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Improving Emergency Department Patient Experience Through the Engagement of a Patient and Family Advisory Council to Create and Implement a Patient Rounding Tool

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Improving Emergency Department Patient Experience Through the Engagement of a Patient and Family

Advisory Council to Create and Implement a Patient Rounding Tool

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Abstract

BACKGROUND: Patient experience is an essential indicator of healthcare performance. Understanding and improving patient experience in an Emergency Department is a complex issue.

INTERVENTION: The goal of the quality improvement project was to improve the patient experience by engaging with a Patient and Family Advisory Council to create a Patient Rounding tool. The Patient Rounding tool was used to obtain patient feedback, identify concerns, enhance patient comfort, and provide an opportunity for positive staff recognition. Patient Experience Scores were measured via the Emergency Department Consumer Assessment of Healthcare Providers and Systems (ED CAHPS) survey.

RESULTS: Five hundred twenty rounding sessions occurred using the PFAC-created Patient Rounding tool over three months. During those sessions, 110 nurses had patients rounded on. The rounding sessions generated 145 recognition opportunities, and qualitative feedback was positive. ED CAHPS, which reflects the patient experience scores of discharged patients, did not show improvement during the intervention period. However, 68% of the patients rounded on were admitted.

CONCLUSION: This quality improvement project in patient experience did not yield evidence of impacting ED CAHPS scores. The approach chosen for rounding led to a high number of nurses involved in the rounding process but did not target the discharged patient population eligible for ED CAHPS.

Keywords: patient and family advisory council, patient experience, patient satisfaction, emergency department, patient rounding, leadership rounding, ED CAHPS

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Introduction

Problem Description

Patient experience is an essential indicator of healthcare performance. The Agency for

Healthcare Research and Quality (AHRQ, 2023) defines patient experience as the range of interactions

that patients have within the healthcare system and with healthcare staff, including timeliness of care,

access to information, and good communication. Patient experience is considered an integral

component of hospital quality, and understanding patient experience is necessary for patient-centered

care (AHRQ, 2023).

The Emergency Department (ED) is a complex setting that presents many challenges in providing

the ideal patient experience, which include high patient volumes compared to resources, fluctuating

levels of acuity, and a stressful environment. Major drivers related to ED patient experience included

staff-patient communication, ED wait times, staff empathy and compassion, patient demographic

factors, and staff clinical competence (Sonis & White, 2018). Additional aspects that can negatively

impact the ED patient experience include patient factors such as fear or distress, pain, anxiety with

unknown treatments, or environmental factors, including crowded and chaotic environments (Bull et al.,

2021). Staff working in these settings may become accustomed to the complex nature and need to

recognize the impact of various factors on patient experience.

Healthcare organizations measure patients' perspectives of care using standardized, validated

surveys. Emergency Department Consumer Assessment of Healthcare Providers and Systems (ED

CAHPS) Survey is sent to patients discharged from the ED (Appendix A). Patients who are admitted will

receive the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Both

ED CAHPS and HCAHPS are publicly reported data and available nationally. HACHPS total performance

scores are tied to a 2% incentive or penalty for Medicare reimbursement (Centers for Medicare &

Medicaid Services, 2023). Public reporting enhances accountability by increasing transparency for the

quality of hospital care (Centers for Medicare & Medicaid Services, 2023). Public reporting empowers healthcare consumers to make informed choices, which can have financial implications.

A limitation of these HCAHPS and ED CAHPS is that they are a one-way source of information. The responses are anonymous, so direct feedback cannot be given to staff engaged in that patient's care unless mentioned by name. There is no ability to ask clarifying questions or to explore the results. Survey results are retroactive, and data collection can lag.

Our ED patient satisfaction scores measured via ED CAHPS show room for improvement across multiple areas of the patient experience. The COVID pandemic disrupted traditional family presence and visitation throughout the hospital setting. The ending of the public health emergency in May of 2023 brings a return to non-pandemic visitor procedures. The return of visitors is an opportune time to promote patient and family-centered care.

Available Knowledge

Patient and Family Advisory Councils are uniquely positioned to advocate for patient and family-centered care. A PFAC is a group of patients, family members, and staff members who meet regularly to ensure that the patients' experiences, points of view, and recommendations are identified and shared with the organization where they receive care (Willis et al., 2013). By engaging with a PFAC, we can gain unique insights and create patient-centered interventions to improve patient experience.

PFACs can have multiple levels of interaction within organizations and are involved in projects that inform direct care practices, organizational design, policy-making, and health-related research (Oldfield et al., 2018). Partnering with a PFAC can allow one to identify gaps, such as the need to improve communication with patients about care delivery structure and workflow related to visits (Misra et al., 2018). PFACs can support organizations in developing priority areas to focus on.

A 2021 study by Lee that examined the use of PFACs in an ambulatory setting did find improvement in patient experience scores. As part of their quarterly PFAC meeting, patient experience scores measured by HCAHPS were examined with an open discussion about ways to improve, including new practice delivery ideas and policy changes (Lee, 2021). Recommendations were implemented, and one-year results showed increased patient satisfaction scores (Lee, 2021). Staff reported a better understanding of the needs of patients and more empathy regarding patient concerns (Lee, 2021). This study supports the use of PFACs to impact patient experience scores.

Another method that impacts patient experience scores is leadership rounding on patients (McFarlan, 2019; Littleton et al., 2019). Rounding allows for service recovery and demonstrates leadership commitment to the patient experience. Rounding is a proactive way to identify issues and reinforce positive behaviors. Although leadership rounding on patients has been shown to improve patient experience, the specifics of rounding, such as the number of rounds, the nature of questions while rounding, or other best practice rounding principles, are not defined in the literature (Littleton et al., 2019). Since rounding intends to improve patient experience, patient feedback should be incorporated into this intervention. A PFAC can provide insight into a leadership rounding intervention.

