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We Care about What You Think! Optimizing Patient-Family Satisfaction throughout the Heart Center

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Authors

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Background

- Patient and family satisfaction is a significant part of the Children's Health mission.
- Patients in the Heart Center transfer between the Cardiac ICU (CICU) and the Acute Cardiac Care Unit (ACCU) but discharge from ACCU.
- The current satisfaction survey only reflects the discharging department and may not provide satisfaction information regarding the entire admission, including a stay in CICU.
- It is unclear whether the current survey method best evaluates key components essential to family satisfaction.
- Knowing the most influential aspects of patient and family satisfaction could help us optimize our care.

Evidence

Pertinent themes related to patient and family satisfaction:

- Survey participants are more likely to commit more time to filling out surveys if they are in-patient (Gregory et. Al., 2023).
- Most surveys assess patient satisfaction 7-10 days after discharge. This method consistently produces lower response rates among patients and their families, <1%-16.5% (Coleman, Lael N et.al., 2019).
- Both patients and families prefer providing satisfaction ratings at the time of discharge, and children being asked directly. (Coleman, Lael N et. al., 2019)

The Heart Center Family Advisory Committee stated that the following survey attributes would be beneficial in gauging satisfaction:



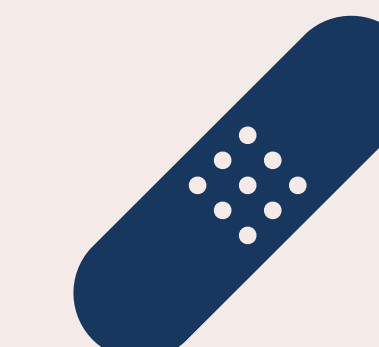
Communication including making sure patients and families understand the diagnosis

Respect between the patient, family, and healthcare workers



Overall patient safety

Caregiver and patient understanding of treatments and cares



The quality of care the patient is receiving

Open ended questions to provide more detailed information



Implications

- Incorporating a survey throughout a patient's length of stay, including both the CICU and ACCU, could allow us to more accurately gauge family satisfaction, giving us the opportunity to provide better patient care using timely feedback.
- Increasing patient and family satisfaction across the Heart Center reinforces Children's mission, to make life better for children, highlights Children's dedication to innovation, and demonstrates our devotion to continuous self-improvement.
- Survey challenges include using a PHI friendly platform, availability of QR code to avoid complaint sessions, monitoring of family responses, providing a timely response to family complaints, and potentially inhibiting response rates to the NRC official survey at discharge.

PICOT Question

In patients and families receiving care in the CICU and ACCU what is the most effective method to evaluate satisfaction throughout the course of an admission in the Heart Center?

Methods

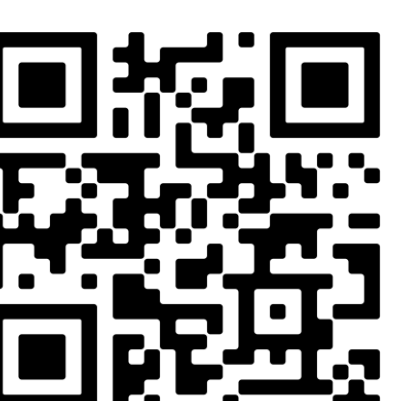
- Literature search and review of methods to measure patient satisfaction
- Crosswalk of Children's Health and Heart Center current processes for evaluating patient satisfaction
- Collaboration with Heart Center leadership to review current patient satisfaction data & collection methods
- Inquiry to Heart Center Family Advisory Council about creating ways to increase participation of patient and family satisfaction surveys
- Inquiry to Heart Center Family Advisory Council focused on preferences

Recommendations

- Evidence suggests we include patients of a certain age in the survey.
- Bring awareness to gaps in surveys by creating a new more accessible survey
- Alter the timing in which surveys are sent to families to receive real time feedback.
- Implement questions that highlight the different units. biting response rates to the NRC official survey at discharge.

Conclusion

- The current survey identified a gap between the two units
- Implementing a survey that reflects a patient and family stay throughout the heart center can help us better gauge their satisfaction
- Having readily available QR code may allow for more timely feedback from families
- Including open ended questions can help the heart center better understand the patient and family's needs

