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Implementation of AIDET and Commit to Sit in Pediatric Outpatient Setting

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Section I Abstract

Problem: This quality improvement project implements AIDET (Acknowledge, Introduce, Duration, Explain, and Thank You), Commit to Sit, and cultural-competent care to improve patient satisfaction and communication between multidisciplinary health care team members and patients in a microsystem of a pediatric outpatient setting. The National Research Company (NRC) scores from the microsystem are below the 85th percentile, and this microsystem strives for excellence in the care provided to patients. The detractors from the patient satisfaction scores include patients scoring low on staff needing to work together, care providers not taking enough time to explain and listen, wanting to trust providers with care, procedures not beginning on time, and showing courtesy and respect by nurses. AIDET and Commit to Sit are evidence-based communication tools to improve patient care beyond bedside care. Culturally competent care allows one to recognize every patient and their family’s uniqueness and celebrate those differences by educating ourselves.

Context: The microsystem for this quality improvement project is an outpatient surgery unit where general surgeries are performed for the pediatric population. The pediatric population that the microsystem serves ranges from two years old to eighteen years old, along with the patient's families. The population served comes from diverse backgrounds Asians, African Americans, Hispanics, and American Indians. The microsystem encompasses a multidisciplinary team including specialized pediatric surgeons, operating room nurses, surgical technicians, child life specialists, and anesthesia specialists.

Interventions: The interventions for this quality improvement project include interactive PowerPoint education and three simulations role-play scenarios to implement AIDET, Commit to Sit, and culturally competent care intentionally with an emphasis on culture, language, and
discharge instructions. The purpose is to standardize and sustain these communication tools and provide culturally competent care.

**Measures:** Measurement tools utilized to track data for this quality improvement project include NRC, pre-education surveys, and post-implementation surveys. The NRC scores were used to identify what changes needed to be made to increase patient satisfaction scores. The pre-implementation NRC data from September to September and post-implementation NRC data from March were compared and analyzed. Pre-education surveys were given to the staff via a QR code scan that the team scanned on their phone to assess their comfort with using the communication tools that were implemented six months prior and what barriers have come up in providing culturally competent care. Post-implementation surveys were given to the staff via a QR code scan that the team scanned on their phone to assess the staff’s input regarding the role-play simulation scenarios, feedback, and concerns regarding the changes.

**Results:** The implementation of AIDET, Commit to Sit, and culturally competent care is envisioned to increase patient satisfaction within the microsystem considerably. AIDET and Commit to Sit should significantly impact provider-patient communication and patients’ perception of care (Zamora et al., 2014). Patient satisfaction indicates the quality-of-care patients receive. When care is personal will result in better communication and more patient involvement. This can be done by becoming culturally competent when providing care. Carrying out education to staff on the tools to enhance their communication with patients guides the staff to become competent and confident for a sustainable change.

**Conclusions:** AIDET, Commit to Sit, and culturally competent care allows patients to feel visible and understood, increase compliance of care where patients can understand in simplified terms, and builds trust with the healthcare organization and its staff. These communication tools
should be used as a foundation to build trusting relationships with patients and be extended to the macrosystem level where the institution works towards the same goal to reach excellence in patient care and increase patient satisfaction.

Section II Introduction

Verbal and nonverbal communication opens doors for healthcare providers to become culturally competent and learn how patients perceive their care. When patients are getting discharged, the healthcare team’s job is to ensure the family feels competent to take care of their loved ones. However, there can be barriers to assessing how comfortable the family is going home if they have any questions or concerns and understand specific procedures. In addition, addressing simple preferences, including pronouncing the patient’s name right, greeting families according to their cultural importance, and cultural and or religious practices can help foster strong relationships. Communication is a vital component when delivering quality healthcare services to patients. Therefore, a communication model is needed to be implemented in practice. Following a communication model will help healthcare teams broaden their communication in an organized manner and ensure patients and their families cover every component. This, in turn, will allow health care providers to look beyond the surface of the illness and celebrate the differences and traditions of different cultures.

Sheppard (1993) discusses how communication encompasses the transmission of information in the nurse-patient relationship and includes transmitting feelings, recognizing these feelings, and letting the patient know that their feelings have been identified. Many studies support this view and indicate that communication is a fundamental part of nursing and that the development of a positive nurse-patient relationship is essential for delivering quality nursing
care. In addition, improving cultural competence can help reduce health disparities for populations, increasing revenue (Richter et al., 2017).

This project aims to increase communication tools with an emphasis on raising awareness of being culturally competent and thus increasing patient satisfaction within an outpatient setting. The organization’s values include professionalism, respect, integrity, diversity, and excellence. These values are reinforced by employees’ practice when interacting with patients and their families. Cultural competent communication allows healthcare providers to form genuine, trusting relationships with their patients and families and ensure they feel supported, acknowledged, and heard. This quality improvement focus aligns with the institution’s mission and vision of advancing health worldwide through integrity, respect, professionalism, diversity, and excellence.

The system that is being gauged is an outpatient surgery center. Patients and families choose this outpatient unit to receive healthcare due to the astute recognition of quality care. This is related to how the institution ensures the patient’s mental, physical, and emotional needs are met, and the microsystem strives to meet these goals with each patient at a time.

The communication resources reinforced in this quality improvement project include AIDET (Acknowledge, Introduce, Duration, Explanation, and Thank you) and Commit to Sit, emphasizing cultural competency. AIDET is an evidence-based communication framework that enhances patient communication, yields a decrease in patient anxiety, increases compliance, and improves clinical outcomes (Register et al., 2020). Commit to Sit is also an evidence-based communication framework aimed at positively impacting the patient’s perception of communication and care by taking the time to sit with the patient (Lidgett, 2016)). Previous studies have shown how being culturally competent can build a patient’s confidence in the nurse-
patient relationship, improve patient safety and clinical outcomes by minimizing misunderstandings, and increase patient satisfaction (Pullen, 2014). AIDET and Commit to Sit have been previously shown to increase the patient satisfaction scores in the critical areas based on the microsystem’s previous satisfaction data. These communication tools can help build a strong foundation of relationships with patients and their families, resulting in increased patient outcomes and satisfaction scores.

**Problem description**

The setting in which this quality improvement project is being carried out is a microsystem that specializes in outpatient pediatric general surgery. This facility provides expert care in more than 20 pediatric specialties and performs nonemergency voluntary surgeries. This facility is a branch of a more extensive hospital system that includes two large children’s hospitals in the San Francisco Bay Area and various outpatient locations across California. The hospital macrosystem is a large research facility that provides care for many critical children’s diseases and conditions. Due to the reputation of quality care, patients and their families have high expectations for quality in visiting a microsystem under the umbrella of this caliber of macrosystem system.

The microsystem Communication metrics, such as anesthesia process explained, was told when could leave, nurses courtesy/respect, nurses explained things, nurses listened carefully, received consistent information, staff cared about as a person, trust providers with care, and comfort talking with nurses. These are gathered through a follow-up survey where the patient’s family reflects on their care in the unit. Each metric is rated on a scale of one to five, with five being the best performance by the team and one being the worst performance by the unit.
The data that is being analyzed is the patient satisfaction data located in Appendix I. The benchmark data that the microsystem is using is based on the percentile of success the macrosystem decides upon. The hospital macrosystem uses a 65th percentile success rate as their benchmark to compare to, and this microsystem has a new reach goal of 85th percentile success rate for their facility. The NRC will be utilized to calculate the system percentile and analyze the success of each metric.

The baseline data for this quality improvement project in the past 12-month (September to September) was patient satisfaction data collected before implementing the proposed change, AIDET, and Commit to Sit. The baseline data is shown in Appendix I.

Patient satisfaction surveys are emailed to patients after their visit to the microsystem, where the current performance is evaluated. The microsystem avengers can access these quarterly reports to assess short-term changes and recent performance.

