DISCUSSION & LIMITATIONS
To further understand why they have worse experience
Patient experience and risk of readmission

95.2
95.6
JFMA (n / %)

Different versions of CAHPS survey were used between this study and
as good or better
2 surveys were conducted; the CG
Level of Education
working to mitigate this issue

3918
<.0001
51.5

There is no significant difference in patient satisfaction between the
66.67
0.148
95.6
P
3706
<0.001
The present study consisted of 33
Pneumonia patients have significantly worse patient experience
74.2
Limited sample size: Lack of statistical power
4115
4120
Race
Sex
3642

Patient satisfaction data serves as one measure of quality of care.
Information about patients’ readmissions was collected from patient charts on
To create intervention that can improve patient satisfaction

0.308
Patient
86.7
Unable to control for covariates to explore for correlation of patients

Table 1. Pneumonia patient cohort demographics

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Race</th>
<th>Level of Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤50</td>
<td>Male</td>
<td>White</td>
<td>Some high school</td>
</tr>
<tr>
<td>&gt;50</td>
<td>Female</td>
<td>Black or African</td>
<td>High school/2 some college</td>
</tr>
<tr>
<td>&gt;65</td>
<td>Female</td>
<td>Others</td>
<td>Some college/2 some college/3 &gt; 4-year college</td>
</tr>
</tbody>
</table>

Table 2 CG-CAHPS Ratings: Pneumonia patients versus general primary care patient population

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>PNA (n / %)</th>
<th>JFMA (n / %)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rated overall mental/emotional health as good or better</td>
<td>17</td>
<td>51.5</td>
<td>3706</td>
</tr>
<tr>
<td>Provider explained things in a way that was easy to understand</td>
<td>23</td>
<td>74.2</td>
<td>4115</td>
</tr>
<tr>
<td>Provider listened carefully to patient</td>
<td>23</td>
<td>74.2</td>
<td>4115</td>
</tr>
<tr>
<td>Provider showed respect for what patient had to say</td>
<td>28</td>
<td>90.3</td>
<td>4120</td>
</tr>
<tr>
<td>Provider spent enough time with patient</td>
<td>23</td>
<td>74.2</td>
<td>3918</td>
</tr>
<tr>
<td>Provider’s rating score between 9-10</td>
<td>22</td>
<td>66.67</td>
<td>3801</td>
</tr>
<tr>
<td>Rated overall physical health as good and better</td>
<td>26</td>
<td>78.8</td>
<td>3642</td>
</tr>
</tbody>
</table>

Implications
- Pneumonia patients have significantly worse patient experience compared to the general primary care population.
- There is no significant difference in patient satisfaction between the readmitted and non-readmitted pneumonia patients.
- The pneumonia patients have lower health self-ratings.

Limitations:
- Unable to control for covariates to explore for correlation of patients experience and admissions
- Limited sample size: Lack of statistical power
- Different versions of CAHPS survey were used between this study and Jefferson primary care sites – working to mitigate this issue

Future Research:
- To further understand why they have worse experience
- To create intervention that can improve patient satisfaction
- Larger study to examine readmitted versus no readmitted pneumonia patients

CORE COMPETENCIES
- A1, B1, C1: Describes factors affecting the health of a community
- B2 & C2: Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns,
- A9: Describes public health applications of quantitative and qualitative data
- A5 current trends (e.g., health, fiscal, social, political, environmental) affecting the health of a community
- A2, B2, C2: Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images,
- C5: Synthesizes evidence from print and electronic sources
- A7: Describes the procedures for the ethical conduct of research

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