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Enhancing Nurse Awareness of a Stroke Patient Satisfaction Survey and their Significance in Practice

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N670 ME-MSN Internship

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Abstract

Problem As a leading cause of death and disability in the US, strokes often require complex, multifaceted care. Often ignored, patient satisfaction is a crucial aspect of this care and is positively linked to key health indicators. Regulatory guidelines underscore the need for stroke-specific patient satisfaction survey (SSPS) utilization in post-stroke care. Context Hospital X is a large Comprehensive Stroke Center in the Bay Area, serving patients with various stroke etiologies and complexities. At present, its Neuro Observational Unit (NOU) does not administer a SSPS. Intervention To address this gap in care, an educational presentation using literature evidence in support of SSPS was presented to nursing staff during the monthly department meeting. Measures The aim of this presentation was to ensure 100% of nurses in the NOU acknowledge SSPS importance by April 18, 2024 to maintain safe, quality care for stroke patients and meet regulatory standards. Successful change in practice was evaluated through a questionnaire administered before and after the education module. It gauged nursing staff attitudes toward SSPS and their likelihood of encouraging patient participation on a Likert scale from 1 to 5. Results The QI team found average pre-intervention scores of 4.4 and 3.6 for significance and likeliness to encourage, respectively, and post-intervention Likert scores of 4.1 and 3.6, respectively. Optional comments from nurses implied confusion about their role in SSPS implementation. Conclusions These results suggest that Hospital X NOU nursing staff are open to implementing a SSPS, but require clarification on their role.
Introduction

Stroke patients constitute a significant portion of admissions to neurological observational units in comprehensive stroke centers, where nurses play a pivotal role in their care. Within this context, optimizing patient satisfaction emerges as a crucial component of quality care. The correlation between heightened awareness of stroke patient satisfaction and its impact on the overall quality of care is imperative for nursing practice and patient outcomes. By delving into the dynamics of this relationship, this project aims to explore the extent to which increasing awareness of stroke patient satisfaction among nurses influences the delivery of quality care within the Neuro Observational Unit of a comprehensive stroke center. This investigation not only seeks to elucidate the interconnectedness of these variables but also endeavors to offer insights that can inform targeted interventions to enhance patient care experiences and outcomes in this clinical setting.

Problem Description

At hospital X, a comprehensive stroke center, the setting of a neurological observational unit is characterized by a fast-paced, high-stakes environment, where a prompt and effective intervention is essential to minimize neurological deficits and improve patient outcomes. These units typically consist of multidisciplinary teams that include, neurologists, nurses, therapists, and support staff, all working collaboratively to provide comprehensive care for stroke patients.

In this setting, optimizing patient satisfaction emerges as a crucial component of quality and patient centered care. Patient satisfaction metrics encompass various aspects of the care experience, including communication with healthcare providers, pain management, responsiveness to needs, and overall satisfaction. Benchmark data and baseline performance
indicators within neurological observational units can serve as a valuable benchmark for evaluating current performance and identifying areas for improvement.

Current knowledge about the problem suggests that there is room for improvement in patient satisfaction metrics within neurological observational units of comprehensive stroke centers. While benchmark data may vary across institutions, there is a growing recognition of the importance of patient-centered care in stroke management. Studies have shown that higher levels of patient satisfaction are associated with better clinical outcomes, reduced rates of complications, and increased adherence to treatment regimens.

However, despite the recognized importance of patient satisfaction in stroke care, there remains a gap in understanding how increasing awareness of stroke patient satisfaction among nurses influences care delivery within neurological observational units. Benchmark data and baseline performance indicators may reveal areas of deficiency or opportunities for enhancement, such as implementing standardized protocols for pain management, or streamlining processes to improve responsiveness to patient needs.

By delving into the dynamics of this relationship, this project aims to explore the extent to which increasing awareness of stroke patient satisfaction among nurses influences the delivery of quality care within the Neuro Observational Unit of a comprehensive stroke center. By examining current metrics, benchmark data, baseline performance, and current performance indicators, we can identify areas for improvement and develop targeted interventions to enhance patient care experiences and outcomes in this clinical setting.

**Literature Review**

Twelve research articles underwent critical appraisal using the Johns Hopkins Nursing Evidence Based Practice methodology to assess evidence level and quality, as detailed in
Appendix A (Dang & Dearholt, 2018). This comprehensive approach enables a thorough analysis and depiction of the identified problem (Dang & Dearholt, 2018). Among the 12 articles integrated into the review, one study constituted a randomized controlled trial and a systematic review (Level I), another was categorized as quasi-experimental (Level II), while the remaining ten studies were classified as Level III (comprising qualitative, non-experimental, and mixed-method non-experimental research). This wide array of information incorporated into the literature review constitutes a robust sampling of available research concerning the significance of stroke patient satisfaction surveys.

Abu et al., (2023) “Stroke Survivor's Satisfaction and Experience with Rehabilitation Services: A Qualitative Systematic Review”, this study examines the satisfaction of stroke survivors with rehabilitation services through a qualitative systematic review and provides valuable insights for this project by delving into the experiences and perspectives of stroke survivors. This analysis is essential for enhancing the quality of care provided. Through the analysis, researchers identified five themes, including the Healthcare Professional-Patient Relationship, Perceived patient Autonomy, Delivery Service, Culture Influences Satisfaction and Expectations Shape Satisfaction. The review highlights instances of dissatisfaction among patients, underscoring the need for tailored interventions to address concerns and ensure patient-centered care. Overall, the systematic review serves as a valuable resource for promoting patient-satisfaction and evidence-based practices.