Future research is needed on the impact of Patient and Family Councils specifically related to Emergency Departments. The initial literature search for Emergency Departments and PFACs via PubMed and CINAHL yielded few published studies where councils were utilized. The use of PFACs to help with a patient rounding initiative aimed at impacting patient experience scores is something that this project hopes to add to the literature.

Rationale

The vision of Johns Hopkins Bayview Medical Center (2023) is "to be a leading academic medical center recognized for innovation and excellence in clinical care, education, and research, and to provide

an enriching environment for our employees and exceptional health care for our patients and their families." The philosophy of patient and family-centered care at Johns Hopkins Bayview Medical Center (2023) focuses on for:

- Respect for patient's values, preferences, and needs

- Coordination of care for more efficiency

- Comfort and emotional support for mental health

- Information, communication, and education

- Involvement of family and friends

A strategy implemented by JHBMC to support this philosophy is the use of Patient and Family Advisory Councils. The hospital has five current Patient Family and Advisory Councils (PFACS): Latino Family Advisory Board, Neurosciences Council, Memory and Alzheimer's Treatment Center Council, and Beacham Clinic (Geriatric Medicine) Council. There is also a JHBMC PFAC, the organizational-level group representing the various hospital PFACs. The Emergency Department has no PFAC or current involvement with these existing PFACs. Engaging with PFAC to improve the ED experience aligns with organizational strategies. Moreover, it may improve the hospital experience scores as many patients are admitted through the ED.

Johns Hopkins Bayview Medical Center ED CAHPS scores in 20 out of 23 measured questions fall below the threshold. A positive patient experience is a goal of healthcare organizations, has financial implications, and evidence shows a positive association with healthcare outcomes (AHRQ, 2023). Leadership rounding is a method that can be used to explore patient experience issues and may improve scores.

Specific Aims

This project focused on engaging with a Patient and Family Advisory Council to create a patient rounding tool. The PFAC was used to represent the perspectives of the patients and families interacting with the Emergency Department. Patient rounding was reinitiated in the emergency department with the new tool. The tool allowed leadership to obtain real-time information from patients and families and address immediate issues. If the patients or family noted positive feedback, the feedback was given to the staff.

This project also included weekly feedback to all staff and focused patient experience content in monthly ED nursing staff meetings to promote a patient-centered culture. The aim is to improve the Emergency Department patient experience as measured through ED CAHPS through the engagement of a Patient and Family Advisory Council to create and implement a Patient Rounding tool.

Methods

Context

John Hopkins Bayview Medical Center (JHBMC) is an academic medical center in Baltimore City. The hospital has approximately four hundred twenty beds offering medical and surgical services. JHBMC is a designated Level II trauma center, Maryland's only regional Burn center, a Comprehensive Stroke Center, and a Cardiac Intervention Center. The ED, where the improvement project takes place, is a 34-bed adult and pediatric facility serving an annual volume of approximately 60,000 patients. Daily patient volume runs between 90-125 patients per day. An imbalance between demand and resources creates potential conflicts between patients and staff, impacting patient experience. The ED is challenged with long wait times, overcrowding, and long boarding times.

The ED has a Patient Experience Coach who spends approximately 20 hours weekly in the department working on patient experience-related initiatives. Additionally, our department has 40

hours of Patient Experience Representative coverage per week. The Patient Experience representative is stationed in the waiting room and primarily handles issues for patients in that area.

The Emergency Department previously did interdisciplinary leadership rounding on Thursday afternoons post council meeting. This scheduled rounding was paused at the start of the COVID-19 pandemic to address shifting operational needs. Current leadership rounding on patients in the department is Ad hoc, with direct requests for intervention, typically due to patient concerns.

Cost-Benefit Analysis

It is crucial to perform a cost-benefit analysis when implementing any project. This project involved the members of the Johns Hopkins Bayview PFAC. The current meeting structure of PFAC is virtual. Involvement in the PFAC is volunteer. Since a department leader performed the intervention, there was no additional cost for the time it took to perform rounding. The tool used for rounding was available via an electronic or paper format. The department has existing iPads for the electronic tool. The preferred method by the rounder was paper, so there was the minor cost of printing the tool (520 copies). The intervention was measured using existing data obtained from the ED CAHPS survey.

In addition to financial incentives or penalties associated with patient experience scores, there are additional potential benefits to an organization. A retrospective review found that lower physician satisfaction survey scores were associated with higher patient complaints and more risk management episodes, increasing the risk of malpractice lawsuits (Aleksandrovskiy et al., 2022). As areas compete for patient visits, patient experience may be an essential differentiator for where people seek care. Quantifying the monetary benefit of patient experiences remains a challenge throughout the healthcare industry.

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Intervention

The ED leadership team recognized the need to improve the departmental patient experience and used Kurt Lewin's change theory as an operational framework to explore the issue. Lewin's force field analysis is a technique used in identifying forces for and against change (Burnes & Cooke, 2013). An interdisciplinary ED leadership team and front-line clinical staff conducted Lewin's Force Field Analysis to devise a list of possible experiences. The final list has 21 positive and 21 negative descriptors for our emergency department (Appendix B). The ED then identified the five most important action items in each category for both positive and negative fields for the ED experience (Table 1).

Table 1. Positive and Negative Field for ED Experience

Positive Field We want the ED to:	Negative Field We want the ED to avoid:
1. Demonstrate kindness	1. Having us/them relationship with patients
2. Be efficient	2. Being unsafe for staff and patients
3. Make staff and patients feel respected	3. Having poor communication
4. Keep staff and patients informed	4. Having depleted staff
5. Be competent	5. Being unclean/filthy

Using the Force Field Analysis framework, we identified interventions to move us away from the negative and toward the positive. The intervention list was ranked, and factors considered included perceived impact, ease of implementation, and cost. One of the top-ranked "move towards positive" interventions was to restart leadership rounding.

