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## Evaluating Nurse Medication Education

Nina Marie Carter  
*Walden University*

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Walden University

College of Nursing

This is to certify that the doctoral study by

Nina Carter

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

Review Committee

Dr. Mary Terese Verklan, Committee Chairperson, Nursing Faculty

Dr. Anita Manns, Committee Member, Nursing Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2024

Abstract

Evaluating Nurse Medication Education

by

Nina Carter

MS, Virginia Commonwealth University, 2011

BS, University of Virginia, 2005

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

April 2024

## Abstract

Inefficient communication between nurses and patients increases the risk of medication errors and jeopardizes patient safety, ultimately resulting in lower patient satisfaction as indicated by Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores. The purpose of this quality improvement initiative was to assess the impact of educating nurses on patient medication education using the teach-back method. Data were collected using HCAHPS survey responses from adult patients with medical conditions who had been discharged from a medical-surgical unit. The 32-item HCAHPS survey was used to capture their perceptions and experiences during their hospital stay. Data analysis entailed comparing HCAHPS scores before and after implementation of the educational intervention. The intervention led to improvements in terms of communication regarding medication (55 to 77.4), communication with nurses (79.0 to 85.0), communication with doctors (73.8 to 82.6.0) care transitions (46.6 to 57.4), and discharge information (89.3 to 93.0). These findings suggest using the Ask 3/Teach 3 teach-back method for nurse education can improve patient empowerment and health literacy, community-level trust in healthcare systems, and nurse education and quality improvement efforts. Enhanced medication communication between healthcare providers and patients can lead to increased patient knowledge about medications and facilitate positive social change.

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## Dedication

With heartfelt sincerity, I dedicate the DNP project to the patients facing medication challenges, recognizing their resilience in navigating healthcare complexities. As well as my dedication extends to the dedicated nurses committed to delivering exemplary care and best practices to their patients. Special appreciation goes out to the mentors and colleagues whose support and encouragement propelled me through this transformative journey. To my daughter, a pillar of support and understanding in all my professional endeavors, I offer my deepest gratitude for her patience and enduring belief in me. My heartfelt appreciation also goes to my family for their enduring inspiration and support, shaping me into a leader within both professional and community settings.

In loving memory, I dedicate the DNP project to my beloved parents, cousin, and client who have passed on, their influence instrumental in molding me into the professional and servant leader I am today. Though they are no longer with us to witness the completion of my terminal degree, their essence lingers steadfastly by my side.

## Acknowledgments

With a deep sense of relief and immense gratitude, I extend my heartfelt appreciation to Dr. Verklan, my exceptional DNP Committee Chair. Your patience, expert guidance, and support have been a beacon of light throughout this challenging journey. From ups and downs, you have stood by me through every major milestone. Your clarity and encouragement have propelled me forward at every turn. I vow never to start a sentence again with “this,” just quietly end it with “this.” Lastly, I want to express my sincere gratitude to the Walden Committee Members for your invaluable insights and guidance in shaping the DNP project.

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## Section 1: Nature of the Project

Medication communication is essential to patient engagement, quality of care, and patient recovery and safety. Effective communication is mutually beneficial to both healthcare providers and patients. Pugh et al. (2021) argued educating patients before leaving care facilities reduces unnecessary hospital visits and lowers rates of readmission and costs of seeking medical attention. Benefits of provider-patient communication include improving patient compliance during complex treatment, shared-decision making, modifying patient beliefs and behavior, and improving patients' trust in providers (Gillam et al., 2016). In addition, provider/patient medication communication encourages patients, alleviates bias during the medication process, and is used to evaluate patient adherence (Gillam et al., 2016). Ineffective provider-patient medication communication increases risks of harm to patients.

Nurse-patient medication communication is essential and needs an assessment tool to evaluate and monitor progress. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a survey instrument for collecting data to measure patients' perceptions of their experiences at hospitals. An extensive review of HCAHPS scores from 2019 to 2020 reveals a need for medication communication (HCAHPS, 2020).

Patient medication communication is essential in assessing patient experiences at hospitals. This doctoral project involved examining the effectiveness of nurse education in terms of improving patient medication communication in a 28-person medical-surgical care unit. Findings may contribute to social change within the unit by achieving effective

nurse/patient communication and enhancing nurse/patient medication education. Section 1 includes a discussion of the problem statement, purpose, nature of the project, and significance.

### **Problem Statement**

The Centers for Medicare and Medicaid Services (CMS) employs HCAHPS survey scores to assess hospital performance and determine reimbursements. A comprehensive analysis of HCAHPS scores from 2019 to 2020 for a 28-bed medical surgical unit indicated medication communication standards were not met by the medical-surgical unit.

The HCAHPS medication communication roll-up score is a summary measure that combines multiple quality indicators into one score. The HCAHPS score increased from 58 to 62 from fiscal year 2019 to 2020. A score of 50 is below the national benchmark compared to similar hospitals (CMS, 2020). The hospital set a target score of 67.5, or 78<sup>th</sup> percentile, for 2021. Not only did patients identify medication education as an area of improvement, but observations during nurse leader rounds revealed inconsistencies in terms of nurse/patient medication education.

Yen and Leasure (2019) argued most patients have a knowledge deficit about their medications and are often unable to recognize these deficits. Implementing the teachback method positively impacted HCAHPS scores (Yen and Leasure, 2019). The identified problem had driven the unit to educate nurses on using Ask 3/Teach 3 teachback method and Common M8W Meds (see Appendix A) tool to improve nurse/patient medication communications. The Ask 3/Teach 3 teach-back initiative involves standardizing and

enhancing communication about medicines between nurses and patients by fostering partnerships, improving patient knowledge, and improving HCAHPS communication scores regarding medication. There has not been a formal evaluation of the effectiveness of nurse education in terms of the Ask 3/Teach 3 teachback method and use of the Common M8W Meds tool in the unit and how it has impacted patient satisfaction in terms of medication communication, explanation, and education.

### **Purpose Statement**

A significant gap in practice involves inefficient medication communication between nurses and patients. A result of ineffective nurse/patient medication, communication poses a higher risk of medication errors and threatens patient safety, consequently leading to low patient satisfaction rates according to the HCAHPS. With the adoption of nurse education and implementation of the Ask 3/Teach 3 teach-back method, the effectiveness of these practices and their impacts on HCAHPS medication communication scores on patient satisfaction are unknown. I evaluated the impact of educating nurses on HCAHPS medication communication scores and patient satisfaction. According to Yen and Leasure (2019), most patients lack knowledge of their medications, resulting in medication errors and reductions in satisfaction of care. It is anticipated that implementation of the teach-back method will positively impact patient satisfaction, and consequently, HCAHPS scores.

The guiding practice question for the doctoral project was:

RQ: What are effects on HCAHPS scores and patient satisfaction among educating nurses in terms of patient medication education via the teach-back method? Healthcare institutions working towards improving patient experiences often face challenges. Such challenges call for different quality improvement (QI) measures and continuous evaluation to ensure effective improvement of patient outcomes (Hamilton et al., 2020). This doctoral project includes evidence-based data on the efficacy of educating nurses using the Ask 3/Teach 3 teach-back method to improve patient education quality.

The QI project has the potential to address the gap in practice by fostering partnerships and improving patient knowledge; the Ask 3/Teach 3 teach-back method and Common M8W Meds tool are used to enhance communication about medicines between nurses and patients. Improved patient knowledge and healthcare experience impact HCAHPS scores due to improved patient satisfaction (Hamilton et al., 2020). HCAHPS surveys as well as results are crucial for healthcare providers and their consumers. Via scores indicating degrees of patient satisfaction, they are one of the most significant ways in which health systems obtain high-quality and actionable feedback that can be used to improve care delivery (Mazurenko et al., 2017). Evaluation is a crucial facet of any QI effort, and when done effectively, it can solve problems, build knowledge, and inform decision-making (Hamilton et al., 2020). While evaluation may be conducted in different stages of project implementation, its primary purpose is to help institutions better understand best ways to drive QI efforts.

### **Nature of the Doctoral Project**

This DNP project involved using evidence from Google Scholar, PubMed, the Cochrane Central Register of Controlled Trials, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, Cochrane Database of Systematic Reviews, Science Direct, and Ovid. The keywords used in the search were: *HCAHPS, teach-back, Ask 3/Teach 3 method, medication information, patient education, nurse education, patient medication education, and patient satisfaction*. Sources included journal articles that were available in full text, published in the English language, and published between 2020 and 2024 with information regarding the guiding practice question. I did not include articles that did not contain relevant data on the project, were not available in full text, published in languages other than English, or those published prior to 2016. Articles were scholarly and peer-reviewed. The search yielded 296 articles. Those that did not meet inclusion criteria were excluded, leaving 20 articles that were used.

The QI project involved evaluating whether educating staff to improve medication education was effective. The HCAHPS is used to collect data post discharge to evaluate patients' perceptions of their experiences at hospitals. For the doctoral project, my primary focus was communication about HCAHPS medication scores. Data were obtained from quarterly HCAHPS survey results for the medical-surgical care unit provided by the patient experience department. Data are presented in dashboard form with all domains listed and unit scores color-coded with respect to ranking of scores. Organizations had a target score of 67.5, or 78<sup>th</sup> percentile, for communication about medication for the fiscal years 2021 and 2022. pre- and postimplementation data were



analyzed by comparing preintervention scores to postintervention scores in order to establish the impact of implementing staff education on improving medication education.

### **Significance**

Stakeholders affected by the doctoral project include medical-surgical unit nurses and patients. Effective provider-patient medication communication is essential to delivering HCAHPS survey scores involving patient experience ratings. Improving patient medication communication leads to a significant increase in patient satisfaction, subsequently improving HCAHPS survey scores (Burgener, 2020). The project also positively affects patients through medication education provided by health caregivers. The HCAHPS survey indicates medication communication significantly reduces medication errors and improves patient outcomes (Rognan et al., 2021). Medication communication involves motivating patients, addressing any biases during the medication process, and assessing patients' compliance and comprehension.

