



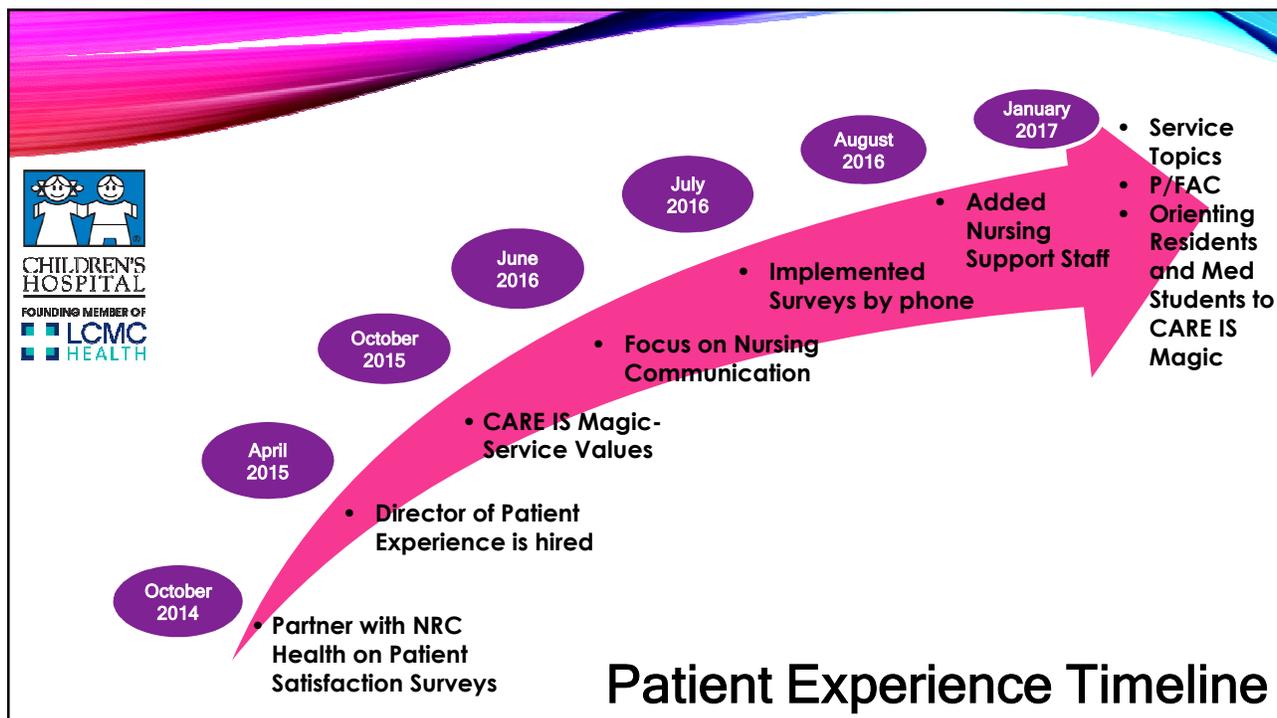
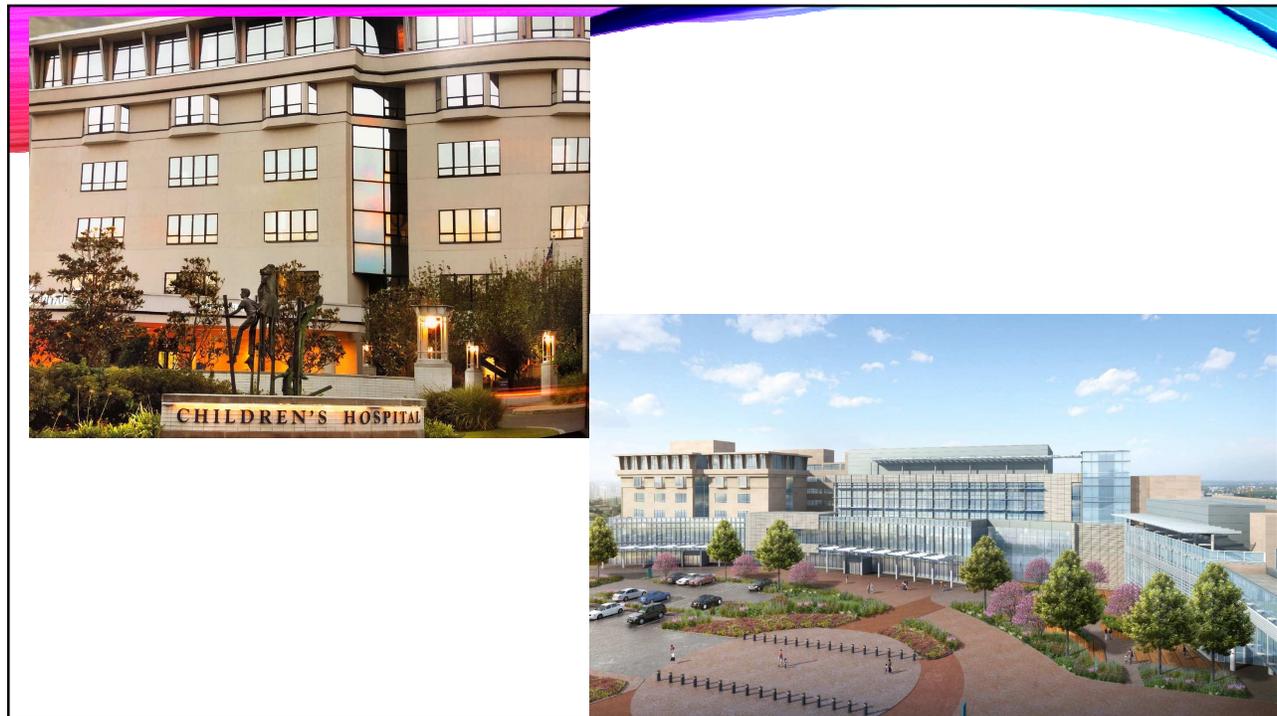
UNDERSTANDING PATIENT FEEDBACK AND CREATING A RESPONSIVE NURSING STAFF

