



HCAHPS

S U M M I T

Communication about Medicines

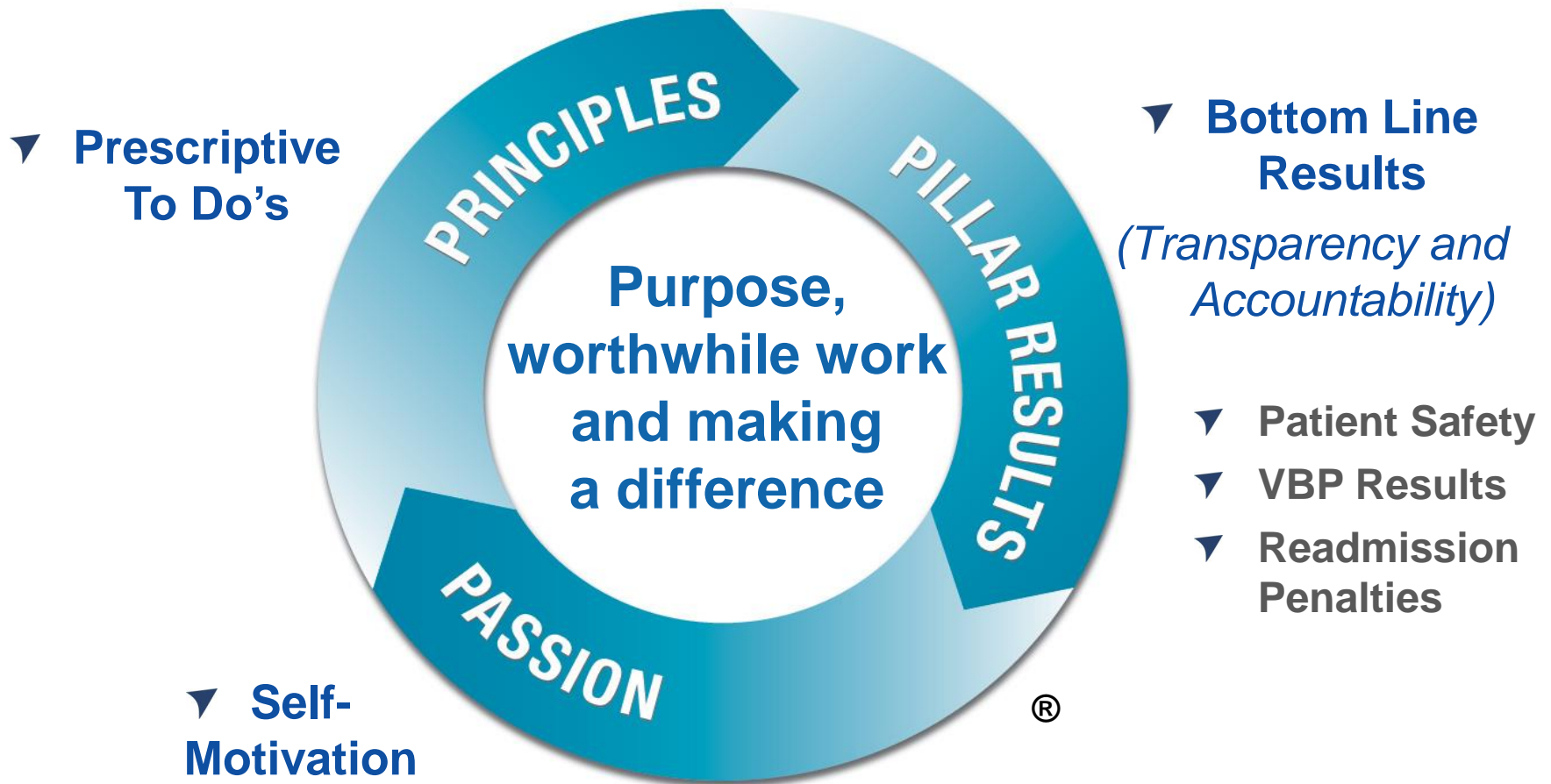


Medical Pills PSD Template
by GraphicsFuel.com

Barbara Hotko, RN, MPA
Studer Group Coach
12+ years experience!



Healthcare Flywheel[®]



Communication about Medicines

- ▼ Only 28% knew medication names
- ▼ Only 37% knew purpose of medicine
- ▼ Only 14% knew side effects



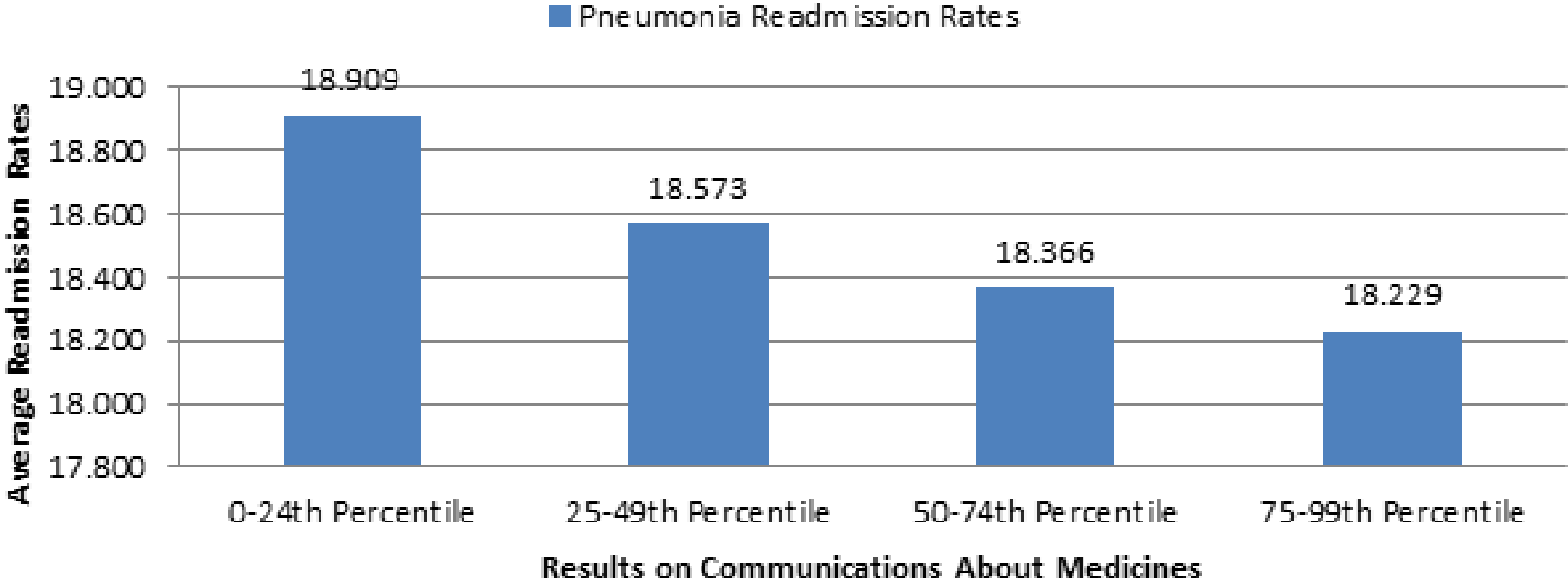
*State University of New York Study Mayo
Clinic Proceedings, August 2005*

Communication about Medicines

Patient Perspective	Physician Perspective
25% of patients said their physician never told them about a new medication, and only 10% said their physician discussed the side effects	100% of physicians said they told their patients about new medicines, and 81% said they explained the side effects to patients
<i>Archives of Internal Medicine. Nov. 2010</i>	

