Improving the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Quality Measure “Communication About Medicines” in an Inpatient Orthopedic Unit

Kelli M. Williams, Kydie Schriver, Teresa Torres, Mary Carol Racelis, Alifiya Hyderi, Louis Fogg, & Elisabeth R. Barrett

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
  - Scheduling 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 communication for improvement
- “Communication About Medicines” was identified for improvement:
  - Impact on medical center reimbursement
  - Knowledge of medicines impacts patient experience and safety

Results

Demographic Characteristics of Participants by Satisfaction with Communication about Medicines

<table>
<thead>
<tr>
<th>Race</th>
<th>High Satisfaction Group (n=25)</th>
<th>Low Satisfaction Group (n=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>23 (92)</td>
<td>24 (96)</td>
</tr>
<tr>
<td>Black</td>
<td>1 (4)</td>
<td>1 (4)</td>
</tr>
<tr>
<td>Other race</td>
<td>1 (4)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Non-Hispanic</td>
<td>Hispanic</td>
</tr>
<tr>
<td></td>
<td>25 (100)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Age in years, M (range)</td>
<td>67.6 (45 - 88)</td>
<td>65.2 (41 - 82)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Surgery</th>
<th>High Satisfaction Group (n=25)</th>
<th>Low Satisfaction Group (n=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knee replacement</td>
<td>11 (44)</td>
<td>13 (52)</td>
</tr>
<tr>
<td>Hip replacement</td>
<td>8 (32)</td>
<td>8 (32)</td>
</tr>
<tr>
<td>Spine/back surgery</td>
<td>3 (12)</td>
<td>2 (8)</td>
</tr>
<tr>
<td>Shoulder replacement</td>
<td>1 (4)</td>
<td>1 (4)</td>
</tr>
</tbody>
</table>

Conclusions & Recommendations

Conclusions

- Themes of Medication Communication Satisfaction/Dissatisfaction and Representative Patient 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 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 they had them.”
- “I think where the improvement about the medications is that the patients know nothing about the medicines 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 is it like when you come off it.”

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: “Usual,” “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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