

Fall 12-12-2014

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Improving Interdisciplinary Communication to Improve Patient Satisfaction

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Abstract

The Clinical Nurse Leader project took place at a Magnet Hospital in Northern California. It involved the nursing staff on a 23-bed Post-Surgical Medical Surgical unit, as well as the therapists providing care to their diverse patient population. The goal was to improve interdisciplinary communication to decrease the frequency of missed or postponed therapy sessions. A review of literature revealed that this preventable issue could be the most significant factor resulting in an extended length of stay and affecting overall patient satisfaction. Project data was gathered from a variety of sources, including a unit assessment, shadowing therapists, interviews with key stakeholders, and through surveys. Interventions included the creation of a 2-page communication tool and utilizing the patient's whiteboards to better prepare them for therapy and improve patient-centered care. The pre-intervention results found that 83% of patients were dissatisfied with way the initiation of therapy is currently communicated to them. In addition, 70% of nurses reported that an intervention to improve the scheduling of therapy sessions was necessary, as 52% of nurses reported that they need more advanced notice (30 minutes or more) to adequately prepare patients for therapy. The majority of both pre and post-implementation data suggest that an intervention that would help foster teamwork and collaboration was necessary. Post- implementation results revealed 86% of nurses reported that this intervention significantly improved communication, assisted in prioritization, allowed for better time management, and increased patient participation. It is projected that patient satisfaction scores will significantly increase in 6 months.

The Problem

The Clinical Nurse Leader project took place at a Hospital in Northern California. It involved the nursing staff on a 23-bed Post-Surgical Medical Surgical unit, as well as the physical therapists and occupational therapists providing care to their diverse patient population. An issue that was identified at this organization was that some patients that were scheduled to receive therapy were not receiving it. The goal of the project was to identify causative factors contributing to the frequency of missed or postponed therapy sessions. These factors could ultimately lead to negative physical complications for patients and potential financial ramifications for the hospital. Although the benefits of patients receiving therapy during hospitalization have been shown, the frequency of and the reasons for missing therapy sessions are not commonly studied. As there are many causative factors contributing to missed or postponed therapy sessions, the project focused solely on improving the communication between nurses, therapists, and patients to increase patient satisfaction. Based on the informal observations made while shadowing several therapists on different units throughout the hospital, it was determined that the most common reasons for patients missing physical or occupational therapy were related to factors that could be easily prevented with better communication among providers. These factors include lack of patient readiness for therapy, pain issues, conflicting therapy orders, and the patient preoccupied with another discipline, testing, or procedure.

Nurses and therapists play a major role in improving patient outcomes, but their ability to do so depends entirely on patient participation, especially in therapy sessions. In most cases, failure to appropriately prepare patients for therapy by the nurse results in the therapist needing to postpone possibly the only opportunity to provide therapy on that given day. Although the therapists on the Post-Surgical unit are not obligated to create or follow a schedule for patients

requiring therapy, patients reported being dissatisfied with the way the initiation of therapy was being communicated towards them. In addition, 52% of nurses reported that they require more advanced notice (30 minutes or more) prior to the initiation of therapy to adequately prepare patients. These results suggest that nurses, therapists, and patients would all benefit from the creation of a communication tool, which helped guide this CNL project.

Literature Review

Physical therapy and occupational therapy provide many significant benefits to patients, especially for patients in acute care settings. In addition to shorter hospital length of stay, early return to baseline functioning, an increase in physical activity and improved quality of life are also additional benefits associated with early mobility and rehabilitation (Kocan & Lietz, 2013). While the majority of therapeutic treatments are delivered by physical therapists and occupational therapists, registered nurses also plays a vital role in reinforcing education and the necessary interventions to improve patient outcomes (Kocan & Lietz, 2013). However, in order for interdisciplinary team members to effectively improve patient outcomes, they must come together to mutually identify, set, and work together towards a common goal with their patients, from the time of admission to discharge. Furthermore, the ability for interdisciplinary team members to effectively communicate and collaborate to provide patient-centered care can also improve patient satisfaction and reduce overall healthcare cost (White et al., 2013).

