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Education for medications and side effects: a two part mechanism for improving the patient experience

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ABSTRACT

Aim: A nursing study aimed to increase patient understanding of new medications and their side effects, and positively impact Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores for medications communication.
Background: Hospital patients' understanding of new medications and side effects is a major satisfaction indicator when formal surveys serve as quality measures. Medical/surgical unit survey scores at a 328-bed Texas hospital were below average.
Methods: Nurses implemented medication information labels for patient drinking mugs. Briefing and teach back paired use of the labels with standard medication information sheets.
Results: When both mechanisms were used in earnest, HCAHPS unit quarterly scores for medications communication improved from 55% ($n = 55$) to 79% ($n = 207$). Mann–Whitney U confirmed the change was significant ($U = 4370.0$, $p = 0.001$). The change has persisted over three calendar quarters.
Conclusions: Intuitive medications reminders and medication information sheets used in tandem are significantly more effective than when used independently.

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1. Introduction

1.1. Background

Educating hospital patients about medications and their side effects is an ongoing nursing responsibility. Medication regimens may change during hospital stays. Failure of patients and family members to understand new medications can lead to increased risk of harming patients (Borgsteede, Karapinar-Carkit, Hoffman, Zoer, & Van den Bemt, 2011).

Patient satisfaction surveys often reflect medication-related education efforts and serve as quality of care indicators (Ahrens & Wirges, 2013). Related activity is also addressed by Joint Commission standards in patient education (The Joint Commission, 2015). To ensure patient medication education (names, purposes, and side effects) is effective, care givers often rely on a variety of techniques based on patient learning preferences (Borgsteede et al., 2011).

1.2. Local problem

Medication education opportunities for improvement arose in a medical/surgical nursing unit at an Austin, Texas-based 328-bed tertiary care hospital. Unit scores in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey for patient medications communication were below state and national benchmarks. The benchmarks were 66 and 63% respectively for responses in the *top box* category, i.e., the most agreeable answer in a Likert-style survey (HCAHPS, 2015). In comparison, the unit scores in the same category stood at 55%. Unit leadership and nursing staff were challenged to positively affect communication with patients regarding medications and raise the related HCAHPS scores.

The team needed a solution with minimal revenue impact. This negated approaches such as dedicated availability of staff pharmacists to consult with patients as described by Huebner, Temple-Cooper, Lagzdins, and Yeh (2013). Incremental staffing also was not an option due to (a) cost constraints and (b) findings by Lasater, Sloane, and Aiken (2015), who found no positive impact after making analytical adjustments from the use of incremental staffing to increase patient satisfaction scores.

1.3. Intended improvement

A new reminder mechanism was proposed, developed and integrated with existing methods to enhance the patient experience for new medications and side effects education. The intervention intended to significantly increase patient awareness of their medications, and increase unit HCAHPS scores for care giver/patient medication communication.

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1.4. Study question

Can a new mechanism to educate patients about (a) new medication names, and (b) side effects of those medications significantly impact HCAHPS-reported medication communications-related scores when combined with existing methods?

2. Methods

2.1. Ethical issues

Patient confidentiality was a primary study concern as medication reminders were highly visible in patient care settings. Consequently, the reminders did not show identifying patient data (information was limited to medication classes, use, examples, and side effects). Reminders were avoided for patients who did not want visitors aware of their medications. Reviews found no risks to patient physical well-being. This was confirmed via review with the hospital patient experience steering committee. If ethical concerns arose over the course of the study, they would be addressed by review and follow-up actions with the hospital quality council. No such issues arose during the study. None of the authors were involved in personal or business matters which constituted conflicts of interest.

