IMPROVING PATIENT SATISFACTION WITH NURSING COMMUNICATION
IN AN ACUTE CARE SETTING

by

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Abstract

Organizational Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) survey results provided evidence to indicate the need for improvement in nursing communication with patients in the telemetry unit. The nursing handoff practiced at the organization was a traditional nurse to nurse handoff and did not involve patients and families in the discussion of their plan of care. Bedside handoff is one of the evidence-based strategies that can be used to improve nursing communication by involving patient and families in discussion of their plan of care. Bedside handoff was implemented using Havelock’s change theory and focused on implementation in an acute care 34-bed telemetry unit to improve patient satisfaction towards nursing communication. The purpose of this project was to determine if the bedside handoff process would improve patient satisfaction towards nursing communication as evidenced by an increase in HCAHPS scores. Two months after implementing bedside handoff, patient satisfaction with nursing satisfaction was increased which was evidenced by increased HCAHPS score on each elements of nursing communication. HACHPS score on Nurses treating patients with courtesy and respect increased from 90.9 to 100, Nursing communication from 80 to 95.8, nurses listened carefully from 39 to 87.5 and clear communication by nurses from 75 to 100.

Key words: Bedside Handoff, Patient satisfaction, Nursing Communication, organizational reimbursement.
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Problem Description

The nursing handoff process practiced at the organization was a traditional nurse-to-nurse to nurse handoff and does not involve patients and families in the discussion of their plan of care. Traditional handoff was conducted at the nursing station away from patients excluding their participation in care planning process. It was characterized by lack of communication between the nurses and patients, only involving the nurses (Wakefield, Ragan, Brandt, & Tregnago, 2012). Evidence also suggested that patients were dissatisfied with this traditional handoff process since they were not involved in the discussion of their plan of care (Anderson, Malone, Shanahan, & Manning, 2015).

Improved patient satisfaction is a quality indicator and part of a value based purchase program. Improving patient satisfaction by meeting the benchmarks will contribute to 25-30% of reimbursement for the organization. Evidence suggests that bedside handoffs benefit patients and families by increasing their participation in the plan of care, improving quality of nursing communication with patients and families, and promoting patient satisfaction, which is a major element of financial reimbursement for the organization (Stanowski, Simpson, & White, 2015). Therefore, this project focused on improving patient satisfaction with nursing communication by implementing bedside handoff during shift change.

The setting was a 369-bed acute care hospital providing multiple healthcare services to its community. The selected unit was a telemetry unit with a consistent low patient satisfaction score towards each element of nursing communication such as nursing staff listened carefully, responded timely and communicated clearly. The adult patient population admitted to the telemetry unit with multiple comorbidities such as chest pain, congestive heart failure, pneumonia, respiratory distress, pancreatitis, gastrointestinal bleed, liver disease and renal failure
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on hemodialysis. These patients had multiple questions on their plan of care, and medications. They requested consistent attention from nursing staff to reduce their anxiety and needed to be informed appropriately to keep them satisfied. Leadership also noted patients verbalized concern that that nurses did not listen to them carefully most of the time during their rounding. The specific unit was therefore selected to implement the new practice change of BSH and the process will be monitored to identify any opportunities for improvement.

It was identified that patients were not satisfied with the nurses’ communication methods during patient rounding. Patients verbalized they were not involved in their plan of care, nurses did not explain medications or its side effects, nurses conducted the shift report outside their rooms, and they did not perceive staff responded in a timely manner when called for help or treated them with courtesy and respect and staff did not check on them every hour even though hourly rounding was already implemented and practiced in the unit. These findings were reflected on the HCAHPS survey results.

HCAHPS is a standardized national survey created by Center for Medicare and Medicaid Services (CMS) in collaboration with the Agency for Healthcare Research and Quality (AHRQ) to identify and measure patients’ perception of care received during their hospitalization. These aspects Therefore, improving patient satisfaction was selected as a priority because of its contribution in organizational value based purchasing (CMS, 2016). A hospital’s performance is assessed on various measures that may compromise each domain because federal rule determines how much weightage each domain will be given to calculate the hospital’s total performance score during each year (CMS, 2016). The HCAHPS score on nursing communication at the unit was ten points below and staff responsiveness was twenty-three points below the national benchmark for each category. The project leader also identified that nursing staff practiced shift
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report at the nursing station, did not involve patients or families during the report during direct observation of shift report at the unit.

