

Improved HCAHP Scores and a DEU Culture of Excellence

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***Abstract***

Two city hospitals launched Dedicated Education Units (DEUs) in collaboration with a Midwest state university. The culture of excellence created by the academic practice partnership produced an improvement in patient satisfaction scores at both hospitals. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores improved dramatically within one month of DEU launch. This manuscript presents the pre- and post- DEU HCAHPS scores and relates surprising trending with student presence on the units.

### ***Improved HCAHP Scores and a DEU Culture of Excellence***

The nursing literature reports multiple avenues of tracking Dedicated Education Unit (DEU) outcomes. However, there are few reports that address quantitative outcomes. Two city hospitals launched DEUs in collaboration with a Midwest state university. A comprehensive tracking agenda for all stakeholders' outcomes was agreed upon within the academic practice partnership. One of the surprise early outcomes was an increase in patient satisfaction scores within one month of DEU launch at both medical facilities. This manuscript will describe increases in patient satisfaction as a reflection of the culture of excellence created within the DEU academic practice partnership.

### ***Dedicated Education Units***

DEUs represent an innovative academic practice partnership designed to optimize clinical placement opportunities for student nurses by utilizing the expertise of staff nurses.<sup>1</sup> The DEU model of clinical education allows greater clinical placement opportunities by virtue of being promised to, or dedicated to, only one school of nursing. Typically the units are not shared with other schools of nursing, promoting a greater depth of understanding by the nursing staff of the nursing school's progression of courses, clinical expectations, and student abilities. The members of the academic practice partnership collaborate together to create an optimal learning environment which is satisfactory for both the practice environment and the school of nursing. Nursing literature documents multiple outcomes from the DEU clinical model including the ability to increase nursing school enrollment, an increase in student confidence with patient care skills, and an increase in student attainment of quality and safety competencies.<sup>2,3,4</sup>

Most nursing studies report qualitative outcomes of DEUs. Only one article reports a DEU's influence on patient satisfaction scores. Castner, Ceravolo, Tomasov, & Mariano<sup>5</sup> compared scores of units with traditional clinical groups with the scores of units that have adopted the DEU clinical model. The article reports no statistical difference between the two different models of clinical education with respect to influencing patient satisfaction scores. However, the authors noted trends that may indicate that the DEU model could have impact on patient satisfaction scores.

### ***Visioning Outcomes***

While in the planning phases to implement the DEUs, both sites enlisted staff members to draft vision or mission statements. As evident in the statements cited below, quality patient outcomes were a goal from the very beginning.

Vision statement site A: Our vision is to improve patient outcomes, nurse recruitment and nurse retention by fostering a positive environment for student learning and professional development through collaboration between nurse leaders, staff, students and faculty.

Mission statement site B: Our Mission is to create a learning environment that facilitates holistic care through compassion and knowledge; to go above and beyond to exceed expectations and achieve the Highest Quality Patient Outcomes. TOGETHER, we strive to strengthen our evidence based practice through continuous research and innovation dedicated to life-long learning. By forming a habit of Excellence, we create professionals who will lead and shape the future of nursing

The practice partners planned to collect data on multiple quality indicators to support the cost-benefit analysis for launching the DEUs, as well as, the direct and indirect costs of maintaining DEUs. Patient satisfaction was among the quality items slated to be analyzed. Both hospitals use the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to track this outcome.

A Healthcare Community of Practice theoretical model was adopted by the academic practice partnership to frame interactions, knowledge management, and outcomes. Within a Healthcare Community of Practice, members collaborate to enhance practice in the healthcare environment, promote professional expertise, and work together to generate new knowledge such as projects that benefit all members and stakeholders.<sup>6</sup> Improved patient satisfaction results from provider collaboration and provider expertise could be a result of process improvement projects. The theoretical model, a Healthcare Community of Practice, provided the framework to operationalize the academic practice partnership and frame outcomes of the DEU such as, patient satisfaction scores.

