Enhancing quality of life (QOL) and patient satisfaction survey completion through automated task integration in a specialty pharmacy

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BACKGROUND

Health related quality of life (QOL) and patient satisfaction are key indicators of care quality for patients receiving specialty medications in pediatric populations requiring long-term therapy. Consistent capture of patient reported outcomes supports monitoring of treatment burden and identification of opportunities for intervention. Inconsistent survey collection can limit insight into patient experiences, highlighting the need for a standardized approach within specialty pharmacy practice.

OBJECTIVE

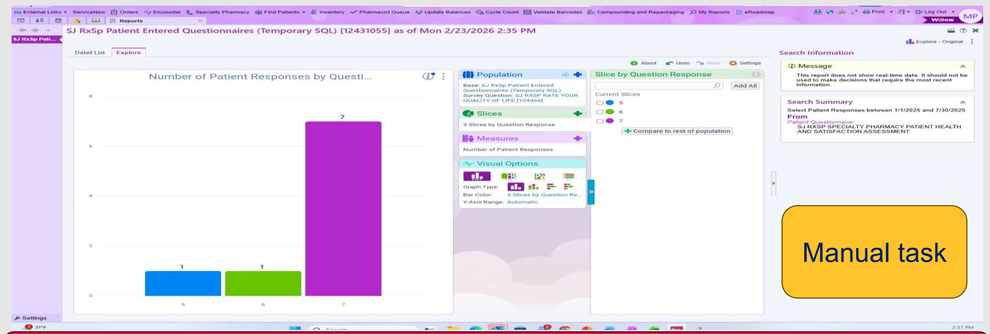
To improve completion rates of QOL and patient satisfaction surveys among patients and/or caregivers receiving specialty medications enrolled in a patient management program at a pediatric institution through implementation of an automated survey task system.

METHOD

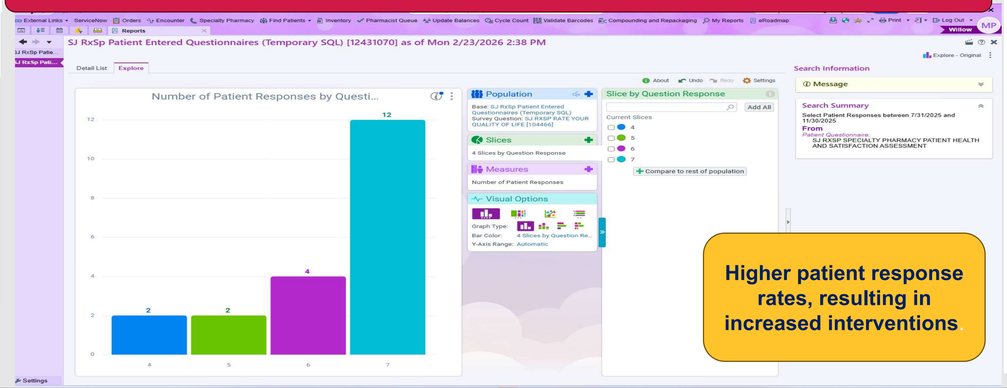
- To replace inconsistent manual administration, an automated survey task was launched July 31, 2025, linked to refill schedules, recurring every three months, and activating three months after therapy initiation for new patients.
- Survey task automation was implemented on July 31, 2025. Data from August 2024–July 2025 were compared with data from August 2025–February 2026.
- The study included pediatric patients enrolled in a specialty pharmacy patient management program receiving long-term specialty medications during the pre- and post-implementation periods.
- Prior to automation, surveys were conducted during refill calls, resulting in low completion and limited patient reported outcome data. Pharmacy techs were trained to adjust task dates as refill or reassessment timelines changed, and a reporting tool identified overdue surveys to support timely completion.
- Surveys were administered verbally or through MyChart at standardized intervals. In this quality improvement project, pre- and post-implementation data were compared descriptively; no formal statistical testing was performed due to small sample sizes. Sample sizes reflect patients with completed surveys during each time period.

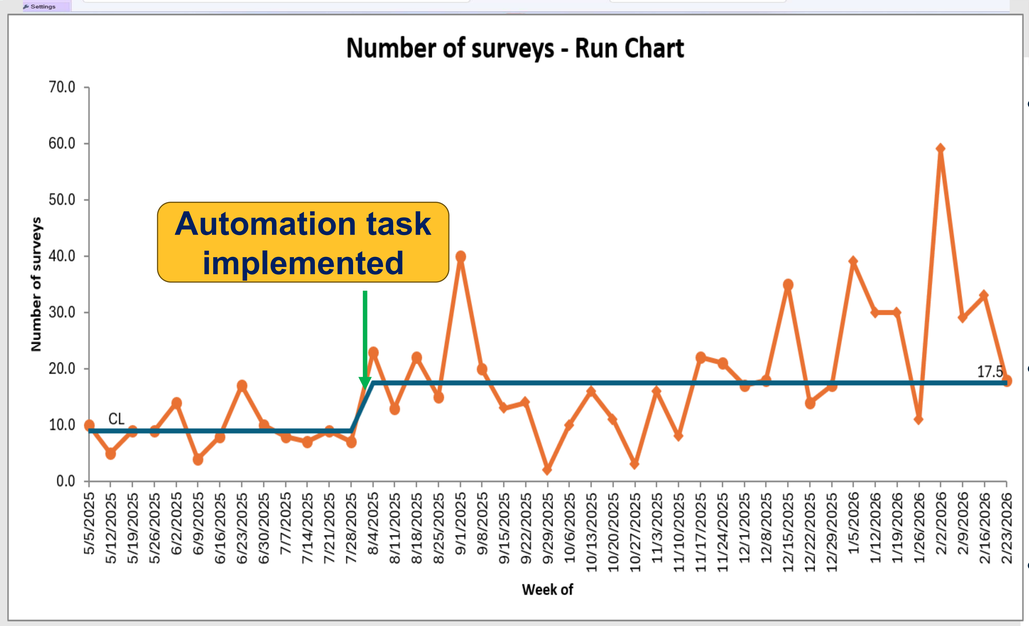
RESULTS

Pre- Implementation Data: Patients with QOL <8



Post-Implementation Data: Patients with QOL<8





Median number of surveys completed per week was **9** prior to implementation and **17.5** following implementation

RESULTS

- Survey completion increased by **57%** following automation, from **44 to 69 surveys** per month; median weekly completions increased from **9 to 17.5.**
- Patient-reported outcomes remained favorable, with >90% of respondents reporting QOL scores ≥8 and Net Promoter Scores approaching **100%.**
- Identification of medication therapy problems improved, increasing from **5 among 9** surveyed patients pre-implementation to **7 among 20** surveyed patients post-implementation.
- Findings suggest earlier detection and improved documentation across a larger patient population, although interpretation is limited by response bias, incomplete pre-implementation survey capture, and small sample sizes.

CONCLUSIONS

- Automation of standardized data collection strengthened monitoring of patient reported outcomes and improved early identification of patients needing assistance.
  - The process helped the pharmacy team better understand patient experiences and respond more quickly to emerging needs.
- The automated workflow reduced administrative burden, improved visibility of pending tasks, and ensured assessments were completed at appropriate intervals, supporting delivery of high quality, patient centered care.
- Limitations include small sample sizes, reliance on self-reported outcomes, and lack of formal statistical analysis, which may limit generalizability and interpretation of observed trends.