Needs-Based Organizational Assessment Project

Student

Chamberlain College of Nursing

NR711: Fiscal Analysis and Project Management

Needs-Based Organizational Assessment Project

A Doctor of Nursing Practice [DNP] practicum project must be limited in scope due to time constraints (Waldrop, Caruso, Fuchs, & Hypes, 2014). Yet, such a project must still meet the American Association Colleges of Nursing (AACN, 2006 &2015) criteria: consistency with the host facility's mission and goals; frugality of design; relevancy to the assessed need; empowering of interdisciplinary collaboration; measurable; and supportive of improved outcomes (Waldrop et al., 2014). During a DNP health policy course, a needs assessment was performed as part of a policy analysis project (xxxxxxx, 2018a; 2018b). The purpose of this project is to amplify that previous analysis. Therefore, this paper will open with an explication of the proposed project, the relevant need within the facility of interest, and the results of a SWOT analysis. Next, the resources available to address the problem, the plans for outcome measurement, and the recognized stakeholders will be shared. Then, in conclusion, a summary of key analysis findings will be offered.

Identification of the Problem or Need

Low scores on the Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS] surveys (Centers for Medicaid and Medicare Services [CMS], 2017) are an ongoing concern for the student's host site: a 250-bed acute care facility in the rural Southeastern US. Of special concern to nursing leadership are low scores for questions regarding nursing communication of medication information. Despite multiple interventions aimed at increasing such communication, the student has observed that front-line staff continue to depend on written medication information as a matter of expediency. Bowen, Rotz, Patterson, and Sen (2017) reported this as a nationwide problem attributable to several factors: nurses are unaware of the extent of illiteracy, non-numeracy, and low health literacy [LHL]; nurses assume if the patient

can sign his/her name, that he/she can read; and the reduction in the average length of stay [LOS] has obligated nurses to truncate discharge instructions. Yet illiteracy, non-numeracy, and LHL are common in the southeast (Medical University of South Carolina [MUSC], 2018; South Carolina Department of Health and Environmental Control SCDEHEC], 2017), making inadequate nursing communication of medication information an important quality and safety issue (Brega et al., 2015; Centers for Disease Control and Prevention [CDC], 2015; Mantwill, Monestel-Umaña, & Schulz, 2015; Rikard, Thompson, McKinney, & Beauchamp, 2016; Stikes, Arterberry, & Logsdon, 2015; The Joint Commission [TJC], 2014, 2015; U.S. Department of Health and Human Services/ Office of Disease Prevention and Health Promotion, 2018). In addition, it has been repeatedly implicated in avoidable emergency department [ED] visits and readmissions to acute care (Brega et al., 2015; Suter & Suter, 2018; TJC, 2014). At first glance, the financial ramifications of unaddressed LHL may not be as obvious or seem as deserving of attention as other pressing healthcare concerns (Jones & Roussel, 2016). Yet avoidable ED encounters and readmissions, as well as customer dissatisfaction, lead to reduced provider compensation (Kahn, Iannuzzi, Stassen, Bankey & Gestring, 2015; Kennedy, 2017). Clearly, consistent low HCAHPS scores indicate change is needed (Kennedy, 2017).

A closer inspection of HCAHPS question #17 revealed an important clue. The question reads, “Before giving you any new medicine, how often did hospital staff describe possible side effects *in a way you could understand*?” [emphasis mine] (CMS, 2017, HCAHPS V13.0 Appendix A). What is needed is a means of communicating medication side effects that is high profile, portable, and understandable regardless of one’s literacy, numeracy, or primary language (Doak, Doak, & Root, 1996; Gillam, Gillam, Casler, & Curcio, 2016; Kahn et al., 2015; Suter &

Suter, 2018). Any applied intervention should also blend seamlessly with current nursing workflow patterns to gain nursing support (Bowen et al., 2017; Gillam et al., 2016).

