



# Effect of Ask3Teach3 on Patient Satisfaction on Medication Communication

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Accepted for publication on November 22, 2021

<https://doi.org/10.13178/jnparr.2022.12.01.1208>

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## Funding

The authors did not receive any grant or financial assistance from any funding agency in the public, commercial, or not-for-profit sectors.

## Conflict of Interest

The authors declare that there is no conflict of interest.

## Abstract

**Introduction:** Communication about medication is a vital domain in patient satisfaction and quality of care. A useful health literacy tool, the Ask3Teach3 approach can increase the patient's understanding of medication using a standardized script to teach three main components of the new medication and patients are to respond to three relevant questions.

**Objective:** The purpose of the study was to examine if the implementation of the Ask3Teach3 approach improved patient satisfaction related to medication communication.

**Methods:** Using a pre- and post-study design, the Ask3Teach3 approach was employed by twenty-one staff nurses to oncology unit patients receiving new medication during their hospital stay. Patient satisfaction with the healthcare experience including communication about medication was measured by Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores. Eleven survey results were compared before and after implementation of Ask3Teach3 to determine the effect of the intervention on patient satisfaction on communication on medication.

**Results:** Patient satisfaction overall scores on medication communication increased by 37.5% from 62.5% to 100% after implementing the Ask3Teach3 approach.

**Conclusions:** The project shows a potential benefit of Ask3Teach3 in improving patient satisfaction on medication communication among oncology patients. It is suggested that having the Ask3Teach3 approach structured and consistent with multiple reinforcement was supportive of quality of care and knowing that patients understood their medication gave mutual satisfaction to both patients and nurses.

**Keywords:** *HCAHPS, Ask3Teach3, patient satisfaction, medication communication*

### Background

Improving quality of care has been an ongoing subject of healthcare systems with regards to patient experience. Patient experience has become the prime focus of quality improvement in the face of rising healthcare costs and concerns on quality and patient safety (Stimfel et al., 2016). In 2002, the Agency for Healthcare Research and Quality (AHRQ) developed the Hospital Consumers Assessment of Health Providers and Systems (HCAHPS) in collaboration with the Centers for Medicare & Medicaid Services (CMS). Designed as a patient satisfaction tool, it reflects the patient's perception of care quality received at healthcare facilities across the country. The scores are used to compare hospitals using various metrics and alert healthcare facilities of their performance as it relates to patient engagement and patient satisfaction. The CMS reimbursement method has also been changed to a value-based purchasing program based on the HCAHPS patient experience domain score (Khan et al., 2015; Price, 2021). This makes the HCAHPS survey score a significant variable in the fiscal year of the healthcare organization.

Patient experience is a commonly accepted core indicator of a healthcare system's quality (Luxford & Sutton, 2014). Hospital organizations increasingly monitor patient experience to evaluate and improve care quality (Kieft et al., 2014). One of the patient experience domains in HCAHPS survey is communication on new medication. Medication education affects patients' satisfaction (Sze et al. 2020). Strategies to increase patient engagement in understanding medication communication are invaluable in improving patient experience and outcomes. Gillam et al. (2016) stated that it is the nurses' responsibility to provide patient education on medications and their side effects. The American Nurses Association identified patient satisfaction on educational information as a quality indicator that captures care (Neil, 2015).

The enhancement of patient education through effective communication can improve the quality of care and the safety of the patients. Patient education is a critical element of patient care, while inadequate patient education is detrimental to patient safety. Poor communication regarding medication management may result in patients not adhering to their medication (Linn et al., 2016) leading to poor health outcomes (Taani et al., 2020). Safety issues may arise from insufficient medication information, resulting in patients' inability to manage or prevent adverse effects, and likely non-compliance which leads to a longer length of hospital stay or preventable readmission. According to Hume and Tomsik (2014), effective patient education strategies to ensure the clear understanding of medication play a crucial role in reducing readmission rates, affecting the hospital's Medicare reimbursement. The gap in nurse-patient communication on medication can influence patient safety and qual-

ity of care. When patients are discharged with prescribed medication, they are expected to adhere to the discharge care plan. The other effect of inadequate patient education was a higher readmission rate leading to additional hospital costs. Edgar (2016) reported increased hospital readmission rates and jeopardized patient safety when discharge education with written instructions were not adequately provided to the patients. Ruiz et al. (2008) work, as cited in Anderegg et al. (2014) noted that 4.5% of all-cause readmissions were related to adverse drug reactions.