The call light log revealed that the duration of answering the call light by the staff was more than ten minutes during day shift and 20 minutes during night shift as there were no designated staff at the nursing station during night to answer the call light. It was also noticed during rounding that the nurses used the nursing station instead of hallways to complete their documentation which caused further delay in the response time from answering the call light to someone went to patient’s bedside to offer help. During daily unit rounding, leadership observed that the nursing staff did not introduce themselves to the patients at the beginning of the shift in a consistent manner, and staff were not sensitive to the call light volume. During patient rounding, leadership also identified and validated that nurses did not discuss the plan of care with patients or family members after receiving report from previous shift, ask or consider patent or family preferences in the provision of care, or routinely inquire if patients had any questions or needed any help before nurses leave the patient’s room. These factors contributed to a low patient satisfaction score towards nursing communication and it was reflected on HCAHPS report for the unit.

This low HCAHPS scores on nursing communication inspired the learner to implement the practice change by changing the current traditional handoff process to bedside handoff, an evidence-based practice shown to improve patient satisfaction towards nursing communication and their involvement in plan of care and decision making. Effective nursing communication is integral to improving the quality of patient care. Bedside handoff has also been found to be effective in improve nursing accountability and teamwork; thereby improving the communication among nurses (Chung, Davis, Moughrabi, & Gawlinski, 2011). Research has provided evidence
to support BSH as an essential practice in a critical care environment with documented improvements in satisfaction of patient and nursing staff. Therefore, it is important that nursing staff include BSH in their practice of handoff to meet the values and preferences of clients while facilitating patient centered care and making clinical judgement (Evans, Grunawalt, McClish, Wood, & Friese, 2012).

Available Knowledge

Methods of literature search. The various databases used to obtain the English language literature from January 2010 to May 2016 included CINAHL, Cochrane Database of Systemic Reviews, ProQuest Health and Medical Complete, Joanna Brigg’s Institute for Evidence Based Resources, Ovid, and PubMed. The terms bed-side, patient, nursing, and report, handoff, handover, and bed-side handoff, patient satisfaction, advantages and barriers of BSH, nursing communication, and patient-centered approach were utilized to facilitate the literature search. Systematic reviews, quantitative, qualitative, and observational studies were included in the search. John Hopkin’s EBP model was used to compare and evaluate the evidence quality that is obtained. In this EBP model, the evidence is assigned a ranking level from one to five in which being the strongest evidence is level one and weakest evidence is five.

Results of literature search. A total of 2,672 articles were resulted in the search with full text content Most of the resulted articles showed expert opinions than actual research. Search limit was restricted to include full text academic journals published only in English language and those published between 2010 and 2016. The inclusion criteria included those journals which studied barriers and advantages of bedside handoff, strategies to conduct effective bedside handoff, impact of bedside handoff on nursing communication and patient satisfaction, tools to implement effective bedside handoff and patient centered approach. Exclusion criteria included
those journals which were identified as repeat studies, expert opinions, and those focused on patient satisfaction with other aspects such as physician communication, care transition, quietness and pain management.

When articles based on expert opinions, repeated articles, and those focused on patient satisfaction and physician communication, care transition, quietness and pain management were excluded, 21 relevant articles remained. These 21 articles were organized, analyzed, and summarized to identify the gaps in evidence and knowledge and relevance to the topic selected. Once the irrelevant and duplicate articles were removed from the search list 20 articles were selected for the literature review.

The literature review indicated evidence suggesting that use of BSH is associated with promotion of patient satisfaction, patient involvement in care and safety, and has also improved satisfaction of nurses. These results provide an underlying foundation for such similar outcome during the implementation of BSH. The literature review addressed various elements of BSH such as the impact of BSH on Patient Satisfaction and nursing communication, advantages of BSH, patient involvement and patient centered approach to BSH Process, and Barriers of BSH.

The literature provided an insight into the importance of conducting a BSH as the handoff process and suggests that BSH improves patient satisfaction by improving their opportunity to be part of the discussion of their plan of care, promoting family participation in determining treatment plan, enabling patients and families to clarify any concerns during handoff, providing them an opportunity to visualize the method of nursing communication and correcting any information during the report (Evans et al., 2012). Evidence also suggests that BSH improves nursing communication by enabling the nurses to visualize their patients and assess them before
the shift starts. BSH promotes staff accountability by providing them opportunity to identify any errors during handoff process and correct those errors (Evans et al., 2012).

**Theoretical Framework**

Havelock’s theory of planned change was used as the theoretical framework for the project. Havelock’s theory (White & Dudley-Brown, 2012) is based on the assumption that implementing change could possibly create resistance among the employees of the organization. This theory enables the learners to identify the strategies to overcome the resistance and ways to implement the change carefully (Lehman & Keverne, 2008). Havelock’s theory was developed for managing changes through adequate planning and evaluating its effectiveness. Havelock suggests that before implementing the change, a relationship must be developed with the system or process which is in need for the change. This is the initial stage of planned change (Lehman & Keverne, 2008).

