The Nurse Manager's Role in Enhancing Patient Satisfaction

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Purpose

The purpose of The Nurse Manager's Role in Enhancing Patient Satisfaction is to provide Nurse Managers with knowledge, skills, and attitudes that facilitate a satisfying experience for their patients.
Learning Objectives

Upon completion of this course, you will be able to:

1. Explain the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey and the use of the data it collects.
2. Identify the eight key topics of the HCAHPS survey.
3. Explain how the Nurse Manager can assess the environment for opportunities to improve patient satisfaction.
4. Describe tools used to facilitate staff involvement in enhancing patient satisfaction, such as AIDET® (Acknowledge, Introduce, Duration, Explain, and Thank); The 4 Ps of Intentional Rounding (Pain, Potty, Positioning, and Possessions); Ask Me 3™; and Teach Back.
5. Explain initiatives that the Nurse Manager can take to enhance patient satisfaction, including:
   a. Facilitating communication among all team members, including patient and family
   b. Fostering a healthy work environment
   c. Supporting intentional rounding
   d. Focusing on symptom management
   e. Enhancing the perception of a clean and quiet environment
**Patient Satisfaction: A Global Concern**

Concerns about patient rights and patient satisfaction extend far beyond the borders of the U.S.A. The National Health Service in England recently developed statements to serve as quality measures of patient care standards and patient satisfaction. The statements echo standards of the Joint Commission. Similar statements may be found in the policies and procedures of many healthcare organizations around the world.

As reflected in the reference list, nursing research related to patient satisfaction includes many studies set in healthcare organizations outside of the U.S.A.
Quality Statements from the NIH

The National Institute for Health and Clinical Excellence (2012) has published several quality statements that Nurse Managers can use to guide their delivery of patient-focused quality care.

1. Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.
2. Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.
3. Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.
4. Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualized care.
5. Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.
6. Patients are actively involved in shared decision making and are supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them.
7. Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.
8. Patients are made aware that they can ask for a second opinion.
9. Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.
10. Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.
11. Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.
12. Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.
13. Patients’ preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.
14. Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

Who Was Surveyed?

Two agencies of the United States government, The Centers for Medicare and Medicaid Services (CMS), and the Agency for Healthcare Research and Quality (AHRQ) partnered in 2002 to develop the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, also known as the Hospital CAHPS® survey. They initiated a rigorous and multi-faceted scientific process, which included:

- A public call for measures
- Literature review
- Cognitive interviews
- Consumer focus groups
- Stakeholder input
- A three-state pilot test
- Extensive psychometric analyses
- Consumer testing
- Numerous small-scale field tests
- Opportunities for public comment, resulting in responses to more than 1,000 comments

How Was the HCAHPS Survey Developed?

In 2005 the National Quality Forum (NQF) endorsed the HCAHPS survey. NQF, a not-for-profit organization with membership including comprehensive representation of healthcare stakeholders, works to:

- Build consensus on priorities and goals for performance improvement and working in partnership to achieve them
- Endorse national consensus standards for measuring and publicly reporting on performance
- Promote the attainment of national goals through education and outreach programs

CMS implemented the survey in 2006 and first publicly reported results in 2008.

The HCAHPS Survey and its methodology and results are in the public domain. Since the initial reporting in 2008, anyone may go to the Hospital Compare Website and compare HCAHPS results of specific participating hospitals.
How Does the HCAHPS Survey Collect Data?

Randomly selected adult inpatients receive the survey between 48 hours and six weeks after discharge. Medical, surgical, and obstetric patients are eligible. Five percent of all inpatient discharges receive the integrated HCAHPS survey which includes HCAHPS and Inpatient Press Ganey questions. The survey is not restricted to Medicare beneficiaries.

Note! There are several other organizations that gather patient satisfaction data, such as Professional Research Consultants (PRC) and Hospital Quality Alliance (HQA) Do you know what organization your facility uses?

Data Collection

Former patients may receive and respond to the survey in one of four ways:

1. Mail only
2. Telephone only
3. Mail followed by telephone
4. Interactive voice response

Hospitals may administer the survey or may use approved survey vendors.
What Does the HCAHPS Survey Ask?

The HCAHPS survey asks the patient 18 questions to rate care on eight key topics:

1. Communication with doctors
2. Communication with nurses
3. Responsiveness of hospital staff
4. Pain management
5. Communication about medicines
6. Discharge information
7. Cleanliness of the hospital environment
8. Quietness of the hospital environment

The survey also includes four screener questions and five demographic items, which are used for adjusting the mix of patients across hospitals and for analytical purposes.

The survey is 27 questions in length.

CMS has prepared English, Spanish, Chinese, Russian, and Vietnamese versions. HCAHPS online website has posted the English and Spanish versions.

How Does CMS Use HCAHPS Data?

Beginning in October 2012, under CMS's Value-Based Purchasing (VBP) plan, Medicare will:

• Withhold 1% of its payments to hospitals which perform poorly on HCAHPS measures.
• Place withheld funds into a pool to be distributed as bonuses to hospitals which score above average on several measures.

