An Interprofessional Team Approach to Improving Discharge Medication Understanding

Tara See, BSN, RN; Tiffany Curtis, MBA, RN, CPHQ; Seamus Murphy, BSN, RN, CPHQ

**Problem Statement**
A patient’s understanding of their medications is vital to a satisfactory patient experience and it also drives safety and quality.

**Background**
CMS: ↓ Post-acute Care Spending
- Cost-reducing initiatives:
  - Value-based purchasing
  - Readmission penalties
  - HCAHPS

ACC PNP Focus: MI
Uses EBP and best practices to:
- Improve outcomes
- Reduce avoidable admissions
- Improve patient experience

**Medication Compliance**
- Many potential barriers
- Challenging for patients
- Can ↓ 30-day readmissions

**Methods**
Interprofessional Approach
- Clinical nurse (bedside)
- Clinical pharmacist
- Cardiology clinic nurse
- Cardiac rehabilitation nurse
- Physician(s)

**Team Members & Roles**

**Clinical Nurse**
- 1st contact for patient education
- Pre-printed medication cards
- Focus on new medications
  - Purpose, side effects
  - Pt’s 1st Q&A opportunity

**Clinical Pharmacist**
- Detailed instructions
  - Dose, frequency, time
  - Interactions (Rx, herbal, food)
  - Missed dose instructions
  - Pt’s 2nd Q&A opportunity

**Cardiology Nurse Navigator**
- Use of visual medication log
  - Review of prior instructions
  - Dose, frequency, time
  - Teach-back
  - Pt’s 3rd Q&A opportunity

**Clinic Nurse**
- Transition of Care call (≤ 48h)
- Medication teach-back
  - Pt’s 4th Q&A opportunity

**Cardiac Rehabilitation Nurse**
- Identify their Rx from list of common cardiac meds
  - Pt’s 5th Q&A opportunity

**Outcomes**

**HCAHPS: Med Understanding**
- 10% increase (18.7% relative)

**30-day Unadjusted Readmissions**
- 8.2% → 3.4% → 3.6%

**Conclusion**
Interprofessional teams with multiple patient contacts and Q&A opportunities can be an effective component in reducing readmissions and improving medication understanding.

BPCI Advanced 102-Program structure and rules
https://cvquality.acc.org/initiatives/patient-navigator