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Increasing Patient Satisfaction in a Pediatric Perioperative Outpatient Setting

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Abstract

Problem: Effective and therapeutic communication in the healthcare setting is multidisciplinary, complex, and has its unique challenges for each microsystem. This quality improvement project implements two communication tools AIDET and Commit to Sit and incorporates cultural competency to improve communication and increase patient satisfaction in a pediatric outpatient perioperative microsystem. A microsystem assessment reflected some challenges that staff were facing when communicating with their patients and family members. A patient satisfaction assessment revealed that the microsystem is scoring below the target goal of the 85th percentile.

Context: The microsystem being addressed by this quality improvement project is an outpatient perioperative unit that specializes in general surgery, otolaryngology, and orthopedics for the pediatric population. The population served by this microsystem includes children as young as two years old up to eighteen years of age and their families.

Interventions: This quality improvement project implemented standardized communication practices through the utilization of culturally competent care, AIDET, a communication framework, and Commit to Sit, a reminder for healthcare professionals to provide eye-level communication. A staff in-service was conducted to reeducate staff on these evidenced-based patient communication tools through interactive education and role play simulation.

Measures: Surveys were conducted to collect quantitative and qualitative data to assess microsystem needs and to evaluate the effectiveness of the AIDET, and Commit to Sit, communication tools. Monthly National Research Company (NRC) scores were utilized to identify areas of improvement in patient experience within the pediatric perioperative outpatient microsystem before and after the implementation of this quality improvement project. Pre-implementation surveys were also utilized to gather staff input on comfortability with the

communication tools and cultural competency. Post-implementation surveys were utilized to gather staff understanding and feedback on role play simulation.

Results: One-month post-implementation NRC scores increased from 80.7 percentile to 83.3 percentile and thus a slight increase in patient satisfaction. An increase in patient satisfaction scores was specifically seen in areas where the microsystem scored the lowest. Additionally, the in-service education resulted in staff grasping the concepts of AIDET, Commit to Sit, and cultural competency and showing support for the change being implemented.

Conclusions: AIDET and Commit to Sit along with culturally competent care allow patients to be heard and understood. Additionally, through role play simulation geared towards culturally diverse situations, it is evident that utilizing AIDET and Commit to Sit through the lens of cultural competency is even more beneficial to patient satisfaction.

Keywords: effective communication, patient-centered communication, cultural competency, AIDET, Commit to Sit, role play simulation, patient experience, patient satisfaction.

Increasing Patient Satisfaction in a Pediatric Perioperative Outpatient Setting

Effective and therapeutic communication in the healthcare setting is multidisciplinary, complex, and has its unique challenges for each microsystem. Research shows that good communication skills are basic concepts of nursing care as communicating effectively can help reduce the risk of medical errors, ensure better patient outcomes and nurture patient satisfaction (Lang, 2012). Effective communication is of the utmost importance when delivering healthcare. Without it, the quality of healthcare would be impaired and healthcare costs and negative patient outcomes would increase. There are multiple components to effective communication in a healthcare setting: healthcare literacy, cultural competency, and language barriers. If any one of these components is compromised, effective communication does not occur. Moreover, effective communication is bidirectional between patients and healthcare systems so if either the patient or health care provider lacks a clear understanding of the information conveyed, the delivery of care can be compromised (Ratna, 2019).

Nurse communication is integral to patients' perception of their overall care. It stands to reason that engaged nurses are more likely to provide better patient care and quality and therefore a better patient experience. However, research has found that the highest degrees of engagement were found consistently among nurses with less than six months of experience. This finding is quite predictable because nurses overall, are quite engaged, the most engaged are in the earliest part of their career, and engagement goes down substantially after a year on the job and does not trend upward in a substantial way for 10 years (Dempsey et al., 2014). For this reason, education on evidence-based communication tools is needed.

Patient satisfaction is an attitude—a person's general orientation towards the total experience of health care (Shendurnikar & Thakkar, 2013). Furthermore, patient satisfaction

affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality health care (Prakash, 2010). Moreover, satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations, and social networks. Satisfaction is achieved when patients' perception of the quality of care and services that they receive in the healthcare setting has been positive, satisfying, and meets their expectations. Healthcare providers want to satisfy patients and their families, and this can only be achieved through effective communication skills. Patients and their families demand time, information, and all their questions answered. Good communication skills can be acquired or improved by putting conscious efforts into day-to-day practice and such skills should be incorporated as part of an in-service teaching (Shendurnikar & Thakkar, 2013).

Furthermore, at every level of the healthcare environment, nurses must commit to the change process and take active roles to become change agents and lifelong learners (Harris, et al., 2018). The clinical nurse leader (CNL) role fosters change by engaging with patients and staff to improve quality care and patient satisfaction. The CNL also promotes change from within each microsystem, which is related to the CNL's inherent desire to improve care for patients, their families, and the healthcare system as a whole. CNLs within microsystems have a goal of changing practice dynamics to improve quality of care and safety outcomes through interpersonal communication, evidence-based practice, and care coordination (Harris, et al., 2018). In this quality improvement project, the CNL would take the leadership role and provide an in-service education session to reeducate and refresh staff within the pediatric perioperative outpatient setting on evidence-based communication tools through creating role play simulation, providing educational videos, and placement of posters throughout the microsystem.

It is a CNL's role to identify areas of improvement within the microsystem and regarding patient experience and satisfaction, research has found that patient dissatisfaction has most often been a result of a communication gap. However, the utilization of evidence-based communication tools such as AIDET and Commit to Sit. The acronym AIDET stands for Acknowledge, Introduce, Duration, Explanation, and Thank You. Commit to Sit is a strategy that sets an expectation for nurses and health care providers to sit with each patient and provide undivided and uninterrupted attention as a way to help develop a trusting and caring relationship with the patients. Both communication tools were created to help health care providers engage patients in their care, reduce patients' fear and anxiety, and build positive relationships with patients and families. The benefits of using such tools if implemented correctly are a decrease in miscommunication and may raise patient satisfaction scores (Allen et al., 2016; Lidgett, 2016).

Being that effective communication in a healthcare setting is influenced by healthcare literacy, cultural competency, and language barriers. For the implementation of AIDET and Commit to Sit to be successful an in-service education on cultural competency would provide staff with further tools to aid effective patient-centered communication. Patient-centered communication is communication that is respectful to patients' preferences, needs, and values and it is vital for health care organizations to provide ethical, high-quality care (American Medical Association, 2006). Research shows that good cross-cultural communication enhances the nurses' practice by building patients' confidence in the nurse-patient relationship, improves patient safety and clinical outcomes by minimizing misunderstandings, makes effective use of time spent with the patient, and increases patient satisfaction (Pullen, 2014). Research from Brunett and Shingles (2018), found that the cultural competence of health professionals does affect patients' experiences and satisfaction, and the more cultural competence a health

professional displayed, the more beneficial it was to patients' experiences and resulted in higher patient satisfaction. The study also found that patients tend to be more open with and trusting of the healthcare staff if the professional showed cultural competence and are more likely to follow the medical advice given (Brunett & Shingles, 2018).

The overarching goal of the pediatric perioperative outpatient microsystem is to establish evidence-based communication tools, such as AIDET and Commit to Sit, as standard practice within the microsystem and eventually the macrosystem as a way to increase effective communication and thus increase patient satisfaction. The perioperative period can be a traumatic experience for pediatric patients and their families, but AIDET and Commit to Sit when coupled with culturally competent care can alleviate the stress for everyone and increase patient satisfaction. Moreover, the values of this organization include respect, integrity, diversity, professionalism, and excellence. The microsystem emphasizes the macrosystem's values and incorporates an emphasis on patient needs, family education, quality care, and positive patient outcomes. Thus, the improvement of communication aligns with the values of the organization.

Problem Description:

The microsystem being addressed by this quality improvement project is an outpatient perioperative center that specializes in general surgery, otolaryngology, and orthopedics for the pediatric population. This microsystem performs non-emergent outpatient surgeries for children between the ages of two and eighteen. This medical facility is an outpatient branch of a larger hospital system that includes two major children's hospitals within the San Francisco Bay Area. This macrosystem is one of the nation's top-ranked children's hospitals that is committed to providing the safest and highest quality of care to patients and their families. For that reason, patients and their families expect to receive excellent patient care when visiting this

microsystem. Furthermore, this microsystem must uphold the reputation of the macrosystem it is associated with, and thus effective and patient-centered communication and culturally competent care are essential in increasing and maintaining patient satisfaction scores and in providing the highest-quality health care to all children, regardless of any identified status, including race, religion, or financial status. This microsystem utilizes patient survey results to evaluate the patient experience, track progress to improve care and services, and identify areas of excellence and opportunities for improvement.