The Hospital Value-Based Purchasing (Hospital VBP) program links a portion of Inpatient Prospective Payment System (IPPS) hospitals' payment from CMS to performance on a set of quality measures. The Hospital VBP Total Performance Score (TPS) for FY 2013 has two components:

1. The Clinical Process of Care Domain includes 12 clinical measures and accounts for 70% of the TPS
2. The Patient Experience of Care Domain (HCAHPS results) accounts for 30% of the TPS

Bush, 2011; Carmenico, 2011; CMS, 2012; Rau, 2011
How Can the Public Use HCAHPS Data?

The public may use the comparison data to compare specific hospitals. At the Hospital Compare website anyone can enter a zip code or city, state and compare as many as three hospitals within that location on the HCAHPS survey measures. Visitors to the website may search all hospitals within the location, or search either specific medical procedures or specific surgical procedures. CMS updates the website every quarter, replacing data from the quarter one year ago with data from the most recent quarter.

The HCAHPS Website

The public may also access summary analyses of HCAHPS scores at the HCAHPS online website. The website presents:

- Summaries of current state and national HCAHPS results
- Current HCAHPS news and upcoming events
- HCAHPS training materials
- HCAHPS survey instruments in English and Spanish
- Implementation protocol

HCAHPS reporting includes both improvement (comparing current with earlier findings) and achievement (comparing a hospital with state and national findings).

US Regions and HCAHPS Results

Partly linking payments to patient satisfaction may hurt hospitals in regions where patients tend to render less-than-glowing judgments, including the District of Columbia, Maryland, New Jersey, and Hawaii.

The District of Columbia and New York State rank at the bottom: 59% of patients in both places give their hospital experiences a top rating, lower than anywhere else except the Virgin Islands.

Nationally, an average of 67% of patients give their hospitals a top rating (Rau, 2011).
Racial Differences and HCAHPS Results

Researchers (Brooks-Carthon, et al., 2011) documented that patients treated in hospitals with higher concentrations of black patients were less satisfied with their care. Nurses in those hospitals reported poorer confidence in patients’ readiness for discharge and more frequent complaints and infections.

The researchers concluded that nursing and structural hospital characteristics in hospitals that have a high concentration of black patients contribute to these findings.

The Nursing Work Index

The nursing characteristics included a measure of healthy work environment, called the Nursing Work Index (PES-NWI). The index measures aspects of the nurse work environment, including the presence of adequate support to provide quality care, collegial nurse-physician relationships, nurse manager leadership ability, and nurse participation in hospital affairs.

Hospital characteristics included size, high technology status, teaching status, ownership, population density, and payor mix.

Racial and Socioeconomic Disparities in Healthcare

Some have speculated that economically disadvantaged and minority patients may rate satisfaction low, not necessarily because they have received poor care, but because of a belief that they may receive more and better services if they indicate dissatisfaction. However, disparities in healthcare related to racial and socioeconomic status are well-documented (CDC, 2008).
Gender and HCAHPS Results

Studying HCAHPS responses of nearly two million patients in nearly 4,000 hospitals, researchers (Elliott, et al, 2012) found:

- Generally less positive experiences for women than men, especially for communication about medicines, discharge information, and cleanliness.
- Gender differences are similar in magnitude to previously reported HCAHPS differences by race/ethnicity. The gender gap is generally larger for older patients and for patients with worse self-reported health status. Gender disparities are largest in for-profit hospitals.

The Value of the Female Opinion

These researchers concluded that targeting the experiences of women may be a promising means of improving overall patient experience scores (because women comprise a majority of all inpatients); the experiences of older and sicker women, and those in for-profit hospitals, may merit additional examination.

Despite these conclusions about overall strategies, on the unit and nurse/patient level, the best opportunities for improvement lie in assuring clear, continuous, mutually understood communication between staff members and patients and their families.
Patient Language and HCAHPS Results

Research findings have identified lower patient satisfaction among Hispanics than among other ethnic and racial groups. Spanish-speaking patients were more likely to report low levels of satisfaction than English-speaking patients (O’Brien & Shea, 2009).

Researchers in an outpatient setting found that bilingual patients experienced higher satisfaction with doctor-patient communication and the office staff than Spanish-speaking patients. Language preference among bilingual patients was not significantly associated with patient satisfaction. Patient language preference was not a consistent predictor of satisfaction in this cohort of Hispanic patients receiving linguistically competent primary care (O’Brien & Shea, 2009).

Communication is the Foundation of Patient Satisfaction

Clear, mutually understood communication forms the foundation of patient satisfaction. Techniques such as paraphrasing what the patient has stated, asking the patient to paraphrase what a staff member has stated, and asking open-ended questions help to assure accurate communication.