The previously used rounding tool is highly focused on ED CAHPS, as demonstrated by language that mirrors the ED CAHPs questions (Appendix C). This tool was created without patient or family input. As the focus is on patient experience, it was essential to include patients as critical stakeholders. At a monthly meeting, the Johns Hopkins Bayview Patient and Family Advisory Council reviewed the existing tool with ED leadership. They identified issues, including the length of the survey, closed-ended (yes/no) questions, and word choice. Their feedback was used to create a new patient rounding tool (Appendix D) that took into account the objectives of the force field analysis.

The new tool created with PFAC focuses on connecting with patients and families, addressing concerns, enhancing patient comfort, and identifying positive interactions with staff. The questions are open-ended to allow for conversation. The comfort section supports the basic needs of the patient (blankets, food/drink) and a safety check and cleanliness check. An example of input that a PFAC member provided was that the form title should not be "Leadership Rounding" as the focus is on the patient. Based upon the suggestion of the PFAC, the paper form was also available for patients who would prefer to fill it out independently.

Rounding was resumed using the PFAC-created rounding tool. The Assistant Director of Nursing conducted the rounding sessions. The goal was to round on forty patients per week. The department has ten defined nursing assignments, and the aim was to round on at least one patient per assignment. Rounding was timed to interact with day and night shift staff.

The purpose of the rounding structure during the first two months was to demonstrate a commitment to changing culture and to impact a more significant number of nursing staff whose patients had been rounded on. After two months of rounding, the plan was to transition to interdisciplinary leadership rounding a minimum of once per week.

Before rounding, nursing staff members were approached regarding the purpose of rounding and to ensure patient availability. Post rounding, direct feedback was given in real-time to staff for any

noted concerns or positive feedback for compliments. Monthly ED CAHPS scores were reported in the nursing staff meeting. A weekly summary email of patient comments and positive recognition was sent to the nursing staff. In addition, updates were provided to the PFAC, who helped develop the tool.

The timeline for the project is as follows:

- New Patient Rounding tool created in partnership with JHBMC Patient and Family Advisory Council (May 5- May 9, 2023)

- Communication plan on restarting patient rounding addressed at various committee and staff meetings: Unit Based Council, Charge nurse meeting, General staff meeting (May 10- May 18, 2023)

- Patient rounding by the Assistant Director of Nursing implemented (May 28- August 31, 2023)

- Patient Rounding Feedback shared via a weekly summary email (June 2 -August 31, 2023)

- ED HCAHPS education and Patient Experience content shared at General Nursing Staff meeting (June 15, 2023; July 20, 2023; August 17, 2023)

- Engage with PFAC on themes from Patient Rounding at monthly PFAC meetings (June 13, 2023; July 11, 2023)

- Patient experience data and summary of intervention shared at PFAC meeting (September 12, 2023)

- Transition to patient rounding by interdisciplinary leadership team (September 2023)

- Patient experience data, rounding summary, and project debrief presented at ED Staff Meeting (October 2023)

Study of the Intervention

ED CAHPS data was used to assess the impact of patient rounding using a tool created in collaboration with PFAC on the patient experience. The data was monitored for overall trends and

improvements for specific targeted questions. Additionally, the comments from the rounding tools were looked at qualitatively for themes. The number of nursing staff who had one of their patients rounded on was recorded. It was important to note on the rounding tool the admission or discharge status of the patient.

Measures

Performance on ED CAHPS survey results will be the primary outcome measurement. The ED CAHPS Survey is designed for adults (18 and older) of hospital-based emergency rooms who are discharged to home and includes 35 questions that focus on communication and coordination, including arrival at the ED, care during the ED visit, and discharge from the ED (Centers for Medicare & Medicaid Services, 2023).

Table 2. JHBMC ED FY23 Baseline Data for EDCAHPS Questions

| Domain | | Dom Threshold | Dom Benchmark | JHBMC | | Δ FY22 to FY23 |
				FY2022	FY2023	
Likelihood to Recommend*		51.0	66.3	47.3	46.7	▼ -0.6
Overall Rating*		57.4	70.9	50.3	49.2	▼ -1.1
Getting Timely Care		51.7	70.8	49.0	49.9	▲ 0.9
Doctors and Nurses Comm		75.0	78.3	70.8	70.3	▼ -0.5
Comm about Medications		77.4	80.9	77.0	74.9	▼ -2.1
Comm about Follow-up		70.7	73.7	67.3	71.2	▲ 3.9
Tests*		66.8	74.2	59.3	56.2	▼ -3.1
Staff worked together†		56.5	63.1	52.2	47.8	▼ -4.4

| Domain | Question | 50%ile | 90%ile | JHBMC | | Δ FY22 to FY23 |
				FY2022	FY2023	
Getting Timely Care	How long talked reason you there	46.3	70.2	44.1	42.3	▼ (1.8)
	Care within 30 minutes getting to ER	64.3	77.3	53.9	57.5	▲ 3.6
Doctors and Nurses Comm	Doctors explain way you could understand	72.2	78.3	70.9	70.5	▼ (0.4)
	Doctors listen carefully to you	74.7	79.8	71.9	71.8	▼ (0.1)
	Doctors treat with courtesy and respect	79.4	83.8	76.5	74.8	▼ (1.7)
	Nurses explain way you could understand	70.3	75.7	67.2	67.7	▲ 0.5
	Nurses listen carefully to you	70.7	76.2	66.5	66.9	▲ 0.4
	Nurses treat with courtesy and respect	75.5	83.3	71.7	70.0	▼ (1.7)
Comm about Medications	Doctors/nurses ask about meds	87.6	93.4	83.1	82.6	▼ (0.5)
	Doctors/nurses desc side effects	48.7	52.5	52.7	49.5	▼ (3.2)
	Left ER tell what meds were for	87.0	91.8	87.8	85.7	▼ (2.1)
	Tell what medicine was for	85.3	90.3	84.5	81.9	▼ (2.6)
Comm about Follow-up	Staff give info re: follow-up care	85.5	92.2	77.0	81.6	▲ 4.6
	Staff give info re:symptoms at home	55.2	60.3	58.7	61.7	▲ 3.0
	Staff talk about follow-up care	70.9	76.0	66.3	70.2	▲ 3.9

