

Background

Pain Management and the Perioperative Experience

- To reduce perioperative pain in an orthopedic unit of an urban academic medical center, a multimodal analgesia (MMA) protocol was instituted, including:
 - Medications targeting different pain pathways
 - Scheduled pain medication dosing
 - Opioid alternatives
- Evaluation of patient satisfaction when treated with the MMA protocol compared to the prior traditional protocol (e.g. opioids PRN) resulted in:
 - Improved HCAHPS scores, including “Pain Management”
 - Worsened scores for “Communication About Medicines” (i.e. frequency of communication about medication purpose and side effects)
- Satisfaction with HCAHPS communication measure provides no opportunity to comment on reason(s) for dissatisfaction.
- “Communication About Medicines” was identified for improvement:
 - Impact on medical center reimbursement
 - Knowledge of medicines impacts patient experience and safety

Purpose

- Assess the patient perioperative medication communication experience
- Develop recommendations to improve nurse-patient communication about medications

Methods

Theoretical Model

- The Iowa Model for evidence-based practice:
 - Identify the problem, Determine priority to organization, Synthesize existing evidence, Evaluate evidence/Conduct additional research

Design

- Telephone survey design of 25 high satisfied and 25 low satisfied patients with medication communication.

Sample

- Former orthopedic patients who had submitted an HCAHPS satisfaction questionnaire in the previous 6 months (n=132). Patients were designated as:
 - High Satisfaction Group (n=77): Rated medication side effects communication frequency as “Always”
 - Low Satisfaction Group (n=55): Rated medication side effects communication frequency: “Usually,” “Sometimes,” or “Never”

Measure

- A 10-item telephone survey of patients’ experiences with medication education, developed in collaboration with key stakeholders, e.g. assistant unit director, clinical nurse specialist, performance improvement consultant, and unit pharmacist
- Telephone survey covered:
 - Likert scale items (6)
 - Yes/No items (2)
 - Open-ended item (1) allowed for comments to further describe patients’ experiences and opinions

Protocol

- Contacted patients via phone to determine interest and administer survey

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Results

Satisfaction with communication groups

- High Satisfaction group of 68 former patients: 36 unable to reach, 32 contacted (7 declined, 25 agreed to participate)
- Low Satisfaction group of 55 former patients: 20 unable to reach, 35 contacted (10 declined, 25 agreed to participate)

Demographic Characteristics of Participants by Satisfaction with Communication about Medicines

	High Satisfaction Group (n=25) n (%)	Low Satisfaction Group (n=25) n (%)
Race		
White	23 (92)	24 (96)
Black	1 (4)	1 (4)
Other race	1 (4)	0 (0)
Ethnicity		
Non-Hispanic	25 (100)	24 (96)
Hispanic	0 (0)	1 (4)
Gender		
Female	15 (60)	15 (60)
Male	10 (40)	10 (40)
English-Speaker	25 (100)	25 (100)
Age in years, M (range)	67.6 (45 - 88)	65.2 (41 - 82)

Health-related Characteristics of Participants by Satisfaction with Communication about Medicines

	High Satisfaction Group (n=25) n (%)	Low Satisfaction Group (n=25) n (%)
Type of Surgery		
Knee replacement	11 (44)	13 (52)
Hip replacement	8 (32)	8 (32)
Spine/back surgery	3 (12)	2 (8)
Shoulder replacement	1 (4)	1 (4)
Other orthopedic surgery	2 (8)	1 (4)
Prior orthopedic surgery	8 (32)	6 (24)
30-day Rush Readmission	2 (2)	1 (4)
Length of Stay in days, M (range)	2.3 (1.15-7.43)	1.8 (1.04-3.28)

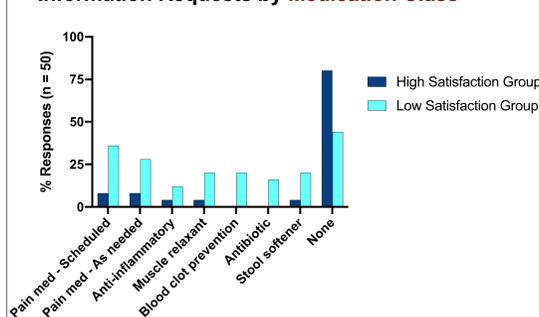
- No significant difference in demographic or health-related characteristics by satisfaction group