The Importance of Assessing Communication

Staff members must learn to carefully assess both the patient’s understanding of the staff member’s communication and the staff member’s understanding of the patient’s communication – especially when the staff member suspects that a patient may have misunderstood because of limitations related to literacy, language, education level, socioeconomic status, hearing, or vision.

Making the extra effort to understand and to be understood builds trust, respect, rapport, and satisfaction.
Assessing Key Aspects of Patient Satisfaction: Communication

The Nurse Manager’s leadership exerts great influence over the patient care environment. The way that the manager sets priorities and expectations defines the environment.

As Nurse Manager, when you very visibly assess the unit environment on the eight key topics of the HCAHPS survey, your attention to these aspects alone sends a message to staff about the value of these aspects of care and practice.

From the survey, five of the eight key topics emphasize communication. You can readily observe communications on the unit. Rounding with providers and rounding alone at various times allows you to assess communications between patients and all members of the team.

Key Aspects of Patient Satisfaction

You can directly observe communications related to pain management, discharge teaching, and the information nurses give when administering medications. You can also directly observe response time to call lights. During rounds, ask patients about their perceptions related to the key aspects which the HCAHPS survey taps. You might ask a few of the HCAHPS questions from time to time.

Occasional rounds on off shifts and weekends can yield valuable information and focus attention of staff members who work those shifts on key aspects of patient satisfaction.
Data Collection

Audits of patients’ medical records will yield valuable information about pain management and discharge teaching.

Enlist staff members in collecting focused data through observation and audits. Construct simple audit tools and observational data collection tools to make it possible for staff members to participate. When staff members become involved in collecting data, the experience increases their awareness of possibilities for increasing patient satisfaction in their interactions with patients.

You, or your designee, can analyze the data and present it to staff in staff meetings or on a dashboard poster in a staff only area of the unit.

Cleanliness and Quietness

Assesses cleanliness and quietness by direct observation. You might direct charge nurses to assign a staff member to perform “clean and quiet rounds” once per shift and report findings on a simple form. Data might include patients’ perceptions of cleanliness and quietness.

Input from housekeeping personnel and from staff who work the night shift can add useful perspectives.
Assessment and Quality/Performance Improvement

Certainly Nurse Managers are well-acquainted with the quality/performance improvement process. Apply the same process to enhancing patient satisfaction.

Make a quarterly plan to systematically assess patient satisfaction performance.

Each quarter select one or two aspects of patient satisfaction and identify indicators to monitor. HCAHPS results for the previous quarter might suggest a place to start. For example, if you felt disappointed with last quarter’s results concerning patients’ perceptions of information received about medications, you might decide to identify an indicator or two to monitor information given to patients about medications.

You might decide to audit medical records for documentation of “teach back”, or you might choose a particular day of the week to ask a sample of patients about information they received about their medications, or you might make intentional rounds during medication administration to observe nurses giving information about medications to patients.

You might choose to create a patient satisfaction committee, or a task force to assist with selecting indicators and collecting data. Perhaps you have a unit-based quality improvement committee which could add patient satisfaction indicators to the indicators it is presently monitoring. You may have other resources to assist, such as a centralized quality department or education department, or unit-based resources such as a unit-based educator or clinical nurse specialist.
S-A-T-I-S-F-Y

The acronym SATISFY represents key elements in a process for improving patient satisfaction. The process runs parallel to ongoing quality improvement efforts or may be integrated into the ongoing quality improvement plan.

Select Indicators

Select indicators are based upon latest HCAHPS results or events on the unit that suggest aspects for improvement. They identify one or two indicators to use to collect data that will measure performance.

Depending upon the aspect you are addressing, indicators might include:

- Call light response time
- Information given about medications, percentage of:
  - Times nurses give information about medications when administering medications
  - Patients who respond that nurses give information about medications when administering medications
  - Medical records that document information given to patients about medications

Indicators must be specific and measurable.
Select different indicators each quarter to create a manageable assessment process and yet cover all pertinent indicators over the course of a year.

**Specific Goals Facilitate Improvement**

In its ED which sees 50,000 patients each year, Robert Wood Johnson University Hospital in Hamilton, NJ reinstituted a guarantee that ED staff will evaluate patients within 15 minutes and perform a medical examination within 30 minutes.

Administrators formed teams to identify bottlenecks and implement solutions. The teams identified inefficient processes and instituted new approaches, including dividing the ED into four zones, with provider teams responsible for each zone. The zoning system improved patient throughput and fostered accountability within teams. Teams and administrators continued to identify needs for improvement and tweak their processes.

In the first year of the new approaches, the left-prior-to-medical-screening exam rate decreased from 3% to 1.4%. Overall care provider satisfaction increased from the 75th percentile in 2010 to the 80th percentile in 2011, according to Press Ganey surveys.

