



Improving Emergency Department Patient Experience Through the Engagement of a Patient and Family Advisory Council to Create and Implement a Patient Rounding Tool

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Introduction

Patient experience is an integral component of hospital quality, and understanding patient experience is necessary for patient-centered care (AHRQ, 2023).

The Emergency Department (ED) is a complex setting that presents many challenges including high patient volumes compared to resources and fluctuating levels of acuity. Major drivers related to ED patient experience included staff-patient communication, ED wait times, staff empathy and compassion, patient demographic factors, and staff clinical competence (Sonis & White, 2020).

Our ED patient satisfaction scores measured via the Emergency Department Consumer Assessment of Healthcare Providers and Systems (ED CAHPS) survey show room for improvement. Leadership rounding is a proactive way to identify issues, reinforce positive behaviors, and demonstrate commitment to patient experience.

Methodology

The aim of the quality improvement project was to engage with a Patient and Family Advisory Council to create a Patient Rounding tool for use in the ED.

The Patient Rounding tool was used to obtain patient feedback, identify concerns, enhance patient comfort, and provide an opportunity for positive staff recognition.

The Assistant Director of Nursing conducted rounding sessions. The goal was to round on forty patients per week. Rounding was timed to interact with day and night shift staff.

Patient Rounding	
Primary nurse Admit/ DC or Unkempt	Room number: BY:
Connect	Introduction and purpose My name is _____ and I am the (nurse). I am here to check in with you regarding your patient experience in the ED. I hope it is okay to ask you some questions regarding your care.
Concerns:	
Are there any concerns that we can address for you at this time?	
Comfort:	<input type="checkbox"/> Cleanliness of Room <input type="checkbox"/> Pillows <input type="checkbox"/> Blankets <input type="checkbox"/> Belongings labeled <input type="checkbox"/> Drink/Food <input type="checkbox"/> Assist to Bathroom <input type="checkbox"/> Call Bell <input type="checkbox"/> Adjust Bed <input type="checkbox"/> Other: _____
Compliments/Kudos:	
We have a great team in the ED. Is there anyone who has taken care of you that you would like to recognize?	
Closing	Thank you for talking with us and please let us know if you have any future concerns.

* Thank your staff prior to rounding to maintain the positive and stability of patient care rounding.
* Feel rounding over the top with staff!
* * Only use names of any concerns that need to be addressed.
* For any compliments, please feedback to staff!

Data

Performance on the ED CAHPS survey will be the primary outcome measurement. The ED CAHPS Survey is designed for adults (18 and older) of hospital-based emergency rooms discharged to home. It includes 35 questions on communication, care, and coordination (Centers for Medicare & Medicaid Services, 2023).

