

Customer Service-Nurse Rounding: An Evidence-Based Quality

Improvement Project

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August 21, 2018

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Abstract

The healthcare industry is competitive and complex requiring nursing leaders to develop creative strategies to improve the quality of patient care, satisfaction, and patient's outcome. The Center for Medicare and Medicaid Services (CMS) has developed a Value-Based Purchasing program established by the Affordable Care Deficit Reduction Act of 2005 that compensates health care providers based on the quality of care, rather than volume of patient services (CMS, 2017). The primary goal and initiatives required by the CMS are to increase patients satisfaction and safety in the United States healthcare system. Nursing leaders around the country are developing strategies on how to increase patient's satisfaction and safety while lowering medical cost (Powers, 2018). One proven intervention to improve patient satisfaction and security will be the use of nurse rounding in the hospital setting. The impacts of nurse rounding have been authenticated in the literature as enhancing the overall patient's satisfaction and quality of care (Tussing, 2015).

The charge nurse-led customer service rounding was initiated to the 27 beds medical-surgical unit to elicit patient feedback in real time and to change staff attitudes to increase patient's satisfaction. The rounding and feedback effectiveness was measured through the Press-Ganey Satisfaction scores publicly published by the Hospital Consumer of Assessment of Healthcare Providers and Systems (HCAHPS). The HCAHPS result of the June intervention month with 71% compliance of customer service nurse rounding showed an increased in patient's satisfaction score in nurse communication, responsiveness, pain management and discharge information in comparison to the May non-intervention month. The July month with 50% compliance of the charge nurse rounding showed a decrease in patient's satisfaction on

four domains measured (Table 3). However, patient discharge information percentile rank for June and July HCAHPS score increased to 1.2% (Fig.2).

The determinants of the patient's satisfaction scores can be associated with the compliance of nurse rounding, completion of the returned surveys and the post-rounding huddle. Furthermore, the nursing leadership of the organization needs to support the program and decrease the workload of charge nurses to increase the goal of improving patient's satisfaction.

Dedication

The product of this paper has been dedicated to my late husband, Paul V. Powers who has been instrumental in advising me to continue my passion for nursing. I had promised him that I would keep this journey as a legacy of what he instilled in me. I thank God for his guidance to all the hurdles I have been through during the process of obtaining this terminal degree. I also thank my family for their support and encouragement. But most of all, I appreciate Dr. Todd Tussing my preceptor for his guidance and making sure that I am on the right path. Also, to Dr. Lakesha Wyse for all the direction and support, the faculty and leadership of Chamberlain College of Nursing in making this journey possible for this student.

Acknowledgments

I highly acknowledge GOD for making this journey possible. Also to the following people who indeed supported me throughout this process.

Dr. Todd Tussing, DNP, RN, CENP, NEA-BC- preceptor

Dr. Lakesha Wyse, DNP, RN

Dr. Patrick LaRose

Dr. Linda Stoodley

Dr. Heidi Landry

Dr. Wendy Davis

Dr. Alice Siehoff

Dr. Mary Howard- Chief Nursing Executive of the OSU East

Amy Jackson, BSN, RN- Host Unit Nurse Manager

Dr. Esther Chipps- Nurse Scientist- OSUWMC

All the faculty and members of the Chamberlain University College of Nursing DNP committee

Dr. Melissa Luten, my colleague

Thank you all for your support and encouragement!!!

Executive Summary

Purpose

The purpose of this project was to increase the patient's satisfaction in the medical-surgical unit. Patient dissatisfaction comes from lack of communication with healthcare providers, poor sense of human presence and unsure of the plan of care with potential discharge date.

Background and Significance

The Affordable Care Act authorizes CMS to penalize an institution with low patient satisfaction survey and compensate healthcare organization with high patient satisfaction rate through the Hospital Value-Based Purchasing Program (VBP). As of December 2017, the satisfaction score of the host unit was 67.7% without structured and consistent nurse rounding. The host strategic goal is to improve the score equal to or higher than 90%, indicating that the unit has significant room for improvement. The purpose of this project was to increase the patient satisfaction scores by more than or equal to 90% for the domains of Nurse Communication, Communication about Medications, Responsiveness, Discharge information.

Methods

The process will be: 1) Each charge nurse will be coached on proper rounding technique by a project lead, 2) Project rounding will be completed by an active duty charge nurse, 3) Patient chosen for the rounding will be patients on the unit ≥ 3 days of stay, 4) Charge nurse will round and record information on the Patient Satisfaction Rounding Log, 5) After rounding charge nurse will call staff to the nursing station and share information, 6) Completed rounding

log will be given to the nurse manager for review of issues/concerns needing leadership attention.

Findings

None of the areas met the goal of greater than or equal to 90.0%, but discharge information went up 1.2% from pre-intervention to post-intervention which is support of the findings from the PSRL and the monthly reporting of the Press-Ganey Patient Satisfaction Score by the nursing unit. However, when post-intervention was not averaged, in June the scores were 93.0% for nurse communication, 93.4% for discharge information, 75.0% for pain management, 85.7% for responsiveness. The nurse communication and responsiveness met the goal of greater than or equal to 90.0%. However, in July, the last four (4) weeks of the implementation the scores fell to 54.2% for nurse communication, 75.0% for discharge information, 55.0% for pain management, 41.4% for responsiveness due to decrease compliance with nurse rounding (Table 3).

Conclusion

The customer service nurse-rounding is the most effective process to engaged nurses in assessing patient needs and questions about the patient's healthcare needs to improve patient's satisfaction. However, it requires consistency and support from the healthcare leadership to obtain in achieving the HCAHPS satisfaction goal. It is therefore recommended that customer service nurse-rounding should be implemented to the healthcare organization with the support of nursing leadership to improve patient's satisfaction.

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CHAPTER 1: INTRODUCTION

Customer Service Nurse-Rounding: An Evidence-Based Quality Improvement Project

The purpose of this project was to measure customer service-nurse rounding that affects patient's satisfaction during inpatient hospital stay in the medical-surgical unit. Patient satisfaction is based on care experiences patient received while in the hospital and may determine whether to seek treatment in the same hospital again. The Center for Medicare and Medicaid Services (CMS) has developed a Value-Based Purchasing program established by the Affordable Care Act that compensates health care providers based on the quality, rather than quantity patient received (CMS, 2017). The initiatives required by the CMS are to increase patients satisfaction and safety. The nursing leaders around the country are developing strategies to increase patient satisfaction, safety while lowering medical cost. One way to improve patient satisfaction and safety, while saving costs is to utilize nurse rounding in the hospital. The nurse rounding initiative has been published in the nursing literature to improved patient satisfaction and decreases cost.

Problem Statement

Patient dissatisfaction comes from lack of communication with healthcare providers, poor sense of human presence, and a feeling of not being safe. In addition, these factors can be responsible for poor patient's outcome. Nurse rounding is one way to convey presence with the patient and provide safe care to ensure the provision of above-standard care, increase patient satisfaction, and improved patient outcomes (Ciccu-Moore, et al., 2014).

The question developed in this quality improvement project was whether the implementation of a customer service nurse-rounding on a medical-surgical unit has a positive impact on patient satisfaction scores in comparison to usual rounding practice over an 8-week period. Hospitals use Press-Ganey and Hospitals Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient satisfaction surveys to help measure the quality of care patient's received during the inpatient hospital stay (Powers 2018, CMS 2017). In the hospital where this project took place, the previous overall HCAHPS score of the unit was 67.7 %. The goal was to improve the score above 90%. In order to achieve the unit goal, a nurse rounding program was instituted on an adult medical-surgical unit to this healthcare organization. The rounding process included getting patient feedback on their perceptions of the quality of care they received from the nurse via standardized questionnaires and a brief patient interview. The patient feedback will be an important factor in resolving patient's issues and problems that can lead to increase patient's satisfaction.

Objectives and Aims

The aim of the proposed DNP quality improvement project was to change nursing practice and improve patients satisfaction and safety on the medical/surgical floor of the hospital. In order to achieve the aims of this project the following objectives have been identified:

- 1) Engage the unit nurses in a discussion about the importance of patient's safety and satisfaction;
- 2) Educate nurses on the importance of patient's satisfaction in relation to the financial stability of the hospital
- 3) Provide a literature review on the effects of nurse rounding on patient's satisfaction and safety;

- 4) Identify the charge nurse role in a nurse service rounding;
- 5) Provide education to the unit charge nurses using scripted questions on nurse rounding;
- 6) Explain the practice change to the project stakeholders prior to the initiation and during the project; present the quality improvement project to the unit nurse in order to gain support for the proposed change;
- 7) Develop a tool with scripted questions for nurse rounding using the Patient Satisfaction Rounding Log (see Appendix A);
- 8) Compare Press-Ganey scores pre and post implementation of the project
- 9) Educate charge nurses on how to resolve patient's dissatisfaction using hospital customer service protocol.

Significance of the Practice Problem

Challenges in the current state of healthcare include aging population, sicker patients, and a nursing shortage with increased age of the nursing workforce. Each of these factors, can affect patient's satisfaction, safety and increase healthcare cost in this country. Patient satisfaction through exemplary customer service nurse-rounding is crucial to the healthcare industry. The Center of Medicare and Medicaid Services (CMS) is changing it's compensation practices to providing compensation based on high-quality care. An example of one such change, the Affordable Care Act (2005) authorizes Medicare to reduce payments to hospitals with frequent re-admissions that are paid under CMS's Inpatient Prospective Payment Systems (IPPS) (CMS, 2017). As a result, healthcare leaders are developing strategies to increase patient's satisfaction and safety. The institution with higher patient's satisfaction and safety record will have a more favorable financial outcome.

Healthcare institutions with high HCAHPS experience a positive impact on their revenue and ability to remain competitive in the healthcare environment (Berkowitz, 2016). An institution with low patient satisfaction score tends to have low patient volume and have a deficit in healthcare reimbursement which can lead to having a negative financial impact on the overall financial well-being of the organization. In addition, poor consumer satisfaction in healthcare can cause ethical and legal issues, including litigation when patient's and families consider the healthcare organization negligent, unsafe, and in violation of healthcare policy, safety and cultural beliefs in between patients and the providers (Berkowitz, 2016).

Presently, the patient satisfaction score of host organization's the medical-surgical unit demonstrate a need for improvement. The overall Press-Ganey score is below the 70% satisfaction score. The goal of this quality improvement project is to increase the Press-Ganey satisfaction score to 90 percent. The rationale for the lower satisfaction score identified was due to lack of customer service nurse rounding. The significance of this problem has been an ongoing discussion from the macro, meso and micro level of management. The project advisor for this quality improvement project is the Administrator Director for Nursing and Patient Care Services and is supportive of the project as a goal of the organization is to increase patient satisfaction perception and ultimately impact the patient satisfaction scores.

Synthesis of the Literature

The literature review for this quality improvement project was conducted using the keywords nurse- rounding through the database including: CINAHL, Medline, and EBSCOhost using the words like “nurse rounding, customer service, family, satisfaction, HCAHPS, Press-Gainey, hospitals, hourly rounding, Affordable Care Act, Value-Based Purchasing program, Center for Medicare and Medicaid Services.” The literature revealed studies that supported the intervention of nurse rounding to improve satisfaction. There were three systematic literature reviews and seven research studies to support the intervention in this nurse rounding project.

Summary of Research Articles

The first research article was a qualitative study a level 1 evidence (Melnyk & Fineout-Overholt, 2015) conducted by Mazurenko, O., Zemke, D., & Lefforge, N. (2016). The study utilized a focus group to gather patient’s perspectives involving hospital customers and determining factors influencing customer satisfaction. The setting for this study was an acute care for-profit healthcare organization. There were 12 focus group discussions led by a moderator. The results were analyzed by the investigators using the quantitative analysis of the transcripts. The findings indicated that predictors of customer satisfaction are influenced by effective interdisciplinary relationship, adequate nurse staffing, good food, clean environment, good communication, decrease wait time and permanent healthcare members. It also revealed that hospital administrators need to incorporate customer service techniques to have a positive patient experience outcome.

The second study was a pilot study with level 1 evidence (Melnyk & Fineout-Overholt, 2015) conducted by Pritts, & Hiller, (2014). The study was performed on a 42-bed unit of a level 1 trauma community hospital. The study included 26 registered nurses and 12 attending

hospitalist physicians. All were either full-time, part-time or per-diem. Night nurses were excluded from the study. The Collaborative Practice Scale (CPS) was used to measure the perceptions and the National Database of Nursing Quality Indicators (NDNQI) survey to measure nurse satisfaction with physician interaction. Additionally, the Press-Gainey Patient Satisfaction survey was utilized for patients satisfaction evaluation before and after the implementation of the nurse-physician patient rounding. The nurse's response rates prior to and after the implementation were 46% (n=12) and the physician was 50% (n=6) before the implementation and 25% (n=3) after the rounding implementation. The NDNQI results are indicating improvement in perception of physician-nurse patient rounding. Thereby, Press-Gainey Satisfaction survey results showed an increase in patient satisfaction. The limitations of this study included was a low physician response rate .

