



Provider attitudes and practice of recommended guidelines to reduce readmissions among low income minority patients



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ABSTRACT

In recognition of the contributory role of patient, provider, and systems related factors to failure in transitions of care, recommendations have been made by healthcare organizations regarding best practices to improve transitions of care and reduce readmissions. The role of provider attitudes and adherence to recommended practice guidelines in care transitions has not been studied. The present study sought to determine provider attitudes and actual practice of recommended best practice strategies aimed at promoting optimal transitions of care.

A cross-sectional survey was conducted among key healthcare providers involved in the discharge process at the Grady Memorial Hospital, a 953 bed academically affiliated urban safety net hospital. Of these, 131 participants completed the surveys including 73 internal medicine residents, 7 social workers, 51 nurses (5 nurse case managers, 6 inpatient unit nursing directors and charge nurses and 40 bedside nurses). There was a variation as to consideration of importance of best practices across healthcare disciplines consistent with the practice focus of each discipline. Medication reconciliation however seemed to be considered equally important across disciplines. Coordination of care, use of a multidisciplinary team and discussion of goals of care were practices considered to be least important. There was a significant discrepancy between consideration of importance of best practices and actual practice of these.

This study has shown areas where key providers involved in the discharge process are not adhering to guidelines recommended to reduce readmissions. Future studies to determine barriers to guideline adherence are needed along with targeted interventions to promote provider adherence.

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1. Introduction

Poorly executed transitions from inpatient to other care settings often result in adverse events with increased morbidity, mortality and healthcare costs. The majority of these adverse events are potentially preventable and estimated to cost Medicare at least 20.1 billion dollars annually^{1–3} Patient, provider, and systems related factors each contribute to failure in transitions of care. In recognition of this problem, recommendations have been made by several healthcare organizations regarding best practices to implement to

improve care transitions and ultimately reduce readmissions^{4–7}

Provider knowledge and attitudes are likely to be important contributors to adherence to recommended practice guidelines.^{8–11} Provider attitudes and compliance with guidelines has been widely studied in various aspects of patient care,^{8–11} however not with respect to care transitions. Thus, the present study sought to determine provider attitudes and actual practice patterns of recommended best practice strategies aimed at promoting optimal transitions of care.

2. Methods

2.1. Setting and study design

A cross-sectional survey was conducted among key healthcare

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providers involved in the discharge process at the Grady Memorial Hospital (GMH), a 953 bed academically affiliated urban safety net hospital.

2.2. Study population

Of the approximately 211 eligible participants, 131 (62%) participants completed the surveys including 73 medical residents, 7 social workers, 51 nurses (5 nurse case managers, 6 inpatient unit nursing directors/charge nurses and 40 bedside nurses), all involved in inpatient care and the discharge process. The Institutional Review Board of Emory University and the Research Oversight Committee of Grady Memorial Hospital approved the study protocol.

2.2.1. Survey

The survey was made up of 17 questions which characterized the respondent's demographics and assessed their attitude, practice behaviors, and training needs as they relate to care transitions, as well as barriers to providing optimal care transitions. Demographic questions categorized respondents' healthcare profession, age and gender. Attitude and practice assessment were performed by asking providers to indicate their perception of importance and practice of recommended best practices aimed at preventing readmissions adapted from the Health Care Leader Action Guide to Reduce Avoidable Readmissions by the Health Research and Educational Trust (HRET).⁴ HRET an affiliate of the American Hospital Association (AHA), developed these primarily hospital-based best practice strategies to enhance the care that patients receive, facilitate discharge planning and reduce hospitals' rates of avoidable readmissions. The strategies relate to three key times in the care transitions process: hospitalization, discharge, and post-discharge. Attitude assessment was done by asking providers to indicate their perception of importance of these guidelines by stating yes or no. Similarly, practice behavior of providers was next assessed by asking them to indicate their actual practice of these recommended best practices by stating yes or no.

2.3. Statistical analysis

Respondents were categorized by type of healthcare provider and their responses to questions in each section of the survey instrument. These responses were summarized as frequencies and percentages. Proportion of key responses reflecting attitude and practice (important and practiced) were compared by category of healthcare provider-type and sub-classes within certain provider-types (e.g PGY1, PGY2, PGY3 medical residents). Comparison of the mean attitude and practice scores among provider groups was done using the Kruskal Wallis Anova test. Comparison of the difference between the attitude and practice within each healthcare group was done using the *t*-test as appropriate in two-tail analysis. Statistical significance was ascertained at 95% confidence interval or *p*-value <0.05.

3. Results

The mean age of the participants was 27.6 years. 102 individuals reported gender, with 45 being male and 57 female.

3.1. Attitude

3.1.1. Hospitalization period

Overall, more physicians and nursing directors considered all the recommended best practices during hospitalization important compared to the social workers, nurse case managers and nurses

involved in direct patient care (Table 1).

During this period, medication reconciliation was the practice considered to be most important across disciplines. Among physicians, in addition to medication reconciliation, performing functional and cognitive assessments, and establishing communication with the primary care physician (PCP) and family were the recommended practices considered to be most important (Table 1). Coordinating patient care across a multidisciplinary care team and discussing goals of care including end-of-life treatment wishes were the practices considered to be least important among physicians during this period. There was similarity in attitude patterns across residency training years with regards to practices considered to be most important during the period of hospitalization (Table 2). Among social workers, medication reconciliation was also the practice considered to be most important, while discussing goals of care including end-of-life treatment wishes was considered to be least important (Table 1). Among nurses, there was some variation regarding best practices considered to be most important. Nurse Case Managers considered medication reconciliation to be the most important practice, while the Nursing Directors considered cognitive assessment during hospitalization to be most important. On the other hand, nurses involved in direct patient care considered establishing communication with primary care physicians and family to be the most important practice during hospitalization. Use of interdisciplinary/multidisciplinary clinical teams was the practice considered to be least important among all nurses (Table 1).

3.1.2. At discharge

Medication reconciliation was the practice considered to be most important by physicians at discharge (Table 1), though, perception of importance of this varied across residency years (Table 2). Patient education and scheduling follow up appointments were considered to be next most important, while helping patients manage their medications was considered to be least important. Across residency training years however, there was some variation in best practices considered to be most important at discharge (Table 2). Conducting functional assessments prior to discharge and applying this information to discharge planning was the practice considered to be most important by the PGY3 residents, while the PGY1 and 2 residents considered medication reconciliation more important. Among social workers, implementing comprehensive discharge planning was considered to be most important while scheduling a follow up appointment was considered to be least important (Table 1). Among the nurses, there was some variation in best practices considered to be most important at discharge (Table 1). The nurse case managers considered medication reconciliation, scheduling follow up appointments and patient education using teach back approach as the most important practices. The nursing directors on the other hand considered all the discharge practices to be equally important except for patient education using the teach back approach and facilitating discharge planning to an appropriate care setting, which they considered to be least important. Nurses involved in direct patient care had the lowest scores in general in their consideration of importance of best practices at discharge. Assisting patients schedule a follow up appointment was the practice considered to be most important while patient education using the teach back approach and performing a functional assessment prior to discharge were the practices considered to be least important (Table 1).

3.1.3. Post discharge

On average physicians had the lowest scores with regards to their perception of importance of post discharge best practices (Table 1). This was due to the differences in practices considered to

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