# Patient Medication:
## It’s Impact on the Discharged Medical/Surgical Patient

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## Problem

Acute care facilities have seen an increased frequency of recently discharged patients returning as readmissions within a short time frame.

- As part of the Centers for Medicare and Medicaid Services (CMS) Readmissions Reduction Program, organizations will begin to see penalties levied against their institution for readmissions within 30 days.
- The Agency for Healthcare Research and Quality (AHRQ) has found patients suffer complications and readmissions due to their lack of understanding of the purpose and side effects of their prescribed medications.
  - Lack of medication understanding has led to more than $15 billion annually in readmission costs.
- Medicare recipients have a one in five (19.6%) readmission rate.
  - Organizationally, we have a 13% readmission rate for Medicare patients for the past two years.

## Purpose

Improve the understanding of prescribed medications prior to discharge by developing, implementing, and evaluating a patient education model presented to patients and their families.

### Goal

- Ensure adequate comprehension of purpose, potential interactions, and side effects
- Provide patients with a smooth transition of care upon discharge and ultimately assist them in maintaining their health balance and avoiding readmissions.

### Objectives

- Define an educational module for patient medication education
- Develop and implement a nursing needs assessment with participants
- Develop educational module and monitor outcomes through Quarter 1 FY15
- Predict 5% increase in patient understanding of medication purpose, potential interactions, and side effects.

## Plan

- Review NRC Picker Scores and determine baseline metrics based on the following questions:
  1. Did someone on the hospital staff explain the purpose of the medications you were to take at home in a way you could understand?
  2. Before giving you any new medicine, how often did the hospital staff describe possible side effects in a way you could understand?
- Determine baseline measurements from FY14 Quarter 3 & 4
- Determine goal of project
  - 5% increase in NRC Picker scores related to medication education
- Develop patient education model to increase medication understanding
  - Laminated medication cards to include picture of medication, purpose, and side effects
  - Placed on ring for easy review at bedside and sent with patient upon discharge

## Evaluation

### Expected Outcomes

- 5% increase in NRC Picker scores related to medication education
- Laminated medication cards sent with patient following discharge
- Patient discharge surveys measuring satisfaction with discharge medication education

## Significance

Patient and care provider knowledge is a necessity in empowering patients to take control of their health. They are considered consumers of healthcare.

- Informed consumers are more likely to comply with prescribed medication regimens.
- Studies have shown patients are less anxious, more secure, and better able to take charge of their medication.

Professional nurses promote health, prevent disease, and assist patients in coping with their healthcare needs.

- They are advocates and health care educators for patients and their families.
- By working within a philosophy of patient-centered care, nurses can ensure patients are better able to handle the on-going challenges of their prescribed medications.

## Conclusions

- Direct correlation between patient medication education and it’s impact on the discharged medical/surgical patient illustrates how the healthcare team is failing their patients.
- Individualized medication education, presented at an understandable level prepares patients for optimal health outcomes and increased quality of life as illustrated by:
  - Increased patient comfort and comprehension related to medication purpose and side effects.
  - Decreased hospital readmissions
- Further replication of this tool is needed to test it’s reliability and validity.
- A longitudinal study would be beneficial to ascertain it’s global impact of the discharge medical/surgical patient.

## Theoretical Framework

- Health status is influenced by individual behaviors and characteristics yet driven by social, economic, and environmental circumstances.
  1. Patricia Benner: Novice to Expert Theory – applied to any one person/group and provides strong guidelines when educating others on medication safety.
  2. Virginia Henderson: Need Theory – assists nurses in helping patients/families understand their medications so they can safely care for themselves upon discharge.
  3. Cognitive Learning Theory dictates learning is a social process with individuals acting as role models thusly the educator shows patients/families socially healthy experiences and choices for them to observe and repeat.
- All recognize learning as an active process influenced by the receiver, the educator and the environment.
- Different theories all lending credence to education comprehension based on patient/family willingness, readiness, ability to understand, delivery, and environment.

## Review of Literature

Patient Education literature is extensive. Several studies indicate the importance of having information that is understandable and culturally relevant to prevent adverse outcomes.

**Focus:** Patient Education provided prior to and post discharge, government agencies, and the nursing profession.

- Health Literacy – approximately 90 million American adults are considered functionally illiterate.
  - Average health literacy scores for Black, Hispanic, American Indian/Alaska native identified as being lower than Caucasian and Asian/Pacific Islander adults.
  - Basic or below average health literacy scores:
    - Caucasians – 28%
    - Blacks – 58%
    - Hispanics – 66%
- Diversity & Culture – Minority Americans compromise upwards of 40% of the U.S. population.
  - Includes age, background, and cultural beliefs.
- Education – Nurses have a vital role in educating patients and families and must ensure materials are appropriate for the target population.
- Healthcare Agencies
  - Joint Commission
  - Centers for Medicare & Medicaid Services (CMS)
  - Agency for Healthcare Research & Quality (AHRQ)
- American Nurses Association
- Transition of Care