The third study was a descriptive exploratory study with Level 11 evidence (Melnyk & Fineout-Overholt, 2015) conducted by Neville, DiBona, and Mahler, M. (2016). The study was conducted on five adult medical-surgical units at a magnet hospital in the northeastern United States. The participants were a mixture of full-time, part-time, per-diem and charge nurses involved in this study. The focus of this study was a literature review examining the impact of hours worked and shift on nurses' perceptions of patient rounding. The data of this study were collected over a 2-month period. The Nurse' Perception of Patient Rounding Scale (NPPRS) was utilized to validate the study using a 42-item scale in 5-point Likert format. The results indicated that nurses perceived nurse rounding was beneficial to their own practice than to their patients'. The authors stated that nursing leadership should be supportive of nurse rounding, and this study suggested that future research should examine the effectiveness of nurse-rounding using protocols specific to the shift and nursing units.

The fourth study was a systematic literature review at Level 11 evidence (Melnyk & Fineout-Overholt, 2015) conducted by Tan, and Lang, (2016), using the JBI Database of Systematic Reviews and Implementation. The objective of this systematic review was to review and synthesize the literature on the best evidence supporting the effectiveness on nursing leaders rounding, and post-discharge follow-up calls for patient satisfaction and hospital services. The literature review consists of randomized controlled trials, non-randomized controlled trials, quasi-experimental designs, case-control studies, analytical cross-sectional and individual case reports. The results indicate that nurse leader rounding and post-discharge telephone calls increased patient's satisfaction.

A fifth study was reviewed and is a level 111 evidence (Melnyk & Fineout-Overholt, 2015), conducted by Brosey, and March (2015). The study was designed to evaluate the outcomes implemented on a medical-surgical unit of a community hospital regarding nurse hourly rounding. The descriptive analysis data was utilized based on the satisfaction scores from Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). The data was collected using a Cox-Stuart trend analysis of patient falls prior, and after the implementation of a nurse, hourly is rounding from the 582 eligible patients during the project implementation. The findings indicated that hourly rounding improved patient satisfaction by reducing falls, hospital-acquired pressure ulcer (HAPU), and decrease call light usage.

Study number six was a quasi-experimental study Level 11 evidence (Melnyk & Fineout-Overholt, 2015) conducted by Krepper, Vallejo, Smith, et al. (2015). The purpose of this study was to evaluate whether structured, standardized hourly rounding process (SHaRP) using formal nurses' education is useful compared to the train-the-trainer method.

This study was conducted in a 32-bed cardiovascular surgery nursing unit. The data were collected over a 6-month period with an additional 6 months to determine the validity of the study. The nursing staff was given a 4-hour workshop with scripted questionnaires designed to address patient needs. The results of the survey indicated a decreased usage of patient call lights and contributed to improving patient's satisfaction. Additionally, the study showed that there was no significant advantage over the use of a standard train-the-trainer program versus a formal education provided to the nurses.

Study number seven was a level 11 evidence (Melnyk & Fineout-Overholt, 2015) conducted by Blakely, Kroth, and Gregson (2011). This study was directed by the chief nursing officer and a patient advocate from a community hospital to establish the impact of utilizing the 4 P's (pain, potty, positioning and personal items) during nurse-patient rounding on a medical-surgical unit. The authors conducted a literature review which revealed hospitals with a nurse rounding program had increased patients' satisfaction, which translated to a decrease in call light usage and improved patient's satisfaction. Results from this study indicated that using the 4 P's in nurse rounding improved overall satisfaction score measured by Hospital Consumers Assessment of Healthcare Providers Systems (HCAHPS) Survey.

Study eight was a level 1V evidence (Melnyk & Fineout-Overholt, 2015) conducted by Bragg, Bugajski, Marchese, et al. (2016). This study was led by a DNP-prepared nurse to determine the perception of patients who experienced hourly nurse rounding. The data was collected from a sample of patients from six different hospitals (n=486) over a 3-month period using an investigator-designed checklist titled, "Baptist health Hourly Rounding Checklist" (BHHRC). The BHHRC consisted of questions to elicit anticipated patient needs during hourly rounding. The findings of this study indicated that patient's satisfaction perceptions were

determined by the nurses' ability to meet patient's needs, nursing presence, and the explanation of care, which translated into increased HCAHPS scores.

Study nine is a level 111 evidence (Melnyk & Fineout-Overholt, 2015) a multi-site hospital study by Al Danaf, Chang, Shaear, et al. (2017). The study was conducted at a high-performing multi-site healthcare organization in the country to determine if staff responsiveness and proactive nurse rounding can contribute to high HCAHPS score. The high-performing hospitals were identified using HCAHPS results pulled from the national sample. Twenty-six hospital were identified from the national pool to partake of the study with each hospital practicing nurse rounding as a routine. The results showed that healthcare organizations with proactive nurse rounding and response to patient needs in a real-time, score higher on their HCAHPS indicating greater patient satisfaction.

The last study reviewed, number X, was a descriptive study with level 111 evidence conducted by Fabry, D. (2015), in a 186-bed unit community hospital using a cross-sectional design that incorporated paper tools. The purpose of this study was to elicit perspectives and perceptions of hourly nurse rounding. The paper survey includes questions based on a five-point Likert Scale and consists of 21 statements on hourly rounding. The survey tool was distributed to 137 RN's (n=52) and 47 PCA's (n=15) from four inpatient units, one acute rehabilitation unit and one intensive care unit. The findings of this study indicated that only 25% (n=13) of the registered nurses felt that nurse rounding was part of their respective duties and only 23.1% (n=12), felt that the completion of the nurse rounding should be documented. Furthermore, the results of this study gave nursing management and educators the vision on how to support the nurse rounding program or initiative to improve patient care satisfaction.

Synthesis summary:

The overall literature review conducted by this DNP student provides evidence that the implementation of the rounding program has a positive effect on patient's satisfaction and safety (Table 1).

Practice Recommendation

The healthcare industry is becoming more and more complex and competitive. The Centers for Medicare and Medicaid Services (CMS) require health care organizations to measure their patient's satisfaction scores and is tying such scores to reimbursement. (Mazurenko, Zemke, and Leforge, 2016). The nursing leaders today are developing strategies to improve patients satisfaction and safety. Nurse rounding initiatives have been well cited in the scientific literature in healthcare to patient satisfaction and thus, increase Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) scores.

The literature review conducted synthesized that nurse rounding attributed to increased patient satisfaction. Furthermore, nurse rounding is a method to increase open communication between the nursing staff, the patient, and family members. Any concerns or dissatisfaction with care, environment, or providers can be readily addressed for a solution in real time, increasing patient satisfaction.

Changes in a healthcare organization must include all stakeholders that must be in synchrony of the organization's strategic plan. Such changes begin with identifying a need in the organization development of a method for correction and gaining the approval of the macro, meso and micro levels of the healthcare organization. Communication is crucial within the healthcare organizations, and transparency from the macro level is key to developing a sense of trust during times of change. Additionally, a review of healthcare leadership literature indicates

that nurses must be educated about any changes in the care setting (Fabry, 2015). The quality of evidence from the literature review on nurse rounding is solid and demonstrates a positive correlation between increased patient satisfaction and nurse rounding that will ultimately lead to financial gain for the healthcare organization. The institution with financial stability can further help the community provides health care needs especially to vulnerable populations (Tussing, 2015).

Recommendation for a practice change is to incorporate a nurse-led, customer service nurse rounding program into the daily routine of the charge nurses to elicit patient perceptions of care to change staff behaviors to increase patient satisfaction and ultimately, the patient satisfaction scores as measured by HCAHPS. The rounding project will be a replication process of a previous rounding project and will be conducted on a medical-surgical unit of an urban, teaching, community hospital utilizing a Patient Satisfaction Rounding tools with patient feedback of their care to staff members of the unit post rounding process. The overall goal of the project is to improve the patient satisfaction of care measured by the Press-Gainey Patient Satisfaction Survey scores and deliver benefits for the host hospital by increasing patient satisfaction and revenue

Evidence-Based Practice: Verification of Chosen Option

The implementation of customer service nurse-rounding is an evidence-based quality improvement project that requires practice change to improve patient's satisfaction and outcome. Patient dissatisfaction has been associated with the lack of communication of the health care providers, perceived a poor sense of human presence, and unsure of the plan of care with a potential discharge date. These factors can lead to possible patient dissatisfaction and poor outcome (Ciccu-Moore et al., 2014). As a result, nursing leaders are strategically finding

alternatives to improve patient's satisfaction and outcomes by implementing customer nurse-rounding in the hospital. It has been published and documented in multiple kinds of literature that hospitals utilizing nurse rounding increase Press-Ganey Satisfaction survey scores thereby increase HCAHPS scores. Hospitals with high satisfaction score publicly published by HCAHPS are financially compensated by the Center of Medicare and Medicaid Services thru the Affordable Care Act (Center for Medicare and Medicaid Services, 2017).

CHAPTER 2: THEORETICAL FRAMEWORK

Theoretical Framework

The goal of this quality improvement project is to increase patient satisfaction with nursing care and ultimately, the healthcare experience during a patient's hospital stay. The Cox Interaction Model of Client Health Behavior (CIMCHB), (Layeghi, 2015), and Comfort theory by Katherine Kolbaca will be two theoretical frameworks that will guide this project. The CIMCHB model hypothesized that patient or customer is capable of making an independent decision of healthcare and their options are affected by their previous experience such as patient-provider relationship (Layeghi, 2015) This framework integrates patient's personal background as it relates to nurse-patient interaction. There are four variables associated with nurse-patient interaction: healthcare information, emotional support, decisional support and professional/technical support (Layeghi, 2015). All of these variables can influence positive healthcare outcomes including satisfaction of care.

Nurse- rounding offers an opportunity to assess and resolve patient needs, questions, and any other preferences that may raise and can be addressed or fix as needed (Al [Danaf](#) et al., 2017). By keeping the patient updated can be essential for patient compliance to treatment plans

and to improve behavior that impacts their health, especially information medications, laboratory results, diagnostic results, and any other pertinent care information. Patients have a right and expect to be informed of their health care plan by providers and caretakers such as nurses. Nursing staff demonstrating emotional and informational support towards the patient can enhance trust and ultimately promote patient satisfaction (Layeghi, 2015). The concept of decisional aid enhances patient's ability to perceive making the right decision about their healthcare needs based on the information learned from the health care providers which will increase patient's satisfaction. The professional and technical support from the nurses based on the skills and knowledge of how care is provided to the patients. If the patient has a positive experience with the nurses, it translates to higher patient satisfaction (Layeghi, 2015).

Cox Interaction Model of Client Health Behavior

The four theoretical patient-nurse interaction variables from Cox's model are directly linked to health outcomes that include "healthcare utilization, indicators of health status, the complexity of health issues, adherence to the recommended regimen and satisfaction with the care provided." (Layeghi, 2015, pg2). Open communication with patients or customers of the healthcare organization enhances the nurse-patient interaction and leads to a positive outcome and increase patient's satisfaction (Layeghi, 2015).

Kolcaba's Comfort Theory

Kolcaba's Comfort theory (1990) will also be utilized as one of the theoretical framework to implement nurse rounding. Assessment of patient's comfort and resolution of any "discomfort" can enhance patient's satisfaction. The major concepts of Kolcaba's theory are health care needs, comfort interventions, intervening variables, and improved comfort (Dowdy, 2014). Kolcaba's model as a theoretical framework supports the tenets that are the foundation for

nurse rounding. Nurse rounding is a process where nurses assess patient's comfort and determine needs consistently. The concept of healthcare needs includes physical, social, and psychological needs. The utilization of nurses rounding enhance nurse to patient contact and increases communication that can address the healthcare needs of the patient and the possible use of comfort interventions. Comfort interventions are the nursing actions intended to address the needs of the patient to enhance comfort. During nurse rounding, the nurse-patient interaction can discuss intervening variables influencing patient's comfort causing discomfort. The nurse-patient interaction can increase the patient's trust and comfort level that can result in the patient's overall satisfaction.

Increasing patient safety is crucial to improving the quality of healthcare (Siveria Mendes, Miranda Cruz, Paiva Rodrigues, Vieira Figueiredo, & De Melo, 2016). The care for patients involves nurse-patient interaction that includes assessment of comfort to enhance the satisfaction of care. The idea of patient experience has been linked to patient satisfaction and become a metric for payment or reimbursement to healthcare organization (Berkowitz, 2016). The Comfort theory and the Cox interaction model theoretical framework are the student choice of theory for nurse service-rounding. Both concepts strengthen the concept of nurse -rounding by improving safety, satisfaction and the overall score of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey.

Change Model

Implementing change in practice requires inquiry and planning. There are many drivers of change in nursing in the healthcare setting such as 1) increase patient's satisfaction; 2) promotion of patient and staff security 3) increasing revenue and decreasing expenses among others. As change can be a very complex a model can assist the change agent to design a plan

for modification with greater success. For this quality improvement project, the IOWA model of change was deemed appropriate for use to ensure success. The IOWA Model is a framework widely utilized for the implementation of evidence-based practice (EBP) especially changes in healthcare practices emphasizing on patient engagement to promote patient satisfaction and outcome (Buckwalter et al., 2017).

