Let's Improve Medication Communication using Teach-Back and Key Information!

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**Background**
- 3 East is a 20 bed pediatric medical-surgical unit
- Patient population: Mostly respiratory related illnesses
- Service excellence scores measured by HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)

**PICO(T) Question**
- Population: Patients/caregivers admitted on 3 East
- Intervention: Printed key information, visual cue to teach-back and signature log
- Comparison: Pre-intervention scores
- Outcome: Increase in HCAHPS scores related to Medication side effect teaching
- (Time): Within a 1 year period

**Problem**
- Service excellence scores related to side effect teaching were inconsistent and had reached an all time low in the first quarter of 2016.
- Quarter 1 score: 51.6%

**Evidence Findings**
- Teach-back correlated with increased patient satisfaction (Ahrens, 2013)
- Teach-back would help confirm learning and avoid forgetting key information (Samuels-Holow, 2015)
- People’s ability to access information is based on whether the information is readable and usable (Rudd, 2015)

**Strategy and Implementation**
- The Johns Hopkins Nursing evidence-based practice model (JNNEBP) was used to guide the synthesis and translation of evidence into practice
- PET (Practice Question, II. Evidence, III. Translation)

**Methodology / Translation**
- Staff trainings to re-implement visual cue to teach
- Trainings of how to perform teach-back
- Creation of 1 page English and Spanish key information handouts using PEMAT
- Signature logs for accountability
- Clinical educator rounds to ensure logs were signed

**Pre-implementation Handouts**
- Patient admitted and new medication ordered
- Visual cue and Log taped on patient board
- Nurse retrieves key information
- Patient performs Teach-back using key information handouts
- Patient/caregiver verbalizes understanding
- Log Signed
- Clinical educator performs rounds

**Standard Workflow**
- Quarterly HCAHPS scores showed increase post implementation
- Greatest improvement occurred from quarter one to quarter two, from 51.6% to 71.3%
- Following quarters sustainability was achieved at 72.9% and 73.2%

**Outcomes/Results**
- Quarterly HCAHPS scores showed increase post implementation
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**References**

**Barriers**
- Staff involvement at first
- Practice environment
- Patient/caregiver attitude towards being “tested”
- Language barriers (English speaking nurse and Spanish speaking caregiver)

**Evidence Board**

**Discussion**
- Process ensures patient understanding
- Allows for real time clarification
- Serves as tool to engage patient/caregiver
- Improves patient satisfaction
- Enhances recall when called-back

**Side Effect Cubby and Wall**