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Implementing Best Practices to Improve Nurse-Patient Communication and the ED Experience in a Small Suburban Hospital in the Northwestern U.S.: A Pilot Project

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in a Small Suburban Hospital in the Northwestern U.S.: A Pilot Project

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Implementing Best Practices to Improve Nurse-Patient Communication and the ED Experience in a Small Suburban Hospital in the Northwestern U.S.: A Pilot Project

As one measure of quality of care and patient satisfaction, healthcare systems now routinely evaluate the patient experience. Nurses at every level of care, especially those in the hospital, can directly impact the outcome of that experience (American Association of Colleges of Nursing [AACN], 2011; Natsui et al., 2018). Communication with the health care team during patient visits enhances overall patient satisfaction, and research has established a clear correlation between the patient experience and improved patient outcomes and quality of care (Hermann et al., 2019, Sonis et al., 2017; Tan et al., 2013). Quality care, a high standard, reflects the need for and expectation of care with the care experience (Attree, 2001).

As hospitals contend with limited resources due to increased demand, the patient's experience has suffered, caused in part by healthcare organizations and their staff (Baldursdottir & Jonsdottir, 2002). Contributing to this problem are increased hospital admissions, extended patient wait times in the emergency department (ED) due to a lack of hospital beds, and premature discharges that require more ER visits due to medical complications. These factors lead to increased workloads and short-staffed units, all of which increase pressure on ED nurses.

The patient experience literally begins when patients enter the hospital and first interact with staff. Further, keeping patients informed throughout their stay has a significant influence on how they feel about their care. Although the ED can be a challenging and chaotic environment, it's important to provide patients with a positive experience; doing so has many benefits for patients and ED staff alike, such as increased patient compliance, better health outcomes, improved workplace satisfaction, and decreased nurse burnout (Sonis & White, 2020). Effective

communication is critically important and can mitigate the impact of long wait times and an overcrowded ED.

Problem Description

Declining patient satisfaction scores speak to the poor patient experiences in the ED. The American Consumer Satisfaction Index (ACSI) revealed declining scores associated with ED care over the last few years. A national score of 73 in 2018 went down to 66 in 2021 on a scale from 0-100. One key factor associated with patient experience and satisfaction, particularly in the ED environment, is communication between ED staff and patients. Inadequate communication is a significant concern and if not addressed, will result in ineffective patient education, increased falls, and negative patient perceptions of the care environment (*Gold-standard Benchmarks for Quality Care*, 2022).

Poor communication has implications for nurse leaders too because they expend significant time addressing patient grievances that have resulted from a lack of communication during their hospital stay. Spending time addressing such grievances, which could have been avoided by staff communication, takes leaders away from their other vital responsibilities.

Because of the pressing demands of COVID-19 care, department councils have been temporarily suspended, making it difficult for department staff to address quality of care issues like patient satisfaction and communication. Staff supported changes cannot be effectively implemented without council support. To improve the quality of patient care in a department, nursing personnel must be engaged and included in a nursing-led council to discuss and bring concerns forward, in an organized manner (Kanninen et al., 2021).

Background of the Problem

Prompted by the Centers for Medicare & Medicaid Services (CMS), the patient experience has become a topic of high priority for health care leaders nationwide. Under the aegis of the CMS, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey was approved for nationwide implementation in 2005. It collects and reports on patient satisfaction, and based on satisfaction scores, provides reimbursement to organizations that meet or exceed benchmarks in this area (Sonis & White, 2020). Although ED's are not reporting their survey results to the CMS, and reimbursement is not directly related to these surveys, there is speculation that this will be required shortly. ED's embracing value-based purchasing in the future and identification of patient satisfaction as a critical marker of value, has organizations identifying areas for improvement (American College of Emergency Physicians, 2011).

Improving patient experiences with enhanced communication using a patient-centered versus task-centered approach has attracted leadership attention and accelerated a commitment for change (McCabe, 2004). Although the pressures for change are many, none are more compelling than the reports of ED patients feeling powerless and unsupported by staff as they wait in the department without communication for extended periods of time (McFarlan et al., 2019).

Communication in the healthcare environment contributes to positive patient outcomes leading to patients becoming more compliant with follow-up, better understanding their condition, and becoming more compliant with the treatment plan; including the use of pain medications (Hermann et al., 2018). A barrier to these outcomes include nurses that do not communicate well with their patients and provide only functional and administrative activities (Sonis & White, 2020). Educating the nurses about the positive outcomes of communication with patients may mitigate the perception of lack of awareness by nursing staff that they know what patients want without asking them. This practice clearly can affect the standard of care rendered.

The literature has revealed other barriers that inhibit nurses from providing care in the ED: (a) being overwhelmed by working in the ED setting; (b) being perceived by patients as lacking cohesiveness with younger nurses who particularly appear to lack teamwork skills and compassion: and (c) being frustrated by the environment and the lack of respect from patients seeking pain medication (Bergman, 2012). Patients rating 'good' versus 'not so good' quality of care characterize 'good' as nurses involving patients and caring for them. 'Not so good' describes nurses being distant and delivering care in an impersonal manner (Attree, 2001). For patients to view their interaction with nurses positively, the latter must convey courtesy and respect (Hermann et al., 2019).

Local Problem

In the Mountain West region of the United States, patient satisfaction scores in acute care hospitals have fallen below national standards. Based on patient surveys in the EDs (Press Ganey, 2021), the key driver focused on courtesy of staff, that is, recognizing patients as people and attending to their personal needs.

ED HCAHPS scores can track trends in the success or failure of interventions. Press Ganey, the nation's largest vendor of patient satisfaction surveys, email and text surveys to patients who have been discharged from ED 72 hours after discharge. The HCAHPS questions are rated on a 4-point Likert scale, which ranges from 1(*strongly disagree*) to 5 (*strongly agree*), or a yes/no response. Press Ganey returns patient feedback to health care organizations so that they can concentrate their efforts on improving patient satisfaction (Hermann et al., 2019). Questions sent out to patients can be customized per organization to ask specific questions based on goals.

The Press Ganey 'Likelihood to Recommend' score for the month of February is 61.18% with a fiscal year 2022 goal of 66.94%. Key drivers are courtesy of nurses and the patient feeling

informed of their care. The underlying theme is lack of or poor communication. Nurse to patient communication is the focus for fiscal year 2022.

EDs receive anyone who needs immediate care, even those who cannot pay for services. Many patients present to an ED with non-urgent needs either because they cannot arrange a timely appointment with their primary care provider, or they cannot afford one. When patients present to an ED for non-emergent reasons, nurses may feel overburdened and even resentful because they are trained to care for critically ill patients, and non-emergent patients do not allow them to use their expertise (Bergman, 2012). Because of this, patients may perceive a lack of communication and an uncaring environment.

With the increasing shortage of nurses, rising hospital admissions, longer stays in the ED, and patient complaints impeding nurse leaders from attending to other quality improvement measures, health care organizations are under increasing pressure to improve communication (Dunbar & Fletcher, 2020). There is a positive association between clinical effectiveness, patient experience, and patient safety (Pimentel et al., 2018). Strategies to improve communication can improve the patient experience and allow nurses to provide better care.

The local area was in "crisis standard of care" due to COVID-19 episodically during 2020-2022. Because many hospitals have been short staffed, the organization was limited to meet face-to-face due to local restrictions, Local department councils have not met since March 2020 when the first wave of COVID-19 was identified in the local area. This has limited the ability of the hospital ED to make quality improvement changes through local department councils as these councils assist in supporting staff on clinical practice issues and changes.

Research for improving patient experience scores shows several interventions that include: hourly rounding, teaching best practices in patient safety and communication, AIDET

(acknowledge, introduce, duration, explanation, thank you), EMPATHY (eye contact, muscles of facial expression, posture, affect, tone of voice, hearing the whole patient), sitting down in the room and using different tools such as whiteboards to keep the patient informed of what is going on during their visit (Sonis & White, 2020).

This organization has existing whiteboards in each room and is also implementing hourly rounding using the 4P's (position, potty, possessions, pain). This is an opportune time to introduce improving communication, whiteboard use and organizing a council to support long term, positive change in the patient experience.

Available Knowledge

A search strategy was developed to identify applicable studies related to patient satisfaction in the ED, specifically identifying interventions that improve the patient experience, address communication and enhance the care environment. A search of the CINAHL, EBSCOhost, Ovid MEDLINE, and PubMed databases were conducted for articles published between 2001 and the present, using the following keywords: "emergency department," "patient satisfaction," "patient satisfaction interventions," "patient experience," "ED," "factors that are affecting patient satisfaction," "whiteboard use," "communication in the ED," "shared governance," "committee charter," and "successful committees."

Studies related to the primary causes of decreased patient satisfaction in the ED were selected for further review. Titles and abstracts from 35 articles were identified, with 24 being relevant to the identified issues. Using the Johns Hopkins Evidence-Based Practice Evidence Level and Quality Guide, 24 studies were assigned a strength and quality level. The goal for the pilot project was to use the most robust research that addressed improved communication and the patient experience. The evidence levels ranged from Level 1 (randomized control trials, the

strongest study design) through Level V (non-research evidence, and expert opinion; Dang &

Dearholt, 2018). The articles were then assessed for quality ratings: "A" being high quality and

consistent; "B" being good quality, reasonable; and "C" being quality, low quality, or significant

flaws. Twenty-four articles were selected and provided evidence to guide the proposed pilot

project (see Appendix A). These articles are summarized in the section that follows.

Synthesis of the Evidence

A synthesis of the evidence revealed several interventions that demonstrated significant

improvement in patient-nurse communication, which positively influenced the patient

experience. The evidence synthesized focused on (a) committees to support change, (b) improving

nurse/patient communication, and (c) whiteboards as a communication tool.

To sustain change, long-term health care organizations should create a unit council that is

nurse driven and that empowers staff to speak freely (Brennan & Wendt, 2021). In their study of

nursing's leadership role in advancing professional practice/work environments, members can gain

insight, confidence, and leadership skills by serving on department committees (Collins, 2012). In

addition, committees had a significant effect on positive work environments, teamwork, and staff

participating in decision-making (Kanninen et al., 2021).   In their study, Sundean et al., (2022)

identified Nurses as effective governance boards members and wanting to be represented. Those

who serve on boards want to assist in meeting the key stakeholders' objectives. Cai et al. (2021)

conducted a study to identify the participation of nurses (511 from nine Midwest hospitals) in

shared governance and found that nurses were optimistic about their ability to affect change, which

is a "strong predictor of shared governance participation and unit meeting attendance" (Cai et al.,

2021, p. 2248). Based on data from a 2017 Magnet® satisfaction survey of nurses and feedback

from unit councils that were composed of nurses and administrators, participants recommended

having a standardized definition of a council, promoted an understanding of how to make decisions, and educated on how to communicate.

Committees require several elements to be successful which include "(1) a clear, written purpose; (2) an effective committee chair; (3) thoughtfully appointed members; (4) well-run meetings" (Collins, 2012). By following these elements there will be more stakeholders to support change, increase teamwork and support a positive work environment. An established team charter is important to set expectations for those volunteering. Having a plan and an agenda for committee meetings will help with organization and staying focused. By incorporating this framework to follow there is assurance for long term improvement. Brennan & Wendt (2021) show how incorporating the A3 action planning process framework, will assist in developing action plans for improving clinical processes that are sustainable. The A3 problem solving guide helps with problem solving and process improvement, originally used at Toyota, but has been used successfully in healthcare organizations with shared governance councils. This tool uses one sheet of paper to identify "who, what, when, where, and how" (Brennan & Wendt, 2021; *A3*, 2022) of a problem (see Appendix B). Based on the literature it is beneficial to consider working with the department council to assist in making decisions guided by the organization's goals. Having a council charter, agenda and using the A3 action planning process, will provide a framework for success and longevity of the council. With mentorship, a council is the support for the nurses to communicate. This forum is a safe place for nurses to bring ideas, improvements, and challenges that can be addressed by the council.

Communication is the primary focus of this pilot project. Improving communication with the patient is the key driver to improving the patients experience (McCabe, 2004). Communication skills do not always come naturally to people but can be learned. Communication

skills can be verbal, non-verbal, talking and listening. Ak et al., (2011) recommends role play as a communication skills training program, that increases empathy and communication, by showing nurses how to communicate and understand the patient's perspective. The results of this study showed an increase in patient satisfaction and a decrease in complaints. McCabe (2004), findings show that nurses can communicate well if they use the patient centered approach. Many organizations use the task-centered approach and by teaching nurses the importance of the patient centered approach, there can be a positive change in the patient's experience. The four main themes relating to nurse patient communication emerging from the data include: (a) communication; (b) attending; (c) empathy; (d) friendly nurses and humor (McCabe, 2004).

Sonis & White (2020) found that high yield interventions to improve communication included formalized discharges, improving the environment of care, sitting down at the bedside, and patient call backs after the visit. They point out that staff factors have a significant influence on the patients experience and teaching staff *Best Practices in Patient Safety and Communication,* specifically focusing on acknowledging visitors, introducing the care team, and providing realistic wait times provided high yield results in the patient's experience. Sonis et al., 2017 synthesized 55 articles on the patient experience with the most cited themes of staff empathy and compassion and staff to patient communication. Of the many significant drivers of the ED experience, perceived empathy and staff-patient communication are positive contributors (Sonis & White, 2020). Bergman (2012) emphasized improving communication skills because poor communication can increase and perpetuate a lack of trust and respect. Researchers who interviewed patients in a busy ED found that conveying respect and courtesy through clear, understandable language was helpful to patients (Hermann et al., 2018). The evidence shows that teaching nursing staff to communicate through role play demonstrations will improve staff empathy and patient communication.

Patients feel their needs were being met through nurses demonstrating accessibility and readiness to listen through non-verbal communication and using whiteboards (McCabe, 2003). Bedside nurses and hospital providers believed that the nurse's name was the most important information on the whiteboard from a survey conducted at the University of California, San Francisco to explore self-reported whiteboard practices and their impact on patient care, communication, and teamwork (Weigand, 2013). In the same study, a customer-service nursing bundle showed that whiteboards, a communication tool that identifies the healthcare team and provides information on pain scores and ambulatory status, helped patients and staff (Weigand, 2013).

Nurses believed that whiteboards help them communicate with the healthcare team. In a similar study at Stanford University Medical Center, researchers found that updating whiteboards in patient rooms improved the patient's experiences of their care (Tan et al., 2013). Specifically, whiteboards allowed patients to anticipate the next step in their care and enabled the healthcare team to work together better, which led to improved communication, teamwork, and patient satisfaction (Sehgal et al., 2010). Two studies have shown updating patients' whiteboards facilitated communication and significantly improved overall patient satisfaction (Sehgal et al., 2010; Tan et al., 2012). These patients were more aware of their plan of care, which correlated with improved communication.

In a randomized controlled trial, patients rated their nurse consistently higher when they knew their name or recognized them (Blank et al., 2014). In this same study, the researchers asked staff and patients to identify what made their nursing care extraordinary; the leading suggestions were increasing staff and improving communication. In her interviews with patients, McCabe (2004) found that nurses are known for not communicating well with patients; this barrier can be

overcome if nurses adopt the patient-centered approach. In a study of 127 ED staff, 81.4% of the participants felt that they would change their clinical practice behavior based on the information they learned (Cameron et al., 2010). Additionally, a hospital in China that sees 15,000 patients a day found that instituting daily nurse rounds increased patient satisfaction and level of care (Fan et al., 2020).

Several interventions have been reported in the literature to improve communication with patients: 1. AIDET®, a communication framework that stands for Acknowledge, Introduce, Duration, Explanation, and Thank You; 2. hourly rounding; 3. bedside shift reports; 4. whiteboard communication; 5. leader rounding; and 6. staff workshops. These have been designed to train staff and increase their understanding of the importance of communication and quality of care (Blank et al., 2014, Brosinski & Riddell, 2019; Brosinski & Riddell, 2019; Cameron et al., 2010; Sehgal et al., 2010).

According to Attree (2001), quality care is characterized as individualized, patient-focused, and founded on a caring relationship by staff who demonstrate commitment and concern. Empirical evidence has found that patients are more engaged and more likely to participate in care when nurses provide quality care and show concern, thus improving outcomes. Increased communication between nurses and patients through a combination of interventions could improve quality of care and improve the patient experience.

