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Family Texting in the Perioperative Care Setting

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Walden University

College of Nursing

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Crystal Vestal

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Walden University
2021

Abstract

Family Texting in the Perioperative Care Setting

by

Crystal Vestal

MS, Walden University, 2018

BS, Walden University, 2017

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

February 2021

Abstract

Family members experience anxiety not knowing how their loved one is progressing during the surgical process. Communication between perioperative staff and the family can be challenging due to the operating room being in a restricted location. Communication between perioperative staff and the patient family, as reflected in scores on the Press Ganey evaluation report, was below the benchmark for a hospital located in the Western United States. This report measures how satisfied patients were with the information provided to their family during surgery. To address this gap in practice, the hospital implemented a text messaging quality improvement project from August through November of 2019 to inform the family of the status of the patient during surgery. The purpose of this doctoral project was to evaluate the effectiveness of the quality improvement project text messaging initiative in increasing patient satisfaction with the communication between perioperative staff and patients' family members. Kolcaba's comfort theory provided an understanding of the nurses' role in facilitating comfort with the family texting service. The mean Press Ganey scores for patient satisfaction with the information provided to their family 3 months before and 3 months after implementation of family texting in each surgical department were analyzed using descriptive statistics. The patient satisfaction score in all three surgical units increased after implementing the family texting. Therefore, it is recommended that the hospital continue to offer the family texting service for families in these areas. Improving communication in the perioperative care setting has the potential for positive social change by decreasing anxiety and assuring the family that their loved one is progressing through surgery.

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Section 1: Nature of the Project

Family members experience anxiety not knowing how their loved one is progressing during the surgical process. Communication with the perioperative staff is one measure that can provide some assurance to the family that their loved one is doing well. A gap in communication between the perioperative staff and the patient family was reflected in the Press Ganey evaluation report for a hospital located in the Western region of the United States. The Press Ganey report measures patient satisfaction scores for how satisfied patients were with the information provided to their family during surgery, and the scores for communication during surgery were below the hospital's benchmark (Tyser et al., 2016). To address this problem, the hospital implemented a quality improvement (QI) project to increase communication between the surgical staff and the patient's family including the initiation of text messaging to inform the family of the status of the patient during the stages of surgery.

This doctoral project was a QI project evaluation to determine whether the text messaging initiative implemented from August through November of 2019 was effective in increasing patient satisfaction with the communication between the perioperative staff and their family members. The findings from this project have the potential for positive social change for patients' families, perioperative staff, and the hospital. Also, this project had the potential to positively impact social change by contributing to the current body of knowledge regarding improving communication methods with family members in the perioperative care setting. In this section, I identify the problem statement, purpose, nature of the doctoral project, and significance of the problem.

Problem Statement

Surgery can be a stressful experience for the patient and their family. It can also be difficult to provide the family with regular updates when the team is in the operating room in a restricted area, which is a communication barrier. This may leave the family to experience anxiety while waiting for the surgeon to complete the procedure and update them about the patient's status (Ozbas et al., 2018). Perioperative departments must develop ways to meet the families' informational needs while waiting for patients in surgery (Kynoch et al., 2017). Quality communication and regular updates help to alleviate the stress experienced by the patient and family (Wieck et al., 2017).

During surgery, the patient and family encounter long separations, which can cause the family to experience significant anxiety, worry, fear, and hopelessness (Wendler, 2017). The family plays a significant role in supporting the patients' recovery and should be kept informed to be as prepared as possible to care for their family members (Kynoch et al., 2017). Families need assurance while waiting for their family members, and communication with the perioperative staff is one measure that can help them to be assured that their loved one is doing well (Sadeghi et al., 2015).

Each month, a company called Press Ganey assesses patient-centered care for health care organizations in the United States. According to an administrator at the hospital under study for this DNP project, this hospital receives a Press Ganey report that compares the hospital's results against other similar hospitals. The hospital set its benchmark for patient communication during surgery using the average scores of other similar hospitals reported in the Press Ganey survey. One question on the Press Ganey

survey asks the patients to rate their satisfaction regarding the information given to their family. The Press Ganey scores for the hospital in this study, related to family communication methods, were below the average for other similar hospitals. Although these results change monthly, the hospital received a mean score of ~89 while its benchmark was ~93 in one month in 2019 for one of their surgical departments.

