

Why am I back? Patients' perspective on a 30-day hospital readmission

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Introduction

Hospital readmissions are common and costly throughout hospitals in the nation. In 2010, the Patient Protection and Affordable Care Act (PPACA)¹ launched a financial penalty system for hospitals with high admission rates within the first 30 days of discharge. Studies have analyzed improvement methods to reduce readmission rates.² However, few studies have analyzed the patients' perspective on contributing factors of their readmission to the hospital.³ Identifying patients' perspectives of their health and health needs may assist in developing best practices to improve inpatient hospital quality of care, transition of healthcare from inpatient to outpatient, and quality of outpatient care.

Methods

A survey modified from the Agency for Healthcare Research and Quality (AHRQ) using Microsoft Forms is utilized to assess patient's perception of their hospital readmissions and medication knowledge. Patients with Chronic Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Pneumonia (PN), and Acute Myocardial Infarction (AMI) who were admitted for any reason within 30 days of their previous discharge were identified via an EPIC (electronic health record system) generated report using diagnosis codes. Pharmacist (Khalid Srour or Joshua Campbell) interviewed 25 patients to highlight and collect data on their perspectives

- Reason they were admitted initially
- Reason they were readmitted within 30 days
- Access to medication
- Understanding of their medications
- How can the hospital improve their services
- The involvement of primary care physicians (PCPs) pertaining to the patients' medication(s)

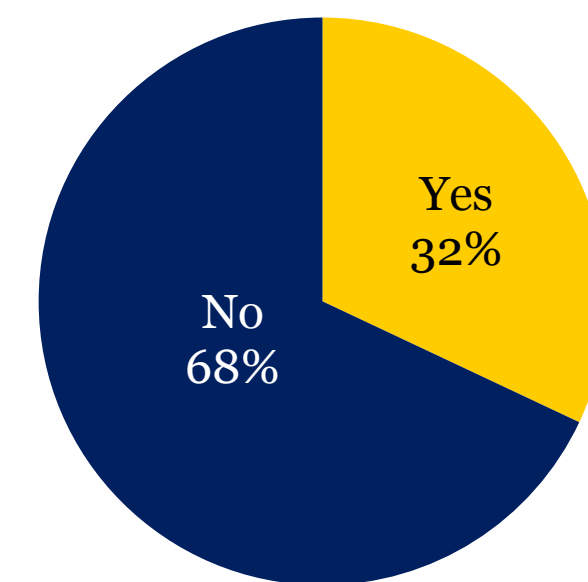
This study was submitted, reviewed, and approved by the Institutional Review board (IRB) at Guthrie Robert Packer Hospital

