Introduction

Nurses are responsible for ensuring patients understand the plan of care at discharge. A large portion of this is medication education. “CMS (Centers for Medicare and Medicaid Services) estimates that 11% of hospital re-admissions occur due to medication non-adherence, creating an economic impact that is estimated to cost nearly $100 billion annually” (B. Shields, pg. 1, 2012). Facilities must attempt to battle medication education challenges because they are driving up readmission rates. Increased readmission rates will cause a decrease in CMS reimbursement, resulting in a large decrease in dollars to the facility. Changes with healthcare such as the Affordable Care Act prompted Value-Based Purchasing (VBP) as the new goal for all facilities. This encourages less cost and improved healthcare. The current standard for discharge medication education (Med-Ed) is poor to non-existent. There are forms of discharge with each inpatient facility, but a gold standard for evidence-based practice Med-Ed has not been established.

Aim

The primary aim of this project is to test the effectiveness of a discharge medication education (Med-Ed) tool and method on medication adherence, retention of patient knowledge and understanding of inpatient discharge medications. This evaluation is an impending trial with patients assigned randomly to either receive the proposed tool and teaching method or receiving the current standard of care. Currently, the regime for all aspects of discharge and medications is complex so there will be a focus on a specific patient population. Effectiveness of post discharge treatments related to Diabetes Mellitus Type II has been proven so the trial will focus on the subpopulation of patients hospitalized with this condition. The teach-back method itself utilizes a two-way dialogue between patient and healthcare professional. The process will involve assessing, repeating, clarifying/modifying, and reassessing patient understanding. Following teaching the nurse will ask the patient to repeat what it is they have just heard/learned.

Literature Research

A study conducted in 2013 focused on the efficacy of a discharge plan based on the individual. Results deemed that discharge planning made specific to the individual needs reduces hospital stays and readmission rates (Shepperd, Lannin, Clemson, McCluskey, Cameron, Barras, 2013). Another study showed its focus on using a patient-level Medication Regimen Complexity Index (MRCI) tool to assess medication regimen to identify patients in need of follow-up (Hirsch, Metz, Hosokawa, Libby, 2014). Regarding teach-back method a study was completed in the emergency department setting. Using the teach-back method appeared to improve comprehension of post-ED care but lacked in satisfaction (Griffey, et. al, 2015). An article focusing on the teach-back method discussed various benefits to the patient when this tool is used. For instance, better understanding empowers the patient to become an advocate and participant in their own healthcare. Also, improves adherence and proper follow-up (Tamura-Lis., 2013). In relation to medication adherence, current tools are not very effective or consistent. A study completed in 2014 showed various inconsistencies with current medication adherence tools (Nieuwlaat, et. al, 2014). Thus, verifying the need to introduce better more proficient tools to patients. Sadly, a majority of recent research focuses on the pharmacist as having the primary role in discharge medication education versus the nurse. Nurses must provide health education interventions that incorporate strategies to improve retention of discharge medication information and actively engage patients in long-term learning.
Plan

Interventions to help close the gap in discharge medication education include determining how much improvement is gained from using a discharge Med-Education template. While also figuring out whether it is improved by the template alone while instructed in the same dialogue or if the teach-back method enhances retention outcomes. A team will be put together with the leader, analyst, and nurses that perform the interventions and gather data. About 6 people in all estimated to complete this study. The goal is to perform a study over a 6 month period where all patients who meet criteria on the medical unit assigned to the Med-Education nurses are educated in two different manners. For a portion of the time discharge diabetes medication will be taught with the addition of the Med-Education template. The next portion of time similar patients will be taught with the template via the teach-back method. A check-off list and survey will be completed post education for both nurse and patient. This will help determine retention and satisfaction. Follow-up admissions will be monitored for at least a one month post-discharge period. Then 1-2 months to gather, analyze, disseminate, and draw conclusions from all data.