				FY2022	FY2023	
	Survey Responses			1,389	1,075	

The ED CAHPS survey is public domain, available at no cost, and creates national standards and common metrics for emergency departments regarding patient perspectives on ED care. The ED CAHPS

survey also includes demographic information on the survey respondents, including age range, gender, ethnicity, and home language. A third-party company sends electronic ED CAHPS surveys via text message or email to eligible patients and gathers the results. This hospital uses Press Ganey to feed completed surveys into an analytic operational dashboard. Tableau is a data management tool used by the health system, and the analytic dashboard is accessible to ED leadership at any time.

In addition to monitoring patient experience via ED CAHPS, the rounding tool allows patients to recognize a staff member for the care they provide. If the patient provides a staff compliment, this will be entered as a formal acknowledgment via the employee recognition platform "Applause." The number of staff recognized during the rounding intervention will be tracked.

Analysis

ED CAHPS data was reviewed monthly for the overall cumulative box changes and impact on selected questions. We can also compare the monthly data from FY23 and FY24. For leadership rounding, the direct domain this intervention aims to target is Doctor and Nurse Communication with the specific questions:

- Doctors/nurses treat with courtesy and respect
- Doctors/nurses listen carefully to you
- Doctors/nurses explained things in a way you could understand

Ethical Considerations

An ethical consideration related to this project is the focus or reporting of current poor patient experience ED CAHPS scores during continued stress in the Emergency Department. We still see the effects of a multiyear pandemic with staff turnover, high agency utilization, and nursing burnout. Current crowding and throughput issues lead to longer waiting times, increasing tension between patients and staff. Often, throughput is a hospital issue beyond the scope of ED control. The project aims

to have a positive focus with interventions supported by staff and patients. Lee (2021) and Willis et al.

(2013) noted that although healthcare professionals may initially be reluctant to be vulnerable to the

opinions of patients and families, most staff found involvement to be a gratifying experience (Lee, 2021).

The goal is to be a bridge, partnering with PFAC to improve the overall staff and patient experience

within the emergency department.

Results

Five hundred twenty rounding sessions were conducted between May 28, 2023, and August 31,

2023. Only two patients declined to participate in providing feedback during this time frame. No

patients opted to fill out the paper tool independently. From the first week, it became clear that the

original rounding intervention was too prescriptive. The goal was rounding on a patient in each nurse

assignment for ten patients each session. The rounding included day shift staff rounding as well as night

shift. In the first week of rounding, thirty-eight unique nurses had one of their patients rounded on.

However, when rounding, there were times that patients were not available due to testing or their

medical condition was not conducive to a rounding session. The amount of time it took to find the ten

patients from ten different nurses who were appropriate for rounding became a barrier. It was also hard

to identify the best time to round on the night shift due to patient sleep schedules.

The initial plan was for the Assistant Nursing Director to round in June and July and then

transition to an interdisciplinary rounding schedule. Due to a lag in data, the decision was made to

continue rounding through August. The goal of rounding on forty patients per week was maintained for

the first two months. In August, each week, thirty rounding sessions occurred. Rounding prior to 7 a.m.

was chosen as a way to ensure that night shift staff were included, although it was not always possible

to find ten patients awake and eligible. As time passed, the rounding focused on new staff to ensure

awareness of this intervention. By the end of the project, one hundred ten nurses participated via a

patient being rounded on.

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An opportunity generated by the tool was the ability to recognize healthcare team members. A goal of this intervention was to maintain a positive focus and provide the opportunity for appreciation. While many patients struggled to remember names or said "everyone," this rounding initiative did produce one hundred forty-five recognitions via the Applause system, with eighty-eight unique staff recognized.

Figure 1. Health System Recognition Certificate

From the concern section of the tool, 32% of patients vocalized an issue. Of the one hundred fifty-eight patients who spoke regarding concerns, eighty-two had negative feedback about waiting time, reflecting both the ED waiting room and waiting for admission to the hospital. The second most common concern from forty-two patients was pain management.

Figure 2. Word Cloud from the concern section of the Patient Rounding Tool
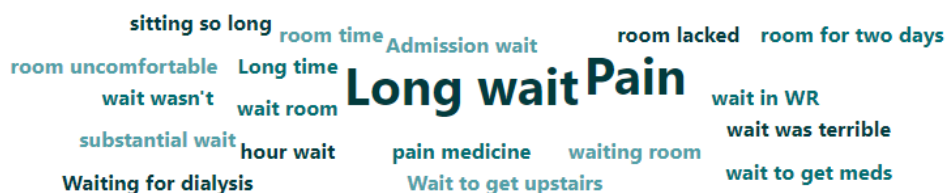
For leadership rounding, the direct domain this intervention aimed to target is Doctor and Nurse Communication with the specific questions:

- Doctors/nurses treat with courtesy and respect

- Doctors/nurses listen carefully to you

- Doctors/nurses explained things in a way you could understand

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The monthly data showed a slight negative change (Table 3). The calendar year monthly average

for Doctor and Nurse communication was 70.1. During the 3-month intervention, the average is 69.5.

Table 3. Domain Doctor and Nurse Communication

The nursing-specific data was examined for change since the weekly emails went out to nursing

staff, and information was shared at the nursing meeting. The data is also variable, with a slight increase

in June followed by a decrease (Table 4).