Recent scholarly literature revealed multiple approaches to the problem (xxxxx, 2018a). Many of the articles contained validated tools available for use, which had been used successfully in their respective settings. One of these, the Gillam et al. (2016) two-part intervention was especially appropriate to the student's practicum setting. The first part involved stickers, nicknamed *mug shots* by the nurses (Gillam et al., 2016). These contained the use and common side effects of each class of medication and were placed on the patient's drinking mug when a medicine of that class was introduced (Gillam et al., 2016). Use of these resulted in a noticeable increase in side effect conversations between patients and nurses. The visual clue provided whenever the water mug was used to take oral medications was believed to be the operant cause (Gillam et al., 2016). Successful teach-back at discharge also increased, which is associated with a successful transition to discharge, increased compliance with instructions, improved outcomes, and a decreased incidence of readmission (Kornburger, Gibson, Sadowski, Maletta, & Klingbeil, 2013). The second part of the trial was a consolidated and renovated side effect information for medications sheet [SIMS] (Gillam et al., 2016). This contained international pictograph enhancement of the medication uses and side effects and was written at a 5th-grade reading level (Gillam et al., 2016). Initial acceptance by both nurses and patients, was evaluated using an internal study which was tallied after the first 30 days of the trial (Gillam et al., 2016). Continued success was later verified by an increase in HCAHPS medication communication scores from 55 to 79 percent (Gillam et al., 2016). Minimal training and education were needed for frontline nurses who found the system practicable, efficacious, and easy to use (Gillam et al., 2016).

During a coffee-klatsch among co-workers, the student found The Gillam et al. (2016) intervention appealed to both her fellow nurses and the division director. Then in a formal policy analysis interview (Bafford 2018a, 2018b), approval was also given by the student's practicum mentor, Dr. xxxxxx, DNP [Dr. E.]. As the Quality Improvement Coordinator, Process Improvement Coordinator and Joint Commission Manager for the facility, Dr. E. was also eager to see improvement in the HCAHPS scores for medication communication. She also approved implementing the interventions on the Postpartum [PP] floor first for several reasons: the student was familiar with the workflow on PP; there was a high percentage of maternity patients with LHL; and poor self-efficacy with medications would impact both the maternity patient and her offspring, making the need especially great for this population (Bafford, 2018a & 2018b; Stikes et al., 2015).

The student went on to clarify outcome criteria and re-examine all the known possible interventions using a comparative analysis matrix (Bardach & Patashnik, 2016). For the matrix, the *hitting the target* [C1] criterion was "completion of the project within eight weeks" (Bafford, 2018b; Bardach & Patashnik, 2016). Although many of the interventions suggested by recent literature were appealing for one reason or another, the only one that met *all* the criteria, including C1, was the Gillam et al. (2016) intervention (Bafford, 2018a, 2018b).

The Results of the SWOT Analysis

Other aspects of the needs-based analysis focused on defining the need and appropriate intervention. In contrast, the analysis of strengths, weaknesses, opportunities, and threats [SWOT] assessed the readiness of the facility and stakeholders to embrace and support the proposed project (Roussel, Polancich, & Beene, 2016). In addition, the discovery of risk factors for the completion and sustainability of the project was facilitated, which would allow for pre-

emptive planning (Jones and Roussel, 2016). Furthermore, the SWOT analyses revealed interesting counterbalancing factors (See Appendix A). Most strengths were seen to have a counteracting weakness. Likewise, most weaknesses were seen to indicate opportunities, while most of the opportunities remained vulnerable to an existing or potential threat. For example, one of the noted *strengths* was that there were DNP-prepared nurses leaders who had an interest in seeing the project succeed. The opposing *weakness* was that the facility has a history of top-down transactional management which might resist an intervention initiated at the sharp point of care. Yet, this also pointed to an *opportunity* to model transformational leadership, roots-up change management, and interdisciplinary collaboration through the project. At the same time the threat of failure remained, and transactional managers might attempt to sabotage any effort at transformational leadership (Pater & Chapman, 2015).

In another example, there was strength in previous attempts at increasing side effect communication because the staff was already aware that this was a concern (Gillam et al., 2016). Yet multiple attempts at changing nurse work flow and behaviors had caused change fatigue and this was a weakness (Brown, Wey, & Foland, 2018). The opportunity then was to introduce the change more compassionately, modelling effective change management. (Brown et al., 2018). The associated threat was the unfamiliarity of such a leadership style which might create resistance and resentment in some front-line nurses (Brown et al., 2018).

As a third example, being able to use the HCAHPS survey to evaluate the effectiveness of the intervention was a *strength*. In contrast, not being able to wait for the HCAHPS scores to complete the project evaluation was a *weakness.* So, an opportunity was found in the use of the same questions as a short term in-house survey for more timely results. Yet there was still a threat that the in-house scores would not be validated by the external survey scores.

