Maryland Patient Safety Center’s Call for Solutions

Organization: Holy Cross Health

Title: Medication Teaching – “Because We Care”

Program or project description, including goals
Starting July 2014, a new pharmacist-led initiative was started at Holy Cross Hospital, Medication teaching – “Because we care.” This initiative was proposed when the hospital leaders asked all the departments for ideas on how to improve Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey scores. The pharmacy department obtained baseline data regarding the two medication-related questions on the CAHPS survey from CRIMSON. It was determined that the pharmacy department could help improve the CAHPS overall score by ensuring patients are properly counseled on their new medications initiated in the hospital. The initiative involves counseling patients on their new medications started during their hospital stay. Specifically, the patients are counseled on the medication name, indication, and possible side effects.

Goal: The goal of this new initiative is to improve the overall patient care experience with medication information, medication safety, and most importantly provide patients with the best possible care throughout their hospital stay.

Process implemented
Discussion among the pharmacy staff, including administration and clinical services, agreed that medication counseling/teaching would be the most suitable program to increase patient’s knowledge about their medication therapy in the hospital. In order to have the greatest potential impact, the department chose units with the lowest CAHPS scores and largest patient census as targeted areas for improvement. Pharmacy residents developed a packet for pharmacists that included reference material for unit coverage, counseling checklist, how to print reference information, and strategies for effective medication teaching. Residents also developed an informational handout to give to patients with contact information to speak to a pharmacist with any additional medication questions.

Solution identified
The department identified medication teaching as a solution to increase patient’s knowledge about their medication therapies received in the hospital. That will lead to an improvement in medication safety, the overall patient care experience, and improve CAHPS scores. Patients were counseled on new medication indications and side effects. The medication teaching initiative was implemented by developing a standard procedure for medication teaching, training the staff on counseling, the "teach back method", considerations for "preferred" patient language, and re-evaluation after initial implementation to optimize the medication teaching program.

Measurable outcomes:
- Number of Pharmacy Patient Care encounters and review of the CAHPS scores
The medication teaching sessions have positively impacted the CAHPS scores for the hospital.
Graphs and charts displaying the impact of medication teaching on CAHPS scores are attached at the end of this document.

**Sustainability**
This new initiative employs a large number of pharmacists (clinical specialists, decentralized pharmacists, pharmacy residents, and pharmacy students) to ensure a large number of patients are counseled on a daily basis. The goal number of medication teaching for each pharmacist that participates in this initiative is 4 medication teachings per day. This is a sustainable initiative because it has become part of pharmacist clinical duties to be completed throughout the day.

**Role of collaboration and leadership**
Collaboration played a large role in the development of this program. The nursing staff requested the pharmacy department's help, recognizing medications as a pharmacist's area of expertise. The proposed initiative was introduced to nursing leadership and hospital administration with great support. With this new initiative, pharmacists collaborate with the nurses to ensure that not only are patients being counseled on their new medications, but also to ensure the patients receive an optimized medication regimen. Nursing staff managing patients also identify high risk patients for pharmacy consultation. For this medication teaching program to be successful, collaboration with the nurses and other pharmacists is vital. Pharmacists demonstrate leadership by proactively collaborating with nurses to determine which patients require more attention for medication teaching. This medication teaching program will continue to be successful because each team member (nursing, pharmacy, physicians, hospital administration) share the same vision which is to improve medication and patient safety. By educating patients about their medication regimen, patients are empowered to know more about their disease state and why they are receiving the medications that are prescribed to them.

**Innovative attributes**
What makes this program unique is that it is pharmacist-led and it employs a variety of pharmacy staff from pharmacy students up to clinical specialists. This program allows pharmacists to provide more clinical services to patients, which in turn leads to improvement in patient and medication safety.

**Related tools and resources**
Resources used in this program include the pharmacy workforce and any medication guide or written materials provided to the patients.

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The number of medication teaching clinical interventions increased from July to August from 50 to 244, but decreased to 233 in September. We could potentially have more than 300 medication teaching interventions in October if we continue to work towards the goal of 4 medication teachings per pharmacist.
CAHPS scores have been trending up since pharmacists began medication teaching in July. Based off the CAHPS scores in IMC, and CIC, the focus could be more on medication indication because those values are trending down while communication about ADRs is trending up. An increased effort in medication teaching will be made in 5SW for October, since those values have been trending down in both questions (indication and ADRs).