Steps of IOWA model (Appendix L)

Step 1: Selection of a topic.

There are several factors that brought this project to the forefront. One of the medical-surgical units from an urban, teaching hospital was experiencing lower than expected patient satisfaction scores compared to the organization's strategic plan. The literature suggests that there is evidence to support that nurse rounding can have a positive impact on patient's satisfaction and would be a possible intervention to incorporate in the charge nurse routine rounding to improve patient satisfaction scores. The Unit Manager and the Administrative Director are committed having this project in the unit. The project is a high priority for the unit as it is a goal of the organization for all their units to be performing above the 90th percentile for “Overall” score on the Press-Ganey Patient Satisfaction Survey.

There are several factors that brought this project to the forefront. One of the medical-surgical units from an urban, teaching hospital was experiencing lower than expected patient satisfaction scores compared to the organization's strategic plan. The literature suggests that there is evidence to support that nurse rounding can have a positive impact on patient's satisfaction and would be a possible intervention to incorporate in the charge nurse routine rounding to improve patient satisfaction scores. The Unit Manager and the Administrative Director are committed having this project in the unit. The project is a high priority for the unit as it is a goal of the

organization for all their units to be performing above the 90th percentile for “Overall” score on the Press-Ganey Patient Satisfaction Survey.

Step 2: Forming a team

The team members involved with this project include the charge nurses in the unit, the nursing staff (including staff nurses, patient care associates and unit clerical associates), nurse manager, and the DNP student. The DNP student and the preceptor will develop a rounding protocol for charge nurses to use with their daily customer service rounding. The DNP student prepared the educational materials to be presented at a staff meeting that was scheduled for February 27, 2018.

Step 3: Evidence retrieval

A search for evidence-based literature has been completed and appropriate articles retrieved from healthcare databases including CINAHL, Medline, EBSCO host, Cochrane, JBI using the terms nurse-rounding, family, patient’s satisfaction, HCAHPS, Press-Ganey, falls, pain, hourly-rounding, customer service rounding. There were ten (10) evidence-based articles that were related to the critical aspects of this project which were read and evidenced leveled for the implications of this project. Eight (8) articles suggested that nurse-rounding affects patient’s satisfaction.

Step 4: Leveling the evidence

The grading of evidence was based on Melnyk’s levels of evidence (2015) for each of the articles pulled from the literature search. Most of the scholarly articles collected were either study group or quasi-experimental study design. A review of the outcomes from each study was conducted with a focus on the intervention of nurse roundings that impact on patient’s

satisfaction. The results of the analysis indicated that proactive nurse rounding improves patient satisfaction.

Step 5: Developing an Evidence-Based Practice (EBP) standard

The charge nurses on the medical-surgical unit have an established customer services rounding process. However, it lacks structure and consistency from the charge nurse to charge nurse. A rounding tool with set of questions (which have been linked to the nurse sensitive questions on the Press-Ganey Survey) has been developed for use by the charge nurses during the customer service rounds; additionally, a rounding protocol has been defined and will be utilized for a more adhered to a process for consistency between charge nurses.

Step 6: Implementing the Evidence-Based Practice (EBP)

There was a protocol for the charge nurses to follow. Education and practice with the new tool and process were provided. The project lead was responsible for each of the educational aspects of the project and provided a rounding practice experience for the charge nurses. Once the rounding project began, the charge nurses submitted the completed Patient Satisfaction Rounding Tools to a designated, secured area for the nurse manager to review for comments and any concerns. Once the nurse manager assessed the Patient Satisfaction Rounding Tool it was placed in a folder for the project lead to retrieve for project analysis. Barriers to the implementation of this quality improvement project were assessed for mitigation factors determined to increase the likelihood of success (Powers, F. 2018).

Step 7: Evaluation

Evaluation of the project was based on two components of the process: The Patient Satisfaction Rounding Tool that was analyzed for common themes identified by the patient during the charge nurse customer service rounding. Additionally, the Patient Satisfaction Rounding Tool was reviewed for percentages of completion by the charge nurses. Furthermore, the Press-Ganey Patient Satisfaction scores for the host unit was obtained and an analysis of the following domains: nurse communication, responsiveness, pain management , and discharge information to previous scores from a month prior to the education of staff on the project.

CHAPTER 3: PROJECT DESIGN AND METHODS

The design and method of this quality improvement (QI) project are to determine the patient's satisfaction survey on a 27-bed medical-surgical floor at the University Hospital. The charge nurses utilized a scheduled customer service nurse-rounding using the Patient Satisfaction Rounding Log questionnaires to elicit patient feedback of their perceptions of the quality of care, in real time to the staff on duty.

Organizational Need

The healthcare industry is very competitive and needs leaders to develop innovative ways to improve patient care and to increase patient's satisfaction. Increased patient's satisfaction scores can lead to financial gain for the healthcare organization through the Value-Based Purchasing (VBP) reimbursement program initiated by the Center of Medicare and Medicaid Services (CMS) (Center for Medicare and Medicaid Services, 2017). Nursing executives were developing strategies to meet the demand of the federal regulation to gain financial stability for the healthcare institution (Tussing, 2015). The host organization for this project found itself with

the same challenges just described and is challenged with patient satisfaction on its medical-surgical units. After consulting with the administration of the host hospital, it was decided to partner on a quality improvement project on one of the medical-surgical units to improve patient satisfaction. The project identified is a staff nurse-led customer service rounding program prompting patient feedback on the quality of care they received during their hospital stay and to provide this feedback to the staff huddle time to help influence their behavior to increase the satisfaction of the patients and improve patient's satisfaction scores as reported publicly to the Hospital Consumer Assessment of Healthcare Providers Systems (HCAHPS) and Press-Ganey Customer Satisfaction Survey. Presently, the overall Press-Ganey Patient Satisfaction Score of the unit is less than 70 % without structured and consistent nurse rounding. The goal of this health care institution is to improved patient's satisfaction score to greater than 90% on each of the domains of the Press-Ganey Patient Satisfaction Survey.

Organizational Support

The host organization is very motivated to improve its patient satisfaction scores and have a firms support for this staff nurse-led customer service nurse rounding project. The organizational support was confirmed by the Administrative Director of Nursing Patient Care Services through a letter of support (Appendix E). The Nurse Manager of the nursing unit is very supportive of the project and has been instrumental in providing data other required information to design and initiate the project (Appendix G). The nursing staff, and in particular, the charge nurses have verbalized their support and “are looking forward to initiating the project” to increase patient's satisfaction. The plan to sustain the nurse-rounding process was to incorporate the program to the charge nurse daily duties and responsibilities.

Project Stakeholders

Stakeholders identified for this project include the participating patients of the unit, nurses, charge nurses, patient care associates, unit clerical associates, the nurse manager, and the project lead, to name a few. The criteria for the patient participant is that they are at least 18 years old; alert and oriented; non-inmate, English speaking and who has been in the unit for three or more days. The three days parameter was chosen as a criterion as patient diagnostic results have been reported by this time, and medical providers should have discussed a plan for care and targeted discharge date with the patient by this time.

SWOT Analysis

A SWOT analysis is a tool that has been utilized by many organizations to assess the strategic planning of the organization in identifying the Strengths, Weakness, Opportunities, and Threats in relation to business or project competition. The tool has been utilized by the host organization to determine the objectives for internal or external factors that are commensurate with achieving the organizational goals. (Appendix I).

Strengths

The strength of this organization includes: the organization is on the Magnet® journey. Magnet® journey is a program developed by the American Nurses Association through the American Nurses Credentialing Center to recognize healthcare organization that promotes quality nursing care in improving patient outcomes (Swanson & Tidwell, 2011). A second strength was the utilization of nurse-rounding to enhance patient's communications to nurses thereby increasing customer's satisfaction. Senior nursing leadership is committed to improving practice change in the unit with the goal of improving patient's satisfaction and publicly

enhanced HCAHPS score (The Ohio State University Hospital East, 2016). The nurse manager of the unit is in full support of a practice change in improving patient's satisfaction. The hospital leadership of the organization are transparent and have strong communication between all levels of the organization. The nurses in the unit have an active unit leadership council that is willing to participate in a practice change. The nursing staff (registered nurses, patient care associates and unit clerical associates) are supportive of improving patient satisfaction.

Weaknesses.

Weaknesses identified for this project include: charge nurses lack of a prescribed rounding process with tools. As with many healthcare organizations, there are various patient's initiatives competing for nursing resources; bedside nurses lack understanding of their behavior in relation to the patient perception of care; multiple exchanges of messages from front-line caregivers including nurses, that can impede communication delivery; budget may not allow additional expenses.

Opportunities

Opportunities identified included: need to improve patient's satisfaction scores equal or higher than 90%. The organization has the ability to develop a strategic plan to improve patient's perception and satisfaction in their healthcare delivery; educating nurses how their behavior and interaction can influence the patient's opinion of care; staff nurses behavior needs to be modified by getting staff members involved in the project by either actual rounding or post rounding huddle.

Threats

Threats identified: low patient satisfaction scores can lead to decrease monetary compensation from the Hospital Value-Based purchasing program through CMS; loss of

community status as top healthcare organization provider; loss of patient volume; public reporting of low HCAHPS score as non-competitive healthcare organization; and possible downsizing of healthcare programs and employees. Another significant threat would be the failure of the Magnet® status that is a goal of the nursing division.

Barriers and Facilitators

From the SWOT assessment, it is not believed that barriers exist that could hinder the implementation of this project. The culture of the healthcare organization is open to quality improvement in patient satisfaction with care. This organization is part of an academic medical institution with a community-based setting (The Ohio State University Hospital East, 2016). An evidence-based practice approach has been utilized in different areas of the healthcare organization for other projects. The administration of the institution is encouraging nurses to participate in the ongoing projects by compensating nurses through the clinical ladder program to improve the patient's quality of care.

The barriers and unintended consequences of this project could be the short of nurse staffing due to sick calls and illnesses.

Project Schedule

The plan of this project was completed within 16 weeks with the final evaluations of the implementation within 8 weeks (Appendix D).

Resources Needed

The resources needed for this project included the educational materials for the nurses, snacks for those who participated in the meeting. The conference room, overhead projector, and computer. Other resources include: orientation time for charge nurses and staff nurses, charge nurse to complete rounds and perform the post rounding huddle, staff time to attend the huddle.

Nurse manager time for review of the rounding logs and ensuring the rounding was taking place. Also, the cost of the statistician and food for the staff (Appendix K).

Project Manager Role

The DNP student was responsible for the development and implementation of the nurse-patient service rounding project. The DNP student conducted the orientation of the project including teaching the charge-nurses on how to round, collect, and record data obtained during nurse-rounding. The DNP student was also be available to charge nurses for questions and concerns about the project. The DNP student was responsible for an overall initiation, planning, educating, implementing, monitoring and evaluating the nurse-rounding project. The DNP student collected data from the charge nurses every week and evaluate the results. As part of the DNP student role, nurses and charge nurses involved in this project was incentivized with free snacks from the DNP student during the unit visit and meeting.

Plans for Sustainability

A nurse, led-customer service rounding program, was sustained on this medical-surgical nursing unit after the completion of the project. The program became the part of the unit culture of this institution with the goal to move the rounding program to the other nursing units. Strategies that was utilized to sustain this program will be a quarterly report of the Press-Gainey scores to the unit. The Administrative Director of Nursing for this nursing unit stated that he was eager to have this project completed to raise the bar of the unit patient's satisfaction scores on a more consistent nature. This program was incorporated on the daily basis tour of duty by the charge nurse of the unit. The customer service nurse rounding became the unit protocol.

Project Vision, Mission, and Objectives

Mission

The mission of this evidence-based practice project was to develop a quality improvement process to increase patient satisfaction scores through nurse - rounding. The project mission corresponds to the host organization's strategic plan to improve population lives in Ohio and across the world through the innovation of quality improvement, education, and patient care (The Ohio State University Hospital East, 2016).

Vision

The vision of this project was to increase overall patient's satisfaction through Press-Ganey survey as publicly reported to the Hospital Consumers Assessment of Healthcare Providers and Systems (HCAHPS). The positive results of the project can impact the high quality of the patient's safety and satisfaction (Tussing, 2015). As a result of improved patient's quality of care the institution incurs financial stability through the Value-Based Purchasing program by the Center of Medicare and Medicaid Services as a reward for instituting high patient's safety and satisfaction.

Objectives

The objectives of this nurse-patient rounding project have both short and long-term goals. The short-term goals were to educate nurses to anticipate patient's needs and resolve the immediate problems in real time. For example, patient's may have questions about their medications, food and room services, lack of physicians communications regarding the plan of care or diagnostic testing results, to name a few. The long-term goal of this project was to increase of patient's satisfaction scores as documented through Press-Ganey Patient Satisfaction Survey.

