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Implementing a Courtesy Call System to Increase Patient Satisfaction

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Abstract

Problem: An assessment of a home health microsystem found a decrease of patient satisfaction using Home Health Consumer of Healthcare Providers and Systems (HHCAHPS) survey scoring. Low HHCAHPS scores equivalate to poor quality care, which has a negative impact on patients and the organization itself.

Context: The setting for this project was a home health department microsystem in Northern, California serving a 400-patient population. The project was implemented within the quality department of the home health organization.

Interventions: Evidence shows that implementation of a courtesy call check-in improves satisfaction and patient outcomes. A courtesy call check-in was implemented to raise HHCAHPS scores and improve patient satisfaction. Courtesy calls were implemented one week after patient admission into the home health department. Implementation of calls happened over a one-month period from June 2022 to July 2022. One hundred and four patients were contacted during the one-month period.

Measures: Patient satisfaction was designed to be measured using the HHCAHPS survey score. The survey data has a three-month time lag making results unavailable at the completion of this project.

Results: Out of the 104 patients contacted during the one month round of calls, patients reported satisfaction and appreciation for check-in call. The outcomes of HHCAHPS scores could not be evaluated due to three-month time lag of data and delay in courtesy call implementation.

Conclusions: A courtesy call follow-up system is evidenced based to improve patient satisfaction. The specific aim was not surpassed in the timeframe of the project. The HHCAHPS score will be evaluated in reflection to courtesy calls completed during this project three months from now. If patient satisfaction increases, the quality department will continue to implement the call system.

Keywords: courtesy, check-in, calls, patient satisfaction, HHCAHPS, home health, nurse, and patient

Implementing a Courtesy Call System to Increase Patient Satisfaction

Section II Introduction

An identified area of improvement found within a home health microsystem was improvement of patient satisfaction. The metric system used to identify patient satisfaction within this unit was HHCAHPS scores. “The HHCAHPS (Home Health Consumer Assessment of Healthcare Providers and Systems) survey is the first national, standardized, publicly recorded survey of patients’ perspectives of hospital care” (CMS, 2021, para. 1). The score is obtained from surveys patients submit based on their experience at their care facility (CMS, 2021).

Having a low HHCAHPS score signifies patient dissatisfaction with the care given. Lack of patient centered quality care impacts the patient in many ways and can even cause delay in recovery. Another negative implication from having low HHCAHPS scores is reimbursement issues (Wolters Kluwer, 2018). “The quality of care provided to Medicare patients, together with how closely best clinical practices are followed and how well a faculty enhances the patient experience of care, are used to determine how much a facility receives in Medicare reimbursement” (Wolters Kluwer, 2018, para. 10). Low HHCAHPS score equivalate to poor quality care proving a negative impact toward patients and the organization itself.

A microsystem assessment was completed to better understand the home health department and to identify areas of growth (see Appendix A). A metric identified by the CNL student was the current HHCAHPS patient perspectives of care survey. The overall score for last period was 92.9% attributing to a 4-star rating or baseline score on the HHCAHPS system (CMS, 2019). The patient satisfaction score provides evidence of a need for improvement. Implementation of a courtesy call check-in will be implemented to raise HHCAHPS scores and improve patient satisfaction.

Problem Description

The current HHCAHPS score within this microsystem is at a 92.9%. The CNL student and the healthcare team within the home health microsystem understand the importance in patient centered care. With the focus on improvement of patents' experiences, a performance target was created to obtain realistic achievement in the goal of contentment. The performance target for next period would be 93.1% and would increase the rating to a successful overall score (CMS, 2019). The organizational priorities identified as possible areas to focus on improvement are courtesy calls and making sure the surveys are distributed correctly. It is imperative the CNL student implements a quality improvement project to increase patients overall experience within the home health microsystem. In turn, the project will increase the overall HHCAHPS score, help achieve correct reimbursement, and help secure a positive reputation for the organization.

Available Knowledge

PICOT Question

In (P) patients within a home health setting, how does (I) a courtesy call check-in compared to (C) no courtesy call check-in, affect overall patient satisfaction (O) within a six-month period (T)?