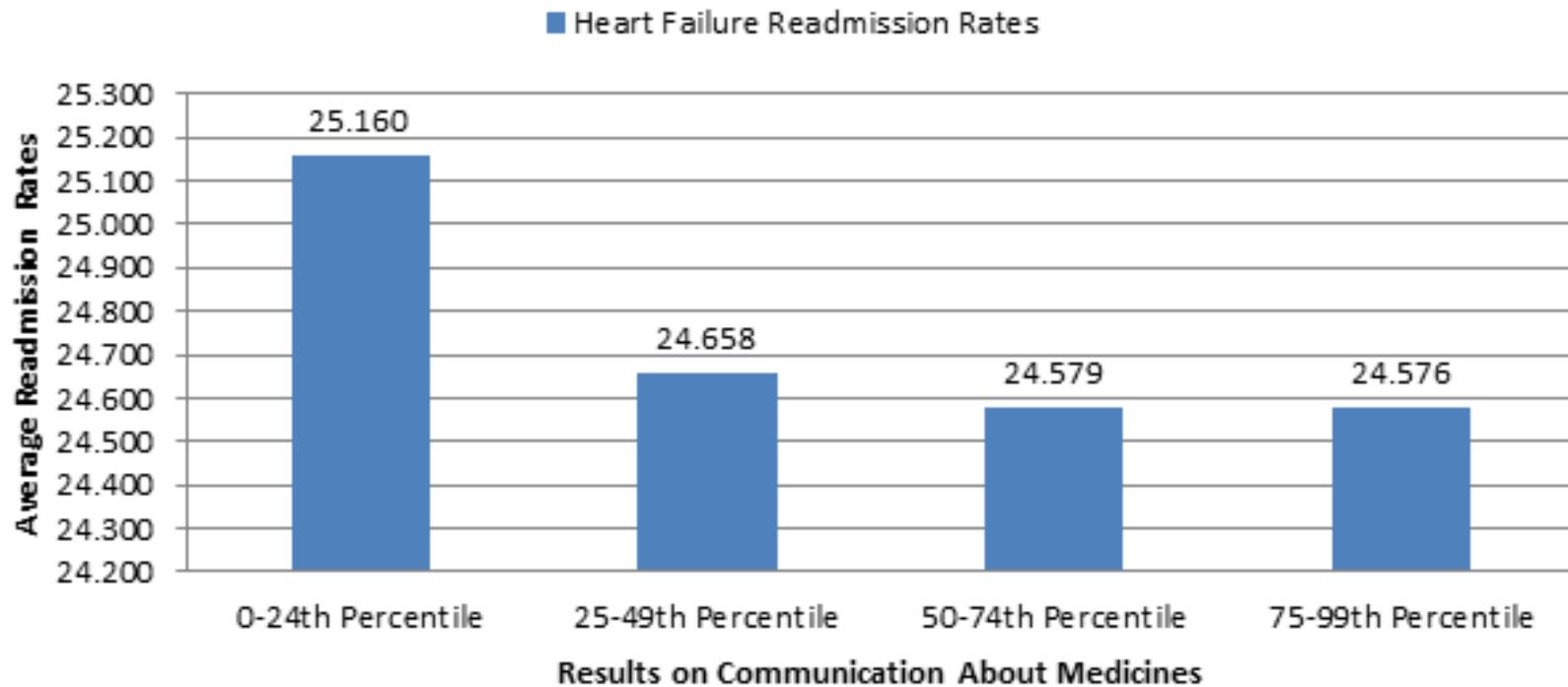
Influence of Communication About Medicines on Readmission Rates

Average Pneumonia Readmission Rates by Hospital Results on Communication About Medicines



Influence of Communication About Medicines on Readmission Rates

Average Heart Failure Readmission Rates by Hospital Results on Communication About Medicines



HCAHPS Correlation Studies

HCAHPS Composite	Jul2010- Jun 2011 Correlation with Patients who gave a rating of 9 or 10	Oct 2010- Sep 2011 Correlation with Patients who gave a rating of 9 or 10	Jan2011- Dec2011 Correlation with Patients who gave a rating of 9 or 10	April 2011- Mar 2012 Correlation with Patients who gave a rating of 9 or 10	July 2011- June 2012 Correlation with Patients who gave a rating of 9 or 10
Always quiet at night	.564 ^{**}	.559 ^{**}	0.555	.553 ^{**}	.568 ^{**}
Doctors always communicated well	.620 ^{**}	.604 ^{**}	0.606	.613 ^{**}	.617 ^{**}
Nurses always communicated well	.796 ^{**}	.786 ^{**}	0.771	.770 ^{**}	.773 ^{**}
Pain was always well controlled	.724 ^{**}	.717 ^{**}	0.710	.699 ^{**}	.702 ^{**}
Patients always received help as soon as they wanted	.698 ^{**}	.703 ^{**}	0.686	.679 ^{**}	.681 ^{**}
Room was always clean	.647 ^{**}	.634 ^{**}	0.611	.602 ^{**}	.599 ^{**}
Staff always explained about medicines before giving them to pat	.669 ^{**}	.647 ^{**}	0.643	.641 ^{**}	.626 ^{**}
Yes, patients were given information about what to do during the	.581	.561	0.564	.580	.572 ^{**}
YES, patients would definitely recommend the hospital	.901 ^{**}	.900 ^{**}	0.898	.898 ^{**}	.898 ^{**}

The Questions in this Domain

Communications about Medicines

- Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

Never

Sometimes

Usually

Always

Top Box Results in this Domain



Care Domain (HCAHPS)	2014 National Threshold	2015 National Threshold	2014 National Benchmark	2015 National Benchmark
Communication about Medicines	59.85%	60.89%	71.54%	71.85%

Three questions for you:

1. *What are your results for this domain?*
2. *What is your goal?*
3. *Who owns the goal?*