PICOT Question

The following PICOT question served as the foundation for the proposed evidence-based practice project: For nurses on medical-surgical inpatient unit at the tertiary teaching medical center in central Ohio will the implementation of a staff nurse led-customer service nurse rounding program compared to no staff nurse customer service rounding program increase the Press-Ganey Patient Satisfaction scores as reported by Hospital Consumer Assessment and Healthcare Providers and Systems (HCAHPS) over an 8-week period?

Population

The population of interest on this project was the day shift charge nurses on the medical /surgical floor who have been oriented to the curriculum of the customer service rounding. There were eight (8) charge nurses on the day shift that were selected (Appendix M). The unit nurse manager identified those charge nurses to the DNP student. This DNP student recruited these charge nurses during a staff meeting. There was no informed consent needed. The charge nurses who received the orientation sign the curriculum checklist. The inclusion criteria for this population were nurses on day shift that were oriented as charge nurses. The exclusion criteria were nurses who have not been oriented to the unit.

Intervention

The intervention of this quality improvement project is to implement a practice change to improve patient's satisfaction scores during the inpatient hospital stay. Nurse-patient customer service rounding is a systematic pre-emptive evidence-based intervention that helps nurses foresee and attend patient needs, dissatisfaction that can be resolved in a timely manner (Fabry, 2015). Research shows that the predictors of customer satisfaction during a hospital stay is to have an effective interdisciplinary relationship in between healthcare providers, adequate nurse-

staffing levels, high quality, and good tasting foods, hospital cleanliness, and decrease wait times (Mazurenko, Zemke, & Lefforge, 2016). As a result, this will increase patient's satisfaction which will eventually increase HCAHPS score. The evidence shows that the sustainability of hourly rounding is safe, efficient, and an effective way to decrease cost by reducing health injuries related to patient falls, developing pressure ulcers which will eventually increase patient's satisfaction (Brosey & March 2015).

Comparison

The process of this project is a replication of quality improvement project in the healthcare system of The Ohio State University Wexner Medical Center main hospital in 2015. The outcome of the study implemented at the main hospital was successful in improving patient's satisfaction and increasing HCAHPS score. The main hospital has been recognized as one of the top medical centers in the innovation of patient's care and outcome. The institution was the first Magnet® hospital in central Ohio recognized by the American Nurses Credentialing Center for the outstanding performance in patient's care.

The goal of this DNP student project is to establish a consistently high score of greater than 90% on Press-Ganey score in the medical-surgical unit of the host healthcare organization, The Ohio State University Wexner Medical Center-East.

Outcome

The desired outcome of this project is to increase the patient's satisfaction. The patient rounding log will be utilized to determine the impact of the program on the unit (Appendix D). This log has been used previously by the student preceptor from the other hospital. This DNP student has permission to use Patient Satisfaction Rounding Log (PSRL) (See Appendix E). The questions from the PSRL were based on the Press-Ganey Patient Satisfaction Survey. The

Press-Ganey Satisfaction survey has been recognized and utilized by the healthcare institution as a reliable tool to survey in improving patient's satisfaction and safety. The PSRL will be used to guide data collection during the rounding process. This will measure the satisfaction score of the patients in the unit. This survey has been tested for validity reflecting the Press-Ganey and HCAHPS score. The PSRL has four valid yes or no questions with comments in the log. The purpose of this type of question is to evaluate patient needs and problems for immediate recovery. The survey will include all patients who are willing to participate and will be administered by Charge Nurses using the pen and paper PSRL log posted on the Charge nurse office. It will take approximately 10-15 minutes to manage these questions to each participant. The data collected will be shared by the Charge Nurses and Managers to the staff nurses during staff meetings and huddle time.

Time-frame

The time associated with the nurses' educational component, pre and post implementation will take approximately 8 weeks.

Feasibility

This problem has been identified by the Nursing Director of Patient Care Services and Nurse Manager of the unit. The focus of the problem is to have a practice change to increase patient's satisfaction. The feasibility of this project can be accomplished within the time-frame given in eight weeks. All the educational nursing components in preparation for the implementation of the program have been on the timeline. The accomplishment of this project is embedded in the coursework of the student. The strategies that this DNP student may utilize to overcome barriers that may occur during the implementation process: have constant communication with the unit nurses, being transparent or visible at the unit for any questions

that nurses might encounter, work with the charge nurses during nurse-patient rounding, and monitor the progress of nurse-patient rounding. The nurse-rounding process has been embedded into the workflow of a charge nurse as part of the routine process during the unit tour of duty. The rounding process takes approximately less than 10 minutes. However, some charge nurse did their rounding process as they pass their medication

Sample and setting

The setting of the proposed DNP project was at the medical floor of a teaching urban-based community hospital that delivers all the benefits of the academic medical center with a community environment (The Ohio State University Hospital East, 2016). The medical floor has 27 beds encompassing patients with admitting diagnosis of stable stroke, pneumonia, hypertension, COPD exacerbation, and other medical diagnosis requiring in patients hospitalization. The typical patient's populations of this unit were diverse in culture ranging from Somalians, Hispanic, Black-American, White-American, and other cultures requiring an in-hospital stay for medical treatment. The unit had a strong Unit Leadership Council (ULC). The ULC comprised of staff nurses, patient care assistants and the unit clerk who make the major decisions for what is best for the unit. The culture of the host institution always have initiatives to improve patient's care. Nurses are encouraged to initiate projects that enhanced the patient's care through Clinical Ladder program of the healthcare system.

The matrix organizational structure is being utilized in this healthcare organization. The host institution is a part of the large research academic medical organization; the health system has its own Executive Director and Chief Nursing Executive for both organizations. The host organization of this project has an Associate Executive Director and the Chief Nursing Officer who oversee all the different departments of the hospital (The Ohio State University Hospital

East, 2016). The mission of the Health system is to “ improve people’s lives through innovation in research, education and patient’s care,” with the vision of “creating the future of medicine to improve people’s lives by being responsive to patient issues in a healthcare environment.” (The Ohio State University Wexner Medical Center, 2017). The health system mission and vision correlates with the DNP student project by creating a quality improvement of practice change to improve patient’s healthcare environment through nurse-customer service rounding by improving patient’s satisfaction.

The organizational culture of the unit and the entire healthcare institution are friendly, and open to change. The host healthcare institution of this project is a clinical training facility for nursing students, medical students, residents, fellows, and allied healthcare professionals in the area. The nursing staff members of the unit have been aware of the upcoming project and are willing to participate. There was 27 staff registered nurses in the medical/surgical floor. During the staff meeting, this DNP student gave the staff members the information about the positive impact of the customer service nurse rounding to the organization and the overall process. However, only eight (8) day charge nurses received the orientation process (Appendix M). In the future the nurse manager plan to educate all the staff nurses in the unit on the rounding process using the tool that the project utilized.

Implementation Plan/Procedures

The DNP student implementation process for the nurse rounding project involved the orientation of the project to the unit management, staff nurses, and charge nurses using the curriculum that was modified based on the present project. There was the specific training of the nurse-rounding procedure to charge nurses: the inclusion/exclusion criteria for patient feedback, initiation of patient’s interview, documentation of patient comments, responsibilities to follow-

up on patient concerns, the duty to report positive and negative feedback to staff, to the manager, and the project lead. The unit manager was given specific instructions regarding techniques related to patient negative comment and the mechanism of forwarding it to the project lead (DNP student). The patient issues/complaints were addressed by the charge nurse accordingly using the hospital customer service protocol to provide a safe and trusting environment to patients.

During the initial customer service nurse rounding, this DNP student was in the unit observing the charge nurse the process. Each week this DNP student either text or call the charge nurse to check the status and for any questions, charge nurse may have about the process of nurse rounding. The nurse manager and this DNP had constant communication either by mail or text messages about the project. This DNP student visits the unit weekly by obtaining copies of the completed PSRL from the nurse manager. This DNP student recorded the days that the nurse rounding was not accomplished as part of the data analysis.

The Patient Satisfaction Rounding Log (PSRL) was placed by the charge nurse in a lock designated place in the unit assigned by the nurse manager. The trend of issues and problems were reviewed by the DNP student and the unit leadership for resolution. The nurse- rounding process was the best approach to address patients needs in a timely manner to improve patient's satisfaction (Al [Danaf](#) et al., 2017).

Data Collection Procedures

The Patient Satisfaction Rounding Log (PSRL) was utilized by the charge nurses for data collection during the project implementation with four questions based on the Press-Ganey Patient Satisfaction Survey Report (PGPSSR). The data were evaluated by the DNP student and was transcribed into the spreadsheet for comparison after the eight weeks of implementation of the rounding project. The DNP student will use the descriptive analysis to determine the effects

of nurse rounding project and the four questionnaires from the PGPSSR. The comparison of the data collected of each of the domain: nurse communications, discharge information, pain management, and responsiveness. The extraneous variable can affect the outcome of the project. To control this variable, charge nurses for this project were educated on the process of resolving patient's issues and problems using the hospital customer service protocol (Tussing, 2015).

The data collection results on nurse rounding will be compared prior to, during, and after the implementation of the project using the mathematical analysis of the nurse rounding results from the Press-Ganey survey report (Blakely, Kroth, & Gregson, 2011)

Recruitment and Selection

The charge nurse identified patients whose length of stay greater than three days. For the purpose of this project, during nurse rounding the charge nurse had a script to follow stating, My name is ____, I am the charge nurse today, checking by making sure that our patients are receiving the best care possible. I would like to ask you few questions, if you wish to decline you may do so, however, this will not affect the care that we will provide you and the information you provided will be protected. The patient's acceptance indicated a verbal willingness to participate in the nurse rounding, and therefore, the charge nurse continued with rounding which includes scripted questions for the project.

This nurse rounding is a quality improvement (QI) project to increase the patient's satisfaction scores in the medical/surgical unit of the tertiary medical center in central Ohio. This project obtained patient feedback on their perceptions of quality of care, in a timely manner to the staff nurses on duty. The formative criteria of this project were the orientation phase of the project which includes the mid-implementation and the final results. Whereas, the summative measures for evaluation of this project is the overall quantitative data of the Patient Satisfactory

Rounding Log score in comparison to before the implementation of the nurse-rounding process. The points for the assessment of this project were after one week of implementation of nurse rounding where charge nurses were comfortable with the process.

Data Analysis Plan

The data analysis of this project required two components: a summary of the Patient Satisfaction Rounding Log (PSRL) and a mathematical analysis of the 4 questions from the Press-Ganey Patient Satisfaction Survey Report (PGPSSR). The DNP student reviewed the PSRL for content and percent of the logs completion. The patient response to the questions asked by charges nurses during nursing rounds was recorded in the box of the PSRL tool by pen and paper. The Patient Satisfaction Rounding Log tool did not utilize numbers. Therefore, statistical analysis was not helpful in this portion of the project evaluation. The report was collected listing the percent of completion for each section of the tool as the information summary written by staff nurse-in-charge.

The Patient Satisfaction Rounding Log (PSRL) was reviewed by the unit leadership, and the DNP student each week identified topic needed to improve during the project implementation. The frequency of the responses was tallied according to the subject listed on the PSRL tool. The data that the DNP student utilized were the four questions based from the Hospital Consumer Assessment of Healthcare Providers System (HCAHPS) administered by the Press-Ganey Patient Satisfaction Survey Report (Center for Medicare and Medicaid Services, 2017). These data were transcribed by the DNP student into the spreadsheet and kept for statistical comparison after 4 weeks post-implementation of the nurse-rounding project.

The mathematical analysis was utilized to determine the average effect between the nurse rounding project and the 4 HCAHPS questions as reported through the Press-Ganey

Patient Satisfaction Survey Report. In order to determine whether the rounding project had a statistically significant impact on the patient's satisfaction score post-implementation. The descriptive analysis was utilized on the four communication questions nurse communication, pain management, discharge information, and responsiveness. The previous Press-Ganey results were also used for comparison of the survey results.

The data that the DNP student received was shared with the unit leadership, staff nurses, and other stakeholders involved with patient's care during the unit meeting, shift report, and upper management of the healthcare organization. The DNP student is anticipating that the outcome of the nurse-rounding project has a positive effect on the patient's satisfaction as measured by the Press-Ganey Patient Satisfaction Survey score. There are two methods that will be utilized for this evidence-based quality improvement project: the accomplishment of the Patient Satisfaction Rounding Log (PSRL), and the monthly reporting of the Press-Ganey Patient Satisfaction Score by the nursing unit. The outcomes will be measured by mailing the Press-Ganey Patient Satisfaction Survey tool to all patient's that have been discharged. In addition, comments of the patient's during nurse rounding can impact the nursing attitude for improvement to increase patient's satisfaction. Lastly, staff idea of the project will be solicited via focus groups to aid future enhancement of the project. The outcome of this project will help the DNP student met the quality improvement goal of patient's satisfaction through nurse-rounding through Press-Ganey Patient Satisfaction Survey score.

Instrumentation

The Patient Satisfaction Rounding Log (AppendixA) was utilized by the charge nurses to guide them on the questions that will be included in the patient's conversation. The Press-Ganey

Patient Satisfaction Survey score will be utilized for the outcome measurement of this project. Each of the Press-Ganey questions was publicly reportable.

