

Pharmacist-directed anticoagulation service can impact patient satisfaction

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As hospitals look for ways to improve patient satisfaction and boost their Medicare reimbursement, a Henry Ford Hospital study found that an inpatient pharmacist-directed anticoagulation service (PDAS) might be an unexpected opportunity.

In a survey of 689 patients who received inpatient anticoagulant therapy, [patient satisfaction](#) increased significantly using the PDAS compared to patients' reviews of their care in a previous pharmacy model. Key findings:

- Overall satisfaction with their medical care rose 10.6 percent.
- Satisfaction with the amount of information communicated about their drug therapy rose 37.2 percent.
- Satisfaction with the clarity of information communicated about their drug therapy rose 35.2 percent.
- Satisfaction with the quality of answers provided by the pharmacist to their questions rose 29.5 percent.

The findings are published in the *Annals of Pharmacotherapy* at <http://www.theannals.com/content/early/2013/05/07/aph.1R686.abstract>. It will appear in the journal's print and online June issue. This is believed to be the first study to show patient satisfaction from a pharmacy program.

"Our findings demonstrate that formal and structured patient care roles for pharmacists can positively impact patient satisfaction overall," says James Kalus, PharmD, senior [clinical pharmacy](#) manager at Henry Ford and senior author of the study. "It also provides a compelling example of what pharmacy departments and [hospital](#) leadership may consider when redesigning patient care models in an era of hospital value-based purchasing."

Under the PDAS model, a team of pharmacists is responsible for dosing, monitoring and patient education of all hospitalized patients receiving anticoagulants including [warfarin](#), a common blood thinner, and ensuring their patients make a safe transition from the hospital to an outpatient setting. In a conventional inpatient anticoagulant model, typically directed by a primary care team and clinical pharmacist, coordination of care can be prone to inefficiencies and safety errors.

Since implementing the PDAS model four years ago, Henry Ford has reduced the risk of bleeding and thrombosis and other complications by five percent and achieved more than 70 percent success with patients transitioning from the hospital to an outpatient clinic.

With the implementation of the Patient Protection and Affordable Care Act in October 2012, the Centers for Medicare and Medicaid Services are using patient satisfaction data to determine Medicare reimbursements to hospitals and health care providers. At Henry Ford, Dr. Kalus and colleagues sought to evaluate whether its PDAS impacted patient satisfaction by surveying patients who received inpatient anticoagulant therapy in the conventional anticoagulant model from February 2001-April 2007 and in a PDAS from December 2008-December 2010.

Surveys were mailed to 1,684 patients after discharge from the hospital, and 689 responded. The five-question survey asked patients to evaluate:

- The amount of information they received about their medicine while hospitalized.
- The clarity of information they received about their medicine while hospitalized.
- The answers to their questions about their medicine while hospitalized.
- Level of satisfaction with their medical care

while hospitalized.

Response options for the first three questions ranged from "a lot better than expected" to "a lot worse than expected" to "very good" and "very poor." Response options for the fourth questions ranged from "extremely satisfied" to "not at all satisfied."

For a fifth question, [patients](#) were asked for a "yes" or "no" answer to "Did a [pharmacist](#) speak to you during your hospital stay?"

Provided by Henry Ford Health System

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