The quality gap noted and acknowledged by the managers of the microsystem is improving the patient satisfaction score to the microsystem's reach goal of 85th percentile by targeting the lower scoring points within the patient satisfaction surveys. The gaps identified in the 85th percentile benchmark data were. Specifically, staff worked together to meet the patient’s needs. Health care providers explained things, health care providers listened, trusted providers with care, the procedure began on time, the anesthesia process explained, care providers explained things, care providers attended, and nurses attended’ courtesy/respect.

Available knowledge

A PICO question was developed and utilized to research the patient and provider communication quality gap, AIDET, commitment to sit, and cultural competency. This is also outlined in Appendix C. PICOT Question: Does implementation of AIDET, Commit to Sit, and
cultural competence care increase NRC patient satisfaction scores compared to not implementing AIDET, Commit to Sit, and cultural competence care within a pediatric outpatient setting over the course of 6 months?

The literature review is based on data collected and analyzed using research database tools, including CINAHL and PubMed. The literature review showed a strong correlation between patient satisfaction and implementing AIDET, Commit to Sit, and practicing cultural competence in healthcare. Overall, these three components increased patient satisfaction in the areas lacking in the NRC data, including trust providers with care and health care providers listening. The literature reviews convey that after medical institutions incorporated AIDET and Commit to Sit when communicating with their patients it positively impacted patient satisfaction as well as increased their overall perception of care. In addition, culturally competent care can further aid in building patient-provider trust by personalizing care for each individual.

Kunkel et al. (2015) studied whether residents’ values regarding patient communication can be influenced by training. A three-hour communication skills training in AIDET was presented to the first and second Post-Graduate Year residents. In addition, a pre/post communication skills training survey was administered to measure the value of patient communication. As a result, the residents’ scores on communication values improved significantly for all areas pre and post-training for patient communication skills. These areas included valuing, requesting permission, sitting down, and introducing themselves. In conclusion, the residents found the training and communication tool valuable as it fostered interpersonal skills and enhanced service excellence (Kunkel et al., 2015). This study conveys the importance of teaching communication skills to healthcare providers as they are correlated with patient care and safety.
According to Fu et al., the AIDET communication mode significantly improved the patient satisfaction with nurses’ responsibility and the effect of communication across surgery settings. The study analyzed the application of AIDET in cataract daytime operations centers. It showed that more medical disputes increased because the length of stay (LOS) of inpatients and the time of communication between medical staff and patients decreased during the daytime operation. In addition, the AIDET also increased the patient’s trust in the medical team, established good relationships between providers-patients, and reduced patients’ anxiety. The study also shows that as the nurses took more time to go over the procedure in detail, patients were more perceptive and assured to accept surgical treatment, cooperated with the nurses to complete the nursing work before and after the operation, and were conducive to faster recovery (Fu et al., 2020).

Pullen (2014) covers four themes when communicating with patients from different cultural backgrounds, including more trust and less stress, language barriers, respect, and silent communication. The topic of more confidence and less stress goes into detail about becoming self-aware of your own cultural beliefs and how that can aid in identifying prejudices or attitudes that can be a potential barrier to good communication. Bringing down language barriers discusses the need for a trained medical interpreter, ensuring the patient feels comfortable with the family being present and making time for the patient. Pullen emphasizes not rushing the session with your patient, sitting down in a chair next to the patient, not looking at the clock, or having a hurried attitude. The matter of respect section conveys how essential it is to be empathetic and show respect. It is essential not to stereotype patients to help build your experiences as a health care provider and be more effective when communicating cross-culturally. Lastly, Pullen dives into how silence is a part of communication. When we see
patients are silent, it is essential for us healthcare providers not to make assumptions as to why they might be quiet. Therefore, it is vital to analyze why the patient may be silent because it can be due to religious reasons as they communicate with God. As crucial as verbal communication, nonverbal communication is as important as analyzing a patient's posture, eye contact, and facial expressions.

The US healthcare system is becoming more outcome-based. Healthcare facilities are attempting to improve various aspects of care to increase patient satisfaction scores. This study was conducted in a small community hospital that implemented AIDET education with medical residents to see its effects on patient satisfaction scores. Patient satisfaction scores were measured via HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems). Results showed a significant impact of AIDET utilization on provider-patient communication in the facility. This framework for communication was instrumental in allowing patients to perceive the explanations they received to be understandable (Zamora et al., 2015).

George et al. (2018) discuss how the leadership and shared governance council board members (Community of Practice) of unit 4B improved communication with patients. Topics covered include the "Commit to Sit" favored by the Community of Practice board members as the new initiative to enhance nurse-patient communication, the implementation of the industry, which included participation from all levels of nursing employed in the unit, and how the success of the Commit to Sit program was measured. The project’s success was measured by analyzing the monthly Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS) score from discharged patients. Consistent positive feedback was received when unit management interviewed the patients to assess nurse communication. A year after implementing the Commit to Sit program, patient satisfaction ratings of nurse communication steadily
improved, achieving a score of 87 (90th percentile rank) in the third quarter of 2016. Apart from the improved results in nurse-patient touch, there was an overall improvement in other aspects of patient satisfaction.

AIDET is a communication framework that enhances communication with patients and their families, decreasing patient anxiety, increasing patient compliance, and increasing patient outcomes. In a large suburban medical center, staff was trained to utilize AIDET when providing patient care. However, it was found that the Heart and Vascular Center (HVC) had lower patient satisfaction scores than the rest of the medical center (Register et al., 2020). In this study, simulation-based learning was utilized to re-educate and reinforce AIDET to 77 staff participants in the unit. The two primary objectives for the staff were: 1) To demonstrate effective communication using AIDET and 2) To demonstrate strategies for applying AIDET with each patient encounter (Register et al., 2020). To supplement simulation-based learning, the HVC staff participated in pre-briefing, in-situ simulations that included diverse patient populations they encountered, and debriefing. Following the reinforcement of AIDET, there was an increase of 1.4% in patient satisfaction scores at the HVAC unit. Additionally, approximately 73% of staff strongly agreed that simulation training would improve clinical performance. Thus, simulation-based training can be implemented across different departments to promote the retention of skills related to AIDET (Register et al., 2020).

The systematic review by Butler et al. (2016) examined various levels of interventions to improve culturally competent care for vulnerable populations such as people with disabilities, the LGBTQIA+ populations, and those belonging to racial or ethnic minority groups. Randomized control trials, prospective cohort trials, and observational studies were examined for interventions to reduce health disparities that were implemented at the clinic, provider, system,
and individual levels. The Interventions fell into four broad categories: (1) provider training and education; (2) interventions providing alteration of an established protocol, or the delivery of an established protocol, to meet the needs of a target population; (3) interventions promoting patients to interact with the formal health care system or health care providers; and (4) interventions aimed at providing culturally competent care at the point of service. For most included studies, the risk of bias was high. The most common methodological problems were lack of randomization to treatment, lack of attention control, little or no follow-up, and failure to report unintended consequences. Large segments of vulnerable or disadvantaged populations—such as children with disabilities; people who are gender-nonconforming or transgender; or numerous racial or ethnic groups, including Native Americans or Alaskan Natives—remain essentially invisible in the cultural competence literature. Butler et al. (2016) concluded that the studies examined did not measure the effect of cultural competence on health care disparities. Still, they measured changes in professional attitudes toward the population in question.