Search Strategy

A thorough search was conducted to find sources dated 2016 to 2022 that answered the PICOT question (see Appendix B). The databases included the ACP Journal Club, CINAHL, PubMed, and Guidelines Clearinghouse. The keywords used within these databases were satisfaction, telephone, call, HHCAHPS, improve, patient, and listening. Articles were reviewed that had information pertaining to improving patient satisfaction, HHCAHPS scores, telephone-based follow-up, and improvement of HHCAHPS scores. The articles reviewed included randomized controlled trials, meta-analysis, qualitative studies, and systemic reviews. Five articles were selected for further review and analysis, including evaluation using the John Hopkins Nursing Evidence-Based Tool (Dang & Dearholt, 2018). Articles that were excluded

from further review included those that were too specific in the department of focus and areas of improvement for HHCAHPS scores other than listening carefully. The articles selected for inclusion had information about improving patient satisfaction and telephone-based follow-up care.

Synthesis of Literature

Daniels et al. (2016) was a randomized controlled trial evaluating the effects of a post discharge follow-up call in improving patient satisfaction. Eight hundred and fifty-four patients were selected by randomization. Three hundred and thirteen patients were placed into the intervention group and were given a follow-up call 24 hours after discharge from surgery. Five hundred and forty-one patients were placed into the control group and did not receive a call. The patients receiving the post follow-up call reported less postoperative worries and increased patient satisfaction compared to the control group. This randomized control trial rated a level IA in evidence and quality using the JHNEBP appraisal tool (Dang & Dearholt, 2018). This source proves that a courtesy call system can increase patient satisfaction.

Davidson et al. (2017) review of 15 studies focused on improvement of HHCAHPS scores. The three focused areas within the review of literature of improvement in overall HHCAHPS scores, included improving communication, pain management, quietness, and cleanliness of the hospital. The article concluded that there are few studies that focus on improvement in HHCAHPS scores through different areas of focus, and there needs to be more research to improve patient satisfaction in a universal way. This source is rated as a level IIIA in evidence and quality using the JHNEBP appraisal tool (Dang & Dearholt, 2018). The paper concludes that raising HHCAHPS scores requires a universal approach. This evidence guides the project focus of implementation to improve overall patient satisfaction scores, instead of certain areas of HHCAHPS.

Loos (2021) was a qualitative double blind study evaluating patient's experience with their nurse in an acute care facility. Twenty-three participants were interviewed their nurse experience regarding listening. Nurses were asked to give passive/nonverbal and active/verbal examples of their nurse listening. The article found that the patients who felt their nurse listened had a positive experience and were more apt to give good scores on their HHCAHPS surveys, compared to patients who did not feel heard by their nurse. This source is rated as a level IIB in evidence and quality using the JHNEBP appraisal tool (Dang & Dearholt, 2018). Increasing patient satisfaction by increasing careful listening, is part of raising HHCAHPS scores.

Mengli et al. (2019) was a retrospective qualitative study evaluating HHCAHPS score improvement regarding a telephone-based check-in for one year. One thousand sixty-seven patients were selected to receive a follow-up call from a provider, while 3,423 patients did not receive a follow-up call. Improvement in the doctor communication section of the HHCAHPS score and overall HHCAHPS score significantly increased in the intervention group receiving calls. Readmission rates decreased slightly for the intervention group as well. Overall, the study found that patient satisfaction was increased with follow-up calls from a provider. This source is rated a level IIIA in evidence and quality using the JHNEBP appraisal tool (Dang & Dearholt, 2018). The source provides proof that a courtesy call check-in system improves patient satisfaction, and in turn HHCAHPS scores.

Nookala et al. (2018) was a qualitative study evaluating a provider-based follow-up call in improving physician-patient communication scores on the HHCAHPS survey. Twenty-one patients were selected to receive a follow-up call 24 hours after discharge from a hospital in an urban setting. Two providers contacted patients and used a script to evaluate the patient's recovery, questions, and follow-up care with a primary doctor. The study showed a significant change in patient satisfaction scores related to communication with providers on the HHCAHPS survey. This source is rated a level IIIB in evidence and quality using the JHNEBP appraisal tool

(Dang & Dearholt, 2018). The article focuses on improving patient satisfaction with communication.

