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## Improving the Patient Experience with Case Management Follow up Phone Calls: A Quality Improvement Project Evaluation

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Walden University

College of Nursing

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Karen Jarrell

has been found to be complete and satisfactory in all respects,  
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Walden University

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Abstract

Improving the Patient Experience with Case Management Follow up Phone Calls:

A Quality Improvement Project Evaluation

by

Karen Jarrell

MSN, Stevenson University, 2015

BS, Stevenson University, 2012

DNP Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2021

## Abstract

In January of 2020, a follow-up phone call quality improvement initiative was implemented by the case management department of an acute care facility located in the Mid-Atlantic region of the United States, to improve the patients' healthcare experience. The intent was to improve the Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores. This quality improvement (QI) project was conducted using the Plan-Do-Check-Act Cycle along with the Kotter's 8-step change model. The purpose of the QI project evaluation was to determine if a QI initiative using follow up phone calls had a positive effect on increasing CAHPS survey scores. The first practice-focused questions for this QI project addressed whether post discharge phone calls would increase the patient experience CAHPS scores overall. The second question focused on whether there was an improvement on the scores related to two CAHPS questions: "How often did a provider explain things that were easy to understand?" and "How often did the provider listen carefully to you?" Analysis using descriptive statistics showed sustained improvement in CAHPS scores since project launch in January 2020, based on the data for the two questions during the month of February, March, and April of 2020. The CAHPS scores improved from <60 to 75% by the end of the project. This QI intervention shows promise and is recommended for replication in other healthcare facilities. This project can help societal transformation by enhancing the patient experience and increasing CAHPS scores.

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## Dedication

I would like to dedicate this project to my loving daughter Jamora Price and my beautiful grandchildren, Tyjae English, Taliah English, Alleyah Parker and Jaxson McDonald. Thank you for constantly pushing me to do better! Your continued love, motivation and support were crucial to the successful completion of this journey.

## Acknowledgments

My sincere appreciation goes to my family members, colleagues, and faculty members for providing me with the support needed to carry out this program. I must give a special thank you to my Chair Dr. Melissa Rouse for the patience and assistance she provided me throughout NURS 8700. Without you this accomplishment would not be possible. I thank you for playing such an important role in ensuring that my vision is realized. I would also like to thank my committee member Dr. Robert McWhirt.

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## Section 1: Nature of the Project

### **Introduction**

The patient experience includes a variety of interactions patients have with the health care system, including their health care plans, doctors, nurses, hospital personnel, medical practices, and other health care services. This experience carries over into the post-acute care period. Post discharge care, including phone calls, has been found to provide support for patients returning home after an inpatient hospital stay. Communication significantly impacts a patient's satisfaction or complaints about care (Grocott & McSherry, 2018). Health care providers must ensure that the patients, while in facilities and after discharge, feel that they are cared for appropriately and will continue to receive that care after discharge. This will be reflected by improved scores on our patient experience surveys. In this project, I evaluated if the follow-up phone call intervention in this quality improvement (QI) evaluation project improved the patient experience.

### **Problem Statement**

Understanding patient experience is a critical step in patient-centered treatment. By looking at different dimensions of the patient experience, the degree to which patients receive treatment that is respectful and attentive to their individual desires, needs, and values may be measured. The patient experience rates are measured by Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores CAHPS survey that have been extremely low at my facility. The CAHPS survey scores over the past 2 years have scored below 60% on the following questions: "How often did a provider explain

things that were easy to understand? and “How often did the provider listen carefully to you?”

In January of 2020, the case management department of an acute care facility located in the Northeast United States where I work as the director of case management, implemented a follow up phone call quality improvement initiative to improve the patients’ healthcare experience with the intent that it would be reflected by an improvement in the CAHPS survey scores. Walden identifies QI projects as scholarly projects that focus on one or more clinical or nonclinical area(s) with the goal of improving healthcare outcomes, improving organizational processes, and improving workplace and patient satisfaction (Walden, 2019). Through these phone calls, the case managers attempted answer questions and listen carefully, to increase compliance with follow up primary care visits, increase medication compliance, improve health literacy by educating patients and improve overall CAHPS survey scores.

Patient satisfaction surveys are mailed to the patient after discharge by a third-party vendor. The data collected are referred to as CAHPS scores. CAHPS is a national standard for information collection and public reporting that has been developed to allow for valid comparisons to be made across all hospitals to support the consumer experience. Once the patient is discharged, the CAHPS scores are used to give providers an understanding of how the patient felt about their experience related to the hospital stay. As reimbursement and performance policies have become more normative within healthcare, the patient experience has become a metric to measure (Berkowitz, 2016). The CAHPS scores can directly affect facility reimbursement.

