

# Implementation of a Meds-to-Beds Program

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# Abstract

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Medication education is a vital part of a healthcare provider's job. Nurses specifically often must take on the main role in medication education in collaboration with physicians and pharmacists. The current medication education at a certain hospital involves discharging patients with a list of medications, dosages, and instructions. The policy also includes the use of layman terms in discussion and handing the patient a sheet with the date/time of last administration by the nurse. Before discussing a change in policy, it is important to first clarify who must take on the responsibility of medication education. This is within the scope of practice of nurses therefore nurses usually perform the role of medication teaching. Nurses must assess their beliefs and actions toward medication education in order to be successful educators and resources for patients. A program, "Meds-to-Beds" was presented upon and proposed to a group of nurses at a local hospital on a medical-surgical floor. "Meds-to-Beds" is a proposed improvement to the policy because the program has shown to improve patient adherence, decrease unplanned readmission rates, and eliminates the need for patients to go to a pharmacy on their way home after discharge.

# Background

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## Current Policy

- Discharge patients with a list of medications with instructions and dosage
- Use “layman” terms for discharge instructions
- The last date and time of administration must be written on papers by the nurse

## Goals of “Meds-to-Beds” program

- Allow patients to have their medications in hand upon discharge, improving medication compliance
- Encourages direct communication about medication concerns and questions
- Decrease role confusion regarding teaching responsibilities to ensure effective medication teaching

# Theoretical Framework

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- Orem's Theory of Self-Care
  - Focus on the ability of individuals to perform care tasks for themselves
  - Nursing is an art through which the nurse gives specialized care those who cannot properly care for themselves
- How does this apply?
  - The nursing responsibility of patient education is essentially the transition of the patient from nursing care back to self-care
  - This proposed implementation would give patients the tools to take control of their own care upon discharge

# Outline of research

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“Information about medicines to cardiac in-patients: Patient satisfaction alongside the role perceptions and practices of doctors, nurses and pharmacists”

- Article discusses that there is an ongoing discrepancy amongst healthcare providers about who is responsible for medication teaching: nurses, physicians, or pharmacists
- Conclusion: Patients were more satisfied with medication education when the topics discussed were practical and patient-centered, regardless of who was educating

# Outline of research (cont.)

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## “Nurses’ attitudes and behaviors on patient medication education”

- Survey administered to nurses on topics of medication teaching listed as follows: providing information on medications, condition requiring medication, assessing adherence/understanding, and working with pharmacists
- Results consistently indicated that nurses strongly believed each topic was important, but nurses less often actually completed actions to match the perceived importance of each topic
- Conclusion: Behaviors should match beliefs on medication education for maximum patient benefit