Disclosures

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

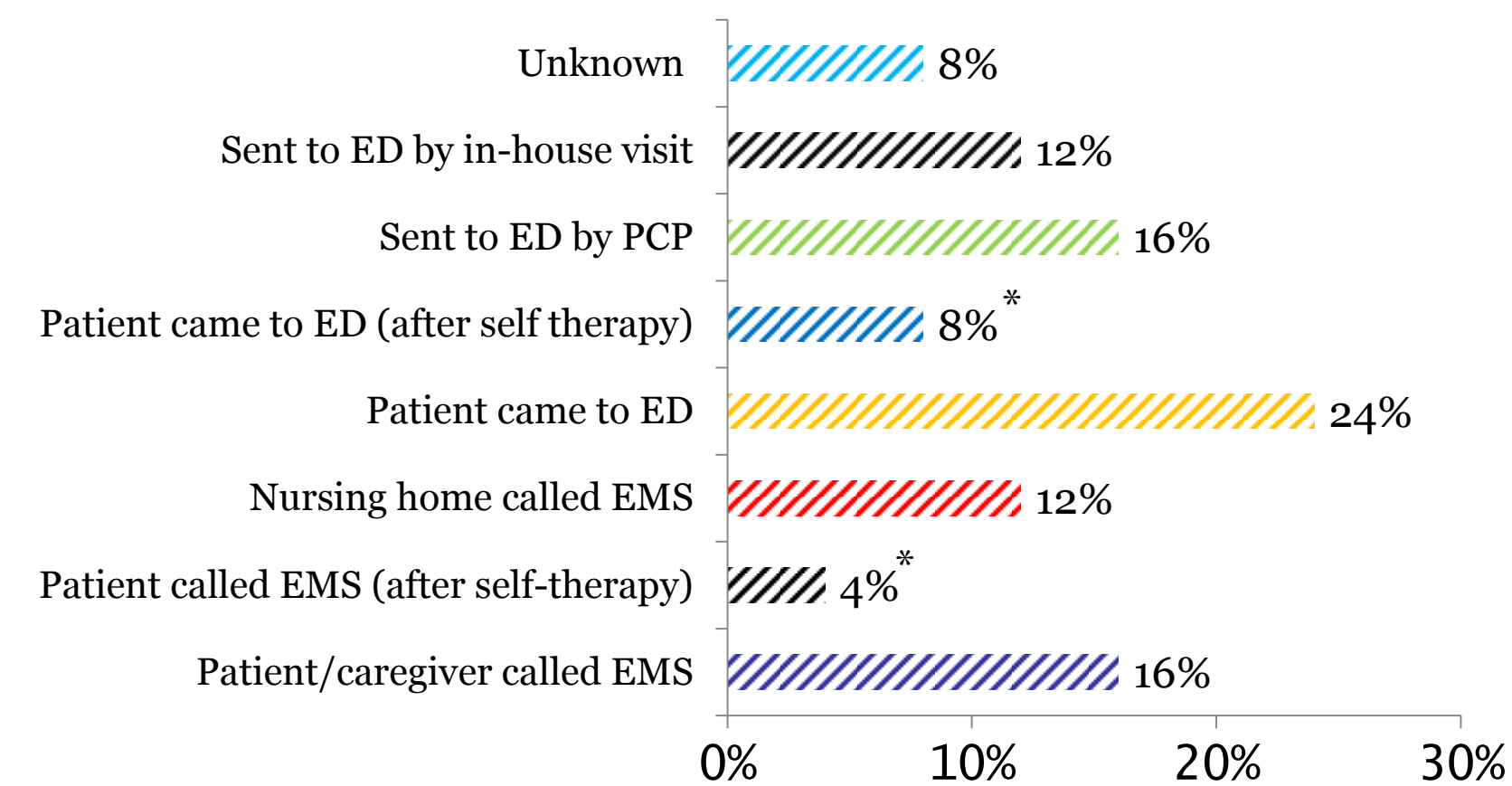
Results

68% of patients do not understand their disease state.*



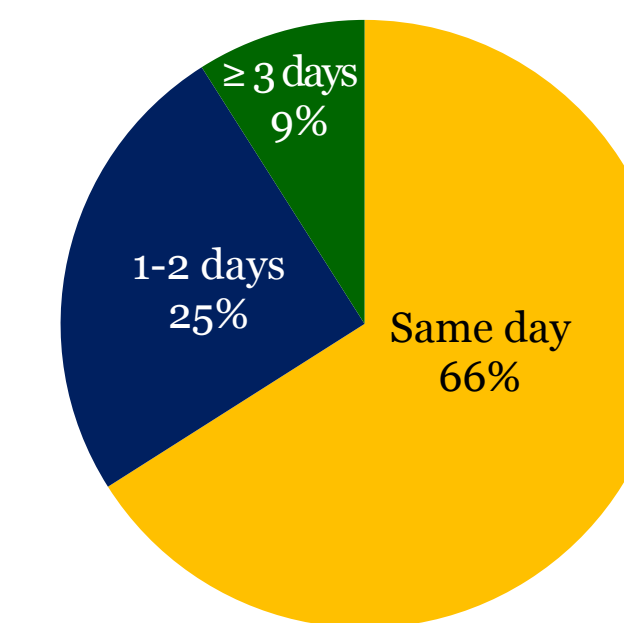
* They were not able to say that CHF, COPD, AMI, or PN was the reason they were admitted or readmitted back to the hospital

12% of patients tried self-therapy before coming to the emergency department (ED) or calling for ambulance services (EMS)*