The selected PICOT (Population Intervention Comparison Outcome and Time) question addressed the need for changing the practice of traditional nursing handoff to a bedside handoff process, which was identified as evidence based practice. Since Havelock’s theory advocates for planned change, the PICOT question identified for this project facilitate was the implementation of a new practice change among nurses during handoff process. The method used for implementing the QI improvement project was Plan–Do-Check- and Act (PDCA) (AHRQ, 2013). PDCA is a four-stage process in a cyclical manner and involves establishing the outcome and objective, strategy for implementation of new process and plan and outcome will be evaluated. In the first step, Plan, a problem will be identified, a resolution to the problem will be formulated and tools and protocols will be developed or modified (AHRQ, 2013).
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Specific Aims

The aim of the project was to identify potential barriers in implementing bedside handoff process and to improve patient satisfaction regarding nursing communication. The goal of the project was to improve the patient satisfaction by improving nursing communication with patients during patient handoff. Analysis of nursing practice during handoff, unit HCAHPS data on nursing communication, results of pre-and post-implementation of bedside handoff were used to identify the effectiveness of practice change in improving patient satisfaction towards nursing communication.

Methods

The stakeholders involved in the QI project included a hospital executive team representative, nursing staff on the selected unit, nurse managers and directors, Quality Improvement Department staff, and patients. Stakeholders were educated about the anticipated practice change and were asked to input their feedback to identify any challenges and develop potential solutions for any problems.

Intervention(s)

The project leader directly observed nursing handoff during change of shift, patient rounding, and employee rounding and identified a lack of evidence-based practice during handoff process, consideration of patient satisfaction as a priority need, and lack of desire in the nursing attitude in improving patient experience.

The Joint Commission (TJC) has cited ineffective communication as one of the major causes of most frequently reported events which are considered as sentinel events (TJC, 2016). TJC has also identified the time of patient handoff as a period with high risk for possible ineffective communication that may lead to error. When the patient handoff was conducted at the
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bedside, the nurses had an opportunity to involve patients and families in the discussion of their plan of care. Nurses could visualize and identify the patients and possible missing information. Bedside report had been identified to reduce the gaps in the information that is reported and thereby improve the patient satisfaction and safety (Pierce & Dietz, 2013).

The HCAHPS survey tool is already in use at the organization to monitor and evaluate patient satisfaction of each unit. The project did not need any additional labor force, and used education hours budgeted for the selected unit. Staff training and education was conducted before implementing BSH process and will occur in different groups. The tool that was used for education and training of nursing staff included handouts derived from AHRQ, video and role play on how to conduct an effective handoff. Staff observation occurred at 0700-0730 and 1900-1930 to ensure consistency.

The learner’s contributions to the project implementation included (a) developing an educational tool for implementation of bedside handoff, (b) conducting in service for nursing staff of the selected unit, (c) direct observation of nursing staff practice of BSH during change of shift, (d) reinforcement of areas that needs improvement, (e) monitoring HCAHPS data weekly throughout the entire quarter and (f) discussing HCAHPS score specific to nursing communication and patient satisfaction.

**Study of the Intervention(s)**

The potential benefits for the identified patient population includes an increased opportunity for them to participate in the discussion of their own plan of care, improved nursing communication with patients would promote their satisfaction and their perception on quality of nursing service. Since the organization adopted the proposed practice change, project leader made sure the practice of bedside handoff is part of competencies of the nursing staff and is also added
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to the organizational policy on patient handoff process. Nurses will be evaluated based on their practice of bedside handoff. Staff accountability will be reinforced by incorporating the practice change in the policy and noncompliance will be subjected to performance improvement.

Measures

Patient satisfaction with nursing communication was measured before and after the intervention was implemented. The element of communication was monitored and data were collected from the HCAHPS tool pertaining to patient satisfaction with nursing communication. The questions related to nursing communication in HCAHPS survey tools focus on the nurse’s responsiveness to patient needs, timeliness in attending to meet their needs, nurses’ courtesy and respect to patients, and nurses listening to patient needs. Current patient satisfaction score toward nursing communication was below benchmark of 86.68% established by the Centers for Medicare and Medicaid Services (CMS).

The survey has been undergone consumer testing and psychomotor analysis and is determined as valid and reliable which yields Cronbach’s alpha value of 0.8 (CMS, 2016) The HCAHPS survey tool, which is a standardized instrument for surveys and data collection methodology was used as the instrument to compare the patient satisfaction scores. Reliability of the instrument is its ability to measure the same results each time it is being administered. Reliability is also the instrument’s ability to measure what it is supposed to measure consistently, and provide consistent results by different observers. (AHRQ, 2013). The validity of the instrument refers to how efficiently the instrument will measure what it is designed to measure. The content validity of the instrument was measured by subjective review of the survey content by different reviewers. The HCAHPS survey asks patients were discharged 27 questions regarding their hospital experience. The survey focuses on communication with doctors, nurses,
medication communication, and discharge information to identify their hospital experience (Heavey, 2015).