Table 4. Isolated Nurses' Performance on Communication:
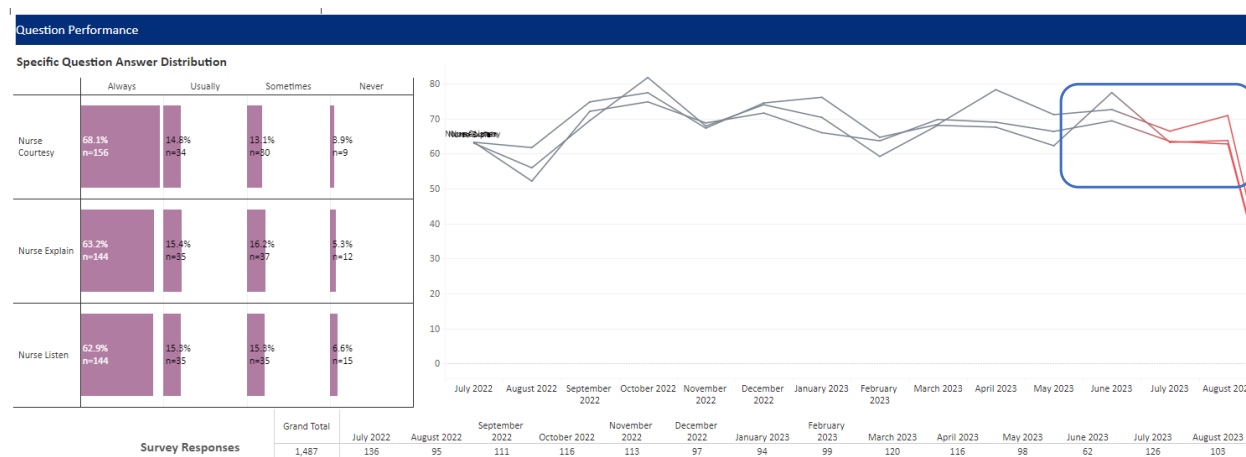
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The overall FY24 data compared to FY23 has decreased in 21 out of 23 categories (Table 5) compared to the months by fiscal year; we also saw a "summer slump" in the patient experience scores in FY23. Compared to FY23, each month shows a higher rating on patient experience (Table 6). If that same trend holds, we could improve overall FY24 patent experience scores.

Table 5. JHBMC ED FY24 vs. FY 23 Data for EDCAHPS Questions
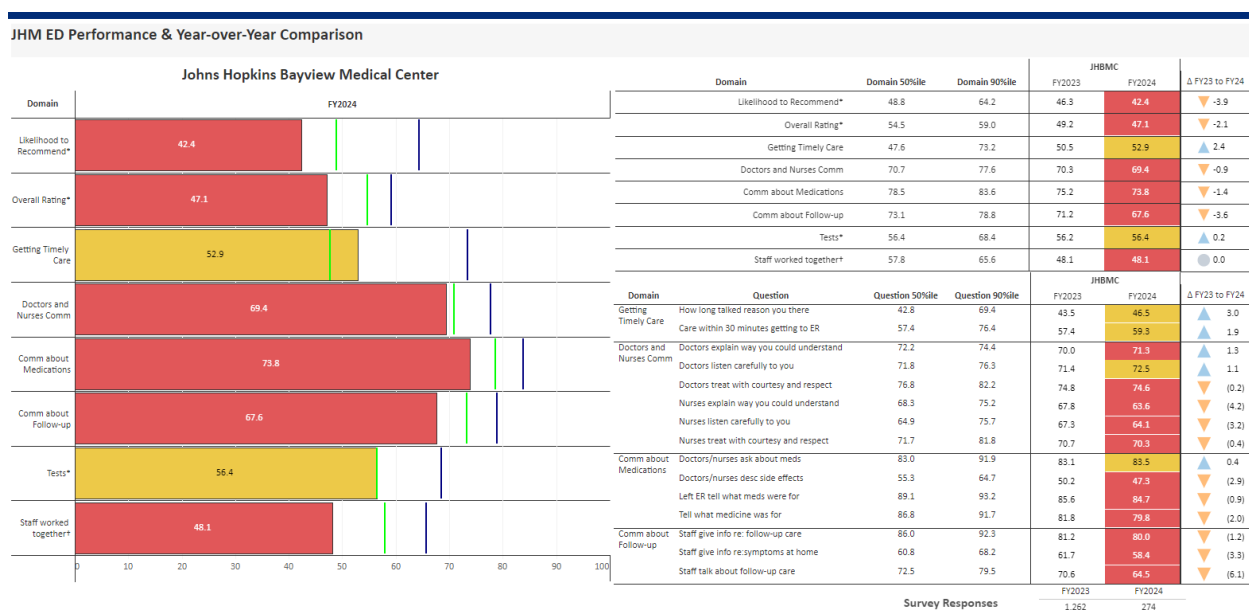

Table 6. Doctor and Nurse Cumulative Communication FY24 vs. FY23

	FY23	**FY24**
June	**71.6**	**71.8**
July	**63.9**	**68.2**
August	**62.3**	**68.5**

Discussion

Summary

This project aimed to engage with a PFAC and create a rounding tool to restart patient rounding in the department. The goal was to promote a patient and family-centered culture and positively impact patient experience as evidenced by ED CAHPS. A strength of this project was the opportunity provided for direct recognition. Staff was given positive feedback post-intervention, an Applause recognition certificate was entered, and staff received kudos noted in a weekly email summary. Staff feedback regarding this initiative was positive. Two new graduate cohorts mentioned patient rounding during their one-year debrief as an intervention that should be continued in the department. Per a new graduate nurse, "Thank you so much for providing patient feedback, as it has been excellent motivation and validation as a new nurse!"