To address this problem, the hospital implemented a QI project. The project included implementing automated one-way text messaging updates to family members of surgical patients in the perioperative setting. This service provides automatic updates to designated persons regarding the patient's surgery status via text messages to a mobile device. Messages include information such as that the surgery has begun, the surgery has ended, or the patient is in recovery. Other hospitals have implemented similar communication methods. One hospital utilized a mobile application called Electronic Access to Surgical Events (EASE) to send electronic updates to the patient's family during surgery and experienced a 17% increase in family satisfaction scores (Hodge, 2018). The focus of my doctoral project was to evaluate the QI project implemented by this facility. The evaluation determined the effect of the patient satisfaction scores regarding the information provided to their family during surgery. The purpose of evaluating this QI project was to determine if there was a difference in the family satisfaction score as reported on the Press Ganey report before and after the implementation of texting. Increasing family satisfaction has the potential to fill a communication gap between the family and perioperative staff and decrease anxiety

related to a lack of information experienced by the patient's family in the perioperative care setting.

Purpose Statement

Patients reported their dissatisfaction with the communication between their family members and the perioperative staff in the targeted hospital. This is reflected in a Press Ganey report that shows a score for the hospital below the average for other similar hospitals. The purpose of the DNP project was to explore the extent to which implementation of a new feature of family texting as a QI tool by the facility, increased patient satisfaction regarding communication between the patient's family members and the surgical staff. The practice-focused question was, did the implementation of family texting as a means of communication increase patient satisfaction regarding information given to the patient's family during surgery? The evaluation of the QI project for family texting informed the hospital whether the QI implemented was effective in increasing the Press Ganey patient satisfaction scores. An increase in the Press Ganey patient satisfaction scores can guide the facility to further advance this program to other surgical areas to increase communication between the perioperative staff and the patient's family.

Nature of the Doctoral Project

For this project, I reviewed the literature to obtain information relating to communication between perioperative staff and family members. In addition, information was obtained about the hospital's Press Ganey reports and informal communication with hospital staff. Based on this informal communication, each month,

the hospital compares the hospital's patient satisfaction scores against other similar hospitals. The hospital has fallen below the benchmark scores for how patients rate their satisfaction regarding the information provided to their family during surgery. In the Fall of 2019, the hospital received a mean score that was several points below their benchmark for one of their surgical departments.

This project was a QI project evaluation, to determine if the text messaging initiative that was implemented during August through November of 2019 was effective in increasing Press Ganey patient satisfaction scores. The Press Ganey scores identified the level of patients' satisfaction with the information provided to their family during surgery. The first step was to identify the practice-focused question for the evaluation project. I performed a gap analysis to identify the gap in practice the hospital is experiencing regarding patients' satisfaction with information provided to their family, and I conducted a literature review to support the need for addressing the practice issue. I discussed the QI project with perioperative leadership and the information systems team to describe how it was implemented and the expected outcomes. IRB approval from Walden University was required for this project. The hospital's Press Ganey survey results were the primary data utilized for evaluation. De-identified data were obtained from the quality department, relating to the question on the Press Ganey survey that asks the patient to identify how satisfied they are with the information provided to their family. The data manager compiled the patients' responses to the question 3 months before implementation and 3 months after implementation of the QI project. Using Microsoft Excel, I compared the average of the data obtained 3 months before

implementation of the QI project to the average obtained 3 months after implementation. The difference between the scores obtained was used to determine the success of the QI project. I presented the results to the hospital's key stakeholders. Evaluating this QI project had the potential to demonstrate if a gap in communication between perioperative staff and the patient's family was enhanced by utilizing the family texting tool reflected by improved patient satisfaction scores.