### ***HCAHPS Scores***

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey was developed by the Centers for Medicare & Medicaid Services (CMS) in partnership with the Agency for Healthcare Research and Quality (AHRQ). Implemented in 2006 as a survey instrument and data collection methodology to measure patients' perceptions of their hospital experience, the HCAHPS instrument is the first nationally standardized, publicly reported, survey of patients' perspective of hospital care. While many hospitals utilized patient satisfaction surveys for their own internal use, there was no national standard for collecting and publicly reporting of this information. The HCAHPS survey allowed for hospitals to make valid comparisons about the patient experience of care locally, regionally, and nationally.<sup>7</sup>

There are three broad goals of HCAHPS. The first goal is to produce data about the patients' perspectives of care that allows objective and meaningful comparisons of hospitals. Second, public reporting of this information creates incentives for hospitals to improve quality of care. Third, the public reporting has led to total transparency of the quality of hospital care provided.<sup>7</sup> The survey is administered to discharged patients that meet certain criteria and asks 32 questions about their recent hospital stay. These questions are then lumped into eight domains: Global Domain (Overall Rating), Communication with Nurses, Responsiveness of Hospital Staff, Communication with Doctors, Pain Management, Communication about Medications, Overall Hospital Environment, and Discharge Information. The questions are scored based on the patients' perception of care as never, sometimes, usually, and always. The percent "always" is what organizations measure and report.<sup>7</sup>

The HCAHPS survey results form the basis for the Patient Experience of Care domain in the Hospital Value-Based Purchasing program. Hospitals must publicly report HCAHPS data to receive their full inpatient prospective payment (IPPS) annual payment update (APU). Hospitals that fail to report the required quality measures may receive a reduction in APU payments.<sup>7</sup>

### ***Early Results***

Within one month of DEU launch, both unit managers reported dramatic increases in HCAHPS scores. Site A documented an increase from meeting only two of the benchmarks one month pre-DEU launch to meeting all the

benchmarks one month post DEU launch. Site B did not meet any benchmarks one month pre-DEU, but within one month post DEU launch met the benchmarks in all eight domains. Table 1 contains the results from both units' one month pre-and post DEU launch. Three month cumulative tracking resulted in Site A improving HCAHPS from a baseline of meeting the benchmark in only two of the eight domains to meeting the benchmark in two domains and exceeding the benchmark in five domains with significant improvement in the remaining domain. The Appendix contains line graphs depicting each unit's improvement with HCAHPS scores. Overall, Site A had a 16.1% improvement in HCAHPS scores and Site B had a similar, 16.8%, improvement.

Table 1

HCAHPS scores one month pre and post DEU launch

HCAHPS Category	Site A 1 month Pre DEU	Site A 1 month Post DEU	Site B 1 month Pre DEU	Site B 1 month Post DEU
Overall Rating of Hospital	62.5	75.0	52.0	80.0%
Communication with Nurses	76.5	88.4	70.7	90.3%
Responsiveness of Staff	51.1	65.2	59.6	72.3%
Communication with Doctors	58.7	91.7	81.3	91.4%
Hospital Environment Clean/Quiet	73.5	75.0	56.0	71.4%
Management of Pain	79.2	80.0	66.7	76.1%
Communication Regarding Medications	33.3	75.0	46.2	63.9%
Received Discharge Information	79.0	91.6	65.9	87.1%

*Benchmarks are specific to each facility. Gray shading signifies not meeting the benchmark. White signifies meeting the benchmark*

No statistical inferences could be drawn regarding the relationship of students present on the units and the improvement of patient satisfaction scores because of insufficient monthly samples of scores. However, trending of monthly scores when overlaid with student presence on the units revealed indications of early correlations. Table 2 reflects trends of improvements with the DEU model. Scores remained elevated during the spring 2013 pilot semester with nursing students in the second medical/ surgical rotation through another pilot during May and June with senior-level nursing students in their fourth medical/surgical rotation. There were no students on either of the DEUs for the months of July and August. HCAHPS scores for those months reflected a drop to meeting five or less of the benchmarks. For Site B, July's scores registered only meeting two of the eight benchmarks. In the Fall,

students in the first medical /surgical course were placed on both DEUs in the traditional clinical model. Scores improved slightly. As the students in the first medical/ surgical rotation gained competence and confidence in patient care, they were paired with staff RNs as described in the DEU model. At this time, the scores for Site B improved again. Table 2 includes Site B's monthly scores correlated with student presence on the unit. Site A produced similar outcomes until mid-September when the institution implemented a new electronic medical health record system confounding the tracking of student impact.