According to the Quality and Safety Education for Nurses (QSEN), patient-centered care is one of the most important competencies necessary to improving the quality and safety of healthcare systems. It is also recognized as one of the most important dimensions aimed at addressing patient's needs, preferences, and values in all clinical decision-making (White et al., 2013). Although patient-centered care is recognized as one of the most essential basic rights that

all patients receiving healthcare services are entitled to; healthcare providers are often criticized for providing services for the convenience of other providers' needs, rather than addressing the needs of patients. Researchers note that the ability for interdisciplinary team members to provide patient- centered care has many significant benefits for both the patient and for the organization providing patient care. In addition to increased patient satisfaction rates, patient- centered care is linked to increased patient participation, improved adherence to treatment, improved clinical outcomes, reduced hospital stay, and higher overall staff satisfaction (Gill et al., 2013).

Getting patients to participate and adhere to therapy interventions is a challenge that many nurses and therapists continue to face, especially in an inpatient setting. One of the reasons contributing to this challenge can be attributed to the attitudes and expectations of patients that are hospitalized. A qualitative study that examined the attitudes, beliefs, and expectations amongst older adults regarding exercise while hospitalized found that the meaning of exercise and the importance of rehabilitation varied for each individual. Seventy-one percent of participants in the study reported that exercise during hospitalization meant walking; for others it meant other challenging interventions, such as climbing stairs or specific activities prescribed by their physician (So & Pierluissi, 2012). One could argue that the results of this study could apply to patients of all ages and backgrounds, unless they have had prior experience with a physical therapist or occupational therapist during a past inpatient admission. Additionally, the results from this study found that a number of motivating factors and barriers also contribute to patient participation. Avoiding pain, prolonged bed rest, and physical decline during hospitalization were some of the most important beliefs and motivating factors that patients reported. Improved well-being and faster recovery were also common beliefs motivating patients to participate in exercising during hospitalization.

Some of the most important barriers preventing patients from exercising while in the hospital, however, included physical symptoms, such as pain, weakness, fatigue, shortness of breath, and dizziness. Institutional barriers, such as lack of support and encouragement from nurses and doctors, intravenous patient equipment and devices, and lack of appropriate equipment, such as a cane or walker also played a major role in preventing patient participation (So & Pierluissi, 2012). These findings highlight the importance of interdisciplinary communication, as well as the importance of continuous encouragement from nurses and therapists in promoting exercise and adherence to rehabilitation during hospitalization.

Missed or postponed therapy sessions are important issues for the therapist, nurse, patient, and to the hospital providing treatment. As previously mentioned, there are many factors complicating and contributing to missed therapy sessions and reasons that cause decreased patient participation and adherence. A study examining these issues found that 98% of the 1,032 participants in the study missed at least 1 session partially, while 99% of participants missed partial sessions, entire sessions, or both over their rehabilitation stay. These authors found that the most common reasons contributing to these missed therapy sessions included patient refusal, change in patient status, medical reasons (such as pain or the development of a pressure sore), patient not being available (due to being off the floor for a procedure or testing or not being prepared for therapy), and because the therapist or equipment was not ready or available (Hammond et al., 2013). As the nature and foreseeability of complicating factors contributing to missed therapy sessions during inpatient services can pose a serious threat to patient participation, it is important that interdisciplinary team members take these factors into consideration and plan accordingly to maximize time and resources. In efforts to decrease length

of stay and increase adherence to the rehabilitation processes, the implementation suggested would help to prioritize patients and improve patient incomes (Dijkers & Zanca, 2013).

Cost Analysis

Missed therapy sessions that result from poor communication is an issue that has significant organizational cost implications. An unnecessary extended length of stay can cause financial burden for both the patient and hospital. As there is extensive evidence that supports this issue contributes to financial ramifications, the Finance and Billing department at this organization also confirmed that the average cost of a bed on the Post-Surgical unit is \$7,500 per day. This figure does not include the cost of additional nursing care or medications.

The development of a pressure ulcer is also another significant financial ramification that can result from a delay in therapy. Pressure ulcer prevention requires effective communication and an interdisciplinary approach to care. According to the Agency for Healthcare Research and Quality, pressure ulcers cost between \$9.1 billion to \$11.6 billion per year in the United States. For patients, the cost of individual care ranges from \$20,900 to \$151,700 per pressure ulcer. Each year, more than 17,000 lawsuits are related to hospital- acquired pressure ulcers, as it is the second most common claim after wrongful death and greater than falls or emotional distress. (Agency for Healthcare Research and Quality, 2011).