The project leader used the HCAHPS spotlight report created by Health Stream—a new vendor adopted by organization in January 2016—and this new spotlight report displayed more information specific to each element of HCAHPS survey versus the previous The HCAHPS report developed by National Research Corporation—displayed comparatively less specific information. The HCAHPS report is published weekly and use national benchmark approved by Centers for Medicaid and Medicare Services (CMS, 2016). The benchmark elements, such as clear communication by nurses, nurses listened carefully, and treated patients with courtesy and respect, were compared to identify the patient satisfaction toward nursing communication. The national benchmark for nursing communication is 86.68% (CMS, 2016). Immediate feedback was provided to the stakeholders during and after the implementation of the project (Holly, 2014).

The goal was to reach out to fifty patients admitted to the unit and improve the score to above the benchmark or to achieve at least 90% satisfaction score. The patient volume is a significant factor used to identify the outcome of the intervention as it provides more opportunity for meaningful and objective comparison of the pre- and post-intervention patient satisfaction score, allows the public to compare hospitals on different topics that are significant to the consumers, create more incentive for the facility to improve quality of patient care and promotes healthcare accountability by increasing transparency of patient care (CMS, 2016). The HCAHPS spotlight report provided information on each element of patient satisfaction such as communication about medications, communication with nurses and other relevant areas. The score for the patient satisfaction towards communication with nurses was monitored to identify any deficiency and feedback was provided to stakeholders during the implementation phase.
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The project manager leader planned to measure data pre-and post-implementation of BSH by utilizing the quasi-experimental design. The bedside handoff process was the primary independent variable and patient satisfaction towards nursing communication was the dependent variable (Radtke, 2013). The project leader had also planned to include the stakeholders—nursing staff, nurse leaders, nursing administration—early in the implementation process to facilitate staff perception to the practice change and to promote the success of the project. The project manager utilized the Havelock’s change theory to facilitate the practice change (Lehman & Keverne, 2008).

Several measures were used to measure pre-and post-implementation data. The patient satisfaction for the unit was measured by using the unit’s HCAHPS survey results. Since this project was quality improvement project, a quantitative design was more appropriate as this project involved identifying the relationship between selected variables (Sand-Jecklin & Sherman, 2014). Similarly, quantitative methods were preferred in the project implementation because the selected variables were quantified objectively by numerical measures. Quantitative methods are also considered to be confirmatory and deductive, where studies involving hypothesis can be subjected to reject or confirm the underlying theories (Sand-Jecklin & Sherman, 2014). In this project, the quantitative data specific to nursing communication was identified from the HCAHPS spotlight report.

The data from each week were compared to previous data during the entire time of data collection. The project manager analyzed the score on each nursing communication element to identify the trend of patient satisfaction. These data were compared with the pre-implementation data to determine if patient satisfaction is improving after BSH is implemented. The normal process of HCAHPS survey includes selecting random sample of adult patients after 48 hours to 6
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weeks of their discharge to receive the survey questionnaire administered by Health Stream, a new vendor adopted by the organization. Results were collected from the Health Stream database and were sorted to reflect the data for the 34-bed telemetry unit.

Analysis

The data were collected and compared to identify the difference in patient satisfaction toward nursing communication. Each element of nursing communication was analyzed closely to determine the drawback and re-education of staff was conducted to reinforce the program. The HCAHPS data from 2015 showed the average volume of patients who were surveyed was around twenty to twenty-five patients each quarter and this number remained almost same during the whole year. This information was obtained from the HCAHPS survey results published during each quarter in 2015. The HCAHPS survey results published in 2015, 2016, and 2017 were used to compare the patient volume used during each quarter.

Patient satisfaction scores specific to nursing communication before and after implementing bedside handoff were monitored and therefore the primary measure domain was patient satisfaction on communication with nurses. The HCAHPS questions focused on how patients were treated by nurses with courtesy and respect, how often patients were explained about their plan of care, nurses listened to patients carefully and responded to patient needs in a timely manner (Merkouris et al., 2013).

Data were collected to obtain information about how satisfied patients were with their communication with nurses. The collected data were analyzed and compared before and after implementing bedside handoff process. The methods used for data collection were patient surveys and patient satisfaction score from HCAHPS survey tool. Data from random sample size of forty
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RNs were collected for two months from December 2016 to February 2017 after the implementation of BSH process in January 2017 to monitor staff compliance.

