



HCAHPS Improvement Brief: Communication about Medications

3 Steps to Creating More Person-Centered Medication Education

Administering medications without effective education is a significant patient safety risk. And yet medication errors and patient confusion about their medicines is rampant. Person-centered medication administration is equal parts provision of the medication AND communication about its purpose and any potential adverse side effects to be aware of. Below are three steps for ensuring medication education efforts are effective.

1

Provide written materials. Research shows that information presented verbally is remembered correctly 14% of the time, whereas it is remembered 80% of the time when presented verbally and with a visual aid (for instance a print out)¹. Providing a print out so also ensures the patient has something they can reference after the visit, and share with family members.

2

Introduce the education in information doses. Dosing out information in a multi-layered approach provides continual reinforcement of the education. Key touchpoints for education are when the medication is first administered, during bedside shift report, as part of discharge education and during the discharge phone call. This multi-layered approach also eliminates the need to cover all the information in one exchange. Rather, during each encounter, information about the new medication is dosed out in manageable bites such that the most important points can be absorbed, and not obscured by additional details. Using plain language that individuals without a medical background can understand, education about new medication should emphasize three main points: 1.) the name of the medication; 2.) the purpose, i.e. what it is for; and 3.) side effects to be aware of.

3

Apply a multi-disciplinary approach. Engaging different members of the care team to reinforce the information throughout the stay supports the multi-layered approach described above. In particular, it is

¹ Houts PS, Bachrach R, Witmer JT, et al. Using pictographs to enhance recall of spoken medical instructions. Patient Educ Couns 1998;35: 83-8



recommended that hospitals engage pharmacists to partner with nurses to provide personalized education to individuals with more complex medication regimens and/or those identified having additional educational needs. In addition, having the education reinforced by different individuals over the course of a hospital stay can help to guard against any communication barriers that may be specific to one individual.

Additional Improvement Strategies



- **Implement the Teach Back** technique to validate patients' understanding of the information conveyed to them. Patients and their care partners are asked to explain, in their own words, the purpose of the medication and any possible adverse side effects they should be aware of.
- **Introduce Pharmacist Rounds** wherein a clinical pharmacist rounds on the patient floors and reviews patients' new medications as well as any other medications the patient may be taking.
- **Create a Medication Hotline** for questions about new medications.
- **Engage Patient and Family Partners** in reviewing patient education materials about new medications. Do the materials address their most pressing concerns? Do the materials use words and language they understand?