

Medication Education Imperative

4

Communication about Medication

HCAHPS Breakthrough Series

Thank You
Partners





OUR COMMITMENT



OUR CREED

We make a difference in the lives of people who make a difference in the lives of people



OUR MISSION

Creating a 5 Star Culture of Healing Kindness



OUR PASSION

Creating Patient Relationship Experts



OUR VISION

Kindness Care Everywhere



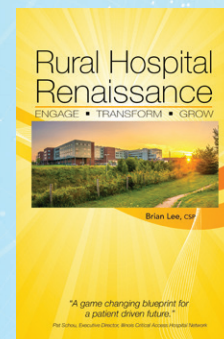
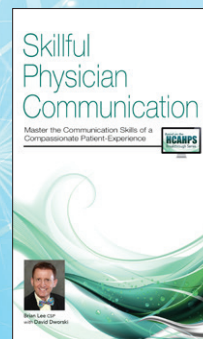
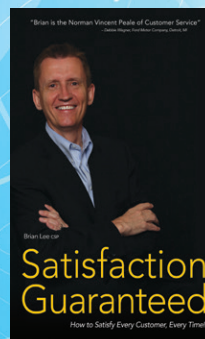
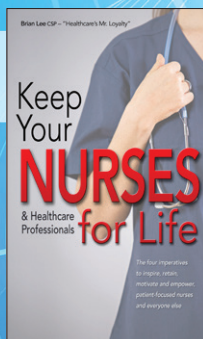
Kindness Care Everywhere

Brian Lee CSP

Healthcare's Engagement Expert



- Founded Custom Learning Systems Group Ltd., 1984
- Author of 8 books and 68 Audio/Video programs
- #1-Rated Customer Service Speaker in the world - 2 years (International Customer Service Association)



UPLIFT THE PATIENT & EMPLOYEE EXPERIENCE

Opportunities, Optimism & Ownership



ROSEN SHINGLE CREEK, ORLANDO, FLORIDA

NOV
14-16
2022

WWW.CUSTOMLEARNING.COM

1.800.667.7325



Communication about Medication

The Medication Education Imperative™
Master the skills of successful patient medication education

Questions:

- Have experienced a close call with a medication error?
- Have been aware of injury or harm to a patient because of a medication error?
- Have challenged an order for a medication because it seemed incorrect as written?
- Have difficulty yourself remembering why you were taking a drug?

The Nurse as Patient Advocate

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 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

**Medication errors are a reality.
Learn how to prevent them in your hospital.**



Medication Safety Questions and Why They Matter

HCAHPS Domain – Communication with Nurses

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”)

62%

What's Yours? _____ %

Some Painful Facts

- Estimated: 7 million preventable medication errors per year, at a cost of \$21 billion (The PMC)
- Leading to approximately 7,000 deaths (FDA)
(Research: PubMed Central (PMC); 2016, FDA 2017.)
- That 7 million translates into:
 - **Three medication errors, 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!



New Medication Education Checklist

With all of the unfortunate media publicity about medication errors in hospitals, it's imperative to get this Domain right!

- We must eliminate “close calls”
- We must eliminate having “never events”



- We can never risk causing more harm than good
- An empowered nursing staff will lead the way

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.”*



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.”**

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 information 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**.

Make Medication Coaching a Very Big Deal

Question:

How important is it to make your patient’s medication education a very



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

- Make sure no distractions are present in room
- 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

- Draw curtain for ‘privacy’, but mostly to screen out anything that might divert attention from your presentation about a new medicine

E – Engage Patient

- Let patient hold the pill, or handle the bottle of liquid, and repeat its name

A – Adapt Communication

- Use communication methods preferred by the patient
- Use ‘everyday’ language
- Avoid difficult medical terms

T – Translate As Necessary

- If cultural differences exist, use a trained interpreter, and language-appropriate printed materials, as necessary

S – Side Effects

- Explain potential side effects, and what to do, should they appear
- This awareness by patient is important when home

The “Teach Back” Method

- Politely ask patient to repeat back and teach you what you’ve taught him
- Make the “teach back” an informal game



Boredom Kills

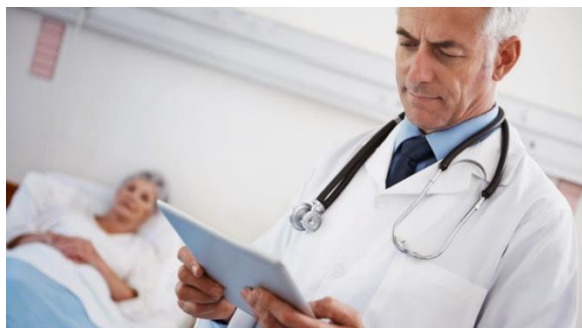
"I know that you believe that you understood what you think I said, but I am not sure you realize that what you heard is not what I meant."