Rationale

A change theory can be beneficial to help guide implementation of a courtesy call system in a home health setting, to improve overall patient satisfaction. The five stages of Roger's change theory are: (1) Knowledge of the problem and understanding necessity for change, (2) persuasion of others to adopt or reject the proposed change, (3) decision to or denial of the proposed innovation, (4) implementation of the information project into use, and (5) confirmation to adopt to practice with reinforcement of opinions (Rogers, 1983).

Research conducted has shown benefits to telephone-based follow ups to improve patient satisfaction. Educating healthcare workers within the home health setting on the benefits, will motivate change of standards of practice. The change incorporating a courtesy call system will be presented for to the quality department for approval or denial. Courtesy calls will be conducted by providers such as nurses, physical therapists, occupational therapists, and speech therapists. These providers will use a call script which outlines questions presented on the HHCAHPS survey. If patients report any issues with care or concerns, the nurse will reach out to management who will schedule a home health representative to address the patient's issues. The courtesy call system will be evaluated after six months by the metric of overall patient satisfaction on the HHCAHPS survey. If improvement of overall patient satisfaction is noted on HHCAHPS scores, the project will be implemented into practice at the home healthcare facility.

Aim

The aim of this quality improvement project is to improve the overall HHCAHPS score for the home health population from the current baseline of 92.9% to 93.1% over six months of implementation (see Appendix C).

Section III: Methods

Context

Microsystem Analysis

An assessment of the student CNLs microsystem was completed to better understand how the microsystem is functioning and help the student CNL to identify areas of improvement (King et al., 2019). An assessment was completed on the home health department evaluating the purpose, patients, professionals, processes, and patterns of the microsystem (see Appendix A).

Purpose. The home health department exists to provide services, under a physician's orders, to patients in their homes. Services provided to patients include skilled nursing care, rehabilitation services, social services, and home health aide. The mission of the department is to plan medically necessary care to promote the highest level of health, comfort, and independent functioning of the person in the home and the community.

Patients. The patients within the department must meet certain criteria to be accepted into the organization. The patient must be recommended by a provider to be home bound, due to patient the patient's condition. The patient's condition must cause the patient considerable and taxing effort to leave the home, which requires care to be given at the patient's home. The current census within the microsystem includes around 400 patients. The patient's interviewed feel satisfied with their care but also express desires to speak with staff outside of scheduled visits.

Professionals. The providers that provide home health visits include registered nurses, physical therapists, occupational therapists, speech therapists, social workers, and home health aides. There is a quality department that oversees the home health department to make sure patients are receiving quality care.

Processes. Patients go through a series of processes to be admitted into the home health microsystem including intake, admission, provider visits, and discharge. The quality department audits the function of the microsystem.

Patterns. There are weekly, quarterly, and monthly meetings with management, providers, and all staff. The home health department compared to other agencies within the region has a low patient satisfaction score of 92.9% using HHCAHPS patient surveys.

IHI Culture Assessment

Having a structured way of rating a microsystem is important for nurse leaders to get a better overall image of their unit. The student nurse assessed the home health department using the IHI culture tool (see Appendix D). This microsystem exhibited high scores in leadership, organizational support, interdependence, patient focus, and process improvement. The areas identified for improvement included staff focus, education/training, performance results, information, and information technology. The weakest area noted was in disclosure processes in place.

SWOT Analysis

A SWOT analysis was completed to achieve proper understanding of the microsystem needs and areas of potential improvement (see Appendix E). The strengths identified within the microsystem included communication, collaboration between staff, organization of care, and completion of tasks. Weaknesses identified included decreased patient satisfaction, low HHCAHPS scores, low ranking in HHCAHPs scores compared to other home health departments within region, and a culture of resistance to change from team members. Opportunities include a courtesy call system to improve patient satisfaction with improvement of HHCAHPS scores and region rankings. Threats included push back from providers and nurse supervisors who may not want extra work added to their daily tasks.