Nursing staff compliance with bedside report was measured by direct observation by the project manager. Measures of patient satisfaction on nursing communication was collected from the weekly HCAHPS survey report provided by the vendor (Health Stream) and through patient survey regarding staff conducting BSH. Pre-and post-implementation data was collected using HCAHPS survey tool and post implementation data collection began one month after the BSH and standardized reporting process was implemented. BSH and reporting process was standardized using the checklist obtained from AHRQ website (Appendix C).

The data collection continued until a volume of at least forty survey responses are obtained from HCAHPS survey. To improve the compliance and anticipated results, the project design team reminded and reinforced nurses to practice BSH during each shift through shift huddles. Patients receive the HCAHPS survey through phone and regular mail after discharge no consent required by patient. The project manager planned to collect data from one month pre-and post-implementation of BSH.

Statistical Package for Social Sciences 20 (SPSS) was utilized to analyze the survey results. Any significant difference in patient satisfaction mean score towards nursing communication before and after implementing BSH was compared using a dependent sample t test. A t- test analysis of HCAHPS score was conducted by comparing the respondent percentage who selected the best response as always on the Likert scale that ranges from always to never (Polit & Chaboyer, 2012). The three most important elements on the survey tool that were measured to identify and compare patient satisfaction included patient’s rating of nurses treating
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them with courtesy and respect, nurses listen to them carefully and frequency of nurses describing the care plan and other things in a way that patients understand.

Ethical Considerations

Survey participation by patients was voluntary and no personal identifiers or healthcare-related information were collected. To protect the participants of the study, project leader submitted the project to Institutional Review Board prior to implementation. This project did not require IRB Approval and was approved by IRB as quality improvement project. The handoff process was developed based on the most recent and best available evidence and was independent of the subject evaluation.

Results

The project leader met with the organizational stakeholders after identifying the problem area. The stakeholders included the executive team members, registered nurses, charge nurses and supervisors. An in-service on bedside handoff and its impact on the clinical practice and patient satisfaction was conducted before implementing the bedside handoff process in the unit. A week after all staff in the unit had been educated, the Bedside handoff process was started during both day and night shift change. Charge nurses, clinical supervisors, and the DNP learner observed the bedside handoff process to validate compliance and to identify the challenges and drawbacks of the process.

Process Measures and Outcomes

During the bedside handoff process, nurses were expected to introduce themselves to patients and update the white communication board in the patient’s room with the names of providers and nurses and assigned extension number of each nurse. The goal of BSH was to ensure that handoff process occurs safely between caregivers and to involve patients and families
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in the plan of care (Tinkham, 2014). The trend in patient satisfaction was monitored during the BSH implementation project. The HCAHPS score provided by the vendor for the 34-bed telemetry was be used as a tool to compare and monitor the patient satisfaction score before and after implementing bedside handoff. This HCAHPS survey tool is already in use at the organization to monitor and evaluate patient satisfaction of each unit. Patient satisfaction with nursing communication was measured before and after the intervention is implemented. Each element of nursing communication was monitored and data were collected from the HCAHPS tool pertaining to patient satisfaction with nursing communication. The questions related to nursing communication in HCAHPS survey tools focus on nurse’s courtesy and respect to patients, and nurses listening to patient needs, and clear communication by nurses. Prior to the project, patient satisfaction scores regarding nursing communication were 80% below the Centers for Medicare and Medicaid Services (CMS) benchmark of 86.68%.

A week after implementing the bedside handoff, the compliance by nursing staff with new process was identified to be less than 50%. Two weeks after implementing the bedside handoff, the nursing staff’s compliance with bedside handoff was found to be less than 75%. Therefore, reeducation of the group of staff who were identified to be having difficulty and felt uncomfortable with new process was conducted. The similar tool that was used for initial training was used again to reeducate the group of staff who had difficulty with the bedside handoff process with more emphasis provided on role playing the appropriate method of conducting an effective bedside handoff by leadership team. A week after (third week after the implementation) the reeducation was provided, the compliance by the group of staff who received the reeducation especially showed improvement from less than 75% to above 98% and the compliance with bedside handoff by the entire nursing staff in the unit was noticed to be above 98% by end of third
week. At the end of the fourth week, nursing staff compliance with bedside handoff process was noted to be above 98%.

