Improving Patient Satisfaction through Increased Nurse-Patient Communication

By

Allison K. Mangun

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Approved: [signature] DNP, RN, NEA-BC, CENP, CCRN-K, 11/19/2018
(DNP Project Team Chairperson name, credentials & date)

Approved: [signature], MSN, APRN, ACNP-BC
(DNP Project Team Member name, credentials & date)

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Abstract

This project sets out to determine the impact of a new intervention during nursing shift handoff on a medical-surgical unit as it relates to patient satisfaction. The intervention was the use of three scripted questions during bedside introduction and eventual bedside report in order to engage the patient and keep the patient informed of their care. Patient satisfaction scores from the HCAHPS survey and feedback received on clinical supervisor/nurse manager rounding surveys were reviewed in order to determine the impact on patient satisfaction scores after the initiation of this intervention. HCAHPS scores did not show improvement; however feedback on clinical supervisor/nurse manager rounding surveys showed slight improvement in number of positive responses received.

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Chapter I: Introduction

A new handoff communication tool for nurses has been developed at Silver Cross Hospital to streamline the process of handoff between nurses and engage the nursing staff in the process of bedside report. While this tool was developed to assist the nursing staff, it is also important to keep in mind the needs of the patients. In my experience as a nurse, communication has been important in understanding and meeting the needs of my patients. According to Kourkouta and Papathanasiou (2014), "good communication between nurses and patients is essential for the successful outcome of individualized nursing care of each patient" (p. 65). This project will set out to involve the patient in bedside handoff during shift change through increased communication and engagement and will measure its effect on patient satisfaction.

Background and Significance

Silver Cross Hospital is a 302-bed acute care hospital located in New Lenox, IL. Most inpatient units at Silver Cross have 18-20 beds. This project will be carried out on a 19-bed medical/surgical inpatient unit, which admits a variety of adult patients. Recently, the development of a new house-wide handoff communication tool gives the nursing staff of Silver Cross an opportunity to bring the process of giving report to the bedside. Report at the bedside allows the unique opportunity for nursing staff to include patients in the report process and help to increase patients' awareness of their plan of care. In addition, opportunity for improvement in patient satisfaction can be tied to this new initiative. The developed handoff communication tool is an electronic page that allows nursing staff to have a detailed view of the patient chart on one computer screen. Education for the nursing staff on the new nursing report handoff tool was performed in January and February of 2018, and the tool was live for use February 15, 2018. The

current standard at Silver Cross is to have nurses complete patient handoff with the new handoff tool at the nurses' station and then proceed to the patient's room to introduce the oncoming nurse as well as perform a safety check in the patient's room to assess for factors such as use of bed alarms, proper intravenous fluids, and having the hospital bed in a low position. Currently, there is limited interaction with the patient during the report process. In addition, patient satisfaction scores could be improved to reflect better communication.

In 2017, Silver Cross Hospital received a five star rating for safety, quality, and patient satisfaction form Centers for Medicare & Medicaid (CMS; Silver Cross Hospital, 2018a). In addition, the hospital has received a Hospital Safety Grade "A," which is a rating that determines the measures taken to ensure patient safety throughout a hospital stay (Leapfrog Hospital Safety Grade, 2017). While the hospital did receive an "A," Silver Cross did rank below average in "communication about discharge" (Leapfrog Hospital Safety Grade, 2017). Patient satisfaction is a priority for Silver Cross and is commonly measured through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. This survey plays a role in hospital funding, such as value-based purchasing (CMS, 2017). The HCAHPS survey allows patients to rate their experience in a variety of areas including communication with nurses and doctors, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, pain management, communication about medicines, discharge information, overall rating of hospital, and would they recommend the hospital (CMS, 2017). Current HCAHPS scores at Silver Cross Hospital demonstrate need for improvement. The hospital has been given four out of five stars on HCAHPS surveys, indicating weakness in some areas (Medicare, n.d.a). While 83% of patients reported that "their nurses 'always' communicated well," other areas of the survey imply that increased communication is necessary (Medicare, n.d.a). Only 81% of

patients reported that "their doctors 'always' communicated well," which was below the national average (Medicare, n.d.a). Current Silver Cross HCAHPS scores show only 65% of patients report that the hospital staff "always" explains medications before administration (Medicare, n.d.a). In addition, only 57% of patients strongly agreed that they understood their plan of care at time of discharge (Medicare, n.d.a). Silver Cross's goal is to be at the 75th percentile for customer service. Without intervention, scores in these areas may continue to remain marginal.

In addition to use of the HCAHPS survey, patient satisfaction is assessed through feedback received on daily rounding. The rounding process occurs when a nurse manager or clinical supervisor enters patient rooms and engages the patient about their experience using a customized-questionnaire. Managers or clinical supervisors try to perform patient rounding on a daily basis, but if they are unable to see all of the patients, they will prioritize rounding on patients admitted within the last 24 hours or those with concerns that need follow up. All patients can be rounded on, but only those that are alert and oriented or have family at the bedside are asked the rounding survey questions. Managers or clinical supervisors determine a patient's orientation status through viewing a patient's chart, discussing with the patient's nurse, or performing their own orientation assessment. If a patient is confused or unable to participate in the survey, the manager or supervisor performs only a safety check of the environment to assess whether the bed is in a low position, call light is within reach, and bed alarm is on.

Problem Statement

Communication between nurses and patients is crucial to the healthcare process and may even have the ability to affect patient satisfaction. According to a report from the Agency for Healthcare Research and Quality (AHRQ; 2017), "communication is the foundation of partnerships between the patient, family, and clinicians and affects the safety and quality of care

received during the hospital stay" (p. 4). Not only can communication and patient engagement influence patient satisfaction, but it can also impact patient outcomes, safety, and how they perceive the quality of their care (AHRQ, 2017).

Project Aim

This project sets out to improve nurse-patient communication through the use of a standardized script that allows for patient engagement during bedside report at each shift change. Through improved communication, it is hopeful that an increase in patient satisfaction will also be seen. One objective for this project is to increase HCAHPS scores related to communication with nurses from 83% to 85% in a three-month period. The second objective is to increase in areas of communication regarding medication and communication about discharge instructions on the HCAHPS survey to 70% within a three-month period. A final objective is to increase positive responses received during daily nurse manager/clinical supervisor rounding by 10% within a three-month period.

PICOT

In many research studies, a PICOT question is used to develop a question for research (Moran, Burson, & Conrad, 2017). "P" refers to the intended population of study; "I" refers to the intervention implemented; "C" refers to the comparison to be made; "O" states the outcomes; and "T" describes the intended timeframe (Moran et al., 2017). The PICOT for this project is: In alert and oriented adult patients/appropriate family members or medical power of attorney on a medical/surgical unit, does engagement of patients/appropriate family members or medical power of attorney using a scripted communication tool during bedside nursing handoff at each shift change compared to no patient engagement in nursing handoff increase HCAHPS scores and positive patient feedback in leadership rounding after a three-month period?

Congruence with Organizational Strategic Plan

The results of a Culture of Safety Survey distributed to nursing staff at Silver Cross Hospital revealed a need for improvement in departmental and interdepartmental nursing shift handoff. Nursing administration formulated a team of nurses to develop a new handoff communication tool to streamline the report process and promote patient safety. Currently, nurses perform patient handoff at the nurses' station utilizing the new handoff tool. The next phase of the initiative is to perform bedside report with the new handoff tool; however, it does not directly allow the patient to engage in the report process. By initiating the proposed scripted questions in this project, patients will have the opportunity to ask questions and take an active role in their care before full bedside report is initiated.