## **Purpose Statement**

Walden (2019) stated that the purpose of a QI project evaluation is to determine if a QI initiative within an organization is effective by examining, analyzing, and synthesizing data from the results of the outcome measures associated with the initiative. The guiding practice focused questions were:

Did post discharge phone calls increase the patient experience CAHPS scores overall?

Was there improvement on the scores related to the questions “How often did a provider explain things that were easy to understand?” and “How often did the provider listen carefully to you?”

## **Nature of the Doctoral Project**

The nature of my project is a QI project evaluation design. The evaluation was conducted at my practice site which is an acute care facility in the Northeast United States, where I work as the director of case management. The primary source of data collection for this project was the CAHPS survey scores before and after the intervention. I used the Plan-Do-Check-Act (PDCA) method, which is an iterative, four-stage problem-solving model used for improving a process or carrying out change. The PDCA cycle is widely recommended as an effective approach to QI. The purpose of the QI project evaluation was to determine if a practice change within an organization was effective by examining CAHPS data from before and after the follow up phone calls were implemented over a 3-month period.

## **Significance**

My goal for this DNP project was to identify if the patient experience, as measured by the CAHPS scores, was improved with follow up phone calls. The key stakeholders in this project include the director of case management, the chief medical officer of the facility, the care transitions team, and the population that we serve. The key stakeholders have been able to objectively identify that the follow up phone calls have been effective at increasing the patient experience and patient satisfaction scores in other organizations. To improve patient satisfaction ratings and decrease readmissions, many organizations utilize internal staff to complete post discharge calls to recently released patients (Meek & Unterschuetz, 2018).

Post discharge phone calls are used to increase scores for patient satisfaction and decrease readmissions (Meek et al. 2016). Many organizations use internal personnel to complete post-discharge calls for patients recently discharged from acute care facilities. Post-discharge phone calls can elevate levels of engagement and satisfaction for patients post discharge. Post-discharge phone calls can be used in all areas of health care; same day surgery, ambulatory care, and Emergency rooms have all shown the effectiveness of these calls in improving patient satisfaction and decreasing readmission (Harrison et al., 2011). The potential implications for positive social change are evidenced by the prospect of giving health care workers the needed knowledge about how to identify and respond to the needs of patients before and after their hospital stay. This leads to an increase in confidence and increased job satisfaction for the staff. Healthcare worker job satisfaction is an important parameter that influences productivity as well as quality of work

(Janicijevic et al., 2013). It also leads to improved satisfaction for patients as well as decreased risk for readmission which positively impacts society.

### **Summary**

Healthcare organizations are diligently working to increase patient satisfaction and the care experience for patients. In Section 1, I addressed the problem and the purpose of the QI project evaluation. I explained the nature of the doctoral project. I evaluated a QI project to see if it was effective in improving CAHPS scores which equate to the patient experience. In Section 2, I will review the practice problem and problem focused questions. I will also discuss the concepts and theories that I used to support this project. I will also address the relevance of the DNP project to nursing practice, the background related to the project, the role of the DNP student, and the role of the project team.



## Section 2: Background and Context

### **Introduction**

Experiences that patients have within the health system encompass a range of interactions. These include their treatment from healthcare providers such as doctors and nurses, as well as their encounters with front line staff such as environmental workers, nursing assistants, nutritionist, or physical therapists. All these encounters make up the patient experience. A patient's experience is strengthened when staff work is focused on their wellbeing, encourages participation, gives patients the option to make decisions and conveys the importance of their needs. Patients are excited to share stories about the times when their care givers provided exceptional service. The patient experience has become a cornerstone of quality of care and is a frequently stated goal for healthcare organizations (Bombard et al., 2018).

Gallup states that the ideal patient experience is created by meeting four basic emotional needs: integrity, pride, confidence, and passion (Wolf, 2017). Literature also suggests that engaged healthcare is better healthcare, for everyone; and that is the best definition of the patient experience (Wolf, 2017). In this DNP project, I focused on performing a QI improvement project evaluation to identify the effectiveness of post discharge phone calls on improving CAHPS scores.