Boter et al., (2003) “Clinimetric Evaluation of a Satisfaction-with-Stroke-Care Questionnaire” addresses the lack of an instrument for gauging patient satisfaction with stroke care. The study evaluated the questionnaire's validity and reliability among 166 stroke patients six months post-discharge and concluded that the survey created demonstrated high feasibility.
and can serve as a reliable tool for measuring patient satisfaction with stroke care while highlighting the potential utility in assessing and improving the quality of stroke care delivery. The study serves as a resource, providing us with vital information regarding the implementation of a new tool.

Choi et al., (2022) “Patient expectations and satisfaction in hand surgery: A new assessment approach through a valid and reliable survey questionnaire” establishes the need for a standardized tool in assessing patient expectations in surgery and asserts the development of a reliable survey questionnaire. Through a three-phase prospective cohort study, the researchers developed and validated a survey questionnaire to address the lack of standardized tools for assessing patient expectations in surgery to improve patient satisfaction and optimize outcomes. The development of a valid and reliable survey questionnaire aligns with my project goal of improving patient satisfaction by providing a new assessment approach to evaluate patient expectations and enhance patient-centered care.

Lai et al., (2023) “Impacts of Huddle Intervention on the Patient Safety Culture of Medical Team Members in Medical Ward: One-Group Pretest-Posttest Design” recognizes the importance of patient safety and proposes the implementation of a “Huddle” as a means to improve patient safety culture among team members. The study introduces regular huddles and facilitating discussions on patient safety issues. Outcomes observed included improvement in, teamwork, safety, perception of management, and job satisfaction. The findings from the huddle intervention directly correlate with my project’s objective of highlighting the potential effectiveness of regular huddles.

Lin et al., (2022) “The Effectiveness of Multidisciplinary Team Huddles in Healthcare Hospital-Based Setting” recognized the multifaceted challenges in healthcare settings related to
safety, problem identification, situation awareness, collaboration, and teamwork. To address these issues, they implemented a structured huddle involving multidisciplinary staff members. They were able to observe improvements in problem identification and resolution and expedited problem-solving through the implementation of team huddles. The researchers aimed to enhance safety for staff members and patients. The outcomes align with the objectives of my project, which seek to enhance patient satisfaction.

Mckinney et al., (2015) “Comprehensive stroke centers may be associated with improved survival in hemorrhagic stroke” investigates the potential association between admission to a comprehensive stroke center (CSCs) and the improved survival rate with hemorrhagic stroke cases. Through a non-experimental qualitative design, the study compares outcomes between patients admitted to CSCs, primary stroke centers (PSCs) or non-stroke centers (NSCs). The claim of the study is supported by the finding that patients admitted to CSCs were more likely to undergo neurosurgical or endovascular interventions than compared to patients admitted to PSCs or NSCs. The finding suggests that CSCs can offer more specialized treatments that can contribute to better outcomes. The study’s findings allow me to gather more information regarding CSCs as hospital X is considered a CSC.

O’Halloran et al., (2019) “Representation and reporting of communicatively vulnerable patients in patient experience research” examines the representation and reporting of communicatively vulnerable patients through a systematic review of qualitative studies. The authors highlight the importance of including communicatively vulnerable individuals in patient experience research. The study's findings underscore the need for better representation and support for vulnerable patients in patient experience research, aligning with my project's
objective of understanding and addressing the needs of all patient populations in healthcare settings.

Pimentel et al., (2021) “Huddles and their effectiveness at the frontlines of clinical care: a scoping review” tackles the fragmented knowledge surrounding huddle implementation and its effectiveness in clinical practice through a scoping review. By examining evidence across various healthcare settings, the major claim is supported by the findings indicating that huddles positively impact team process outcomes such as timely assessments and decreased medical errors. This study will allow me to gather information regarding how to bring topics up during a huddle.

Rios-Diaz et al., (2023) “Integration and Implementation of Patient-Reported Outcomes: A Prospective, Observational Clinical Quality Improvement Study” studies huddle implementation and its effectiveness in healthcare settings through a scoping review. The authors advocate for huddle integration in order to improve patient outcomes, aligning with my project's goal of education regarding a stroke patient satisfaction survey during team huddles.

Smith et al., (2021) “Patient-reported outcome measures (PROMs) use in post-stroke patient care and clinical practice: a realist synthesis protocol. Systematic reviews” The systematic review aims to understand how PROMs influence clinical practice. Despite the limitations such as selection bias, the protocol identified positive outcomes, including increased staff satisfaction and engagement. This study provided valuable insights into the impact of PROMs regarding post-stroke care.

Stenekes et al., (2019) “Development and Implementation of a Survey to Assess Health-Care Provider's Competency, Attitudes, and Knowledge About Perinatal Palliative Care Development and Implementation of a Survey to Assess Health-Care Provider's Competency,
"Attitudes, and Knowledge About Perinatal Palliative Care" delves into the methodological research to address the lack of a tool for assessing healthcare providers competency, knowledge and attitudes. The authors developed and implemented a survey tool after analyzing existing literature. The research contributes to providing my project with knowledge on how to develop and implement a survey questionnaire.

**Ethical Considerations**

This project meets the guidelines for an evidence-based quality improvement project. An IRB review was not required. A statement of non-research determination (SONRD) form was completed to validate this quality improvement initiative (Appendix B) followed by a review and approval by University of San Francisco School of Nursing and Health Professions clinical faculty. The project described received no funding and the project group members declare no conflict of interest for the project.