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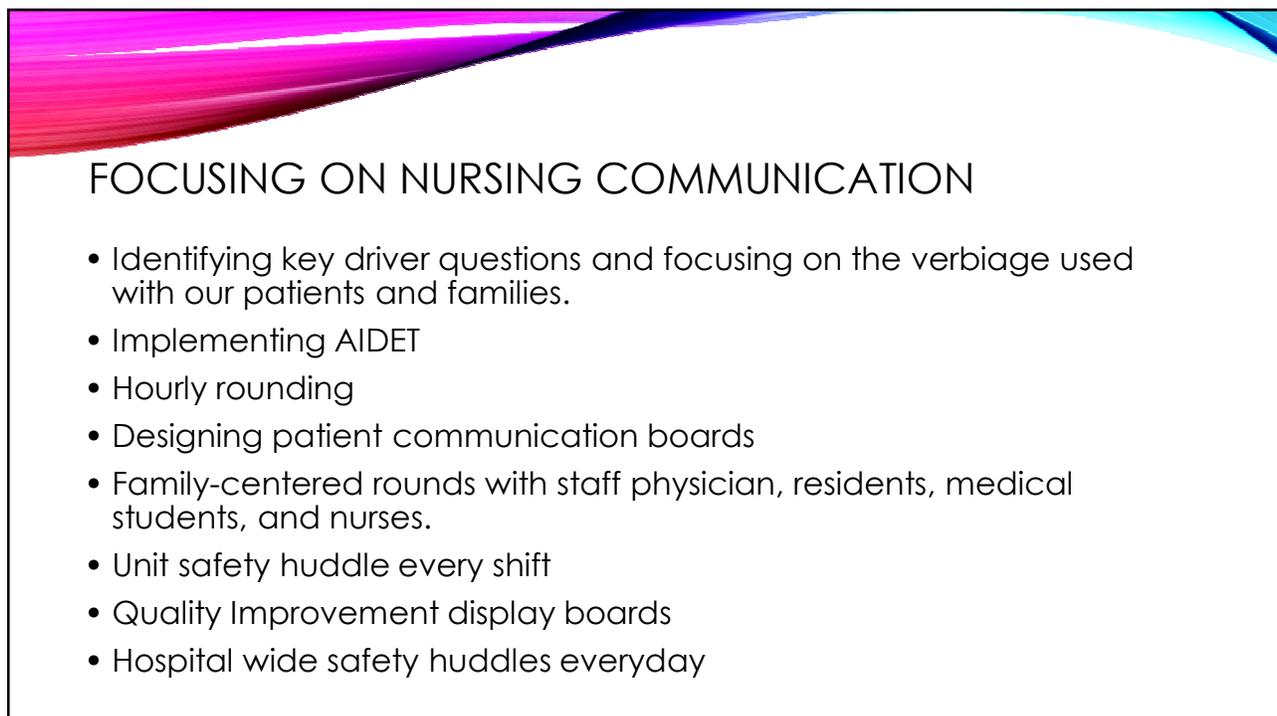
Pediatric Collaborative 2018







