The Golden Ticket: Improving Medication Side Effects Teaching on a Telemetry Floor By Maria Suvacarov MSN FNP-BC CCRN; Cathy Ballenger MSN RN PCCN;

BACKGROUND

In the first quarter of 2014, the telemetry floor HCAHPS communication about medicine domain scores were at the 8th percentile of the Press Ganey's all hospital database.

GOAL

Our goal was to reach the 75th percentile within one year.

RELEVANCE/SIGNIFICANCE

There are a couple of reasons why effective communication about medication is important.

- In healthcare, Pay for Performance is a reality that we all are faced with. One of the performance measure is patient satisfaction scores, and particularly satisfaction scores relating to medication teaching and communication.
- In addition to the financial incentives to perform well with this measure, there is the "Mom Test" incentive! Providing effective medication communication and teaching is simply the right things to do! There is evidence that clear medication understanding can prevent complications, comorbidities and readmissions.

METHODS

The key tactics implemented:

- 1. Golden Ticket process was developed
- The pm or admitting nurse would initiate the golden color form and choose a medication, preferably a new medication, to provide teaching using medication pamphlets. (S)he would write the medication name on the form, sign and date the form and leave it on the sticky board in the room
- ii. The am nurse would validate andreinforce the teaching on the same med,then also sign the form
- iii. During nurse leader rounding, the nurse leader would complete the final validation by using the teach back method and remove the ticket from the room
- 2. HCAHPS scores and comments were compiled every Monday morning, reviewed by the unit leadership team, forwarded to the hospital senior leadership team along with action plan items if appropriate
- 3. Scores were shared transparently during monthly mandatory staff meeting, huddles and by emails
- 4. Every success was celebrated with public recognition and monthly unit parties

			Drug Name	Common Reasons for Use	Possible Side Effects	
		Adventist La Grange Memorial Hospital	lisinopril (Zestril®) ramipril enalapril (Vasotec®) captopril	To lower blood pressure	Dry cough Lightheadedness upon rising Headache Dizziness	
		La Grange Memorial Hospital Keeping you well	valsartan (Diovan®) Iosartan (Cozaar®) olmesartan (Benicar®)	To lower blood pressure	Headache Dizziness Upset Stomach	
		Drug Information Pamphlet Blood Pressure	metoprolol (Toprol XL®/Lopressor®) propranolol atenolol carvedilol (Coreg®)	To lower blood pressure and heart rate Used with irregular heart rhythms and after heart attack	Fatigue/drowsiness Frequent urination	Slow heart beat Cold sensitivity Light sensitivity Change in sexual performance
		Medications	amlodipine (Norvasc*) nifedipine (Procardia*/Adalat*)	To lower blood pressure and prevent angina/chest pain	Fluid buildup	Bleeding gums Palpitations Dizziness/flushing
References: Lexi-Comp, Inc. (Lexi-Drugs ^{Ter}). Lexi-Comp, Inc.; January 29, 2011. http://www.fda.gov/Drugs/DrugSafety/Post marketDrugSafety/InformationforPatientsan dProviders/ucm111085.htm#C	This pemphlet is intended to be used for informational/educational purposes only and may not cover all aspects of these medications. For more detailed information, consult with Pharmacist or Physician.	Department of Pharmacy Version Dete: Feb 20, 2013	diltiazem (Cardizem®, Taztia®, Cartia®) verapamil (Verelan®)	To lower blood pressure, heart rate and prevent angina/chest pain	Headache Constipation or Diarrhea Tender gums	Dizziness/flushing
			hydralazine	To lower blood pressure	Nausea/vomiting	Headache Fluid buildup Skin rash
			hydrochlorothiazide	To lower blood pressure and fluid buildup		Frequent urination Potassium loss
			furosemide (Lasix®) bumetanide (Bumex®) torsemide	To lower blood pressure and fluid buildup	Constipation	Loss of appetite Potassium loss Dehydration



(Medication Name)