The benchmark data analyzed is patient satisfaction which is measured through the use of follow-up surveys provided to patients' families to fill out regarding their recent visit experience to the perioperative outpatient center. Some communication metrics measured through the surveys included the anesthesia process explained, trust in providers, staff cared about the patient, received consistent information, care provider listened, and got help as soon as wanted, (see Appendix A for benchmark data). Each metric is rated from one to five, one being the worst performance and five being the best performance by the microsystem. A third-party data analytic company called the National Research Company (NRC) oversees analyzing and calculating percentiles based on survey responses. See Appendix A for a breakdown of NRC scores. The benchmark data for the microsystem is set based on the macrosystem. The macrosystem has set a target goal of being within or above the 65th percentile success rate in patient satisfaction while the microsystem has set a higher goal of being within or above the 85th percentile success rate.

The baseline NRC scores data utilized for this improvement project was gathered from September 2020 to September 2021 before the implementation of AIDET, Commit to Sit, and culturally competent care as shown in Appendix A. An assessment of the microsystem revealed that it is scoring below the target goal of the 85th percentile success rate. Detractors from the

overall score stem from patients and their families not feeling listened to, informed, or updated on time. The current performance is measured monthly via patient satisfaction surveys which are used to evaluate the patient experience, track progress to improve care, and identify areas of excellence and opportunities for improvement.

Furthermore, a microsystem assessment by managers of the microsystem reflected some challenges that staff was facing when communicating with their patients and family members that in turn affected patient satisfaction scores. A quality gap was noted in patient satisfaction scores as a result of ineffective patient-centered communication and not reaching the target goal of the 85th percentile. The microsystem managers sought to increase patient satisfaction scores by targeting the lower scoring metrics within the patient surveys, see Appendix A. Moreover, the gaps in quality that were apparent were, trust providers with care, care providers listened, care provider explained things, got help as soon as wanted, a facility I would recommend, and the procedure began on time. The low scoring points of the satisfaction survey show that on average, patients and their families do not feel as though these parts of their care were evident or provided to them. The low-scoring metrics are mostly caused by communication gaps between providers and their patients and their families.

Available knowledge

The PICOT question used for literature search and synthesis of evidence, outlined in Appendix B, was utilized to research the quality gap in provider-patient and nurse-patient communication, AIDET communication framework, Commit to Sit initiative, and culturally competent care asks: Does implementation of AIDET, Commit to Sit, and culturally competent care increase NRC patient satisfaction scores compared to not implementing AIDET, Commit to

Sit, and culturally competent care within a pediatric perioperative outpatient l setting over the course of six months?

Furthermore, Data was collected and synthesized after completing a comprehensive literature search using the following databases: CINAHL, PubMed, and Google Scholar. The databases were searched using the main topics and themes from the PICOT question and included the following terms: *effective communication, patient-centered communication, culturally competent care, AIDET, Commit to Sit, patient experience, role play simulation, and patient satisfaction*. Limitations were set to include English-only articles and peer-reviewed articles, with publications no earlier than 2012. Nine articles were chosen based on relevance to the PICOT question and the goal of the quality improvement project.

In a study, Braverman et al. (2015), explores whether residents' values about patient communication can be influenced by training. As part of service excellence, a three-hour communication skills training on AIDET was presented to 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. Results showed that the residents' scores about 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 aided in fostering interpersonal skills and enhancing service excellence (Braverman 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. (2020), a study utilizing the AIDET communication framework significantly improved 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 and 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 utilization of AIDET also increased the patient's trust in the medical team, established good relationships between providers-patients, and decreased patients' anxiety. Additionally, 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).

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

According to Register et al. (2020), AIDET is a communication framework that enhances communication with patients and their families, which in turn decreases patient anxiety, increases patient compliance, ensures consistent delivery of service and respect, and increases patient outcomes overall. 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 a unit. The two primary objectives for the staff were: (1) To demonstrate effective communication using AIDET, (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 the diverse patient populations they encountered, and debriefing. Following the reinforcement of AIDET, an increase of 1.4% in patient satisfaction scores at the HVC unit was noted. Additionally, approximately 73% of staff strongly agreed that simulation training would improve clinical performance. Furthermore, simulation-based re-education was found to be an effective strategy for the retention of skills. Thus, simulation-based training can be implemented across different units (Register et al., 2020).

According to Kleytman et al. (2021), effective communication between nurses and patients positively affects patient care, outcomes, and patient experience. A study was conducted to implement the Commit to Sit initiative to positively affect patients' perception of nurse communication by nurses sitting with their patients during each shift with the goal to improve patient satisfaction. Data was collected from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey responses. Results from 326 HCAHPS surveys showed that overall, the Commit to Sit initiative supported nurses in improving perceived Nurse Communication with patients, moving the unit from a Nurse Composite score of 70% in September 2020 to 100% in December 2020 (Kleytman et al., 2021). Implementing the Commit to Sit initiative to connect with patients affected patient experiences positively, due to nurses demonstrating care beyond the patient's medical diagnosis (Kleytman et al., 2021).

George et al. (2018), discuss how the leadership and shared governance council board members of a unit improved communication with patients. Commit to Sit was favored by the

Community of Practice board members as the new initiative to improve nurse-patient communication. The success of the project was measured by analyzing the monthly HCAHPS score received from discharged patients. A year after the implementation of 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 when before implementation the score was 67.6 (fourth percentile), whereas the hospital goal was 79.2. Apart from the improved results in nurse-patient communication, there was an overall improvement in other aspects of patient satisfaction (George et al., 2018). It was found that sitting, instead of standing, when talking with patients is perceived as spending more time at the bedside and allows an uninterrupted conversation, thereby improving patients' perception of nurses' compassion. Not only does sitting with patients affect their perception of nurses' compassion and how well they feel nurses listen to them, but it also increases their satisfaction and sense of security and builds trust for an effective therapeutic relationship (George et al., 2018).

According to Pittsenbargar et at., (2019), a study implemented in a radiology department demonstrated that Commit to Sit initiative helped establish patient safety and satisfaction through effective communication. This study found that effective communication between patients and healthcare providers is vital in establishing therapeutic relationships, improving outcomes, increasing compliance with therapy, improving patient satisfaction, and greater efficiency of care (Pittsenbargar et at.,2019)

Pullen (2014) covers four themes when communicating with patients from different cultural backgrounds including more trust and less stress, language barriers, respect, and silence as a form of communication. The topic of more trust and less stress goes into detail about becoming self-aware of one’s own cultural beliefs and how that can aid in identifying biases that

can be a barrier to effective patient-centered 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. An emphasis is placed on not rushing while being with a patient and taking the time to sit down next to the patient and placing undivided attention on the patient as opposed to the clock. The matter of respect section conveys how essential it is to be empathetic and show respect and that to do this it is important to not stereotype patients but be culturally competent health care providers to be effective cross-cultural communicators. Lastly, Pullen dives into how silence is a part of communication. When patients are silent, it is important for healthcare providers to not make assumptions as to why they might be silent. Therefore, it is vital to analyze nonverbal body cues, posture, eye-contact, facial expressions, and why a patient may be silent because it can be due to religious reasons.

A systematic review by Butler et. al (2016) examined various levels of interventions put in place 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 aimed at reducing health disparities that were implemented at the clinic, provider, system, and individual levels. Butler et. al (2016) concluded that the studies examined did not measure the effect of cultural competence on health care disparities, but rather they measured changes in professional attitudes toward the population in question and that the most prevalent type of cultural competence interventions are educational programs and training as they improve professional students' and providers' cultural competence.

The body literature supports effective communication between healthcare professionals and patients and improves quality outcomes such as patient safety and satisfaction. Additionally,

effective patient-centered communication can be achieved through utilizing communication frameworks such as AIDET and Commit to Sit. Evidence shows these communication tools enhance communication with patients and their families, which in turn decreases patient anxiety, increases patient compliance, ensures consistent delivery of service and respect, and increases patient outcomes overall. Furthermore, simulation-based re-education was found to be an effective strategy for the retention of skills and cultural competence interventions such as educational programs and training were found to improve professional providers' cultural competence.

Rationale

The change theory utilized as a guiding tool for this quality improvement project was Lewin's model of change. Kurt Lewin, the father of social psychology, developed this theory in 1951, after realizing that "change, irrespective of the intervention used, requires energy to overcome system inertia" (Harris, et al., 2018). Lewin's theory of change states that change occurs in a three-stage process at an individual, group, or organizational level. This theory also consists of three distinct phases that segue way into one another: unfreezing, change, and refreezing (Harris, et al., 2018). The "Unfreezing" phase requires an alteration of both positive and negative forces that are great enough to disrupt the social equilibrium to motivate change (Harris, et al., 2018). The "Change" phase of Lewin's theory occurs when individuals are offered a new option by way of an "attitude change or role model" however there needs to be a signal in the microsystem that the norms or culture support the change (Harris, et al., 2018). This theory can only be used correctly and successfully if those within the microsystem are willing to enter the learning or change process with the recognition that the current communication tools are not effective. This quality improvement project includes intermission moments to determine if it is

functional and beneficial to patient care. This is done with the concept of refreezing the new system to ensure a long-lasting effective change.

