

BACKGROUND

Intermountain Healthcare's operating model is one of continuous improvement. This model was used to identify barriers and develop pharmacy-driven interventions to improve the communication about medicines domain scores within the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. This study took place at Riverton Hospital, a 97-bed community hospital that is part of the Intermountain Healthcare system.



PURPOSE

Enhance patients' perceptions of Riverton Hospital through improving processes meant to provide patients with education and adequate care.

METHODS

- HCAHPS scores were tracked between January 1 and September 30, 2020
- Interviews were conducted with pharmacy staff to identify barriers to improving the HCAHPS scores
- Interventions were created one at a time to address each barrier
- The project was tracked on a Kata chart and discussed during daily department meetings

RESULTS

Increasing pharmacist presence in patient care areas resulted in:

- Better collaboration with providers
- Better pharmacist availability
- More interventions made
- More distractions while performing clinical duties

Creating a standardized process for medication histories resulted in:

- Better patient care by mimicking home regimens with inpatient regimens whenever possible
- It helped limit drug-drug interactions
- Captured useful information for discharge teaching
- More consistent data entered in patients' electronic medical records (EMR) from pharmacy staff

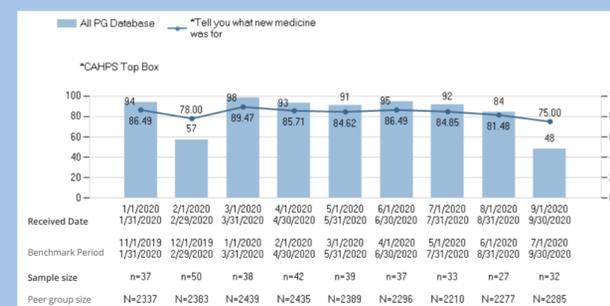
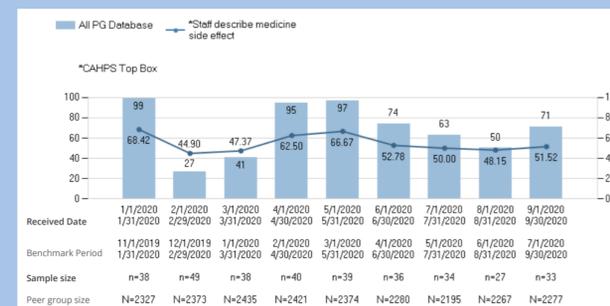
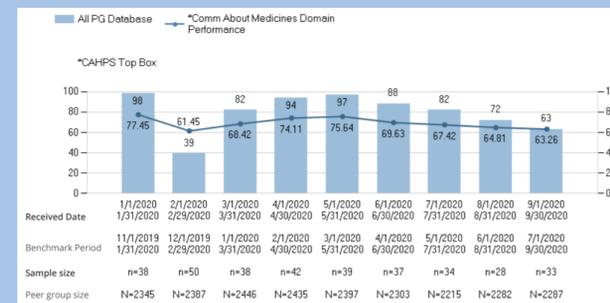
The change to intern schedules allowed for:

- Better pass-off from the afternoon pharmacist to the pharmacy intern which helped determine priorities for discharge teaching
- Provided an additional 30 minutes for more teachings to be completed

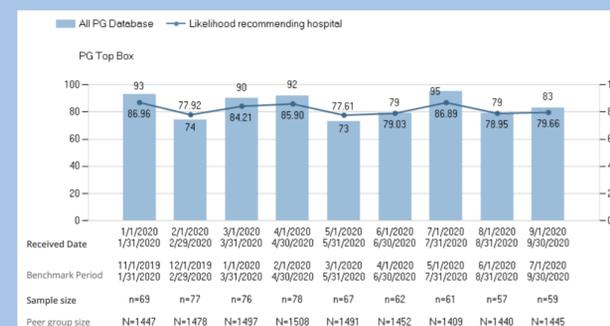
The Goal: Increase Riverton Hospital's HCAHPS Communication about Medicines Domain Score to 70% (Primary outcome) and Riverton Hospital's Likelihood to Recommend (Secondary outcome)		
Current Goal Status: 69.63%		Date: June 23, 2020
List of Barriers:		
<ol style="list-style-type: none"> Inability to complete all discharge teaching. Inconsistent presence of pharmacists on patient care floors (Many factors: COVID-19 pandemic and lack of proper PPE/precautions; pharmacists are short-staffed; hard to communicate with face shields; floors are distracting) Lack of emphasis of pharmacy involvement as a part of the care team No standard process for medication history collection Not a focus for nurses or physicians as they are focusing on other domains Lack of emphasis on medication side effects 		
Experiment:	Focus Barrier:	Result of Experiment:
Change intern hours to be a half hour earlier (17:30) compared to the previous shift (18:00).	Inability to complete all discharge teaching.	Interns were able to complete more discharge teachings and help collect more medications histories. The change in hours also helped for better pass-off from the afternoon pharmacist to the interns. Interns also helped to provide better coverage when pharmacists were short-staffed. Survey sent to pharmacists and interns had mixed reviews of whether the shift change was beneficial (50% neither agreed nor disagreed, 25% agreed, and 25% disagreed)
Increase pharmacist presence on patient care floors (Discuss in daily staff meetings). Addressed concerns of pharmacists by ensuring PPE policies were followed and communicated to pharmacy staff.	Inconsistent presence of pharmacists on patient care floors.	Resulted in more collaboration and interventions. Pharmacists were readily available to answer questions. Some pharmacists reported more distractions though.
Create a standardized process and questionnaire for pharmacists and pharmacy interns to follow.	<ol style="list-style-type: none"> No standard process for medication history collection Lack of emphasis of pharmacy involvement as a part of the care team. 	The standardized process created helped ensure patient satisfaction of home medication administration while inpatient. It allowed for better discharge teaching as certain information was gathered during this initial contact with the patient (For example, determining a patient's knowledge of diabetes treatment and if they have barriers to care). This process included scripting that emphasized pharmacists as part of patient care teams. Pharmacists and pharmacy interns were able to provide more effective discharge teaching to patients.
Use the teach-back method for at least one side effect while completing discharge teachings for new medications (i.e. anticoagulants, opioids, diabetes medications).	Lack of emphasis on medication side effects.	Pharmacists and pharmacy interns were able to provide more effective discharge teaching to patients.
Date to Review Experiment Results: September 30, 2020		

Primary measure	Communication about medicines domain (including side effects and indication subgroups)
Secondary measure	Likelihood to recommend for Riverton Hospital

Primary Outcomes



Secondary Outcome



CONCLUSION

Pharmacy-driven interventions began in July. Due to isolation procedures during the COVID-19 pandemic, pharmacists were unable to interact with every patient face-to-face.

There is difficulty in determining whether the applied interventions correlated with decreased HCAHPS scores due to barriers with pharmacist participation and reduced patient interaction. However, past studies have also been unable to show an impact on HCAHPS scores through pharmacists' interventions.^{2,6}

The medication domain score is associated with pharmacy's role in patient care, but it is also strongly influenced by nursing and physician interventions. Implementation of multidisciplinary continuous improvement projects may have a greater impact in HCAHPS scores. Further research and collaboration are needed.

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DISCLOSURE

Authors of this presentation have nothing to disclose regarding possible financial or personal relationships with commercial entities that have a direct or indirect interest in the subject matter of this presentation.

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