Return on Investment

The implementation of a courtesy call system has the expected outcome to increase patient outcomes and department HHCAHPS scores. Such implementation can have other clinical benefits such as reduction of hospital readmissions. A cardiac post discharge study

conducted by Anderson et al., (2020) showed that higher patient satisfaction correlated with fewer hospital visits and lower mortality over a six-month period.

When a patient is readmitted to the hospital from the home health department, the insurance company charges a penalty fee for the readmission. The average penalty fee for readmission is around $15,000 (Beauvais et al., 2022). The average monthly hospital readmission rate for a California home health organization is 1.4% (AHHQI, 2016). Around 250 patients were assigned to the home health department in June 2022. If 3.5 patients were readmitted to the hospital, which is the expected monthly 1.4% readmission, the home health department would be penalized around $52,500 for the month of June, which could be estimated to cost the department $630,000 annually.

If an increase of patient satisfaction could decrease readmission rates by 25%, 2.6 of patients would be expected to be readmitted. The department would be penalized $39,000 for one month, with a projection of penalty of $468,000 for the year. The cost avoidance would be $162,000 (see Appendix F). This estimate provides proof that a courtesy call system to increase patient satisfaction can have a positive return on investment.

Communication Plan

Communication on project implementation and evaluation happened during quality improvement meetings and one on one meetings with the student's preceptor, and the program director. The quality director and student preceptor helped the student identify areas of improvement and began implementation of the project. Communication of project implementation and patient calls were reflected with the student preceptor after each round of calls. The project details of continued implementation after the student's internship have been discussed with the quality department.

Intervention

The intervention was an implementation of a courtesy call check-in to patients within the home health organization. The team that made the courtesy calls was the student CNL, the weekend nurse supervisor, and providers. Courtesy calls began within one week of initiation of care with the home health department. The telephone-based check-in asks questions that relate to the HHCAHPS survey to promote retention through repetition, so that patients will remember items addressed when they fill out their survey. A call script was created for team members to use when performing check-ins (see Appendix G). Between the month of June and July 2022, 104 patients were contacted. If a patient expressed concern or dissatisfaction during the check-in, the quality department manager was notified, and a plan of care change was completed with the team members assigned to the patient. The patients were reminded to complete their HHCAHPS surveys after every call.

Study of the Intervention

The low HHCAHPS score of a home health department provided evidence that there was a decrease in patient satisfaction. Evidence-based research provided proof that a courtesy call check-in incorporated into a healthcare microsystem can increase patient outcomes. The student CNL incorporated a courtesy call check-in system to increase patient satisfaction measured through HHCAHPS scores.

The intervention was monitored using a PDSA cycle to control and insure continuous improvement of the project. The plan part of the project is outlined within this paper with the PICOT question and HHCAHPS scores to measure outcomes. The do portion included carrying out the courtesy calls, which were done on a weekly basis by the project team. Unfortunately, due to delay in project implementation and HHCAHPS scores being three months behind, this project will not see results during the student's internship. The quality department intends to evaluate the outcomes measures in three months and will prepare another PDSA cycle if patient satisfaction shows an increase.

Measures

Patient satisfaction will be measured through the HHCAHPS scores. The overall score for last period was 92.9% attributing to a 4-star rating or baseline score on the HHCAHPS system. The performance target for next period would be 93.1% and would increase the rating to a successful overall score. The HHCAHPS scores are provided to the quality department of the home health organization monthly but are three months behind. For example, in the month of July the monthly HHCAHPS report is on April's patient experience.

The outcome measure is an increase in patient satisfaction using HHCAHPS overall scores. HHCAHPS has been chosen to identify patient's satisfaction due to it being a direct survey from patient's experiences and are proven to be valid and reliable by evidence-based research (CMS, 2019). The process measures include completing the courtesy calls, which have been delayed due to lack of access. The delay in administering courtesy calls has led to not being on track with original goals. Areas to evaluate in balancing measures include increase in pay for staff and burnout for team providing courtesy calls.