Instrument Reliability and Validity

The instruments that were utilized for this project has been tested for reliability and validity. The Press-Ganey Patient Satisfaction Report has been used by a healthcare organization to help improve patient's experiences. Whereas, the Patient Satisfaction Rounding Log has been utilized by the healthcare institution to determine patient needs based on the metrics from the Press-Ganey Patient Satisfaction Survey.

Ethics and Human Subjects Protection

The rounding project will be a quality improvement, the Data Quality Release form application was submitted by the preceptor, Dr. Todd Tussing on behalf of the DNP student to the host organization for review and was approved by the Chief Quality Officer of the host organization. The purpose of the nurse rounding project is to help ensure that the patient's received the highest quality of care and to identify obstacles that may cause the patient's harm (Tussing, 2015). The patient's identifiers were not collected during the project implementation. The participants were named patient 1, 2, and so on. The data collected during the implementation process was locked in the nurse's station. The data was only available for project measurement to the DNP student and the Nurse Manager of the unit.

CHAPTER 4: RESULTS AND DISCUSSION OF DNP PROJECT

The purpose of this chapter is to analyze the results of the data collection to determine whether the implementation of the customer service nurse-rounding project affects or increase patient's satisfaction in comparison no staff nurse-led nurse rounding. Factors that contribute to

patient's dissatisfaction are lack of healthcare providers communication, perceived poor sense of human presence to attend patient's needs and questions, poor customer services from the healthcare institution such as noisy environment and untidy room environment (powers, 2018).

The Affordable Care Act authorizes Medicare to penalize hospitals which are paid under CMS's Inpatient Prospective Payment Systems (IPPS) for low satisfaction rate and reward hospitals with incentives payment with high satisfaction rate through the Hospital Value-Based Purchasing (VBP) Program (CMS, 2017). The VBP program is an initiative for the CMS that rewards hospitals with incentive payments for the quality of care and satisfaction to Medicare beneficiaries. As a result, healthcare leaders develop strategies to improved quality of care and increase patient's satisfaction. To measure the patient's perception of quality care and patient's satisfaction hospitals utilized Press-Ganey and Hospitals Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. One proven intervention to improve patient's satisfaction is the use of nurse rounding in the hospital setting.

As of December 2017, the host unit overall HCAHPS score which includes nurse communication, pain management, and nurse responsiveness was 67.7% overall without structured and consistent nurse rounding (The Ohio State University Wexner Medical Center, 2017). The unit goal was to improve the score to greater than 90.0%. In order to achieve this goal, the nurse-rounding project was instituted on an adult medical-surgical unit at the mid-western, urban, teaching community hospital. Nurse-rounding was one way to convey the presence with the patient and to provide a safe care environment to ensure the provision of high-quality care thus, increasing patient satisfaction, safety and improving patient outcome (Ciccu-Moore et al. 2014).

The quality improvement (QI) project was to determine patient's satisfaction on a survey in a 27-bed medical-surgical floor at the University Hospital. The charge nurses utilized a scheduled customer service nurse-rounding using the Patient Satisfaction Rounding Log questionnaires to elicit patient feedback of their perceptions of the quality of care, in real time to the staff on duty.

Summary of Methods and Procedures

The patient rounding log was utilized to determine the impact of the program on the unit (Appendix A). The questions from the PSRL were based on the Press-Ganey Patient Satisfaction Survey. The Press-Ganey Satisfaction survey has been recognized and utilized by the healthcare institution as a reliable tool to survey in improving patient satisfaction and safety. The PSRL was used to guide data collection during the rounding process. This measured the satisfaction score of the patients in the unit. The PSRL has four valid yes or no questions with comments in the log. The data collected was being shared by the Charge Nurses and Managers to the staff nurses during staff meetings and huddle time.

The data analysis of this project required two components: a summary of the Patient Satisfaction Rounding Log (PSRL) and a mathematical analysis of the 4 questions from the Press-Ganey Patient Satisfaction Survey Report (PGPSSR). The DNP student reviewed the PSRL for content and percent of the logs completion. The patient response to the questions asked by charges nurses during nursing rounds was recorded in the box of the PSRL tool by pen and paper. The Patient Satisfaction Rounding Log tool did not utilize numbers. Therefore, statistical analysis was not helpful in this portion of the project evaluation. The report was collected listing the percent of completion for each section of the tool as the information summary written by staff nurse-in-charge.

The Patient Satisfaction Rounding Log (PSRL) was reviewed by the unit leadership, and the DNP student each week identified topic needed to improve during the project implementation. The frequency of the responses was tallied according to the subject listed on the PSRL tool. The data that the DNP student utilized were the four questions based from the Hospital Consumer Assessment of Healthcare Providers System (HCAHPS) administered by the Press-Ganey Patient Satisfaction Survey Report (Center for Medicare and Medicaid Services, 2017). These data were transcribed by the DNP student into an Excel spreadsheet and kept for statistical comparison after 4 weeks post-implementation of the nurse-rounding project.

The data was transferred to SPSS, version 25.0 for analysis and cleaning (IBM corp., 2017). The data was set up in SPSS and examined for missing values, incorrect or impossible data entries and significant outliers (Osborne, 2013). There were no missing values to be coded, no incorrect or impossible data entries and boxplots revealed no significant outliers. The data was then descriptively analyzed to compare the Customer Service Nurse Rounding project on the patient's satisfaction scores (pre-intervention and post-intervention), on the responses on the four communication questions (nurse communication, discharge information, pain management, and responsiveness) from Press Ganey and PRSL Compliance (Sheskin, 2011).

There were two other methods that were utilized for this evidence-based quality improvement project: the completion rates of the Patient Satisfaction Rounding Log (PSRL), and the monthly reporting of the Press-Ganey Patient Satisfaction Score by the nursing unit. The outcomes were measured by the Press-Ganey Patient Satisfaction Survey tool itself. Finally, the goal of this DNP student project was to establish a consistently high score of greater than 90.0% on Press-Ganey score in the medical-surgical unit of the host healthcare organization, The Ohio

State University Wexner Medical Center-East. The desired outcome of this project was to increase the patient's satisfaction.

Summary of Sample and Setting Characteristics

Population and Setting

The population of interest in this project was the charge nurses who completed the rounding process and the patients on the medical/surgical floor who are the participants of this project that have been in the unit for more than three days. The selected three days period was chosen to allow the patients to evaluate services they received during their hospital stay. The inclusion criteria of the participants were age eighteen and older, non-inmate, English speaking, healthy level of consciousness, and for whom medical decision making remained intact. The setting was a 27-bed medical-surgical floor at the University Hospital. The institution is a teaching hospital and on a Magnet®journey for clinical nursing excellence.

Sample

The sample participants of the nurse rounding process during the eight (8) week intervention were 175 (Table 3). There was no demographic information gathered on the patient participant sample.

Major Findings

The following PICOT question served as the foundation for the proposed evidence-based practice project: For nurses on medical-surgical inpatient unit at the tertiary teaching University Medical center will the implementation of a staff nurse led-customer service nurse rounding program compared to no staff nurse customer service rounding program increase the Press-

Ganey Patient Satisfaction scores as reported by Hospital Consumer Assessment and Healthcare Providers and Systems (HCAHPS) over an 8-week period.

The completion rates of Customer Service Rounding as recorded on the Patient Satisfaction Rounding Log (PSRL) over an eight week period had an average completion rate of 61.0% ($SD = 18.141\%$) with a minimum score of 29.0% and a maximum score of 86.0% for completion rate range of 57.0% (Figure 1).

The monthly reporting of the Press-Ganey Patient Satisfaction Score by the nursing unit by the Press-Ganey Patient Satisfaction Survey tool itself were in May was 80.0% for nurse communication, 83.0% for discharge information, 50.0% for pain management, 40.0% for responsiveness as compared to average of the scores for June and July where it was 73.60% for nurse communication, 84.2% for discharge information, 65.0% for pain management, 63.0% for responsiveness (Figure 2). None of the areas met the goal of greater than or equal to 90.0%, but discharge information went up 1.2% from pre-intervention to post-intervention which is support of the findings from the PSRL and the monthly reporting of the Press-Ganey Patient Satisfaction Score by the nursing unit.

When post-intervention was not averaged, in June the scores were 93.0% for nurse communication, 93.4% for discharge information, 75.0% for pain management, 85.7% for responsiveness. So, nurse communication and responsiveness met the goal of greater than or equal to 90.0%. However, in July, the scores fell to 54.2% for nurse communication, 75.0% for discharge information, 55.0% for pain management, 41.4% for responsiveness. This is probably due to the fall in compliance with Customer Service Rounding which can be seen in Figure 1 for July.

The results of this study indicate the correlation of the literature findings that attending patient's needs during hospital stay through customer service nurse rounding affects patient's satisfaction measured by the Press-Ganey Patient Satisfaction score publicly published by HCAHPS. The theoretical framework that guided this study has a strong implication of the outcome affecting patient's satisfaction through customer service nurse-rounding. The concepts of Cox interaction theory and the Kolcaba's comfort theory model strengthen the hypotheses of nurse -rounding by improving patient's safety, satisfaction and the overall score of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey (Powers, F. 2018). Nursing staff that exhibit responsiveness and informational support towards the patient can develop trust and ultimately promotes patient satisfaction (Bragg et al. 2016)

CHAPTER 5: IMPLICATIONS IN PRACTICE AND CONCLUSION

Implications for Nursing Practice

The impact of this quality improvement project is to change nursing practice to increase patient's satisfaction. The profession of nursing continued to be the frontline of the healthcare system. During hospital stay patients are subject to hospital stress and uncertainty about the outcome of their care (Mitchell, Lavenberg, Trotta, & Umscheid, 2014). As a result, patients became dependent on their roles to healthcare providers and became vulnerable to physical and emotional discomfort. One way to resolve patient needs and comfort level is through customer service nurse rounding. The Cox Interaction Model of Client Health Behavior (CIMCHB) utilized as one of the theoretical frameworks for this project has four variables associated with the nurse-patient interaction which includes health information, emotional support, decisional

support and professional support (Layeghi, 2015). These variables can influence a patient's positive outcome which eventually improved the satisfaction of care (Powers, 2018).

The patient satisfaction score extracted pre and post intervention of the customer service nurse rounding project demonstrate clinical evidence that there was a positive impact on customer service nurse rounding when completed, and a negative effect when partially completed. The findings correlate with the literature review. Barriers identified for incomplete customer nurse rounding in the unit were staffing issues for charge nurse. Charge nurse had to take more patients and increase patient's acuity. Additionally, the mesosystem of the unit or unit leadership had competing priorities and monitoring the customer nurse rounding was the least of their priorities.

However, during customer service nurse rounding, the majority of the nurses had positive comments from the patients during the PSRL review. Few of the negative comments were addressed by the charge nurse appropriately such as foods and responsiveness of the call lights. This DNP student is hoping that the results of this project can influence the macrosystem of the healthcare organization to implement structured customer service nurse-rounding to all units of the hospital to raise the satisfaction bar of the hospital.

Recommendations

Based on the findings of this evidence-based customer service nurse-rounding project, it seems to hold true that with the compliance comes the positive impact of patient's satisfaction. To have a successful implementation of the customer service nurse rounding it is recommended that the leadership of the healthcare institution must take an active role in promoting this program to improve patient's satisfaction. The participation of structured customer service

nurse-rounding with the macro level management such as the chief nursing officer, director of patient care services to the micro level such as charge nurse of the host unit will help enhance the complete implementation of the nurse-rounding process.

Integrating this evidence-based quality improvement project throughout the hospital as a protocol for charge nurses to participate would increase compliance to charge nurses. This will also help the organizational goal of improving patient's satisfaction. The HCAHPS results of the four domains measured in eight (8) weeks were evidence to prove that the satisfaction scores with more customer service nurse- rounding is higher compared to lesser days of rounding. The outcome implications of this evidence-based quality improvement project indicated that the meso and the micro level of the unit had given less priority of the evidence-based quality improvement project. Several rationales can be attributed to the outcomes of the project, and this can be due to staffing issues such as ill-calls and change of patient's acuity. As a result, customer service nurse rounding was the lesser priorities of the charge nurse.

The strength of this project was the willingness of the unit to appraise the effects of the project on the medical floor in conjunction with the HCAHPS score and the desire of the Nurse Manager to implement this project. The plan of the nurse manager is to execute this project in the evening. The limitations of this evidence-based quality improvement project were the time frame during the project implementation. The unit has an active unit leadership committee, and the result of the survey was presented to the committee and also to the staff meeting by the nurse manager. This DNP student recommended to the nurse manager that in order to ensure compliance to the nurse rounding process, charge nurse should have a lesser patient's assignment with low acuity patients and to monitor charge nurse who failed to submit the rounding log to her office.

This DNP student highly recommends to the unit to continue the customer service nurse rounding to improved patient's satisfaction and safety. This program not only have a positive impact on the unit but it also benefits the healthcare organization especially in obtaining the hospital Magnet accreditation.