Based on a synthesis of the evidence, there is strong support for a local department council to assist leadership in implementing evidence-based changes (Bowles et al., 2019; Brennan & Wendt, 2021; Cai et al., 2021). In addition, the literature also offers council's guidance on the organization they need to effectively run meetings and make decisions (Cai et al., 2021). Creating such a council can improve communication between nurses and patients.

Based on a synthesis of the evidence, there is support for implementing communication education and whiteboards to increase communication and improve the patient experience. Several studies have found that updating whiteboards during hourly rounds was very successful in improving communication with patients (Brosinski & Riddell, 2020; Cholli et al., 2016; Goyal et al., 2017; Nowacki et al., 2018; Sehgal et al., 2010; Tan et al., 2013). Although these studies were conducted in inpatient settings rather than in EDs, the need for communication and the potential impact on patient care may be similar. The ED already has a whiteboard in each patient room, but isn't currently being used, despite the department's best intentions to do so years ago. Based on successful strategies to increase communication (Cholli et al., 2016; Goyal et al., 2017; Pimentel et al., 2018; Sehgal et al., 2010; Tan et al., 2013), whiteboard information could include: day, date, bedside nurse's name, physician's name, when pain medication is given, the next time patients can have pain medication, and if they are a fall risk (Sehgal et al., 2020; Tan et al., 2013).

Supporting evidence for staff communication education, whiteboard implementation as a communication tool, and a department patient satisfaction council to support these changes makes this pilot project robust. The interventions combined with organizational readiness, and goals aligning with the patient experience, brings multifactorial support to this project. The patient experience can be ever changing based on each situation but what is known from the literature is that every patient wants to be communicated with during their hospital stay and these interventions support that (Sonis & White, 2020).

Rationale

Theoretical Model

This project is guided by the consonance theory of patient satisfaction theory (Arde, 2017). The basic assumption of this theory is that patient satisfaction is the outcome of the consonance

between patients' expectations of care and actual care received from the nurse, which influences patients' health-related outcomes (Arde, 2017). Patient satisfaction plays a vital role in the relationship between healthcare providers and patients. Every patient has a different background and experience that determines what satisfactory care means to them. The conceptual framework of measuring patient satisfaction and level of care based on patient perception requires that one understand the variables and separate elements involved in patients' judgment of care. This theory provides a practical way of understanding and enhancing patient satisfaction as it relates to nursing (Arde, 2017).

The consonance theory of patient satisfaction (see Appendix C, BB) is composed of key concepts that link together and are directly related to the level of patient satisfaction, defined as "the difference between actual care received and a patient's expectation of care" (Arde, 2017, p.78). The key concepts are as follows:

1. Health-Related Outcomes-

   This refers to the positive and negative behaviors obtained from the interaction between the nurse and patient.

   Satisfied means-better outcomes, compliance to treatment.

   Dissatisfied means-poor outcomes, non-compliance with treatment

2. Individualized Nursing Care-

   Patients receiving individualized care based on their personal life situation and the patients' decision-making ability and control over their care and the situation. Patients want to feel that their problem is recognized and taken into account. Individualized nursing care is connected to patient care expectations through consonance.

3. Patient Care Expectations-

Patients' health care needs and their ideal care perceptions are the basis of this concept.

Patient care expectations are connected to individualized nursing care through consonance.

4. Institutional Quality of Care-

This refers to the efficiency of the health care system and the standard of service.

Organizational Satisfied results in repeat consultation, profitability, and increased revenue.

Dissatisfaction results in premature discharge, seeking outside care, loss of revenue.

This project will implement an intervention that demonstrates caring and increased communication through a patient-centered approach. Nurses play a crucial role in every patient's experience. The most widely accepted definition for satisfaction in the nursing field is" the convergence of the patient's idea of ideal care and their perception of the actual care they receive" (Arde, 2017, p.78). The consonance theory of patient satisfaction recognizes the role each nurse and patient play in achieving a shared goal of patient satisfaction. Improving communication with a patient-centered approach in the ED will improve health-related outcomes and the organization's level of care.

Project Framework

The framework of this project was developed by using the Kellogg logic model which is a systematic and visual way to organize project elements and understand the relationships between resources, activities, outputs, outcomes, and impact (Cohen & W K Foundation, 2005; see Appendix D).

<center>**Specific Aims**</center>

This pilot project aims to improve ED staff communication with the patient through whiteboard use and communication education. The other aim is to re-create a patient satisfaction council to support performance improvement changes in the department. Implementing a

department patient satisfaction council to support implementing change, specifically communication education and the use of whiteboards as a quality improvement project will positively influence patient outcomes and satisfaction. Giving nurses the opportunity to be involved in the decision-making process to improve quality and patient care is essential for successful and sustainable councils (Kanninen et al., 2021). Communication between nurses and patients is vital to the experience of care and can produce positive outcomes as patients are kept informed (Brosinski & Riddell, 2019).

For change to happen in any capacity it is important to generate engagement from staff. Promoting shared decision making combined with staff engagement has been shown to influence outcomes including patient quality of care (Kanninen et al., 2021).

Context

Population

The participants in this pilot project will include the ED staff which includes RNs, certified nurse assistants (CNAs), and unit clerks. The ED employs approximately 50 nurses, of which nearly 80% have been prepared at the bachelor's degree level. Nursing experience in the ED covers a wide range, from new graduates to nurses who have worked for 20 years or more in that practice setting. Due to the attrition of nurses caused by the COVID-19 pandemic, the ED now employs more newer nurses with less ED experience. Travel nurses have been used to supplement the shortage of nurses as the 18-bed ED has seen nurse attrition and an increase in its patient census due to COVID-19 surges. The average ED census 6 months ago was 80-100 patients a day; currently the department sees up to 155 patients a day. In this ED, there are approximately fifty nurses, eight certified nurse assistants, four health-unit coordinators, one manager, four assistant nurse managers and one educator. All of the staff will participate in the pilot project.

Local Care Environment

This pilot project will take place in an organization located in a rapidly growing city of approximately 100,000 people. The hospital supports this farming community in the Mountain West region of the United States. Many low-income families live in the area, and more primary care providers are needed which results in many patients using the ED as their primary provider when they cannot arrange a timely appointment with their own physician. In this suburb, which is known for its local sugar beet factory, the number of uninsured migrant workers increases during the farming season. They routinely present to the ED for care knowing that they will not be turned away for inability to pay. Because many of those seek care in the ED for non-urgent or non-emergent health concerns, nursing staff who are trained for emergent and critical patients may experience frustration because they may feel that these patients should not be seen in the ED.

Relevant Elements of Project Setting

This ED is an ideal setting in which to initiate the pilot program for four reasons. First, improving the patient experience falls under the organizational goals set forth by the health system. Second, increased attention from organizational leadership has put pressure on local ED leaders to make changes to improve overall patient satisfaction scores to the health system's current benchmark based on the national average. Third, local department councils have been inactive since March 2020 due to COVID-19, and the organization has directed these councils to start meeting again, which makes it a good time to set council bylaws and discuss goals. Finally, the ED already has whiteboards installed in each room for communication with patients. They were installed when the building originally opened but are not being used at present. This would eliminate a costly installation at a time when finances are restrained.

Whiteboards were installed because other EDs in the health system were using them, and it is their standard of care. However, this was not an immediate priority when this facility opened; as a result, whiteboard use was never initiated. Supported by the literature and with the organization's goal for fiscal year 2022 to implement whiteboard use to improve communication in the ED, implementing their use now may help to reach organizational goals and improve ED patient experience.

Organizational Culture and Readiness for Change

The mission of the health system, which is known for its many awards and accreditations, is to improve people's health in the communities they serve. The vision is to be the community's trusted partner in providing exceptional, patient-centered care. The system prides itself on integrity, compassion, accountability, respect, and excellence. Based on its mission to be patient-centered, the organization has fostered a caring culture and is committed to providing quality care to all patients. This means that the organization has set high standards for the care they provide to patients in the community. The increased attention and expectations of the patient experience have created urgency for each department to improve and facilitate changes in that regard.

The ED has a patient satisfaction council, composed of nurses and ED staff, that meet as needed, to brainstorm ideas to improve patient satisfaction scores before March 2020 when COVID-19 surged. The organization's patient experience team assists individual departments in data collection and interventions. The team and council are vital parts of this pilot project, as they will help design, monitor, report, and actively participate in the project. This council tried to initiate interventions to improve the patient experience before the COVID-induced hiatus, but it has had a difficult time maintaining forward momentum. The organization has given councils the go ahead to start meeting and setting goals. This is a vital time for this council, with a fresh slate,

because there is increased interest in patient satisfaction and what can be done on the local level to implement change. Empowering this council, while obtaining their buy-in, is crucial for the council's longevity and this pilot project's success.

Needs Assessment/Strengths and Weaknesses

A SWOT analysis was conducted to identify strengths, weaknesses, opportunities, and threats. Strengths supporting this pilot study include support from the hospital administration; congruence with its mission, values, and vision; and the already implemented ED CAHPS survey that can be used to identify areas that need work and ensure the hospital's positive reputation in the community. Weaknesses include cost and time of implementation and staff buy-in and support. However, the strengths outweigh the weaknesses, as the project has garnered significant support and buy-in from key stakeholders. In addition, there are opportunities to improve communication with patients and provide patient-centered care that meets their expectations. Threats include patients not being receptive to increased communication, a low survey response rate, competing priorities in the ED, and staff burnout from the COVID-19 pandemic.

Intervention

This pilot project consists of three phases: development, implementation, and assessment. The first phase, the development phase, included meeting with key stakeholders in the ED and the organization to develop a comprehensive plan for the project and to gather baseline data from ED CAHPS. The key stakeholders included the ED manager, the ED director, the performance improvement specialist, the chief nursing officer, the clinical nurse specialist, and the ED educator. The second phase, implementation, includes education on communication, whiteboard use, and department council training. The third phase, assessment evaluation, was performed for each of the

8 short outcomes. The pilot project uses several assessment tools to measure outcomes which includes questionnaires, surveys, and audits. See Measures section for specific details on the assessment phase for each outcome.

Baseline data gathered from Press Ganey ED CAHPS identified low satisfaction scores and lack of communication with patients. Therefore in the fiscal year of 2022, the goal is to increase patient satisfaction scores through several evidence-based interventions. The key foci of improving communication and empathy will be presented to nursing staff (Ak et al., 2011), through the use of whiteboards as a team communication tool (Tan et al., 2013), and having a supporting patient satisfaction department council to assist in implementing changes, while building teamwork and a positive environment (Cai et al., 2021).

To improve communication in the department, the project manager will prepare and present the pilot project to the staff showing different ways of communicating with the patient (See Appendix E). The presentation includes examples of empathy by way of acknowledging patient visitors, introducing the care team and providing realistic wait times (Sonis & White, 2020). Discussion with the staff on first impression with the patient and how that encounter builds a foundation for the rest of the visit is included in the presentation (Weigand, 2013). Direct correlation exists between staff communication and the patient's perception of care.   The patient satisfaction council creating play simulations to act out at the staff meeting show verbal and non-verbal communication (Ak et al., 2011). Four role play scenarios include: lack of communication with the patient, attending to the patient, empathy towards the patient, and friendly nurse and humor (McCabe, 2004). Each role play will demonstrate poor communication and then an example of how to communicate well. The role-playing scenarios include four situations where the patient satisfaction council can role play communication skills. These scenarios will be presented

to the patient satisfaction council for support and ideas of how to present. The council will practice the scenarios prior to the staff meeting.

A post presentation survey will be used to measure understanding of the presentation with the questions related to communication. Staff will be asked to rate on a Likert scale 1 (*strongly disagree*), 2 (*disagree*), 3 (*agree*), 4 (*strongly agree*) and include the question: (a) I understand the importance of communication in the emergency department; (b) The simulation role play of communication with a patient was helpful. The communication presentation highlight role play scenarios will be used weekly in the daily huddle as a reminder to staff.

To improve communication using a tool, whiteboard implementation will be introduced to staff. The communication/whiteboard presentation will be presented at the regular scheduled staff meeting. The ED manager will remind staff that their attendance is mandatory at department staff meetings, to verify all staff receive the education. The project manager will follow up with those not in attendance personally to explain the presentation (see Appendix G) Flyers announcing the meetings will be posted throughout the ED.

ED staff will have received a questionnaire before their department all-staff meeting presentation (Sehgal et al., 2010). It will be anonymous and asks four questions: (a) How often do you write on a whiteboard in a patient's room? (b) How often do you read what is written on a whiteboard in a patient's room? (c) How useful do you find the information on the whiteboard in a patient's room? and (d) What are the barriers to using a patient's whiteboard? Answers to the first three questions will be scored on the 4-point Likert scale; the last question will invite open-ended responses (Pimentel et al., 2018; see Appendix H). This information will be available and will be shared with staff in the presentation to address staff concerns and perceived barriers prior to implementation. Information required on the whiteboard for most effective communication

include nurse's name, physician's name, fall risk, current pain score, and pain score goal (Nowacki et al., 2018; Sehgal et al., 2010; Weigand, 2013) A communication tool, like a whiteboard, is only as effective as the information it presents so information must be current. The presentation will last 30 minutes, during which examples of correct whiteboard information will be presented and followed by a staff question and answer session (see Appendix H). Whiteboard implementation will follow one week after the presentation and this date will be announced at the presentation.

Staff will be given a post meeting survey to record their understanding of using a whiteboard as a communication tool and the essential elements that should be included. Staff will be asked to rate on a Likert scale 1 (*strongly disagree*), 2 (*disagree*), 3 (*agree*), 4 (*strongly agree*) and include the question: (a) The presenter showed how to fill out a whiteboard to be used as a communication tool, (b) I know what I am supposed to put on the whiteboard after today (Appendix I). Staff will also be asked about communication and if the role-playing simulation was helpful and whether the information presented was clear.

The project manager will create flyers for nursing stations and recommend that they be included in daily huddles before shift changes to remind staff of whiteboard use as a communication tool and what to include on them. The information on the flyers will be the same as those presented at the staff meeting. Every patient room will be checked by the patient satisfaction council members, one day prior to staff meeting, to verify that it has a whiteboard, markers, and dry eraser. On the first day of implementation, an email will be sent to staff reminding them that the project is underway. The project manager will attend staff huddles for day shift and night shifts for one week to answer questions.

The project manager will select and train two members of the Patient Satisfaction Council members to audit the whiteboards biweekly, using an audit form that has been specifically created

for this project. (Appendix J) The training will instruct these individuals how to conduct audits, when to conduct audits, and what to do with the information collected. Audit results will allow for reinforcement of teaching. The audit form includes a list of each room number, 1-18, and boxes next to each item that is required on the whiteboard, allowing the council members who are auditing to check the box for information identified on the whiteboard including nurse's name, physician's name, fall risk, current pain score, and pain score goal. The project manager will enter all audit information into an Excel spreadsheet to present information in a chart to stakeholders.

Staff will be emailed the same anonymous questionnaire approximately four weeks post-implementation, that they had received pre-implementation (see Appendix I). It will be anonymous and asks four questions: (a) How often do you write on a whiteboard in a patient's room? (b) How often do you read what is written on a whiteboard in a patient's room? (c) How useful do you find the information on the whiteboard in a patient's room? and (d) What are the barriers to using a patient's whiteboard? Answers to the first three questions will be scored on the 4-point Likert scale; the last question will invite open-ended responses (Pimentel et al., 2018; see Appendix J). Their responses will be compared to the pre implementation results to determine changes in attitudes toward whiteboards as a communication tool, routinely updating information on whiteboards, or changes in the kind of information posted.

To support communication changes in the department a council will be recreated, since no councils have met since 2020 due to COVID. Committees, or called councils for this organization, can truly empower staff to make positive changes (Sundean et al., 2020). Councils can improve culture, teamwork, and practice autonomy as they work towards improving outcomes and goals set by an organization (Brennan & Wendt, 2021).

