Improving Patient Experience by Providing Consistent Education Regarding Medication Side Effects

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Purpose
To improve patient satisfaction via HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey scores and improve staff consistency in delivering medication/side effect information by providing individual education to staff.

Background
The first quarter 2015 hospital wide HCAHPS scores indicate that only 42% of our patients report that staff “always describe medication side effects”. This is below the national benchmark of 72%. In January, the Medication Side Effect Information Sheet (MSEIS), a 1-page tool describing common discharge medication and their side effects, was distributed to all inpatient units and although overall hospital scores increased, the unit specific scores for the 41-bed inpatient Cardiology Unit (6 East) did not. A thesis was proposed: All staff need the same education and information to use this tool effectively.

Assessment
Audits revealed inconsistencies in how patients were educated about their medications therefore the following question was posed:
In patients hospitalized on an inpatient Cardiology Unit (6E) how does an increase in standardizing the delivery of educational information compared to current practice, improve consistency and quality of education regarding medication?
A survey, completed by 47 of 55 (85%) unit staff nurses, assessed staff knowledge to identify barriers to using the MSEIS tool. Only 39% of staff nurses reported receiving adequate training and 61% reported feeling comfortable discussing MSEIS with patients. In addition, 13% said they didn’t know where to obtain the MSEIS.
A baseline audit on three Mondays in May, showed that only 17% of patients had the MSEIS in their rooms and 6% had the MSEIS filled out.

Evaluation
• Team members completed 1:1 training for 100% of 6E nurses
• Continuing audits showed increase use of the MSEIS tool (see graph).
• Follow up phone calls, completed for 129 patients (59% of patients discharged home) indicated that patients had received the intended medication information (see graph).
• HCAHPS scores lag by several weeks so it is premature to draw conclusions about the impact of the interventions. Preliminary data from July discharges suggest that 45% of patients responded that the 6E nurses “always describe medication side effects”.
• The post-intervention survey revealed that of the 29% of nurses on 6E responding, 100% self-reported using the tool consistently.

Next Steps
• Ongoing monitoring of HCAHPS score for “always describe medication side effects” and of unit’s MSEIS usage.
• Plan to reduce interruptions during the patient discharge education process. “Honor the Discharge” by taking the time necessary to discuss discharge medications adequately.
• Consider creating a cardiology specific MSEIS to add the frequently used cardiac medications not included in the current MSEIS.

References:

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TIMELINE 2015 ACTION
5/27-6/8 Pre-implementation staff survey
6/6-6/15 1:1 Staff education
6/15-present: Implementation of plan
6/15-present: Unit audits
6/18-7/15 Patient discharge phone calls
8/1-8/10 Post-implementation staff survey