Significance

There was a gap in communication between staff and patients' families during surgery, which required perioperative leadership to take action to change this culture (Kynoch et al., 2017). The focus is often on the patient but frequently it is found that the patient's family also has special needs. The findings from this project have the potential for positive social change for patients' families, perioperative staff, and the hospital. Improving communication via texting has the potential to increase the family's comfort and level of assurance (Sadeghi et al., 2015), which may also increase the hospital's Press Ganey patient satisfaction ratings for family communication. Additionally, utilizing automated text messaging may relieve some burden from perioperative staff involved with making phone calls or in-person visits to the family for updates (Hodge et al., 2018).. This project impacted social change by contributing to the current body of knowledge regarding improving communication methods with family members in the perioperative care setting. Contributions may also be made to other practice areas outside of the perioperative setting that perform procedures or have a need to enhance communication between healthcare staff and the patient's family.

Summary

A gap in communication between perioperative staff and the patient's family may occur during surgery and may result in the family experiencing anxiety and stress (Ozbas et al., 2018). The hospital in this study acknowledged a potential gap in communication between the surgical staff and the patient's family as reflected in the Press Ganey scores which were below the hospital's benchmark for how well the patient's family was kept informed. This doctoral project evaluated whether the implementation of a new feature of family texting implemented by the facility increased satisfaction regarding communication between the patient's family members and the surgical staff. Other hospitals have increased their patient satisfaction scores by implementing communication technologies to provide information and updates to the patient's family members (Hodge, 2018; Mathias, 2015). By analyzing Press Ganey patient satisfaction scores before and after implementation of text message communication between perioperative staff and their family members, I was able to determine that there was an increase in patient satisfaction after implementation of the initiative for how well their family was kept informed. This project offered evidence to support a tool/technology that may be utilized to bridge the gap in communication between perioperative staff and family. In the next section of the doctoral project, I will discuss the concepts, models, and theories that guided the project, the project's relevance to nursing practice, the local background and context, and the role of the DNP student and the project team in conducting the project.

Section 2: Background and Context

Surgery can be a stressful experience for the patient and the family, and periods of separation without communication can cause anxiety, worry, fear, and hopelessness (Wendler, 2017). A hospital in the Western region of the United States received Press Ganey scores below the hospital's benchmark for how satisfied patients were with the information provided to their family during surgery. This information reflected patients' dissatisfaction with the communication provided to their family during surgery. The purpose of the DNP project was to explore the extent to which implementation of a new feature of family texting as a QI initiative by the facility increased patient satisfaction regarding communication between the patient's family members and the surgical staff. The practice-focused question was, did the implementation of family texting as a communication means increase patient satisfaction regarding information given to the patient's family during surgery? Section 2 of this project provides discussion of the theory guiding the doctoral project, relevance to nursing practice, the local background and context, and the role of the DNP student.

Concepts, Models, and Theories

The comfort theory was developed by Katharine Kolcaba in the 1990s during the completion of an assignment while obtaining her Masters of Science in Nursing and working as a head nurse on a dementia unit. The assignment challenged Kolcaba to create a diagram of her nursing practice and include conceptual relationships between certain aspects of care (Kolcaba, 2003). The concept of comfort came to Kolcaba's mind as she thought about her patients. She identified comfort as a desirable state in which her

residents were content with their environment and had optimal functioning. This initiated her passion to further understand and more fully develop the relationship between the concept of comfort and patient care. She thus identified three states of comfort: ease, relief, and transcendence. Ease is described as a state of being calm and content without any feelings of discomfort being experienced (Estridge et al., 2018). Relief is described as the removal of all symptoms that may cause discomfort, such as providing a patient with a blanket to make them warm or pain medication to reduce pain (Estridge et al., 2018). Transcendence is described as a state of finding the strength to overcome feelings of discomfort when it cannot be removed or prevented, to prevent suffering (Parks et al., 2017).

Kolcaba proposed that the three states of comfort can occur within four different contexts of experience: physical, psychospiritual, sociocultural, and environmental (Parks et al., 2017). The physical context includes experiences of the body, such as, pain and temperature; the psychospiritual context involves a person's inner thoughts, such as their self-esteem and concepts of life; the sociocultural context involves a person's relationships, religious beliefs, and traditions; and lastly, the environmental context relates to the stimulus received from the environment such as sounds, smells, lights, and touch (Estridge et al., 2018).