After collaborating with the ED manager to identify the leader for the Patient Satisfaction Council, an email will be sent to her to introduce the project and her role. An in-person meeting will be arranged with the patient satisfaction council leader and leadership qualities that are important for council leaders to possess will be discussed. Kanninen et al., (2021) says the most effective way to create a council where everyone is engaged is to ensure thorough training and education. The leader will be asked to attend a pre-existing online module through Percipio, a leadership training application that the organization uses for leaders (*Percipio*, 2022). The module is called 'Building a Leadership Development Plan', specifically on leading a group with a specific purpose and being able to identify one's own leadership strengths. This module is approximately 30 minutes and has a pre-built post-test on the information presented. In addition to the post test, following this training, the council leader will be asked to take a post-leadership training questionnaire that is developed by the project manager to have the leader rate his or her confidence in leading the patient satisfaction council (Kanninen et al., (2021; see Appendix K). After reviewing the questionnaire, the project manager and the patient satisfaction leader will discuss the leader's strengths and opportunities in leading the patient satisfaction council and consider any additional training that may be needed.

The project manager and the Patient Satisfaction council leader will set a date for the first meeting of the Patient Satisfaction Council and will ask the ED manager to solicit department staff to serve on it, since the council has not met for almost 2 years. The project manager and council leader will develop an invitational flier to be posted in the ED announcing the first council meeting. All staff will be invited to participate via email. The council will plan their first meeting prior to the presentation to staff of communication and whiteboard use. The council will come up

with role play scenarios to present in person at the staff meeting to show how to use whiteboards as a communication tool.

The first council meeting will be held in the ED department. Attendees will be asked to sign in to record attendance (see Appendix L). At this meeting, which will be led by the project manager with the council leader in attendance, the council's purpose will be explained, as will be the need to create a charter or bylaw to define the council's composition and charge (Oregon Nurse Staffing Collaborative, 2020). This charter/bylaw would include the group's title, purpose, objectives, membership, roles and responsibilities of membership, meeting dates and times, record keeping, and quorum requirements for decision making (Collins, 2012). The charter/bylaw will be created at the first meeting, and the date for the council's next meeting will be set (see Appendix M for outline).

At the first council meeting, members will be asked to volunteer to role play during the department all-staff PowerPoint presentation, which will be created by the project manager and the ED educator. The purpose of the presentation is to demonstrate key communication and empathy skills and the process and procedure for utilizing the whiteboards as a communication tool. At the second meeting of the Patient Satisfaction Council, the council leader will use the agenda that was introduced at the first meeting. Staff will be asked to sign an attendance sheet. To ensure training and education of patient satisfaction council members, a tool (A3 Problem-Solving) will be introduced to assist in identifying problems and working through a problem-solving tool to allow the council to implement change in an effective way (Brennan & Wendt, 2021). The A3 problem solving guide helps with problem solving and process improvement, originally used at Toyota, but has been used successfully in healthcare organizations with shared governance councils. This tool uses one sheet of paper to identify "who, what, when, where, and how" (Brennan & Wendt, 2021;

A3, 2022) of a problem (see Appendix B). The project manager will introduce the A3 problem solving guide and instruct the council how to use it. The council will then work through a sample problem using the A3 problem solving guide. This experience will assist council members to use this tool to solve department problems.

Logic Model

The logic model for this pilot project identifies the inputs and resources needed to complete each short-term outcome and will be discussed below. Long-term outcomes are presented in Appendix D. The project plan has been developed systematically so that outcomes, outputs, activities, and resources are clear, concise, and easily communicated. The short-term outcomes for this pilot QI project are:

1. By May 6, the ED patient satisfaction council leader completed The Learning Center (TLC) Leadership lesson module on how to be an effective leader and rated their confidence in having a structured meeting, gaining trust from council members, understanding organizational goals, and knowing when to reach out to experts for additional resources and support a 3 out of 4 rating on a Likert scale. (PO)

2. By May 9, 75% of ED staff completed a questionnaire using the Likert scale 1-4 and with a few open-ended questions, asking about, their current frequency of whiteboard use, measuring their positive or negative attitude about implementing toward patient whiteboards, and perceptions of the usefulness of whiteboards to improve communication with the patient. (PO)

3. By May 10, 90% of the ED patient satisfaction council members met and created bylaws, purpose, goals, how the meeting will be conducted, and meeting norms. (PO)

4. By June 10, 80% of the ED patient satisfaction council attended an education session about the A3 problem-solving model and demonstrated their ability to utilize the tool through a case study example. (PO)

5. By June 10, 75% of the ED department staff attended the staff meeting education session where the project manager and the patient satisfaction council presented scenario role play demonstrating how to update patient whiteboards and the importance of this communication tool to include nurse name, physician name, fall risk, current pain score (0-10), and pain score goal (0-10). (PO)

6. By June10, after attending an education session, 65% of the ED staff completed a questionnaire rating questions related to various factors affecting patient communication at 3 or higher (Likert scale 1-4).

7. By July 18, 50% staff completed a post education and whiteboard implementation questionnaire and there was a 25% increase from baseline in measuring their frequency of use, attitude toward patient whiteboards, and perception of the usefulness of the whiteboard to improve communication with the patient. (CO)

8. By August 1, 80% of bi-weekly audits, of every room in the department, were updated with key elements such as nurse name, physician name, fall risk, current pain score (0-10), and pain score goal (0-10), and documented in the database, by two trained ED patient satisfaction council members, one representing each shift, day, and night. (PO)

Correlation of Intervention with the Theoretical Model

Strategies that were developed with whiteboard implementation have been identified to improve communication between nurses and patients. This pilot project will be implemented in stages; its ultimate success will depend on staff education and compliance. The consonance theory

of patient satisfaction recognizes the role nurses and patients play in achieving a shared goal of patient satisfaction. Goals have been set for each phase of this project, being mindful to include output, outcome, activities, and resources to make the implementation successful.

The consonance theory of patient satisfaction correlates with this intervention to improve communication by implementing whiteboard use because it bridges the gap between patients' expectation of care and actual care received. By educating the staff on key communication factors and teaching them how to effectively communicate with the patient, the nurse is presented with the role and influence they play in the patient's care. The patient satisfaction council will show positive and negative interactions in simulation role playing to give nurses specific examples of how to better communicate with the patient. Increasing communication between the ED staff and patients allows caregivers to understand what patients need to feel that they are receiving good care (Arde, 2017).

Timeline

The design and use of a timeline (see Appendix N) will provide the stakeholders of this pilot project with a sequence of tasks necessary to meet project goals and objectives. Development of the pilot project timeframe began in the fall of 2020. The project is expected to be completed in the fall of 2022, with final presentation of its results in the spring of 2023. The timeline identifies planning, implementation, data collection, data analysis, and dissemination phases. The planning phase included a literature review and synthesis to identify which evidence-based practice interventions would work best. Additional activities included completing an organizational needs assessment; establishing a timeline; identifying and meeting with stakeholders; seeking IRB approval; collaborating with the ED's shared governance Patient Satisfaction Council and Patient Experience Team; and developing the educational components, ED communication policy, and

procedures. The implementation phase will include conducting an educational session for ED staff, implementing whiteboards as a communication tool, keeping stakeholders updated on the project's progress, reassessing and identifying barriers, and re-educating staff as needed. Formative and summative data collection analyses will be conducted several times during the project. Dissemination of project results will be essential for stakeholders, staff participants, and the interdisciplinary staff to improve patient communication. This will help the Patient Satisfaction Team succeed now and in future evidence-based practice, QI projects.

Measures

Data collection and the methods that will be used correspond with the outcomes in the Logic Model and the Outcomes Evaluation Table (see Appendix D and Appendix O). Quantitative and qualitative data collection methods will be used for this pilot project and descriptive statistics will be used to analyze the data.

- Outcome 1 will include quantitative data collection on patient satisfaction council leader's completion of post leadership lesson questionnaire that will allow the leader to rate his or her confidence in leading the patient satisfaction council, based on the information given in the education module on leadership qualities needed to be a leader. The questionnaire will consist of one question asking him or her to rate her confidence on a 4-point Likert scale, 1 *(strongly disagree)*, 2 *(disagree)*, 3 *(Agree)*, 4 *(strongly agree)*.

- Outcome 2 will measure staff knowledge and the importance of updating whiteboards. Staff will take an anonymous four-question questionnaire via Microsoft Forms, an electronic survey creator, using the 4-point Likert scale described. This survey will be sent to staff via email before the project manager has introduced the project, pre-implementation of whiteboards, and again 6 weeks post implementation. Quantitative data will be

compared pre and post implementation, and data will be entered and displayed in a bar graph.

- Outcome 3 will include creation of a charter or bylaw for the patient satisfaction council that includes the council purpose, goals, how meetings will be conducted, and agenda norms. Completion (yes/no) of the charter or bylaw in the council meeting will be the measure of the outcome.

- Outcome 4 will include quantitative data on attendance of patient satisfaction council meetings when the A3 problem solving tool is introduced and practiced. Measurement of understanding of using the A3 problem solving tool will be satisfactory if the council as a team can walk through a problem-solving scenario in the presence of the program manager and successfully show a plan of action.

- Outcome 5 will include attendance data of staff that attended the presentation and simulation of how to use whiteboards as a communication tool.

- Outcome 6 will include quantitative data on understanding of communication materials presented, various factors that affect patient communication and using the whiteboard as a communication tool. A questionnaire will be given immediately following the mandatory staff meeting presentation and include questions to verify understanding of presentation material. Education in the department daily huddle on communication and whiteboard use will come from any low scoring questions to clear up a lack of understanding.

- Outcome 7 will include quantitative data on staff that completed the post education whiteboard implementation questionnaire, with a Likert scale 1-4 and open-ended questions, the same questionnaire given pre-implementation, measuring any change in frequency, attitude, or usefulness.

- Outcome 8 will include quantitative data on bi-weekly whiteboard audits, which will be completed by two trained team members, day, and night. Each audit will measure whether whiteboards display the nurse's name, the physician's name, current pain score, pain score goal and whether the patient is a fall risk. N/A will be noted if rooms are not occupied. Audit results will be reported to the project manager and entered into a computer program and visualized on a bar graph to chart biweekly compliance.

Meeting the outcomes above will assist the organization in meeting the overall fiscal year 2022 goal of improving Press Ganey patient satisfaction scores, as the common theme from complaints and low scores was related to communication. Improving communication through education on communication skills and by utilizing the whiteboard is a step towards improving the Press Ganey survey ranking "Top Box," which is the percentage of most favorable responses of "very good," the hospital has reported patient satisfaction scores for "Likelihood to Recommend." The Top Box score for patient satisfaction was 65.16% for Fiscal Year 2021, the goal being 66.94% for all EDs in the health system. The lowest nursing care-related scores were in the category "Nurses' attention to your needs;" this category included "Staff cared about you as a person" 62.95%, the goal being 65.7%, and "Nurse courtesy" 68.32%, the goal being 74.2%.

This acute care hospital in the Mountain West region of the United States aims to focus on patient satisfaction scores, as reported in the Press Ganey survey on the question "Likelihood to Recommend." Because this organization does not meet the patient satisfaction goals for this nursing care metric, it is at risk of not meeting patient care needs in the ED and the health care standards outlined within its mission statement and vision. There is a delay in receiving Press Ganey results as the patient has 60 days from the receipt of their survey to return the survey.

Results pre and post are compared on Likelihood to recommend, Top Box score, "nurses' attention to your needs," "staff cared about you as a person," "nurse courtesy," and the custom question being added specifically for this pilot project of "whiteboard was updated."

Ethical Considerations

A Memorandum of Understanding has been signed by the student and organization (see Appendix P). Human subjects' determination by the organization's IRB was sought before implementing this pilot study to assure that patient rights were protected (see Appendix Q). Whiteboard implementation and participation in the patient satisfaction council will be voluntary. The nurse leading the pilot project has completed CITI training (see Appendix R), which is a trusted standard in ethics, research, and compliance training to maintain and protect human subjects.

The project leader will make clear to the patient satisfaction team and the ED staff that there is no punitive consequence or bonus in participating in the project. The goal is to increase communication with patients to provide a better patient experience through whiteboards.

Threats to Quality

The implementation of this pilot project may be at risk if the organization puts priority on other quality improvement measures. A Care Collaborative Team was recently assembled to address the decrease in patient experience data and to disseminate intervention information to local departments within the organization. Volunteering to join this team was a way to ensure that the organization stays committed to this project and its timeline. Staying involved and communicating with organizational leaders can mitigate the threat of this project being deprioritized. Involving staff, gaining buy-in from the Patient Satisfaction Council, and engaging local leaders can also advocate for this quality improvement measure. Educating and training by the project manager on

the importance of gathering data can mitigate missing or incorrect data. Other threats to patient satisfaction projects include being short-staffed, having staff who feel that they do not have time to complete the task (Hermann et al., 2019), and having a small number of nurse participants (Bergman, 2012). Educating staff on how to implement whiteboard use into their regular routine will alleviate the misconception that updating whiteboards is time consuming.

Analysis

Descriptive analysis will be used to evaluate the impact of the intervention on whiteboard use to improve communication and to evaluate the performance of a patient satisfaction team that has been trained to run successful and productive meetings. The project manager will collect data before and after implementation of the whiteboard intervention. The participants on the Patient Satisfaction Team will be evaluated at 3 weeks to evaluate their knowledge and proficiency in running successful meetings. Analysis of the data for the ST outcomes include outcome 1: rating confidence on a Likert scale 1-4, outcome 2: staff rating questions on a Likert scale 1-4, outcome 3: completion of meeting yes/no, outcome 4: completion of filling out A3 problem solving model as a council with the project manager visualizing and coaching, outcome 5: attendance on a sign in sheet, outcome 6: follow up survey questionnaire from the meeting with Likert scale 1-4 rating understanding, outcome 7: post implementation questionnaire using Likert scale 1-4 and comparing to pre-implementation scores using percentages, outcome 8: audit that staff member will be able to mark yes/no if content is present on whiteboard and presented with percentages on compliance.

Project Budget

The project's expense report includes expenses for personnel, material and supplies, space, equipment, and information technology (IT), totaling $17,849 (see Appendix S). This includes a

one-time cost for whiteboards, totaling $4,500, which is not needed in this facility as the

whiteboards are already in place. The categories of the primary costs include personnel, materials

and supplies, space, equipment, and IT. The projected two-to-three-year budget assumes a reduced

number of individuals trained over time while maintaining the expenses of materials and supplies,

space, and IT resources, accounting for inflation. The reduction in expenses to $9,181 and $9,347

in years two and three will help support sustainability for this project (see Appendix T). The

project manager and the sponsoring organization will provide in-kind donations to cover the

program expenses. The result is a net operating income of zero dollars (Appendix U).

Executive Summary

Problem Description

Declining patient satisfaction scores speak to the poor experience had by patients in the ED. –One key factor is communication. Poor communication can have many implications, specifically related to the patient experience (*Gold-standard Benchmarks for Quality Care*, 2022). COVID-19 brought attention to the common problem of poor communication due to wait times, departments being understaffed, increased patient census, and patient isolation.

Setting

In an ED in the Mountain West region of the United States, patient satisfaction scores have fallen below national standards. Based on a patient survey in the ED (Press Ganey, 2021), the key driver was courtesy of staff, that is, recognizing patients as people and attending to their personal needs. The underlying theme was lack of or poor communication. Nurse to patient communication was the organization's focus for fiscal year 2022.

Rationale

The Consonance Theory of Patient Satisfaction purports that the expectation and the perception of care received by the patient can affect the patients' outcome (Arde, 2017). Research indicates there are benefits to using local department councils to implement and sustain change related to patient satisfaction initiatives. Department councils can assist leaders in implementing interventions such as whiteboard use, which is shown to be a useful communication tool (Brennan & Wendt, 2021).

Specific Aim

The aims of this project were to improve communication with the patient, implement whiteboard use as a communication tool and re-implement the patient satisfaction council to support staff.

Outcomes

There were 8 outcomess measures related to this project. The project outcomes included: outcome 1:identifying and training a patient satisfaction council leader, outcome 2: staff completing a questionnaire on whiteboard use and communication, outcome 3: the patient satisfaction council meeting and creating bylaws and a charter for the council, outcome 4: the council learning how to use the A3 problem solving model as a council, outcome 5: the council members presented role play and communication education to staff at a staff meeting, outcome 6: staff being shown how to use the whiteboard, outcome 7: completion of a survey on the perception and usefulness of the whiteboard as a communication tool, and outcome 8: staff being audited on whiteboard use.

Implementation and Evaluation

Steps for implementation of this project included leadership training and organization along with staff education. Staff questionnaires were distributed to identify a pre- implementation baseline. Council training and a council charter were created to allow council members to support the project. Education of council members to assist in the overall education to staff assisted leaders in presenting and monitoring the project process. Evaluation of each outcome was obtained through surveys, audits, and questionnaires.