Probable Outcomes

Projected outcomes are positive and many. A decrease in re-admissions will prove positive for the patient, insurance companies, and the facility. Since facilities are a part of VBP decreased admission rates will improve Medicare reimbursements. Utilizing the teach back method helps the healthcare professional check for retention while also uncovering any health beliefs, barriers, and reinforce the conveyed health message (Heiges, E., 2012). By making this a part of every discharge it will enhances the nurses’ knowledge in medication use, dose, route, action, adverse reactions, and duration. Pharmacology is an often over-looked yet very important part of the nurses’ duty to understand and Med-Education will reinforce and grow their pharmacological knowledge base.

A small test of change is the primary trial run for this study. To pursue this study with patients who are diagnosed with diabetes mellitus type II. In the bigger picture this template should be utilized in all discharge medication education teachings. Creating uniform, clear, instructions.

Title:
Discharge Medication Education Tool to Improve Patient Retention and Adherence

Keywords:
Discharge Medication, Medication Education and Teaching Method

References:


Abstract Summary:
The aim of this project is to test the effectiveness of a discharge medication education tool and teaching method on patient medication adherence, retention, and understanding of inpatient discharge medications. To verify the use of a tool that can be used universally for discharge patient medication education.

Content Outline:
I. Introduction

The aim is to test the effectiveness of a discharge medication education (Med-Ed) tool and teaching method as related to patient adherence and retention of discharge medication teaching. This evaluation is an impending trial with patients assigned randomly to either receive the proposed tool and teaching method or receiving the current standard of care.

II. Literature Review

A. It is necessary to provide a new standard of care that aims to reduce readmission rates and provide thorough individual care.

1. A study conducted in 2013 focused on the efficacy of a discharge plan based on the individual. Results deemed that discharge planning made specific to the individual needs reduces hospital stays and readmission rates (Shepperd, Lannin, Clemson, McCluskey, Cameron, Barras, 2013).

2. Another study showed its focus on using a patient-level Medication Regimen Complexity Index (MRCI) tool to assess medication regimen to identify patients in need of follow-up (Hirsch, Metz, Hosokawa, Libby, 2014). Showing that utilizing a standard tool for discharge is necessary.

B. Current teaching strategies are not proving useful in all discharge scenarios. It is necessary to find and utilize the best teaching strategy available to improve discharge teaching, medication adherence, and decrease medication related re-admissions.

1. Regarding teach-back method a study was completed in the emergency department setting. Using the teach-back method appeared to improve comprehension of post-ED care but lacked in satisfaction (Griffey, et. al, 2015).

2. An article focusing on the teach-back method discussed various benefits to the patient when this tool is used. For instance, better understanding empowers the patient to become an advocate and participant in their own healthcare. Also, improves adherence and proper follow-up (Tamura-Lis., 2013).
C. Nurses are a primary source of information for patients and need to be armed with medication knowledge as well. Though pharmacy is a powerful resource, nurses must take the initiative to provide knowledgeable effective discharge medication teaching. Using a tool with each discharge encounter is good for the patient as well as the nurses knowledge base. This is because continuous teaching also teaches the nurse.

1. In relation to medication adherence, current tools are not very effective or consistent. A study completed in 2014 showed various inconsistencies with current medication adherence tools (Nieuwlaat, et. al, 2014). Thus, verifying the need to introduce better more proficient tools to patients.

2. Sadly, a majority of recent research focuses on the pharmacist as having the primary role in discharge medication education versus the nurse. Nurses must provide health education interventions that incorporate strategies to improve retention of discharge medication information and actively engage patients in long-term learning.

III. Conclusion I would make this 2 short bullets.

- Interventions to help close the gap in discharge medication education include determining how much improvement is gained from using a discharge Med-Ed template. While also figuring out whether it is improved by the template alone while instructed in the same dialogue or if the teach-back method enhances retention outcomes.

- A small test of change is the primary trial run for this study. To pursue this study with patients who are diagnosed with diabetes Mellitus type II. In the bigger picture this template should be utilized in all discharge medication education teachings. Creating uniform, clear, instructions.

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**Author Summary:** Her bedside experience has led her to be passionate about the quality of care given to patients. Discharge is an important part of patient teaching that helps ensure patient safety and adherence once they are home. Being an active member within her hospital community to be an advocate for change allows her to challenge herself and others to provide quality evidence-based care.

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