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Revising a Patient Medication Program to Improve Medication Adherence and Patient Outcomes

Rebecca Kastanek
Sandi Mulliner
CentraCare Health, mulliners@centracare.com

Ann Summar
CentraCare Health, summara@centracare.com

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Revising a Patient Medication Program to Improve Medication Adherence and Patient Outcomes
Rebecca Kastanek, BSN, RN, CRRN; Sandi Mulliner, MS, CCC-SLP; Ann Summar, BA, RN, RN-BC
St. Cloud Hospital, Inpatient Rehabilitation
St. Cloud, Minnesota

Why Change the Unit’s Medication Program?
- Many patients and caregivers reported being discharged without a complete understanding of their medications (what, why, when, how)
- Patients and caregivers who do not understand medications or medication schedules increase their risk of recurrent or worsening medical problems, which results in higher readmission rates to acute care hospitals
- By improving education and understanding of medications we are striving to:
  - Improve overall quality of care
  - Ensure our patients stay healthy and retain the gains they made during their rehabilitation stay
  - Decrease readmission rates

How We Accomplished the Change
A multi-disciplinary committee (RN, OT, SLP, MD) formed to focus on updating the unit’s medication program. The committee:
- Compiled a list of articles to use in support of the revised/updated program to ensure that the program could be considered evidence-based
- Discussed who would be responsible for initiating the program and how it would be done
- Considered how to best educate patients about their prescribed medications (including their side effects)
- Developed a way to more effectively and consistently document a patient’s performance/progress while they are on the program
- Reviewed the structure of the program and the format/design of the self-medication sheets patients would receive (decided the new program would be designed as a level-based system, with patients working towards independence on 1 of 2 levels considering their prior independence, their current status, and their planned discharge environment/responsibilities)
- After literature review and committee discussion, self-medication sheets were created, trialed, and revised (multiple times!)

Our Program
A program designed to assess for and help improve a patient’s ability to manage their own medications (and to prepare them for discharge!). It is a level-based program consisting of 2 phases:
- Level 1 is recommended for patients with cognitive impairment or is used when a caregiver indicates that medications were set-up for the person prior to admission
- Level 2 is designed for patients who are expected to be independent with managing their medications after discharge

Literature Review
- “Medication self-management is an ideal goal of rehabilitation, yet patients often leave inpatient settings without fully understanding their medication regimens.” (Segbefia & Mallet, 1997)
- Multi-phase programs have been used, with success, as early as the 1980s (Mahoney-Clark, 1984; Grantham, McMillan, Dunn, Gassner & Woodcock, 2008; Department of Veterans Affairs, 2010)

<table>
<thead>
<tr>
<th>PHASE</th>
<th>DESCRIPTION</th>
<th>EXPECTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>Medication Times</td>
<td>Patient is expected to ask for their medications at the scheduled time. They only need to remember the time, not the names of specific medications.</td>
</tr>
<tr>
<td>Phase 2</td>
<td>Medication Times</td>
<td>Patient is expected to ask for their medications by name at the scheduled time and should be able to state the reason for taking each medication. The patient should also know the most common side effects of their medications.</td>
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</tbody>
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References