Pam Ladu, Executive Director, Strategic Planning and Operations Improvement, commented, “*For the patient, it creates more time with care providers and less time spent searching for supplies or running all over the place ... In addition to making everything more efficient, it enables patients to have more face time with the people they think are in charge of essentially getting them home sooner.*” (Breza, et al, 2012)

**Assess Using Indicators**

Assess using the indicators. Create some simple forms and formats for collecting data. How, when, and by whom will data be collected?

Methods may include rounds, audits, targeted observations, and other means of gathering the information that the indicators specify. To be meaningful, data should be collected for the entire quarter.

You might collect data initially, or delegate the task to charge nurses or staff. Resource persons such as clinical nurse specialists and staff educators may also assist.
Time

Though you collect data throughout the quarter, times for data collection must be specified, such as weekly, bi-weekly, or monthly audits. A specific time – such as third Wednesday for clean and quiet rounds – facilitates getting data collected.

Schedule time not only for data collection but also for analysis and presentation so that data may be presented in a timely fashion at the end of each month and at the end of the quarter.

Involve Staff and Other Resource Persons

When staff members are engaged in planning and collecting data, they become more invested in the goal of improving patient satisfaction. They will identify specific ways to improve.

Staff members might earn credit in the clinical ladder system for their participation.

Clinical nurse specialists, nursing professional development specialists, and other resource persons may have specialized skills in data collection, analysis, and presentation.
Incentivize Staff Involvement

Stimulate staff interest and involvement with meaningful incentives.

Create peer recognition opportunities. You might create a supply of thank you notes and encourage staff to show appreciation for one another’s contributions to team work and patient satisfaction, perhaps awarding modest prizes for the most notes received in a quarter.

Develop criteria for clinical ladder programs that include incentives for excellent performance in patient satisfaction and for activities such as data collection and analysis.

Most importantly, work with staff to identify incentives that they find meaningful within the constraints of time and budget.
Example of Quarterly Results

Synthesize quarterly results in a meaningful way, accessible to all staff. Seeing a visual representation of unit-based data engages staff and can serve as a motivating force. If your organization makes results of all units available to all managers, you can display your unit’s results in comparison with the results of other units.

The example below displays first quarter results on three different indicators in use to monitor information given to patients about medications. Nurses collected data which sampled the percentage of:

- Times nurses give information about medications when administering medications (observation)
- Patients who respond that nurses give information about medications when administering medications (patient interview)
- Medical records that document information given to patients about medications (audit)
Synthesize Quarterly Results: The Dashboard

Like the gauges of a dashboard in a vehicle, a dashboard display of measures shows current performance and trends in performance on selected aspects of quality. Many managers create dashboards to call attention to important aspects of care and safety.

You might create a dashboard dedicated entirely to patient satisfaction, or you might incorporate patient satisfaction data into existing and ongoing quality dashboards.

Synthesize Quarterly Results: Visual Displays

The dashboard presents data in charts or tables, making a clear visual display of performance.

Set unit goals for each key topic. Set realistic goals to promote a sense of accomplishment. You can then celebrate achieving the goal and raise the bar for the next quarter. Include these goals in the charts or tables. Display these goals along with unit performance, to highlight the gap between performance and goal.

In addition to progress over successive quarters, a chart might indicate at what point you introduced particular patient satisfaction initiatives or practices. This clarifies the relationship between actions taken to increase satisfaction and progress toward goals.
Constructing Charts and Tables

The patient satisfaction dashboard, or the patient satisfaction component of a larger dashboard, must include most recent unit HCAHPS results. Displaying the three previous quarters as well calls attention to progress, or lack of progress.

There are many possible ways to construct charts and tables. Each of the sample elements shown below might be presented as one or more tables or charts.
Comparing Unit Results to Organizational Results

<table>
<thead>
<tr>
<th>HCAHPS Measure</th>
<th>Unit %</th>
<th>Organization %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who reported that their nurses “always” communicated well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients who reported that their doctors “always” communicated well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients who reported that they “always” received help as soon as they wanted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients who reported that their pain was “always” well controlled.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients who reported that staff “always” explained about medicines before giving it to them.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients who reported that their room and bathroom were “always” clean.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients who reported that the area around their room was “always” quiet at night.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients at each hospital who reported that YES, they were given information about what to do during their recovery at home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients who reported YES, they would definitely recommend the hospital.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ways to Improve Performance

After posting quarterly results, devote some time in a staff meeting brainstorming ways to improve. Experiment with a number of means of gathering suggestions: huddles, suggestion boxes – either of the conventional type, or in an intranet environment – hand-off report, and other communication methods that you have found effective. Select and implement promising suggestions. Monitor the effect of these new approaches.
Year-End Results

Year-end results can tell a story of improved patient satisfaction over the course of a year. A frequency distribution showing results obtained with indicators can show the effect of introducing new approaches. The example below highlights the use of a communication tool which is described later in the course.