This doctoral project will potentially contribute to nursing practice by demonstrating the effectiveness of educating nurses on the Ask 3/Teach 3 teach-back method and Common M8W Meds tool and its contribution to patients' experiences. One of the critical potential contributions of the project to nursing practice is promoting quality healthcare through effective communication and enhancing patient safety in terms of healthcare delivery. The teach-back Ask 3/Teach 3 method ensures patients have more knowledge about medications. Such knowledge engages them in their education, facilitates partnerships between nurses and patients, and increases their confidence in following plans. Results are improved health outcomes.

The doctoral project has high potential for transferability through use of teach-back tools that are effective in other practice settings. The teach-back Ask 3/Teach 3 method is an accepted tool that is used in QI projects concerning enhancing communication between healthcare providers and patients. Yen and Leasure (2019) found the majority of patients lack sufficient knowledge about their medications and may not even be aware of this knowledge gap. Implementing the teach-back method had a positive effect on HCAHPS scores (Yen and Leasure, 2019).

The project will contribute to positive social change by improving communications between healthcare providers and patients, enabling patients to develop involved relationships with healthcare providers, and significantly improving their satisfaction and trust. With improved HCAHPS scores, clients can have confidence and trust in healthcare systems, which are crucial for enhancing general perceptions of the quality of healthcare delivery. Lastly, the project is aligned with the organization's mission and vision. The project involves analyzing the effectiveness of nurse education and its impact on patient experiences while using cost-effective strategies.

### **Summary**

Medication communication is essential to patient engagement, quality of care, patient recovery, and safety. For healthcare providers, effective communication is critical to patient satisfaction, knowledge about medication, medication adherence, and positive health outcomes. Due to low patient satisfaction scores related to medication communication, a 28-bed medical-surgical care unit at an 800-bed trauma academic hospital in the Southeast United States implemented measures to increase nurse

communication about medications to patients. The QI doctoral project involved evaluating the effectiveness of educating nurses on techniques to improve medication education/communication processes and subsequent HCAHPS communication about medication scores in the unit. Pre- and postimplementation data were analyzed to establish the impact of implementing staff education on improving medication education. One of the key potential contributions of this project to nursing practice is promoting quality healthcare through effective communication and enhancing patient safety in terms of healthcare delivery. The study can lead to positive social change through improved communication between healthcare providers and patients. As such, patients can develop trusting relationships with healthcare providers and subsequently enhance their satisfaction. Section 2 includes information about the context and background of the practice problem, theoretical and conceptual frameworks, the problem's relevance, and role of the doctoral student and project team.

## Section 2: Background and Context

Medication communication is a significant facet of healthcare delivery that ensures high quality of care, patient engagement, patient safety, and improved chances of recovery. Effective communication is critical to patient satisfaction, medication adherence, and positive health outcomes. Providing clear and concise information to patients before leaving healthcare facilities is vital in terms of reducing unnecessary visits to facilities and reducing readmission rates (Pugh et al., 2021). In addition, provider-patient education is essential for improving patients' trust in healthcare providers, modifying their behaviors and beliefs, ensuring shared decision-making, and enhancing adherence to treatment plans (Gillam et al., 2016). Ineffective provider-patient communication may lead to medication errors despite measures such as streamlining hospital processes and modern technologies. These errors include incorrect medication, missing doses, and inappropriate drug doses. Low health literacy among patients is identified as one of the major causes of medication administration errors.

According to the CMS, which measures performance of hospitals using HCAHPS survey scores, a 28-bed medical and surgical unit scored below par regarding communication about medicines. It was noted that there were inconsistencies in terms of how nurses used current communication tools. In this 28-bed medical-surgical nursing unit, nurses were taught and implemented the teach-back Ask 3/Teach 3 method and Common M8W Medication communication standardization tool. The project involved evaluating the effectiveness of educating

staff on techniques to improve the medication education process and subsequent HCAHPS communication about medication scores in this unit. Section 2 includes a discussion of theories that guide evaluation of the effectiveness of educating staff on techniques to improve the medication education process, its relevance to nursing practice, local background and context, and my role as the DNP student as well as the project team.

### **Concepts, Models, and Theories**

EBP is common in medicine. To maximize its effectiveness, DNP-prepared nurse leaders are tasked with facilitating translation and implementation of internal evidence into practice. In clinical practice settings, evidence-based practice requires healthcare professionals to use the best available evidence during crucial decision-making and bring about changes in terms of healthcare delivery. EBP mandates all healthcare professionals conduct all occupational practices based on scientific evidence (Mackey & Bassendowski, 2017). EBP necessitates healthcare professionals thoroughly assess problems in practice settings and use their expertise to initiate change (Mackey & Bassendowski, 2017). Low patient satisfaction scores related to medication communication necessitated the 28-bed medical-surgical care unit implementing QI initiatives to improve nurse communications with patients about medications.

### **Stetler Model**

According to Schaffer et al. (2013), the Stetler model is used to evaluate how healthcare organizations can use evidence to initiate formal change and healthcare

professionals can use research in a nonformal context, particularly as part a of reflective practice as well as critical thinking. Research use is the first step, with healthcare practice informed by the best evidence. The Stetler model involves associations between research use and healthcare practice that is informed by evidence. During the first step, healthcare researchers address the purpose of consulting evidence. During the second step, healthcare researchers validate credibility of identified findings and potential for applying such findings in practice (Schaffer et al., 2013). The third step of the Stetler model involves comparative evaluation and decision-making. The final step involves translation and application of gathered evidence followed by evaluation to assess level of success of evidence.

This project involved using the Stetler model. It is vital in terms of assisting healthcare professionals when evaluating how research findings and other relevant evidence can be used in practice settings. I used available evidence to determine how medication education can be improved by teaching nurses in the healthcare facility. During the first step, available evidence regarding how to improve patients' knowledge of medications and satisfaction was reviewed. Evidence suggests the teach-back method is an effective evidence-based method for improving patient knowledge of medications. When implementing the Ask 3/Teach 3 method, healthcare professionals can educate their patients about medications and then ask them to repeat information. According to Slater et al. (2017), most patients who are educated about their medications using the teach-back Ask 3/Teach 3 method demonstrated understanding of medication information.

The final step of the Stetler model requires healthcare researchers to evaluate level of success of evidence that has been integrated into healthcare delivery. The final step is crucial in terms of delivering healthcare because it informs change agents about whether efforts translated into outcomes that were expected to improve quality of care.

### **Spradley's Change Theory**

This DNP project involved using Spradley's change theory as the theoretical framework. This theory is derived from Lewin's theory of change. It involves supporting constant evaluations to determine change levels after implementing QI projects to realize maximum success (Scott & Thompson, 2018). According to Scott and Thompson (2018), Spradley's change theory involves eight principal stages: recognizing the necessity for change, diagnosing the problem, evaluating alternative solutions, selecting a change, planning, implementing, and evaluating. The theory emphasizes continuous evaluation of processes to assess effectiveness of implementing changes.

This DNP project involved teaching nursing staff and implementing the teach-back Ask 3/Teach 3 method as a communication standardization tool. Education took place between fiscal year 2021 quarter 4 and quarter 3. The decision to implement this change stemmed from poor patient satisfaction scores concerning medication communication. A comprehensive analysis of HCAHPS scores between fiscal years 2019 and 2020 highlighted a notable deficiency in terms of providing patients at the medical-surgical care unit with adequate information about their medications and potential side effects, resulting in decreased patient satisfaction levels. Therefore,

evaluation was necessary to determine whether changes improved patients' knowledge regarding their medications and consequently improved patient satisfaction as reflected in high HCAPHS scores. Spradley's change theory is essential in this project since it provides a stepwise framework for implementing selected changes.

### **Relevance to Nursing Practice**

Effective provider-patient exchange of information is vital to positive health outcomes (Register et al., 2020). Inadequate communication may lead to negative outcomes including wasteful resource utilization, lack of compliance with treatments, dissatisfaction among patients, incidents of medical malpractice, patient harm, and errors in healthcare delivery (Burgener, 2020). Good health communication allows healthcare practitioners to contribute to saving and improving human lives. Effective communication in healthcare requires adaptability and empathy towards patients. The dynamic between a physician and patient is characterized by a natural power imbalance, as patients typically seek guidance and treatment from healthcare providers while dealing with health challenges. While the physician's proficiency in delivering quality healthcare is not compromised by this disparity, inadequate communication (Brueck & Salib, 2017) can negatively impact the quality of patient care. Effective interaction between healthcare providers and patients is crucial in clinical health communication, as it underpins the diagnostic and treatment process.

Assessing and understanding the healthcare experiences of caregivers, patients, and families is essential for evaluating and enhancing clinical care and patient outcomes. As a positive patient outcome, patient satisfaction is a significant and



commonly applied indicator in measuring quality in health care. Patient satisfaction is applied because it significantly affects clinical outcomes, patient retention, and medical malpractice claims (Skaggs et al., 2018). Patient satisfaction directly correlates to the extent to which a patient is pleased with health care outside and inside the doctor's office. The assessment or measurement of patient satisfaction considers various factors that patients encounters prior to, during and following a care episode, in addition to the attributes of the care setting (Register et al., 2020). How nurses and other medical practitioners communicate with patients significantly impacts the patient's overall experience and satisfaction. Studies have found that strong communication between healthcare providers and patients leads to improved outcomes and higher levels of patient satisfaction (Barilaro et al., 2019; Skaggs et al., 2018). Barilaro et al. (2019) reports that nursing communication significantly correlates with patient satisfaction, especially regarding hospital functioning during hospitalization, pain management, intake of new drugs, and discharge. The study quantitatively highlights how proper dialogue performs a supportive and therapeutic function in satisfying patient needs and developing self-management during hospitalization.