Specific Project Aim

Utilization of AIDET, Commit to Sit, and cultural competency tools by the microsystem staff will increase NRC patient satisfaction scores within a pediatric perioperative outpatient setting over the course of six months.

Section III. Methods

Context

According to Harris, et al. (2018) a microsystem is defined as the smallest unit on the front line of the healthcare delivery system. The clinical microsystem provides direct care to patients and families, establishing the essential building blocks of the organization and it is within this microsystem that the quality of care is defined, and the reputation of the organization is created (Harris, et al., 2018). A microsystem assessment was conducted utilizing the 5 Ps of the microsystem which includes purpose, professionals, patients, process, and patterns. The 5 Ps framework allows for the assessment of the microsystem systematically.

The purpose of this microsystem is to serve the pediatric population of the surrounding communities by providing outpatient pediatric surgeries. This outpatient perioperative surgical unit performs non-emergent surgeries in specialties such as general surgery, otolaryngology, gastrointestinal, and orthopedics for the pediatric population.

The professionals that serve this microsystem include preoperative operating room (OR) registered nurses (RN) and post-anesthesia care unit (PACU) RNs, OR scrub techs, pediatric surgeons, anesthesiologists, Child Life Specialist, and front desk receptionists. The microsystem is led by management, a former OR nurse who coordinates the unit and ensures the unit is

meeting staff goals as well as the macrosystem goals, and a nurse manager of the pediatric outpatient surgical unit both of which make up the key stakeholders of the microsystem.

The patient population served by this microsystem is pediatric patients aged two years old up to eighteen years of age that are receiving perioperative care at this outpatient surgical center. In addition, to the patients' families, because they remain in the unit until the procedure is completed, this is because patients are only seen for a portion of the day and are discharged the same day because surgeries that are done are non-emergent.

This microsystems processes include nurse practitioners who assess and see the patients and their family the day before their surgery to prepare them with instructions on what to expect on the day of, on the day of surgery by a Child Life Specialist who sees every patient and guides them through the process, the patient is then greeted by staff first the pre-operative nurses do the initial assessment and intake and answer questions from family, translators support any translation via iPad and OR nurses start the patient's IV, position them on the table, place a warm blanket or bear hugger, along with placing medications on the back table for the tech to give to the surgeon, scrub tech cares for the instruments, and sutures and any sterile equipment that is used during the surgery. Hospitality cleans and prepares the room for the patient before and after. PACU nurses recover the patient, provide ice chips and popsicles, do all the discharge teaching with the patient and their family, and wheel the patient to the car. Lastly, the front desk receptionist prepares the insurance and billing and questions the family may have.

The patterns that characterize microsystems functioning include NRC scores to measure patient satisfaction that measures communication patterns. Currently, provider-patient communication with patients' families is done on a need basis, depending on how the child progresses through their procedure. The nurse manager analyzes patient satisfaction scores using

the data provided by NRC to evaluate the patient experience, track progress to improve care and services and identify areas of excellence and opportunities for improvement.

Furthermore, a SWOT analysis (see Appendix C) of the microsystem was done to investigate the Strengths, Weaknesses, Opportunities, and Threats and to determine the direction and approach to the quality improvement project. Strengths for this microsystem include high patient satisfaction scores compared to the macrosystem and staff experience with pediatric populations and willingness to improve communication skills. While weaknesses found in the microsystem include resistance to change due to the extent of staff experience with a set routine in addition to time constraints with trying to keep the microsystem on a set schedule. However, opportunities exist such as an increased understanding of preventative measures, a decrease in complications surrounding procedures and discharges specifically due to cultural and or language barriers, and overall improved nurse-patient communication and staff communication. Lastly, threats to the unit include hesitancy of staff to admit biases and time constraints outside of the workday to brush up on culturally competent care and unwillingness to participate in a role play simulation.

In developing this improvement project, a Root Cause Analysis (See Appendix D) was done to identify faults and formulate problem-solving strategies. Specifically, it was noted that there was a gap in communication between health care staff and patients and their families. In an attempt to identify possible causal factors, it was noticed that there were no standardized communication tools fully implemented. The root cause of communication gaps noted was lack of time, language barriers, and being unaware of patients' cultural/religious preferences. The root cause of communication gaps was a health care staff-driven issue that could be solved through active communication both verbally and written and through educational in-service. To carry out

the improvement plans, the Plan, Do, Study, Act (PDSA) model was implemented to collect data and carry out a plan for change over fifteen weeks.

A GANTT chart was used to describe the timeline of the action plan, including the specific start and end date for each intervention of the quality improvement project (see Appendix E). To carry out the improvement plans, the Plan, Do, Study, Act (PDSA) model (see Appendix F) was implemented to collect data and carry out a plan for change over fifteen weeks (see Appendix E & F for the timeline and PDSA visual). After analyzing the PDSA Cycle 1, areas of improvement were noted in the implementation of AIDET and Commit to Sit and culturally competent care was added.

The Plan phase of cycle 2 consisted of determining gaps in quality of care concerning NRC patient satisfaction scores after cycle 1, conducting a literature review on AIDET, Commit to Sit, and cultural competency to assess evidence-based change, and lastly establishing goal outcomes to increase patient satisfaction scores.

During the Do phase of cycle 2, pre-surveys were conducted to gather comfortability with AIDET and Commit to Sit since this was the staff's second time learning about this topic in addition to helping gather information on staff learning preferences. Additionally, the staff was educated on culturally competent care and refreshed on the communication tools used. Lastly, the application of AIDET, Commit to Sit, and cultural competency care was done through role play simulation training, and the staff was provided with posters to be on the units and buttons to wear as a gentle reminder to continue to use these tools in day-to-day practice.

During the Study phase of cycle 2 post-survey data was collected to gather staff understanding and feedback on simulation, patient satisfaction NRC scores were collected and

analyzed based on pre-and post-implementation of AIDET, Commit to Sit, and culturally competent care and compared to predictions from the Plan stage.

Lastly, the Act phase of this cycle included standardizing the improvement and gathering data on how the staff feels about the implementation of the tools used and the process of teaching. In addition to assessing simulation-based teaching methods for improvement and deciding whether to make further changes when implementing AIDET, Commit to Sit, and culturally competent care. Please see the Intervention section for a full breakdown of intervention.

Cost-Benefit Analysis & Return on Investment (ROI)

The implementation of communication tools such as AIDET and Commit to Sit along with culturally competent care education does not require any new expenses or deviates from current practices. The microsystem already conducts education days once a month for staff and this quality improvement can be incorporated into the current practice, and this could significantly affect patient satisfaction scores.

The literature review provided evidence that the implementation of AIDET, Commit to Sit and culturally competent care has significant implications for patient experience and satisfaction. According to Gheorghe (2019), in health care services, ROI is a measure for a better patient experience that, implicitly, leads to higher patient satisfaction. Higher patient satisfaction is shaped by compassion, empathy, concern, and respect. In a regression analysis, Richter et al. (2017) concluded that a "1% increase in patients who definitely recommend the hospital is associated with a $247,000 expected increase in net income" and "a $1,072,000 expected increase in net patient revenues." Furthermore, Richter et al. (2017), identified that a positive

patient experience is associated with increased profitability and a negative patient experience is even more strongly associated with decreased profitability.

Intervention

This quality improvement intervention begins with careful evaluation of the previous implementation of AIDET and Commit to Sit within the microsystem. The evaluation showed that staff needed reinforcement education and training on communication tools previously provided. This round of implementation included interactive reeducation and training on AIDET and Commit to Sit with the incorporation of culturally competent care during the microsystem's monthly education day, staff was provided with posters and buttons for reminders and allowed to practice the tools given to them through role play simulations.

The evidence-based communication framework AIDET stands for Acknowledge, Introduce, Duration, Explanation, and Thank You (Allen, 2016). Acknowledge represents greeting the patient by their name and making eye contact with the patient and family members in the room. To the Acknowledge part of AIDET, it was decided to incorporate Culturally Competent Care, which is care that respects diversity in the patient population and cultural factors that can affect health and health care, such as language, communication styles, beliefs, attitudes, and behaviors (Agency for Healthcare Research and Quality, 2019). Culturally competent care can be incorporated into the Acknowledge part of AIDET by asking if an interpreter is needed and if there are any cultural or religious practices that the staff should be aware of. Introduce is just that introducing oneself by stating one's name and certification. Duration represents giving patient and family members an accurate time expectation for tests, and physician arrival, and if it is not possible to give the accurate time it is best to give a time in which one will have an update. Explanation represents just that explaining step-by-step

expectations for each procedure and answering questions. Finally, Thank You represents thanking the patient and family and expressing gratitude.

The evidence-based Commit to Sit strategy sets an expectation for nurses and health care providers to sit with each patient and provide undivided and uninterrupted attention as a way to help develop a trusting and caring relationship with the patients (Lidgett, 2016). With this communication tool, culturally competent care was also incorporated through educating staff that it is important to recognize that in some cultures patients and or family members may not make direct eye contact, but the point of this strategy is to be at the same level as the patient.

