CLINICAL PROBLEM

- UPMC Northwest, a 180 bed acute care facility, did not have a defined patient care model.
- This project served as a pilot for the hospital.
- Reimbursement from CMS is dependent on higher patient satisfaction scores.

BACKGROUND

- The nurse-patient relationship is the cornerstone of professional nursing practice and a key element in the RBC model.¹
- Establishing a relationship with the patient is important to meet the patient's physical, emotional, psychological, and spiritual needs.²
- Being present with the patient does not require more time but it does require being present in the moment.
- RBC is a therapeutic relationship when the nurse engages with the patient and focuses more on the patient rather than all the tasks that have to be completed.¹
- When nursing care was rated as excellent the overall hospital was rated as excellent 78% of the time. The factors of staff and nursing care are the overall drivers of hospitals receiving excellent ratings.³

One goal of the project was to implement the care provider and patient/family relationship attribute of RBC on a 26-bed telemetry/stroke unit to increase patient satisfaction.

Selected Kristen Swanson's Middle Range Theory of Caring as the nursing department caring theory. "Caring is a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility."⁴ Developed an intervention bundle based on Sharon Dingman's The Caring Model^{™4}: 1. Staff introduction to patient and family. 2. Completion of patient communication boards. 3. Patient goal identification. 4. Sit at patient eye level for goal

The Impact of Relationship-Based Care on Nurse Communication and HCAHPS Results Barbara Jordan, DNP, RN, NEA-BC, National Institutes of Health Clinical Center; Kimberly Stephens, DNP, RN, Waynesburg University; Susan Hoolahan, MSN, RN, NEA-BC, UPMC Passavant; and Diane Sacco, DNP, RN, CPC, CPC-H, URAC

PROJECT GOAL

METHODOLOGY

Obtained grant funding and installed patient communication boards for each patient bed.

| Welcome to 2 North | | Your Doctors: |
|----------------------|---------------------------|---|
| Date: | | |
| four Room # | Your Phone # | Activity Level: |
| Unit Director: | | Diet: |
| Charge Nurse: | | BOLLevel: U 1 2 |
| NURSE Name: | | ROI Level: U 1 2 BED ZONE LOW(1) MED(2) HI(3) |
| NURSING ASSISTANT | Phone: Name: Phone: | 7a/3p 3p/11p 11p/7a Intake Oral: IV: Other: Output |
| Your pain: F | ain management is ou | ır goal |
| Last pain medicatio | on: | |
| Pain medication ca | n be given at : | |
| Goal for the Day | | |
| | | |

- discussion.
- 5. Unit patient goal list.
- 6. Shift huddles.

METRICS

- Patient satisfaction results from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey pre and post project implementation.
- The specific questions in this category are:

-During this hospital stay, how often did nurses treat you with courtesy and respect?

-During this hospital stay, how often did nurses listen carefully to you?

-During this hospital stay, how often did nurses explain things in a way you could understand?

