Teaching Patients on Side Effects of Prescription Medication they are on improve the patient's Satisfaction and HCAPH: Implementation Plan

Name

Date

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Method of Obtaining Necessary Approval

Indeed, approval is essential to the realization of the implementation of the plan. Approval is important because the involvement/support of unit leadership/peers is crucial to the success of the project. Moreover, administrative support is significant and influences the extent to which the plan eventually impacts practice in the organization. Lastly, the support of peers facilitates the finalization of the project and enhances motivation. The first step will be to complete the Nursing Research/Project Organizational Feasibility Form which is needed to have the organization's administrative consent for the plan. The second phase will be acquired signatures from the following individuals: chief nursing officer, nurse manager, associate chief nursing officer, clinical operations director, and the nursing research scientist. The last step will be to keep the feasibility form in the regulatory binder which is the first document to be evaluated in inspections and audits (Clinical Research Operations Office, 2017).

Statement of Problem

The purpose of prescription medication is to alleviate medical conditions to preserve lives. While this is anticipated, the fact is that both over-the-counter medicines and common prescription possess side effects. Side effects can be defined as the inadvertent, adverse responses that characterize the use of a particular drug (Pirmohamed, 2004). The types of side-effects are broad extending from mild reactions such as itchy skin to life-threatening conditions such as myocardial infarctions. Still, different people react differently to drugs. The National Council for Patient Information and Education yearly documents that 2-3 billion prescriptions are completed (Leigh, 2010). Nevertheless, the committee also records that only 50% of the

prescriptions are complied with appropriately. Nearly 4.5 million persons enter the emergency room or their doctor's office annually due to the adverse side effects of prescription drugs. Correspondingly, annually, almost 2 million patients that are hospitalized face the unanticipated effects of prescription drugs. This issue is apparently exhibited in out-of-hospital and in-hospital contexts. The proposed solution is to ensure an improved comprehension of prescription medication that possesses side effects through the nurses' adherence of a sequence of procedures incorporated in their education to patients.

Explanation of Proposed Solution

An educational approach to the problem has the objective of preventing unnecessary medication errors and enhancing the safety of prescription medication. An increasingly effective way is to apply interactive education programs loaded onto flash drives to reduce the mistakes in administering medication and advance the employment of safe medication procedures. This method is expected to heighten the nurses' application of safe medication processes. Appraisal of the approach's effectiveness will be through direct observation. A second method will be to utilize a web-based instructional approach to improve prescription administration using a small nurse sample. It is anticipated that the rates of non-intravenous administration faults will reduce and the understanding of the nurses will be enhanced. Evaluation of the method's result will also be through direct observation.

A problem-based educational method will be utilized in facilitating the nurses' capacities to apply the discoveries extracted from topic-specific studies to create and employ solutions to clinical challenges. A systems approach and a problem-based education will be implemented in instructing nurses to avert mistakes in the administration of medication. Furthermore, a mockup of prescription administration and faults will be applied in a controlled setting to increase nurses'

cognitive thought and enhance the safety of drugs. These simulations will be employed in increasing the nurses' readiness in acknowledging and handling medication errors.

Rationale for Proposed Solution

A continuous educational approach to improving the administration of medicines is essential as the nursing field is adjusting. Learners should be helped in comprehending the requirement for constant education even after completion of the course. The internet contains a vast plethora of resources that could assist the students in furthering their professional development. Still, the resources that are used should be authoritative, and the medication trade names should be applied. Instructors should reinforce the learner's continuous education through motivating studies on every type of drug observed by the student and through offering them necessary opinion.

Additionally, incorporating the material utilized in medication dosage calculations can offer the learners an estimation of real scenarios. Instruction sessions should be devised for students to interact with materials such as drawing needles, drug order forms, manikins, syringes, and medication ampules to facilitate their estimation and dispensation of proper doses to simulated patients.

What is more, it is vital that educators establish a standard bar for the student's capacity to approximate accurate dosages and implement a plan that guarantees that each one is able of correctly calculating dosages. The final year of training should include actual practical work in the calculation of dosages for out-patients and in-patients.

Inaccuracies in the dispensation of medication can have serious outcomes since it commonly witnesses at out-patient divisions at first encounters with patients that the nurse knows nothing about. As a result, the nurse may overrate the capacity of the patient in

comprehending the guidelines that come with the drugs. There are instances where the one being given the medication is not the user. Consequently, the guidelines might be adversely adjusted as they are communicated from one individual to the other. So, emphasis should also be put on ensuring effective communication in medication administration.

Evidence from Literature Review

Nurses basically participate in the drug administration in various settings. Moreover, nurses are also involved in the dispensing and preparation of medication. Previous research on the area of drug administration has revealed that there is an error rate of 60% primarily in the form of wrong dosage, wrong date, or wrong time (Tshiamo, Kgositau, Ntsayagae, & Sabone, 2015). Other analyses have demonstrated that one out of three adverse side effects could be traced to nurses' administration of medication to patients (Tshiamo, Kgositau, Ntsayagae, & Sabone, 2015). An investigation of deaths attributable to mistakes in drugs revealed that, from 1993-1998, the issue was with injectable medication; the most frequent mistake being a drug overdose, followed by the administration of the wrong medication to a patient (Tshiamo, Kgositau, Ntsayagae, & Sabone, 2015).