Rationale

According to O’Mahony (2011), the Health Belief Model (HBM) has been one of the most frequently used conceptual frameworks in health behavior research. The HBM was developed in the 1950s by social psychologists in the U.S. Public Health Service to explain the widespread failure of people to participate in programs to prevent and detect disease. The HBM has been used extensively to determine relationships between health beliefs and health behaviors and inform interventions. Using the health belief model in this Action Plan aims to elucidate nurses' relationships between knowledge about communication tools, including AIDET and Commit to Sit, and increasing patient satisfaction.
The change theory adopted for this quality improvement project is Lewin’s Three-Step Model for Change. Lewin’s theory discusses how individuals and groups of individuals are influenced by obstacles, restraining forces that drive individuals positively for change to occur (Wojciechowski et al.). When implementing change, it is important to use his three-step model. The first step is unfreezing, also known as creating a problem awareness. Through education, demonstrating issues or problems allows individuals to let go of patterns in this step. For this project, the unfreezing phase included analyzing the NRC patient satisfaction scores, identifying the areas below the 85th percentile, and assessing for possible interventions that the facility will benefit from. The second step is changing/moving, where alternatives, benefits of change, and decreasing forces that affect change negatively are demonstrated. For this project, training and education were provided to the staff regarding AIDET, Commit to Sit, and culturally competent care. The third step is refreezing and goes into detail about integrating and stabilizing the change to become a habit. In this project, microsystem leaders can acknowledge and recognize when staff utilizes AIDET and Commit to sitting when interacting with patients and their families.

**Specific Aim Statement**

The microsystem staff's utilization of AIDET, Commit to Sit, and cultural competency tools will increase NRC patient satisfaction scores within a pediatric outpatient setting over six months.

**Section III Methods**

**Context**

The 5 Ps of the microsystem, including purpose, professionals, patients, process, and patterns, were used to assess how the microsystem performed. This microsystem aims to provide general pediatric surgery to the pediatric population. This clinic can perform nonemergent
surgeries, including but not limited to EENT (Ears, Eyes, Nose, Throat), myringotomy, tonsillectomy, adenoidectomy, inguinal hernias, IND (Incision and Drainage), orthopedic, circumcision, and general surgery by specialized physicians in general pediatric surgery. The professionals included in this unit are nurse practitioners, physicians, PACU nurses, nurse managers, translators, front desk receptionists, surgical nurses, surgical technicians, surgeons, anesthesia specialists, and child life specialists. A management team in this facility coordinates monthly staff meetings to reinforce communication tools to the staff.

The patients served in this microsystem are pediatric patients ranging from two to eight years of age. Patients can bring their family members, legal guardians, or parents. The facility has ample space for families to wait while the patient is undergoing a procedure. Because the microsystem is an outpatient setting, patients are usually discharged on the same day as their scheduled procedures.

The processes of this microsystem prioritize working efficiently to ensure procedures and surgeries begin promptly. The facility is open on weekdays, and surgeries are usually scheduled in the morning to ease patient discharge promptly. The front desk receptionist helps repair the insurance, billing, and questions the family may have regarding this portion. The nurse practitioners assess the patient and family the day before the scheduled surgery. On the day of the surgery, the Child Life Specialist visits the patient and helps guide them through the process. The preoperative nurses perform the initial assessment, assess the intake, and answer any questions the family or patient may have using translators to support any transplantation via iPads if needed. Hospitality cleans and prepares the room for the patient before and after the surgery. The OR nurses start the patient’s IV, position patients on the surgical table, place a warm blanket or bear hugger, and place medications on the back table for the technician to give.
to the surgeon. The scrub technician cares for the instruments, sutures, and sterile equipment used during the surgery. The PACU nurse recovers the patient, provides ice chips and popsicles, does the discharge teaching with the patient and family, and wheels the patient to the car.

The patterns of this unit encompass communication and revolve around an as-needed basis. As the patient progresses through the procedure, the family receives updates. Based on communication, satisfaction scores are assessed by nurse managers to plan for improvement as needed.

A SWOT analysis (Appendix D) of a microsystem dives deeper into assessing and analyzing the strengths, weaknesses, opportunities, and threats to aid the quality improvement project in the right direction. Strengths of this microsystem include gaining recognition for being the Nation’s Best Children’s Hospital and competent staff members serving the pediatric population. Weaknesses include NRC scores below the 65th percentile, lack of time, language barriers, and more excellent distractions towards incorporating AIDET and Commit to Sit. In addition, the staff is experienced and is reluctant to change. Opportunities in this microsystem are reinforcing AIDET and Commit to Sit training, improving communication between staff members, increasing understanding of preventative measures, emphasizing family-centered care regarding wait times, and ensuring procedures begin as scheduled. Threats are patients and their families choosing other alternative hospitals for care over UCSF Walnut Creek.

The tool used to organize and direct the quality improvement project was a PDSA (Appendix B) cycle. The PDSA stands for Plan, Do, Study, and Act. The ‘Plan’ stage is where a change aimed at improvement is identified, the ‘Do’ stage sees this change tested, the ‘Study’ stage examines the success of the change, and the ‘Act’ stage identifies adaptations and next steps to inform a new cycle (Taylor et al., 2013).
During the ‘Plan’ phase, NRC patient satisfaction scores were collected and analyzed to help identify the areas for improvement. A literature review was conducted to incorporate evidence-based research to see the relationship between AIDET, Commit to Sit, culturally competent care, and patient satisfaction scores. Goals, outcomes, and interventions were established to move on to the ‘Do’ phase. In the ‘Do’ phase, the staff has presented the goals, outcomes, and interventions. Data supported how AIDET, Commit to Sit and being culturally competent as communication tools. A pre-survey (Appendix E) was conducted to establish the baseline data. Roleplay-simulation scenarios were demonstrated by incorporating the staff in AIDET, Commit to Sit and culturally competent care.

The NRC patient satisfaction scores were analyzed during the 'Study' phase to identify any detractors and gaps. The NRC scores were analyzed from the past six months to the present time. A post-survey was conducted to gather feedback from the staff and their understanding of the presentation to identify any underlying problems. During the ‘Act’ phase, it was decided if there were other changes for implementing the AIDET and Commit to Sit needed for the following application cycle. In addition, modifications with simulation-based learning to reinforce teaching were addressed. Lastly, addressing the detractors and gaps will be continued to improve the overall score. The Gantt chart (Appendix A) portrays the timeline of completion for this quality improvement project.

**Cost-Benefit Analysis**

AIDET, Commit to Sit, and culturally competent have been proven to heavily impact patient outcomes through evidence-based research with little to no cost in implementing in practice or educating staff. Implementing AIDET, Commit to Sit, and culturally competent educational teachings in this quality improvement project cost thirty dollars, including
purchasing buttons for the team to wear. Having these buttons for the team was to stimulate patients in asking the staff about what Commit to Sit, and AIDET emphasizes the staff’s commitment to using different communication tools when interacting with patients. The nurse manager holds a monthly meeting with the unit to reflect upon NRC patient satisfaction scores, discuss the high versus low-scoring areas, recognize accomplishments, and discuss spots to improve. Having the nurse manager reinforce these tools during those monthly meetings will not cost the facility. This quality improvement change is helping build on their strengths, and these communication tools allow staff to have mindful conversations with their patients.

Richter et al. (2017) portray how a positive patient experience is correlated with an increased profit for hospital income. This goes hand in hand with the benefits of applying AIDET, Commit to Sit, and culturally competent care in the day-to-day job of healthcare workers. This study took a sample of about twenty thousand observations from about four thousand hospitals over six years. It focused on the relationship between the patient’s experience and how the hospital was affected. The service-profit chain framework was followed to encompass employee satisfaction, customer satisfaction, and revenue growth. To gather data, a generalized estimating equation and marginal models were used with robust standard errors. As a result, there was a one percent increase in patients recommending the hospital is related to two hundred and fifty thousand estimates of expected growth in net income. Compared to poor patient satisfaction scores, there is a more vital link to a decrease in revenues for hospitals. This study conveys the power of communication and how it can affect patient satisfaction scores.

