

# The HCAHPS

Breakthrough Series™ Webinars



#4 Communication about Medication

# Medication Education Imperative™

*Master the Skills of Successful Patient Medication Education*



Georgia



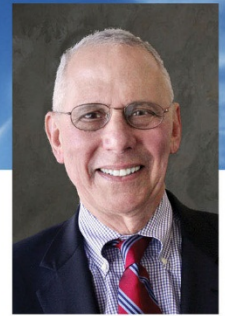
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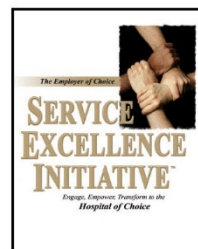
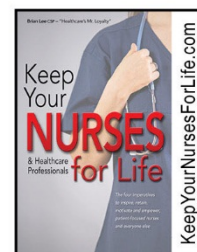
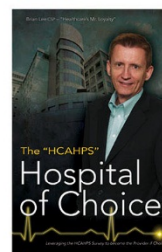
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## **Communication about Medication**

### *The Medication Education Imperative™*

*Master the Skills of Successful Patient Medication Education*

### **Crucial Leadership Engagement Best Practice**

#### **Empower Your RN's as Patient Advocates:**

- Are your nurses empowered to inquire or challenge a physician about a prescription?
- Do they feel confident – i.e. no reprisals – in double-checking a physician's choices?

#### **Have you instilled in your Nurses:**

- The what, how, and why of Medication Education?
- Confidence in their role as patient advocates?
- Empowerment to check a physician's dosage, etc?
- Skills for patient confused about meds – but who won't ask?
- The ability to discern and encourage patient compliance with medication regimens?
- Critical thinking for maximum patient safety?

#### **Do they know the causes of Medication Errors – and what to do to eliminate them?**

- Be prepared to work with staff to eradicate them:
  - Ambiguous strength designation on labels or in packaging
  - Drug product nomenclature (look alike or sound alike names, use of lettered or numbered prefixes and suffixes in drug names)
  - Equipment failure or malfunction
  - Illegible handwriting
  - Improper transcription
  - Inaccurate dosage calculation
  - Inadequately trained personnel
  - Inappropriate abbreviations using in prescribing
  - Labeling errors
  - Excessive workload
  - Lapses in individual performance
  - Lack of the exact medication

#### **Common Causes of Medication Errors**

Be prepared to work with staff to eradicate them:

- Improper transcription
- Inaccurate dosage calculation
- Inadequately trained personnel
- Inappropriate abbreviations used in prescribing
- Labeling errors
- Excessive workload
- Lapses in individual performance
- Lack of the exact medication

## HCAHPS Domain – Communication about Medications

### Survey Question #1:

*During this **hospital stay**, were you given any medication that you had not taken before?*

### Survey Question #2:

*Before giving you any new medicine, how often did the hospital staff tell you what the medicine was for?*

### Survey Question #3:

*Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?*

### Domain Owners:

CNO, CME, Physicians, All Nurse-Managers, Directors of Nursing, Nurse Supervisors, Risk Managers, Pharmacy Directors, and Lead Pharmacists

### Domain Staff Owners:

Nurses, Physicians, Hospitalists, Pharmacists, Mid-Levels, PA's, CNA's, and Case Managers

### Current National Threshold is;

(Rated a 4 – “Always”)

**59.2%**

What's Yours? \_\_\_\_\_%

## Why Communication about Medications Matters

### Some Painful Facts

- Estimated: 1.5 million preventable medication errors per year. (IOM 2006)
- Leading to approximately 7000 deaths (AHRQ)  
(Research: Aspden, Wolcott, Bootman et al, “Preventing Medical Errors” National Academic Press, 2007)
- That 1.5 million translates into
  - **One medication error per hospital, per day**

### A Tough Question

- What if that error happened on **your unit**?
- What if it was caused by **you**?

### Why Communication about Medications Matters

The medication process breaks down when:

- We fail to understand the patient's **current medications**
- We fail to adequately communicate about a **new medication**
- We fail to truly understand a **patient's attitudes/fears/level of compliance** re: medication

### Medication Communication...

- Is a matter of life and death!
- It's an imperative!