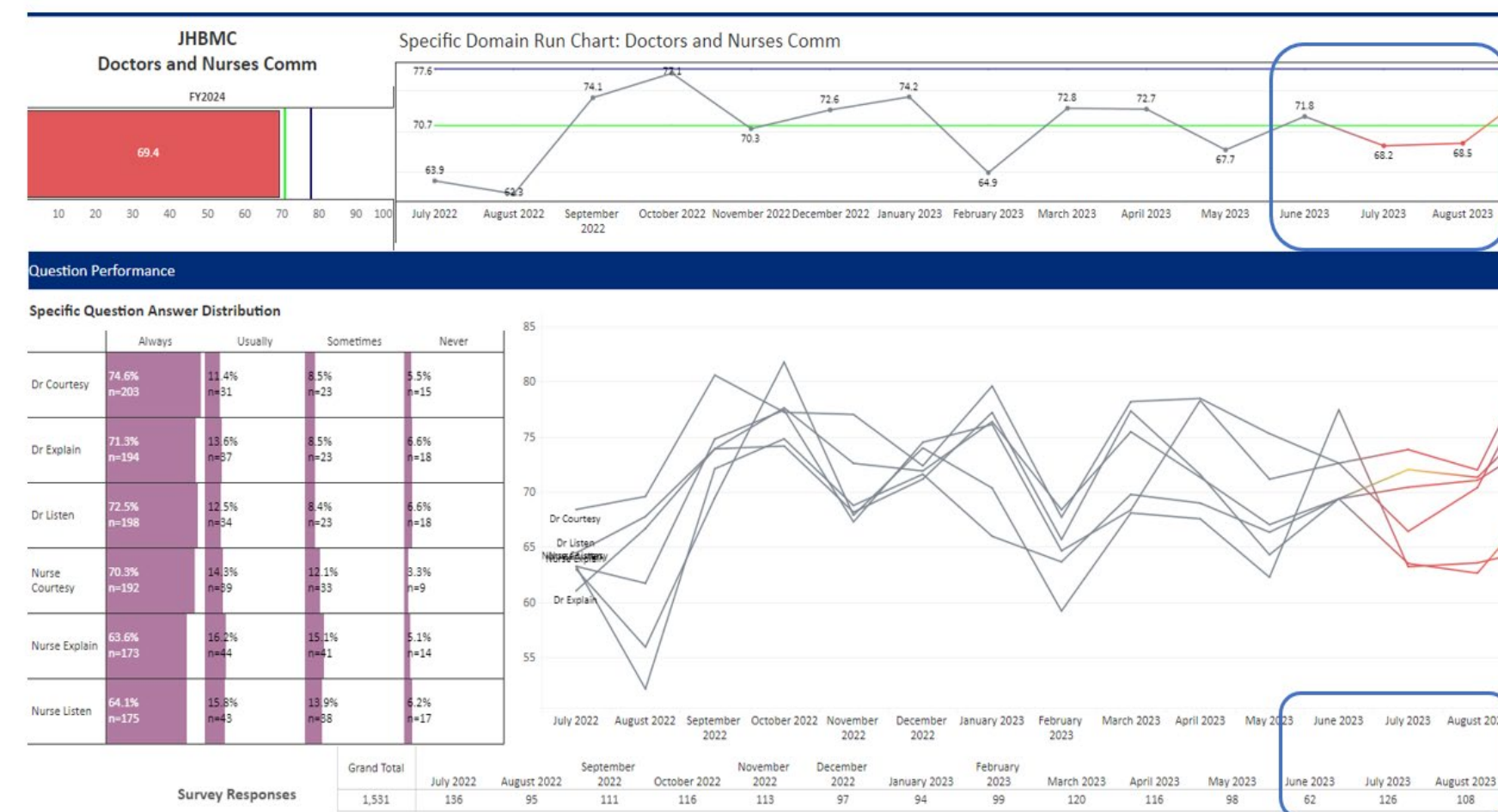
ED CAHPS data was reviewed monthly for the overall cumulative box changes and impact on selected questions. The direct domain this intervention aims to target is Doctor and Nurse Communication:

- Doctors/nurses treat with courtesy and respect
- Doctors/nurses listen carefully to you
- Doctors/nurses explained things in a way you could understand

The rounding tool allows patients to provide kudos to staff members. Recognitions were entered as a formal acknowledgment via the platform "Applause." The number of staff acknowledged during the rounding intervention was tracked.