Discussion

The goal of implementing this evidence-based quality improvement project is to change nursing practice to improve patient's satisfaction. The Center for Medicare and Medicaid Services has been compensating institution that shows evidence of high satisfaction rates through the Press-Ganey Patient survey publicly published by the HCAHPS. As a result, healthcare leaders are finding ways to improve the patient's satisfaction (Powers, 2018). Several studies showed that having a nurse rounding implemented in the healthcare facility improved patient's satisfaction. The nurse rounding was executed to the host unit for eight (8) weeks. However, prior to the implementation, nurses especially charge nurses were oriented to the curriculum of the rounding process (Appendix M).

The first four weeks of the implementation, the HCAHPS score of the four (4) domains increased with 71% of rounding compliance (Figure 3). However, during the last four weeks of the implementation, the HCAHPS score decreased with 50% compliance of the charge nurse rounding. When post-intervention was not averaged, in June the scores were 93.0% for nurse communication, 93.4% for discharge information, 75% for pain management, 85.7% for responsiveness. So, nurse communication and responsiveness met the goal of greater than or equal to 90%. However, in July the scores fell to 54.2% for nurse communication, 75.0% for discharge information, 55% for pain management, 41.4% for responsiveness. This could be due to the fall in compliance with Customer Service Nurse-Rounding.

The implications of this study showed a lack of compliance for the customer service nurse rounding might impact patient's satisfaction. It is therefore recommended that nursing leadership needs to have a consistent policy in promoting customer service nurse rounding to improve compliance at the micro level of the organization. Customer service nurse-rounding is an effective program to enhance patient's satisfaction. The strength of this project is the willingness of the macro and meso level to implement this customer service nurse-rounding. However, it needs to have a protocol to follow guidelines for the micro level of the organization to institute this project.

The time frame is the limitation of this project.

Plans for Dissemination

The result of the customer service nurse- rounding program was disseminated to the host unit after the completion of the project. A poster presentation of the outcome will be presented pre and post-implementation. The nurse manager of the unit will continue the rounding process by having the evening charge nurse do the customer service nurse-rounding as part of the unit protocol. One of the strategic plans of the Director of Nursing Patient Care Services was to implement this program for all nursing units as a protocol to improve patient's satisfaction. The abstract of this project has been accepted for poster presentation on October 18, 2018, by the Ohio Association of Advanced Practice Nurses Statewide in Columbus, Ohio.

On September 13, 2018, this project was presented to the Advanced Practice Provider Conference sponsored by the Ohio State University Wexner Medical Center using the June results of HCAHPS score. The conference was attended by over 200 Advanced Nurse Practitioners. On September 19, the overall results of the project were presented to the host healthcare organization Patient Care Experience Council. There was a great discussion about a

strategy for implementing this program to improve patient's experience which can lead to enhance patient's satisfaction. If accepted, the manuscript of this project will be submitted for journal publication to the Journal of Nursing Care Quality (JNCQ). The JNCQ is a journal that provides innovative information to practicing nurses and its leadership about patient safety, improving care and evidence-based practice. The abstract of this project has been submitted for publication to the American Nurse Today, an official peer-reviewed journal by the American Nurses Association.

Conclusions and Contributions to the Profession of Nursing

The healthcare industry is competitive and complex that requires nursing leadership to have a strategic plan and innovation of care to improve patient's experience and satisfaction. The major shift of hospital payment has been changed from the volume of services alone to specific areas of performance where healthcare institutions can earn thousands of dollars by improving patient's satisfaction scores and patient outcomes (Fabry, 2015). The implementation of this evidence-based quality improvement project was to determine the effects of the implementation of customer service nurse-rounding in comparison to no staff nurse rounding as measured by the Press-Ganey Patient Satisfaction survey that is publicly reported by the HCAHPS.

The evidence-based result of this project showed that the compliance of customer service nurse rounding by charge nurses affects HCAHPS score. The result of this customer service nurse-rounding project correlated with the study that institution with pro-active nurse-rounding and responded readily to patient hospital needs and question instantaneously have a high HCAHPS score (Al [Danaf](#) et al., 2017). The patient's who received the quality of care can link to patient's satisfaction and eventually to hospital reimbursement through the Hospital Value-

Based Purchasing Program by the CMS (Berkowitz, 2016). The customer service nurse-rounding is an evidence-based intervention that can help nurses accommodate patient's needs and dissatisfaction with their care in real-time (Powers, 2018, Fabry 2015). The significant results of this study is evidence for change in nursing practice to improve patient's satisfaction and outcome.

In conclusion, this evidence-based customer service nurse-rounding should be implemented in the host organization units with the support of the nursing leadership for compliance to improve patient's satisfaction and outcome.

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Appendices, Tables, and Figures

Appendices

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Appendix A- Collection tool

Patient Satisfaction Rounding Log

	Are the nurses treating you well?	Is your call light being answered timely?	Is discomfort/pain being managed to your expectation?	Are you getting the information you need about your care to make the needed decision?	Comments
Patient 1					
Patient 2					
Patient 3					
Patient 4					
Patient 5					
Patient 6					

Rounder: _____ Date: _____ Post Huddle Completed by Charge Nurse: Y__ N__ Manager comments: _____

Appendix B- Summary of Primary Research Evidence

Citation	Question or Hypothesis	Theoretical Foundation	Research Design (include tools) and Sample Size	Key Findings	Recommendations/ Implications	Level of Evidence
Ciccu-Moore, Grant, Niven et al (2014)	Will care and comfort rounds: improved standards of care	Comfort theory	Case-control study	Care and comfort rounds assure the quality of care to patients	Continue to implement across the NHS Scotland healthcare system	1V
Layeghi, M. (2015)	What is Cox interaction model in relation to client behavior?	Cox interaction Model	Evidence-based	This model was utilized by nursing practitioners to predict health-related issues of the clients in response to their behavior.	Integrate the Cox model into the nursing practice	V11
Al Danaf, J.; Chang, B.; Shaeer, M.; Johnson, K. et al (2017)	Will staff responsiveness and proactive nurse rounding contribute to high HCAHPS score?	Comfort Theory	Descriptive Study	The hospitals with pre-emptive nurse rounding and respond to patient's needs in real time, score higher in HCAHPS score.	None	V
Tussing, T. (2015)	Is evidence-based nurse rounding increased patient's satisfaction	Evidence-based	Doctoral dissertation	Nurse-patient service rounding improved patient's outcome and increased patient's satisfaction	None	V1
Fabry, D. (2015)	What is the perspectives and perceptions of the frontline nurses on hourly rounding?	Cox interaction model	Descriptive study	The nurses agreed that nurses rounding is part of their duty. However, it needs to be documented	This study indicated that management and hospital educators need to support the program to improve patient's satisfaction	111
Dowdy, T. (2014)		Theory of Comfort	Textbook- Nursing theories			

Berkowitz, B. (2016)	Is patient satisfaction linked to hospital reimbursement?	Cox interaction model and Comfort theory	Descriptive study	Quality care link to patient's satisfaction and hospital reimbursement	None	V11
Brown, C. (2014)	Is IOWA model effective as a guide to change in clinical practice?	IOWA model theory	Introduction to IOWA model	Quality improvement		V11
Dang, D.; Melnyk, B.; Fineout-Overholt, E.; et al (2015)	Models to guide implementation and sustainability of the evidence-based practice	Theory of Evidence-Based	Textbook-Evidence-based			V11
Solveria Mendes, R.; Miranda Crus, A.; Paiva Rodrigues, D.; et al (2016).	Is comfort theory supports safe clinical nursing care	Comfort theory	Descriptive study	Comfort theory supports clinical nursing care to individuals, families and communities	None	V11

Appendix C- Summary of Systematic Reviews (SR)

Citation	Question	Search Strategy	Inclusion/Exclusion Criteria	Data Extraction and Analysis	Key Findings	Recommendation/Implications	Level of Evidence
Mazurenko, Zemke & Leforge (2016)	Who is a hospital's customer?	Nurse-rounding, hourly-rounding, patients, family, satisfaction, Press-Ganey scores, HCAHPS	none	Qualitative analysis	Customer satisfaction is influenced by good food, decrease wait time, have permanent healthcare providers, adequate nurse staffing	Hospital administrators need to incorporate customer service techniques to have a positive outcome	1
Pritts, & Hiller (2014)	Will the implementation of physician-nurse rounding increase patient's satisfaction	Nurse rounding, patients, satisfaction, Press-Ganey scores, HCAHPS	none	Pilot study	Improvement in the perception of physician-nurse rounding increase patient satisfaction	Need to further study due to low physician response rate	11
Neville, DiBona & Mahler (2016)	Will the hours and shift work impact nurses' perceptions on nurse rounding	Nurse rounding, patients, satisfaction, Press-Ganey scores, HCAHPS	None	A descriptive exploratory study in five adult medical-surgical units	Nurses perceived that nurse rounding is more beneficial to them than patients	Future research is necessary to examine the effectiveness of nurse-rounding using protocols specific to the shift	11
Tan, M & Lang, D (2016)	What are the effect of nurse leader rounding and a post-discharge phone call to patient's satisfaction	Nurse rounding, patients, satisfaction, Press-Ganey scores, HCAHPS	None	Systematic literature review using JBI database	Nurse leader rounding and post-discharge telephone call increase patient's satisfaction	Not indicated	V
Brose, L & March, K (2015)	What is the effect of structured hourly nurse-rounding on patient satisfaction and clinical outcomes?	Nurse rounding, patients, satisfaction, Press-Ganey scores, HCAHPS	None	A pilot study evaluating the outcomes of hourly rounding	Hourly rounding improved patient's satisfaction, decrease falls, decrease patient's call light usage and decrease hospital-acquired pressure-ulcer	Continue the practice	111
Krepper, R; Vallejo, B; Smith, C.; et al. (2014)	Will nurses with formal education on nurse rounding be effective to compare to	Nurse rounding, patients, satisfaction, Press-Ganey scores, HCAHPS, hourly	None	Quasi-experimental study evaluating whether nurses with formal education is	There is no substantial difference in between the nurse's formal education and the	None	11

Citation	Question	Search Strategy	Inclusion/ Exclusion Criteria	Data Extraction and Analysis	Key Findings	Recommendation/ Implications	Level of Evidence
	the train-the-trainer nurses?	rounding, nurses' perceptions		effective in nurse rounding in comparison to the train-the-trainer nurses	train-the-trainer nurses on the impact of nurse rounding		
Blakely, D.; Kroth, M.; & Grgson, J. (2011)	What is the impact of nurse-rounding on patient's satisfaction	Nurse rounding, patients, satisfaction, Press-Ganey scores, HCAHPS, hourly rounding, nurses' perceptions	None	A pilot study utilizing the 4 Ps (pain, potty, positioning and personal items) on nurse-patient rounding	The results indicated that using the 4 Ps on nurse rounding improved HCAHPS score	To continue the practice	11
Fabry, D. (2015)	What is the perspectives and perceptions of the frontline nurses on hourly rounding?	Nurse rounding, patients, satisfaction, Press-Ganey scores, HCAHPS, hourly rounding, nurses' perceptions	None	A descriptive study from the community hospital	The nurses felt that nurses rounding is part of their duty and it should be documented	This study indicated that hospital management and educators need to support the program to improve patient's satisfaction	111
Bragg, L.; Buajski, A.; Marchese, M.; Caldwell, R.; et al. (2016)	How do patients perceive nurse-rounding?	Nurse rounding, patients, satisfaction, Press-Ganey scores, HCAHPS, hourly rounding, nurses' perceptions	None	Descriptive study. Data were collected from six different hospitals	The patient's satisfaction is determined by how nurses respond to patient's need, presence and explanation of care	None	IV
Al Danaf, J.; Chang, B.; Shaeer, M.; Johnson, K. et al (2017)	Will staff responsiveness and proactive nurse rounding contribute to high HCAHPS score?	Nurse rounding, patients, satisfaction, Press-Ganey scores, HCAHPS, hourly rounding, nurses' perceptions	None	A case study performed in 26 prominent hospitals around the country	The hospitals with pre-emptive nurse rounding and respond to patient's needs in real time, score higher in HCAHPS score	None	V

Legend:

Appendix D- Project Schedule

Activity	NR702								NR705							
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Meet with faculty/preceptor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Systematic review of literature	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Writing papers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Meet with the unit Nurse Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference call with faculty and preceptor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Collaborative discussion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Meet with staff nurses through staff meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email/text preceptor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email statistician/	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visited the host unit/meet with the Chief Nursing Officer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Appendix- E

Letter of Support from the Director of Nursing



Wexner
Medical
Center

January 5, 2018

To Whom It May Concern:

Ferlinda Powers and I have met and discussed her proposed Doctor of Nursing Practice (DNP) project titled Nurse Rounding. I agree to provide oversight of the project and have secured authorization for Ferlinda Powers to implement her project at University Hospital East an affiliate of The Ohio State University Wexner Medical Center.

Additionally, Ferlinda Powers will need to complete the on-boarding process required of all nursing students per OSU Wexner Medical Center policy. Please contact Theresa Sikora, MS, RN, Health System Nursing Education at 614-293-9748 for instructions.