Nurse Leader

RESULTS

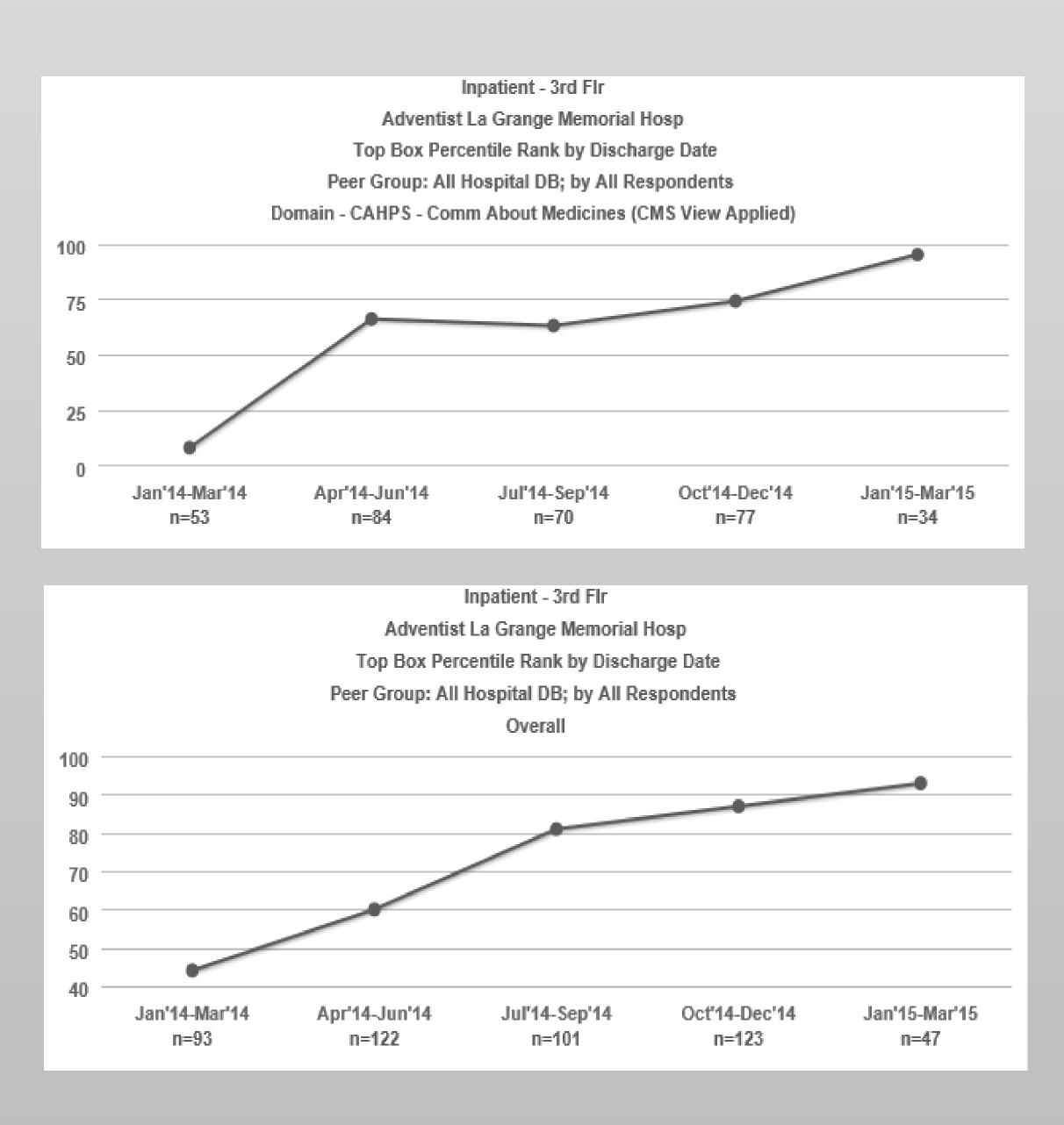
____/___ AM nurse /Date

____/___ PM nurse/Date

We were able to increase HCAHPS domain score in communication about medicines from the 8th percentile in the first quarter of 2014 to the 95th percentile the first quarter of 2015!

While working on this goal, we noticed that our overall score had also increased from the 44th percentile to the 93rd percentile, and that our

Staff responsiveness score had increased from the 73rd percentile to the 92nd percentile as well



IMPLICATIONS FOR PRACTICE

Improvement in medication
communication is possible by hardwiring
clear processes, being transparent about
results, being focused on the outcomes,
providing real time coaching and
celebrating success. As a possible
consequence of improving this particular
measure, one can expect an improvement
in overall patient satisfaction scores.

Best practices that have helped us accomplish these amazing scores are:

- The development of the Golden Ticket tool and hardwiring the process for medication communication
- Weekly review of reports and comments, and sharing these with nurse leaders and staff –we found this to be critical element
- Monthly mandatory staff meetings where scores and success stories were shared
- Nurse-leader rounding and real-time follow up and coaching
- Celebrations of successes, no matter how small

References

- Agency for Healthcare Research and Quality, "Educating Patients Before They Leave the Hospital Reduces Readmissions, Emergency Department Visits and Saves Money," Feb. 2, 2009, <u>http://www.ahrq.gov/news/press/</u> *pr2009/redpr.htm*
- Brian W. Jack, MD, Veerappa K. Chetty, PhD, David Anthony, MD, MSc, et al, "A Reengineered Hospital Discharge Program to Decrease Rehospitalization," *Annals of Internal Medicine* 150(3), Feb. 3, 2009, pp. 178-187, *http://www.annals.org/content/150/3/178. abstract*

Robert Wood Johnson Foundation, "Combining Better Systems and Intensive Patient Education for Better Heart Care," March 24, 2010, *http://www.rwjf. org/qualityequality/product.jsp?id=58789*

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