Table 2 Site B One Year Trending Results

	Launch DEU		DEU Seniors	DEU Seniors	NO Students	NO Students	Traditional Model	Traditional Model	DEU + Trad	DEU + Trad	DEU	DEU
Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
52.0%	74%	80.0%	90.9%	80.0%	68.4%	81.5%	66.7%	60.9%	78.9%	84.2%	88.0%	78.6%
70.7%	80%	90.3%	93.7%	88.5%	82.5%	81.5%	90.8%	70.3%	93.0%	80.4%	86.7%	83.1%
59.6%	61%	72.3%	90.4%	72.5%	52.0%	59.6%	57.2%	51.2%	79.5%	87.3%	54.2%	67.9%
81.3%	83%	91.4%	80.0%	87.2%	63.2%	82.2%	88.9%	64.2%	92.9%	68.4%	78.7%	80.6%
56.0%	72%	71.4%	70.0%	73.1%	65.8%	57.4%	66.7%	58.3%	52.6%	72.4%	72.0%	73.2%
66.7%	70%	76.1%	63.6%	72.6%	65.4%	69.4%	81.2%	48.1%	83.3%	78.0%	64.7%	76.5%
46.2%	63%	63.9%	64.3%	64.7%	45.8%	81.2%	75.0%	63.3%	43.1%	51.8%	73.5%	59.3%
65.9%	78%	87.1%	92.5%	93.1%	88.2%	86.5%	80.0%	88.8%	89.3%	77.8%	95.8%	88.7%

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Gray signifies not meeting the benchmark. White signifies meeting the benchmark. Star indicates DEU launch. First black arrow indicates no students on the unit. Second black arrow indicates a traditional model of student placements. The first white arrow indicates a mix of traditional and DEU placements. The second white arrow indicates placements using only the DEU model.

### **Influencing Factors**

The academic practice partnership suggests that the early dramatic improvement in patient satisfaction scores is related to the culture of excellence created within the Healthcare Community of Practice framework. Several influencing factors have been proposed as the source for this culture of excellence. The first factor takes into account the staff's desire to be professional role models for the nursing students. The staff recognizes the importance of portraying standards of care and professional deportment in the shaping of nursing student's image of nursing as well as in the development of nursing student's values toward quality care. The consistent placement of

students placed on the DEUs for full twelve hour shifts, on all three shifts including weekends, encouraged all the DEU staff to become role models.

The second influencing factor is the school of nursing's mandate for teaching best practice protocols and principles. Not only do the students learn the most current evidence-based practice in the classroom but also best teaching principles are embedded in clinical education. The staff nurses on the DEUs are educated about student clinical objectives and instructed in the art of clinical instruction within an eight hour workshop that is hosted by school of nursing faculty. During the workshop, staff nurses are taught the expectations for students in upholding best practice interventions and quality of care considerations. For example, students are expected to explain to the patient each medication as they are opening the packet and placing the medication in the pill cup. The students must include significant side effects and use teach- back methodology to determine patient comprehension. Anecdotally, unit managers and school of nursing faculty have observed that not only the nurses who are assigned students but all nurses have adopted this method of explaining medications to patients. This quality measure is realized in the HCAHPS domain of "communication about medications". Site A improved within this domain from 33.3% of patients reporting that they agreed that the nurse always communicated about medications pre-DEU to 75% one month post DEU. Site B recorded similar improvement in this domain with 46.2% of patients claiming that the nurse always communicated about medications pre-DEU to 63.9% post DEU.