Medication errors are among the negative outcomes arising from ineffective provider-patient communication. Medication errors represent a common category of preventable errors made during healthcare delivery, resulting in unnecessary patient harm, hospitalization, or even fatality (Burgener, 2020). There is a connection between medication communication and medication errors; communication between healthcare providers and between patients and providers, across and within healthcare settings,

have been reported to be the major sources of medication errors (Kitson et al., 2013). Improvement of communication in healthcare delivery is a significant aspect of reducing medication errors and improving patient safety.

One of the strategies used to address medical errors is the Acknowledge, Introduce, Duration, Explanation, and Thank you (AIDET) communication model (Brueck & Salib, 2017). The model helps guide communication with patients by establishing rapport through eye contact and a friendly greeting, introducing the physician with their name and title, providing information on the anticipated test duration, giving a clear explanation of the procedures, and expressing appreciation and support (Brueck & Salib, 2017). Consequently, it improves patient experience and safety, enabling enhanced health outcomes (Burgener, 2020). AIDET helps achieve patient-centered communication, allowing patients discussions about their social structure, life history, and personality. Despite the benefits arising from this model, it does require elaborate training of health practitioners as it is a trademarked product (Braverman et al., 2015). Even though the model provides patient-centered communication, it may not necessarily enable patients to teach back what they have learned.

Hospital staff is tasked with employing communication strategies that allow patients to feel empowered to communicate freely during their healthcare experience. Nurse education is an evidence-based intervention for improving patient medication communication (Crowe et al., 2018). For nurses to provide quality health care,

education on patient medication communication is essential. The DNP project adopts the teach-back Ask 3/Teach 3 method in educating patients on their medications.

### **Local Background and Context**

The 28-bed medical-surgical care unit of an 800-bed trauma academic hospital is in the Southwest United States. The region is predominantly Caucasian, with significant populations of African Americans and Hispanics. In evaluating the 28-bed medical-surgical care unit, the HCAPHS scores from 2019 to 2020 showed that a considerable proportion of the patient population seeking treatment services do not get adequate information about their medications or potential side effects. Medication errors in miscommunication or lack of communication reflect low patient satisfaction with the services of the medical-surgical care unit. Da Silva and Krishnamurthy (2016) wrote that the most common fatal events reported included medication errors, with ranks up to sixth and the second most common. At the national level, data showed that medical errors are the third leading cause of death in the US; more than 400,000 deaths are recorded annually from medical errors. As the country continues to develop strategies to mitigate issues arising from adverse drug events (Da Silva & Krishnamurthy, 2016), the 28-bed medical-surgical care unit must implement strategies that will enhance provider-patient medication communication. The healthcare facility's mission is to be a leader in providing patient-centered care in the state while providing safe, quality, and affordable healthcare. Based on Da Silva and Krishnamurthy's argument, the mission ties closely to its strategic vision of providing quality, evidence-based health care that is accessible and affordable.

### **Definitions of Terms**

*Adverse Drug Events:* Drug events are injuries resulting from medical interventions relating to a drug. Adverse drug events include adverse drug reactions, medication errors, overdoses, and others (Nanji et al., 2016).

*Medication errors:* Avoidable incidents that could result in misuse or harm to patients during the prescribing and administration of medications by healthcare providers, patients, or consumers (Alghamdi et al., 2019).

### **Role of the DNP Student**

As a leader in delivering healthcare, I must use the best evidence to promote positive social change within the practice setting. Promoting positive social change can be achieved by developing and disseminating evidence-based efforts that stimulate change by framing positive social change. The beneficiaries of e-studies will experience them as meaningful and build their knowledge and understanding of the issues surrounding them (Stephan et al., 2016). The project undertaken responds to this goal by evaluating the effectiveness of educating staff on techniques to improve the medication education process and subsequent HCAHPS communication about medication scores.

My role in the quality project includes introducing the project and its purpose, developing the team, data collection, and data analysis. In developing the project question and stating its purpose, one of my primary roles is a constant evaluation supervisor of literature to create a body of best evidence that informs the interventions in this evaluation. Included in the process are a literature review to identify the most

relevant theories and frameworks that guide the project and enable the assessment of its success in achieving the project's objective and contributing to positive social change. A research team is required to aid in process implementation as well as the collection of data.

The desire to make meaningful changes and evaluation of those changes in healthcare delivery has always been the source of my drive. My primary focus as I engage in quality improvement activities has been to engage in activities that generate evidence and evaluate research that is important in providing solutions to healthcare delivery problems. The project also enables me to be part of significant decision-making, develops my skill to evaluate changes for to determine if it is effective, and developing my skills as a leader in the provision of health care. There are no biases in this project that I may possess.

### **Role of the Project Team**

The project team comprises nurses in the medical-surgical nursing unit, the Director of Patient Experience, nursing leadership, and my preceptor. The project team is engaged in providing resources and expertise in evaluating the effectiveness of educating the staff on techniques to improve the medication education process. My preceptor offers support not only throughout the development of the project but also through the process of implementation and evaluation of the project. The Director of Patient Experience provides pre-intervention and post-intervention data to compare, which is very significant in the evaluation process. Nurses and nursing leadership in the medical-surgical nursing unit are able to provide informal feedback on how their

experiences have been before and after the quality improvement effort. Their input is instrumental in the of evaluation process to study workflow and sustainability of the project, however that will not be the focus of this DNP project.

### **Summary**

Medication communication is a significant facet of healthcare delivery, ensuring high quality of care, patient engagement, patient safety, and better chances of recovery. Providing clear and concise information to patients before they leave healthcare facilities is vital for reducing nonessential visits to facilities and reducing readmission rates. Low health literacy among patients is identified as one of the major causes of medication administration errors. This project involved evaluating the effectiveness of educating staff on techniques to improve medication education processes and subsequent HCAHPS communication about medication scores in a 28-bed medical-surgical nursing unit. The project was guided by the Stetler model and Spradley's change theory. The Stetler model was used to evaluate how findings and other relevant evidence were used in the practice setting. Spradley's change theory helped in terms of identifying activities that were required to improve medication communication. My roles in the project included developing the project and its purpose, while the project team offered support regarding implementation and evaluation. Section 3 includes a discussion of practice-focused questions, evidence sources, analysis, and synthesis.

### Section 3: Collection and Analysis of Evidence

Medication communication is integral to patient engagement, ensuring high-quality healthcare, successful recovery, and patient safety. Pugh et al. (2021) reported effective communication affects patient satisfaction and reduces readmission rates. Ineffective communication between healthcare providers and patients, particularly regarding medications, negatively impacts patients and lowers HCAHPS scores (Nickles et al., 2020). Crowe et al. (2018) recommended using nurse education as an intervention to improve nurse communication with patients regarding medications. This project involved evaluating effects on HCAHPS scores and patient satisfaction among nurses in terms of patient medication education via the teach-back method. This included assessing education using the teach-back Ask 3/Teach 3 method and common M8W medication tool to improve the medication education process and subsequent HCAHPS communication scores about medication in a 28-bed medical-surgical nursing unit. In this section, practice-focused questions, sources of evidence, analysis, and synthesis are discussed.

#### **Practice-Focused Question**

In the 28-bed medical-surgical nursing unit, there are inconsistencies in terms of patient medication communication. These are demonstrated via low HCAHPS scores that are below required medication communication standards. Patients receiving care in the medical-surgical unit are not adequately provided with information regarding their medications and potential side effects, leading to decreased satisfaction. The purpose of this project is to evaluate the effectiveness of nurse education in terms of improving

patient medication communication and satisfaction in a 28-bed medical-surgical care unit. These unit nurses do not use standard communication tools related to medication education when administering and providing medication instructions. To achieve the project's purpose, nurses analyze results by requesting and monitoring feedback. The project involved determining whether nurse education impacts use of standard communication tools and improves patient medication communication before and after educational interventions. Based on results, patient satisfaction was determined by measuring HCAHPS scores. The practice-focused question is:

RQ: What are effects on HCAHPS scores and patient satisfaction among educating nurses in terms of patient medication education via the teach-back method?

Patient medication communication enhances HCAHPS scores when patient satisfaction is increased (Brueck & Salib, 2017; Gillam et al., 2016). Effective patient medication communication reduces risks of harm to patients. Significant benefits of patient medication communication include patient medication compliance during complex treatment, shared modification of patients' beliefs and behaviors, and improvements in terms of patients' trust in providers (Gillam et al., 2016). Moreover, poor patient medication communication results in increased risks of harm and negative patient experiences with care (Brueck et al., 2017). As such, patient medication education is essential for this 28-bed medical-surgical unit.

The project involved evaluating nurse education's effectiveness in terms of improving patient medication communication in a 28-bed medical-surgical care unit. I



assessed these differences using HCAHPS scores. . Skilled communication between patients and nurses will improve patient medication communication.

### **Analysis and Synthesis**

Minimum and maximum values of both preintervention and postintervention HCAHPS scores were included in analysis. Descriptive information regarding studies was provided and recorded in a table. The correlational study design was used to examine statistical data involving pre and post intervention HCAHPS scores to understand their associations.

Differences between preintervention and postintervention HCAHPS scores indicated changes in terms of nurse medication communication competency, which were either positive or negative. For example, if postintervention scores were higher than preintervention scores, this would imply an improvement in terms of nurses' knowledge and delivery of medication communication. To determine effectiveness of interventions, an increase in HCAHPS scores to at least 67.5 (78th percentile) regarding communication about medication during fiscal years 2021 and 2022 were considered indicators of success.