![Post Implementation Staff Compliance Trend](image)

**Figure 1. Post-implementation Staff Compliance Trend**

Post-implementation HCAHPS Data showed significant improvement in the patient satisfaction score towards nursing communication - Courtesy/Respect of Nurses, Nurses Listened Carefully and Clear Communication by Nurses. The pre-implementation score on nursing communication was 80%, which was less than the national benchmark of 86.68%, Courtesy/Respect of Nurses—90.9%, nurses listened carefully—75% and Clear Communication by Nurses—75%. These scores increased as nursing communication was 95.8% which was above the national benchmark of 86.68%, Courtesy/Respect of Nurses—100%, nurses listened carefully—87.5% and Clear Communication by Nurses—100% post implementation of bedside handoff. As evidenced by the HCAHPS data published post implementation of bedside handoff process, a significant improvement in the patient satisfaction towards nursing communication was
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identified. HCAHPS data revealed a 15.8 score increase in nursing communication, 9.1 score increase in nurse’s courtesy and respect, 12.5 score increase in nurses listened carefully and 25 score increase in clear communication by nurse’s post implementation of bedside handoff process.

![Trending of Pre and Post Implementation HCAHPS Score](image)

Figure 2. Trending of Pre-and Post-implementation HCAHPS Score

After implementing bedside handoff, the project leader rounded on at least ten to fifteen patients in the unit per week until a total of fifty patients were rounded to validate whether nurses were conducting bedside handoff report at change of shift. During rounding patients were interviewed about their perception of nurses listening to them carefully and explaining the plan of care in a way they understood. After rounding on 50 patients by the learner, more than 40 patients responded positively and verbalized they were very happy with the nurses’ responsiveness and communication by the end of end of fourth week. The pre-implementation data regarding
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Patient’s satisfaction towards nursing communication was compared with that of post-implementation data and it was evident that the HCAHPS Score on nursing communication, nurses listened carefully and nurses treat with courtesy and respect are improved. The post implementation HCAHPS score on each element of nursing communication revealed improvement from the pre-implementation score.

Figure 3. Post-Implementation Patient Response to Staff Compliance with BSH

Contextual Elements

Effective communication and collaboration between nursing staff-charge nurses, clinical supervisors and unit director- was the major driving force to implement the bedside handoff process successfully. Leadership support was provided by the executive team and front-line leaders for the effective implementation of bedside handoff process among the nursing staff. Patients also verbalized the new strategy of shift report has been more effective as they were able to participate in the discussion of their plan of care. As the bedside handoff process was successfully implemented with improved compliance by nurses, a positive change in the patient
satisfaction score towards nursing communication was noticed in the HCAHPS data published afterwards.

**Discussion**

The aim of the project was to identify potential barriers in implementing bedside handoff process and to improve patient satisfaction regarding nursing communication. The project leader conducted an educational program to overcome any potential barriers identified and improve staff knowledge and beliefs about the bedside handoff process. The following barriers were identified: off-going or oncoming nurse resisted to cooperate with bedside handoff process, many staff verbalized that they felt uncomfortable and had difficulty to do the bedside handoff process and requested support to improve their self-confidence with this new handoff process, family and patients and interrupting staff during report with multiple questions, basic personal needs of the patients and concerns about HIPPA violations often led to interruption of bedside Handoff process.

These barriers motivated the leader to conduct the re-education to support and focus on the staff concerns and to provide individual attention if required by the staff during bedside handoff. The goal of the project was to improve the patient satisfaction by improving nursing communication with patients during patient handoff. Analysis of nursing practice during handoff, unit HCAHPS data on nursing communication, results of pre-and post-implementation of bedside handoff were used to identify the effectiveness of practice change in improving patient satisfaction towards nursing communication.

**Interpretation**

The findings revealed a direct relationship between implementation of bedside handoff process and its effect on improving the patient satisfaction score towards nursing communication.
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After bedside handoff was implemented and nurses were compliant with the process, an improvement in the patient satisfaction towards nursing communication was reflected on the post implementation HCAHPS data.

**Strengths of the Project**

The project increased awareness and knowledge about the HCAHPS Survey and the score interpretation of each element of patient satisfaction and the initial and re-education of nursing staff pre-and during the implementation phase of bedside handoff is one of the strengths identified in the project as since it helped me the project leader to analyze and interpret the post implementation findings. Sustained improvement in nursing staff compliance with the new process which contributed to improve the patient satisfaction towards nursing communication was another strength identified in this project.

The literature indicated evidence suggesting that the use of BSH is associated with increased patient involvement in plan of care, provides more opportunity for the patients and family to ask more questions enables staff to visualize their patients before shift starts, and promote patient satisfaction. Similar results were identified in this quality improvement project which was evidenced by increased patient satisfaction score with nursing communication on HCAHPS survey results post implementing BSH and supportive patient responses validating nurse’s compliance with BSH. Nursing staff also verbalized that they feel more confident and comfortable conducting BSH as it provides them an opportunity to visualize their patients before shift starts and also to identify and correct any errors during handoff.