The comfort theory applied to this project because providing comfort is a standard of perioperative nursing care (Blomberg et al., 2018). Patients and their families may experience sociocultural and environmental discomfort due to separation and lack of communication during the perioperative phase of care. The comfort theory states that

nursing provides sociocultural comfort by transmitting information, providing communication, and facilitating participation (Kolcaba, 2003). Transcendence is often the last action to achieve comfort when ease and relief are not possible (Parks et al., 2017). Comfort states of ease and relief are not possible because the separation of the patient from the family member and the unavailability of the staff cannot be removed or avoided. Therefore, the perioperative staff may initiate and offer the use of family texting to facilitate a state of transcendence. The regular updates provided through family texting may lessen anxiety and give the individual the feeling of being included, which may help them to manage the uncomfortable situation. Improving communication during the perioperative phase of care through the utilization of family texting has the potential to resolve feelings related to experiences of sociocultural discomfort by providing a state of transcendence.

Definition of Terms

Terms that require additional defining are *family texting*, *Press Ganey*, *family*, and *perioperative*. Family texting refers to a technological tool that facilitates one-way text message transmissions from the hospital staff through the health record system to a designated person's mobile phone to provide updates about patients' progress through surgery (Epic, n.d.). Press Ganey is a widely used patient survey that is utilized by hospital organizations to measure patient satisfaction related to a variety of healthcare delivery metrics (Presson et al., 2017). Patients' living arrangements may be diverse and each individual may describe their family differently than another (Powell, 2017). For this project, the term family was used inclusively to describe a person or group of people

that the patient has designated to receive updates about their surgery. The term family does not relate to or indicate any particular legal or biological relationship. Lastly, perioperative refers to all three areas, preoperative, intraoperative, and postoperative, where the patient received care during a surgical procedure (Blomberg et al., 2019).

Relevance to Nursing Practice

Barriers exist that may leave family members without information while they wait for the surgery to be completed because the only team members who know exactly what is happening with the patient are in a secured location and cannot be easily accessed by the patient's family. This separation between the patient and their family during the perioperative time causes negative feelings for both patients and their family members (Croke, 2019; Kynoch et al., 2017). The uncertainty experienced by family members by not knowing how the patient is doing while they wait in the perioperative waiting area may increase their anxiety level (Hamester et al., 2016). Hospital staff must facilitate communication methods with the patient's family to help ease their sense of uncertainty and anxiety (Wieck et al., 2017). Singletary et al. (2017) agreed that communication between the provider, patient, and family may improve satisfaction and the patient's perception of their care; however, they identified that limited data is currently available to guide practice improvements.

Several hospitals have implemented new initiatives to reduce anxiety and improve satisfaction for patients and their families during a surgical procedure. One hospital implemented communication cards that provided additional information to the patient's family ("Waiting Room Card Reduces Family Anxiety," 2015). These communication

cards were found to help reduce the family's anxiety related to a lack of reliable information being provided.

The EASE application has been utilized successfully in several hospitals to help improve communication between the surgical team and the patient's family (Mathias, 2015). This software application allows the nurse to send photographs and messages to the patient's family giving a step-by-step update about what is happening and how the patient is doing in surgery. According to Mathias (2015), the average score on satisfaction surveys for one hospital using the EASE application averaged 9.7 out of 10; in addition, their family members reported reduced anxiety and the nurses experienced an easier workflow that was less disruptive compared to making phone calls.

Local Background and Context

The setting for this doctoral project was a 300+ bed acute care hospital in the Western region of the United States. The hospital recognized a potential gap in communication between the surgical staff and the patient's family, as reported in the hospital's Press Ganey scores, which were below the benchmark for how well the patient's family was kept informed. The perioperative setting can be frightening and stressful due to patients' feeling of loss of control and separation from their family (Bergström et al., 2018). To address this concern, the hospital implemented family texting in its outpatient surgical department in August 2019, in its ambulatory surgical center in September 2019, and in its inpatient surgical department in November 2019. The information systems team worked with a third-party vendor to implement the functionality of texting from the hospital's electronic health record Epic. Verbiage for