INCREASING PATIENT SATISFACTION IN NURSING COMMUNICATION



FOCUSING ON NURSING COMMUNICATION

- Identifying key driver questions and focusing on the verbiage used with our patients and families.
- Implementing AIDET
- Hourly rounding
- Designing patient communication boards
- Family-centered rounds with staff physician, residents, medical students, and nurses.
- Unit safety huddle every shift
- Quality Improvement display boards
- Hospital wide safety huddles everyday

KEY DRIVER QUESTIONS

- How often were the different doctors and nurses consistent with each other in providing you information about your child's care?
- How often did your child's nurse explain things to you in a way that was easy to understand?
- How often did your child's nurse listen carefully to you?
- How often did your nurse encourage you to ask questions?

AIDET

- **A= Acknowledge:** Greet people with a smile and use their names.
- **I = Introduce:** Introduce yourself. Tell them who you are and how you are going to help.
- **D= Duration:** Tell them how long the procedure will take and keep them informed to ease the waiting time.
- **E= Explanation:** Advice of what you are doing, how procedures work and what they can expect. Communicate any steps they need to know.
- **T= Thank you:** Thank them for their patronage. Foster an attitude of gratitude.

HOURLY ROUNDING

- **Pain:** Is the patient having any discomfort?
- **Potty:** Does the patient need to use the bathroom/need to be changed?
- **Position:** Is the patient comfortable/does he or she need to be repositioned?
- **Possessions:** Are the telephone, remote control, call light, water pitcher, etc. within reach of the patient/attendant?
- **Plan of Care:** Give the family and patient an update.

