

The HCAHPS

Breakthrough Series™ Webinars

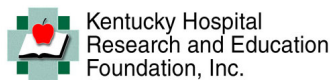
 Custom Learning Systems

#4 Communication about Medication

Medication Education Imperative™

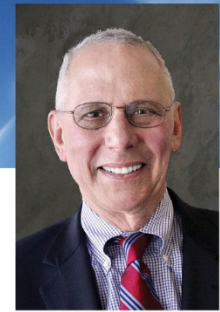


ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION





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Company Overview

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- 6,000 clients since 1984
- World-Class Implementation Specialists deliver:
 - The Hospital of Choice Initiative™
 - On-site seminars and workshops
 - Strategic Planning Retreats
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 - Implementation Coaching
- Our Mission:
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- Our Creed:
 - We make a difference in the lives of people who make a difference in the lives of people.

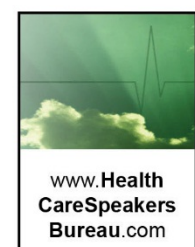
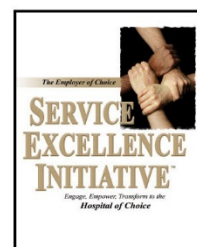
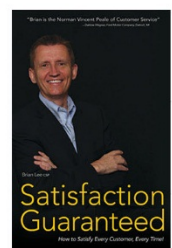
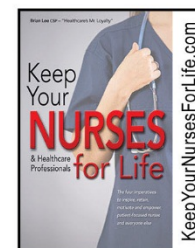
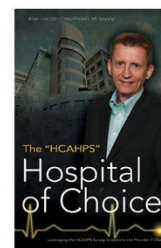
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Communication about Medication

The Medication Education Imperative™

Master the Skills of Successful Patient Medication Education

Crucial Leadership Engagement Best Practice

Empower Your RNs 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 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 nomenclatures (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 used when 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:

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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 RNs 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 regarding the 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 RNs 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!

Importance of Pharmacists

- Pharmacists are not pill-counters. They're valuable consultants --- to the 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.
- At **discharge**, do medication reconciliation 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 Americans 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 than 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 Things 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:

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.

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.

- One Hour (Free) Coaching Call**
Problem solve & overcome barriers with this powerful value added Webinar Series benefit.
- The Everyone's a Caregiver™ App**
A time-sensitive web-based learning tool to educate and empower everyone in your hospital, and improve patient satisfaction scores.
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- Transforming the Patient Experiences™** - Self Study System
A turnkey, interactive, and engaging cost effective skills based learning system.
- The 17th Annual HealthCare Service Excellence** - www.HealthCareServiceExcellenceConference.com
 - February 6 - 8, 2017, Hilton Long Beach, Long Beach, CA
 - National Symposium on HCAHPS Success – February 6, 2017
- Brian Lee, CSP, Onsite Keynote Presentation**
 - The Magic of Engagement™
 - The Six Secrets of a World Class Patient Experience™
 - The HCAHPS Hospital of Choice™

Participant Satisfaction Report

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1. **For me, the most valuable idea I learned and intend to use is:** _____

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**

6. **P.S. – My Best Tip:** _____

More on Reverse

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First/Last Name: _____

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