Ethical Considerations

This project relates to provision 2 of the ANA Code of Ethics for Nurses, which states, "the nurse's primary commitment is to the patient, whether an individual, family, group, community, or population" (ANA, 2015, para. 2). Providing patient centered quality care is a commitment the nurse must have to their patients. This project places patients at the forefront of their care by making sure they are satisfied with their services. The Jesuit value, *cura personalis*, also aligns with this project focus. *Cura personalis* is the focus of care on all aspects of the person (USF, 2022) By checking on the patient during courtesy call implementation we can address emotional, physical, mental, or spiritual areas the patient may want addressed.

This project has been approved as a quality improvement project by faculty using QI review guidelines and does not require IRB approval (see Appendix H).

Section IV: Results

Outcome Measure Results

There have been certain barriers that have become present during the implementation of the intervention. Most employees within the home health department are working from home and have little office time outside of patient care. The student CNL is not an employee and has not received access to a computer that is HIPPA compliant. To protect patient privacy of records and information, proper work equipment is required to complete courtesy calls. This has caused a delay in implementation of the courtesy call intervention by the student CNL. The CNL student started courtesy calls in June 2022 and will complete the internship in August 2022.

There was good feedback from the 104 patients contacted during the one-month initiation of courtesy calls. Patients overall felt very pleased with the services provided and appreciated the call to check-in. Due to the delay in implementation, the current HHCAHPS scores will not accurately show change due to project implementation. The HHCAHPS scores are received three months behind. The evaluation of patient satisfaction changes will be found on the HHCAHPS report in September to October 2022, which is after the student completion of this project. There is no way to evaluate outcomes currently.

Section V: Discussion

Summary

Evidence shows that implementation of a courtesy call system for the home health department can increase patient satisfaction. Due to technical barriers, and the CNL student not being an employee of the home health department, the project implementation was done only over a month period. Out of the 104 patients contacted during the one-month implementation, there was positive feedback. The outcomes measures could not be evaluated, due to the HHCAHPS results being rolled out three months behind. The intervention could not be measured by the end of this project. The next steps would be evaluation of patient's satisfaction scores for

the September and October months. If patient satisfaction scores are improving, the quality department will continue with the courtesy call implementation with evaluation monthly.

Conclusions

Quality care should be focused on the patient's needs, desires, and wishes. Focusing on quality care for the patient increases their satisfaction. Patient satisfaction affects patient outcomes, retention of patients, and health care organization reputation (Prakash, 2010). Courtesy call check-in on patients in different healthcare environments has been proven to increase patient satisfaction. A courtesy call-based check-in system was implemented in a home health department over a one-month period. Patient satisfaction will be evaluated using the HHCAHPS scoring after three months of initiation.

Continuing the courtesy call check-ins will improve patient satisfaction if it is maintained by the providers and the weekend nurse. A goal for the department will be to continue these calls after the CNL student has completed the project and revaluate patient satisfaction scores in three months. If patient satisfaction has increased, the quality department will continue the project implementation and evaluate at each monthly HHCAHPS report.

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Section VII: Appendicies

Appendix A

Microsystem Assessment

Purpose	
Why does the microsystem exist?	The home health department provides services, under physician's orders, to patients within their home.
What services are provided?	Skilled nursing care, rehabilitation services, social services, and home health aide.
What is the goal/mission for the department?	Set goals and plan care that is medically necessary to promote the highest level of health, comfort, and independent functioning of the person in the home and the community.
Patients	
Who are the patients served?	Patients must be confined to their home and meet criteria to be admitted into the home health department: leaving the home isn't recommended by a provider and which leaving the home takes considerable and taxing effort. Patient census usually is around 400.
How do the patients view the services they receive?	Overall patients feel satisfied with the services provided and feel their providers coming to their home do their job well. There were complaints of scheduling issues and not being able to get issues/questions addressed after provider left home.
Professionals	
What are the different roles of employees?	Registered nurse, physical therapist, occupational therapist, speech therapist, social workers, home health aide. There is a quality department that oversees the home health department to make sure patients are receiving quality care.
Days and operations and hours?	Regular business hours are seven days a week, 8:30am to 5pm.
Are roles being optimized?	There are issues with follow-up on patient care. Once patients are seen the next time the patient's issues are addressed are at their next scheduled appointment.
Processes	
What is the step-by-step process of how things get completed?	Patients go through a series of processes to be admitted into the home health department including intake, admission, and services. The quality department audits the function of the microsystem.
Patterns	
What patterns are present within the microsystem?	Weekly, quarterly, and monthly meetings with management, all staff, and providers.
How is the microsystem viewed by the public?	Patient satisfaction scores are low compared to other home health organizations in the region.

