Title: Improving “Top Box” scores in HCAHPS Domain on Communication about Medications
Hospital: Southern Virginia Regional Medical Center (SVRMC)
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Background
The hospital recognized the need to improve our HCAHPS scores in certain domains in order to improve our overall rating and quality of care. Nursing and Pharmacy collaborated to work on our processes for communicating about medications. This involved collaboration between the two Directors and then facilitating the roll out to the staff.

Key Strategies
- Patient communication boards – “Whiteboards”: We replaced the existing whiteboards, with minimal information pre-printed, to one with some specific items.
- Section on the whiteboard for the “M” in the box – When the patient has a new medication, the nurse provides patient education, using the teach-back method, and places an M in the box on the whiteboard. When the patient is able to articulate about the medication’s purpose and side effects, the M is removed.
- Bedside Shift Report (BSR) – Utilizing BSR allows the patient to participate in their care. The “off-going” nurse and the “oncoming” nurse conduct shift report at the bedside. The nurse will ask the patient to discuss what was learned about any new medication. This provides discussion throughout the stay rather than just at discharge,
- Pharmacy rounds – The pharmacist is involved in patient education of medications for those that have home disposition with an emphasis on those with Heart Failure, Pneumonia, and/or high risk medications. The pharmacist will round again on the day of discharge to review the list of discharge medications.
- Education side effect sheet-- always written at the 5th grade reading level
- Interdisciplinary huddles held daily that will identify patients that need additional education on medications.
- Validation rounds performed by the Unit Director on use of the whiteboards, patient understanding, and BSR.
- Skills lab twice a year on Hourly Rounding and BSR

Outcomes
In the 1 year time frame, we went from the 60th percentile to the 95th percentile in “Communication about Medications”

Lessons Learned
- Initial staff education about completing the whiteboard only involved the nursing staff. It was later recognized that anyone entering the patient’s room to provide care
needed to understand and utilize the board. Education was rolled out to all departments.

- Early validation and reinforcement is critical to success to getting it hardwired.
- Ongoing validation is needed to prevent backsliding, especially in busier times.
- Identify champions for each shift.
- If done correctly, Bedside Shift Report is the most beneficial strategy because it can accomplish all the other strategies.

Appendix

M in the Box

Leader Rounding Tool

Bedside Report and Audit Tool

Medication Side Effects Sheet