The third influencing factor reflects the nature of the student experience on the DEUs. Within the Healthcare Community of Practice, the DEU staff embraces the students as active members of the team rather than guests or observers on the unit. Student input is sought regarding patient plans of care as well as unit evidence-based projects and quality improvement initiatives. Including the students as part of the care team enhances communication within the nurse-student dyads, within interprofessional teams, and across care transitions. There is evidence of reciprocal learning as students offer their expertise of how to conduct evidence-based literature reviews that enhance unit quality and safety initiatives.



**Summary**

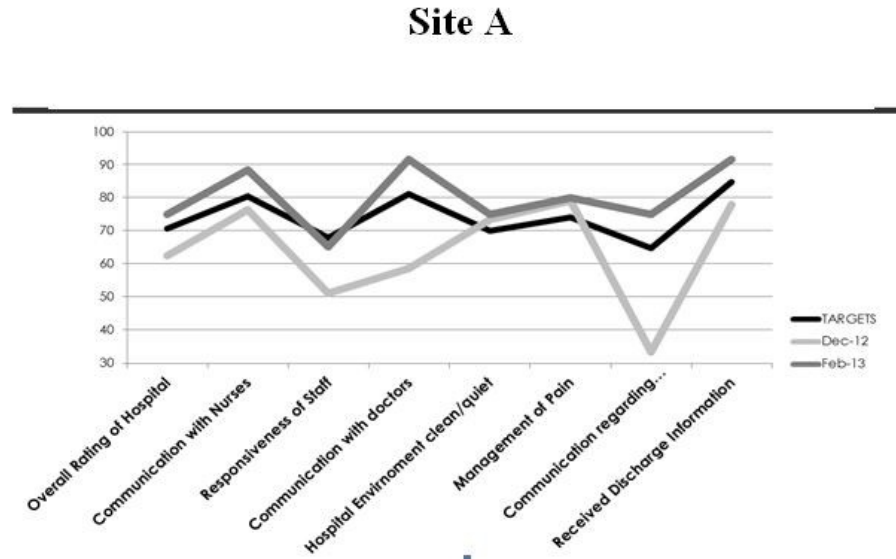
Through the academic-practice partnership, a culture of excellence has been created where students have the opportunity to impact practice and patient satisfaction. Results of the HCAHPs surveys demonstrate a fulfillment of the DEU theoretical model, a Healthcare Community of Practice, and both hospital units' mission statements.

**References**

1. Murray T, Crain C, Meyer G, McDonough M, Schweiss D. Building bridges: an innovative academic-service partnership. *Nursing Outlook* [serial online]. September 2010;58(5):252-26.
2. McKown T, McKown L, Webb S. Using quality and safety education for nurses to guide clinical teaching on a new dedicated education unit. *The Journal of Nursing Education* [serial online]. December 2011;50(12):706-710.
3. Moscato S, Miller J, Logsdon K, Weinberg S, Chorpenning L. Dedicated Education Unit: an innovative clinical partner education model. *Nursing Outlook* [serial online]. January 2007;55(1):31-37.
4. Ranse K, Grealish L. Nursing students' perceptions of learning in the clinical setting of the Dedicated Education Unit. *Journal of Advanced Nursing* [serial online]. April 2007;58(2):171-179.
5. Castner J, Ceravolo D, Tomasov B, Mariano K. Dedicated educational units: what's the impact on patient satisfaction?. *Nursing Management* [serial online]. April 2012;43(4):14-18.
6. Seibert, S. The meaning of a Healthcare Community of Practice. *Nursing Forum*. 2015; 50(2): 69-74.  
doi:<http://dx.doi.org/10.1111/nuf.12065>
7. Hospital Consumer Assessment of Healthcare Providers and Systems. CAHPS Hospital Survey. Retrieved 2014. from <http://www.hcahponline.org/home.aspx>

Appendix

Line graph Site A St. Mary's DEU pre and post launch HCAHPs scores



Line graph Site B Deaconess DEU pre and post launch HCAHPs scores

