Associations Between Patient Education Materials, Consumer Satisfaction Rates, CMS 30-day Readmission Penalties and the Size of Hospitals

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Objectives

- Identify healthcare system attributes that may lead to poor patient and family discharge understanding

- Identify health professions most likely to need improvement for communication practices within hospital systems

- Identify communication gaps within a hospital using the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data

- Examine relationships between the size of a hospital, HCAHPS outcomes data, and CMS penalties for <30 hospital readmission rates.

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The Partnership

- Alabama Hospital Association (AlaHA) & UAB School of Nursing

- Multiple Quality Improvement Projects (previously) focused on health literacy beginning with analysis of patient education materials

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Methods

- Cross-sectional pilot study -collaboration with rural and non-rural hospitals (N = 9) located in the southern region of the U.S.

- Pearson correlation coefficients (r) –determines the relationship between variables; is a measure of the linear correlation between two variables X and Y.

- Wilcoxon test was used for the group comparisons

- Public data –used to compare two related samples, matched samples, or repeated measurements on a single sample to assess whether their population mean ranks differ.

Sample

- Hospital size- Self-reported, based on # of inpatient beds, stratified into three groups:

  - 4 small (< 100)

  - 3 medium (100-199)

  - 2 large (> 200)

- Patient education materials (PEMs) used to discharge (N = 84) chosen by CNOs

- HCAHPS questions (n=5) patient satisfaction scores for communication (physicians, nurses, staff)

- 2016 CMS penalties for less than 30 day hospital readmission

Outcomes-Patient Education Materials

PEMS- should be written $\leq$6th grade reading level (NIH & AMA)

(3) hospitals (all small) meet a sixth-grade or below reading level and have an ease of reading that is acceptable according to the Flesch-Kincaid metric
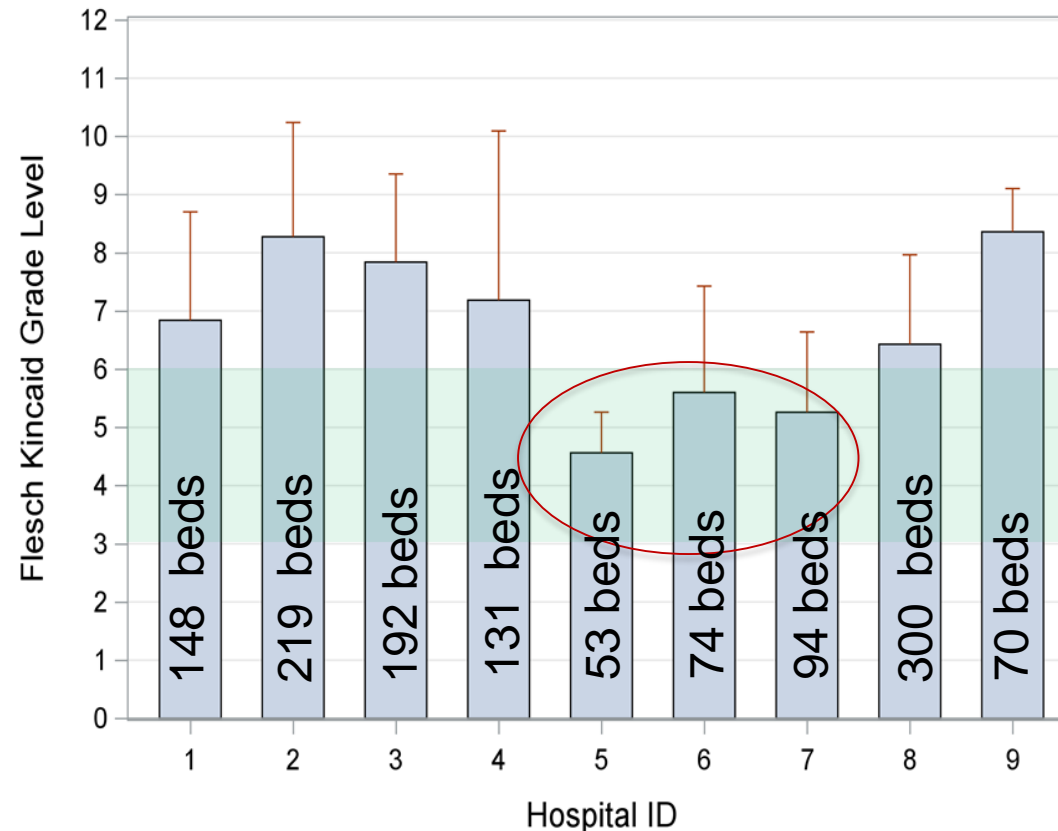
Outcomes-Readmission Penalties