This quality improvement project was conducted through the course of two in-service education days in which staff received reeducation on AIDET and Commit to Sit in addition to posters and buttons for reminders (See Appendix G for AIDET Poster, Appendix E for Commit to Sit Poster, and Appendix I for visual of Button). These education materials were handed to staff and posted throughout the unit. Staff also received culturally competent care education and resources (see Appendix J). Lastly, the staff was able to practice using the tools and knowledge given to them through role play simulation. A total of three scenarios were created and the staff was chosen at random to participate (see Appendix K for scenarios). Each scenario implemented AIDET and Commit to Sit while also incorporating a culture/religious aspect to allow staff to practice the skills gained throughout this intervention.

Study of the intervention

The study of the intervention was done on a monthly basis. The measurement strategy to assess the successfulness of the change being implemented includes staff pre-and post-surveys for comparison and yearly NRC patient satisfaction scores (See Appendix L for Pre-Survey; Appendix M for Post-survey). The performance is measured through patient satisfaction surveys

which are emailed to patients after their visit to the microsystem. The results from patient surveys are collected and NRC scores are provided to managers to assess, analyze, and synthesize results.

Tools used for reeducation on AIDET and Commit to Sit were posters and buttons for reminders (See Appendix G for AIDET Poster, Appendix E for Commit to Sit Poster, and Appendix I for Button). Staff also received culturally competent care education and resources (see Appendix J). In addition, role play simulation was done to allow staff to practice utilizing the tools given, a total of three scenarios were created (see Appendix K for scenarios). Pre-surveys were used to gather comfortability with AIDET, Commit to Sit, barriers to implementation, and information on learning preferences (see Appendix L for Pre-Survey). Post-surveys were used to gather staff understanding and feedback on role play simulation (see Appendix M for Post-survey). Lastly, NRC was another tool used to evaluate patient satisfaction outcomes.

Measures

The measures used for data collection include pre-implementation NRC scores (see Appendix A), pre-implementation staff surveys (see Appendix L), post-implementation staff surveys (see Appendix M), and post-implementation NRC scores (see Appendix N). Pre-surveys were used to assess comfortability with AIDET and Commit to Sit. While pre-implementation NRC scores provided insight into areas of improvement to obtain higher patient satisfaction scores. Post-implementation surveys measured staff understanding and feedback on interventions that were conducted. Post-implementation NRC data has not all been collected as of now, only one-month post-implementation has been received (see Appendix N). Based on the NRC scores collected one month after implementation it is predicted that NRC scores will continue to

increase especially in areas where the microsystem was scoring low and thus an increase in patient satisfaction will be seen.

Ethical Considerations

According to American Medical Association (2006), health care organizations and providers have specific ethical obligations related to patient-centered communication. These ethical obligations that relate to patient-centered communication fit into three broad themes: (1) Healthcare organizations must maintain and protect the autonomy of healthcare users; (2) Healthcare organizations must assure quality care; (3) Healthcare organizations must maintain equity among health care users. None of these ethical obligations can be fully achieved without patient-centered communication (American Medical Association, 2006). Through the use of communication tools such as AIDET, Commit to Sit along with culturally competent care, effective patient-centered communication can be achieved, and these ethical obligations maintained. In addition, the three scenarios utilized in this quality improvement project were not based on actual patient information but were created from fictitious patient scenarios. There were no HIPPA violations. This project has been approved as a quality improvement project by faculty using QI review guidelines and does not require IRB approval.

Section IV. Results

Results

One-month post-implementation has shown very promising results. First off pre-survey results (see Appendix O) showed staff was 100% comfortable with AIDET and Commit to Sit however only 28% of staff always implement and 57% try to implement AIDET in their practice. While with Commit to Sit 28% always implement it and 75% try to implement it in their practice. The pre-survey also identified barriers faced by staff with implementing these

communication tools such as lack of time, language barriers, or something else coming up. These barriers were addressed in the role play scenarios to provide examples of how it may seem as though more time is needed but, in the end, utilizing these tools saves time. Post-survey data (see Appendix P) was used to assess the effectiveness of implementation and resulted in staff feeling that role play simulation was 71.4% effective and staff takeaways. Finally, one-month post-implementation NRC scores (see Appendix N) increased from 80.7 percentile to 83.3 percentile and thus a slight increase in patient satisfaction. This data shows that staff grasped the concepts of AIDET, Commit to Sit, and culturally competent care with how they were presented. Overall staff was able to acknowledge the importance of these tools and the need for continuing to use them in their practice.

Section V. Discussion

Summary

This improvement project revealed some key findings including staff grasping the positive implications of implementing AIDET and Commit to Sit along with cultural competency into their practice. The staff was also able to see a subtle increase in patient satisfaction scores and feel accomplished for being able to implement these communication frameworks. While the full impact of this implementation has not yet been seen, subtle increases in NRC sections below the target goal have started one month in. Moreover, this quality improvement provided many lessons such as the importance of providing staff with positive benefits of this change for their practice and patients so that staff continues to be motivated to proceed with the use of these communication tools.

Overall, this quality improvement intervention was successful in that a subtle increase was noted one-month post-implementation and due to all the supporting evidence. Some

strengths that contributed to the success include asking for staff feedback on the type of posters and buttons they found more appealing and allowing staff to participate in role play and allowing for a safe learning environment to debrief after each scenario proved successful. A safe space was also provided for constructive feedback from staff allowing their concerns to be heard, understand the change in their practice, and overall feel supported throughout the implementation.

Conclusion

Reflecting on the increased NRC patient satisfaction scores one-month post-implementation and what a comprehensive literature review shows, it is clear that the utilization of communication tools such as AIDET and Commit to Sit is contributing to improving patient satisfaction in the pediatric perioperative outpatient setting. Furthermore, through role play simulation geared towards culturally diverse situations, it is evident that utilizing AIDET and Commit to Sit through the lens of cultural competency is even more beneficial to patient satisfaction. While informational posters and buttons were created to serve as reminders to use these communication tools, the sustainability of this change relies heavily on staff members making a conscious effort to remain accountable for identifying their implicit biases and being intentional about practicing culturally competent care. In addition, to using the cultural competency resources provided, the sustainability of this change also requires routine management to provide refresher opportunities such as refresher courses and role play simulations, where staff can practice and apply their skills in a safe learning environment, this also helps new onboarding staff learn the new communication frameworks.

While change has been subtle thus far, it is important to track trends in the microsystem's NRC scores on a routine basis. By doing so, the microsystem will be able to determine the

effectiveness of the changes implemented and allocate more time and resources to areas that are scoring lower. It is also recommended that the microsystem keep track of the demographics that it serves to keep learning materials updated and relevant. With the help of communication tools such as AIDET and Commit to Sit, and the example of successful execution set by this pediatric perioperative outpatient unit, other microsystems within or outside the macrosystem will also be able to increase patient satisfaction scores. The significant increase in revenue per percentage point of patient satisfaction also shows that spreading this change, and implementing AIDET, Commit to Sit, and cultural competence in other microsystems, would be financially beneficial to the macrosystem.

Future recommendations based on feedback from staff obtained through post-survey (see Appendix M) includes the following: provide more time for simulation-based learning and allow for staff to be more interactive with each other. Therefore, for future projects, it is suggested to increase the time allotted for simulation-based learning and discussion. Additionally, more simulation roles should be added so that staff can participate as a parent or patients to encourage perspective-taking. It is also suggested to have a greater emphasis on cultural competency for staff and ensure that they utilize resources provided to them, including the Harvard Implicit Bias Test. Finally, check-ins with staff during staff meetings and monthly education days to discuss NRC scores, AIDET, Commit to Sit, and culturally competent practice will encourage retention of these interventions and improve patient satisfaction and outcomes overall.

Section VI. References

Agency for Healthcare Research and Quality. (2019). *Improving cultural competence to reduce health disparities for priority populations | effective health care (EHC) program*. https://effectivehealthcare.ahrq.gov/products/cultural-competence/research-protocol

Allen, T., Rieck, T., & Salsbury, S. (2016). Patient perceptions of an AIDET and hourly rounding program in a community hospital: Results of a qualitative study. *Patient Experience Journal*, *3*(1), 42–49. https://doi.org/10.35680/2372-0247.1115

American Medical Association. (2006). *Ethical force program consensus Report. Improving Communication—Improving Care.* https://www.amaassn.org/ama1/pub/upload/mm/369/ef_imp_comm.pdf.