Although the Press Ganey Scores do not reflect this current issue, as the communication between patient and therapist is not clearly examined, poor communication is also an issue that has significant patient and staff implications. Improving communication between interdisciplinary team members, will not only help to decrease the frequency of missed or postponed therapy sessions, it can also play a major role in improving adherence to therapy and patient- centered care. In addition to increased patient and staff satisfaction, effective

collaboration and communication are vital components to successful teamwork that results in positive patient outcomes (Brooks, Rhodes, and Tefft, 2014).

Cost- Benefit Analysis

While the implementation of the project will not yield any financial profits, it will be beneficial in decreasing the frequency of missed or postponed therapy sessions, thus decreasing extended hospital stays and costs associated with hospital-acquired pressure ulcers. As previously mention, it will also significantly benefit this organization by improving patient and staff satisfaction rates. Since each patient room is already equipped with their own personal whiteboard, the cost only cost associated with implementing this project was the printing of the communication tool.

Hospital Demographics

The Magnet Hospital where the project was piloted is a community- based nonprofit organization that provides a range of health services. According to their mission statement, providing healthcare services that promote patient safety and the prevention of injury is just one ways that this hospital stands behind their commitment to patient safety. The Post-Surgical unit on which this intervention was implemented is a great representation of this hospital's values and beliefs and has been commended for their ability to provide excellent patient-centered care.

The Post-Surgical unit at this Magnet Hospital consists of 23 beds for patients that return from the post- anesthesia care unit after surgery. After surgery, these patients are usually put on bed rest, putting them at the highest risk for potential negative outcomes, such as an increase in functional decline and in the development of a hospital acquired injuries, such as pneumonia or a pressure ulcer.

In addition to 1 Clinical Nurse Leader on this unit, it also has 25 FTE Registered Nurses, 7 FTE Unlicensed Assistant Personnel (UAPs) , 1 FTE Unit Secretary, 20 FTE Therapists, and 5 FTE Therapy Assistants within the department. In addition, there are 3 FTE Unit Supervisors and a Charge Nurse on the floor at all times. Other members of the health care team include a Respiratory Therapist (RT) and physicians that make their daily rounds. Due to patient acuity, the unit culture is very cohesive and teamwork and collaboration is demonstrated in a positive and professional manner. However, like most units that experience the stress of unexpected demands, time constraints, insufficient staffing— lack of communication and teamwork can pose serious threats to positive patient outcomes. For these reasons, this unit represents the most appropriate setting to perform this project intervention.

Root Cause Analysis

To investigate the issue of why some patients are missing therapy sessions, a Root Cause Analysis was conducted using data that was gathered from a variety of sources, including a unit assessment, shadowing therapists, interviews with key stakeholders, and through staff and patient surveys. After assessing the current state of the delivery of therapy within the therapy microsystem, it was determined that there are four main categories contributing to the cause and effect of missed or postponed therapy sessions: Communication issues, Process issues, Staff Issues, and Equipment issues (Appendix A). By conducting staff and patient interviews and surveys (Appendices B, D, F), it was also determined that there is a need for a standard communication tool (Appendices H, I) that would help therapists maximize their time, gear patients towards therapy, and assist nurses in taking advantage of the resources available. In addition, the tool would serve as an additional resource to help nurses prepare their patients and

prioritize their day. It would also help in assisting the Unlicensed Assistant Personnel (UAPs) with their daily tasks as well.

As previously mentioned, therapists on the Post-Surgical unit are not obligated to create or follow a schedule for patients requiring therapy. In fact, the Rehabilitation unit is the only unit within this hospital that currently creates and follows a schedule for all of their patients. During the informal observations made during the shadowing of therapists while on this particular unit, it was determined that modeling a unit that has been more successful in regards to addressing factors that prevent patient participation would assist in making this implementation successful. However, given that the patients on the Post-Surgical unit have more complexities than the participants that are heavily screened and interviewed prior to the initiation of therapy on the Rehabilitation unit; necessary changes would have to be addressed first.

