An Evaluation of Patient Surveys to Determine Possible Causes of Hospital Readmissions

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Intro/Background

The hospital readmission rate is a quality metric that most importantly reflects patient safety, health, and satisfaction. In addition, hospital readmissions are a major source of monetary loss for most health care networks. There is literature lacking on the underlying causes of readmissions. If potential causes are uncovered, perhaps interventions may be implemented more precisely to reduce hospital readmissions.

Problem Statement

The problem investigated in this study is to determine possible causes of hospital readmissions by interviewing patients on why they believe they were readmitted.

Methodology

Fifty patients readmitted within 30 days of previous discharge were selected for this retrospective study. The patients must have been discharged from and readmitted to Internal Medicine services within the Lehigh Valley Health Network to meet criteria for this study. The Cleveland Clinic Readmission Patient Interview Survey was administered at bedside to all 50 patients who consented to the anonymous interview process during their current readmission. The survey included 20 items, which contained both multiple choice and free response questions. By reviewing charts in Epic, demographic information such as age, gender, reason for admission, relation to previous admission, area discharged from, area discharged to, and days until readmission were recorded.

Results

Demographics include 50 patients, with an average age of 64.2, and 48% male. The patients had varying diagnoses associated with their readmission causes: 20% Malignancy, 18% Congestive Heart Failure, 6% Chronic Obstructive Pulmonary Disease, and 56% other. Eighty-six percent of readmission causes were related to the previous admission. The average number of days to readmission was 12.8 days. Forty-four percent of patients felt that they were kept informed about their diagnoses, evaluation, and treatment during their hospital stay all of the time, while 32% responded most of the time, 20% answered some of the time, and 4% responded none of the time. Forty percent of patients responded that they were not asked for their understanding of the discharge instructions, while 60% were asked for their understanding. It was confirmed that 90% of the patients have a primary care physician. Thirty-six percent of patients felt that administration of their medications was not explained during the discharge process, while 64% of patients answered that medications were fully explained to them. Results also showed that 58% of patients had an appointment with their physician within 7 days of discharge after their prior admission.
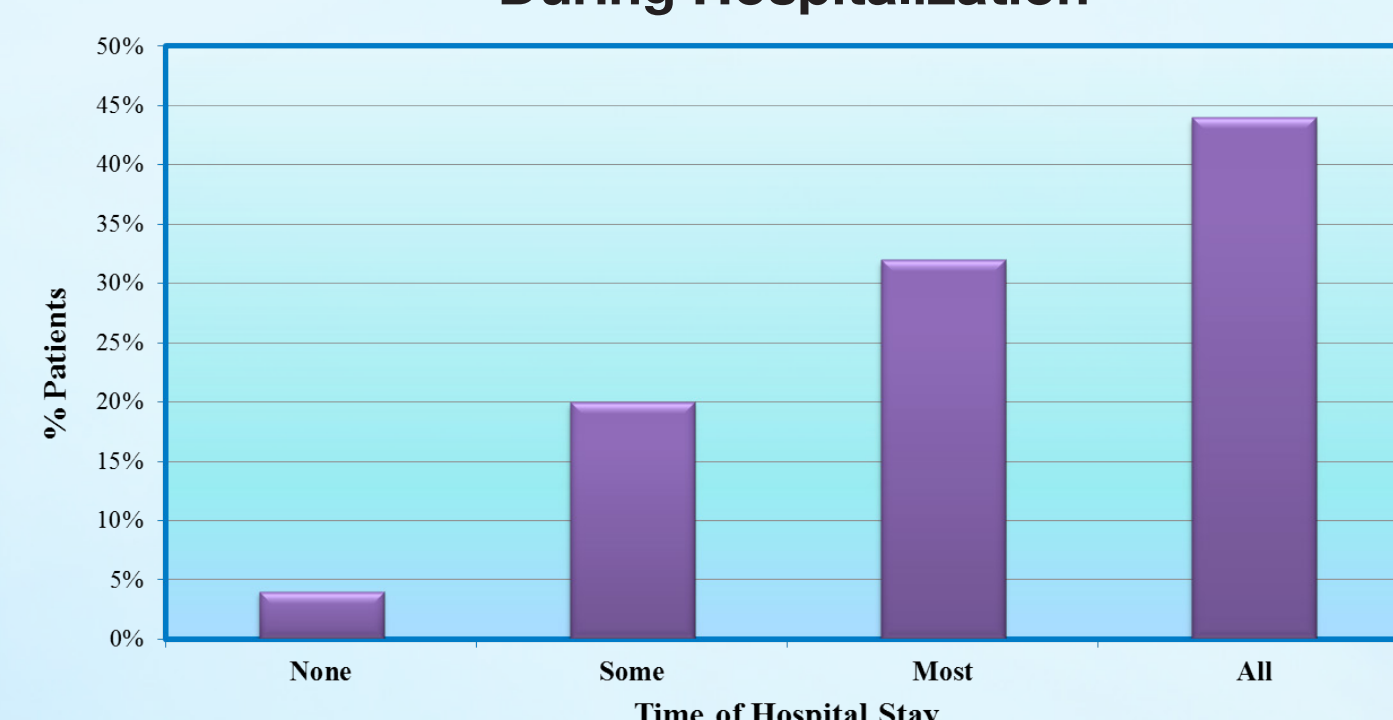
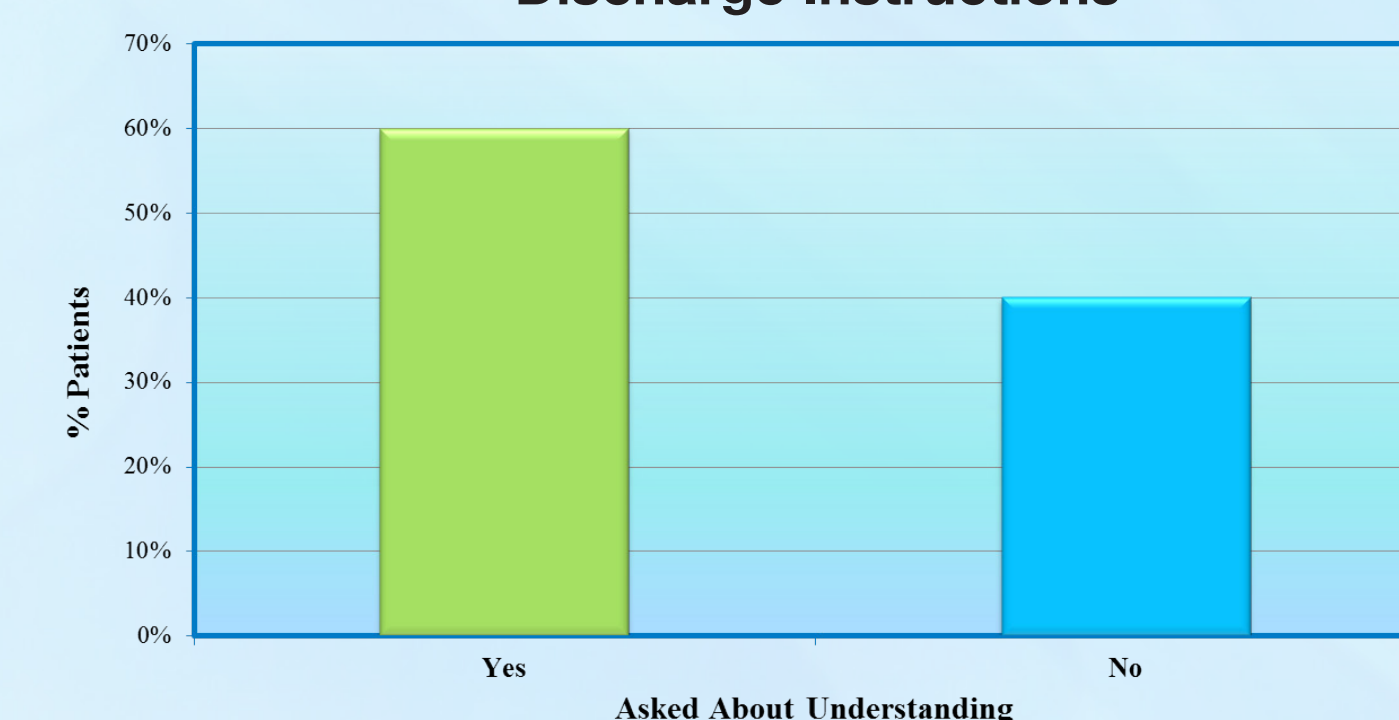