Communication about Medicines

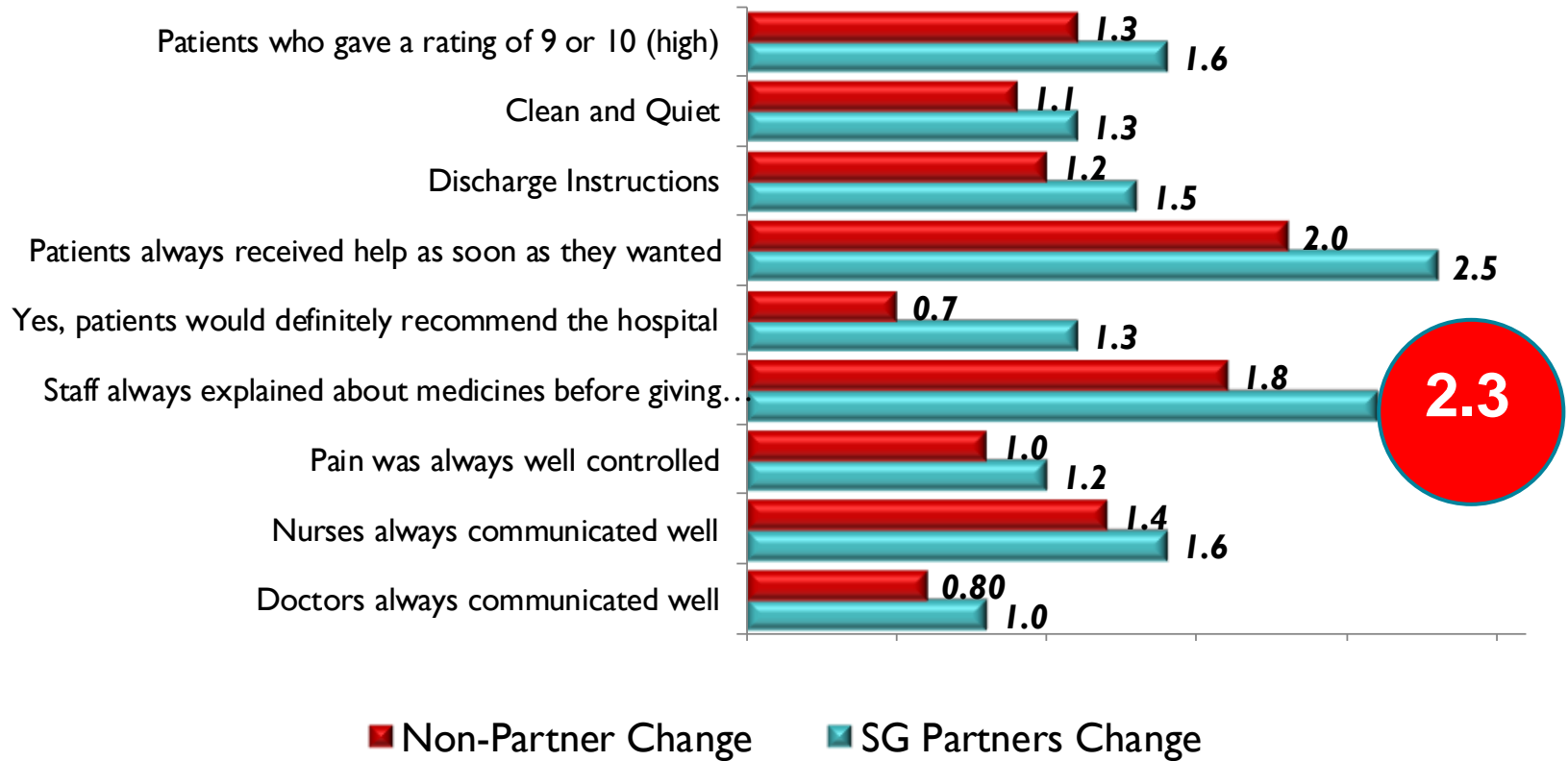
- Goal: To improve HCAHPS Patients Perception of Care to XX as measured by ...

<i>Title</i>	Nurse Comm	Doctor Comm	Responsive-ness	Pain Mgmt	Comm Meds	Dx Info	Hospital Environ-ment	Overall Rating
<i>CEO</i>	X	X	X	X	X	X	X	X
<i>CNO</i>	X	X	X	X	X	X	X	X
<i>CMO</i>		X	X	X			X	X
<i>Nursing</i>	X	X	X	X	X	X	X	X
<i>Pharmacy</i>					X			
<i>Laboratory</i>	X	X	X				X	
<i>Radiology</i>	X		X				X	

Organizations Coached by Studer Group Outpace the Nation in HCAHPS Improvements

New Update!
3Q11-2Q12

Average Change in Top Box Results in One Year Studer Group Partners vs. Non Partner



Source: The graph compares the change in one year in "top box" results achieved by Studer Group partners vs. non-partners. Change is from 3Q10-2Q11 to 3Q11-2Q12. The "top-box" is the most positive response to HCAHPS survey questions.



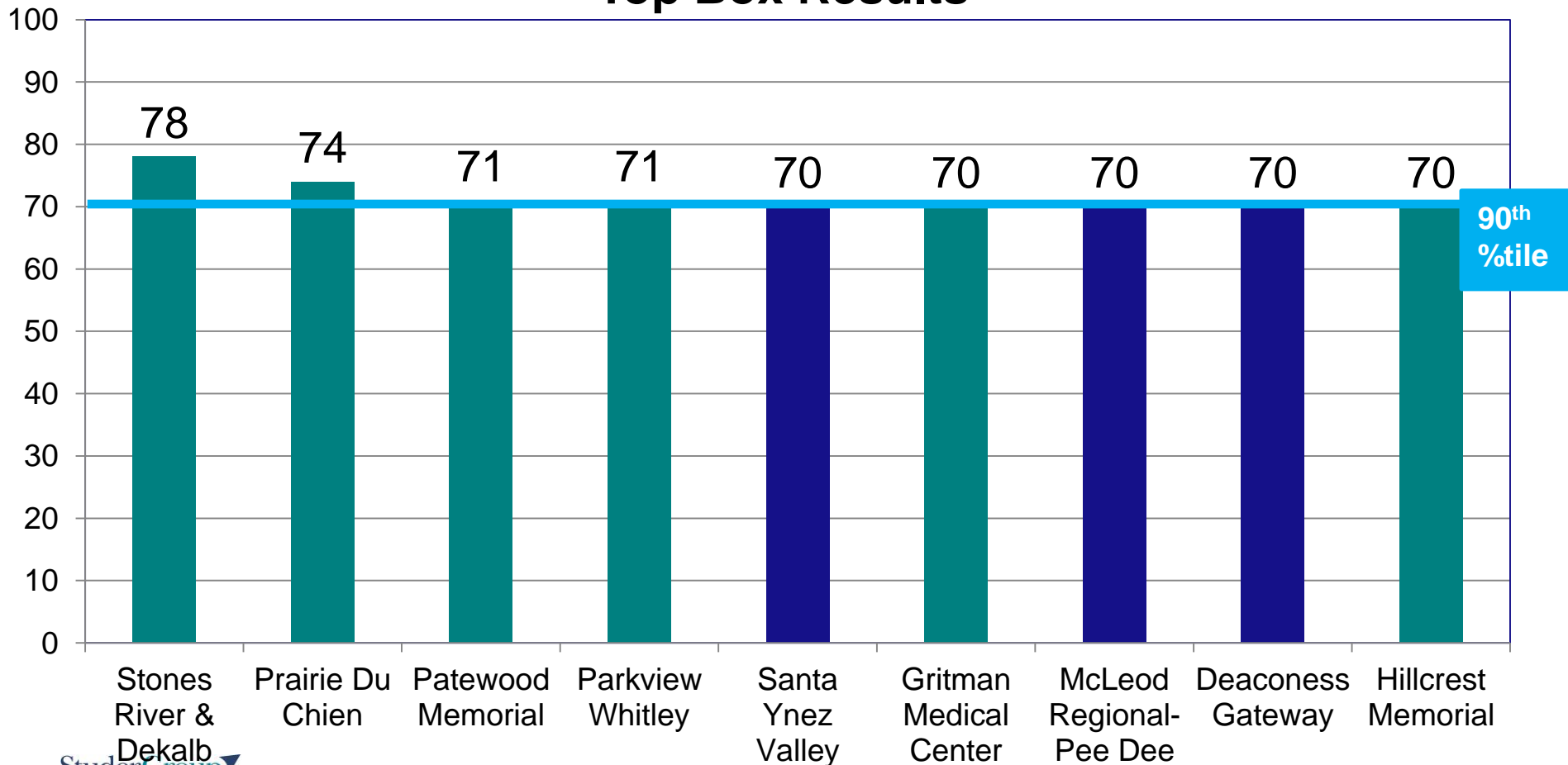
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Who Does it Well... Communication about Meds Top Organizations in Attendance

Data Based on 3Q11-2Q12 CMS Update, by Discharge Date

Studer Group
Partners in Teal

Top Box Results



Execution Framework

Evidence-Based LeadershipSM

Foundation

Breakthrough

STUDER GROUP®:



Aligned Goals

- ▼ Develop goals for key leaders that create urgency, priority to improve the HCAHPS Communication about Medications domain
- ▼ Educate leaders and staff with skills and competencies necessary to achieve the results

Aligned Behavior

- ▼ Nurse Leader Rounds
- ▼ KWKT- AIDET®
- ▼ Whiteboards
- ▼ Bedside shift report
- ▼ M in the BoxSM
- ▼ Hourly RoundingSM
- ▼ Huddles
- ▼ Post Visit Calls
- ▼ Reward and recognize or coach/counsel as appropriate to reinforce behaviors and achievement of results