Nurses need to understand different modalities in enhancing patient's perception of communication regarding new medication. In their research, Jones and Coke (2016) expressed that multiple interventions were essential for a successful medication education program. The comprehensive educational program included the following: a training module and teach-back competency assessment of nurses, new medication alerts in the electronic medical record, medication sheets for patients, rounds, phone calls after patient discharge, teach-back technique during bedside shift reporting and the use of patient communication board to reflect the teaching. The patient's combined experience during the bedside report and the communication board's visual reminder on the new medication was part of this evidence-based multi-component program. When HCAHPS was used to evaluate patients' knowledge of medication and satisfaction after the intervention, it revealed a 4% increase on domain composite scores. A similar approach of multi-intervention described by Price (2019) included teach-back technique and preprinted adhesive labels with common adverse reactions of new medications placed on the patient's water pitcher were opportunities to educate patient of the new medication. Other studies focused on the value of medication information sheets as a communication tool to the patients. According to Ingles and Rosillo (2015), consistency was relevant in educating patients on medication purpose and potential side-effects. The study led to the development of easy-to-understand printed hand-outs with the elements of generic and brand names, medication purpose, and top five potential side-effects to help discuss the medication information. A quality improvement study by Garlapow and Pagan (2016) resulted in an evidence-based, two-page pamphlet, *Indication and Common Side Effects of the Most Used Medications*, designed to address the two HCAHPS survey questions on medication domain. The pamphlet has information on the medication name, purpose, and potential side effects which was provided to patients upon admission. Garlapow and Pagan (2016) stated that nurses used the pamphlet to highlight the specific medications prior to administration of the new drug using the teach-back method's communication strategy. Also, according to Jones and Coke (2016), user-friendly educational material with pictures helped educate patients on their new medication. The same description was also emphasized when side

effect information sheets were developed for nurses to highlight the appropriate medication class while integrating the teach-back method (Gillam et al., 2016). Moreover, Bowen et al. (2017) and Hegeman et al. (2021) noted that providing written educational resources in different languages in patient-friendly format is important in improving medication education.

Nurses assume an educational role in improving patient's understanding of new medication by determining the patient's assimilation of information. Teach-back is a commonly used evidence-based practice in verifying patient comprehension. It also allows for immediate correction on any medication misconception. Nickles et al. (2020) study on a medical-geriatric unit supported teach-back as an effective medication education intervention for improving patient knowledge on the purpose and side effects of current medications. Pagels et al. (2015) in their research expressed teach-back method was used more often compared to another approach, Ask Me 3 when teaching patients about their medication treatment. Participants acknowledged teach-back was effective in reviewing what the patient had learned after the education session. White et al. (2013) also identified teach-back as an effective assessment tool on learned and retained information after educating 276 heart failure patients at a California medical center. The study revealed 75% of patients were successfully able to teach-back the information. Another study conducted by Ahrens and Wirges (2013) has proven teach-back methodology to be successful in reinforcing the learning of medication side effects by patients in a neuro-medical surgical unit. The HCAHPS new medication domain scores specifically on medication side effects increased from 29.7% to 77.3% after implementation. From that same study, Ahrens and Wirges (2013) commented that effective communication was relevant because of its linkage to improved patient satisfaction and health outcomes. Moreover, Khan et al. (2015) and Hay et al. (2019) determined that patients' perceived quality of care was linked with their interpersonal interaction with the healthcare team, which significantly influenced the patients' responses to the HCAHPS survey. The HCAHPS data from the study revealed that respecting, listening to the needs, and explaining things thoroughly to patients strongly affect their satisfaction. Studies repeatedly validated the essential skill of interaction by nurses toward patients in improving patient education.

The role of a nurse as an educator is vital in a patient's understanding of the newly prescribed medication, its purpose, and the potential side effects. The Ask3Teach3 was based on the National Patient Safety Foundation Ask Me 3 to encourage patients to participate in their care. The Ask Me 3 was tailored in a New Zealand inpatient hospital setting was helpful in improving health literacy including medication knowledge (Lam et al., 2019). According to the