# 1

## Specific Best Practices

### We Had a Hospital Pharmacist Tell Us

- Patients “*simply don’t understand. It’s the norm.*”
- He reported a history of patients who appear incapable of taking in the information about their medications.
- And who take their meds solely “*...because my Doc told me to...*”

### A Checklist for Educating about a New Medicine

#### Explain to Patients:

1. Name of the **medication**
2. What the medication is being **used for** — **and how it works**
3. **How** and **when** to take the medication
4. What to do if a **dose is missed**
5. **Possible side effects** – and what to do if patient experiences them
6. Empower patients to **always ask any questions** they have about their medications.

### A Personal Checklist (when giving Medication Education)

- ☐ **Eliminate distractions** and center yourself
- ☐ Before giving a new medication, make sure you have the **patient’s full attention**
- ☐ Engage **patient’s understanding** that failure to recognize and report side effects can be harmful
- ☐

### Beware – The Quiet Patient

- ☐ Be especially aware of patients who are reluctant to ask questions, **who** rarely complain, **and who avoid** using their call button for help.
- ☐ Assure them there’s no such thing as a “false alarm” in reporting what they think is a harmful side effect. “*We always want you to be safe.*”

### No Blame, No Shame

- ☐ Remind them **not** to put themselves in jeopardy.
- ☐ Now that they are aware of potential side effects, reassure patients there is **no blame** and **no shame in speaking up**.

### Helpful Early Warning Signal

- ☐ Expect some patients to be **hyper-sensitive** to the potential for medication errors in hospitals.
- ☐ The **media** has made the public very alert to medication errors.
- ☐ Regard these patients not as a nuisance – but as **helpful “early warning operatives.”**

*Specific Best Practices (cont'd)***Notes for Nurse Preceptors**

- ☐ **Round with new nurses** during medication education
- ☐ Provide **feedback** and coaching
- ☐ Let new nurses know where and how to **obtain printed materials** from your EMR medication information. (Would a log-book be helpful?)

**Nurse Preceptors Can Also**

- ☐ **Role-play** medication education of patients: it gives new staff the confidence they need to feel in command when doing it 'for real.'
- ☐ Familiarize new RN's with the **pharmacy staff**:
  - Help them understand the staff will always stand ready to answer their questions

**Involve the Family about New Medications:**

- ☐ As the probable major caregivers after discharge, **family members need to be educated** about all medications as well
- ☐ **Initiate communication pro-actively.** Family has unique info re: patient which can facilitate safety, in hospital & home

**Conclusion:**

- In addition to being **healers**, all bedside caregivers are also **teachers**
- You educate about **medications**
- You also share your knowledge of diet, nutrition, exercise, stress management, adherence to regimens – all the **building blocks of good health**

## 2

## Tools, Equipment and Resources

**An Easy Way to Understand Meds**

- ☐ Proper written description of all new medications (*as provided by Pharmacy*) must be **handed out**.
- ☐ All are available from your **EMR**.
- ☐ Can a Pharmacist **teach an in-service** on your floor about a new medication, just released?

**Take Home Information Pages**

- ☐ Support all verbal education about medications with **take-home, printed information sheets**.
- ☐ Have these available for print-out on nurse's station **computer**.
- ☐ Review them with the **patient and family**.

**Safety Vests at Medication Pass**

Many hospitals have had fewer medication errors if RN's wear **bright-colored safety vests** when distributing medications. The vests mean **"Do Not Disturb Me!"**



*Tools, Equipment, and Resources (cont'd)*

## Bar Coding is Imperative!

### On the importance of Pharmacists...

Pharmacists are not pill-counters. They're valuable consultants – to patient, and to you!

*“Welcome to the black cess pool of medication reconciliation.”*

-Pharmacist

### Importance of Medication Reconciliation (it starts at Admitting)

- 27% of ALL prescribing errors that occur in the hospital result from **incomplete medication histories** at the time of admission.
- 22% of Discrepancies could have resulted in **patient harm** during their hospitalization.
- 59% of Discrepancies **could have** resulted in patient harm if the discrepancy **had continued** as **ordered after discharge**.

