

Background

Delivering high quality patient experiences is a vital part of healthcare. An after-hours call service is currently available to increase accessibility for patient questions and concerns, consistently utilized after business hours and on weekends for urgent issues. Reasons for these calls are categorized, and pain related calls were noted to be the most common. This quality improvement study focused on identifying common reasons behind pain related calls related to medication refills within a cancer pain management clinic. The aim is to develop actionable and preventive solutions to reduce medication refill calls, a surrogate measure of the patients’ experience with the prescription process in the pain management clinic.

Methods

This retrospective study received approval by the institutional Quality Improvement Assessment Board (QIAB). After-hours calls from September 2023-February 2024 were reviewed using nurse triage notes from the patient charts in the electronic medical record. These data included after-hours call type, reason for visit/call, dispositions, patient center, service level, and category of call. Medication refill related calls were then further evaluated to determine common reasons for the calls. Descriptive statistics were used for analysis.

Results

Between September 1, 2023, and February 28, 2024, there were 7,475 after-hours phone calls, with 873 (11.7%) related to medication refills. The pain management clinic had the highest number of refills calls at 100 (11.5%).

Calls were categorized into eight groups based on patient chart notes:

- out-of-stock issues (21%);
- communication issues (20%);
- no prescription sent/pharmacy did not receive it (18%);
- changes in medical condition (11%);
- routine refills with no interventions (10%);
- need for patient education (8%);
- incomplete information (pharmacy, dosage, instructions) (6%);
- medication noncompliance (6%).

Specific medications requested during out-of-stock calls included:

- hydrocodone/acetaminophen (5);
- hydromorphone (5);
- oxycodone (4);
- extended-release morphine (2);
- methadone (2);
- miscellaneous (2);
- fentanyl (1).

Category of after-hours calls	% of after-hours calls
Out of stock	21%
Communication issues	20%
No prescription sent/pharmacy did not receive it	18%
Change in medical condition	11%
Refills with no interventions	10%
Patient education	8%
Incomplete information	6%
Medication noncompliance	6%

Table 1: Categories and percentages of after-hours calls for medication refills for the pain management clinic

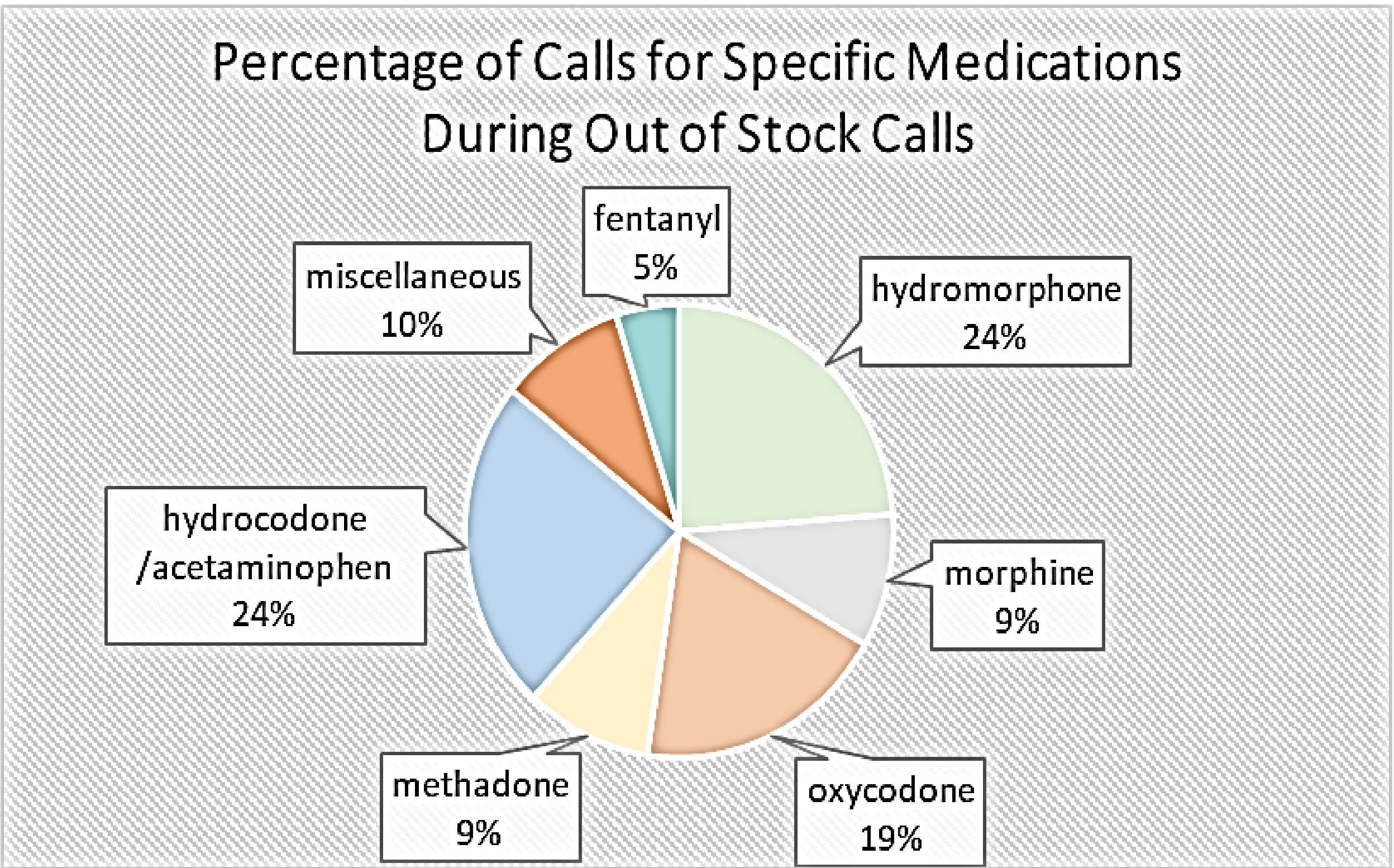


Figure 1: Types of medications that were requested during the out-of-stock refill after-hours calls

Conclusions

After-hours medication refill calls for the pain management clinic primarily involved out-of-stock issues (21%), communication issues between patients and healthcare teams (20%), and issues where prescriptions were not sent or received by pharmacies (18%). These insights highlight areas for improvement. Potential solutions for enhancing patient experiences include adding 4-5 days for processing requests, promoting use of the in-hospital pharmacy for better opioid availability, utilizing MyChart® for faster resolution and avoiding reliance on calls and emails, and updating preferred pharmacies with providers to streamline refills. Providers are often sidetracked by other work responsibilities, leading to delayed prescription refills; other solutions include reviewing current prescription refill workflows to identify interventions for improvements, use of artificial intelligence (AI) to send reminders, and utilizing inpatient providers to assist with refills. Changes in medical condition post-chemo or radiation warrant earlier appointments for pain assessment and medication adjustment. Compliance with opioid regulations necessitates regular patient visits, and insurance policies prohibit early refills, requiring education on pain agreements for noncompliant patients. The implementation of a new phone system in the pain center for patient calls, staffed by two nurses, has already improved communication with patients and caregivers. Future efforts will focus on putting these solutions into practice to reduce patient calls and enhance the patient experience.

References