BSH allowed the nurse who was receiving the patient to visualize the patient and ask specific questions, which are needed to meet the National Patient Safety Goals. Bedside handoff allowed the patients to ask questions during the report and enabled them to clear any
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misconceptions they have regarding their care (TJC, 2016). Research studies provide evidence supporting BSH as an essential practice in a critical care environment with documented improvements in satisfaction of patient and nursing staff.

The Institute for Healthcare Improvement developed an initiative called transforming care at bedside (TCAB) in collaboration with the Robert Wood Johnson Foundation to improve safety of patients (Institute for Healthcare Improvement, 2017). Bedside reporting is an important element of this initiative. The project manager received full support from organizational executive team members, and coworkers, front-line leaders and all nursing staff in the unit and they were very receptive to the new change. The patients who were rounded remain anonymous and no personal or sensitive information was collected during rounding to prevent bias.

Costs, Strategic Trade-offs, and Opportunity Costs

This study did not require any financial support by any organization including the project site and the leader did not have any intention of using this project for any financial gain, but the outcome of the project is evidenced by improvement in HCAHPS Score which would support the organization to obtain the reimbursement as part of the value based purchasing.

Limitations

Since the goal of the DNP project was to address the issues in real time in a selected clinical setting, the ability to control external influences was limited. The organizational culture could influence the practice change since it was specific to the selected organization. Therefore, the findings of this project could not be applied to other similar clinical settings. The use of a customized patient satisfaction survey focused on to patients who experienced the new bedside handoff process might have yielded a more representative perception of satisfaction of patients with the new handoff process. Patient satisfaction is a measure of patient’s perception of the
whole experience during his or her hospital stay, and therefore establishment of relationship between patient satisfaction and a specific process change can be challenging (Radtke, 2013).

**Implications for Practice**

Clear communication is essential during care transition from one nurse to another to ensure efficient and safe patient handoff. Bedside report provides an opportunity for the patients and families to listen what had happened during the previous shift and what would be the upcoming plan of care. Patients and families can also clarify their concerns or to input their suggestion into their plan of care during BSH. The main goal was to improve the nursing communication with patients and families, to improve patient safety during care transition at change of shift and to increase the organizational reimbursement for improved patient satisfaction score.

The major implications for this study is the stakeholder’s- executive team, nurses and leadership- attention to this study and its impact on patient satisfaction score evidenced by HCAHPS. Clear communication by nurses is an integral part of improving patient perception regarding the healthcare worker’s communication and to provide the rest of the staff members with proper information regarding the patient’s plan of care. Consistent training at least every six months is necessary to reinforce the appropriate process of conducting bedside handoff, its importance in improving patient satisfaction and safety and to help staff understand it is a requirement in this organization. Educating and enabling the nurses more about evidence based practice will contribute to a positive influence on improving patient satisfaction and safety of patients at this organization.

To make the bedside report to be very effective, a shared decision-making approach was implemented which motivated the frontline staff and leaders to be compliant with the process,
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identify challenges of the process, and enabled them to create a continuing education focusing on recognizing the high performers and learning from previous mistakes or challenges. The bedside report competency check list was included as part of the nurses’ annual evaluation to support the organization to ensure nurses are reinforced on their ability to conduct the bedside handoff process effectively. This annual evaluation help to ensure the bedside process is reviewed consistently for the safety of the patients and to improve their satisfaction. The collaboration between the frontline nurses and nursing leadership was essential to keep the goal of improving patient satisfaction and safety as a priority always. Nursing leadership took the initiative to address the nurses interpersonal and social skills when interacting with patients, families and coworkers as it could affect their ability to conduct the bedside handoff effectively.

Implications for Future Research

This project can be considered as one of the many DNP projects that focus on improving patient satisfaction through improving nursing communication. Another longitudinal study can be performed to identify the following:

- If nurses are compliant in next six months and if the same practice being followed by both incoming and off going staff during care transition at change of shift.
- Identify if all nursing units follows the same practice.
- Analyze which unit has the most compliant and non-compliant rate and the cause of the non-compliance.
- Identify the role models and low performers to analyze barrier in performing bedside handoff report.
- Identify the nurses who are resistant to practice change and analyze what prevent them from conducting bedside handoff.
Implementation of bedside handoff process revealed improvement in patient satisfaction towards all elements of nursing communication. Therefore, the leader will recommend to the organizational executive team and policy committee chair to modify the current handoff policy to include bedside handoff process as a standardized nursing handoff strategy in all units during change of shift. Once the policy is modified and approved by the organizational governing board, nursing staff training and education will be initiated by the leader in collaboration with other nursing leaders.

