

Interdisciplinary education helps hospital patients better understand their medications

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Patients understanding their medications and taking them as instructed are important parts of improving the care and outcomes of heart attack patients, as well as potentially reducing avoidable readmissions, according to research presented at the [ACC Quality Summit](#) in New Orleans.

A heart attack is typically an unexpected event, which can leave patients overwhelmed by new medications, clinicians and other additions to their [health care](#) upon release from the [hospital](#). When patients are discharged from the hospital, [hospital staff](#) educate them about their medications. However, many patients have difficulty understanding and following these instructions.

A new quality improvement plan, developed at Olathe Medical Center in Olathe, Kansas, and initiated as part of the American College of Cardiology's Patient Navigator Program: Focus MI, showed promising results and shed light on how to approach the issue. The study group considered the patient perspective on the [hospital discharge](#) and follow-up experience when developing solutions.

"When patients leave a hospital, they often feel there has been little preparation for the discharge plan of care," said Tara See, RN, BSN, Olathe Medical Center and a leader in the initiative. "Another complaint is that follow-up care is not well established at discharge, there is limited communication with providers receiving them after hospitalization, [medication](#) reconciliation and instructions may be hard to understand,

and expectations are unclear regarding their recovery and needs when they are discharged."

In April 2018, an interdisciplinary team at Olathe Medical Center, including an assigned bedside RN, cardiology nurse navigator, floor pharmacists and outpatient cardiac rehab staff, established and implemented the following medication education communication process:

- After a patient is admitted, an assigned bedside nurse reviews any new medications with the patient, family member, or caregiver, including what they are used for and any side effects of that particular medication. "This can be easily done through patient medication cards that are premade and ready to go," See said.
- Once the discharge medications have been prescribed by the physician, the cardiology nurse navigator asks the patient to write out medication information on a visual aid form called a medication log. This include the names of their discharge medications, what the medications are used for, dose, frequency and what time of day the medications should be taken. See said, "This can be done in conjunction with the floor pharmacist's instructions at discharge or done separately depending on similar availability."
- Next, the floor pharmacist educates the patient in greater depth about their medications, explaining potential side effects and any drug interactions, what to do if a dose is missed and offering any other needed instructions.
- After discharge, the patient will receive a transition of care phone call within 48 hours from a care coordinator or the nurse navigator. This call includes medication teach back, which requires the patient to read back from memory or read from their prescription bottles the name and usage of their medication.

- At the patient's first outpatient cardiac rehab appointment, they are asked to place a check mark by their current medications from a list of common cardiac medications. This helps ensure they are knowledgeable about their medications.

Using the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey—a satisfaction survey required by the Centers for Medicare and Medicaid Services for all U.S. hospitals, the study group found the hospital's HCAHPS scores for medication understanding increased by 10 percent between quarter one and quarter two in 2018 following program implementation. Additionally, before plan implementation, the 2018 quarter one unadjusted readmission rate was 8.2 percent. Since implementation, the quarter two rate went down to 3.4 percent and quarter three was 3.6 percent.

"We realize improving medication understanding is only part of what hospitals need to do to help reduce readmissions," See said. "We are also continuing to focus on other goals, such as increasing risk assessment and appropriate interventions placed on high risk [patients](#). We believe this will optimize our process and further decrease readmissions."

Provided by American College of Cardiology

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