### **Concepts, Models, and Theories**

To evaluate this QI project, I used the Plan-Do-Check-Act cycle (PDCA). The PDCA is a four-stage iterative method for developing processes, goods, and facilities, as well as resolving problems. It entails systematically evaluating potential solutions,

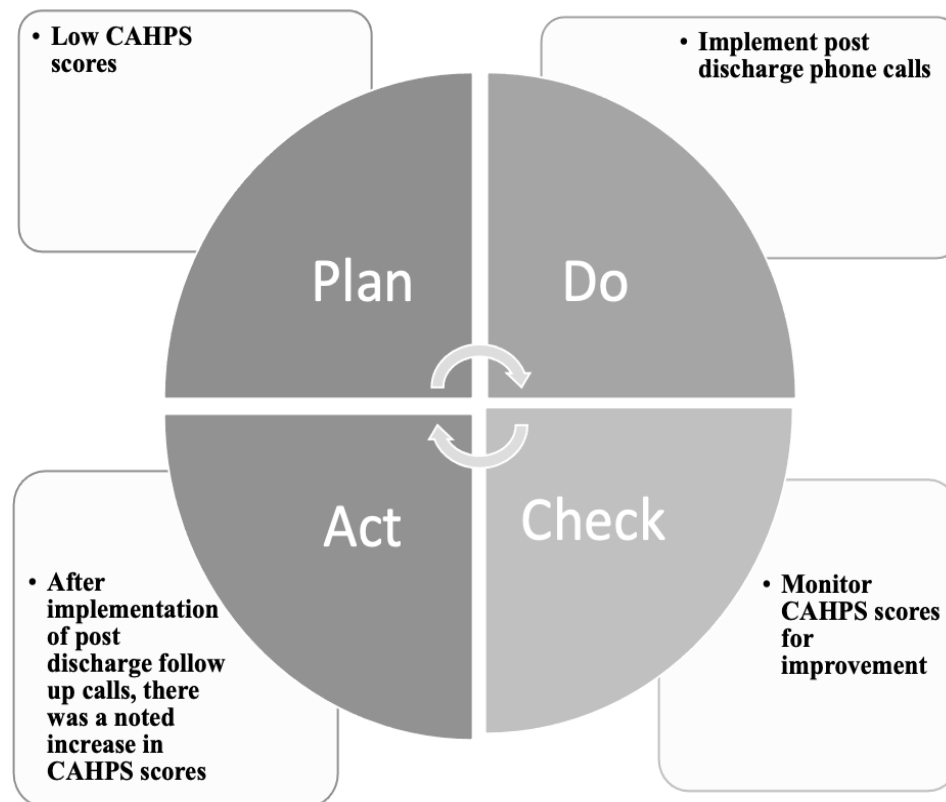
analyzing the outcomes, and implementing the ones that have proven to be effective

(Taylor et al., 2014). The four stages are as follows:

1. Plan - Recognize an opportunity and plan a change.
2. Do - Test the change. Carry out a small-scale study.
3. Check - Review the test, analyze the results, and identify what you have learned.
4. Act - Take action based on what you learned in the study step.

**Figure 1**

*Completed PDCA Cycle for Follow up Phone Calls*



The first step in the PDCA cycle (plan) the problem of low CAHPS scores was identified. implementation of the follow up phone calls were made by me, the director of case management and the chief medical officer (CMO). The second step of the cycle (do) was the implementation of the follow-up phone calls. The third step (check), CAHPS scores were monitored for improvement. During the fourth step the plan was fully implemented, and data were collected for its effectiveness. When using PDCA, an organization undergoing continuous improvement can create a culture of problem solvers and critical thinkers delivering improvements in the quality and safety of healthcare. In recent years, quality improvement (QI) methods such as the PDCA cycle have been used to drive such improvements (Taylor et al., 2014).

The writer applied a change theory to this project. Understanding the science of change theory is important for implementing organizational change. Using best practices derived from change theories can help improve the odds of success and subsequent practice improvement (Barrow et al., 2020). Kotter's 8 step change model was the theory chosen for this project. Kotter's 8-Step Process for Leading Change, a well-known change-management model, posits that situational and psychological aspects of change are addressed through a series of dynamic, nonlinear steps (Carman et al., 2019). Understanding his eight-step leading change model is important for any leader who is serious about effectively implementing change. Kotter's eight steps include the following:

1. Create a sense of urgency (Identifying the potential threats to the organization, E.g. low CAHPS scores).

2. Form a powerful coalition (Identifying the effective change leaders and key stakeholders within the organization).
3. Create a vision for change (Define the organization's core values and vision for change).
4. Communicating the vision (Communicate the change with strategies such as meetings, policy briefs and newsletters).
5. Empower action (Continuously check for barriers and any persons resistant to change).
6. Create short-term wins (Create many short-term targets instead of one long-term goal).
7. Build on the change (Continuously achieve improvements).
8. Make change stick (Ensure that the change becomes an integral part in organizational culture).

