

Background

Registered Nurse (RN) communication is vital in improving patient outcomes and preventing patient readmissions. Initiating communication between the nurse and patient can lead to improvements in patient care and have a positive impact on the patient during the hospital stay. Having proper communication with the patients can also prevent medication errors from occurring and increase patient satisfaction (Kourkouta & Papathansiou, 2014). The focus of East 4's project is to improve RN communication scores and patient satisfaction.

Purpose

The purpose of this investigation is to identify possible interventions on East 4 that can lead to improvements in RN communication and increase the unit's RN communication HCAHPS scores to the goal of 73%.

Methods

The project is based on analyzing the HCAHPS scores of East 4 Accelerated Access Unit, specifically the RN communication score. The team is made up of the Unit Based Practice Council and East 4 Quality and Safety Champion, Kiran Sidhu. The interventions include increasing staff knowledge about low scores and how to utilize available resources/strategies (see Implementation) in order to improve them, increasing consistent Assistant Nurse Managers' rounding with the Cipher survey, and surveying nursing staff about ideas for improving RN communication. The evaluation strategy will be reassessing the HCAHPS scores and patient surveys on the Cipher program.

Implementation

The image shows a patient whiteboard for UC Davis Health System. It includes fields for Patient Name, Today's Date, Room # (4137-01), and Phone # ((916) 703-8437). The whiteboard is divided into sections: CARE TEAM (Doctor/Team, Charge Nurse, Nurse), PLAN OF CARE (Diet, Discharge, Ambulate/Mobility, Incentive Spirometer, Arrange Home Transportation), GOALS / NOTES, PERSONAL ITEMS, GOING HOME (Based on Your Current Condition, You Are Likely To Go Home In: More Than 3 Days, 3-5 Days, Within 24 Hours, Today), FAMILY CONTACT, PAIN PLAN, and Baker FACES® Pain Rating Scale. A handwritten note on the whiteboard reads: "Continue to take diabetic meds to breath better 4/24/21".

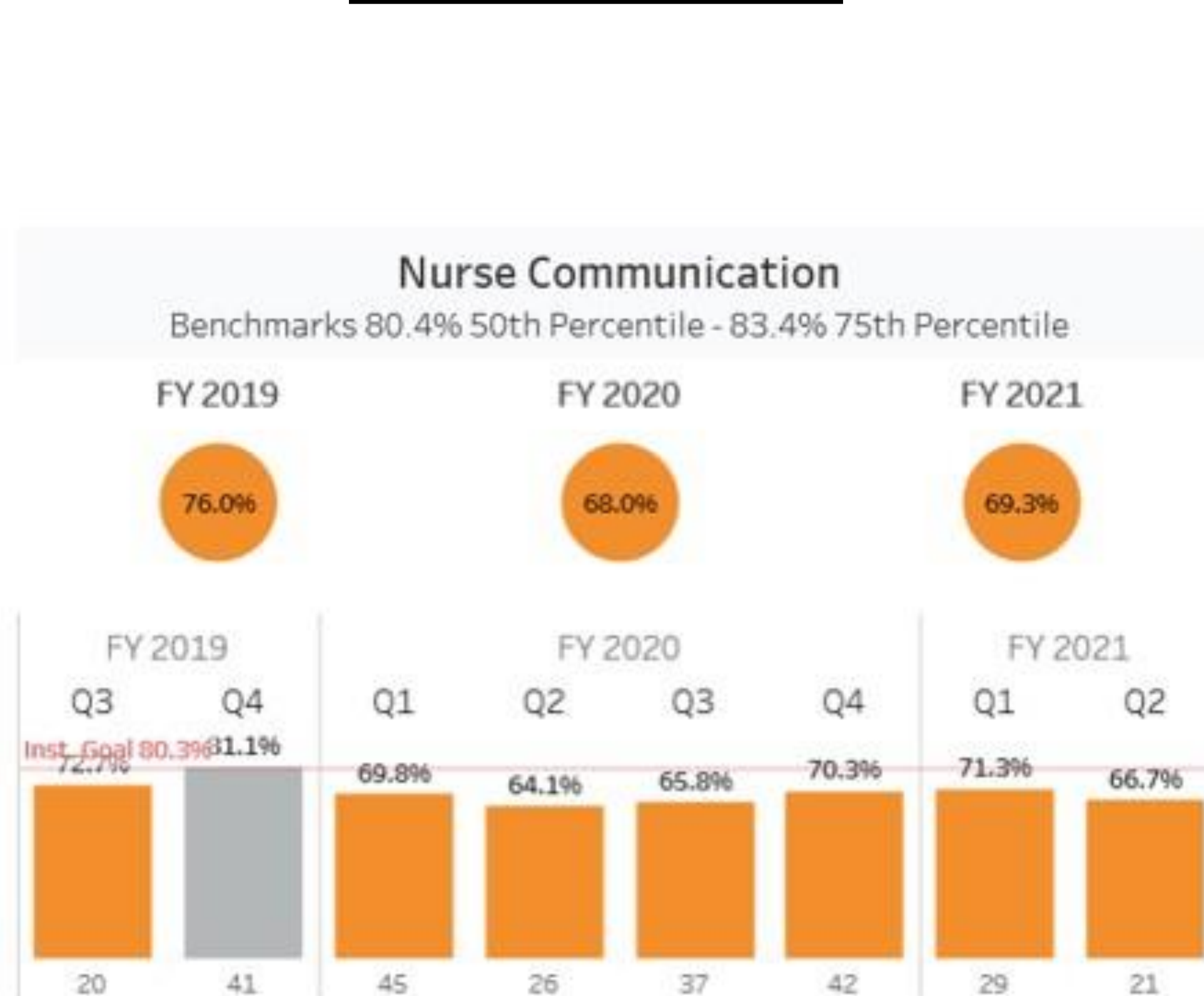
Date of Audit	Time of Audit	RM	RN	Date? Yes/No	RN? (Yes/No)	Charge RN? (Yes/No)	Goals? (Yes/No)
		11-1					
		11-2					
		13-1					
		13-2					