Pre-Intervention Survey Results

Baseline data was first gathered from physical therapists and occupational therapists through a Pre-Intervention Survey (n= 20) conducted during a therapy staff meeting. Respondents represented therapists that provide therapy on all units in the hospital, including the Post-Surgical unit and Rehabilitation unit (Appendix B). Survey results revealed that the most common reasons for postponed or missed therapy sessions are: conflicting orders that require clarification, change in patient status, patient in pain or not pre-medicated, patient off the floor for testing or procedure, fatigue, and patient refusals. Results also revealed that due to these factors, 36% of therapists reported that they have not been able to see at least 1 patient (per day), 32% of therapists reported not being able to see at least 2 patients (per day), and 20% of therapists reported not being able to see at least 3 patients (per day) that were scheduled to

receive therapy (Appendix C). Interestingly, the majority of how therapists schedule or reschedule therapy sessions, and the way how it is communicated to the nurse and patient varied greatly.

Baseline data from patients (n=18) currently receiving therapy was then gathered through interviews and Pre- Intervention patient surveys (Appendix D). Survey results revealed that 100% of patients have had a positive experience with the therapists that have provided therapy during hospitalized. However, 72% of patients reported that they were dissatisfied with the way the initiation of therapy is communicated to them. Eighty-eight percent of patients also reported that they are not notified if the therapist won't be coming. In addition, 30% of patients reported that they needed to postpone therapy on at least one occasion; the most common reasons being due to pain and lack of preparation (Appendix E).

Lastly, baseline data was gathered from through interviews and pre-intervention nurse surveys. (Appendix F). Survey results (n=18) revealed that 70% of nurses reported that an intervention to improve the scheduling of therapy sessions was necessary, as 52% of nurses reported that they need more advanced notice (30 minutes or more) to adequately prepare patients for therapy (Appendix G). Surprisingly, the nurses' perception of their role in communicating about physical therapy or occupational therapy sessions with patients varied greatly, but the majority of respondents believed that they shared the responsibility of educating and gearing patients towards therapy. The methods in which missed or postponed therapy sessions is communicated to the nurse by therapists also varied significantly. Only 30% of nurses reported that the therapists call them or speak to them directly, while 40% of respondents reported that this is a behavior that is not consistently practiced.

Intervention

The Root Cause Analysis and Evidence- Based literature helped generate the interventions guiding this CNL project. After thoroughly assessing the current state of the delivery of therapy within the Therapy microsystem, interviewing staff and patients, and assessing a unit that has been successful, it was determined that modeling the Rehabilitation units' current practices and behaviors would be most beneficial in decreasing the frequency of missed or postponed therapy sessions on the Post-Surgical unit. While taking into consideration the information gathered from project data, the needs of nurses, therapists, and patients were addressed, and the creation of a 2- page communication tool was created (Appendix H, I).

The first page of the communication tool is a blank patient list that is to be completed by the lead therapist on the unit. It consists of the names of patients scheduled to receive therapy, the name of the therapist(s) or therapist assistant(s) providing therapy that day, and their extension numbers (Appendix H). The objective of having the first page of this communication tool was to serve as a resource that would inform the Charge Nurse, nurses, and UAPs which patients were or were not going to be seen before beginning their shift.

The second page of the communication tool is a Priority Patient List for Therapists that is to be completed by the AM Charge Nurse once he or she receives report from the PM Charge Nurse (Appendix I). The objective of having the second page of this communication tool was to assist the therapist(s) in maximizing their time when determining which patients they should or not see that day, as well as who would be best to see first. The goal of having this communication tool is to promote interdisciplinary communication and improve patient-centered care. By having this communication tool generate between providers, it can act as a valuable

resource in addressing the most common concerns of nurses, therapists, and patients based on the information provided by the Charge Nurse and Lead Therapist.

In addition, this list also includes the three time options provided by the therapist to assist the Charge Nurse in prioritization. After having the chance to review the information provided on the list and the designated times, the patients is informed and their whiteboard is then updated by the Unit Secretary to inform them of when the therapist will be coming to initiate therapy. In addition to providing an opportunity for education, the goal of updating the patient's whiteboards is to better prepare patients to adhere to therapy and involve them in their own plan of care.

Due to an abnormally high census, busy schedules, and other unforeseeable distractions, the success of implementing this intervention and providing appropriate education related to its content to the Charge Nurses and nurses required flexibility and multiple modes of delivery. The most successful methods used included face-to-face conversations and distributions of handouts that included examples for them to follow.