**Intervention**

This quality improvement project focuses on improving patient satisfaction scores by teaching staff to practice effective communication by confidently utilizing AIDET, Commit to
Sit and culturally competent care to diverse populations. In addition, a PowerPoint presentation, posters, reinforcement of the topics, and roleplay-simulation scenarios.

AIDET is an evidence-based communication tool and acronym for Acknowledge, Introduce, Duration, Explanation, and Thank you. This framework ensures that fundamental elements of patient communication are consistently incorporated. The Acknowledge aspect of AIDET focuses on making eye contact, acknowledging family or friends in the room, and greeting the patient by their name. Introduction focuses on introducing yourself with your name, your position in care, professional certification, and experience. Duration includes giving accurate time expectations for procedures, tests, physician’s arrival, and identifying the next steps. The explanation is where the patient is explained step-by-step what to expect next, answer questions, and let them know how to contact you. Lastly, Thank you is where the patient and family are thanked.

Commit to Sit is another evidence-based communication tool where healthcare providers are encouraged to sit with their parents during each shift to positively impact the patient’s perception of nurses’ communication (Lidgett, 2016). Utilizing Commit to Sit aids in connecting with patients and demonstrating care beyond the patient’s diagnosis by making sure conversations are at the patient and family member’s eye level, maintaining eye contact, and providing undivided attention.

Culturally competent care is a vital barrier to overcome to provide quality health care. It is essential to build relationships with strong trust and mutual respect. To be culturally competent, it is necessary to be aware of different cultures and their needs, and to and their needs and recognize implicit biases you may have. Because this facility serves diverse populations, roleplay-simulation scenarios focusing on the language and cultural barriers are presented to the
staff to understand these barriers better. In each design, staff members were incorporated to ensure the teaching was interactive and tailored to their learning needs. Post simulation, the staff members were encouraged to debrief what they learned and experienced through the simulation. A post-survey (Appendix G) was also administered through a QR code scanned on their phone for the staff to fill out.

Monthly staff meetings are held to reinforce the communication tools and improve staff performance and cooperation. AIDET, Commit to Sit, and culturally competent care posters were posted in common areas to help remind the staff of the different tools and resources provided.

The monthly NRC scores were used to measure the success of the change implemented. Patient satisfaction surveys are sent out to families shortly after their visit, and once completed, the NRC analyzes and registers the responses. The management can then view the final data.

The NRC patient satisfaction scores (Appendix I) and pre and post-surveys (Appendix F and Appendix H) were used to measure the effectiveness of this quality improvement project implementation. The pre-surveys were implemented on the staff by scanning a QR code through their phone. It assessed their comfort with using AIDET, Commit to Sit, communication obstacles with patients, and their learning styles. The post-survey focused on gathering information regarding the effectiveness of role-playing in their learning experience to help implement and practice AIDET, Commit to Sit, and cultural competency.

Measures

The data collected in this quality improvement project process include pre-surveys, post-surveys, NRC scores of one year from September to September, which is before the implementation, and NRC scores from February to March after strengthening AIDET and
Commit to Sit knowledge. The goal of the pre-survey is to assess how comfortable the staff feels with implementing the communication tools, how effective these communication tools have been compared to six months prior, and the possible barriers to providing culturally competent care. The purpose of the post-survey is to evaluate how effective the simulation and teaching were for the staff. The staff’s challenges when practicing AIDET, Commit to Sit, and culturally competent care on a day-to-day shift were assessed. The NRC data conveys the patient’s needs, the quality of care received, and areas to grow for health care providers and staff. The NRC data dating from February to March are anticipated to portray increased patient satisfaction scores following reinforcement training and education of AIDET, Commit to Sit, and present culturally competent care.

**Section IV Results**

There was significant data gathered from the post-survey data. The visual representation of data can be found in Appendix H, and Appendix F. 71.4% of the nurses were able to fill out the pre-survey questions. The staff stated they were comfortable using AIDET and Commit to Sit but faced barriers to utilizing it during their shift. The pre-survey conveys the lack of time, language barriers, distractions, and lack of eye contact, and the patient’s eye level is the typical hurdle. The answers varied for available resources to provide culturally competent care to patients for the staff. This specific question was scored on a scale from one to five, with five being the most effective and one being the least effective. The after-visit summary translation had the higher counts of four and five rankings, interpreter services were ranked three and four, and other services had the highest rank of four. The free-response question assessed what the staff thought was important when communicating with pediatric patients and their families. Some answers included providing them with clear, correct understandable information, making
sure they feel heard and have a say in the care of their child, letting them know we care. Time of the procedure and expectations, asking how to pronounce the name correctly, and being respectful.

Post survey results can be found in Appendix H. 85.7% of nurses responded to the post-survey questions. 100% of the respondents noted that the presented information helped increase patient satisfaction. The conclusion from the presentation and role play-simulation play simulation is assisting the staff with language barriers, how to better use interpreter services to use interpreter services better, being aware of one’s own biases before interacting with patients and families, tactful inquiry about cultural differences, asking questions, and being more sensitive to the cultural needs of the patients and their families. There were not numerous challenges experienced during AIDET and Commit to Sit implementation. From the post-survey, it was noted that the staff recognized not having enough stools to sit at eye-to-eye level with patients. However, families are very accommodating to the process. Lastly, there were no unintended consequences.

**Section V Discussion**

This quality improvement project's key findings portray the need for education and training for healthcare professionals to follow communication tools to incorporate culturally competent care. The staff stated they learned new ways to understand patients and their families’ cultures and how to incorporate that when interacting with them to increase patient satisfaction scores. Staff education included interactive debriefings, role-play exercises, and using communication tools with patients. The literature review contained in this paper points towards increased patient satisfaction and reducing health disparities for patients by using AIDET, Commit to Sit, and cultural competency.
The influence of the change implemented is undetermined. However, the staff’s competency and confidence have increased with the implementation this change. Following the literature review, it forecasts that there will be an increase in NRC patient satisfaction scores. The expansion will be seen in areas where the microsystem scored below the 65th percentile. With this change implementation and increased NRC scores, it is highly possible to see financial benefits for the microsystem.

Seeing an increase in NRC scores and patient satisfaction scores will emphasize the importance of practicing AIDET, Commit to Sit, and culturally competent care when interacting with patients. This change will also extend to the relationships between the staff, where they feel more content with their work and work collaboratively towards one goal of increasing patient satisfaction.

Seeing the benefits of simulation/role-play through evidence-based research portrays the learning benefits individuals can have individuals learning benefits and how it can help prepare them for modern healthcare. Care goes beyond treating the patient's illness and connecting on a deeper level will help the microsystem reach its goal, but before that, it is essential to understand the staff’s challenges. Our priority was to ensure each plan presented was tailored to the staff’s learning style and needs when implementing this project. This allowed the quality improvement project to succeed because the team felt heard and supported.

**Conclusions**

All evidence points towards improved patient outcomes, discharge instruction compliance, and a decrease in readmission rate and how the communication tools aided in the beneficial results. The use of AIDET, Commit to Sit, and cultural competency will ultimately increase net revenue for the microsystem. These are also sustainable tools that ensure care goes
beyond treating the diagnosis and looking at care from a holistic approach. With these communication tools, we can provide patient and family-centered care and ensure we are meeting all needs of the population we serve, such as social and emotional needs and being culturally competent.

Betancourt et al. (2005) emphasize the strong potential to improve the quality of care by incorporating culturally competent care. In addition, Kim (2018) discusses the positive effects of simulation and roleplay in helping nursing students learn in realistic simulations to better understand clinical situations and improve their self-efficacy and critical thinking skills. Within this microsystem, the reinforcement of AIDET, Commit to Sit, and introduction to culturally competent care in roleplay and lecture settings have been sustainable in the long run.