The core values of Silver Cross Hospital are safety, integrity, leadership, virtue, excellence, and reliability (Silver Cross Hospital, 2018b). Excellence can be described as saying, "Provide quality and service that exceeds standards" (Silver Cross Hospital, 2018b, para. 3). This project sets out to provide excellent care for patients by involving them in the bedside shift report process. The Silver Cross vision states: "We, the Silver Cross Family, are committed to our culture of excellence, and will deliver an unrivaled healthcare experience for our patients, their families and the community" (Silver Cross Hospital, 2018b, para. 2). Additionally, this project aligns with Silver Cross Hospital's commitment to safety, quality, and patient satisfaction as evidenced by their five star CMS rating and Hospital Safety Grade "A", which reflects measures taken to ensure patient safety throughout a hospital stay (Silver Cross Hospital, 2018a). This project aims to provide exceptional care to patients by improving quality of care and satisfaction.

Synthesis of Evidence

Search process. A variety of databases were used and multiple searches were performed during the literature search for this project. Initially, a search on Google Scholar using the terms "nurse patient communication bedside reporting" was performed, yielding 16,100 results. All of these articles were published after 2014; 15 of these articles were reviewed, and four articles were selected. A second search on Google Scholar, also using articles published after 2013 was performed using the terms "HCAHPS scores and nursing communication." This search resulted in 2,430 articles, 20 were viewed, and three of these articles were selected for use. A search on the EBSCOhost database was performed with parameters of years 2014-2018, full text articles, and English language only. The keywords used were "nurse patient communication." Using this search, 1,521 results were returned and 10 of these articles were reviewed for their significance; one article was selected for use. A search on the Cumulative Index to Nursing and Allied Health Literature (CINAHL) database was also performed from years 2014-2018 using English articles only with the search terms "nurse patient communication;" 307 results were found; one article was selected. Additionally, a search of Google Scholar using the terms "improve HCAHPS scores and readmission" was completed to look for all articles published after 2014, 1,150 articles were found. After reviewing about 15 articles, one was selected for its relevance to this project. Articles that were excluded for this review included literature reviews, studies that focused on physician communication, and studies that took place in a long-term care setting. Studies that were included were those that took place in an acute care setting and focused on nursing communication. A total of 10 articles were selected for review.

Bedside reporting. A number of research articles supported the initiation of bedside reporting. A study by Sand-Jecklin and Sherman (2014) initiated bedside reporting with nursing staff on medical surgical units and found benefits with nursing staff and with patients. Major

findings include nursing staff being held accountable for their work, a significant decrease in patient falls, and increased patient involvement in their care (Sand-Jecklin & Sherman, 2014). A study by Zou and Zhang (2015) provided quantitative data related to initiation of bedside report, however, their study also included a standardized handoff report tool that the nursing staff filled out together before performing bedside report. Findings include a significant ($p<0.001$) reduction in nursing errors such as rates of pressure ulcer, inappropriate care of lines, occurrence of falls, and omission of medications/tests (Zou & Zhang, 2015). These outcomes demonstrate increased safety during patient care. Taylor (2015) discussed the findings of implementing a standardized report sheet that was reviewed by nursing staff during walking rounds at shift change. Nurses felt that these rounds allowed the oncoming shift to prioritize their patient care and participate in increased nurse/patient communication (Taylor, 2015). From the patient perspective, it was determined that patients enjoyed the "nursing introductions" and "enhanced communication" (Taylor, 2015, p. 415). In addition, medication errors were decreased (Taylor, 2015). Finally, Jeffs et al. (2014) performed interviews on patients in an acute care hospital to gain their feedback on bedside reporting. Common themes that arose from interviews included patients feeling like they were able to ask more questions about their care, and also able to develop a more personal connection with their caregivers (Jeffs et al., 2014). Bedside report also allowed patients to remain informed on their plan of care (Jeffs et al., 2014). The interviews also found that the amount of patient participation varied from patient to patient (Jeffs et al., 2014). Overall, patient and nursing perceptions of bedside reporting were seen as positive in searching the literature. Additional benefits included increased safety for patients and reduction in errors (Taylor, 2015; Zou & Zhang, 2015).

Positive communication. Literature on positive communication between nurses and patients was also reviewed. Annonio, Hoffman, Zedreck, Barry, and Tuite (2016) implemented an intervention to improve nursing communication on a medical/surgical unit. The tool, Support, Empathize, Truth (S.E.T.), aimed to provide nursing staff with a more structured way of communicating with their patients (Annonio et al., 2016). The nurses received education on this technique, and HCAHPS scores were measured to determine if this communication tool had an impact on patient satisfaction (Annonio et al., 2016). Findings determined that higher HCAHPS scores were seen at six-months post-implementation (Annonio et al., 2016). Nurses did report increased knowledge of communication techniques and felt that the tool set out to improve their work environment (Annonio et al., 2016). Another communication-focused article looked at nurse-patient interaction during simulated patient scenarios to determine the quality of communication that was occurring (O'Hagan et al., 2013). In this study, nurse educators monitored the interactions and derived four common themes that affect nurse-patient communication (O'Hagan et al., 2013). One theme focused on the approach that nurses take when opening an interaction with a patient and whether or not the nurse was aware of patient needs (O'Hagan et al., 2013). The manner in which nurses participated, which included overall demeanor and tone of voice used during communication, was another theme identified as important (O'Hagan et al., 2013). The third commonly noted theme focused on techniques used during interactions such as open-ended questions, introduction of one's self, active listening, clarifying for understanding and others (O'Hagan et al., 2013). General communication was also identified as a theme; this theme which analyzed some nonverbal aspects of communication such as eye contact, touch during communication, and distance between participating parties

(O'Hagan et al., 2013). Having an overall understanding of successful communication techniques is an essential tool for implementation of this project.

Use of HCAHPS. A final topic that was reviewed was the use of HCAHPS survey to measure patient satisfaction as well as factors that affect HCAHPS scores. Shindul-Rothschild, Flanagan, Stamp, and Read (2017) examined factors that were correlated with lower HCAHPS scores that related to pain control. The authors performed a large review of HCAHPS scores on several hospitals in California, New York, and Massachusetts (Shindul-Rothschild et al., 2017). Interestingly, hospitals with more full time equivalent (FTEs) staff members and employee hours per patient day (HPPD) had better HCAHPS pain control scores (Shindul-Rothschild et al., 2017). The most significant findings occurred when the authors looked at additional factors that correlated with low pain control scores. Pain scores on HCAHPS surveys were also low when patients reported the following: "patient did not receive help as soon as they wanted ($p<0.001$); poor nurse communication ($p<0.001$); and poor medication education ($p<0.001$)" (Shindul-Rothschild et al., 2017, p. 401). This study demonstrates the correlation that nursing communication can have with other areas on the HCAHPS survey. Further, Alaloul, Williams, Myers, Jones, and Logsdon (2015) used questions that were scripted after those on the HCAHPS survey to ask patients about their pain. Nurses reported that this communication tool was easy to follow (Alaloul et al., 2015). In addition to having nurses ask their patients these questions, utilization of white-boards in patient rooms was performed to document a pain management schedule (Alaloul et al., 2015). Also, frequent assessments of pain management were performed (Alaloul et al., 2015). After these measures began, HCAHPS scores related to pain management showed significant improvement (Alaloul et al., 2015). Alaloul et al. (2015) supports the use of a scripted communication tool for nursing staff. Finally, an article by Smith et al. (2014) discussed