Aligned Process

- ▼ Processes that are consistent and standardized
- ▼ Software
- ▼ Process Improvement
- ▼ PDCA
- ▼ Lean
- ▼ Six Sigma
- ▼ Baldrige Framework

Use Key Words/AIDET®

A

- ▶ **Acknowledge** the patient
(2 identifiers)

I

- ▶ **Introduce** self (and experience)

D

- ▶ Introduce name of new medication

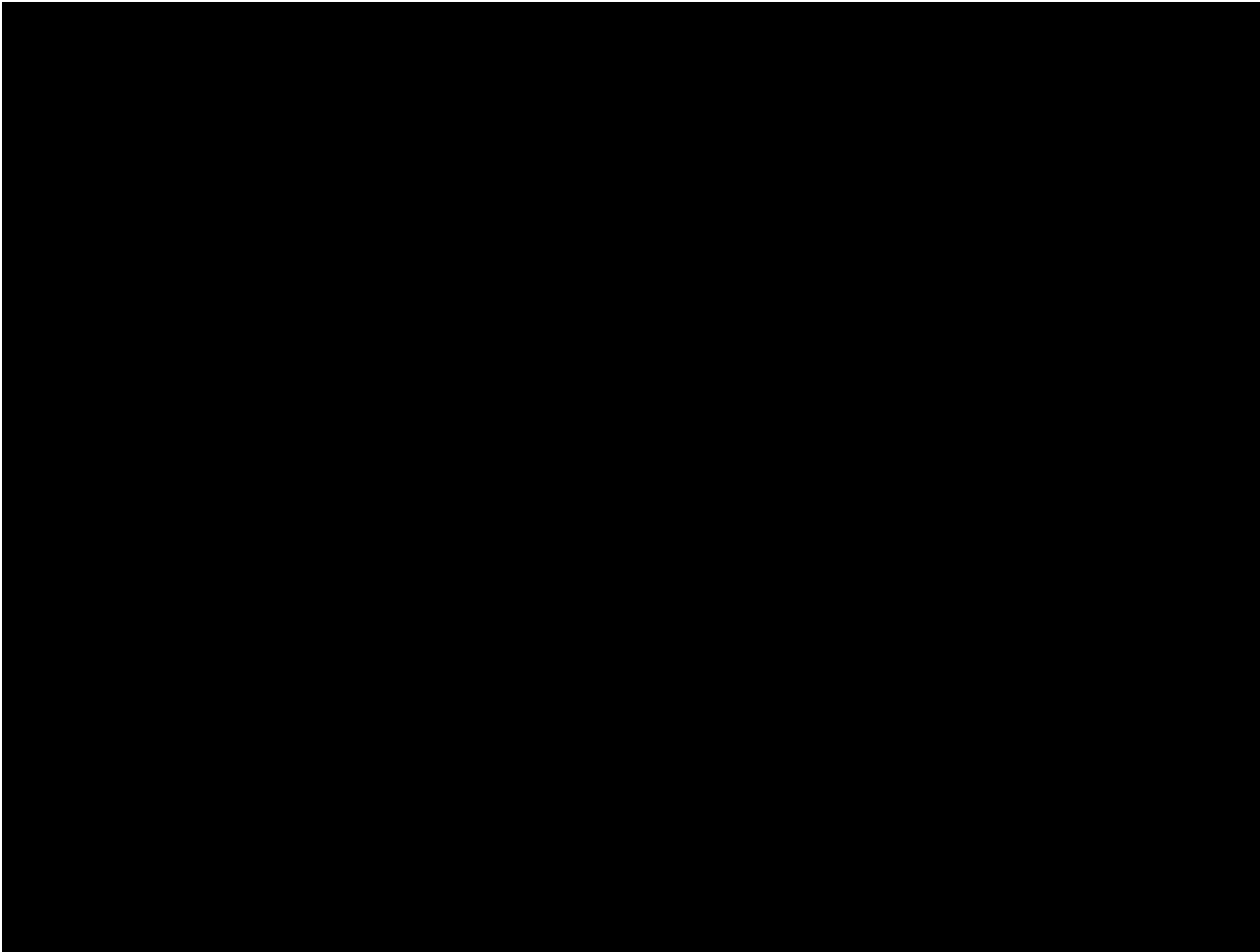
E

- ▶ How often will receive/need to take
- ▶ How long until it takes effect (**duration**)

T

- ▶ **Explain** why (purpose)
- ▶ Explain possible side effects
- ▶ **Thank** the patient for engaging in two-way dialogue

Communication about Medicines



Communication about Medicines

When to use Key Words/AIDET® to teach and reinforce education:

- ▼ Hourly Rounding®
- ▼ White boards
- ▼ Bedside Shift Report
- ▼ Post-Visit Calls
- ▼ Nurse Leader Rounding

(Huddles for staff reinforcement + R&R)





“ - created to provide a visual reminder for nurses to teach patient's about new medicines and their side effects, and to offer a easy mechanism for a teach back on new medications.”

*Cathy Grubbs
Studer Group Coach*





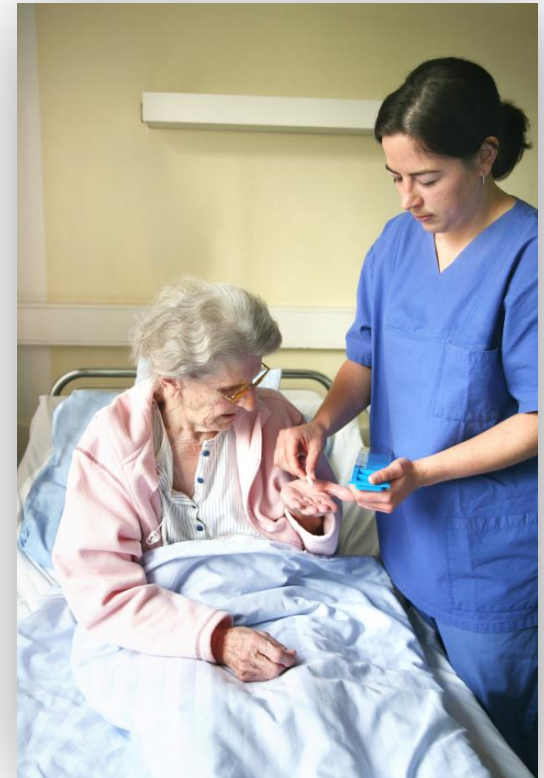
Tactic: To increase patient's perception of communication between nurses and patient, and to increase compliance with explanations of medicines, and conversations about side effects.

Process: During the bedside shift report the nurse going off duty will refer to the “**M in the BoxSM**” to validate with both the patient and the on-coming nurse that the patient has been informed about any new medicine and any possible side effects.

A box will need to be drawn or taped onto the white/communication board. Use a bright color marker if available.

Step 1:

- If a new medicine is ordered during the shift, the nurse will explain the medicine, why it was ordered, and possible side effects to the patient.
- Then, puts the letter “M” in the box drawn on the white board.



“Mrs. Bright, I’m writing the “M” in the box to remind both of us that you had a new medicine and I have communicated to you the reason for the medicine and any possible side effects.”

Step 2:

- Later, during bedside shift report, the off-going nurse points out the “**M in the Box**SM”

“Dr. Smith ordered Mrs. Bright a new medicine”.

“Mrs. Bright, do you remember the name of the new medicine?”

Can you tell me why Dr. Smith ordered it for you?

Can you also tell me one of the side effects of the medicine?” Great!

Step 3:

- The off-going nurse checks back with the incoming nurse

“As you heard, Mrs. Bright is aware of her new medicine and possible side effects.”