Exercising Commit to Sit, AIDET, and culturally competent care will allow healthcare professionals to inspect different aspects of patient care and immerse themselves in working with interdisciplinary teams. These evidence-based communication tools will enhance the foundation of the staff’s knowledge and competence when caring for diverse communities.

Recommendations for AIDET, Commit to Sit, and culturally competent care in the future are to provide educational reviews every year and do monthly acknowledgments of employees who were witnessed implementing the tools will increase unit morale and spread to the macrosystem. The reviews held yearly of AIDET, Commit to Sit, and culturally competent care and acknowledgments during staff meetings will aid in reaching excellence in the pediatric outpatient setting.
References


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Pullen, R. L. (2014). Communicating with patients from different cultures. *Nursing Made Incredibly Easy!, 12*(6), 6–8. [https://doi.org/10.1097/01.nme.0000454772.77545.13](https://doi.org/10.1097/01.nme.0000454772.77545.13)

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https://doi.org/10.5430/jha.v4n3p35
### Section VII Appendices

**Appendix A: Gantt chart**

Visual representation of the timeline of completion for the quality improvement project.

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Description</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/23/22</td>
<td>Weekly Meetings with the Clinical Instructor</td>
<td>1/23/22</td>
<td>1/23/22</td>
</tr>
<tr>
<td>1/23/22</td>
<td>Onboarding and Scheduling</td>
<td>1/23/22</td>
<td>1/23/22</td>
</tr>
<tr>
<td>1/23/22</td>
<td>Establish goals, outcomes, and interventions</td>
<td>1/23/22</td>
<td>1/23/22</td>
</tr>
<tr>
<td>2/14/22</td>
<td>Collect and Analyze NRG Scans</td>
<td>2/14/22</td>
<td>2/14/22</td>
</tr>
<tr>
<td>3/1/23</td>
<td>Prepare Pre-survey and Data Supporting the Change</td>
<td>3/1/23</td>
<td>3/1/23</td>
</tr>
<tr>
<td>3/1/23</td>
<td>Present Presentation Slides to Staff</td>
<td>3/1/23</td>
<td>3/1/23</td>
</tr>
<tr>
<td>3/1/23</td>
<td>Prepare Post-survey and Scenarios</td>
<td>3/1/23</td>
<td>3/1/23</td>
</tr>
<tr>
<td>3/1/23</td>
<td>Present Roleplay Simulation Scenarios to Staff</td>
<td>3/1/23</td>
<td>3/1/23</td>
</tr>
<tr>
<td>3/1/23</td>
<td>Analyze Survey Results</td>
<td>3/1/23</td>
<td>3/1/23</td>
</tr>
<tr>
<td>3/1/23</td>
<td>Synthesize Data and Results</td>
<td>3/1/23</td>
<td>3/1/23</td>
</tr>
<tr>
<td>3/1/23</td>
<td>Identify Underlying Problems</td>
<td>3/1/23</td>
<td>3/1/23</td>
</tr>
<tr>
<td>3/1/23</td>
<td>Compile Appendices</td>
<td>3/1/23</td>
<td>3/1/23</td>
</tr>
</tbody>
</table>
Implementation of AIDET and Commit to Sit in Pediatric Outpatient Setting

University of San Francisco
Melanie Wine

Project Start: Tues, 01/25/2022
Display Week: 1

<table>
<thead>
<tr>
<th>WEEK</th>
<th>SPMFT</th>
<th>EDD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLAN**
- Weekly Meetings with The Clinical Instructor: 1/31/22 - 3/10/22
- Debriefing and Scheduling: 1/31/22 - 3/10/22
- Establish goals, outcomes, and interventions: 1/31/22 - 3/10/22
- Collect and Analyze MIC Scores: 2/4/22 - 3/12/22
- Literature Review: 4/4/22 - 4/10/22

**DO**
- Prepare Pre-Survey and Data Supporting the Change: 2/7/22 - 2/20/22
- Present Presentation Slides to Staff: 2/13/22 - 2/21/22
- Prepare Post-Survey and Scenario: 3/10/22 - 3/11/22
- Present Role-play Simulation Scenario to Staff: 3/10/22 - 3/11/22
- Analyze Survey Results: 3/14/22 - 3/21/22

**STUDY**
- Synthesize Data and Results: 3/16/22 - 4/10/22
- Identify Underlying Problems: 3/28/22 - 4/10/22

**ACT**
- Compile Paper: 4/1/22 - 4/10/22
- Compile Appendix: 4/10/22 - 4/14/22
- Finalize Paper: 4/14/22 - 4/20/22
Appendix B: PDSA Cycle II

PDSA cycle is utilized to document the evidence-based changes that are implemented for this quality improvement project. It mentions the cycle of PDSA in a detailed explanation of how each step is outlined for the microsystem's goals.

PROJECT OVERVIEW

- Decide if other changes for the implementation of the AIDET and Commit to Sit are needed for the next applicable cycle. Address any modifications with simulation-based learning to reinforce teaching.
- Continue to address the detractors and gaps to improve the overall score.

- Collect and analyze NRC patient satisfaction scores to identify the areas that need improvement.
- Conduct literature review that shows the correlation between implementation of AIDET and Commit to Sit and increased patient satisfaction scores.
- Establish the goals, outcomes, interventions.

- Present to the staff of the goals, outcomes, and interventions.
- Provide data that supports the implementation of AIDET and Commit to Sit as communication tools.
- Conduct pre-survey to establish the baseline data.
- Demonstrate the AIDET, Commit to Sit, and culturally-competent care in roleplay-simulation scenarios.

- Analyze the NRC patient satisfaction scores to identify the detractors and gaps.
- Analyze the NRC scores from the past 6 months to the present.
- Conduct post-survey to gather feedback from the staff and their understanding of the presentation.
- Identify underlying problems.
**Appendix C: PICO Question**

PICO Question: Will the implementation of AIDET, Commit to Sit, and culturally competent care in a diverse pediatric outpatient perioperative setting improve patient satisfaction over a six-month period?

<table>
<thead>
<tr>
<th>P</th>
<th>Patient, population, problem</th>
<th>Culturally diverse pediatric patients in the outpatient perioperative setting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Intervention, prognostic factor, or exposure</td>
<td>Implementation of AIDET, Commit to Sit, and culturally competent care.</td>
</tr>
<tr>
<td>C</td>
<td>Comparison to pre-intervention</td>
<td>NRC scores of one year from September to September, prior to implementing AIDET and Commit to Sit, and March 2022 NRC scores.</td>
</tr>
<tr>
<td>O</td>
<td>Outcome</td>
<td>Improved patient satisfaction scores over the course of six months.</td>
</tr>
</tbody>
</table>
**Appendix D: SWOT analysis**

SWOT analysis is a framework used to evaluate the microsystem’s competitive position and to develop strategic planning. This analysis identifies the strengths, weaknesses, opportunities, and threats of a system.