### **Relevance to Nursing Practice**

This project has relevance to nursing practice because quality is an important part of health care and one of the main key performance indicators (KPIs) for health care managers. The PDCA Cycle has been successfully applied to nursing management in the diagnosis and treatment of several diseases, and it is a significant component of nursing management standardization. Healthcare organizations monitor patient experiences to evaluate and improve the quality of care (Kieft et al., 2014). Patients must be at the forefront of care delivery to successfully give them the experience they deserve, and nurse leaders must ensure a culture of quality excellence that elevates the patient

experience. While moving forward, healthcare providers must learn from yesterday's patient experience and set their eyes on tomorrow's patient experience to provide outstanding treatment and results while still ensuring an exceptional patient experience for those they care for.

### **Local Background and Context**

Having worked in health care for over 24 years, I have identified the importance of the patient experience. Improving the patient experience has intrinsic significance for patients and their families and is therefore a positive outcome in and of itself. However, a positive patient experience is linked to critical clinical processes and outcomes as well. Providing top-notch quality treatment is not the only way to create positive patient health-care experiences. It necessitates attention to every aspect of the patient's healthcare visits, including their physical comfort, awareness of what is going on, and emotional needs. It has long been argued that patient experience measures the structures and processes of care based on the patient's expectations (Grocott & McSherry, 2018). Quality results and high levels of patient satisfaction contribute to quality changes and improved reimbursement pipelines, according to quantifiable evidence in the form of patient experience surveys.

Implementation of follow-up phone calls began in January 2020. The template used by the case management team, for follow-up phone calls contained scripted questions to identify if the patient's hospital stay was acceptable and if there were any needs required from the case management team to ensure that their post-acute needs were met. The questions were created to ensure that they positively impacted the actual

CAHPS survey questions. Some examples of the questions included in the follow-up phone calls that were completed by the case management team were:

- Are you capable of completing your activities of daily living?
- Are you on home medications? If yes; do you feel capable of managing them independently?
- Do you feel capable to manage your chronic illness and follow your doctor's orders independently?
- Are you taking greater than seven medications?
- Do you feel capable to make your own decisions?
- Were there any concerns with your hospital stay?
- Do you want to address any health care providers (doctors/nurses) by name who assisted you or did not appropriately assist you during this stay?
- Have you been readmitted to the hospital since your stay?
- Were your discharge instructions clear?
- Were you able to fill your discharge prescriptions?
- Were you provided safe transportation home upon discharge?
- Is there anything further that I can assist you with?

### **Role of the DNP Student**

As a DNP student at Walden University, my role in this doctoral project was to identify if the QI project to implement follow up phone calls to improve the patient experience, as measured by the CAHPS scores, was effective. I conducted this QI project evaluation using clinical scholarship and leadership to enhance clinical practice. DNP

graduates possess a wide array of knowledge gleaned from the sciences and can translate that knowledge quickly and effectively to benefit patients in the daily demands of practice environments and solve health-related issues [AACN, 2006].

In 2020 the care transitions team developed and implemented a QI plan for clinical staff within an acute care facility. QI planning strategies (PDCA) were incorporated for a systematic process, for implementing follow-up phone calls to improve the patient experience scores. Participating in this DNP project which is a QI initiative evaluation was motivated by a desire to make a difference and contribute to positive social change. By evaluating the QI initiative, I can determine if it was effective in enhancing clinical practice and improving the experience patients have as reflected in the CAHPS scores.

### **Role of the Project Team**

A group of key stakeholders from the facility was brought together, to include the chief medical officer, and the Care Transitions team to discuss this QI project evaluation. It was agreed that if the QI initiative was found to be successful in improving the patient experience scores, recommendations would be made to hold the gains. If it was found that the initiative was not successful, recommendations would be made to modify and reimplement the initiative.

### **Summary**

In summary, the principles, models, and theories chosen for project creation were discussed in this section. It examined a brief overview of the importance to nursing. The role of the DNP student and of the project team were addressed along with a short

description of the local background and context relating to the pertinence of the problem that justified the project. In Section 3 will address the practice focused questions, sources of evidence and analysis and synthesis.



### Section 3: Collection and Analysis of Evidence

#### **Introduction**

The facility where this project was implemented is an acute care facility that was experiencing low CAHPS scores. As a result, the case management team implemented follow up phone calls to try to improve the scores. This QI project evaluation was completed to identify if the patient experience, as measured by the CAHPS scores, was improved by the follow up phone calls. Measuring patient experiences of care can help to promote accountability and quality improvement efforts targeted at patient-centered care (Anhang et al., 2014). The discharge process is a transitional period when the patient's care is shifted from the hospital to the home and can be stressful for patients. One technique that has been found in many organizations to improve the quality and continuity of care is the discharge follow phone call (Schuller et al., 2015).