Braverman, A. M., Kunkel, E. J., Katz, L., Katona, A., Heavens, T., Miller, A., & Arfaa, J. J. (2015). Do I buy it? How AIDET^{TM} training changes residents' values about patient care. *Journal of Patient Experience*, *2*(1), 13–20. https://doi.org/10.1177/237437431500200104

Brunett, M., & Shingles, R. R. (2018). Does having a culturally competent health care provider affect the patients' experience or satisfaction? A critically appraised topic. *Journal of Sport Rehabilitation*, *27*(3), 284–288. https://doi.org/10.1123/jsr.2016-0123

Butler, M., McCreedy, E., Schwer, N., Burgess, D., Call, K., Przedworski, J., ... & Kane, R. L. (2016). Improving cultural competence to reduce health disparities. https://www.ncbi.nlm.nih.gov/books/NBK361126/)

Dempsey, C., Reilly, B., & Buhlman, N. (2014). Improving the Patient experience: real-world

strategies for engaging nurses. *The Journal of Nursing Administration*, *44*(3), 142–151. https://www.jstor.org/stable/26811706

Fu, K., Li, S., & Lu, S. (2020). Application and effect evaluation on Acknowledge-Introduce-Duration-Explanation-Thank you (AIDET) communication mode in cataract daytime operation nursing. *Annals of Eye Science, 5*, 12. https://doi.org/10.21037/aes.2020.03.01

George, S., Rahmatinick, S., & Ramos, J. (2018). Commit to sit to improve nurse communication. *Critical Care Nurse*, *38*(2), 83–85. https://doi.org/10.4037/ccn2018846

Gheorghe Consuela M. (2019). Patient Experience Return on Investment in Ophthalmology Services. *Romanian journal of ophthalmology*, *63*(4), 309–310.

Harris, James L., Roussel, Linda A., & Thomas, Patricia L. (2018). *Initiating and sustaining the clinical nurse leader role*. 3rd Edition.

Kleytman, I., & Youssef, M. (2021). Commit to Sit to Improve Patient Satisfaction. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, *50*(5), S2. https://doi.org/10.1016/j.jogn.2021.08.015

Lang, E. V. (2012). A better patient experience through better communication. *Journal of Radiology Nursing*, *31*(4), 114–119. https://doi.org/10.1016/j.jradnu.2012.08.001

Lidgett, C. D. (2016). Improving the patient experience through a commit to sit service excellence initiative. *Patient Experience Journal*, *3*(2), 67–72. https://doi.org/10.35680/2372-0247.1148

Pittsenbargar, J., Amos, G., & Gaudet, J.-A. (2019). Commit to Sit in Radiology. *Radiology Management*, 18–20.

Prakash B. (2010). Patient satisfaction. *Journal of cutaneous and aesthetic surgery*, *3*(3),

151–155. https://doi.org/10.4103/0974-2077.74491

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

Ratna, H. (2019). The Importance of Effective Communication in Healthcare Practice. *Harvard Public Health Review*, *23*, 1–6. https://www.jstor.org/stable/48546767

Register, S. J., Blanchard, E., Belle, A., Viles, A., Moore, S., P., Maclennan, P., & White, M. L. (2020). Using AIDET education simulations to improve patient experience scores. *Clinical Simulation in Nursing, 38,* 14-17. https://doi.org/10.1016/j.ecns.2019.09.005-

Richter, J. P., & Muhlestein, D. B. (2017). Patient experience and hospital profitability: Is there a link? *Health Care Management Review*, 42(3), 247–257. https://doi.org/10.1097/hmr.0000000000000105

Shendurnikar, N., & Thakkar, P. A. (2013). Communication skills to ensure patient satisfaction. *The Indian Journal of Pediatrics*, *80*(11), 938–943. https://doi.org/10.1007/s12098-012-0958-7

Zamora, R., Patel, M., Doherty, B., Alperstein, A., & Devito, P. (2015). *Influence of AIDET in the improving quality metrics in a small community hospital - before and after analysis*. *4*. https://doi.org/10.5430/jha.v4n3p35

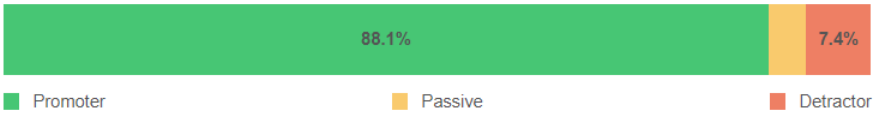
Section VII. Appendices

Appendix A: Pre-Implementation NRC Patient Satisfaction Data

Pre-implementation data compiled from September 2020 to September 2021 based upon macrosystem stretch goal of 65th percentile for patient satisfaction:

NET PROMOTER SCORE

80.7 n-size: 135



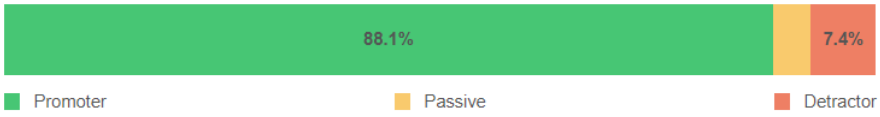
QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench-mark	Gap
Anesthesia process explained	91.9	93.9	90.0	33	93.9	86.5	7.4
Staff cared about as person	92.9	88.2	90.0	52	92.3	75.0	17.3
Staff worked together to meet needs	91.1	88.2	90.0	52	92.3	85.7	6.6
Trust providers w/ care	89.3	93.9	100.0	120	88.3	86.1	2.2
Received consistent info	87.4	87.9	80.0	120	87.5	70.1	17.4
Care providers listened	86.5	87.9	90.0	121	86.0	86.5	-0.5
Was told when could leave	83.5	84.8	90.0	119	84.0	79.9	4.1
Got help as soon as wanted	84.5			78	83.3	77.7	5.6
Care providers explain things	85.7	88.2	90.0	123	82.9	86.0	-3.1
Family involved in visit	78.8			86	81.4	63.2	18.2
NPS: Facility would recommend	82.8	71.4	90.0	135	80.7	84.5	-3.8
Procedure began on time	62.3	64.7	60.0	124	58.9	62.9	-4.0

Pre-implementation data compiled from September 2020 to September 2021 based upon microsystem stretch goal of 85th percentile for patient satisfaction:

NET PROMOTER SCORE

80.7 n-size: 135



QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench-mark	Gap
Anesthesia process explained	91.9	93.9	90.0	33	93.9	91.5	2.4
Staff cared about as person	92.9	88.2	90.0	52	92.3	86.5	5.8
Staff worked together to meet needs	91.1	88.2	90.0	52	92.3	90.3	2.0
Trust providers w/ care	89.3	93.9	100.0	120	88.3	90.7	-2.4
Received consistent info	87.4	87.9	80.0	120	87.5	78.6	8.9
Care providers listened	86.5	87.9	90.0	121	86.0	91.3	-5.3
Was told when could leave	83.5	84.8	90.0	119	84.0	85.4	-1.4
Got help as soon as wanted	84.5			78	83.3	84.0	-0.7
Care providers explain things	85.7	88.2	90.0	123	82.9	91.0	-8.1
Family involved in visit	78.8			86	81.4	77.5	3.9
NPS: Facility would recommend	82.8	71.4	90.0	135	80.7	89.1	-8.4
Procedure began on time	62.3	64.7	60.0	124	58.9	71.7	-12.8

Appendix B: PICOT Question

PICOT Question: Does implementation of AIDET, Commit to Sit, and culturally competent care increase NRC patient satisfaction scores compared to not implementing AIDET, Commit to Sit, and culturally competent care within a pediatric perioperative outpatient l setting over the course of six months?

P	Patient, Population, Problem	A pediatric perioperative outpatient setting
I	Intervention, Prognostic Factor, or Exposure	Implementation of AIDET, Commit to Sit, and culturally competent care
C	Comparison to Pre-Intervention	Last year's NRC data, or compared to not implementing AIDET, Commit to Sit and culturally competent care
O	Outcome	Over the course of six months, an increase in NRC patient satisfaction scores

