Medication Sam – The Side Effects Man

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IDENTIFICATION:

Our facility uses NRC Picker to assess, compute and benchmark our patient satisfaction data. Our scores around explaining the side effects of medications were 35% for always, 14% for usually, 7 for sometimes and 42% for never. Our goal is to be at the 80% or better. At the present time the Critical Care Division is only at 63% on explaining side effects. Each unit is working on a plan to improve our institutions patient satisfaction score for the question: “How often did your nurse explain the side effects of your medications?”

PROCESS:

A focus group met to brainstorm potential solutions to improving our scores around this question. The focus group comprised of both clinical and non-clinical staff to get both staff & lay person point of view.

The following are ideas that were generated:

• Use the term “side effect”; teach to the test
• When learning, people retain only 10% of information presented verbally, 75% of information written/visual and 90% of information using verbal and written/visual; therefore provide both verbal & written information when teaching.
• Involve the family to help reinforce the information
• Use the KISS principle- Kept it simple!- Identify key bullet points for staff to address, thus eliminating a lot of guess work or research for the nurses.

SOLUTION:

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• Each time a nurse administers medications, she is to choose 1 medication and state the most common side effect (example: “Here is your Lasix, one of the expected side effects is frequent urination.”) Don’t forget to use the term “side effect”!
• Each unit developed a list of their 10 most commonly used medications and identified one common side effect for each medication. This list was posted on the medication carts and computer of wheels for staff to refer to during medication administration.

“Medication of the Month”

• A bulletin board in the hallway is updated monthly with a new medication to explain what it is used for and any potential side effects, etc. As patients and family walk down the hallway, they are able to read the information provided. The Medication Sam “logo” is used on the board to keep it consistent for patients, families and staff.

• A focus point for staff was that patients felt side effects of medications were addressed. It really didn’t matter which medication was discussed. As long as staff were consistent in their message to them—a “side effect” of this medication is….. and the word side effect repeatedly used. Eventually the patient would have heard the term side effect enough to recall this while completing the survey at home.

OUTCOMES:

In February 2009 before the initiation of Medication Sam, our response scores for staff describing side effects of medication were: 35% always, 14% usually, 7% sometimes and 42% never. Nine months after we initiated Medication Sam, our response scores increased to 66% always and 33% usually. By staff teaching to the test, using the words side effect, patient’s response to the questions improved. The poster boards in the hallway have stimulated conversations with patients and families around medications and side effects. Several of the other units in the Critical Care Division have implemented Medication Sam.
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