<table>
<thead>
<tr>
<th><strong>Strengths</strong></th>
<th>This microsystem is a branch of a larger hospital system with two children’s hospitals in the Bay Area and various outpatient locations throughout California. It has a good reputation and ranks among Nation’s Best Children’s Hospitals. Staff members are highly competent and have many years of expertise in pediatric units.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weaknesses</strong></td>
<td>There are areas of NRC scores that are below the 65th percentile. Lack of time, language barrier, and greater distractions are obstacles to utilizing AIDET and Commit to Sit. Resistance and reluctance to change based on the staff's years of experience.</td>
</tr>
<tr>
<td><strong>Opportunities</strong></td>
<td>Reinforcing and refreshing the training. Better communication between staff members. Increased understanding of preventative measures. Effective communication methods with the patients regarding wait times and beginning procedures on time.</td>
</tr>
<tr>
<td><strong>Threats</strong></td>
<td>Patients and families will opt for other pediatric outpatient surgery settings over UCSF pediatric outpatient surgery settings.</td>
</tr>
</tbody>
</table>
Appendix E: Pre-Survey of Staff on February 23, 2022

AIDET and Commit to Sit Pre-Survey Questions

* Required

1. What is your job position? *
   [ ] Nurse
   [ ] Administrative Assistant
   [ ] Receptionist
   [ ] Surgical Tech
   [ ] Assistant Director
   [ ] Other

2. How comfortable are you with AIDET (Acknowledge, Introduce, Duration, Explanation, Thank you)? *
   [ ] Mark only one oval.
   [ ] Comfortable
   [ ] Somewhat comfortable
   [ ] Not comfortable

3. If comfortable/somewhat comfortable with AIDET: *
   [ ] Mark only one oval.
   [ ] Always implement AIDET in my practice
   [ ] I try to implement AIDET
   [ ] I know about AIDET but don’t always implement it
   [ ] I still need more education to utilize AIDET in my practice

4. How comfortable are you with Commit to Sit? *
   [ ] Mark only one oval.
   [ ] Comfortable
   [ ] Somewhat comfortable
   [ ] Not comfortable

5. If comfortable with Commit to Sit do you: *
   [ ] Mark only one oval.
   [ ] Always implement Commit to Sit in my practice
   [ ] I try to implement Commit to Sit
   [ ] I know about Commit to Sit but don’t always implement it
   [ ] I still need more education to utilize Commit to Sit in my practice

6. If you chose any answer other than “Always Implement...” in questions 3 & 5, what are common obstacles to implementing AIDET and Commit to Sit? *
   [ ] Check all that apply.
   [ ] Lack of time
   [ ] Language barrier
   [ ] Lack of interpreters/services/translation devices
   [ ] Cultural differences/patient is uncomfortable
   [ ] Something else comes up that is more important
   [ ] Simple forgetting
   [ ] Lack of knowledge on how to implement
   [ ] Sometimes it’s not possible to get to these levels
   [ ] Other:

7. Since you were given the tools of AIDET and Commit to Sit last fall, do you feel it is effective? *
   [ ] Mark only one oval.
   [ ] Yes, it is effective
   [ ] No, it is not effective
   [ ] I don’t know

8. What teaching style do you prefer when learning about concepts like AIDET and Commit to Sit? *
   [ ] Mark only one oval.
   [ ] Simulation & Role Playing-based learning
   [ ] Powerpoint presentation
   [ ] Discussions in combined presentation & role playing
   [ ] Other:

9. How does the Walnut Creek UCBF outpatient center provide culturally-competent care to their patients? How effective do you think the culturally-competent care you give is to the patient and family? *
   [ ] Mark only one oval per item.
   [ ] Not effective at all
   [ ] 1
   [ ] 2
   [ ] 3
   [ ] 4
   [ ] Very effective

   After-visit summary translation
   [ ] 1
   [ ] 2
   [ ] 3
   [ ] 4
   [ ] 5

   Interpreter services
   [ ] 1
   [ ] 2
   [ ] 3
   [ ] 4
   [ ] 5

   Other:
   [ ] 1
   [ ] 2
   [ ] 3
   [ ] 4
   [ ] 5

10. What do YOU think is most important when communicating with a pediatric patient & family?
Appendix F: Pre-Survey Response Data

1. What is your job position?

5 / 7 correct responses

- Nurse: 5 (71.4%)
- Administrative Assistant: 0 (0%)
- Receptionist: 0 (0%)
- Surgical Tech: 1 (14.3%)
- Assistant Director: 1 (14.3%)
- Assistant Director: 1 (14.3%)

6. If you chose any answer other than “Always implement__” in questions 3 & 5, what are common obstacles to implementing AIDET and Commit to Sit?

7 responses

- Lack of time: 5 (71.4%)
- Language barrier: 0 (0%)
- Lack of interpreter services/translation: 0 (0%)
- Cultural differences; patient is heard differently: 0 (0%)
- Something else comes up that I didn’t think of: 1 (14.3%)
- Simply forgetting: 0 (0%)
- Lack of knowledge on how to implement: 0 (0%)
- Sometimes it’s not possible to implement: 1 (14.3%)
9. How does the Walnut Creek UCSF outpatient center provide culturally-competent care to their patients? How effective do you think the culturally-competent care you give is for the patient and family?

![Bar chart showing effectiveness ratings for after-visit summary translation, interpreter services, and other services.]

10. What do YOU think is most important when communicating with a pediatric patient & family?

6 responses

- Providing them with clear correct understandable information
- Make sure they feel heard and have a say in the care of their child
- Explaining, asking questions and provide visual clues
- Letting them know we care
- Time of procedure and expectations
- Ask how to pronounce name correctly; be respectful
Appendix G: Post-Survey for Staff on March 23, 2022

AIDET and Commit to Sit Post-Survey Questions

1. What is your job position?
   Mark only one oval.
   - Nurse
   - Administrative Assistant
   - Receptionist
   - Surgical Tech
   - Other:

2. How effective was roleplay-simulation in making you more comfortable implementing AIDET (Acknowledge, Introduce, Duration, Explanation, Thank you) and culturally competent care?
   Mark only one oval.
   - Effective
   - Somewhat Effective
   - Not Effective
   - Other:

3. How effective was roleplay-simulation in making you more comfortable implementing Commit to Sit and culturally competent care?
   Mark only one oval.
   - Effective
   - Somewhat Effective
   - Not Effective
   - Other:

4. Do you feel the information presented was useful in increasing patient satisfaction? How or Why (explain in “other” option)?
   Check all that apply.
   - Yes
   - No
   - Other:

5. What did you take away from the presentation and roleplay-simulation that will help you in your practice?

6. What challenges did you encounter while implementing AIDET and Commit to Sit?

7. How could this roleplay-simulation be improved?
Appendix H: Post-Survey Response Data

What is your job position?
7 responses

- Nurse: 85.7%
- Administrative Assistant: 14.3%
- Receptionist
- Surgical Tech

Do you feel the information presented was useful in increasing patient satisfaction?
How or Why (explain in "other" option)?
7 responses

- Yes: 7 (100%)
- No: 0 (0%)
What did you take away from the presentation and roleplay-simulation that will help you in your practice?
6 responses

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language barriers and how to better use it</td>
</tr>
<tr>
<td>Commit to sit!</td>
</tr>
<tr>
<td>Be more aware of your own biases before interacting with patients and families</td>
</tr>
<tr>
<td>Tactful inquiry about cultural differences</td>
</tr>
<tr>
<td>ask questions</td>
</tr>
<tr>
<td>To be more sensitive to the cultural needs of our families and patients</td>
</tr>
</tbody>
</table>

What challenges did you encounter while implementing AIDET and Commit to Sit?
5 responses

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role play difficulties..</td>
</tr>
<tr>
<td>Not enough stools</td>
</tr>
<tr>
<td>None it's great</td>
</tr>
<tr>
<td>none</td>
</tr>
<tr>
<td>All families were very open to the process</td>
</tr>
</tbody>
</table>
Appendix I: NRC Patient Satisfaction Data

Data analyzed from the last 12 months (September to September), based on the macrosystem goal of 65th percentile for patient satisfaction scores.