Furthermore, in the more advanced phases of incident reports, an investigation assessed 68 malpractice scenarios surrounding medication administration errors in Sweden. In the scenarios evaluated, a significant proportion of the errors regarded the wrong dosage (Tshiamo, Kgositau, Ntsayagae, & Sabone, 2015). A delegation of the responsibility to subordinate staff by nurses lead to the wrong concentration of medication and wrong drug prescription. Inaccuracies reported to the immediate manager were also documented by the physician in 65% of the circumstances (Tshiamo, Kgositau, Ntsayagae, & Sabone, 2015). The errors were attributed to

insufficient documentation, failure to confirm orders, lack of administration protocols, and the inefficient nurse monitoring in the delegation of the responsibility.

Thirteen analyses clearly documented the forms of medication errors related to nurses. The frequency of medication errors was realized through chart reviews, anonymous surveys, direct observation, and incident reports (Tshiamo, Kgositau, Ntsayagae, & Sabone, 2015). Two investigations performed reviewing evaluations, one applying malpractice allegations and the other utilizing medical records. Seven analyses evaluated self-reported errors from a national representative sample or an extensive national database (Tshiamo, Kgositau, Ntsayagae, & Sabone, 2015). There was no verification for the medication errors. Eight investigations appraised medication errors by employing direct observation of the administration procedure. The incidence of medication errors was different with the diverse study samples and designs. 4.7% of dosages were inaccurately given, and the total incorrect dosages were between 19-27% (Tshiamo, Kgositau, Ntsayagae, & Sabone, 2015). An additional evaluation performed to isolate the mistakes into phases of the medication procedure revealed that 6-8% of dosage errors were attributable to administration (Tshiamo, Kgositau, Ntsayagae, & Sabone, 2015).

The challenge of adverse side effects of prescription drugs on patients has resulted in a taxing work setting for nurses as there are increases in the number of patients readmitted with difficulties arising from the use of prescription medication (Leigh, 2010). As a result, there is a reduction in care quality since time restrictions continue to limit the nurses due to the increased patient numbers. Ultimately, there is an impact on the patient outcomes because there is a decrease in care quality. The situation is reversed by instructing the patients on the side effects of the medications. This results in a rise in care quality, a friendlier working environment, and enhanced patient outcomes (Glicksberg et al. 2016).

The problem of instructing patients on the importance of observing the instructions when consuming prescription medicine is documented to increase the HCAPH scores (HCAHPS Survey, 2010). ISMP (2003) demonstrates that HCAHPS scores concerning the adverse side effects of medication have increased from 38% in 2005 to almost 65% presently because of the initiative being made on instructing the patients regarding side effects. All in all, the practice leads to the development of the nursing profession. This can be explained by Abt Associates Inc. (2005) observation of the benefit of HCAPH data in ensuring responsibility in the profession.

Implementation Logistics

Implementation Steps		
Activity	Responsible Officer	Due Date
Obtain and approval by completing the Nursing Research/Project Organizational Feasibility Form	J. Smith	2/7/2017
Select physicians and other staff	J. Smith	4/7/2017
Acquire needed equipment	J. Smith	4/7/2017
Coordinate housekeeping	J. Smith	6/7/2017
Establishing procedures and policies	J. Smith	8/7/2017
Identify nurses to care for the patients	J. Smith and K. Jones	10/7/2017
Formulate protocols and best-practices	J. Smith	11/7/2017
Orient nurses	J. Smith	12/7/2017
Orient physicians	J. Smith	13/7/2017

Resources Required for Implementation

The following team members will implement this project:

Name	Role in the implementation team
J. Smith	Project Director
K. Wayne	Senior Leader
D. Nolan	Senior Emergency Department Physician
K. Jones	Nurse Manager
J. Knowles	Quality Manager

In addition to the staff above, the new process would need educational materials. For this case, we will use pamphlets to supply the participants with the needed information for an

effective implementation. Participants will be able to read and understand what is expected of them during the program. This will ensure that the staff fully understand their roles and appreciate the need for the program in the hospital.

For purposes of ensuring that the hospital benefits from the program to the maximum, it will be evaluated. Evaluation of the program will majorly take place after implementation. The following table will form the basis for evaluating the new program in the hospital.

Performance Measures	
Conceptual and Measurement Model	
Reliability	
Validity	
Interpretability of Scores	
Burden	
Alternative Modes and Methods of Administration	
Cultural and Language Adaptations	
Electronic Health Records	

The overall funds needed for implementation of this plan is a highlighted below.

Needed Resources	
Resource	Expenditure
Stretcher	$13,000
Construction of physician station	$10,000
Laboratory tech	$350,000
Pamphlets	$2,000
Total	$375,000

References

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