Appendix B

Evaluation Table

Study	Design	Sample	Outcome/Feasibility	Evidence rating
Daniels, S., Kelly, A., Bachand, D., Simeoni, E., Hall, C., Hofer, S. M., & Hayashi, A. (2016). Call to care: The impact of 24-hour postdischarge telephone follow-up in the treatment of surgical day care patients. *The American Journal of Surgery, 211*(5), 963-967. https://doi.org/10.1016/j.amjsurg.2016.01.015	RCT	854 patients: 541 did not receive a call (control), 313 did at Royal Jubilee Hospital	Postdischarge call at a surgical center increased patient satisfaction with discharge care. Useful information on follow-up call system to improve patient satisfaction	I A
Davidson, K. W., Shaffer, J., Ye, S., Falzon, L., Emeruwa, I. O., Sundquist, K., Inneh, I. A., Mascitelli, S. L., Manzano, W. M., Vawdrey, D. K., & Ting, H. H. (2017). Interventions to improve hospital patient satisfaction with healthcare providers and systems: A systematic review. *BMJ Quality & Safety, 25*(7), 596-606. http://dx.doi.org/10.1136/bmjqs-2015-004758	Systematic review of 15 studies	None	Focusing on improving communication, pain management, quietness and cleanliness of the hospital improved patient satisfaction using HCAHPS scores Useful evidence of ways to improve patient overall patient satisfaction	III A
Loos, N. M. (2021). Nurse listening as perceived by patients: How to improve the patient experience, keep patients safe, and raise HCAHPS scores. *The Journal of Nursing Administration, 51*(6), 324-328. DOI: 10.1097/NNA.0000000000001021	Qualitative double blind	23 discharged at 12 different acute care facilities in Southern California	Interpretative phenomenological analysis was used to evaluate patients experiences with nurse listening behaviors, showing improvement of overall patient experience. Useful evidence of nurse led follow up improving patient satisfaction	II B

Mengli, X., St. Hill, C. A., Vacquier, M., Love, P., Mink, P., Fernstrom, K., Kiven, J., Jeruzal, J., & Beddow, D. (2019). Retrospective analysis of the effect of postdischarge telephone calls by hospitalists on improvement of patient satisfaction and readmission rates. *Southern Medical Journal, 112*(7), 357-362. https://pubmed.ncbi.nlm.nih.gov/31282963/	Qualitative Retrospective	1067 discharged patients from hospital in Fridley, Minnesota	Telephone calls made to discharged patients at home for one year, which improved overall HCAHPS scores Useful evidence of courtesy calls improving HCSHPS scores	III A
Nookala, V., Singh, P., Sarao, M. S., & Ennala, S. (2018). Provider follow-up calls: A brief intervention to improve patient satisfaction scores. *American Journal of Hospital Medicine, 2*(4), 1-7. https://doi.org/10.24150/ajhm/2018.022	Qualitative	21 patients in urban community hospital	Two providers contacted 21 patients after their discharge. Physician-patient communication scores increased. Useful information on patient satisfaction increasing from telephone check-ins from providers.	III B

Appendix C

Charter

Project Charter: Improving Patient Satisfaction in the Home Health unit

Global Aim: To improve overall patient satisfaction with home health services measured by improvement in overall Hospital Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) scores, by August 2022.

Specific Aim: To improve overall HHCAHPS score of patient satisfaction from baseline 92.9% to 93.1% successful score using a courtesy call check-in system by nurses within the quality department of a home health environment.

Background: The current HHCAHPS score within this microsystem is at a 92.9%. The CNL student and the healthcare team within the home health microsystem understand the importance in patient centered care. With the focus on improvement of patents' experiences, a performance target was created to obtain realistic achievement in the goal of contentment. The performance target for next period would be 93.1% and would increase the rating to a successful overall score (CMS, 2019). The organizational priorities identified as possible areas to focus on improvement are courtesy calls and making sure the surveys are distributed correctly. It is imperative the CNL student implements a quality improvement project to increase patients overall experience within the home health microsystem. In turn, the project will increase the overall HHCAHPS score, help achieve correct reimbursement, help secure a positive reputation for the organization, and improve overall patient satisfaction with quality of care.