study of Grice et al. (2014), this approach was useful as a health literacy tool in increasing medication knowledge of senior population. The Association for Patient Experience (2013) utilized the Ask3Teach3 by using a scripted statement to answer the three questions: what is the name of the medication, what is the purpose of the medication, and what are the potential side effects of the medication. It is a structured program used by the healthcare provider to teach three essential components of the new medication. Every time a new medication is administered to the patient, the nurse will do the Teach3 by using the following script: this medication is (insert the medication name), this medication was prescribed for (insert purpose), and the potential side effects of this medication are (insert side-effects). The nurse will review with the patient the three aspects of the new medication by using the Ask3 scripting. Questions to ask the patient after teaching the patient on the new medication are the name, the purpose, and the potential side-effects of the medication every time the patient receives the new medication. The teach-back is integrated when the nurse asks those three questions every time a new medication is administered. The same concept, the Ask3Teach3 was expressed by Cartwright (2017) as supportive in the improvement in patient's understanding of medication in a medical-surgical telemetry unit. It was also focused on the three essential aspects of the medication the patient needed to know.

The Ask3Teach3 has been successful in increasing HCAHPS medication domain scores. The consistency of interaction with patients and the simplicity of this evidence-based practice in addressing specifically the purpose and side effects of new medication would be an appropriate quality improvement intervention on practice change. However, after conducting literature review, no single answer or intervention was found to improve patient satisfaction. Additional evidence-based approaches were needed when educating patients on new medication. Evidence-based interventions like Ask3Teach3 along with teach-back method, medication information sheet, and bedside reporting were all shown to improve patient satisfaction on new medication communication. The Ask3Teach3 approach enhanced patient education on new medication using the important components of consistent scripting, integrating teach-back, medication information sheet, and reinforcement at bedside reporting. Patient education that was engaging and simplified is an excellent concept towards the improvement of patient experience and understanding of new medication. Hence, this project was initiated using the health literacy tool, Ask3Teach3, to enhance patient education of newly prescribed medications during their hospital stay. The purpose of the study was to improve the HCAHPS satisfaction score on medication education of an Oncology unit by facilitating effective nurse-patient communication regarding new medication using Ask3Teach3.

## Methods

### Setting and Sample

The project was conducted in a 478 bed, acute care teaching hospital, centrally located in New Jersey delivering a wide variety of medical services with specialties in maternity and pediatrics services. The hospital has been recognized with Magnet designation six consecutive times. The Oncology unit has a 24-bed, private rooms. The unit admits adult and geriatric cancer patients, often with other medical conditions. Chemotherapy drugs and pain medications were commonly prescribed medications in the unit. The unit has 20 full-time registered nurses and a total of 39 part-time and per diem staff nurses. Full-time status nurses work 36 hours a week, and nurses with part-time status work 16 hours a week. Nurse to patient ratio is generally 1:6. All patients in the unit receiving new medication during their hospital stay were educated by the nurses utilizing the Ask3Teach3 approach. Patients discharged from the Oncology unit were randomly selected to receive the HCAHPS via mail. The project was approved by the hospital's Institutional Review Board.

### Intervention: Ask3Teach3

The Ask3Teach3 approach entailed a standard script to ensure consistency between nursing staff in conducting the Ask3Teach3 approach. A laminated script copy was attached to the nurse workstation on wheels. Licensed copies of pictograms representing medication side effects were used to enhance nurse-patient communication. The nurse completed the medication information sheet with the name and purpose of the medication obtained from the Micromedex medication database before educating the patient. While presenting the completed informational sheet to the patient, the nurse reviewed the name, purpose, and potential side effects of the medication as the Teach3 part of the Ask3Teach3 approach. The patient was encouraged to participate by completing the Ask3 part of the review process by stating the name, purpose, and potential side effects of the medication when asked by the nurse. The nurse repeated the procedure of the scripting, Ask3Teach3 each time a new medication is administered to the patient and during the bedside reporting in which the patient was asked to complete three statements that correspond to the three questions asked by the outgoing nurse in the presence of the oncoming nurse.

The project intervention was implemented after multiple educational sessions of the Oncology unit nursing staff have been completed. Each session lasted about an hour presenting the Ask3Teach3 with the standardized script as the communication tool for all new medications. A total of twenty-one nurses participated.

### Measures

The HCAHPS survey score was used to measure patient satisfaction of their healthcare experience. The HCAHPS sur-

vey has 32-item questions with a screening item question on communication about medication. The screening item question asks if the patient was given medicine not taken previously during the hospital stay. If it pertains to the patient, the survey recipient will proceed with the two questions specifically related to communication about new medication. The two questions related to the new medication domain is stated as "before giving you any new medicine, how often did hospital staff tell you what the medicine was for and how often did hospital staff describe possible side effects in a way you could understand" (HCAHPS survey, 2018). The HCAHPS medication domain questions are answered on a scale of always, sometimes, usually, and never which the survey participants corresponded based on their hospital experience. Responses of always to the two questions on new medication communication domain were considered as reflection of patient satisfaction (Ahrens & Wings, 2013). The scale response is calculated in percentages and the percent top box score is the highest response possible in the survey scale (Press Ganey, 2018). The descriptive statistics of percentages which the always responses on the communication on medication domain was calculated as the percent top box that was compared on the two months before and two months after implementation of Ask3Teach3.