a quality improvement project that a bone marrow transplant unit implemented to improve their HCAHPS scores. The project included performance of hourly rounding on patients, nursing staff being present during physician rounds, increased assessments of patient's pain, and extensive explanation of discharge instructions (Smith et al., 2014). Scores in numerous areas on the HCAHPS survey increased significantly, including "communication with nurses", which increased from 29% to 99% (Smith et al., 2014). An additional study by Radtke (2013) was performed on a medical/surgical inpatient unit. This study implemented bedside report and utilized HCAHPS scores as well as surveys performed on patients during their stay to determine impact that bedside report had on patient satisfaction with nursing communication (Radtke, 2013). There was an increase from 75% to 87.6% in patient satisfaction scores related to nursing satisfaction in the 6 months following the implementation of bedside report (Radtke, 2013). The use of HCAHPS is a valuable means to evaluate patient satisfaction with communication (Radtke, 2013).

Analysis of findings. This review of current evidence revealed significant findings, but also identifies gaps and need for further study. It is noted that bedside report is commonly seen with positive response and satisfaction with patients. Bedside reporting also provides additional benefits such as patient safety. Effective communication is an essential piece of bedside reporting and may play a role in patient satisfaction. Also, patient satisfaction can be improved through interventions that utilize nurse-patient communication techniques. Studies that focused on improving HCAHPS scores often focused on specifically improving pain management related scores. There is need for further study on the impact of improving HCAHPS scores in other areas such as communication between nurses and patients.

Theoretical Framework

The theoretical framework of this project will be guided by human interaction. The framework will rely on Hildegard Peplau's Theory of Interpersonal Relation. This theory, much like this project, focuses on the interaction between two parties as they work towards a common goal (Nursing Theories, 2012). Additionally, this theory seeks to describe the way that nurses work to help their patients identify their perceived difficulties (Nursing Theories, 2012). Throughout the course of the project, nursing staff will be communicating directly with patients in hopes of increasing patient satisfaction. A concept of this theory is that "the attainment of goal is achieved through the use of a series of steps following a series of pattern" (Nursing Theories, 2012, para. 23). The theory focuses on four phases of an interpersonal relationship: orientation, identification, exploitation, and resolution (Nursing Theories, 2012). During the orientation phase, the nursing staff are meeting their patients during shift handoff (Nursing Theories, 2012). The oncoming shift is introduced and the nursing staff explain to the patient that they are able to participate in the report process by answering the scripted questions and determining their needs for the shift (Nursing Theories, 2012). The identification phase will occur as the patient is introduced to the oncoming caregiver and begins engagement in the scripted questions (Nursing Theories, 2012). The exploitation phase allows nursing staff to respond to the patients and identify ways to meet the patient's needs (Nursing Theories, 2012). Finally, resolution will occur as the nursing staff answer the patients' questions and address their needs (Nursing Theories, 2012). Nursing staff will receive training regarding the use of specific questions to engage the patient in report process and will identify needs to be addressed. The common goals are patient satisfaction and making sure that the patient is informed on their plan of care. A goal of the project is to utilize Peplau's theory of interpersonal communication and principles of communication.

Chapter II: Methods

Needs Assessment and Project Design

Preceding the new handoff communication tool initiated in February 2018, the nursing handoff report process at Silver Cross Hospital involved nursing staff giving a verbal report at the nurses' station, allowing the oncoming nurse to take notes on the patient prior to introducing the oncoming nurse and performing a safety check in the patients' rooms. As previously mentioned, a Culture of Safety Survey performed in late 2017 determined nursing staff had concerns in relation to the effectiveness of handoffs throughout the hospital, prompting administration to recognize a need for change in order to promote patient safety. Nursing administration gathered a team of nurses to collaborate and develop a standardized handoff communication tool to eventually be used during bedside reporting. This tool is a screen within a patient's electronic chart that nurses can access which pulls important information from different areas of a patient's chart into one centralized location for nurses to easily view during report. The team of nurses that developed the tool provided education to house-wide nursing staff beginning in January 2018 and ending in mid-February. Once education on the tool was complete, it was initiated into practice mid-February 2018. During the initial phase, the expectation is that nurses review this tool during shift change at the nurses' station, and proceed to enter the patients' rooms for bedside introduction and a safety check. During the second phase, to begin June of 2018, the expectation is that nurses review the handoff tool at the bedside. This change in practice identifies a gap in patient involvement in the process of report, which may have an impact on patient satisfaction and knowledge of their plan of care.

Current HCAHPS scores indicate a need for improvement in communication and patient knowledge deficient of their plan of care. Aforementioned, 83% of patients reported that "their

nurses ‘always’ communicated well”, but other areas of the survey indicate increased communication is necessary (Medicare, n.d.a). Silver Cross HCAHPS scores reveal only 65% of patients report that the hospital staff “always” explains medications before administration and only 57% of patients strongly agreed that they understood their plan of care at time of discharge (Medicare, n.d.a). Nursing staff may need additional teaching regarding communication techniques and involving the patient in the handoff process with the upcoming use of the new handoff communication tool. This project allows nursing staff to involve their patients in the report process before full implementation of giving report at the bedside. This project will serve as a quality improvement project that analyzes pre-implementation and post-implementation HCAHPS scores and qualitative patient feedback.

Setting and Population

The setting for this project is set to occur at Silver Cross Hospital in New Lenox, IL on a 19-bed medical surgical inpatient unit. The population for study in this project will be alert and oriented adult patients over the age of 18 admitted to this unit or their appropriate family members or power of attorney. Nursing staff will determine a patient’s orientation status based on the previous nurse’s assessment of the patient. Prior to entering the patient’s room for introduction, both nurses review the patient’s orientation status documented by the previous nurse. If the previous nurse documented the patient as alert and oriented to person, place, time, and situation, the patient may be included in the handoff process. If visitors are present at the bedside, nursing staff will ask the patient if they would like the visitors to leave the room as confidential patient information will be discussed. If the patient is not alert and oriented, but their medical power of attorney (determined by documentation present in a patient’s chart) is present, the nursing staff may include them in the process. Sample size for the project will vary and is

dependent on the number of HCAHPS surveys returned and the number of responses received during nurse manager/clinical supervisor rounds. Nursing staff to participate include registered nurses working on the unit during the implementation period. If nursing staff is floated to this unit, the medical surgical nursing staff will orient the float nurse to the patient engagement process and the scripted questions.

Tools

Tools to be utilized during this project include the HCAHPS survey results, the nurse manager/clinical supervisor rounding tool (to gain patient feedback on patient experiences), and the scripted set of questions for nurses to ask their patients. The HCAHPS survey, a nationally used survey, was evaluated using a three-state pilot study and was determined to be both a reliable and valid means of measurement (CMS, 2003). The rounding tool (see Appendix A) was developed by Silver Cross administration and adapted by the nurse manager on medical/surgical unit. The scripted questions were developed and selected with collaboration of the nurse manager in attempt to address areas of the HCAHPS survey in need of improvement while also enabling patient engagement in the report process. Three questions were used so as to keep the conversation concise yet informative. The scripted set of questions to be used by nurses to engage the patient is as follows:

- What questions do you have about your plan of care for the day?
- What questions do you have about any new medications you are receiving or about their side effects?
- What is your goal for the day?