-Sullivan C, Gleason KM, et al. Medication Reconciliation in the Acute Care Setting: Opportunity and Challenge for Nursing. *J Nurs Care Qual* 2005 Vol 20, No2: 95-

### IHI advocates medicine reconciliation at all transition points

- At **admitting** (reconcile against home meds list)
- When **transferring patient** to other care units or o.p. settings
- and at **Discharge**, do Medication rec against prescriptions patient has at home, to avoid discrepancies

### Patient Engagement at Home

- Ask for a commitment from **family** for support.

### Internet Education Tools

- Medication errors are the **leading cause of medical mistakes** in the US – Institute of Medicine
- 90 million Americans have **low health literacy**
- 27 Million have limited **English proficiency**
- 30% of prescriptions' are for the **elderly**



# 3

## Staff Skills and Behaviors

Make Medication Coaching a Very



**If you take it seriously, so will your patient and family**

- Make sure no distractions are present in room
- Draw curtains if necessary
- Make good eye contact as you speak
- Establish the vital importance of knowing the new meds

**The Very Big Deal Five Step DEATS Process**

**D** – Draw Curtain

**E** – Engage Patient

**A** – Adapt Communication

**T** – Translate As Necessary

**S** – Side Effects

**“Active Listening” helps DEATS**

- *Rapport* is the ability to make others experience being understood by you
- Be fully present, with “soft eyes”
- Use “open” body language
- Allow your body to lean forward
- Use head nods, “Uh-huh’s,” and an ‘open face’ to indicate your ‘active listening’
- Your empathy validates patient’s suffering

**Questions are the Answer**

- ☐ To overcome patients’ resistance to ask, take the initiative:  
*“So that I’m secure in knowing you understand all you need to know about this new medicine, may I ask you a few questions?”*

**The “Teach Back” Method**

- ☐ Politely ask patient to repeat back and teach you what you’ve taught him.

**If Patient’s Answers are Shaky**

- ☐ Ask questions, and clarify (You’ll learn some conversation starters for engaging reluctant patient, coming up in a minute!)

**Clear, Simple Printed Info**

- ☐ Support your verbal education with take-home (a colorful binder ensures it won’t get lost!)

**Recommendation:**

- How competent is your team at engaging the reluctant patient?
- There is no substitute for role playing the skills you want your team to master!

# 4

## Staff Scripting Recommended “Conversation Starters” - Examples

### Ask Your Patient to Ask

*“What questions do you have about this medication?”*

### If Patient Appears Reluctant to Ask

- *“Sometimes, patients are curious about how this medicine...”*
- *“Many patients wonder about...”*
- *“I’ve had patients express concern about... Do you feel that way?”*
- **K.I.S.S. – Talk to Them in “Everyday” language, not “technical” terms**
- **Encourage the Use of Call Bell/Light!**
- **Who Else will be Involved?**
- **Engage the Family**

# 5

## Collaboration from/with other Leaders/Departments

**Your Medication Education Domain Team...** Can lead the way to house-wide collaboration!

### Pharmacists

- Involve qualified pharmacy personnel. Ask Pharmacy to keep your department’s medication “guru” trainer up to date.

### Physicians/Hospitalists

- Engage Doc’s in explaining new meds to patients in simple terms

### Case Managers

- Can help ensure medication communication and education

### Ancillary Departments

- Who spends more time with patients then RN’s? PT, RT, Dietary...?

### You Need a Team of Medication Education Champions!

- Galvanize all caregiver energies around the importance of medication education.