#### **Practice-Focused Question(s)**

The practice- focused questions for this project were used to determining if the follow up phone calls enhanced the patient experience. The DNP program prepares the graduate to use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems (AACN, 2006). The practice focused questions for this QI project evaluation were:

Did post discharge phone calls increase the patient experience CAHPS scores overall?

Was there improvement on the scores related to the questions “How often did a provider explain things that were easy to understand?” and “How often did the provider listen carefully to you?”

### **Sources of Evidence**

A quantitative approach to data collection and interpretation was used in this project. Quantitative methods rely on an ability to anticipate what must be measured in advance (Noyes et al., 2019). Moreover, by focusing on quantitative data, I could see trends in the CAHPS scores that could be used for analysis. In collaboration with the director of patient experience, the data source was CAHPS surveys completed by a third-party vendor on all discharged patients, along with literature reviews from research resources such as Pub Med, the Cochrane Database of Systematic Reviews, Walden Library, NHS Evidence and CINAHL that collaborated the positive outcomes of using follow-up phone calls. Key search terms include *patient experience*, *CAHPS scores*, and *quality improvement*.

### **Analysis**

The process used for tracking, organizing, and analyzing the evidence included using case management dashboards and balance scorecards; as well as CAHPS survey results received a third-party vendor. Dashboards are an interactive performance management tool, performance dashboard is a layered information delivery system that presents on a single screen, the most important information about strategic objectives attainment enabling managers to measure, monitor, and manage performance more effectively (Ghazisaeidi et al., 2015). As a continuous quality assurance strategy, balance

scorecards are used in healthcare to list the outcomes of healthcare service delivery. In January of 2020, prior to implementing the QI project, CAHPS scores were noted to be below 60%. The follow up phone calls were implemented by the case management team starting in January 2020. After approval was obtained from the Walden Institutional Review Board (IRB), CAHPS scores were reviewed from October 2019 to April 2020, to identify if the intervention of follow up phone calls was successful in improving CAHPS scores. The case management department goal was to have CAHPS > 60 % at 3-months after implementation of the follow up phone calls.

### **Synthesis**

The scores on the CAHPS survey were evaluated for a 3-month period before the intervention. This included October 2019, November 2019, and December 2019. The QI intervention started in January 2020. The post implementation CAHPS surveys were pulled for 3 months after the intervention. This included February 2020, March 2020, and April 2020. The pre and post intervention CAHPS scores were analyzed and compared to see if there was improvement. If the QI evaluation showed CAHPS score improvement, the results were to be shared in an effort to hold the gains. If the results did not show improvement, recommendations would be made based on the literature review for revisions to the follow up phone call questions and process. The findings for this QI evaluation project will be shared in this organization and can also be shared with other organizations to help them formulate action plans to improve their CAHPS scores.

## **Summary**

In this section I addressed the relevance of the project, the practice focused questions, sources of evidence as well as plans for analysis and synthesis. This QI evaluation project identifies if the patient experience, as measured by the CAHPS scores, is improved with the intervention of follow up phone calls. Section 4 will include findings and implications, recommendations, and the strengths/ limitations of the project.

## Section 4: Findings and Recommendations

### **Introduction**

The patient experience is measured by the CAHPS survey scores that are completed by a third-party vendor. These scores have been extremely low at my facility. The goal for the case management and patient experience departments is 60% or greater. The CAHPS survey scores over the past 2 years have scored below 60% on the following questions:

- How often did a provider explain things that were easy to understand?
- How often did the provider listen carefully to you?

The survey and its results are crucial since they act as the patient's voice and provide insight into how the patients feel about the health care services that they have received. Because the survey findings are published publicly on the internet, the results directly influence a healthcare organization's reputation. In 2020, the care transitions team developed and implemented a QI plan to address this issue. The purpose of this QI project evaluation was to determine if a practice change within an organization was effective by examining CAHPS data from before and after the follow-up phone calls were implemented.

