Introduction

• Barriers to establishing patient preferences through the care delivery process are increased when patients have cognitive impairments or dysphagia.

• Getting to know the patient as a person is inconsistent preventing the connections needed for a true nurse-patient relationship. This has a negative affect on perceptions of care including nursing communication.

Purpose

• The purpose of this study was to improve patient perceptions related to nursing communication by implementing a tool which would assist nurses to know their patient’s story as a person.

• Allowing patients families to be involved by assisting in the transition to hospitalization by providing the patient preference may allow for a deeper connection and genuine caring experience.

Approach

• Lean methodology was utilized to identify current and future states, root causes and to identify testable improvement strategies which were implemented on three pilot units.

• The pilot included the neuro-stroke unit, Neuro intensive care unit and geriatric psych unit.

• Laminated Sunflower tools were created with the patient name at the center and each petal revealing a patient attribute. The sunflowers were posted in each patient room and completed with the assistance of the patient or available family on admission.

• HCAHPS patient engagement data for nursing communication was the measurement for improvement.

• Pre data was established for the first quarter of 2018 and implementation occurred during the second quarter 2018. Staff education was done by the geriatric resource nurses for the units via simulation.

Results

• All three units showed improvements in in HCAHPS scores for nursing communication post implementation in 2nd quarter 2018.

• The Neuro – stroke unit had a baseline percentile of 72.2 1st quarter with a rise to 75.8 in the 3rd quarter, 76.4 in the fourth quarter 2018 and 76.6 1st quarter 2019. The Geriatric psych unit had a baseline of 77.8 with a rise to 78.8 third quarter, 83.7 fourth quarter and 80.3 the first quarter 2019. The Neuro Critical Care Unit had a baseline of 77.9 with a rise to 90.5 third quarter 2018 and 100 for both the fourth quarter 2018 and first quarter 2019.

• Neuro Critical Care unit received fewer surveys 4th quarter 2018 and 1st quarter 2019 which may explain the disproportional rise on that unit compared to the other units. NCCU also chose to implement the sunflower on paper for ease of use.

Discussion

• Feeling cared for is a positive emotion developed through connection and caring relationships. Caring is reciprocal in nature- When one truly cares for others, others tend to care in return.

• The sunflower tool allows for discovery and sharing between nurse and patient.

Implications for Practice

• As individualized patient care is beneficial to all patients, this tool can be transitioned to various care settings and populations.

• Healthcare situations places patients and families in dependent relationships in authority. Patients and families may be afraid to speak up, impeding communication and jeopardizing safety. Using a tool to support communication related to preferences can aide in evening out the power gradient between patient and caregiver (Duffy, 2013, Wolf et al, 2014).

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References