### **Summary**

The purpose of this project was to evaluate the effectiveness of nurse education in terms of improving patient medication communication and satisfaction rates in a 28-bed medical-surgical care unit by analyzing HCAHPS scores. Section 3 includes details regarding the practice-focused question, sources of evidence, data analysis, and synthesis. The literature review indicated patient medication communication is a common issue,

while nurse education is an effective intervention that can enhance patient satisfaction as measured by HCAHPS scores. Before evaluation of the educational program, it was necessary to obtain approval from Walden University's Institutional Review Board (IRB). Evaluation involved effectiveness of nurse communication using the Common M8W Meds tool (see Appendix A) as the standard communication tool, as well as the teach-back Ask 3/Teach 3 method for discussing medications with patients. Preintervention and postintervention HCAHPS scores were collected to assess the impact of the educational program on patient satisfaction. Section 4 includes findings and recommendations after analyzing data.

## Sources of Evidence

I used evidence from HCAHPS assessments and scholarly literature via six online databases: Google Scholar, Medline, CINAHL, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, and Embase. I used the following key words: *HCAHPS*, *teach-back*, *Ask 3/Teach 3 method*, *medication information*, *patient education*, *nurse education*, and *patient medication education and patient satisfaction*. All sources were available in full text, in English, and published between 2020 and 2024. I addressed patient communication, patient medication education, changes in terms of quality of care and patient experience, and patient nursing satisfaction. I avoided sources which were published before 2016, not in English, and were not peer-reviewed.

HCAHPS assessment were used for provided patient satisfaction scores regarding communication with nurses, doctors, hospital environments, care transitions, discharge information, and hospital staff responses. Data were used to assess whether nurse training regarding the teach-back Ask 3/Teach 3 method and Common M8W Meds tool improved how they communicated with patients regarding medications. According to Aoki et al. (2020), HCAHPS surveys are crucial when measuring value-based care and can easily be integrated into hospital surveys to measure quality of care. With improved HCAHPS scores, clients can have confidence in healthcare systems, which is significant in terms of how they generally perceive quality of healthcare delivery.

The literature obtained in the search is strictly related to patient medication communication and the effectiveness of educational programs in improving the quality of care and patient satisfaction. Exploration of the use of teach-back Ask 3/Teach 3 inpatient

medication communication is crucial in the design of this project. The utilization of teach-back Ask 3/Teach 3 and the HCAHPS tool informs the gap in the nursing practice that requires evidence-based interventions.

According to MacDowell et al. (2021), reducing medication errors has been considered a key target for improving patient safety and reducing adverse drug events. According to the authors, lack of proper communication between nurses and patients has been one of the most common causes of medication errors. Ozavci et al. (2021) conducted a systematic review to explore older patients' experiences and perceptions regarding communication on managing medications across different care transitions. The results showed poor communication was the most consistent theme leading to medication discrepancies before discharge. Communication concerning the administration of drugs may be challenging when older patients are moving across various transitions of care. Tailored communication with nurses and accurate, timely written information about medications before discharge or for the nurses to be available post-discharge. Communication about medicines to patients before discharge was a common problem identified in the literature, and most emphasis was placed on the discharge period. Becker et al. (2021) systematic review and meta-analysis revealed from 60 trails totaling 16,074 patients that medication counseling and treatment plan communication is essential in reducing readmissions, increasing patient satisfaction, and most importantly patient adherence to treatment plan. According to Ozavci et al. (2021), the lack of complete medication explanations significantly affected patients' perceptions of the quality of care. Such a gap was classified as missed nursing care involving patients' confidence in nurses

and doctors. The findings of these studies highlight the gaps in practice regarding medication communication and patients' perspectives regarding the problem. The studies provide a solid framework for understanding the problem and possible intervention measures.

Pugh et al. (2021) conducted a multi-step observational study examining relationships between transitional care processes and risk-standardized readmission rates. Researchers used four years of data spanning ten hospitals and documented available efforts to reduce readmissions. It was found that care transition process scores were highly correlated with risk-standardized readmission rates. Researchers reported that medication reconciliation before discharge and pre-discharge patient education on medication greatly influenced the risk-standardized readmission rate. Generally, health facilities using more recommended processes, such as patient education on drugs, recorded lower risk-standardized readmission rates.

Many healthcare facilities seek to improve levels of patient satisfaction, as reflected by HCAHPS surveys. Davidson et al. (2017) conducted a systematic review to identify interventions nurses can implement to improve patient satisfaction with systems and healthcare providers. The review included studies and interventions targeting any of the 11 domains of HCAHPS. Most literature addressed communication within the hospital setting, targeting doctors, nurses, pre-discharge information, and communication about medications, given the significance of patient satisfaction, patient outcomes, high-value healthcare, and healthcare safety. The results acquired from Davidson study were also evaluated in this study.

Ozavci et al. (2021) suggested properly designed interventions that evaluate sustainable approaches to improve patient satisfaction and demonstrate patient impact on clinical outcomes. A project recommendation was to improve provider communication as one of the main domains that can improve patient satisfaction by targeting the communication aspects of the HCAHPS domains. Educational programs are instrumental in improving the quality of care delivered by nurses. Jones and Coke (2016) conducted a study to evaluate the impact of a standardized medication education program on patients' satisfaction and knowledge of medications. Outcomes were assessed by nurses and study participants based on patient satisfaction with medication, patient post-discharge knowledge of drugs, and the potential of Medicare earn-back potential. Findings showed that patients could retain critical information regarding their medications, mainly the purpose of the medicine. On average, 42% of the patients discharged from the pilot completed the HCAHPS surveys. The results revealed that communication about medication and knowledge of drugs had increased by 4.1% and 11.5%, respectively. Conclusively, the nurse educational program successfully improved HCAHPS scores and patient satisfaction with care delivery with medication communication. The teach-back methodology used in educating patients regarding medications was also found to be a robust evidence-based approach that can improve patients' knowledge and understanding of drugs.

The teach-back Ask 3/Teach 3 method ensures that patients adhere to treatment plans since it increases their confidence in following the program, resulting in improved health outcomes (Ryan-Madonna et al., 2019). Educating hospitalized and discharged

patients and families about medication is essential, as shown in the HCAHPS survey (Nickles et al., 2020). Nickles et al. (2020) conducted a study using the teach-back approach to improve patients' medication knowledge and satisfaction on HCAHPS surveys. Based on the survey, nursing students enhanced their encounters with patients and improved the quality of care. Nickles et al. (2020) revealed that nurse education enabled nursing students to utilize the teach-back Ask 3/Teach 3 method in 83% of patient encounters. The findings also showed that more than 50% of the patients could name their medications and state their purposes, while 53% could remember their medications' side effects. Patient satisfaction was improved to 96% following the improvement of medication communication to patients using the teach-back Ask 3/Teach 3 method. Centrella-Nigro and Alexander (2017) assessed the impact of a nurse education program on the use of the teach-back Ask 3/Teach 3 method on HCAHPS scores. Centrella-Nigro and Alexander (2017) reported a significant increase in post-test knowledge scores. They noted that the qualitative evaluation of nurses' responses supported the teach-back Ask 3/Teach 3 method in the post-test.

In evaluating patient satisfaction, HCAHPS surveys have been commonly used to capture the perception of patients using different domains. Segon et al. (2020) evaluated the attitudes of healthcare practitioners toward the HCAHPS scoring system. Segon et al. (2020) reported that healthcare practitioners regarded HCAHPS surveys as credible sources of patient perceptions because they give patients a safe platform to evaluate the significant healthcare domains that directly affect how they receive care. Researchers also reported that hospitals regarded the outcomes of HCAHPS surveys as key pointers that

directed their quality improvement efforts. However, many healthcare providers poorly understand the scoring system. Nonetheless, findings showed that the HCAHPS was a valid approach to evaluating the impact of the intervention planned for this project.

### **Evidence Generated for the Doctoral Project**

#### **Participants**

The data will be retrieved from the HCAHPS survey results from adult patients with medical conditions who are discharged from a medical surgical unit. The patients are adult male and females, who are aged 18 and above and are discharged from the inpatient medical surgical unit at the project site.

#### **Procedures**

The instrument utilized for the project is the HCAHPS survey which is a standardized 32-item patient satisfaction survey administered to adult patients discharged from Medicare-participating hospitals in the United States. It is intended to measure patients' experiences or perceptions during their hospital stay.

The project site utilizes two modalities for HCAHPS survey collection: phone and mail. CMS regulations only considers data collected through phone and mail surveys to be valid (CMS, 2020). The survey is administered to eligible discharged patients by a third-party vendor to reduce response bias. The vendor will receive a HIPAA compliant, secure export file with preset fields of patient identifying information from project site. From this file, a random sample will be selected from the available population and outreach will be attempted. Data from completed surveys will be uploaded to a secure server and made available to hospital personnel and publicly reported on the official



HCAHPS website (CMS, 2020). HCAHPS data allows hospitals to compare their performance with other hospitals regionally, nationally, and by hospital type. Having comparison benchmarking data available, enables the project site to identify areas for improvement and develop strategies to enhance patient experience based on their score in comparison to other hospitals. The project site developed a strategy to improve nurse/patient communication about medication on the medical surgical unit by implementing Ask 3/Teach Method and Common M8W Medication tool due to subpar HCAHPS not meeting benchmarks above the 67th percentile. This DNP project involved evaluating the effectiveness of the intervention by collecting data from two HCAHPS questions that contribute to the overall communication about medication domain before and after the intervention (see Table 1).

**Table 1**

*HCAHPS Survey Questions*

<b>Communication about Medication</b>
<b>HCAHPS Questions</b>
<b>1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?</b>
<b>2. Before giving you any new medicine, how often did hospital staff describe possible side</b>

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**effects in a way you could understand?**

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Pre-intervention and post-intervention data will be collected using HCAHPS surveys on patients to assess the quality of medication communication provided by nurses. I will receive the medical surgical unit HCAHPS data scorecard through an encrypted organizational SharePoint site which is maintained by the project site HCAHPS administrator or a portable document format (PDF) via email. I will specifically measure communication about medication scores for the three months leading up to and three months after the implementation of the change on the medical surgical unit (Table 2). The comparative analysis will provide valuable insights into the effectiveness of the quality improvement project in enhancing nurse-patient communication.