Data analyzed from the last 12 months (September to September), based on the microsystem goal of 85th percentile for patient satisfaction scores.
### NET PROMOTER SCORE

80.7  n-size: 135

<table>
<thead>
<tr>
<th>Promoter</th>
<th>Passive</th>
<th>Detractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.1%</td>
<td>7.4%</td>
<td>0%</td>
</tr>
</tbody>
</table>

#### QUESTION SUMMARY

<table>
<thead>
<tr>
<th>Question</th>
<th>YTD</th>
<th>Last 3 Months</th>
<th>Last Month</th>
<th>n-size</th>
<th>Score</th>
<th>Benchmark</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia process explained</td>
<td>91.9</td>
<td>93.9</td>
<td>90.0</td>
<td>33</td>
<td>93.9</td>
<td>91.5</td>
<td>2.4</td>
</tr>
<tr>
<td>Staff cared about as person</td>
<td>92.9</td>
<td>88.2</td>
<td>90.0</td>
<td>52</td>
<td>92.3</td>
<td>86.5</td>
<td>5.8</td>
</tr>
<tr>
<td>Staff worked together to meet needs</td>
<td>91.1</td>
<td>88.2</td>
<td>90.0</td>
<td>52</td>
<td>92.3</td>
<td>90.3</td>
<td>2.0</td>
</tr>
<tr>
<td>Trust providers w/ care</td>
<td>86.3</td>
<td>93.9</td>
<td>100.0</td>
<td>120</td>
<td>88.3</td>
<td>90.7</td>
<td>-2.4</td>
</tr>
<tr>
<td>Received consistent info</td>
<td>87.4</td>
<td>87.9</td>
<td>80.0</td>
<td>120</td>
<td>87.5</td>
<td>78.6</td>
<td>8.9</td>
</tr>
<tr>
<td>Care providers listened</td>
<td>86.5</td>
<td>87.9</td>
<td>90.0</td>
<td>121</td>
<td>85.0</td>
<td>91.3</td>
<td>-5.3</td>
</tr>
<tr>
<td>Was told when could leave</td>
<td>83.5</td>
<td>84.8</td>
<td>90.0</td>
<td>119</td>
<td>84.0</td>
<td>85.4</td>
<td>-1.4</td>
</tr>
<tr>
<td>Got help as soon as wanted</td>
<td>84.5</td>
<td>83.3</td>
<td>84.0</td>
<td>78</td>
<td>83.3</td>
<td>84.0</td>
<td>-0.7</td>
</tr>
<tr>
<td>Care providers explain things</td>
<td>85.7</td>
<td>88.2</td>
<td>90.0</td>
<td>123</td>
<td>82.9</td>
<td>91.0</td>
<td>-8.1</td>
</tr>
<tr>
<td>Family involved in visit</td>
<td>78.8</td>
<td>86</td>
<td>81.4</td>
<td>86</td>
<td>81.4</td>
<td>77.5</td>
<td>3.9</td>
</tr>
<tr>
<td>NPS: Facility would recommend</td>
<td>82.6</td>
<td>71.4</td>
<td>90.0</td>
<td>135</td>
<td>80.7</td>
<td>89.1</td>
<td>-8.4</td>
</tr>
<tr>
<td>Procedure began on time</td>
<td>62.3</td>
<td>64.7</td>
<td>60.0</td>
<td>124</td>
<td>58.9</td>
<td>71.7</td>
<td>-12.8</td>
</tr>
</tbody>
</table>
Appendix J: Commit to Sit Poster

IMPROVING PATIENT SATISFACTION THROUGH

COMMIT TO SIT

Patients rate the quality of nursing higher when nurses sit down at the bedside to talk with them.
- The Patient Experience Journal

1. "Do you mind if I sit and talk with you?"
2. Lower yourself to patient’s eye-level
3. Make eye contact during conversation
4. Engage in clear and undistracted communication
5. Demonstrate active listening to show understanding of patient concerns
6. Spend adequate time to ensure patient understanding
Appendix K: AIDET Poster

**WHAT IS AIDET?**

**ACKNOWLEDGE**
Greet the patient by name. Make eye contact, smile, and acknowledge family or friends in the room. Does the patient need a translator?

**INTRODUCE**
Introduce yourself with your name, profession, experience, and how you will provide care.

**DURATION**
Give a time expectation for tests, physician arrival, updates, and identify next steps.

**EXPLANATION**
Explain step-by-step what to expect next, answer questions, and let the patient know how to contact you.

**THANK YOU**
Thank the patient and/or family. Express gratitude to them for choosing your hospital or for their communication and cooperation. Lastly, ask if they need further assistance or resources.
Appendix L: Cultural-Competent Care Poster

What is Cultural Competence in Healthcare?

Cultural competence in health care means delivering effective, quality care to patients who have diverse beliefs, attitudes, values, and behaviors. This practice requires systems that can personalize health care according to cultural and linguistic differences. It also requires understanding the potential impact that cultural differences can have on healthcare delivery.

Resources to Get You Started

- Harvard Implicit Bias Test
- "Conscious & Unconscious Biases in Health Care" Online Course
- "Implicit bias in healthcare professionals: A systemic review"
- "Implicit Bias and Social Categorization in Medicine" Webinar
- "Bias, Black Lives and Academic Medicine" Your Health Radio recording
- "Reducing Racial Bias Among Health Care Providers: Lessons from Social-Cognitive Psychology" Article
- "Cultural Competency the Key to Latino Health Policy: A Commentary"
- "Cultural and Ethical Issues in Working with Culturally Diverse Patients and Their Families"
- "Cultural Religious Competence in Clinical Practice" Summary of commonly encountered religious and spiritual groups
- Cornell University "Implicit Bias Resources"

For more resources to improve cultural competence, please visit: https://guides.lib.unc.edu/implicit-bias/health-medicine

"Cultural differences should not separate us from each other, but rather cultural diversity brings a collective strength that can benefit all of humanity."

- Robert Alan (American writer, artist and social activist: 1922-1978)
Appendix M: Buttons Provided for QI

Ask me about COMMIT TO SIT!
Appendix N: Fishbone Diagram

A fishbone diagram is a visualization tool to identify the potential root causes of a problem by categorizing areas.
Appendix O: Role-Play Simulation Scenarios

Roleplay-Simulation I: Focus on Culture

Roles:
Patient family member (Patient is five year old Holly Martinez): UCSF Employee
Nurse: Julie
Patient (Holly Martinez): Ailen

Patient is five year-old Holly Martinez in pre-op for myringotomy. Patient is with a family who looks a little anxious. Nurse enters the scene and introduces herself for the first time.

Explanation of the “Evil Eye”

Nurse: *Knock on door to patient’s room*

“Hi Holly, I’m Julie. will be your nurse for today. Who do we have with you here today?”

*Take a seat next to patient and family member*

Patient (Holly Martinez): Hi, this is my mom/dad.

Patient family member: “Hi, I am __________, Holly’s mom/dad. I am relieved that Holly is getting this procedure done and that she won’t be in pain.

Nurse: “Hi ________, nice to meet you both. I am glad Holly is here today as well, it must have been hard for you and Holly to see her in so much pain. I am now going to go over some of the details of the operation for today and answer any questions you might have. Does that sound okay to you? Do you have any concerns you would like me to address first, such as any cultural practices or the need for an interpreter if a language other than English is preferred?”

Patient family member: Hi Nurse Julie, yes it has been a difficult time for us but we are glad she is in good hands. I appreciate you taking the time to ask about interpreter needs, I am comfortable with English. Holly has this bracelet that I would like for her to keep on if possible.

Patient (Holly Martinez): I want to keep it on.
Nurse: Usually for any operation, we prefer removing valuable items from the patient just because they may get lost in the process but I understand that the bracelet is important to you and Holly. I will go ahead and ask the doctor if it is safe for Holly to have it on as long as it does not interfere with any IV tubing. May I ask what the significance of the bracelet is? I always appreciate learning about my patient’s culture, if you feel comfortable sharing with me.

Patient family member: The bracelet protects against “Mal de Ojo” also known as an “Evil Eye.” The evil eye is a curse that is given to someone when they are not aware of it. For many Latinx/Hispanics it is a custom to have our child wear this amulet for protection from malicious harm or injury. I really appreciate you taking the time to ask and also asking the doctor if Holly can keep it on.