the text messages was developed by a team of perioperative staff and approved by the hospital's legal department. The text messages cannot be edited by the end-user and there is no free-text option. Once the program was built, integrative testing was performed by the information system and informatics team, end-user training was provided to the perioperative staff, and an informational brochure was created for patients. The family texting program was rolled out to each perioperative department in August–November 2019, as previously stated. The effectiveness of the family texting feature had not been evaluated. Data to evaluate patient satisfaction was retrieved from the hospitals' Press Ganey survey reports. The hospital had to modify its Press Ganey survey to add a background question that asked the patient if their family utilized the text messaging service so data results could be compared between those that opted in or out. The background question was added to the Press Ganey survey on November 20, 2019. The purpose of the doctoral project was to evaluate the effectiveness of the QI initiative.

Role of the DNP Student

My professional nursing background is that of an operating room nurse in the inpatient setting. Approximately a year and a half ago, I became the informaticist for all surgical service areas in my hospital. I have experienced first-hand the challenges involved in keeping the patient's family informed during surgery. This was a particularly motivating factor for my interest in the doctoral project. Also, this project offered the perfect combination of QI and the use of technology, which are two areas of nursing that I am interested in.

My role in the doctoral project was to evaluate a QI initiative that was implemented for family texting in the perioperative setting. To efficiently evaluate this project, I reviewed the literature relative to information regarding communication between perioperative staff and the patient's family during surgery and how it affects levels of satisfaction and anxiety. I also worked with project managers from the QI department to obtain data from Press Ganey responses. I functioned as an evaluator by comparing Press Ganey data from patients before the implementation of the family texting service to those after the implementation of the service to determine whether there was a difference in patient satisfaction scores. A potential bias I may possess is that I work for the hospital that is the setting for the doctoral project. Naturally, I want the evaluation to show a positive finding. However, data were obtained from the Press Ganey report, which is an independent source.

Summary

A hospital in the Western region of the United States recognized an issue of patient dissatisfaction with the communication provided to their family during surgery, as reflected by Press Ganey patient satisfaction scores below the hospital's benchmark. In response to the problem, the hospital conducted a QI project to implement a new communication tool that sends regular text messages to designated individuals regarding a patient's progress through surgery. The theory used to guide the doctoral project was Kolcaba's comfort theory. Kolcaba proposed that the three states of comfort, which are ease, relief, and transcendence, can occur within four different contexts of experience, which include physical, psychospiritual, sociocultural, and environmental (Parks et al.,

2017). Sociocultural discomfort may occur when someone is separated from their family or lacks communication. To address this experience of sociocultural discomfort, the perioperative staff may be able to facilitate a state of transcendence by providing communication through the family texting service. A state of transcendence occurs when the individual can manage the discomfort and prevent suffering (Parks et al., 2017). Facilitating quality communication with the patient's family is a valuable intervention to help ease the family's sense of uncertainty and anxiety (Wieck et al., 2017). My role in this project was to conduct a literature review and determine whether there was a statistically significant difference in Press Ganey patient satisfaction scores between pre- and postimplementation of the family texting program. The next section of the doctoral project includes discussion of the practice-focused questions, sources of evidence, and the analysis and synthesis.

Section 3: Collection and Analysis of Evidence

When a patient has surgery, they are separated from their family, and it can be challenging for the perioperative staff to provide regular communication updates to the family because they are in a restricted area in the operating room (Wendler, 2017). The separation may cause the family to experience worry, stress, and anxiety while waiting for information about how the patient is doing (Wendler, 2017). A hospital located in the Western region of the United States experienced patient dissatisfaction regarding perioperative staff communication with their family during surgery as reflected by Press Ganey scores below their benchmark. The purpose of the DNP project was to evaluate the impact of a new communication feature implemented in the Fall of 2019 that provides automated text message updates to a patient's designated party regarding the status of their surgery. More specifically, the DNP project focused on the impact the QI initiative for family texting had on the hospital's Press Ganey patient satisfaction scores regarding how satisfied they were with the information provided to their family during surgery. In this section, I discuss the practice-focused question, sources of evidence, and the process for analysis and synthesis.