Unfortunately, there was one *weakness,* that was not mitigated by a *strength* or *opportunity* and that was the lack of a color printer on the PP unit. Being able to reproduce the colors of the international pictographs is important to the recognition of the related side effect, regardless of literacy or primary language (Gillam et al., 2016; Wolpin et al., 2016). In addition, the student would like to include the same color pictographs on the *mug shots*. Securing the printer and the supplies needed for the matching labels and SIMS could represent a sizable expense, which might *threat*en approval of the project. However, recognizing this threat early in the process gives the student more time to find a solution (Jones & Roussel, 2016).

Resources to Address the Problem or Need

By and large the greatest resource for this project lies in human capital. Team members and champions are a valuable resource and must be counted as such. Financial and material supports can be re-appropriated suddenly or can fail to materialize at all. In such cases networking through supportive co-workers and leadership may well save the day. For instance, early buy-in from key nurse leaders with power and influence can silence less supportive members of the management team (Brown & Kaplan, 2016). In addition, those from the front-line staff who already gave a nod of approval will most likely be champions for the project. Networking with ancillary departments where the student has been part of past start-ups and projects, should yield a team which represents the extra skills and supplies needed: staff development; language services; information services [IS], ED, finance, marketing, risk management and medical records. Networking at the local university where the student has served as an adjunct clinical instructor for BSN students, should yield student volunteers from the health sciences to administer and tally the surveys. Even the chief operating officer expressed interest in being part of the team. He may well be the key to obtaining the needed

printer which is so critical to this project's success and sustainability. However, it should also be noted that if push comes to shove, the necessary printing could be out-sourced locally, and this might prove to be the most cost-effective solution.

The Gillam et al. (2016) study is not only the source of the intervention to be duplicated. It is hoped that permission to use several items from the study may be obtained, such as the inhouse survey used to determine nurse satisfaction after 30 days, the SIMS used in the study, and the template for the labels used. To this end, the student has sent an email to the corresponding author, Dr. S. Gillam, DNP (See Appendix B).

A cost-benefit analysis will need to be performed and the student will need the assistance of others to accomplish this. Dr. E. has agreed to assist with this and with statistical manipulations of data. Any data mining that is needed has likewise been assured. However, such information may not yet be accessed until internal review board [IRB] approval is obtained.

Identification of Relevant Data, Collection, and Analysis

Baseline data to be collected will be the HCAPHS scores for maternity patients in January and February 2018, along with important demographic features of the maternity patients responding within that time. The demographics will be synthesized to produce a representational profile of the average maternity patient housed during that time and correlated with the corresponding quarterly HCAHPS scores (Gillam et al., 2016; Malone, Nicholl, & Tracey, 2014). Any demographics for patients who were not discharged from the PP unit due to transfer to another facility or a higher level of care (without transfer back to PP for discharge preparation) will be eliminated (Malone et al., 2014). These patients would have received medication instructions from different nurses which would create confounding variables (Malone et al., 2014). These demographics will be compared with a synthesized profile of the maternity

patients housed on PP during January and February 2019 (Gillam et al., 2016). The HCAHPS scores for the first quarter of 2019 will not be available in time to be included in the data for the project. Therefore, data comparisons and statistical calculations will initially be made based on previous external survey scores as compared to the post implementation in-house survey scores (Gillam et al., 2016).

The HCAHPS scores are directly related to the main goal of the project which is to see an increase in those same scores. The initial in-house scores can later be validated through comparison with the external survey as was done by Gillam et al. (2016). Then disseminating both sets of results, in and out of facility, will add to the available knowledge regarding effective interventions. Ease of survey use is anticipated as this was reported in Gillam et al. (2016) and the survey has already been validated. Anonymity will be assured by having health science students administer the survey and tally the results (Malone et al., 2014).

The relevance of using the Gillam et al. (2016) in house survey for nurse and patient satisfaction is the usefulness of the information to make needed adjustments midway in the project implementation. Again, ease of use is ensured by previous validation by the Gillam et al. (2016) team. Anonymity will also be assured in this case using health science students to administer the surveys and tally the results (Malone et al., 2014). Use of student volunteers should also minimize contamination bias. Yet, to further ensure the patients do not answer based on personality quirks alone, explanatory statements regarding the importance of honest responses will be part of the participation agreement (Malone et al., 2014).

