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Improving the patient experience through a commit to sit service excellence initiative

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Abstract

Effective communication between nurses and patients positively impacts patient care, outcomes, and the patient experience. While in the hospital, patients receive information from multiple caregivers and are often overwhelmed and confused. Nurses make up the majority of interactions with patients and are in an ideal position to improve the patient experience from the front lines. The purpose of implementing the Commit to Sit service excellence initiative was to positively impact the patient's perception of nurse communication by nurses sitting with their patients during each shift. Outcomes were measured by the overall nurse communication composite on the Press Ganey survey, as well as the composite components of treating patients with courtesy and respect, listening carefully, and explaining understandably. Patients perceive caregivers as spending more time at the bedside when sitting versus standing.

Keywords

Nurse communication; patient experience; commit to sit; caring; relationship; Press Ganey satisfaction survey; quality; HCAHPS

Improving the Patient Experience

The Press Ganey Satisfaction Survey along with the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) questions produce an all-inclusive overview of the patient experience. Press Ganey survey questions evaluate how well a service was provided, while HCAHPS questions measure the consistency at which a service was provided. Healthcare organizations only receive credit for activities that are recognized as always carried out. The challenge is to not only continuously improve the quality of care, but to also improve the patient's perception of care.¹

Background

The setting for this initiative was a 19-bed medical telemetry unit in a 369-bed acute care hospital located in a large Northeastern Texas city. The study included participation from the nursing supervisors and bedside nurses employed on the unit. Nurse experience of the individual nurses ranges from new graduates to more than 20 years, and collectively have more than 200 years of nursing experience. Nurse education consists of more than 60% with a bachelor's degree, one licensed vocational nurse, and the remaining with associate's degrees in nursing. Census on the unit consistently remained full with each nurse caring for four to five patients at a time during their shift with constant patient turnover due to discharges and admissions.

The Nurse Communication composite of the Press Ganey survey includes treating patients with courtesy and respect, listening carefully, and explaining understandably. The composite is scored based on patient perception, only receiving credit when "always" is selected. The medical telemetry ended 2014 at the 9th percentile for overall Nurse Communication identifying it as the greatest opportunity for improvement in 2015. Prior to the spring departmental brainstorming session, the nursing supervisors were notified of the Nurse Communication focus to provide them an opportunity to talk with staff and gather ideas and feedback to bring to the meeting. Nursing supervisors, nurse managers, and the director of the medical telemetry, neuro-telemetry, intensive care, and hemodialysis units make up the critical care department. Literature was shared with department representatives that identified various strategies to positively impact the patient's perception of nurse communication.

Strasser et al. (2005) speak to the impact of sitting with patients on their perception of compassion and time spent with them.² An article by Deardorff (2010) emphasizes the impact of sitting to the patient's perception of time and how well they feel listened to.³ In 2012, *The Truth about Nursing* website posted a study showing that patients were more satisfied when their caregivers spent time sitting with them.⁴ Support from these studies and feedback from the staff gave direction to the nursing supervisors as they outlined their 2015 unit initiative.

This initiative was designed to be overseen by the nurse manager, with each shift and initiative progress monitored

by the nursing supervisors. An action plan was developed to improve the patient experience, as measured by the Nurse Communication composite on the Press Ganey survey, including components of treating patients with courtesy and respect, listening carefully, and explaining understandably. The project aim was to improve the Nurse Communication composite from the 9th to the 60th percentile by the end of the third quarter in 2015 by focusing on each nurse listening through a Commit to Sit intervention.

Framework

Duffy's Quality Caring Model merges medical and nursing models and theorizes that nurses who develop caring relationships with their patients influence positive patient outcomes.³ The nurse-patient relationship and the compassion the nurse provides to the patient is recognized as the patient's perception of care and may match the nurse's intent in the delivery of care. This shared relationship grows with each encounter as the patient is reassured they can rely on their nurse to safely care for them.

This attentive reassurance envelopes the nurse-patient relationship and can only be created and maintained by nursing to prevent any incidences that introduce distrust, insecurity, or safety concerns. One intervention impacting the nurse-patient relationship also mentioned in the Nurse Communication composite is active listening, or listening carefully. Listening is a basic concept, the foundation in creating meaningful relationships, and therefore vital in caring for patients.⁶

Duffy's model serves as the nursing framework for this organization, providing a guide during the brainstorming session. The team decided to focus on the development of the therapeutic nurse-patient relationship through listening. The perception of listening is based on undivided attention, focus, and the promotion of conversation.⁷

