

20211013 Meeting Notes

Research

Questions

- Does response change based on time it takes for a patient to submit their survey?
- Are there key factors that lead to readmission that can be identified from connect calls and patient surveys?
- **Is there correlation in how call survey was answered and readmission? For readmitted patients, how long for follow-up phonecall and when were they readmitted? Could a faster follow-up reduce readmission?**
- HCAHPS vs Connect, medicine details follow-up questions. HCAHPS is in-house and Connect is discharge, are people answering differently?
- Do HCAHPS {16,17}{21,22} reflect readmission rates?
- Does admittance type (ambulance, ER walk-in, scheduled) have an effect on readmission?
- Is there a correlation with age, race, education, language, or other demographics?
- Is there a correlation in discharge unit and readmission rates and scores?
- COVID vs non-COVID times?

Thoughts

- Use PCA on the Connect calls to account for non-yes or no answers
 - Maybe clustering?
- Sentiment analysis for the qualitative data (followup phone calls if Connect is flagged)
- Distinction between response not needed and response not given

Data

In Progress

- Filling out data user agreement
- Cleaning data for general use
 - Will still have primary keys
- Expect followup in a week or so

Paper handouts

What is HCAHPS?

- National survey used by the government
- Drives: reimbursement, overall score, funding
- Reportable vs non-reportable surveys
 - Reportable:
 - Anonymous
 - Reported to Center for Medicare and Medicaid Services (CMS)
 - 300 surveys required by CMS per year
 - ~600 responses per year at TMH
 - Mailed to the patient
 - Totally separate from non-reportable
 - Only 33% of patients receive reportables
 - Totally randomized
 - Done by 3rd party
 - Both surveys are identical
- National response rate is 24% of surveyed
 - TMH is at 19%
- These are scored on “top box” -> only “always” counts
- Timeline:
 - Discharged
 - <= 48 hours of discharge survey is sent
 - Patient receives between 48 hours and 6 weeks
 - Automated discharge calls are within 24 hours and start at 11am
- Mapped from discharge location, not necessarily each unit visited

Data Sources

- Discharge phonecall
- Connect call
 - Everyone gets all the questions
 - Follow-up calls based on flags are not triaged, oldest first
 - Priority given to clinical over service
- Patient experience survey (33% mail, 66% email)
- Approximately how many patients worth of data is there?
 - 1500 responses July 2020-2021 for HCAHPS

Data Strategy

- Work backwards
 - Start with readmitted
 - Figure out why readmitted
 - Forecast for future patients

Follow-up

Actions

- Jessica
 - Find “the box”
 - Send equivalent questions

Current Questions

- How is the 33% determined by the 3rd party?
 - Every third discharge? $\frac{1}{3}$ chance at discharge? etc.
- How many responses each year? 600?
- How many mailed surveys per year?
- Is there an existing data dictionary?
- Can people get the mail and email survey?
- What are the HCAHPS survey question domains?
- Do we know how people were admitted (ambulance, ER walk-in, scheduled) and readmitted?

Future Questions

- None :)