Stakeholder Buy-In

The possibility of resistance and negativity from certain stakeholders was broached under the previous discussion of human capital as a resource. Resistance from members of the

facility's leadership team to the student as a change leader was anticipated because of differences in leadership styles and a cultural tendency toward cliquish exclusion. However, an additional caveat to consider is that the student is currently involved in an ongoing interview process for a leadership position at the same facility. Because of this, the student may now be viewed as 'belonging' to the leadership team even though the process is not yet completed (Brown & Kaplan, 2016). Such a change in status could positively affect stakeholder response to the project leader's efforts (Brown & Kaplan, 2016). By the same token, failure to secure the position may cause the leadership team to attempt project sabotage (Pater & Chapman, 2015).

Other hospital-based stakeholders are not expected to be so vitriolic or changeable. These are hospital personnel within departments listed as *Resources to Address the Problem or Need*: staff development; language services; IS, ED, finance, marketing, risk management and medical records. A working professional relationship already exists between these stakeholders and the student as project leader. The ED associates are stakeholders through contact with unnecessary encounters due to patient nonunderstanding of medication instruction. It is hoped that a nurse representative can be secured from the ED for the project team.

The patients are unpredictable as stakeholders and much will depend on the way they are approached for participation in the project. The addition of the mugshots label and a unified and updated SIMS will be applied to all patients in the PP unit. However, cooperation with completion of additional surveys will only be pursued with maternity patients. The average education level of PP patients at the host facility is low, which is consistent with the demographics for the region of the state (MUSC, 2018; SCDHEC, 2017). Therefore, securing of participation agreements cannot be handled lightly. Participation of the patient with all surveys

is critical to an accurate evaluation of effectiveness and this must be respected by the person(s) securing participation agreements (Malone et al., 2014).

The nurses are important as stakeholders as well. To gain their support they will need to feel prepared for the change, important to the success of the change, and rewarded for supporting implementation. Evidence supporting the intervention must be readily available near a communication board placed in the privacy of the nurses' lounge. Here, expression of positive and negative thoughts and feelings will be encouraged. To show respect for these opinions, the student will endeavor to visit the space five days per week to personally answer each and to update the project progress board.

Conclusion

A needs assessment at the student's host facility, revealed continued low HCAHPS scores for medication communication despite intervention. Inadequate communication of medication information has been linked to poor outcomes, avoidable ED visits/readmissions, and patient dissatisfaction, leading to financial loss for providers. The Gillam et al. (2016) two-part intervention was successful in raising the same scores from 55 to79 percent. SWOT analysis has revealed the same intervention could be implemented at the host site once two weaknesses are answered: a CBA must be completed and a dedicated printer, plus supplies, must be secured. The student is confident these issues can be resolved through interdisciplinary and interdepartmental networking at the host site. The student looks forward to seeing an increase in HCAHPS scores after the two-part intervention is implemented. However, all results whether positive or negative, will be disseminated via presentations in house, as well as poster boards at conferences and publication in a scholarly journal.

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Appendix A

SWOT Analysis

Strengths	Weaknesses
• An intervention aimed at increasing patient satisfaction scores is in keeping with the hospitals goals and mission. • Support for the project focus has been received from the Quality Improvement Coordinator/Joint Commission Manager/Performance Improvement Manager who is also the student's practicum mentor • The CNO for the facility is also a DNP student and understands the reason for the practicum project as well as the constraints upon it. • Support has been gained from some of the frontline nurses on Postpartum and the department director, to implement the Gillam et al. (2016) intervention, which also matches the outcome criteria • Previous efforts have been made to improve side effect education. Therefore, the nurses are already aware of the need to increase side effect education efforts • There is a computer program in place by which labels can be printed on demand. • There is a side effect sheet in use which would only need modification to correlate with the proposed labels. • Side effect labels on mugs would be very visible, rather than hidden under other possessions and paperwork. • Attention would be drawn to side effects information every time the patient drinks from mug. • Peeling off labels and sticking them on the mug the first time the medication is given can be performed while the education about side effects is given verbally. Therefore, it would not add to	• The facility is corporate owned, with a history of top-down, transactional management. Some in leadership positions may resent the DNP student serving as a team leader for a quality improvement project. • The postpartum area is not familiar with quality improvement projects which follow a plan-do-study-act pattern. • Multiple failed change attempts have created change fatigue and disillusionment with change management styles. • The only label printing system in place is that used for the printing of patient identification labels and it only prints in black and white. • At this time, discharge instructions are only printed in black and white. The matching side effect sheet would need to be in color to match the labels. • It would be difficult to ensure patient confidentiality if the in-house survey was administered by the staff nurses. • There is not a secretary on the Postpartum unit and therefore the nurses would probably be responsible for the labels. This might add to a nurse's work load or disrupt workflow. • The student has not been able to discover who authored the side effect sheets now in use. That person could exhibit resentment toward this project and should be included on the planning committee if possible. Therefore, a significant stakeholder has yet to be identified. • Needed volunteers from finance, marketing, purchasing and supply, IS (for data), pharmacy, nursing (as