Post-Intervention Survey Results

After the implementation of this project, a second survey and post-implementation interviews were tools used to determine the efficacy of the interventions. A second survey was administered to 15 staff members and post-implementation interviews were conducted with the therapist, Charge Nurses, and Unit Supervisors involved. Survey participants included floor nurses, Charge Nurses, and Unit Supervisors on the Post-Surgical unit. The post survey results revealed that the majority of staff nurses were able to identify significant benefits on having the proposed communication tool.

One of the main goals of the intervention was to improve communication between therapists and nurses, in order to provide better communication to patients. Eighty-six of nurses reported that having if or when their patient's therapist is coming to initiate therapy displayed on their patient's whiteboards would be beneficial, as it allows them to better educate and adequately prepare their patients before the initiation of therapy. These results indicate that this intervention was successful at meeting the needs addressed in the pre-intervention survey. As previously mentioned, 52% of nurses previously reported that they required more advanced notice to prepare patients for therapy. In addition, 80% of respondents reported that utilizing the patient's whiteboards would significantly improve communication, assist in prioritizing their day, and allow for better time management. Only 20% of respondents felt that there would be no change.

Post-implementation interviews with the therapist, Charge Nurse, and Unit Supervisors involved revealed that the creation of the communication tool was a mutual benefit. For the therapist, this tool helped to enhance communication and anticipatory guidance with tasks such as patient discharge, off-floor procedures, and appropriate equipment necessary. For the nursing staff, having this tool allowed them to assess the appropriateness of therapy orders, while also informing them on which patients were or were not going to be seen that day. By having this list ahead of time, it also helped them to prioritize their day and resources available.

Sustainability and the Role of the CNL

As experienced during the implementation phase, there are a number of barriers and challenges that can prevent this project from continuing on the Post-Surgical unit. In order for the interventions of this project to sustain, it will require continued education, teamwork, and

cooperation. Teamwork and cooperation between the therapist, Charge nurse, and nurses providing care to patients requiring therapy is essential, and can be difficult to accomplish throughout the implementation of this project. This can be accomplished with continued daily huddles between the lead therapist and Charge nurse.

One of the greatest barriers, however, is getting someone to commit to creating the first page of the communication tool. During the implementation phase, the therapist and I assumed this responsibility after the therapy scheduler refused. Overcoming this issue will be the greatest challenge, as the therapist does not begin their shift until 8:30 a.m. As determined during the implementation phase, the list is most productive when completed by 7:30 a.m. This gives the Charge Nurses the opportunity to exchange reports, prioritize the list, and update patients before the initiation of therapy. This would be a great task for a CNL, as they could continue to evaluate the outcome.

In efforts to decrease the frequency of missed therapy sessions, continuing to prepare patients and keeping them informed about changes will be an ongoing task. By utilizing their whiteboards it will help to increase adherence to therapy and overall patient satisfaction. Updating the whiteboards will require the cooperation of the Unit Secretary as well, as they are responsible for updating all patients' whiteboards. As outlined in this project, everyone plays a major role in improving patient outcomes. As previously mentioned, these findings highlight the importance of interdisciplinary communication, as well as the importance of continuous encouragement from nurses and therapists in promoting exercise and adherence to rehabilitation during hospitalization.

Acknowledgements

A debt of gratitude is owed to all who supported the creation and implementation of this project:

