

Patient satisfaction, caregiver communication can reduce risk of hospital readmission

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A survey of patients admitted to Massachusetts General Hospital (MGH) has found that patients reporting greater levels of satisfaction with their care and good communication with the health care providers were significantly less likely to be readmitted to the hospital in the 30 days after discharge. The study, the first to focus on patients' perceptions on future readmission during their initial hospitalization, has been published in *BMJ Quality & Safety*.

"These findings suggest that engaging [patients](#) in an assessment of communication quality, unmet needs, concerns and overall experience during their [hospital stay](#) may help identify issues that have not been captured in standard, post-discharge surveys that are conducted when an opportune time for quality improvement interventions has passed," says lead author Jocelyn Carter, MD, of the MGH Department of Medicine.

Hospital readmissions have been identified as a major contributor to [health care](#) costs, accounting in one survey for almost one-third of total U.S. [health care expenditures](#). While some readmissions may be planned or unavoidable, it has been estimated that more than \$8.25 billion is spent each year on potentially preventable readmissions. Previous studies have associated factors such as patients' age, overall health and specific disease conditions with the risk for readmission; and patients' socioeconomic conditions, level of education and racial/ethnic disparities have also been cited as contributing to risk.

Only a few studies of readmission risk factors have included information provided by patients, and those that did focused on aspects of care delivered after discharge from the hospital. To get a sense of how inpatient care might affect readmission risk, members of the MGH team interviewed patients discharged from two of the hospital's internal medicine units from 2012 through 2015. On either the day of or the day before discharge, participating patients were administered questionnaires covering their own perceptions of their physical and mental health, their satisfaction with the care they received, confidence in their ability to care for themselves, understanding of their care plans and whether they thought they might need to be readmitted within the next month.

Of the 846 patients who were interviewed, 201 had an unplanned readmission during the following 30 days. The most common reasons for readmission were infectious disease, respiratory illness, cardiac disease, gastrointestinal bleeding or a psychiatric diagnosis. After adjustments for demographic factors associated with readmission risk, patients who reported being very satisfied with their overall inpatient care were 39 percent less likely to be readmitted than were patients who were not as satisfied, and those indicating that their doctors always listened to them carefully were 32 percent less likely to be readmitted.

While patients who reported that their caregivers talked with them about whether they would have help after their [hospital](#) stay were somewhat more likely to be rehospitalized, the researchers note that the questioning may reflect efforts to improve care for patients with clear needs for increased support. Patients who predicted they were "very likely" to be readmitted were at increased risk of readmission, but that finding was also not statistically significant. The impact of factors previously associated with an increased readmission risk - such as a limited level of education - was similar to what was seen in earlier studies.

Carter notes, "Surprisingly, there was no increased likelihood of

readmission associated with specific levels of insurance, but that may be related to the universal health insurance coverage in Massachusetts during those years. We also found that patients over the age of 45 were more likely to be readmitted than younger patients, while previous studies have found increased risk only in those over 65. The fact that our study was conducted in units caring for patients with complex [health](#) needs could affect risk across all age categories. Now additional research is needed to examine how these data can help prospectively identify those at increased risk for [readmission](#)."

More information: Jocelyn Carter et al, The association between patient experience factors and likelihood of 30-day readmission: a prospective cohort study, *BMJ Quality & Safety* (2017). DOI: [10.1136/bmjqs-2017-007184](https://doi.org/10.1136/bmjqs-2017-007184)

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