**Table 2**

*Comparative Analysis*

<b>Medical Surgical Care Unit (MSCU) Communication about Medication</b>			
<b>HCAHPS Questions</b>			
<b>Questions:</b>	<b>Site Target</b>	<b>MSCU Pre-Intervention</b>	<b>MSCU Post- Intervention</b>
<b>Communication about Medication</b>			
<b>Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?</b>			
<b>Before giving you any new medicine,</b>			

---

**how often did  
hospital staff  
describe possible  
side effects in a  
way you could  
understand?**

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### **Instruments**

The HCAHPS survey tool has undergone extensive validation processes to ensure that the results obtained from the surveys can be compared across different healthcare facilities (Tevis et al., 2014). According to Tevis et al. (2014), the HCAHPS survey tool demonstrates a hospital-level reliability ranging from 0.66 to 0.89 (median = 0.88), as well as an internal consistency reliability ranging from 0.51 to 0.88 (median = 0.72). The HCAHPS survey results can be adjusted to account for different modes of administration and patient case mix. The adjusted scores can then be reported in a standardized manner (table), enabling comparison with other hospitals.

### **Protections**

Patient identifiers are collected and submitted to HCAHPS survey vendors as background information. Only the HCAHPS administrator at the hospital has access to this information. True anonymity is available upon request. If patients wish to be de-identified following the completion of a survey, no identifiers will be sent back to the hospital for that patient.

To ensure anonymity, the HCHAPS survey in this doctoral project will keep patient information anonymous, as their data will be de-identified. The data will be collected and managed by a third-party vendor, who will distribute the data to the

HCAHPS administrator through an encrypted organizational SharePoint site.

Additionally, the roll-up score or data is publicly available on the CMS website. Once the proposal is approved, the project will seek Walden IRB approval to ensure the protection of human subjects in doctoral projects and to ensure the project complies with the applicable regulations and guidelines.

#### Section 4: Findings and Recommendations

The local problem in this doctoral project was poor medication communication between nurses and patients in a 28-bed medical-surgical unit at an 800-bed academic trauma hospital located in the Southwestern United States. According to HCAHPS scores for 2019-20, there were deficiencies in terms of providing patients with enough information about their medications, which led to medication errors and subpar satisfaction levels (CMS, 2020). Proper education about medications for patients is crucial in addressing the widespread issue that medical errors are a major cause of death. There is a lack of clarity regarding whether nurse education and the Ask 3/Teach 3 teach-back method helps to raise medication communication scores. The central question was:

RQ: What are effects on HCAHPS scores and patient satisfaction among educating nurses in terms of patient medication education via the teach-back method?

The objective of the project was to develop evidence demonstrating the teach-back method can improve patient education quality when used in nurse education, thereby reducing medication errors and increasing satisfaction. Generally, quality nursing education is needed to fulfill hospitals' missions of providing high-quality healthcare that is tailored to each patient.

The project's evidence was drawn from HCAHPS assessment data and articles from the six digital libraries of Google Scholar, Medline, CINAHL, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, and Embase. Keywords used for the search were: *HCAHPS*, *teach-back*, and *Ask 3/Teach 3 method*. Following the IMRAD framework, peer-reviewed articles were selected

according to completeness and recentness. Furthermore, only those articles that were written in English were considered. The HCAHPS survey also provided additional data about patient satisfaction concerning communication, hospital conditions, and care transitions at discharge. The analytical strategy was based on a comparison of pre and postintervention HCAHPS scores, using both lowest value (mean + standard error) after intervention as well as highest value (mean - standard error), to determine changes in nurses' medication communication capabilities. Given academic peer percentile rankings ranging from 78 to 90, scores were mapped onto required values during fiscal years 2021 and fiscal 2022.

### **Findings and Implications**

The primary aim of this QI project was to assess the impact of nurse education, specifically the Ask 3/Teach 3 teach-back approach, on improving HCAHPS scores. Data included HCAHPS scores before and after the educational intervention to evaluate effectiveness of the initiative. A HIPAA compliant secure export file with preset fields of identifying information was received by the vendor for the project site. Data from completed surveys were uploaded to a secure server and made available to hospital personnel and publicly reported on the official HCAHPS website. HCAHPS data were provided by the Patient Experience Director, who selected a random sample from the vendor and distributed it securely broken down into unit quarterly data.

A comprehensive analysis of HCAHPS scores from 2019 to 2020 for a 28-bed medical-surgical unit indicated medication communication standards were not met by the unit. The HCAHPS medication communication score is a summary measure that

combines multiple quality indicators into one score. HCAHPS scores increased from 58 to 62, between 2019 and 2020. The final score for fiscal year 2021 regarding communication about medication was 55 (13th percentile), while the site goal was 73 (see Table 3).

**Table 3**

*Comparative Analysis*

<b>Medical Surgical Care Unit (MSCU) Communication about Medication</b>			
<b>HCAHPS Questions</b>			
<b>Questions:</b>	<b>Site Target</b>	<b>MSCU Pre-Intervention</b>	<b>MSCU Post- Intervention</b>
<b>Communication about Medication</b>	73	55.0; 13	77.4; 99
<b>Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?</b>	82	75.0; 46	83.3; 94
<b>Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?</b>	62	36.0; 2	71.4; 99

Nurses in the 28 medical-surgical unit were educated regarding the Ask 3/Teach 3 method and Common M8W Medication tool. The Ask 3/Teach 3 method emphasizes use of the teach-back method with nurses and patients. The Common M8W Medication tool

is a standard communication tool with common medications for nurses to use when using specific medications.

Post-education, there was an increase in terms of HCAHPS communication with a medication score of 77.4 (99th percentile) during quarter 4 of fiscal year 2022 (see Table 3). This increase in HCAHPS scores implied that nursing education regarding the Ask 3/Teach 3 method and standardized medication tool was effective in terms of improving patient satisfaction with communication about medication.

Analysis and synthesis of collected evidence yielded findings regarding nurse education particularly concerning the Ask 3/Teach 3 teach-back approach to improving HCAHPS scores (see Table 3). In terms of communication regarding medication, the initial score was 55, which increased to 77.4 during the intervention time, which exceeded the determined target normative value of 73. This implied the adoption of nurse education in hospitals, particularly with an emphasis on the teach-back method, improved communications between nurses and patients concerning medication. This supported the overall objective of reducing medication errors and increasing patient satisfaction.

Communications with doctors, which are important in terms of patient experiences, were markedly advanced. The target score was the 60th percentile; the pre-intervention score was 73.8 (11th percentile) and the post-intervention increased to 82.6 (76th percentile; see Table 4). This increase implied the educational intervention had a beneficial impact on patients' perceptions of communications with doctors, suggesting doctors treated them with respect and listened to them carefully. The influence of nurse education was even more apparent in terms of care transitions. A scores of 46.6 (15th



percentile) during the preintervention period increased to 57.4 (72nd percentile) during the postintervention period, surpassing the target. Increased scores emphasized that the educational campaign could assist in transitions between phases of patient care, which might help improve continuity and enhance overall quality as well.

**Table 4**

*HCAHPS Evaluation Scores*

<b>HCAHPS</b>	<b>Site Target Percentile</b>	<b>Pre-Intervention Score</b>	<b>Post-Intervention Score</b>
<b>Communication on Medication</b>	73	55.0; 13	<b>77.4; 99</b>
<b>Communication with Nurses</b>	75	79.8; 53	<b>85.5; 95</b>
<b>Communication with Doctors</b>	60	73.8; 11	<b>82.6; 76</b>
<b>Discharge Information</b>	77	89.3; 69	<b>93.0; 96</b>
<b>Care Transitions</b>	<b>70</b>	<b>46.6; 15</b>	<b>57.4; 72</b>

Discharge information also showed improvement. For discharge information, there was a target percentile of 77 and pre- and post-intervention scores of 89.3 (69th) and 93 (96th) respectively (Table 4). Based on these results, nurse education not only helped increase communication about medications, but also aided in comprehensive discharge information and the positive exchange of interactions with hospital staff. These developments meant that the improvement in quality was understood by patients. Therefore, the synthesized evidence showed unequivocally that nurse education was an effective intervention strategy. The improvement in HCAHPS scores reflected the impact on raised patient communication and satisfaction levels while improving overall quality at healthcare facilities.

## **Implications from the Findings**

The results of the QI project, which point to nurse education having an overwhelmingly positive effect on patients as seen in teaching and learning using the Ask 3/Teach 3 teach-back method, have far-reaching implications. Not only do the effects extend downward from the individual level to the community level; upward at organizational levels; but even wider out onto a systemic plane. These implications put forward the possibility of a radical change in healthcare delivery and patient outcomes.

At the personal level, the results constitute a substantial increase in patient empowerment and health literacy. An improvement in the HCAHPS also proves that patients are becoming better informed about their medications and remembering gained lessons. The teach-back method provides a way for patients to actively participate in their healthcare by asking questions and seeking clarification while establishing a sense of partnership between the patient and doctor. Enhanced health literacy can have long-term benefits beyond hospitalization, allowing patients to understand their medications and treatment plans so that they may choose more suitable options in many cases with better effects on overall health (Weston et al., 2020).

In terms of the community, these results will help build trust in healthcare systems. A higher HCAHPS score, especially in communication and care transition item domains indicates that the patient experience has improved overall. Because most communities build on shared experiences and feedback, positive perceptions about healthcare services can reinforce a perception of trust (Frerichs et al., 2017). If individuals within a community can enjoy positive experiences with healthcare

organizations, then positive outcomes may gradually expand into the whole community having confidence in its understanding of accessible and quality healthcare services (Frerichs et al., 2017). As a result, residents will be encouraged to go and take medical care when needed, which again is all for the betterment of community health.