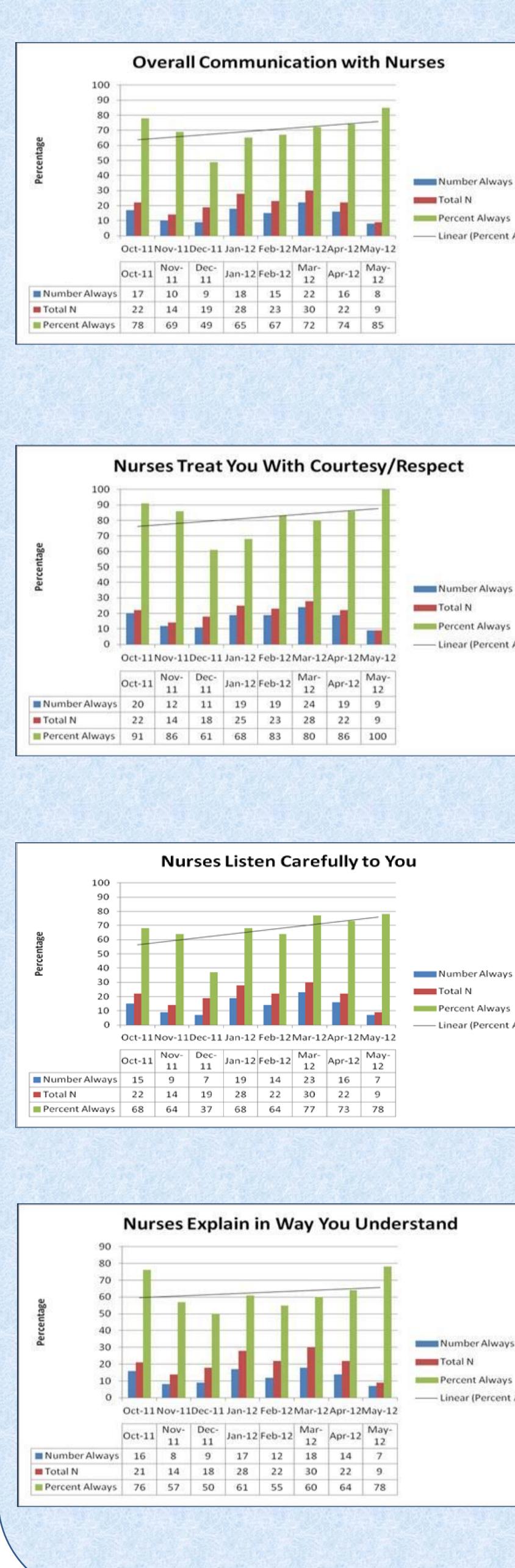
IMPLEMENTATION

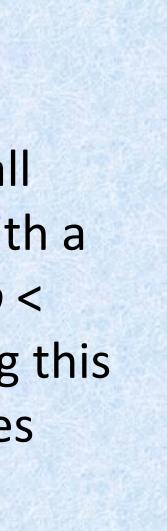
- Provided education sessions for all the intervention bundle, and the shift huddle process.
- Intervention bundle and shift huddles implemented 2/8/12.
- Leadership present at shift huddles during first two weeks of project and then periodically.
- Observations of completed patient communication boards made throughout project and staff reminders to write on the boards provided when necessary.

unit nursing staff on caring theory,

OUTCOMES

Patient satisfaction increased in all areas of nurse communication with a statistically significant increase (p < 0.098) in the response to: "During this hospital stay, how often did nurses listen carefully to you?"





DISCUSSION

- This project led to a change in the way goals are set for patients. The patient and/or family participated in goal setting and felt included in care.
- Shift huddles increased the overall staff communication of patients' experiences and needs.
- Patient communication boards have been purchased for the remaining inpatient units and this work will be spread to the other inpatient units.

ACKNOWLEDGEMENTS

University of Pittsburgh Medical Center (UPMC) Northwest executive leadership, the nursing staff of 2 North, and Sue Bialo.

Waynesburg University.

REFERENCES

1. Koloroutis, M. (2004). Introduction. In M. Koloroutis (Ed.), Relationship-Based Care: A Model for Transforming Practice. Minneapolis, MN: Creative Health Care Management.

2. Bednarski, D. (2009). Integrating a culture of caring into a technologic world. Nephrology Nursing Journal, 36(3), 261-301.

3. Otani, K., Waterman, B., Faulkner, K. M., Boslaugh, S., Burroughs, T. E., & Dunagan, W. C. (2009). Patient satisfaction: Focusing on "excellent". Journal of Healthcare Management, 54(2), 93-103.

4. Felgen, J. (2004). A caring and healing environment. Nursing Administration Quarterly, 28(4), 288-301.

CONTACT INFORMATION Barbara Jordan

301-496-8019 barbara.jordan@nih.gov

Discover America's Research Hospital. The NIH Clinical Center Nursing Department