If I can be of any further assistance, please do not hesitate to contact me utilizing the contact information below.

Sincerely,

Todd E. Tussing, DNP, RN, CENP, NEA-BC
Administrative Director of Nursing/Patient Care Services
University Hospital East
The Ohio State University Medical Center
181 Taylor Avenue — C 113
Columbus, Ohio 43203
Ph• 614.257.3058
Fax: 614.257.3439
Pager: 614.346.4120
Email: todd.tussing@OSUMC.edu

Appendix-F

Permission to use project tools

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Date: February 1, 2018

To: Feriinda Powers, RN, MS
Doctoral Student
Chamberlain College of Nursing. Columbus, Ohio

From: Todd Tussing, DNP, RN, CENP, NEA-BC
Administrative Director, Nursing and Patient Care Services
University Hospital East of Wexner Medical Center

RE: Permission to Utilize Tools from Nurse Rounding Project

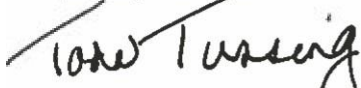
Please note this is a letter of permission to utilize the tools and support materials that were part of my doctoral project titled. "Nurse Rounding: An Evidence-based Practice dated 2015 for replication of the project for your doctoral studies.

Such tools include:

- Orientation Curriculum Checklist
- Nurse Rounding Project Orientation Checklist
- Patient Satisfaction Rounding Log
- Project Lead Checklist
- Nurse Rounding Project Orientation Curriculum
- Process Guide for Staff
- Press-Ganey Patient Satisfaction Survey Data Spreadsheet
- Patient Satisfaction Rounding Log Analysis Rules

Please do not hesitate to contact me if there is any additional information I can provide to support your doctoral project.

Respectfully submitted,



Todd Tussing, DNP, RN, CENP, NEA-B

LJHE Administrative Director, Nursing/Patient Care Services

614-257-3058

Appendix G- Letter of Support from the Nurse Manager

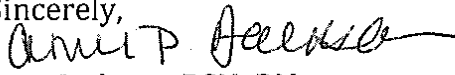
THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

June 5, 2018

To Whom It May Concern:

I am pleased to be having Ferlinda Powers on our Tower 7 unit at University Hospital East. Tower 7 is a Medical/Surgical unit that specializes in providing care to stroke patients. On our unit, patient satisfaction is a high priority and we are glad to have DNP student Ferlinda Powers assisting us in achieving our overall goals. I'm in favor of the Customer Service Nurse Rounding Project taking place on our unit and look forward to the overall results of the project.

Please let us know if you have any further questions. We look forward to working with Ferlinda on our unit.

Sincerely,

Amy Jackson, BSN, RN
UHE Tower 7 Nurse Manager

Appendix -H

Letter of Support from the Graduate Feasibility Study Committee



Wexner
Medical
Center

May 18, 2018

Ferlinda Powers MSN, CCRN-K Graduate
Student
Chamberlain University College of Nursing

Dear Ferlinda:

Thank you for sharing your Doctor of Nursing Practice (DNP) project "Customer Service Nurse Rounding: A Quality Improvement Project". The committee has offered its' very enthusiastic support for this project. All of the approvals are in place, and we endorse moving forward with your work. The committee looks forward to hearing your results. Best wishes as you complete your Doctorate!

Sincerely,

Esther Chipps

Esther Chipps Ph.D., RN,NEA- BC
Clinical Nurse Scientist, The Ohio State University Wexner Medical Center
Associate Professor of Clinical Nursing, The Ohio State University College of Nursing

Cc:

Appendix I – SWOT analysis

S W O T ANALYSIS

<p style="text-align: center;"><u>Strengths</u></p> <ul style="list-style-type: none"> • The willingness of the unit to improve the HCAHPS score and the Hospital Value-Based Purchasing. • The commitment of nursing leadership to effect practice change in the unit to improve patient satisfaction • Strong communication and leadership transparency to the frontline nurses • Motivated charge nurses ready to take control of shift patient level of care 	<p style="text-align: center;"><u>Weakness</u></p> <ul style="list-style-type: none"> • Charge nurses lack routine rounding • Competition for different patient care initiatives • Various communication with frontline nurses can occasionally deter patient care delivery • Bedside nurses unaware of their action can set against the perception of the patient’s care
<p style="text-align: center;"><u>Opportunities</u></p> <ul style="list-style-type: none"> • Challenged in maintaining HCAHPS score • Create a strategic plan to help meet patient’s satisfaction • Educate nurses on how their action can affect the patient perception of care 	<p style="text-align: center;"><u>Threats</u></p> <ul style="list-style-type: none"> • Harm the unit/organization credibility to the community • Reduction of monetary compensation from the Hospital Value-Based Purchasing • Nationwide satisfaction score reports

<ul style="list-style-type: none">• Change staff nurse's behavior to increase patient's satisfaction	<ul style="list-style-type: none">• The financial loss to the organization
--	--

Appendix J-

Plan for Educational Offering

OBJECTIVES	CONTENT (Topics)	TEACHING METHODS	TIMEFRAME	EVALUATION METHOD
<p>1) Educate nurses how nurse-rounding improved patient’s safety and satisfaction – use rounding orientation curriculum</p>	<p>1) Discuss the benefits of nurse-rounding in relation to patient’s safety and satisfaction. 1a) Discuss the role of nurses and charge nurses in collecting information or questionnaires from patients</p>	<p>1) Explain the rounding process to the nurses and charge nurses 1a) Show to the nurses the Patient Satisfaction Rounding Log</p>	<p>1) 30 minutes discussion</p>	<p>1) Pre-printed evaluation form will be given to participants with statements asking them for their level of understanding of the nurse-rounding process</p>
<p>1) Explain and contrast of the organization utilizing proactive nurse rounding versus to</p>	<p>2a) Literature review and give examples of the Press-Ganey results for those organization that utilizing</p>	<p>2a) Discussion and explanation during staff nurse meeting</p>	<p>20-30 minutes</p>	<p>DNP student will ask questions to the participants plus a pre-printed evaluation form be collected after the presentation</p>

<p>the standard nurse rounding</p>	<p>nurse-rounding versus to non-rounding. Cite the example the unit from the OSUWMC practicing nurse rounding</p>			
<p>3) Explain how the results will be evaluated</p>	<p>Explain about the weekly spreadsheets and the results will be communicated to charge nurses and unit nurse manager</p>	<p>Informational meeting during a staff meeting</p>	<p>15-20 minutes</p>	<p>Pre-printed evaluation form. DNP student will be open to questions after the presentation</p>

Appendix K- Expenses

Budget

EXPENSES		REVENUE	
Direct		Billing	
Salary and benefits		Grants	
Supplies	30.00	Institutional budget support	free
Services			
Statistician	275.00		
Food for the unit such as pizza and snacks	150.00		
Indirect			
Overhead	free		
Total Expenses	455.00	Total Revenue	
Net Balance			

Appendix L – Permission to use IOWA model

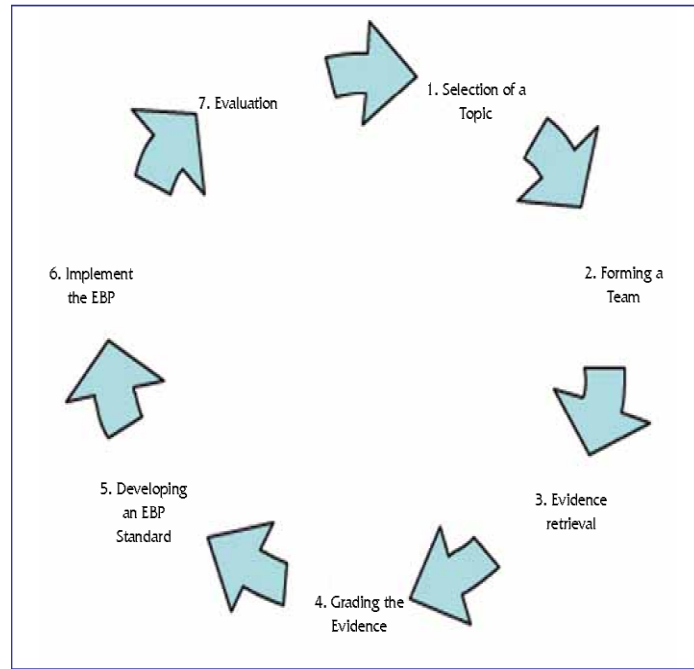
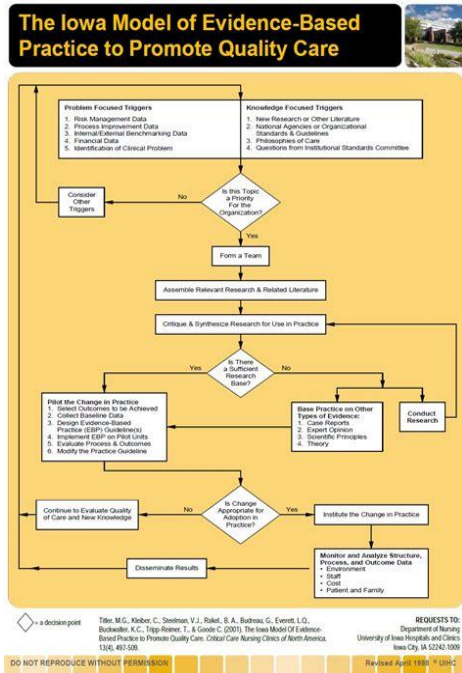


Figure 1. Seven steps of the IOWA model

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Citation: Iowa Model Collaborative. (2017). Iowa model of evidence-based practice: Revisions and validation. *Worldviews on Evidence-Based Nursing*, 14(3), 175-182. doi:10.1111/wvn.12223

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Please contact UIHCNursingResearchandEBP@uiowa.edu or 319-384-9098 with questions.

Appendix M

Customer Service Nurse Rounding Project

Orientation Curriculum Checklist

Date: 5/28/2018

Topic	Completed during discussion
A. Purpose of the project: Patient Satisfaction changes in accountability and reimbursement	
B. Two Concepts: Patient Satisfaction and Nurse Rounding	
C. Measurement of Patient Satisfaction, Press Ganey Satisfaction Survey Tool.	
D. Rounding Process: Charge Nurse role in the process, the introduction of rounding log, post rounding huddle; submission of rounding log to the Nurse Manager	
E. Coaching staff for performance	
F. Patient Complaints: triage and resources available	

Attendees Names:

1. Amie Bader 5/28/2018
2. Samantha Marky 5/28/2018
3. Mildred Burdick 5/29/2018
4. Dana McLean 5/29/18
5. Natalie Brady 5/29/18
6. Ka L Sh 5/29/18
7. Uma Casserly 6/1/18
8. Wendy Conn 6-2-18
9. _____
10. _____

Table 1 - Synthesis summary of the literature review

Synthesis of the Systematic Literature Review													
Effects of the Customer Service Nurse-Rounding													
Outcome	Study												
	1	2	3	4	5	6	7	8	9	10			
Patient Satisfaction	↑	↑	↔	↑	↑	≠	↑	↑	↑	↑			
Call light use	≠	≠	≠	↔	↓	↔	≠	≠	≠	≠			
Decrease hospital acquired pressure ulcer	≠	≠	≠	≠	↓	≠	≠	≠	≠	≠			
Improved HCAHPS Score	≠	≠	≠	≠	↔	≠	↑	↑	≠	↑			
Improved nurse Communication	≠	↑	↔	≠	↔	↔	≠	↑	↑	↑			
Note ¹	↑=improvement, ↓=decrease, ↔= no change, ≠ not mentioned												
Note ²	1. Mazurenko, Zemke & Leforge (2016), 2. Pritts & Hiller (2014), 3.Neville, DiBona & Mahler (2016), 4. Tan, M. & Lang, D. (2016), 5. Brosey, L. & March, K. (2015), 6. Krepper, R., Vallejo, B. Smith, C et al (2014), 7. Blakely, D., Kroth, M. & Gregson, J. (2011), 8. Tussing, T (2015), 9. Bragg, L., Marchese, M., Caldwell, R. et al (2016), 10. Al Danaf, J., Chang, B., Shaear, M., Johnson, K. et al (2017)												
Findings summary:	Eight (8) out of 10 studies indicates patient's satisfaction with roundings												

Table 2- Summary of patient’s responses to SPRL

Patient's Satisfaction Rounding Log responses for the month of June and July 2018						
June Domain	Yes	%	Neutral	%	No	%
Are the nurses treating you well?	107	0.97	0	0	3	0.02
Is your call light being answered timely?	99	0.9	3	0.027	8	0.072
Is discomfort/pain being managed to your expectations?	102	0.92	6	0.054	2	0.018
Are you getting the information you need about your care to make the needed decisions?	98	0.89	4	0.036	8	0.072
July Domain	Yes	%	Neutral	%	No	%
Are the nurses treating you well?	61	0.98	1	0.02	0	0
Is your call light being answered timely?	56	0.9	4	0.06	2	0.032
Is discomfort/pain being managed to your expectations?	52	0.83	2	0.03	8	0.12
Are you getting the information you need about your care to make the needed decisions?	56	0.9	3	0.04	3	0.048