**Rationale/Framework**

The Awareness, Desire, Knowledge, Ability, and Reinforcement (ADKAR) model offers a structured approach to change management, focusing on individual transformation. Its efficacy lies in its systematic progression, addressing individual needs at each stage. Strong leadership support is essential for successful implementation. Wong et al. (2019) emphasize continuous education and tailored interventions to create awareness and facilitate change. In the context of stroke management, applying the ADKAR model involves a step-by-step approach within our microsystem. Initially, creating "Awareness" among healthcare professionals about stroke impact is paramount, achieved through comprehensive education on stroke management. Subsequently, fostering "Desire" for change underscores the importance of stroke prevention and intervention. Addressing "Knowledge" involves providing extensive training and resources to equip staff with
the necessary expertise. Ensuring "Ability" focuses on skill development for effective implementation of stroke management strategies. Lastly, implementing "Reinforcement" mechanisms sustains positive changes over time. The ADKAR model offers a comprehensive framework for our quality improvement project, guiding us through systematic steps to enhance stroke care within our microsystem.

**Project AIM**

The aim of this project is to investigate the impact of increasing awareness of stroke patient satisfaction among nurses on the delivery of quality care within the Neuro Observational Unit of a comprehensive stroke center. Through rigorous examination of current metrics, benchmark data, baseline performance, and current performance indicators, this study seeks to identify key factors influencing patient satisfaction and understand how heightened nurse awareness in this regard influences care delivery. By illuminating this dynamic relationship, the project aims to provide insights that inform evidence-based interventions tailored to enhance patient care experiences and outcomes in the context of stroke management within neurological observational units.

**Methods**

**Microsystem Assessment**

A 5 P’s assessment that consisted of the terms, purpose, patients, professionals, process, and patterns were used to evaluate the awareness of the importance of a stroke specific patient satisfaction survey. The purpose of this project is to investigate the impact of increasing awareness of stroke patient satisfaction among nurses on the delivery of quality care within the Neuro Observational Unit of a comprehensive stroke center. By exploring the dynamic relationship between nurse awareness of patient satisfaction and care quality, this project aims to
identify opportunities for targeted interventions to enhance patient care experiences and outcomes in this clinical setting. Through a focused examination of relevant literature and evidence-based practices, this project seeks to contribute to the ongoing efforts to optimize stroke care delivery by promoting patient-centered care practices and fostering a culture of continuous quality improvement in the microsystem.

**Timeline**

In January 2024, a Gantt Chart (Appendix C) was formulated to serve as a visual representation of the project's progression, spanning from initiation to evaluation. The project timeline commenced in January 2024 and concluded in April 2024. Notably, the planning and implementation phases required more extensive time commitments compared to initiation and evaluation stages. Delays in project planning arose due to challenges in coordinating with stakeholders at Hospital X, primarily attributed to scheduling constraints. Flexibility and adaptability were essential in navigating these barriers, ultimately extending the planning phase. To streamline future project executions, it is recommended to establish a structured timeline for stakeholder meetings, ensuring smoother coordination and adherence to deadlines.

**Root Cause Analysis (RCA)**

An RCA was conducted to explore nurses' awareness of the importance of a stroke-specific patient satisfaction survey within the Neuro Observational Unit. This investigation utilized a fishbone diagram, displayed in Appendix D to categorize potential factors contributing to the observed lack of awareness. These factors were grouped under various aspects: patients, providers, policy, procedures, and place. Patient-related challenges may arise from patients who are unable to participate in surveys due to their condition, while provider-related issues might stem from a lack of knowledge among nursing staff about stroke-specific patient satisfaction
surveys. Policy-related factors could include disparities between hospital practices and Joint Commission guidelines while procedural challenges may result from staff adherence to established hospital policies, and environmental factors, such as an outdated stroke bulletin board at Hospital X, may contribute to the lack of awareness by not providing up-to-date statistics.

**Strength, Weakness, Opportunities, and Threats (SWOT) Analysis**

In conducting a SWOT analysis (Appendix E) for our project, several key factors emerge. Our strength lies in the strong leadership support we have garnered, providing us with the guidance and resources necessary for successful implementation. However, challenges in the chain of command present a notable weakness, potentially hindering the smooth execution of project initiatives. Despite this, opportunities abound, particularly in attaining Comprehensive Stroke Certification, which promises to elevate the quality of stroke care delivery. Nevertheless, external threats, such as resource constraints and changing regulatory requirements, may pose significant hurdles to our project's success. Through strategic planning and collaboration, we aim to leverage our strengths, address our weaknesses, seize opportunities, and mitigate threats to

**Budget Analysis**

The budget analysis for this project reveals costs incurred and cost avoidance measures. The primary costs include the salary of the Clinical Nurse Leader (CNL), totaling $16,000, and printing expenses amounting to $20. The surveys and education conducted during huddle and staff meeting time do not incur additional training costs, leveraging existing resources efficiently. However, the project yields substantial cost avoidance by preventing a potential fine from The Joint Commission (TJC), amounting to $100,000 as a result of Hospital X not implementing a SPSS. By implementing interventions to improve stroke-specific patient satisfaction, the project mitigates the risk of non-compliance and associated penalties. As a result, the total savings from
cost avoidance amount to $83,980, demonstrating the significant financial impact of the project beyond its initial investment.

**Intervention**

Our intervention strategy was designed to comprehensively address the need for heightened awareness and feedback gathering regarding the importance of a stroke-specific patient satisfaction survey within the Neuro Observational Unit. To initiate this process, we developed informative flyers containing a QR code, which led nurses to a concise two-question questionnaire (Appendix G). This initial data collection phase aimed to gauge nurses' perceptions regarding the significance of the survey and their willingness to advocate for patient participation.