### Here’s how it works:

*This on-going team consists of:*

- Your CNO
- CMO
- Chief Pharmacist
- Risk Manager
- An IT specialist (team’s link to EMR)
- Any other person who brings a needed specialty to the party

**Request a Team Charter Copy on  
Your Evaluation Form**

# 6

## Inspiring Leadership Competency

*“I know that you believe that you understood what you think I said, but I am not sure you realize that what you heard is not what I meant.”*

-Robert McCloskey

*“Too often, hospitals seem to look at talking about drugs with patients as a formality. But it’s not! It’s essential to keep patients safe in hospital and at home.”*

*“And failure to do a better job of communicating with patients about drugs is one of the reasons hospital errors in this country are so unacceptably high.”*

-John Santa, M.D. Director,  
Consumer Reports Health Ratings Center

**Poor Communication = Medical Errors**  
**Great Communication = High Reliability**

### An Effective Leader, is a Great Communicator

- Knows their medications
- Role-models connectivity with patients

### Boredom Kills!

- **Recommendation:**  
Use the technique of a stage actor, who has to say the same words every night

# 7

## Frontline Engagement Imperatives

### Recognition & Respect

*“What gets recognized and rewarded gets repeated.”* – Michael LeBoeuf

*“The #1 reason people leave jobs is because they don’t feel appreciated.”* – Gallup Poll. 2005

### Recommendation:

Practice the 4 Attributes of Effective Recognition

1. Timely
2. Spontaneous
3. Specific
4. Geared to the individual

### Recommendation:

- Implement a dynamic grass roots recognition and appreciation process.
- Get a **L.I.S.T.** of Individuals **S**pecial **T**hings from everyone.

## The Service Provider's Thank You Card

### *Questions for Discussion:*

1. *Where should you use it?*
2. *What would be the value of sending it to the staff member's home?*
3. *What comments should you write?*
4. *What would you like the card (& envelope) to look like and say?*



### **Question:**

What will you do better or differently to acknowledge your people?

### **Notes:**



## Tools & Resources

To support your team to achieve its HCAHPS performance improvement goals, we are pleased to offer these value added Educational Resources and Implementation Tools. For more information give us a call at 800-667-7325, or email [webinars@customlearning.com](mailto:webinars@customlearning.com).

- ☐ One Hour (Free) Coaching Call  
Problem solve & overcome barriers with this powerful value added Webinar Series benefit.
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A comprehensive 2 day Service Audit and dynamic 4 hour HCAHPS Leadership Seminar
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- ☐ HCAHPS Performance Improvement E-learning Series  
10 Module Online Interactive Education Series that enables all staff be HCAHPS competent.
- ☐ The Frontline Culture of Engagement Initiative™  
Create a sustainable culture of employee empowerment as an Employer of Choice
- ☐ The DO IT Implementation Meeting™ – Train-the-Trainer Course  
A "How-To" System to engage everyone in continuously improving HCAHPS and the Patient Experience.
- ☐ HCAHPS based Patient Experience Skills for Everyone
- ☐ Relationship based HCAHPS Skills for Nursing
- ☐ The Annual HealthCare Service Excellence - [www.HealthCareServiceExcellenceConference.com](http://www.HealthCareServiceExcellenceConference.com)
  - National Symposium on HCAHPS Success
- ☐ Brian Lee, CSP, Onsite Keynote Presentation
  - The Magic of Engagement™
  - The Six Secrets of a World Class Patient Experience™
  - The HCAHPS Hospital of Choice™

## Team DO IT Plan

- ☐ 1. Recruit and empower a **Medication Education Team** utilizing the Team Charter provided.
  - Schedule a first meeting.
  - Use the Charter to prioritize an Action Plan.
  - Set an attainable goal for HCAHPS Survey improvement in this Domain within the next quarter.
- ☐ 2. Schedule a “**Medication Education Workshop**” for current nursing staff and every new clinical hire. Utilize this Webinar as a teaching tool.
  - Access the **Webinar Library**. It’s a great free training tool. If you’re registered, you’re in!
- ☐ 3. Make patient education a “**very big deal**”, utilizing the “**Big Five**” DEATS acronym.
- ☐ 4. Use **role-playing** as a critical staff education tool for situations where patients are reluctant to bring up troubling questions, or won’t admit they don’t understand.
- ☐ 5. Don’t hesitate to drill your staff on their “**teach back**” skill-set.
  - Teach the elements of “**Active Listening**” to build rapport. Make it a core skill.
- ☐ 6. Empower your Nurses to **question prescriptions** if there is reason for a second look. Make sure your Provider understands why. Be sure you have a policy that protects RN’s from MD’s disruptive behavior.
- ☐ 7. Show your team the benefits of “**conversation-starters**.” Encourage them to edit, adopt, and make them their own.
- ☐ 8. Model the skills for **involving families** in decisions and care-giving after discharge.
- ☐ 9. Ensure you have a protocol for **Medication Reconciliation** at all transition points.
- ☐ 10. Schedule **Pharmacist Rounding** on an “as needed” basis.
- ☐ 11. Remember to **recognize and reward** your staff. Give props to innovators as well as the steady performers.
- ☐ 12.. Schedule a first “**Rapid-Action Meeting** of fellow “Domain Owners”, to adopt a “Medication Education Team” DO IT Plan,” based upon our model.