Another goal was to improve the patient experience as measured through the ED CAHPS. There is not enough data at this time to know if the patient rounding has made a sustained impact on patient experience. Looking at the data monthly does not demonstrate positive change. Comparing the data by fiscal year does show an improvement. Changing culture takes time, and patient experience in the ED is impacted by various factors. The plan is to continue performing patient rounding in the department through expansion to other leadership interdisciplinary team members and continue monitoring data.

Interpretation

There was a disconnect between the overwhelmingly positive comments regarding the staff and care provided and the scores reflected via ED CAHPS.

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Table 7. Sample of Patient Comments

Everything went great.
Everyone has been wonderful. The place has been really good.
I wanted to come to Bayview due to how wonderful the staff was. ED has been good and treated me like its going to be okay.
Treated me so well. They are just wonderful. So happy I came in. They explained everything to me ahead of time. I have been coming to Hopkins for 35 years. You can tell these people really care about people. It's sincere. Very caring and concerned.
Miss Kelly the wound nurse went way above and beyond to help me out. Everyone has been great.
Everything is okay. I am fine. Just being here makes me feel comfortable.
Really well and really nice staff. Been great. Delighted to get in 3 hours.
I got in within 5 hours which was good. In the waiting room, they took care of you out there. Back here has been wonderful.
I was treated well. Staff is great. Everyone is friendly. It is always good. They put up with me and I am doing better.
This is a very good hospital. Staff is outstanding.

Fantastic
Nurse has been awesome. The provider pulled her chair over and explained things to me. That is who I want to be my doctor.
Nice and wonderful staff. Everything has been great. I'm a vet but I like this hospital. Even the food is good.
Despite the wait, everyone out there got their lines and scans.
They came and told me what was going on. Very conscientious
Everyone is terrific, no complaints. Celia was so good with the IV I didn't feel it. Well worth the wait because everyone is terrific.
Awesome so far. CT and x-ray great. Everyone knew what they were doing. Friendly and kind. 11 stars out of 10.

Some of this might be attributed to 68% of the patients who were rounded on being admitted, and the ED CAHPS does not reflect their feedback. The survey captures demographic information. In order to see a more significant impact on ED CAHPS, the rounding could have targeted patients identified for discharge or by factors such as gender. For example, at our ED, male patients score the ED
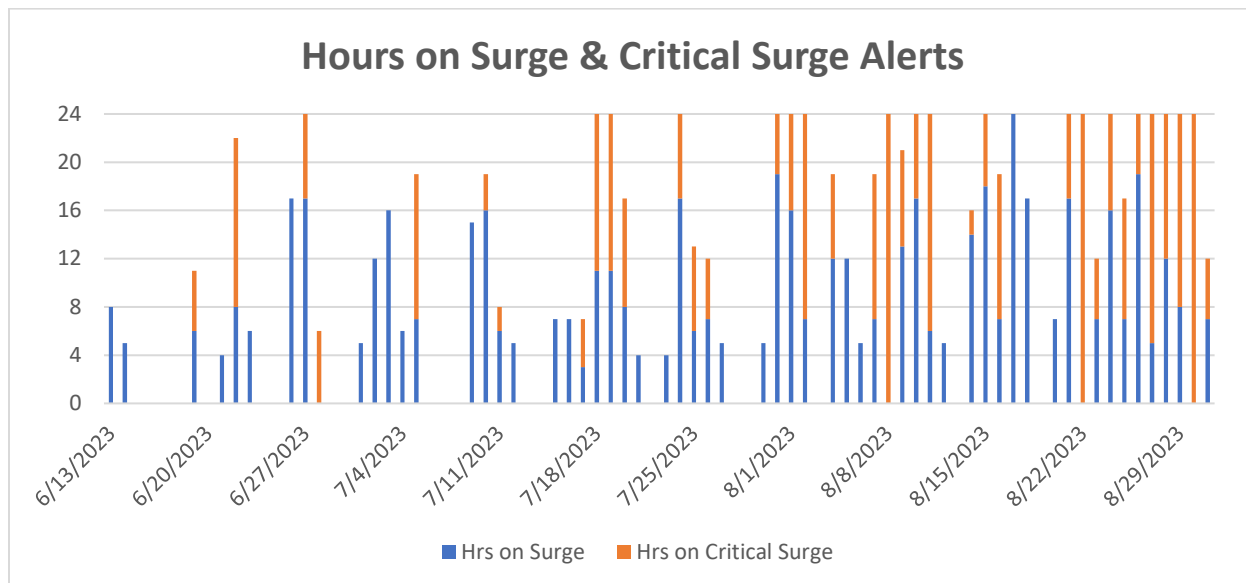
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higher on ED CAHPS across all questions. However, as this intervention sought to promote an overall

patient and family-centered culture, the rounding was randomized.

Another possible factor impacting the results is that rounding was not anonymous, and patients

may not have felt comfortable giving neutral or negative impact at a time while they were still receiving

care within the department. Giving feedback during the stay may have impacted post-discharge

response rates.

Capacity issues did impact this project. Perceived and actual waits are significant drivers of ED

patient experience (Sonis & White, 2020). We are struggling with throughput and long wait times in the

waiting room, as well as waiting for an admission bed. Our hospital implemented a capacity surge and

critical surge alert initiative in June, triggered when a pre-defined number of patients are boarding in the

ED. From June 13th-30th, there were 103 cumulative hours classified as surge, July saw an increase to 282

hours, and August had 541 hours of surge (Table 8). This wait was reflected in the comments verbalized

during rounding.

Table 8. Hours on Surge & Critical Surge Alerts

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Limitations

A primary limitation of this intervention is that 68% of the patients rounded on were admitted. Admitted patients do not receive ED CAHPS but roll into the HCAHPS survey. We do not know their hospital survey data or if this intervention helped with the HCAHPS. The ED CAHPS patient experience scores do not reflect the population of patients who were rounded on.