Education materials and competency checklist provided by AHRQ will be used and the HCAHPS survey results on the pilot unit will also be shared with the staff during staff education. To ensure consistent practice of bedside handoff process unit champions will be selected to coordinate the practice change process between front line staff and nurse leaders at the organization. Front line leaders and unit directors need to round on patients and staff consistently to ensure the bedside handoff process occurs effectively. Ongoing education, training and support will be provided until nursing staff is comfortable with the new process and unit directors need to evaluate the staff performance at regular intervals.

Future Professional Development

As a DNP Learner, I would like to continue my research in identifying and integrating evidence based practices in nursing practice for safety of patients and staff. With many years of nursing leadership and bedside nursing, my passion has always been providing the highest quality patient care based on evidence based practice. I would also like to mentor and develop my staff with continuing education on current evidence based practice in nursing. Research studies
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involving evidence based practice will enable the nursing profession to provide the safe and high-quality care for patients and improve the perspective of healthcare delivery. This professional advancement can be facilitated by collaboration and coordination with organizations such as AHRQ, ANA, ANCC and many other organizations which focus on providing evidence based information in healthcare practice.

Summary and Conclusions

The implementation of bedside handoff process in a 34-bed telemetry unit at the organization had shown positive impact on the patient’s perception regarding nursing communication and thereby improved the unit HCAHPS score on nursing communication and its elements such as nurses listened carefully, nurses treat patients with courtesy and respect and nurses explain in a way patients and families understand. Nurse’s compliance was also noticed to improve after they have been reeducated about the importance of conducting bedside handoff such as it would provide an opportunity for patients and families to ask questions, participate in their plan of care and improve their perception about bedside nursing communication.

The nurses were very supportive of this practice change implemented based on the Havelock’s change theory. To make the goal of improving patient satisfaction and safety the organization should adopt this practice change throughout all patient care areas and policy need to be modified to reflect the new practice change. With the results of this study, a more detailed implementation plan will be provided to the policy and medical executive committee and governing board. The practice change involves staff education pre-and during the implementation, bedside handoff checklist, video and role play.
 References


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http://www.jointcommission.org/facts about the national patient safety goals/default.aspx


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Appendix A

Academic Honesty Policy

Capella University’s Academic Honesty Policy (3.01.01) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person’s ideas or works. The following standards for original work and definition of plagiarism are discussed in the Policy:

Learners are expected to be the sole authors of their work and to acknowledge the authorship of others’ work through proper citation and reference. Use of another person’s ideas, including another learner’s, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1). Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else’s ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

Capella University’s Research Misconduct Policy (3.03.06) holds learners accountable for research integrity. What constitutes research misconduct is discussed in the Policy:

Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting
research results. (p. 1). Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.
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Appendix B

Statement of Original Work and Signature

I have read, understood, and abided by Capella University’s Academic Honesty Policy (3.01.01) and Research Misconduct Policy (3.03.06), including the Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the APA Publication Manual.

Learner name

and date Rani Mohan, April 21, 2017

Mentor name

and school Dr. Marylee Bressie, Capella University April 24, 2017
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Appendix C

AHRQ Bedside Shift Report Checklist

- Introduce the nursing staff to the patient and family. Invite the patient and family to take part in the bedside shift report.
- Open the medical record or access the electronic work station in the patient’s room.
- Conduct a verbal SBAR report with the patient and family. Use words that the patient and family can understand.

  S = Situation. What is going on with the patient? What are the current vital signs?

  B = Background. What is the pertinent patient history?

  A = Assessment. What is the patient’s problem now?

  R = Recommendation. What does the patient need?

- Conduct a focused assessment of the patient and a safety assessment of the room.
- Visually inspect all wounds, incisions, drains, IV sites, IV tubings, catheters, etc.

- Visually sweep the room for any physical safety concerns.
- Review tasks that need to be done, such as:
  - Labs or tests needed
  - Medications administered
  - Forms that need to be completed (e.g., admission, patient intake, vaccination, allergy review, etc.)

- Other tasks: ____________________________________________________________

- Identify the patient’s and family’s needs or concerns.
- Ask the patient and family:
  - “What could have gone better during the last 12 hours?”
  - “Tell us how your pain is.”
  - “Tell us how much you walked today.”
  - “Do you have any concerns about safety?”
  - “Do you have any worries you would like to share?”

- Ask the patient and family what the goal is for the next shift. This is the patient’s goal — not the nursing staff’s goal for the patient.
  - “What do you want to happen during the next 12 hours?”
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- Follow up to see if the goal was met during the verbal SBAR at the next bedside shift report.

Adapted from the Emory University Bedside Shift Report Bundle.