Example of patient whiteboard and whiteboard audit form

Results

The project has been completed and we have been successful at reaching our goal. We surpassed our goal by 0.5% (current percentile 73.5%) Initially, when just educating staff on low RN communication numbers, the HCAHPS scores did not improve and were lower than at the start of the program implementation. We saw improvements in the recent months as Cipher rounding was emphasized and staff were educated on utilization of proper strategies, focused on effective teach-back communication, mandatory bedside report, and auditing patient white boards to be up to date.

Pre-Interventions



Always Use Teach-back!

10 Elements of Competence for Using Teach-back Effectively

1. Use a caring tone of voice and attitude.
2. Display comfortable body language and make eye contact.
3. Use plain language.
4. Ask the patient to explain back, using their own words.
5. Use non-shaming, open-ended questions.
6. Avoid asking questions that can be answered with a simple yes or no.
7. Emphasize that the responsibility to explain clearly is on you, the provider.
8. If the patient is not able to teach back correctly, explain again and re-check.
9. Use reader-friendly print materials to support learning.
10. Document use of and patient response to teach-back.

What is Teach-back?

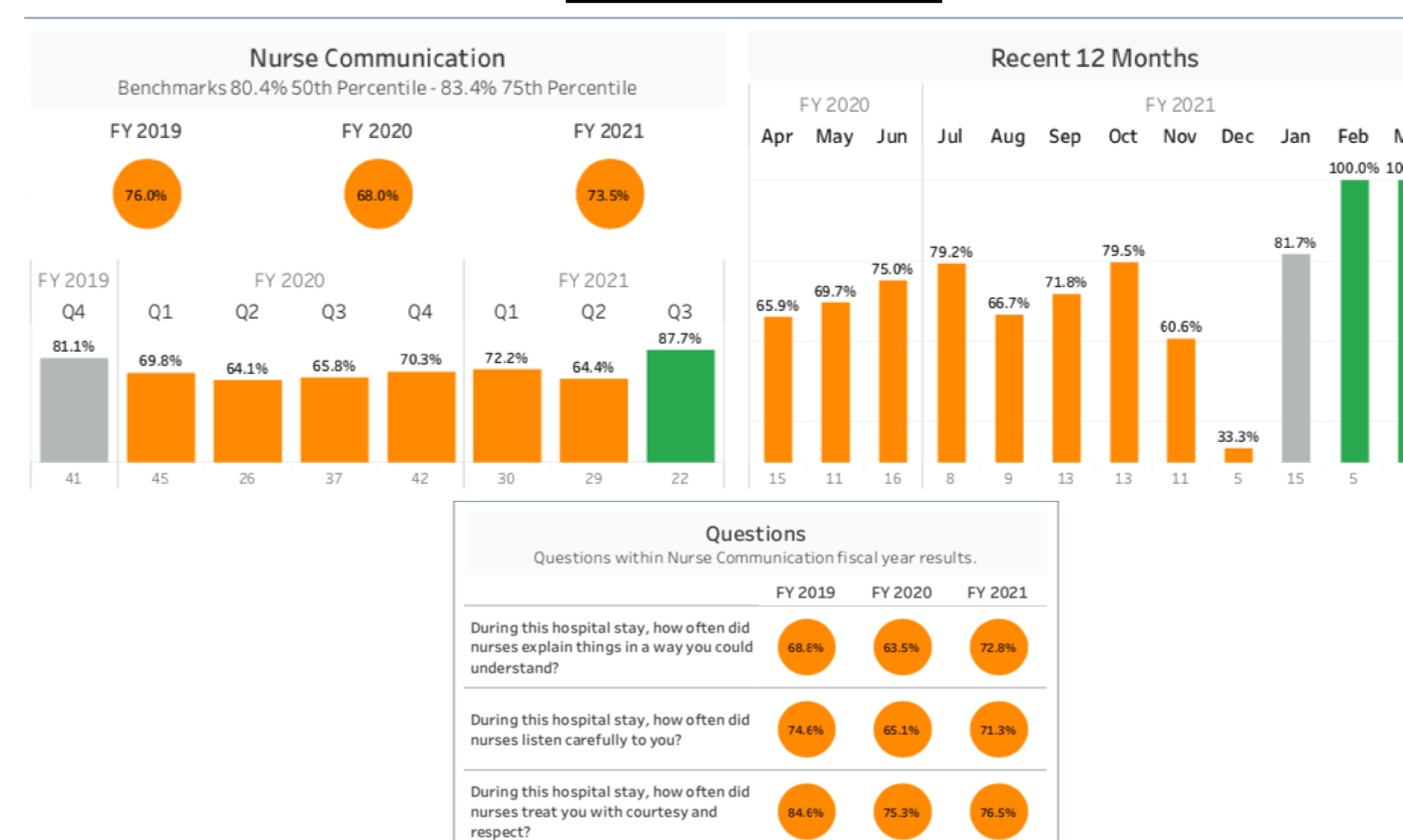
- A way to make sure you—the health care provider—explained information clearly. It is not a test or quiz of patients.
- Asking a patient (or family member) to explain **in their own words** what they need to know or do, in a caring way.
- A way to check for understanding and, if needed, re-explain and check again.
- A research-based health literacy intervention that improves patient-provider communication and patient health outcomes¹.