The percentages shown below are example percentage results on three of the HCAHPS measures for one nursing unit over one year.
Tools to Facilitate Staff Involvement

When staff members consistently used standardized tools and approaches to improving patient satisfaction, positive outcomes have resulted. Some of these tools include:

AIDET® which represents:
- Acknowledge
- Introduce
- Duration
- Explanation
- Thank you

The 4 Ps which represent a checklist for hourly rounding:
- Pain
- Positioning
- Potty (bowel and bladder elimination)
- Proximity of personal items

Ask Me 3™ questions for the patient to ask in every healthcare interaction:
- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

The AIDET® Model

The AIDET® model (developed by The Studer Group) promotes patient-centered communication. In interactions with patients, the staff members:
- Acknowledge the patient using the patient’s name.
- Introduce themselves, including their roles in the patient’s care
- Describe the duration of any procedures, tests, or other events.
- Explain all procedures, daily activities, consultations, and other events or routines that the patient will experience.
- Thank the patient for his/her time, attention, cooperation, and for choosing this healthcare organization.
Phases of the AIDET® Model

At each phase of AIDET®, listen carefully to the patient’s responses. Some units have initiated “5-at-the-side,” the practice of dedicating five minutes of uninterrupted listening to the patient, facilitated by encouraging questions if needed. Ask open-ended questions to encourage patients to express understanding of what the staff member has communicated. Using AIDET® effectively decreases anxiety (Bush, 2011).

The 4 Ps

The 4 Ps have come into extensive use in healthcare facilities as a checklist for staff members to use during hourly rounds. Use of the 4 Ps has increase patient safety and satisfaction (Blakely, et al, 2011).

Pain
- Assess pain
- Assess pain relief measures

Positioning
- Assist into comfortable, safe positions

Potty
- Ask about bowel and bladder elimination and any need at this time
- Assist with elimination as necessary

Proximity
- Assure that personal items are within easy reach
• Ask about specific items, such as reading glasses, drinking water, call bell, and other essential items

Health Literacy


The term health literacy refers to “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Ratzan and Parker, 2000 in Nielsen-Bohlman, et al, 2004, p.1).

Health literacy begins with the individual obtaining clear, comprehensible information. Health literacy extends into all interactions of patients and the healthcare team. Health literacy becomes a continuous process of patients and team members communicating in mutually understood terms and meeting one another’s expectations.

Poor Health Literacy

Persons at risk for low health literacy include those with low educational levels, minority status, advanced age, language barriers, and communication handicaps. Even highly-educated, English-speaking young adults who have no communication impairments may experience difficulty understanding healthcare information and the forms and processes that one encounters in the healthcare system.

Both Ask Me 3™ and Teach Back provide structures for verifying that communication is clear and mutually understood.
Health Literacy in the USA

“The National Assessment of Adult Literacy (NAAL) ... found that 14% of American adults function at the below basic level, 22% function at the basic level, 53% have an intermediate level of health literacy, and 12% have proficient health literacy. Note that interpreting medication labels requires intermediate skill. This means that 36% of adult Americans have levels of health literacy below what is required to understand typical medication information” (Kripalani & Jacobson, 2006, slide 5 notes).

Results of Health Literacy in the USA

![Health Literacy in America: Results from the NAAL](image.png)

- **Proficient:** Define medical term from complex document, calculate share of employee’s health insurance costs
- **Intermediate:** Determine healthy weight from BMI chart, interpret prescription and over-the-counter drug labels
- **Basic:** Understand simple patient education handout
- **Below Basic:** Circle date on appointment slip, understand simple pamphlet about pre-test instructions

Kutner et al 2006
Ask Me 3™

The Ask Me 3™ questions promote patient comprehension of and compliance with treatment plans (Michalopoulou, et al, 2010). When patients learn to ask these questions of their healthcare provider and team members they facilitate their own learning.

The patient might use these questions at the conclusion of an interaction with a clinician to assure that he/she comprehends his/her condition and treatment plan.

Although most uses of Ask Me 3™ focus on self-care outside of the acute care setting, the questions can also be very useful during an inpatient stay, for example to assure that the patient understands the importance of post-operative preventive measures such as ambulating and using the incentive spirometer.

Ask Me 3™ Pamphlets

The clinician can encourage the patient to ask these questions and also encourage the patient to state the answers to validate correct understanding.

The National Patient Safety Foundations offers Ask Me 3™ pamphlets for patients and other Ask Me 3™ materials for purchase. For additional information, please visit the National Patient Foundation website (a link is provided in the Resources section).
Teach Back

The Teach Back technique helps to verify that the patient correctly understood instructions or other information which the staff member has communicated. The technique also clarifies communication among members of the team. The intent is not for the nurse to “test” the patient or another team member, but to assure that the nurse communicated clearly and that the patient or team member received the intended message.

Teach Back Scripts

- I want to make sure I explained everything clearly. If you were trying to explain to your husband how to take this medicine, what would you say?
- Let’s review the main side effects of this new medicine. What are the 2 things that I asked you to watch out for?
- Show me how you would use this inhaler.

