Improving Patient Satisfaction with Nursing Care in the Adult Emergency Department at Johns Hopkins Hospital

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Background
The purpose of this project is to increase patient satisfaction with nursing care in the Emergency Department (ED) at The Johns Hopkins Hospital (JHH). The JHH ED sees more than 50,000 patients a year (JH, 2014). According to a Press Ganey study, nurses play a pivotal role in patient satisfaction and clinical outcomes (Cowan, 2013). In the Institute of Medicine’s landmark report, Crossing the Quality Chasm, patient-centered care was highlighted as one of six priority areas for improvement in the U.S. health care system (IOM, 2001). Patient satisfaction is also a core part of the Centers for Medicare and Medicaid Services (CMS) reporting requirements for hospitals to qualify for full payment of services. To avoid a reduction in payment, hospitals must participate in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (Stein, 2014). Simply put, hospital reimbursements are now linked to patient satisfaction and clinical outcomes. To avoid a reduction in payment, hospitals must participate in the HCAHPS survey (Stein, 2014).

Methods

• Creation of a patient satisfaction survey using five Press Ganey-style questions and three questions dealing with pain management to better understand patient’s perception of that particular area of care and additionally, Likert Scale response choices
• Initial roll-out of survey to patients in the North Pod
• Implementing patient communication boards as an intervention based on survey responses

Results
The patient satisfaction survey created consisted of 8 questions regarding satisfaction with nursing care. Questions 1-5, table 1, were based on unassisted nursing care (care provided without involvement of a provider) and questions 6-8 dealt with pain management and treatment time, areas that fall under a multi-disciplinary approach, table 2. Scores were assessed on a Likert scale of 1-5 (see key below). The surveys were located in labeled boxes in each North Pod treatment room. Scores were lowest in the multidisciplinary care questions. As a minimum, 81% of scores fell in the range of Very Good (5) and Good (4) for each category. The survey included the opportunity for patients to write out comments as well as recognize outstanding service, these qualitative measures were documented in conjunction with the quantitative results.

Unassisted Nursing Care

Questions 1-5

Table 1

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<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Poor</td>
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Multidisciplinary Care

Questions 6-8

Table 2

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Conclusions
Upon review of completed surveys, pain control and treatment time were identified as key areas for improvement. Improving these areas requires a multi-disciplinary approach wherein nurses and providers communicate more effectively. Nurses have a significant direct relationship with patient satisfaction and implementing the multi-disciplinary approach suggested in the surveys will further increase patient satisfaction.

Future Directions
1. Install patient communication boards (in English and Spanish) to keep patients abreast of current and planned treatments, this will address many concerns with treatment time and increase the ability for the entire healthcare team to collaborate.
2. Survey will be disseminated throughout all ED pods. Scores are expected to vary between pods as treatment time and pain management are typically contingent on patient acuity.
3. Reevaluate results after subsequent surveying to determine further interventions
4. Implementing interventions based on survey results and reevaluating patient satisfaction scores

References


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