Project Plan

The implementation process will occur in a series of steps. Beginning in March 2018, informal verbal feedback on the potential project idea is being collected from nursing staff to determine general feeling towards the idea and to anticipate any questions staff might have. This is occurring through the random selection of nurses on various shifts on the unit, giving a brief overview of the project, and asking their thoughts. HCAHPS scores from the pre-implementation period, February to March 2018, will be assessed. Next, feedback from nurse manager and clinical supervisor rounds will be gathered. During these rounds, the manager or supervisor asks the patients a series of questions, including asking the patient if the nurse has explained procedures or medications they are receiving. As previously mentioned, the nurse manager or supervisor determines a patient's orientation status, and if they are alert, proceeds to ask the patient the verbal survey. The manger or supervisor may also include the patient's family with the patient's permission, or include the medical power of attorney if they are present. Notes on these surveys will be reviewed for common themes and the number of positive responses associated with information about medication and whether or not the nurses are keeping patients informed will be recorded.

In late April 2018, pending IRB approval of the project, nursing staff will receive education on the intended patient engagement to occur during shift change. With the medical/surgical nurse manager's support and permission, the education will occur at the April unit staff meeting in the form of a short PowerPoint presentation. Information will include a review of literature on the importance of communication between patients and nursing staff. Additional information to be included will be the specific questions used and how to initiate the conversation with patients. Nurses will be encouraged to utilize the "tests" or "questions" section on whiteboards in patient rooms to promote adherence to the process and reinforce patient goals.

Potential questions that the nursing staff may have include what to do if the conversation with the patients appears to be continuing for a long period of time, which could cause overtime for the previous nurse. Potential responses to the patient may be, "I will be back shortly to address your remaining concerns," or a similar phrase, to politely pause the conversation until the oncoming nurse can return. Nursing staff will also be educated as to how to inform the patient of their opportunity to be involved in the report process. Adequate time during the meeting will be allowed for nurses to ask additional questions and voice their concerns. For those unable to attend the staff meeting, the education will be provided in an e-mail and staff must sign a competency sheet (see Appendix B) with the nurse manager to ensure the information was reviewed. Nursing staff will also receive my contact information in case any questions or concerns arise throughout this process. Additional education will also be provided for the nurse manager and clinical supervisors as they will continue to perform rounding on the patients. Use of the “participatory statement” (see Appendix C) will be explained to the nurse manager and clinical supervisors. Education on the updates that have been made to the rounding tool for use in this project will also be provided. The nurse manager and clinical supervisor will now document whether a patient is alert and oriented, whether their family is present, and whether or not the whiteboard in the room is up to date.

This project would be initiated at the end of April 2018, with the intended pilot period lasting from April to June 2018. Supported by nursing administration, the use of the scripted questions will occur during nursing bedside introduction during April and May 2018 and continue with the initiation of bedside report in June 2018. HCAHPS survey scores will be collected at the beginning of August 2018, which would allow for May and June HCAHPS results to come back. The results would be recorded and compared as well the qualitative data on

the patients' experiences received during the implementation period. As the post-implementation scores are reviewed, use of the questions will continue, however the data collected for this study will focus on April to June feedback and scores.

The outcomes to be measured include: an increase in HCAHPS scores related to communication with nurses to 85% and an increase in areas of communication regarding medication and communication about discharge instructions on the HCAHPS survey to 70% by the end of the data collection period. To measure whether these outcomes were met, HCAHPS scores will be reviewed as reports are published. Additional data to be collected includes the data on patients' experiences, which will be evaluated. Positive responses on rounding surveys associated with questions related to explanation of medications and nurses' explanation of procedures will be recorded and compared to the initial data with a goal of a 10% increase. Negative feedback will also be noted for quality improvement purposes and development of action plan.

One month into the implementation process, the barriers to success will be initially evaluated and may determine if adjustments to the project plan are necessary. This will be performed through review of rounding feedback and verbal feedback from nursing staff. Just as informal feedback was obtained from nurses in March, the same will occur at this time. Nurses will also be encouraged to reach out to me with the contact information previously provided to them with any concerns. Sustainability measures will be taken to ensure compliance of the staff with the project plan. To promote adherence, the nurse manager and clinical supervisors will assess the whiteboard in patient rooms to determine if any questions the patient had were updated for the day and document their findings on the rounding sheet. Additionally, I will

consistently evaluate the results and feedback of the project throughout the duration of the pilot program to assess the need for changes.

The timeline for this project is set to begin implementation at the end of April 2018, but may vary depending on the approval from Silver Cross Hospital's IRB. Staff education, including clinical supervisor education, would occur at this time, followed by the initiation of use of the scripted questions. The nurse manager and clinical supervisors would continue their daily rounds with patients to gain their feedback. One month into implementation, late May, I will assess the process to determine if adjustments need to be made, with input and guidance from the nurse manager. Nursing staff would continue to utilize the script and engage the patient in bedside report. Throughout the duration of June and July, HCAHPS results from the April to June implementation period would be gathered, as well as the patient responses received during rounding.

Data Analysis

Data analysis is to occur through a comparison of means between the HCAHPS scores received from the two months before the implementation period and the HCAHPS scores from after the implementation period. A comparison of the qualitative feedback from daily rounding will occur, in addition to comparing the number of positive responses received from patients to determine if there was an impact. The rounding surveys are kept in the nurse manager's locked office. Positive responses will be recorded into an Excel spreadsheet and analyzed for any changes. The computer that the Excel spreadsheet will be kept on is locked with a password that only I will have access to. The information on the Excel spreadsheet will be analyzed in the form of bar graphs that compare the total number of patient responses received to the number of positive responses received.

Ethical Issues

Protection of the participating patients' privacy is important during this project. Each patient room at Silver Cross Hospital is private. Nursing staff will ask the patient if they would like any visitors to remain in the room as there is potential for personal health information to be discussed. Individual HCAHPS surveys will not be reviewed, but the mean scores (which do not display patient data) will be analyzed. During leadership rounding, prior to asking the patient questions, the nurse manager or clinical supervisor will explain to the patients that they have the opportunity to participate in an anonymous, voluntary verbal survey for quality improvement purposes (see Appendix C for the participatory statement). Patients may give their verbal consent before participating. The rounding tool used by the manager and clinical supervisors is de-identified and only records room numbers; all patient responses will remain anonymous when displaying the findings. The surveys are then kept in the manager's office, a locked room on the unit. The computer on which the information will be recorded and stored is protected via password, only known by the user.

Institutional Review Board Approval

For this project, an application to the Institutional Review Board (IRB) at Silver Cross was completed and the project underwent full review in April 2018. The project received IRB approval with use of a participatory statement for project participants and waiver of documentation of consent. After receiving an initial approval letter (see Appendix D), a Study Amendment Form was submitted to the Institutional Review Board in September 2018 for permission to extend the initial date of data collection; the Amendment Form received an approval letter from the committee (see Appendix E). The Committee on the Use of Human

Subjects in Research (CUSHR) at Bradley University also approved the project and signed a reliance agreement (see Appendix F) with Silver Cross.

