



USING THE EVIDENCE-BASED PRACTICE SERVICE NURSING BUNDLE TO INCREASE PATIENT SATISFACTION

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Contribution to Emergency Nursing Practice

- This quality improvement project adds to the emergency nursing literature by demonstrating that the evidence-based practice (EBP) of AIDET (the acronym for the 5-step program: acknowledge, introduce, duration, explanation, and thank you), Hourly Rounding, and Bedside Shift Report (BSR) can have a positive impact on patient satisfaction.
- The use of auditing tools may improve compliance of AIDET, Hourly Rounding, and Bedside Shift Report.
- Our study found a relationship between patients' perception of time spent in the emergency department and quality-of-care ratings.

Abstract

Introduction: Patient satisfaction and patient experience goals are often linked to financial consequences. Although the link does exist, the bottom line is not only about money; it's about providing a quality experience for ED patients and creating an environment that engages staff. Evidence-based practice (EBP) strategies that have positive impact on patient perceptions of their ED care and increased

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satisfaction ratings include AIDET, Hourly Rounding, and Bedside Shift Report, which incorporate updates of test results and explanations of events occurring during a patient's visit. In addition to these outcomes, Hourly Rounding and Bedside Shift Report have been linked to patient safety improvements. Combining these strategies, our team created and implemented the service nursing bundle as a quality improvement (QI) initiative, with the goal of having a positive effect on patient experiences in emergency departments, represented by at least a 5% increase in overall quality-of-care ranking and ratings.

Methods: This QI project involved comparing professional research consultant (PRC) patient-satisfaction phone survey ratings from patients before and after ED staff members completed a 1-hour service nursing bundle class. In addition to the patient-satisfaction ratings, 1,104 audits evaluating staff use of the service bundle implementation were collected over an 8-week period.

Results: The random observational audits showed the adoption of the service nursing bundle as staff compliance started at 65% in week 1 compared with 100% by week 8. Before intervention (July 2015): 50% of patients rated their overall quality of care as excellent, yielding a benchmark ranking of 42.5 percentile. Postservice bundle education implementation (September 2015): 60% of patients rated their overall quality of care as excellent, increasing our ranking to the 85.5 percentile. The postservice bundle group was 1.5 times more likely to respond "excellent" to all 5 survey questions, which was statistically significant ($z=2.82$, $P=0.004$). The patients' perceptions of total time spent in the emergency department and ratings of "excellent" revealed a significant statistical difference (before: 35.0%, after: 49.5%, $\chi^2(1) = 4.24$, $P < 0.05$).

Discussion: With the implementation of the bundle, our emergency department experienced an 11.8% increase in the number of patients rating their overall quality of care as excellent. This upsurge resulted in a 40% increase in overall quality of care, propelling our emergency department's ranking to the 85th percentile.

Key words: Patient satisfaction; Service protocol; Nursing bundle; Nurse caring; Quality of care

Visits to emergency departments continue to climb in the United States. In 2011, 136 million people visited emergency departments.¹ Use continues to grow despite declining numbers of ED facilities. Rural areas have the highest rate of ED use (448 per 1,000 population) compared with urban and metropolitan areas (324 per 1,000 population).² Factors such as high acuity and surges in patient census affect ED operations and can have a negative impact on patient satisfaction.³ Despite the links between high acuity, surges, and negative patient experience, the implementation of the Centers for Medicare and Medicaid Services (CMS) patient satisfaction survey Emergency Department Consumer Assessment of Healthcare Providers and Systems (ED CAHPS) is on the horizon.⁴⁻⁶ At present, this survey remains in development, without a final decision regarding the timeline for national implementation and public reporting of these results.^{5,7}

With ED CAHPS looming, ED leaders are challenged to provide timely, efficient care that meets the CMS pay-for-performance guidelines and do so in environments in which crowding is a regular occurrence.^{6,8,9} The CMS platform incorporates clinical criteria along with satisfaction ratings that represent patient perceptions associated with their ED visits. ED leaders are also responsible for engaging staff to integrate into their clinical care delivery strategies that enhance patients' ED experiences.¹⁰

Recognizing that the ED is the front door to the hospital and that the quest for improving patient satisfaction begins here, our facility—Southern Ohio Medical Center (SOMC)—has, for many years, been on a journey to improve the ED patient experience. Part of this journey included conducting 6 focus groups, consisting of 10 ED patients in each group. The purpose of the focus groups was to better understand patients' experiences during their ED visits, wait times, and staff communication about delays. This feedback, along with our PRC patient-satisfaction survey results and patient complaints, served as the catalysts leading to this QI initiative.⁷ Seeking to address these identified opportunities, 2 members of our ED team conducted a review of the literature exploring the EBPs that have positive impact on the patient experience.

The literature review was guided by the Beryl Institute's definition of the patient experience as "the sum of interactions" among the patients, their family members, and all members of the health care team.^{11,12} Focusing on strategies to improve interactions among staff, patients, and family members, we searched PubMed and CINAHL databases using the key words: emergency department, patient satisfaction, communication, rounding, and Bedside Shift Report (BSR) to obtain articles that focused on improving the patient experience.^{13,14} This search introduced our team to the service nursing bundle elements that included Hourly Rounding, BSR, and AIDET¹⁴

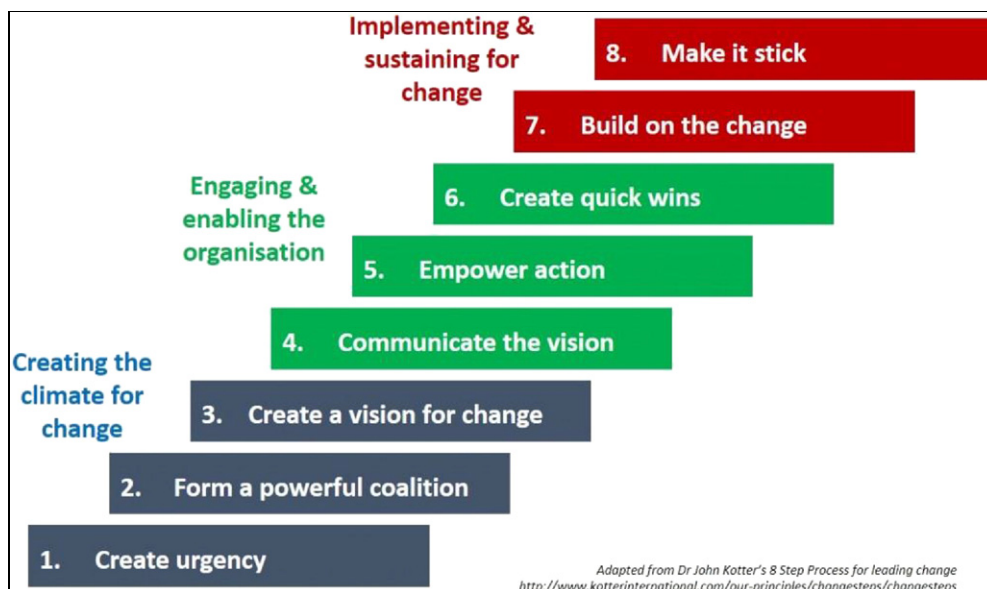


FIGURE 1

The Kotter Change Model. Adapted with permission from Dr. John P. Kotter.

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