(Kripalani & Jacobson, 2007)
**Best Practices**

Studer (Dunn, 2011) recommends best practices in support of patient satisfaction throughout the hospital stay.

**On admission:**
- Manage patient expectations. Let the patient know he should expect highest quality care and you will provide it.
- Provide an “excellent care” hotline. As Nurse Manager, introduce yourself, leave your card and encourage the patient to contact you if he believes he is receiving less than excellent care or has any complaint.

**Throughout hospitalization:**
- Implement bedside hand-off reports. Bedside reports build the patient’s trust, enhance teamwork, and protect safety.
- Practice hourly rounding and daily Nurse Manager rounding.
- Show respect. Protect confidentiality and privacy. Always introduce yourself and your role in care.
- Ask permission. If visitors are present, find out whether the patient wishes them to know information about his condition and treatment. Address the patient using the name he prefers.
- Use best communication practices. Ask open-ended questions and paraphrase patient responses to verify understanding.

**At discharge:**
- Provide and verify the patient’s understanding of discharge instructions.
- Thank the patient for cooperating with the plan of care and for choosing the healthcare facility.
Communication: Central to Satisfaction

The HCAHPS survey asks about specific aspects of communication:
- Communication with doctors
- Communication with nurses
- Responsiveness of hospital staff
- Communication about medicines
- Communication of discharge information

The Nurse Manager’s leadership and role modeling sets the stage and the expectation for effective communication. During rounds, model for staff by asking patients open-ended questions and reflecting back their responses to assure that you understood correctly.

Encourage staff to ask patients about their perceptions of communication with their providers and staff.

Encourage nurses to share their perceptions about communication with their patients, for example, “Some of my patients have said I speak too softly, are you having any difficulty hearing me?” or “I know that my accent sometimes interferes with patients understanding me. Please just ask me to repeat or speak more slowly if I don’t make myself clear.”

“Raising the Bar Team”

Nurses in the Mother-Baby Unit at South Miami Hospital formed a “Raising the Bar Team” (RTBT). The team analyzed the last two quarters’ Press Ganey Patient Satisfaction results of the unit.

They conducted a review of the literature on bedside hand-off shift reporting and developed a process of bedside shift reporting using keywords and involving the patient in the process.

Both patients and nurses responded positively to bedside hand-off shift reporting. However, noncompliance of the process from a few nurses presented a challenge.

Unit leadership played a significant role in encouraging staff compliance.

(Butao, et al, 2010)
Spotlight on Communication

Use all communication channels to keep the spotlight on communication. Intranet, posters, hand-off communication, huddles, staff meetings – whatever communication methods and vehicles have proven most effective with your staff.

Remind staff of keywords related to patient satisfaction. Use a “word-of-the day” or “word-of-the week” to focus attention on particular aspects of communication and patient satisfaction.

For example, during AM bedside hand-off report, ask the patient about the noise level during the night. When giving medications, ask the patient about the intended effect and how he will take the medication at home. Include family members in communication – always seeking the patient’s permission before sharing medical information.

Focus on open-ended questions, such as:
  - What questions do you have?
  - What else can I do for you now?
  - How can I help you?
Nurse Manager/Nurse Communication

The American Nurses Association (ANA) and the American Organization of Nurse Executives (AONE) identified key concepts and principles for fostering effective collaboration and communication between the Nurse Manager and staff nurses (ANA/AONE, 2012).

Effective Communication principles focus on:
- Communicating clearly
- Listening actively by restating the message to verify accurate understanding
- Speaking directly to the person one needs to speak to

Authentic Relationship principles emphasize:
- Practicing meticulous honesty and matching words with actions
- Respecting and empowering others
- Asserting your needs and remaining open to negotiating

Learning Environment and Culture principles support an atmosphere of continuous improvement by:
- Questioning the status quo
- Identifying and celebrating what is going well, addressing what needs to improve, learning from mistakes
- Creating a culture of physical and psychological safety
- Encouraging creativity and innovation – asking “what if”

The Attending Nurse Role

Nursing leaders at Massachusetts General Hospital in Boston developed the attending nurse role to facilitate continuity of care. The attending nurse works eight-hour days, five days a week. “Attending nurses look for gaps in care and unmet needs that patients and families may have from admission to post-discharge.” The attending nurse’s assignment may include fewer patients than the typical patient assignment (Trossman, 2012, p.7).
Patient Teaching

Emphasize the patient teaching theme with staff. Encourage staff to:

- Infuse patient teaching in all interactions with patients and their families. Ask them to tell you what they understand about their conditions and the treatment plan. Validate correct understanding and correct misconceptions.
- Make use of the many technological aids available for patient teaching. Many healthcare organizations have invested in commercial products which patients can view on television. Various apps and web-based resources may also have value. Evaluate resources that may be especially useful with your patient population.
- Verify with the patient that the aids you have chosen are useful to that particular patient, being sensitive to issues of health literacy and visual or hearing impairment.
- Provide printed reference material concerning medications to patients and family members. Be sure to review with the patient any printed material you supply. Keep printed material simple, highlighting the most important points. Leave space for any patient-specific modifications.
Ask Your Nurse About Your Medication