The results of this QI project provide organizations and healthcare systems with vital information to help them formulate future strategies. The positive outcomes following teach-back nurse education underline the need for health professionals to participate in a continuous educational program. Proficiency in communication skills and patient education is foundational to the delivery of high-quality healthcare. Organizations must prioritize the development of these skills through robust onboarding and continuous education initiatives (Alexander et al., 2022) The positive results also underscore the necessity of ongoing quality improvement efforts aimed at patient-centered care. Across different units and departments, adopting effective communication strategies such as the Ask 3/Teach 3 method could help healthcare systems.

### **Implications for Social Change**

The findings of the DNP project hold great potential for promoting positive social change in healthcare. The findings contribute to the development of a patient-centered and comprehensive healthcare environment, which is essential for improving the quality of patient outcomes. By evaluating the effectiveness of nursing education in promoting such outcomes, the project aims to establish a standardized approach to implementing new nursing education practices. A particularly noteworthy aspect of the project is the focus on effective nurse education and the Ask 3/Teach 3 teach-back method with the use

of a common medication tool. The elements of the medication tool hold the promise of bringing about positive social change in the healthcare sector. By enhancing patient communication and understanding, new nursing education practices have the potential to address healthcare disparities that exist due to factors such as race and culture (Weston et al., 2020). It is essential to ensure that no individual suffers due to such inequalities. The social change aligns with the prevalent desire in society to foster inclusiveness and reduce health inequities.

Moreover, as patients become increasingly proactive in managing their own healthcare, the impact of the findings of the project may extend beyond individuals to influence their families and society. Empowering patients through effective education and encouraging their active involvement in decision-making can lead to the development of a health literacy culture (Riemann et al., 2021). This, in turn, enables people to better protect their own health and well-being. The ultimate outcome is a more engaged and health-aware society, which alleviates the burden placed on the healthcare system. As a result, by critically examining the effectiveness of nursing education and its impact on patient outcomes, the DNP project strives to contribute to positive social change. Its findings have the potential to transform the healthcare landscape and promote a more equitable and patient-centered approach to healthcare delivery.

### **Recommendations**

To address the practice gap related to patient education and health literacy, a patient empowerment and health literacy toolkit should be created (Kaper et al., 2021). The toolkit will serve as an educational resource for both healthcare providers and

patients, emphasizing the reflective teach-back method. It will include patient-centered educational materials, handouts for healthcare providers, and an educational plan for trainees. Additionally, the toolkit will incorporate improved HCAHPS scores as a measure of successful patient education efforts. The toolkit will feature learning materials, instructions, and assessment tools, along with a secondary product guide on integrating the toolkit into existing healthcare systems seamlessly.

To boost community trust and confidence in healthcare systems, a community engagement program is recommended (Haldane et al., 2019). A community engagement program that works towards enhancing healthcare communication and care transitions at the community level. It will include hosting community outreach events, building connections with local organizations and clinics, educating healthcare providers on teach-back, and presenting success stories that reflect quality healthcare encounters. The focus of the program will be the use of improved communication HCAHPS scores as an indicator of public trust in healthcare systems. The programs will show requirements and resources that educate the community on the teach-back method and importance of effective communication through planning outreach events, collaboration templates to local organizations, communication success stories, and measurement tools. Also, a training module for healthcare professionals will be delivered, concentrating on successful community involvement policies, and educating providers on health literacy and teach-back method for improvement of communication with patients.

The organizational and systemic levels are dealt with in such a way that an integrated continuing nurse education and quality improvement program is recommended

to be implemented within healthcare organizations (Gartner et al., 2022). The program would be focused on the nursing staff itself, trying to improve their communication skills and teaching practices. The curriculum would be standardized, involving major components revealed in the results, like the significance of communication abilities and patient education. Assessment instruments will be part of the evaluation of the nurse competence, and long-term support systems like mentorship programs and resource libraries will be set up. The programs will detail the curriculum, assessment instruments, and support structures. Further, a secondary product in the form of a performance assessment model for health will also be delivered summarizing indicators for nurse education and patient outcomes, enabling an ongoing quality improvement and organization innovation based on program success.

### **Contribution of the Doctoral Project Team**

The doctoral project team was an instrumental participant in the project producing the critical recommendations. The collaborative process was a synergistic effort of all team members, each contributing with their expertise. Responsibilities were allocated according to each participant's role, with one providing the data, myself providing the literature review and synthesis of the data to evaluate the effectiveness of Ask3/Teach 3 and standardization tool of nursing education. The team members actively participate in reviewing and synthesizing research findings, interpreting the implications and linking them to nursing practice. The mirror teach-back approach, community outreach strategies and integrated nurse education scheme emanated from team ideation and iteration. Beyond the DNP doctoral project, the recommendations are intended to have

an ongoing impact. The team anticipates dissemination of the findings through scholarly publications, conferences presentations, and collaboration with other nursing units internally and externally of the organization for implementation. The sustainability component will require development of training modules to be used in learning management systems for healthcare providers to perpetuate incorporation of the developed tools and methodologies. The collaborative environment nurtured among the project team paves the way for continued collaboration leaving a tradition of improvement in health practices beyond the completion of the doctoral project.

### **Strengths and Limitations of the Project**

#### **Strengths**

The doctoral project has several strengths. Firstly, as far as nurse education goes it advocates the Ask 3/Teach 3 teach-back method. In classroom study this approach can fill an important gap in practice; a crucial one is communication about medications. The use of HCAHPS scores for a primary outcome measure provides a standardized metric to evaluate its impact on patient satisfaction. Secondly, the diverse digital libraries for literature review mean that the evidence base is more comprehensive. Moreover, the project pays particular attention to issues related to hospital and demographic characteristics at that specific time. This ensures relevance for the application of findings in targeting this healthcare setting. Thirdly, the analytical strategy with both pre-and post-intervention HCAHPS scores provides a more refined grasp of nurse competency related to medication communication. Moreover, the introduction of nurse education guidelines

and integration protocols as well as a continuous quality improvement framework provides concrete remedies for closing that practice gap.

### **Limitations**

A key limitation is the competing priorities with other hospital policies and quality improvement projects. Also, while quantitative data matter, they might overshadow valuable qualitative insights that could provide a deeper understanding of patient experiences. The project may not consider how socioeconomic factors influence patient communication and satisfaction, making it challenging to apply the findings broadly. Furthermore, HCAHPS data presents limitations, including sample bias by not capture the experience of all patients and response rate variability across different patient demographics.

In healthcare settings, a common challenge arises in bridging the gap between evidenced-based practice and practical application. The challenge is notably evident in nursing education, particularly in strategies like the teach-back method, which accentuates the difficulties faced when trying to operationalize knowledge within the everyday demands of clinical practice. The implementation of Evidence-Based Practice (EBP) represents a multifaceted process that requires not only behavioral shifts among healthcare professionals but also systemic transformations within the healthcare environment (Duncombe, 2018). While existing research, including Duncombe (2018), indicates that nurses generally exhibit positive attitudes towards EBP and acknowledge its benefits, the actual integration of EBP into practice remains limited. Nurses may encounter obstacles in dedicating sufficient time to fully comprehend educational



materials and actively participate in teach-back sessions, despite their recognition of the significance of these activities.

### **Recommendations for Future Projects**

Future DNP projects focusing on assessing the effectiveness of nursing medication education and its impact on HCAHPS scores should consider incorporating multiple influencing factors for a comprehensive evaluation. To gain a more holistic understanding of the patient experience, it is essential to account for factors such as the work environment and resource availability, which could pose challenges to nurse education initiatives (Aoki et al., 2020). Additionally, exploring the socio-economic and cultural influences on medication communication can provide a more nuanced perspective on the outcomes. Enhancing the generalizability of findings can be achieved through the implementation of a multi-site design across various healthcare settings. Collaboration with multiple healthcare organizations is recommended to gain a broader insight into the effectiveness of nurse education efforts, including adding academic institutions (Stenkamer et al., 2020). Furthermore, future projects could extend their focus beyond patients' hospital stays to assess the long-term impact of improved communication on patients' health and well-being.

## Section 5: Dissemination Plan

The dissemination plan is a multifaceted strategy that entails disseminating knowledge within the organization and beyond to other organizations through participation in conferences, publications, and online media. To effectively disseminate nursing education regarding the Ask 3/Teach 3 teach-back method and Common M8W Meds tool at the organizational level, several steps will be taken. First, a report discussing the project and outcomes will be sent to the executive department of the organization, which consists of hospital administrators and nursing leadership. Demonstration of outcomes will help them know how well this intervention to educate nurses contributed to health policies determining the nature of future decisions and budgeting for implementation. Second, a presentation will be created for project stakeholders such as nurses who were part of the intervention and share with them results of the project in detail. Afterward, a summary of project outcomes will be uploaded on the organization's intranet, or results will be distributed via newsletters to keep all staff members aware of the project.

In addition, I will submit abstracts that are suitable for podium or poster presentations at regional and national nurse conferences, which will contribute information to a broader community of nurses. A proposal paper will be submitted for consideration for publication in a peer-reviewed journal. I will ensure that information reaches the right audience to initiate other improvements involving educating nurses and quality of patient care. By following these steps, dissemination of nursing education

regarding the Ask 3/Teach 3 teach back method and Common M8W Meds tool can be effectively executed at the organizational level.

To effectively disseminate the project to the broader nursing profession, various strategies can be implemented. First, participating in local, national, and international nursing conferences would lead to opportunities to present project findings to educators, researchers, and practitioners. Podium and poster presentations would allow for answering questions and receiving feedback from audiences. Additionally, submitting articles to peer-reviewed nursing journals would enable wider access to and debate regarding the project and its implications for everyday practice.

Collaborating with professional nursing organizations and associations is another effective strategy. By sharing project results through webinars, workshops, and joint work, broad dissemination of project outcomes can be achieved. This project can also be promoted on nursing forums, social media groups, and professional blogs. This would lead to a wider audience and encourage discussion among nurses the project findings and their practical implications.