Diagnoses Associated with Readmissions
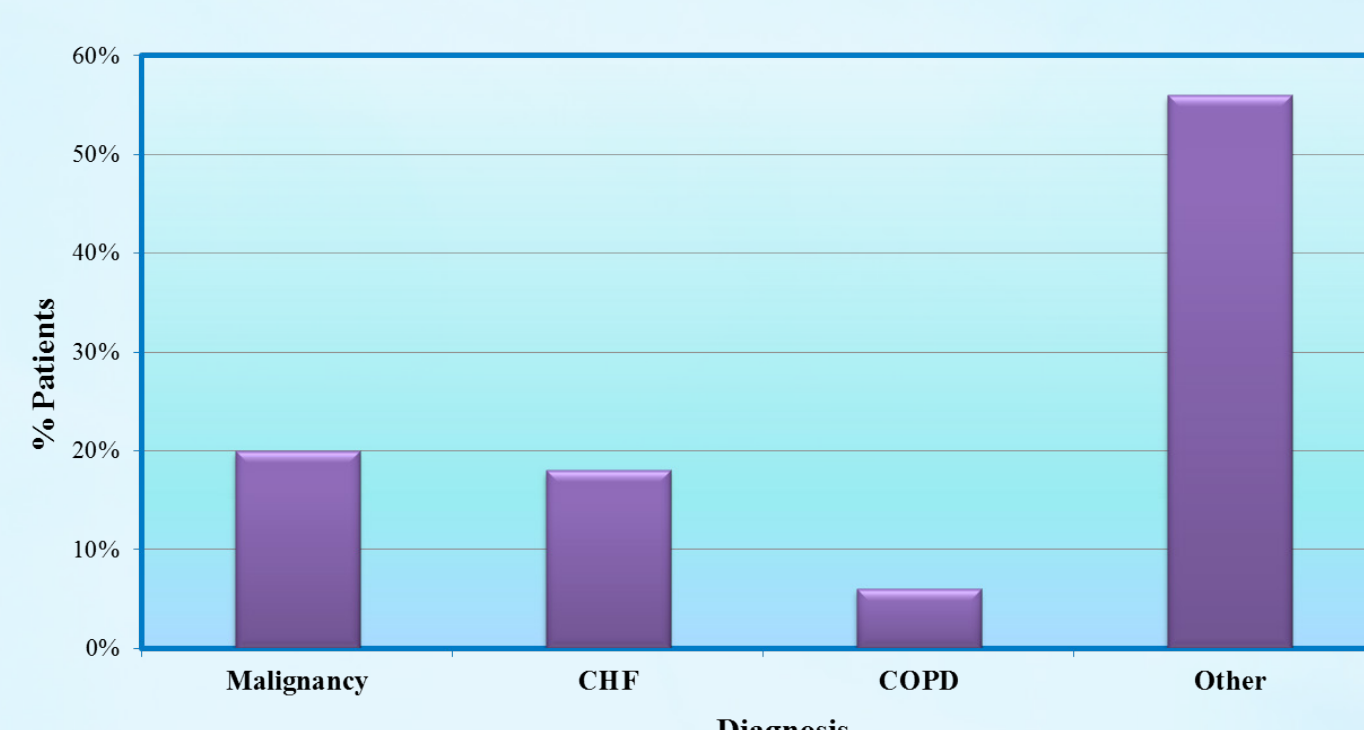
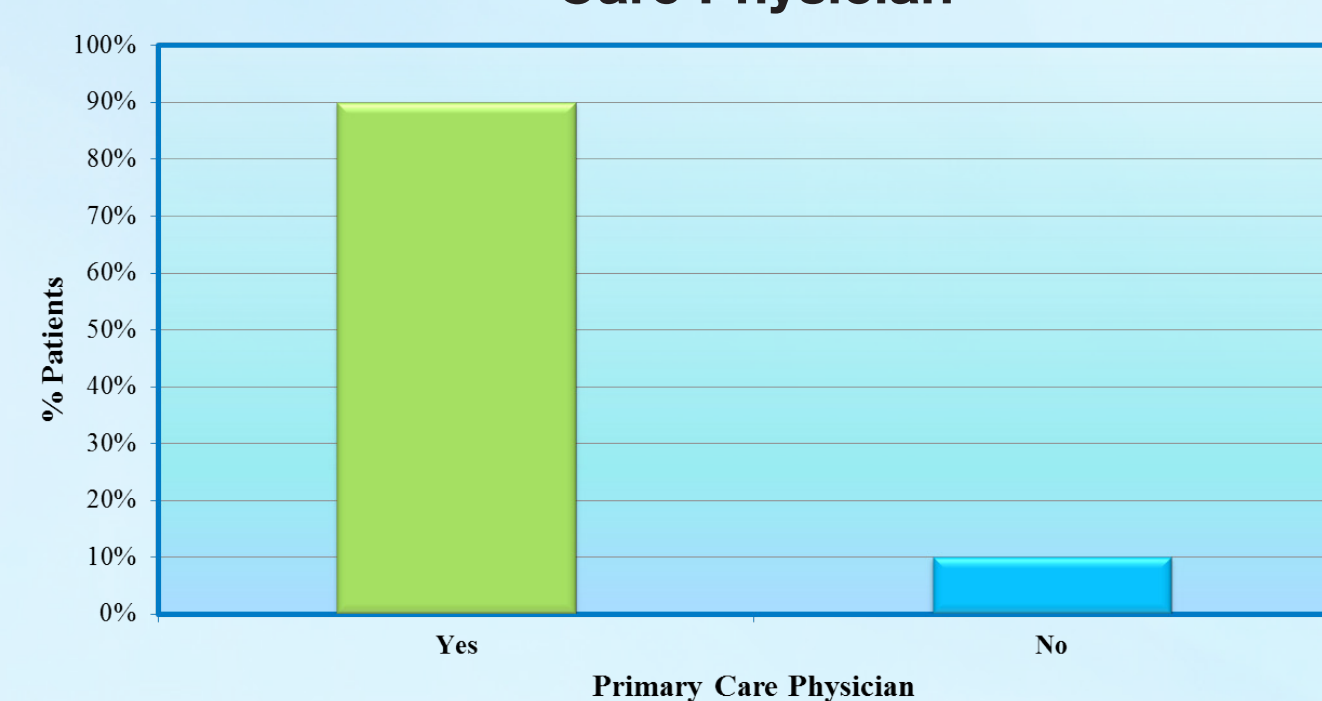