Implementation Plan

Utilizing the evidence reviewed, the team determined qualities that show active listening include being eye level, making eye contact, and undistracted conversation. In the acute care setting, the majority of the patients are lying in a hospital bed, making sitting the most logical and non-threatening way to communicate. The evidence based Commit to Sit strategy was implemented with the expectation for nurses to find time to sit with each patient, provide undivided and uninterrupted attention, and help develop trusting and caring relationships with the patient. Sitting, instead of standing when talking with patients, is perceived as more time spent at the bedside.^{3-4, 8} Patient perception of time spent with them positively correlates with the patient's reported experience.⁹

The supervisors developed a roll-out plan for their units, facilitating the implementation of the Commit to Sit project. The supervisors for the medical telemetry unit created a timeline for project implementation. The staff, including the relief charge nurses were educated the week following the brain storming session on data collection. A Service Excellence Commitment agreement was completed by all team members, and witnessed by the supervisors during the same week. The expectation was for all nurses to sit with all patients during their shifts. This would allow for each patient to have two nurses sit with them each day.

The Commit to Sit initiative went live the third week of March 2015. Starting the initiative in the middle of the month provided the opportunity to coach, remind, and identify any early barriers or needed modifications to the project prior to impacting an entire month of data.

Data was collected from nurses to capture completion of the task and from the patient to monitor real-time changes in patient experience. During a full shift, data was collected from 4 bedside nurses to capture completion of the task and from the 19 patients to monitor real time changes in patient perception. Data was collected and recorded each shift as the nurse reported to the supervisor or relief charge nurse about the patients they completed Commit to Sit with and provided any indications if they were unable to carry out the service excellence initiative. During clinical leader rounds by the nurse manager, supervisor, or relief charge nurse, all patients are asked, *"Do the nurses spend some time sitting with you at some point during their shift?"* This provides real-time data on patient perceptions, allowing the leader to provide immediate feedback. Some nurses acknowledged they had not carried out their Commit to Sit while others were perplexed by the patient's perception when the task was already carried out.

Findings were collected and shared during critical care leadership meetings, as the supervisors were responsible for speaking to their project, successes, barriers, and any recommendations. Staff updates were provided weekly through the posted Press Ganey report, as well as during monthly team meetings. Press Ganey reporting may have a 3-month lag time as surveys continue to be submitted. Due to the lag time, scores would potentially change, positively or negatively, from week to week. The team learned to celebrate the small wins such as a *"Go Green"* party to celebrate positive results in the Nurse Communication composite, as well as each component, in addition to other key performance indicators being carried out on the unit.

Table 1. Percentile Ranking of Nurse Communication Composite and Components

Month 2015	Nurse Communication Composite	Courtesy & Respect	Listen Carefully	Explain Understandably
January	3	8	13	1
February	10	4	54	5
March	21	63	45	13
April	18	4	54	22
May	85	77	70	93
June	60	18	84	65
July	21	17	45	15
August	99	99	97	98
September	40	39	43	39
October*	91	77	70	99
Mean	45	41	58	45

Note. * = incomplete data as survey period is still open

Results

The components of the Nurse Communication scores for the medical telemetry unit fluctuated from the initial implementation of Commit to Sit (Table 1 and Figure 1). Implementation began midway through March 2015 to allow staff time to hardwire the new process, so data from the first few weeks did not recognize much of an impact. In late March and early April, nurses expressed frustration

in the findings. Nurses would report sitting with 100% of the patients, yet rounding would show that only 40% of patients or families perceived the nurses sat with them. The results supported the real-time findings with a drop in the overall nurse communication composite.

This caused confusion among the staff and some expressed frustration as they were following this initiative and not getting credit or not being recognized for it.

Figure 1. Bar chart graph representing percentile rank survey results for the Nurse Communication composite and its components including courtesy and respect, listening carefully, and explaining understandably.