Chapter III: Organizational Assessment and Cost Effectiveness Analysis

Management of the medical/surgical unit in which this project will be carried out expresses a readiness to change. Before development of the new handoff communication tool, the consensus throughout the hospital on a house-wide survey indicated that there was a need for change in practice regarding the report process. Once the tool was developed and the nurses were informed that report would eventually be given at the bedside, nursing administration began to hear that members of the nursing staff were hesitant to making this change in practice. The initial hesitation of the nursing staff, combined with this initiative, may make them hesitant to try this as it is an additional change in practice. However, with the proper education and literature to support the project, they may be more willing to participate. Additionally, in order to gain support and buy-in of the nursing staff, concerns will be addressed during informal questioning of the nursing staff in March and the staff meeting in April, as well as potential insight for practice change. Further, interprofessional collaboration between the nurse manager, clinical supervisors, and nursing staff will be essential in order to facilitate success of this project. In February, I presented the project proposal to Mary Brenczewski, Administrative Director of Nursing Practice at Silver Cross, in order to gain feedback and support for this project. Mary spoke to Peggy Gricus, the Chief of Nursing Officer, regarding the implementation of this project. The administrator, as well as the creator of the handoff tool, have expressed their support for the initiation of this project and look forward to seeing the results.

The costs of this project should be minimal for the organization. Education is to be performed during a staff meeting that is already budgeted. Manager/clinical supervisor patient

rounds utilizing a customized questionnaire is the current process. However, there is potential for overtime hours incurred by nurses as this is a change in practice and patient engagement may prolong the report process. There is potential for nurses to view this as a disruption in their current workflow or time taken away from direct patient care, however, this project has the potential for nurses to prioritize care for their patients and assess their patients' needs at the beginning of their shift. If the project is successful, and HCAHPS scores increase, there could be a cost savings for the hospital. Referring to HCAHPS, Letourneau (2016) states:

> Based in part on these scores, hospitals can either lose or gain up to 1.5% of their Medicare payments in fiscal year 2015. CMS will up the ante over the next few years, with 2% of reimbursement dollars ultimately being at risk by fiscal year 2017 (para. 2).

If HCAHPS scores improve as a result of this project, Silver Cross Hospital may benefit financially. In addition, if patients are more aware of their plan of care and use of their medications, re-admissions to the hospital may be avoided, saving additional money.

Chapter IV: Results

Implementation Process

Implementation began on April 26, 2018 in which education was delivered to the staff nurses, nurse manager, and clinical supervisor during the unit staff meeting. During the meeting, nursing staff had the opportunity to ask questions related to the project and were given a start date of May 7, 2018 to begin asking patients the specified questions and keeping whiteboards in the room up to date by writing out any tests or procedures the patient was scheduled for as well as any questions the patient or family may have at this time. The date was given in order to allow time for all unit staff to be educated on the initiative. For staff that was unable to attend the meeting, information was e-mailed to the staff and posted in the staff locker room with an

attached sign in sheet stating that the staff member had reviewed and understood the information. This information remained in the staff locker room as a reference guide for staff throughout the implementation process.

At first, there were not many questions from the staff. Initial concerns of the nursing staff included understanding the appropriate patient population to include and what to do when sensitive information needs to be discussed regarding the patient. I reviewed the appropriate patient population, which includes alert and oriented patients and their approved family members or medical power of attorney. When sensitive information needs to be discussed, this information should be discussed outside of the room away from the patient; this may occur in instances in which there are test results the physician or provider has not yet discussed with the patient, for example. Once the implementation process began, random surveying of the whiteboards in patient rooms was performed by the clinical supervisor, nurse manager, and myself to confirm that the intended plan was being followed. Throughout the implementation portion of the project, close contact was kept with the nurse manager and clinical supervisor to assist if any questions needed to be answered. Based off of the post-implementation surveys performed by the clinical supervisor and nurse manager and random visual surveying I performed, it appeared that whiteboards in the patients' rooms were almost always kept up to date in the "tests" and "questions" sections, indicating compliance with the intended plan.

Full bedside report began as planned on June 1, 2018. At first, nurses were hesitant to initiate this change as this was a new way of practice and many of the nurses were accustomed to giving report at the nurses' station. Feedback from the nurses also indicated that some nurses feared this change would increase the time to give report. Management and administration made rounds on the units in the hospital during shift change to observe this change in practice, which

seemed to boost morale and encourage this shift in practice. In certain circumstances, report was not performed at the bedside; for example, if a patient had requested to sleep or not be disturbed.

The original intent was to collect post-implementation surveys through the end of June. As that time approached, it appeared that there was an unequal amount of pre- and post-implementation surveys, prompting the need for extension of the data collection period. Data collection was extended through the end of August 2018, which gave a much more comparable number of pre- and post- implementation surveys. Overall, the changes that were made to the initial implementation process timeline (see Appendix G) did not seem to create any barriers; in fact, this extension in the intended time period allowed the nurses more time to become comfortable with the culture change in implementing bedside report.

Project Outcome Data

As described in the project plan, the results of this project were measured by reviewing the hospital-wide HCAHPS scores in the areas of communication with nursing staff, whether or not nursing staff always explained their medications, and whether or not the patient understood their plan of care at discharge. Pre-implementation HCAHPS scores from April 2018 were compared to the HCAHPS scores one month post-implementation of bedside report and four-months post-implementation of bedside report (see Table 1; Medicare, n.d.a., Medicare, n.d.b & Medicare, n.d.c). Scores from October 2018, four-months post-implementation, have been included in order to show the trend in the HCAHPS data since initiation of this initiative. These scores focus on patient satisfaction results throughout the hospital as a whole, including the unit on which this project was implemented.

Table 1

HCAHPS Scores

HCAHPS Questions	Pre-implementation April	Post-implementation July	Post-implementation October
Nurses "always" communicate well	83%	82%	82%
Nurses "always" explained medication	65%	65%	65%
Patient understood care when they left the hospital	57%	56%	56%

Note: HCAHPS = Hospital Consumer Assessment of Healthcare Providers and Systems

The second outcome measurement was to monitor the number of positive responses received on nurse manager and clinical supervisor rounding during both the pre- and post-implementation phases. During pre-implementation, February 16, 2018 through May 6, 2018, a total of 281 rounding surveys were collected, with 87.9% (*n*= 247) of those surveys giving positive responses. Most of the positive responses included feedback on nursing care and explanation of the plan and medications. Initially, post-implementation surveys were collected through June 30, 2018. During the post implementation phase from May 7 through June 30, 2018 a total of 136 surveys were conducted with 94.1% (*n= 128*) having positive responses. After reviewing the surveys and data, an unequal number of pre- and post-implementation surveys were collected (281 pre-implementation vs. 136 post-implementation). When the data collection data was extended, there was a total of 242 surveys collected from May 7, 2018 through August 30, 2018 with 94.6% (*n*= 229) having positive responses (see Figure 1).