### Data Analysis

The hospital used a third-party vendor, Press Ganey, to do the randomization of the survey recipients and gathering of the data. The vendor sent out the surveys via mail to patients within a week after discharged and collected responses from discharged patients who were admitted for at least 24 hours. The scores were compiled and were available for review from the hospital's Clinical Education and Nursing Research Coordinator. All data were deidentified and descriptive statistics of percentages were used to summarize HCAHPS scores on medication domain. The composite top box score percentage is the average of the top box percentage of the two specific HCAHPS questions on medication domain and viewed as patient satisfaction scores on communication on medication.

## Results

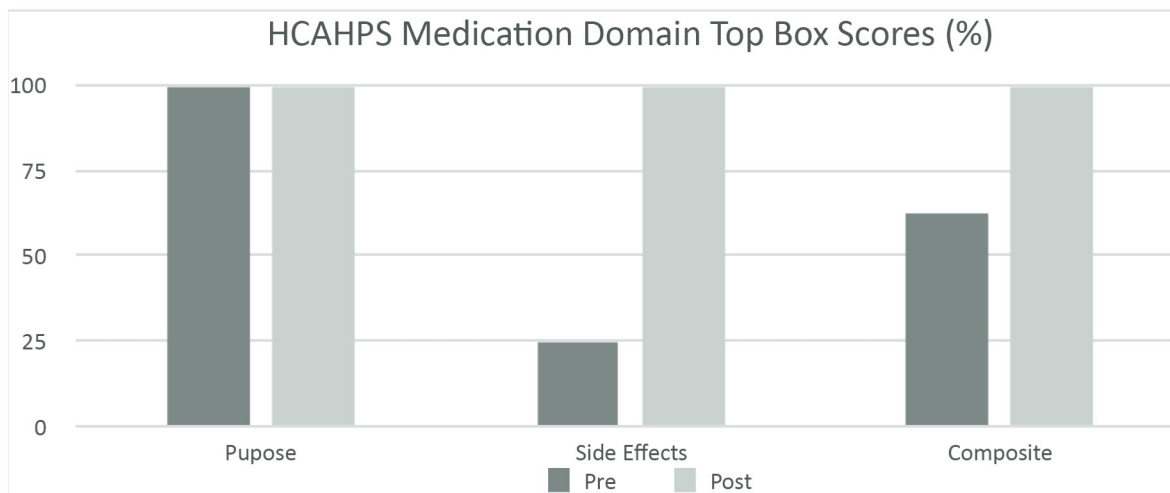
After two months of implementation of the Ask3Teach3 approach on the Oncology unit, the results showed a 37.5% improvement in overall patient satisfaction scores related to HCAHPS medication domain from 62.5% to 100%. More specifically, the side effects top box scores showed a 75% increased from 25% to 100%, post implementation. The purpose top box scores have no difference before and after implementation. See Figure 1.

## Discussion

Nurses expressed favorable verbal feedback regarding Ask3Teach3 due to its simplicity and ease of implementation using a standardized script with only three essential compo-

**Figure 1**

*Comparison of Preintervention and Postintervention HCAHPS Medication Domain Top Box Scores (%)*



nents of medication communication encouraged patients in their care. The elements of structuring and consistency in patient education increased patient's understanding of medication information and patient satisfaction. Despite there were uncontrolled variables such as low census count, days with no new medication administered, and the random selection of HCAHPS recipients to the small unit affecting the sample size, securing a 100% improvement on potential side effects was remarkable.

Patient satisfaction scores increased by 37.5% after implementation was significant however, some elements can be improved. The medication education reinforcement during bedside shift reporting remained unknown. The inclusion of verifying patient's medication knowledge in the bedside reporting could be time-consuming and intimidate patients. Another concern was the short staffing might interfere with the practice change. Nurses were receptive to the change, but the increased patient workload was expressed thus, limited the nurse's time on patient education.