*“I will erase the **“M in the box”SM**, so that you can fill it in if another new medicine is ordered for Mrs. Bright during your shift.”*

- The process continues each shift until the patient is released. If no new medicine is ordered the box should be empty.

Tactic: “M” in the BoxSM

Results: Communication about Medicines

“The nurses like this process and find it very easy to incorporate into their daily routines with their patients. They find the “M” on the board to be a great visual trigger for them as a reminder. I personally like it as a visual trigger when I do leader rounds on patients. The nurses have told me this process has made reviewing medicines and side effects fun for both the patients and nurses.”

-Mary Kerber, Director 6 South Bariatric Medical Surgical Unit

St. Alexius Medical Center

Tactic: “M” in the BoxSM

Results: Communication about Medicines

*When asked about the “M” in the box, **the patient** said that her nurse goes over her medicines with her and will remove it when she fully can repeat back and understand about the medication.*

She preceded to tell me that she missed a few side effects this morning when she was explaining back to the nurse about her new medicine from last night, but by the next medication pass she will get it right....

She said she loves the “repetition with this process until she has a full understanding, because medicines are important to know.”

Tactic: “M” in the BoxSM

Results: Communication about Medicines

*A family member came in to see his father, did his usual look at the plan of care board for updates and noticed the “M” on the board. When asked about this, **the patient** proceeded to tell him all about the new medications he was on and that the nurses were using it to reinforce his new medication. His son came out to tell us “that he has never seen his dad so active and excited about his care before!”*

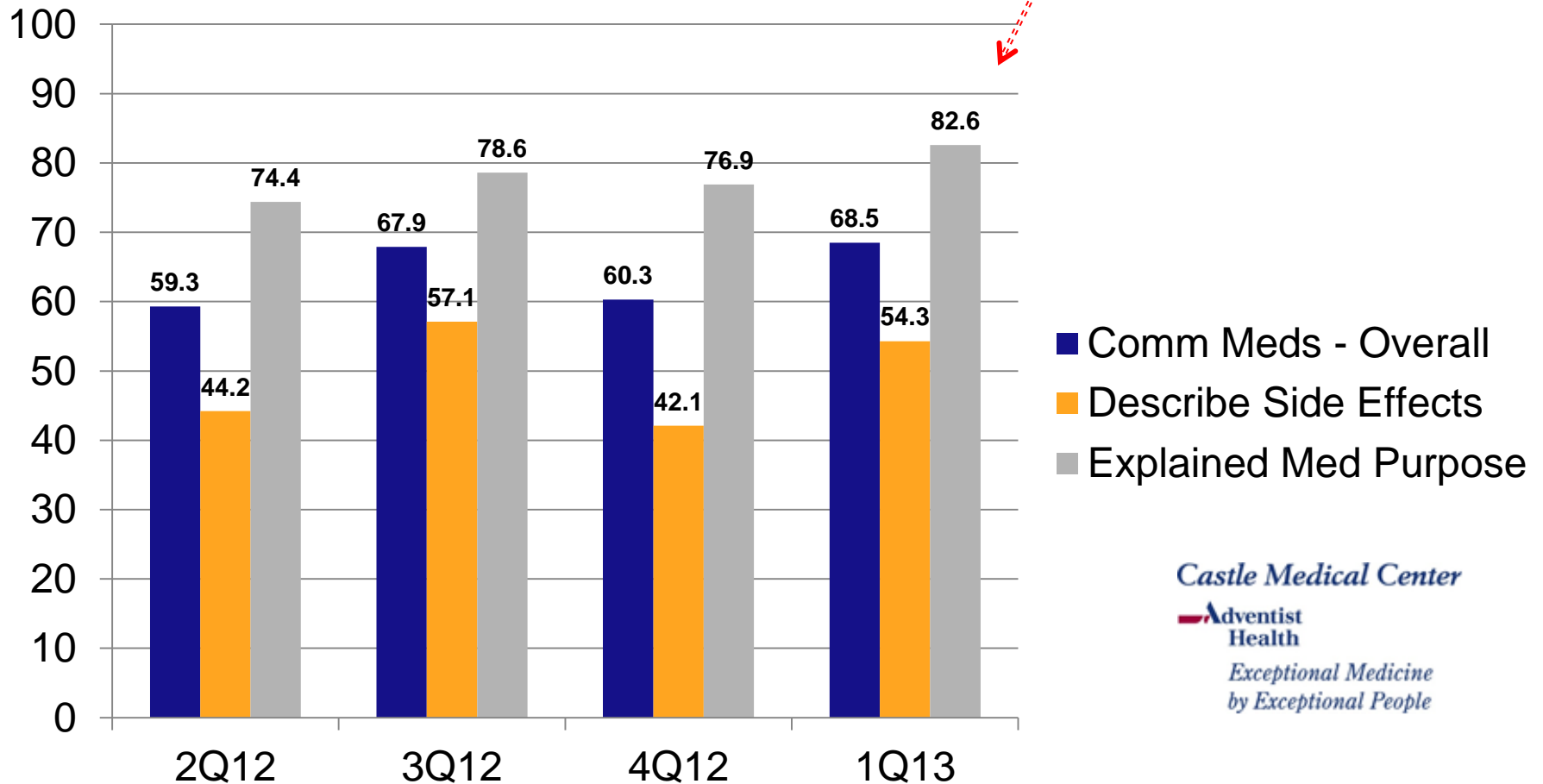
Tactic: “M” in the BoxSM

Results: Communication about Medicines

*“The nurses kept me informed about my medicines and side effects throughout my whole stay. This is great, and now that I am leaving, I **feel prepared** knowing more about my medications, this will help me when I’m home alone.”*

Results: Communication About Medications

Tactic: Bedside Shift Report w/M in the BoxSM



Castle Medical Center
Adventist Health
*Exceptional Medicine
by Exceptional People*

Care Transition Domain

***New!
January 1,
2013***

- ▼ 3 Care Transition Questions
- ▼ Focus is on patient's understanding
- ▼ When I left

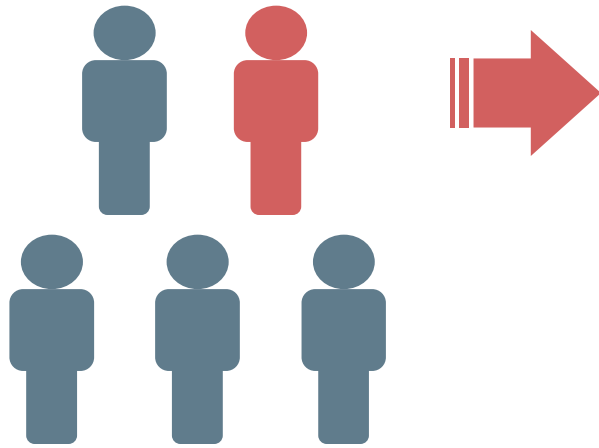
Care Transition Domain: Relevant Question

- ▶ When I left the hospital, I clearly **understood** the purpose for taking each of my medications
 - Strongly disagree
 - Disagree
 - Agree
 - Strongly agree
 - I was not given any medicine when I left the hospital

Heightened Focus on Care Transition

WHY?

Reality of Adverse Events Post Discharge



- ▶ One in five patients discharged from hospitals suffers an adverse event;
- ▶ 72 percent of which are related to medications.

Forster AJ, Clark HD, Menard A, et al. Adverse events among medical patients after discharge from hospital. CMAJ. 2004;170:345-9.

Heightened Focus on Care Transition

WHY?

