

DEVELOPMENT AND APPLICABILITY OF THE MEDHIPPRO-Q: A QUESTIONNAIRE ASSESSING MEDICAL DOCTORS' EXPERIENCE WITH MEDICATION MANAGEMENT IN THE HIP FRACTURE PATIENT PATHWAY

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Conclusion and Relevance

The MedHipPro Questionnaire contains items on medication reconciliation, medication review and communication of key information, and showed face and content validity. The MedHipPro-Q is able to identify problem areas that could be addressed by a clinical pharmacist intervention.

Background and Importance

Hip fracture patients are typically older, with polypharmacy and experience several care transitions. Each care transition increases the risk of medication discrepancies.

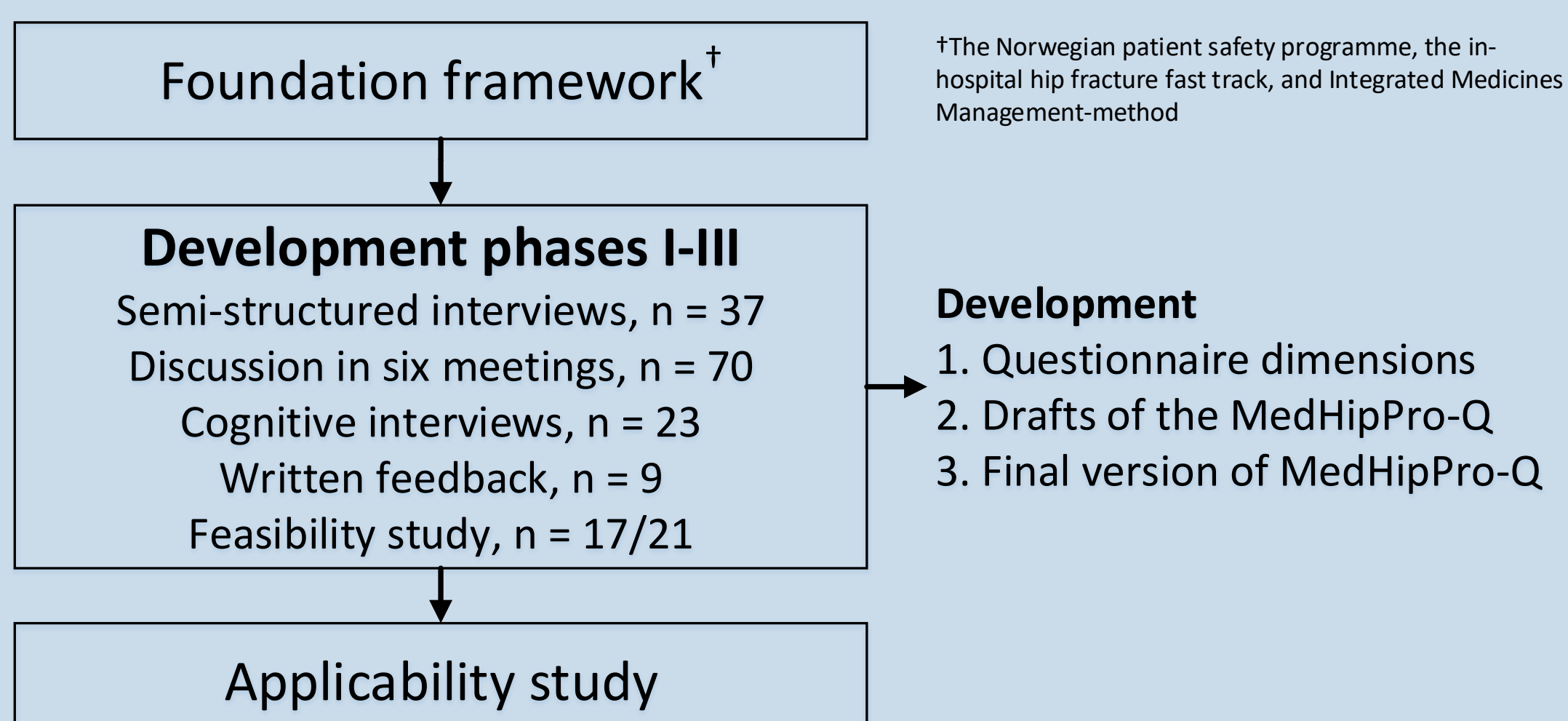
A survey of medical doctors' experience could map the current status for hip fracture patients, but no appropriate questionnaire was identified.