Another known limitation of surveys is the response rate (Table 9) and lag time. The ED's typical volume is between 95-125 patients per day. The median monthly response rate is 101. It is unknown how many surveys are sent out versus the number of respondents. In June, when a positive score increase was seen, the response rate was only 62, which is an outlier. This raises concern about the ability to say that an increase in patient experience scores this month is due to the intervention.

Table 9. Monthly Response Rate

	Grand Total	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023
Survey Responses	1,529	136	92	111	116	114	97	95	99	119	116	98	62	126	108

The lag time of the survey can also impede progress when making changes. The rounding intervention was extended by a month as the delayed results in monthly scores prevented the timely sharing of accurate data.

Conclusions

Patient experience can be affected by many variables. The ED remains a challenging environment in which to provide excellent patient experience. This quality improvement project in patient experience did not yield evidence of positively impacting ED CAHPS scores when looking at the monthly trend. However, the ED CAHPS scores may be impacted by current crowding.

The approach chosen for rounding led to a high number of nurses involved in the rounding process but did not target the discharged patient population eligible for ED CAHPS.

The intervention of leadership rounding will continue as it has been a way to connect with staff and provide positive recognition opportunities. The rounding also allows for a two-way source of communication with patients to identify other potential issues that may be impacting patient experience. The new partnership with a hospital PFAC allows opportunities to continue to promote interventions aimed at improving patient and family-centered care.

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Appendices

Appendix A: ED CAHPS Survey

About Your Emergency Room Visit

All information that will let someone identify you will be kept private. We will not share your personal information with anyone without your permission, except as required by law. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to:

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]
[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

If you want to know more about this study, please call [NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL] at (XXX) XXX-XXXX. All calls to that number are free.

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EMERGENCY ROOM PATIENT SURVEY

SURVEY INSTRUCTIONS

♦ Answer <u>all</u> the questions by checking the box to the left of your answer.

♦ To indicate an answer selected was in error, clearly draw a line through the box and select another box.

♦ You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next. like this:

☐ Yes

☒ No → **If No, Go to Question 1**

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

<u>**All of the questions in the survey ask about the emergency room visit named in the cover letter.**</u>

GOING TO THE EMERGENCY ROOM

1. **Thinking about this visit, what was the <u>main</u> reason you went to the emergency room?**

   ☐ An accident or injury

   ☐ A new health problem

   ☐ An ongoing health condition or concern

2. **For this visit, did you go to the emergency room in an ambulance?**

   ☐ Yes

   ☐ No

3. **When you first arrived at the emergency room, how long was it before someone talked to you about the reason you were there?**

   ☐ Less than 5 minutes

   ☐ 5 to 15 minutes

   ☐ More than 15 minutes

DURING THIS EMERGENCY ROOM VISIT

4. **During this emergency room visit, did you get care within 30 minutes of getting to the emergency room?**

   ☐ Yes

   ☐ No

5. **During this emergency room visit, did the doctors or nurses ask about <u>all</u> of the medicines you were taking?**

   ☐ Yes

   ☐ No

6. **During this emergency room visit, were you given any medicine while you were there?**

   ☐ Yes

   ☐ No → **If No, Go to Question 9**

   ☐ Don't know → **If Don't know, Go to Question 9**

1

7. **Before giving you medicine, did the doctors or nurses tell you what the medicine was for?**

   ☐ Yes, definitely

   ☐ Yes, somewhat

   ☐ No

8. **Before giving you medicine, did the doctors or nurses describe possible side effects to you in a way you could understand?**

   ☐ Yes, definitely

   ☐ Yes, somewhat

   ☐ No

9. **During this emergency room visit, did you have a blood test, x-ray, or any other test?**

   ☐ Yes

   ☐ No → **If No, Go to Question 11**

10. **During this emergency room visit, did doctors or nurses give you as much information as you wanted about the results of these tests?**

    ☐ Yes, definitely

    ☐ Yes, somewhat

    ☐ No

PEOPLE WHO TOOK CARE OF YOU

Please answer the following questions about the people who took care of you during this emergency room visit.

11. **During this emergency room visit, how often did nurses treat you with <u>courtesy and respect</u>?**

    ☐ Never

    ☐ Sometimes

    ☐ Usually

    ☐ Always

12. **During this emergency room visit, how often did nurses <u>listen carefully to you</u>?**

    ☐ Never

    ☐ Sometimes

    ☐ Usually

    ☐ Always

13. **During this emergency room visit, how often did nurses <u>explain things</u> in a way you could understand?**

    ☐ Never

    ☐ Sometimes

    ☐ Usually

    ☐ Always

14. **During this emergency room visit, how often did doctors treat you with <u>courtesy and respect</u>?**

    ☐ Never

    ☐ Sometimes

    ☐ Usually

    ☐ Always

15. During this emergency room visit, how often did doctors <u>listen carefully to you</u>?

☐ Never

☐ Sometimes

☐ Usually

☐ Always

16. During this emergency room visit, how often did doctors <u>explain things</u> in a way you could understand?

☐ Never

☐ Sometimes

☐ Usually

☐ Always

LEAVING THE EMERGENCY ROOM

17. Before you left the emergency room, did a doctor or nurse tell you that you should take any medicine at home?

☐ Yes

☐ No → **If No, Go to Question 19**

18. Before you left the emergency room, did a doctor or nurse tell you what the medicine was for?

☐ Yes, definitely

☐ Yes, somewhat

☐ No

19. Before you left the emergency room, did a doctor, nurse, or other staff talk with you about follow-up care?

☐ Yes, definitely

☐ Yes, somewhat

☐ No

20. Did you need information about how to get follow-up care?

☐ Yes

☐ No → **If No, Go to Question 22**

21. Did a doctor, nurse, or other staff give you information about how to get follow-up care?

☐ Yes

☐ No

22. Before you left the emergency room, did a doctor, nurse, or other staff give you information about what symptoms or health problems to look out for at home?