A quantitative approach to data collection and interpretation were used in this project. Quantitative methods rely on an ability to anticipate what must be measured in advance (Noyes et al., 2019). Moreover, focusing on quantitative data permitted me to see trends in the CAHPS scores that could be used for analysis. The data source for the project was collected from CAHPS surveys provided to discharged patients by a third-

party vendor. Other literature resources such as Pub Med, the Cochrane Database of Systematic Reviews, Walden Library, NHS Evidence, and CINAHL were used. Key search terms included *patient experience*, *CAHPS scores*, and *quality improvement*. The QI project focused on enhancing the patient experience by completing follow-up phone calls. The goal was to increase CAHPS scores. Case management dashboards and balanced scorecards were used for tracking, organizing, and analyzing the evidence. Beginning in January 2020, the QI initiative started which included completion of a total of 288 follow-up phone calls by the care transitions team. This QI evaluation project utilized a pre/post intervention design to determine if patient satisfaction CAHPS scores improved after the intervention of making follow up telephone calls to discharged patients. The baseline patient satisfaction was measured using the monthly CAHPS data from October 2019 through December 2019. The intervention started in January 2020. The post implementation CAHPS scores included data from February 2020 through April 2020.

### **Findings and Implications**

Data were obtained from CAHPS surveys completed by a third-party vendor. The 288 follow-up discharge calls that were completed after a 72-hour period were successful in improving the scores for the two questions identified in the practice focused question: “How often did a provider explain things that were easy to understand?” and “How often did the provider listen carefully to you?” Prior to implementation of the QI intervention evaluated in this project, the nursing team at my facility completed 16 calls per month. The goal of the QI project was to increase the number of calls per month to determine if it

would improve the CAHPS scores. After implementation of the project, the case management team completed 72 calls per month.

In December of 2019, the CAHPS scores were below 60% overall. I attribute that low score to the inappropriate number of follow-up phone calls completed to engage our discharged patients. Increasing the number of calls from 16 to 72 per month meant that hospital staff had more time to connect with patients to answer their questions. There was a focus on listening carefully and being sure they understood the information. Often during a hospital stay, the staff is rushed, and the patients are distracted, so it is difficult to impact the two target CAHPS questions identified in this project. Once the patient is home, they often have more questions and can digest the information in a different way. Phone follow-up can improve CAHPS response rates by four to 20 percentage points (Tesler & Sorra, 2017). By allowing the case management team time to make the calls, they were able to move at the patient's pace without the hurried environment.

### **Data Analysis Results**

The practice-focused questions for this project were:

- Did post discharge phone calls increase the patient experience CAHPS scores overall?
- Was there improvement on the scores related to the questions “How often did a provider explain things that were easy to understand?” and “How often did the provider listen carefully to you?”

Table 1 and figure two reflect the CAHPS scores for the focused questions of “How often did a provider explain things that were easy to understand?” and “How often did the provider listen carefully to you?” for the months of October 2019 through April 2020, pre and post implementation of the phone calls. Figure 3 reflects the completed phone calls for the months of October 2019 through April 2020 pre- and post-implementation. Prior to the intervention, there were 16 calls per month. Once the intervention started, the number of calls per month from January to April 2020 increased to 72. Out of the 288 patients called, 258 responded positively to the focused questions and 30 responded negatively to the focused questions as asked by the third-party vendor on the CAHPS surveys.

In February after a 30-day period of successful follow up phone calls the CAHPS data showed a four percent increase from January at 60%. In the month of March there was a 10% increase with scores being at 70%. In the month of April, the data showed an increase of five percent with the scores being at 75%. The overall goal for CAHPS scores within the case management department is  $\geq 60\%$  for the focused questions which indicated the project was successful. The purpose of this QI evaluation project was to show the effectiveness of follow up phone calls on helping to improve CAHPS scores. The implications for positive social change are that improving the patient experience has intrinsic significance for patients and their families and is therefore a positive outcome in and of itself.