ED CAHPS: Doctor and Nurse Communication

JHBMC ED CAHPS: Doctors and Nurses Communication



Doctor and Nurse Cumulative Communication FY24 vs. FY23

	FY23	FY24
June	71.6	71.8
July	63.9	68.2
August	62.3	68.5

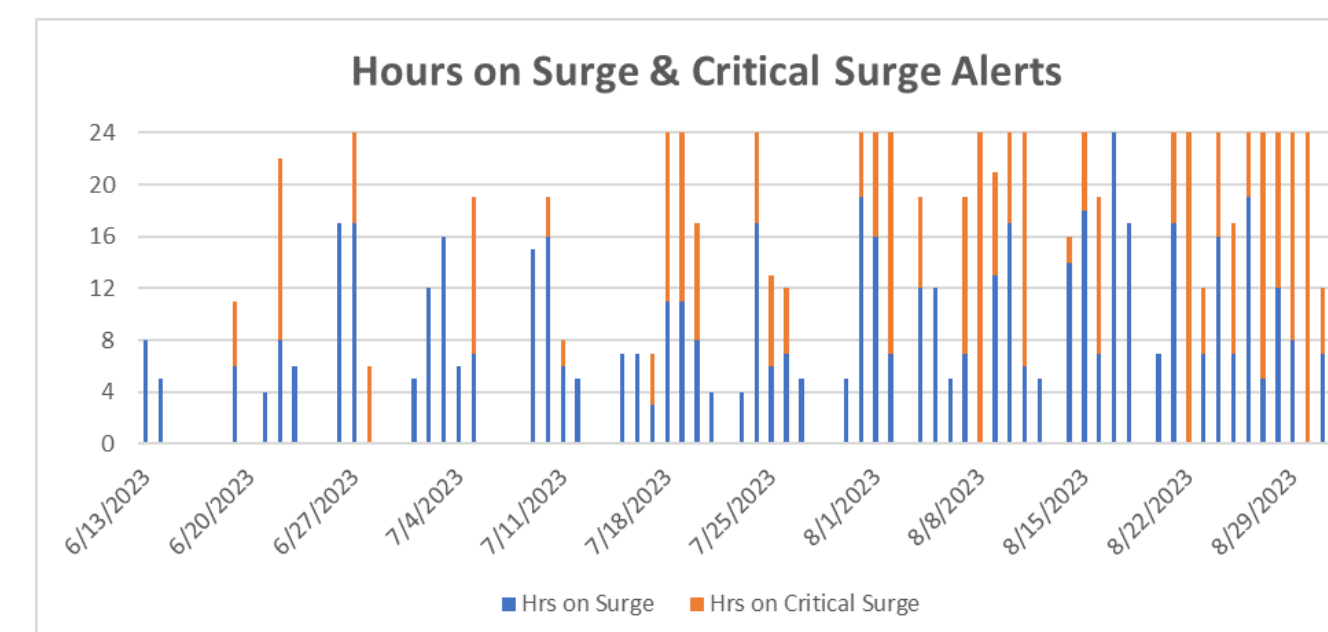
Other Considerations

Word Cloud Patient Concern Section of Rounding Tool



Of the 158 patients who commented on a concern- 82 has feedback regarding the wait time

Capacity Challenges



Hospital Surge and Critical Surge Hours steadily increased from June through August

Results

Using the PFAC-created Patient Rounding tool, five hundred twenty rounding sessions occurred over three months.

The rounding sessions generated 145 recognition opportunities with 88 unique staff recognized.

ED CAHPS, which reflects the patient experience scores of discharged patients, did not show improvement during the intervention period when looking at the data monthly. If you compare the monthly data from FY23 vs FY24 there is a positive increase each month.

Upon review, 68% of the patients rounded on were admitted making them ineligible to fill out the ED CAHPS. It is unknown if this project impacted the hospital's HCAHPS score.



Conclusions

The ED remains a challenging environment in which to provide excellent patient experience. There was a disconnect between the positive comments regarding the staff and the ED CAHPS scores. The approach chosen for rounding led to a high number of nurses involved in the rounding process but did not target the discharged patient population eligible for ED CAHPS.

This quality improvement project did not yield evidence of positively impacting ED CAHPS scores by monthly trend. However, the ED CAHPS data may be impacted by current crowding, as evidenced by patient comments.

A strength of this project was the opportunity for direct recognition. Staff was given positive feedback post-intervention, Applause certifications, and staff received kudos noted in a weekly email summary.

Leadership rounding on patients will continue as a way to connect with staff and provide positive recognition opportunities. The rounding tool allows for a two-way source of communication with patients to identify other potential issues that may impact patient experience. The new partnership with PFAC creates an opportunity to explore interventions to improve patient experience.

Acknowledgments

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References

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