Responses from 537 hospitals recently reported:

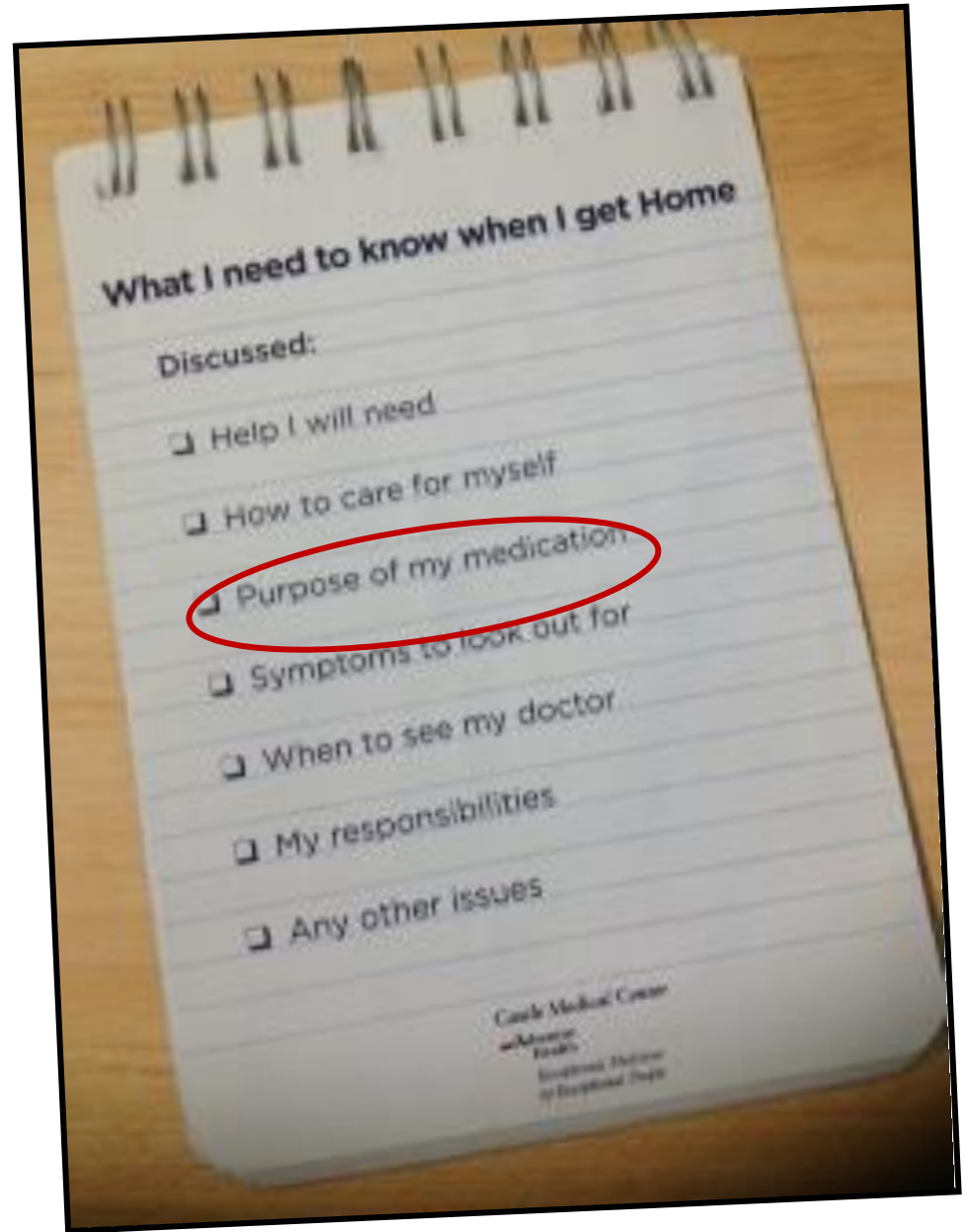
- Only 77% of hospitals educated patients on medication management at the time of discharge;
- Only 23% had a pharmacy technician obtain medication histories in order to reconcile medications;
- Only 10% had a pharmacist reconcile medications at the time of discharge; and
- Only 63% conducted follow-up calls post-discharge

Journal of the American College of Cardiology

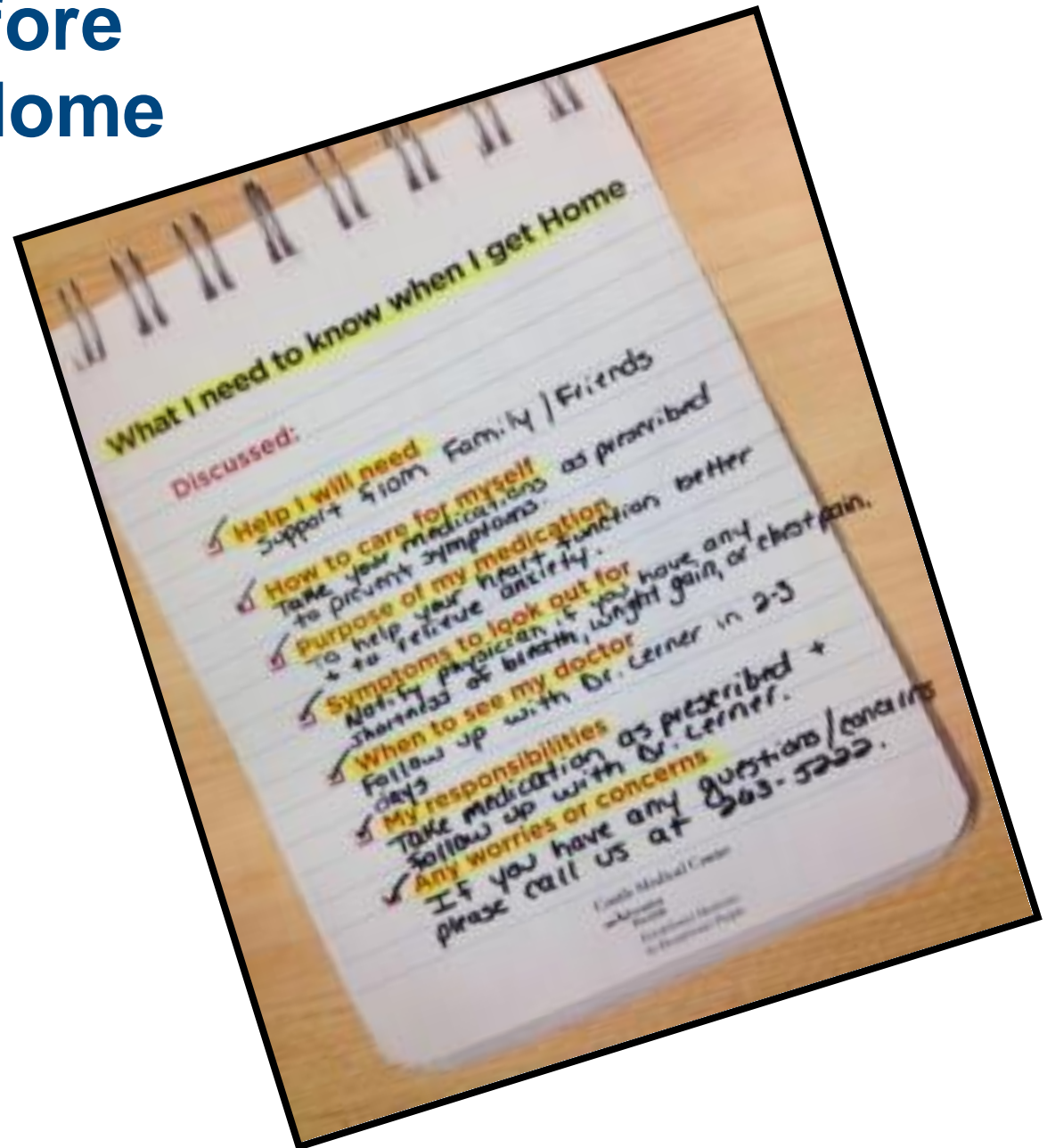
Improving Care Transitions ... Partners in Care



Starts at Admission



Completed Before Patient Goes Home





**Improving HCAHPS Scores-3HVT:
Communications about Medications
As easy as 1, 2, 3**

This is your 1. It will help 2. The SIDE EFFECTS are 3.