Following this pre-intervention data collection, we leveraged the monthly staff meetings to further disseminate information about our project. During the meeting, we provided a detailed overview of our project's background, rationale, and objectives, emphasizing the significance of patient-centered care and the role of the survey in improving outcomes for stroke patients. Our presentation aimed to not only inform but also engage the nursing team, fostering a sense of ownership and commitment to the project's objectives. Subsequently, we encouraged nurses to complete the same questionnaire using the provided QR code, capturing post-intervention data to assess any shifts in perceptions or attitudes following our presentation. By implementing this multi-faceted approach, we sought to not only raise awareness but also foster a culture of continuous improvement and patient-centered care within the unit, ultimately contributing to enhanced patient satisfaction and outcomes.

**Study of the Intervention**
In the Plan phase of the PDSA cycle, meticulous attention is devoted to laying the groundwork for the project, establishing a solid foundation upon which subsequent phases will build. This involves the creation of the PICOT/AIM, a pivotal step that sets forth the specific goals and objectives guiding the intervention. Additionally, meticulous planning is undertaken to create and develop a poster and questionnaire, meticulously crafted tools aimed at capturing baseline data essential for understanding the current landscape.

The questionnaire, designed to delve into nurse attitudes regarding stroke patient satisfaction surveys (SPSS), represents a critical component of this phase, serving as a conduit for gathering invaluable insights into the prevailing sentiments within the Neuro Observational Unit. Transitioning into the Do phase, the meticulously crafted plan springs into action as data collection ensues according to the outlined protocol. The questionnaire is administered as planned, diligently capturing the perspectives and attitudes of the nursing staff.

Subsequently, in the Study phase, the focus shifts towards data analysis, where the amassed information assumes paramount importance. By subjecting the collected data to rigorous analysis, comparisons are drawn against the established baseline and aim statement, providing a comprehensive understanding of the intervention's efficacy. Visual representations in the form of charts are generated to distill complex data into digestible insights, facilitating the interpretation of findings and informing subsequent actions.

Finally, the Act phase is a pivotal moment for action and reflection, where the findings of the study serve as a catalyst for meaningful change. With insights from data analysis, efforts are redoubled to educate and raise awareness among nurses about the significance of SPSS. Simultaneously, questionnaire data and comments are shared with management, furnishing critical insights that pave the way for targeted improvements. As the cycle continues, the
effectiveness of the intervention is rigorously evaluated, and necessary adjustments are implemented to optimize patient care experiences and outcomes within the Neuro Observational Unit at the comprehensive stroke center.

**Outcome Measures**

The outcome measures for this project encompass both qualitative and quantitative data collected through pre- and post-intervention surveys aimed at assessing nurses' awareness and attitudes regarding the Stroke Patient Satisfaction Survey (SPSS). Surveys were administered to nurses across various settings, including during shift huddles, smaller group discussions, or individual interactions. Qualitative data was gathered through experimental surveys where nurses were asked about their familiarity with the SPSS, with responses noted verbally or observed through facial expressions. Quantitative data involved tallying the number of nurses who were aware of the significance of the survey before and after the intervention, providing insights into the effectiveness of the awareness-raising intervention.

**Results**

After surveying 28 nurses to establish a baseline for the unit’s attitudes toward patient satisfaction and their willingness to encourage patients to fill out a survey, the team discovered average Likert scores of 4.4 and 3.6 (Appendix I). This baseline data indicates that nurses on the Neuro Observational Unit (NOU) at Hospital X were generally open to a stroke-specific patient satisfaction survey before the educational presentation. It's worth noting the disparity between the perceived significance and willingness to encourage. Although one might expect these to be closely related, many nurses were confused by the questionnaire, believing it was the responsibility of assistant nurse managers.
Following the presentation on stroke-specific patient satisfaction surveys, the average Likert score for significance decreased to 4.1, while the likelihood to encourage remained unchanged. It's important to mention that there was an outlier in the significance data, a Likert score of 1, which, if excluded, would result in an average of 4.4. This suggests that the sample size of 14 nurses may have been a limitation in accurately measuring nurse attitudes toward the significance of patient satisfaction. This limitation may also apply to the likelihood to encourage, as both graphs show an overall rightward shift without an actual change in average scores.

The results indicate that Hospital X is open to a patient satisfaction survey tailored to stroke patients. While there may be a need for clarification on implementation responsibilities and nursing roles, the NOU staff appears willing to utilize this tool. Revisiting nursing staff attitudes and providing explicit clarification on survey-related roles can be part of the next PDSA cycle.

**Discussion**

**Summary**

Stroke patients represent a significant portion of admissions to neurological observational units in comprehensive stroke centers, where nurses play a crucial role in their care. In this context, optimizing patient satisfaction becomes vital for ensuring quality care and positive outcomes. This project delves into the dynamic relationship between nurses' awareness of stroke patient satisfaction and its influence on care delivery within the Neuro Observational Unit (NOU) of a comprehensive stroke center. By exploring this relationship, the project aims to identify opportunities for improvement and interventions to enhance patient care experiences and outcomes.
Outcome measures included both qualitative and quantitative data collected through pre- and post-intervention surveys. Surveys were administered to nurses across various settings, including during shift huddles, group discussions, or individual interactions. The results indicated a slight decrease in perceived significance post-intervention, though further analysis revealed limitations in sample size. The project provides valuable insights into the importance of increasing awareness of stroke patient satisfaction among nurses in enhancing care delivery within the NOU. While the results indicate openness to utilizing stroke-specific patient satisfaction surveys, further efforts are needed to clarify roles and attitudes among nursing staff. The project's findings contribute to ongoing efforts to optimize stroke care delivery and foster a culture of continuous improvement in patient-centered care.