Table 3 – Summary of nurse rounding compliance compared to HCAHPS score

Patient Satisfaction Rounding Log (PSRL) compliance summary										
Expected submittec compliance						Post Huddle recorded				
		PSRL	PSRL	%	Response	recorded	Yes	No	Not recorded	
Week 1	4-Jun	7	5	0.71	29		4	0	1	
Week 2	10-Jun	7	4	0.57	24		4	0	0	
Week 3	17-Jun	7	6	0.86	29		4	0	2	
Week 4	24-Jun	7	5	0.71	28		5	0	0	
Week 5	1-Jul	7	4	0.57	22		4	0	0	
Week 6	8-Jul	7	5	0.71	22		3	0	2	
Week 7	15-Jul	7	2	0.29	6		2	0	0	
Week 8	22-Jul	7	3	0.43	15		3	0	0	
Total participants responses.....					175					
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Comparison										
Month	Expected Rounding	Compliance Rounding			% compliance					
June	28 days	20 days			0.71					
July	28 days	14 days			0.5					
HCAHPS Score comparison with effective compliance										
Month	HCAHPS Domain				May	June	July			
June	1) Pain Management				0.5	0.75	0.55			
	2) Nurse Communication				0.8	0.93	0.542			
	3) Responsiveness				0.4	0.857	0.414			
	4) Discharge Information				0.833	0.934	0.75			
Note: May Pre-implementation										
Conclusion: Structured Customer service nurse-rounding has a significant impact on patient's satisfaction										

Figure 1- Percent compliant of customer service nurse-rounding

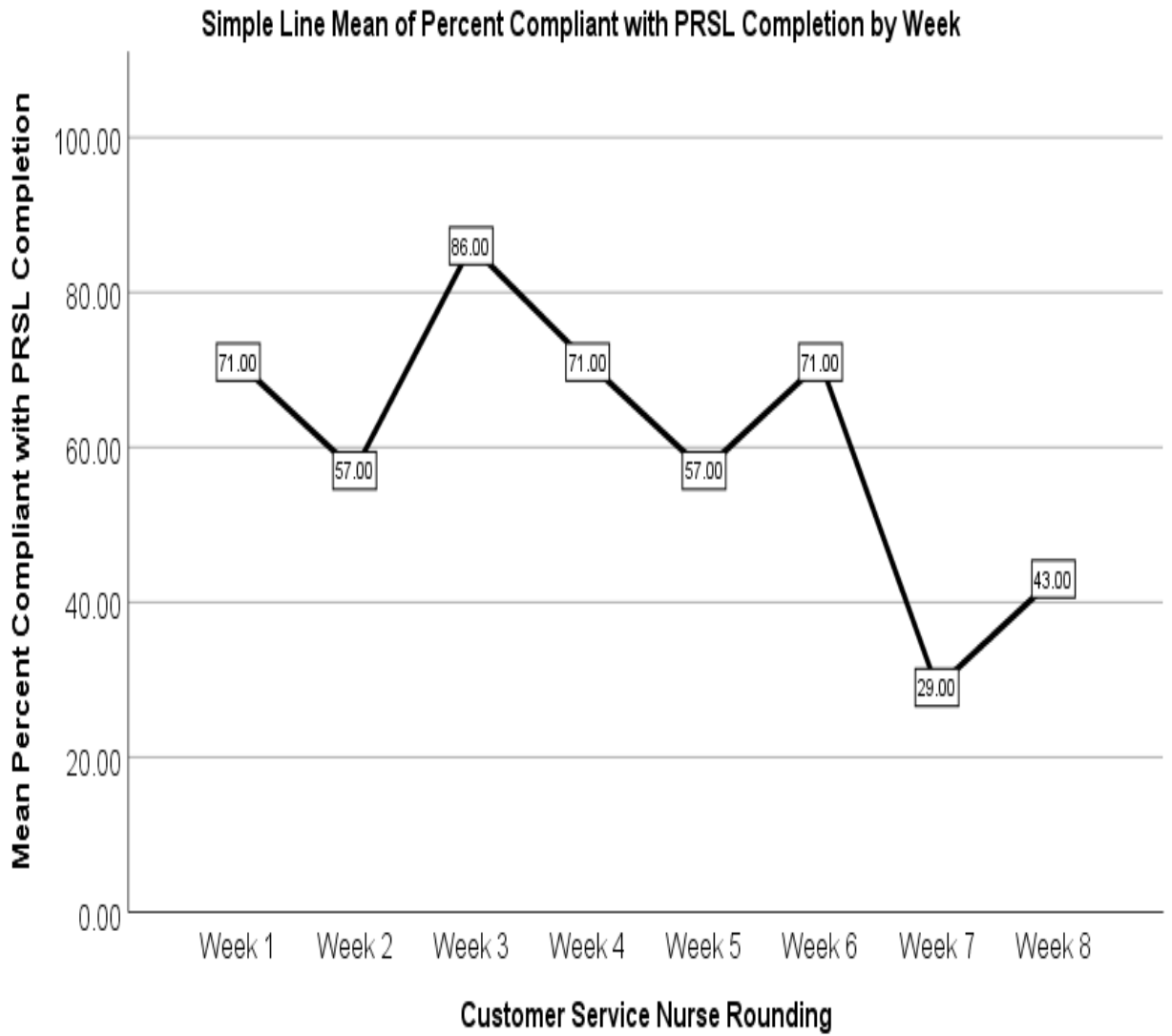


Figure 2- Mean percentile ranking for June and July HCAHPS

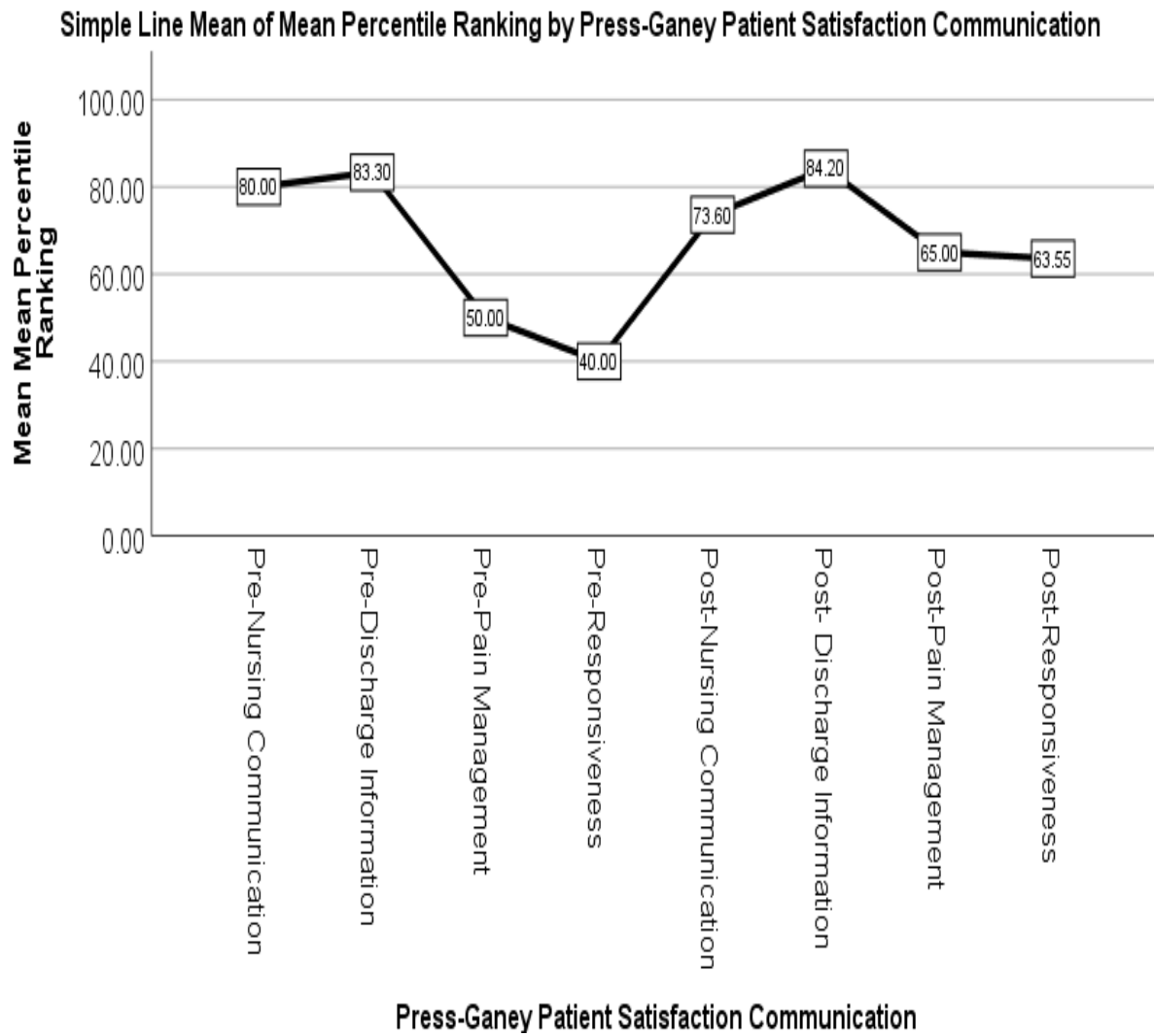


Figure 3 - Summary of customer service rounding compliance vs HCAHPS score

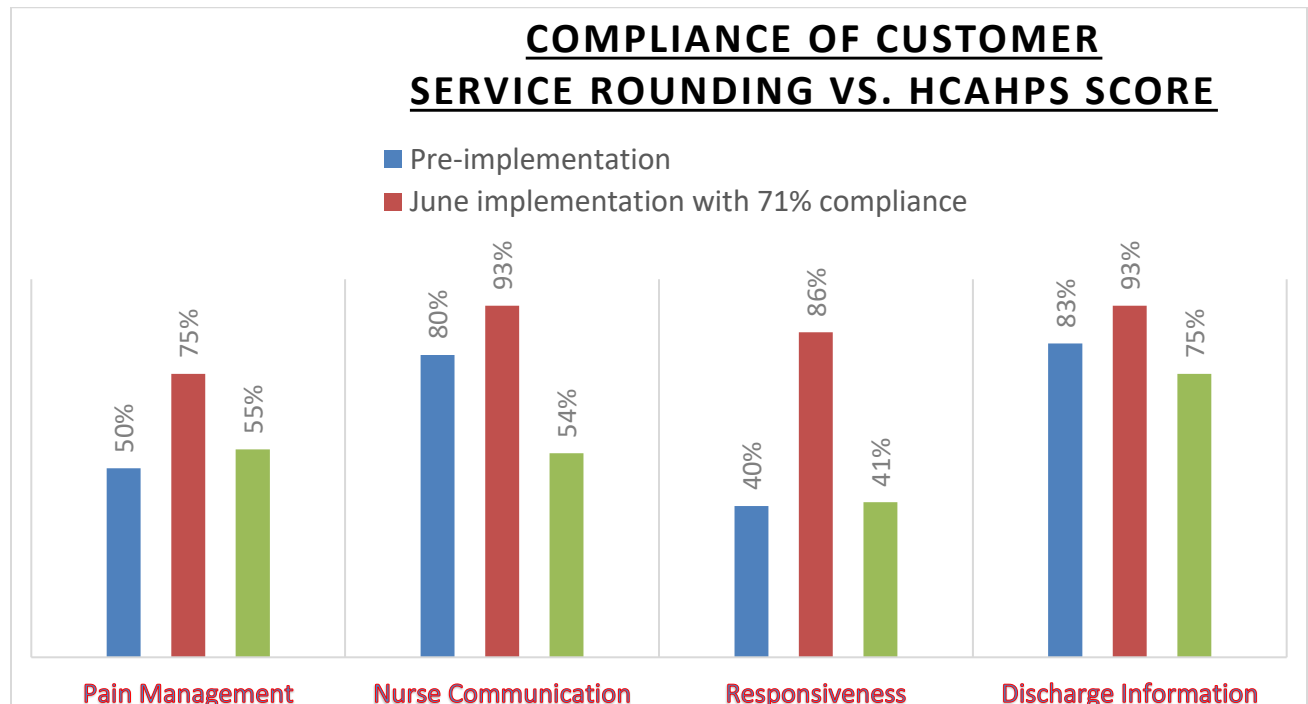


Figure 3.

Pre-implementation scores were pain management 50%, nurse communication 80%, responsiveness 40%, and discharge information 83%.

When post-intervention was not averaged, in June the scores were 93.0% for nurse communication, 93.4% for discharge information, 75% for pain management, 85.7% for responsiveness. So, nurse communication and responsiveness met the goal of greater than or equal to 90%. However, in July the scores fell to 54.2% for nurse communication, 75.0% for discharge information, 55% for pain management, 41.4% for responsiveness. This is probably due to the fall in compliance to Customer Service Nurse-Rounding