Sponsors: N/A

Goals: To improve overall HHCAHPS score for the home health population from the current baseline of 92.9% to 93.1% over six months of implementation of:

1. Weekly nurse led courtesy call check-in to home health patients
2. Addressing any patient issues brought up in telephone check-ins in a timely manor
3. Making sure surveys are sent to the correct patient address

Measures:
Outcome: Increase in overall patient satisfaction HHCAHPS scores
Process: Weekly nurse led courtesy call check-ins
Balancing: Increase in pay for staff and team burnout

Team Members: The Quality Director, Sr. Quality Specialist, three Quality Coordinators, and one CNL Student

Changes to Test
Interventions to test:

1. Courtesy call check-ins
2. Correct survey distribution

CNL Competencies

1. Essential 2: CNL Competencies #2 “assume a leadership role of an interprofessional healthcare team with a focus on the delivery of patient-centered care and the evaluation of quality and cost-effectiveness across the healthcare continuum” (King et al., 2019, p. 434).
2. Essential 3: CNL Competencies #1 “use performance measures to assess and improve the delivery of evidence-based practices and promote outcomes that demonstrate delivery of higher-value care” (King et al., 2019, p. 435).
3. Essential 3: CNL Competencies #11 “use a variety of data sets, such as Hospital Consumer Assessment of Healthcare Provider and Systems (HHCAHPS), nurse sensitive indicators, National Data Nursing Quality Improvement (NDNOI), and population registries, appropriate for the patient population, setting, and organization to assess individual and population risks and care outcomes” (King et al., 2019, p. 436).

Appendix D

IHI Culture Assessment Tool

		Y	N
Internal Culture of Safety	The organization is grounded in the core values of compassion and respect and the ethical responsibility to always tell the truth to the patient and family.	x	
	There is an expectation for ongoing communication, honesty, and transparency that is set from the board and leadership and closely monitored.		x
	Error is seen as the failure of systems and not people.		x
	All can expect support at the sharp end of unanticipated outcome and near-miss.	x	
Malpractice Carrier	There is a commitment to rapid disclosure and support.	x	
	There is a written understanding of how cases will be managed in partnership between patient/family/carrier.	x	
	Mechanisms are in place for rapid respectful resolution.	x	
Policies, Guidelines, Procedures	There is a policy on patient and family communications.		
	There is a policy on patient and family partnerships. Organizational infrastructure for clinician support exists.		x
	There are policies on disclosure and documentation.	x	
	Procedures are known and in place for internal and external communication of sentinel events.	x	
	Guidelines/policies support a fair and just culture (non-punitive) and the reporting of adverse events.		x
	There is a written crisis communication plan. This plan is centrally located and easily accessible by all staff.	x	
Training	Ongoing training programs are in place for all staff on communication, expectations, policies, procedures, guidelines.	x	
	There is just-in-time coaching (training) for disclosures.		x
Disclosure Processes in Place	There is rapid notification of patient/family and activation of support—typically immediately around what is known.		x
	There is a team to support staff preparing to disclose (coaches).	x	
	Root cause analyses commence immediately, are closely managed, and the results are shared, including with the patient and family.		x
The Disclosure	The organization is transparent and honest.	x	
	Responsibility is taken.		x
	We apologize/acknowledge.	x	
	There is a commitment to providing follow-up information.		x
	The caregiver is supported throughout the process.	x	
	The organization provides continuing support for the patient/family.	x	
	All hospital staff disclosing are trained in their role	x	
Ongoing Support	Resources are available to assist families experiencing unanticipated outcomes (not limited to error) – support is	x	

	defined by needs of the patient and family (e.g., emotional support).		
	Resources are available to assist staff at the sharp end of unanticipated outcomes (not limited to error) – based on the needs of the clinician (e.g., emotional support).	x	
	Procedures are in place and are known to ensure ongoing communications with patients, families, and staff.		x
Resolution	Procedures are in place and are known to bring the case to closure respectfully, as viewed by the patient and family.	x	
Learning	Mechanisms are in place to ensure learning by the board, executive leadership, MSEC, and across the organization.	x	
	Measurement systems are in place to assess the impact of communication, disclosure, and support (as well as quality and safety) practices on premiums, claims, cases, and payments.	x	