**Limitations**

Despite the comprehensive approach taken in this project, several limitations should be acknowledged. Firstly, the sample size of nurses surveyed, particularly in the post-intervention phase, was relatively small. With only 28 nurses surveyed, the findings may not fully represent the attitudes and perceptions of all nursing staff within the Neuro Observational Unit. Additionally, the survey instrument used to assess nurse attitudes and perceptions regarding stroke-specific patient satisfaction may have been limited in its scope and clarity. Some nurses expressed confusion about the questionnaire, particularly during the post-intervention phase, as they had already completed a similar survey before the intervention. This confusion may have influenced their responses or led them to believe they had already participated, affecting the accuracy of the data.
Despite these limitations, the findings provide valuable insights into the importance of increasing awareness of stroke patient satisfaction among nurses and offer a foundation for future research and quality improvement efforts in this area.

**Conclusion**

This project has shed light on the importance of increasing awareness of stroke-specific patient satisfaction among nurses and its potential impact on the delivery of quality care within the Neuro Observational Unit (NOU) of a comprehensive stroke center. By exploring the dynamic relationship between nurse awareness and patient satisfaction, we have gained valuable insights into the factors influencing patient care experiences and outcomes in this clinical setting.

One of the key aspects to consider moving forward is sustainability. Sustainable change is essential for ensuring that the improvements achieved through this project are maintained over time. Sustainability involves not only implementing changes but also ensuring that they become embedded in the culture and processes of the organization. To promote sustainability, it will be crucial to engage key stakeholders, including nursing staff, and management in ongoing discussions about the importance of stroke-specific patient satisfaction. This can be achieved through regular meetings, training sessions, and communication channels that keep everyone informed and involved.

Furthermore, integrating the project's objectives and findings into existing policies, procedures, and training programs can help institutionalize the changes and ensure they become standard practice. For example, including education about stroke-specific patient satisfaction in new nurse orientation programs can help ensure that all new staff members are aware of its importance from the outset.
Ultimately, sustainability requires a long-term commitment from all stakeholders to continuously strive for excellence in patient care. By fostering a culture of continuous improvement and innovation, we can ensure that the gains made through this project endure and continue to benefit patients well into the future.
References


## Appendix A

### Johns Hopkins Evidence Appraisal Table

QI Project Name: Kaiser Redwood City: Stroke

<table>
<thead>
<tr>
<th>Journal #</th>
<th>Citation</th>
<th>Evidence Type</th>
<th>Sample, Sample Size, Setting</th>
<th>How Does Article Address Problem?</th>
<th>Quality of Evidence</th>
<th>Other Highlights from Article (consider including limitations &amp; outcomes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Abu Saydah, H., Turabi, R., Sackley, C., &amp; Moffatt, F. (2023). Stroke Survivor’s Satisfaction and Experience with Rehabilitation Services: A Qualitative Systematic Review. <em>Journal of clinical medicine</em>, 12(16), 5413. <a href="https://doi.org/10.3390/jcm12165413">https://doi.org/10.3390/jcm12165413</a></td>
<td>Qualitative Systematic Review</td>
<td>N=188 males and females receiving rehabilitation services post stroke</td>
<td>This study addresses the problem by conducting a systematic review of qualitative studies focused on the satisfaction of stroke survivors with rehabilitation services. The study contributes to a better understanding of stroke survivors' experiences with rehabilitation services and highlights areas for improvement in service quality and patient satisfaction.</td>
<td>Level III Good quality with transparency</td>
<td>Limitation: The trustworthiness of data due to the qualitative and subjective analysis of participants’ descriptions. Outcome: The outcomes of the systematic review include the identification of five themes that influence stroke survivors' satisfaction with rehabilitation services: Healthcare Professional-Patient Relationship (HCP), Delivery Service, Perceived Patient Autonomy (PPA), Expectations Shape Satisfaction, Culture Influences Satisfaction.</td>
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<tr>
<td>2</td>
<td>Boter, H., De Haan, R. J., &amp; Rinkel, G. J. (2003). Clinimetric evaluation of</td>
<td>Non-experimental qualitative design</td>
<td>N= 166 stroke patients who are living at home 6 months after discharge</td>
<td>The article addresses the problem of the lack of an instrument for measuring patient satisfaction with stroke care by developing and evaluating the</td>
<td>Level III Good quality with transparency</td>
<td>Limitations: Response bias: Patients may provide socially desirable responses. Generalizability: Criteria may not be</td>
</tr>
<tr>
<td>3</td>
<td>Choi, S. W., Bae, J. Y., Shin, Y. H., Jung, Y. J., Park, H. S., &amp; Kim, J. K. (2022). Patient expectations and satisfaction in hand surgery: A new assessment approach through a valid and reliable survey questionnaire. PloS one, 17(12), e0279341. <a href="https://doi.org/10.1371/journal.pone.0279341">https://doi.org/10.1371/journal.pone.0279341</a></td>
<td>Prospective cohort study</td>
<td>N= 300 patients across 3 phases. In the first phase, 146 patients participated in assessing patient expectations and developing a draft questionnaire. In the second phase, 154 new patients were included to evaluate the test-retest reliability of the questionnaire. In the third phase, patients who completed the preoperative expectations survey were followed up three months after surgery to assess the fulfillment of their expectations.</td>
<td>The article addresses the problem of the lack of standardized tools for assessing patient expectations in surgery. It approaches this issue by conducting a three-phase prospective cohort study.</td>
<td>Level III Good quality with transparency</td>
<td>Limitations: Lack of long term follow up</td>
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| | **Implementation of Huddle Intervention**: The study describes the implementation of huddles. The huddles take place twice a week for 15 minutes each, providing a structured platform for team members to discuss safety concerns and ideas. |
| **Impacts of Huddle Intervention on the Patient Safety Culture of Medical Team Members in Medical Ward: One-Group Pretest-Posttest Design. Journal of multidisciplinary healthcare, 16, 3599–3607.** |  |
| The sample in this study consists of multidisciplinary frontline staff members who participated in the huddle intervention at a 74-bed general medical ward in Taiwan. The article addresses the problem of improving medical safety work, problem identification, situation awareness, teamwork enhancement, collaboration, communication between professionals and departments, and patient safety. It does so by implementing a structured huddle intervention involving multidisciplinary staff. |
| Level III Good quality with transparency | Limitations: Lack of a control group Self-Report Bias |
| Outcomes: Improved Problem Identification and Resolution: The study found that implementing multidisciplinary team huddles led to the identification and resolution of 81 issues over the course of one year. Enhanced Teamwork and Communication: Staff members overwhelmingly reported that huddles helped expedite the process of reaching treatment goals, reduce clinical mistakes near misses, and reduced patient incidents | Expedited Problem-Solving: The majority of
### Enhanced Nurse Awareness of a Stroke Patient Satisfaction Survey

