

TL11EO – VISIBILITY, ACCESSIBILITY, AND COMMUNICATION

Using the required empirical outcomes (EO) presentation format, provide one example of an improved outcome where a clinical nurse(s) used data to advocate for the acquisition of a resource, in support of the care delivery system(s).

Problem

At NewYork-Presbyterian/Columbia University Irving Medical Center (NYP/Columbia), clinical nurses in the Neuro Medical (8HN-605128) [8HN] Unit identified a decline in patient satisfaction scores for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient satisfaction survey question, “Call button help as soon as wanted it” (call button help). Since nursing practices in this setting are focused on patients with cognitive impairment and a higher level of need with activities of daily living, the team recognized the urgency for improving patient experience related to nursing’s timely response to patient calls for help.

Pre-Intervention

February 2021:

- The February 2021 “% always” response score for the HCAHPS patient satisfaction survey question, “call button help,” on 8HN was 50.0.
- Clinical nurses Marsha Andrade, BSN, RN; Allison Turner, BSN, CNRN, RN; and Danielle Desantola, BSN, RN; expressed to Emily Anderson, MSN, RN, CNRN, Patient Care Director (nurse manager, at the time), 8HN, that their current clinical nurse staffing was negatively impacting their ability to respond to patient calls in a timely manner. Ms. Anderson provided Ms. Andrade, Ms. Turner, and Ms. Desantola data on 8HN RN full-time equivalents (FTEs) to evaluate registered clinical nurse (RN) resources and determine a solution. Ms. Andrade, Ms. Turner, and Ms. Desantola reviewed the data, which revealed the following:
 - In 2020, actual RN FTEs working on the unit totaled 34.33
 - The unit was budgeted for 36.50 RN FTEs for 2020

- The unit was understaffed by 2.17 RN FTEs as a result of a vacancy and a leave of absence
 - The RN overtime expense was at 400 percent over the unit’s budget
 - High percentage of RNs were filling out missed meal forms every shift, indicating that they were working through meal breaks.
- This data supported Ms. Andrade, Ms. Turner, and Ms. Desantola’s observation that the clinical nurses on the unit were understaffed, impeding their ability to respond to call buttons in a timely manner during every shift. The sheer volume of calls competed with documentation and other administrative work that had to be completed by the end of the clinical nurse’s shift.
 - Based on this data, Ms. Andrade, Ms. Turner, and Ms. Desantola determined that an opportunity existed to advocate for the addition of clinical nurse FTEs to support the care delivery system of patient- and family-centered care on 8HN.

Goal Statement

To increase the “% always” response score for the HCAHPS patient satisfaction survey question, “call button help,” on 8HN

Participants

Name/ Credentials	Discipline	Title	Department/Unit
Marsha Andrade, BSN, RN	Nursing	Clinical Nurse	8HN
Allison Turner, BSN, CNRN, RN	Nursing	Clinical Nurse (at the time)	8HN
Danielle Desantola, BSN, RN	Nursing	Clinical Nurse (at the time)	8HN
Emily Anderson, MSN, RN, CNRN	Nursing	Patient Care Director (nurse manager, at the time)	8HN
Emily Jackson, MBOE, BSN, RN, NEA-BC	Nursing	Director of Nursing (at the time)	Nursing, Medicine and Neuroscience

Intervention

March – April 2021:

- Ms. Andrade, Ms. Turner, and Ms. Desantola advocated for the acquisition of additional clinical nurses to support patient- and family-centered care on 8HN

during the Professional Practice Committee allocation meeting. The Professional Practice Committee is responsible for clinical staffing effectiveness and other related issues. This committee consists of organizational leadership, clinical nurses, and New York State Nurses Association (NYSNA) representative. During the meeting, Ms. Anderson strengthened the proposal when she provided additional data in the form of 8HN's case mix index (CMI) report that showed an increase in the unit's patient acuity over prior years.

The Professional Practice Committee reviewed the data and determined that 8HN required one additional clinical RN per census level. This translated to a request of 5.2 total RN FTEs, or 2.6 RN FTEs per shift.

Impact Statement: Advocacy actions by clinical nurses demonstrate the influence of empowered nurses to drive change based on data. Adequate staff ensured timely and effective responses to inquiries, emergencies, and service requests from patients and families, supporting patient- and family-centered care. This contributed to the increased “% always” response scores for the HCAHPS patient satisfaction survey question, “call button help,” on 8HN.

May 2021:

- Emily Jackson, MBOE, BSN, RN, NEA-BC, Director of Nursing (at the time), shared that because of the advocacy by Ms. Andrade, Ms. Turner, and Ms. Desantola to the Professional Practice Committee for the acquisition of additional clinical nurse resources, 8HN was approved for the allocation of 5.2 RN FTEs.

Impact Statement: A well-staffed team was able to attend to patient call lights and address patient needs promptly. This patient- and family-centered care led to increased “% always” response scores for the HCAHPS patient satisfaction survey question, “call button help,” on 8HN.

June – September 2021:

- 8HN nurses focused on recruitment, facilitated by the Talent Acquisition department and Ms. Anderson. Talent Acquisition undertook the initial screening of candidates for the positions. Subsequently, Ms. Anderson reviewed the candidates' resumes and advanced them for interviews with both herself and clinical nurse members of the unit council. Following thorough deliberation with Talent Acquisition and the clinical nurse member of the unit council, Ms. Anderson granted approval for the hiring of selected RN candidates.

Two of the five new FTEs were hired in August, while the remaining positions were filled by the end of September.

The acquisition of the 5.2 total RN FTEs allowed for the 8HN staffing grid to increase by one RN per census level, which were included in the final 2021 allocation agreement between NewYork-Presbyterian (NYP) and NYSNA.

Impact Statement: Effective recruitment practices which optimized the voice of clinical nurses resulted in the hiring of top caliber RNs, which contributed to a responsive and attentive nursing team delivering patient- and family-centered care on 8HN. This ultimately contributed to increased “% always” response scores for the HCAHPS patient satisfaction survey question, “call button help”, on 8HN.

October – December 2021:

- 8HN clinical nurses actively transitioned the newly onboarded clinical nurses to the work environment. Nursing unit orientation included a focus on nurse-sensitive indicators, including “Call button help as soon as wanted it” within the Responsiveness of Hospital Staff Domain of the HCAHPS survey.

The five newly hired RNs completed orientation by December 31, 2021 and were integrated into patient care assignments.

Impact Statement: Proper onboarding contributed to a timely and efficient response to call bells, as new clinical nurses were well-prepared and knowledgeable about patient needs and NYP/Columbia’s patient- and family-centered care delivery model. They began taking their own assignments and working with the team leading to increased “% always” response scores for the HCAHPS patient satisfaction survey question, “call button help,” on 8HN.

○ **Key references:**

Birkelien, Natalie L. (2019). A Strategic Framework for Improving the Patient Experience in Hospitals. *Journal of Healthcare Management* 62(4), p 250-259, July/August 2017. <https://doi.org/10.1097/jhm-d-17-00071>

Kutney-Lee, A., McHugh, M. D., Sloane, D. M., Cimiotti, J. P., Flynn, L., Neff, D. F., & Aiken, L. H. (2009). Nursing: A Key to Patient Satisfaction. *Health Affairs* (Project Hope), 28(4), w669–w677. <https://doi.org/10.1377/hlthaff.28.4.w669>

Outcome

TL11EO 8HN HCAHPS "% Always" Response Score for Call Button Help

