Improving Medication Communication
Kelley Cartwright, MSN, RN, CNL, CMSRN and Odett Goodell, BSN, RN

**Problem/Background**

The essential element of a good discharge is teaching that includes verbal, demonstrative, and written education. When this teaching takes place in a consistent manner from the time of admission through discharge, it can eliminate misunderstanding of the discharge instructions. Inconsistent healthcare practices lead to poor quality of care, resulting in decreased Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) scores and a reduction in reimbursement from the Centers for Medicare & Medicaid Services’ Value-Based Purchasing program. Healthcare systems must closely examine their organizational characteristics as well as their performance data to further determine what change is necessary.

Medical professionals must understand that communication is a key element in today’s healthcare system. Ahrens and Wirges (2013) explored the relationship between patient satisfaction and effective communication of medication side effects through the implementation of the multi-method approach, including the integration of teach-back. “Patient satisfaction is viewed as a significant indicator of quality of care” (Ahrens & Wirges, 2013, p. 281). A review of literature estimates that patient readmissions cost hospital systems approximately $17.4 billion dollars per year in CMS penalties. The authors provide a detailed project proposal within the article. The conclusion of the study reinforces the use of teach-back for medication side effects in efforts to close gaps in the patients knowledge base and ultimately improve overall patient satisfaction (Ahrens & Wirges, 2013). Pagels et al. (2015) evaluated the use of teach-back and Ask Me 3 methods in order to provide the highest quality patient safety and education. The research design was quasi-experimental, having one control group and one that was involved with a didactic presentation explaining the Ask Me 3 approach and teach-back prior to the study. Pagels et al. (2015) concluded that 93% of the residents believed in the training sessions and tool implementation improved upon their communication skill set, as well as the patient care that they were providing. One important finding stated within the study reminds the reader that there is a need for ongoing health literacy technique reinforcement and training for healthcare professionals in effort to maintain focus and direction of practice (Pagels et al., 2015).

**PICO**

- **Problem/Background**: Will using simple, repetitive, medication instruction in verbal and written format improve a patient’s perception of new medication education on a Medical-Surgical Telemetry unit?

**Methods**

In May 2015, the THSW Medical/Surgical telemetry unit implemented a group medication handouts as part of our patient teaching plan. The handouts are color coded, with simple language used describing different groups of medications, their actions, side effects, in addition to signs and symptoms to report. To make it more interactive there is a Med-o-poly available at the nursing station so anyone can access this information. To further support these efforts, the Ask 3/Teach 3 initiative was implemented in May of 2016. The National Patient Safety Foundation developed the basis for Ask 3/Teach 3 by structuring the dialogue between the patient and their provider.

**Health Literacy Facts**

- United States has approximately 90 million people that have a health literacy barrier.
- Key contributing factor in determining a patient’s medication non-adherence
- 76% of a studies respondents fail to take their medications as prescribed.
- Financial implications of avoidable medication non-adherence are estimated to be as much as $290 billion per year.

**Lessons Learned**

Recent legislative changes have encouraged healthcare systems to focus on providing high-quality care in a safe and yet fiscally appropriate manner. It is important that all interdisciplinary team members be cognizant of their practice and inventive in their solutions. The healthcare provider may think that a small change in their practice is not worthy of the time, energy, and effort involved. However, often the simplest of solutions are of the greatest benefit.

**Nursing Considerations**

- **Assess and address**: all health literacy barriers on each patient.
- **Monitor**: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and overall patient satisfaction scores.
- **Interventions**: Medication education cards, Medication side effect information sheet, consistent inclusion of scripting for medication administration.