Figure 1

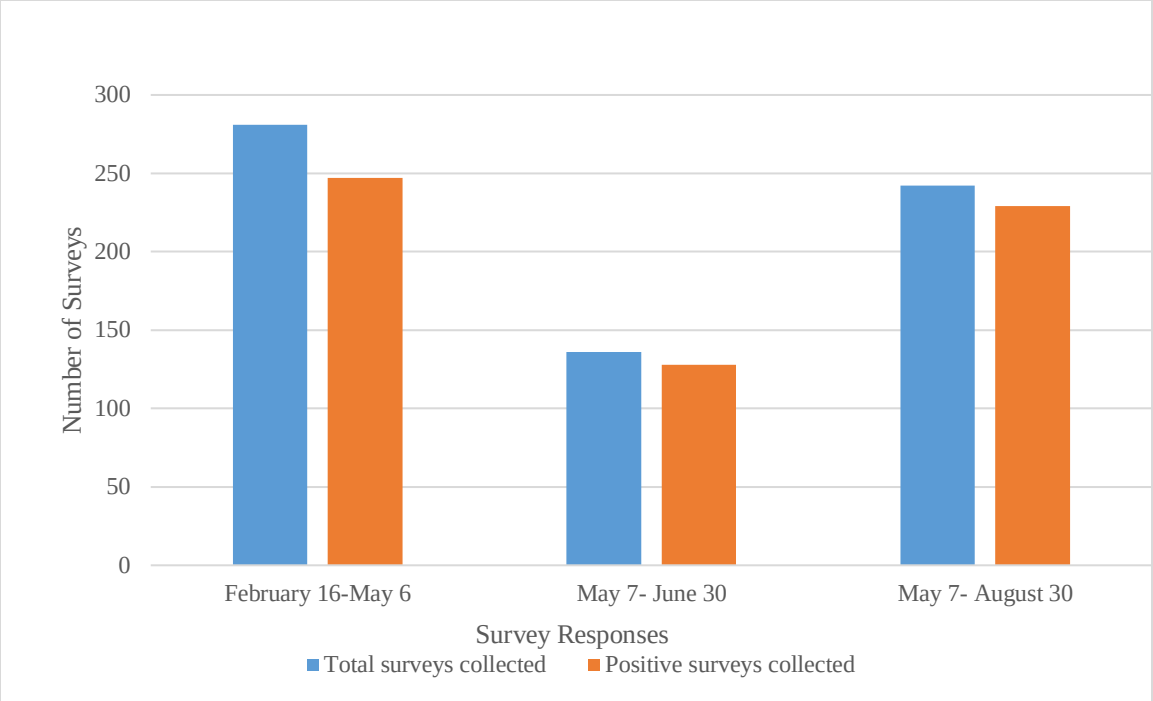

Figure 1. Total patient surveys received versus positive survey responses received.

When comparing themes in the feedback received, several trends were noted. Pre-implementation feedback seemed to demonstrate that when a negative response was received, it was usually due to miscommunication regarding discharge planning, communication of test results, dietary concerns, or poor understanding of pain management. Positive feedback during that time usually focused on adequate pain management and exceptional nursing care. On the other hand, when examining post-implementation feedback, if positive feedback was received, there was mention of understanding medications, adequate pain control, and understanding of the discharge plan. Patients stated receiving additional information on medications and understanding a regimen for their pain medication. Many patients even offered names of specific staff members that were helpful throughout their stay. However, some negative feedback still included poor understanding on pain management and waiting for more information about their discharge plan.

Chapter V: Discussion

Major Findings

The first objective for this project was to increase HCAHPS scores related to communication with nurses from 83% to 85% in a three-month period. At the end of the three-month period the HCAHPS score in this domain was at 82%, therefore this goal was not met. The second objective was to increase in areas of communication regarding medication and communication about discharge instructions on the HCAHPS survey to 70% within a three-month period. As described in the analysis of results, communication about medications was at 65% and communication about discharge instructions was at 56% at the end of the three-month period, therefore this goal was not met. A final objective was to increase positive responses received during daily nurse manager and clinical supervisor rounding by 10% within a three-month period. At the end of the three-month period, the percentage of positive responses was at 94.1%, which was an increase from 87.9%. At the end of the extended data collection period through August 30, 2018, there was a positive response rate of 94.6%. While an increase was seen at both intervals, it was not an increase by 10%, therefore this objective was not fully met.

There are many factors that contribute to why the objectives were not fully met. As previously mentioned, this change in practice began with some initial hesitation from nursing staff which could have led to a slower initiation of the project or lack of compliance with the project plan. The overall consensus of the nurses throughout the initiation of this change has been mixed. Feedback received from the nurses appears to be positive in wanting to include patients in their care and report process; however, some of the nursing staff has voiced concern for patients not wanting to participate, not wanting to wake patients, and fear of spending too much time in the room if the patient has additional needs (such as toileting, bathing, etc.). Additionally, some patients did not want to participate in report during shift change or did not

want to be disturbed. The length of study for this project can be seen as another factor for why the objectives were not fully met. Literature suggests greater success is realized in projects over a greater period of time and solidifying a change in practice can take time before results are seen (Radtke, 2013).

Some successes with the project included increasing knowledge and awareness of all unit nurses on the importance of nursing communication and also the increase in positive patient responses realized on the nurse manager and clinical supervisor rounding tool. An additional success was the initiation in change of culture in bringing report to the bedside. A major success of this project was being able to increase patient and family engagement during the report process and being able to give the patient an active role in their own care. Patients have the opportunity to actively participate in report and ask questions regarding their care. Bedside reporting has also allowed patients and family to add or clarify any pertinent information regarding their health history or plan of care that may have been misreported or unintentionally omitted.

Limitations or Deviations from the Project Plan

As previously discussed, deviations from the project plan included the minor change in the start date of implementation to May 7 and the change in the end date of data collection from June 30 to August 30, 2018. The change in start date was made to accommodate for education of all nursing staff members on this change, while also waiting for official IRB/CUSHR approval. The change in the end date of the data collection period was in order to obtain a comparable amount of pre- and post- implementation surveys.

Throughout the course of the project, several limitations were noted. First, monitoring compliance with use of the questions proved to be a challenge. Upon several random

observations, the whiteboards in patient rooms were being updated by the nurses and during report times it appeared the questions were being followed exactly as intended; however, it is unknown if the scripted questions were asked every time. An additional limitation of this project was the type of patient population on the unit. Alert and oriented patients were the patient population of focus, and the unit on which the project was carried out sees a variety of patients including those that are confused, which could have limited the sample size. In addition, some patients did not want to be awakened or declined to participate in the report process, which could have also led to a decrease in sample size.

The measurement tools used in this study also provided some limitations. First, the HCAHPS assessment on the Medicare website, while it does provide valuable data on patient experiences, does not separate the data collected hospital-wide into data collected independently from each unit, therefore the scores reported also show data from units that did not implement the scripted questions into the report process. HCAHPS scores also reflect data that has been collected in previous quarters, so the survey data cannot be considered "real-time" data and may not have captured the entire time period in which this project was implemented. The second method of measurement, the manager rounding tool, also proved to be a challenge to analyze. The rounding tool allows the person that is using the tool to fill in their notes on the feedback received from patients. The responses to questions are not all "yes" or "no;" therefore, the analysis of feedback can be challenging. Additionally, the overall response of the patient during the survey (positive or negative) was analyzed. It may be beneficial to analyze responses to specific questions asked on the survey and compare the number of responses on each question during the pre- and post- implementation phases. A final limitation would be the timeframe in which the project was carried out. Some of the previous research studies reviewed showed

greater progress over time; using a longer time period of implementation may have helped to show a trend in the results. Ultimately, there are many factors that can play into the patient satisfaction feedback received on the nurse manager/clinical supervisor rounding tool and also the HCAHPS survey, and it is difficult to isolate feedback received specifically regarding the scripted communication tool and implementation of bedside report.