Results

Results were generally positive. Staff had a significant improvement in participation in whiteboard use, as evidenced by the leader audits and the staff questionnaire. The pre-implementation questionnaire received mostly negative feedback with staff unsure of an extra task to complete. In a post implementation questionnaire staff mentioned a busy department, short staffing, and patient turnover as barriers to updating a patient whiteboard. Despite the staff's perceived barriers, staff improved compliance in communication and updating the whiteboard.

While the patient satisfaction council was meeting there was discussion about how the council can implement positive changes in the department. Council members felt supported by participating in creating a charter and council expectations.

Interpretation

Despite expected challenges, the department showed a small, positive improvement each week on whiteboard use and improved communication between staff and patients. With leader rounding and whiteboard audits happening frequently, there is opportunity for continued improvement. With competing priorities within the organization, continued discussion can be had about limiting multiple project implementations at one time, to limit staff confusion and frustration.

Councils are a successful way for staff to be included and have their voices heard in the department. Opportunities exist for keeping staff engaged in the council despite increased turnover in the department. Positive changes and support to leadership were present while the council was meeting.

Conclusion

Whiteboards are an effective communication tool to use in the emergency department. This tool is not only effective for patients but also a tool for staff to communicate with each other. Departmental councils can help support staff and leaders in improving communication. Communication skills are a foundational knowledge but don't always come naturally so

it is important to teach the communication skills that are expected in caring for patients.

Results

Steps of Interventions

There were two primary areas of focus for this project: supporting a working patient satisfaction council and implementing communication education in the ED. To support the patient satisfaction council, the council leader received committee leadership training. The council created bylaws and norms for the meetings and was introduced to the A3 problem solving tool. Once these steps had been completed, the communication education was presented to the council by the project manager, and the council reviewed it for approval to present to the staff members.

The council leader gathered four small groups, (abiding by the organization's COVID-19 gathering guidelines), to present the 'communication via the use of whiteboard communication. The new project manager, the department educator and a council member educated staff using a PowerPoint presentation on whiteboard use followed by a scenario on how to incorporate updating a whiteboard in day-to-day tasks. All staff were asked to attend and those that did not attend were followed up with and educated 1:1 with the department educator or assistant nurse managers. A 'go-live' date for whiteboard implementation was announced after staff attended the education session, and a post presentation questionnaire was sent via email to all attendees. At the following staff meeting, the council members presented and demonstrated ways for staff to positively communicate with patients focusing on empathy, attending to a patient, effective communication, and use of humor. A post-presentation questionnaire was given to assess staff understanding. Four weeks into the implementation of the whiteboards, the original pre-questionnaire that asked about whiteboard usage was sent out to staff again in order to compare pre and post implementation staff attitudes toward the communication tool and usage. Biweekly

audits of whiteboard use were completed by trained leaders for day and night shifts at 6 weeks to assess compliance of whiteboard use and educate in real time on the importance of updating the patient's whiteboard.

Details and Outcomes

Outcome 1 measured the patient satisfaction council leader's knowledge on how to be an effective leader and rated their confidence in having a structured meeting, gaining trust from council members, understanding organizational goals, and knowing when to reach out to experts for additional resources and support. The goal was a rating of 3 out of 4 on a Likert scale (Appendix K). Outcome 1 was met. The leader completed training and rated themselves a 4 (extremely confident) on the Likert scale for confidence in leading the patient satisfaction council (Appendix V). Three goals the leader wanted for the patient satisfaction team included: positively influencing the patient satisfaction scores, team involvement, and support from the council.

Outcome 2 measured the percentage of staff that completed the pre-presentation questionnaire. This outcome was not met as only 46% of staff (n=23), compared to the goal of 75%, completed the anonymous questionnaire asking about their current frequency of whiteboard use, and their perception of the usefulness of whiteboards to improve communication with the patient (Appendix W). Outcome 3 and 4 measured the percentage of attendance (n=3) at the patient satisfaction council meeting to create bylaws, purpose, council norms, and learning and demonstrating how to use the A3 problem solving tool (Appendix B; Appendix L). Outcomes 3 and 4 were not met because of low participation rates from staff council members (33% actual attendance compared to the goal of 90% for outcome three and 80% for outcome four). Bylaws created at the council meeting included title, purpose, membership, roles and

responsibilities, meeting dates and times, record keeping, and authority. The council decided that they would use voting with >50% to finalize a decision. In the discussion with the council, the participants were asked to speak freely, and a vote was taken at each step to make sure everyone agreed with each section of the bylaws. The council also received training on the A3 problem solving model and practiced a scenario as a council to identify any learning gaps (Appendix X).

Outcome 5 measured attendance at the staff meeting where communication tools were presented along with demonstrations of using the whiteboard as a communication tool. Attendance was 51% of the total staff in the department (n=26). The presentation was originally planned to be presented at the staff meeting but due to last-minute leadership changes and COVID restrictions, there was a lower than anticipated attendance at the four mini sessions. However, department leaders and the educator met 1:1 with staff unable to attend the mini sessions (Appendix F). The post presentation questionnaire was given to all staff; staff were encouraged to fill it out immediately post-presentation. Fifteen of the staff completed the post presentation questionnaire with five (n-5) rating the questions relating to various factors affecting communication a 3 stating they 'Agree' on the Likert scale (Appendix Y). Outcome 6 was not met as only 10% of staff completed the post presentation survey, the goal was 65% participation (n=5). Outcome 7 was met with 70% (n=35) of staff completing the post implementation questionnaire. The second part of outcome 7 was met as there was an 800% increase, pre-implementation, of staff that state they 'Strongly Agree' (1 pre-implementation, 9 post-implementation) that they write on the patient's whiteboard in their patient's room. There was a 100% increase in staff that stated they 'Strongly Agree' (2 pre-implementation, 4 post-implementation) they read what is written on the whiteboard in a patient's room. There was also

a 100% increase (2 pre-implementation, 4 post-implementation) in staff that state they find the information on the whiteboard in a patient's room helpful (Appendix Y; Appendix Z). Outcome 8: biweekly whiteboard audits were completed 100% of the time in the department for a 6-week period. (Appendix I; Appendix AA).

Contextual elements that interacted with the interventions

Several contextual elements interacted with the interventions and included leadership support due to leadership changes, staff buy-in, and staff willingness to learn. Leadership changes occurred during the implementation which led to delegation to the next leader to assist in implementation. The project manager delegated tasks to the Director to assist in securing increased participation and frontline leadership support for the interventions being implemented. This impacted implementation as the project manager was the key stakeholder for the project, from planning stages to post implementation. All tasks had to be delegated and the director was educated on how to implement them. It was difficult to solicit staff buy-in for the project due to a confluence of competing priorities and challenges. This includes many organizational system wide projects that were planned, but on hold for implementation related to COVID-19 and were given the 'go-ahead' to roll out Summer 2022, the same time as this project.

The staff meeting where the pilot project presentation was going to be presented was canceled due to local COVID-19 restrictions and leadership changes. Staff dealing with increased pressure due to COVID-19 surges, a staffing crisis, and many projects that were on hold for eighteen months due to COVID-19 and suddenly being implemented by the health system, led to frustration from the staff. These factors combined with the pilot project implementation, staff were very skeptical and verbalized their hesitation to fully engage in the project. The environment of the ED is fast paced and quickly changing, which influences the

staff members' attitudes and lack of understanding of the purpose of the intervention. The challenge of COVID-19 rates locally also influenced the timelines of implementation.

The contextual elements played a significant role in the implementation of the interventions and the outcomes. Several council members, including the original council leader, did not support the project due to fears that it would not be successful. This led to decreased participation, staff buy-in, and prejudgment of the outcomes by staff before implementation began. Several staff and council members were affected by COVID-19 resulting in a delay of the presentation of communication tools.

Unintended Consequences-

The effects of COVID had unintended consequences on this pilot project. Government restrictions did not allow for in-person meetings which limited training to small groups. The leaders found it difficult to demonstrate communication tools and have effective staff interactions. In-person meeting restrictions along with other projects led to staff being overwhelmed with many competing priorities.

Missing Data

The data that was presented on information that needed to be included on the patient whiteboard included name, physician name, pain score, pain score goal, and fall risk. The physician's name was intended to be included but ultimately was removed from the required information.

The current pain score was included on the whiteboard, and education was given for the pain score goal, but the pain score goal was not viewed as realistic by the patient satisfaction council. The concern was getting 'buy-in' from colleagues, and they felt this was an

unnecessary metric compared to the other information. The department was educated on this but the decision by the leadership was to not include the pain score goal at this time.

Interpretation

This pilot project showed that over time staff felt the whiteboard was useful and because of this there was an increase in whiteboard use by the staff. Like Sehgal et al. (2010), adoption of whiteboard use was slow, but with the recommendation to have designated auditors, barriers such as lack of support from the physicians, were addressed early on.   Staff also had an improved attitude toward the implementation of writing on the whiteboards, to use as a communication tool. There were similar identified challenges in this pilot project as reported in the study conducted by Tan et al. (2013). Barriers in updating the whiteboard included time constraints and perceived burden.   At the beginning of the pilot project when the patient satisfaction council was involved, they were a big support to the leader in bringing encouragement and 'real time' teaching to colleagues while the project was being implemented. This is similar to the literature from Cai et al., (2021), in stating "nurses can change things to be a strong predictor of shared governance participation and unit meeting attendance." This was supported as there were several times during the project where the department lost a strong nurse, and the department was affected.

Nowacki et al. (2021) identified that whiteboards are a valuable tool to communicate with the patient and highly underutilized in many organizations, like the institution this pilot project was implemented in. Effective communication can affect the patient experience, patient safety, and patient outcomes. The perception of the patient's experience is associated with high quality

patient care (Jha et al., 2008), improved overall health and lower hospital readmissions (Goyal et al., 2017).

The pre-implementation survey to staff included perceptions of the usefulness of a whiteboard being an effective communication tool. Unlike the findings in the study conducted by Dunbar & Fletcher (2020), the staff did not feel it would be an effective communication tool. This perception did change over time as the post- implementation questionnaire identified more staff supporting the whiteboard's usefulness and increased staff's frequency of use.

The patient satisfaction council leader and council members, though a small group, felt that creating the bylaws and charter brought clarity and purpose to the council. This made them feel that they could make a difference in their department. This supports the literature that professional governance structures "promote the inclusion of nurses' knowledge, skills and expertise in organizational decisions…" (Sundean et al., 2020). Prior to the leader and a council member leaving the organization, the council was assisting the project leader in planning to educate the staff on communication skills through acted out scenarios. With one of the project aims being organization of the patient satisfaction council, that had not met since pre-COVID, the glimpse of having a council and having it run successfully, with training, happened for a small period of time.

Despite challenges and barriers to this pilot project, the key findings show that the ED staff rated themselves more likely to use the whiteboard as a communication tool post implementation, compared to pre implementation. The data also showed that staff felt the most important and useful information on the whiteboard was the name of the nurse and staff caring for the patient. This was different from Goyal et al. (2017) who found that the provider's name was most important to be written on the whiteboard. For this project, the decision was made to

ask the providers to update their information on the board as the patient satisfaction council felt this was one barrier and complaint the nurses had (not knowing what provider signed up for the patient). The medical director agreed and communicated with the providers about this new process, but unfortunately the providers weren't supportive of this.

Implications for policy development around shared governance councils, relating to patient satisfaction, is imperative. With CMS indicating future reimbursements could be connected to patient satisfaction scores, organizations need to build an organized structure for patient satisfaction through the aegis of shared governance. Sundean et al., 2020 speaks to the benefits of involving staff in discussing barriers that can result in a meaningful process of empowerment and change for departments such as reducing costs, improving the patient experience, workforce health and patient outcomes.

Conclusions

This pilot project was guided by the consonance theory of patient satisfaction, which ultimately focused on improving communication with a patient-centered approach in the ED. Communication training was an important part of this project and proved to influence increased communication with the patient through communication skill training and whiteboard use. Enhanced knowledge of communication skills proved to be beneficial in improving communication with the patient. Continued leader rounding and rebuilding the unit council will help in supporting the department goals (Tan et al., 2013).

Acknowledging the struggle of low council participation and turnover in the ED, implementing change can be difficult when there is little staff engagement and numerous staff changes. With the small number of participants in this pilot project, the relevance of the data

was hard to quantify, but there were lessons learned. Whiteboard use and communication skills education in the emergency department did appear to help improve the patient satisfaction data, a secondary outcome. To maximize implementation and increase staff 'buy-in', limiting the amount of information required to be listed on the whiteboard could decrease frustration and staff feeling overwhelmed with an additional task. The scale of information written on the whiteboards should be limited to support the fast-paced, constantly changing environment of the ED.

Additionally, this pilot project demonstrated that creating a council to support changes, supporting the leaders in implementation of change, and peer encouragement could be beneficial. Though the council was not able to provide support throughout the project, the initial support to the leader and colleagues made a significant difference. Focusing on improving communication with the patient can and should be supported and led by colleagues and aligned with the leader's vision (Sundean et al., 2020). The project's aim started as a patient satisfaction council-led change but then adapted into a leader driven change because of significant staff turnover.

'Next steps' include disseminating information to other ED leaders in the organization. This project provided great information despite its challenges. The leaders of this department have been challenged with many different changes since the start of the pandemic. This pilot project was one of many projects that were presented to the leaders to assist in implementing, and the leaders did a great job in 'managing up' the task and focusing on the goal. The patient's experience is important, not just for the satisfaction data collected, but also for the patient's perception and experience of care provided. This pilot project provided enhanced training on communication and staff-led councils, that leaders and council members can build upon.

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Appendix A

Literature Review Table

TITLE OF ARTICLE	AUTHORS	RESEARCH QUESTION OR AIM OF THE ARTICLE	TYPE OF STUDY (DESIGN)	LEVEL OF EVIDENCE	DESCRIPTION OF SAMPLE	OUTCOME MEASURES	RESULTS/KEY FINDINGS
Optimizing Patient Experience in the Emergency Department	Sonis & White, (2020)	What patient experience factors best optimize the patient experience?	Expert opinion	IVB	N/A	High yield interventions: · Formalize Discharge Teaching · Improve Environment of Care · Provide adequate nourishment. · Sit down. · Staff communication · Patient Call back program o Improve perception of visit and increase ratings of ED experience. o Reinforce discharge planning. o Identify issues warranting return. Patient and family advisory council	Initiatives to improve patient experience should include: · Staff/patient communication Expression of compassion and empathy
Patient Satisfaction	AECP Emergency Medicine Practice	Provide background on patient satisfaction surveys,	Expert opinion	IVB	N/A	Factors that result in positive perception of care:	· Satisfaction surveys are tools to gauge perception

Title	Author	Purpose	Method	Level	Sample	Results	Conclusion
	Committee, (2011)	data, methodologies, limitation, and utilization of survey data				· Greet patient appropriately. · Sit down. · Active listening and open body language · Manage expectations. · Establish privacy. · Maintain clean and comfortable environment. · Provide diversions. o Call patients after their visit	· Interpreting survey results can lead to factors that need implemented o ED staff should be recognized for care they provide
Emergency Department Patient Experience: A Systematic Review of the Literature	Sonis et al, (2017)	To identify factors most commonly identified as influencing ED patient experience.	Mixed method, systematic review	IIIA	· 55 quantitative articles · 21 qualitative articles · 30 mixed methods articles	Patient experience most common themes: · Staff-patient communication-cited 78 times · Wait times-cited 56 times. · Staff empathy and compassion- cited 45 times. · Patient demographic factors- cited 38 times. · ED environment of care-cited 26 times · Patient expectations- cited 21 times. Least common themes: · Patient acuity and triage- cited 12 times.	· Drivers of patient experience: o Communication o Wait times o Staff empathy o compassion

						· Staff experience-cited 9 times. · ED leadership and policy factors-cited 9 times. · Patient support-cited 8 times. o ED crowding -cited 2 times	
Emergency department patient experience: Same location, same provider, different scores by different survey methods	Hoonpongsima nont et al, 2019	What is the difference between an Institutional survey versus Press Ganey on patient satisfaction scores?	cross sectional	IIIA	· 289 responses from Press Ganey · 234 responses to Institutional Surveys	· 40 question Press Ganey survey: 50% responded, and institutional survey: 60.91% responded o Comparison o Secondary outcomes: association between the scores	· ED crowding affected patient satisfaction scores, · different patient experience scores.
Emergency Nurses' Perceived Barriers to Demonstratin g Caring When Managing Adult Patients' Pain	(Bergman, 2012)	Explore the perceptions of ED nurses and regarding the process when managing patients' pain and how the perceptions affect pain managemen t.	Qualitativ e study	IVA	· 15 emergency nurses ranging in tenure from 1-35 years · All were individually interviewed	· Explore perceptions regarding processes used · Increase understanding of how perceptions affect management	Nurses report feeling: · Overwhelmed · Frustration · Perceived non-cohesiveness · Caring for patients with pain was part of their role but environments make demonstrating care difficult.