Collaboration with nursing schools and educational organizations is essential for incorporating project conclusions into curricula. Ensuring that future nurses are educated regarding the importance of effective communication in patient care is important during the early stages in their nursing education (Niemeyer et al., 2018). Moreover, extending dissemination efforts beyond nursing such as collaborating with healthcare providers and pharmacists would enhance interdisciplinary collaboration and improve medication communication across different healthcare settings (Stenkamer et al., 2020). Project

findings highlights their vital roles in terms of medication education. By implementing these strategies, the project can be broadened within the nursing profession. Furthermore, facilitating discussions and promoting integration of effective communication practices into nursing education and patient care would be achieved.

### **Analysis of Self**

#### **Practitioner**

The project has been a valuable learning experience in terms of enhancing my communication skills and problem-solving abilities within the healthcare setting. I have gained insights regarding employing innovative technological solutions, such as standardizing communication channels and information exchange, to address various challenges effectively. Engaging in direct patient care has underscored the critical importance of clear and effective communication while ensuring patient safety and delivering high-quality care within healthcare environments. The project has enriched my understanding of the impact of communication on patient outcomes and care quality.

#### **Scholar**

In my role as a scholar, the DNP project has deepened my appreciation for EBP, research, and evaluation methodologies. Interacting with peers and faculty members who were passionate about scholarly inquiry has broadened my perspectives regarding nursing research, motivating me to pursue more active roles in advancing nursing knowledge.

#### **Project Manager**

As a project manager, I have been challenged to navigate operational aspects of project development, working collaboratively with interdepartmental teams, managing

timelines, and addressing unforeseen obstacles. These experiences have been important in cultivating my adaptability, communication skills, and leadership abilities, underscoring the value of teamwork in terms of achieving common project goals. Building on skills and lessons that were learned from my project management experiences, I am now prepared to extend the DNP project beyond the inpatient nursing community through strategic dissemination and proactive engagement with diverse stakeholders.

Moving forward, I aim to extend the DNP project beyond the nursing community by disseminating findings through academic presentations, peer-reviewed publications, and engagement with professional organizations. I am hoping that the project's reach can be amplified. I aim to develop effective communication practices that are implemented in nursing education while providing care to patients. Through networking with stakeholders and creating opportunities for dialogue, I will attempt to be a leader in terms of medication communication who focuses on creating standards of excellence. This will lead to tangible improvements in patients' lives across different healthcare settings.

Due to my personal background as the first in my family to pursue higher education and extensive experience in various nursing roles, including as clinical nurse, nurse educator, and nursing director, I am deeply committed to improving patient care through education and performance improvement initiatives. With a focus on patient education, QI, and staff development programs, I seek to improve patient and nurse education and drive positive changes in terms of individual and community healthcare outcomes. Pursuing a DNP degree has equipped me with essential competencies to excel as a practitioner, scholar, and project manager.

Looking ahead, I aspire to leverage my leadership experiences to advance nursing education and practice by serving as a professional development specialist or nurse executive. Through a commitment to EBP, clinical scholarship, and continuous learning, I am prepared to contribute meaningfully to healthcare leadership roles and drive positive changes in terms of patient-centered care and workforce wellbeing.

### **Summary**

This doctoral project includes information about how nurse education affects communication about medications and patient satisfaction. The project has shown evidence-based strategies are central to better healthcare outcomes. As a project manager, solving problems through foresight and interdisciplinary cooperation has been important. Project findings have an impact on individuals, communities, organizations, and systems. Findings suggest the power of nurse education to transform patient experience. Education for nurses can play a key role in solving communication problems, increasing patient satisfaction with care, and achieving other positive changes within health systems.

## References

- American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*.  
[https://urldefense.com/v3/https://www.aacnursing.org/Portals/42/Publications/DNPEssentials.pdf ;!!FU02DRQNJg!\\_EspyR6TyyZQFRVSiAQpKYFCsrCP4ylreFT6nGbMIYPEzdO5jdZeuoUH7eFQ6FpIKLwCD9dz4H5fgKODs0sn\\$](https://urldefense.com/v3/https://www.aacnursing.org/Portals/42/Publications/DNPEssentials.pdf)
- Agarwal, S., Sripad, P., Johnson, C., Kirk, K., Bellows, B., Ana, J., & Warren, C. E. (2019). A conceptual framework for measuring community health workforce performance within primary health care systems. *Human Resources for Health, 17*(1), 1-20.
- Aoki, T., Yamamoto, Y., & Nakata, T. (2020). Translation, adaptation, and validation of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) for use in Japan: A multicentre cross-sectional study. *BMJ Open, 10*(11), e040240. <https://doi.org/10.2215/CJN.10121013>
- Alexander, C. C., Tschannen, D., Hays, D., Clouse, M., Zellefrow, C., Amer, K. S., & Milner, K. A. (2022). An integrative review of the barriers and facilitators to nurse engagement in quality improvement in the clinical practice setting. *Journal of Nursing Care Quality, 37*(1), 94-100.
- Alghamdi, A. A., Keers, R. N., Sutherland, A., & Ashcroft, D. M. (2019). Prevalence and nature of medication errors and preventable adverse drug events in pediatric and neonatal intensive care settings: A systematic review. *Drug Safety, 42*(12), 1423-1436. <https://link.springer.com/article/10.1007/s40264-019-00856-9>

- Barilaro, A., Conidi, A., Ligarò, S., Licata, F., Marinaro, M. A., Ventura, S., & Spagnuolo, R. (2019). Nursing communication as a tool for patient satisfaction. A single hospital survey. *Open Nursing Journal*, 13(1).  
<https://doi.org/10.2174/1874434601913010220>
- Becker, Zumbrunn, S., Beck, K., Vincent, A., Loretz, N., Müller, J., Amacher, S. A., Schaefer, R., & Hunziker, S. (2021). Interventions to improve communication at hospital discharge and rates of readmission: A systematic review and meta-analysis. *JAMA Network Open*, 4(8), e2119346–e2119346.  
<https://doi.org/10.1001/jamanetworkopen.2021.19346>
- Braverman, A. M., Kunkel, E. J., Katz, L., Katona, A., Heavens, T., Miller, A., & Arfaa, J. J. (2015). Do I buy it? How AIDET™ training changes residents' values about patient care. *Journal of Patient Experience*, 2(1), 13-20.  
<https://doi.org/10.1177/237437431500200104>
- Brueck, M., & Salib, A. M. (2017). Strategies for acing the fundamentals and mitigating legal and ethical consequences of poor physician-patient communication. *AMA Journal of Ethics*, 19(3), 289–295. <https://journalofethics.ama-assn.org/article/strategies-acing-fundamentals-and-mitigating-legal-and-ethical-consequences-poor-physician-patient/2017-03>
- Burgener, A. M. (2020). Enhancing communication to improve patient safety and to increase patient satisfaction. *Health Care Manager*, 39(3), 128–132.  
<https://doi.org/10.1097/hcm.0000000000000298>



- Centers for Medicare & Medicaid Services. (YEAR?). HCAHPS: Patients' perspectives of care survey. 2020. [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospital\\_QualityInits/Hospital\\_HCAHPS.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospital_QualityInits/Hospital_HCAHPS.html)
- Centrella-Nigro, A. M., & Alexander, C. (2017). Using the teach-back Method in patient education to improve patient satisfaction. *Journal of Continuing Education in Nursing, 48*(1), 47–52. <https://doi.org/10.3928/00220124-20170110-10>
- Crowe, S., Ewart, L., & Derman, S. (2018). The impact of simulation-based education on nursing confidence, knowledge, and patient outcomes in general medicine units. *Nurse Education in Practice, 29*, 70-75. <https://doi.org/10.1016/j.nepr.2017.11.017>
- Da Silva, B. A., & Krishnamurthy, M. (2016). The alarming reality of medication error: A patient case and review of Pennsylvania and National data. *Journal of Community Hospital Internal Medicine Perspectives, 6*(4), 31758. <https://doi.org/10.3402/chimp.v6.31758>
- Davidson, Shaffer, J., Ye, S., Falzon, L., Emeruwa, I. O., Sundquist, K., Inneh, I. A., Mascitelli, S. L., Manzano, W. M., Vawdrey, D. K., & Ting, H. H. (2017). Interventions to improve hospital patient satisfaction with healthcare providers and systems: A systematic review. *BMJ Quality & Safety, 26*(7), 596–606. <https://doi.org/10.1136/bmjqs-2015-004758>
- Duncombe, D. C. (2018). A multi-institutional study of the perceived barriers and facilitators to implementing evidence-based practice. *Journal of Clinical Nursing, 27*(5-6), 1216–1226. <https://doi.org/10.1111/jocn.14168>

- Frerichs, L., Kim, M., Dave, G., Cheney, A., Hassmiller Lich, K., Jones, J., Young, T. L., Cene, C. W., Varma, D. S., Schaal, J., Black, A., Striley, C. W., Vassar, S., Sullivan, G., Cottler, L. B., Brown, A., Burke, J. G., & Corbie-Smith, G. (2017). Stakeholder perspectives on creating and maintaining trust in community-academic research partnerships. *Health Education & Behavior*, 44(1), 182–191. <https://doi.org/10.1177/1090198116648291>
- Gartner, J. B., Abasse, K. S., Bergeron, F., Landa, P., Lemaire, C., & Côté, A. (2022). Definition and conceptualization of the patient-centered care pathway, a proposed integrative framework for consensus: a concept analysis and systematic review. *BMC Health Services Research*, 22(1), 1-24.
- Gillam, S. W., Gillam, A. R., Casler, T. L., & Curcio, K. (2016). Education for medications and side effects: A two-part mechanism for improving the patient experience. *Applied Nursing Research*, 31, 72-78. <https://doi.org/10.1016/j.apnr.2015.11.017>
- Haldane, V., Chuah, F. L., Srivastava, A., Singh, S. R., Koh, G. C., Seng, C. K., & Legido-Quigley, H. (2019). Community participation in health services development, implementation, and evaluation: A systematic review of empowerment, health, community, and process outcomes. *PloS one*, 14(5), e0216112.
- Hamilton, S., Jennings, A., & Forster, A. J. (2020). Development and evaluation of a quality improvement framework for healthcare. *International Journal for Quality in Health Care*, 32(7), 456-463. <https://doi.org/10.1093/intqhc/mzaa075>