– 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."

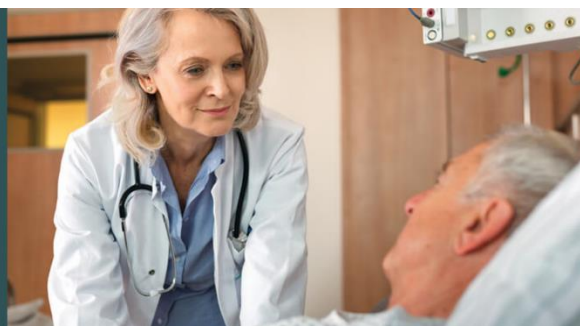
"And failure to do a better job of communicating with patients about drugs is one of the reasons hospital errors in this country are so unacceptably high."

-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!

Leaders Job #1 is... Keep it fresh, Every patient, Every time!

Stage Actor Technique to Stay Involved and Interested

Actors know when they zero in on personal traits, they stay involved with the character!

While teaching new meds, focus on patient's face:

- What color are her eyes?
- What's distinctive about her hair?
- What's unique about his voice?
- His moustache?



4 Tools for an Easy Way to Understand Meds

Question:

Are you fully using Patient Medication Education tools?

1

Take Home Information Pages

- Proper written description of all new medications must be **handed out**
- Are available from your **EMR**
- Be sure to request a Pharmacist **teach an in-service** on your floor about a new medication
- Support all verbal education about medications with **take-home, printed info sheets**
- Have these available for print-out on nurse's station **computer**
- Review them with the **patient and family**

2

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!"**

3

Bar Coding is Imperative!

4

Smart Phone Apps

- There are 1,000s of helpful smart phone apps
- Check with your pharmacist, physicians and managers to confirm approved apps you can recommend

Medication Education Sentence Starters

Question:

Would you agree that it's crucial we get it right when communicating with your patient about their medication education?

Invite 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?"*

Speak in Everyday Language

Talk to Them in "Everyday" language, do not use "technical" terms

- *"This medicine will reduce the swelling in your knee, and help it heal."*

Encourage the Use of Call Bell/Light!

- *"I'll be happy if what leads you to call turns out to be nothing..."*
- *"No question or concern is foolish in our hospital. We always want you to be safe."*



Who Else will be Involved?

Before starting medication instruction (or dressing-change or injection instructions) ask:

- “Who will be your main care-giver at home?”
- “Who would you like to be included in this teaching-session?” (You’re saying: This is also a teaching-session for family caregivers.)

Engage the Family

- Seat the family-member close to you for the educational session
- Make sure they digest the information, technique, and skills needed

*“The signature of mediocrity is not an unwillingness to change.
The signature of mediocrity is chronic inconsistency.”*

– James C. Collins Author, *Good to Great*

The Accountability First Step:

Who Will do What by When & How?

What’s the BEST idea you’ve heard on this webinar?

- _____
- _____
- _____

How soon will you put it/them to use?

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 x2202, or email webinars@customlearning.com.

Tools

- ☐ **Thirty Minute Coaching Call** *(Complimentary)*
Problem solve & overcome barriers with this powerful value added Webinar Series benefit.
- ☐ **Brian Lee, CSP, HoF, Live Stream Keynote Presentation**
 - Magic of Engagement™ (90 minutes)
 - How to Win Back Every Single Patient™ (60 minutes)
 - How to Inspire Caregiver Heroes Everyday™ (60 minutes)
 - Reignite Your Community Reputation™ (60 minutes)
- ☐ **Ignite the Patient Experience™** (Administrative fees only)
A comprehensive 2 day Service Engagement and dynamic 4 hour HCAHPS Leadership Seminar
- ☐ **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.
 - HCAHPS based Patient Experience Skills for Everyone™
 - Relationship based HCAHPS Skills for Nurses™
 - The Patient Centered Clinic™
 - Transform the Resident Experience™
- ☐ **HealthCare Service Excellence Conference** - HealthCareServiceExcellenceConference.com
 - HealthCare Service Excellence Live Stream Summit
 - HealthCare Service Excellence Full 3 day Destination Conference
 - Includes the Annual CAHPS Symposium



Participant Satisfaction Report

PLEASE PRINT

HCAHPS Breakthrough Leadership Series

This Evaluation Page can be accessed online: [Click Here](#) to complete online.

Or, Email/Fax this form: webinars@customlearning.com / 403-228-6776

You've just heard from me, now I'd like to hear from you. Evaluation is the "genius" of growth and we sincerely value your contribution to this learning experience. Thank you.

We **totally employ** about # _____ full and part time staff, at _____ facilities.

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

PLEASE PRINT

First/Last Name: _____

Organization: _____ Position: _____

Address: _____ Zip: _____

Bus. Phone: (____) _____ Extension: _____ Cell: (____) _____

*Email: _____