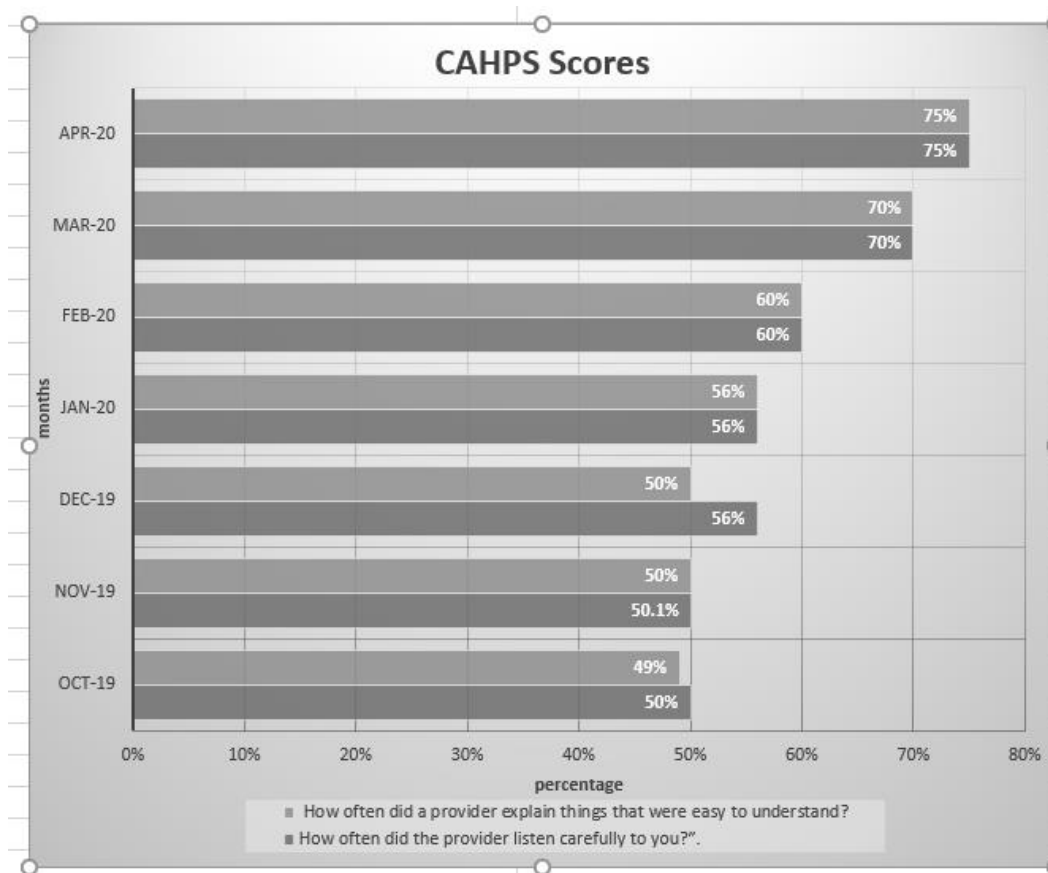
**Table 1**

*CAHPS Survey Scores 3 months Before Implementation and 3 Months After the Implementation of Follow-Up Telephone Calls*

Domain	Oct 19	Nov 21	Dec 19	1/1/2020 Intervention Started	Feb 20	Mar 20	Apr 20
How often did provider listen carefully to you?	50.0%	50.1%	56.0%	56.0%	60.0%	70.0%	75.0%
How often did a provider explain things that were easy to understand?	49.0%	50.0%	50.0%	56.0%	60.0%	70.0%	75.0%
Sample size	16	16	16	72	72	72	72