PATIENT COMMUNICATION BOARDS

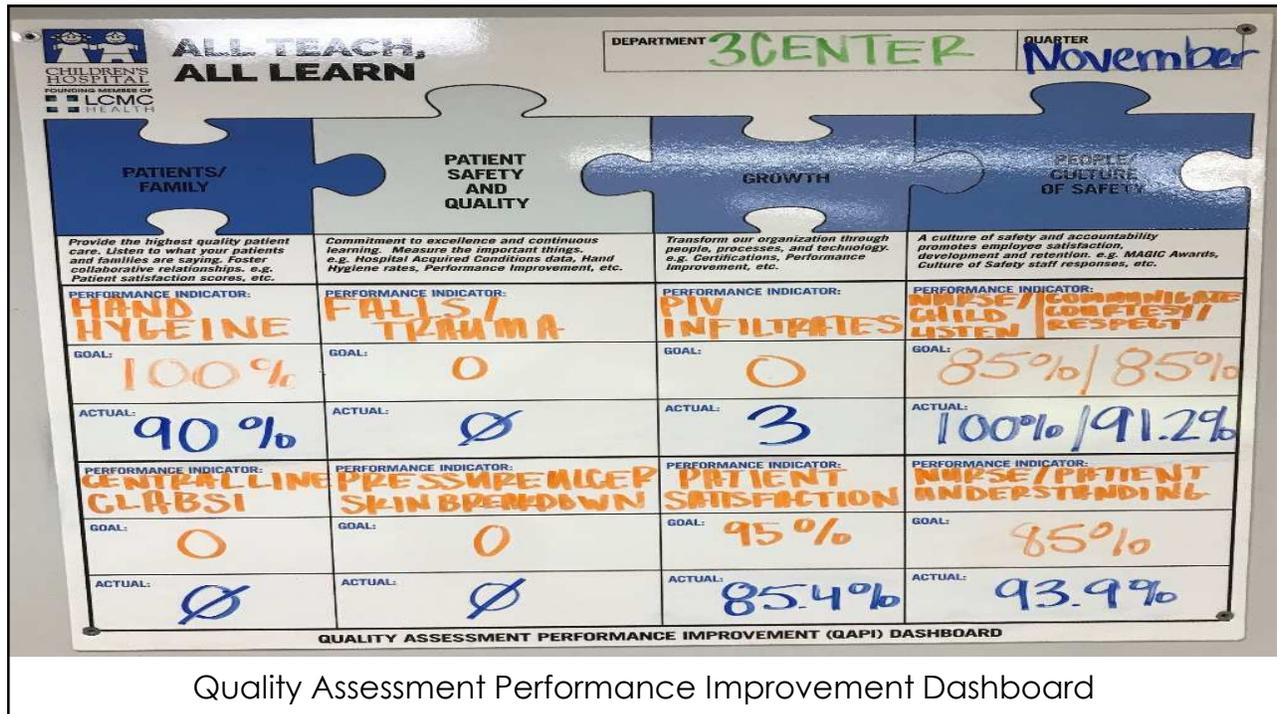
- Identifies staff members
- Visual reminders of the plan of care
- Goals for the day
- Pain scale and goals
- Hourly rounding check-offs
- Multi-disciplinary



FAMILY-CENTERED ROUNDS

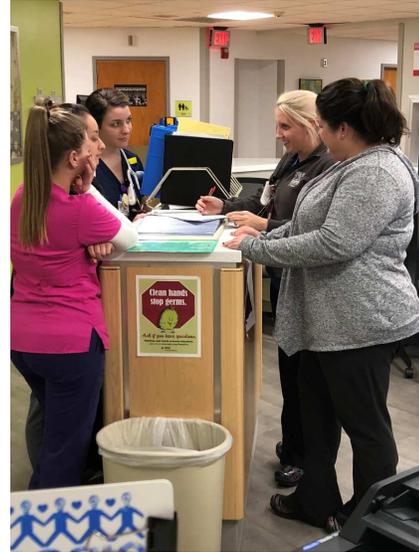


- Includes family, patient, medical students, residents, staff physician and nurses.
- Increases communication between all parties
- Increases learning opportunities between residents and nurses.



UNIT SAFETY HUDDLES

- Huddle is held daily at 11:00am.
- Meet each shift to discuss high risk patients, Peripheral IV infiltrates, bundle elements, and fall risks.
- Discuss patient satisfaction, communication, key driver questions, and our current scores.
- Includes clerk, nurse techs, child care techs, director, clinical leads, and all nurses.



HOSPITAL WIDE SAFETY HUDDLE



- Huddle is held daily at 11:45am.
- All department heads throughout the hospital are present.
- Any safety issues in the last 24 hours are discussed as well as any other important announcements.

ACTIVITY

COMPREHENSIVE DISCHARGE SUMMARY
CHILDREN'S HOSPITAL PAGE 1 OF 1

Admit Date: _____ Discharge Date: _____ Time: _____
 Status: Stable Other (specify) _____
 Vital Signs: P: _____ R: _____ BP: _____ Diagnostics: _____
 Activity: No Restrictions Other _____
 Pain: No Yes Score (0-5): _____ Location: _____ Onset: _____ Duration: _____
 Discharge Hx: _____
 Seat Belt Safety Provided: Yes No Additional information available at: www.safekids.org OR www.lighthouseyouth.org

Current Medications	Name	Dose	Schedule	Time Last Dose Given	Home Instructions Given By	Prescription Class By

Discharge medications reconciled with Current Medication List (CML) and Medication Administration Record.
 Diet: Oral Nasogastric Tube Gastrostomy Tube

Other Instructions (i.e. wound care, equipment, etc.)