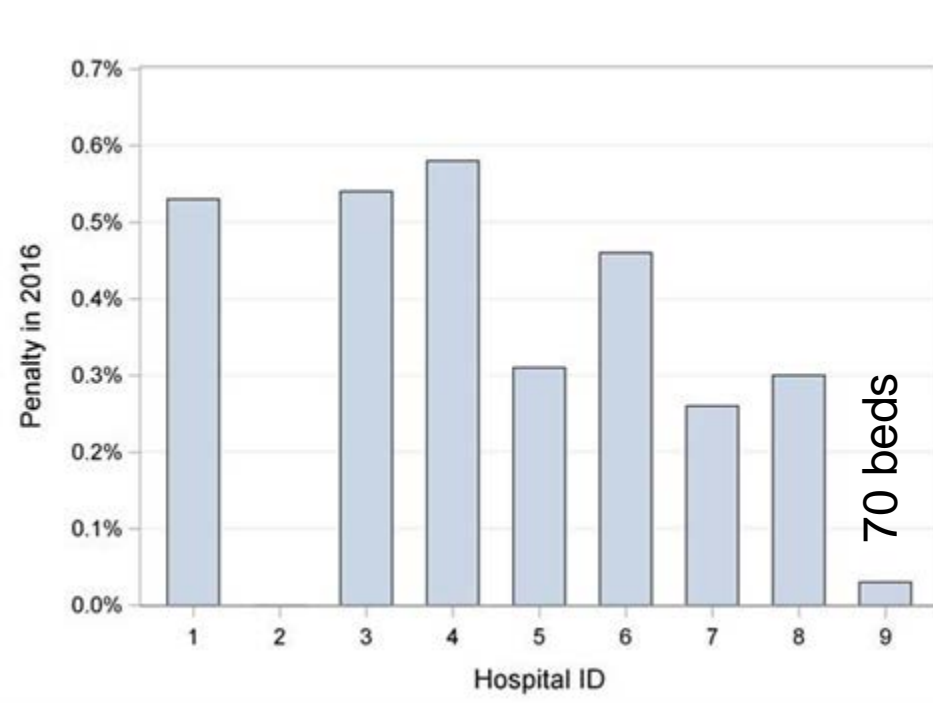Readmission penalties (CMS) are based on a percentage of Medicare payments

Penalties are negatively correlated with HCAHPS

nurses (r=-0.62, *p*=0.0750)

staff (r=-0.63, *p*=0.0669)

physicians (r=-0.08, *p*=0.8444)

*As patient satisfaction scores increase for staff and nurses; penalties decrease*

Outcomes-Satisfaction Rates

Patient satisfaction rates (HCAHPS) for communication are ~equal to/or better than the national average for physicians but fall short for nurses and staff

HCHAPS questions:

1. **Did your nurse communicate well?**
2. **Did your doctor communicate well?**
3. **Staff explained about medicines before giving it to me.**
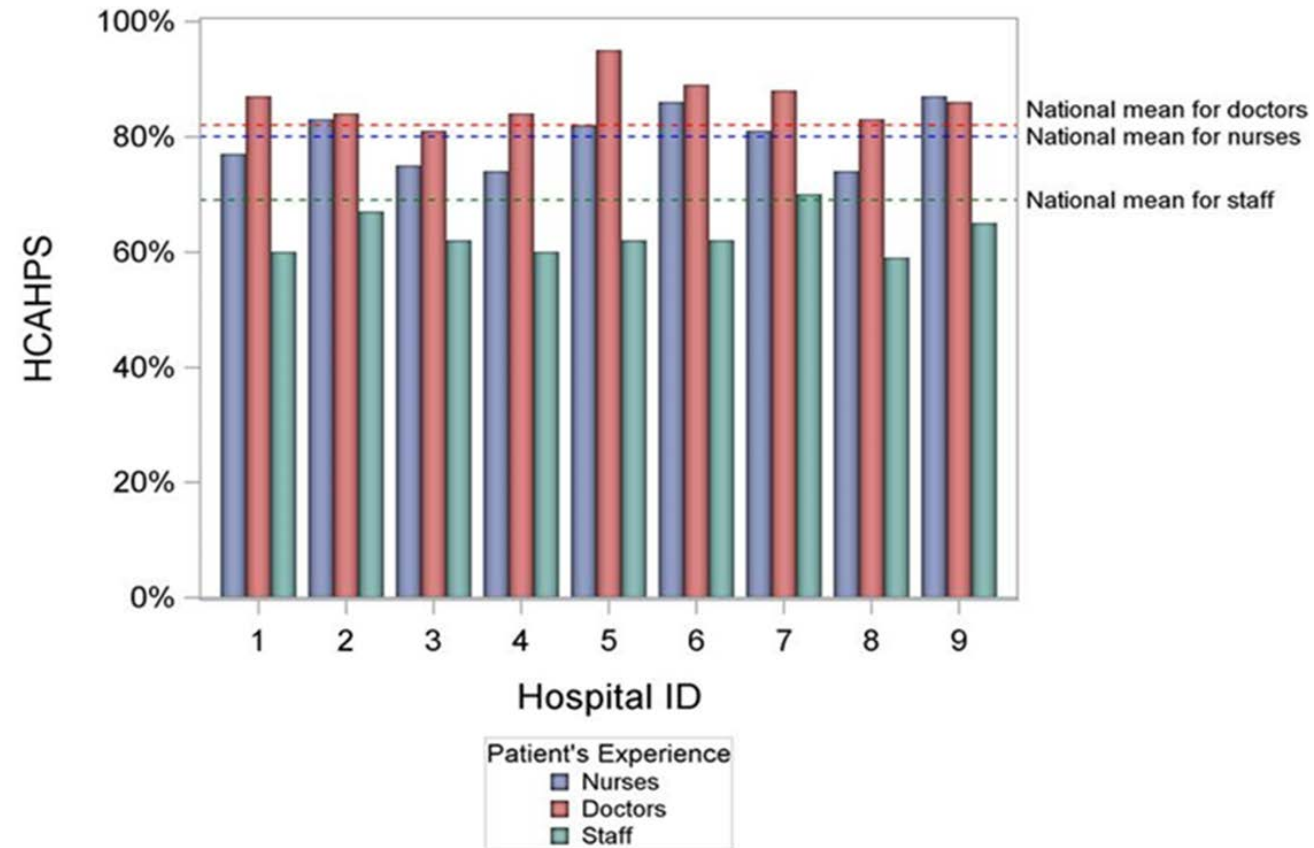
Comparisons-Size / Satisfaction / Profession