Readmission Causes Related to Previous Admission
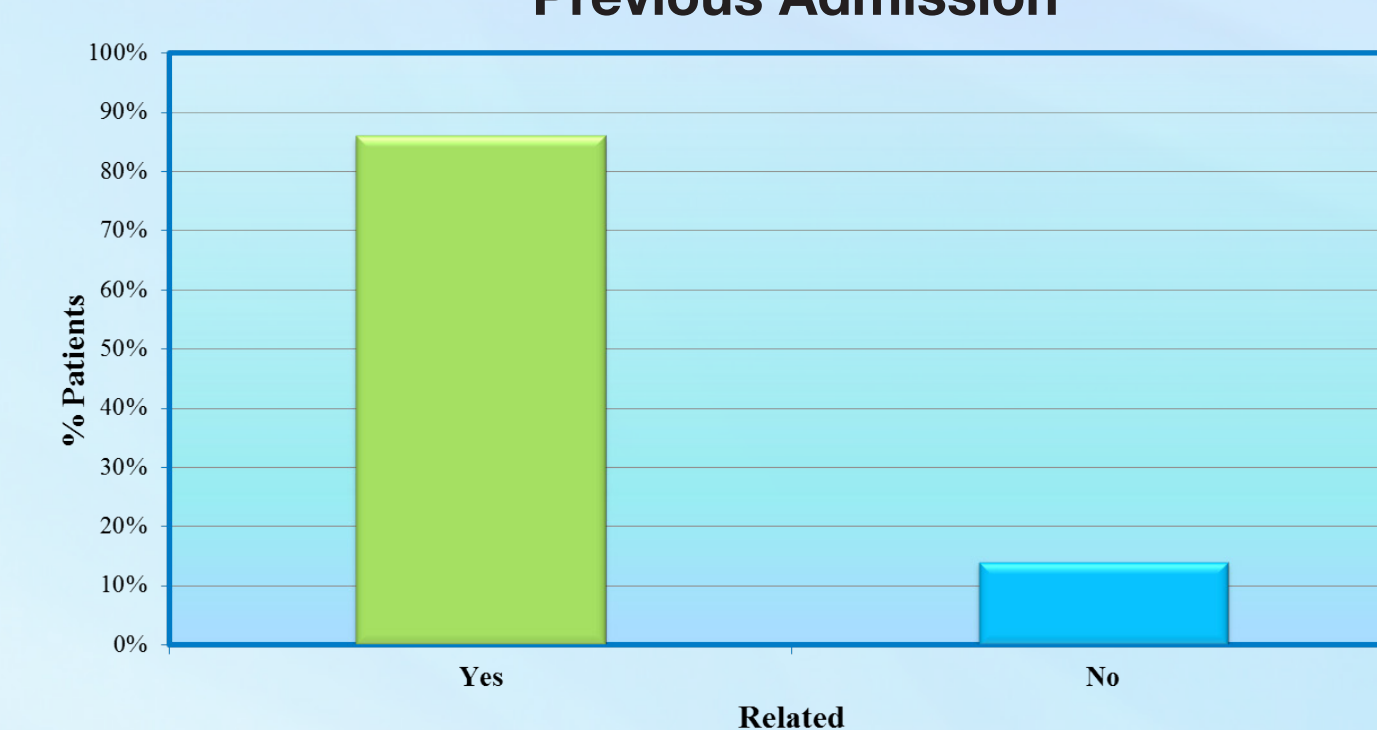