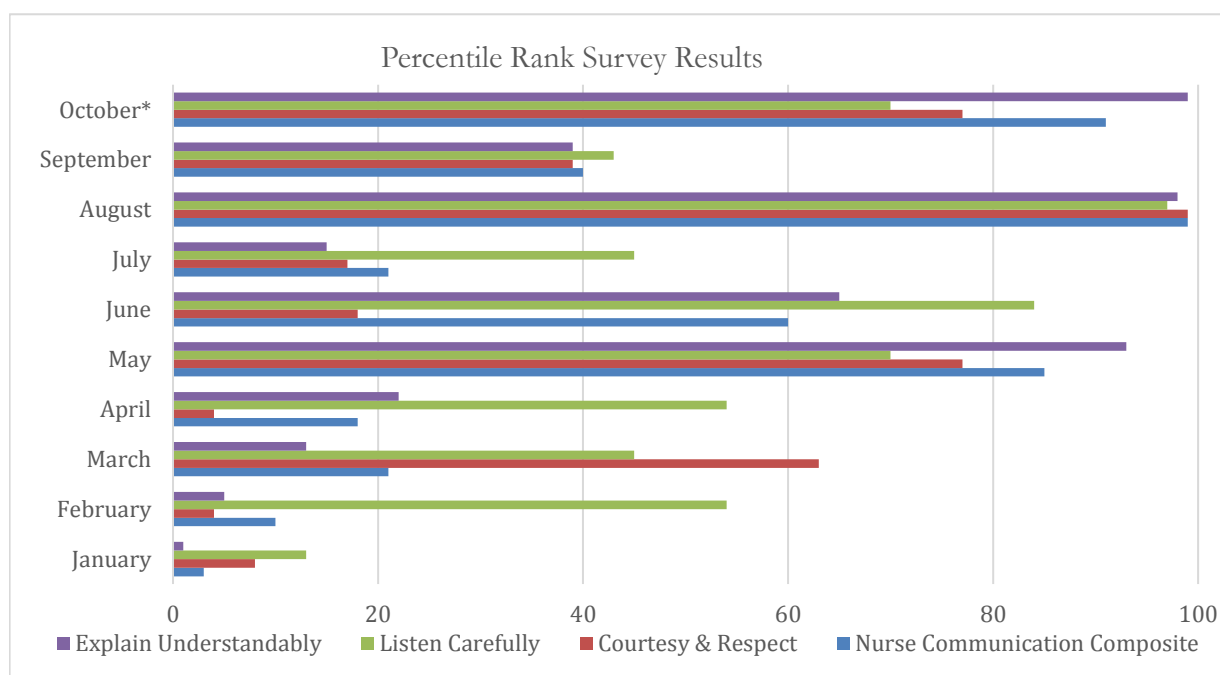


Table 2. Percent of “Always” Selected on Press Ganey Satisfaction Survey

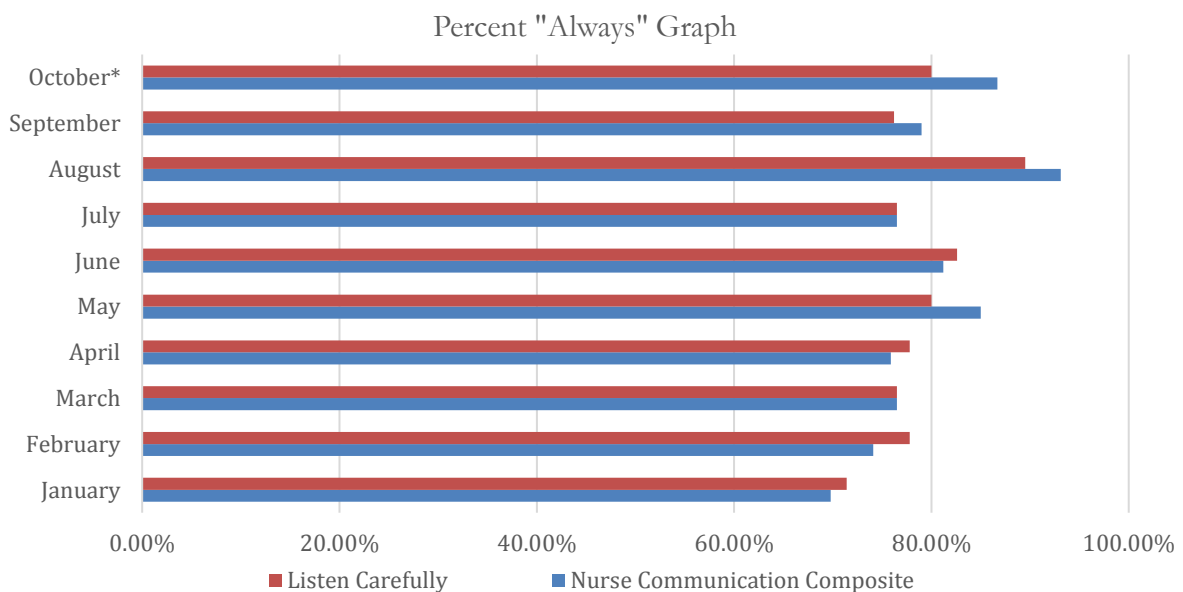
Month 2015	n	Nurse Communication Composite	Listen Carefully
January	14	69.8%	71.4%
February	18	74.1%	77.8%
March	17	76.5%	76.5%
April	18	75.9%	77.8%
May	20	85%	80.0%
June	23	81.2%	82.6%
July	17	76.5%	76.5%
August	19	93.1%	89.5%
September	21	79%	76.2%
October*	10	86.7%	80.0%
Total	179	79.8%	79.1%

Note. * = incomplete data as survey period is still open

Modifying the nurse’s approach was initiated and made a drastic change in the patient’s perception of the nurse sitting with them during their shift. Team members were asked to incorporate the question, “Do you mind if I sit and talk with you?” Incorporating the word “sit” made an impact as the feedback received during clinical leader rounds was more equivalent to the number of patients the team reported sitting with. This may be logically explained as patients make a conscious decision whether a nurse may sit with them at that time or not, increasing their ability to recollect when asked by leaders.