Practice-Focused Question

Surgery can be a stressful experience for the patient and the family, which is exacerbated by long separations and a lack of communication while waiting for perioperative staff to update the family on the patient's status (Ozbas et al., 2018). A hospital in the Western region of the United States has been challenged with patient satisfaction concerns regarding the information provided to their family during surgery.

The Press Ganey scores for how well the patient's family was kept informed were below the hospital's benchmark. To address the gap in communication and increase patient satisfaction scores, the hospital implemented a family texting program to facilitate regular updates to a person designated by the patient, to remain updated on their progress throughout the perioperative phase of care.

The practice-focused question was: did implementation of family texting increase patient satisfaction regarding information given to the patient's family during surgery? This practice-focused question explored the extent to which implementation of a new feature of family texting increased satisfaction regarding communication between the patient's family members and the surgical staff. The evaluation of the QI project for family texting reflected whether there was an improvement in Press Ganey patient satisfaction scores related to the question if the patient was satisfied with the information provided to their family during surgery.

Sources of Evidence

The source of evidence that was relied on to address the practice-focused question is Press Ganey patient satisfaction scores. Press Ganey is the largest provider that offers proprietary surveys to measure and analyze the patient's experience with a hospital organization (Tyser et al., 2016). Press Ganey data are utilized by the Centers for Medicare and Medicaid and impact hospital reimbursements and healthcare delivery (Tyser et al., 2016). A question on the Press Ganey survey asks the patient how satisfied they were with the information provided to their family during their surgery. This question relates to the focus of the DNP project, which is to determine the impact a new

communication feature has on improving the patient's satisfaction with the information provided to their family. All responses from the Press Ganey survey were collected 3 months before implementation and 3 months after implementation of the new family texting feature. The Press Ganey survey is completed by the patient who had the surgery. All data collected were de-identified to protect the identity of the participant and the hospital involved. Approval from Walden IRB was also obtained (11-10-20-0709837). One modification that was made to the Press Ganey survey was the addition of a background question in November 2019 that asks the patient if they utilized the family texting survey. This question allowed survey responses to be separated and compared between patients that did or did not utilize the new communication feature. Collecting this data reflected whether there was a change in patient satisfaction scores for how well their family was kept informed during their surgery after implementation of the family texting program.

Analysis and Synthesis

The hospital's Press Ganey survey results were the primary data utilized for evaluation. De-identified data were obtained from the quality department, relating to the question on the Press Ganey survey, which asks the patient to identify how satisfied they are with the information provided to their family. The data manager compiled the patient's responses to the question 3 months before implementation and 3 months after implementation of the QI project. Using Microsoft Excel, I compared the average of the data obtained 3 months before implementation of the QI project to the average obtained 3 months after implementation. The difference between the scores obtained was used to

determine the success of the QI project. Press Ganey is an independent data source and data collected will not be modified, to maintain integrity. Any survey response that did not include a response to the question that asks the patient how satisfied they were with the information provided to their family during surgery was excluded.

Summary

The separation between the patient and their family may cause feelings of anxiety and worry (Wendler, 2017). Facilitating communication between the perioperative staff and the patient's family may also be challenging which may cause family members to wait long periods without an update on the status of the patient. The practice-focused question that was addressed in the DNP project is: did the implementation of family texting increase patient satisfaction regarding information given to the patient's family during surgery? Sources of evidence that were utilized to help address the practice-focused question are the hospital's Press Ganey patient satisfaction scores. More specifically the scores for the question on the Press Ganey that asks how satisfied the patient was with the information provided to their family during surgery were compared before and after implementation of texting. The average scores 3 months before and after implementation of the communication tool were utilized to determine if the QI project was successful in improving patient satisfaction scores.

Section 4: Findings and Recommendations

A 300+ bed acute care hospital in the Western region of the United States recognized a potential gap in communication between the surgical staff and the patient's family, as reported in the hospital's Press Ganey scores, which were below the hospital's benchmark for how well the patient's family was kept informed. The practice-focused question was, did the implementation of family texting as a means of communication increase patient satisfaction regarding information given to the patient's family during surgery? The purpose of evaluating this QI project was to determine whether there was a difference in the family satisfaction score as reported on the Press Ganey report before and after the implementation of texting. The source of evidence that was relied on to address the practice-focused question is Press Ganey patient satisfaction scores. Using Microsoft Excel, I compared the average of the data obtained 3 months before implementation of the QI project to the average obtained 3 months after implementation. The difference between the scores obtained was used to determine the success of the QI project. This section will address the findings and implications, recommendations, strengths, and limitations of the project.