| Citation | Design | Sample | Comparison of Stroke Center Types | Level III Good quality with transparency | Limitation: Data Source Limitations: The study relies on the Myocardial Infarction Data Acquisition System database, which may have limitations in terms of data accuracy, completeness, and representativeness. These limitations could potentially introduce bias. Outcome: The study found that patients admitted to CSCs were more likely to undergo neurosurgical or endovascular interventions compared to those admitted to primary stroke centers or nonstroke centers. This outcome suggests that CSCs offer specialized treatments that may not be available at other hospitals.

#### Non-experimental qualitative design

| McKinney, J. S., Cheng, J. Q., Rybinnik, I., Kostis, J. B., & Myocardial Infarction Data Acquisition System (MIDAS 22) Study Group (2015). Comprehensive stroke centers may be associated with improved survival in hemorrhagic stroke. Journal of the American Heart Association, 4(5), e001448. https://doi.org/10.1161/JAH.114.001448 | N=36,981 total # of patients admitted with a primary diagnosis of intracerebral hemorrhage or subarachnoid hemorrhage | Comparison of Stroke Center Types: The study compares outcomes between patients admitted to CSCs versus those admitted to PSCs or NSCs. By examining differences in mortality rates and utilization of neurosurgical or endovascular interventions between the two groups, the study assesses whether admission to CSCs is associated with better outcomes for stroke patients. | Level III Good quality with transparency | Limitation: Sample Size: The study had a sample size of 104 patients who completed both questionnaires for the assessment. It is relatively small, which may limit the generalizability of the findings. Non-Response Bias: There is potential for non-response bias, not all eligible patients participated in the study. |

| Nolte, C. H., Malzahn, U., Rakow, A., Grieve, A. P., Wolfe, C. D., Endres, M., & Heuschmann, P. U. (2010). Entwicklung der deutschen Version der Patientenzufriedenheits-Skala (SASC) für den Einsatz bei Patienten nach. | Non-experimental qualitative design | N=169 patients admitted for stroke diagnosis | Identification of Problem: The study acknowledges the importance of patient satisfaction as an essential part of healthcare. It recognizes the lack of a reliable instrument to assess patient satisfaction, particularly in German-speaking countries. Translation Process: The study follows a translation protocol to ensure the accuracy and equivalence of the German version of the SASC questionnaire. This process helps address the language barrier and ensures cultural appropriateness of the survey. | Level III Good quality with transparency | Limitations: Sample Size: The study had a sample size of 104 patients who completed both questionnaires for the assessment. It is relatively small, which may limit the generalizability of the findings. Non-Response Bias: There is potential for non-response bias, not all eligible patients participated in the study. |
Schlaganfall  
[The German version of the satisfaction with stroke care questionnaire (SASC) for stroke patients].  
Fortschritte der Neurologie-Psychiatrie, 78(6), 355–359.  

Representation and reporting of communicatively vulnerable patients in patient experience research.  
https://doi.org/10.1080/17549507.2019.1567815 |
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<tr>
<td>Systematic review of qualitative studies</td>
<td>N=39 studies on patient experience; population of interest, eligibility criteria, communicative demands of the research and communicative supports provided. Eleven out of thirty nine included sufficient information about the population to determine that communicatively vulnerable individuals would have been approached to participate. Three of these studies explicitly excluded people who were communicatively vulnerable.</td>
<td>Applying a human rights lens to measure patient experience, specifically focusing on the inclusion of communicatively vulnerable individuals in research informing the AHPEQS.</td>
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<td>Level II</td>
</tr>
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<td>Methodology was not described</td>
<td>Limitations: Possible inadequate reporting in some of the reviewed studies, which could have affected the researchers' ability to fully assess the inclusion of communicatively vulnerable perspectives.</td>
<td></td>
</tr>
<tr>
<td>Outcome: Exclusionary Practices: They found that some of the reviewed qualitative studies explicitly excluded communicatively vulnerable people from participation. Lack of Communication Supports: The study identified instances where communication supports were not provided to enable communicatively vulnerable individuals to participate. Inadequate Reporting: The study highlights the inadequacy of reporting in qualitative research on patient experience, this makes it difficult to determine if the perspectives of...</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
and four did not report on the provision of any communication supports

<p>| | | | |</p>
<table>
<thead>
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</thead>
</table>

Positive Impact on Clinical Care Outcomes: About half of the studies reported that huddles positively impacted clinical care outcomes, such as patients receiving timely and evidence-based assessments and decreased medical errors |

| 10 | *Rios-Diaz, A. J.*, Nathan, S. L., Cunning, J. R., Kozak, G. M., Messa, C. A., Whitely, C. B., Davis, H. D., Thrippleton, S., Broach, R. B., & Fischer, J. P. (2023). Integration and Implementation of Patient-Reported Outcomes: A Scoping Review | N=158 met inclusion criteria “Eligible studies described huddles that (1) took place in a clinical or medical setting providing health care patient services, (2) included frontline staff members, (3) were used to improve care quality, and (4) | This work addresses the problem of fragmented knowledge about huddle implementation and effectiveness at the frontlines of healthcare by conducting a comprehensive scoping review. | Level III Good quality with transparency | Outcomes: Positive Impact on Team Process Outcomes: The review found that huddles positively impacted team process outcomes in the majority of studies, including improvements in efficiency, process-based functioning and communication.

