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Shawna Blix  
_Providence St. Vincent Medical Center_, shawna.blix@providence.org

Jennifer Hof  
_Providence St. Vincent Medical Center_

Cheri Lebrun  
_Providence St. Vincent Medical Center_, cheryl.lebrun@providence.org

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Pictorial Information Leaflets (PILs) in Conjunction with Verbal & Written Home Care Medication Instruction

Shawna Blix, BSN, Jennifer Hof, RN, CAPA, Cheri Lebrun, BSN, RNC-MNN
Providence St. Vincent Medical Center, Portland, Oregon

Purpose and PICOT Question

Patient understanding of discharge medication instruction is problematic with current education tools. Pharmacist consultation, medication lists, and review of medications by nursing staff have individualized benefit, but data shows patients still continue to struggle with new medication comprehension once discharged from the hospital.

In post-partum women does discharge medication review compared to discharge medication review with addition of Pictorial Information Leaflets (PILs) increase the likelihood of patient understanding of discharge medications as assessed 5-7 days after discharge?

Background

Literature reviews show despite what healthcare providers feel may be an effective method of teaching, once patients are home, their understanding of how to take newly prescribed medications is relatively low. "Healthcare professionals have their own culture and language. Steeped in the culture and language of medicine as a result of training can affect how health professionals communicate with the public" (USDHS).

Baseline Assessment

Twenty-five Mother Baby Unit patients were called 5-7 days after discharge to assess their understanding of new medications prescribed for home use. Regardless of how they obtained their medication (Concierge Service at PSVMC or community pharmacy), all patients should have received pharmacist consultation. When asked general questions (i.e.: Do you understand the side effects of this medication?) 6 out of 25 (24%) could not answer "yes". When assessment questions were narrowed to be more specific (i.e.: Can you name one side effect of this medication?) 6 out of 25 (24%) could not. Patients may have received more than one prescription and were questioned about all medications prescribed (pre-intervention patient total = 25; pre-intervention prescriptions evaluated = 36). Patients may have been able to identify specifics for one medication and not another. Out of 32 prescriptions given, 17 patients were not able to identify one side effect (53%). Out of 18 prescriptions for a narcotic, 15 patients were able to identify a side effect (83%). Sixteen patients were prescribed Colace and iron. Only two of those patients could name one side effect (53%). Out of 18 prescriptions for a narcotic, 15 patients were not able to identify specifics for one medication and not another. Out of 32 prescriptions for a narcotic, 15 patients were able to identify one side effect of this medication?) all patients answered "yes". When assessment continued to ask general questions (i.e.: Do you understand the side effects of this medication?) 6 out of 25 (24%) could not answer "yes". When assessment questions were narrowed to be more specific (i.e.: Can you name one side effect of this medication?) 6 out of 25 (24%) could not. Patients may have received more than one prescription and were questioned about all medications prescribed (pre-intervention patient total = 25; pre-intervention prescriptions evaluated = 36). Patients may have been able to identify specifics for one medication and not another. Out of 32 prescriptions given, 17 patients were not able to identify one side effect (53%). Out of 18 prescriptions for a narcotic, 15 patients were able to identify a side effect (83%). Sixteen patients were prescribed Colace and iron. Only two of those patients could name one side effect of those medications (12.5%).

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Intervention

In addition to pharmacist information and RN review of medications at discharge, patients were given Pictorial Information Leaflets (PILs) for their specific medication(s) by their discharge nurse. The PILs were created utilizing health literacy guidelines, which aim to use simple language and terms. Patients must be able to find what they need in a written document and understand what is being conveyed so they can implement that information. PILs show, in picture format, the name of the medication, how often it should be taken, what the medication is for, possible side effects and specific dosing strategies (i.e.: take with a full glass of water, take on an empty stomach). Additionally, the time the patient took the last dose of the medication was written on the PIL by nursing staff. Timing lines were provided so that the patient could write the time the next dose is due to help keep track of medication administration. PILs were created for 6 of the most commonly prescribed medications and were available in English and Spanish.

As post-intervention calls were made, it became clear that isolating information was extremely important in successful administration at home. Numerous respondents mentioned the large volume of papers given to them at discharge was a dissatisfier. Having separate, to-the-point, and easily referenced information to help with their immediate home care was appreciated. Shortly after the trial began, as nurses received positive feedback from patients about the PILs, their perceptions toward this intervention was more positive than at the beginning of the project.

Results

Overall, patients appreciated the PIL timing lines so they, and other family members, could help with medication administration. Twelve respondents (48%) specifically mentioned the timing slots as very helpful in tracking their medication administration. Having the PILs separate from the large volume of papers they received at discharge was reported as beneficial by six patients (24%). Six post intervention respondents (24%) stated using PILs to identify of dose timing, side effects, and whether or not to take the medication with food was quite helpful. Four visual learners (16%) appreciated the graphics.

Specific quotes from respondents:

"I'm much more able to understand how to take the medication."

"I liked the [PIL] because it was separate from the other 10 pages of information I received."

"I like the timing lines. I'm very busy taking care of a new baby!"

"If my husband sees a blank line, he can ask me if I've taken my medication."

Conclusion and Next Steps

Setting patients up for successful medication administration at home includes easily-identified, focused, and visually engaging information at discharge. While healthcare providers may think they are doing an adequate job of educating their patients regarding home care medications, there is clearly room for improvement. Our data supports that medication information combined with PILs does improve patient understanding of discharge medications.

Using various tools in that education (i.e. visual cues, separation of information, and auditory instructions) may improve patient understanding of how to care for themselves at home. Utilizing health literacy tools such as those used on the PILs will also help improve patient outcomes.

We would suggest further evaluation of PILs with different medications is warranted to see if improvement is universal.

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<tr>
<th>Questions Asked of Participants</th>
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<tbody>
<tr>
<td>Pre-intervention</td>
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<td>Reliability of source</td>
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