Nurses at University of Maryland Medical Center launched the *Ask Your Nurse About Your Medication* program. Nurses introduced the program to patients upon admission. When administering medications, the nurse tells the patient the answers to the questions below. With subsequent administrations of the medications, the nurse prompts the patient to explain the medications using these questions. Nurses wear buttons imprinted with *Ask Your Nurse About Your Medication*. Posters in patient rooms and hallway signs serve as reminders of the program and display the questions. Although not all patients participated actively, data revealed an increase in patient satisfaction as well as patient knowledge regarding medications and possible side effects.

<table>
<thead>
<tr>
<th>Ask your nurse about your medication …</th>
</tr>
</thead>
<tbody>
<tr>
<td>“What is this medication for?”</td>
</tr>
<tr>
<td>“How often am I supposed to take it, and for how long?”</td>
</tr>
<tr>
<td>“What side effects are likely? What do I do if they occur?”</td>
</tr>
<tr>
<td>“Is this medicine safe to take with other medicines or dietary supplements I am taking?”</td>
</tr>
<tr>
<td>“What food, drink, or activities should I avoid while taking this medication?”</td>
</tr>
</tbody>
</table>

Fostering a Healthy Work Environment

Research findings reveal that a Healthy Work Environment (HWE) is positively related to patient satisfaction (Aiken, et al, 2012; Kramer, et al, 2011). As Nurse Manager, you are in charge of creating and sustaining a healthy work environment.

Eight essential work processes support a HWE for the staff nurse (Kramer, et al, 2010):

1. Working with clinically competent peers
2. Collegial/collaborative nurse–physician relationships
3. Clinical autonomy
4. Support for education
5. Perception of adequate staffing
6. Supportive nurse manager relationships
7. Control of nursing practice
8. Transmission and adoption of patient-centered cultural values
**Think About It**

How can you enhance the eight essential work processes of a HWE on your unit?

Think about each one.

Identify one action you can take to enhance each process.

Make a commitment to obtain the resources you need to follow through.

<table>
<thead>
<tr>
<th>Process</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with clinically competent peers</td>
<td>•One thing I will do is ...</td>
</tr>
<tr>
<td>Collegial/collaborative nurse–physician relationships</td>
<td>•One thing I will do is ...</td>
</tr>
<tr>
<td>Clinical autonomy</td>
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</tr>
<tr>
<td>Support for education</td>
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<tr>
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<td>•One thing I will do is ...</td>
</tr>
<tr>
<td>Supportive nurse manager relationships</td>
<td>•One thing I will do is ...</td>
</tr>
<tr>
<td>Control of nursing practice</td>
<td>•One thing I will do is ...</td>
</tr>
<tr>
<td>Transmission &amp; adoption of patient-centered cultural values</td>
<td>•One thing I will do is ...</td>
</tr>
</tbody>
</table>
**Synergy in the HWE Process**

The 8 essential work processes of HWE work together and depend upon one another.

When you implement structures that promote interdisciplinary and intradisciplinary collaboration and decision-making, you positively affect development of HWE.

Competence serves as the basis for autonomous practice. Staff competence thrives when you recruit, support, and empower competent staff and support education.

Physicians identify autonomous decision-making as the most important factor as evidence of a competent nurse and builds the basis for collegial nurse physician relationships.

Supportive nurse manager relationships are essential to clinical autonomy and collegial nurse–physician relationships.

(Kramer, et al, 2011)
**Patient Satisfaction in the HWE**

Findings of a study of hospitals in the U.S.A. and 12 European countries indicated that improved work environments and reduced ratios of patients to nurses were associated with increased care quality and patient satisfaction (Aiken, et al, 2012). Specifically:

- An improved work environment favorably influenced patients’ reporting that:
  - Nurses always treated them with respect
  - Nurses always listened carefully to them
  - Nurses always explained things in a clear manner
- Patients in hospitals with better work environments were more likely to rate their hospital highly and to recommend their hospital.
- Patients in hospitals with higher ratios of patients to nurses were less likely to rate their hospital and to recommend their hospital.
- Patients were also less likely to rate their hospital highly, recommend their hospital, and respond favorably about nurses in hospitals in which increased percentages of nurses reported only fair or poor quality care and poor or failing safety practices.
- Patients were less satisfied with hospitals that had higher percentages of burned out or dissatisfied nurses or nurses who lacked confidence in management.

**Supporting Intentional Rounding**

Findings of many studies (Blakely, et al, 2011; Meade, et al, 2006; Mercer & Fagan, 2010; Saleh, et al, 2010) suggest that systematic nursing rounds contribute to:

- Significant reduction in patients’ use of call bell
- Significant reduction of fall incidence
- Significant reduction in pressure ulcers
- Significant increase in patient satisfaction

Although staff may resist introducing one more requirement in the shift routine, gains in staff satisfaction and rapport among staff have occurred after initiating hourly rounding (Blakely, et al, 2011).