Positive Impact on Clinical Care Outcomes: studies reported that huddles positively impacted clinical care outcomes, such as |
<table>
<thead>
<tr>
<th></th>
<th>Prospective, Observational Clinical Quality Improvement Study. Plastic and reconstructive surgery, 151(1), 184-193. <a href="https://doi.org/10.1097/PRS.00000000000009772">https://doi.org/10.1097/PRS.00000000000009772</a></th>
<th>were studied empirically” (Rios-Diaz., et al, 2023)</th>
<th>patients receiving timely and evidence-based assessments and care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Systematic Review</td>
<td>N/A</td>
<td>Limitations: Selection bias Quality of evidence varies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outcomes: Staff Satisfaction and Engagement: Some studies indicated that huddles contributed to increased staff satisfaction and engagement. Nearly half of the studies reported that huddles positively impacted clinical care outcomes, such as patients receiving timely care</td>
</tr>
<tr>
<td>12</td>
<td>Stenekes, S., Penner, J. L., Harlos, M., Proulx, M. C., Shepherd, E., Liben, S., Thompson, G., MacConnell, G., Grégoire, M. C., &amp; Siden, H. H. (2019). Development and Methodologic Research</td>
<td>Healthcare providers involved in palliative care Setting: Multiple healthcare facilities across Canada Sample size: 167 responses were received (does not</td>
<td>Level II Provides clear insights into the development and validation of the survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>identifying the gap: The researchers acknowledge the lack of published tools to assess healthcare providers' knowledge and level of comfort in providing perinatal palliative care. Development of Survey Tool: The authors undertake a two-phase study to address the gap. In Phase 1, they conducted a literature review and</td>
<td>Limitations: Sampling bias: no information regarding how participants were recruited Self-reporting bias: Data collected relies on self reporting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outcomes: Identification of competency and knowledge gaps Identification of educational needs</td>
</tr>
<tr>
<td>Implementatio n of a Survey to Assess Health-Care Provider's Competency, Attitudes, and Knowledge About Perinatal Palliative Care. Journal of palliative care, 34(3), 151–159. <a href="https://doi.org/10.1177/0825859718790627">https://doi.org/10.1177/0825859718790627</a></td>
<td>mention how many were invited to participate in the survey</td>
<td>appraised existing palliative and death-related instruments. This phase involves critical analysis and synthesis of existing knowledge and tools in the field. Expert Input and Validation: During Phase 1, the authors engage Canadian pediatric palliative care specialists to critique the survey. This helps refine the survey and establish its face and content validity, ensuring that the questions are relevant, clear, and comprehensive.</td>
<td>Validation of a survey tool</td>
</tr>
</tbody>
</table>
Appendix B

Statement of Non-Research Determination

Project: Statement of Determination and Non-Research Determination Form

Student Name: Zoe Fritz, Vanessa Li, Amanda Dao, Matt Price

Title of Project: Improving Nurse Support of Patient Satisfaction Surveys through Team Huddle Education

Brief Description of Project
Regulatory guidelines that are supported by current literature dictate the need for a Stroke-Specific Patient Satisfaction survey (SSPS). At present, Hospital X does not routinely implement SSPS survey. By April 18th, 2024, our aim is to ensure that 100% of nurses in the Neuro Observational Unit will acknowledge the importance of a SSPS to maintain safe, quality care for all stroke patients and meet regulatory compliance standards. To achieve this aim, education about the importance of SSPS data will be shared with staff during the monthly department meetings. The desired change through this intervention is that the nursing staff acknowledge the importance of SSPS surveys to meet regulatory body standards and deliver high quality patient care. Successful change in practice will be evaluated using a voluntary and anonymous nursing staff questionnaire that gauges the nurses’ attitudes toward SSPS surveys and their likelihood of encouraging patients to participate.

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)

☒ 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.

Comments:
**EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST**

**UNIVERSITY OF SAN FRANCISCO | School of Nursing and Health Professions**

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

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The specific aim is to improve performance on a specific service or program and is a part of usual care. All participants will receive a standard of care.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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. The project has NO funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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: &quot;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.&quot;</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
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):

Zoe Fritz, Vanessa Li, Amanda Dao, Matt Price

Signature of Student:

Zoe Fritz, Vanessa Li, Amanda Dao, Matt Price

SUPERVISING FACULTY MEMBER NAME (Please print):