Aim and Objectives

- To develop a valid and feasible questionnaire to assess medical doctors' experience with medication management of hip fracture patients in all care settings
- To present an example of its applicability

Methods

The MedHipPro-Questionnaire was developed qualitatively in three phases using strategic and snowball sampling.



The questionnaire was distributed to relevant hospital medical doctors treating all hip fracture patients in the region.

ADDITIONAL POINTS REGARDING THE MEDHIPPRO-Q

This poster presents a segment of the MedHipPro-Q which focus on hospital medical doctors' experiences with medication management. The extended version of the MedHipPro-Q included nurses and medical doctors in the entire patient pathway, as illustrated in figure 1, with questionnaire items tailored for the respondent based on profession, setting and performed tasks.



Results

Development of the MedHipPro-Q:

The emerging questionnaire represented how medical doctors experienced hip fracture patients' medication management and showed face and content validity on its three dimensions (figure 1).

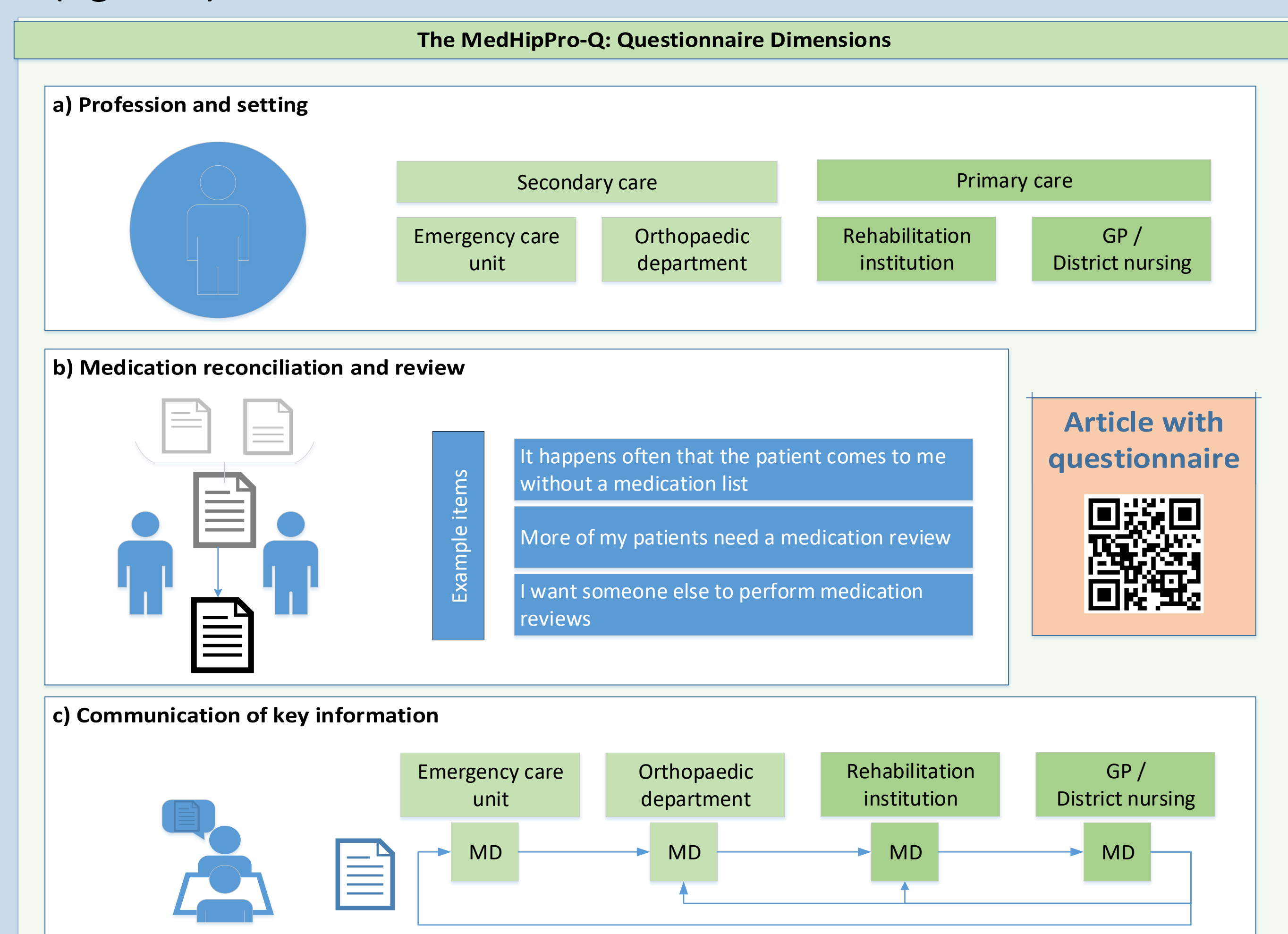


Figure 1: The MedHipPro Questionnaire with dimensions and outline of content. Section a) The dimension "Profession and setting" addressed clinicians' qualifications, experience, and medication management tasks related to setting. Section b) The dimension "Medication reconciliation and review" addressed the extent of