Evidence Table

| Citation (author, date, title, year) | Evidence Type (i.e guideline, benchmark, research) | Sample, size, participants, setting (If applicable) | Findings that help answer the EBP topic/question | Limitations | Evidence Level/ Quality (Melnik and Fineout-Overholt Hierarchy of Evidence) | Notes |
|--|--|--|---|--|---|--|
| <p>Coleman, Lael N., et al. "The child's voice in Satisfaction With Hospital Care." <i>Journal of Pediatric Nursing</i>, vol. 50, 5 Dec. 2019, pp. 113–120, https://doi.org/10.1016/j.pedn.2019.11.007.</p> | <p>Research, qualitative</p> | <p>600 families divided into 2 arms, 362 children and parents (arm 1), 238 parents (arm 2). 24 hours prior to discharge and 10 days following discharge.</p> | <p>Ratings of satisfaction with care in pediatrics exclude the child's voice. The standard approach of surveying family satisfaction post discharge inconsistently produces low response rates. Including a survey with the patient's voice prior to discharge increases response rates.</p> | <p>Only one parent or guardian from each family was included. The other parent could have a different perspective resulting in different answers to the survey questions. Not every discharged family was approached about the study.</p> | <p>Level 2</p> | <p>Including the patient in our satisfaction survey may not be feasible for all patients due to age, however, when able we should also take into account the child's satisfaction and not just the parental satisfaction of the stay. This study conducted surveys within 24 hours prior to transfer, and discharge, as well as 7-10 days post discharge from the facility. Including these multiple points of satisfaction can help determine the quality of care between both units of the heart center and not just the discharging unit.</p> |
| <p>Gregory M, Sova L, Huerta T, McAlearney A Implications for Electronic Surveys in Inpatient Settings Based on Patient Survey Response Patterns: Cross-Sectional Study <i>J Med Internet Res</i> 2023;25:e48236 URL: https://www.jmir.org/2023/1/e48236 DOI: 10.2196/48236</p> | <p>Research, qualitative</p> | <p>Patients in large midwestern US hospital systems 18 years or older, composed of 6 noncancer hospitals.</p> | <p>Research found that a decrease in drop off rates and increase in completion rates occurred in the survey that was shorter in length (drop off was 65.7% compared to 20.2 % in the shortened version). The use of prompted reminders helped patients fill out missing information on the page before continuing to the next, significantly reducing the amount of missing</p> | <p>Limitations included only using hospitalized patients and not outpatient or other settings. The study was only conducted on Samsung tablets given to patients and additional research needs to be done to compare computer and mobile phone survey results. Additionally this study used surveys completed by patients themselves, but in different cases family or</p> | <p>Level 3</p> | <p>Limitations included only using hospitalized patients and not outpatient or other settings. The study was only conducted on Samsung tablets given to patients and additional research needs to be done to compare computer and mobile phone survey results. Additionally this study used surveys completed by patients themselves, but in different cases family or</p> |

Evidence Table Cont.

| Citation (author, date, title, year) | Evidence Type (i.e guideline, benchmark, research) | Sample, size, participants, setting (If applicable) | Findings that help answer the EBP topic/question | Limitations | Evidence Level/ Quality (Melnik and Fineout-Overholt Hierarchy of Evidence) | Notes |
|---|--|---|---|--|---|--|
| <p>Manna, J. (2021). Implementing the pediatric family satisfaction in the Intensive Care Unit (ICU) survey in a pediatric cardiac ICU. <i>American Journal of Critical Care</i>, 30(3), 230-236.</p> | <p>Quality Improvement</p> | <p>A Pediatric Cardiac Intensive Care Unit gave the Pediatric Family Satisfaction in the Intensive Care Unit (pFS-ICU) survey to patients/families at transfer or discharge over a 6 month period. Overall 61% response rate.</p> | <p>61% overall response rate to pFS-ICU compared to a 0% response rate to the HCAHPS survey in the year. The unit was able to look at the lowest scoring questions, and review literature to implement quality improvement (QI) projects. The nurses on the PCICU also only had a 33% rate of understanding the HCAHPS survey while having a 100% satisfaction and understanding of how to use the pFS-ICU scale. The unit created a unit council for this and met every two weeks to discuss the results from these surveys and how they can improve. There is also the "Family Satisfaction with Care in Step Down Units" tool that can be used to continue surveying families as they transition care throughout the heart center.</p> | <p>The main barrier to this study was staff forgetting to administer the survey, and therefore leaving out potential evidence.</p> | <p>Level 6</p> | <p>There are two surveys (one of them used in this study), one for the ICU and one for the Stepdown. This could be really beneficial to the Heart Center, as it can track family satisfaction through their inpatient stay. This specific article demonstrates the pFS-ICU survey in action and shows compared to their old survey (Child HCAHPS) how it statistically has done better at measuring patient satisfaction during the patients stay.</p> |
| <p>Quigley, D. D., Palimaru, A., Lerner, C., & Hays, R. D. (2020, March 1). A review of best practices for monitoring and improving inpatient pediatric patient experiences. <i>American Academy of Pediatrics</i>. https://publications.aap.org/hospitalpediatrics/article/10/3/277/26031/A-Review-of-Best-Practices-for-Monitoring-and?autologincheck=redirected</p> | <p>Literature Review</p> | <p>62 Articles from the USA, Canada, and the UK. With 25 included in the research selection.</p> | <p>Nurse communication with the child and parents or guardians. The impact of team huddles. Pediatric physicians who are directly accountable to senior leadership were more likely to engage in QI initiatives.</p> | <p>The size of the study and the limited amount of pediatric inpatient information to collect.</p> | <p>Level 6</p> | <p>There are two gaps in the QI and patient experience literature: 1. Insufficient evaluation of the relationship between quality measures and patient reported health outcomes. 2. More rigorous or multisite studies are needed to identify specific barriers and facilitators by staff using patient experience data. 3. Importance of nurse bedside communication with the child and parents or</p> |

Coleman, Lael N., et al. "The child's voice in Satisfaction With Hospital Care." *Journal of Pediatric Nursing*, vol. 50, 5 Dec. 2019, pp. 113–120, <https://doi.org/10.1016/j.pedn.2019.11.00>

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