Implications

Practice. Implications for practice change include evaluating the sustainability of the project. The sustainability of this project will include frequent discussions with the nursing staff and nurse manager regarding any concerns about bedside report or areas for improvement. Nurse compliance with the plan is crucial to the success of this project. Developing a virtual forum for nurses to voice their feedback and ask questions may prove beneficial in making adjustments for further use of this initiative. The nurses would feel comfortable submitting feedback and the nurse manager can address specific questions or resolve any concerns in a timely manner. Nursing staff can also provide insight on any patient concerns that are voiced during bedside report, which may lead to modifications in the scripted questions being asked. Additionally, monitoring and including data on the compliance rate of keeping whiteboards in patient rooms updated may provide valuable information for further research. An additional way to hold nursing staff accountable for engaging with the patient during beside report would be to provide patients with a brochure or information sheet at the time of admission that explains the report process so patients know what to expect during shift change. This information may prompt patients to notify the nurse manager or clinical supervisor during rounding if the scripted questions or bedside report are not occurring for any reason. Further, the nurse manager and clinical supervisor will aid in sustaining the project by following up with patient feedback during

leadership rounding especially if patients express a lack of information regarding their plan of care.

Additional research on ways to measure the project, such as streamlining the nurse manager/clinical supervisor rounding tool will be essential. Updating the rounding tool to include more "yes" and "no" questions and also continuing to utilize some open-ended questions may provide a helpful balance of feedback and measureable data for future surveys. As previously mentioned, it may also help to review isolated questions on the rounding tool instead of the overall response to determine the impact on specific questions. Determining if there is any additional way to extract unit specific data from the HCAHPS survey will be another crucial step in further use of this initiative. Currently, nurse managers have the ability to pull unit specific data from the HCAHPS survey; however, this is through a private and protected account, with restricted access. Monitoring unit specific data on a monthly basis can help to show a trend in patient feedback. Sharing the results and findings of this initiative with nursing administration will determine whether this bedside patient engagement will be initiated on additional units within the organization.

With the modifications suggested above, this project plan could be generalized to use for practice in a facility that is transitioning to bedside report. Implementing the use of the scripted questions during bedside introductions eased the transition to the full bedside report process and when bedside report began, the scripted questions allowed nursing staff to have a guide to include the patient in the report process. For facilities that have not initiated bedside report, this project could be of benefit to familiarize staff with the concept over a period of time. Within Silver Cross, further observation of bedside report practices on other units will need to be performed to see how the scripted questions could be utilized. The questions may still provide

patients an additional opportunity to be involved in the bedside report process even though bedside reporting is now being performed on all units. While these scripted questions may particularly benefit units similar to the unit on which this intervention was implemented, additional modifications could be made for units with a different patient population such as pediatrics. In that instance, for example, the questions could be revised to focus towards patient parents or guardians. Each unit within the hospital organization can customize the scripted questions to best fit their patient population, setting, and unit goals.

Future research. Future research on the area of patient satisfaction as it is related to communication between patients and nurses is needed. This topic can provide helpful insight to nursing staff, management, and administration. Further questions for research would be: (a) what other interventions can promote communication between patients and nurses; (b) how does patient engagement affect nursing satisfaction; and (c) what other factors can affect patient satisfaction? The literature indicates a need for more information regarding the impact of communication as it relates to patient satisfaction and patient level of knowledge regarding their plan of care.

The dissemination of the findings of this project will be performed in a number of steps. First, the information will be shared with the unit nurse manager and a Silver Cross administrator in the form of a report and brief presentation. In addition, the IRB at Silver Cross requires a Study Closing form to verify the project has been completed and summarize the results of the findings as well. The final findings will also be shared with nursing staff at the November 2018 staff meeting and sent out in an e-mail and posted in the staff locker room for those that are unable to attend. Finally, a public oral presentation at Bradley University and submission of the final project paper to the Doctors of Nursing Practice Doctoral Project Repository will occur

during December 2018. Additional considerations for dissemination of the findings are presenting at a national nursing conference and submission of a manuscript for publication in a peer-reviewed journal.

Nursing. This project has significance to the field of nursing. While the objectives were not entirely met, the project identifies need for further study in this area. Also, the project set out to improve communication between nurses and their patients, which is a crucial aspect of nursing care. The project helped to identify the importance of communication and also demonstrates that an increase in positive patient feedback can be seen with the implementation of increased communication and bedside reporting. Suggested changes for nursing practice would be to increase meaningful conversation held with patients and to keep the patient actively involved in their care when appropriate. While meaningful conversation is often a skill addressed in nursing school, it is a skill that many nurses can continue to build on throughout their career. Additionally, nursing education within the organization would play an active role in disseminating best practice in communication to nursing staff if this initiative was implemented in other settings. This project identifies opportunity for change in practice at the unit and organization level by enabling nurses to participate in the bedside report process and engage their patients in participating in their own care.

Chapter VI: Conclusion

Value of the project. The value of this project to healthcare practice was the insight provided to the importance of nurse-patient communication. A change in culture within the organization was demonstrated by nurses committing to asking the scripted questions to enhance nurse-patient communication and transitioning to giving report at the bedside. Patient satisfaction

was closely examined which provided helpful feedback regarding the practices on the unit that was studied. This project helps to identify an area in which further research can be performed.

DNP Essentials. The American Association of Colleges of Nursing (2006) identifies specific Essentials of Doctoral Education for Advanced Nursing Practice. This project demonstrates several of these Essentials through its implementation and completion. Essentials II, III, IV, V, and VI were met throughout the course of the project. Essential II, Organizational and Systems Leadership for Quality Improvement and Systems Thinking, was achieved through development and implementation of the intended project plan (American Association of Colleges of Nursing, 2006, p. 1). The competencies of this Essential focus on communication skills and being able to lead a quality improvement project, which is exactly what I was able to do by collaborating with members of nursing administration, management, and staff nurses (American Association of Colleges of Nursing, 2006). I utilized effected communication with members of the interprofessional team in order to establish an initiative that aimed to improve communication and customer service on the intended unit. Extensive research on the topic including the critical appraisal of evidence based articles related to the topic; collection of data before and throughout implementation; and reviewing the collected data demonstrated the competencies of Essential III, Clinical Scholarship and Analytical Methods for Evidence-Based Practice (American Association of Colleges of Nursing, 2006, p. 1). The competencies of Essential IV, Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care, were met through use of data entry and computation of collected data through use of Microsoft Excel and also by utilizing the Medicare Hospital Compare website to analyze data as results were published (American Association of Colleges of Nursing, 2006, p. 1). Two of the most significant essentials applied to this project

were Essential V, Health Care Policy for Advocacy in Health Care, and Essential VI, Interprofessional Collaboration for Improving Patient and Population Health Outcomes (American Association of Colleges of Nursing, 2006, p. 1). Essential V was achieved through the leadership used throughout development and implementation of the project, as well as the education of nursing staff on the need for the project. I was able to develop a new initiative at the institutional level, educate others on this initiative, and provide support throughout the course of implementation. Essential VI was equally significant to the success of the project; without the support of members of the interprofessional team (i.e., staff nurses, clinical supervisor, nurse manager, nursing administration), this project would not have been possible. Open communication between all members of the interprofessional team was a critical role in this initiative.

