#4 Communication about Medication

Medication Education Imperative™

Master the Skills of Successful Patient Medication Education

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Custom Learning Systems

NEBRASKA RURAL HEALTH ASSOCIATION
Communication about Medication

The Medication Education Imperative™

To deliver a World Class Patient Experience --- To Every Patient, Every Time, No Exceptions!

Crucial Leadership Engagement Best Practice

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 who 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 nomenclature (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 in 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!
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 RN’s 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 re: 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

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 RN’s wear bright-colored safety vests when distributing medications. The vests mean “Do Not Disturb Me!”
Bar Coding is Imperative!

On the importance of Pharmacists…
Pharmacists are not pill-counters. They’re valuable consultants – to 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.

-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
- and at **Discharge**, do Medication rec 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 have limited **English proficiency**
- 30% of prescriptions' are for the **elderly**
Make Medication Coaching a Very BIG DEAL

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!
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

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 then 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
“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

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 Special Things from everyone.

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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.
HCAHPS Breakthrough Webinar Series
– The Medication Education Imperative

Group/Event: Nebraska Rural Health Association    City: Kearney, NE    Date: September 17, 2014

You’ve just heard from us, now we’d like to hear from you. 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: ____________________________

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


7. P.S. – My Best Tip: ________________________________________________________________

__________________________  □ More on Reverse

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