Appendix E

SWOT Analysis

Strengths	**Weaknesses**
Communication, collaboration between staff, organization of care, and completion of tasks.	Decreased patient satisfaction, low HHCAHPS scores, low ranking in HHCAHPs scores compared to other home health departments within region, and a culture of resistance to change from team members.
Threats	**Opportunities**
Push back from providers and nurse supervisors who may not want extra work added to their daily tasks.	Courtesy call system to improve patient satisfaction with improvement of HHCAHPS scores and region rankings.

Appendix F

Cost Benefit Analysis

Values	Estimated Costs	Explanation
Total costs	$630,000	Annual estimated readmission penalty
Total benefits or savings	$468,000	An estimated decrease in readmission rates by 25%
Net benefit	$162,000	Positive net benefit of dollar savings after costs
B/C ratio	0.74	For every $1 spent by the program service, there is $0.74 benefit

Appendix G

Call Script

Hello. My name is… And I am the … with the home health department. I wanted to extend a welcome to you as you have begun receiving out services, and I'm pleased our (nurse, therapist, or clinicians) are able to care for you. Please know how important it is to us to be sure we are listening carefully to you and meeting your treatment needs.

I have a couple of questions that I'd like to ask so I can give our staff feedback:

Do you feel he/she/they are explaining their instructions to you in a way that's easy to understand?

And are you feeling that they listen to you as you tell them your needs?

Do the clinicians coming to see you seem to be "up to date" about the treatment you are receiving from us?

Regarding your medications, we want to make sure you are comfortable with what you're taking, why you're taking it, and when you need to take it. Are they instructing you in these things to your comfort?

And finally, are they reviewing the side effects of your medications? We provide you with a packet at that first visit, and hope you'll continue to look at that to help you understand about your medications, including their side effects.

Thank you for speaking with me, and please don't hesitate to call our office if you have questions or needs, we can assist with.

Appendix H

IRB Non-research Determination Form

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CNL Project: Statement of Non-Research Determination Form

Student Name:_Tessa Garcia _____

Title of Project: Incorporating a nurse led courtesy call check-in to improve overall patient satisfaction

Brief Description of Project:

A) Aim Statement: To improve overall HHCAHPS score of patient satisfaction from baseline 92.9% to 93.1% successful score using a courtesy call check-in system by
nurses within the quality department of a home health environment.

B) Description of Intervention: To improve overall HHCAHPS score for patient satisfaction a courtesy phone call will be made within the first week of a home health system.

C) How will this intervention change practice? Improvement in patient experience and satisfaction with the home health organization.

D) Outcome measurements: Outcome: Increase in overall patient satisfaction HHCAHPS scores. Process: Biweekly nurse led courtesy call check-ins. Balancing: Compare HHCAHPS scores after implementation of courtesy call check-in to no courtesy call check-in.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: (http://answers.hhs.gov/ohrp/categories/1569)

X This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐ This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

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EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title:	**YES**	**NO**
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	**X**	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. ALL participants will receive standard of care.	**X**	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **NOT** follow a protocol that overrides clinical decision-making.	**X**	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does **NOT** develop paradigms or untested methods or new untested standards.	**X**	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does **NOT** seek to test an intervention that is beyond current science and experience.	**X**	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	**X**	
The project has **NO** funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	**X**	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **not** a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	**X**	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."*	**X**	

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print)

UNIVERSITY OF SAN FRANCISCO | School of Nursing and Health Professions

_____Tessa Garcia_____

Signature of Student: Tessa Garcia (electronic signature)_____DATE 4/10/22_____

SUPERVISING FACULTY MEMBER NAME (Please print):
__Susan Mortell _____

Signature of Supervising Faculty Member

Date 4-11-22