+

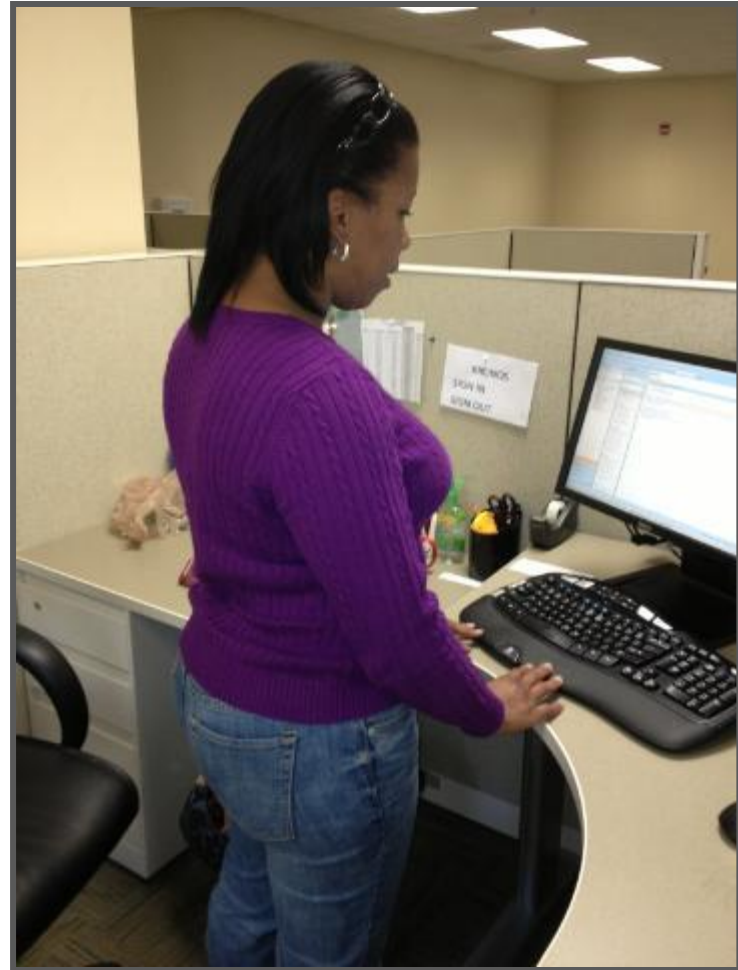
1.) Drug Class/Examples	2.) Use	3.) SIDE EFFECTS
<u>Beta Blockers:</u> <ul style="list-style-type: none"> Metoprolol Carvedilol Atenolol Labetalol Bisoprolol 	<ul style="list-style-type: none"> To treat high blood pressure and fast heartbeat Lowers the risk of repeated Heart Attacks Heart Failure 	<ul style="list-style-type: none"> Lightheaded/dizzy Tired Slow heartbeat
<u>ACE inhibitor/ARB:</u> <ul style="list-style-type: none"> Lisinopril Enalapril Quinapril Losartan Valsartan 	<ul style="list-style-type: none"> To treat high blood pressure Help heart function after a heart attack Heart Failure 	<ul style="list-style-type: none"> Lightheaded/dizzy Dry Cough Swelling of lips/tongue
<u>Statins:</u> <ul style="list-style-type: none"> Atorvastatin Simvastatin Pravastatin Rosuvastatin 	<ul style="list-style-type: none"> Lower Cholesterol Slow progression of heart disease Stroke prevention 	<ul style="list-style-type: none"> Muscle Pain or weakness
<u>Anticoagulant/Antiplatelet:</u> <ul style="list-style-type: none"> Warfarin Aspirin Rivaroxaban Dabigatran 	<ul style="list-style-type: none"> To thin blood so clots will not form 	<ul style="list-style-type: none"> Bruising or bleeding
<u>Non-Narcotic Pain Meds:</u> <ul style="list-style-type: none"> Ibuprofen Celebrex Meloxicam 	<ul style="list-style-type: none"> Pain Relief Reduce inflammation 	<ul style="list-style-type: none"> Upset Stomach
<u>Antibiotics:</u> <ul style="list-style-type: none"> Bactrim/Septa Penicillins Cephalosporins Vancomycin 	<ul style="list-style-type: none"> To treat infection 	<ul style="list-style-type: none"> Rash Upset Stomach/Loose stools
<u>GI Meds:</u> <ul style="list-style-type: none"> Pepcid Omeprazole 	<ul style="list-style-type: none"> To treat heartburn To prevent GI ulcers 	<ul style="list-style-type: none"> Dizzy Headache Diarrhea

Communication about Medicines

- ▶ Ask the patient to “show you” they understand
 - ▶ On this calendar what days will you take your medicines/stop taking your medicines
 - ▶ Show me how you will know that you took all of your medicines each day

Communication about Medicines

Post-Visit Calls



Communications about Medicines

Post-Visit Calls

- ▼ Call the patient after discharge and include information about medicines (quality and safety)
 - ▼ Check on the medicines
 - ▼ Listen to patient comments
 - ▼ Use key words that align with explanation and duration
 - ▼ Connect the outcomes of calls back to purpose, worthwhile work, making a difference

Post-Visit Call Sample Format

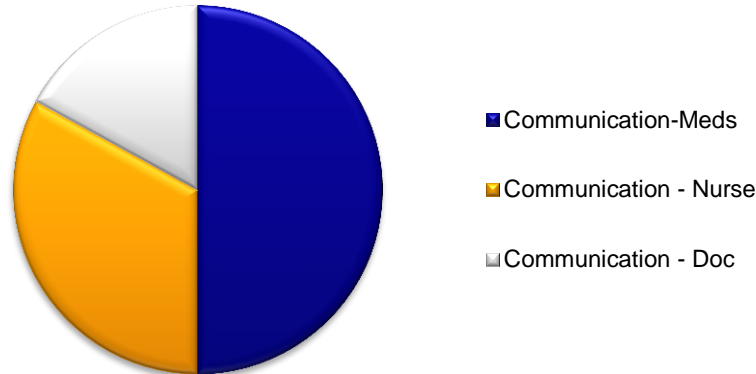
EMPATHY AND CONCERN	<i>Hello [Patient Name], this is [Caller Name] from [Hospital Name] and Dr. [Name] asked that I call and check on you after your recent visit to the hospital. Is this a good time?</i>
CLINICAL OUTCOMES	<ul style="list-style-type: none"><i>• Were your discharge instructions clear and understandable? (Yes/No). Please tell me in your own words how you are to care for yourself at home.</i><i>• Were you able to get your prescriptions filled?</i><i>• What questions do you have about the medicines you are taking? Do you know what the common side effects are?</i><i>• Did you make your follow up doctor's appointment? When is your follow-up appointment?</i>
REWARD AND RECOGNITION	<i>Are there any physicians, nurses or hospital staff that you would like us to recognize for giving you excellent care?</i>
PROCESS IMPROVEMENT	<i>Thank you for taking the time to share with me about your care and recovery. Do you have any suggestions for us?</i>

