

Patient Experience with Medication Refills Through Palliative Care Center

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BACKGROUND

Palliative care delivers comfort and alleviation of suffering for patients near the end of life through an effective pain management approach, including medication use. To enhance accessibility for patient inquiries and concerns outside regular hours, an after-hours call service is currently available. Patients consistently utilize this service beyond standard operating hours and on weekends for urgent concerns. Patients consistently utilize this service beyond standard operating hours and on weekends for urgent concerns.

This study's purpose is to better understand palliative care cancer patients' reasons for after-hours calls. By gaining insight into the causes for calls, we aim to propose actionable modalities that address these underlying factors. The overall aim is to reduce the number of avoidable after-hours calls to decrease the burden on the patient and staff members, and to improve the patient's experience.

METHODS

This study is a retrospective analysis of nurse triage after hours phone calls during September 2023-April 2024. From patient charts, all incoming calls and notes of the After Hour telephone service records were sorted for patients whose pain was managed by the Palliative, Rehabilitation and Integrative Medicine (PRIM) department and subsequently analyzed. Data included after hours call type, reason for visit/call, patient center, and category of call. This retrospective study was approved by the Quality Improvement Assessment Board (QIAB). Descriptive statistics were used for analysis.

RESULTS

7475 after-hours calls were found during the months of September 2023-April 2024. Out of these, the largest portion of after-hours calls were related to medication refill concerns, totaling 873 calls (11.7%). The PRIM department consisted of 89 total (10.2%) after-hour calls regarding medication refills. These were categorized into 6 primary categories to identify the nature of the call:

- 39 (44%) calls were attributed to running out of pain medications
- 20 (22%) for out-of-stock (OOS) medication at the receiving pharmacy
- 11 (12%) calls for patient education
- 10 (11%) were associated with the script not being sent to the pharmacy
- 4 (5%) were situations where the pain was inadequately controlled
- 4 (5%) calls required in no intervention
- 1 (1%) call was not accessible within the system due to patient privacy

The specific medications related to OOS concerns were identified (Figure 1). Of the 20 calls, the primary medication called for an OOS concern was hydromorphone at 9 calls (45%), followed by morphine at 5 calls (25%), and oxycodone at 3 calls (15%). Only 1 call was recorded for each of the following: methadone (5%), oxycodone and acetaminophen (5%), and oxymorphone (5%).

Nature of medication refill call	Percent of total medication refill after-hours calls
Running Out of Pain Medications	44% (39 calls)
Pharmacy Out-of-Stock of Pain Medication	22% (20 calls)
Patient Education	12% (11 calls)
Pharmacy Did Not Receive Script	11% (10 calls)
Inadequate Pain Control	5% (4 calls)
No Intervention	5% (4 calls)

Table 1: Percentage distributions of after-hours calls related to medication refills concerns



Figure 1: Categories for the medication(s) requested related to an OOS concern

DISCUSSION

The leading cause of after-hours calls related to medication refills is when patients are running out of their pain medications followed by the pharmacy being out-of-stock of medication. These findings provide insight into areas of improvement regarding refills, which guide potential interventions to enhance patient experience. These include extending processing times by 4-5 days to provide more time, utilizing the MyChart® text messaging system for quicker issue resolution rather than phone calls, encouraging use of the in-hospital pharmacy due to relatively more opioid availability, and ensuring that providers update the patients' preferred pharmacies to streamline refill processes that are best catered for the patients' needs.

In applying these changes, we aim to minimize the number of after-hour calls and decrease gaps in patient experience to provide better care. We look forward to these suggestions becoming implemented to record the changes in delays that patients endure when refilling their medications to evaluate if these interventions improve the patient's experience.