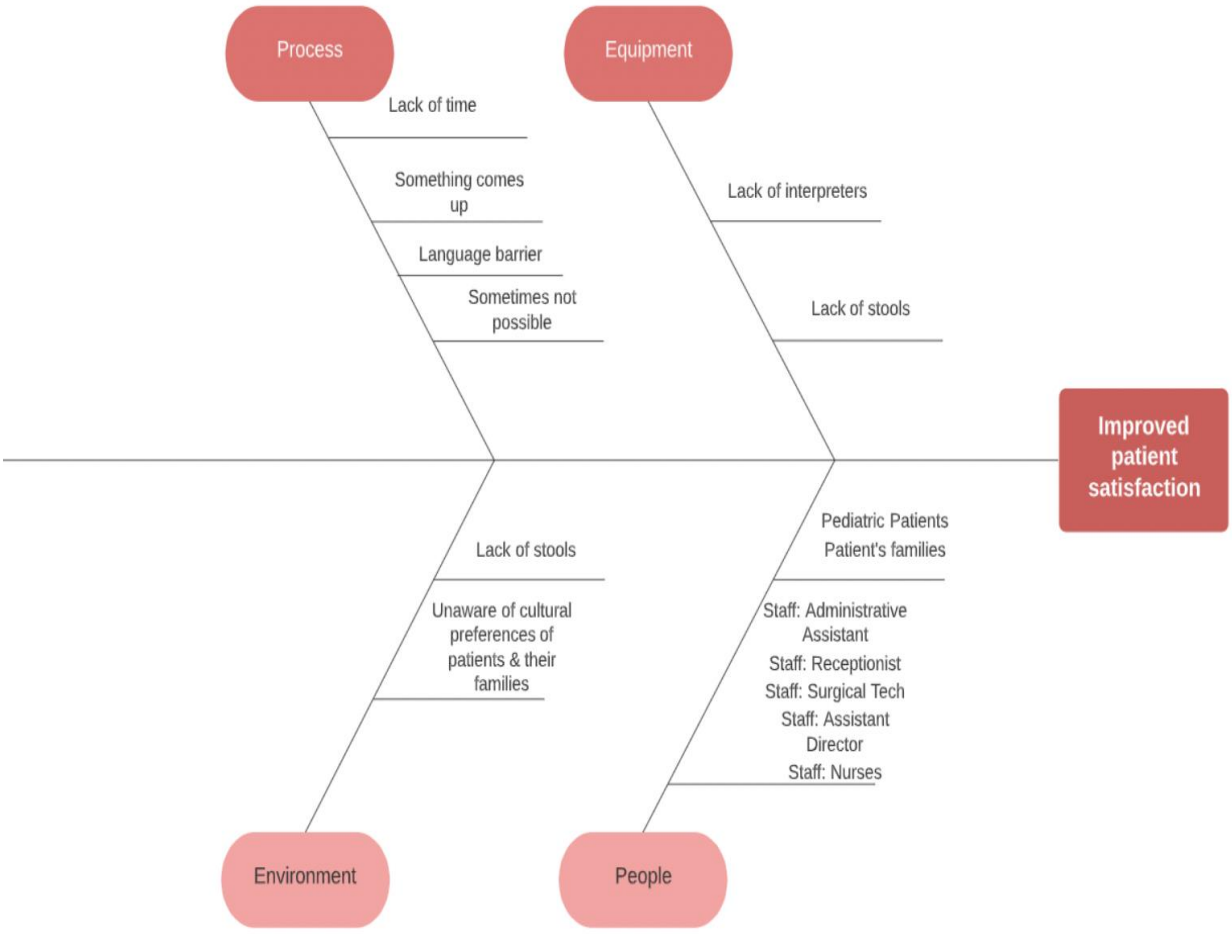
Appendix C: SWOT Analysis

This SWOT analysis describes the microsystem's strengths, weaknesses, opportunities, and threats. This allows for the identification of barriers to change and the potential cost of not implementing this quality improvement.

Strengths	High patient satisfaction scores compared to the hospital system as a whole Staff's experience with pediatric perioperative patients and willingness to improve.
Weaknesses	Resistance to change due to extent of staff experience and set routine. Time constraints to keep the unit on a set schedule.
Opportunities	Increased understanding of preventative measures. Decrease in complications surrounding procedures and discharges specifically due to cultural and/or language barriers. Improved nurse-patient communication and staff communication.
Threats	Hesitancy to admit personal biases and time constraints outside of the workday to brush up on culturally competent care. Unwillingness to participate in role play simulation.

Appendix D: Root Cause Analysis Fishbone Diagram

A root cause analysis (RCA) using a fishbone diagram was conducted to identify faults and formulate problem-solving strategies.



Appendix E: Gantt Chart

The GANTT chart describes the timeline of the action plan, including the specific start and end date for each intervention of the quality improvement project.

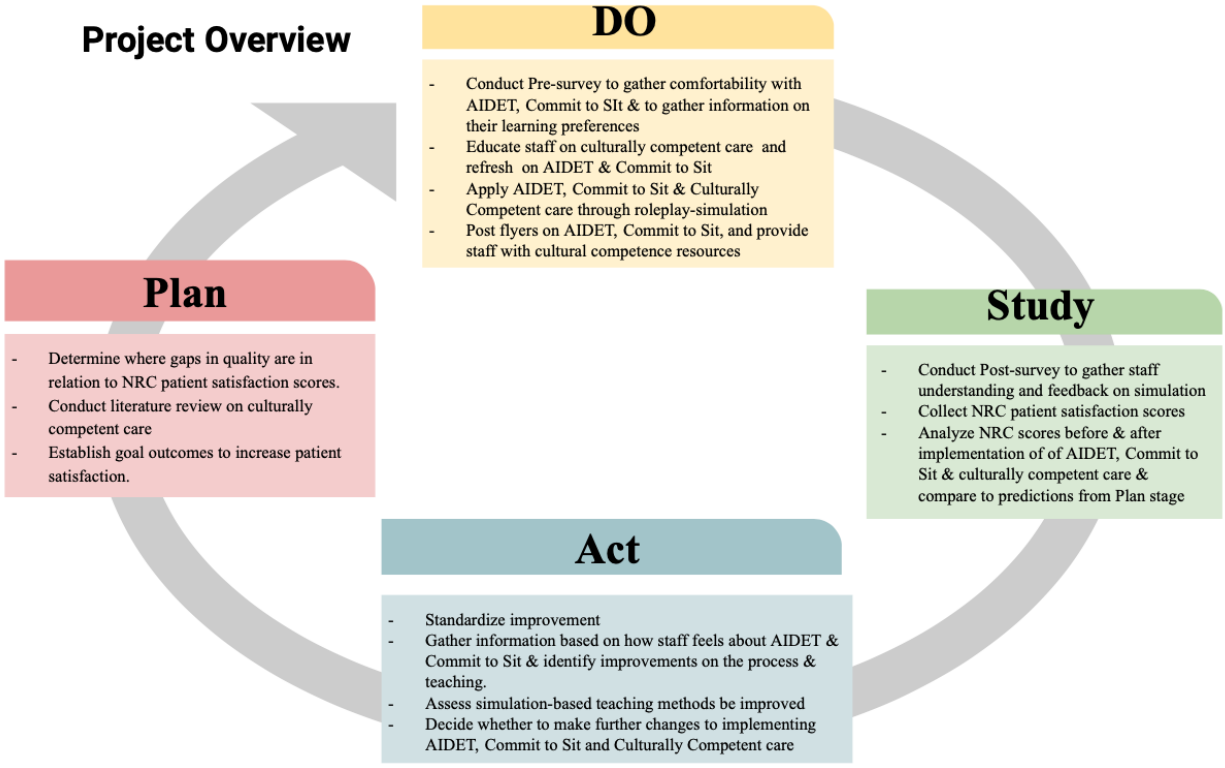
Increasing Patient Satisfaction Utilizing AIDET, Commit to Sit & Culturally Competent Care