Post-Visit Calls: Set Goals and Expectations

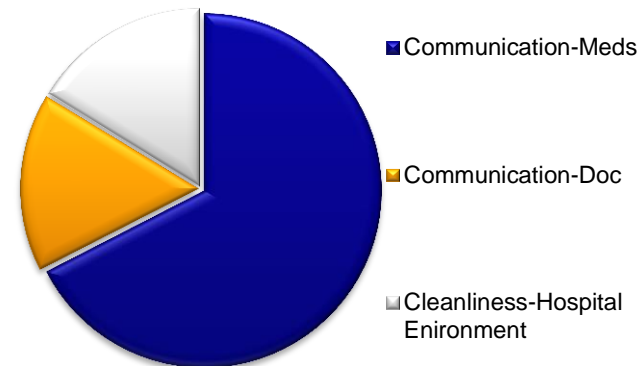
	Patient Total	Patients Attempted		Patients Completed		Patients Wrong Number	
		Count	Percent	Count	Percent	Count	Percent
All IP Units	1784	1714	96%	1103	62%	67	4%
2 East	52	52	100%	41	79%	4	8%
2 West	95	80	84%	60	63%	7	7%
3 South	167	135	81%	93	56%	4	2%
4 South	95	95	100%	67	67%	3	3

Recognition and Process Improvement

Recognition



Opportunities



Unit	Comment	Category
2W	Pt states the rx they sent her home with was for a different patient. She states she took it to ABC Medical and they destroyed it and gave her the correct rx.	Communication-Meds
2E	Pt states the triage nurse asked her what her allergies were and she told her PCN, she states when she went to get her rx at the pharmacy the doctor wrote it for a PCN drug. There are no allergies documented in the chart	Communication-Meds
ED	Pt states he was sent home with a nebulizer but was not given an rx for the medication that goes with it. He stated he would get in touch with his doctor to see about getting the prescription.	Communication-Meds
2W	Pt states Tim did an exceptional job, he states he went out of his way to explain everything he was doing and why. Pt states he really appreciated the care Tim provided.	Communication-Meds

Analyze Patient Responses

What questions do you have about the medications you are taking?

Yes	81%
No	16%
N/A	3%

Comments/Questions on Medications:

“ I don’t have the cardizem. It is on my list but I wasn’t given a prescription for it.” I called the prescription into Wal-Mart

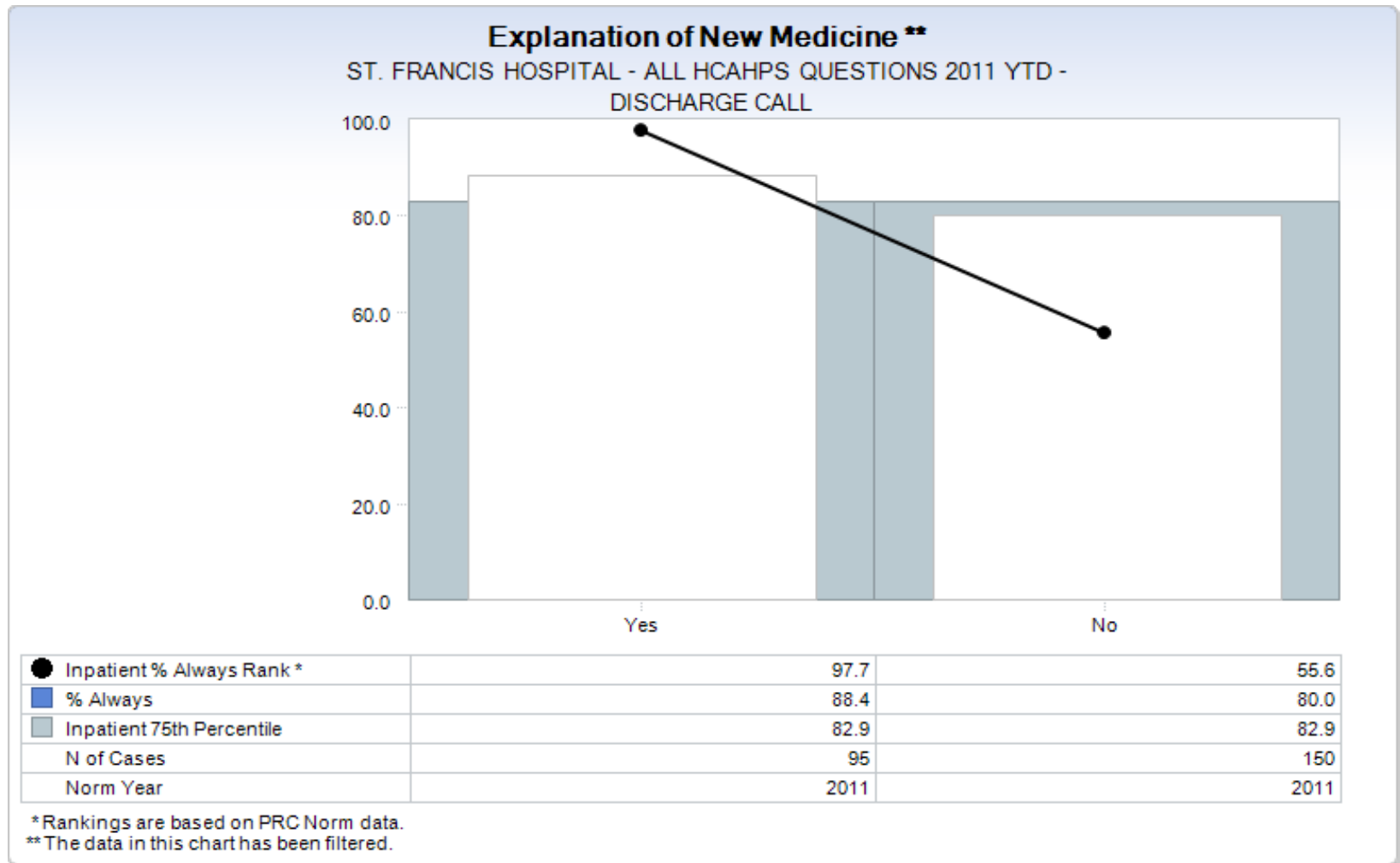
“If I take my blood sugar again and it is high, should I take more Insulin?” I said no, that is not how 70/30 works. If you still have high blood sugars, call our office and we will advise you on next steps.

“ Can’t afford Celebrex, so I didn’t get it.” I will contact MD to see what next steps are needed.

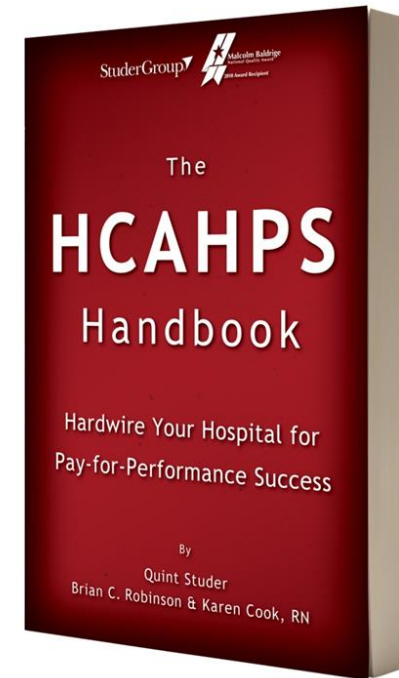
Lyricea pill at 50mg, but prescription at 100mg; felt the d/c of dilacor XR 120mg was incorrect; told her to talk with HH nurse that was there at the moment, call pharmacist.

“Am I supposed to take cipro 2x/day?” Yes. “Ok, and am I supposed to take the other antibiotic Flagyl twice?” No, 3x/day. “The Januvia I am supposed to start that back today, right?”

Impact of Post Visit Calls: Tell you what the new medicine was for?



Thank You!



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