Med Effects Scripting and HCAHPS Scores

Jacklyn Gibat BSN, RN  
Lehigh Valley Health Network

Madelyn Glick BSN, RN  
Lehigh Valley Health Network, madelyn.glick@lvhn.org

Follow this and additional works at: https://scholarlyworks.lvhn.org/patient-care-services-nursing

Part of the Nursing Commons

Published In/Presented At

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
MED EFFECTS
SCRIPTING &
HCAHPS SCORES

Jacklyn Gibat, BSN, RN
Madelyn Glick, BSN, RN
Agency for Healthcare Research and Quality (AHRQ) and Centers for Medicare & Medicaid Services (CMS) developed and implemented the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS):

- To measure and compare data on patient’s perspective of care across hospitals nationwide
- To create incentives for hospitals to improve quality of care
- To enhance public accountability by increasing the transparency of the quality of care a hospital provides
Significance

Importance of medication teaching:

- To assist patients in taking an active part in their care
- To provide patients with a greater sense of control over the medications prescribed to them
- To reinforce importance and side effects of medications as a preventative health strategy
Purpose

▪ Medication education compliance by RN staff as demonstrated by:
  • Patient response to individual interviews during stay

▪ Improvement in patient satisfaction as demonstrated by:
  • HCAHPS results
PICO QUESTION

PICO Question:

P: For adult patients discharged from an acute care medical-surgical unit

I: will standardized medication scripting by nurses triggered by visual cues on the kardex

C: In comparison to previous practice

O: Positively impact HCAHPS scores regarding new medication side effects
HCAHPS Questions

▪ Question 15: During this hospital stay, were you given any medicine that you had not taken before?

▪ Question 16: Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

▪ Question 17: Before giving you any new medicine, how often did hospital staff describe possible side effects in a way that you could understand?
# Triggers

## Problem-Focused Triggers
1. Risk-management data
2. **Process improvement data**
3. **Internal/external benchmarking data**
4. Financial data
5. **Identification of clinical problem**

## Knowledge-Focused Triggers
1. New research or other literature
2. National agencies or organizational standards and guidelines
3. Philosophies of care
4. Questions from institutional standards committee
Baseline HCAHPS Data 6C

<table>
<thead>
<tr>
<th></th>
<th>Sept-13</th>
<th>Oct-13</th>
<th>Nov-13</th>
<th>Dec-13</th>
<th>Jan-14</th>
<th>*Feb-14</th>
<th>Mar-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>n=</td>
<td>8</td>
<td>9</td>
<td>3</td>
<td>6</td>
<td>8</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Average %</td>
<td>50.0</td>
<td>75.0</td>
<td>0.0</td>
<td>50.0</td>
<td>75.0</td>
<td>50.0</td>
<td>40.0</td>
</tr>
<tr>
<td>Explain Meds</td>
<td>57.1</td>
<td>100.0</td>
<td>0.0</td>
<td>40.0</td>
<td>100.0</td>
<td>66.7</td>
<td>83.3</td>
</tr>
<tr>
<td>Side Effects</td>
<td>42.9</td>
<td>50.0</td>
<td>0.0</td>
<td>60.0</td>
<td>50.0</td>
<td>33.3</td>
<td>40.0</td>
</tr>
</tbody>
</table>

- **n=** Number of patient’s surveyed
- **Target HCAHPS score of 60.89%**
- ***Unit education and dissemination began**
Evidence

- Database search: Ovid Medline (11 articles), PubMed (1 article), Google Scholar (1 article), and EBSCO Medline (1 article)

- Keywords: HCAHPS, medication education, scripting, patient satisfaction, peer coaches, medication management, and medication side effects education
Evidence

- **Patient Perspective**
  - 25% of patients said their physician never told them about a new medication
  - Only 10% said their physician discussed the side effects

- **Physician Perspective**
  - 100% of physicians said they told their patients about new medicines
  - 81% said they explained the side effects

Archives of Internal Medicine, 2010
Evidence

- **Inpatient postpartum unit**
  - **Population:** All postpartum patient’s returning patient satisfaction surveys from November 2009-November 2010

- **Intervention:**
  - Developed unit specific medication list for patient education and enhanced nurse-to-nurse communication

- **Outcome:**
  - HCAHPS score in medication domain increased from 59% to 71%

Rovel, Bradle, & Kruesi, 2012
Evidence

- Joint replacement center at Maine Medical Center

- Intervention:
  - Educational booklet placed in each patient’s room for easy accessibility to nurses

- Outcome:
  - Increase in patient satisfaction scores for the question, “Did the nurse explain the side effects of any new medications?”
  - 23% to 53%
Evidence

- **Neuro-Medical Surgical tertiary care facility**
  - Population: Random chart audit of 23 patients with average length of stay of 2.7 days and Glasgow Coma Scale of 11-15

- **Intervention:**
  - Patient informational handouts
  - Nurse education
  - Unit flyers “Always Ask”