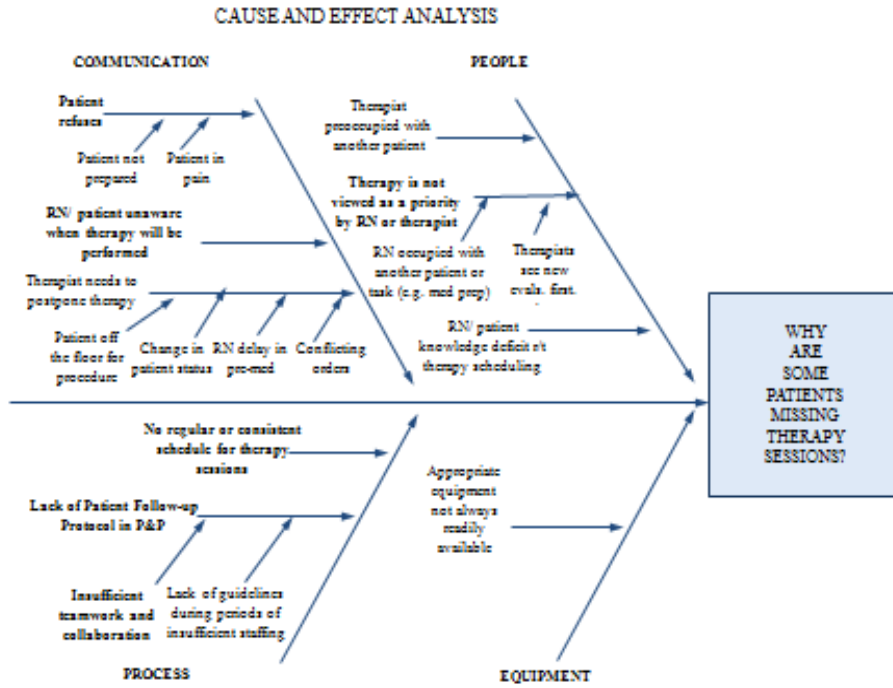
Dr. Mary Seed, Priscilla Angeles, Nazreen Celestial, Laura Dere, Molly Tappe, Roxanne Holm, Zohaib, Rowena, Mariah, Judy Dechter, Freya Gayles, Garrett Norris, Melissa Carvalho, Ernesto De La Torre, Jayson Merrill, and Robert Walters.

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Appendix A



Appendix B

Do You Provide Physical Therapy or Occupational Therapy?
Therapist Survey

Instructions: The purpose of this survey is to gather information for my CNL evidence-based change project. This project will focus on improving the communication between nurses, physical therapists, occupational therapist, and patients to decrease the frequency of missed scheduled sessions or postponements. Your anonymous feedback is greatly appreciated and will be used to further investigate this topic. Thank you for your participation.

1. What are the most common reasons for postponed or missed therapy sessions?

2. How do you schedule therapy sessions for patients on 5W daily?

3. If there is a change in patient status, how are you notified?

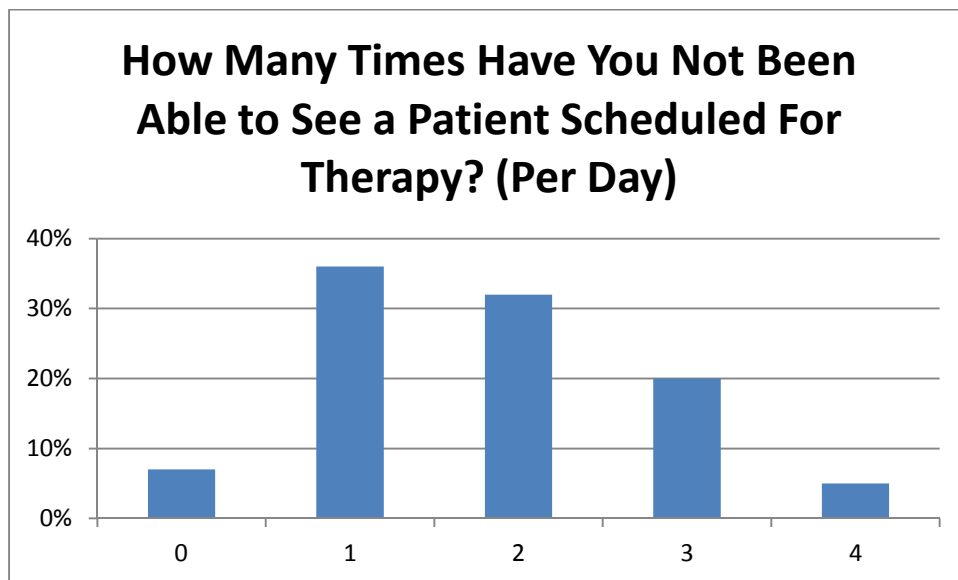
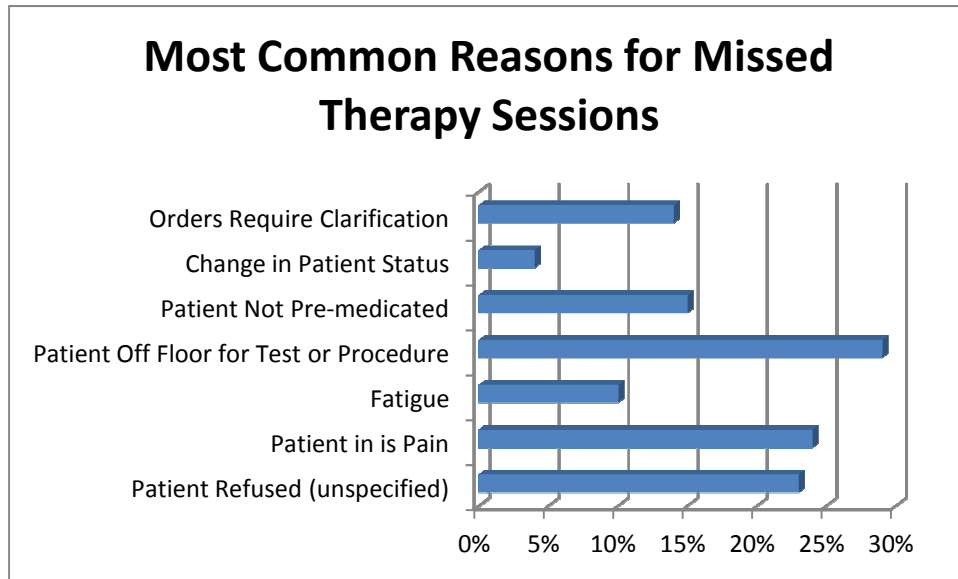
4. How many times have you not been able to see a patient scheduled for therapy? Please answer one.