Medication Communication Questions by Satisfaction with Communication about Medicines

Question	Total (n=50) n (%)	High satisfaction group (n=25) n (%)	Low satisfaction group (n=25) n (%)
During your hospital stay, you understood the purpose of all of the medicines you took (Agree or Strongly agree)	45 (90)	23 (92)	22 (88)
During your hospital stay, you understood the side effects of all of the medicines you took (Agree or Strongly agree)	36 (72)	21 (84)*	15 (60)
Hospital staff answered all of your questions about your medicines (Agree or Strongly agree)	46 (92)	24 (96)	22 (88)
Received the same information each time staff told about medicines (Agree or Strongly agree)	41 (84)	21 (84)	20 (83)
How would you rate the information you received about your medicines? (Good or Excellent)	44 (88)	24 (96)	20 (80)

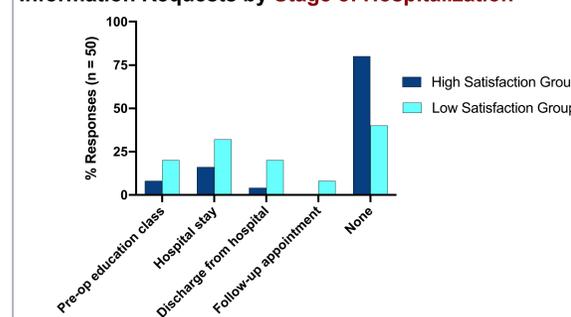
- Greater than 70% of participants, overall, responded positively to all questions
- A greater percentage of persons in the high satisfaction group indicated understanding of their medications side effects than persons in the low satisfaction group (p=0.059)*

Information Requests by Medication Class



- Patients in the low satisfaction group were more likely to request additional information about their medications compared to the high satisfaction group

Information Requests by Stage of Hospitalization



- Across both satisfaction groups more participants had requests for medication information during their hospital stay than other stages of hospitalization

Results – Qualitative

- Themes of Medication Communication Satisfaction/Dissatisfaction and Representative Participant Comments

Satisfaction Theme 1: Perceived Sufficient Information

“The nurses and staff described it in great detail and send you home with information.”

“I spent some time talking with the nurse about their pain management program. The fact that my nurse could verbalize what all the QI was about, that was impressive.”

Satisfaction Theme 2: Patient Did Not Want Information

“If they tell you everything you might feel like 'don't give that to me.' I couldn't understand all the side effects.”

“They made an attempt, but there are so many drugs, it's hard to understand. I trusted people to know what they're doing.”

Dissatisfaction Theme 1: Perceived Insufficient Information

“There was no discussion about my meds, so I think that it is a moot point. Unless I brought up a question, then I was educated on it...”

“It's one thing to answer questions, but as a patient I don't always know what questions to ask... I asked a lot of questions to understand the side effects and medicines.”

Dissatisfaction Theme 2: Concerns with Pain Medications

“One issue was the prescriptions I was given to go home with. I felt overprescribed by narcotics and was surprised and disturbed by this.”

“One of the nurses was very reluctant to provide pain medication and cited that there's an epidemic of pain medication.”

Dissatisfaction Theme 3: Experiencing Medication Side Effects

“There were so many medicines that I was on and they actually hampered me from getting better.”

“The only thing I had a problem with, they gave me morphine and I was hallucinating. But you can't blame the doctor or nurses.”

Patient Suggestions

“I would have liked them to say 'this is the medicine you're getting and these are possible side effects.' I would have liked more of a discussion and 'let me know if you're having any side effects' instead of waiting until I had them.”

“I think where the improvement about the medications is that the patients know nothing about the meds and it is important to educate on what they are exactly. Say what it does and how it helps, what are the side effects, interactions with other drugs, what it is like when you come off it.”

Conclusions & Recommendations

Conclusions

- Some patients wanted more information and a combination of verbal and written formats
- Nurses may not be familiar with HCAHPS evaluation and impact of HCAHPS scores on reimbursement
- Side effects are an area to target for increased patient education

Recommendations

- Revise existing medication educational materials for patients, increase use of materials on unit and/or pre-op
- Enhance in-service nurse training about HCAHPS and evidence-based recommendations
- Consistently discuss possible side effects with patients
- Create a medication pocket resource guide for unit nurses