUNDING UNDER "MY VALIDATIONS" AND CAPTURE NOTES OF THINGS THEY NEED TO IMPROVE ON FOR NEXT TIME.

Appendix H: Audit Tool Used for Leadership Rounding

Date:			
Auditor:			*Exclude Confused patients unless family or caregiver at bedside*
Patient Initials	**Room #**	**Have your Nurses talked to you about your medication? (Why you are taking them and the side effects)**	**Was there "Medication Slips" used before your nurse gave you a new medication?**
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No

Appendix I: IRB Non-Research Determination Form

UNIVERSITY OF SAN FRANCISCO | School of Nursing and Health Professions

CNL Project: Statement of Non-Research Determination Form

Student Name: Deborah Cha

Title of Project: Improving Medication Communication on a Medical-Surgical Unit

Brief Description of Project: To provide a structured, evidence-based multicomponent program in improving patient knowledge about new medications they were receiving and the possible side effects of those medication(s).

A) Aim Statement: To improve patient care perception surrounding medication communication by implementing a program that includes teach back approach, written "medication slips" and visual tools to promoted patient engagement and empowerment regarding medication usage and behaviors by June 2021.

B) Description of Intervention:

1. Nurses applying the teach-back approach when providing medication education to patients on new medications.

2. Nurses integrating the use of "medication slips" with the standard medication information sheets on new medications to help patients' recall medication side effects more easily.
3. Visual posters in in patients' rooms to increase patient engagement about their medication(s).
4. Provide education to nurses on how to document medication teaching provided to patients in patients record.

C) How will this intervention change practice? The interventions will improve staff adherence with patient education in medication communication and increase patient knowledge on medication indication and side effects.

D) Outcome measurements: HCAHPS score, monitoring of weekly audits and chart audits on patient education.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: (http://answers.hhs.gov/ohrp/categories/1569)

X   This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title:	YES	NO
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	X	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. ALL participants will receive standard of care.	X	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **NOT** follow a protocol that overrides clinical decision-making.	X	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment, or evaluation of the organization to ensure that existing quality standards are being met. The project does **NOT** develop paradigms or untested methods or new untested standards.	X	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does **NOT** seek to test an intervention that is beyond current science and experience.	X	

The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	**X**	
The project has **NO** funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	**X**	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **not** a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	**X**	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."*	**X**	

ANSWER KEY: If the answer to **ALL** these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print): Deborah Cha

_____

Signature of Student:

_____DATE_4/11/2021___

SUPERVISING FACULTY MEMBER NAME (Please print):

_____

Signature of Supervising Faculty Member

_____DATE_____