Findings and Implications

Press Ganey survey scores for the question of how satisfied patients were with the information provided to their family 3 months before and 3 months after implementation of family texting in each surgical department (i.e., inpatient, outpatient, and ambulatory) were analyzed. The scores ranged from 1-100. Press Ganey survey reports four sets of data: (a) the number of individuals completing the survey question. (b) the hospital score

and (c) the benchmark; which identifies the mean score calculated for other similar hospitals within the American Hospital Association Regions 8 and 9. The scores obtained from the Press Ganey report for the three surgical departments are listed in Table 1.

The preimplementation score for the inpatient surgical department was 90.4 and the postimplementation score was 92.6. This reflects a 2.2% increase for the department. The preimplementation score for the outpatient surgical department was 91.6 and the postimplementation score was 93.5. This reflects a 1.9% increase for the department. The preimplementation score for the ambulatory surgical department was 95.8 and the postimplementation score was 95.9. This reflects a 0.1% increase for the department. All areas reflected an increase in scores for how satisfied the patients were with the information provided to their families.

The inpatient surgical department received 94 Press Ganey survey responses during the preimplementation phase. The preimplementation score was 90.4 and the benchmark was 93.8. The inpatient surgical department received 115 Press Ganey survey responses during the postimplementation phase. The postimplementation hospital score was 92.6 and the benchmark was 93.5. The inpatient surgical department did not meet its benchmark in the pre- or postimplementation phase.

The outpatient surgical department received 139 Press Ganey survey responses during the preimplementation phase. The preimplementation hospital score was 91.6 and the benchmark was 92.7. The outpatient surgical department received 172 Press Ganey survey responses during the postimplementation phase. The postimplementation hospital

score was 93.5 and the benchmark was 93.8. The outpatient surgical department did not meet its benchmark in the pre or post-implementation phase.

The ambulatory surgical department received 89 Press Ganey survey responses during the preimplementation phase. The preimplementation hospital score was 95.8 and the benchmark was 92.9. The postimplementation hospital score was 95.9 and the benchmark was 93.7. The ambulatory surgical department met its benchmark in the pre- and postimplementation phase.

There were two unanticipated limitations. First, the number of patients who participated in the pre and postimplementation phase differed; more patients participated in the postimplementation phase. This may have influenced the results, but the impact is unclear. This will not be a concern in the future. There will be no need to collect data preimplementation because the family texting project will have already been implemented. The second limitation is that some patients who responded to the survey may not have had family members who used the family texting service. This may also have influenced the results.

This QI evaluation represents a positive impact on patient satisfaction regarding the information provided to their family during surgery after the implementation of a new texting service. This reflects positive social change for the patients, their families, and perioperative staff by improving communication in the perioperative care setting.

Table 1*Press Ganey Survey Pre- and Postimplementation Scores*

Surgical Departments	Number of responses	Hospital's score	Benchmark
Inpatient			
Preimplementation	94	90.4	93.8
Postimplementation	115	92.6	93.5
Outpatient			
Preimplementation	139	91.6	92.7
Postimplementation	172	93.5	93.8
Ambulatory			
Preimplementation	89	95.8	92.9
Postimplementation	97	95.9	93.7

Recommendations

Based on the findings identified, I have four recommendations. First, the findings reflect a positive increase in all three surgical areas related to the use of family texting. I recommend that the hospital continue to offer the family texting service for families in these areas. Second, the hospital has a significant Spanish-speaking population. It is possible that some family members are not able to benefit from the texting service because it is currently only available in English. To enhance the accessibility of this service, I therefore recommend that this service be available and translated for use to Spanish-speaking patients and family members. Third, it is not clear that all of the individuals who responded to the patient satisfaction question used the family texting service. I recommend that the hospital performs an additional evaluation to determine the difference in patient satisfaction scores between those who elected or opted out of

utilizing the family texting service. Fourth, the hospital has yet to reach its benchmark in the inpatient or outpatient surgical areas, and it could be beneficial to determine the overall use of the program. Therefore, I support the hospital's decision to evaluate the overall usage of the family texting service.