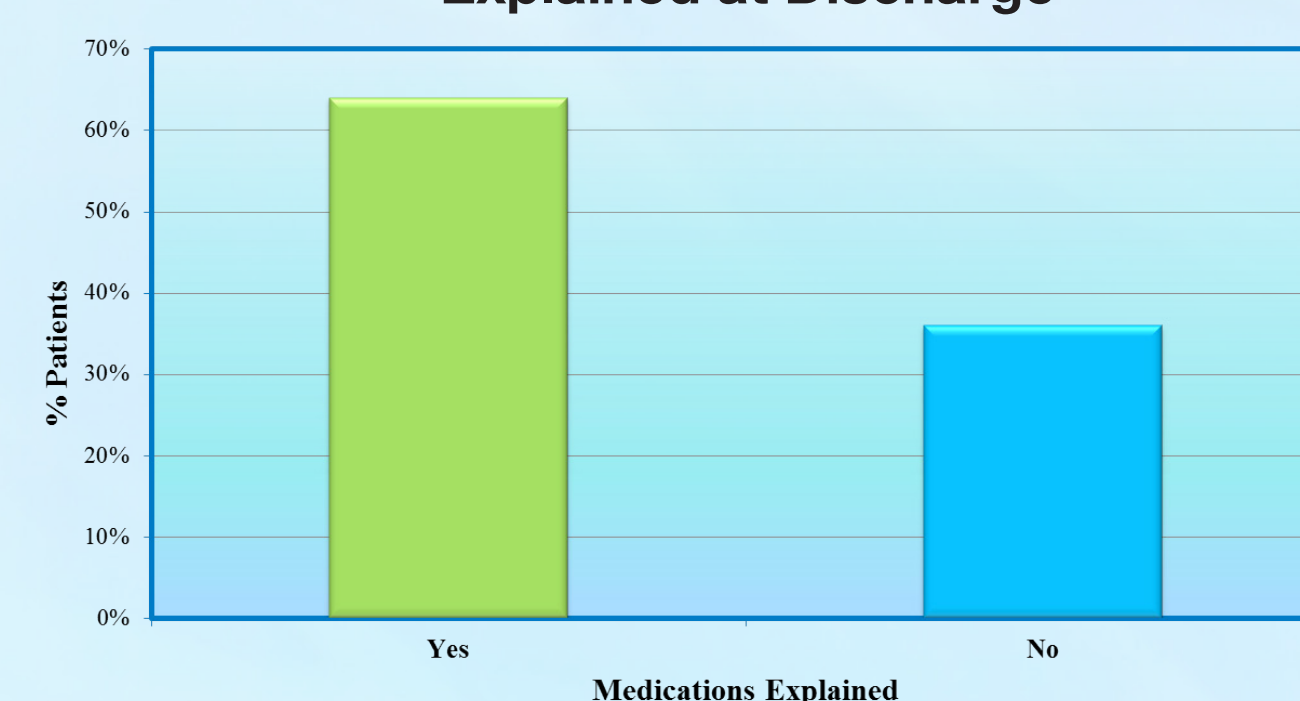Percent of Time Patients Felt Informed During Hospitalization