_____ Per day _____ Per week

5. If you have to reschedule a missed therapy session for a patient, how is that done?

6. How would you improve the scheduling of therapy sessions?

Most Significant Results from Therapist Surveys



Appendix D*Are You Receiving Physical Therapy or Occupational Therapy?***Patient Survey**

Instructions: The purpose of this survey is to gather information for my CNL evidence-based change project. This project will focus on improving the communication between nurses, physical therapists, occupational therapist, and patients to decrease the frequency of missed scheduled sessions or postponements. Your anonymous feedback is greatly appreciated and will be used to further investigate this topic. Thank you for your participation.

1. How has your experience with the physical therapy or occupational therapy services you received while in the hospital been for you?
2. When do you learn that the physical therapist or occupational therapist will be coming to initiate therapy?
3. How are you notified that the physical therapist or occupational therapist won't be coming?
4. How happy are you with the way changes to your scheduled physical therapy or occupational therapy sessions were communicated to you?

1	2	3	4	5
Least				Most

5. Was there a time when a physical therapist or occupational therapist came to initiate therapy and it needed to be postponed? Please circle an answer.

Yes

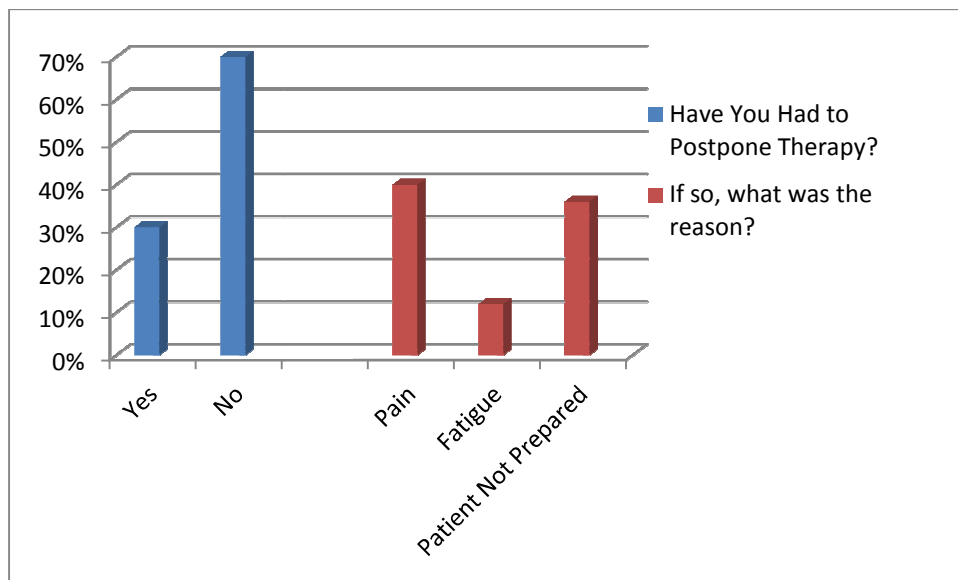
No

If so, what was the reason?