Follow-Up	Name/MD/Physician	Appointment Made/Date/Time	Call for Appointment/Phone No.	Reason

Mode of Discharge: Ambulatory Wheelchair Stretcher Carried Other _____
 Copy of form to guardian Other Facility: _____
 IAS to Primary Care Physician _____
 IAS to Home Health Agency _____

PARENT/GUARDIAN STATEMENT
 I understand the above information. Relationship: _____
 Parent/Guardian Signature: _____
 AT PHONE NO.: _____

IN CASE OF PROBLEMS CALL CHILDREN'S HOSPITAL SERVICE AT PHONE NO. (504) 899-9511

Parent's Signature: _____ Date: _____ Time: _____
 Discharge Information Nursing Discharge Summary

Old Design

COMPREHENSIVE DISCHARGE SUMMARY
CHILDREN'S HOSPITAL PAGE 1 OF 1

Admit Date: _____ Discharge Date: _____ Time: _____
 Status: Stable Other (specify) _____
 Vital Signs: P: _____ R: _____ BP: _____ Height: _____
 Activity: No Restrictions Other _____
 Location: _____ Onset: _____ Duration: _____
 Discharge Hx: _____
 Discharge medication reconciled with preadmission medications.
 Patient/Caregiver educated on preadmission medication changes and new medications.

Current Medications	Name	Dose	Schedule	Time Last Dose Given	Medication Education Given	Prescription Class By

Diet: Oral Nasogastric Tube Gastrostomy Tube

OTHER INSTRUCTIONS (i.e. wound care, equipment, etc.)

Additional Comments:

Follow-Up	Name/MD/Physician	Appointment Made/Date/Time	Call for Appointment/Phone No.	Reason

Mode of Discharge: Ambulatory Wheelchair Stretcher Carried Other _____
 Copy of form to guardian Other Facility: _____
 Discharge instructions reviewed with designated caregiver
 IAS to Primary Care Physician _____
 IAS to Home Health Agency _____
 Language Used: Interpreter Ref # _____
 English Spanish Other _____

PARENT/GUARDIAN STATEMENT/SIGNATURE: I understand the above information.
 Date: _____ Time: _____ Relationship: _____
 PARENTS: To provide the best possible care for our patients, we hope to learn more about your patient and family experience and how we can improve the quality of our care. Your input is invaluable in the real world. Please take a few moments to complete and return the survey. Your participation is greatly appreciated.

IN CASE OF PROBLEMS CALL CHILDREN'S HOSPITAL SERVICE AT PHONE NO. (504) 899-9511

Parent's Signature: _____ Date: _____ Time: _____
 Discharge Information Nursing Discharge Summary

New Design

ACTIVITY



Using Comments for Improvements

Activity Instructions

- Pull your comments report (Make this manageable—pull comments that have been listed as negative/both for a month or two month time period).
- Review for Key Words, such as:
 - Clean
 - Medications/Home Medications
 - Communication
 - Information
 - Confusion
 - Home
 - Paperwork/Papers
 - Discharge
- Identify themes in the comments (Look at what the patients/families are really asking for—education, what is missing?).
- Look for quick fixes (i.e. “Place to sleep for family”, Does your organization have a respite area for families, if so how is the location communicated and what signage do we have?).
- Pick one or two of the themes to deep-dive into further.



ACTIVITY

Theme 1: _____

Theme 2: _____

Theme 3: _____

Theme 4: _____

Theme 5: _____

Theme 6: _____

Quick fixes identified:

Report Out Findings

Two identified themes for focus (from above):

<input type="checkbox"/> Theme 1	<input type="checkbox"/> Theme 4
<input type="checkbox"/> Theme 2	<input type="checkbox"/> Theme 5
<input type="checkbox"/> Theme 3	<input type="checkbox"/> Theme 6

Additional notes:

NRC HEALTH

2