2.2. Setting

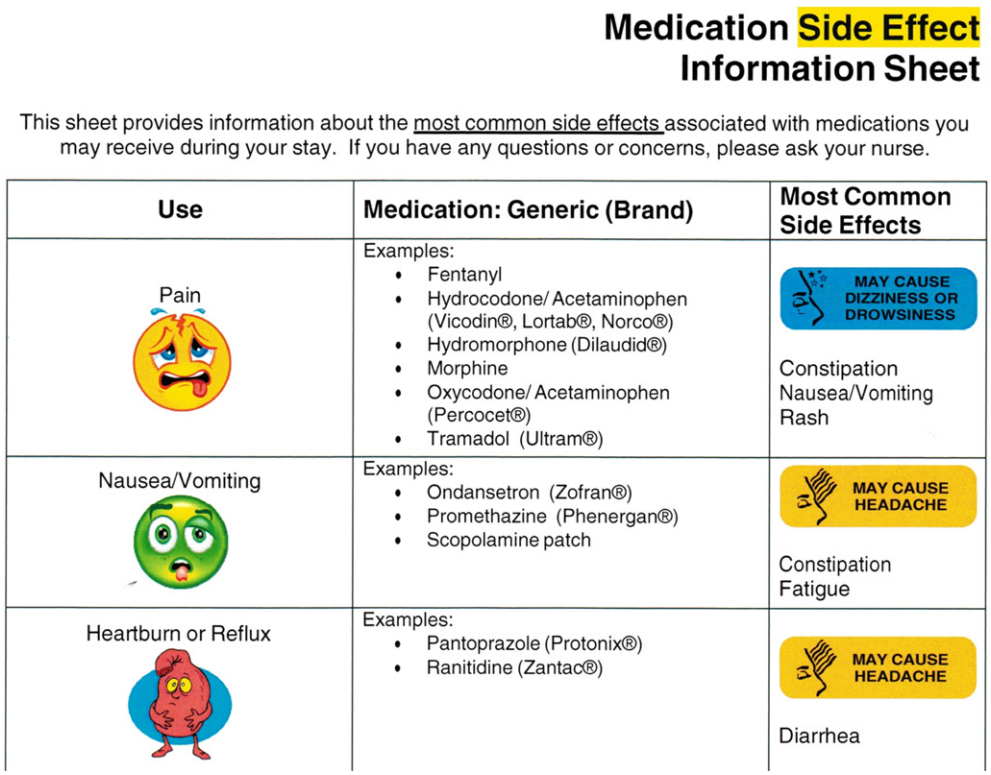
A single-unit pilot study was planned to minimize variables and control challenges that would arise from activities across multiple units. The hospital medical/surgical nursing unit with the lowest related HCAHPS indicators was a good candidate setting, as (a) unit-level improvement was needed, (b) unit nursing team members were eager to innovate and raise an HCAHPS indicator, (c) an existing mechanism provided patients with medication information from admission through discharge; the mechanism could serve as a baseline for further refinement, and (d) the medical/surgical environment encompassed a relatively wide variety of new medications per patient, embodying a dynamic learning requirement.

Medication communication mechanisms used before the study relied on patient information folders. Patient information folders have two pockets. One pocket is used at discharge to hold patient discharge instructions, and it is pre-labeled for that purpose. The other pocket contains patient reading materials such as unit guidelines (unit title, description, visiting hours, quiet time, diet information, housekeeping activities, etc), unit rapid response practices, the facility pain management policy, the facility values statement, and a standard medications information sheet (SMIS) which lists the 13 general classes of medications/side effects most frequently used in the unit. A partial image of a SMIS is shown in Fig. 1.

On the SMIS, medications are classified by the following uses:

- pain,
- nausea/vomiting,
- heartburn or reflux,
- decrease cholesterol,
- blood thinners to prevent or treat blood clots,
- blood clot prevention,
- heart failure/heart rhythm abnormalities,
- decrease blood pressure and heart rate,
- blood pressure and heart rate (beta blockers),
- blood pressure and heart rate (ACE inhibitors or angiotensin receptor blockers),
- antibiotic,
- anti-inflammatory, and
- anti-anxiety, sedation, or insomnia.

SMIS were implemented in late 2012, nearly 2 years before the study intervention. Occasional refinements were made to information folder contents between late 2012 and the study start. One SMIS change occurred during the study. That change and its impact are described in the results section.



Medication Side Effect Information Sheet

This sheet provides information about the most common side effects associated with medications you may receive during your stay. If you have any questions or concerns, please ask your nurse.

Use	Medication: Generic (Brand)	Most Common Side Effects
Pain	Examples: • Fentanyl • Hydrocodone/ Acetaminophen (Vicodin®, Lortab®, Norco®) • Hydromorphone (Dilaudid®) • Morphine • Oxycodone/ Acetaminophen (Percocet®) • Tramadol (Ultram®)	MAY CAUSE DIZZINESS OR DROWSINESS Constipation Nausea/Vomiting Rash
Nausea/Vomiting	Examples: • Ondansetron (Zofran®) • Promethazine (Phenergan®) • Scopolamine patch	MAY CAUSE HEADACHE Constipation Fatigue
Heartburn or Reflux	Examples: • Pantoprazole (Protonix®) • Ranitidine (Zantac®)	MAY CAUSE HEADACHE Diarrhea

Fig. 1. Partial image of SMIS.

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