Support and expectations of unit leadership are key elements in effective outcomes of hourly rounding (Blakely, et al, 2011).
**Intentional Rounding with the 4 Ps**

Nurses on the medical-surgical unit at West Valley Medical Center in Caldwell, ID initiated a program of rounding every two hours as part of a broader organizational initiative. The initiative focused on three key areas:

1. Nurse communication
2. Pain management
3. Cleanliness of the room and bathroom

They used the 4 Ps (Pain, Position, Potty, and Placement) as a guideline for interacting with patients during rounds. Nurses paired with Nursing Assistants during rounding to facilitate addressing needs they identified, such as repositioning or ambulating to the bathroom.

**Outcome of Intentional Rounding Protocol**

Researchers found an increase in both patient and staff satisfaction after implementing the intentional rounding program. Staff perceived that patients were using their call lights less frequently and for more serious needs. Patients consistently reported that a member of the patient care team responded to call lights almost immediately. Patient complaints citing staff rudeness also decreased 43% between the third and fourth quarters 2008 as the 4 Ps rounding program was introduced.

4 Ps rounding program became part of the nurse communication action strategies and a continued focus for the medical-surgical unit of West Valley Medical Center.  
(Blakely, et al, 2011)
**Focusing on Symptom Management**

The HCAHPS survey elicits patients’ perceptions about pain management specifically. Certainly you expect your staff to assess and manage patients’ pain.

Nurses can also address patients’ perceptions of pain management by explaining very specifically when pain is anticipated, how long it may last during a procedure, how long it takes for a medication to become effective, and by encouraging patients to proactively manage pain when indicated. Patients may have misconceptions about the use of narcotics and therefore refuse medication. Nurses can encourage patients to accept medication and to use applicable nonpharmacological means to relieve pain.

**Managing Adverse Symptoms**

Although pain is the only specific symptom about which the HCAHPS survey collects data, managing all adverse symptoms optimally enhances patient satisfaction and the patient’s perception of staff responsiveness.

Many conditions, treatments, and recovery processes produce unpleasant symptoms such as constipation and nausea. Patients may experience dyspnea, anxiety, and other distressing symptoms.

**Ensuring Access to Information**

Assure that your policies and practices direct state-of-the-art evidence-based symptom management and that staff members are well-informed of measures to relieve adverse symptoms and promote comfort. Access palliative care resources to enhance staff knowledge and practice.
Assure that nurses have access to information and protocols that address symptoms most commonly experienced by your patient population.

Enhancing Perceptions

Use a systematic process to monitor cleanliness. Routinely make cleanliness rounds. Make scheduled rounds with the housekeeping manager to assure that you have a mutual assessment of cleanliness.

Collaborate with unit housekeepers and their manager to address any deficiencies, particularly when patterns become obvious. Assure that you, the housekeepers, and their manager have a mutual understanding of standards and procedures.

Collaborate with the housekeeping manager if current standards and processes are failing to result in desired outcomes.

Ask patients direct questions about the cleanliness of their room, bathroom, hallways, lounges, and other areas they use.

Make a point of periodically asking patients in the morning about quietness during the past night. Ask specific questions to identify sources of disturbance.

Set specific goals for cleanliness and quietness. You might define goals as number of complaints elicited by questioning patients in a given time period. Or, perhaps relate goals to particular locations, or hours during the night.

Set goals that address problems you have identified.
Conclusion

*The Nurse Manager's Role in Enhancing Patient Satisfaction* has provided you with knowledge, skills, and attitudes that facilitate a satisfying experience for their patients.

By studying this course, you have learned:

- The purpose and nature of The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey and the use of the data it collects.
- Eight key topics of the HCAHPS survey.
- How the Nurse Manager can assess the environment for opportunities to improve patient satisfaction.
- Examples of tools used to facilitate staff involvement in enhancing patient satisfaction, such as AIDET® (Acknowledge, Introduce, Duration, Explain, and Thank); the 4 Ps of intentional rounding (Pain, Potty, Positioning, and Possessions); Ask Me 3™, and Teach Back.
- Initiatives that the Nurse Manager can take to enhance patient satisfaction, such as:
  - Facilitating communication among all team members, including patient and family
  - Fostering a healthy work environment
  - Supporting intentional rounding
  - Focusing on symptom management
  - Enhancing the perception of a clean and quiet environment
References


Breza, L., Ladu, P., & Singer, E. (February 2012). Staff Driven Improvement. _ED Management._


References


References


Resources

National Patient Safety Foundation
http://www.npsf.org/

Simple Ideas for Patients and Carers
http://www.kissingitbetter.co.uk/

The Teach Back Method
http://www.ahrq.gov/qual/pharmlit/pharmtrain2.htm