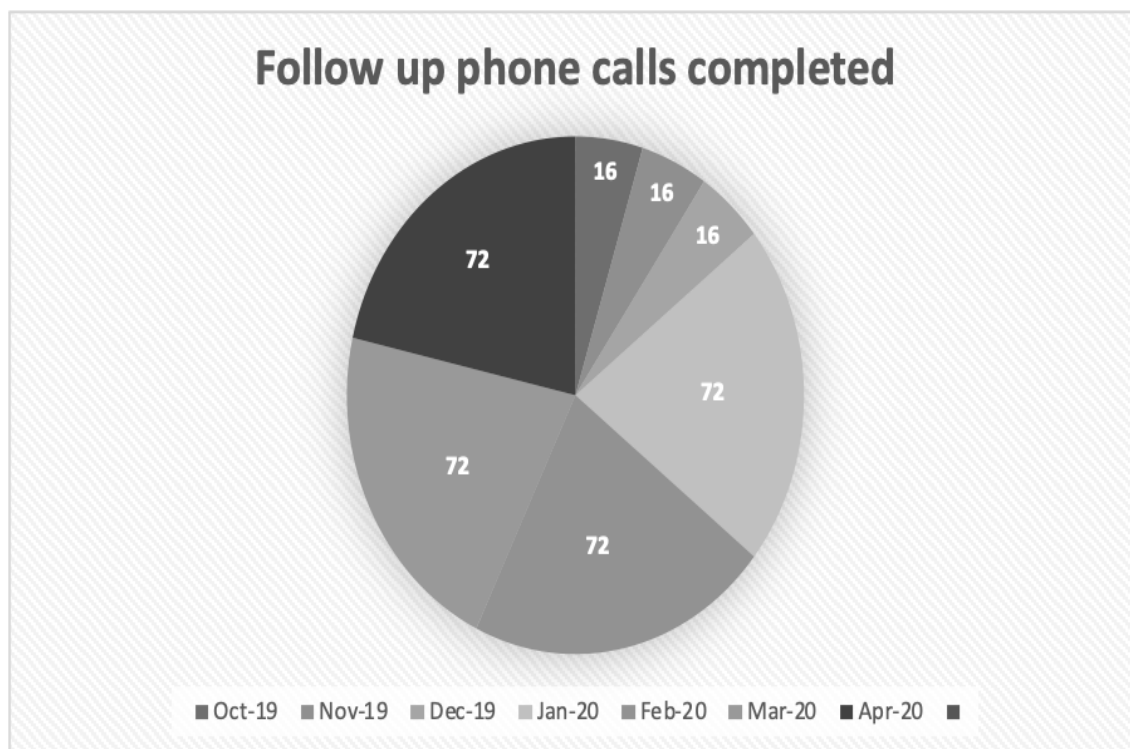
**Figure 2**

*CAHPS Survey Scores from October 2019 until April 2020*



**Figure 3**

*Follow up Phone Calls Completed from October 2019 until April 2020*



### **Recommendations**

The goal for this DNP project was to identify if the patient experience, as measured by the CAHPS scores, was improved with follow-up phone calls. Based on the results of the data, the intervention has proved to be successful. My recommendations are that the follow-up calls move from case management back to the nursing team and that they continue with a minimum of 72 per month. I also recommend that the nurses use a standard template like the one used by case management during this QI intervention.

### **Strengths and Limitations of the Project**

The strength of the project was being able to use the data from the CAHPS surveys. Patient satisfaction scores have become a critical component of healthcare delivery because these surveys are being linked to reimbursement and public reporting of outcomes. Therefore, it is essential to assess the patient experience with reliable and valid measures, such as the CAHPS survey (Blanco et al., 2020). The limitation of the project was the inability to reach some patients via phone for a follow-up call. Some of the patients had inaccurate phone numbers in the hospital electronic medical record and a few numbers were disconnected. During the months of January through April 2020 there were 112 unreachable patients. This loss of connectivity with our patients may have decreased the survey scores if the third-party vendors reached the patients to measure their satisfaction, without having a follow-up call first, from the facility.

## Section 5: Dissemination Plan

The chief nursing officer at the facility has been supportive of this project and will be informed of the findings. I intend to present this DNP project and the findings to the executive leadership team at the facility where I practice. I will also present to the nursing leadership team within my organization with the executive leadership team's approval. My goal for my presentation is to illustrate how a follow-up phone call intervention assisted in increasing CAHPS survey scores. I have requested to speak before the board of directors to discuss my project outcomes. The goal of these presentations will be to garner support for nursing to assume responsibility for the follow up calls, using a standardized call template. Seventy-two calls per month effectively improved the scores therefore this number of calls per month will be recommended. I would also like to present this project as a poster at a local nursing conference or a patient experience conference.

### **Analysis of Self**

The DNP program at Walden and this project have greatly increased my knowledge base in the realm of evidence-based practice, project implementation and data collection. As a scholar, I have had a fulfilling time engaging in this project as I was able to apply my QI hat to evaluate a project that was intended to enhance the patient experience. It allowed me more experience with the PDCA cycle and Kotter's model. As a practitioner, I have found that using EBP to enhance quality in health care is of great importance. Although I no longer work at the bedside, this QI evaluation project allowed me to evaluate an intervention that had been launched, to improve patient care. It

allowed me to feel innovative, knowing that I could potentially impact future positive patient interactions by encouraging the continuation of this intervention. As a project manager, I was able to design a QI evaluation project, based on the Walden QI Project Evaluation Manual, to determine if an intervention put into place was effective or not. I was able to examine pre and post intervention data and to tell a story of success.

When dealing with a considerable challenge, I have learned through my many years in nursing to recognize the tiny triumphs along with the need to improve healthcare processes at every chance I get. If given the opportunity, I will continue working on this initiative in the hopes of achieving a more significant percentage of change in increasing CAPHS survey scores. I am aware that it may take considerably longer to see meaningful change, but it is worth pursuing. Implications of this project are favorable outcomes from the standpoint of patient /provider communication. This publicly reported data can lead to increased hospital ratings and reputation, and of course, personal fulfillment for myself by being a part of evaluating this project and pushing for its continuation.

### **Summary**

This project shows that follow-up phone calls can increase CAHPS survey scores. There was an increase in scores immediately after implementation and it was sustained for the 3 months following implementation. I will discuss this process with the chief nursing officer to encourage dedicated time for nurses to complete post discharge follow up calls as part of their standard work.

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