Strengths and Limitations of the Project

A strength of this project is that data were collected from Press Ganey, which is a widely used database utilized by hospital organizations to measure patient satisfaction (Presson et al., 2017). A limitation is that the data do not reflect whether or not the patient utilized the family texting service. A background question was placed in the Press Ganey Survey after this evaluation was conducted. The background question asked the patient whether they utilized the texting service or not. Because this question was implemented outside of the evaluation period, this project was unable to evaluate the difference in scores between patients that opted in or out of using the family texting service. Lastly, the family texting service is currently only available in English. Future projects may consider implementing this project in a larger hospital setting or departments outside of the surgical setting, including more language options, and implementing methods for measuring the utilization of the service.

Section 5: Dissemination Plan

This project will be presented to the hospital's quality council, which includes an interdisciplinary team and executive leadership. I will prepare a PowerPoint presentation that will guide the audience through the project process from beginning to end.

Presenting the project to the quality council will provide a robust audience from nursing professionals, physicians, and executive leadership who can take the information back to their departments for further dissemination. The implementation of family texting requires technical support. Therefore, I would also disseminate the results of this project to nursing informatics professionals. Another outlet for dissemination is the Association of periOperative Registered Nurses (AORN). Other nurses and leadership from perioperative backgrounds may be experiencing problems similar to those that the hospital for this project encountered. Presenting at an AORN conference could be an excellent outlet for sharing the findings of this project to inform other hospitals of opportunities to improve communication between perioperative staff and the patient's family.

Analysis of Self

This project allowed me the opportunity to utilize my professional background as an operating room nurse and nursing informaticist to evaluate a QI project implemented by this local facility. The project involved utilizing technology to improve communication between perioperative staff and the patient's family. It has always been a passion of mine to find ways to utilize technology to improve the quality and safety of patient care. I was interested in informatics well before I became a registered nurse. This

project allowed me to be part of a process that brought many of my interests together.

Developing and implementing the DNP project allowed me to use skills related to project management, leadership, and evaluation. These skills have been strengthened during this process. I will be able to use them in more complex projects in the future.

It has been a little over a year since this project began. Reflecting on the project overall, it becomes apparent how much time, effort, and research goes into making a simple practice change. This project was an evaluation to determine whether there was an impact on patient satisfaction scores after the implementation of a new texting service that provides updates to the patient's family during surgery. Implementing this project took months of planning and had significant technical challenges that required collaboration between the perioperative and information systems department. There were also education requirements for staff and patients. Before this project could be evaluated, a significant amount of planning was required. Evaluating the project continued to be challenging. It became apparent that it is important to identify how a project should be evaluated early in the planning phase. It was a challenge that not all of the reporting capabilities were available immediately such as knowing what patients opted in or out of the texting service. This was resolved later on by including a question on the Press Ganey survey that asked if they utilized the service. However, this solution was reactive rather than proactive. Having the opportunity to observe and be part of this project from beginning to end has been an invaluable scholarly journey that has prepared me to excel in my future nursing profession.

Summary

Stress and anxiety may be experienced while waiting for a loved one in surgery without receiving regular communication updates (Ozbas et al., 2018). The hospital in this study acknowledged a potential gap in communication between the surgical staff and the patient's family. This was reflected in the Press Ganey scores which were below the hospital's benchmark for how well the patient's family was kept informed. This doctoral project evaluated a QI project implemented, at an acute care hospital with over 300 beds in the Western region of the United States, in the Fall of 2019. The purpose of the QI evaluation was to determine the impact of a new communication feature that provides automated text message updates to a patient's designated party regarding the status of their surgery. The findings of this project reflected a significant increase in patient satisfaction scores in all of the surgical departments. These findings may be attributed to the increase of communication between perioperative staff and the patient's designated party that was facilitated by the new family text messaging service.

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