Examining Emergency Department Communication Through a Staff-Based Participatory Research Method: Identifying Barriers and Solutions to Meaningful Change	Cameraon et al., 2010	Identify communication barriers and engage staff in identifying strategies to improve communication within the emergency department.	Qualitative study	IIIB	· 127 staff members from the ED including: physicians, residents, nurses, ED assistants and secretaries	Four themes describing barriers and proposed interventions: · Greeting and initial interaction · Setting realistic expectations · Team communication and respect · Information provision and delivery	· Involving staff in discussing barriers can result in a meaningful process of empowerment · Feasible strategies · Solutions at both individual and system levels
Improving Patients' Experiences Communicating with Nurses and Providers in the Emergency Department	Hermann et al., 2018	What factors go in to improving Communication with Nurses and Providers, the patient's perspective	Qualitative descriptive design	IIIB	· 30 patients seen in the ED	· Foundational themes that convey courtesy and respect · Interactive themes in ways nurses and providers conveyed courtesy and respect: careful listening, attentiveness, explaining things in an understandable way	· Through consistent application of increasing time, listening and improved communication, patient satisfaction with care can be improved
Nurse-patient communication: an exploration of patients' experiences	McCabe, 2003	Explore ideas relating to patients' experiences of how nurse communicate	Qualitative study	IIIB	· 8 patients were interviewed	Themes: · Lack of communication · attending · empathy · Friendly nurses	· Nurses can communicate well with patients when using the patient-centered approach
The importance of nurse caring	Baldursdottir et al., 2002	Identify nurse caring	Non-experimental	IIIB	· 182 questionnaires	Items ranked as most important nurse caring behaviors	· Subjects considered clinical competence to be

behaviors as perceived by patients receiving care at an emergency department		behaviors perceived by patients in the ED as important indicators of caring	quantitative study		· 61-item questionnaire	· "Know what they are doing" · "Know when it is necessary to call a doctor" · "Know how to give shots, IV's, etc." · "Know how to handle equipment"	the most important nurse caring behavior · Caring as a moral stance is integral to all interactions with the patient
Patients' and relatives' experiences and perspectives of 'Good' and 'Not so Good' quality care	Attree, 2000	To explore patients' and relatives' perceptions of care and identify key criteria used to evaluate quality care, via descriptions of actual care experiences.	Qualitative study	IIIB	· 34 medical patients · 7 relatives	"Good" care · Individualized · Patient focused · Involvement · Commitment · Concern "Not so Good" care · Impersonal manner · Distant staff · Not knowing or involving patient	· Patients place greater emphasis on care than on technical aspects
Customer Service: The Nursing Bundle	Weigand, 2013	Interventions to put in place to ensure positive end results of patient care.	Clinical Practice Guideline	IVA		· Bedside Shift Report · Communication · Hourly Rounding and Whiteboards · Post Discharge Phone Calls	· The four components connect the link between methods of communication and ED patients' perception of satisfaction
A Comparison of Patient and Nurse	Fidela et al., 2014	To compare expectations of patients	RCT	IA	· 19 males	Three nursing care attributes:	· Nurses hold a high bar for what constitutes good

Expectations Regarding Nursing Care in the Emergency Department		and nurses using nursing care attributes			· 30 females · Ages 18-89 · 20% had <5 years ED experience, 22% had 5-10 years, and 52% had > 10 years	· Friendliness, courtesy, respectfulness · Comfort · Degree of information sharing · Patients rated the care they received consistently higher than nurses · Patient ratings were consistently higher when patients either know their nurse's name or were able to identify them by sight.	nursing compared to patients' expectations
Using the Evidence-Based Practice Service Nursing Bundle to Increase Patient Satisfaction	Skaggs et al., 2018	If implementing a EBP Service Nursing Bundle has an effect on the patient experience in the emergency department	Qualitative study	IIIB	· 1104 audits evaluating staff use of service bundle over 8-week period	Bundle implemented: · AIDET · Hourly Rounding · Bedside Shift Report	· 11.8% increase in patients rating overall quality excelled
Nurse-Leader Collaborative Improvement Project: Improving Patient Experience in the	McFarlan et al., 2019	To demonstrate the effect of hourly nursing rounds and daily leader rounds on the ED	RCT	IA	· 75 nurses, 25 paramedics, 6 patient care technicians were educated and	· 2-month pilot period, patient scores measured by 5 survey questions- all improved	· Patient satisfaction scores improved

Emergency Department		patient experience.			performed hourly rounds on their patients in the ED. · Average of 175 patients daily	
Incorporating Hourly Rounding to Increase Emergency Department Patient Satisfaction: A Quality Improvement Apporach	Brosinski & Riddell, 2020	Find out if implementing a process improvement initiative of hourly rounding, would patient satisfaction scores improve.	RCT	IA	· 49 bed emergency department with monthly census of 5800 · Baseline overall satisfaction was 52% ·	· Patient satisfaction data collected through the Interactive Customer Evaluation system. · Three variables measured on a 5-point Likert scale was: overall patient satisfaction, patient perception of staff attitude, and whether the health care team answered all patient questions/concerns	· Benefit in implementation of hourly rounding on patient satisfaction scores in the ED
Nursing rounds: A quality improvement project to improve outpatient satisfaction	Fan et al., 2020	To implement the nursing rounds to improve the quality and patient satisfaction of the outpatient department.	RCT	IB	· Pre implementation of nurse rounding 1541 questionnaires · Post implementa	The questionnaire asked about: · work attitude · personal appearance and behavior · outpatient clinical environment · work responsibility · communication skills	· Nurse rounding made an overall improvement in operations and increased patient satisfaction

					tion of nurse rounding: 1219 questionnaires	· clinical management · physician nurse relationship	
Patient whiteboards to improve patient-centered care in the hospital	Tan, et al., 2013	Measure the impact of whiteboards on patient satisfaction and awareness	RCT	IA	· 56 patients with whiteboards · 48 patients without whiteboards	Patients wanted to see on their whiteboard · Physician's name · Bedside nurse's name · Tests and studies planned · Estimate of discharge	· Not only patients benefitted from whiteboard updates, but ancillary staff and family had better knowledge of the patients plan of care
Patient Whiteboards as a Communication Tool in the Hospital Setting: A Survey of Practices and Recommendations	Sehgal et al., 2010	Does whiteboard practices have an impact on patient care?	RCT	IA	· 104 nurse respondents · 118 internal medicine house staff · 31 hospitalists	· Whiteboards should be in clear view of the patient · Erasable pens accessible · Create whiteboard "templates" · Whiteboard templates should include day and date, patients name or initials, bedside nurse, physician · Goal for the day · Anticipated discharge date · Family member contact information · Questions for provider	· Patient whiteboards may improve communication between patients and interdisciplinary staff

Nurses' critical reflections of working in unit practice councils -A qualitative interview study	Kanninen et al., 2021	To describe nurses' experiences of working as members of unit practice councils	Descriptive qualitative design	IIIA	· 16 nurses	· Why they became a member · What personal abilities do they use in the workgroup? · Do they feel that they need extra education/support to work in the group? · What are your aims for your own work in the group? · What are your hopes/wishes for the work of the group?	· Inchoate unit practice councils with insufficient allocated working time. · Partial empowerment of nurses through the evolving Magnet project
A descriptive study of factors that facilitate nurses' participation in shared governance and attendance at unit meetings	Cai et al., 2021	To identify factors that facilitate participation in shared governance and attendance at unit meetings	Descriptive comparative design	IIIB	· 511 clinical nurses · 9 facilities within one large health care system.	· Nurse asked about designation · Professional certification · How optimistic they were that they had power to change things	· Nurses should express their opinions · Nurses should be paid for time spend participating in meetings.
Nurses' perspectives of their impact while serving on boards	Sundean et al., 2022	To identify nurses' perceptions of their impact while serving on boards.	Qualitative study	IIIB	· 20 nurses serving on boards	· What is core professional values, knowledge and perspectives embedded in board service? · How do those perspectives impact board service?	· All stakeholders need represented on boards · Appoint nurses as voting members of governing board

An integrative review on interventions for strengthening professional governance in nursing	Kanninen et al., 2021	To identify the intervention for strengthening professional nursing governance and describe their outcomes.	Integrative literature review of 12 studies	IIIB	· 12 studies reviewed	· What enables nurse leaders to participate in decision making.	· Decision making structures · Efficient teamwork · Transformational leadership
Increasing Quality and Patient Outcomes with Staff Engagement and Shared Governance	Brennan & Wendt, 2021	Specific improvements that improve outcome and are essential for shared governance to be successful	Expert opinion	IVB	N/A	· A3 action planning process · Plan, Do, Check, Act cycle · Lean methodologies	· Using different tools allows for success in a shared governance committee

Appendix B

A3 Problem Solving Tool

A3: (Directions: List project title)

ISSUE _____

(Directions: Describe the issue in 1 or 2 sentences)

BACKGROUND _____

(Directions: Provide background information to describe why the issue is important and why the team should work on it in 1-4 sentences)

CURRENT CONDITION- _____

(Directions: Use pictures and words to describe what current practice conditions look like. High level process maps or fishbone diagrams are often used)

PROBLEM ANALYSIS _____

(Directions: list the reasons why your system is not working as needed. For each reason ask "why" then "why" again until you learn the root cause of your issue. You will redesign to address eliminate or mitigate your root causes)

TARGET CONDITION _____

(Directions: Use pictures and words to describe what your redesigned system will look like. High level process maps are often used)

COUNTERMEASURES _____

(Directions: List the changes you plan to make to your system.)

IMPLEMENTATION PLAN (Directions: List the change you will make, who is responsible for guiding the change, when the change will occur and what the change should deliver)

What	Owner	When	Anticipated Outcome

COST/BENEFIT (Directions: List the anticipated costs associated with your changes and how the system will benefit from spending this money)

Costs	Amount ($)
Benefit	

TEST _____

(Directions: List the tests and dates)

FOLLOW UP (Directions: Use the table to define your measures and document your results)

Measure	Unit	Target	Baseline	30 Day	60 Day	90 Day

Template source: Jimmerson, C. (2007). A3 Problem Solving for Healthcare: A Practical Method for Eliminating Waste.

Appendix C

Consonance Theory of Patient Satisfaction
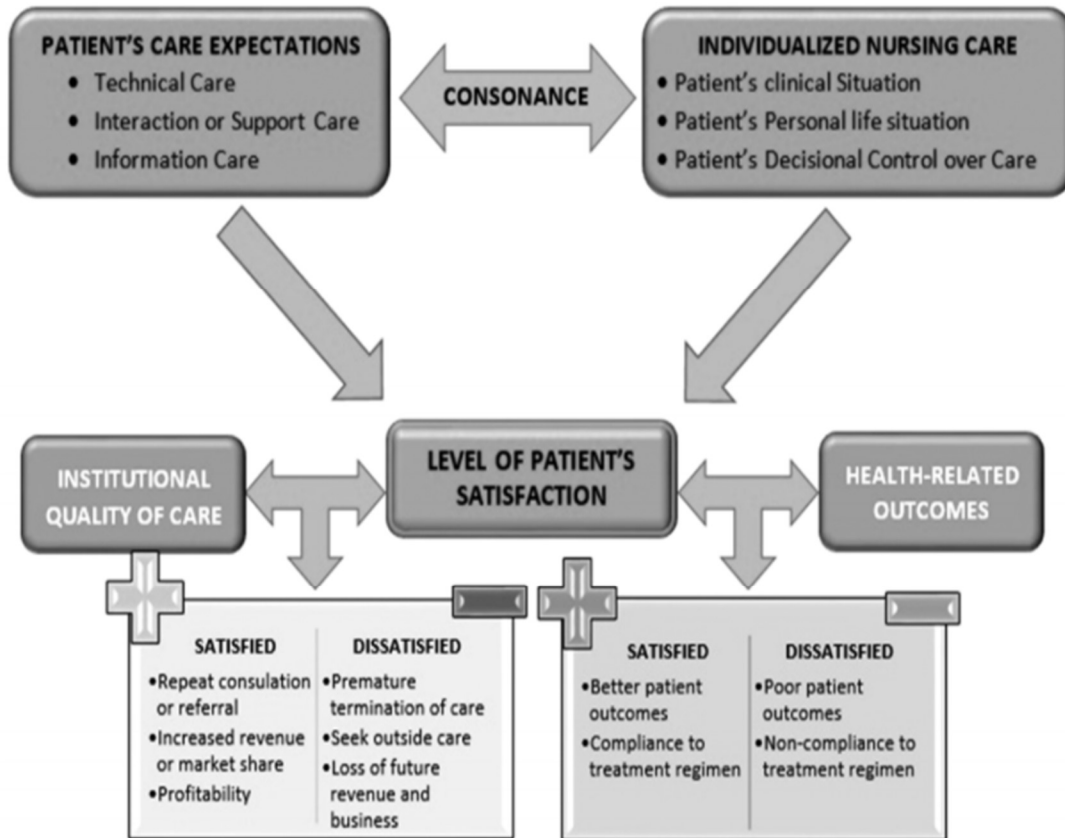
(Arde, 2017)

Appendix D

Student: Kimberli Munn Scholarly Project Title: Implementing best practices to improve nurse-patient communication and the ED experience in a small suburban hospital in the Northwestern US: a pilot project Logic Model Table					
Resources/Inputs	Activities	Outputs		Outcomes: Short term	Outcomes: Intermediate	Outcomes: Long term
• **Personnel:** • **Patients** • **Nursing staff** • **Patient experience team** • **Canyon County Local Community** • **Local hospital organization** • **Staff meeting** • **Patient satisfaction council meeting** • **Equipment and Supplies:** • **Paper supplies** • **IT:** • **Computer** • **IT support**	• Develop with council leader ways to include council members in the council • Establish goals and expectations for team to implement • Integrate implementation with department goals. • Identify leaders and council members that are stakeholders	• Council leader awareness of goal and purpose of the monthly patient satisfaction council meetings • Stakeholder buy in that holding regular meetings will allow department council members to assist in implementing change • Confidence in leaders of	• Patients • Nursing staff • Leadership, those who established organizational goals. • Patient experience team • Educators • Council members • Care Collaborative Council	1. By May 6, the patient satisfaction council leader rated their confidence 4/5 on a Likert scale after completed The Learning Center (TLC) Leadership lesson module from the organization on how to be an effective leader. (CO)	7. By March 2023, the ED Patient Satisfaction council held monthly meetings using the A3 problem solving tool in 75% of the meetings.	12. The healthcare organization is a recognized provider of high-quality care and positive patient experiences.

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Logic Model Table

Resources/Inputs	Activities	Outputs	Outcomes: Short term	Outcomes: Intermediate	Outcomes: Long term
TLC support **Press Ganey support** **Marketing:** **Press Ganey survey** **Patient satisfaction council** **Space:** **Office space** **Council meeting space**	Go over Press Ganey survey results in monthly council meeting	council from nursing staff - Council obtains additional stakeholders through council participation - Monthly Patient Satisfaction Council meetings - Council disseminates information to staff through teamwork board for the whole department to see			

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Logic Model Table

Resources/Inputs	Activities	Outputs		Outcomes: Short term	Outcomes: Intermediate	Outcomes: Long term
Personnel: ● **Patients** ● **Staff** ● **Local hospital organization** ● **Patient experience council** ● **Leadership team** ● **Care Collaborative Council** **Equipment and Supplies:** ● **Whiteboards** ● **Dry erase markers** ● **computer** **IT:** ● **Epic documentation**	● Staff training and education on goals ● Establish purpose for information focus ● Add information to teamwork board and daily huddle ● Whiteboard education demonstrated in staff meeting ● Leaders have Individual follow up and education with individuals involved when there is a grievance	● Increased confidence ● Improved communication with patients ● Patients are satisfied with their medical care ● Patients feel informed ● Nurses are satisfied that patients are informed	● Patients ● Nursing staff ● Educator ● Leadership ● Patient experience team	2. By May 9, 75% of staff completed a pretest measuring their current frequency of whiteboard use, attitude toward patient whiteboards, and usefulness of whiteboards to improve communication with the patient. (CO)	8. By March 2023, 75% of staff continued to follow the process change of whiteboard use as a communication tool for improving the patient experience. (PO)	13. Improvement in nurse-to-patient communication through implementation of whiteboards resulted in improved patient care experience.