medication reconciliation and review (e.g. the number of patients and frequency), and content of medication review. Section c) The dimension "Communication of key information" covered the transfer of medication list and treatment plan to the next care setting. An important aspect was how to ensure the medication list's quality before sending it. Abbreviations: MD; Medical Doctor, GP; General Practitioners.

Applicability study (hospital setting):

The medical doctors reported a suboptimal proportion of hip fracture patients having medication lists in care transitions and a low number of patients receiving medication reviews.

Emergency care unit

Response rate, n = 9/20

Doctors' experience:

- Medication lists missing at admission (n = 7/9)
- Time used writing the medication part of the admission journal: Median 6-10 min (range 3-20)



Figure 2: Medical doctors in the emergency care unit (n = 7/9) reported missing medication lists for hip fracture patients (a response from the MedHipPro-Q)

Orthopaedic department

Response rate, n = 15/31

Doctors' experience:

- More patients needing medication reviews (n = 12/15)
- Someone else should perform medication reviews (n = 13/15)
- One in three always write the mandatory medication list at discharge (n = 5/15)

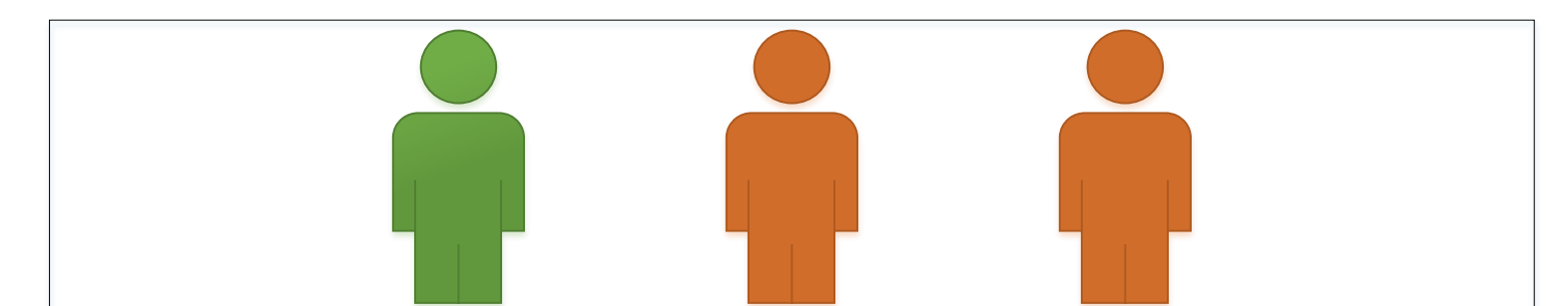


Figure 3: Medical doctors in the orthopaedic department (n = 5/15) reported to always write the medication list at discharge (a response from the MedHipPro-Q)