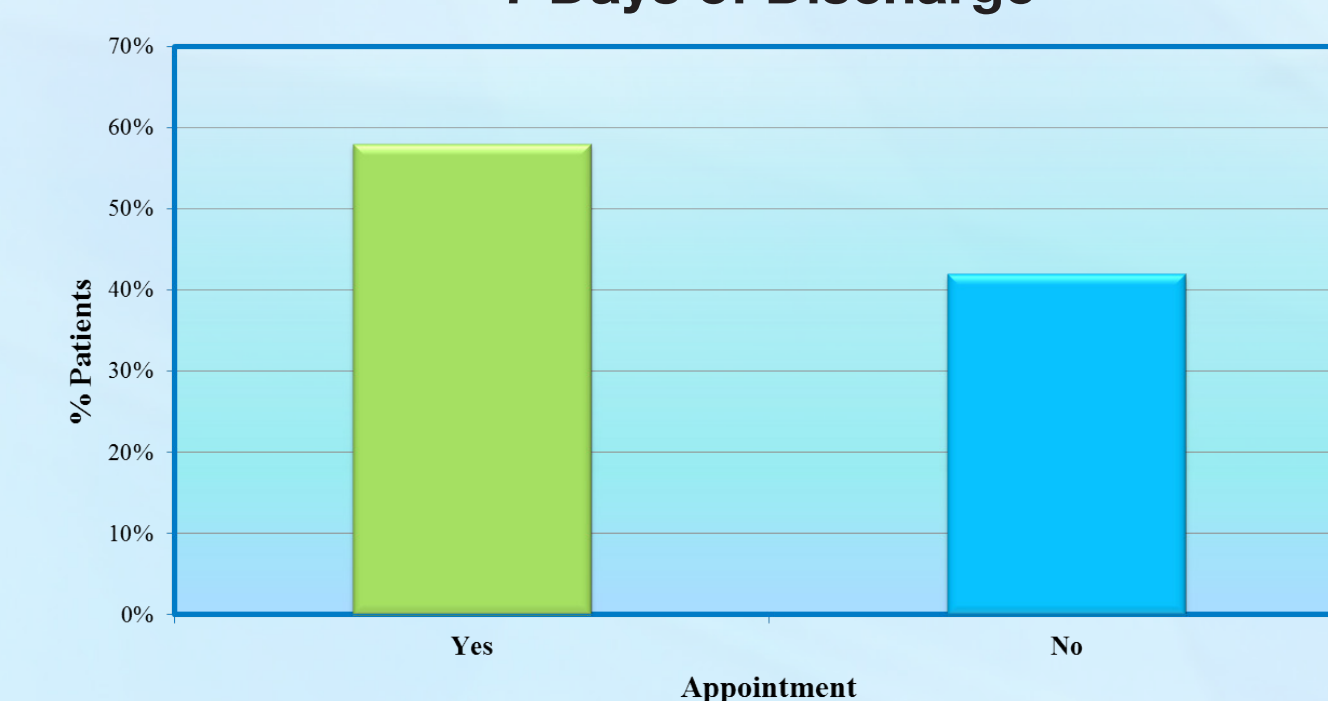Patients Asked About Understanding of Discharge Instructions

Percent of Patients Having a Primary Care Physician

Administration of Medications Explained at Discharge

Appointment Within 7 Days of Discharge

Conclusions and Future Implications

Although some hospital readmissions may be inevitable due to patients' uncontrolled chronic conditions, this study helps demonstrate potential underlying causes of hospital readmissions. Specifically, perhaps a provider's heightened awareness to ask for patient understanding of discharge instructions and medication usage may improve patient compliance. In addition, efforts to improve access to care may increase the ability for patients to schedule an appointment within 7 days of discharge. Addressing these potential causes may help patients prevent relapse and avoid a subsequent readmission.