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Logic Model Table

Resources/Inputs	Activities	Outputs		Outcomes: Short term	Outcomes: Intermediate	Outcomes: Long term
• **Whiteboard presentation** **Marketing:** • **Patient experience team** **Space:** • **Office space**	• Developing curriculum • Obtain communication simulations from education council					
Personnel: • **Patients** • **Staff** • **Patient satisfaction council** • **Educator** • **Care experience team** • **Care Collaborative Council**	• Patient satisfaction council meeting- meet monthly • Identify leader and co-chairs of Patient Satisfaction Council • Implementation of whiteboard usage.	• Council members verbalize understanding of bylaws • Staff know the organizational and department expectation for patient satisfaction • Nurses improve	• Patients • Nursing staff • Leadership • Care experience team • Educator	3. By May 10, 90% of the patient satisfaction council met to create bylaws for the council with the help of the project leader and the patient satisfaction council leader. (PO)	9. By March 2023, Press Ganey poll question results of 'Nurse's attention to your needs' increased by 15%. (CO)	

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Logic Model Table

Resources/Inputs	Activities	Outputs		Outcomes: Short term	Outcomes: Intermediate	Outcomes: Long term
● **Charge nurse** ● **Department Leadership** **Equipment and Supplies:** ● **Computer** ● **Paper to print whiteboard basics** **IT:** ● **IT support** **Marketing:** ● **Press Ganey** **Space:** ● **Meeting room**	● Train Assistant Nurse Managers to access Press Ganey ● Hang examples of whiteboard basics around nurse's station ● Train charge nurses to encourage whiteboard use.	communication with patients ● Leadership able to access Press Ganey website and disseminate information				

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Logic Model Table

Resources/Inputs	Activities	Outputs		Outcomes: Short term	Outcomes: Intermediate	Outcomes: Long term
Personnel: ● **Patients** ● **Nursing staff** ● **Educator** ● **Leadership** ● **Patient experience team** ● **Shared governance patient satisfaction committee** **Equipment and Supplies:** ● **Computer** ● **Whiteboards** ● **Dry erase marker** **IT:** ● **Press Ganey website support**	● Education on hourly rounding and updating whiteboards ● Expectations and goals set by the department ● Staff collaboration at staff meeting to implement this change in practice ● Implementing who will update the board and when this will happen in accordance with the hourly rounding	● Improved communication between patients and staff ● Improved care experience ● Staff awareness on the patient care experience ● Whiteboard etiquette ● Informed patients	● Nursing staff ● Patients ● Educator ● Leadership	4. By June 10, 80% of the patient satisfaction council attended the monthly meeting and were educated and shown how to use the A3 problem-solving model by the project leader and the patient satisfaction council leader. (CO)	10. The patient satisfaction council reviewed their bylaws once a year for council input and accommodation for change.	

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Logic Model Table

Resources/Inputs	Activities	Outputs		Outcomes: Short term	Outcomes: Intermediate	Outcomes: Long term
Marketing: • **Press Ganey** **Space:** • **Meeting room**	• Implement exactly what will be written on the whiteboard					

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Logic Model Table

Resources/Inputs	Activities	Outputs		Outcomes: Short term	Outcomes: Intermediate	Outcomes: Long term
Personnel: ● **Patient** ● **Nursing staff** ● **Leadership** ● **Staff meeting** ● **Education** ● **Patient experience team** ● **Registration staff** **Equipment and Supplies:** ● **Computer** ● **Whiteboards** ● **Markers** ● **Paper** **IT:** ● **Press Ganey support** **Marketing:** **Space:** ● **Meeting room**	● Staff training and education ● Leaders trained on Press Ganey access ● Educate staff on what baseline Press Ganey numbers are currently and the goal. ● Registration staff trained on asking for up to date email and why.	● Training of staff by Patient Satisfaction Council and project manager ● Process changes and expectations for that change ● Press Ganey education ● Improved nurse-patient relationship	● Patient ● Nursing staff ● Leaders ● Patient satisfaction Council ● Education	5. By June 10, 75% of the department staff attended the staff meeting where the project leader and the patient satisfaction council presented role play simulations demonstrating how to update patient whiteboards and the importance of this communication tool to include nurse	11. By March 2023, Press Ganey, Likelihood to Recommend, an organizational measurement tool increased by 4%.	

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Logic Model Table

Resources/Inputs	Activities	Outputs		Outcomes: Short term	Outcomes: Intermediate	Outcomes: Long term
				name, physician name, fall risk, current pain score (0-10) and pain score goal (0-10). (PO)		
Personnel: ● **Patient** ● **Nursing staff** ● **Leadership** ● **Educator** ● **Patient experience team** **Equipment and Supplies:** ● **computer** **IT:** ● **Survey support** **Marketing:** **Space:**	● Follow up on patient concerns ● Implement hourly rounding and whiteboard use	● Increased Communication with and feedback from patients	● Patient ● Nursing staff ● Leadership	6. By July 18, staff completed a post-test with 25% increase from pretest in measuring their frequency of use, attitude toward patient whiteboards, and usefulness of the whiteboard to		

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Logic Model Table

Resources/Inputs	Activities	Outputs		Outcomes: Short term	Outcomes: Intermediate	Outcomes: Long term
				improve communication with the patient. (CO)		
Personnel ● **Nursing staff** ● **Leadership** ● **Council members** **Equipment and supplies:** ● **Paper** ● **Audit sheet** ● **pencil** **IT:** ● **Excel access** ● **Computer** ● **IT support** **Marketing:** ● **Space:** ● **Office space**	● Council member training on auditing ● Computer training to input results in database ● Whiteboard education ● Follow up with nursing staff on rooms not updated	● Staff following process ● Weekly follow up with council member auditing ● In time coaching if boards not updated ● Staff know expectations of audit	● Patient ● Nursing staff ● Leadership ● Educators ● Council members	7. By August 1,2022, 12 whiteboard audits (which is 80%) were completed looking for nurse name, physician name, fall risk, current pain score (0-10), and pain score goal (0-10), and documented in the database, by two trained council		

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Logic Model Table

Resources/Inputs	Activities	Outputs		Outcomes: Short term	Outcomes: Intermediate	Outcomes: Long term
				members, one representing each shift, day, and night. (PO)		
Personnel: ● **Nursing staff** ● **Leadership** **Equipment and supplies:** ● **Whiteboards** ● **Dry Erase Markers** ● **Paper** **IT:** ● **Database for audits** **Marketing:** ● **Space:** ● **Office space**	● Education on whiteboard use ● Weekly huddle reminder to staff ● Staff know criteria of information needed on whiteboard	● Patient feeling informed ● Nursing staff have increased confidence in using whiteboards as a communication tool ● Improved care experience	● Patient ● Nursing staff ● Leadership ● Patient Satisfaction Council ● Charge nurse	8. By August 2022, 60% of the whiteboards were updated with the expected criteria of nurse name, physician name, fall risk, current pain score (0-10), and pain score goal (0-10). (PO)		

Communication Presentation   4/17/2022

Slide 1:
Communication in the ED
Kimberli Mann, DNP student

Slide 2:
Communication
Who?
What?
Why?
How?

Slide 3:
Communication
Communication with the healthcare team during patient visits:
- Enhances overall patient satisfaction
- Improves patient outcomes
- Improves quality of care
- Improves compliance with care
- Decreases falls
- Improves safety

Slide 4:
Who?
Everyone!!!!!

Slide 5:
Patient Experience = EVERYONE
- Registration
- RN
- CNA
- Medical Imaging
- Providers
- Lab
- Social Work

Slide 6:
What?

Slide 7

Patient experience begins when the patient walks in the front door!

Non-verbal communication
- Eye contact
- Facial expressions
- Gestures
- Posture
- Body language
- Physical environments
- Distance
- Social cues

Verbal communication
- Using words to convey messages
- Written
- Oral

Slide 8

Why?
Communication!

Slide 9

HCAHPS and EDCAHPS

Hospital Consumer Assessment of Healthcare Providers and Systems (**HCAHPS**)- National, standardized publicly reported survey of patients' perspectives of hospital care- Inpatient

- Benchmark set by Centers for Medicare and Medicaid Services (CMS) and reimbursement is given if meet or exceed the benchmark

Emergency Department Consumer Assessment of Healthcare Providers and System (**ED CAHPS**)- National standardized survey to measure patients' emergency department care- ED patients that are not admitted

- Reimbursement is not currently attached to survey scores but there is talk it is forthcoming

Slide 10

Patient Satisfaction Scores:
Nampa ED (pulled 4/16/22)

Slide 11

How?
teach me!!

Slide 12

Communication skills can be learned and do not always come naturally to people.

Slide 13

Emerging themes related to Communication in the ED:

Lack of Communication Scenario 1 | Attending to patients Scenario 2 | Empathy Scenario 3 | Friendly and use humor Scenario 4

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Slide 16

Role Playing
Patient Satisfaction Council Members

16

Slide 14

Role Playing
Patient Satisfaction Council Members

14

Slide 17

Attending to a patient

Nurse is at the bedside starting an IV to collect the labs ordered by the physician. Nurse has had a busy day and is just trying to get their tasks completed. The patient is talking to the nurse, but the nurse is busy with the task of starting an IV. The patient gets the impression the nurse does not want to hear what they have to say.

- How does a nurse complete a task and attend to the pt?
- Is the nurse in the wrong?

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Slide 15

Lack of Communication

Patient has been in the department for 3 hours and the CNA goes in the room to update vital signs the patient is visibly upset because he has not been told any results or why he is still waiting. After the CNA relayed this message to the nurse the nurse states "I thought the doctor was going to update the pt. That is their job."

- Why is the pt upset?
- Hourly rounding? 4P's

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Slide 18

Role Playing
Patient Satisfaction Council Members

18

3

Empathy

First time parents brings their 4-day old newborn into the ED because the baby pooped, and it got all over the umbilical cord. When they were discharged, they were given strict instructions to keep the stump dry and clean to avoid infection.
- How do you educate without making the parents feel it is belittling?

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Friendly using humor

Staff member is pushing a patient down the hall in their bed, they state to the patient "Hold on, I don't have a driver's license to push this bed".

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Empathy

Empathy statements:
- It sounds like you did everything you could.
- I can understand why you would be upset.
- The whole thing sounds very frustrating.
- I am so proud of how you are holding up considering the situation.
- I can see how difficult it has been.

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Friendly using humor

- Humor builds trust between two individuals.
- Listen, connect and follow the patient's lead.
- Humor does not work on everyone, BUT....being friendly does.

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Role Playing
Patient Satisfaction Council Members

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Tools

4P's Hourly Rounding
Communication skills
Whiteboard use

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Thank you

Kimberli Munn

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Appendix F

Communication Scenarios

a)   Lack of communication-Patient has been in the department for 3 hours and the CNA goes in the room to update vital signs and the patient is visibly upset because he has not been told any updates or results of why he is still waiting. After the CNA relayed the message to the nurse the nurse states "I thought the doctor was going to update the patient. That is their job."

        Why is the patient upset?

        Has the patient been checked on since the tests were sent off?

b)   Attending to the patient- Nurse is at the bedside starting an IV to collect the labs ordered by the physician. Nurse has had a busy day and is trying to get her tasks completed. The patient is talking to the nurse, but the nurse is busy with the task of starting a IV. The patient gets the impression the nurse does not want to hear what he had to say.

        How does the nurse complete a task and attend to the patient?

        Is the nurse in the wrong?

c)   Empathy- First time parents bring their 4-day old newborn into the ED because the baby pooped, and it got all over the umbilical cord. When they were discharged from the hospital after birth, they were given strict instructions to keep the umbilical stump dry and clean to avoid infection.

        How so you educate without making the parents feel bad?

d)   Friendly using humor- Staff member is pushing a patient down the hall in their bed, they state to the patient "Hold on, I don't have a driver's license to push this bed."

        How do you know when to use humor?

        Friendliness is always helpful.

Appendix G
Meeting Attendance

Meeting Attendees

(Y = Attend in Person, P = Attend via Skype, N = Not in Attendance, L/E = Late/Leaving Early)
indicates guest, all others standing members

Name	Present	Name	Present	Name	Present

Whiteboard Use Questionnaire

Please answer this anonymous questionnaire on whiteboard practices currently: Questions 1-3 rate 1-4, please provide your thoughts related to question 4.

    1. I write on the whiteboard in my patients' rooms.
1 (Strongly Disagree), 2 (Disagree), 3 (Agree), and 4 (Strongly Agree)

    2. I read what is written on a whiteboard in a patient's room.
1 (Strongly Disagree), 2 (Disagree), 3 (Agree), and 4 (Strongly Agree)

    3. I find the information on the whiteboard in a patient's room helpful.
1 (Strongly Disagree), 2 (Disagree), 3 (Agree), and 4 (Strongly Agree)

    4. What, if any, are barriers to using a patient whiteboard?

Appendix I
Post Communication Presentation Survey

1. **I understand the importance of communication in the emergency department.**
    1 (strongly disagree) 2 (disagree) 3 (agree) 4 (strongly agree)

2. **The presenters demonstrated how to fill out a whiteboard with important information.**
    1 (strongly disagree) 2 (disagree) 3 (agree) 4 (strongly agree)

3. **The role play of communication with a patient was helpful.**
    1 (strongly disagree) 2 (disagree) 3 (agree) 4 (strongly agree)

4. **I know what I am supposed to put on the patient whiteboard.**
    1 (strongly disagree) 2 (disagree) 3 (agree) 4 (strongly agree)

Multiple choice, please select the most accurate answer:

5. **Empathy is:**
    a) **The ability to put yourself in someone else's position to understand what they are feeling.**
    b) **Only verbal communication**
    c) **The ability to know the needs of your patient**
    d) **All the above**

6. **Attending to a patient means to:**
    a) **Complete all tasks in the patient's room**
    b) **Listen to the patient but don't answer**
    c) **Complete all tasks while communicating with the patient**
    d) **Only nonverbal communication**

7. **Lack of Communication can happen when:**
    a) **Assumptions are made**
    b) **Medical terms are used the patient does not understand**
    c) **There is a misunderstanding by either party**
    d) **All the above**

8. **Using humor:**
    a) **Makes every patient feel better**
    b) **Can build trust between patient and staff**
    c) **Heals those in pain**
    d) **Never hurts the patient's feelings**

Bi-weekly whiteboard audit form.

Please put in department manager's box when completed.

Date:

Time:

Audited by:

Put a check In the box if the item is present on the whiteboard and leave the box blank if it is not present. Mark N/A if the room is not occupied by a patient.

Room	Nurse name	Physician name	Fall risk	Pain score	Pain score goal	N/A
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8						
9						
10						
11						
12						
13						
14						
15.						
16.						
17.						

Appendix K

Post leadership module questionnaire

1. List 3 items of accomplishments or goals from an individual perspective related to leadership.

2. Do you feel you need extra education/support in, addition to the leadership training, to be the leader of this group?
3. List 3 goals for the Patient Satisfaction Council.
4. Rate your confidence in being the leader of the patient satisfaction council with 1 (extremely unconfident,) 2 (unconfident), 3(confident), and 4 (extremely confident)?