Nurse: Thank you so much for explaining the “Evil Eye” for me. I was not aware of this practice and I am grateful you taught me about its importance in the Latinx/Hispanic culture. Do you or Holly have any other questions or concerns before I give you a brief explanation of the procedure?

Patient family member: Just how long the procedure will take and if Holly will be in pain after.

Nurse: “Of course, I would be glad to go over the duration of each part of the procedure. Because myringotomy requires sedation, the anesthesiologist will put Holly under and it should take less than 30 seconds for her to fall asleep. The operation will only take about 15-20 minutes but if anything should change, one of the staff members will be able to notify you about it. Holly will then recover in the Post-Anesthesia Care Unit (PACU) where the nurse will monitor her and stay with her until her anesthesia wears off. Anesthesia usually wears off in about an hour but she may feel groggy afterwards for up to 24 hours. The nurse and doctor will assess Holly and if everything goes as planned, she should be able to go home on the same day. Holly should not be in pain while the anesthesia is in effect and she will receive additional pain medication while she is in the recovery room. You will also receive a prescription for pain medication for Holly when she is discharged.”

Patient family member: Thank you for taking the time to sit down and explain to me how long each step of the procedure will take. I really appreciate it.

Nurse: “My pleasure. I would like to explain what the surgery is briefly before the surgeon comes in and explains it to you in more detail before getting your consent. Myringotomy is a procedure where a small incision is made in the eardrum in order to drain the fluid trapped in the middle ear. This fluid may be blood, pus, and/or water resulting from an infection. A small tube is then inserted into the incision site to help drain the remaining fluid. After the procedure, it may take a few days for Holly’s hearing to return to normal.”
Patient family member: Thank you for explaining the procedure. I like knowing what is going to happen to my daughter as much as possible and what to expect of the process and you have covered everything, Nurse Julie.

Nurse: I am glad to help you feel more comfortable by providing you with information about the procedure. If you have any other questions later on, please feel free to ask me or any other staff and we will be happy to help you. I would like to thank you for choosing Benioff Children’s Hospital to provide care for Holly and for having a conversation with me about your culture. If you and Holly don’t have any other questions or concerns at this moment, I will call the surgeon and anesthesiologist to come talk to both of you.

*End Scenario*

Roleplay-Simulation II: Language Barrier

Roles:
Parent (Tiffany): Hong Vuong
Child (Thy): Thu Vuong
Translator: USF student
Preoperative education: Staff

Thu is a 7 y/o female who reports injuring her right leg while playing in her soccer game yesterday afternoon. She states that she was trying to steal the ball from an opponent when she collided with the other player and twisted her leg. She reports 7/10 pain around her right knee and difficulty extending her right leg. Thu is brought in by her mother, Hong. Patient was seen in the ER last night and an MRI was performed. Results showed a medial meniscus tear to the R knee. She presents today for a R knee arthroscopy.

Please provide patient education on a R knee arthroscopy.

Remember to utilize AIDET and Commit to Sit.

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RN for pre-op explanations/ education: R knee arthroscopic surgical procedure

Parent: *Parent pacing in room with patient, noticeably anxious*
*RN enters room*

**Parent:** *Parent rambles in Vietnamese*

**Child:** “My mom is nervous and doesn’t know what’s going on….I don’t know how to explain it to her”

**Parent:** *Continues with Vietnamese rambling until either the staff realizes to get a translator or*

**Child:** “I think my mom may need a translator”

**What we would LIKE the RN to do**

**Acknowledge:** ask how to pronounce name; ask kid what happened but kinda confused, asking help; ask preferred language;

**Translator Lines (Melanie):**

- **Introduce:** Who are you? Are you the doctor?
- **Duration:** How long will the procedure take? When will my child go home?
- **Explanation:** What are you doing to my child? Cutting the knee open?? Any medications my child should be taking? Is it going to hurt them? Can my child walk after the procedure?
- **Thank you:** Thank you for the explanation. I feel better about the safety of my child now and appreciate all of your help.

**Roleplay-Simulation III: Discharge Instructions**

**Father: Melanie**  
**Mother: UCSF Employee**  
**Nurse: Shibani**  
**AIDET**  
**COMMIT TO SIT**

Patient is a 2 days old infant, John, and is getting ready for discharged. First-time parents decided for circumcision for their infant son.

This scenario focuses on teach-back method.

**Nurse:** *Enter patient’s room*
"Hi my name is Shibani and I am the nurse for John. Can I ask how you are related to the patient?"

Father & Mother: “We are the parents of John. My name is Melanie and my wife’s name is _____.”

Nurse: “Perfect, it’s so nice to meet you Melanie and ______! I hear that John is being discharged today, YAY! So it says here in the chart that he had a circumcision procedure done here with us at UCSF. I will be going over the discharge instructions regarding that and the discharge teaching process will take about 30 minutes from our end to make sure you are confidently going home with your son. Do you have any questions?”

Father: “Yes, I do. My wife and I are actually curious about what we can expect after the procedure?”

Nurse: “Yeah totally, let’s go over that. I’m going to take this seat next to you. You can expect for the end of the penis to be red and swollen. It may ooze a little blood for the first several hours, and may be tender and swollen for a few days, however it should heal in about a week. John has stitches and these will dissolve on their own within 1-3 weeks.”

Mother: “How can we care for the incision?”

Nurse: “Make sure John is being checked for bleeding, drainage for every diaper change and you just want to make sure that you are keeping the area clean as you normally do. You can also apply a glob of the ointment recommended by the doctor to the incision so you want to make sure you let it melt around the area and not spread it. This would be done during each diaper change as well. You can expect the dressing to fall off on its own in the next few days and if it does fall to the base of the penis, you want to remove it so there is not an area of constriction. Can you explain back to me what I have discussed with you?”

Father: “Yes, so it’s important to know that the end of the penis may be red and swollen and ooze a little blood for the first few hours but it should heal in a week. We both also need to check for bleeding and drainage every time we change the diaper and clean as normally. I can also apply ointment as recommended by the doctor and to let it melt and not spread it during diaper changes. Incision and dressing will fall off on its own in the next few days.”

Nurse: “Perfect, in addition you can bathe John after 24 hours but it is important that you don’t rub the area but you can wet a washcloth and squeeze water over the site.” “You definitely don’t want to wash off the white or yellow colored drainage because this is a normal part of the healing process and it will go away as the circumcision heals. After the third day, during baths gently pull back the remaining foreskin, to keep it clean and keep it from sticking. If bleeding occurs, apply gentle pressure to the incision for 5 minutes. If bleeding does not stop or starts again, call the doctor. Can you repeat the
bathing instructions I just explained? This will help me ensure you feel confident in John's care."

Mother: “Of course. We can bathe John after 24 hours but don’t rub the area and only use a washcloth or squeeze water over the site. There may be yellow or white colored drainage but we don’t have to wash them off because it’s part of the healing process. After the 3rd day, I can pull back the remaining foreskin gently. If bleeding occurs, apply gentle pressure for 5 mins and if it doesn’t stop after, I will need to call the doctor.”

Father: “What are the signs and symptoms that indicate the need for us to call the doctor?”

Nurse: “Things to look out for:
- Bleeding from the incision that does not stop after 5 minutes of gentle pressure
- Not urinating at least every 8 hours
- Pain that is not relieved with the medicine that was prescribed
- Temperature higher than 102F
- Increasing swelling, pain, or redness around the area after the first 48 hours
- Cloudy drainage coming from the incision
- The circumcision is not healing with the given time frame of one week.

This sheet is not specific to your son, but provides general information. If you have any questions about your child's condition, please call the clinic.”

*Show pamphlet*

*Thank you for your time (T)*

*End Scenario*