Purpose of Project
Develop a medication teaching handout tailored to the specific needs of stroke patients with low health literacy to
• Improve HCAHPS scores for medication communication
• Facilitating a smoother transition to home.

Background/Significance
• Low HCAHPS scores for medication communication identified as a chronic concern
• High proportion of patients from vulnerable populations that have low health literacy 1
• Current teaching tool used with stroke patients with newly prescribed medications was potentially confusing 2,3
• High probability that unit population misunderstands the directions at discharge 1

Methods/application to practice
• Assessed current stroke education documents, staff nurse perceptions of medication education, and HCAHPS scores for medication communication
• Collaborated with site stroke coordinator, pharmacist, shared governance council, and nurse educator to create handout
• Implemented tool from April through September 2018
• Surveyed of staff nurses in June
• Reinforced use of tool with staff nurses, collaborated with nurse educator and health unit coordinators to ensure availability of tool
• Re-evaluated staff perceptions of and implementation of teaching tool and assessed HCAHPS scores post-implementation

Sample and setting
• 14-bed primary stroke unit at a 228-bed critical access community hospital in the Midwestern United States
• 15 staff registered nurses participated via online surveys assessing perceptions of stroke medication education.

Findings/Results/Outcomes
Nursing Perceptions
Pre-implementation: N=12/15 nurses responded, with most (76.9%) reporting inadequate time to teach stroke patients about medications
Midpoint: 100% of nurses responding (N = 5/15) reported no use of educational tool
Final: N = 7/14 nurses completed the survey, and 100% of respondents reported using the teaching tool for at least some admissions

HCAHPS scores- Medication Communication
January-March 2018 rank = 55
January through August 2018 rank = 68
2018 year-end rank = 80

Implications
• Implementation of teaching tool tailored to vulnerable populations potentially resulted in greater patient satisfaction regarding medication communication.
• Challenges with patient teaching due to nursing work load and time constraints.
• Lack of complete staff engagement in responding to surveys and implementing new teaching tool
• Intermittent clerical staffing decreased the consistent availability of teaching tool

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References