¹ Schillinger, 2003



Teach-back definitions and elements of competence

Post-Interventions



Conclusion

In conclusion, our interventions resulted in increased RN communication scores, as well as an enhanced understanding and improvement in overall RN communication with East 4 patients. Some limitations that we encountered were lack of staff motivation to improve communication strategies and lack of time for adequate communication due to high patient acuities. Despite these limitations, our action plans were successful as we reached our target goal. These action plans are very easy to adopt/implement and would benefit any inpatient floor to improve communication scores.

Implications

Due to the hesitancy by staff and limited involvement with the action plans, we had to lower the goal threshold in the beginning of implementation. After continued encouragement and ANII rounding, we were able to increase our numbers and reach our lower goal level (73%). Implications for further practice are to continue doing what we are doing, but also to continue to increase our scores to meet the original university's target goal. Through our continued action plans and staff education, we expect overall patient satisfaction to continue to increase, and staff to have better awareness/understanding of how communication styles can directly improve communication scores and staff-to-patient therapeutic relationships.

References

1. Kourkouta, L. & Papathanasiou, I. (2014). Communication in nursing practice. *Journal of the Academy of Medical Science of Bosnia and Herzegovina*, 26(1), 65-67. doi. 10.5455/msm.2014.26.65-67

Acknowledgements

We would like to thank the Unit Practice Council, Darrell Desmond, Kiran Sidhu, and the East 4 Staff nurses.