Signature of Supervising Faculty Member

Theresa M. Wooten

DATE: 3/15/24
## Appendix C

### GANTT Chart

<table>
<thead>
<tr>
<th>Task Title</th>
<th>Start Date</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Initiation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research of literature</td>
<td>1/23/24</td>
<td>2/26/24</td>
</tr>
<tr>
<td>Synthesis of literature</td>
<td>1/23/24</td>
<td>2/26/24</td>
</tr>
<tr>
<td>Literature review</td>
<td>1/23/24</td>
<td>3/3/24</td>
</tr>
<tr>
<td>Project Planning:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meet &amp; coordinate with stakeholders</td>
<td>1/23/24</td>
<td>2/9/24</td>
</tr>
<tr>
<td>Microsystem assessment</td>
<td>1/23/24</td>
<td>2/9/24</td>
</tr>
<tr>
<td>PICO question &amp; aim statement</td>
<td>1/23/24</td>
<td>2/19/24</td>
</tr>
<tr>
<td>Create nurse questionnaire &amp; educational material</td>
<td>2/19/24</td>
<td>2/29/24</td>
</tr>
<tr>
<td>Project Implementation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct pre-intervention data collection</td>
<td>2/29/24</td>
<td>3/21/24</td>
</tr>
<tr>
<td>Educate at unit staff meeting</td>
<td>3/21/24</td>
<td>3/21/24</td>
</tr>
<tr>
<td>Conduct post-intervention data collection</td>
<td>3/21/24</td>
<td>4/4/24</td>
</tr>
<tr>
<td>Project Evaluation and Synthesis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data analysis</td>
<td>4/4/24</td>
<td>4/11/24</td>
</tr>
<tr>
<td>Poster creation</td>
<td>4/11/24</td>
<td>4/24/24</td>
</tr>
<tr>
<td>Presentation to unit leadership</td>
<td>4/18/24</td>
<td>4/18/24</td>
</tr>
<tr>
<td>Poster presentations</td>
<td>4/25/24</td>
<td>4/29/24</td>
</tr>
<tr>
<td>Pinning &amp; poster reception</td>
<td>5/15/24</td>
<td>5/15/24</td>
</tr>
<tr>
<td>Graduation</td>
<td>5/17/24</td>
<td>5/17/24</td>
</tr>
</tbody>
</table>
Appendix D

Fishbone Analysis

FISHBONE DIAGRAM: KAISER REDWOOD CITY

Patients
- Patients who are not in a proper state to answer questions/complete survey
- Pt's Family
- Dissemination of nursing knowledge/policies
- Measurement of satisfaction

Providers
- Nurses knowledge of pt satisfaction
- Staff Buy-In

Policy
- Gap in knowledge compared to TJC guidelines
- Approval process of survey

Procedures
- Stroke bulletin board outdated
- Neuro OU

Place

Problem
Nurses unaware of importance of stroke patient satisfaction survey
Appendix E

SWOT Analysis

KAISER REDWOOD CITY

**STRENGTHS**
- Monthly unit meetings
- Team huddles
- Nurses reception to education + willingness to provide feedback
- Leadership support

**WEAKNESSES**
- Challenges in the chain of command for implementation
- Limited time
- Change in leadership roles
- Policy approval process

**OPPORTUNITIES**
- Comprehensive Stroke Certification
- Get With the Guidelines (AHA) Recognition
- Stroke specific orientation

**THREATS**
- Dynamic nature of organizational policy change
- Stroke coordinator TBA
Appendix F

Budget Analysis

Cost Benefit Analysis

Cost:
- CNL salary = 200 hours x $80 = $16,000
- Printing = 100 x $0.20 = $20
  *Surveys and education done during huddle and staff meeting time = no addition training costs

Cost Avoidance:
- TJC fine = $100,000

Savings = $100,000 - $16,020 = $83,980

Same content in a table:

<table>
<thead>
<tr>
<th>Costs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical nurse leader salary</td>
<td>200 hours x $80/hour = $16,000</td>
</tr>
<tr>
<td>Printing</td>
<td>100 pages x $0.20/page = $20</td>
</tr>
<tr>
<td>Staff time for nurse questionnaire and education (done during huddles and monthly staff meeting)</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total Costs** $16,020

<table>
<thead>
<tr>
<th>Cost Avoidance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Joint Commission penalty</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

**Projected Savings** $100,000 – $16,020 = $83,980
Appendix G

Nurse Questionnaire regarding
Stroke Patient Satisfaction Survey (SPSS)

In partnership with

Kaiser Permanente

USF University of San Francisco
Nurse Questionnaire

We are a team of Clinical Nurse Leader (CNL) students from the University of San Francisco (USF). Through our research, we are focused on evaluating nurse awareness and utilization of a Stroke Patient Satisfaction Survey (SPSS). Our collaborative approach emphasizes the importance of partnerships with nurses and patients in completing the SPSS, aiming to elevate the quality of stroke care by fostering increased nurse awareness. We are seeking to gather valuable feedback and insights to enhance the overall quality of care received by stroke patients. Thank you for your participation in our project.

1. Question 1: How significant to quality patient care is patient satisfaction?

   Mark only one oval.
   
   ☐ 1 Not at all significant
   ☐ 2 Not significant
   ☐ 3 Somewhat significant
   ☐ 4 Significant
   ☐ 5 Very significant

2. Question 2: How likely are you to encourage stroke patients or their caregivers to complete a patient satisfaction survey?

   Mark only one oval.
   
   ☐ 1 Extremely Unlikely
   ☐ 2 Unlikely
   ☐ 3 Neutral
   ☐ 4 Likely
   ☐ 5 Extremely Likely
Appendix H

PDSA Worksheet

KAISER REDWOOD CITY

PDSA Cycle

Act
Educate + spread awareness about PSSS
Share questionnaire data/comments to management
Evaluate effectiveness of intervention and make necessary changes

Plan
PICOT/AIM
Create + develop poster and questionnaire to get baseline data
Assess nurse attitudes regarding PSSS

Study
Data analysis:
Compare to baseline and aim statement
Create charts for questionnaire data

Do
Collect data via questionnaire
Present at monthly unit meeting
Collect post-intervention data
Appendix I

Results

Nursing Staff Pre- and Post-intervention Responses: Significance

Nursing Staff Pre- and Post-intervention Responses: Likeliness to Encourage