Appendix L

Meeting Attendees

Name	Present	Name	Present	Name	Present

Appendix M

Outline for patient satisfaction council bylaw/charter (Oregon Nurse Staffing Collaborative, 2020):

Title:

Purpose:

Objectives:

Membership:

Roles and Responsibilities of Membership:

Meeting Dates and Times:

Record Keeping:

Authority:

Appendix N

Timeline

Activity	5/21	6/21	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	7/22	8/22	9/22	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23
Project: To positively impact the patient care experience in the ED by improving communication through whiteboard use and department council support, a pilot study.																									
PLANNING																									
Literature review	X	X	X	X	X	X	X	X																	
PICO	X																								
Synthesis of Literature	X	X	X	X	X	X	X	X	X																
Intervention Identification	X	X	X	X	X	X	X	X	X	X															
ED to implement pilot study	X	X	X	X	X	X	X	X	X	X	X														
Logic model		X	X	X	X	X	X	X	X	X	X														
IRB approval											X	X	X	X											
Stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X											
Organizational Needs Assessment	X	X	X																						
Plan education presentation for staff										X	X														
Create questionnaire and survey's										X	X														
IMPLEMENTATION																									
Educate leaders and staff on project goals												X	X	X	X	X									
Stakeholders updated															X								X	X	X
Implement plan												X	X	X	X										
Continuous feedback, monitor												X	X	X	X	X	X	X	X	X	X	X			
Identify barriers during process												X	X	X	X										
Work on Draft of Final Report												X	X	X	X										

Task	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
DATA COLLECTION																									
Press Ganey survey sent out to patients												X	X	X	X	X									
DATA ANALYSIS																									
Data collected from Press Ganey website													X	X	X	X	X	X	X	X	X	X			
Data collected from questionnaires an sureys													X	X	X	X	X	X	X	X	X	X			
DISSEMINATION																									
Final report presentation															X	X	X	X	X	X	X	X			
Stakeholder and Organization presentation																							X	X	X
Final Report uploaded to ScholarWorks																								X	X

Appendix O

Outcomes

Outcome measured:	Name of tool/instrument:	Characteristics:	Is the tool open-sourced, requires permission to use, or a proprietary tool within an organizational EHR system (data report)?	If permission to use is needed, who is the contact person and/or listed contact information?
1. By May 6, the patient satisfaction council leader completed The Learning Center (TLC) Leadership lesson module on how to be an effective leader and rated their confidence in having a structured meeting, gaining trust from council members, understanding organizational goals, and knowing when to reach out to experts for	questionnaire	**Instrument:** questionnaire given to patient satisfaction council leader after leadership training to rate her confidence in having a structured meeting, gaining trust from council members, understanding organizational goals, and knowing when to reach out to experts for additional resources and support. **Data**: ● Ensures leader receives training and is confident to lead	Tool developed by project manager	N/A

additional resources and support a 3 out of 4 on a Likert scale. (PO)				
2. By May 9, 75% of staff completed a questionnaire (Likert scale 1-4) with a few open-ended questions, asking about their current frequency of whiteboard use, measuring their positive or negative attitude about implementing whiteboards, and if they felt whiteboards were useful to improve communication with the patient. (PO)	Questionnaire	**Instrument:** The survey will consist of 4 questions. This questionnaire will be given prior to the department staff meeting introducing the project on whiteboard implementation. There will be a 1-4 Likert scale the staff can rate. 1 Strongly Disagree, 2 Disagree, 3 Agree, and 4 Strongly Agree. Questions will be specific to the nurse's current frequency of whiteboard use, measuring positive or negative attitude about implementing whiteboards, and if they felt whiteboards were useful in communication with the patient. The last question will be open-ended. **Data:** ● Nurse perception of patient experience ● Nurse knowledge ● Nurse confidence ● Nurse attitude- (positive/negative)	Tool developed by project manager from Sehgal et al., 2010	N/A
3. By May 10, 90% of the patient satisfaction council met and created bylaws for the council that included the	Attendance sheet.	**Instrument:** Attendance sheet of participation in creating the council bylaws. **Data:** ● Count of those that attended to receive education	Tool developed by project manager with guidance from	N/A

meeting's purpose, goals, how the meeting will be conducted, and meeting norms. (PO)				
4. By May 10, 65% of the staff completed a questionnaire rating at least 3 out of 4 (Likert scale 1-4) for understanding various factors that affect patient communication after the project manager presented to the department a PowerPoint presentation on communication and using the whiteboard as a communication tool in their staff meeting. (PO)	Questionnaire	**Instrument:** The survey will consist of 4-5 questions. This survey will be given immediately after project implementation of whiteboard implementation. There will be a 1-4 Likert scale the staff can rate. 1 Strongly Disagree, 2 Disagree, 3 Agree, and 4 Strongly Agree. Questions will be specific to the outcome of knowledge and confidence of nurse patient communication from the nurse perspective. **Data:** ● Nurse understanding of whiteboard use for nurse-patient communication.	Tool developed by project manager.	N/A
5. By June 10, 80% of the patient satisfaction council attended an	Attendance count	**Instrument: Attendance sheet from the patient satisfaction council meeting.** **Data:**	Attendance tool created by project manager	N/A

education session about the A3 problem-solving model, presented by the project manager and patient satisfaction council leader, and the council demonstrated their ability to utilize the tool to solve department problems by walking through an example step by step with the project manager. (PO)		● Knowledge of those that attended that received informing on the A3 problem solving model		
6. By June 10, 75% of the department staff attended the staff meeting where the project manager and the patient satisfaction council presented role play scenarios demonstrating how to update patient whiteboards and	Attendance count	**Instrument:** Attendance sheet is at the department staff meeting to ensure education is given to all staff. Those not in attendance will receive communication on communication and whiteboard implementation. **Data:** ● Attendance of education	Attendance tool created by project manager	N/A

the importance of this communication tool to include nurse name, physician name, fall risk, current pain score (0-10), and pain score goal (0-10). (PO)				
7. By July 18, 50% staff completed a post education and whiteboard implementation questionnaire and there was a 25% increase from prequestionnaire in measuring their frequency of use, attituded toward patient whiteboards, and usefulness of the whiteboard to improve communication with the patient. (CO)	Questionnaires	**Instrument:** The survey will consist of 4 questions. This questionnaire will be given prior to the department staff meeting introducing the project on whiteboard implementation. There will be a 1-4 Likert scale the staff can rate. 1 Strongly Disagree, 2 Disagree, 3 Agree, and 4 Strongly Agree. Questions will be specific to the nurse's current frequency of whiteboard use, measuring positive or negative attitude about implementing whiteboards, and if they felt whiteboards were useful in communication with the patient. The last question will be open-ended. **Data:** - Nurse perception of patient experience - Nurse knowledge - Nurse confidence Nurse attitude- (positive/negative)	Tool developed by DNP student from Sehgal et al., 2010	N/A
8. By August 1, 80% of bi-weekly	Audit form	**Instrument:** The audit survey will be utilized by 2 members of the patient's	Audit form created by project manager	N/A

audits, of every room in the department, were completed looking for nurse name, physician name, fall risk, current pain score (0-10), and pain score goal (0-10), and documented in the database, by two trained council members, one representing each shift, day, and night. (PO)		satisfaction committee that are trained by the project leader on how to appropriately conduct the audit survey. The survey will be a printable paper survey. The staff members will decide the dates each week the audit survey will be conducted. This audit survey will consist of a list of each room number with 2 questions for each room and a not applicable (NA) box. Example: Room 1 1. Does the room whiteboard have the nurse's name written on it? Yes/No 2. Does the room whiteboard have the nurse's name and physician's name written on it? Yes/No 3. Not applicable, no patient in room. Only marked if there is not a patient in the room. 3 can only be marked if 1 and 2 are not marked. This will be completed twice a week as scheduled by project lead and the 2 patient satisfaction committee members, paying special attention to auditing at different times. The data will be given to the project leader who will transcribe the results into an excel spreadsheet. **Data:** ● Compliance of whiteboard use		
9. By August 2022, 70% of the patients'	Audit	The survey will be a printable paper survey. The staff members will decide the dates each week the audit survey will be	Information will be gathered from the bi-weekly	N/A

| whiteboards were updated with the expected criteria of nurse name, physician name, fall risk, current pain score (0-10), and pain score goal (0-10). (CO) | | conducted. This audit survey will consist of a list of each room number with questions for each room and a not applicable (NA) box.
Example:
Room 1
1. Does the room whiteboard have the nurse's name written on it? Yes/No
2. Does the room whiteboard have the physician's name written on it? Yes/No
3. Does the room whiteboard mark the pt as a fall risk? Yes/No
4. Does the room whiteboard have the pt's current pain score? Yes/No
5. Does the room whiteboard have the pt's pain score goal? Yes/No
6. Not applicable, no patient in room. Only marked if there is not a patient in the room.
This will be completed twice a week as scheduled by the 2 patient satisfaction council members, paying special attention to auditing at different times. The data will be given to the project leader who will transcribe the results into an excel spreadsheet.
Data:
● Compliance of whiteboard use | audits. Audit form created by project manager. Information will be put into Excel to measure compliance. | |

Appendix P

Memorandum of Understanding

Memorandum of Understanding

Between

Kimberli Munn, Doctor of Nursing Practice (DNP) student

Boise State University

and

This Memorandum of Understanding (MOU) outlines the terms and understanding between Kimberli Munn, a DNP student at Boise State University, and St ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ to conduct a pilot project on implementing best practices to improve nurse-patient communication and the patient's experience in the Emergency Department (ED).

Background
Patient experience is one measure of the patient's quality of care and satisfaction; and nurses can directly impact the outcome of the patient experience (Natsui et al., 2018, American Association of Colleges of Nursing [AACN], 2011). Communication with members of the healthcare team during the patient's visit drives overall satisfaction and there is a correlation between patient experience and improved patient outcomes and quality of care (Hermann et al., 2018, Sonis et al., 2017; Tan et al., 2013). Increasing communication in the Emergency Department is a priority outcome for St. ⬚⬚⬚⬚⬚⬚⬚⬚⬚ fiscal year 2022. The literature supports implementation of whiteboard use, in patient rooms, to inform and involve the patient in their care. Adoption of whiteboards has been shown to improve communication, teamwork, and the patient's perception of satisfaction (Weigand, 2013).

Purpose
The purpose of this project is to improve communication between the healthcare staff and the patient, increase nurse knowledge and confidence of the importance of communication with the patient, and improve patient satisfaction in the ED. The student will create a plan to introduce, implement, and measure whiteboard implementation related to communication between the healthcare staff and the patient. The student will help establish a department patient satisfaction committee to support implementation of whiteboard use and sustainability of continued nurse to patient communication implementation.

Intended Project Outcomes
Improved nurse/patient communication in the ED

- Improved nurse knowledge and confidence of importance of communication

- Improved nurse/patient communication through whiteboard use
- Implementation of department patient satisfaction committee
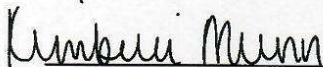- Improved patient satisfaction in the ED

Duration

The Scholarly Project will begin with the planning phase in January 2022, implementation phase will be from May to July 2022, and completion of the DNP program will be finalized May 2023.

Reporting

The DNP Scholarly Project will include a final report, an abstract, an oral presentation of the report and potential publication. The DNP student will submit a Final Project Report for publication in ScholarWorks. ScholarWorks is a collection of services designed to capture and showcase all scholarly output by the Boise State University community, including doctoral dissertations and doctoral project reports.

No personal identifiers will be included, and all data will be reported in aggregate form. The author welcomes any comments or suggestions from St Luke's Health System but reserves the right to publish findings and analysis according to professional standards and principles of academic freedom. For any work of a scholarly nature, the author agrees to follow the organizations preferences: small suburban hospital in the Northwestern US, in how it is to be named in the work.

Student Contact Information

Kimberli Munn Date: 02/02/2022
(*DNP Student signature*)
(*Kimberli Munn*), Boise State University DNP student

_____ Date: 2/2/2022
(*Organizational Contact signature*)
(T_____ _RNC-OB, Senior Director, Nursing & Patient Care Center of Excellence, St._____

Appendix Q

IRB Determination

April 4, 2022

Kimberli Munn

m.

Re: IRB Determination: *Implementing best practices to improve nurse-patient communication and the ED experience in a small suburban hospital*

Dear Ms. Munn,

I appreciate your request for IRB determination regarding protection of the rights and welfare of subjects involved in the above referenced project.

This pilot project aims to improve nurse-patient communication and the patient experience in the Emergency Department (ED) with the support of the department patient satisfaction council. Implementing a department Patient Satisfaction Council to support implementing change, specifically communication education and the use of whiteboards as a quality improvement project may positively influence patient outcomes and satisfaction.

This pilot project consists of three phases: development, implementation, and assessment. The first phase, the development phase, included meeting with key stakeholders in the ED and the organization to develop a comprehensive plan for the project and to gather baseline data from ED Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).

The second phase, implementation, includes education on communication, whiteboard use, and department council training. The third phase, assessment evaluation, will be performed for each of the 8 short outcomes, which are described in the submitted project proposal. The pilot project uses several assessment tools to measure outcomes including questionnaires, surveys, and audits.

While the project is a systematic investigation, it is not designed to develop or contribute to generalizable knowledge. Patients will not be randomized to different interventions. The project does not entail greater risk to individuals than would normally be anticipated in daily life.

The project does not meet criteria for human subjects research but rather is evidence-based quality improvement (QI). The project does not need to be reviewed by St. _____ _ ___ _ r the SL IRB. For any extramural presentations where results of this PI project are revealed, it is required to avoid any use of the word research in a poster, any other representation of the project or in its verbal description.

Additional Notes:

1. This determination could be affected by substantive changes in the project design, subject populations, or identifiability of data. If the project changes in any substantive way, please contact our office for clarification.

2. Please note that federal regulators have made it clear that any publication describing a project as research must have prior IRB review and approval. Therefore, projects determined to be Evidence Based Practice (EBP)/Performance Improvement (PI)/Program Evaluation, etc., initiatives should not be published as research.

3. Also, some journals require evidence of IRB review if an activity discussed in an article is described as research. Please take caution as to the verbiage utilized to describe the activities outlined in the publication.

"Permissions to conduct this project may be needed by your leadership and/or other stakeholders."

Thank you again for your inquiry. If you have further questions, you may call the IRB Office for clarifications at (208)381-1406.

Sincerely,

Jֶ

Digitally signed
by Jane_____
Date: 2022.04.04
10:52:07 -06'00'

Jε_____, ꓳCRC
Director Clinical Research

Appendix R
Citi Certification

CITI PROGRAM

Completion Date 28-Jun-2021
Expiration Date 27-Jun-2024
Record ID 43288200

This is to certify that:

Kimberli Munn

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Human Research
(Curriculum Group)
Social & Behavioral Researchers
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Boise State University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wa99013c4-2870-429c-8354-95fd64cf646e-43288200

Kimberli Munn Scholarly Project Expense Report

				Grand Total		**$17,849.00**
Expense Category	Expense Description	Explanation of Expense	Type of Cost (variable/fixed)	Volume	Cost per Unit	Total
Personnel	Patient satisfaction committee ED RN wages	ED RNs participating in patient satisfaction committee. Hourly rate is an average based on organizational HR data.	variable	1 hrs X 5 RN's=5 hrs x 3 mo=15, 24 RN'sx1 hr=24 hours, 2 RN's x 30 min per full audit x 12 weeks, (audits a week x 12 weeks =24 audits) 24+24+15 =63	$32/hr	$2,016.00
Personnel	ED Manager wage	Meeting with manager to explain process	variable	4 hrs x 1 RN=4	$55/hr	$220.00
Personnel	Patient experience team with organization	Patient experience team is hired by the organization to research and assist departments on the patient experience.	variable	1 hrx3 RN=3	$32/hr	$96.00

		A meetting with the patient experience team, which consists of 3 RN's				
Personnel	Leadership team- RN's	Meet with leadership team to educate and secure stakeholders in supporting the process of implementing whiteboard use. Leadership will be trained on auditing in this meeting. Leadership includes: 1 nurse manager and 4 assistant nurse managers (ANM). Hourly rate is an average based on organizational HR data	variable	1 hr x 4 RN's =4	$47/hr ANM	$188