- Jones, T. R., & Coke, L. (2016). Impact of standardized new medication education program on post-discharge patients' knowledge and satisfaction. *JONA: The Journal of Nursing Administration, 46*(10), 535-540.  
<https://doi.org/10.1097/nna.0000000000000398>
- Kaper, M. S., Sixsmith, J., Reijneveld, S. A., & de Winter, A. F. (2021). Outcomes and critical factors for successful implementation of organizational health literacy interventions: a scoping review. *International Journal of Environmental Research and Public Health, 18*(22), 11906.
- Kitson, N. A., Price, M., Lau, F. Y., & Showler, G. (2013). Developing a medication communication framework across continuums of care using the Circle of Care Modeling approach. *BMC Health Services Research, 13*(1), 1-10.  
<https://doi.org/10.1186/1472-6963-13-418>
- MacDowell, P., Cabri, A., & Davis, M. (2021, March 12). *Medication administration errors*. PSNet. Retrieved October 9, 2021, from  
<https://psnet.ahrq.gov/primer/medication-administration-errors>
- Mackey, A., & Bassendowski, S. (2017). The history of evidence-based practice in nursing education and practice. *Journal of Professional Nursing, 33*(1), 51-55.  
<https://doi.org/10.1016/j.profnurs.2016.05.009>
- Mazurenko, O., Collum, T., Ferdinand, A., & Menachemi, N. (2017). Predictors of hospital patient satisfaction as measured by HCAHPS: a systematic review. *Journal of Healthcare Management, 62*(4), 272-283.  
<https://doi.org/10.1097/JHM-D-15-00050>

- Melnyk, B. M., & Fineout-Overholt, E. (2014). *Evidence-based practice in nursing & healthcare*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Nanji, K. C., Patel, A., Shaikh, S., Seger, D. L., & Bates, D. W. (2016). Evaluation of perioperative medication errors and adverse drug events. *Anesthesiology*, *124*(1), 25-34. <https://doi.org/10.1097/ALN.0000000000000904>
- Niemeyer, M. (2018). Effective patient safety education for novice RNs: A systematic review. *J Nurs Educ Pract*, *8*(3), 103-115.
- Nickles, D., Dolansky, M., Marek, J., & Burke, K. (2020). Nursing students' use of teach-back to improve patients' knowledge and satisfaction: A quality improvement project. *Journal of Professional Nursing*, *36*(2), 70-76. <https://doi.org/10.1016/j.profnurs.2019.08.005>
- Ozavci, G., Bucknall, T., Woodward-Kron, R., Hughes, C., Jorm, C., Joseph, K., & Manias, E. (2021). A systematic review of older patients' experiences and perceptions of communication about managing medication across care transitions. *Research in Social and Administrative Pharmacy*, *17*(2), 273-291. <https://doi.org/10.1016/j.sapharm.2020.03.023>
- Pugh, J., Penney, L. S., Noël, P. H., Neller, S., Mader, M., Finley, E. P., & Leykum, L. (2021). Evidence-based processes to prevent readmissions: more is better, a ten-site observational study. *BMC Health Services Research*, *21*(1), 1-11. <https://doi.org/10.1186/s12913-021-06193-x>
- Register, S. J., Blanchard, E., Belle, A., Viles, A., Moore, S. P., MacLennan, P., & White,

- M. L. (2020). Using AIDET® Education Simulations to Improve Patient Experience Scores. *Clinical Simulation in Nursing*, 38, 14-17.  
<https://doi.org/10.1016/j.ecns.2019.09.005>
- Riemann, L., Lubasch, J. S., Heep, A., & Ansmann, L. (2021). The role of health literacy in health behavior, health service use, health outcomes, and empowerment in pediatric patients with chronic disease: A systematic review. *International Journal of Environmental Research and Public Health*, 18(23), 12464.
- Rognan, S. E., Kälvemark-Sporrong, S., Bengtsson, K. R., Lie, H. B., Andersson, Y., Mowé, M., & Mathiesen, L. (2021). Empowering the patient? Medication communication during hospital discharge: a qualitative study at an internal medicines wards in Norway. *BMJ Open*, 11(6), e044850.  
<https://doi.org/10.1136/bmjopen-2020-044850>
- Ryan-Madonna, M., Levin, R. F., & Lauder, B. (2019). The teach-back method improves caregivers' confidence in caring for hospice patients and decreases hospitalizations. *Journal of Hospice & Palliative Nursing*, 21(1), 61-70.  
<https://doi.org/10.1097/NJH.0000000000000492>
- Schaffer, M. A., Sandau, K. E., & Diedrick, L. (2013). Evidence-based practice models for organizational change: overview and practical applications. *Journal of Advanced Nursing*, 69(5), 1197-1209. <https://doi.org/10.1111/j.1365-2648.2012.06122.x>
- Scott, B., & Thompson, M. (2018). *Transitioning from RN to MSN: Principles of Professional Role Development*. Springer Publishing Company.

- Segon, Segon, Y., Kumar, V., & Kato, H. (2020). A Qualitative Exploration to Understand Hospitalists' Attitude Toward the Patient Experience Scoring System. *Journal of Patient Experience*, 7(6), 1036–1043. <https://doi.org/10.1177/2374373520942418>
- Skaggs, M. K. D., Daniels, J. F., Hodge, A. J., & DeCamp, V. L. (2018). Using the evidence-based practice service nursing bundle to increase patient satisfaction. *Journal of Emergency Nursing*, 44(1), 37-45. <https://doi.org/10.1016/j.jen.2017.10.011>
- Slater, B. A., Huang, Y., & Dalawari, P. (2017). The impact of the teach-back method on retention of key domains of emergency department discharge instructions. *The Journal of Emergency Medicine*, 53(5), e59-e65. <https://doi.org/10.1016/j.jemermed.2017.06.032>
- Steenkamer, B., Drewes, H., Putters, K., van Oers, H., & Baan, C. (2020). Reorganizing and integrating public health, health care, social care, and wider public services: a theory-based framework for collaborative adaptive health networks to achieve the triple aim. *Journal of Health Services Research & Policy*, 25(3), 187-201.
- Stephan, U., Patterson, M., Kelly, C., & Mair, J. (2016). Organizations driving positive social change: A review and an integrative framework of change processes. *Journal of Management*, 42(5), 1250-1281. <https://doi.org/10.1177/0149206316633268>
- Tevis, S. E., Schmocker, R. K., & Kennedy, G. D. (2014). Can patients reliably identify

safe, high quality care? *Journal of Hospital Administration*, 3(5), 150.


doi:10.5430/jha.v3n5p150

Yen, P. H., & Leasure, A. R. (2019). Use and Effectiveness of the Teach-Back Method in Patient Education and Health Outcomes. *Federal practitioner: for the health care professionals of the VA, DoD, and PHS*, 36(6), 284–289.

VCU Medical Center. (n.d.). Mission and vision. <https://www.vcuhealth.org/about-us/mission-and-vision>

Weston, M. J., Pham, B. H., & Zuckerman, D. (2020). Building Community Well-being by Leveraging the Economic Impact of Health Systems. *Nursing administration quarterly*, 44(3), 215–220. <https://doi.org/10.1097/NAQ.0000000000000425>

## Appendix A: Common M8W Meds



	What it's for?	How It's Given	Side Effects	Notify your PCP if you Notice:
<b>Anticoagulants (Blood Thinners)</b> Heparin      Enoxaparin (Lovenox) Aspirin      Apixaban (Eliquis)	To prevent blood clots.	· By injection in a fatty area (ex. abdomen)	· Bruising · Itchiness at injection site	· Abnormal bleeding, such as blood in your stool or urine.
<b>Stool Softeners/Laxatives</b> Miralax      Docusate Senna      Bisacodyl	To prevent constipation.	· By mouth as a pill, capsule, or powder. · Suppository	· Stomach cramping · Loose stools	· That you feel dehydrated (dry mouth, dark urine, very thirsty).
<b>Anti-Nausea/Vomiting Medications</b> Ondansetron (Zofran) Prochlorperazine (Compazine)	To prevent or relieve nausea and vomiting.	· By mouth as a pill or dissolvable tab. · Through your IV.	· Drowsiness · Lightheadedness	· Any changes to your heart rate.
<b>Blood Pressure/Heart Medications</b> Amlodipine      Carvedilol (Coreg) Metoprolol	To control blood pressure and/or heart rate.	· By mouth as a pill or tablet.	· Dizziness · Slower heart rate	· If you're so dizzy you've had a fall. · If you've fainted.
<b>Diuretics (Water Pills)</b> Spironolactone Furosemide (Lasix)	To help remove extra fluid from your body.	· By mouth as a pill. · Through your IV.	· Frequent urination · Dizziness · Dehydration · Muscle cramps	· If you're so dizzy you've had a fall. · If you've fainted. · If you notice any confusion.
<b>Vitamins/Electrolytes</b> Thiamine      Neutra-phos Ferrous sulfate      Magnesium Potassium      Folic acid	To replenish low levels of necessary electrolytes.	· By mouth as a pill. · Through your IV.	· Constipation · Nausea/Indigestion · Dark-colored stool · Burning at IV site	· Muscle cramping or twitching. · Changes to your heart rate · Just feeling "off" (Vitamins are important for many different body functions.)
<b>Proton Pump Inhibitors (PPI)</b> Pantoprazole (Protonix)	To relieve heartburn and gastric reflux.	· By mouth as a pill. · Through your IV.	· Headache · Diarrhea · Stomach pain	N/A
<b>Additional Meds:</b>				