- **Outcome:**
  - Average score 77.3% (compared to 29% before the program)

Ahrens & Winges, 2013
Current Practice at LVHN

- Review medications to be given with patients and any site requirements
- Teach patients about their medications during administration
  - Name(s) of medication(s)
  - Action and side effects of medication
  - Self-administration of medication
  - Medication teaching resources given to patient, if available
- Document teaching on interdisciplinary record in Krames
Practice Change

- Standardized medication side effects teaching by:
  - Visual cueing
  - Scripting
  - Teaching at bedside during routine care and report
Implementation

**PHASE I:**
- Engage unit champions and leadership via
  - Unit councils
  - Staff meetings
  - Staff development

**PHASE II:**
- Standardization of kardex and scripting processes
- Staff education re: new process, scripting
- Celebrate launch:
  - Visual displays
  - Staff meetings
  - Reinforcement by EBP and Leadership teams
  - Identify rewards/recognitions
“M in the Box” Process

1. New Medication Ordered
2. Medication Label Placed on Kardex
3. RN writes new medication on Kardex
4. RN Prints Micromedex Notes
5. Explain med and side effects to patient & document in Krames
6. Write M in the box
7. Scripting: “RN to RN,” “RN to Patient,” Repeat...
8. Continue education, scripting...
9. ...Until Teachback a Success
10. Strike Thru “M” in the box

New Medication Ordered
“M in the Box” Kardex Label

• M indicates education has been completed
• In figure to right:
  • Patient has been educated on actions and side effects of Heparin and Percocet
  • Patient has demonstrated knowledge of Percocet Side effects via Teachback

M  Heparin
M  Lasix
M  Percocet
M  Ancef
Standardized Scripting

- During care transactions and bedside shift report:
  - “Do you remember the name of the new medication you were given?”
  - “Can you tell me why you are taking this medication?”
  - “Can you tell me a side effect of this medication?”
Expected Outcomes

- Increased staff compliance as demonstrated by:
  - Documentation in Krames

- Repetitive educational encounters for patients

- Increased education reported by patients as demonstrated by:
  - Patient interviews
  - Increased HCAHPS scores for questions #15-17
Implications for LVHN

- Utilize scripting to educate patient while administering medication and at hand-off
- Provide educational materials and educate patient or family at every opportunity
- Utilize standardized scripting during multiple care transactions
Evaluation

- Data collected weekly by interviewing 10 patients per week

- Were you given any medicine that you had not taken before during this admission?
- Before giving you any new medicine, did hospital staff tell you what the medicine was for and possible side effects?
Results

- Process Measures: Patient Interviews

<table>
<thead>
<tr>
<th></th>
<th>April-14</th>
<th>May-14</th>
<th>June-14</th>
<th>July-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>n=</td>
<td>20</td>
<td>40</td>
<td>28</td>
<td>8</td>
</tr>
<tr>
<td>Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain Meds</td>
<td>45%</td>
<td>55%</td>
<td>78%</td>
<td>75%</td>
</tr>
<tr>
<td>Side Effects</td>
<td>30%</td>
<td>45%</td>
<td>60%</td>
<td>62%</td>
</tr>
<tr>
<td>Krames</td>
<td>30%</td>
<td>30%</td>
<td>43%</td>
<td>38%</td>
</tr>
</tbody>
</table>

\( n = \text{Number of patient’s surveyed} \)
Results

- **HCAHPS Results**

<table>
<thead>
<tr>
<th></th>
<th>April-14</th>
<th>May-14</th>
<th>June-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>n=</td>
<td>5</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td><strong>Medicine</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain Meds</td>
<td>75%</td>
<td>66.7%</td>
<td>50%</td>
</tr>
<tr>
<td>Side Effects</td>
<td>75%</td>
<td>66.7%</td>
<td>0%</td>
</tr>
<tr>
<td>Average %</td>
<td>75%</td>
<td>66.7%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

\[ n=\text{Number of patient’s surveyed} \quad \text{Press Ganey (2013-2014)} \]
Lessons Learned

- **Persistent Barriers**
  - Staff Noncompliance
  - Staff perception of increased workload

- **Limit interaction focus to one major side effect per medication**
  - Increased patient understanding and decreased patient anxiety
Strategic Dissemination of Results

- February 2014
  - Disperse TLC education to Float Nurse Committee Chair
- March 2014
  - Midpoint Presentation to UHC Residency participants and facilitators
- July 2014
  - Final Presentation to UHC Residency & organizational leadership
- July 2014-December 2014
  - Ongoing peer review and support on 6C
Moving Forward

- Compare results to other pilot interventions
  - 4C: Visual cues on communication boards
  - 7T Muhlenberg: Pharmacy teaching tool

- Integrate best practices from other units into 6C medication education protocol

- Continue data collection and analysis July 2014-December 2014
References


References

Make It Happen

Questions/Comments?