Patient Perceptions of a Post-Hospitalization Transitions-of-Care Program

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BACKGROUND

- Most hospital-related medication errors occur at transition of care points including: admission, transfer, and discharge.[1]

- Thus, the transitional period a patient experiences will play a key role in improving patient health.

- Medication reconciliation is a Joint Commission National Patient Safety Goal and is a key component of optimal care transitions.[1]

- Feedback on transition of care services can help optimize future programs and improve patient outcomes.[2]

- Discharge Companion Program (DCP) Description

  - SinfoníaRx, a healthcare company, designed the DCP to decrease hospital readmission rates. A Southern Arizona hospital contracted with SinfoniaRx to evaluate the program. Patients participating in the DCP are 18 years or older and have one or more of the following diagnoses:
    - Asthma
    - Pneumonia
    - Diabetes mellitus
    - Heart failure
    - Chronic obstructive pulmonary disorder
    - Myocardial infarction
    - Hip or knee replacement
    - Post coronary artery bypass graft

- Patients at high risk for hospital readmission are referred to the DCP on a daily basis by the hospital's chronic disease coordinator nurse team.

- After DCP enrollment, patients receive a pharmacist-delivered telephonic comprehensive medication review (CMR) within the first week post discharge, and a follow-up consultation at three weeks post discharge.

- Medication-related concerns and recommendations are relayed to the patient's primary care provider (PCP), specialists, and/or the community pharmacist by the DCP nurse coordinator.

OBJECTIVES

- Evaluate patient experiences with the DCP

- Analyze the optimal timeframe to administer a feedback survey to maximize patient response rate after completing the DCP

METHODS

DCP Patient Survey
- A 17-item questionnaire was developed for the DCP to evaluate four domains of the patient experience:
  - Patient medication knowledge (items 1-4)
  - Self-management (items 5-8)
  - Addressing patient concerns (items 9-12)
  - Overall patient experience (items 13-17)
- A 4-point Likert scale measured item response options ranging from:
  - 'strongly agree' to 'strongly disagree'
- Survey items were chosen from two questionnaires found in the literature: the Health-System Alliance for Integrated Medication Management (HAIMM) and the Patient Satisfaction with Pharmacist Services Questionnaire (PSPSQ 2.0).[3,4]

Data Collection
- Telephonic surveys were administered for patients completing the DCP.
  - Patient survey data were collected from January to March 2016
  - Data were input in to Qualtrics® by Medication Management Center provider staff conducting the telephone survey

Analysis
- The timeframe for survey completion after last follow-up phone call was categorized as:
  - Less than 50 days
  - 50-99 days
  - Greater than or equal to 100 days
- A chi-square test using Stata 14 software was conducted to determine the optimal timeframe for survey administration following program completion.

RESULTS

- Of the 295 eligible patients, 153 were reached via telephone and 72 consented to participate The breakdown of patients by timeframe is shown in **Figure 1.**

- No significant differences were observed in the number of patients:
  - Reached in the follow-up timeframe for survey administration ($p=0.14$)
  - Consenting to participate ($p=0.44$)

- Most patients (n = 68; 95%) 'agreed' or 'strongly agreed' that they were satisfied with the pharmacists' overall care (item 13) and valued the information provided (item 16), as seen in **Table 1**.

- Nearly all (n= 66; 92%) agreed that the service would improve their overall health.

Table 1. Discharge Companion Program Patient Experience Survey Responses (N=72)

No.	Item	%SA	%A	%D	%SD	%M
1	The pharmacist made sure I understood following the drug regimen.	53	40	4	0	3
2	The pharmacist helped me to understand why I am taking each of my medicines.	43	40	7	0	10
3	The pharmacist helped me understand how to know if my medicines are working.	39	39	10	0	13
4	The pharmacist helped me understand the best ways to take my medicines.	43	40	7	0	10
5	After talking with the pharmacist, I feel more confident to manage my medicines.	33	56	3	1	7
6	The pharmacist encouraged me to achieve my treatment goals.	31	47	7	0	15
7	The pharmacist made recommendations for my overall health.	38	42	8	0	13
8	The pharmacist helped me find easier ways to take my medicines.	17	38	14	0	32
9	The pharmacist listened to concerns about my medicines.	49	38	4	1	8
10	The pharmacist addressed my health concerns.	33	44	10	0	13
11	The pharmacist addressed my concerns about the safety of my medicines.	42	40	7	0	11
12	The pharmacist addressed my concerns about the cost of my health care.	17	26	21	1	35
13	I was satisfied with the pharmacist for overall care provided.	63	32	1	0	4
14	The pharmacists was respectful during our interactions.	58	39	1	0	1
15	Due to my experience with this type of pharmacy care, I would recommend it.	47	43	6	0	4
16	I value the information the pharmacist gave me.	50	44	3	0	3
17	I feel this service will improve my overall health.	36	56	4	0	4
%:Percent of patients, SA: Strongly Agree, A: Agree, D: Disagree, SD: Strongly Disagree, M: Missing						

Figure 1. Number of DCP participants called, reached and participating in survey by timeframe

Legend: Patients Called; Patients Reached; Patients Consenting to Participate in Survey

Y-axis: Number of Participants
X-axis: Timeframe Post DCP Completion (<50 DAYS, 50-99 DAYS, >99 DAYS)
Values: <50 DAYS: 118, 64, 34; 50-99 DAYS: 95, 54, 23; >99 DAYS: 82, 35, 15

DISCUSSION

- It is feasible that the personalized interaction with the patient can help explain the lower response rate to items addressing ways to take medications (item 8) and the cost of medications (item 12). If the patient did not mention cost as an issue, then it was not addressed during the initial comprehensive medication review nor follow up phone call.

- The item addressing respect during interactions (item 14) had the highest response rate. Approximately 97% of patients either strongly agreed or agreed with the item and only one percent of patients refrained from responding.

- A potential limitation of this project is that other clinical services to reduce hospital readmissions were ongoing during the DCP implementation. In light of this, bias may have been introduced if patients were exposed to a variety of interventions.

CONCLUSIONS

- Overall, patients were satisfied with the DCP.

- It appears that the number of patients willing to participate in the survey was no different across the timeframes.

- These results are promising yet further investigation is warranted to: (1) better define the optimal timeframe for administration of a patient feedback survey; and (2) evaluate the survey among more diverse populations and in other transition- of-care settings.

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