There were also occasions that nurses felt uncomfortable discussing the potential side effects of the medication may scare the patient. Tailoring patient's education may require formal staff education to address learner's behavior. It may also promote nurses to continue completing the three medication essential components: name, purpose, and potential side effects of the medication which will help sustain the practice.

The patient's readiness to medication education may affect the patient's willingness to participate due to altered emotional and mental health state as one nurse had commented. The health condition of the patients served in this unit may receive complex anticancer drugs that may

be physically and emotionally difficult in the context of the patient's health condition. Bowen et al. (2017) cited time and complex medication information as common barriers to patient medication education.

Elements for improvement may include finding pictograms that would best represent common side effects of the medication. The pictograms were enlarged and placed strategically for easy access. However, patients or nurses' perspective were not collected to determine if the images are visually appropriate. In unspecified events, two nurses commented the pictograms assisted in communicating with patients who were speaking in different languages. Selecting the right visual images for a pictogram may enhance patient interest and can be used as a tool to enhance the communication where a language barrier exists. Another suggestion is adding a new medication alert feature in the patient's electronic chart to inform nurses that the patient requires medication education. According to Jones and Coke (2016), nurses save time when new medication alerts were in the patient's electronic health record to identify new medication requiring education.

The frequency of nurse-patient interaction increases the level of patient's understanding of the new medication. A reinforcement through teach-back method, pictograms, and patient's involvement at the bedside shift reporting were supportive of the Ask3Teach3 practice change.

The visual reminder and verification of patient's understanding of medication education during bedside shift reporting were parts of a multi-component medication education program that was successful in increasing patient knowledge of newly prescribed medications (Jones & Coke, 2016). The

Ask3Teach3 approach utilized with the partnership between nurse and patient has proven success in increasing HCAHPS scores on the medication domain.

### Implications for Nursing Practice

Providing medication information in a manner the patient can understand during the hospital stay is critical for promoting safe medication practices. The use of scripting, pictograms, and validating that the patient understood the information are all acceptable means of enhancing patient understanding. The implications of the practice change on nurse-patient communication to improve patient's knowledge of new medication is closing the gap towards the direction of patients becoming informed participants in their care. The patient satisfaction scores improved by 75% with Ask3Teach3 approach on the side effect of an administered medication suggested nurses were giving equal importance on educating patients on both the purpose of the new medication and the potential side effects. Patients were educated to make informed healthcare decisions and be active participant of their care.

The project recommended including the essential medication information such as the purpose and potential side effects in the Rights of Medication Administration before giving medication to every patient. The added information helps the patient better understand the use and effects of medication. The practice of increasing medication knowledge instills safety and patient-centered care as healthcare providers are competent in verifying patient understanding of the medication. A new practice could also transcend into validating patient knowledge on the medication purpose and potential side effects when patient being prepared to be discharged. The aim is to ensure that medication regimen is continued at the transition of care.

The practice of Ask3Teach3 continued to be useful in various patient care settings in supporting the improvement of patient satisfaction on communication of new medication as evidenced by the improved HCAHPS medication domain scores on the Oncology unit. The Ask3Teach3 ensured that patients have knowledge and clear understanding of their new medication. Having the approach structured and consistent with multiple reinforcement was not only supportive of quality of care but knowing that patients understood their medication gave mutual satisfaction to both nurses and patients.

### Conclusions

The HCAHPS scores revealed a significant improvement of patient experience in communication on new medication specifically in understanding the potential side effects of the medication after implementation of Ask3Teach3 in an Oncology unit. The result suggested the positive impact of Ask3Teach3 in improving patient satisfaction is an approach to keep up with the demands of providing quality

healthcare. Though Ask3Teach3 was intentionally focused on improving health literacy, it has proven its effectiveness as a communication tool for various age populations in different settings. Because the scripted statements are simple and easy to use, nurses were more compliant in teaching focused, invaluable information to the patient who remember and better understand the newly prescribed medication.

The Ask3Teach3 became more effective when combined with other evidence-based practice methodologies. The teach-back method performed by the patient was integrated twice, during medication administration and bedside reporting. The three essential aspects of medication information encouraged patients to be empowered in their care. It was also important to provide written educational resources with images to enhance patient education. User-friendly, easy to read, and understand patient medication hand-outs were proven beneficial in remembering and understanding medications. The bedside shift reporting along with other evidence-based interventions have also improved the patient satisfaction and HCAHPS scores in medication domain. The value of multiple reinforcement and the collaboration between patient and nurse was relevant to the success of the limited practice change.

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