☐ Yes, definitely

☐ Yes, somewhat

☐ No

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OVERALL EXPERIENCE

Please answer the following questions about your visit to the emergency room named in the cover letter. Do not include any other emergency room visits in your answers.

23. Using any number from 0 to 10, where 0 is the worst emergency room care possible and 10 is the best emergency room care possible, what number would you use to rate your care during this emergency room visit?

☐ 0 Worst emergency room care possible

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 Best emergency room care possible

24. Would you recommend this emergency room to your friends and family?

☐ Definitely no
☐ Probably no
☐ Probably yes
☐ Definitely yes

YOUR HEALTH CARE

25. In the last 6 months, how many times have you visited any emergency room to get care for yourself? Please include the emergency room visit you have been answering questions about in this survey.

☐ 1 time
☐ 2 times
☐ 3 times
☐ 4 times
☐ 5 to 9 times
☐ 10 or more times

26. Not counting the emergency room, is there a doctor's office, clinic, or other place you usually go if you need a check-up, want advice about a health problem, or get sick or hurt?

☐ Yes
☐ No

ABOUT YOU

There are only a few remaining items left.

27. In general, how would you rate your overall health?

☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

28. In general, how would you rate your overall mental or emotional health?

☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

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29. **What is the highest grade or level of school that you have <u>completed</u>?**

☐ 8th grade or less

☐ Some high school, but did not graduate

☐ High school graduate or GED

☐ Some college or 2-year degree

☐ 4-year college graduate

☐ More than 4-year college degree

30. **What language do you <u>mainly</u> speak at home?**

☐ English

☐ Spanish

☐ Chinese

☐ Russian

☐ Vietnamese

☐ Portuguese

☐ Some other language (please print):

31. **Are you of Spanish, Hispanic or Latino origin or descent?**

☐ No, not Spanish/Hispanic/Latino

☐ Yes, Puerto Rican

☐ Yes, Mexican, Mexican American, Chicano

☐ Yes, Cuban

☐ Yes, other Spanish/Hispanic/Latino

32. **What is your race? Please choose one or more.**

☐ White

☐ Black or African American

☐ Asian

☐ Native Hawaiian or other Pacific Islander

☐ American Indian or Alaska Native

33. **Did someone help you complete this survey?**

☐ Yes

☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

34. **How did that person help you? Mark one or more.**

☐ Read the questions to me

☐ Wrote down the answers I gave

☐ Answered the questions for me

☐ Translated the questions into my language

☐ Helped in some other way (please print):

35. **Was the person who helped you with you at any time during this emergency room visit?**

☐ Yes

☐ No

THANK YOU
Please return the completed survey in the postage-paid envelope.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]
[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

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Appendix B: Possible ED Descriptors

The Best Possible ED is, has, or does:	
Best Possible	**Worst Possible**
Welcoming	Confusing
Transparent	Indifferent
Demonstrates Kindness	Violent
Competent	Fearful
Efficient	Frightening
Non-judgmental of Patients	Does not listen
Respected	Unclean/filthy
Makes staff feel respected	Poor Communication
Makes staff feel empowered	Lazy
Does not board patients' multiple days	Dangerous
Does not have multi-day waits in the waiting room	Robotic
Has lunch breaks	Rude
Acts in partnership	Complacent
Keeps staff informed	"Others" patients
Safe for staff	Depleted staff
Safe for patients	Unsupported
Reassuring	Disregarded
Makes patients feel like individuals	Stagnant
Has patients that are accountable	Isolated
Protects vulnerable patients	Uniformed
Practice Safe Staffing	Chaotic

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Appendix C: Previous Rounding Tool

Leadership Staff and Patient Rounding Tool

Patient Rounding   **Date: _____**

"Hello, I/we are _____, one of the leadership team members here today and we wanted to check in and see how your care is progressing. I hope that it is okay to ask you a few questions."

1. How has your visit been so far?

2. Did you have a long wait before you were seen by a provider or a nurse?

3. Have the nurses and Providers introduced themselves to you? (Check whiteboard also)

4. Have they updated you about your care frequently?

    a. (if it has been a prolonged time, then connect with the patient's nurse after leaving)

    b. Has the care team explained the testing you are receiving or the care plan with you during this visit?

5. Do you feel that your care team has addressed or listened to your concerns about why you are here?

6. We have a great team of Nurse and Providers here in the Emergency Room. Is there anyone you would like to recognize?

7. We are cognizant about the care that we provide you, if there is one that you could tell the Physician leader or the Director of Nursing for the Emergency Room, what would it be?

"Before we go, is there anything else you need or that we can do for you?"

-Annotate comments from patient

-Notify Care Team of needs that need addressed

-Close the loop and enable continuity of communication if needed with patient and care team.

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Appendix D: PFAC Patient Rounding Tool

Patient Rounding

Primary nurse: Room number:

Admit/ DC or Unknown: BV:

Connect	**Introduction and purpose** My name is _____ and I am the *(role).* I am here to check in with you regarding your patient experience in the ED. I hope it is okay to ask you some questions regarding your care.
Concerns: Are there any concerns that we can address for you at this time?	
Comfort: Is there anything we can do to make you more comfortable?	o Cleanliness of Room o Pillows o Blankets o Belongings labeled o Drink/Food o Assist to Bathroom o Call Bell o Adjust Bed o Other: _____
Compliments/Kudos: We have a great team in the ED. Is there anyone who has taken care of you that you would like to recognize?	
Closing	Thank you for talking with us and please let us know if you have any future concerns.

- *Touch base with staff prior to rounding to explain the purpose and availability of patient for rounding*
- *Post rounding close the loop with staff:*
    - *Notify care teams of any concerns that need to be addressed*
    - *For any compliments, provide feedback to staff*