Appendix E

Most Significant Results from Patient Surveys

Q: Was there a time when a physical therapist or occupational therapist came to initiate therapy and it needed to be postponed?



Appendix F*Do You Have Patients That Receive Physical Therapy or Occupational Therapy?***RN Survey**

Instructions: The purpose of this survey is to gather information for my CNL evidence-based change project. This project will focus on improving the communication between nurses, physical therapists, occupational therapist, and patients to decrease the frequency of missed scheduled sessions or postponements. Your anonymous feedback is greatly appreciated and will be used to further investigate this topic. Thank you for your participation.

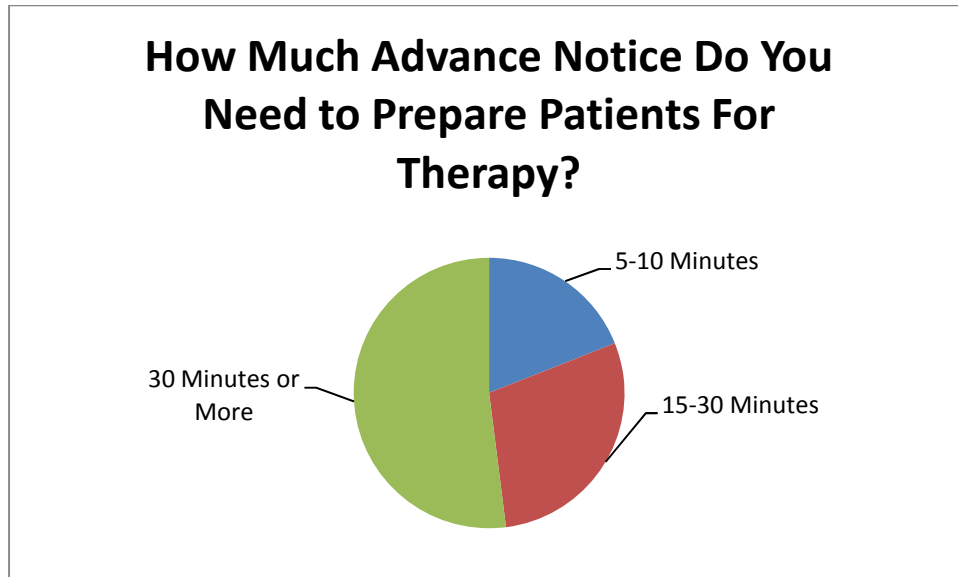
1. What is your role in communicating about physical therapy or occupational therapy sessions with the patient?
2. How is missed therapy sessions or postponed therapy sessions communicated between you and the physical therapist or occupational therapist?
3. How much advance notice do you need to prepare patients for therapy? Please circle an answer.

None 5-10 minutes 15-30 minutes 30 minutes or more

4. How would you improve the scheduling of therapy sessions on 5W?

Appendix G

Most Significant Results from RN Surveys



Appendix I



Priority Patient List for Therapist

0900-1230

Patient	Notes for Therapist
578	<i>Scheduled for D/C at 1030, please see before</i>

1345-1530

Patient	Notes
580	<i>Scheduled for x-ray at 0930, please see after lunch</i>

Therapy Not Appropriate

Patient	Notes
595	<i>Change in status, please see chart</i>

Appendix J

Do You Have Patients That Receive Physical Therapy or Occupational Therapy?

RN Survey

Instructions: The purpose of this survey is to gather information for my CNL evidence-based change project. This project will focus on improving the communication between nurses, physical therapists, occupational therapist, and patients to decrease the frequency of missed scheduled sessions or postponements. Your anonymous feedback is greatly appreciated and will be used to further investigate this topic. Thank you for your participation.

1. Does having when the therapist is coming to initiate therapy (or not coming) displayed on your patient's whiteboards allow you more time to better prepare your patient for therapy?

YES

NO

2. What would be some additional benefits of having this displayed on the patient's whiteboard for either you or the patient?

3. Would utilizing the patient's whiteboard help to improve communication and decrease the frequency of postponed therapy sessions? Please circle.

YES

NO

NO CHANGE

Post-implementation Results