# Frequently Asked Questions (and Answers)

## 1. How Do I Log-in?

If you have already registered for the series, please go to: [www.telenect.com/u/145als79p6/](http://www.telenect.com/u/145als79p6/) and at the bottom of the screen you will see an 'Already Registered' button. Login using your email address and the password you previously created. If you have forgotten your password please click 'I forgot my password' and you will receive an email from Telenect asking you to reset your password.

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If you do not know your Sponsor Code please contact the individual who invited you to the webinar series. This will typically be the organization and/or your hospital who invited you to participate on the series. If you still cannot find out your Sponsor Code please insert 'Unknown' in the Sponsor Code field.

## 3. It is the day before a webinar and I have not received the Learning Guide. How do I get it?

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Once you log-in to the webinar there will also be a link under the 'Description' containing the document download.

## 4. Can I get CEU's from the HCAHPS Breakthrough Webinar Series?

No. Unfortunately we do not issue CEU's for this webinar series. You can contact your governing organization to see if they are able to issue them for you.

## 5. I'm going to be late for the webinar or miss it entirely, can I still watch it? How long do I have to watch it?

Yes, you can begin the webinar any time after it begins at its set time. We don't want you to miss it so if you join late it will take you right to the beginning as we are recording it for the archive file. If the entire webinar has passed you can log-in to your account and access it anytime. You will have access to the webinar series for 1 year from the date the webinar originally aired.

## 6. How do I access the tools mentioned in the webinar including the certificate?

In order to access the tools you will need to complete the evaluation form in one of two ways. The first way is electronically. Once the webinar has finished you will be re-directed to a website where it will give you further instructions including a special log-in username and password. On the last question of the evaluation page there is a link that you can copy and paste into your browser to access all of the tools, including the certificate.

(If you are having troubles with the log-in page, please close all browser windows and try again with a fresh browser.)

The second way to access the tools is to complete the paper copy of the evaluation form and fax it into our office.

Our office will be in contact with you via email with the link to the tools.

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Once you are logged in, on the right side of the screen you will see a 'Register Others' icon. Enter their email address and they will be invited to register for the Webinar Series.

## 8. Is there a phone number for me to call in to hear the webinar?

No. There is no phone number or conference line for you to call in to. You will need speakers on your computer.

If the video is playing, you should also be hearing the audio since they are part of the same stream.

First double check the basics:

1. Make sure you have speakers.
2. Verify that the speakers are plugged in.
3. Check to see if the speakers are working in another application. Try playing a CD.
4. Make sure the speakers are not "muted".
5. Make certain the volume of the speakers is turned up.
6. Check that the system volume in your operating system is turned up.
7. Some sound cards are only able to play audio from one source at a time, so make sure no other applications are using your sound card.
8. If your audio is not working in any other application, try restarting the system before turning to your computer manufacturers' support.

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\_\_\_\_\_2. **What I would tell others about the quality of the speakers and value of the content:** \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ O.K. to quote me: YES NO

3. **Presentation improvements I would suggest:** \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_4. **On a scale of 1 - 5, this presentation:** (Met My Expectations) 5 4 3 2 1 (Did Not)5. **Featured Implementation Tool:**Yes A. **Patient Medication Education Team Charter**Yes B. **Interested in Scheduling Our Team Coaching Call**7. **P.S. – My Best Tip:** \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_ ☐ More on Reverse**PLEASE PRINT**

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