Hospital size was *negatively* correlated with patient satisfaction rates for communication;

physicians (r = **-0.77**, *p* < 0.0001)

nurses (r = **-0.68**, *p* < 0.0001)

staff (r = **-0.35**, *p* = 0.0010)

Take Home: The smaller the hospital, the higher the satisfaction for provider-patient communication

Results of patient satisfaction rates for communication **with physicians** were best

90.0 ± 4.6% (small hospitals)

85.0 ± 3.2% (medium hospitals)

83.5 ± 0.7% (large hospitals)

Outcome-Understanding Instructions

- Approximately 10-15% of patients report they _did not_ receive information at discharge.

- For those who report receiving it, on average _less than 50%_ report they understood the discharge information.

Final HCHAPS questions:

4. I received information about what to do during my recovery at home.

5. I understood how to care for myself when I left the hospital.
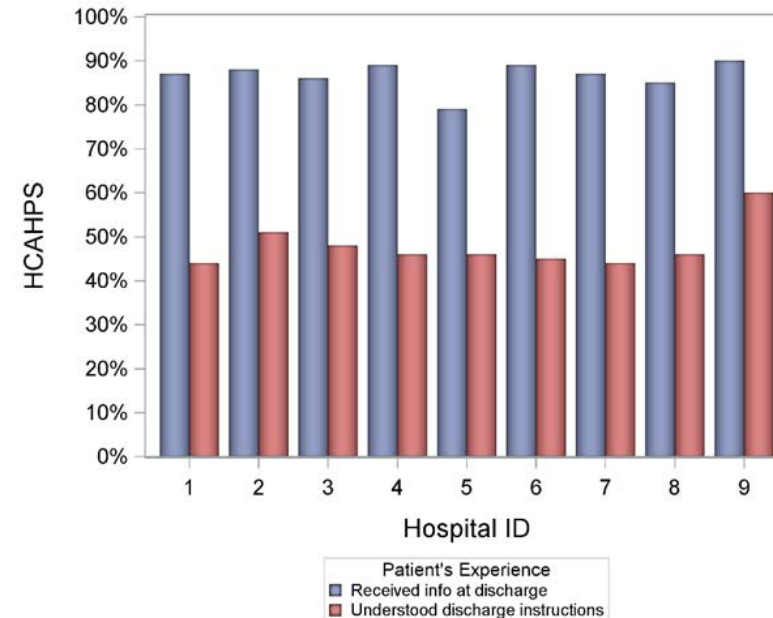
Next Steps

- Limitations on this study: 1 state with few hospitals and a small sample of PEMs to analyze hand picked by the nursing administration at each hospital.

- Recommendations

  - Collaborate with the Joint Commission to collect PEMs during routine visit and randomly pull all PEMs for units that have a high rate of < 30 day readmissions. Compare other publically available data to conduct multistate study using a more comprehensive approach including a cost analysis to demonstrate the value of compliance with the Ten Attributes of a Health Literate Organization.

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