the nurse's work load or interrupt normal work flow. • An in-house version of the patient satisfaction survey could be used for immediate assessment of effectiveness. • External patient satisfaction for the same population and same time of year, one year earlier would be accessible for comparison with inhouse survey scores using the same questions.	champions) and secretarial help from L&D, have not been secured. • Where the pictographs will come from if not available from Gillam et al. (2016) has not been determined.
Opportunities • Word-of-mouth dissemination within the facility could help to prepare larger floors for house-wide implementation. • Involvement of staff in the process of quality improvement may spark further interest and build self-efficacy as application scientists. • There is a possibility of increasing collaboration between pharmacy and nursing. • Project work can provide an opportunity to model transformational leadership, bottom-up change management, and interdisciplinary collaboration. • The student's practicum mentor encouraged early consideration of dissemination throughout the facility and corporation. • The project is aimed at increasing patient satisfaction score on question #17 regarding side effect medication and may increase overall scores as well. • Health sciences students from the nearby university campus could be used to administer the in-house survey, thereby supporting interdisciplinary exposure to application science, and interdisciplinary collaboration while protecting patient confidentiality. • Immediate evaluation of effectiveness and patient satisfaction allows for service recovery efforts and project modification before quarterly external surveys occur.	Threats • Necessary permissions and other information from Gillam et al., 2016 may not be gained in time. • IRB may not approve in-house survey. • Printing supplies or printer may not arrive in time, requiring an alternative plan of printing the labels at a commercial printer. This would create additional costs. • Any inconsistencies in symbols used by internal and external pharmacies will decrease effectiveness of the intervention. • The Postpartum area also houses gynecological surgery patients and female mastectomies. However, only the maternity patients' results will be evaluated to limit the confounding variables. This may cause confusion among the nurses and those collecting surveys. • The cost of a color printer and related supplies might be cost prohibitive. • Condensation on the outside of the mug might smear the ink on the labels or loosen the labels. • Even if financially feasible on the Postpartum unit, it might not be feasible on larger units. • The reliability of university students as surveyors is unknown.

• An increase in patient satisfaction scores increases the facilities desirability as a healthcare choice. • The project has the potential to positively impact the patient's medication related health literacy and self-efficacy. • To increase the familiarity of the information on the side effect sheet, it could be created by copying the template for printing the labels. The nurses could be encouraged to draw attention to the information on the sheet by circling the corresponding information when the label was first placed on the cup. This would also provide a secondary reference if the label became damaged or lost. • A less confrontational name for the project would be "Drinking It All In." This would serve as a reference to the visibility of the labels on the frequently used mugs *and* the idea of taking new knowledge in as a form of intellectual sustenance	• Paying others to serve as surveyors could be cost prohibitive. • Sustainability would be dependent on continued functioning of the label printer and continued provision of needed supplies. • The difference between the practicum project ambiance and reality could cause a disconnect that might sabotage sustainability. • The student may change her area of employment making it more difficult to oversee the project sustainability after the practicum period. • There are some powerful change resistors occupying management and middle-management positions who may attempt to sabotage the project and/or discredit the student. • As the Postpartum area has many patients whose significant others are, or have been incarcerated, the name "Mug shots" for the project might not be well received

Appendix B

Letter to Dr. xxxxx

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