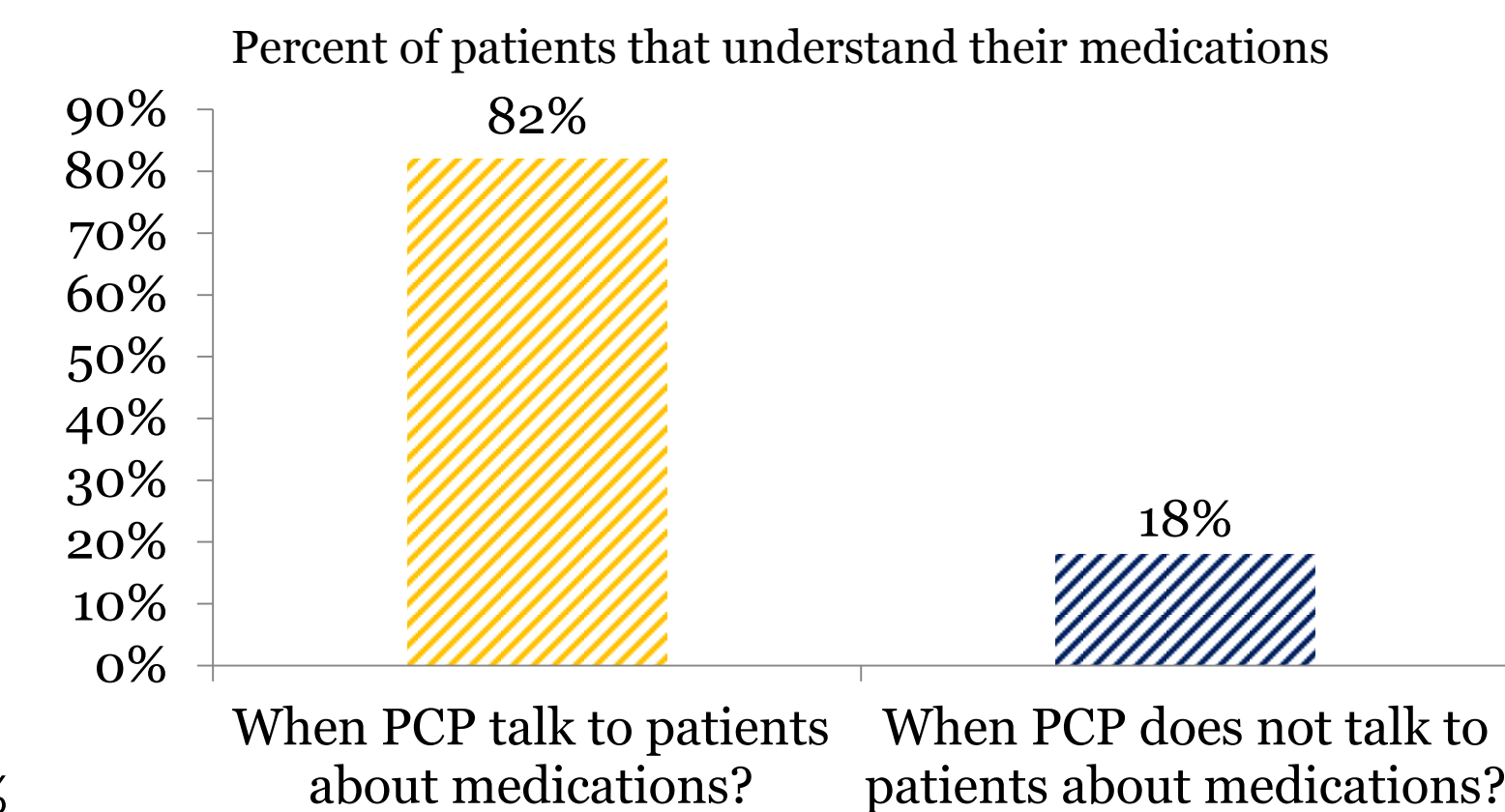


After being discharged from the hospital, "what did you do when you started feeling worse again?"

All patients were able to get their medications upon discharge and 66% of patients were able to get their medications on the same day



48% of patients and caregivers understand the medications they were on and 44% of PCPs talk to patients about their medications



Spearman's Rho correlation: 0.71, p(2-tailed) = 0.00026

Demographics of patients readmitted within 30 days (n = 25)

Age	78 years (62,84)
Male	52%
CHF	56%
COPD	20%
PN	16%
AMI	8%
BMI	30 kg/m ² (24.75,41.75)
Length of stay	5 days (3,8)
Days from discharge to readmissions	14 days (5,19)
Discharge to home	84%
Patients that rely on caregivers	64%
Caregivers that help with medications	70%

Themes

How can we help you after you leave the hospital?

- 32% of patients said "nothing" or "I don't know"
- 24% of patients would have liked a longer stay in the hospital (28% reported not feeling good when they left the hospital)
- 48% of patients had medication concerns
 - Medication education, medication optimization, medication access
- 12% asked for better direct patient care
- 8% asked for home nursing care

Conclusions

- Medication concerns were common among readmitted patients
Most patients do not understand their disease state thus did not try to self treat before going to the ED
- Medication understanding is directly correlated with PCP discussing medication with patient/caregiver
- Pharmacists could bridge some of the gaps to supplement other providers in an inpatient and/or outpatient setting

References

1. The Patient Protection and Affordable Care Act, HR 3590, 11th Cong (2010); 2010.
2. Greysen SR, Harrison JD, Kripalani S, et al. Understanding patient-centred readmission factors: a multi-site, mixed-methods study. *BMJ Qual Saf.* 2017;26(1):33-41
3. Misky GJ, Burke RE, Johnson T, Del pino jones A, Hanson JL, Reid MB. Hospital Readmission From the Perspective of Medicaid and Uninsured Patients. *J Healthc Qual.* 2018;40(1):44-50.

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