Overall, the Commit to Sit initiative supported nurses in improving perceived Nurse Communication with patients, moving the unit from a Nurse Composite score of 9th percentile in 2014, to 43rd percentile at the end of 2015 (range = 1st percentile [low] to 99th percentile [high]). The data was also reviewed to identify changes in patient answer selections to show the percentage of patients that selected “always” on the Press Ganey survey. Table 2 and Figure 2 show the percentages of “always” answers for Nurse Communication and the listening carefully component. There were 71% of patients that selected

Figure 2. Bar chart graph representing the percent of times “always” was selected on the survey for the Nurse Communication composite and the listening carefully composite.



“always” in 2014, increasing to 79.3% in 2015, following implementation of the Commit to Sit initiative.

Implications

The results of this implementation project supports that building trusting and caring relationships with patients improves the patient’s perception of their experience as demonstrated by the scores on the Press Ganey Satisfaction Survey. Implementing the Commit to Sit initiative provided nurses the opportunity to learn something unique about each patient to share during report to help foster relationships even through shift change. Utilizing Commit to Sit to connect with patients, demonstrating caring beyond the patient’s medical diagnosis, positively impacts the patient experience.

Early challenges included the addition of asking patient permission to sit and talk with them. Many nurses shared they would enter a room and sit, not asking permission or drawing attention to the act of sitting. The addition of this question required patients or family members to consciously answer, making it easier to recall during clinical leader’s rounds. This question emphasized the consistency of the staff carrying out the Commit to Sit initiative impacting the patient’s perception of care as reflected during clinical leader rounds and on the Press Ganey survey. Including families in this initiative was necessary as many of our patient’s surveys are completed by family members.

Another challenge identified was nurse hesitation to sit with patients who were on contact isolation, some providing that as an indication. Once this was identified, education was provided on ways to carry out the Commit to Sit initiative regardless of the isolation precautions the patient is on. Nurses may use disposable pads on the chairs or wear an additional isolation gown backwards if they felt this was a barrier to meeting this expectation.

Press Ganey scores from each month are independent from other months; therefore, do not show a gradual decrease or increase in overall scores. Breaking out the Listening Carefully component of Nurse Communication earlier in the project would have shown how Commit to Sit was immediately impacting the patient’s perception of listening as opposed to focusing on the collective composite.

Limitations

Limitations included the frequency of nurses floating to the medical telemetry unit. Nursing supervisors and charge nurses did not always remember to inform them of the unit initiative. The nurses that were informed of the initiative did not always find time in their shift to sit with their patients. Another limitation included the patient

perception of the different roles in a hospital, doctors and nurses. This would also impact patient answers on the Press Ganey survey when addressing specific responses to nurse care.

Another limitation is the variability that is out of staff control to measure the totality of the success of the initiative through the percentile ranking. The unit’s ranking is determined by how other facilities of the same size compare. Initiatives being carried out at other facilities are unknown.

Recommendations

Effective communication between patients and caregivers improves the patient experience as well as outcomes.¹⁰ Taking a few minutes out of each shift to connect with each patient fosters relationships and shows compassionate care. Patients admitted to the hospital experience a multitude of complex emotions including anxiety and fear, leaving many to feel threatened by what is unknown. Taking Commit to Sit further by focusing on the actual connection that is made between patients and their nurses will further optimize the patient experience. Nurse leaders may ask nurses to share one thing about their patient that has nothing to do with why they are in the hospital. Nurses that are unable to share something are having trouble connecting with their patients. A final recommendation is focusing on the patient experience and moving the number of patient responses to “always” in regards to how often a service was provided.

Conclusion

The implementation of a Commit to Sit service excellence initiative improved Nurse Communication scores and the overall patient experience scores on the Press Ganey survey in addition to the overwhelming number of compliments received from patients and families. Connecting with patients and their families contributed to the compassionate care perceived. The Commit to Sit nursing excellence initiative impacted the patient’s perceived experience. Although the unit fell short of reaching the 60th percentile goal by the end of the third quarter in 2015, Commit to Sit consistently increased the percentage of “always” answers by patients for Listening Carefully, as well as the overall Nurse Communication composite score. Continuing with the Commit to Sit initiative provides a helpful tool for nurses to deliberately connect and care for patients and their families on the ongoing journey to positively impact the patient experience.

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