Project Start: 01/17/2022

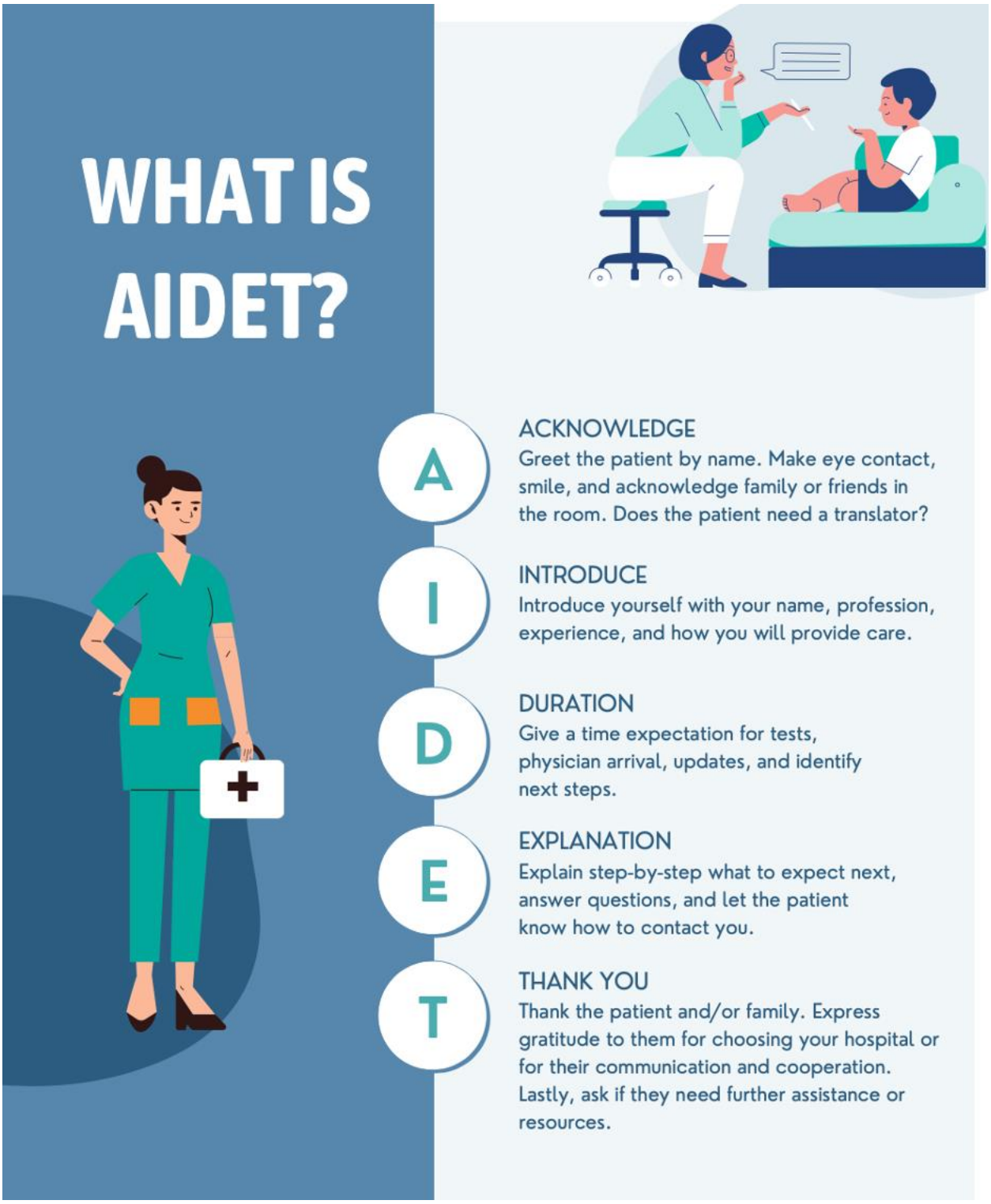
				Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15
				01/17/2022	01/24/2022	01/31/2022	02/07/2022	02/14/2022	02/21/2022	02/28/2022	03/07/2022	03/14/2022	03/21/2022	03/28/2022	04/04/2022	04/011/2022	04/18/2022	04/25/2022
	Task	Start	End	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
PLAN	Weekly Meetting with Clinical Instructor	W1	W15															
	Onboarding and Schedule Coordination	W1	W2															
	Contact Managers/Stake-holder Buy-in	W1	W2															
	Analyze PDSA Cycle #1	W1	W3															
	Literature Review	W1	W4															
	Analyze Current Processes	W1	W4															
	Decide how to reinforce education on AIDET & Commit to sit	W2	W2															
	Decide Change	W3	W4															
DO	Pre-Survey	W5	W6															
	Reinforcement Presentation	W5	W6															
	Create Teaching Presention to include culturally competent care	W6	W8															
	Interactive teaching presentation and rolepaly-simulation	W11	W11															
	Post-Survey	W8	W11															
	Analyze Data from Surveys	W11	W12															
STUDY	Collect NRC patient satisfaction scores	W10	W12															
	Synthesize Data	W11	W14															
ACT	Determin feasibility to continiue utilizing communication tools and practacing culturally competent care	W14	W15															
	If successful continue to implement new process and educate new staff	W14	W15															

Appendix F: PDSA Cycle

Plan Do Study Act (PDSA) cycle #2 of quality improvement and evidence-based interventions within a pediatric perioperative outpatient microsystem.



Appendix G: AIDET Poster



Appendix H: 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 I: Commit to Sit Button

Fifty buttons were created so that staff could use them throughout their workday as a reminder to use communication tools such as Commit to Sit and AIDET.

Appendix J: Cultural Competency 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 & Unconcsious 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 K: Role Play Simulation Scenarios 1-3

Scenario #1: AIDET & Commit to Sit Role Play Simulation: Focus on Culture

Roles:
Patient family member Staff
Nurse: USF Student Nurse
Patient (Holly Martinez): USF Student Nurse

Explanation of the "Evil Eye"

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

Nurse: *Knock on the door to patient's room*
"Hi Holly, I'm _____. 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 _____ 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 afterward 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 ------_____.

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 to talk to both of you.

End Scenario

Scenario #2: AIDET & Commit to Sit Role Play Scenario: Language Barrier

Roles
Parent: Hong Vuong
Child (patient): 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.

The 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.

Scenario #3: Circumcision Discharge Instructions

Nurse: USF Nursing Student
Father: USF Nursing Student
Mother: Staff
AIDET
COMMIT TO SIT

Patient is a 9-day-old newborn, John Gomez ready for discharge post-circumcision. The patient is with a parent who looks a little anxious. The nurse enters the scene and introduces herself for the first time.

Teach-back method

- Nurse: Enter patient's room
  - Hi, my name is _____ and I am the nurse (I) for John. Can I ask how you are related to the patient?
- Father & Mother: We are the parents of John. My name is ----_____ and my wife's name is _____.
- Nurse: Perfect, it's so nice to meet you _____ 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 (A). I will be going over the discharge instructions regarding that and the discharge teaching process will take about 30 minutes (D) 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 maybe 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 normal. 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 within 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
    - https://urology.ucsf.edu/sites/urology.ucsf.edu/files/uploaded-files/basic-page/circumcision_baby_newborn_toddler_post-op_instructions_1.pdf
    - Thank you for your time (T).

End Scenario

Appendix L: Pre-Survey Questions for Staff on February 23, 2022

1. What is your job position?
    - ☐ Nurse
    - ☐ Administrative Assistant
    - ☐ Receptionist
    - ☐ Surgical Tech
    - ☐ Other: _____
2. How comfortable are you with AIDET (Acknowledge, Introduce, Duration, Explanation, Thank you)?
    - ☐ Comfortable
    - ☐ Somewhat comfortable
    - ☐ Not comfortable
3. If comfortable/somewhat comfortable with AIDET:
    - ☐ 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?
    - ☐ Comfortable
    - ☐ Somewhat comfortable
    - ☐ Not comfortable
5. If comfortable with Commit to Sit, do you:
    - ☐ 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 need more understanding to use tools in implementing commit to sit
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?
    - ☐ Lack of time
    - ☐ Language barrier
        - ☐ Lack of interpreter services/ translation devices
    - ☐ Cultural differences: the patient is unreceptive
    - ☐ Something else comes up that is more important
    - ☐ Simply forgetting
    - ☐ Lack of knowledge on how to implement
    - ☐ Other: _____
7. Since you were given the tools of AIDET and Commit to Sit last fall, do you feel it is effective?

- ☐ 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?
   - ☐ Simulation-based learning
   - ☐ PowerPoint presentation
   - ☐ Role playing
   - ☐ Other _____
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?
   - ☐ Translation of After Visit Summary
     - ☐ Scale: 1-5 (not effective at all-very effective)
   - ☐ Use of Interpreter Services
     - ☐ Scale: 1-5 (not effective at all-very effective)
   - ☐ Other _____
     - ☐ Scale: 1-5 (not effective at all-very effective)
10. What do YOU think is most important when communicating with a pediatric patient & family?

    _____

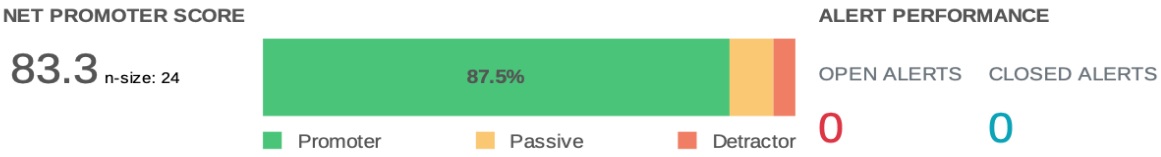
    _____

Appendix M: Post Survey for Staff on March 23, 2022

1. What is your job position?
    - ☐ Nurse
    - ☐ Administrative Assistant
    - ☐ Receptionist
    - ☐ Surgical Tech
    - ☐ Other: _____
2. How effective was role play simulation in making you more comfortable implementing AIDET (Acknowledge, Introduce, Duration, Explanation, Thank you) and culturally competent care?
   Comfortable
    - ☐ Effective
    - ☐ Somewhat effective
    - ☐ Not Effective
    - ☐ Other_____
3. How effective was role play simulation in making you more comfortable implementing Commit to Sit and culturally competent care?
    - ☐ Effective
    - ☐ Somewhat effective
    - ☐ Not Effective
    - ☐ Other_____
4. Do you feel the information presented was useful in increasing patient satisfaction? How or Why?
    - ☐ Yes_____
    - ☐ No_____
    - ☐ Other: _____
5. What did you take away from the presentation and role play 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 role play simulation be improved?
   _____
   _____

Appendix N: Post-Implementation NRC Patient Satisfaction Data

Data compiled post-implementation of quality improvement interventions from March 2022 based upon microsystem stretch goal of 85th percentile for patient satisfaction:



QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap
Nurses courtesy/respect	93.3	92.3	95.2	21	95.2	81.7	13.5
Nurses listened carefully	95.6	94.9	95.2	21	95.2	79.2	16.0
Comfort talking with nurses	93.3	92.3	90.5	21	90.5	77.5	13.0
Confidence and trust in nurses	93.3	92.3	90.5	21	90.5	77.7	12.8
Did everything for pain	93.3	92.3	90.5	21	90.5	73.6	16.9
Nurses explained things	93.3	92.3	90.5	21	90.5	78.1	12.4
Staff cared about as person	87.5	87.8	87.0	23	87.0	66.3	20.7
NPS: Facility would recommend	92.3	90.9	83.3	24	83.3	75.9	7.4
Care providers listened	89.1	87.5	81.8	22	81.8	81.5	0.3
Anesthesia process explained	88.9	87.2	81.0	21	81.0	82.2	-1.2
Staff worked together to meet needs	87.8	85.7	79.2	24	79.2	78.5	0.7
Trust providers w/ care	84.8	82.5	77.3	22	77.3	79.4	-2.1
Good communication b/w staff	86.7	84.6	76.2	21	76.2	72.9	3.3
Had enough input/say in care	82.2	82.1	76.2	21	76.2	75.8	0.4
Received consistent info	82.2	79.5	76.2	21	76.2	60.6	15.6

QUALITATIVE SUMMARY

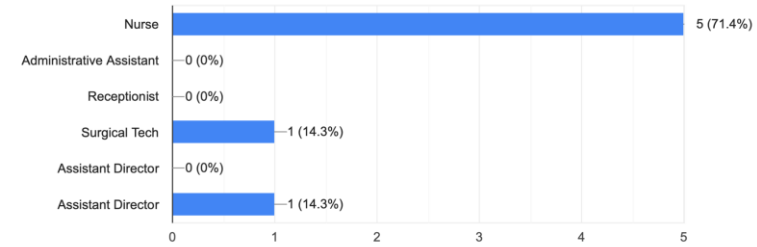
Promoter

System/Organization - Friends/Family...
General - Recognition
General - Emotional Support
General - Info/Education
Provider - Emotional Support

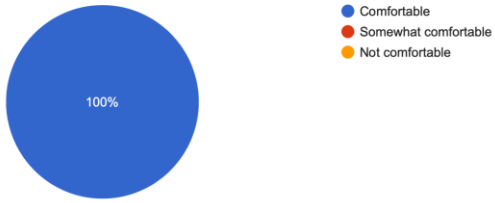
Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap
Care providers explain things	82.6	80.0	72.7	22	72.7	77.4	-4.7
Was told when could leave	82.2	79.5	71.4	21	71.4	79.0	-7.6
Procedure began on time	67.4	62.5	68.2	22	68.2	58.6	9.6

Appendix O: Pre-Survey Response Data

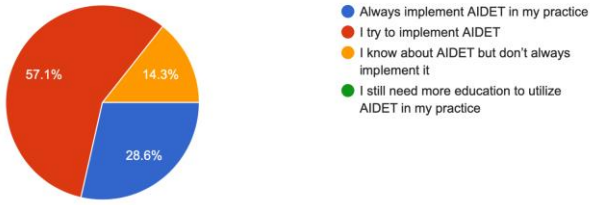
1. What is your job position?
7 responses



2. How comfortable are you with AIDET (Acknowledge, Introduce, Duration, Explanation, Thank you)?
7 responses



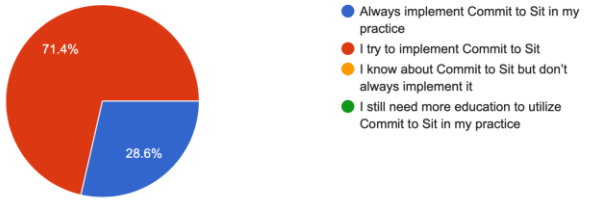
3. If comfortable/somewhat comfortable with AIDET:
7 responses



4. How comfortable are you with Commit to Sit?
7 responses

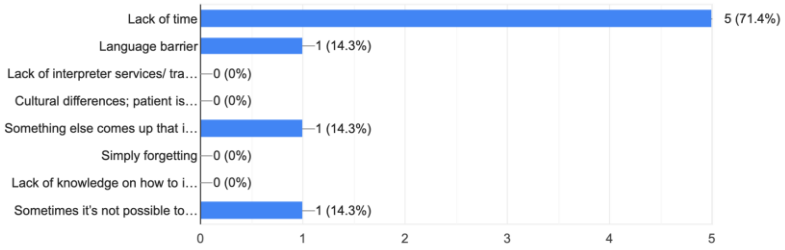
5. If comfortable with Commit to Sit do you:

7 responses



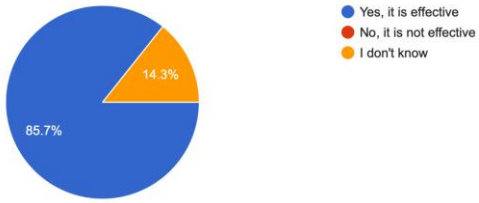
6. If you chose any answer other than "Always implement__" in questions 3 & 5, what are common obstacles to implementing AIDET and Commit to Sit?

7 responses



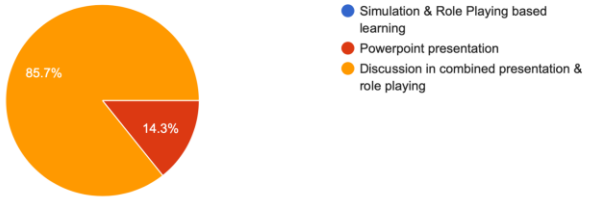
7. Since you were given the tools of AIDET and Commit to Sit last fall, do you feel it is effective?

7 responses

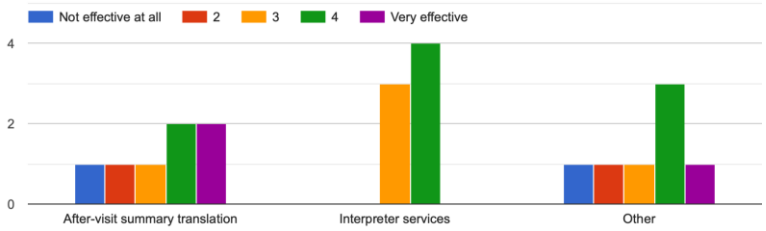


8. What teaching style do you prefer when learning about concepts like AIDET and Commit to Sit?

7 responses



9. How does the Walnut Creek UCSF outpatient center provide culturally-competent care to their patients? How effective do you think the culturally...petent care you give is for the patient and family?



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

6 responses

Ask how to pronounce name correctly; be respectful

Time of procedure and expectations

Make sure they feel heard and have a say in the care of their child

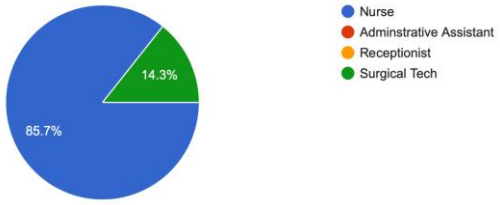
Explaining, asking questions and provide visual clues

Providing them with clear correct understandable information

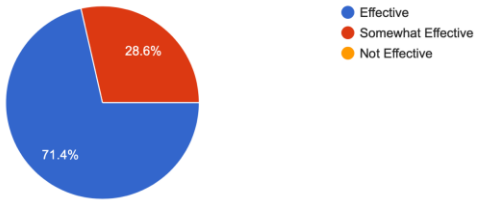
Letting them know we care

Appendix P: Post-Survey Response Data

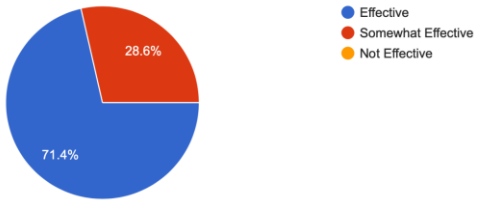
What is your job position?
7 responses



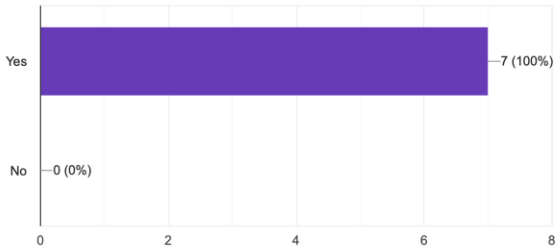
How effective was roleplay-simulation in making you more comfortable implementing AIDET (Acknowledge, Introduce, Duration, Explanation, Thank you) and culturally competent care?
7 responses



How effective was roleplay-simulation in making you more comfortable implementing Commit to Sit and culturally competent care?
7 responses



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



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

6 responses

- ask questions
- To be more sensitive to the cultural needs of our families and patients
- Commit to sit!
- Be more aware of your own biases before interacting with patients and families
- Language barriers and how to better use it
- Tactful Inquiry about cultural differences

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

5 responses

- none
- All families were very open to the process
- Not enough stools
- Role play difficulties..
- None it's great

How could this roleplay-simulation be improved?

5 responses

- more time
- No it was very well thought out and well executed
- It was great!
- My not assuming they brought their own interpreter.
- Stronger set up of the scenario so participants could interact better.