Personnel	ED RN	Staff meeting with RN's to educate about whiteboard use and the department goals and purpose of implementation of whiteboards for improved communication, based on organizational HR data	variable	1 hr x 32 RN's	RN $32/hr x 32=1024	$1,024.00
Personnel	DNP RN	DNP student RN assisting staff and patient satisfaction committee, weekly check-in's and guidance verifying program is running appropriately	variable	8 hrs/wk	$40/hr x8 hrs/wk x12 wks	$3,840.00
Personnel	CNA/tech wages	Staff meeting with CNA/tech's to educate about whiteboard use and the department goals and purpose of	variable	8 cna/tech's	$15/hr x 8tech's =120	$120.00

		implementation of whiteboards for improved communication, based on organizational HR data				
Personnel	Building services	Building services to install whiteboards in patients' rooms	variable	36 hr x 2 building service workers	$25/hr x 2 x 36	$1,800.00
Personnel	MIDAS team	Meeting with Midas team about getting recent patient grievances	variable	1 hr/ 5 RN's	$32/hr	$160.00
Personnel	Educator wages	1 educator that will be providing content to ED RNs on updating whiteboards. Hourly rate was obtained from educator.	Variable	5 hrs X 1 educator	$35/hr	$175.00
Material & Supplies	Erasers	Dry erase erasers	fixed	18	$5/eraser x 18	$90.00
Material & Supplies	Dry Erase Markers	Dry Erase Markers for each room	fixed	100 markers	$25/10	$250.00
Material & Supplies	Projector	Powerpoint presented on a projector	fixed	1/projector	$1,000	$1,000.00

		at staff meeting				
Material & Supplies	Patient Satisfaction Committee	Advertising for patient satisfaction committee with flyers in staff mailbox and on staff teamwork board	fixed	1 ream of paper	$15/ream	$15.00
Material & Supplies	Paper	32 educational packets, 5 unit flyers	fixed	1 ream of paper	$15/ream	$15.00
Space	Staff meeting	All department staff meeting	fixed	1 hour	$150/hr	$150.00
Space	Leadership team meeting	Meeting with ED leadership to teach how to audit and secure stakeholders	fixed	1 hour	$150/hr	$150.00
Space	Meeting room	Patient Satisfaction Committee meeting room based on average room rental	variable	2 hrx 3 meetings= 6 hr	$150/hr	$900.00
Equipment	Whiteboards	Whiteboard for each patient room based on medical supply estimate	fixed	18 rms/18 whiteboards	18 x $250	$4,500.00

IT	Website access	Press Ganey access and training on the site	variable	4 hrs x 1 IT=4	$60/hr	$240.00
IT	Printer	Printing educational packets and flyers	fixed	1 printer	$250/printer	$250.00
IT	Computer	computer to access Press Ganey results. Rate is average cost of a new laptop	fixed	1 laptop	$650/laptop	$650.00

Appendix T

Kimberli Munn 2-3 Year Budget

Yearly Totals: $ 17,849.00 $ 9,180.91 $ 9,346.75

Expense Category	Year 1	Year 2	Year 3	Rationale
Personnel	$ 9,639.00	$ 5,510.91	$ 5,676.75	First year salary includes training of all staff, year 2/3 will include training of new staff assuming there is a 10% change in staffing yearly. Year 2/3 RN salaries increase by 3% based on organizational HR data. Audit by RN continue with 2 audits a week for 52 weeks.
Material & Supplies	$ 1,370.00	$ 1,770.00	$ 1,770.00	markers and erasers
Space	$ 1,200.00	$ 1,800.00	$ 1,800.00	Meeting room for unit based patient satisfaction committee to meet once a month for 1 hours
Equipment	$ 4,500.00	$ -	$ -	
IT	$ 1,140.00	$ 100.00	$ 100.00	Maintaining data on the computer

Appendix U

Statement of Operations

Operating Income		$ 0
	Revenue Total	$17849.00
Source	Description	Amount
	Expenses Total	$ 17,849.00
Expenses	Description	Amount
Personnel		$9,639.00
Material & Supplies		$1,370.00
Space		$1,200.00
Equipment		$4,500.00
IT		$1,140.00

Post leadership module questionnaire

5. List 3 items of accomplishments or goals from an individual perspective related to leadership.

    Response: Support from co-workers, ability to affect change, and not making co-workers upset with the project

6. Do you feel you need extra education/support in addition to the leadership training, to be the leader of this group?
    Response: No extra support needed other than support from the project leader.

7. List 3 goals for the Patient Satisfaction Council.
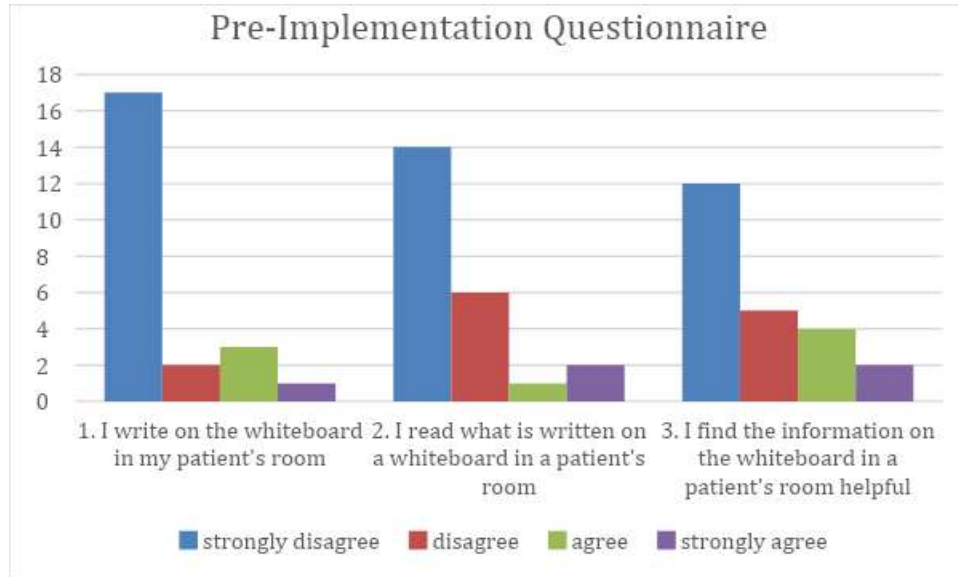   **Response: Positively influencing the patient satisfaction scores, team involvement, and support from the council.**

8. Rate your confidence in being the leader of the patient satisfaction council with 1 (extremely unconfident,) 2 (unconfident), 3(confident), and 4 (extremely confident)?
    4 (extremely confident)

Appendix W

Pre-Implementation Questionnaire Results

Question 4: What are the barriers to using a patient whiteboard in the Emergency Department?

Common themes, including the number of times mentioned:

- Frequent turnover of patients (11)
- Nurse assignments change often (7)
- Not enough time (6)
- Staffing (6)
- Whiteboards are for inpatient not the ED (3)

Appendix X

Outline for patient satisfaction council bylaw/charter (Oregon Nurse Staffing Collaborative, 2020):

Title: Patient Satisfaction Council for the Emergency Department

Purpose: To engage staff in improving the patient experience in the Emergency Department

Objectives: Improve the patient experience, provide the best care for our patients, and improve patient satisfaction scores.

Membership: Volunteers, assistant nurse leaders and recommendations from ED leadership.

Roles and Responsibilities of Membership:

- Attend meetings
- Vote on topics discussed
- Be an example in the department and among peers
- Encourage and teach colleagues
- Be respectful to everyone's opinions
- Vote on topics with >50% required to finalize a decision

Meeting Dates and Times: Second Tuesday of the month at 10 am in the ED leader's office

Record Keeping: Council leader assigns a record keeper at each meeting to take notes and leader will type up notes and distribute to council via email.

Authority: ED leadership and Senior leadership welcome to attend and give system input.

Appendix Y

Post Presentation Questionnaire
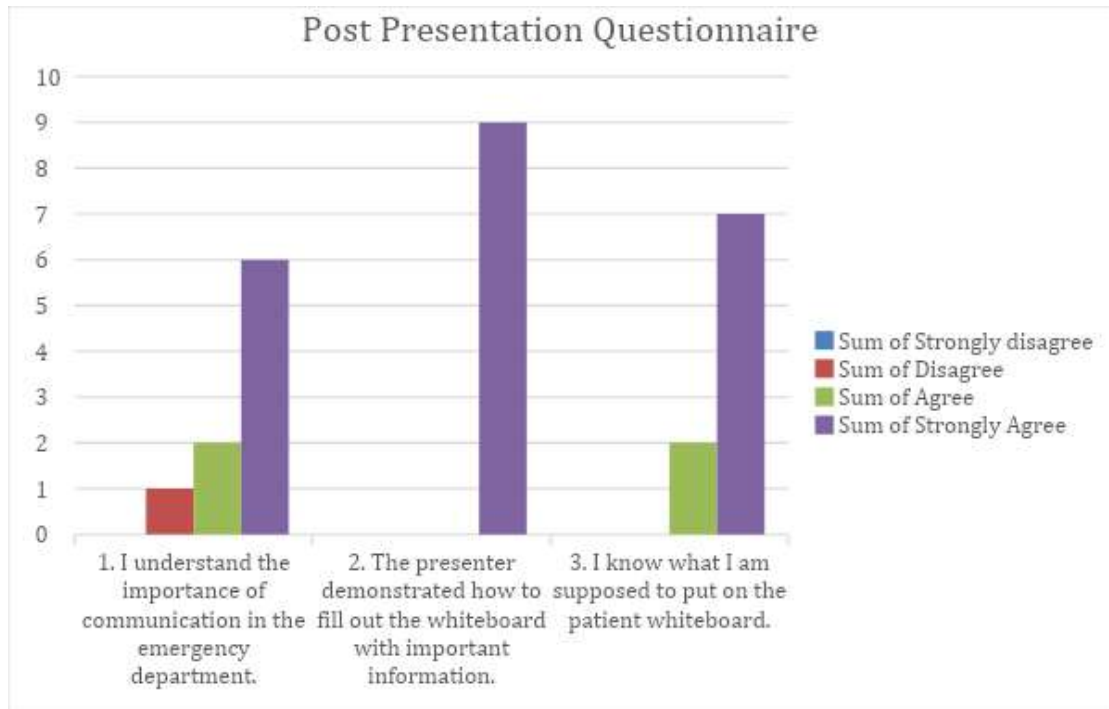
- All the Multiple-choice questions on communication were answered correctly by staff who completed the post presentation questionnaire.

Appendix Z

Post Implementation Questionnaire Results

Questions	Sum of Strongly disagree	Sum of Disagree	Sum of Agree	Sum of Strongly Agree
1. I write on the Whiteboard in my patient's room	2	6	18	9
2. I read what is written on a whiteboard in a patient's room	8	11	12	4
3. I find the information on the Whiteboard helpful	12	10	9	4

Question 4: What are the barriers to using the patient whiteboard?

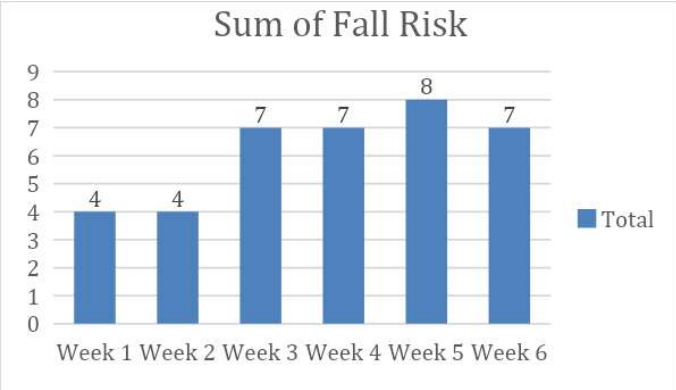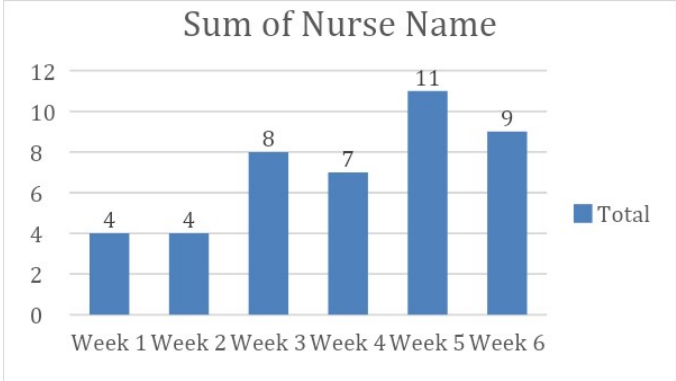| Common themes:	Frequency mentioned
Busy Department	12
Short staffed	6
Assignment switches often	9
Providers buy-in to update their name on the whiteboard	5
Time consuming	5
Patient turnover	14

Appendix AA

Bi-weekly whiteboard audit results
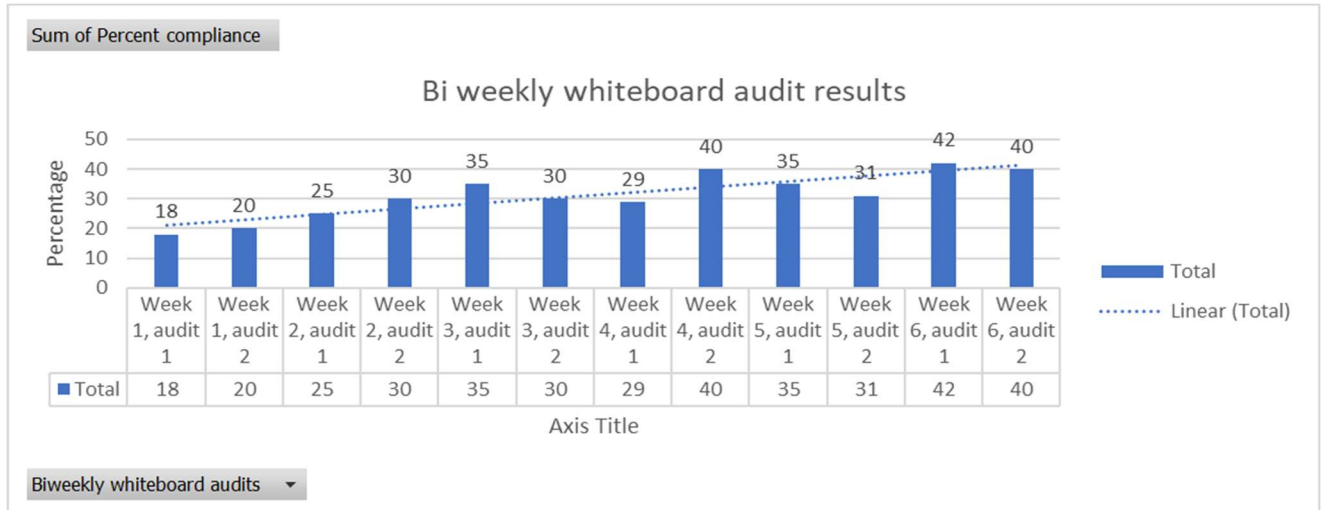
Audits were completed twice a week.

Biweekly whiteboard audits	Percent compliance
Week 1, audit 1	18
Week 1, audit 2	20
Week 2, audit 1	25
Week 2, audit 2	30
Week 3, audit 1	35
Week 3, audit 2	30
Week 4, audit 1	29
Week 4, audit 2	40
Week 5, audit 1	35
Week 5, audit 2	31
Week 6, audit 1	42
Week 6, audit 2	40

Sum of Nurse Name

Week	Total
Week 1	4
Week 2	4
Week 3	8
Week 4	7
Week 5	11
Week 6	9

Sum of Fall Risk

Week	Total
Week 1	4
Week 2	4
Week 3	7
Week 4	7
Week 5	8
Week 6	7

Sum of Pain Score

Week	Total
Week 1	4
Week 2	4
Week 3	6
Week 4	4
Week 5	4
Week 6	7

Appendix BB

Permission of Use

Republic of the Philippines
UNIVERSITY OF NORTHERN PHILIPPINES
Tamag, Vigan City
2700 Ilocos Sur

College of Nursing

December 9, 2022

Kimberli Munn
Boise State University Kimberlimunn@u.boisestate.edu
205 Hillcrest Dr.
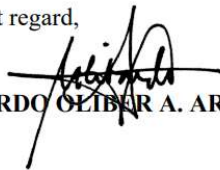Baker City, OR, 97814

Dear Kimberli Munn,

Greetings!

Thank you for your expressing your interest in using my work entitled "The Consonance Theory: A Proposed Theory of Patient Satisfaction," published in the Philippine Journal of Nursing Volume 87 Number 2 (July to December 2017).

In this connection, this letter intends to permit you to use the said work in your Doctoral Project on the condition that the work will be cited accordingly.

Good luck on your project!

With best regard,

BERNARDO OLIBER A. ARDE, JR, PhD, RN
Author