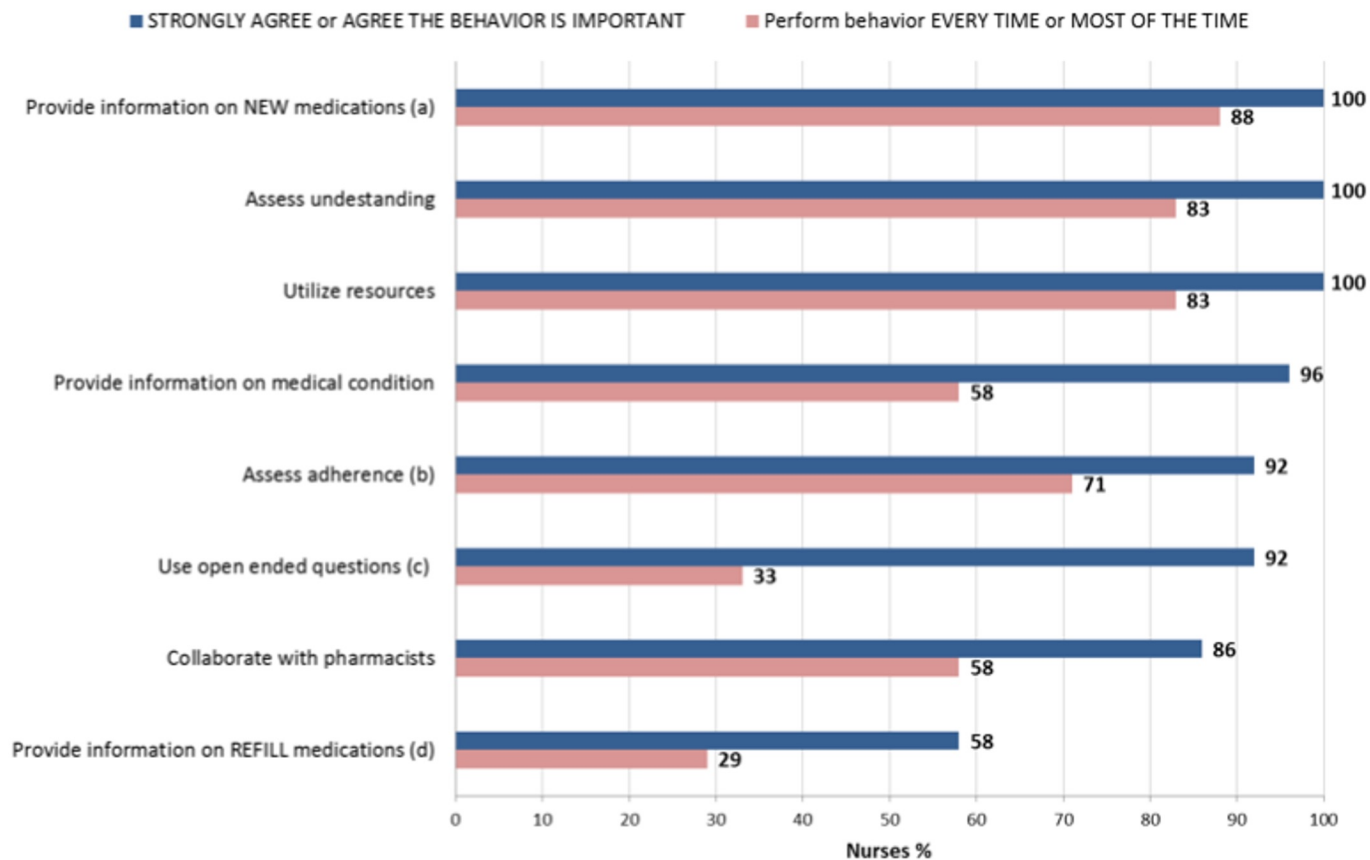


Figure 1. Nurses' attitudes and behaviors during medication education (n=24).

# Outline of research (cont.)

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“Meds-to-beds: The impact of a bedside medication delivery program on 30-day readmissions”

- Discusses the benefits of a “Meds-to-Beds” program and how it potentially reduced hospital readmission rates, reduced stress of patients, and improved medication compliance through reducing barriers
- The study results suggested that a 51% reduction in readmission rates was related to the implementation of “Meds-to-Beds” in that facility



# Recommendations for practice

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- Nurses present home-medications to the patients during discharge teaching
  - Medications will be delivered to the floor from pharmacy when the patient is ready to be discharged
  - Visualization of the actual medications and containers to be used at home
  - Visual learning + written information + tangible items + teach-back = greater understanding
- Implementation of a “Meds-to-Beds” program
  - This would require collaboration with pharmacists
  - Advocate for the program within the hospital

# Summary/conclusion

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- The implementation of a “Meds-to-Beds” program will:
  - Assist in improved medication compliance and improved patient understanding
  - Clarify who is responsible for medication teaching, in small facilities this role often falls upon nurses, this program resolves this issue
  - Further improve patient education and ensures proper medication teaching occurs as patients receive complete teaching
- Though this program isn't feasible for every facility, advocating for patient-centered medication teaching improves patient care and encourages continually improving practices within your facility

# References

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