Plan for dissemination. As previously mentioned, dissemination of the findings will occur at Silver Cross Hospital and at Bradley University. Dissemination for Bradley University will include a public oral presentation with opportunity for attendees to ask questions followed by a submission of the final scholarly paper to the Doctors of Nursing Practice Doctoral Project Repository. Dissemination of the findings will also take place at Silver Cross Hospital which include presenting project findings in a PowerPoint to the unit this project was performed on during the November 2018 staff meeting. The PowerPoint presentation will also be sent in an e-mail to staff and posted in the staff locker room for those that are unable to attend. Additionally, a synopsis of the implementation process and findings will be sent to Mary Brenczewski, Administrative Director of Nursing Practice at Silver Cross. It will then be determined if additional dissemination of this evidence will be provided to other members of the nursing administration team or other units of the hospital. Finally, a Study Closing form will be

completed and submitted to the IRB at Silver Cross to share the findings of the initiative. Additional dissemination considered for this project is presenting at a national conference for nursing.

Attainment of personal and professional goals. I began the journey towards my doctorate of nursing practice (DNP) degree in the fall of 2015. At the beginning of the program, I started thinking about the capstone project and the impact it would have on my education and personal goals. At the beginning of the project, I faced several barriers including finding a topic that would be of use to my organization at the time. I feel that through working on this capstone project, I was able to step out of my usual comfort zone, collaborate with members of the interprofessional team that I would not normally be working with, such as nursing administration, and truly build on my leadership skills. Before this project, I did not have experience with coordinating a project of this scale. I have now gained some insight into the amount of work and time that goes in to the development of a new initiative, development of staff education, and how long it can take for any results to be realized. As barriers came up throughout the course of project, such as answering questions from the nursing staff or having an unequal amount of pre- and post- implementation surveys, I was challenged again to develop ways to solve problems.

Although I did not see the significant results I had initially hoped for, I was able to contribute to the initiation of a change in practice at Silver Cross Hospital that has the potential to increase positive communication between nurses and their patients. I will continue to utilize the skills learned in this project, such as communication with members of the interprofessional team, utilization of available resources, leadership, and project development throughout my career as an advanced practice nurse. I am grateful to have had the opportunity to build on these

skills that will benefit me throughout my career. While this project has been a challenge, it has provided me valuable skills and a sense of achievement in my own personal and professional goals.

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Appendix A

Updated Nurse Manager/Clinical Supervisor Rounding Tool

ROUNDING QUESTIONS DATE: _____

Hi Mr./Ms._____. "My name is [insert name here] and I'd like to invite you to participate in an anonymous, voluntary verbal survey used for research purposes that may help to improve quality of care and patient satisfaction. There is minimal to no risk in participating and you can choose to stop at any time. Your responses will remain anonymous and the feedback we receive will be used for quality improvement purposes."

1. How has your nursing care been?
2. Is there anything we could do better?
3. Is the staff coming in here to check on you regularly?
4. Are they always answering your call light in a timely fashion?
5. Are they always explaining your medications? Side effects?
6. Is your pain being held to a minimum?
7. Do they always explain any procedures that they do for you?
8. How did you sleep last night? Was it quiet enough?
9. What are the doctors telling you? Are they explaining things?

Is patient A/O x4? (Y/N)	If not, is POA or appropriate family present? (Y/N)	Whiteboard in room updated? (Y/N)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
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11. _____
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14. _____
15. _____
16. _____
17. _____
18. _____
19. _____

Appendix B

Nurse Education Competency Sheet

I have reviewed the Nurse-Patient Communication PowerPoint presentation and understand the project plan and changes to be made in practice.

Name	Date

Appendix C

Participatory Statement

My name is [insert name here] and I'd like to invite you to participate in an anonymous, voluntary verbal survey used for research purposes that may help to improve quality of care and patient satisfaction. There is minimal to no risk in participating and you can choose to stop at any time. Your responses will remain anonymous and the feedback we receive will be used for quality improvement purposes.

Appendix D

IRB Approval Letter

DATE:	April 25, 2018
TO:	Allison Mangun, BSN
FROM:	Morris Hospital and Silver Cross Hospital IRB
PROJECT TITLE:	[1220357-1] Improving Patient Satisfaction through Increased Nurse-Patient Communication
REFERENCE #:	
SUBMISSION TYPE:	New Project
ACTION:	APPROVED
APPROVAL DATE:	April 18, 2018
EXPIRATION DATE:	April 17, 2019
REVIEW TYPE:	Full Committee Review

Thank you for your submission of New Project materials for this project. The Morris Hospital and Silver Cross Hospital IRB has APPROVED your submission. This approval is based on an appropriate risk/ benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Full Committee Review based on the applicable federal regulation.

The Morris Hospital and Silver Cross Hospital IRB has APPROVED your request to waive the requirement for obtaining a signed informed consent form.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a Minimal Risk project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of April 17, 2019.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Nicole Soldat at (815) 300-7491 or nsoldat@silvercross.org. Please include your project title and reference number in all correspondence with this committee.

This letter has been issued in accordance with all applicable regulations, and a copy is retained within Morris Hospital and Silver Cross Hospital IRB's records.

Appendix E

IRB Amendment Approval Form

DATE:	October 10, 2018
TO:	Allison Mangun, BSN
FROM:	Morris Hospital and Silver Cross Hospital IRB
PROJECT TITLE:	[1220357-2] Improving Patient Satisfaction through Increased Nurse-Patient Communication
REFERENCE #:	
SUBMISSION TYPE:	Amendment/Modification
ACTION:	APPROVED
APPROVAL DATE:	September 29, 2018
EXPIRATION DATE:	April 17, 2019
REVIEW TYPE:	Full Committee Review

Thank you for your submission of Amendment/Modification materials for this project. The Morris Hospital and Silver Cross Hospital IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Full Committee Review based on the applicable federal regulation.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a Minimal Risk project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of April 17, 2019.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Nicole Soldat at (815) 300-7491 or nsoldat@silvercross.org. Please include your project title and reference number in all correspondence with this committee.

This letter has been issued in accordance with all applicable regulations, and a copy is retained within Morris Hospital and Silver Cross Hospital IRB's records.

Appendix F

Reliance Agreement

Institutional Review Board (IRB) Authorization Agreement

Institution or Organization Providing IRB Review:

Name (Institution/Organization A): Morris Hospital and Silver Cross Hospital IRB

IRB Registration #: IRB00006339

Federalwide Assurance(FWA)#, if any: _____

Institution Relying on the Designated IRB (Institution B):

Name: Bradley University

FWA#: FWA00012098

The Officials signing below agree that Bradley University may rely on the designated IRB for review and continuing oversight of its human subjects research described below: (check one):

(___) This agreement applies to all human subjects research covered by Institution B's FWA.

(_X__) This agreement is limited to the following specific protocol(s):

Name of Research Project: Improving Patient Satisfaction through Increased Nurse-Patient Communication

Name of Principal Investigator: Allison Mangun, BSN

Sponsor or Funding Agency: N/A

Award Number, if any: N/A

(___) Other (describe): _____

The review performed by the designated IRB will meet the human subject protection requirements of Institution B's OHRP-approved FWA. The IRB at Institution/Organization A will follow written procedures for reporting its findings and actions to appropriate officials at Institution B. Relevant minutes of IRB meetings will be made available to Institution B upon request. Institution B remains responsible for ensuring compliance with the IRB's determinations and with the Terms of its OHRP-approved FWA. This document must be kept on file by both parties and provided to OHRP upon request.

Signature of Signatory Official (Institution/Organization A):

Date: 4/27/18

Print Full Name: Virag Dandekar, MD

Institutional Title: IRB Chair

Signature of Signatory Official (Institution B):

Date: 8/20/18

Print Full Name: Gary R. Roberts

Institutional Title: President

Appendix G

Timeline of Events