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.

Development phases I-III

1. Semi-structured interviews, n = 37
2. Discussion in six meetings, n = 70
3. Written feedback, n = 9
4. Feasibility study, n = 17/21

Development

1. Questionnaire dimensions
2. Drafts of the MedHipPro-Q
3. Final version of MedHipPro-Q

Applicability study

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

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).

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)

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)
- In one in three always write the mandatory medication list at discharge (n = 5/15)

Additional Points Regarding the MedHipPro-Q

This paper presents a segment of the MedHipPro-Q, which focuses 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.

References